

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 16 March 2023 at 2.00 pm
Council Chamber - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this [Live Stream Link](#).



Martin Reeves
Chief Executive

March 2023

Contact Officer: **Democratic Services**
Email: committees.democraticservices@oxfordshire.gov.uk

Membership

Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)
Vice Chair – Sam Hart, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board

Board Members:

Councillor Joy Aitman	West Oxfordshire District Council
Ansaf Azhar	Corporate Director of Public Health & Wellbeing, Oxfordshire Co Co
Councillor Tim Bearder	Cabinet Member for Adult Social Care, Oxfordshire Co Co
Councillor Liz Brighthouse OBE	Deputy Leader and Cabinet Member for Children, Education & Young People's Services, Oxfordshire Co Co
Dr Nick Broughton	Chief Executive, Oxford Health Foundation Trust
Sylvia Buckingham	Chair, Healthwatch Oxfordshire
Councillor Maggie Filipova-Rivers	South Oxfordshire District Council
Karen Fuller	Interim Corporate Director of Adult and Housing Services, Oxfordshire Co Co
Kevin Gordon	Corporate Director for Children's Services, Oxfordshire Co Co
Dr James Kent	Chief Executive, Integrated Care Board
Dan Leveson	Place Director for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board
Councillor Mark Lygo	Cabinet Member for Public Health & Equality, Oxfordshire Co Co
Kerrin Masterman	GP Representative
Professor Sir Jonathan Montgomery	Chair, Oxford University Hospitals NHS Foundation Trust

Councillor Helen Pighills	Vale of White Horse District Council
David Radbourne	Regional Director Strategy and Transformation, NHS England
Yvonne Rees	Chief Executive, Cherwell District Council (District Representative)
Martin Reeves	Chief Executive, Oxfordshire Co Co
Councillor Louise Upton	Oxford City Council
Councillor Barry Wood	Cherwell District Council

Notes:• *Date of next meeting: 29 June 2023*

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

AGENDA

1. **Welcome by Chair**
2. **Apologies for Absence and Temporary Appointments**
3. **Declarations of Interest - see guidance note opposite**
4. **Petitions and Public Address**

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Friday 10 March 2023. Requests to speak should be sent to jonathan.deacon@oxfordshire.gov.uk.

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure your views are taken into account. A written copy of your statement can be provided no later than 9am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

5. **Note of Decisions of Last Meeting (Pages 1 - 8)**

To approve the Note of Decisions of the meeting held on Thursday 1 December 2022 and to receive information arising from them.

6. **Health Protection Update**

2.05pm

A verbal update from Oxfordshire County Council's Director for Public Health, Ansaf Azhar.

7. **Report from the Board's Workshop on the Integrated Care System Strategy (Pages 9 - 12)**

2.15pm

This report summarises the main outcomes from the Health and Wellbeing Board workshop on 19th January 2023 undertaken to input into the consultation exercise for the development of the Integrated Care Systems strategy. The ICS strategy has since been finalised and signed off by the Integrated Care Partnership on 1st March 2023.

The Board are asked to note the output from the workshop on 19th January 2023 regarding the new Integrated Care System Strategy and that this strategy has now been finalised and published.

8. Development of ICB 5-year Joint Forward Plan (Pages 13 - 20)

2.30pm

Presentation by Rob Bowen, the Deputy Director of Strategy, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

9. Developments of "Place" Working in Oxfordshire-Joint Local Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Place-Based Partnership (Pages 21 - 26)

2.45pm

This report outlines the work happening to develop 3 key components to support effective Place working: the Oxfordshire Joint Strategic Needs Assessment, the development of a new Joint Local Health and Wellbeing Strategy and the formation of the Oxfordshire Place-Based-Partnership.

The Health and Wellbeing Board is **RECOMMENDED** to;

- (a) Agree the timelines and process for the development of the Oxfordshire Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy in order to meet the board's statutory duty to publish these documents
- (b) Agree the oversight for this work to be undertaken by steering group(s) made up of relevant officers and staff from organisations that form the Oxfordshire Health and Wellbeing Board
- (c) Note the development of the Oxfordshire Place-Based-Partnership, its overall aim and the main areas of focus for the partnership.

10. Support for Carers - Developing a strategic approach

3.15pm

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

- A. Develop and publish a new All-age Unpaid Carers Strategy for Oxfordshire, based on priorities expressed by carers of all ages
- B. Align workplans across Health, Education and Social Care to the refreshed All-age Unpaid Carers Strategy for Oxfordshire so that all services have procedures in place to identify and support unpaid carers, regularly review procedures, and seek ways to support and include carers
- C. Develop and keep updated a central public repository of information for carers so that carers and those supporting/advising them can easily find

support

- D. Support the establishment of the overview arrangements necessary to ensure improvements are achieved across the system.

11. Developing community research capacity and partnerships across Oxfordshire (Pages 27 - 30)

3.35pm

It is suggested that three key areas of research work are developed: Oxfordshire County Council research capabilities, creating a community research network, and making better use of data.

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

DISCUSS and ADVISE on current proposals to develop our approach to community research across Oxfordshire, focused on addressing the wider determinants of health and tackling inequalities.

SUPPORT proposed funding bids to the National Institute for Health Research (NIHR) and to UK Research and Innovation (UKRI)

12. Report from Healthwatch Oxfordshire (Pages 31 - 36)

3.50pm

To report on views of health care gathered by Healthwatch Oxfordshire.

13. Performance Report (Pages 37 - 40)

4.00pm

To receive an update on latest performance against agreed Health & Wellbeing Board metrics.

14. Reports from Partnership Boards (Pages 41 - 92)

4.05pm

To receive updates from Partnership Boards. Reports from –

- Health Improvement Board; and
- Children's Trust.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships
- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 1 December 2022 commencing at 2.00 pm and finishing at 4.45 pm

Present:

Board Members: Councillor Liz Leffman (Chair)

Dr David Chapman (Vice-Chair)
Councillor Joy Aitman
Ansaf Azhar
Councillor Liz Brighthouse OBE
Dr Nick Broughton
Sylvia Buckingham
Stephen Chandler
Councillor Phil Chapman (for Councillor Wood)
Councillor Maggie Filipova-Rivers
Karen Fuller
Kevin Gordon
Dan Leveson
Councillor Mark Lygo
Councillor Helen Pighills
Councillor Louise Upton

Councillor Tim Bearder (remote), Councillor Mark Lygo (virtually), Kerrin Masterman (virtually)

Other Members in Attendance: None

Officers:

Whole of meeting David Munday, Consultant in Public Health; Simon Wright, Interim Committee Support Officer

Part of meeting

Agenda Item **Officer Attending**
7 Robin Rogers
Jamie Slagel

12 Rob Bowen

15 Tan Lea

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

*If you have a query please contact Democratic Services, Oxfordshire County Council
(Email: committees.democraticservices@oxfordshire.gov.uk)*

	ACTION
1 Welcome by Chair (Agenda No. 1)	
The Chair welcomed everybody to the meeting and in particular the recently appointed district and city council representatives.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Prof. Sir Jonathan Montgomery and Cllr Barry Wood. Cllr Chapman attended for Cllr Wood.	
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	
4 Petitions and Public Address (Agenda No. 4)	
There were none.	
5 Note of Decisions of Last Meeting (Agenda No. 5)	
It was RESOLVED to APPROVE the notes of the meeting held on 6 October 2022 and to authorise the Chair to sign them as a correct record.	
6 Health Protection Update (Agenda No. 6)	
Ansaf Azhar, Director of Public Health & Wellbeing gave a verbal	

<p>update.</p> <p>It was reported that a peak in covid cases had been seen 2-3 weeks ago with a rise in hospital admissions in early November. It was emphasised that it was still early in the winter period so trends for covid, flu and respiratory infections were difficult to predict. The importance of prevention and people taking vaccinations that were available was highlighted.</p> <p>The update was noted.</p>	
<p>7 Cost of Living Crisis Update (Agenda No. 7)</p>	
<p>The Board received a data summary on the impact of the cost of living crisis and setting out work already being undertaken.</p> <p>The board noted the presentation and thanked all those involved for their hard work. The importance of joint working was highlighted as well as ensuring that there was social inclusion.</p> <p>Board Members gave updates as to what their individual organisations were doing to address the issue. This included the setting up of local food groups, warm spaces, community hubs, financial help including council tax reductions and linking to strategic aims of organisations.</p> <p>The Board emphasised the need to be aware of issues such as rural isolation and the ongoing impact for other service such as Mental Health support, homelessness and those with disabilities.</p> <p>It was considered that this was an important issue that would need to be closely monitored as much of the support such as the energy cap were time limited and therefore alternative approaches would be needed.</p> <p>After further discussion it was:</p> <p>Resolved:</p> <p>Updates on this work be provided to the board members going forward.</p>	
<p>8 Children & Young People's Emotional Well-Being: Promotion & Mental Ill Health Prevention Strategy - Update (Agenda No. 8)</p>	

<p>An update report on the Action Plan was presented by Kevin Gordon, Corporate Director for Children's Services, and Caroline Kelly, Lead Commissioner Start Well.</p> <p>It was emphasised that the plan was designed for partners to take responsibility for and be proactive in the delivery of priorities. The Board noted the need for effective training to be in place as this was key to the rollout of the plan. The importance of joint working and facilitating societal change were also considered paramount.</p> <p>It was noted that finance was not yet in place but the Start Well initiative would be a priority for the ICB. The role of schools and curriculum links was stressed and the need for services beyond the age of 18 were highlighted.</p> <p>The board noted the use of digital technology to engage with young people but that it was important that this be guided by users. It was reported that West Oxfordshire DC had undertaken a youth survey to inform priorities and the role of volunteer organisations to help support young people was important.</p> <p>In conclusion it was emphasised that this initiative aligned with the Health & Wellbeing Strategy and other organisations priorities so joint working was imperative.</p> <p>Resolved:</p> <p>That the on-going work to deliver on the Children and Young People's Emotional Wellbeing Promotion and Mental III Health Prevention Strategy Action Plan be noted and a further updates be presented at a future meeting.</p>	
<p>9 Reports from Partnership Boards (Agenda No. 9)</p>	
<p>Health Improvement Board (HIB) Councillor Louise Upton gave an on the recent meeting of the HIB. The focus on mental wellbeing and examples of city and district case-studies of contribution to health and wellbeing priority areas at the last meeting was noted.</p> <p>Children's Trust Board Councillor Liz Brighouse presented the report of the Children's Trust Board and updated on work being undertaken in respect of early help. A request for action for HWB members to champion the approach outlined was highlighted. Members expressed their support.</p>	

Cllr Leffman thanked the chairs for the updates.	
10 Director of Public Health Annual Report (DPHAR) (Agenda No. 10)	
<p>Ansaf Azhar gave a presentation of the DPHAR which focused on the aim to support people in Oxfordshire to achieve a healthy weight. The main themes and initiatives to deliver this were outlined. The importance of engaging effectively with people was emphasised and peer support was highlighted.</p> <p>The Board expressed their support and suggested that active travel and daily activity should be encouraged and engagement with schools and educating parents was paramount.</p> <p>The presentation was noted.</p>	
11 Oxfordshire Place-base Partnership Update (Agenda No. 11)	
<p>Dan Leveson introduced the report and highlighted the priority groups identified in the document.</p> <p>The Board emphasised the need for all areas of Oxfordshire to be included as poverty was an issue in rural areas where isolation could be an exacerbating factor and access to services was more difficult.</p> <p>The update report was noted.</p>	
12 Update on Development of ICS Strategy (Agenda No. 12)	
<p>The Board received a report outlining the proposed Integrated Care Strategy (ICS) and the five main themes of promote and Protect health, start well, live well, age well and improve quality and access to services were highlighted. The links to other strategies were also outlined.</p> <p>In welcoming the strategy the Board emphasised the need for clear engagement with a wide range of participants. With regard to the public consultation it was emphasised that a wide range of methods be used including non-digital so that hard to access groups could also be involved.</p> <p>The board, whilst noting that district councils were aware, considered that there should be a workshop should be held with HWB members as the next scheduled meeting of the Board was</p>	

<p>after the consultation deadline. It was considered that this would give everybody time to familiarise themselves with the strategy and give informed feedback before a decisions was made.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1) That, the update be noted; and 2) That, a consultation workshop be arranged for all HWB members to facilitate feedback on the ICS Strategy 	
<p>13 Performance Report (Agenda No. 13)</p>	
<p>David Munday, Consultant in Public Health, Oxfordshire County Council, highlighted a number of performance indicators under the three life course stages “Start Well”, “Live Well” and “Age Well” from the strategy.</p> <p>The Board noted the performance report.</p>	
<p>14 Oxfordshire Safeguarding Adults - Annual Report (Agenda No. 14)</p>	
<p>Karen Fuller, Corporate Director of Adults and Housing, introduced the annual report.</p> <p>A specific recommendation arising from a review was highlighted. Work in respect of homelessness was highlighted and it was noted that partners appeared confident in reporting and escalating concerns. The multi-agency work was proving effective and that staff were working well together.</p> <p>The HWB thanked the safeguarding board for their work.</p> <p>Resolved:</p> <ol style="list-style-type: none"> 1) That the contents of the report and its conclusions be noted; and 2) That, a specific issue from a Safeguarding Adults Review regarding a concern about barriers to accessing mental health treatment for people who misuse alcohol or illicit drugs be noted. 	
<p>15 Oxfordshire Safeguarding Children's Board - Annual Report (Agenda No. 15)</p>	
<p>Derek Benson, Chair of the Board, presented the annual report to</p>	

<p>the board.</p> <p>The Board welcomed the report and thanked the safeguarding board for their work.</p> <p>Resolved:</p> <p>That the contents of the report and its conclusions be noted</p>	
<p>16 Report from Healthwatch Oxfordshire (Agenda No. 16)</p>	
<p>The Board considered a report by Healthwatch Oxfordshire setting out its activities since its last report to the Board. Sylvia Buckingham, Chair Healthwatch Oxfordshire, presented the report.</p> <p>The update report was noted.</p>	

..... in the Chair

Date of signing

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Divisions Affected - All

HEALTH AND WELLBEING BOARD

16th MARCH 2023

REPORT FROM HEALTH AND WELLBEING BOARD'S WORKSHOP ON 19TH JANUARY ON THE INTEGRATED CARE SYSTEM STRATEGY

**Report by David Munday, Deputy Director of Public Health,
Oxfordshire County Council**

RECOMMENDATION

1. The Health and Wellbeing Board are asked to note the output from the workshop on 19th January 2023 regarding the new Integrated Care System Strategy and that this strategy has now been finalised and published.

Executive Summary

2. This report summarises the main outcomes from Health and Wellbeing Board (HWB) workshop on 19th January 2023 undertaken to input into the consultation exercise for the development of the Integrated Care Systems (ICS) strategy. The ICS strategy has since been finalised and signed off by the Integrated Care Partnership (ICP) on 1st March 2023.

Background

3. ICSs were formally introduced across England on 1st July 2022 with Oxfordshire sitting within the Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS. There is a requirement that all ICS develop and publish a strategy to direct activity across the system and to deliver on the 4 aims of ICSs
 - a) Improve the public's health and well-being needs
 - b) Reducing health inequalities in access, experience and outcomes across our system
 - c) Bring learning from across places and the system to drive improvement and innovation
 - d) Addresses the problems that would benefit from require a system response, and multiple partners
4. The BOB ICS strategy was developed over the autumn and winter of 2022, with input from all partners the form the ICS. It was developed using the data from the

Joint Strategic Needs Assessments (JSNAs) and the priorities within the Joint Local Health and Wellbeing Strategies (JLHWSs) of the five Health and Wellbeing Boards (HWBs) in BOB.

5. The Strategy identified the following 5 priority areas
 - a) Promoting and protecting health
 - b) Improving quality and access
 - c) Start well
 - d) Live well
 - e) Age well
6. The following 5 principles were selected to guide the activity sitting under the strategy
 - a) Preventing ill-health
 - b) Tackling health inequalities
 - c) Providing person centred care
 - d) Support local delivery
 - e) Improving the join up between services
7. A formal public consultation was conducted from 13th December 2022 to 29th January 2023 alongside significant engagement with a range of stakeholders.

Oxfordshire Health and Wellbeing Board Workshop

8. Members of the Oxfordshire HWB Board agreed to attend a workshop with key members of the strategy development team to examine the draft strategy in more detail and provide feedback from the Oxfordshire perspective to inform its final content.
9. This was held on 19th January with representation from board members and Officers from all organisations that form the HWB. A combination of plenary and smaller table-based discussions were held examining each of the 5 priority areas. Attendees were asked to feedback on 4 questions for each proposed priority; What do you like? What is missing? What is best delivered at scale? What is best delivered at place?
10. Feedback was collated by a facilitator for each priority and is available in appendix 1 of this report. The headlines of feedback during the workshop were that;
 - a) There was broad agreement with the 5 priorities and that they captured important areas to focus on
 - b) There were some areas missing, such as a focus on the wider determinants of health (specifically housing, environment, social conditions) and not just taking an individual reasonability focus to health.
 - c) A desire to see services truly integrate and join-up
 - d) A stronger emphasis on prevention could be beneficial

- e) There was insufficient detail on how the priorities would be delivered or how progress against them monitored
- f) A recognition of the importance of having the right workforce to deliver the services and priorities listed.

11. The ICS strategy development team have produced the following consultation engagement report to summarise the overall feedback received through the various consultation activities conducted. This is available at <https://yourvoicebob-icb.uk/engagementhq.com/20872/widgets/59725/documents/38507>

Next steps

12. The BOB ICS Strategy was updated inline with the consultation feedback and a final version signed-off by the BOB Integrated Care Partnership (ICP) on 1st March 2023. The ICP includes the following Oxfordshire representatives.

