NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

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

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

## Thursday, 7 December 2023 at 2.00 pm

## Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Martin Reeves
Chief Executive

November 2023

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

**Membership**

Chairman – Councillor Liz Leffman (Leader, Oxfordshire County Council)
Vice Chairman - Sam Hart (Buckinghamshire Oxfordshire Berkshire West ICB)

*Board Members:*

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| Councillor Joy Aitman | West Oxfordshire District Council |
| Ansaf Azhar | Corporate Director of Public Health & Community Safety, Oxfordshire Co Co |
| Councillor Tim Bearder | Cabinet Member for Adult Social Care, Oxfordshire Co Co |
| Stephen Chandler | Executive Director: People, Oxfordshire Co Co |
| Councillor Phil Chapman | Cherwell District Council |
| Anne Coyle | Interim Corporate Director for Children's Services, Oxfordshire Co Co |
| Councillor Maggie Filipova-Rivers | South Oxfordshire District Council |
| Karen Fuller | Corporate Director of Adult Social Care, Oxfordshire Co Co |
| Caroline Green | Chief Executive, Oxford City Council (District Representative) |
| Councillor John Howson | Cabinet Member for Children, Education & Young People's Services, Oxfordshire Co Co |
| Dan Leveson | Place Director for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board |
| Councillor Nathan Ley | Cabinet Member for Public Health, Inequalities & Community Safety, Oxfordshire Co Co |
| Grant MacDonald | Interim Chief Executive, Oxford Health NHS Foundation Trust |

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| Kerrin Masterman | GP Representative |
| Professor Sir Jonathan Montgomery | Chair, Oxford University Hospitals NHS Foundation Trust |
| Don O'Neal | Chair, Healthwatch Oxfordshire |
| Councillor Helen Pighills | Vale of White Horse District Council |
| David Radbourne | Regional Director Strategy and Transformation, NHS England |
| Councillor Louise Upton | Oxford City Council |

***Notes:***

- ***Date of next meeting: 14 March 2024***

# Declarations of Interest

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

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

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

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

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

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

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

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

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

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

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

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

recycled paper

# 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. In line with current Government advice, those attending the meeting in person are asked to consider wearing a face-covering.*

*Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate 'hybrid' meetings we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on xxx. Requests to speak should be sent to* ***cameron.maclean@oxfordshire.gov.uk***

*If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be considered. A written copy of your statement can be provided no later than 9 am 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 - 12)

To approve the Note of Decisions of the meeting held on 5 October 2023 (**HBW5**) and to receive information arising from them.

Quick verbal update on SEND

## 6. Update on the Oxfordshire Winter Plan and Vaccinations (Pages 13 - 80)

Update to be presented by Lily O'Connor and Dan Leveson.

## 7. Health and Wellbeing Strategy (Pages 81 - 170)

Organisations across the Health and Wellbeing Board have developed a new Oxfordshire Health and Wellbeing Strategy for 2024-2030 (Annex 2), which has been informed throughout by the Integrated Care System (ICS) Strategy and the Oxfordshire

Joint Strategic Needs Assessment (JSNA). The strategy content has been developed through a process of early engagement with people and communities across Oxfordshire, a workshop with the Health and Wellbeing (HWB) Board, full public consultation and several HWB Board discussions. A cross-organisational Task and Finish group has led the work on behalf of the HWB Board throughout the process.

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

- Note the content of the public consultation report (Annex 1) which contains the consultation methodology, summary of feedback received and how it has informed the strategy.
- Approve the content of the full final strategy (Annex 2) as the final version of the Board's Health and Wellbeing Strategy for 2024-2030.
- Support plans to publicise the Strategy in January 2024 when it is fully launched.
- Note that Officers plan to bring to the Board meeting in March 2024 a delivery plan and outcomes framework to support strategy implementation.

## 8. Adults Safeguarding Annual Report (Pages 171 - 178)

The report summarises the work of the Oxfordshire Safeguarding Adults Board (OSAB) and its partners over the course of the year 2022-23. It is a requirement set out in the Care Act 2014 statutory guidance that the Local Authority receive a copy of the report and that they "will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board" (Chapter 14, para 161).

The Report is not produced as a document but as a webpage. It is accessible via this link: Safeguarding Adults Board Reports - Oxfordshire Safeguarding Adults Board (osab.co.uk).

**The Health & Wellbeing Board is RECOMMENDED to** note the contents of the report and its conclusions.

## 9. Children's Safeguarding Annual Report (Pages 179 - 214)

This paper highlights findings from the Board's annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

**Health and Wellbeing Board is RECOMMENDED to** note the annual report of the Oxfordshire Safeguarding Children Board senior safeguarding partners and to consider the key messages.

## 10. Report from Healthwatch Oxfordshire (Pages 215 - 220)

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

## 11. **Performance Report** (Pages 221 - 224)

To receive an update on latest performance against agreed HWB metrics.

## 12. **Reports from Partnership Boards** (Pages 225 - 240)

To receive updates from Partnership Boards. Reports from –

- Place-base Partnership – Dan Leveson
- Health Improvement Board - Cllr Pighills
- Children's Trust Board – Cllr Howson

## 13. **Forward Work Programme** (Pages 241 - 242)

Members to note the items on the Forward Work Programme.

## 14. **AOB**

# OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 5 October 2023 commencing at 2.00 pm and finishing at 4.00 pm

**Present:**

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| **Board Members:** | Sam Hart (Vice-Chair)<br>Ansaf Azhar<br>Councillor John Howson<br>Grant Macdonald<br>Don O'Neil<br>Stephen Chandler<br>Councillor Andrew McHugh<br>Councillor David Rouane<br>Karen Fuller<br>Dan Leveson<br>Michelle Brennan<br>Professor Sir Jonathan Montgomery<br>Councillor Helen Pighills<br>Councillor Louise Upton<br>Veronica Barry |
| **Other Members in Attendance:** | Councillors Kate Gregory and Jenny Hannaby |
| **By Invitation:** | |
| **Officers:** | |

| **Agenda Item** | **Officer Attending** |
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| Item 6 | Jamie Slagel |
| Item 7 | Lily O'Connor |
| Item 9 | Anne Coyle |
| Item 11 | Steven Bow |

*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 (Email: committees.democraticservices@oxfordshire.gov.uk)*

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| **30 Welcome by Chair**<br>(Agenda No. 1) | |
| The Chair welcomed attendees to the meeting and in particular, Members who had joined the Board since the previous meeting, Don O'Neal, Chair of Healthwatch Oxfordshire and Chris Wright, Head of Place Based Partnership for Oxfordshire. | |
| **31 Apologies for Absence and Temporary Appointments**<br>(Agenda No. 2) | |
| Apologies were received from Councillor Ley, Cabinet Member for Public Health, Inequalities and Community Safety, Councillor Phil Chapman, Cherwell District Council, Councillor Maggie Filipova-Rivers, South Oxfordshire District Council, Councillor Joy Aitman, West Oxfordshire District Council, Yvonne Rees, Chief Executive, Cherwell District Council. Councillor Andrew McHugh and Councillor David Rouane were substituting at the Board Meeting. | |
| **32 Declarations of Interest - see guidance note below**<br>(Agenda No. 3) | |
| Councillor Andrew McHugh declared a personal interest that he was a Governor at a special school in Banbury. | |
| **33 Petitions and Public Address**<br>(Agenda No. 4) | |
| There were no petitions and public addresses received. | |
| **34 Note of Decisions of Last Meeting**<br>(Agenda No. 5) | |
| It was agreed that the Note of Decisions of the previous meeting would be approved.<br><br>**RESOLVED: That the Board APPROVED the notes of the last meeting held on 29 June 2023 and the Chair be authorised to sign them as a correct record.** | |
| **35 Development of New Joint Local Health and Wellbeing Strategy**<br>(Agenda No. 6) | |
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The Director of Public Health, Ansaf Azhar, updated the Board on the developments of the new Joint Health and Wellbeing Strategy. The work on the Strategy had been great partnership working. The Strategy offered a strong, unified vision for improved health and wellbeing and would act as the primary Place Strategy for the Health and Wellbeing Board (HWB) and final sign off in December 2023. The Task and Finish Group would then develop a delivery plan and outcomes framework in consultation with the HWB for publication by the Board in March 2024.

Jamie Slagel, National Management Trainee, covered the following points:

- This was a new Strategy after five years which takes into consideration the new world, Covid-19, health inequalities, cost of living crisis and preventing poor health, integrated care system and collaborative working.
- Every organisation on the HWB had been a part of the task and finish group and had assisted to develop the list of priorities and the structure.
- Spoken to over 1200 residents across Oxfordshire and ensuring their voices were at the heart of the Strategy.
- Healthwatch Oxfordshire were thanked for their assistance in contacting over 1100 residents. In-depth focus groups were also carried out with 13 seldom heard communities.
- On 7th September a workshop looked at all the information that had been collated and reflected in the current version of the draft Strategy.
- The Strategy presented was not the final version. The focus of the Strategy that came out of the workshop was about creating good health such as good jobs, clean air and healthy homes.
- The mental health involvement was very important for the residents. The Strategy considered mental health throughout, looking at the drivers of good mental health and preventing poor mental health.

The consultation would be launched after the HWB endorsed at the meeting, for five weeks giving residents as long as possible to feedback and continue to engage. All the comments at the end of the consultation would be integrated and a final Strategy would be brought to the HWM on 7 December 2023.

The outcomes framework that would measure the outcomes over the following six months would be reported to the HWM at the March 2024 meeting.

Councillor McHugh, Cherwell District Council, made the following points:

- Cherwell District Council was very supportive of the Strategy and commented that the stakeholder engagement had been excellent.
- It was essential to better articulate the collaborative working and all the connections to emphasize prevention and work carried out with the local NHS Trust.
- The links to other strategies and local plans were key in determining land use and creating healthy communities.
- And finally, was there sufficient challenge on the mental health services and improving the experience of the service users.

The Chair added that the inclusion of District Council Members on the Board was really important as it was at district level that local plans were being written. It was essential to work in partnership with District Councils. Oxfordshire was a two-tier county and the step change on the HWB was very positive. The Director of Public Head added that despite the limitations in funding and investment, there was some really good practice on the ground such as the domestic abuse strategy work and the weight management alliance and the close working with Place base partnerships and building further on that.

Councillor Howson, Cabinet Member for Children, Education and Young People's Services, commented that schooling and education was an important part of this and the difficulties in finding PE teachers at primary level. There were so many small schools with no specialised PE teachers, and this was increasing with multi-academy trusts were mandating further to this approach. Obesity in the young was an increasing concern. There was also a campaign through school areas of having 20mph speed limits, giving greater opportunity for active travel, walking or cycling to school.

Councillor Louise Upton, Oxford City Council, commented that they too were supportive of the Strategy and focus on inequality but was concerned about the measurement framework and its relevance as ‘what got measured, got done’, therefore it was very important to select the right things to measure. It was commented that there had been a good balance on quantitative and qualitative measures.

**36 Oxfordshire Winter Plan**

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| (Agenda No. 7) | |
| Dan Leverson, Place Director for Oxfordshire and Karen Fuller, Interim Corporate Director of Adult and Housing Services presented the report. The main points included the following:<br><br>• Already had been working on an Urgent Emergency Care Programme over the last two years.<br>• This was presented as part of the Better Care buddies with a broad range of partners overseeing this and delivery groups.<br>• The focus was to support people as much as possible in their homes, in their communities, having a short stay in hospital and providing support for people to go home and live independently.<br>• Working with primary and community colleagues to achieve this and support people.<br><br>Councillor Rouane, South Oxfordshire District Council, commented that prevention was better than cure. The most important thing for preparedness had been the vaccination programme for flu and covid. However, the maps online for vaccination centres were very random. There were no vaccination centres in the Didcot area and it was difficult for the elderly and disabled to travel long distances for their vaccination which could have ramifications going forward.<br><br>The Director of Public Health gave a general update on the covid and flu vaccinations and that the sheer speed of delivery of the vaccinations had been good. The coverage had significantly improved considering it started on the 11 September 2023 and the national booking system went live on 18 September 2023.<br><br>The Chair of Healthwatch Oxfordshire commented that it was the same in Abingdon, there was limited coverage, and this was a difficulty for people with limited mobility or limited finances that had been asked to travel 20 miles which was not possible for many. The hubs were quite far apart and too difficult for some people to get to,<br><br>**ACTION: To investigate further by speaking with the immunisation Team – Dan Leveson.**<br><br>The Chair of Oxford University Hospitals NHS Foundation Trust commented that it was great to see all the work so far. However, if people were kept out of emergency departments, they could be back later in a worse situation so the transition of moving them out quickly would be delayed. It would be really helpful from a governance angle to have a dashboard that would enable all to | |

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| see the total volume of people coming into the urgent care system and how well they were looked after.<br><br>**ACTION: Present a first draft of a dashboard at next meeting in December 2023 – Lily O'Connor & Dan Leveson**<br><br>Other comments made by the Board included:<br><br>• Better communication was required that hospitals were not the best place for frail people.<br>• Better working with City and District Councils was essential.<br>• Rural areas were covered too and there was no postcode in Oxfordshire were there was a delay in getting care for people waiting to get discharged from hospital, this had been a massive shift change.<br>• There had been a magnitude of improvement in so many areas, he system, social care, hospitals, care homes and it was a well done to all that had brought about this change. | |
| **37 ICB 2022/23 Annual Report**<br>(Agenda No. 8) | |
| The Place Director for Oxfordshire introduced the item and commented that it was for information only. This was a statutory responsibility to publish the annual report. The annual report covered only 9 months of 12 months because it had become an ICB in July 2022.<br><br>Healthwatch Oxfordshire commented that the Patient Engagement section of the report still needed more work to engage with patients and the public and there was a need for clearer communication from ICB on concerns and answers to questions.<br><br>Dan Leveson responded that there had been a real investment in time, effort and money in doing this and the benefits were opportunities of working closer with Healthwatch Oxfordshire. | |
| **38 SEND Inspection Report**<br>(Agenda No. 9) | |
| The Executive Director (People), Stephen Chandler, presented the report to the Board and made the following points:<br><br>• Oxfordshire, as a system had a local area SEND Inspection in July 2023. It was an inspection under a new reg inspection framework. Oxfordshire was only the 7th | |

system in the country to undergo this so there was lots of learning in relation to the process.

- As a system, it was already known that things were not going well in the support to special education needs children and their families because earlier in the year, the compliance with the 20-week standard for completing educational health and care plans was amongst the poorest in the country. In January 2023 it was 4% against the England average of 53%. Thais was already being addressed and good progress had been achieved by July. Also, it was known from conversations, comments, complaints and feedback from parents, young people and partners that things were not working well. It was taking too long to get answers to queries. The inspection did not identify anything new.
- The inspection concluded that Oxfordshire, as a system, made up of three components, the local authority, the NHS and the schools and education facilities, were systematically failing to meet the needs of the group of young people and their families.

Anne Coyle, Interim Director of Childrens Services, presented the five key areas of priority actions to the Board. The key finding was that it was essential to hear the voice of the young person and their family and the importance of their influence. There was a requirement to submit the action plan by 27 October 2023. This was a difficult task, but everyone would come together as a system and have three workshops in order to really identify how the priority action plan, which was part of the ongoing improvement plan. Besides the three workshops, a strategic assurance board meeting had also taken place. This would oversee the overall governance structure.

It was added that the Department of Education required really robust governance overseeing the action plan and improvement. Therefore, a governance structure had been designed that had an independent Chair, strategic steering group that would have all key partners represented in education, health, local authority and most importantly, the parents and carers. It was very important to be able to hold the partnership to account and to have the voices of parents and carers very strongly represented at every point. A lot of frustration and anger had been heard but also the desire of being involved as much as possible in better working.

The Chair commented that is was about the system and Councillor Kate Gregory was in attendance, as the new SEND Improvement Cabinet Holder and was working to improve the system, working collaborately with all partners and parents.

Councillor Howson commented that as a county, there were a

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| large number of primary schools and some had never come across needs assessments. As the small schools were joining larger Trusts, it would be easier to deal with a smaller number of groups to move things in the appropriate level.<br><br>Councillor McHugh commented that all political division needed to be put aside and everyone needed to work together, there needed to be good openness acting accordingly and together, it would be good to publish in advance what success would look like and report frequently on performance.<br><br>The Chair commented that there would be an all party approach and some detail of what success would look like and when it would be achieved by.<br><br>The Chair of Oxfordshire University Hospitals NHS Foundation Trust was very happy to hear about the effort that had gone into listening, but the report did not assist to understand the governance structure. It was not clear where the responsibility and accountability lied. Some went to health and some to the county council, but this was not clear.<br><br>The Board were asked for their thoughts and feedback. There was a meeting planned with DfE to discuss many areas including governance around this. Everyone was monitoring the Oxfordshire progress.<br><br>The Chair of Oxfordshire University Hospitals NHS Foundation Trust commented that if the Board were part of the governance structure, then it would be good to hear directly from those who had been poorly served. It was pointed out that the HWB were not a decision-making body. However, the Chair pointed out that even though the Board did not make decisions, it was part of the Board's remit to have oversight.<br><br>The GP representative didn't understand the framework, having supported many families over the years, they needed to be heard as this had been going on for a very long time and was exacerbated by covid and now schools had a difficulty understanding if the results were due to covid or the delayed health plan. Schools felt overwhelmed in SEND departments and a lot of mixed messaging about whether a diagnosis was required before getting a personalised educational plan, so messaging needed to be really clear for parents. It was essential to listen to people who had been affected by this.<br><br>Councillor McHugh offered to circulate a paper that he had written that may help with the way forward.<br><br>**ACTION: Circulate paper – Councillor McHugh** | |

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| Stephen Chandler commented that as part of the creation of the development action plan, an integrated dashboard would provide all the key measures of success, the systems view. There was a timeframe of 18 months before re-inspection. The action plan would set out the timeframes of what would be done and explicitly clear of the responsibilities of the different groups that had governance responsibility.<br><br>**ACTION: Further update to be provided at December meeting** | |
| **39 Report from Healthwatch Oxfordshire**<br>(Agenda No. 10) | |
| The item was presented by the Chair of Healthwatch Oxfordshire, Don O'Neil. The main point to highlight was that there was a long term issue about access to NHS dentists, GP services and Mental Health services. Healthwatch had recently heard of a surgery that had been closed ad patients had been asked to go to surgeries in Farringdon which was 20 miles away. This would once again be an issue for people with mobility and financial problems. Healthwatch had produced a report on diet and footcare which was an interesting read.<br><br>It was reported that the overall transfer had gone well and if patients had specific concerns, they could contact the Place Director to look into further. There was already work ongoing looking into dentistry, nationally and locally. A flexible commissioning scheme had been introduced in the county.<br><br>**ACTION: to bring a report to a future meeting – Dan Leveson** | |
| **40 Performance Report**<br>(Agenda No. 11) | |
| Steven Bow, Consultant in Public Health, presented the report and highlighted some of the points as follows:<br><br>• Within Good Start in Life, both indicators around the number of children that were cared for, unaccompanied young people and the number of children who were subject to a Child Protection Plan had come down in the last quarter.<br>• Within the Live Well section, two of the NHS check measures had been amended since the last report. Previously there were 5-year averages which were massively impacted by covid, now there was a true | |

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| quarterly indicator.<br>• The flu immunisations remained as the last quarter.<br>• Within the Age Well section, there had been a further drop in the coverage for breast screening. This was below target but still above the regional and national averages and NHS England Southeast region were leading on the activities to improve the breast screening.<br>• A new framework for measuring and reporting was being designed to align with the new Health and Wellbeing Strategy.<br><br>Councillor Louise Upton, Oxford City Council asked about the cervical screening targets and now that teenagers were being vaccinated against the virus, would the target be reduced. The Director of Public Health responded that this was being raised nationally and the view was that more work was still required so targets would stay as they were for the short term.<br><br>Councillor McHugh asked if the mental health targets were ambitious enough and there was no target for CAMHS, only a mean waiting time of 18 weeks, how was this being addressed.<br><br>**ACTION: to investigate and provide response – Dan Leveson**<br><br>Grant Macdonald, Chief Executive of Oxford Health Foundation Trust, commented that triage did not take that long, it was the initial assessment or treatment that took longer. The Board discussed what was measured and what should be measured and how this should be presented. There was a huge amount of performance data that could be looked at. Early intervention was essentially to prevent long waiting times for CAMHS. It was added that waiting lists had also been discussed in the SEND inspection and some difficult and challenging conversations had taken place pointing to improving the experience, not necessarily the wait, with the Trust and the ICB. | |
| **41 Reports from Partnership Boards**<br>(Agenda No. 12) | |
| Oxfordshire Place-base Partnership<br><br>The Place Director for Oxfordshire informed the Board that he had been in post for one year and reported that he was very please that there now was a Place-base Partnership that met regularly, the membership had changed to include leaders from health and social care. It was a consultative Forum. The challenges over the next few years included using resources better or in a different way to better things further. The work that was currently progressing included progressing emergency | |

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| access team with one voice, the work around prevention and health inequalities and finding different ways of working with those communities and building on the assets already in the communities, progressing the mental health work and the need to better the bringing together of the system partners.<br><br>Health Improvement Partnership Board<br><br>Councillor Pighills reported that there had been a presentation on mental health and new hubs and some very interesting conversations were had about working together and about services being relocated to high street locations. Work had been carried out on raising awareness on suicide prevention and the zero-suicide alliance. Activities over summer included improving mental and physical wellbeing. The City and County councils were working together on things.<br><br>Childrens Trust Board<br><br>The governance structures would be subject to review as part of the SEND Action Plan and the Improvement Plan and it was a great opportunity with new members assisting in looking at the governance structures and concentrating on children and young people and bring it back to the HWB. | |
| **42 Forward Work Programme**<br>(Agenda No. 13) | |
| The Board noted the Forward Work Programme and asked for the addition of Flexible Commissioning in Dentistry at a future meeting. | |
| **43 AOB**<br>(Agenda No. ) | |
| The Director of Public Health commented on the Prime Ministers announcement on smoking, this was a powerful intervention to create a smoke-free generation, since 2007. It would be out for consultation soon and it would be great to wholeheartedly support and complete the consultation to make a real difference and it would assist the Oxfordshire ambition too. The Board had a slight concern about the announcement as where you could not buy something legally, a black market would form.<br><br>More work needed to be done for preventing smoking working with sport centres, community hubs and institutions to become a smoke-free county. | |

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..... in the Chair

Date of signing .....