- a) Chair of the Health and Wellbeing Board
- b) Portfolio Holder for Adult Social Care
- c) City and District Council representative
- d) Director of Public Health for Oxfordshire

13. The Oxfordshire HWB is required to review its own JLHW Strategy in light of the ICS strategy. It is anticipated that the JLHW strategy will be the vehicle via which some of the ICS strategy is delivered. The NHS Integrated Care Board is also required to develop a 5 year forward plan which lays out its proposed activity to deliver on the strategy's priorities.

14. The current local JLHW Strategy covers 2018-2023 so it is timely that this is reviewed. The aim is to review it and then publish a new Oxfordshire JLHW Strategy in December of 2023 and the process for this is described elsewhere in the agenda pack for today's meeting.

DAVID MUNDAY
DEPUTY DIRECTOR FOR PUBLIC HEALTH

Appendix: Appendix 1- Summary of discussions from 19th Jan workshop

Contact Officer: David Munday
Deputy Director of Public Health/Public Health Consultant
david.munday@oxfordshire.gov.uk

March 2023

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Joint Forward Plan - Summary Position

Oxfordshire Health and Wellbeing Board

16 March 2023

Joint Forward Plan (JFP) requirements

- JFP is a new **joint statutory responsibility** for ICB and NHS Trusts
- The JFP should describe, as a minimum, how the ICB and its partner trusts intend to arrange and/or provide NHS services... including **delivery of the universal NHS commitments**
- Systems are encouraged to use the JFP to develop a **shared delivery plan for the Integrated Care Strategy**
- A number of statutory requirements that the JFP must address – e.g. duty to improve quality, duty to promote integration etc.

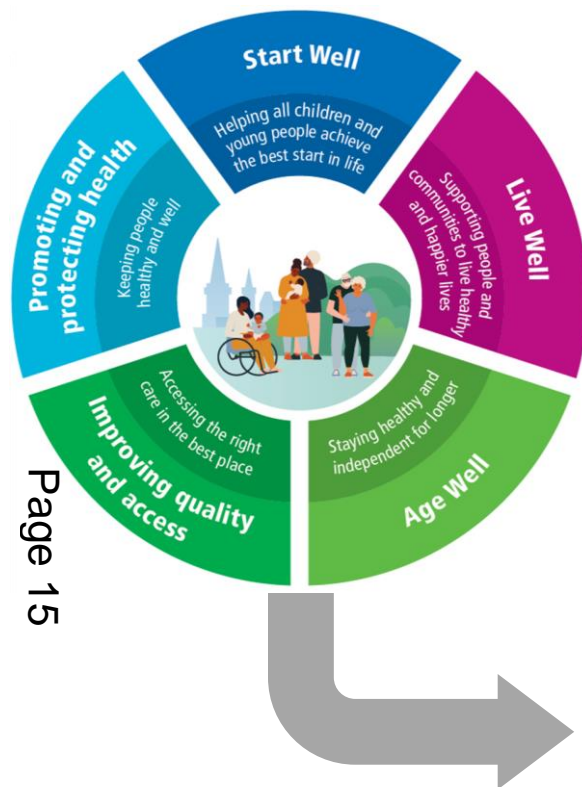
**BOB Integrated Care
Strategy**

**2023/24 Operational
requirements**

Delivery planning

**Joint Forward
Plan (5 Year)**

JFP Structure – Aligns to Integrated Care Strategy



The challenge will be balancing the short term delivery vs long term ambition

Our Vision 01	Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed				
Our System Partnerships 02	Place based partnerships, Neighbourhood teams (PCN led), Clinical Networks, Provider collaboratives				
Addressing Our Biggest System Challenges 03	Priorities to be agreed				
Delivering Our Strategy – Our Five Year Delivery Plans 04	Promote and protect health: Keeping people healthy and well <ul style="list-style-type: none"> 1. Prevention 2. Inequalities 3. Vaccination and Immunisations 4. Weight Management 	Start Well: Help all children achieve the best start in life <ul style="list-style-type: none"> 1. Maternity 2. Children and Adult Mental Health Services 3. Learning Disabilities 4. Neurodiversity 5. Children with Long Term Conditions 	Live Well: Support people and communities live healthy and happier lives <ul style="list-style-type: none"> 1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory) 2. Adult Mental Health 3. Cancer 	Age Well: Stay healthy, independent lives for longer <ul style="list-style-type: none"> 1. Community multi-disciplinary teams (e.g. frailty) 2. Palliative and end of life care 	Quality and access: Accessing the right care in the best place <ul style="list-style-type: none"> 1. Primary care 2. Urgent and Emergency Care 3. Planned care
Supporting and Enabling Delivery 05	Workforce, Finance, Digital, Estates, Research & Innovation, Net Zero, Quality, Personalised Care, Continuing Healthcare				

- Promote prevention
- Address inequalities
- Deliver in partnership

JFP Progress to date

- We have made rapid progress in building a draft end-to-end JFP document
- c. 25 delivery plans developed – services, cross cutting functions, enablers.
 - Context – Outcomes, performance, challenges, national requirements
 - Ambition – 5 Year ambition
 - Workstreams / Projects – Plans: Y1, Y2, Y3-5
 - Enablers / Support required to deliver
- Plans developed and/or tested through system networks – e.g. UEC Programme Board, MH Partnership meeting
- Aligned to strategy structure and priorities
- Year 1 (2023/24) links with priorities and metrics required for the operational plan

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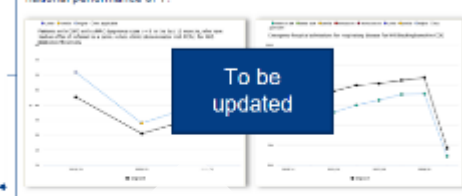
Our Context and Ambition: CYP Mental Health

Context: Our challenge in BCR

- NHS England Survey 2021 showed rates of mental health disorders increased since 2017:
 - 5-16 year olds: 11.8% to 17.4%
 - 17-24 year olds: 10.1% to 17.4%
- CYP Mental Health (MH) services are provided collectively by the NHS and Local Authorities across BCR, for young people up to the age of 18. This includes a range of early intervention, long term, crisis and inpatient services.
- CYP population in BCR has grown at rate of 0.83% (slightly above national average of 0.66%). However, growth in demand for CYP MH has been growing at a significantly higher rate (32%).
- There has been a significant increase in acuity and complexity of need in young people requiring support from CYP MH services. This includes complex mental health issues, self-harm and suicide risk, and complex needs in young people requiring support from CYP MH services.
- Service performance has not recovered to pre-pandemic levels and there is a rise in unmet demand and complexity.

What our data shows

BCR's performance for respiratory services is currently X, compared with a national performance of Y.



Our Ambition: By March 2028, we will have delivered improved mental health and wellbeing outcomes for children and young people (ages 0-25), living, learning and working in BCR. To achieve this, we will take a needs led and person-centred approach in line with the three frameworks to implementation, transformational change and delivery.

To Deliver Our Ambition, We Will:

1. Improve timely access and early intervention to universal care and support across our system.
2. Develop a successful population health approach to supporting those most at risk of mental ill health, focusing on early identification, support and prevention.
3. Tackle the social factors and inequalities that create risk to mental health and wellbeing and increase the prevalence of mental health conditions.
4. Enable young people to access an equitable provision of care and support regardless of age or the complexity of their mental health recovery journey.
5. Enhance support for CYP when they experience a mental health crisis, developing needed links that recover sustainable community-based solutions.
6. Use social-based approaches that build resilient communities and promote integration to ensure that our CYP have the sustainable skills to thrive.

What We Need For Success:

- All system partners will require a shared understanding of the TB&E framework and an agreement of their role in helping young people to thrive and to access the right information and support, at the right place and at the right time.
- Goals in provision and adaptation in order to reach vulnerable groups will need clarification and review in order for the framework to be fully inclusive.
- Targeted workforce development across the system and digital development of a TB&E-ready workforce with project and procurement support, population health management analysis.
- Governance structures to facilitate cross-system working across partners, partners and stakeholders to develop services needed to embed prevention, early intervention and a focus on sequelae.
- System leaders work jointly to reduce barriers to appropriate care for young people in crisis, adhering to core principles of joint working.

38 DRAFT – WORK IN PROGRESS

Our Joint Forward Plan For CYP Mental Health

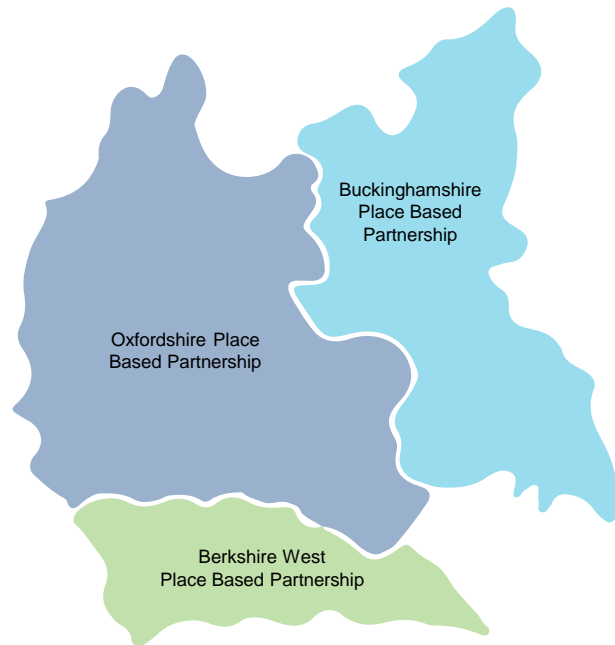
What We Will Do	Planned Outcomes – What Are We Trying to Achieve	Our Delivery Plan – How We Will Do It		
		Year One	Year Two	Years Three - Five
01 Improve timely access and early intervention to universal care and support across our system.	By March 2025 there will be: <ul style="list-style-type: none"> Defined and improved mental health and wellbeing outcomes for children and young people. System wide understanding of the TB&E Framework. All CYP will have access to timely advice and wellbeing support in schools when and where they need it. Enhanced early identification and getting more help. Mental health provision will be clear with agreed access and waiting times. 	<ul style="list-style-type: none"> Review current service models and approaches across the BCR informed by the TB&E assessment tool. Define what 'good' would look like. Detail existing gaps, variations and inconsistencies in provision. Engage with participation groups to inform and promote improvements. 	<ul style="list-style-type: none"> Finalise action plan to: 1) reduce gaps, inconsistencies and inconsistencies identified by TB&E assessment tool and 2) build on existing projects and good practice identified. Identify vulnerable groups and variations in provision required to make access to support equitable. Agree outcome measures. 	<ul style="list-style-type: none"> Deliver changes and improvements identified and agreed in year 1 and 2. Work with all system partners to embed early intervention and support using the TB&E Framework. Monitor agreed outcome measures to identify progress against action plan. Repeat the TB&E assessment tool at year 5 to identify improvements.
02 Develop a successful population health approach to supporting those most at risk of mental ill health, focusing on early identification, support and prevention.	By March 2026: <ul style="list-style-type: none"> There will be a defined and agreed approach to Population Health Management to support the implementation of anticipatory, preventative and personalised care models for CYP and their families. There will be a map of the variations in need and outcomes across the system and of place. There will be agreed metrics that will inform service design, transformation, commissioning and delivery shown by PH&I data. 	<ul style="list-style-type: none"> Review existing national and localised population health data to identify known gaps in provision. Agree data road map. Identify population health lead/project support for CYP. Work with LSCs and key stakeholders to provide oversight of data improvement and continued population health approach. Agree strategic, population health-based approach to developing services. 	<ul style="list-style-type: none"> Embed governance and structures to facilitate working collaboratively with providers, partners and stakeholders. Agree and initiate systems for monitoring progress and change. 	<ul style="list-style-type: none"> Population health management will be at the core of commissioning and design of CYP-MH services, in line with the TB&E framework. There will be an agreed process for intelligence gathering and service design, informed by current health data and anticipated population needs across the system and for identified groups.

JFP – Emerging JFP Content on Place

Our model for system working has thriving places at its heart. As an ICB we want to empower, support and challenge our places to deliver for the people they serve. Decisions about the delivery of services are best taken close to the people who use those services. If we are to succeed in supporting people to live healthier and more independent lives, we need a nuanced understanding of the issues facing different people and communities in particular places. So this Joint Forward Plan will be delivered in partnership with leaders and staff working closely with our population at every level – be this system-wide, through our Place Based Partnerships, as integrated locality teams, or extending beyond our ICS borders when that is what is needed.

Our Place Based Partnerships (PBPs)

Within BOB we have three strong and distinct Places – Buckinghamshire, Oxfordshire, and Berkshire West – that are broadly co-terminus with local authorities and the catchment for district general hospital services. Each place is establishing a Place-based Partnership which will be leading delivery at a local level, driving transformation and integration, and ensuring the plan delivers improvements in outcomes and experiences for the people living in each place.



The role of PBPs in delivering local priorities

Our PBPs and their wider local arrangements can bring together system partners to deliver the outcomes that really matter to each “Place”, in support of the local Health and Wellbeing strategies, and in conjunction with the Health & Wellbeing Boards

Each place will design its own partnership, which may include local government, primary care and VCSE organisations. In BOB, we see the role of our PBPs as critical to shaping how services are delivered locally, and a maturing partnership approach across BOB will be important in how we best shape services that meet the needs of local populations. We already have a strong history of working at place-level across the BOB system, and will build on this existing strength through our new formal partnerships to ensure local priorities are delivered. We also see our PBPs as vital in driving the integration of services “on the ground”, which make a genuine difference to quality and accessibility for local people.

Developing our PBPs

To support the development of strong places, and based on learning and experiences from other Place-Based Partnerships, we will be reviewing progress against a number of common characteristics we want our places to have. These will be used as to help set an initial baseline and to support ongoing continuous improvement as Partnerships.

A priority for 2023/24 is to further develop our detailed Target Operating Model which will define how accountability and responsibly is shared between the ICB and our PBPs, supporting the principle of subsidiarity. Over the next five years we anticipate the level of delegated responsibility and budgets to our PCPs will grow as our partnership approach matures.

JFP timescales

JFP Timeline

- Formal Publication is required by: **30 June 2023** (published and shared with NHS England, the Integrated Care Partnership (ICP) and HWBs)
- First version to be produced by **31 March 2023**

Engagement Requirements

- The plan will be developed with NHS Trusts
- It is a statutory requirement that we engage across the system on the JFP incl.
 - Primary care,
 - Local Authorities and relevant HWBs,
 - VCSE sector,
 - People and communities

Sign Off

- ICB and Trust Boards are expected to formally review and approve the JFP in late April – May 2023
- Each of the five Health and Wellbeing Boards will be given opportunity to review and provide a formal opinion '*on whether the draft takes proper account of local health and wellbeing strategy*' in June 2023 prior to publication – The opinion will be published with the JFP.
- In future years, ICBs and their partner trusts will have a duty to update their JFP before the start of each financial year – i.e. by **1 April**.

Our JFP Engagement Approach

Engagement Level	Purpose and Timing
BOB networks	<p>Engagement through ICB Planning Leads to develop and refine service-level content (<i>Ongoing, supported by weekly calls</i>). Through the Planning Leads, service level plans continue to be reviewed and iterated through engagement with the relevant System Networks as required –e.g. elective care board, UEC Programme Board, integrated cardiac delivery network.</p> <p>Engagement with the Operational Planning team to ensure consistency and alignment (<i>Ongoing, supported by weekly calls</i>)</p> <p>Updates to the ICB Executive Team (<i>fortnightly</i>) and ICB Board (<i>21 February</i>) on progress, emerging content and direction of travel.</p>
NHS Trust	<p>Engagement with Provider Strategy Directors to share and test emerging content – particular focus on agreement of System Priorities (<i>Ongoing</i>)</p> <p>Updates to the Provider Executive Teams, through the Strategy Directors (TBC), to share and test content on priority areas (<i>March</i>)</p>
Place	<p>Place Executive Groups (<i>3 March – 30 March</i>) and Health and Wellbeing Boards (<i>16 – 30 March</i>) where possible to update on progress, share emerging content where relevant to the role of Place in JFP, link to JLHWS, link to ICP Strategy</p> <p>Engagement with Place Directors (<i>ongoing</i>) on ensuring the role of Place is appropriately represented in the JFP</p>
System Partners	<p>Liaison with VCSE alliance and Healthwatch to agree sharing and input into JFP from VCSE sector and community/patient representatives (<i>March</i>)</p> <p>System Workshop (<i>24 March</i>) – System-wide participation to share progress, test ambition and build opportunities for partnership</p>
Regional	<p>Liaison with NHS England to agree how NHSE can support with the development of the plan, visibility of an early draft of the JFP, agreement on development process and how NHSE are involved going forward (<i>7/8 March</i>)</p>

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Divisions Affected - All

OXFORDSHIRE HEALTH AND WELLBEING BOARD

16th MARCH 2023

DEVELOPMENTS OF “PLACE” WORKING IN OXFORDSHIRE- Joint Local Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Place-Based Partnership

**Report by Ansaf Azhar, Corporate Director of Public Health and Dan
Leveson, Oxfordshire Executive Director of Place, Integrated Care
Board**

RECOMMENDATION

1. The Health and Wellbeing Board is **RECOMMENDED** to;
 - (a) **Agree the timelines and process for the development of the Oxfordshire Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy in order to meet the board's statutory duty to publish these documents**
 - (b) **Agree the oversight for this work to be undertaken by steering group(s) made up of relevant officers and staff from organisations that form the Oxfordshire Health and Wellbeing Board**
 - (c) **Note the development of the Oxfordshire Place-Based-Partnership, its overall aim and the main areas of focus for the partnership.**

Executive Summary

2. With the formation of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) the principle of subsidiarity is central. Therefore, work happening at “Place”- ie Oxfordshire- must continue to be joined up and have strategic direction. This report outlines the work happening to develop 3 key components to support effective Place working: the Oxfordshire Joint Strategic Needs Assessment, the development of a new Joint Local Health and Wellbeing Strategy and the formation of the Oxfordshire Place-Based-Partnership.

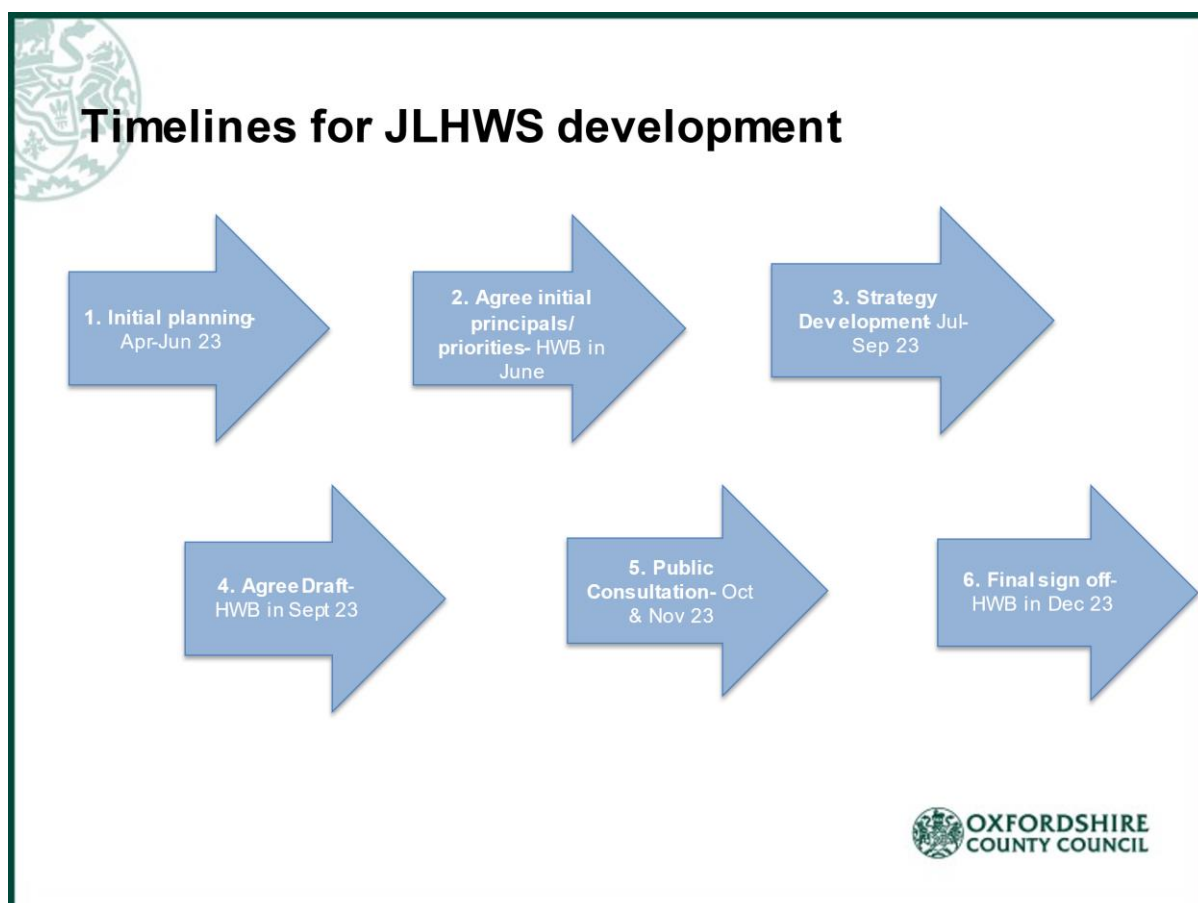
Joint Strategic Needs Assessment

3. Since their formation in 2013 Health and Wellbeing Boards have been responsible for the publication of an annual Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to provide assessment of the health and wellbeing needs of the Health and Wellbeing Board's population. This requirement has not changed with the formal formation of Integrated Care Systems (ICS) in July 2022.
4. In Oxfordshire, the JSNA is published each year at <https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment> after sign-off by the Health and Wellbeing Board. The 2022 update was published in October and incorporated the relevant data from the initial Office for National Statistics (ONS) release of Census 2021 data.
5. Work on the 2023 update has now started. It is anticipated that this update will include the remaining data from Census 2021 that is due to be published by ONS in the coming months. This update will be available for the June 2023 Health and Wellbeing Board.
6. It is important that all partners of the Health and Wellbeing Board use the JSNA to inform their service planning and delivery. The Integrated Care Partnership (ICP) are required to have regard for the JSNA in the formation of the ICS strategy and it must inform the HWB's Joint Local Health and Wellbeing Strategy (see below).

Joint Local Health and Wellbeing Strategy

7. Joint local health and wellbeing strategies (JLHWS), set out the priorities for improving the health and wellbeing of the Health and Wellbeing Board's local population. They outline how the identified needs from the JSNA will be addressed, including any local health inequalities. With the formation of ICSs in July 2022, the responsibility of the Health and Wellbeing board to publish a JLHWS continues, but it must consider the ICS's strategy in the formation of its own JLHWS.
8. In Oxfordshire, the current JLHWS was published in 2018 and runs until 2023 and is available at https://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejoint_hwbstrategy.pdf. The BOB ICS has now completed a strategy for the ICS area. It is therefore time for the Oxfordshire Health and Wellbeing Board to review and update its own strategy. This is a real opportunity for Oxfordshire to establish the strategic direction of the local health and care system as we move on from the acute COVID-19 pandemic and are in the early days of the new ICS structures and ways of working. Informed by the need identified in the JSNA, the strategy will need to take account of local health inequalities, the wider determinants that influence our health and how preventative approaches can be built into much of the local activity.

9. The following table outlines the indicative timescales for the development of the updated JHLWS.



Governance and oversight

10. As can be seen, it is suggested that the Health and Wellbeing Board meetings over the rest of the 2023 calendar year are used as key milestones to review progress of the strategy development and act as gateways for movement to the next stage of strategy development. The timeline includes time for public consultation before finalisation and sign-off of the strategy.
11. Through this process it is expected that all partners of the Health and Wellbeing Board will be able to input into the development through formal board meetings. However, to ensure the work develops as required, it is suggested that more regular and detailed oversight of the development is undertaken by a JLHWS steering group made up of senior Officers from the Health and Wellbeing board partner organisations. This could be via the formation of a specific task and finish group, or via use of existing forums where relevant staff already come together.

Place Based Partnership

12. The Health and Care Act 2022 provides a new legislative framework to promote collaboration. Following several years of development Integrated Care Systems (ICSs) are now on a statutory footing. Overarching strategic direction along with improvements in service provision best delivered at scale will be set at a system (ICS) level. There is also an expectation in national policy that systems will work through sub-system geographies called 'Places'.
13. These Places will lead and deliver much of the operational detail to make integration a reality through Place-based Partnerships. The [integration white paper](#) (February 2022) and the [statutory guidance](#) on arrangements for delegation and joint exercise for statutory functions aim to accelerate the development of Place.
14. Oxfordshire is building on a firm foundation with a relatively long history of collaboration. Oxfordshire County Council (OCC) and the former CCG (now the ICB) has had a Section 75 agreement in place since 2013. It consists of two pooled budgets Live Well and Age Well (Better Care Fund) which totals almost £400m. In 2021 the then CCG and OCC developed the health, education and social care (HESC) integrated commissioning team that exists today to improve joint commissioning arrangements.
15. Furthermore, Oxford Health NHS FT (OHFT) has extensive experience leading collaboratives for adult mental health (with voluntary sector partners) and was one of the first wave specialist mental health collaboratives. More recently, secondary care, community care, social care and primary care providers have worked closely to deliver more integrated urgent care services such as virtual wards, transfer of care team (integrated discharge) and other community and home-based care design to avoid unnecessary hospital visits.
16. Building on our history of working together we aim to become a thriving partnership. We are formalising our arrangements, so the PBP is better able to coordinate and leverage our collective resources to meet the health and needs of the people of Oxfordshire.
17. The partnership will use a maturity matrix and associated success criteria to measure and monitor progress of the partnership. We intend to have use the Joint Strategic Needs Assessment and Oxfordshire' Health and Wellbeing Strategy to guide our plans.

Vision for the Partnership

People in Oxfordshire will access joined-up health and social care services, so they live healthy and independent lives.

18. The PBP will:
 - Identify people/populations that will benefit from more local joined-up services.
 - Ensure joined-up services are simple, seamless and innovative.

- Reduce health inequalities, focussing on people living in deprived areas, minority groups and populations where life expectancy and healthy life years are worst.
- Create a sustainable system by designing new models of care that make the best use of our collective resources (the Oxfordshire £).

Partnership Priorities

19. We will focus on the following populations:

- **Children and young people** including school readiness, child and adolescent mental health (CAMHS), special educational needs and disability (SEND).
- **Adult mental health** including learning disability (LD) and neurodiversity (ND).
- **People with urgent care needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health inequalities and prevention** including healthy lifestyles, wider determinants of health and our role as anchor institutes.

Corporate Policies and Priorities

20. The JLHWS will directly support OCC corporate priorities of *Prioritising the health and wellbeing of residents* and *Tackling inequalities in Oxfordshire*. However, the strategy currently has a broad scope and takes a life course structure. It is therefore expected it will contribute to many of the other priorities, including *Create opportunities for children and young people to reach their full potential* and *Preserve and improve access to nature and green spaces*.

Financial Implications

21. There are no direct financial implications associated with this report. The Officer resource required to develop the work will need contribution from partners of the Health and Wellbeing Board.

Legal Implications

22. The development of a new Oxfordshire JLHWS will meet the statutory duty on the Health and Wellbeing Board to publish a strategy to address health needs of the local population, as described above.

Staff Implications

23. The Officer resource required to develop the work will need contribution from partners of the Health and Wellbeing Board.

Equality & Inclusion Implications

24. The new JLHWS is required to address local inequalities in health which can be experienced by a range population groups and communities within Oxfordshire. This will address the relevant equality and inclusion considerations for this work.

Sustainability Implications

25. There are no direct sustainability implications related to this work. It is anticipated that inclusion of

Risk Management

26. A detailed risk assessment is not required for this work. Regular oversight and input on the strategy development will be provided by the Health and Wellbeing Board and the steering group as outlined above.

Consultations

27. Public consultation on a draft version of the new JLHWS will be undertaken in the autumn of 2023

NAME	ANSAF AZHAR, CORPORATE DIRECTOR OF PUBLIC HEALTH AND DAN LEVESON, OXFORDSHIRE EXECUTIVE DIRECTOR OF PLACE,
Annex:	Nil
Background papers:	https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance
Contact Officer:	DAVID MUNDAY, CONSULTANT IN PUBLIC HEALTH david.munday@oxfordshire.gov.uk 07922 849652

March 2023

Health and Wellbeing Board 16 MAR 2023

Developing community research capacity and partnerships across Oxfordshire

Report by Adam Briggs, Deputy Director of Public Health

RECOMMENDATION

1. The Health and Wellbeing Board is RECOMMENDED to

DISCUSS and ADVISE on current proposals to develop our approach to community research across Oxfordshire, focused on addressing the wider determinants of health and tackling inequalities.

SUPPORT proposed funding bids to the National Institute for Health Research (NIHR) and to UK Research and Innovation (UKRI)

Executive Summary

2. Research is a key tool for local government to understand how its services and programmes impact health and inequalities, and the role of different approaches and interventions to address the needs of different populations. We would like to develop three key areas of research work: developing our Oxfordshire County Council (OCC) research capabilities, creating a community research network, and making better use of our data.
3. This paper summarises our research ambitions and potential opportunities for Oxfordshire. The Health and Wellbeing Board are asked to comment and advise on our approach and how we can work together to maximise the impact of this work.

Background

4. This paper summarises three key research opportunities of Oxfordshire and invites discussion and comment on how we can best take an inclusive cross-county approach.
5. Research is a key tool for local government to understand how its services and programmes impact health and inequalities, and the role of different approaches and interventions to address the needs of different populations. This can help with the more efficient and effective use of constrained local government resources as well as meet council and health and wellbeing board priorities to improve wellbeing and tackle inequalities.

6. Over the past 18 months, Adam Briggs (Deputy Director of Public Health, OCC) and Priyanka Vasantavada (Public Health Research Practitioner, OCC) have been working with the public health directorate as well as colleagues across OCC and Thames Valley to support the development and delivery of research to tackle the wider determinants of health and inequalities.

i. NIHR Health Determinants Research Collaboration (HDRC)

7. Between Sept 2021 and July 2022 we developed our application to be an [NIHR HDRC](#). HDRCs are local government-led partnerships funded for £5m over five years to develop local authorities' capacity and capabilities to deliver research focused on the wider determinants of health and inequalities. Ten local authorities were funded in 2022.
8. Despite being unsuccessful, the process of developing the application illustrated the widespread support from councillors and partner organisations to develop OCC's approach to research.
9. NIHR have recently announced the [2023 HDRC funding round](#), with expressions of interest due by 18th April and full applications to follow in August for shortlisted organisations. For successful applications, funding would start in December 2023.
10. We would like to build on our previous application, as well as our current plans on data integration and community research networks (details below), to resubmit an application in 2023. We want to collaborate closely with colleagues and stakeholders from across the county throughout this process, including setting up a task and finish group of council officers and interested individuals from across Oxfordshire to co-develop the bid.

ii. Data integration

11. Oxfordshire County Council is the owner of a range of individual-level data assets, this includes areas such as social care, drug and alcohol services, and community safety. Data integration efforts are ongoing across the region. For example, OCC is working with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) to link social care data with primary and secondary care data as part of the [Thames Valley and Surrey Care Records](#) and the Oxfordshire-wide Public Health Informatics (PHI) programme. And Thames Valley Police have a data linkage project bringing together social care data with health care and criminal justice data to help [tackle violent crime](#).
12. We are proposing to take forward two pieces of work related to data integration in partnership with people working in data and intelligence across OCC.
13. The first is taking forward two internal projects to explore the opportunities and challenges to linking our own internal data assets for understanding health needs and for service evaluation. The second piece of work aims to partner with [The Bennet Institute for Applied Data Science](#), University of Oxford, to pilot the development and implementation of a safe and secure open-source data platform for health system and local government data in Oxfordshire, called

OpenSAFELY-Local, building on the [OpenSAFELY project](#) that has transformed access to primary care research. The initial funding proposal has been submitted to the Department for Levelling Up, Housing and Communities.

iii. Community Research Networks

14. In August 2022 we were one of 25 collaborations out of 291 applicants to be awarded a small amount of pilot funding from UKRI. The funding is to set up a [community research network](#) (CRN) and promote the 'sustainable and equitable involvement of communities in research'. The £25,000 Expression of Interest (EOI) funding is for use between March and August 2023. EOI funding recipients will be invited to submit applications for full implementation of CRNs (funding up to £600k over three years) from around July 2023, to start Jan 2024.
15. The four key goals of the full implementation are:
 - Develop the knowledge, skills and capability required to support research produced with, by and for local communities
 - Strengthen and sustain the connections between local communities and local research organisations
 - Invest in, pilot and scale community-engaged research activity
 - Collate and share knowledge about their practice with UKRI and other relevant stakeholders
16. The initial funding is being used to develop and run community engagement workshops and partnership meetings, to explore the role of community research champions, and to commission a report on the opportunities and learning from ongoing community research activity in Oxfordshire.

Opportunities for Oxfordshire

17. Through these three areas of work, we have the opportunity to overcome some of the key barriers to delivering applied local government research on wider determinants of health and inequalities, such as community engagement and data integration. Furthermore, we have the potential to access funding that would create a step-change in how OCC uses research to support decision making and how we can understand the impact of our work on local residents and communities.
18. Funding would enable:
 - Dedicated staff to support research and development at OCC and across Oxfordshire
 - The development and implementation of a county-wide research strategy focusing on wider determinants and inequalities, supporting decision making across the council
 - A more integrated approach to research training and development
 - Closer community partnerships to develop sustainable community-led research projects and programmes
 - Research placements for academics in OCC and for OCC staff in academia
 - Improved staff recruitment and retention

Corporate Policies and Priorities

19. This work is consistent with a range of OCC corporate priorities, including prioritising the health and wellbeing of residents and tackling inequalities.

Financial Implications

20. This work could lead to external research funding for OCC and partner organisations – this does not have direct implications for existing OCC or HWB member budgets.

Legal Implications

21. Additional research funding would have associated grant conditions that will be reviewed by legal prior to agreement.

Staff Implications

22. Delivery of the research projects described above will require using the funding awards to recruit skilled staff.

Equality & Inclusion Implications

23. Equality and inclusion is being incorporated throughout this work, and forms a core part of the development and delivery of our research funding proposals.

Sustainability Implications

24. This work can support OCC's wider sustainability agenda but helping us to understand the breadth of our work on sustainability and health.