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# Performance Overview

**Variation Legend:**

- Common cause variation 
- Concerning special cause variation (high) 
- Concerning special cause variation (low) 
- Improving special cause variation (high) 
- Improving special cause variation (low) 

**Assurance Legend:**

- Consistently fail target 
- Consistently hit target 
- Hit and miss target subject to random variation 
- No target set 

## Admission Avoidance & Pre-Hospital Metrics

Click to view Adm

| Indicator Description<br>*Click an indicator to view the definition* | Organisation | Latest Period | Performance |
|---|---|---|---|
| Hospital @ Home - New admissions | PML, OUH | Oct-23 | 499 |
| Hospital @ Home - Bed days consumed | OUH | Oct-23 | 2519 |
| CARe (crisis care) team - Community pickups | CARe OUH | Oct-23 | 140 |
| Patients on Home First/reablement pathway | OCC | Oct-23 | 57 |
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## Ambulance Metrics

Click to view Ambulance Metrics Charts →

| Indicator Description<br>*Click an indicator to view the definition* | Organisation | Latest Period | Performance |
|---|---|---|---|
| Ambulance turnaround time > 30 minutes | OUH | Oct-23 | 14.70% |
| Ambulance turnaround time > 60 minutes | OUH | Oct-23 | 2.50% |

## A&E Performance Metrics

Click to view A&E Performance Charts →

| Indicator Description<br>*Click an indicator to view the definition* | Organisation | Latest Period | Performance |
|---|---|---|---|

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| A&E 4hr performance (all attendance types) | OUH | Oct-23 | 61.70% |
| A&E 4hr performance - Type 1 | OUH | Oct-23 | 55.00% |
| A&E 4hr performance - Day (8am to 5pm) | OUH | Oct-23 | 66.46% |
| A&E 4hr performance - Night (5pm to 8am) | OUH | Oct-23 | 47.38% |
| A&E 4hr performance - Weekdays | OUH | Oct-23 | 56.60% |
| A&E 4hr performance - Weekends | OUH | Oct-23 | 57.20% |
| A&E 12hr performance (all attendance types) | OUH | Oct-23 | 5.80% |
| A&E 12hr trolley waits (DTA to admission) | OUH | Oct-23 | 0 |
| A&E Time to Initial Assessment | OUH | Sep-23 | 34 |

## In Hospital & Discharge Metrics

Click to view In Hospital & Discharge

| **Indicator Description**<br>*Click an indicator to view the definition* | **Organisation** | **Latest Period** | **Performance** |
|---|---|---|---|
| G&A Bed Occupancy | OUH | Oct-23 | 95.80% |
| Average length of stay while MOFD (days) | OUH | Oct-23 | 6.3 |
| Average number of MOFD patients per day - Acute | OUH | Oct-23 | 83 |
| Average number of MOFD patients per day - CH's | OH | Oct-23 | 14 |
| Percentage of patients discharged before 12:00 | OUH | Oct-23 | 18.30% |
| Percentage of patients discharged before 17:00 | OUH | Oct-23 | 61.01% |
| Percentage of patients discharged on pathway 0 or 1 | OUH | Oct-23 | 91.18% |
| | | | |

Latest Data: Oct 2023

Oxford University Hospitals
NHS Foundation Trust

## ission Avoidance & Pre-Hospital Metrics Charts →

| Target | Variation | Assurance |
|---|---|---|
| - |  | |
| - |  | |
| - |  | |
| - |  | |
| | | |
| | | |

| Target | Variation | Assurance |
|---|---|---|
| - |  | |
| - |  | |

| Target | Variation | Assurance |
|---|---|---|

| | | |
|---|---|---|
| 76% |  |  |
| 76% |  |  |
| 76% |  |  |
| 76% |  |  |
| 76% |  |  |
| 76% |  |  |
| 2% |  |  |
| 0 |  |  |
| 15 |  |  |

## Metrics Charts →

| Target | Variation | Assurance |
|---|---|---|
| - |  | |
| - |  | |
| 90 |  |  |
| 45 |  |  |
| - |  | |
| - |  | |
| 93% |  |  |
| | | |

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

# System wide view of data and information



OXFORDSHIRE COUNTY COUNCIL
NHS Oxford University Hospitals NHS Foundation Trust
NHS Oxford Health NHS Foundation Trust
Oxfordshire age UK

# Colour Palette

These colours have been used to create clarity through the information.

| Organisation | Primary Colour |
|---|---|
| OUHFT | |
| OHFT | |
| OCC | |



| | |
|---|---|
|  | Improved performance |
|  | No change |
|  | Reduction in performance |

# Community referrals and outcomes for Admission Avoidance



This section seeks to outline the demand on the Oxfordshire system regarding Admission Avoidance. This includes any service/team that is involved in maintaining someone at home.

# Executive Summary - Admission Avoidance

| Trajectory and Pathway | Comments |
|---|---|
| ⬆ CARe (crisis care) team | There continues to be an upward trajectory from 55 people picked up in their own home to 140. Outcomes show an similar number of people being admitted to hospital. |
| ⬆ Increase in the number of people under admission avoidance cared for by Home First/re-ablement pathway | The rolling average is 33 people per month. IN October 57 people were referred and cared for in their own home on this pathway |
| ⬇ Hospital @ home (H@H) Number of people admitted to H@H virtual ward over the last 12 months | They have not returned to the volume experienced during Covid however the Covid numbers have reduced and the demand within this cohort remains reduced. |
| ⬆ Increase in acuity | However acuity has increased with a Length of Stay (LOS) moving to 5.9 to 6.9 days with an overall average LOS of 5.8 |
| ⬆ Increase in those remaining in their own home | The number of people who have managed to remain in their own home has increase from 106 per month to 332 per month. There has been a gradual increase over the last 12 months 5 to 10 people per months being admitted to secondary care. |
| ⬆ Increase in referrals to H@H | from UCR, SDEC, Primary care and Out Patient Departments |

# Executive Summary – 4hr standard and ambulance handovers

| Trajectory and Pathway | Comments |
|---|---|
| ⬇ Ambulance handovers<br>0 of delays over 60 mins | SCAS has seen an increase in arrivals and ambulance handover delays to the JR and HGH ED's. SCAS Continue to have the lowest percentage of people seen treated and conveyed compared to Thames Valley and the overall SCAS footprint.<br>There is an increase in the handover time for >30 <60 min delays. SCAS are working on the data for over 60 min handovers with OUH we have begun a pilot for a generic resus pin to improve accuracy of reporting.<br>There has been a large increase in over 60 min holds, which aligns with the increased arrivals and handover delays |
| ⬇ 4hr standard | Compliance with 4hr performance reduced in October. OUHFT are working on the top three actions to improve performance and reviewing the improvement trajectory for the 4hr performance. |



| | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23/24: Performance (all types) | 70.6% | 70.3% | 66.9% | 68.5% | 69.1% | 63.7% | 61.7% | | | | | |
| Revised trajectory - July (all types) | 69.1% | 69.1% | 69.1% | 71.6% | 72.3% | 72.7% | 73.1% | 74.8% | 74.6% | 75.6% | 75.9% | 76.2% |
| Revised trajectory - Nov (all types) | 69.1% | 69.1% | 69.1% | 70.2% | 70.2% | 62.0% | 62.7% | 62.5% | 64.9% | 66.9% | 70.7% | 76.3% |

# Executive Summary – Length of Stay in bed based care from Discharge Ready date

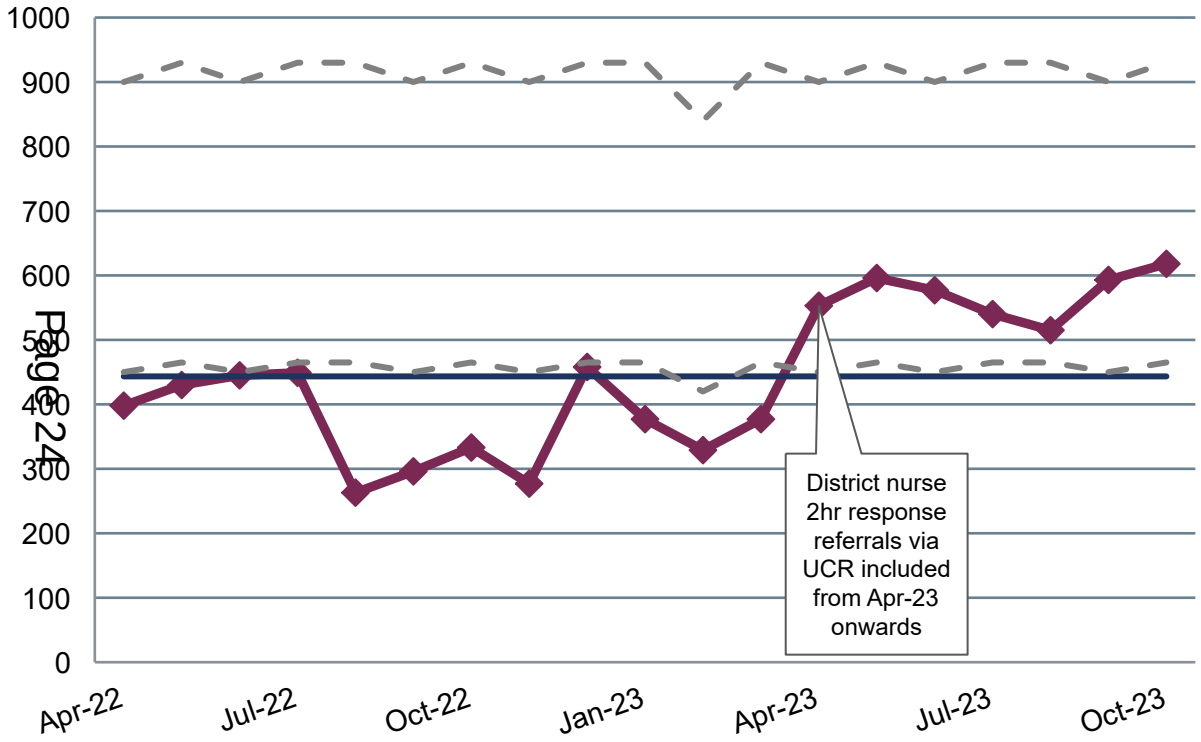
| Trajectory and Pathway | Comments |
|---|---|
| ⬆ OUHFT: Average number of days away from Home | The rolling 12 month average is 7.7.days that people are waiting to be discharge from bed based care. In October people in OUHFT had an average of 6.3 days waiting to be discharged. |
| ⬆ Bed days lost to delays | The rolling average is 3160 per months and in October this has reduced to 2690 bed days |
| Average number of days delayed from their discharge ready date | ⬆ P0 – no additional support required: Rolling average is 4.9 days – no change in October<br>⬆ P1 – Support to return home: Average 8.8 days and in October this reduced to 6.5.<br>⬆ P2 – Transfer to rehabilitation or discharge to Assess bed: Average of 7.7 days in October reduced to 4.5 days<br>⬇ P3 – Transfer to placement: Average is 12.4 days, and this increased to 19.4 days in October. |
| Discharges before 12:00hrs and 17:00hrs | Before 17:00hrs: An average of 8.49% of all discharges, this increased to 12.22 % in October<br>Before 12:00hrs: An average of 3.01% to an increase to 3.55% in October. |
| BCT: 93% of discharges return home | October 91.73% of all discharges return home. Need to discharge an additional 4-5 people per day/ 20 per week to their own home to achieve this metric. |
| 10% reduction from baseline for the average number of people discharge ready across secondary care and Community hospitals | OUHFT: Average is 90 people delayed and In October this reduced to an average of 83 people discharge ready. Two off achieving the 10% reduction<br><br>OHFT: Average of 45 people per month and over the last few months this reduced to an average of 14 per month. Achieved and sustained a 31% reduction.<br>Need to consider if a new baseline for improvement can be set for OHFT community hospitals. |

# Executive Summary – Mental health

| Trajectory and Pathway | Comments |
|---|---|
| ED attendances with MH disposition | Slight increase from 435 people attending the ED's per month to 473 in October. |
| Average LOS in MH inpatient beds | Average LOS is 62 days and this has increased to 80.6 days. This increase is predominantly in older adults with a reduction in LOS in adult inpatient beds. |
| Bed days lost from discharge ready date | A reduction from 165 beds days lost to 121 in October. |
| Discharge destinations from MH inpatient beds | Increase in the number going to pathway 2 and 3 beds |
| Inappropriate Out of Area placements | Increase from 105 people in august 2023 to 157 in October 2023. |
| Referrals to MH services | The main increase was seen in referrals to CAMH's beds: 594 in August 2023 to 832 in October 2023 |

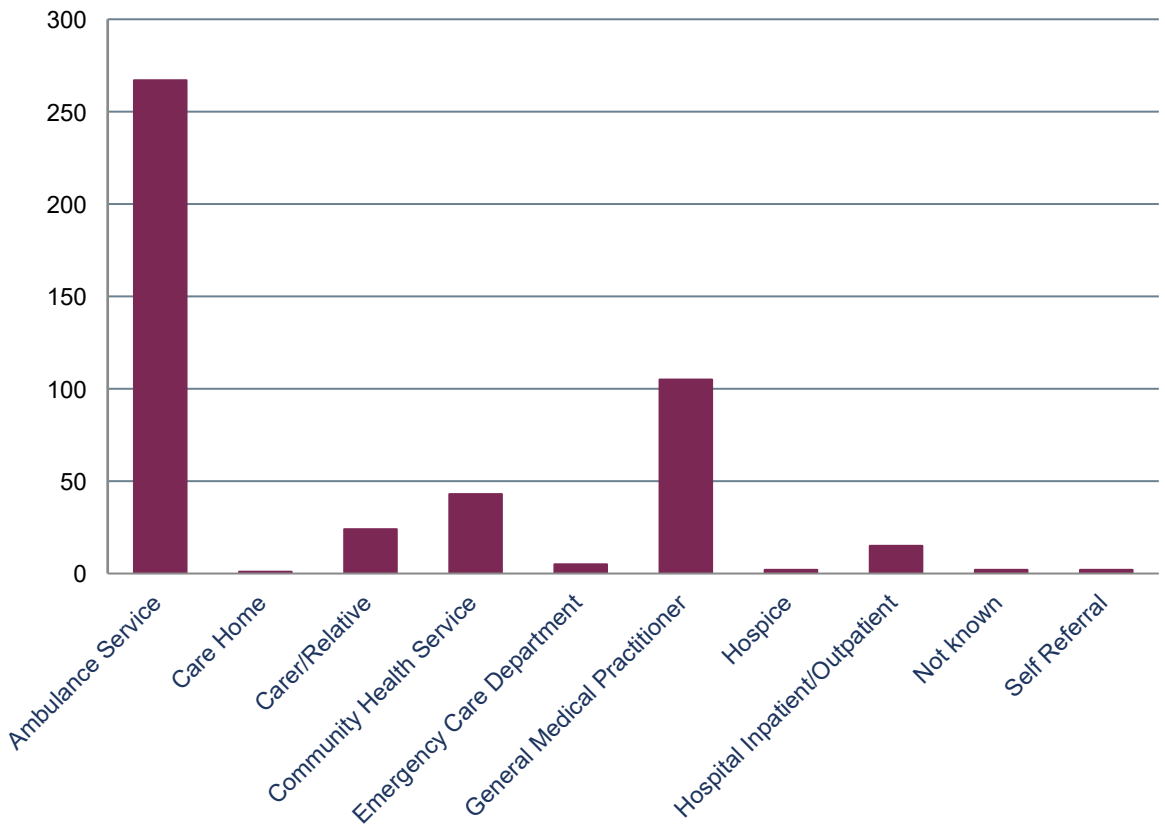
# Demand on Urgent Community Response

## Total number of referrals into Urgent Community Response team



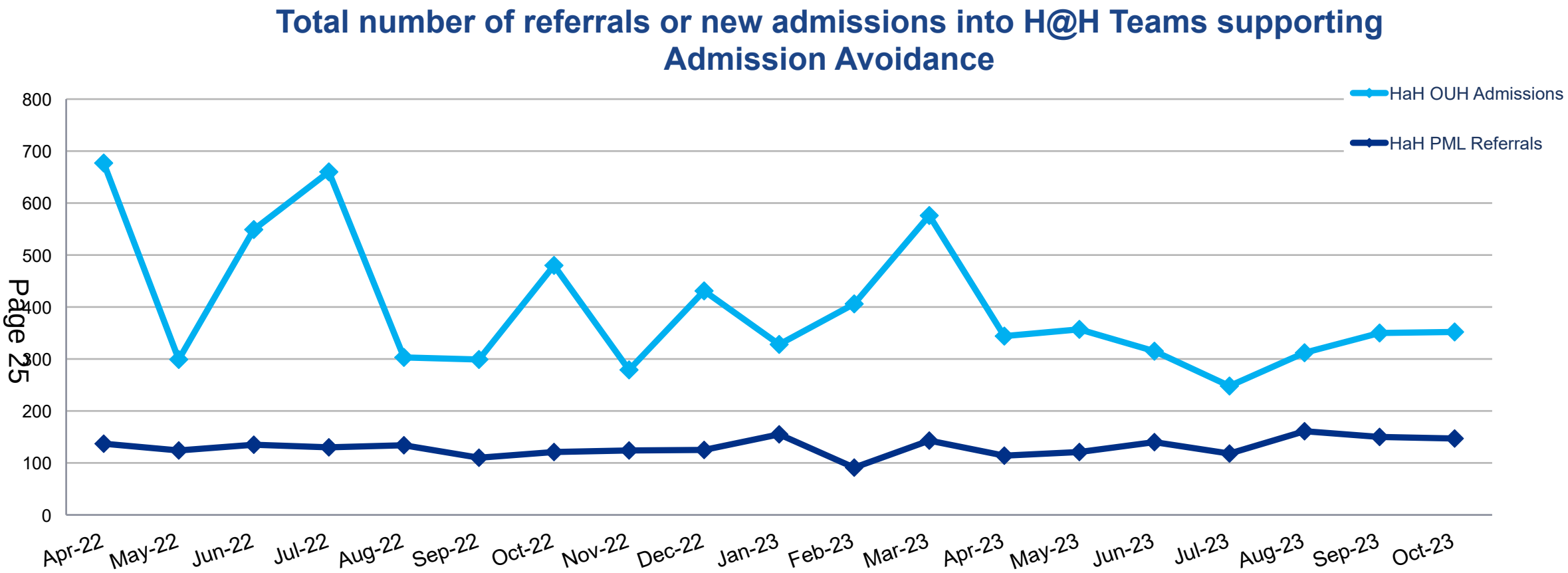

**Key**: Referrals — Mean — Upper and Lower Limits - - -

## Referral Sources into Urgent Community Response (October 2023)




**Context and additional information:** Lower Limit is 15 per day. Upper Limit is 30 per day.
**Data source:** OH – Gareth Cox & Liz Adkins

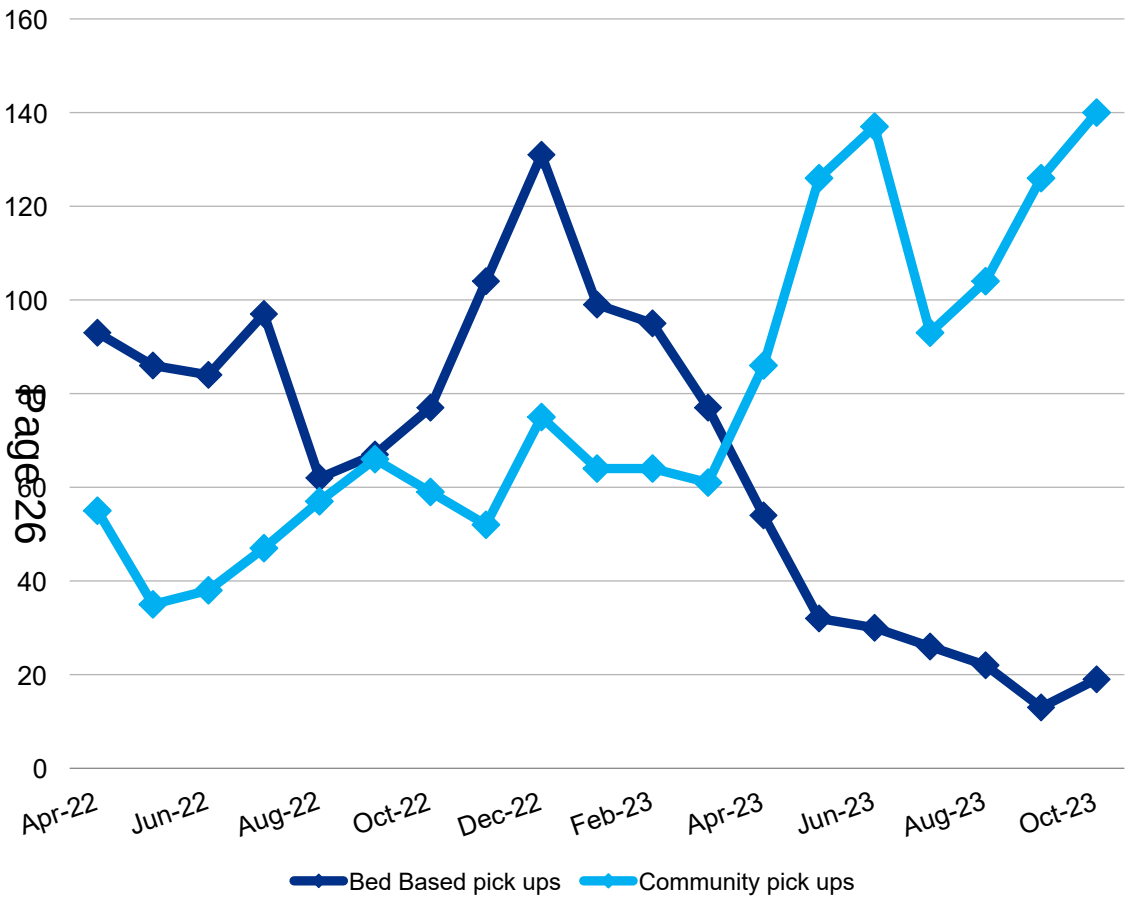
# Total number of new admissions into H@H Teams supporting Admission Avoidance



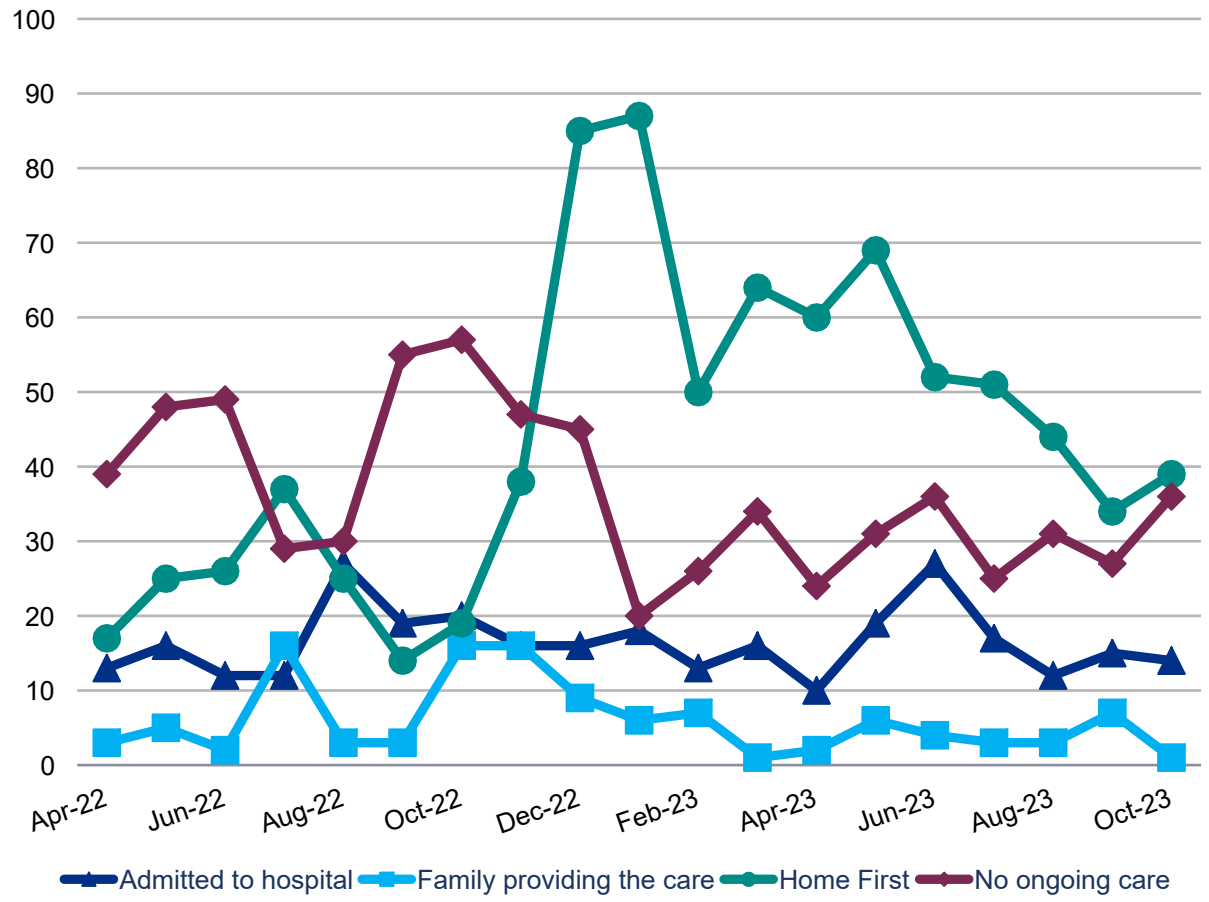

**Context and additional information:**
**Data source:** OUH - Alex Clift, PML - Justine Eardley

# CARe Activity and Outcomes

### Activity level for CARe, related to Admission Avoidance

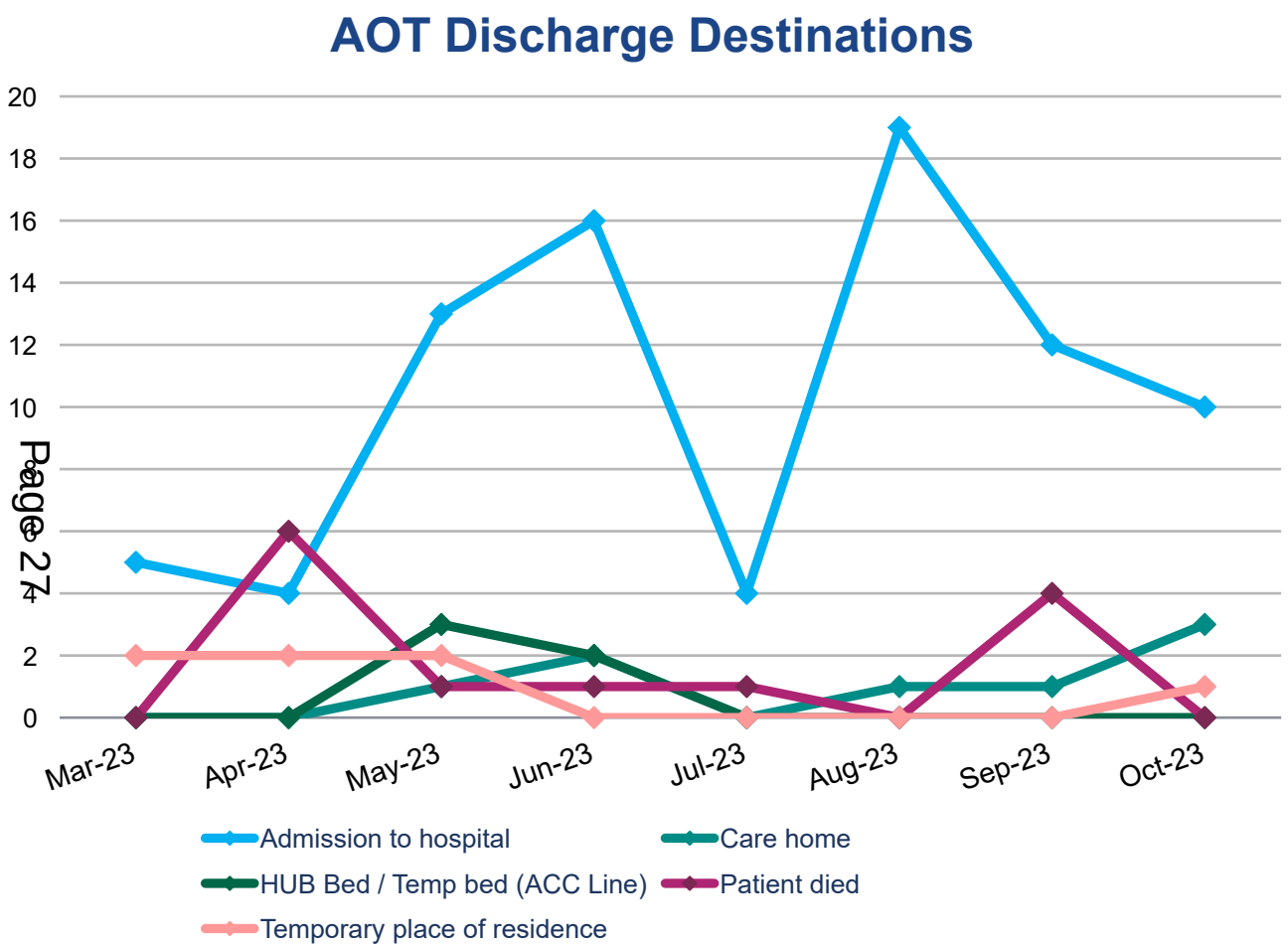



### Outcomes for individuals supported through CARe

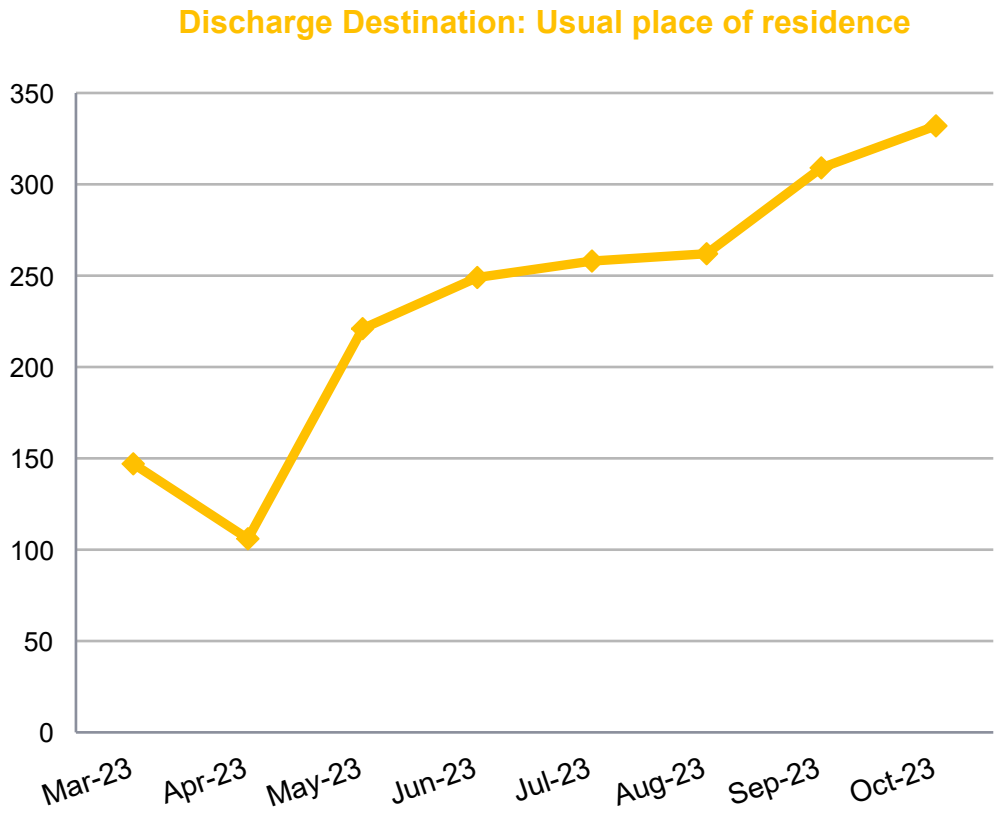



**Context and additional information:**
**Data source:** CARe OUH – Pedro Lopes & Chloe Hobbs

# Outcomes for individuals supported through AOT

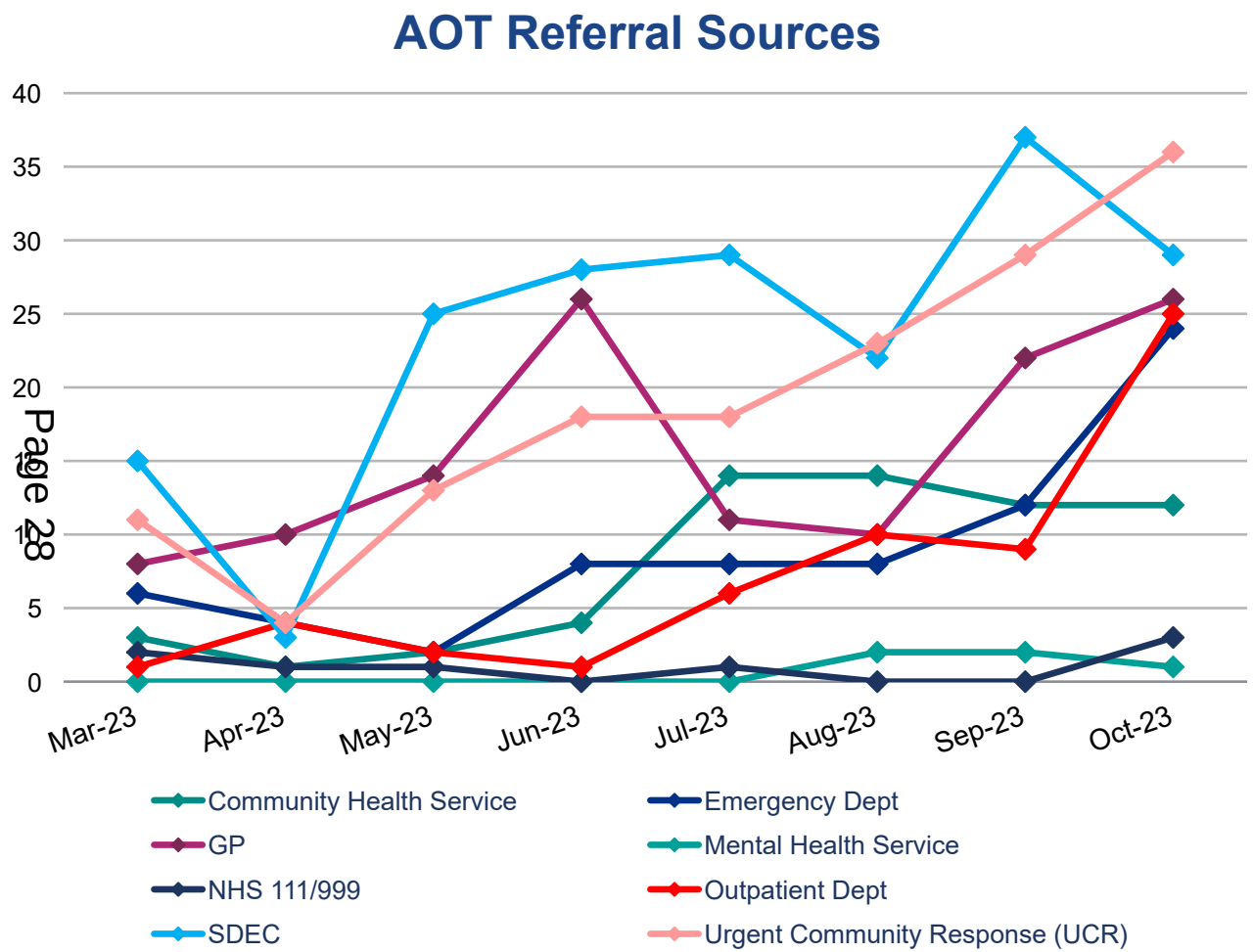


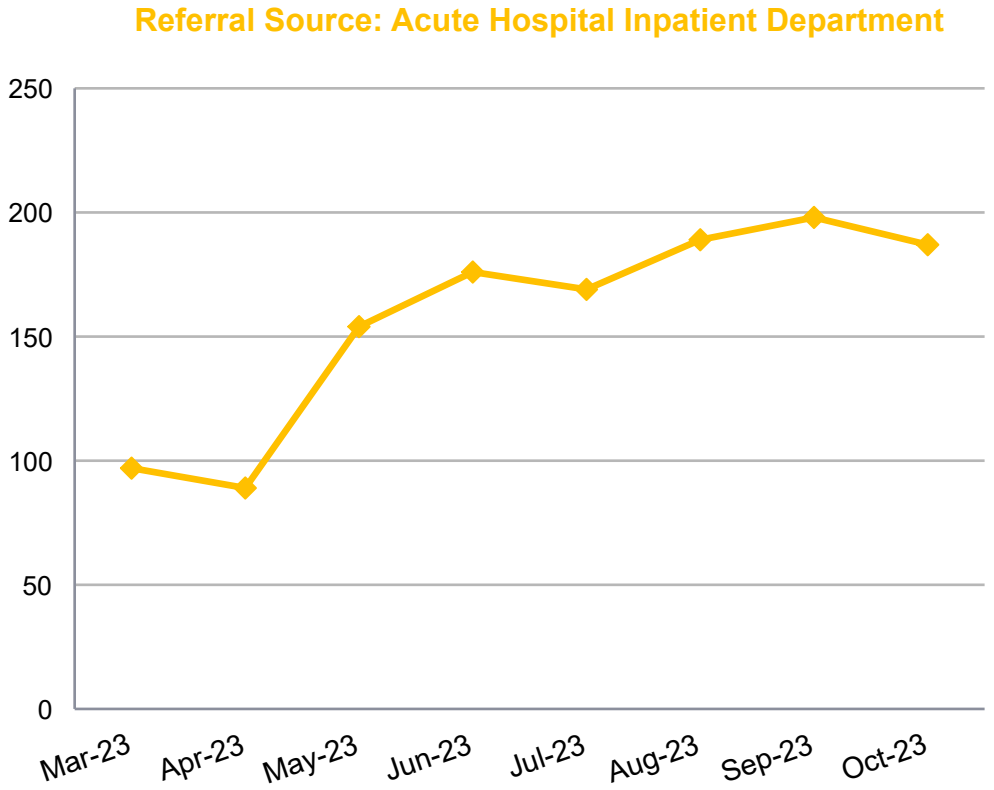



**Context and additional information:** AOT data only available from March 2023 onwards
**Data source:** AOT OUH – Pedro Lopes (collated by Alex Clift)

# Referral sources for individuals supported through AOT

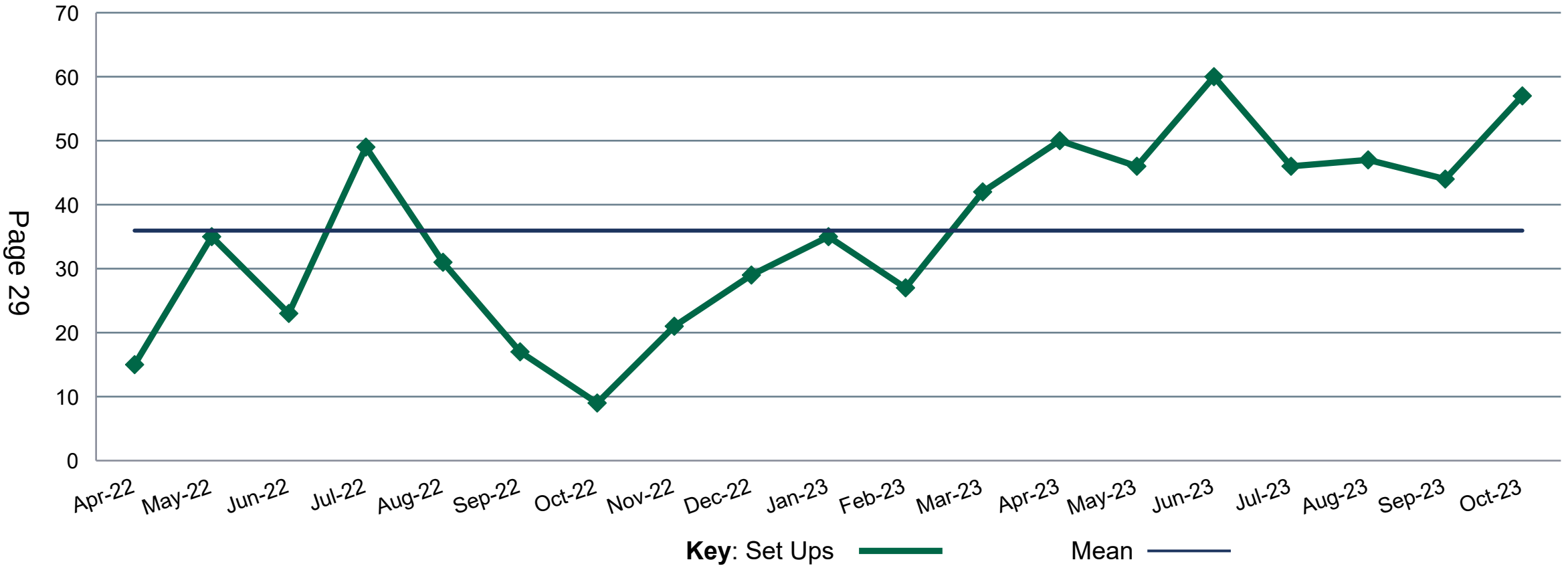



**Context and additional information:** AOT data only available from March 2023 onwards
**Data source:** AOT OUH – Pedro Lopes (collated by Alex Clift)