Risk Management

25. The application processes for funding listed here will be most resource intensive in March - April 2023 (deadline for expression of interest for HDRC), and again in May to August 2023 (writing both full application for HDRC and for CRN).
26. These research funding applications are very competitive and have no guarantee of success. Furthermore, given the council's relative inexperience of writing and costing research funding applications, the process is unlikely to be straightforward. We will build on our experiences with our 2022 HDRC application and aim to partner with colleagues from across Oxfordshire to support the development of the bids. Any unsuccessful bid still has the potential to help Oxfordshire develop its community research agenda and be more competitive for future funding applications.

Lead officer: Adam Briggs, Deputy Director of Public Health

adam.briggs@oxfordshire.gov.uk;

SLT member: Ansaf Azhar, Corporate Director of Public Health and Community Safety

March 2023

Annex: Nil

Background papers: Nil

Healthwatch Oxfordshire Report to Oxfordshire Health and Wellbeing Board March 2023

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Overview of Healthwatch Oxfordshire activity October 2022 to February 2023

Healthwatch Oxfordshire reports to external bodies

During this period we published the following reports to:

- Oxfordshire Health Overview Scrutiny Committee (HOSC) November and February 2023
- Oxfordshire Health Improvement Board November and February 2023 and attendance by Healthwatch Ambassador
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) System Quality Group – briefing note to the January 2023 meeting

Healthwatch parent ambassador also attended the Children's Trust Board in February 2023.

All reports are available online at: <https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>

1 Healthwatch Oxfordshire research reports

Available here: <https://healthwatchoxfordshire.co.uk/our-work/research-reports/>

We published 2 **research reports**:

- Leaving Hospital with Medicine. January 2023
- Men in Carterton. February 2023

All reports are available in text version to support other formats including language translation using the Enable ReciteMe button at the top of our web page. We also produce summary and Easy Read versions.

We have just closed a survey on Long Covid and experience of support.

We published four **Enter and View Reports** on the following:

- East Oxford Dental Clinic. October 2022
- Oxford Community Diagnostics Centre. December 2022
- Damira Bicester Dental Studios. January 2023
- Horton General Hospital Accident and Emergency. February 2023

All reports published on our website with service response to recommendations and sent to the Care Quality Commission (CQC). Available here:

<https://healthwatchoxfordshire.co.uk/our-work/enter-and-view/>

Enter and View visits are conducted by Healthwatch Oxfordshire staff and lay volunteers – enabling local residents to be involved in assessing services and stimulating change. Visits have included: GP practices, community pharmacies, dentist, care homes, outpatient service, A&E departments at Horton and John Radcliffe, Oxford Community Diagnostic Centre, Churchill Hospital Dialysis Unit, and Children's Hospital. Further reports will be available shortly. To find out more about these visits see here: <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/09/20220922-Healthwatch-Oxfordshire-Enter-and-View.pdf>

2 Activities and outcomes October to end of December 2022

Between October and December 2022 we:

- Heard from or engaged with 4,093 people
- Gave advice and information about local services to 87 people
- Received 88 reviews for 33 services submitted via our Feedback Centre
- Had 3,037 people actively engage with our social media channels
- 846 people have been heard from during our outreach, research and engagement with voluntary and community organisations
- **'On the street' outreach** took place at Oxford Older People's Day, Oxford University Freshers Fair, Wallingford Market, Watlington Christmas Fair, Donnington 50+ group and events with Oxford Community Champions. We were at Horton and John Radcliffe Hospital as part of our regular hospital visits. In all we heard from or contacted 580 people at these events.
- Our support for **Patient Participation Groups (PPGs) and Primary Care Networks (PCN)**, funded by Buckinghamshire Oxfordshire Berkshire West integrated Care Board (BOB ICB), continues and we held a Patient Information webinar in November *'Who else can I see in my doctor's surgery apart from my GP?'* facilitated by members of staff from the Wantage Primary Care Network and attended by 25 people. We attended three PPG/PCN meetings over this period.

Our full activities report for this period October to December 2022 can be viewed here: <https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/>

3 What are we hearing about?

As noted above, we continue to listen people in their communities, through our signposting service, utilising social media and via our online Feedback Centre and through our face-to-face outreach across the county. The top three issues people continue to contact us about are access to NHS dental services, GPs and community pharmacies. From October to the end of December 2022:

- 31 people got in touch to give us feedback on dental services – 27 of whom wanted help to find an NHS dentist
- 23 people contacted us to give us feedback on GP services – 14 of whom needed help in registering with a GP, including 10 from the Didcot area

We launched a survey in December 2022 asking members of the public for their **views on our priorities** for 2023–24 and heard from 253 people. Key themes again included access to primary care, GPs and dentists, mental health, and a range of issues including social and community care.

We held an **Open Forum meeting** with Healthwatch Oxfordshire Trustees on 28th February 2023 for members of the public to ask questions, give views and comment. We presented a summary of our overall activity and outcomes for the period October to December 2022. Reports are available here:

<https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/>

Other activity:

- A forthcoming **patient information webinar** open to all will be held on **Friday 31st March** with Dan Leveson from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board speaking about *'How health and care is changing in Oxfordshire and how it affects you'*. Joining information is here: <https://healthwatchoxfordshire.co.uk/ppgs/patient-webinars/>
- We are supporting work with Oxfordshire Youth to create three podcasts with young people on experiences of health and care due to be completed end March 2023.

4 Influencing change

Men's health video Oxford 2018 <https://youtu.be/GcDG7wKMZ40> This video and associated report were produced working jointly with East Oxford United Football Club in 2018. Some 200 men from diverse backgrounds gave their views in this community led project, highlighting the need for community based NHS checks. In

October 2022 Public Health Oxfordshire commissioned a new and supplementary Men's Health Checks service to be delivered in and co-produced by members of the community. They acknowledge "***that [the video] was part of the research that led us to change this contract to offer NHS checks in the community***".

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A good start in life

Measure	Target	Update	Q1 21/22		Q2 21/22		Q3 21/22		Q4 21/22		Q1 22/23		Q2 22/23		Q3 22/23		Notes
			No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	
1.1a Reduce the number of children who are cared for who are not unaccompanied young people to 750	750	Q3 2022/23									801	R	817	R	805	R	Measure changed to exclude unaccompanied children. Trajectories in place to reduce to the level of similar authorities. Action plan in place reporting to Chief Exec. Figures beginning to fall from high point in mid summer last year
1.2 Maintain the number of children who are the subject of a child protection plan	550	Q3 2022/23	510	A	548	R	530	A	559	R	558	A	637	R	648	R	Figure rose to 667 in November. Subsequently fallen and end of Jan stands at 612 Above the target (550) but over 100 less than the highpoint of June 2019 (769).
1.3.1 Mean waiting days for CAMHS	tbc	Jul 22 2022/23	106		132		110		86		114		124				Mean waiting time is 16% up on same time last year. Figures not updated since July because of the cyber-attack on the trust.
1.3.2 Median waiting days for CAMHS	tbc	Jul 22 2022/23	99		97		106		48		89		70				Median waiting time is 20% down on same time last year. Figures not updated since July because of the cyber-attack on the trust.
1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Oct 22 2022/23	85	R	146	R	202	A	280	A	43	G	68	G	119	G	119 admissions in first 9 months of the year. 159 pro rata for year
1.12 Reduce the level of smoking in pregnancy	6.5%	Q2 2022/23	6.9%	G	6.9%	G	5.7%	G	5.8%	G	7.0%	A	7.0%	A	5.7%	G	The Local Stop Smoking Service has supported pregnant women to quit and a new maternity Tobacco Dependency Service funded by ICB/NHSE is launching early in 2023 to support pregnant women to quit. The FNP incentivised quit scheme also continues.
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q2 2022/23	93.1%	A	93.7%	A	92.6%	A	93.6%	A	93.7%	A	95.3%	G	93.6%	A	The NHSE Improving Immunisation Uptake (IIU) initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices.
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q1 2022/23	92.5%	A	92.4%	A	91.6%	A	91.9%	A	91.6%	A	96.4%	G	89.5%	A	The NHSE Improving Immunisation Uptake (IIU) initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices.
1.15 Reduce the levels of children overweight (including obese) in reception class (NCMP data) – Annual. Note definition of indicator changed in Q1 22/23	7%	2021/22	6.7%	A	6.7%	A	6.7%	A	6.7%	A	19.9%	G	19.9%	G	19.9%	G	Small increase in reception overweight and obesity since pre- pandemic levels in 2018/2019. Work continuing to address this through whole systems approach & specific programmes such as You Move and the child healthy weight service, Gloji Energy.
1.16 Reduce the levels of children overweight (including obese) in Year 6 (NCMP data) - Annual. . Note definition of indicator changed in Q1 22/23	16%	2021/22	16.2%	A	16.2%	A	16.2%	A	16.2%	A	33.4%	G	33.4%	G	33.4%	G	Significant increase in Y6 overweight & obesity levels since (pre-pandemic). Work continuing to address this through the whole systems approach & specific programmes such as You Move and the child healthy weight service, Gloji Energy.
Increase the number of early help assessments to 2000 in 2020/21	5000	Q3 2022/23	801	G	1352	G	2188	G	2938	G	865	R	1629	R	2640	A	Target to increase to 5000. Figure has risen 22% in year, but remans 27% below target. This only measures multi agency assessments.
1.18 Monitor the number of children missing from home	Monitor only	Q3 2022/23	260		513		741		982		264		525		756		9% increase compared to last year; 23% decrease compared to 2 years ago; 12% decrease compared to 3 years ago
1.19 Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q3 2022/23	1782		3577		5166		6742		1834		3660		5363		1% decrease compared to last year; 1% decrease compared to 2 years ago; 9% increase compared to 3 years ago

Living well

	Target	Update	Q1 21/22		Q2 21/22		Q3 21/22		Q4 22/23		Q1 22/23		Q2 22/23		Q3 22/23		Notes
			No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Q2 2022/23	94%	G	93%	G	95%	G	95%	G	95%	G	95%	G	91%	G	Routine inspection on hold, inspecting only where a concern is raised. National average 85%
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Q2 2022/23	8%		20%		39%		71%	G	9%		20%		44%		Action plan in place. Checks tend to happen at the end of the year. IN line with where we were this time last year
2.12 The number of people with severe mental illness in employment	18%	Q1 2022/23	20%	G	21%	G	22%	G	22%	G	22%	G	22%	G	22%	G	975/4340. Latest figures June. Figures not updated since June because of the cyber-attack on the trust.
2.13 Number of new permanent care home admissions for people aged 18-64	< 39	Q2 2022/23	6	G	10	G	20	G	33	G	10	A	18	G	25	A	25 people permanently admitted to care homes 9 months (pro rate 33). Above target, but still top quartile nationally
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2022	10	Q2 2022/23	5	G	10	A	10	A	8	G	7	G	8	G	7	G	
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	Nov-21	21.3%	R	22.4%	R	22.4%	R	21.0%	R	21%	A	21%	A	21%	A	Inactivity levels worsened in Covid. Latest data inconclusive (PHOF reports improvement, Nov 2021 Active Lives Survey reported more inactivity). New projects Move Together (July 2021) & You Move (June 2022) should support improvement
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 1146 per 100,000*	Q2 2022/23			678	R	1042	A	1306	G	1384	G	1154	G	1242	G	Oxon Local Stop Smoking Service targeting priority groups via workplace & and pop-up events. It is single point of access referral route. System wide work with Tobacco Control Alliance to support the Oxon to become Smoke Free through initiatives such as SF side-lines, parks, school gates and signposts smokers to the LSSS.
2.18 Increase the level of flu immunisation for at risk groups under 65 years	85%	21/22	58.9%	R	58.9%	R	58.9%	R	60.4%	R	60.4%	R	60.4%	R	60.4%		Confirmed data for 2022/23 vaccination season is not available yet.
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	70%	Q3 2022/23	67.0%		69.6%		69.6%		72.6%		62.6%	A	63.5%	A	68.4%	A	The NHS Health Check Programme invitations continue to improve each quarter, with 66/67 GP Practices inviting patients to attend their NHS Health Check.
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	42%	Q3 2022/23	31.7%		32.6%		32.6%		33.5%		32.7%	A	28.3%	A	30.2%	R	GP Practices actively invite eligible patients; a countywide marketing campaign. Newly commissioned supplementary NHS Health Check Services Implementation Phase between October - December 2022 & delivery from 1st February 2023. Oxon service continues to benchmark higher than regional and national averages
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q4 2021/22	65.9%	R	67.1%	R	67.6%	R	67.1%	R	66.5%	R	66.5%	R	67.0%	R	Below England (68.6%) & South (70.2%). Lower coverage in LSOAs with a higher percentage non-white population. NHSE Screening team working with BOB ICS to improve uptake, for younger, non-white women. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit.
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q4 2021/22	75.7%	R	75.3%	R	75.4%	R	75.3%	R	75.0%	R	75.0%	R	75.3%	R	Comparable to England (75%) and the South (75.2%). NHSE SIT developing multi-agency plan to address inequalities across screening programmes which include a combination of programme level initiatives & targeted approach in some areas.

Aging Well

Measure	Target	Update	Q1 21/22		Q2 21/22		Q3 21/22		Q4 22/23		Q1 22/23		Q2 22/23		Q3 22/23		Notes
			No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	No.	RAG	
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Q3 2022/23	20%	G	20%	G	20%	G	20%	G	20%	G	21%	G	21%	G	
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-22	72%	G	72%	G	72%	G	73.7	G	73.7	G	73.7	G	73.7	G	National social care user survey run each February
3.6 Maintain the number of home care hours purchased per week	21,779	Q3 2022/23	26,333	G	25,643	G	25,128	G	24,509	G	25,395	G	25,786	G	26,808	G	
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Aug-22	21,822	G	22,949	G	22,061	G	20,798	G	22,476	G	23,673	G	23,183	G	
3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Aug-22	13	G	14	G	14	G	15	G	16	G	18	G	15	G	
3.19 (New measure): unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population	720	Q3 2022/23	769.6	R	745	R	749.5	R	732.0	R	740	A	689	G	745	A	3894 admissions in 6 months. Rate of 559. Target for first 9 months rate of 535. Figure reported is projected year end figure
3.21 (New measure) % of people discharged to their normal place of residence	93.0%	Q3 2022/23	91.0%	R	90.9%	R	90.6%	R	90.6%	R	90.5%	R	90.8%	R	90.6%	R	Actions in place to improve allocation to discharge pathways; diversion from home with care to home with no care; and from short term bed to home with care within a Home First ethos and practice.
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week (BCF measure)	8.8	Q3 2022/23	9.4	G	8.1	G	9	G	9.2	G	8.6	G	8.2	G	8.2	G	330 permanent admissions in 39 weeks.
3.13 Increase the % of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (BCF measure)	77%	Oct - Dec 2021	62	R	62	R	62	R	84	G	84	G	84	G	84	G	Figure fell in year, possibly as people with higher needs were supported. Targeted amended in line with BCF
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2021	2.85%	A	2.85%	A	2.85%	A	2.20%	A	2.20%	A	2.20%	A	2.20%	A	Figure dropped in year - measured at time of contract change which may have impacted performance
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Oct-22	63.0%	R	63.0%	R	61.0%	R	60.9%	R	61.0%	R	61.7%	R	62.0%	R	Below target, but above BoB and SE average
3.16 Maintain the level of flu immunisations for the over 65s	85%	21/22	84.4%	G	84.4%	G	84.4%	G	86.4%	G	86.4%	G	86.4%	G	86.4%	G	Confirmed data for 2022/23 vaccination season is not available yet.
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q4 2021/22	70.3%	G	70.3%	G	70.9%	G	71.7	G	69.0%	G	68.3%	G	68.3%	G	Service is fully restored, recovered its backlog in July 2021 and performs within the invite target threshold of inviting within +/- 6 weeks. National average = 67%.
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q4 2021/22	55.4%	R	55.4%	R	76.9%	R	66.6%	R	69.6%	R	71.5%	G	71.5%	G	NHSE SIT are working with partners to address known inequalities across the cancer screening programmes which include a combination of programme level initiatives and a targeted approach in some areas.

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Divisions Affected - All

HEALTH AND WELLBEING BOARD

16th MARCH 2023

CHAIR'S REPORT OF THE HEALTH IMPROVEMENT PARTNERSHIP BOARD 23rd FEBRUARY 2023

**Report by David Munday, Deputy Director of Public Health,
Oxfordshire County Council**

RECOMMENDATION

1. The Health and Wellbeing Board are asked to note the content of the most recent Health Improvement Partnership Board meeting on the 23rd February 2023 and the Board's contribution to the implementation of Oxfordshire's Joint Health and Wellbeing Strategy.

Background

2. The Health Improvement Partnership Board (HIB) has identified 3 priority thematic areas to focus on;
 - (a) Tobacco Control
 - (b) Mental Wellbeing
 - (c) Healthy Weight and Physical Activity
3. Action on these priority areas is supported by an approach which is focused at addressing health inequalities and taking a preventative approach in all we do.
4. The most recent meeting of the HIB was on 23rd February 2023. The main focus was on healthy weight and physical activity. A summary is provided below and full reports are available at:
<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=7297&Ver=4>

Healthy Weight and Physical Activity

5. This theme was addressed in 4 interlinked reports/ agenda items.
 - (a) Firstly, a summary of the Director of Public Health Annual Report was presented in its "Final Draft" form before finalisation and publication later in March. The report focuses on the worsening situation of overweight and obesity locally, how it impacts on health, what causes unhealthy weight and ways of addressing this. A consistent theme was

taking a broad view of the causes to acknowledge the social and environmental factors as opposed to simply an individual behaviour perspective.