# Activity level for community Reablement, related to Admission Avoidance

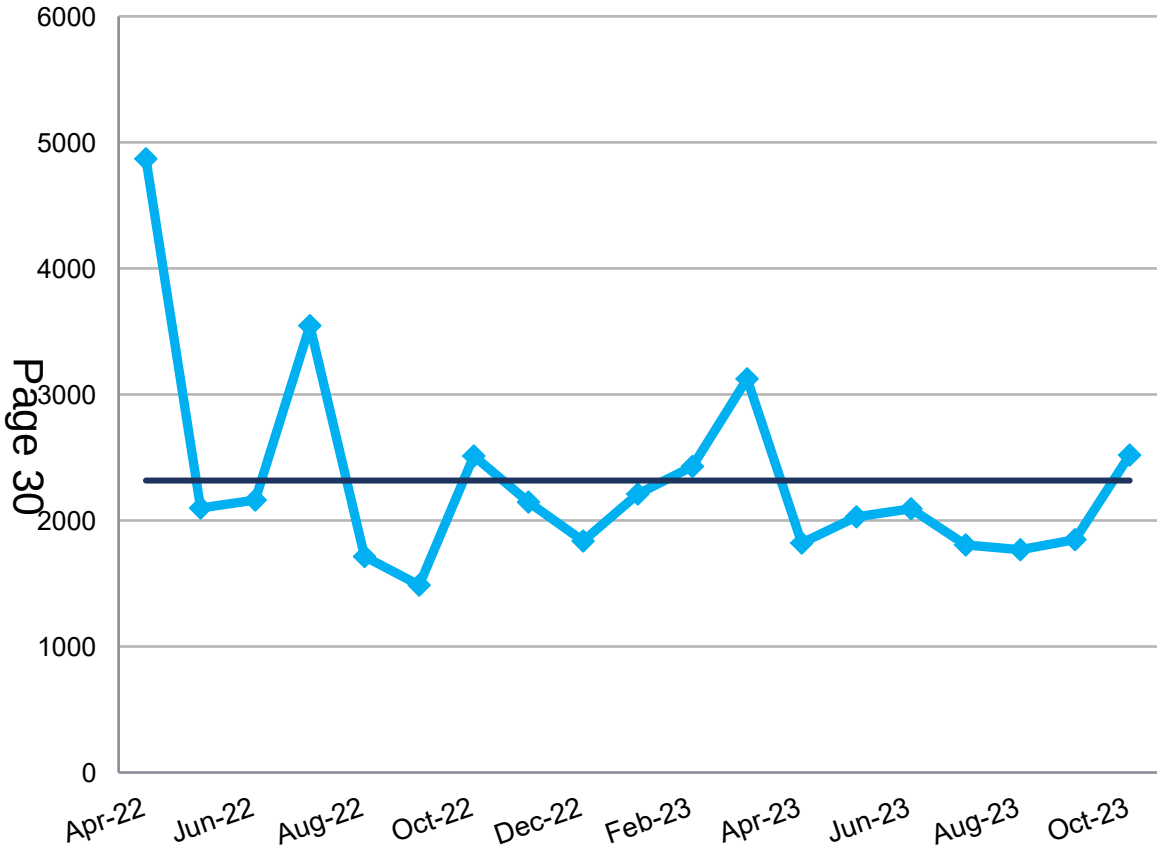
## Total number of set ups for Reablement from community referrals by Home First



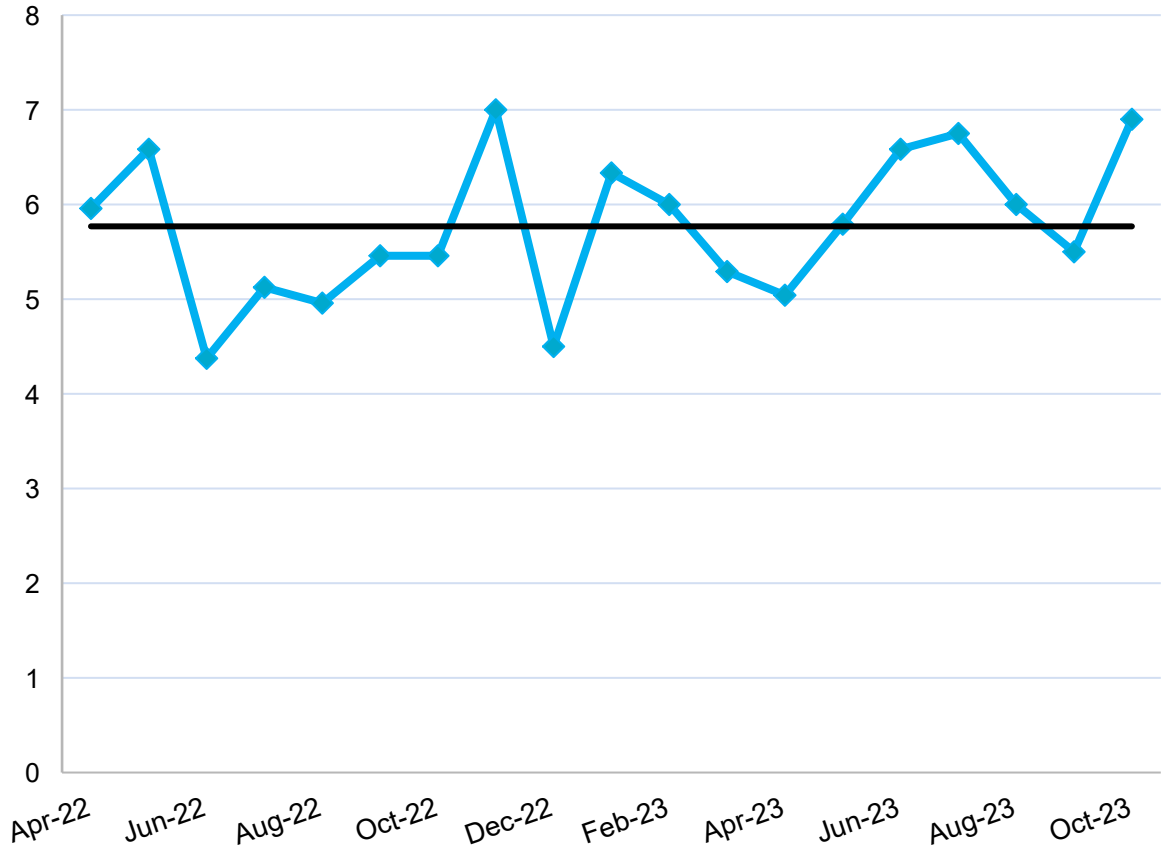

**Context and additional information:**
**Data source:** OCC – Sally Steele & Andrew Collodel

# Hospital at Home Activity and Length of Stay

## OUH AH@H: Bed days consumed (cumulative)




## OUH AH@H: Average Length of Stay




**Key**: OUH ——— Mean ———

**Context and additional information:** OH & PML data is not yet available
**Data source**: OUH - Alex Clift

# 4 Hr standard and ambulance handovers

# Oct 2023 JRH position

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SCAS has seen an increase in arrivals this month. We have seen another increase in the handover time for >30 <60 min delays. We are working on the data for over 60 min handovers with OUH we have begun a pilot for a generic resus pin to improve accuracy of reporting. There has been a large increase in over 60 min holds, which aligns with the increased arrivals and handover delays.



| Arrivals, Handovers & Turnarounds | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|
| Number of Arrivals | 3,736 | 3,685 | 3,794 |
| Number of Handovers | 2,969 | 3,015 | 3,151 |
| Average Handover Time | 0:19:05 | 0:20:29 | 0:21:25 |
| Average Turnaround Time | 0:34:45 | 0:35:34 | 0:36:45 |

| Handover Breakdown | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|
| Handovers >30 <60 Mins | 346 | 431 | 462 |
| Handovers >60 Mins | 32 | 40 | 80 |
| % Handovers >30 <60 Mins | 11.65% | 14.30% | 14.66% |
| % Handovers >60 Mins | 1.08% | 1.33% | 2.54% |

# Oct 2023 Horton position

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

SCAS have  including the Horton position this month as there has been an unusual change in arrivals and handover delays of note. While this is a to expected as we enter Winter, it is a pattern which is identifiable and should be considered by the system, to prevent further impact as we move into Winter proper.

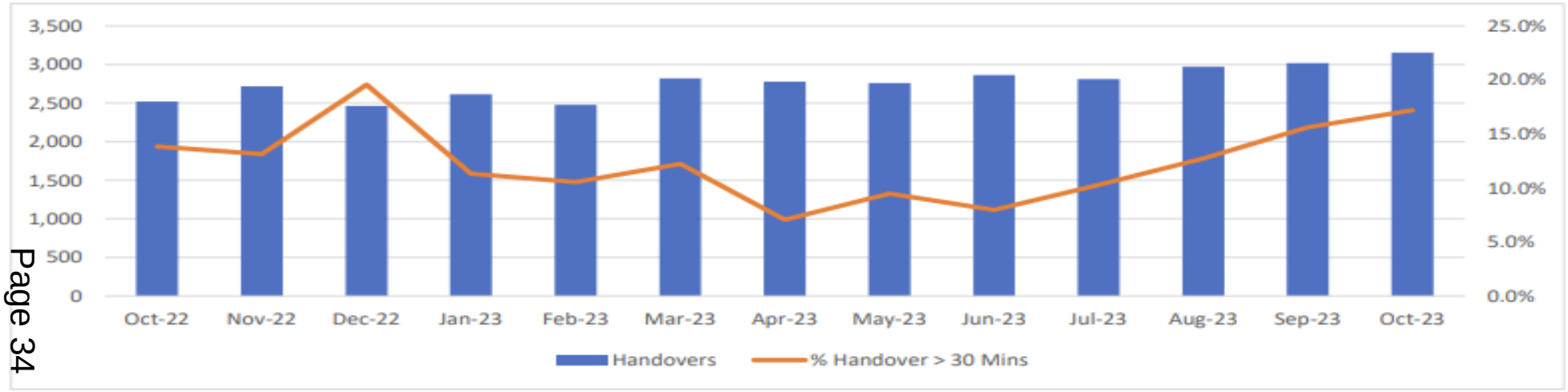


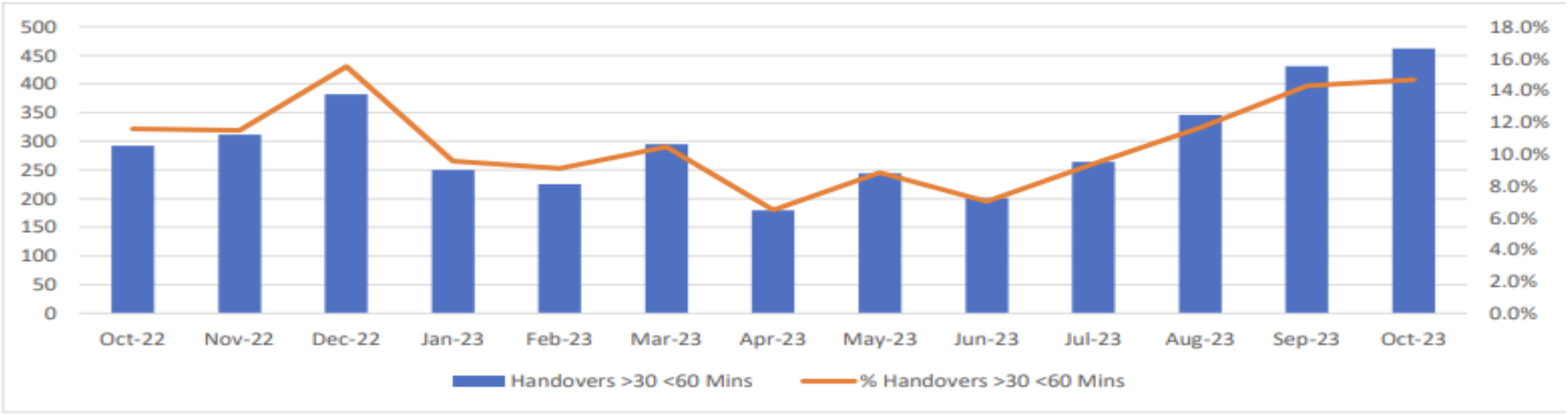
| Arrivals, Handovers & Turnarounds | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|
| Number of Arrivals | 601 | 686 | 708 |
| Number of Handovers | 482 | 582 | 599 |
| Average Handover Time | 0:16:25 | 0:16:06 | 0:18:52 |
| Average Turnaround Time | 0:31:56 | 0:30:27 | 0:32:53 |

| Handover Breakdown | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|
| Handovers >30 <60 Mins | 28 | 19 | 39 |
| Handovers >60 Mins | 4 | 0 | 13 |
| % Handovers >30 <60 Mins | 5.81% | 3.26% | 6.51% |
| % Handovers >60 Mins | 0.83% | 0.00% | 2.17% |

# Handovers and Excess Handovers at JRH Oct 23

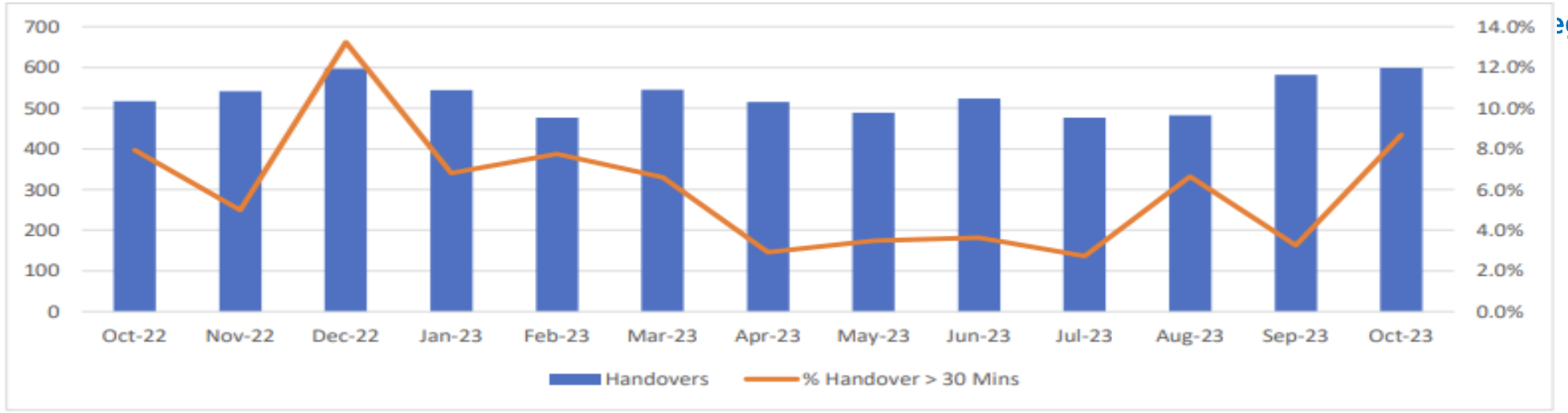
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

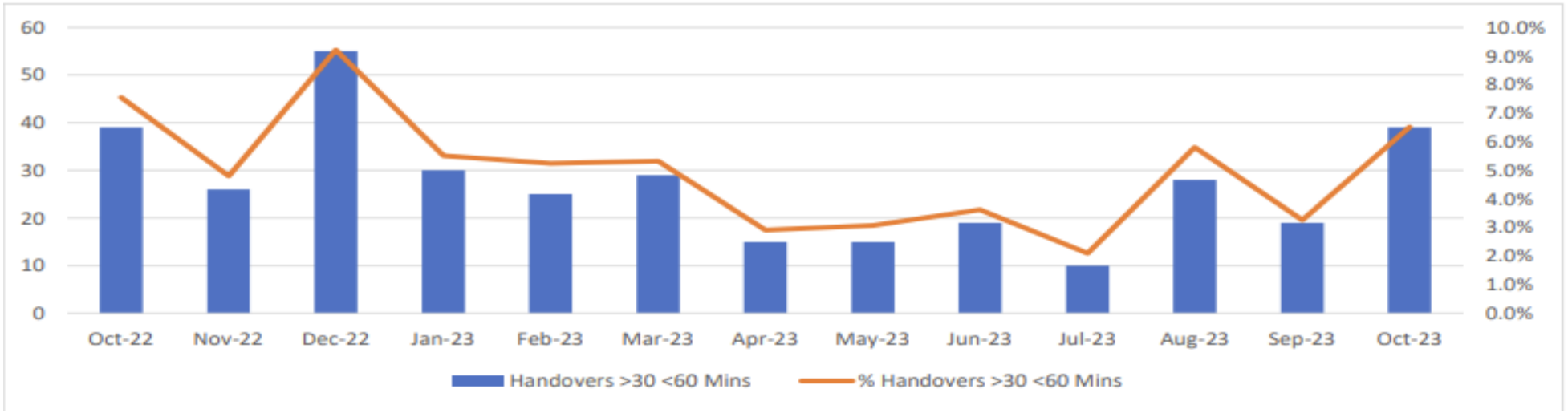


# Handovers and Excess Handovers at Horton Oct 23

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board



# Conveyances to Non-ED Locations Oct '23



## Oxfordshire

| Outcomes | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|
| Hear & Treat | 10.28% | 10.88% | 11.60% |
| See & Treat | 35.93% | 36.12% | 35.75% |
| See, Treat & Convey (ED) | 41.69% | 41.30% | 40.96% |
| See, Treat & Convey (Non-ED) | 12.10% | 11.70% | 11.69% |

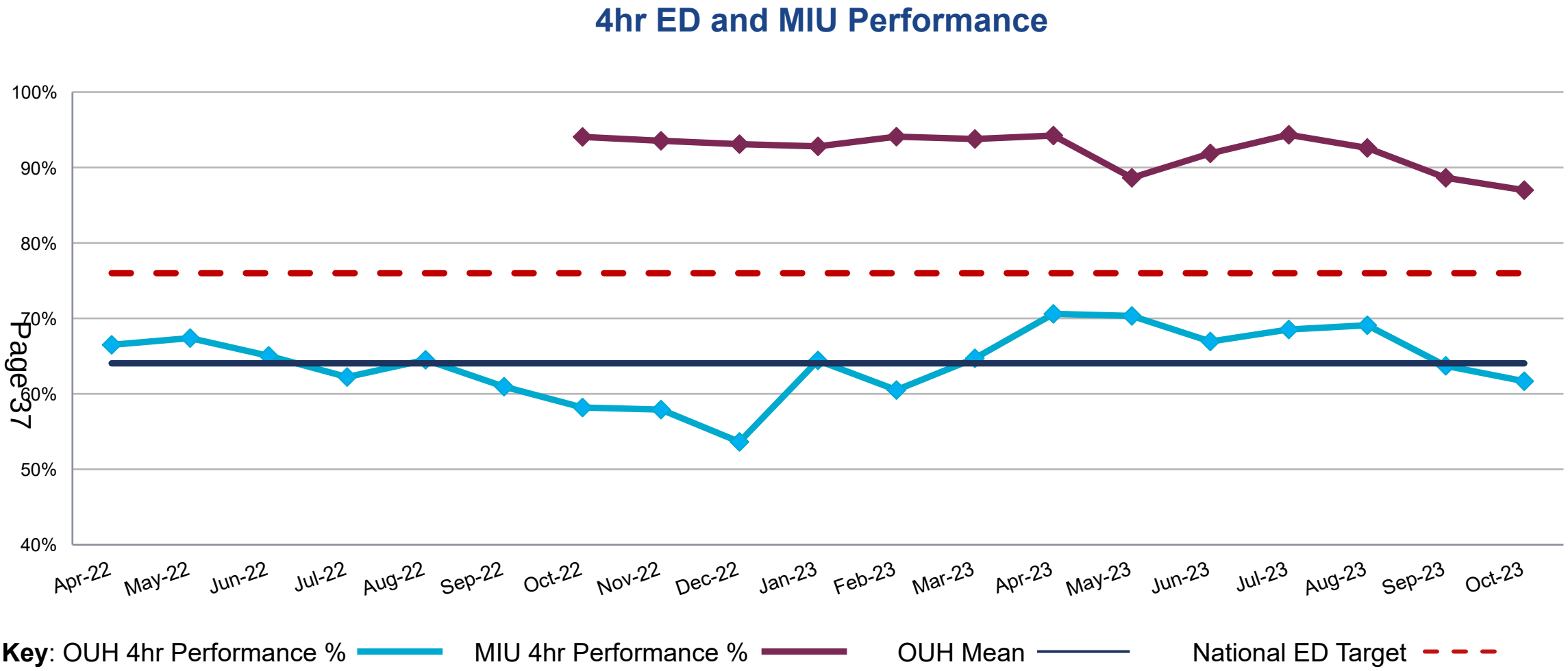
## Thames Valley

| Outcomes | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|
| Hear & Treat | 11.39% | 12.07% | 12.64% |
| See & Treat | 33.54% | 33.80% | 32.83% |
| See, Treat & Convey (ED) | 50.03% | 49.09% | 49.66% |
| See, Treat & Convey (Non-ED) | 5.04% | 5.03% | 4.87% |

## SCAS

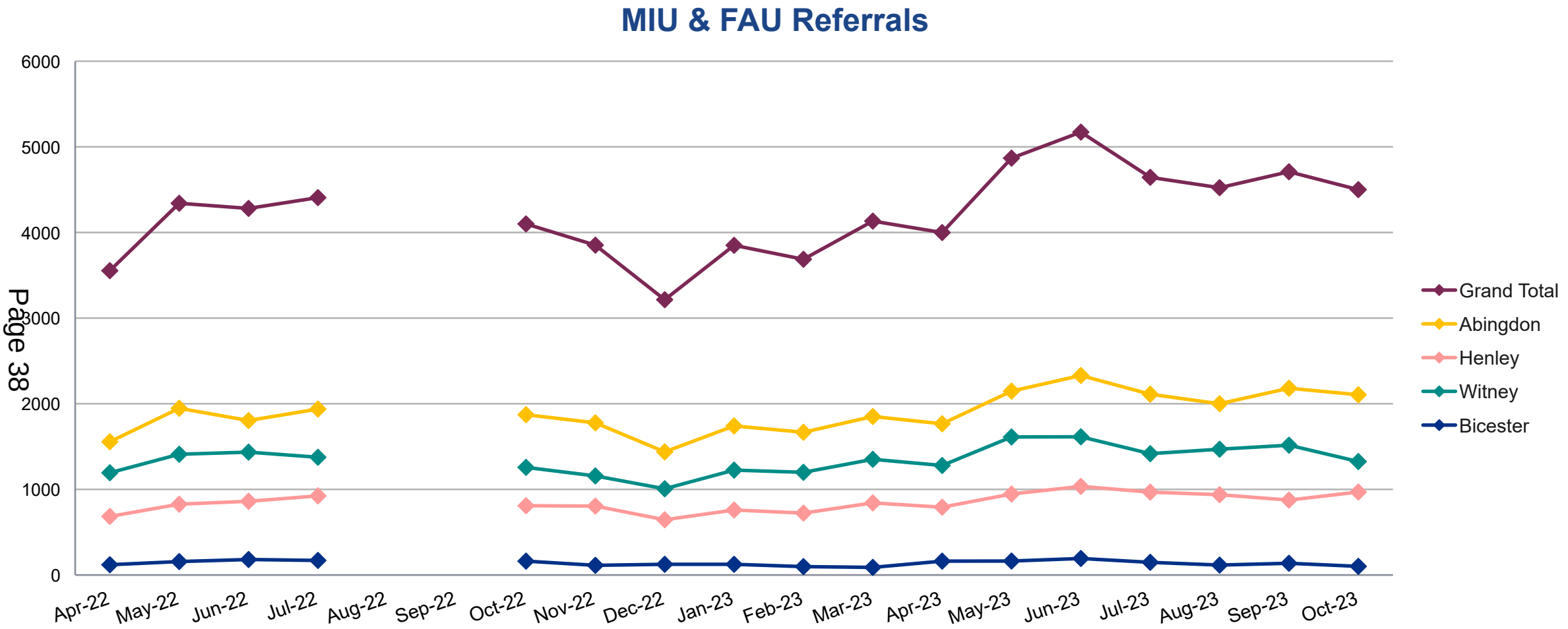
| Outcomes | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|
| Hear & Treat | 10.86% | 11.44% | 11.94% |
| See & Treat | 33.85% | 34.16% | 33.17% |
| See, Treat & Convey (ED) | 51.00% | 50.05% | 50.48% |
| See, Treat & Convey (Non-ED) | 4.28% | 4.35% | 4.41% |

# 4hr ED and MIU Performance



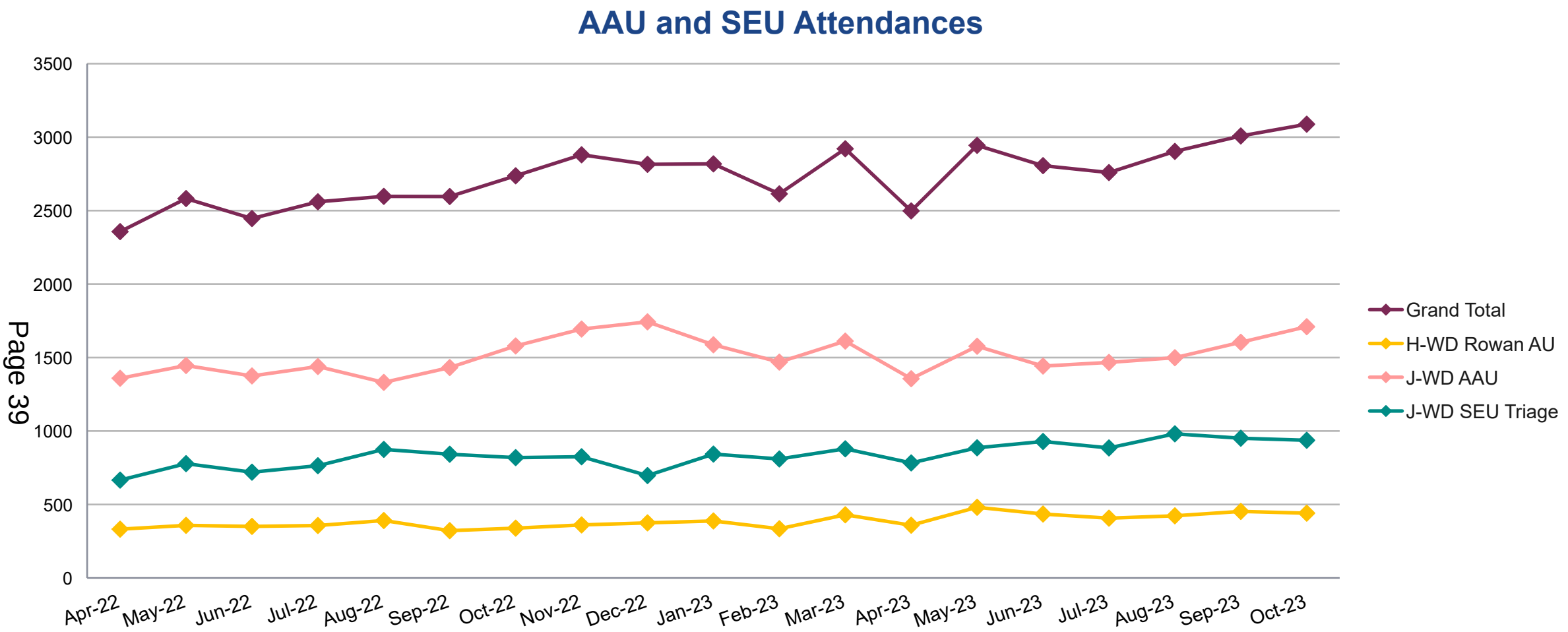

**Context and additional information:** National ED target of 76%
**Data source**: OUH - Alex Clift, OH – Gareth Cox & Dee Pelakauskaite

# MIU & FAU Referrals



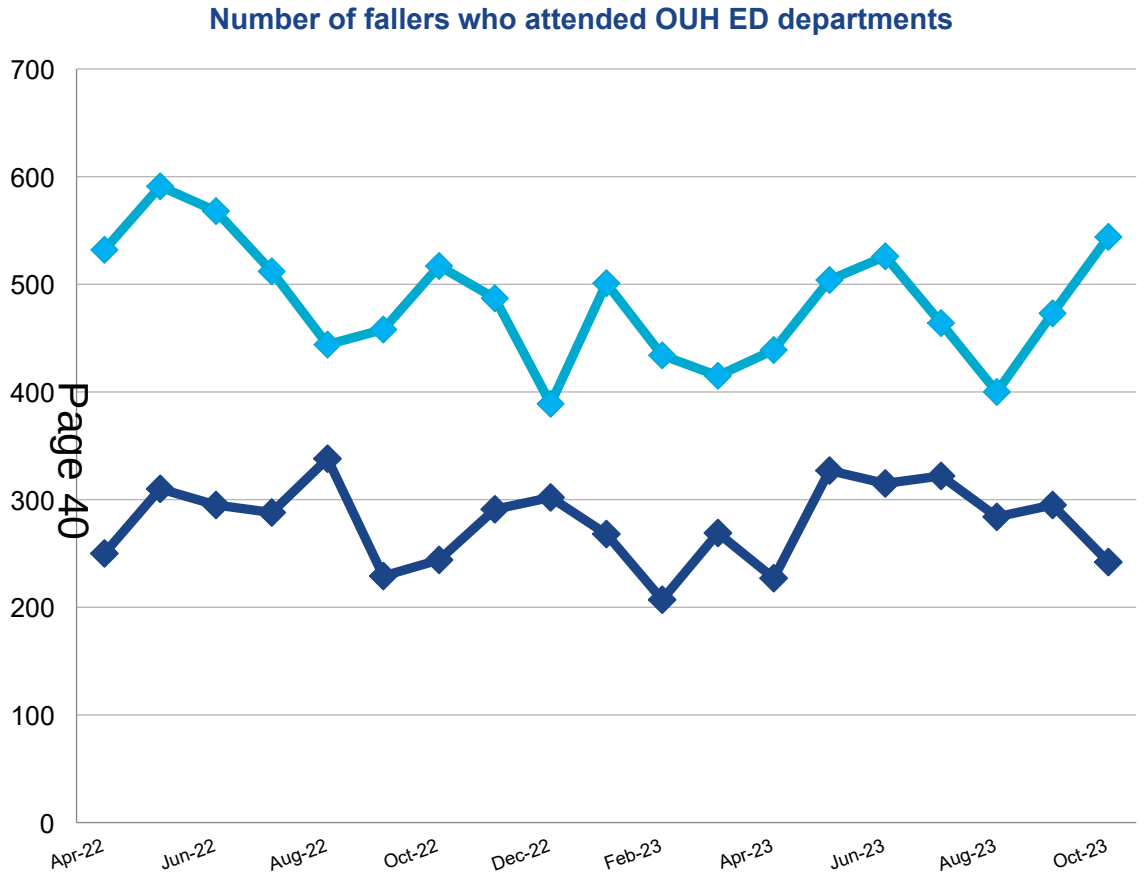

**Context and additional information:** Aug-22 and Sep-22 MIU numbers not available due to Adastra outage between 4th Aug & 15th Sep 2022
**Data source**: OH – Gareth Cox & Dee Pelakauskaite

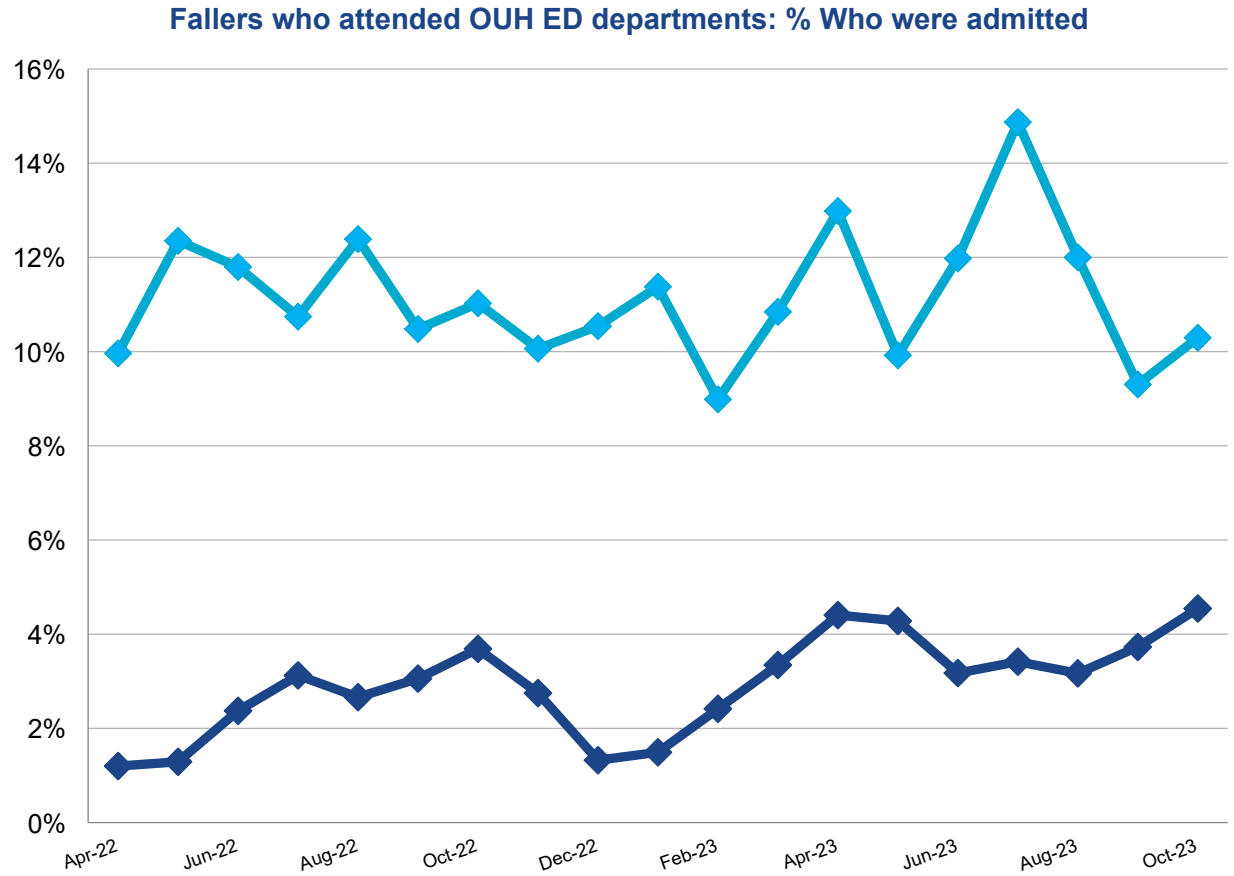
# AAU & SEU Attendances




**Context and additional information:** OH Abingdon, Witney, Henley SDEC data to be added in future months
**Data source**: OUH – Alex Clift

# Fallers who attended OUH ED departments: Aged 18-64

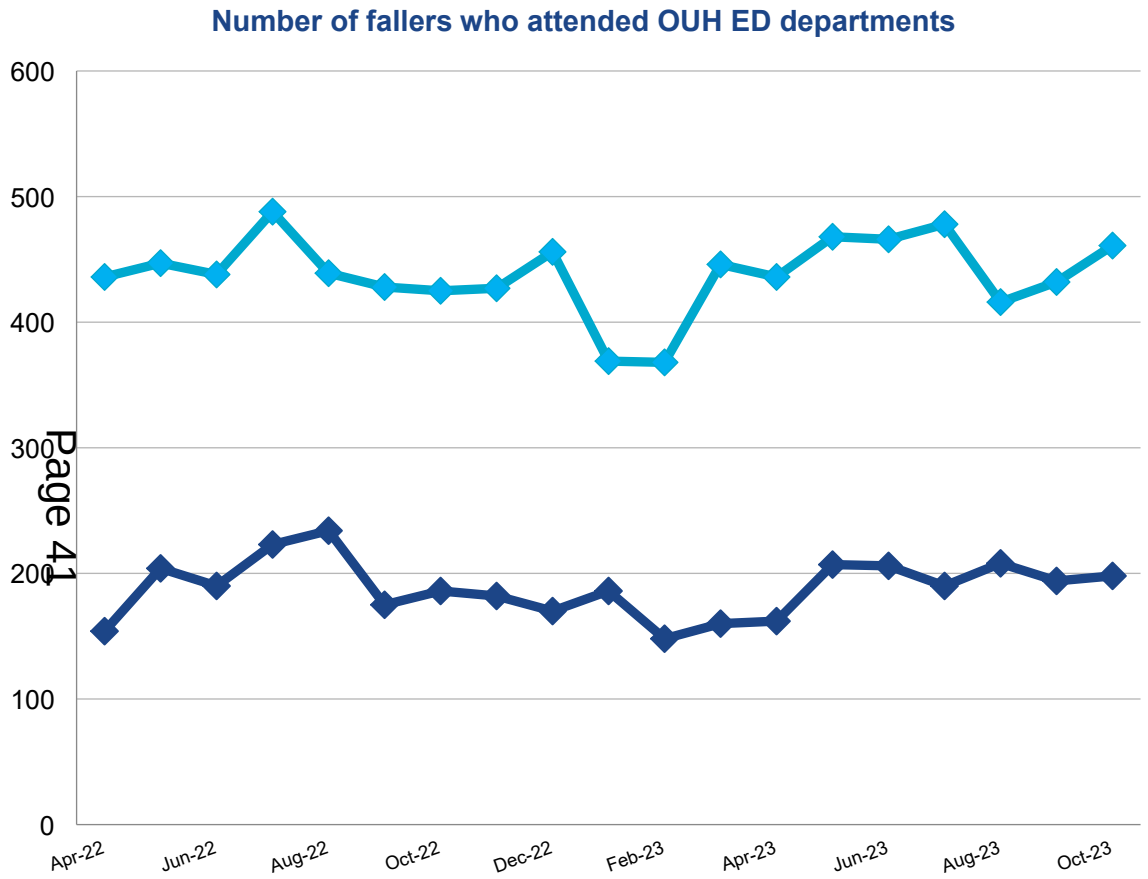


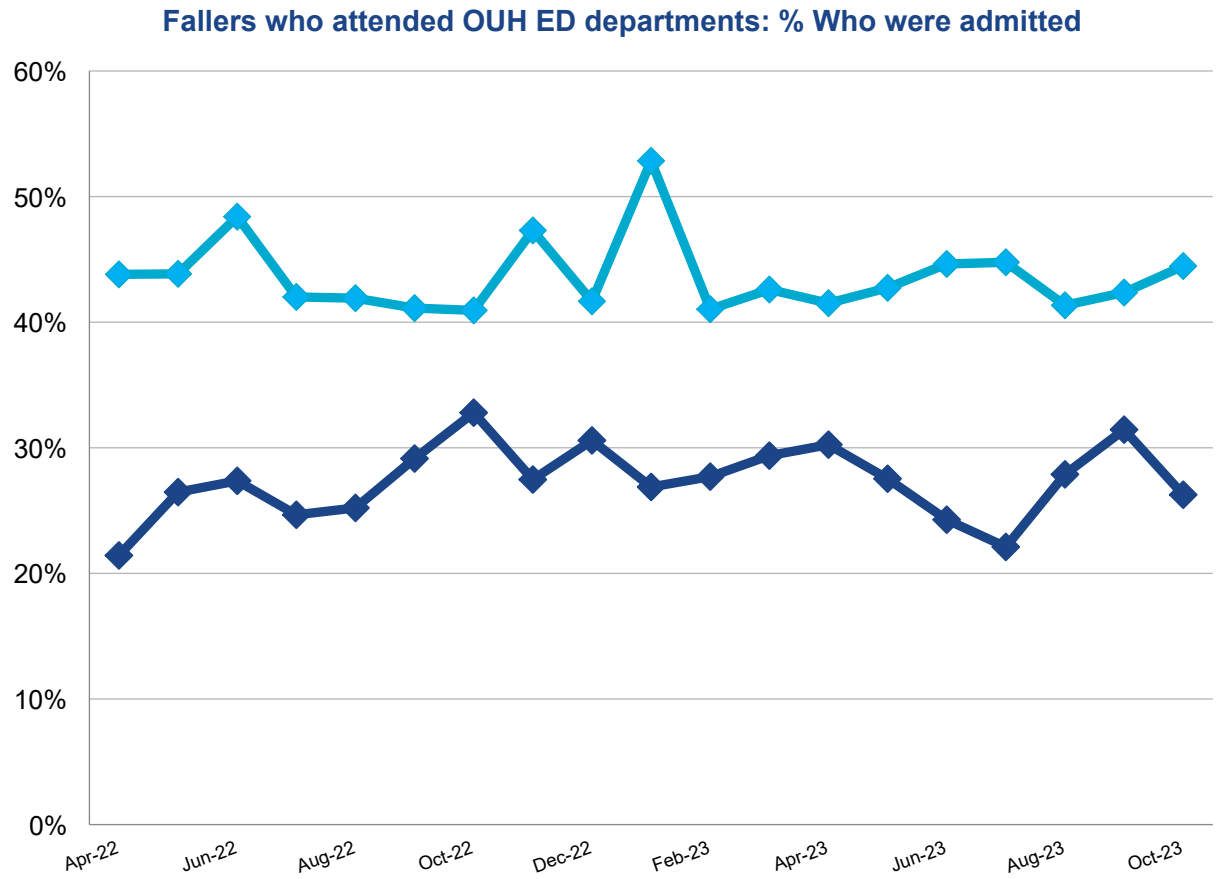




**Key**: John Radcliffe — Horton

**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)
**Data source**: OUH - Alex Clift

# Fallers who attended OUH ED departments: Aged 65+




**Key**: John Radcliffe — Horton

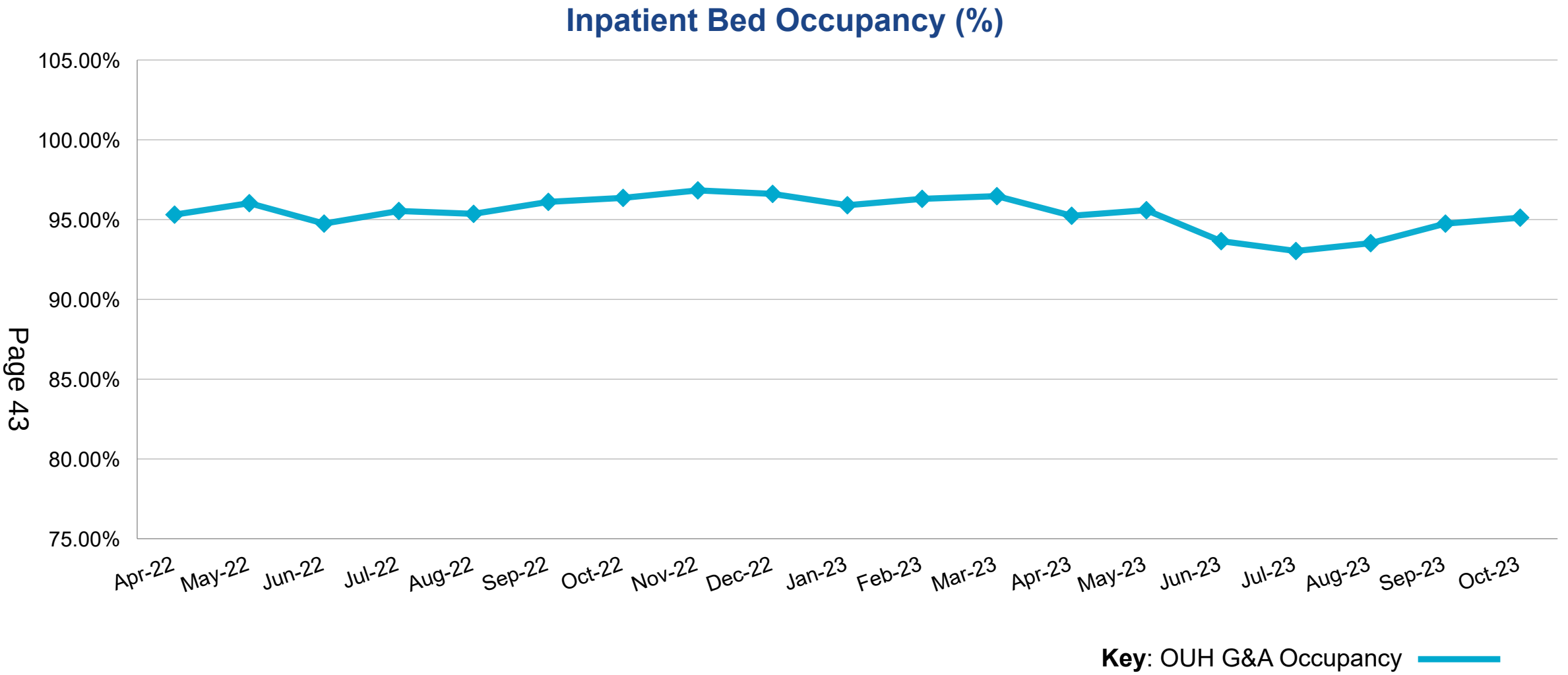
**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)
**Data source**: OUH - Alex Clift