- (b) Secondly, the main findings from the recent Health Needs Assessment on healthy weight were presented. This work has examined in considerable detail the local data, the health inequalities and needs residents have in relation to this issue. It then provided a range of potential recommendations and actions to tackle.
- (c) The HIB then received the progress update on the Whole Systems Approach to Healthy Weight in Oxfordshire which included proposed next steps in light of the recommendations from the 2 prior reports. The action plan continues to be built around the 4 pillars of; Healthy weight environment, Prevention, Support services and System leadership. HIB members agreed to engage in a more detailed workshop in the spring to plan out actions, including what Local Authorities can feasibly achieve in creating environments more conducive to healthy weight.
- (d) Finally on this theme, Active Oxfordshire presented the new Oxfordshire on the Move physical activity framework that they have developed with the support of more than 75 different organisations. The HIB welcomed the 4 ambitions and the vital contribution this work will make to address physical inactivity and health inequalities in Oxfordshire. The HIB agreed to receive regular updates from Active Oxfordshire and to consider how it best connected to the oversight of this work.

Healthwatch Ambassador Report

- 6. The quarterly update from Healthwatch was received from Robert Majilton Healthwatch Ambassador. The main focus of the update and discussion being on the Men in Carteton and the Leaving Hospital with Medicines reports.

Future meetings and Chair of HIB

- 7. The board will have a workshop in March 2023 to develop a forward plan of agenda items for the 2023/24 year that address the priorities of the board and the Oxfordshire Health and Wellbeing Strategy
- 8. The next formal meeting of the HIB will take place in June 2023.
- 9. The current chair of the HIB - Cllr Louise Upton - has now served the planned 2 year term. The chair for the next 2 year cycle will be arranged via the wider City and District Council meetings rotation arrangements and the Health and Wellbeing Board will be updated of the outcome.

DAVID MUNDAY
DEPUTY DIRECTOR FOR PUBLIC HEALTH

Appendix:

Contact Officer:

David Munday
Deputy Director of Public Health/Public Health Consultant
david.munday@oxfordshire.gov.uk

March 2023

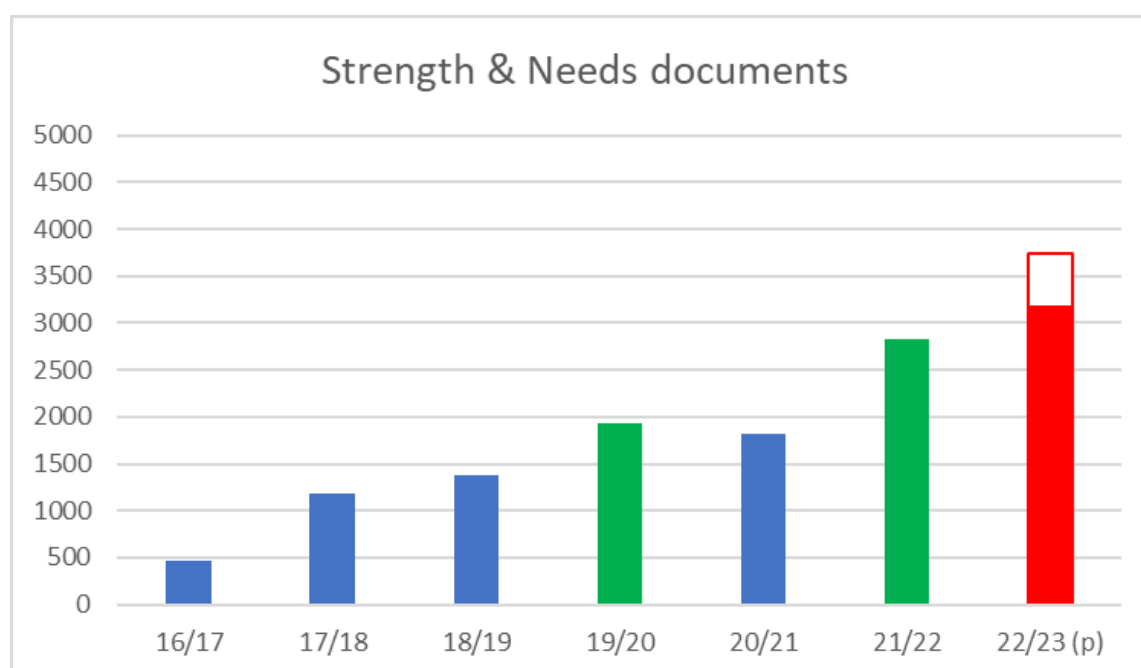
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Report to Health and Wellbeing Board

Report from: Children's Trust Board Chair – Cllr Liz Brighthouse
Report Date: 3 rd March 2023
Dates of meetings held since the last report: 22 nd February 2023 – Virtual meeting
HWB Priorities addressed in this report – A Healthy Start in Life
Link to any published notes or reports: Children & Young People's Plan 2018 - 2023
<p>Working together to help children, young people, and families to thrive.</p> <p><u>Priorities for 2022-23 – Focus on Early Help</u></p> <p>To ensure all partners on the board dedicate senior leaders to the Early Help (EH) agenda and review their agency's current resource.</p>

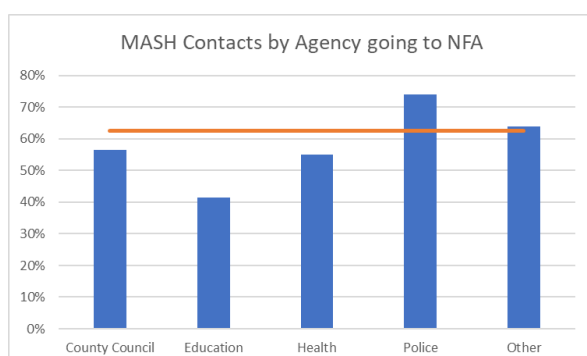
1. Performance for Early Help

The Children's Trust has agreed a target to increase the number of Strength and Needs Assessments (early help assessments) to 5,000 in 22/23 rising to 10,000 EHAs by 2024/25. We are currently projecting 3750 for this year 25% below target. The number of strengths and needs documents in the first 10 months of the year is 27% higher than last year, in part driven by a pilot where health visitors completed strength and needs documents, which is shown by the white part of the bar in the chart below. However, the consistency of completion rates across all agencies in the partnership remains concerning. Therefore, this is highlighted to the HWBB as an area where more active partnership ownership and drive is required.



The lack of early help means children are unnecessarily being pulled into social care systems, for example less than 1 in 3 new statutory plans where the child had suffered neglect this year had evidenced a strengths and needs document.

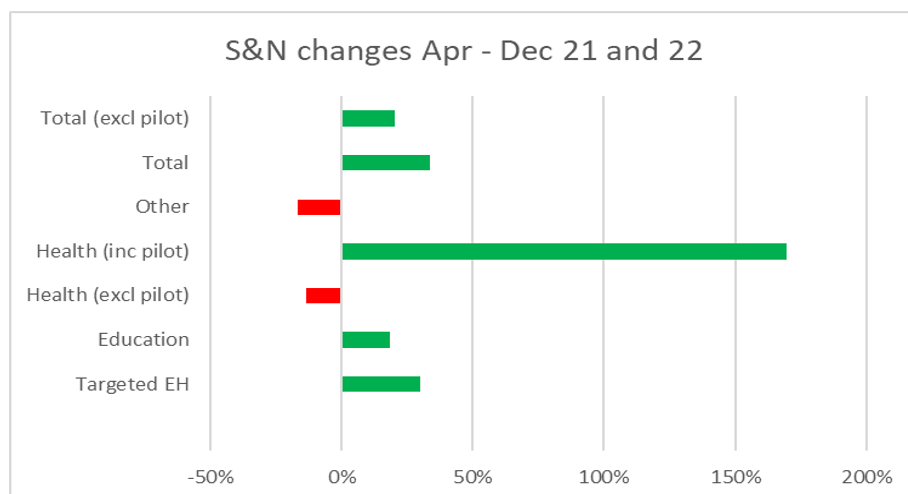
We are targeting individual agencies about their reported numbers of Early Help Assessments and the proportion of MASH contacts that come from them and lead to no further actions. 62% of MASH contacts lead to no further action, including 57% from county council sources. This doesn't mean that these families shouldn't be receiving help or support, but that the support should be delivered through the Early Help/Strengths & Needs arrangements. This should be in a way that is more proportionate and builds upon the existing work a professional may already be delivering in a setting or in the community.



The table below shows the differences between agencies as a ratio. It provides a useful baseline to measure progress and improvement.

Organisation	Response
County Council	1.8 S&Ns per MASH contact
Health	4.1 MASH contacts per S&N
Health with pilot	2.5 MASH contacts per S&N
Education	3.7 MASH contacts per S&N
Police	75 MASH contacts per S&N
Other	55 MASH contacts per S&N

There is activity in place to support agencies in developing the skills and capabilities to undertake Strength & Needs assessments. A recent example is the Health Visitor Early Help pilot where Service Managers from Oxford Health have championed Early Help training and worked to embed Early Help interventions as part of their day-to-day work seeing families. the graph below shows the impact of this work.



Since October 2022 and end of February 2023, 301 multi-agency staff have been trained in the use of Strength & Needs forms and early help.

Recommendations for HWBB

The Childrens Trust Board has developed an Early Help 'ask' for agencies to provide information and performance reports from their organization on a regular basis. This will include:

- EH targets for 2022/23 & 2023/24
- Performance in relation to targets (to include data and narrative)
- Any barriers/challenges to achieving targets

A copy of the format can be provided (upon request paper 1.)

Recommendations

1. HWBB receive a summary report on the EH progress at the next board
2. HWBB members familiarise themselves with the process, particularly the section of the pro forma about Early help internal (organisational) governance and reporting.

2. Mock Inspection – findings and learning

A Mock Inspection of our Children's Social Care was undertaken between 9th January 2023 – 20th January 2023. The key findings that had an interagency element to them, were shared with the board partners before they are to be taken forward to the OSCB (Oxfordshire Safeguarding Children's Board).

At OSCB, with the collaboration of other agencies, an Action Plan will be drawn up and implemented, of the detailed findings and how these are to be addressed.

3. Children's Services Strapline

With partners contributions, the Children's Services Strapline has now been developed and circulated to all board partners and OSCB, for all to use and reach out more widely with other agencies. Oxfordshire County Council's communications team will be asking

partners of good news stories and the work that is being done across the Children's Trust Board (CTB). (*Upon request 2 papers for 3.*)

4. Children & Young People's Plan Priorities 2023-24

The suggestion for the board going forward, regarding the priorities for the plan next year, was to continue with the early help overarching theme, working with the Strategic and Transformation leads across the partnership so that partnership priorities are included and have a more extensive process. This would involve agencies contributing with what they have in their business plans around early help and creating joined up work in the plan. There will be a Children's Trust and Transformation Leads workshop before the next meeting in May.

5. Youth voice bubbling-up issues from Children & Young People

A Bubbling Up survey went out via the Targeted Youth Support Services (TYSS), where youth workers fed back with what the issues there are for young people. There were some key themes, such as jobs, transport (cost, getting to education/work), feeling safe in their community. The TYSS is aware of that much of this anxiety from young people is the effects of coming out from COVID and their unpreparedness for the next stage. Self-referrals mainly come from professionals and not from young people themselves, so a big promotional campaign has been launched that will run over a few weeks to increase self-referral from young people and an update will be provided. Following on from the Sounding Board completed last year, there will be another in March on transport and travel and a commitment has been made to undertake 3 sounding boards every year and suggestions for topics are welcome from partners.

6. SEND Update & Ordinarily Available Toolkit

The Ordinarily Available Toolkit which is mentioned in the report (*upon request papers 6. for toolkit and report*), has been updated and issued to schools, but the plan is to make this more of an interagency toolkit.

The SENCo (Special Educational Needs Coordinator) helpline has been launched along with some special educational need coordinators who are specialist teachers within school and available to all SENCos across the county in providing help and support for children in mainstream settings. A grant has been received with the Delivering Better Value Programme, which is mentioned in the above report. The request to transfer some of the schools funding for SEND (Special Educational Needs & Disabilities) has been agreed by the Secretary of State, which is another £2.4million to the already £1million investment for SEND inclusion within mainstream school settings. This will be communicated by the Head of SEND to partners of the opportunities available. Cllr Brighthouse also highlighted that there is an additional half a million pounds being specifically provided for EHCPs (Education & Health Care Plans) and how that whole process is managed.

7. Feedback from OSCB on emerging issues

The thematic child safeguarding practice review on child sexual abuse will be published in 2023 alongside another review, which was completed in 2022. Training and events

are being held on child sexual abuse and violence against women and girls. Further details can be found in the report which can be provided (*upon request paper 7.*).

8. Forward plan for the May 2023 meeting

The following items are due to be considered in forthcoming meetings:

- Focus and progress on Early Help - partner responses and feedback
- Development of 2023/24 Children and Young People's Plan by partners
- Progress of 2022/23 Plan
- SEND update.

APPENDIX A

Priority focus for 2022/23:

- **Early Help & Mental Health & Well-Being**
- **Early Help & 0–5-year-olds**
- **Early Help & SEND (Special Educational Needs & Disabilities) Early Intervention**

Objectives

- To identify issues and concerns for children and families early so that they can be addressed promptly and without the need for statutory interventions if that is not necessary or appropriate.
- To ensure that Early Help support is at the least intrusive level and designed to support families continue to develop and thrive.
- To use an Early Help Assessment to develop a holistic, coordinated multi-agency intervention where an organization alone cannot fully support the problems a family is facing.

Actions

- Each agency to review their senior leadership and resource levels to early help and report to Children's Trust Board and report on targets for their agency Early Help Assessments.
- To increase the number of Early Help Assessments (EHAs) to 10,000 by 2024/25.
- To identify resource to ensure front-line staff/designated staff across all our services are trained in the early identification and support that can be offered in relation to mental health and well-being, attachment, trauma informed and whole family working by:
 - scoping what is in place
 - adapting existing resources and designing training
 - planning delivery of training and/or train the trainers

Outcomes

- Senior strategic leadership and increased resourcing in place for early help so that fewer children are supported by statutory services.
- Pooled resource for Early Help
- Increase in EHAs (Early Help Assessments) to 5,000 by April 2023; 250 more staff trained to deliver EHAs.
- Reduction in children needing assessments for Education Health Care Needs, Child & Adolescent Mental Health Service (CAMHS) or Children's Social Care statutory support and improvement in Good Level of Development because their needs have been addressed at the earliest opportunity.
- Staff are confident to deliver mental health and well-being interventions, promote whole family working, signpost on as appropriate.

Priority focus for 2022/23: Be Supported

- To ensure the partnership listens to and learns from the views and feedback from children and young people, aged 8-18yrs and up to 25yrs with additional needs, about how supported they feel by the services they access in Oxfordshire.

APPENDIX B

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

The data and information below are for Performance Report Quarter 3 2022/23.

Be successful

- The number of children expelled continues to be a third of the 18/19 level, but the number of children suspended, which had been dropping is now rising
- 43% of primary school pupils and 22% of secondary school pupils who were suspended last year had special educational needs.
- Persistent absence (over 90%) has risen across the last 4 years – with 1 in 4 primary school children and 1 in 3 secondary school children persistently absent.
- 1.1% of primary school children (596 children) and 4.3% of secondary school children (1733 children) have severe absence.
- The number of electively home educated children is 64% higher than pre pandemic levels but only 8 children who are electively home educated are the subject of a social care plan

Be healthy

- Data on waiting times for CAMHS (Child & Adolescent Mental Health Service) has not been updated since July 22 because of the cyber-attack on the trust.
- Concerns about access to eating disorder services have been raised by the Integrated Commissioning Board. Performance in Oxfordshire below standard and other areas in Berkshire West, Oxfordshire, and Buckinghamshire.
- There has been an 11% decrease in A&E (Accident & Emergency) attendances for self-harm compared to last year, but figures are still 26% more than 19/20 when we were in lockdown. Hospital admissions are 11% lower than 20/21 and 22% lower than 19/20
- The number of early help assessments (EHAs) in the last 2 months is 18% higher than the previous 12 months but remains 37% below target. This only includes EHAs shared with the council
- After 4 quarters when under-age conceptions fell it increased in the last two quarters. 14 children under 18 and some under 16 (number suppressed under 5) presented at the OUH (Oxford University Hospitals)

Be Safe

- MASH (Multi-Agency Safeguarding Hubs) contacts for the first 9 months of the year are 2% higher than last year and more than 60% higher than pre pandemic levels. Despite this increase the timeliness of red (most urgent) contacts remains better

than target. Local benchmarking data suggests contact levels are similar to other areas in the southeast.

- Child protection numbers remain above target and those of similar authorities (648 compared to 550 target). This has been driven by an increase in children coming on to a plan. Child Protection Quality and Tracking Meeting currently focusing on children the subject of repeat plans and children on a plan for over 18 months.
- There are currently 913 cared for children (compared to 413 in 2013). Recent increases are due to an increase in unaccompanied asylum-seeking children, with 3 home office hotels being located in Oxfordshire. Increasing numbers puts pressure on placements, workloads, and services. At the end of December, we had 8 children in unregistered placements.
- Data has been added on initial health assessments (IHAs). 10% of IHAs are completed in 20 working days as the service struggles with capacity and timely notifications and consent.
- In 2022 domestic incidents involving children were 9% higher than 2019 (pre Covid) and domestic crimes 28% higher. In the last year domestic incidents fell by 1% in the year whilst domestic crimes rose by 7%.
- In 2022 the number of children going missing was 12% lower than 2019(pre Covid) and the number of occurrences was 16% lower. However, compared to last year 9% more children went missing and there were 11% more missing incidents
- From the taxi licencing report at the end of quarter 2 three quarters of taxi drivers across county had up-to-date safeguarding training (against a target of 90%). City (72%) and South & Vale (70%) continued to catch up with Cherwell and West (both >95%).