# Inpatient occupancy and demand for Discharge



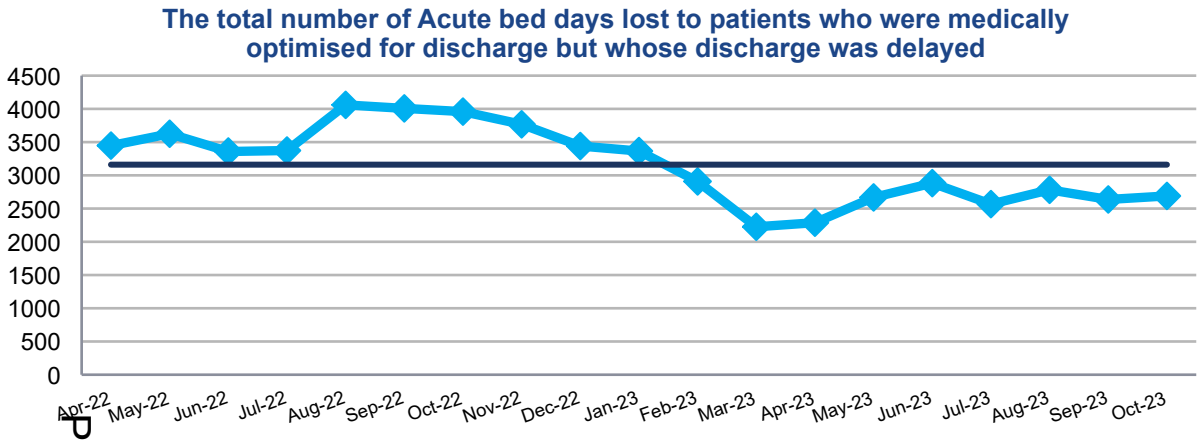
This section seeks to demonstrate the occupancy level of inpatient settings and the delays for discharge, with the demand on onwards services.

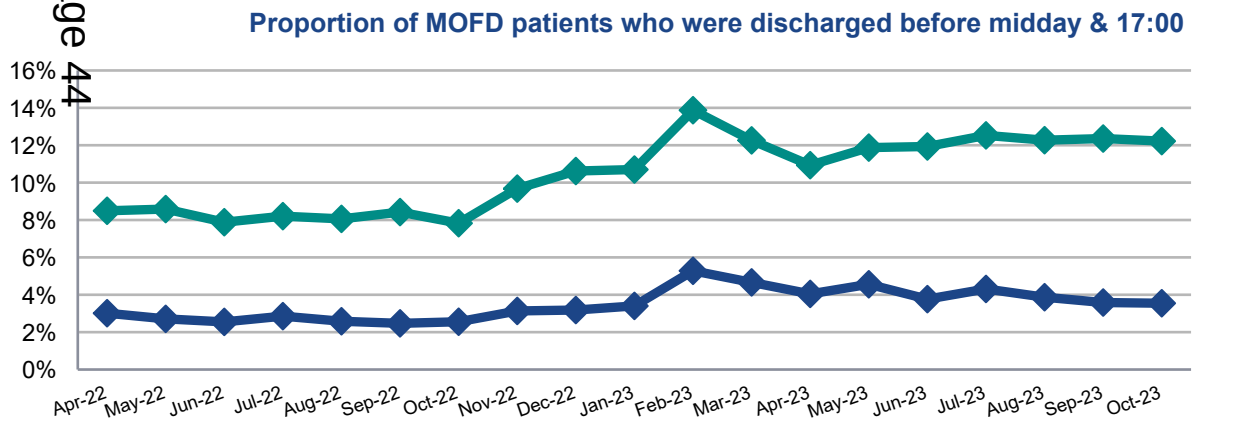
# Inpatient Bed Occupancy



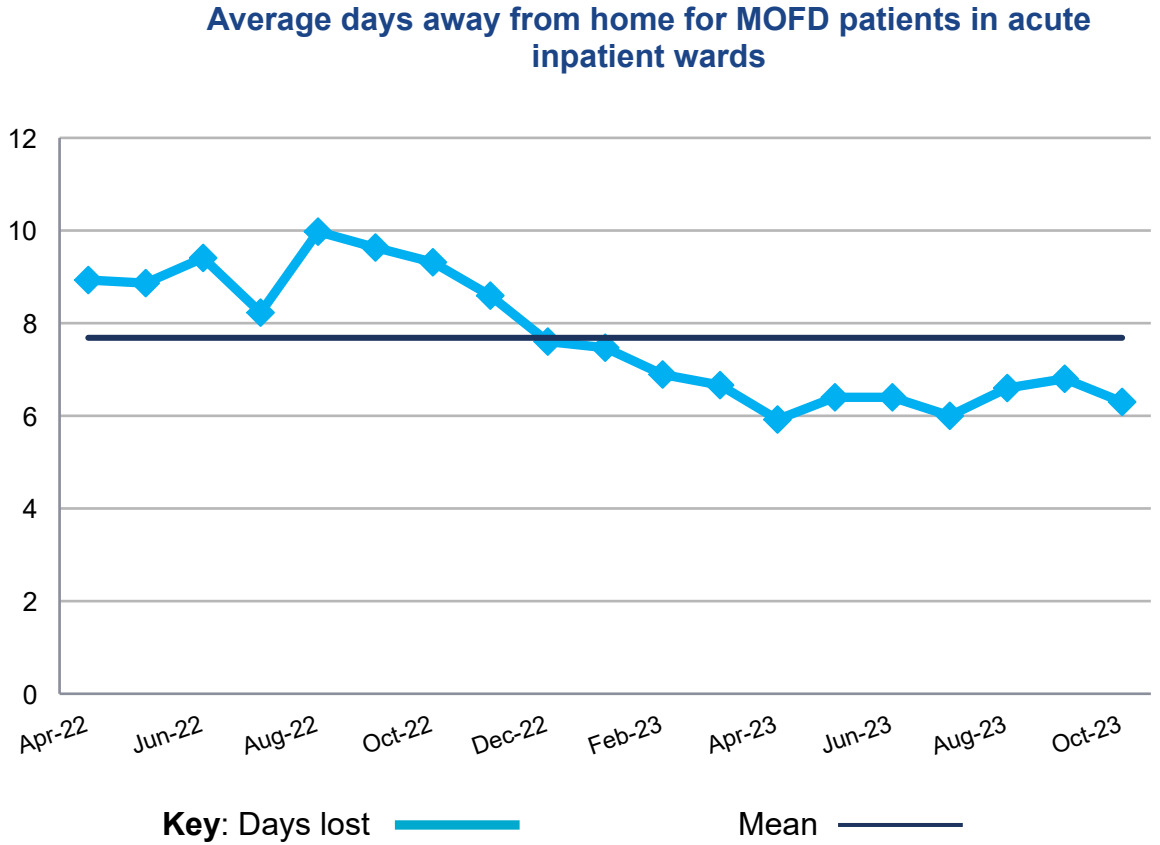

**Context and additional information:** Data quality issues with CH bed occupancy. Gareth Cox working on getting this out of EMIS.
**Data source**: CH – Gareth Cox & Liz Adkins, OUH - Alex Clift