Indicator Number	RAG	What is being done to improve performance?
1.3a Mean wait for Core CAMHS (days)	N/A	In July 2022 the number was 124 – 16% higher than July 2021. Figure not updated since cyber-attack.
1.3b Median wait for Core CAMHS (days)	N/A	In July 2022 the number was 70 – 20% lower than July 2021.
1.11 Reduce the persistent absence of children subject to a Child Protection Plan	N/A	In 2021, Oxfordshire was 4% points better than statistical neighbours; 8% points better than the national position (<i>figures to be seen in the context of the pandemic and changed behaviours</i>)
1.1 Reduce the number of children we care for to 750 by March 2022	R	The number in December 2022 was 803 – the number of children we care for is beginning to fall. It remains below the national rate, but above similar authorities.

EMBEDDED DOCUMENTS FROM CHILDREN'S TRUST BOARD MAIN REPORT

Children's Trust Board 22 February 2022 – Focus on Early Help

In advance of the next meeting on 22 February – please can you complete and return the following questions and return to Darren Moore on Darren.moore@oxfordshire.gov.uk by **15 February**.

In addition, at the meeting we shall be reviewing all responses to Cllr Brighthouse's 'Ask' in relation to the specific actions in the Children and Young People's Plan [here](#), and asking you what difference you are making to children's outcomes as a result of your agency actions.

Question 1

Please find attached a data report showing metrics in relation to early help assessments and contacts to the Multi Agency Safeguarding Hub (MASH) which may be useful when responding to the questions below.

Organisation/Sector & name of person completing form	
List the 2022/23 early help targets for your organisation/sector here:	
How are you performing in relation to your targets?	<i>Please see attached data report and provide narrative below.</i>

What are the barriers/challenges to you achieving your target?	
What do you need to do differently?	
Please state the governance for early help reporting in your organisation.	<i>e.g., in OCC early help performance is reported to Senior Leadership Team (chaired by Chief Exec) and Children's Directorate Leadership Team (chaired by Director of Children Services)</i>
What are your early help targets for 2023/24?	
Other comments	
<p>Question 2</p> <p>Please find Children and Young People's Plan - What you are doing in relation to our 3 priorities:</p> <ul style="list-style-type: none"> • Early Help and Mental Health and Well-Being • Early Help and 0–5-year-olds • Early Help and SEND early intervention <p>Response:</p>	

Dear all

We are delighted to launch the Oxfordshire Strapline for how **we work** with Children & Families as developed by you. This is our commitment to how we want to work together to help children, young people and families

Please rise to the Big Challenge from OSCB and the Children's Trust Board to make sure we are all making a difference to outcomes for children, young people and families in how we work together and behave. Please use the strapline, together or individually as appropriate to your organisation and where possible in meetings, relevant strategies, presentations, policy documents, training materials, resources etc and promote it at all levels in your organisation. The Big Challenge is how we now ***all*** use this and model it in a meaningful way to change our practice and really have an impact on the lived experience of children, young people and families. This represents a key part of how we hold ourselves and each other to account in how we work together with children and families.

Our Vision

Working together to help children, young people, and families to thrive.

We want Oxfordshire to be a great place to grow up and have the opportunity for children and young people to become everything they want to be. To achieve this vision for children and young people, we have four areas of focus:

- Be successful
- Be safe
- Be healthy
- Be supported

How will we help children, young people, and families to thrive?

Statement of Intent

Working together to help children, young people, and families to thrive.

We will work in partnership together with you, your family and all the agencies who are here to support you in Oxfordshire. If you need our help to be and feel safe, we will...

- Ask, not assume what is happening in your life and what would help.
- Act by seeking to understand your lived experiences, and work with you.
- Discuss with you your choices and how you can safely feel in control.
- Respect and value you and the people who care about you.
- Focus on who and what helps you to feel safe, and where you feel safer.
- Be honest with you and communicate clearly in a way that you can understand.
- Work as a team – with you, your family and with each other as professionals – so that everyone's ideas and knowledge are used.
- Work with you at your pace wherever possible – but if things aren't improving fast enough for you, or we need to immediately protect you, we will act quickly and decisively.

What will we do to help children, young people, and families to thrive?

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What will we do to help children, young people, and families to thrive?



Ordinarily available toolkit

Guidance on the provision that mainstream schools need to make for children and young people with special educational needs and/or disabilities in Oxfordshire.



Foreword

This guidance is primarily intended for education professionals in primary and secondary mainstream schools and settings. Those who are working in early years settings may find what follows useful but please refer to the specific early years guidance.

It aims to support schools and settings in Oxfordshire to identify, plan for and meet the needs of children and young people (CYP) who have special educational needs or disabilities (SEND) and require reasonable adjustments or additionality at SEND support.



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1) Principles of inclusion

The following principles underpin this guidance:

- Every CYP is entitled to receive a good education that enables them to maximise opportunity and success in learning and life, irrespective of need, prior attainment, background or circumstance.
- Strong pathways for every CYP into further education, training, employment and independent living.
- Successful and fulfilling participation in society, economic prosperity, good physical and mental health.
- Access for every CYP to suitable, high-quality provision, which meets diverse need and diminishes barriers to participation and engagement.
- Equity of access and onward life chances; those who need something more or something different in order to realise this ambition do receive something more or something different.
- A rounded education for every CYP; each having access to and benefiting from a breadth of experience and cultural capital.
- A strong commitment to early intervention and prevention to tackle, diminish or avert potential barriers to success.
- A strong commitment to partnership working which actively seeks and values the contributions of parent/carers and CYP.
- Education in local community wherever possible.

This guidance should be read alongside the [SEND Code of Practice 2015](#) which sets out the following responsibilities:

Local authority responsibilities

Make arrangements for the statutory assessment of pupils and maintain and review statements of SEND and Education, Health and Care (EHC) Plans.

Maintain an overview of how far education settings are accessible for pupils with SEND.

Publish information on SEND funding and provision.

Ensure sufficiency of provision for pupils with SEND and keep under constant review.

Monitor the progress of children and young people with SEND and work with schools to resolve issues regarding the progress of Oxfordshire children and young people with SEND wherever they are educated.

Co-produce provision and policy with families of children with SEND and with children and young people with SEND.

Provide information, advice and support to parents of children and young people with SEND and young people themselves, including the provision of a statutory information, advice and support service (SENDIASS) along with mediation and resolution services, and the local offer.

Prepare and maintain an accessibility strategy to

- increase the extent to which disabled pupils can participate in the curriculum
- improve the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools
- improve the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled.

Governors, early years providers, schools and colleges¹

responsibilities



Aim to meet the range of CYP's needs in their locality as far as is appropriate.

Work with families of children and young people with SEND and CYP themselves to shape provision and policy.

Publish information on SEND funding and provision and monitor expenditure.

Maintain a record of pupils with identified SEND.

Ensure that staff have the requisite skills, training and understanding to meet the needs of CYP with SEND.

Identify pupils with SEND and ensure provision is made in line with the SEND Code of Practice 2015 and complying with the Children and Families Act 2014.

Publish a SEND information report, a SEND policy and an accessibility plan on the school website.

Appoint a SEND governor and SEND coordinator.

Ensure SEND provision is integrated into the organisational improvement or development plan.

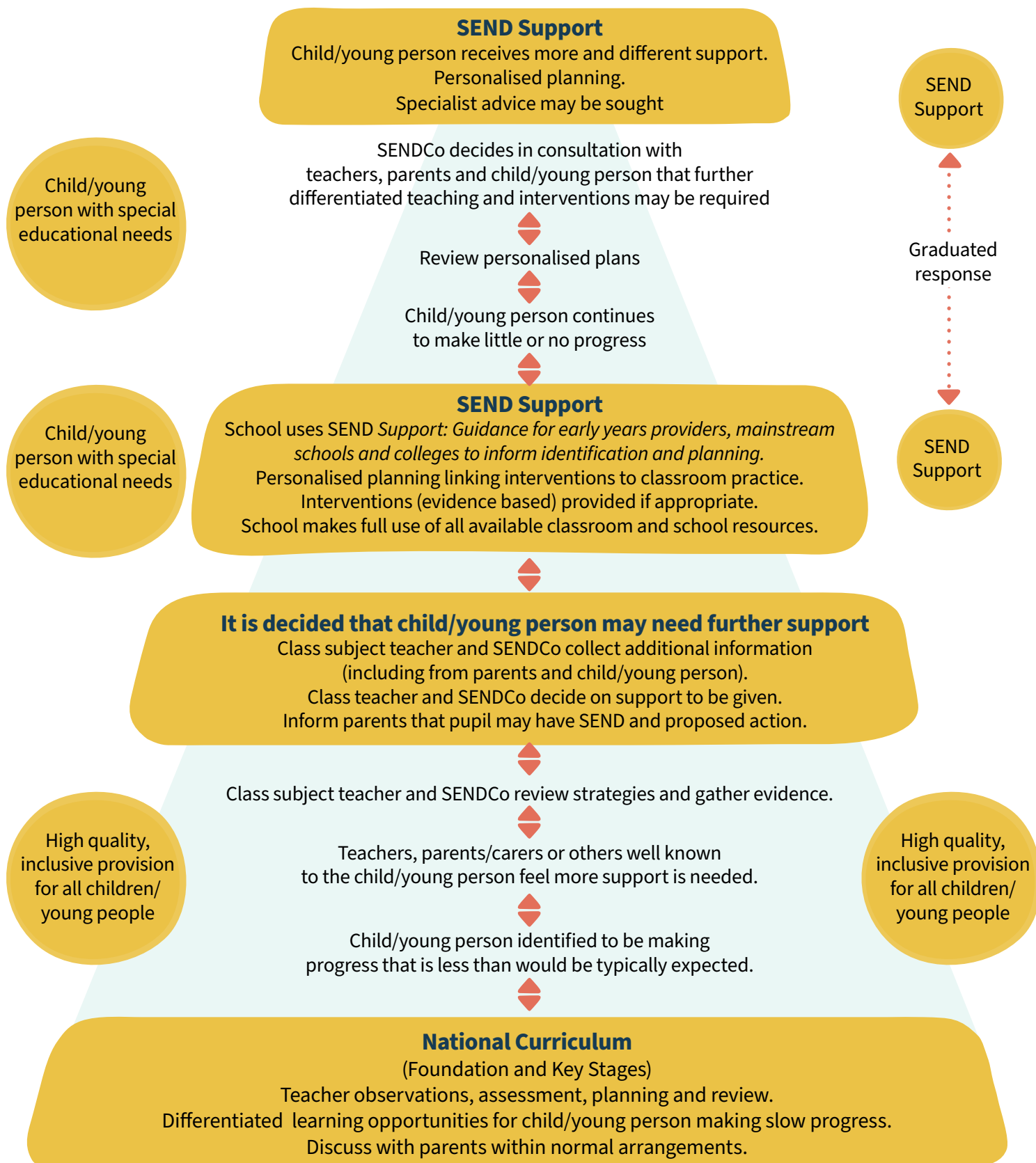
Keep arrangements for prospective and current pupils with a disability under constant review.

Monitor the progress of CYP with SEND to ensure the provision specified in EHC Plans is in place and the child or young person is making progress.



2) High quality, inclusive teaching


High quality teaching is effective for all children. All teachers are teachers of CYP with SEND.



Although not exhaustive, the following are key features of high-quality, inclusive teaching and provision:

- High expectations of all CYP.
- Teachers knowing the contexts of CYP and the characteristics of learners with such contexts, whilst not stereotyping or applying a label in a way which might have a negative impact on expectations or opportunities.
- Access to a broad curriculum and to learning which is sequential, cohesive, relevant and contextualized.
- On-going, responsive, diagnostic assessment, monitoring and review that informs and shapes the teaching and learning.
- Use of a wide range of assessment and feedback tools including self and peer assessment.
- Skilled, open-ended questioning; asking the right questions at the right time.
- Skilled pedagogical intervention; using knowledge of how CYP learn to craft and re-shape learning experiences.
- Modelling to reveal the thought processes of an 'expert' learner to aid understanding and help develop metacognitive skills.
- Dedicated teaching of metacognitive skills; helping CYP to understand how they learn and to make decisions about learning, in order to problem-solve and select the most effective learning strategies for different tasks/contexts.
- Building on prior knowledge, understanding, skills and ideas which CYP bring to new and subsequent learning opportunities and experiences.
- Embedding key skills and understandings to gain fluency and mastery across different contexts of learning.
- Opportunities to elaborate on learning; to use describing and explaining which helps integrate new information with prior knowledge and embed it in memory.
- Planned sequences and cycles of learning which facilitate mastery.
- Pre-teaching which acknowledges the different starting points of CYP and attempts to enable all CYP to access the core teaching and learning from the main lesson(s).
- Flexibility in teaching and learning to adjust and personalise in response to CYP, while ensuring that any long-term and generic adaptation is always available, practised routinely and part of everyday adjustment if needed.
- Dedicated subject-specific time as appropriate as well as integrated learning and connecting learning journeys.
- The explicit teaching of key vocabulary to assist in conceptual understanding and building knowledge.
- The impact of any adjustments, personalisation, intervention or support critically evaluated, with these evaluations used to inform subsequent teaching and learning.
- Strong, positive relationships within the learning environment.
- A physical environment which is conducive to learning, taking into account such aspects as sensory needs.
- Effective, skilled classroom management.



- 
- Skilled deployment of any additional adults with appropriate training and clear, focused remits to support learning, independence, metacognition and self-regulation.
 - The use of equipment, visual information, practical demonstration and concrete representation to support learning.
 - Explicit teaching of how to use different resources to support learning.
 - Appropriate use of modern technology such as programmes designed for problem-solving and open-ended learning for CYP as well as resources to support teaching such as interactive boards and learning platforms.



- Ensuring child's wellbeing needs are met so that they are in 'the right place' emotionally to learn.
- To foster independence and positive relationships, all parts of the day, structured and unstructured, are important for learning.

3) Identification of SEND

It is a national expectation that all schools and settings have a clear, defined approach to identifying and responding to SEND; good practice would be to use a strengths and needs approach.

If, for example, despite consistently high-quality teaching, a CYP experiences difficulties in accessing the same learning as their peers of a broadly similar age or needs much greater support in self-regulation than peers, or is not as 'emotionally healthy', there may be an underlying need.

Slow progress and/or low attainment may indicate that a CYP has SEND but not necessarily. Equally, attaining in line or indeed above chronological age or attainment of same-age peers should not lead to an assumption of no SEND. Sometimes a CYP may excel in the majority of areas but struggle with one, or may struggle with particular concepts, but not others, within the same subject. Again, this does not necessarily mean they have SEND; they may simply need further adaptations within the universal offer of high-quality teaching. The assessment process to support identification is therefore vital in making a determination.

Persistent disruptive or withdrawn behaviours do not necessarily mean that a CYP has SEND; however, such behaviours are usually communicative and may indicate an unmet need such as social or communication issues, poor well-being or poor mental health.

It is important to remember that if a child's first language is not English, this may be a factor in under-performance, slow progress or challenging behaviours; they may not have SEND but be experiencing language barriers. Contrary to that, however, is the caution not to attribute any difficulties simply to a language issue and therefore to potentially overlook specific need.

In deciding whether to make SEND provision, the school should gather a wide range of information from within the school as well as parent/carers and from the CYP. Other information from specialists may also be helpful.

Good practice is to ask ‘how do I need to change my teaching or behaviours, how might I change the provision or environment/ resources?’, rather than describing how the CYP needs to change. Other questions that a school may wish to consider include:

- How might the classroom environment/ layout be changed to better accommodate the needs of all?
- How might additional resources such as visual representations make learning more accessible to all?
- Is the deployment of additional adults effective; have they had the training they need to enhance learning whilst nurturing the independence of CYP?
- Is assessment effective and leading to an accurate understanding of need, both academically and pastorally?
- Is there consistent, universal high-quality teaching?
- How good are the relationships between adults and the CYP?

4) Talking about SEND

Inclusive schools are positive and ambitious in their aspirations for every CYP. This extends to the language used.

The term ‘SEND’ can have negative connotations and suggest a ‘deficit’. It is vitally important that SEND is seen as a difference in need as opposed to a shortcoming or a weakness. Everyone working with a CYP with SEND must demonstrate high aspirations for and expectations of those CYP, asking the question ‘what is it that I/we need to do differently in order to help this CYP access the learning and achieve success?’

The language used is vitally important; asking a CYP how they describe their own needs is a good starting point. Terms such as ‘the bottom set’ and ‘the low ability group’ are unhelpful and can impact on the self-esteem of those CYP, the perceptions of their peers and the expectations of adults.

5) SEND support²

If assessments indicate that a CYP needs provision beyond universal high-quality teaching, the next level is SEND Support.

This guidance focuses on SEND Support, which is broadly the adaptations, adjustments and additionality that should be ordinarily available within every mainstream school to support CYP with SEND.

There is delegated funding for primary and secondary mainstream schools for SEND. The national expectation that up to £6,000 of additional provision can be made, for those who need it, each year. This funding can be used flexibly by a school to develop provision which benefits a wide group of students, for example a nurture hub.

6) Education, health and care plans³

The vast majority of children will have their needs appropriately met using the approaches and strategies set out in this guidance.

Only those with the most exceptional level of needs will require a statutory assessment of their SEN and provision to be made in accordance with an EHC Plan in order to meet needs.