# Total number of bed days lost for delayed discharges (OUHFT)



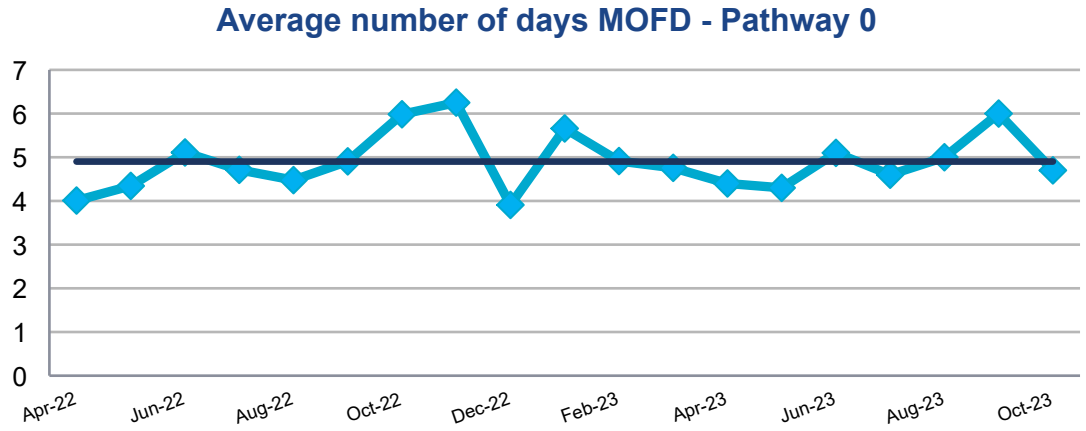



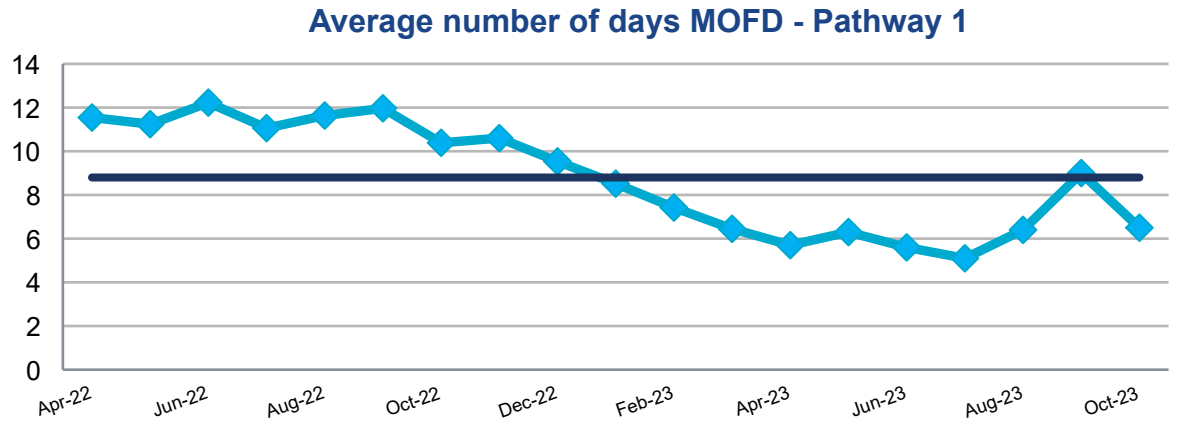

**Key**: % discharged before 17:00 % discharged before midday

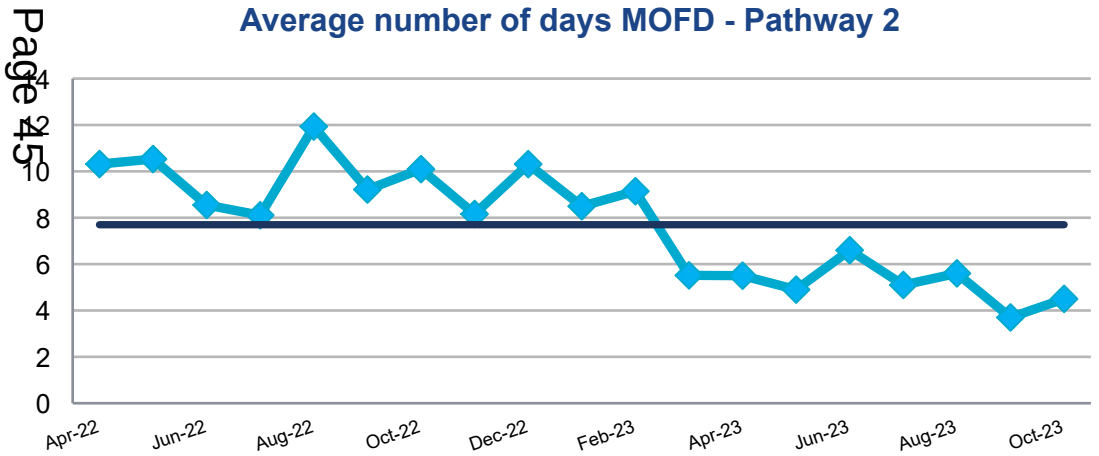


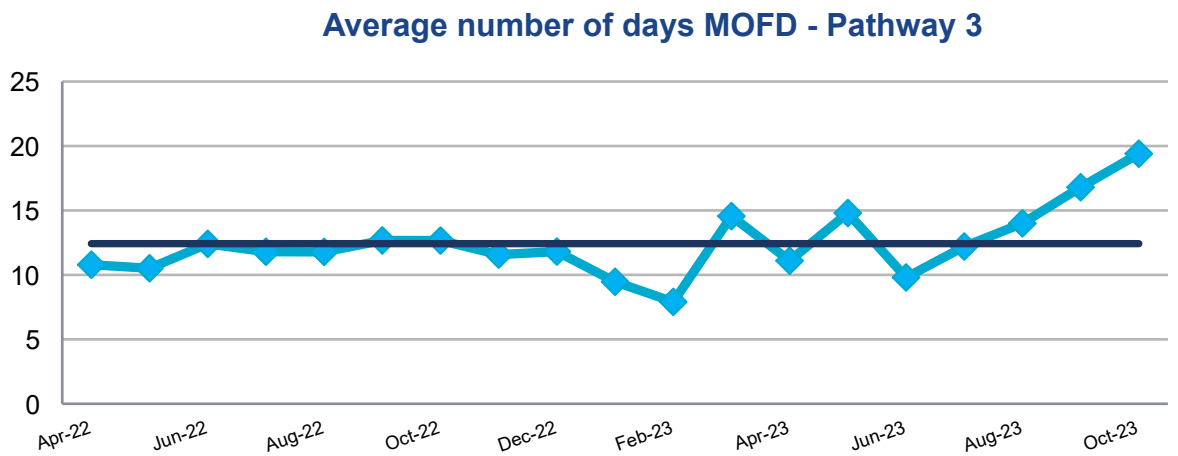

**Context and additional information:**
**Data source**: OUH - Alex Clift

# Days away from home for delayed discharges for OUHFT inpatients



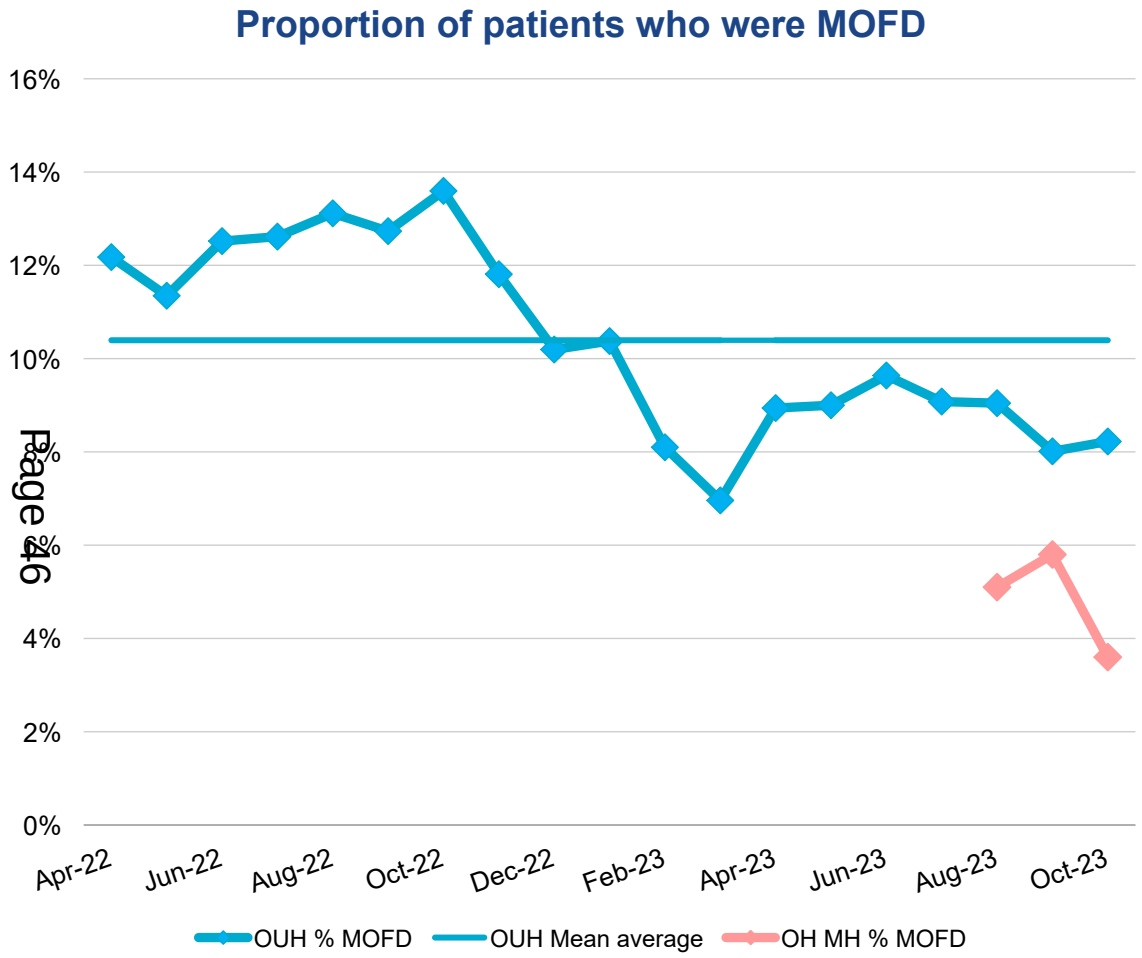



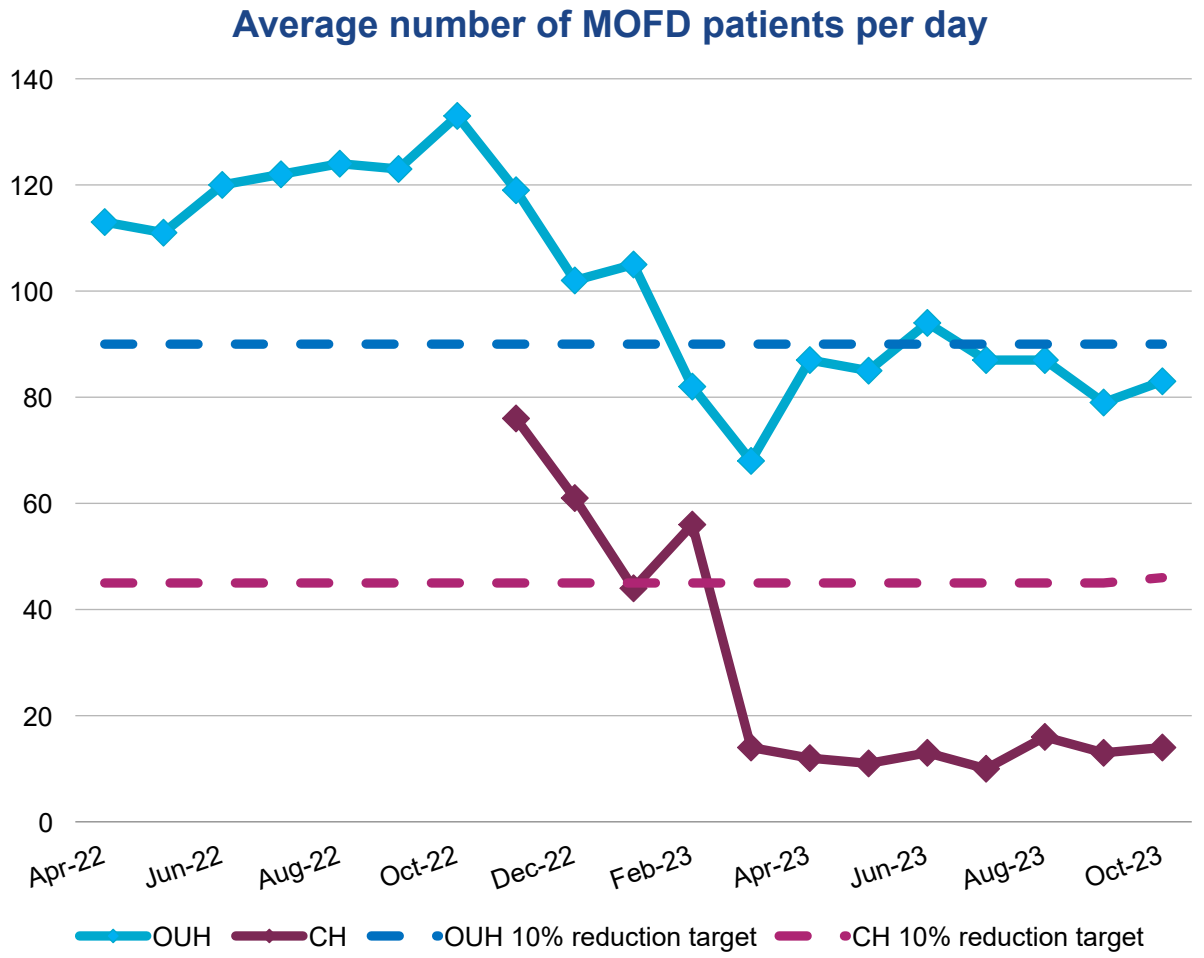




**Key**: No. of days — Mean —

**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR.
**Data source**: OUH - Alex Clift

# Proportion of patients who were MOFD and average number of MOFD per day

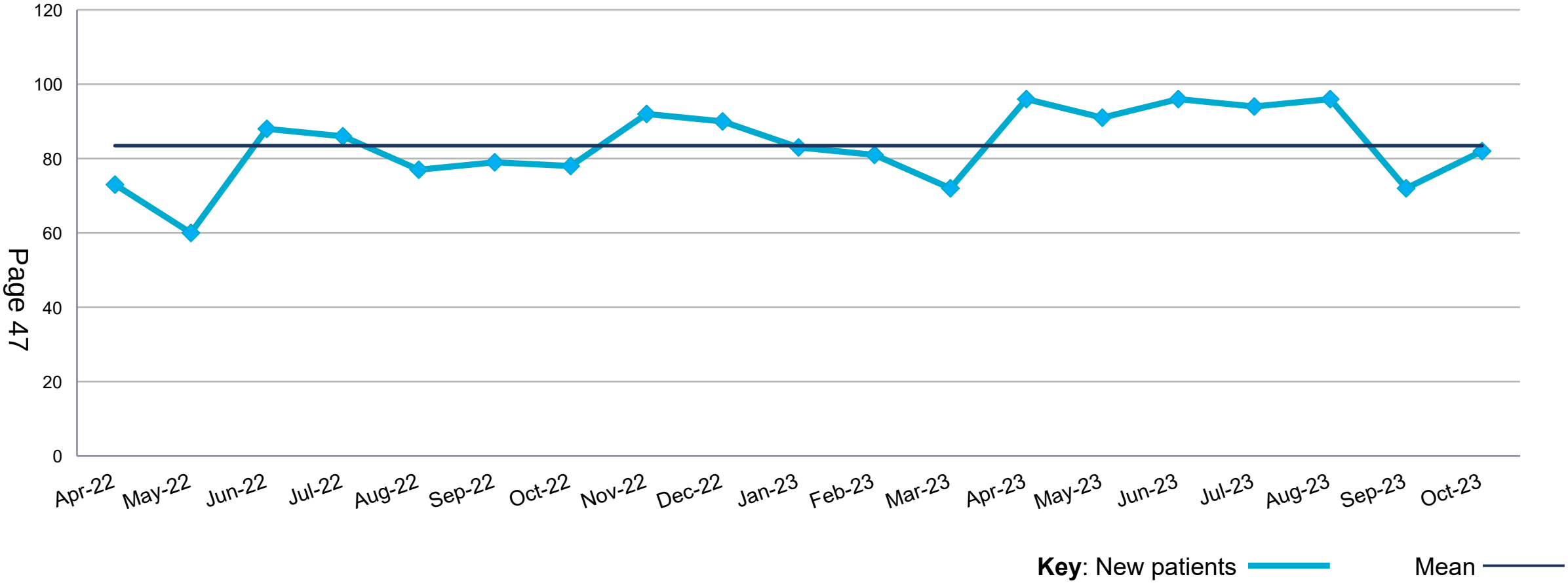



**Context and additional information:** Left chart: Data quality issues with Community Hospital data so has been removed - expected mean 10%. No OH mental health data available before Aug-23. Right chart: CH data unreliable pre Nov-22. OUH target of 90 patients per day. CH target of 45 patients per day
**Data source**: OUH - Alex Clift, CH – Gareth Cox & Liz Adkins, OH MH - Dee Pelakauskaite

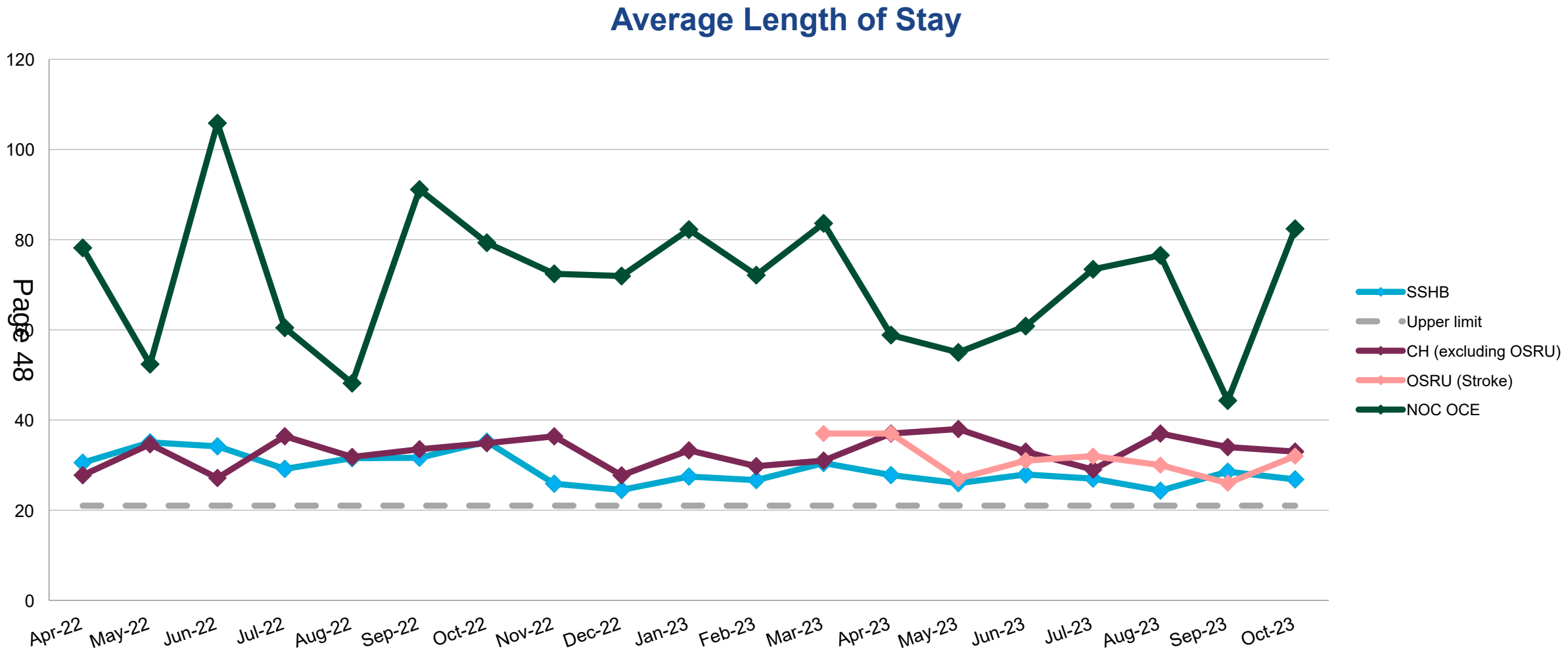
# New admissions to short stay hub beds

## The number of patients who were moved into short stay hub beds




**Context and additional information:**
**Data source**: OUH - Alex Clift

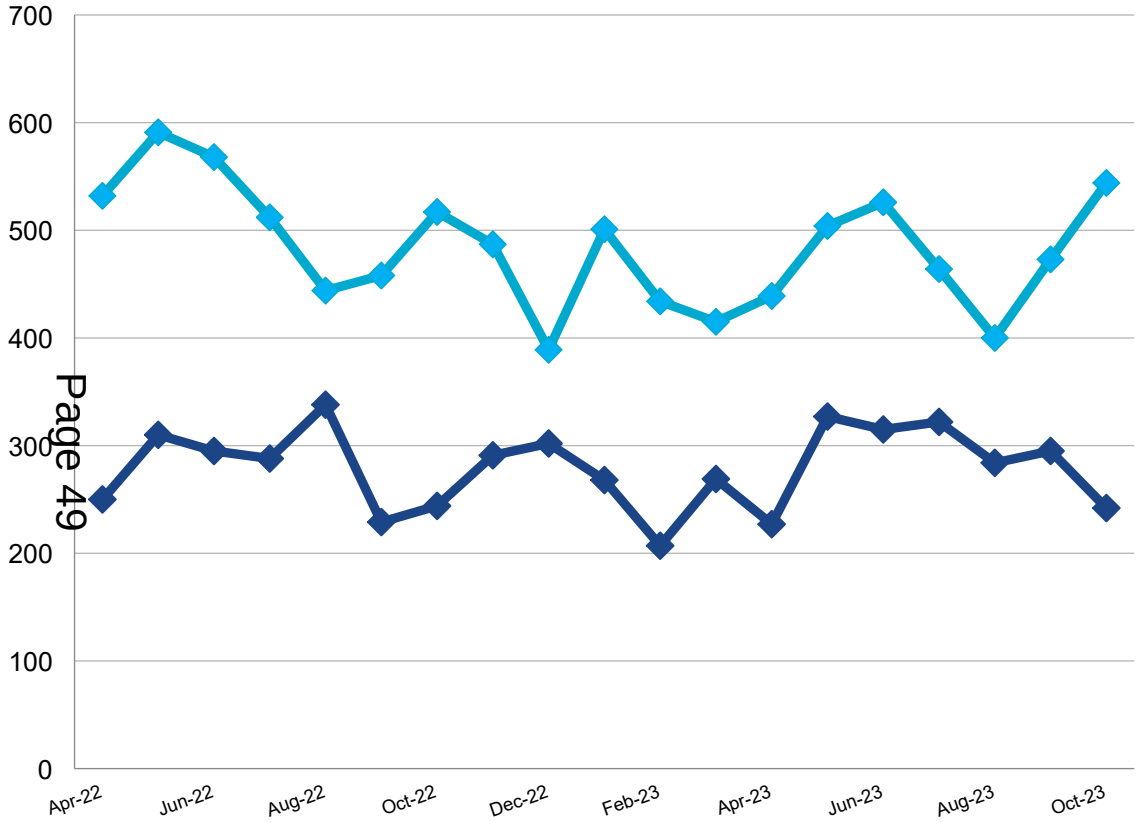
# Length of stay in pathway 2



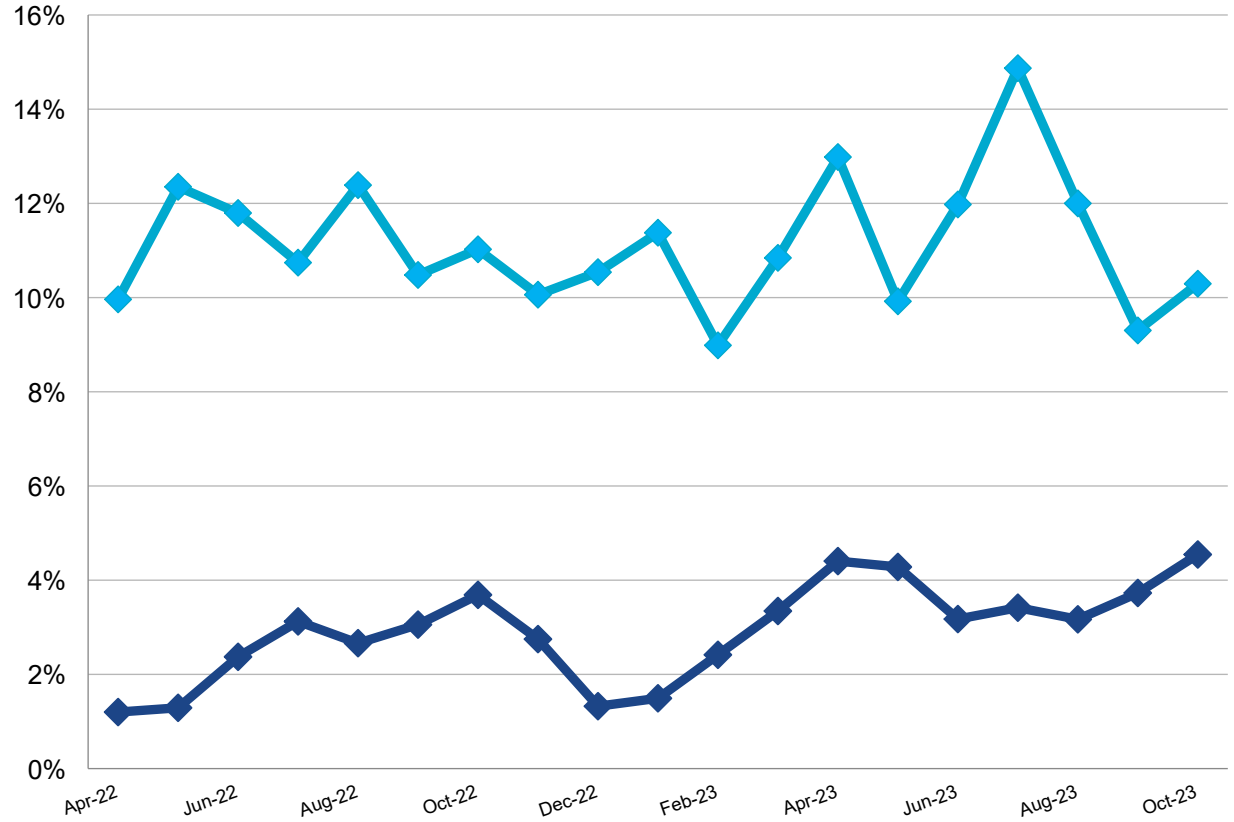

**Context and additional information:** Upper limit of 21 days.
**Data source**: OUH - Alex Clift, CH – Gareth Cox & Liz Adkins