There is an expectation that the school has already tried to meet the CYP's needs through universal high-quality teaching and through the adjustments and/or additionality offered by SEND Support over a suitable period of time before requesting an Education, Health and Care Needs Assessment (EHCNA).

7) Working with parents⁴

Parent/carers know their children in different situations, with different people and across a range of contexts and environments. Their views and insights are invaluable to the identification/assess/plan/do/review process.

Parent/carers must feel involved in processes and empowered to support their CYP's needs. There needs to be acknowledgement from all that a CYP and the perceptions of a CYP's needs may be very different in different contexts but that each context is equally of importance.

Sometimes parent/carers will feel anxious about their child's needs and/or about how their child is perceived by their peers or teachers. Working proactively in partnership with parent/carers to listen and to engage in joint problem-solving/decision-making is effective practice, which can benefit the CYP, family and wider school community.

At times, parent/carers, teachers and others may have differing views about how a CYP's needs are best met and indeed whether those needs are additional and may be identified as SEND. These different perspectives can be very helpful in gaining a full understanding of a CYP's needs, strengths and behaviours, and of the various support strategies that may be helpful to them. Sometimes discussions can be challenging. Being child-centred, flexible, strengths-based and solution-focused is key to any discussion, challenging or otherwise, that parents/carers and schools may have with each other.

8) Voice of the child

Children need to be empowered to express their views and feelings.

Consideration needs to be given to how these are meaningfully gathered on an individual basis, for example an EY children or non verbal child's views can and should still be gathered via observation and talking to parents. These should be given due weight according to age, maturity and capability.

Most CYP will find it easier to think about the present rather than far into the future, so it will be most productive to ask them about what they enjoy, what they feel they are good at and anything they find harder, what helps them to learn or behave, what is going well and what could be better. These will be the building blocks for gathering their views for more formal purposes. We need to ask CYP about how they want to be involved and to give their views, offering flexible options as far as possible.

Headteachers will want to think about how the voice of the CYP is an integral part of the school's overall policy, as well as how CYP with SEND are involved in planning and decision-making on the support they receive for needs to be taken broadly to mean ways in which we can gain a perspective from the CYP's viewpoint and their lived experiences.

³ Please refer to Guidance on '[Requesting an EHC needs assessment](#)' for more detail

⁴ Please refer to SENDIASS guidance

9) School-based roles and responsibilities

Although there are some specific role related responsibilities, meeting SEND is everyone's responsibility.

Governors responsibilities

Strategic oversight of SEND provision.

Includes ensuring adherence to the SEND code of practice and should promotion of best practice in SEND.

Publication of SEND information (including the SEND information report) on the school website about the implementation of their policy for CYP with SEND.

Strategic monitoring and evaluating of budgetary decisions, the quality of provision and the broad educational outcomes for those with SEND.

It is expected that governors regularly receive a range of information specific to the SEND cohort in their school. As well as progress and attainment, this should highlight indicators such as attendance rates, including persistent absenteeism. Use of reduced hours provision (part-time timetables), exclusions and violent incidents should also be reported to governors for various pupil groups, including those with SEND, so that a more rounded picture of inclusivity, effectiveness of provision and impact can be gained.

Headteachers responsibilities

The headteacher leads on the culture within a school; they set the standard, modelling the expectation of inclusivity and meeting the needs of all CYP. In good schools headteachers are the champions of all CYP; good schools are good for all CYP.

The headteacher has overall strategic oversight of the effective and consistent implementation of the SEND policy across the school. This will include ensuring frontline practitioners are appropriately trained and skilled to meet the range of need within the school.

Alongside governors, ensure that SEND provision at a strategic level is monitored and evaluated routinely, within the school's overall quality assurance framework. This should focus on the impact of SEND provision on outcomes and be used to inform subsequent policy, procedure and practice, including the identification of any areas for improvement.

SENDCos

responsibilities

Models inclusivity and best practice in teaching, curricular provision, the environment and resources, to support strong outcomes.

Provides leadership and professional guidance to colleagues, working closely with those colleagues, parent/carers and partner agencies, in the best interests of CYP with SEND.

Must be a qualified teacher working at the school and should be part of the senior leadership team

Ensuring all staff are aware of CYP's individual needs and programmes, that there is good, frequent liaison with parent/carers, that the package of support is cohesive and understood by all.



Teachers

responsibilities

Deliver universal, high-quality teaching for all.

Meet the needs of all children in their class.

Leader of provision for SEND at the point of delivery in the classroom.

Know which CYP in their class has SEND, the nature and level of that SEND and the current plan to support the CYP's needs.

Have high aspirations for and expectations of CYP with SEND.

Tailor provision to meet need, with expertise and guidance from the SENDCo as and when appropriate.

Identify and effectively use resources to provide the adjustments and adaptations a CYP may require.

Oversight of any additional adults working with the class.

Teaching Assistants

responsibilities

Do not replace the teacher for a CYP with SEND but enhance the teaching, with the CYP continuing to retain direct access to the high-quality teaching of the most qualified and lead professional in the classroom.

Support the CYP to be as independent in their learning as possible.

Under the direction of the class teacher, delivery of short, intensive spells of one to one or small group interventions.

Peers

responsibilities

A key part of an inclusive culture providing support to each other in learning and development.

10) The graduated response also known as assess-plan-do-review⁵

From the SEND code of practice, schools and settings must:

- Identify CYP who are having difficulties in learning
- Assess the needs of CYP including any special educational need
- Plan and deliver provision to help CYP overcome their difficulties
- Review the provision to understand if adjustments and support have helped or are helping the CYP to overcome difficulties
- Involve parent/carers and CYP in planning and reviewing any adjustments or support that is put in place; securing parent/carer and CYP input throughout the assess/plan/do/review process.

Parents should be actively involved and informed throughout the whole process of planning to meet the individual child's SEN.

(i) Assess

A clear analysis of the CYP's strengths and needs should be undertaken; it is important to differentiate between a learning gap and a learning difficulty. This assessment should include progress and attainment over time and other information from the school's core systems for monitoring and tracking such as information on attitudes and behaviours. Historic information, such as prior attainment, is important in shaping a picture. Assessments also need to draw on response to any previous interventions, comparisons to age-related expectations and other data sets. Assessments will often need to go beyond that which is 'academic' or can be defined in age-related terms.

(ii) Plan

Following on from assessment, if required an individualised support plan should be developed with clearly defined actions, goals, timescales and arrangements for review/subsequent assessment.

The support plan should be a dynamic document that informs what happens in the classroom. All school staff working with the CYP should use the support plan to guide the teaching and provision for the CYP.

Schools may wish to use a person-centred planning approach. A person centred approach is an example of good practice in developing effective support plans, enabling CYP, their families and the staff who know them well to engage in planning and decision-making through a process which actively keeps the CYP at the heart.

(iii) Do

Continued direct access to high-quality teaching is critical, focusing on the adjustments and/or additionality which enable the CYP to continue to access learning through the lead professional(s) for that class.

The SENDCo's role is one of expert adviser and of helping to find solutions to ensure the CYP's needs are met effectively. They should also ensure that once a plan is in place, it will be implemented consistently and given time to have effect. This might include checking in with the CYP to monitor and make adjustments as required, in collaboration with others.

Section 12 offers a range of strategies, adaptations, differentiation and personalisation designed to assist schools with devising the 'do' element of the cycle, according to needs.

⁵ 6.45 to 6.56 **SEND Code of Practice 2015**

(iv) Review

An important part of the cycle is the review of impact/effectiveness of the support plan. Reviews should be structured and focused and at least termly.

As for other parts of the process, collaboration between school, parent/carers and CYP, as well as other partners if appropriate, is key to an effective review, establishing a shared, accurate understanding of the impact of support, intervention, adjustments and additionality.

The review stage informs and works in coalition with the next round of assessment within the cycle. However, it is important to remember that this 'specific' review stage does not replace the need for on-going, formative and responsive assessment in real-time. This stage is more summative in nature.



11) The four broad areas of need⁶

(i) Communication and interaction

- includes all CYP who have difficulty in communicating with others, either because they have difficulty saying what they want, understanding what is being said to them, or they do not understand the social rules of communication. This includes those on the autism spectrum (ASD) or with speech, language and communication needs (SLCN).

(ii) Cognition and learning

- includes moderate learning difficulties (MLD), severe learning difficulties (SLD), profound and multiple learning difficulties (PMLD) and specific learning difficulties (SpLD).

(iii) Social, emotional and mental health (SEMH)

- may include distractibility, poor relationships with peers, non-co-operation, disengagement, anger, distress, verbal or physical violence, sometimes as a result of an unidentified/unmet communication, interaction or learning need.

(iv) Sensory and/or physical

- children with sensory and/or physical impairment may need additions and adaptations to the environment and to resources including specialist equipment and specialist advice for the school.



⁶ Please refer to 6.28 to 6.35 of the [SEND Code of Practice 2015](#) for more detail

12) SEND support strategies by category of need

This section clarifies the expectations of special educational provision that mainstream schools and settings can make via SEND Support. Not all schools will make these arrangements all the time but can reasonably do so when required. For commonly occurring difficulties, schools need to be mindful of their anticipatory duties.



(i) Communication and interaction

Modify the language that adults use; avoidance of information overload by reducing and chunking language, use language with simple grammatical structure and support verbal speech with a visual representation of the information (appropriate to the developmental needs of the CYP)

Staff can be supported to better understand the developmental levels of communication and interaction by accessing formal training (e.g. ELKLAN) or informal training

Specific attention and listening activities built into daily learning experiences for CYP. In general, attention and listening skills can be promoted through consistent use of visual support by the adults to assist the CYP's understanding of the expectations, use of specific praise and feedback and consistent access to developmentally appropriate learning resources

Curriculum and time-tabling which provides opportunities for pre-teaching and re-enforcement of vocabulary when new concepts or units of work are introduced

Use of adult/peer facilitator to scaffold and check understanding at key points in learning

Targeted support to make verbal contributions to the group in identified/focus areas

Use of peer mentor and peer support systems

A range of opportunities for CYP to develop their understanding of curriculum specific and general vocabulary, such as digital media, real life experience and visits. This will need to be supported by curriculum and time-tabling at key opportunities (e.g. introduction of a new topic)

Key vocabulary and concepts targeted first with consistent visual representation of vocabulary (e.g. through use of symbolic communication and the written word); this can promote generalisation of understanding across learning opportunities.

Use of tailored support strategies to scaffold oral responses

Targeted support to make verbal contributions to the group in identified/focus areas; this may include providing visual supports to enable the CYP to contribute verbally, such as choice boards, writing frames, story boards, sequencing or cue cards

Symbol support programmes should be considered to adapt resources where literacy levels or comprehension are low (e.g. communicate in print)

(i) Communication and interaction continued



Sensitive grouping to enable social interaction in a secure environment; planned groupings in class enable peers to provide role models re. communication with reference to explicit and implicit information

For some CYP, visual whole word approaches to literacy due to difficulty with sound systems

Enhanced opportunities for guided reading to support decoding comprehension, and inference, with targeted comprehension groups identified through appropriate assessment (e.g. through blank level questioning)

Regular (at least weekly, ideally more frequently) explicit pre-teaching of new vocabulary; this will need to be supported by curriculum and timetabling at key opportunities (e.g. introduction of a new topic)

For CYP with more significant or persistent difficulties, the development of language use and or understanding via targeted interventions should coincide with a SaLT referral

A focus on teaching the use of phonological and semantic cues; this is best supported by consistent visual scaffolds (e.g. word maps and mind maps) which have the added benefit of support for conceptual understanding and generalisation. Use of adult/peer facilitator to scaffold and check understanding at key points in learning

Structured opportunities to learn how to work collaboratively and to practice those skills regularly

Consideration of environment and seating arrangements to support both collaboration and independent working without distractions, as appropriate to the task. Access to a low stimulation workspace or sensory space should be considered if the CYP finds group work challenging

Structured opportunities to interact with different peers and adults in a range of contexts

Use of resources and strategies to alleviate load on auditory memory and organisation of information (e.g. task plans, sequence boards, visual timetables, subject specific word banks and glossaries, post-it notes, digital recorders, smart 'phone apps)

Careful use of language and avoidance of information overload by reducing and chunking language

Using literal language with simple grammatical structure

Modify the language that adults use; address the child/young person by name, reduce, slow down, give take up time, use non-literal language with care

Supporting verbal speech with a visual representation of the information (appropriate to the developmental needs of the CYP)

Communication and interaction

(i) Communication and interaction

Social communication



Teaching of specific interaction skills and social use of language (e.g. Sulp (Social Use of Language Programme)) with opportunities to generalise skills on a daily basis

Specific teaching of inference

Use of a visual timetable to manage changes and lesson transitions

Visual approaches to develop social understanding (e.g. social stories)

Ensuring that agreed support resources are readily available (e.g. signs, symbols, writing frames, flexible timetable)

Access to low distraction areas

Social/behaviour interventions preferably delivered by staff who have accreditation (e.g. ELSA, ELKLAN)

Consistent and structured routines and organisation

Support to transfer attention from self-selected tasks to those which are directed

Specific, focused teaching of the co-ordination of oral and written language.

Preparing CYP for non-routine events and changes to the norm



Communication and interaction

(ii) Cognition and learning



Curriculum adapted to promote full participation, support experiential learning use talk for learning, promote independence, and support social inclusion

Pre-teaching of vocabulary

Curriculum differentiated so that content can be accessed independently of specific difficulties while supporting the development of key skills

Use of developmental language appropriate to the CYP in questioning and use of skilled explanation

Structured programmes for phonics, comprehension, numeracy

Curriculum provides opportunities for repetition, over-learning and consolidation of skills at an appropriate level

Planned multi-sensory teaching opportunities taking account of differing strengths and interests

Interventions to develop cognitive function (e.g. comparison, categorisation, metacognition)

Questioning supports CYP in their learning and in developing independence/ skills

Strong emphasis on meta-cognitive approaches (e.g. how can you help yourself to remember this?)

Modification of environment and the teaching of skills to develop:

- Attention and on task behaviour
- Memory and retention of information
- Planning and organisation
- Thinking and reasoning

Total communication approach embedded including signing, visuals, objects of reference and verbal support

Use of specialist resources to support the development of numeracy (e.g. Numicon, number frames and rods, counting and number lines)

Access to alternative methods of recording (mind-mapping, video or audio recording, posters, dictation, use of ICT)

Cognition and learning

(ii) Cognition and learning Literacy difficulties⁷

Use whole word reading approach alongside phonics if appropriate

Use of strategies for scaffolding of literacy-based tasks (e.g. writing frames, sequencing, cue cards, highlighting)

Have writing supports available on the child's table (not just on the wall): (e.g. phonics and word mats, word banks, personal dictionaries and common spellings)

Use ICT to support personalised learning and reinforcement of whole class learning, (e.g. speech to text software, predictive software, photograph of lesson work on whiteboard, whiteboard material on memory stick)

Use individual and small group work to prepare the child for the learning that will take place in a later whole class activity and to teach particular skills

Use of specific ICT programmes and specialist equipment to enhance recording and presentation of work (e.g. CIP, write on-line, read and write)

Use individual and small group activities to prepare the young person for the learning that will take place in a later whole class activity and to teach particular skills

Encouragement to verbalise, share and develop ideas prior to writing



Cognition and learning

⁷ Oxfordshire Literacy Difficulties - Policy and Advice 2022

(ii) Cognition and learning Maths difficulties

Use assessment to build on pupils existing knowledge and understanding and to address misunderstandings

Use models, representations (such as number lines and graphs) and multi-sensory resources purposefully and appropriately to promote understanding

Support all topics with manipulatives/real objects and ensure a range of activities to support children in making conceptual links between topics (e.g. Cuisenaire rods/ Dienes blocks)

Emphasise the many connections between mathematical facts, procedures, and concepts

Ensure that pupils develop fluent recall of number facts, games can be an effective way of achieving this.

Use errorless learning techniques to motivate and increase enjoyment of tasks



Cognition and learning

(iii) Social, emotional and mental health



Minimal change of routine, familiar key adults and environment

Trusted key worker in place who forms a genuine and meaningful professional relationship with the CYP

Transitions including changes of staff or peer group notified in advance and planned for, preferably alongside the CYP

Significant preparation for changes using such strategies such as 'social stories'

Specific support for unstructured times within the day

Use of structured assessments, including those commercially produced

Strategies that are successful for the CYP readily available, with CYP given opportunity to select a strategy themselves to support independent learning skills

Planning matched to type of need and presenting behaviours (e.g. withdrawn, physically aggressive, different types of attachment)

Interspersing of non-preferred and preferred tasks

Groupings to maximise a sense of belonging, esteem, communication skills, listening skills, emotional literacy, resilience, social and emotional aspects of learning, self-awareness, self-organisation and independence

Grouping to explicitly promote turn-taking and sharing

Opportunities for taking responsibility, opportunities to take on a role outside current expertise

Flexibility built into the behaviour policy to accommodate different SEMH needs, for example, adjustments to behaviour/uniform policies in accordance with the expectations of reasonable adjustments set out in the Equality Act 2010

Staff vigilant to perceived injustice and proactively explicit in how matters are addressed and resolved

Specific teaching of emotional language with opportunity to observe staff and peer modelling of language use

Focused learning of social communication skills

Reduced, chunked language; supported by visual aids appropriate to the reading and cognition levels of the CYP

Direct teaching of active listening strategies

Use of communication and interaction strategies to enhance whole class and small group teaching; including (but not restricted to) visual referencing, questioning, vocabulary development, social thinking and working memory techniques

(iii) Social, emotional and mental health continued



Explicit teaching of emotional vocabulary and specific feedback on the emotions when opportunity arises in context (e.g. when they occur/ are triggered and how they can be managed)

Range of additional opportunities for social and emotional development (e.g. social skills, buddy systems, circle time, circle of friends)

Use of specific attachment and trauma guides/strategies as appropriate to need

Co-regulation techniques leading to self-regulation

Consideration of seating plans according to the CYP's needs (e.g. are they better placed near to the teacher, which peers should they sit with?)

Enhanced supervision in unstructured time or the provision of clubs and adult-led activities

Enhanced PDL programme and re-enforcement throughout the school day

Seating plans and classroom layout adjusted to meet sensory, attention needs

Support periods of transition and other key triggers times for the pupil

Opportunities to explore the development of close relationships, enabling the growth of self-assurance and promoting a sense of belonging, allowing CYP to explore the world from a secure base

Positive behaviour system in place for less structured times of the day and for extra-curricular activities, with planned intervention for identified CYP

Use buddies and peer mentors for support and modelling

Inclusion in nurture groups or intervention set up with nurture principles, run by trained staff, coordinated across the school and seeking to reintegrate CYP by reviewing carefully targeted outcomes

Time out opportunities within and outside the classroom which follow procedures agreed with the CYP and which focus on getting back on track/task completion

Heightened pastoral support with regular sessions for the young person to 'check in' with a trusted member of staff through the day / week to discuss what is working well and provide support for issues that occur

Staff trained in de-escalation strategies and positive intervention

Use an emotional literacy support assistant (ELSA) for specific 1:1 work or small group work

(iv) Physical and/or sensory Vision impairment



Staff aware of CYP's eye condition and the impact it has on their learning, personal development and daily tasks. Learning the CYP's specific vision impairment and its implications will take place before the CYP starts in a new class or setting.

Use an environmental checklist to consider adaptations such as highlighting steps and keeping routeways clear

Multi-sensory teaching approaches that enable the CYP to use their other senses to access learning

Plan and adapt the classroom environment and any group or practical work to ensure that the CYP is in the optimum viewing position; this may change with different activities

Staff aware of the principles of effective task design for CYP with visual impairment and can put this into practice for CYP so they can access learning as independently as possible

Use of real objects and real-life contexts to support learning

Check lighting levels and glare from windows; curtains, blinds (where available) and a consideration of seating position will all be considered to optimise lighting levels and reduce glare. Provide a stand-alone task lamp where necessary to increase illumination of tasks.

Lesson content prepared in advance and presented in a way which meets the individual CYP's visual needs (e.g. preferred large print size and decluttered)

Explicit teaching to develop specialist skills such as touch typing

Repetition and oral clarification of instructions, vocabulary and new concepts

Access to specialist equipment such as technology to replicate the interactive whiteboard on a mobile device, low vision aids and magnifiers, sloping boards, large print materials, as advised by OCC Special Educational Needs Support Service (SENSS)

Additional time to complete tasks if needed or modification to task (e.g. reduction in number of questions to be tackled) to allow completion at the same time as peers



Physical and/or sensory

(iv) Physical and/or sensory Vision impairment continued



Use of mainstream accessibility options on computers (e.g. enlarged font established on the CYPs profile, enlarged cursor and arrow, preferred colour of screen, preferred speed of movement of arrow, use of 'read aloud' option on webpages and documents)

All off-site activities planned carefully to ensure the CYP has full/appropriate access to be able to participate safely. Sites of visits should be made aware in advance that a CYP with VI will be visiting

Peers may need awareness raising to understand and support the needs of the CYP

Consideration of access arrangements for all school-based and external assessments based on the CYP's usual way of working.

Additional support in new or unfamiliar environments

Appropriate risk assessment in place.

Advice and support for mobility, orientation and independence skills from S&CS VI Team

Individual/small group intervention to help CYP manage their visual impairment and develop a positive self-image

Specialist advice and training on strategies and teaching approaches is provided by the Qualified Teachers for Visual Impairment (QTVI) in the OCC Special Educational Needs Support Service (SENSS)

Support for social interaction and inclusion



Physical and/or sensory

(iv) Physical and/or sensory Deafness



Staff aware of CYP's hearing impairment and the implications

The speaker should always have the attention of the CYP before speaking

Curriculum differentiated to enable the CYP to access it independently and at a level of appropriate challenge

Adults repeat the contributions of other CYP in lessons as these may be missed or misheard

Consideration of Access Arrangements for assessments and embed these into the normal way of working if required

Support for social interaction and inclusion

Individual/small group intervention to introduce and consolidate new language and concepts

Appropriate risk assessment in place

Additional time to complete tasks as required

Checking understanding of instruction and new vocabulary through open comments with the CYP's name at the start (e.g. "John, show me")

Training and advice from SENSS Hearing Impairment Team on appropriate strategies, teaching approaches and implication of the CYP's hearing loss

Attention to positioning in class; CYP with mild or fluctuating hearing loss may need to read the lip pattern of the speaker to supplement their auditory access, therefore position when speaking to CYP is significant

A multi-sensory approach including the use of visual aids and contextual cues. This is especially important during phonics sessions when CYP are establishing their phoneme-grapheme correlation and may mis-hear sounds or not have access to the sounds due to their hearing threshold

Training in how to manage the CYP's hearing aids and any additional equipment

Consideration given to the CYP's access to spoken language in large group situations such as assemblies

Monitoring of and support for the use of hearing aids and any additional equipment

Consideration given to the CYP's access to spoken language in large reverberant rooms such as school halls, gyms, science labs

Individual/small group intervention to help CYP accept and manage their hearing loss and develop a positive self-image

Appropriate risk assessment in place.

Use of subtitles and or a written script when being shown video clips, DVDs etc. (CYP with hearing impairment should not be asked to take notes when they are watching a clip)

Other CYP may need awareness raising to understand and enable greater inclusion of their deaf peers' needs

Specialist advice and training on strategies and teaching approaches is provided by the Qualified Teachers for Visual Impairment (QTVI) in the OCC Special Educational Needs Support Service (SENSS)

(iv) Physical and/or sensory

Multi-sensory impairment MSI (reduced hearing and vision)



Staff involved are aware of CYP's multisensory impairment and the impact it has on their learning, personal development and daily tasks

Lesson content should be prepared in advance and presented in a way which meets the individual CYP's needs (e.g. large print, decluttered)

Advice and support for mobility, orientation and independence skills

Plan and adapt the classroom environment and any group or practical work to ensure that the CYP is in the optimum seating position; this may change with different activities

Planning to ensure full participation in class activities and allowing additional time to complete some tasks

Off-site activities need to be planned carefully to ensure the CYP has full/appropriate access to be able to participate safely

Well organised classroom to avoid obstacles such as bags on the floor or furniture, which may cause trip hazards

Multisensory teaching approaches that enable the CYP to use their other senses to access learning

Additional support in new or unfamiliar environments

Check lighting levels and glare from windows; CYP should sit with their back to the window (use classroom blinds and lights to optimise learning environment)

Use of real objects and real-life contexts to support learning

Individual/small group intervention to help CYP manage their multisensory impairment and develop a positive self-image

Ensure background noise is kept to a minimum (e.g. noise from corridor)

Repetition and oral/visual clarification of instructions, vocabulary and new concepts

Peers may need awareness raising to understand and support the needs of the CYP

Consider checklist to consider environmental adaptations such as highlighting steps and keeping walkways clear (checklists are available from the SENSS teams)

Training in how to manage the CYP's hearing aids and any associated additional equipment from SENSS

Appropriate risk assessment in place.

Consideration of access arrangements for all school-based and external assessments based on CYP's usual way of working

Specialist advice and training on strategies and teaching approaches is provided by the SENSS teams (vision impairment, deaf and hearing support or multi-sensory impairment) depending on the child's needs

Use of sensory motor-based activities (e.g. movement breaks, fidget toys)

(iv) Physical and/or sensory Physical disability



Staff aware of the nature of the physical or neurological difficulty and the impact it has on a CYP's learning, personal development and/or access requirements

Off-site activities planned carefully to ensure the CYP has full/appropriate access to be able to participate fully and safely

Resources chosen to limit need for manipulation if appropriate

The CYP may require emotional support with regards to their understanding and acceptance of any physical limitations imposed on them by the effects of their disability

CYP's attention should be gained before adults or peers start speaking

Written recording demands reduced as appropriate; alternative means of recording made available

Extra time allowed for thinking, processing and formulating responses

Regular rest breaks to reduce mental and physical fatigue

Plan and adapt the classroom environment and any group or practical work to ensure that the CYP is in the optimum seating position; this may change with different activities

Access to therapeutic programmes as appropriate

Additional support for self-care provided by trained staff when required/requested

Make adjustments and adaptations to the environment to allow independent access and mobility

Staff will need to follow advice from therapists regarding management of the CYP's programmes of physiotherapy, occupational therapy and self-help skills

Safe, accessible storage, ensuring all parts of equipment are kept together and charged ready for use, as appropriate

Well organised classroom to avoid hazards such as bags on the floor or furniture, which may be difficult to manoeuvre around

Additional support in new or unfamiliar environments

A personalised emergency evacuation plan in place as appropriate.

Access Arrangements for assessments

Specialist advice is available from the SENSS Physical Disability team

Access to a range of alternative recording methods, including a scribe, the use of ICT, rest breaks and extra time as appropriate

13) Resources

Legislation, statutory guidance and Department for Education guidance

- [Children and Families Act 2014](#)
- [The Special Educational Needs and Disability Regulations 2014](#)
- [The SEND Code of Practice: 0 to 25 years](#)
- [The Department for Education SEND pages](#)

Overarching SEND

The [Nasen SEND Gateway](#) is supported by government and designed to be a 'one stop shop' or repository of relevant information and support.

Local Resources

- [Early Years SEN toolkit](#)
- [Quality First Teaching](#)
- [Oxfordshire School Inclusion Team website](#)

OXFORDSHIRE CHILDREN'S TRUST BOARD
SEND Performance
February 2023

1. Item for Information or Decision
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<i>For Information</i>

2. Purpose of Report

<i>As requested, to provide an update on:</i>

- | |
|--|
| <ul style="list-style-type: none">1) SEND Employment Forum grant2) SEND Framework3) Delivering Better Value4) Education Health Care Needs Assessments |
|--|

3. Recommendations/ Actions/ Decisions for the Children's Trust
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<i>For information only.</i>

4. Impact of the Work

<i>To improve the experiences of children, young people and their families with SEND in Oxfordshire</i>

5. Financial, training or resource implications
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<i>(These are for the Children's Trust)</i>

If you have any queries or comments about this report before the Children's Trust meeting, please contact:
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Name: Kate Bradley (on behalf of Kevin Gordon)
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Telephone Number: 07584 262422

Email Address: kate.bradley@oxfordshire.gov.uk

Full Report Overleaf

SEND Update

1) SEND Employment Forum grant

In December 2022, Oxfordshire were awarded a national Department for Education (DfE) grant to build capacity in the Supported Internships programme locally. The aim of the two-year programme is to increase the number of Supported Internships and provide more young people with an Education Health and Care Plan (EHCP) with the skills to secure and sustain paid employment. The focus of this grant is the development of an Oxfordshire SEND Employment Forum, bringing together representatives from colleges and local small and medium. size businesses who are hosting or are interested in hosting placements for supported interns.

Initial activity has included the establishment of a multi-agency, multi-sector Steering Group to map out stakeholders and develop a draft Terms of Reference for the SEND Employment Forum, including a dedicated forum for young people. The creation of a training tool to be delivered county wide, engagement with a range of employers across the county and mapping out an action plan to cover the duration of the two-year programme. As the first month of the project comes to a close, updates are limited but will be presented in future papers.

2) SEND Framework

The SEND team are leading on the development of a new SEND framework which brings together the Early Intervention and Prevention offer from across the local area (Education, Health and Social Care). The framework will include various tools to support schools and settings in taking purposeful action in meeting the needs of children and young people with SEND.

The first step has been to produce an Ordinarily Available Toolkit, 'Ordinarily Available', describes the entitlement of pupils in Oxfordshire mainstream schools – the Local Offer. This will assist schools in developing their provision for pupils with SEND

to be more consistent in the majority of schools. The OAT launched on 1st Feb and will be located on the schools' intranet page. *(Please see OAT attached in separate document)*.

To support the work with schools, a SENDCO helpdesk has launched this month, this is for working SENDCOs run by SENDCOs. The helpdesk will aid the roll out the universal support offer and support SENDCOs, (often at full capacity in schools), to reinforce and maintain their access to tools, knowledge, and resources to support them in their roles in school.

SEND Live event takes place on March 9th, a day of practical workshops for SENDCOs, class teachers and inclusion leads. The event will hope to offer networks and further groups, following the conference, on key topic areas to embed learning and develop further practice.

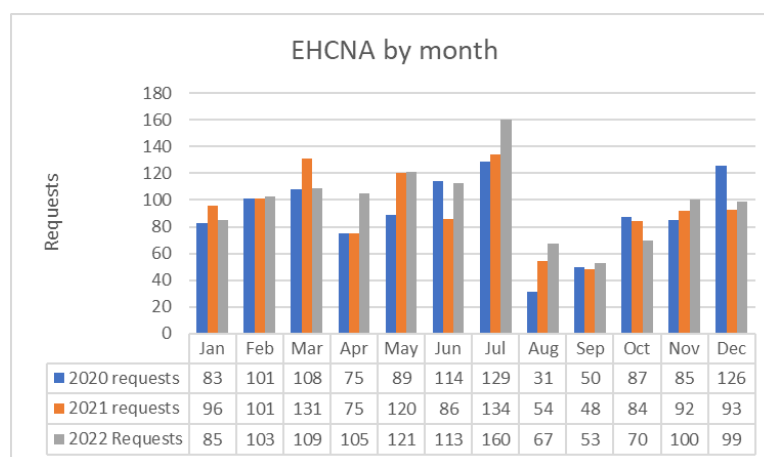
3) Delivering Better Value

The Delivering Better Value (DBV) programme is commissioned by the Department for Education (DfE) and is supporting 55 Local Authorities (LAs) to identify the highest impact changes that each can make to better support their children with SEND locally and develop plans to implement those changes. It is also hoped that the work will contribute to a wider evidence base that will be fed back to the DfE to inform future national reforms.

Following a review of the data and finances a deep dive case study review and collation of feedback from school leaders, parents, and carers, a grant application was submitted to the DfE at the end of January to put a dedicated early intervention offer in place. We found out on the 9th February that we have successfully secured the grant.

4) Education Health Care Needs Assessments update

There continues to be an increase in demand for Education Health Care Needs Assessment (EHCNAs) month on month as shown in the figure below.



In July 2022, the timeliness figure for meeting the statutory deadline on these assessments was 7% which dipped to 1% in October 2022. A dedicated programme of support was implemented in September 2022 and in December 2022, timeliness had increased to 11% in month.

In July 2022 there were 777 on the incomplete assessment monitoring spreadsheet, in January 2023, this had reduced to 518 on the incomplete assessment monitoring spreadsheet.

220 Final EHC plans were issued in the first 6 months of 2022 and through putting this programme of support in place we issued 461 Final EHC plans in the last six months of 2022 – this equates to +50% increase.

The Educational Psychology Service has also developed a priority list to ensure that the most vulnerable children have their assessments undertaken as timely as possible.

Working on the timeliness of EHCNAs is ongoing, furthermore, the Department for Education (DfE) will be updated monthly.

Oxfordshire Safeguarding Children Board**Purpose / Recommendation**

1. The Children's Trust is asked to note the key issues from the OSCB Independent Chair.

Background

2. At the recent meetings of the MASA¹ Executive Group, Board and Business Group of the Oxfordshire Safeguarding Children Board (OSCB) it was determined that a number of issues should be brought to the attention of the Children's Trust.

Key Issues

3. The OSCB Board met on 07 12 22 the OSCB Business Group met on 29 11 22 and the MASA Executive last met on 21 11 22.
4. The OSCB full board received a thematic child safeguarding practice review on child sexual abuse. This will be published in 2023 alongside another review, which was completed in 2022. Colleagues were advised of a series of specialised training on child sexual abuse which will run through to June 2023 as well as plans for a larger scale learning event later in the year. The full board also signed off the Constitution.
5. The OSCB partners have endorsed a programme of learning which will run from January 2023 for local practitioners alongside the scheduled safeguarding programme. It includes an event on violence against women and girls.
6. A number of safeguarding risks have been discussed at the Board and escalated to the Multi-agency Safeguarding Arrangement Executive Group. These include the response to housing issues raised by the recent coroner's report on the death of Awaab Ishak; the cost-of-living crisis; the unregistered arrangements for vulnerable children as well as other safeguarding issues which are being monitored by the board such as the use of Operation Encompass and access to the Camhs Eating Disorder service. The MASA Group were pleased to note the increase in resource that TVP is putting in to the MASH.

¹ MASA is the Multi-Agency Safeguarding partnership Arrangements

7. The Full Board received quality assurance reports on residential provision and foster carer support; the Family Justice Board as well as work to reduce the risk of suicide and self-harm.

Budgetary implications

8. None for the purpose of this report. The partners have been advised that contributions to the board will remain unchanged in 2023/24.

Equalities implications

9. The OSCB considers the needs of the most vulnerable children in Oxfordshire.

Communications

10. The issues were raised at the most recent MASA Executive group, Board and Business Group.

Key Dates

11. The next OSCB Board meeting takes place on 22 03 23.

Report by Derek Benson, Independent Chair.

Report to be presented by Tan Lea, Strategic Partnerships Manager in the absence of the Chair.

Feb 2023

Contact: Kay Bishop, OSCB Business Manager, 077 866 923 70