# Fallers who attended OUH ED departments: Aged 18-64

### Number of fallers who attended OUH ED departments



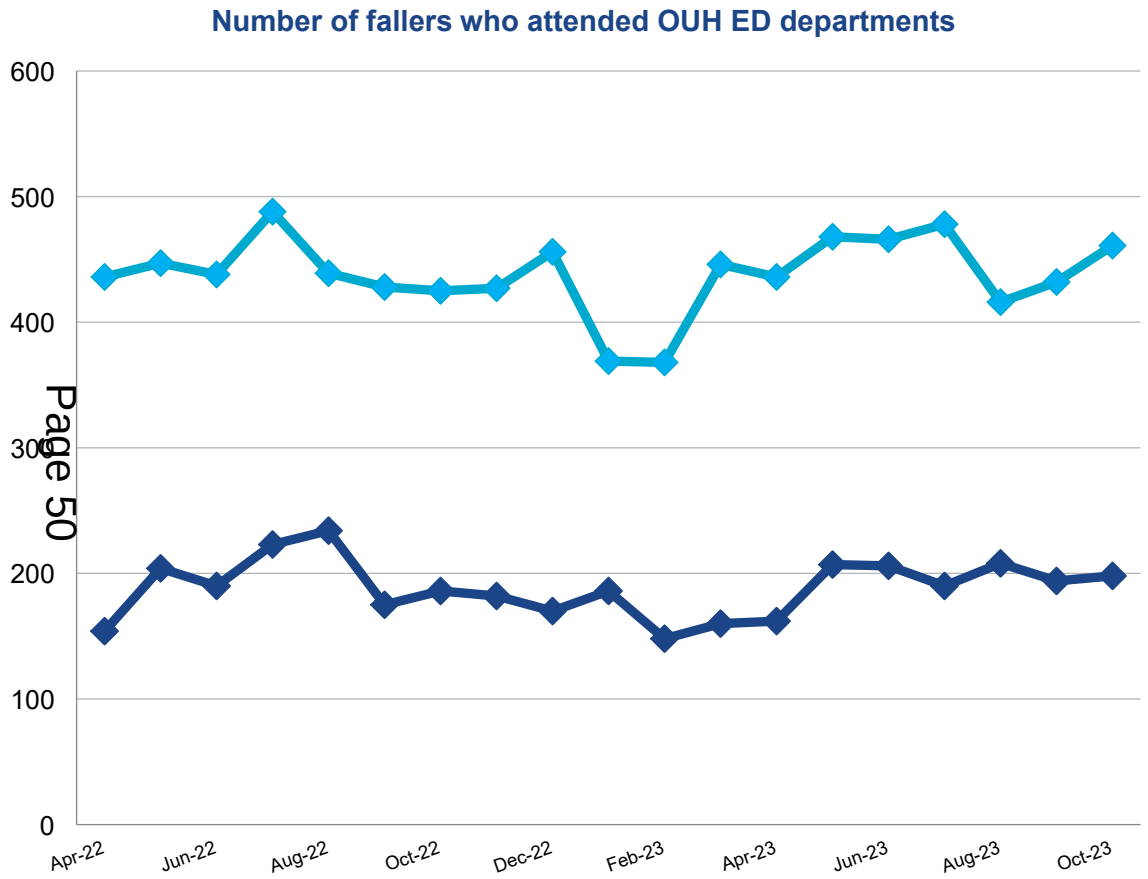

### Fallers who attended OUH ED departments: % Who were admitted

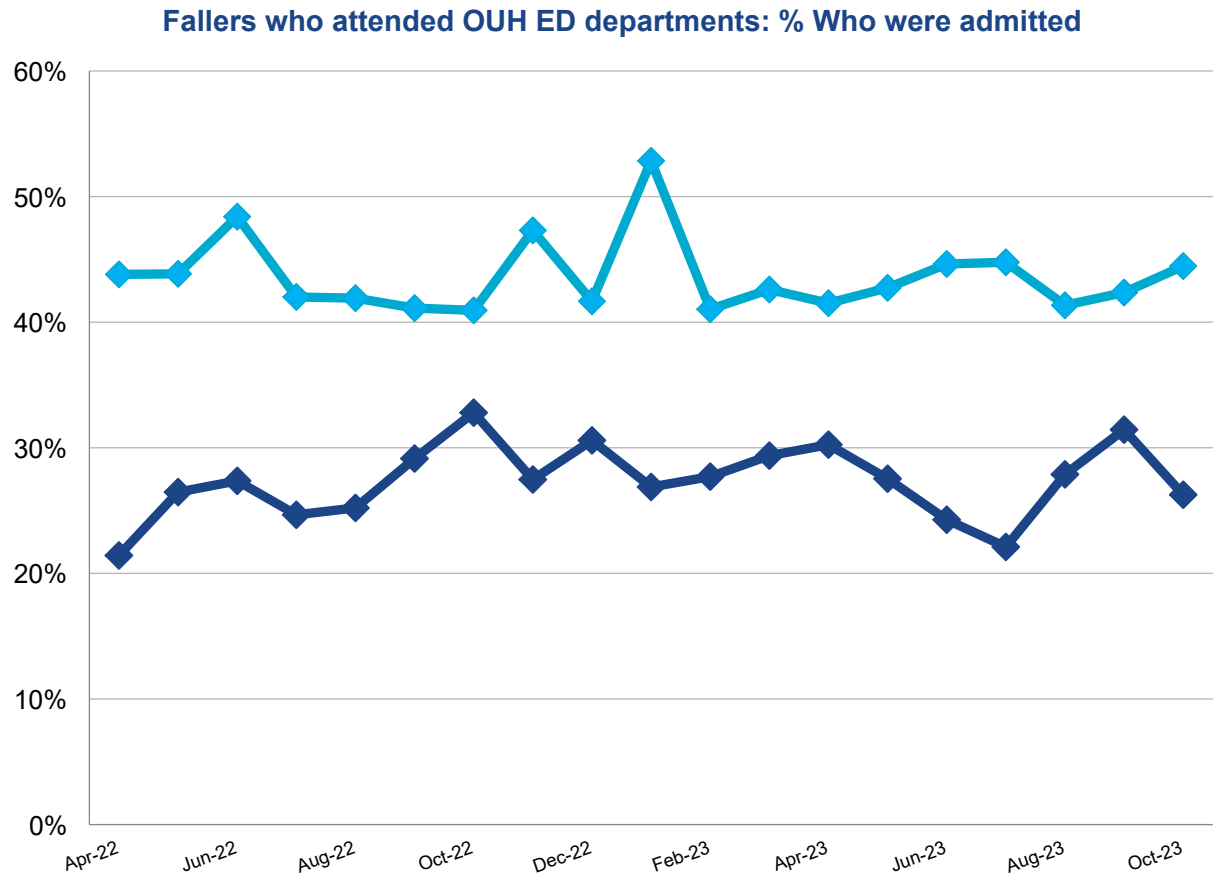



**Key**: John Radcliffe — Horton

**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)
**Data source**: OUH - Alex Clift

# Fallers who attended OUH ED departments: Aged 65+

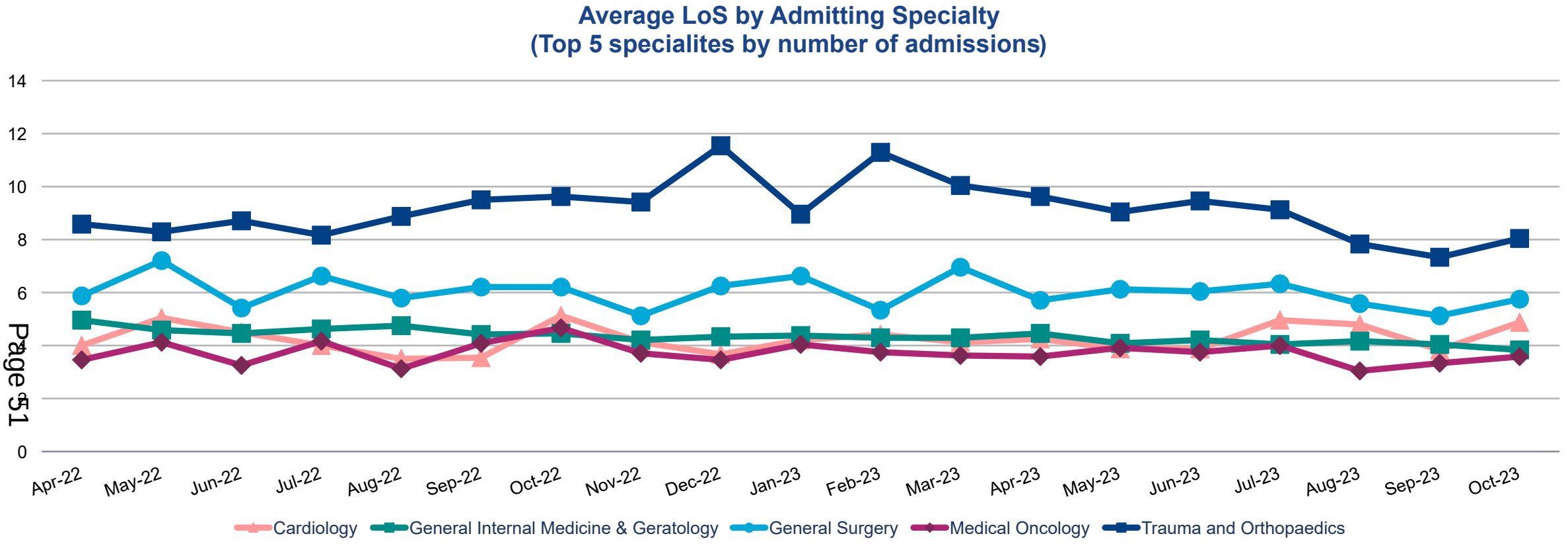



**Key**: John Radcliffe — Horton

**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)
**Data source**: OUH - Alex Clift

# Average length of stay by Specialty

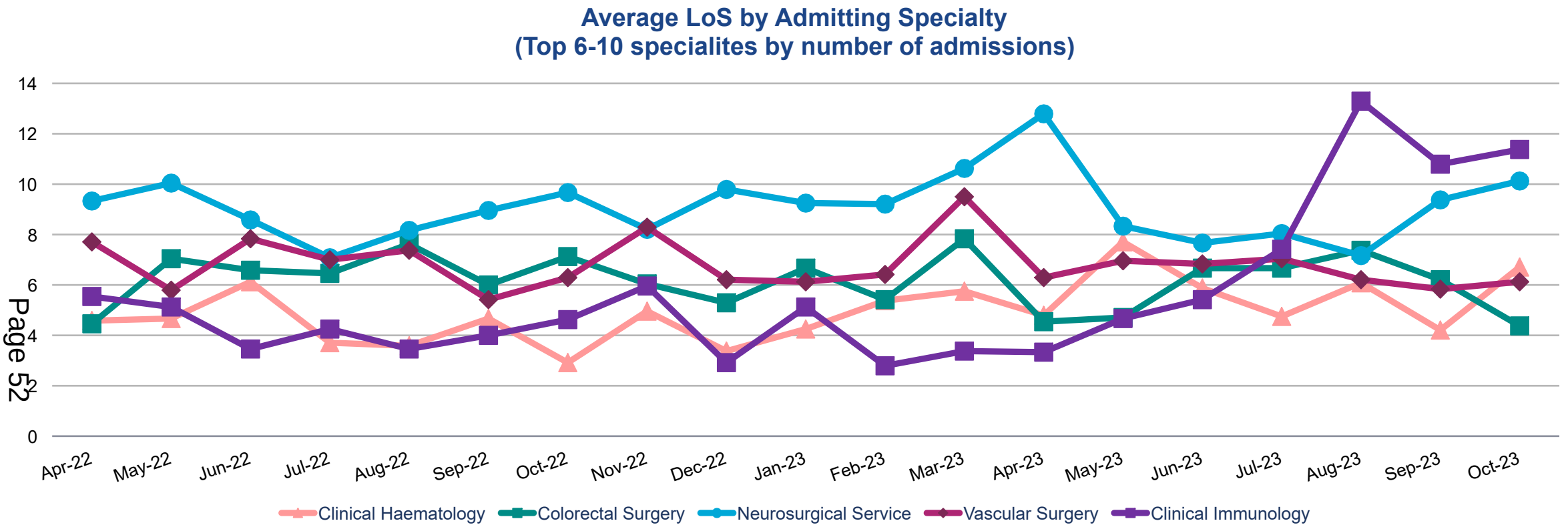





| Number of Admissions | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cardiology | 172 | 187 | 189 | 206 | 208 | 192 | 196 | 216 | 187 | 195 | 200 | 202 | 220 | 205 | 219 | 202 | 203 | 221 | 209 | 3829 |
| General Internal Medicine & Geratology | 2857 | 2903 | 2819 | 2965 | 2899 | 2929 | 3121 | 3209 | 3491 | 3298 | 2830 | 3397 | 2966 | 3284 | 3224 | 3116 | 3248 | 3430 | 3501 | 59487 |
| General Surgery | 560 | 673 | 643 | 659 | 748 | 745 | 721 | 749 | 592 | 754 | 723 | 835 | 722 | 743 | 804 | 811 | 863 | 849 | 816 | 14010 |
| Trauma and Orthopaedics | 401 | 474 | 451 | 440 | 419 | 419 | 402 | 382 | 373 | 388 | 377 | 378 | 370 | 403 | 432 | 385 | 359 | 356 | 348 | 7557 |
| Medical Oncology | 191 | 159 | 189 | 181 | 143 | 142 | 179 | 163 | 178 | 198 | 169 | 195 | 208 | 233 | 209 | 215 | 208 | 222 | 246 | 3628 |

**Context and additional information**: Includes the top 5 specialties by number of admissions during the period
**Data source**: OUH - Alex Clift

# Average length of stay by Specialty






| Number of Admissions | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clinical Haematology | 82 | 99 | 83 | 105 | 85 | 86 | 79 | 85 | 118 | 85 | 89 | 85 | 78 | 85 | 94 | 78 | 85 | 103 | 72 | 1676 |
| Colorectal Surgery | 55 | 98 | 61 | 71 | 101 | 95 | 80 | 65 | 91 | 72 | 64 | 85 | 43 | 97 | 67 | 81 | 70 | 75 | 76 | 1447 |
| Neurosurgical Service | 172 | 181 | 180 | 175 | 177 | 173 | 175 | 187 | 159 | 188 | 175 | 193 | 167 | 187 | 185 | 166 | 182 | 182 | 186 | 3390 |
| Vascular Surgery | 76 | 105 | 94 | 85 | 102 | 95 | 101 | 98 | 84 | 83 | 94 | 100 | 97 | 85 | 105 | 87 | 82 | 71 | 75 | 1719 |
| Clinical Immunology | 605 | 155 | 312 | 484 | 150 | 120 | 233 | 96 | 210 | 116 | 178 | 296 | 146 | 113 | 56 | 16 | 20 | 21 | 35 | 3362 |

**Context and additional information**: Includes the top 6 to 10 specialties by number of admissions during the period
**Data source**: OUH - Alex Clift

# Average length of stay by Specialty

| Average LoS | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood and Marrow Transplantation | 25.6 | 24.1 | 24.9 | 24.9 | 29.2 | 30.0 | 17.3 | 26.4 | 24.4 | 22.0 | 30.8 | 23.9 | 25.0 | 23.3 | 27.8 | 24.0 | 22.3 | 17.7 | 39.5 | 25.4 |
| Infectious Diseases | 10.8 | 9.9 | 8.0 | 11.3 | 9.6 | 5.0 | 7.5 | 9.9 | 13.9 | 9.2 | 14.2 | 16.3 | 7.7 | 16.1 | 16.0 | 12.4 | 12.8 | 13.7 | 9.0 | 11.2 |
| Trauma and Orthopaedics | 8.6 | 8.3 | 8.7 | 8.2 | 8.9 | 9.5 | 9.6 | 9.4 | 11.5 | 9.0 | 11.3 | 10.0 | 9.6 | 9.0 | 9.5 | 9.1 | 7.8 | 7.3 | 8.0 | 9.1 |
| Cardiac Surgery | 8.5 | 11.0 | 8.5 | 9.4 | 8.2 | 8.4 | 10.5 | 8.9 | 8.3 | 6.7 | 9.4 | 11.0 | 10.1 | 10.8 | 8.4 | 9.8 | 7.7 | 10.1 | 7.4 | 9.1 |
| Neurosurgical Service | 9.3 | 10.0 | 8.6 | 7.1 | 8.2 | 9.0 | 9.7 | 8.2 | 9.8 | 9.3 | 9.2 | 10.6 | 12.8 | 8.3 | 7.7 | 8.0 | 7.2 | 9.4 | 10.1 | 9.1 |
| Respiratory Medicine | 15.1 | 9.3 | 6.5 | 7.7 | 7.4 | 6.2 | 8.4 | 7.9 | 8.0 | 4.2 | 11.0 | 7.5 | 9.3 | 6.3 | 9.8 | 8.5 | 15.9 | 8.5 | 11.6 | 8.9 |
| Hepatobiliary and Pancreatic Surgery | 5.0 | 10.9 | 6.8 | 8.0 | 9.3 | 7.0 | 6.3 | 8.3 | 12.9 | 11.6 | 5.0 | 5.0 | 8.3 | 5.2 | 6.6 | 7.2 | 8.2 | 9.3 | 6.9 | 7.8 |
| Spinal Surgery Service | 10.0 | 8.0 | 6.5 | 7.2 | 9.1 | 10.9 | 7.1 | 9.0 | 7.6 | 8.2 | 10.5 | 5.8 | 6.5 | 6.5 | 7.0 | 7.5 | 9.1 | 5.6 | 5.5 | 7.8 |
| Renal Medicine | 5.8 | 7.7 | 9.2 | 6.9 | 6.8 | 9.3 | 5.6 | 6.7 | 6.8 | 7.6 | 11.3 | 8.3 | 7.3 | 7.2 | 6.2 | 7.0 | 6.9 | 7.0 | 8.3 | 7.5 |
| Upper Gastrointestinal Surgery | 6.1 | 5.8 | 6.6 | 6.5 | 4.7 | 13.5 | 5.7 | 6.6 | 10.4 | 7.5 | 6.4 | 8.2 | 9.9 | 9.3 | 5.0 | 7.0 | 4.5 | 6.6 | 9.5 | 7.4 |
| Gastroenterology | 9.0 | 8.2 | 5.1 | 11.5 | 11.1 | 6.9 | 5.7 | 6.3 | 4.7 | 5.3 | 6.6 | 6.3 | 6.1 | 10.1 | 10.4 | 6.5 | 6.2 | 4.0 | 7.0 | 7.2 |
| Stroke Medicine | 7.1 | 8.0 | 7.8 | 5.4 | 6.3 | 7.3 | 8.9 | 9.4 | 5.0 | 7.5 | 6.3 | 7.6 | 5.0 | 9.5 | 7.5 | 7.6 | 5.6 | 3.8 | 6.2 | 6.9 |
| Vascular Surgery | 7.7 | 5.8 | 7.8 | 7.0 | 7.4 | 5.4 | 6.3 | 8.3 | 6.2 | 6.1 | 6.4 | 9.5 | 6.3 | 7.0 | 6.8 | 7.0 | 6.2 | 5.8 | 6.1 | 6.8 |
| Neurology | 5.0 | 9.2 | 6.6 | 3.7 | 3.4 | 8.4 | 6.2 | 3.0 | 8.7 | 5.8 | 9.3 | 3.9 | 6.6 | 8.8 | 6.5 | 6.9 | 9.0 | 7.2 | 8.6 | 6.7 |
| Orthopaedic Service | 7.6 | 7.2 | 5.1 | 9.4 | 6.0 | 7.1 | 6.3 | 8.6 | 6.0 | 5.1 | 6.8 | 6.5 | 5.8 | 5.3 | 4.7 | 5.6 | 4.4 | 4.2 | 5.9 | 6.2 |
| Colorectal Surgery | 4.5 | 7.0 | 6.6 | 6.5 | 7.6 | 6.0 | 7.1 | 6.0 | 5.3 | 6.7 | 5.4 | 7.8 | 4.5 | 4.7 | 6.7 | 6.7 | 7.4 | 6.2 | 4.4 | 6.2 |
| Transplant Surgery Service | 4.8 | 6.8 | 7.4 | 4.3 | 6.5 | 6.0 | 6.5 | 5.4 | 7.3 | 10.2 | 5.5 | 5.8 | 6.4 | 4.6 | 4.7 | 5.0 | 7.4 | 6.3 | 5.6 | 6.1 |
| General Surgery | 5.9 | 7.2 | 5.4 | 6.6 | 5.8 | 6.2 | 6.2 | 5.1 | 6.3 | 6.6 | 5.3 | 7.0 | 5.7 | 6.1 | 6.0 | 6.3 | 5.6 | 5.1 | 5.8 | 6.0 |
| Clinical Immunology | 5.5 | 5.1 | 3.5 | 4.3 | 3.5 | 4.0 | 4.6 | 6.0 | 2.9 | 5.1 | 2.8 | 3.4 | 3.3 | 4.7 | 5.4 | 7.4 | 13.3 | 10.8 | 11.4 | 5.6 |
| Thoracic Surgery | 5.2 | 5.5 | 5.8 | 6.3 | 5.1 | 5.3 | 5.4 | 5.1 | 4.8 | 4.4 | 4.4 | 5.6 | 4.7 | 5.7 | 4.6 | 6.5 | 6.1 | 5.7 | 5.8 | 5.4 |
| Clinical Haematology | 4.6 | 4.7 | 6.1 | 3.7 | 3.6 | 4.7 | 2.9 | 5.0 | 3.4 | 4.3 | 5.4 | 5.8 | 4.8 | 7.7 | 5.9 | 4.8 | 6.1 | 4.2 | 6.7 | 5.0 |
| Plastic Surgery | 4.5 | 5.7 | 3.3 | 3.9 | 4.6 | 4.1 | 4.8 | 4.3 | 5.5 | 5.1 | 6.8 | 5.5 | 4.5 | 4.8 | 5.1 | 3.2 | 3.4 | 4.7 | 3.5 | 4.6 |
| General Internal Medicine & Geratology | 5.0 | 4.6 | 4.5 | 4.6 | 4.8 | 4.4 | 4.5 | 4.2 | 4.3 | 4.4 | 4.3 | 4.3 | 4.5 | 4.1 | 4.2 | 4.0 | 4.2 | 4.0 | 3.8 | 4.3 |
| Cardiology | 4.0 | 5.0 | 4.5 | 4.0 | 3.5 | 3.5 | 5.1 | 4.1 | 3.7 | 4.2 | 4.4 | 4.1 | 4.3 | 3.9 | 3.9 | 5.0 | 4.8 | 3.8 | 4.9 | 4.2 |
| Clinical Oncology (Radiotherapy) | 4.6 | 2.0 | 1.8 | 4.4 | 4.1 | 5.6 | 5.0 | 2.1 | 4.5 | 2.5 | 4.3 | 2.5 | 5.7 | 8.5 | 2.3 | 2.1 | 2.2 | 5.8 | 1.7 | 3.8 |
| Medical Oncology | 3.5 | 4.1 | 3.3 | 4.2 | 3.1 | 4.1 | 4.7 | 3.7 | 3.5 | 4.0 | 3.8 | 3.6 | 3.6 | 3.9 | 3.8 | 4.0 | 3.0 | 3.3 | 3.6 | 3.7 |
| Gynaecological Oncology | 1.8 | 3.2 | 3.9 | 2.5 | 2.9 | 3.8 | 1.9 | 2.0 | 2.0 | 3.4 | 3.4 | 4.0 | 2.8 | 9.3 | 3.4 | 7.3 | 3.4 | 3.5 | 3.7 | 3.6 |
| Maxillo Facial Surgery | 3.8 | 3.5 | 5.1 | 2.9 | 3.5 | 2.9 | 2.3 | 4.4 | 4.1 | 3.3 | 2.5 | 3.3 | 2.3 | 5.8 | 2.5 | 2.2 | 4.1 | 3.2 | 3.3 | 3.4 |
| Interventional Radiology | 1.5 | 2.3 | 4.3 | 1.2 | 1.4 | 4.6 | 2.1 | 1.5 | 1.6 | 4.5 | 2.8 | 1.4 | 20.5 | 1.3 | 2.1 | 2.1 | 1.1 | 1.8 | 1.8 | 3.1 |
| Breast Surgery | 1.4 | 1.1 | 1.2 | 1.2 | 1.3 | 1.2 | 1.3 | 1.5 | 0.9 | 1.2 | 1.1 | 1.2 | 1.3 | 1.3 | 1.5 | 1.2 | 1.2 | 1.3 | 17.7 | 2.1 |

**Context and additional information**: Includes the top 30 specialties by number of admissions during the period
**Data source**: OUH - Alex Clift

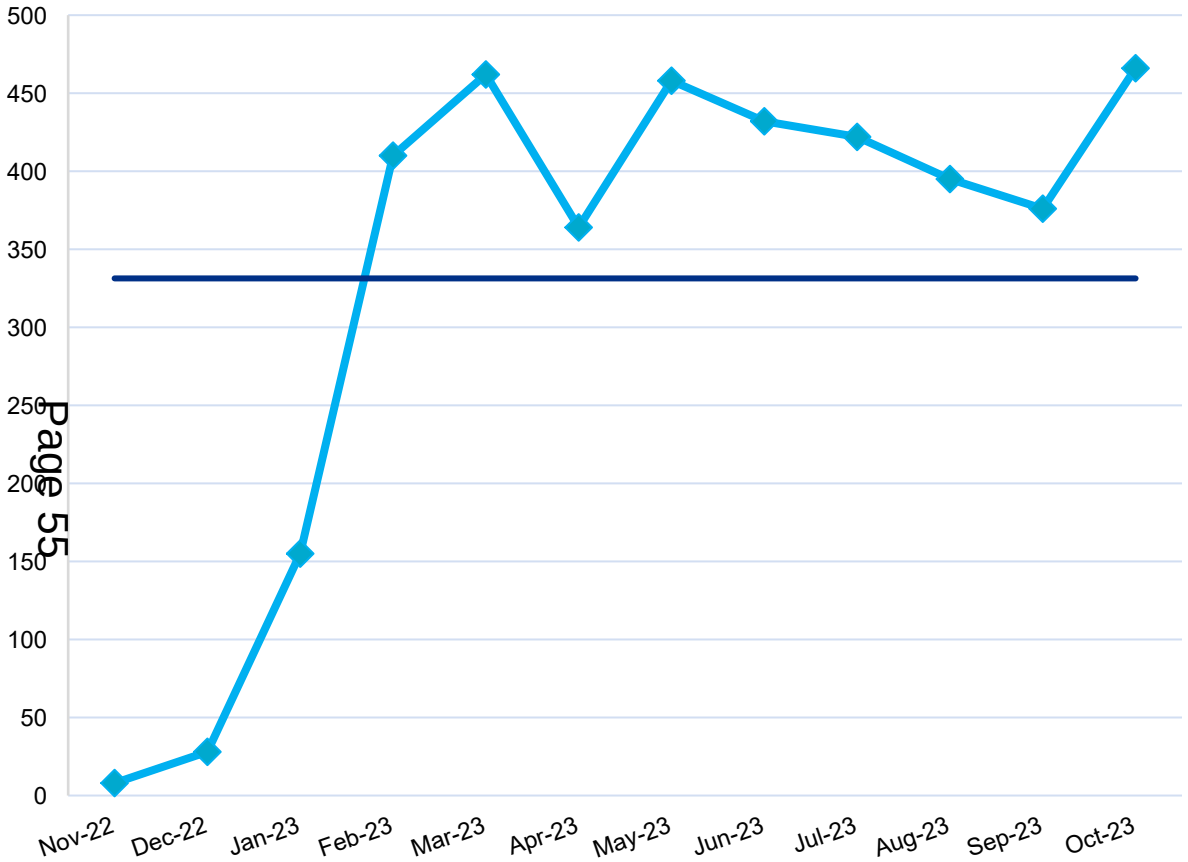
# Transfer of Care Hub



This section outlines the referrals in and pathway decisions made by the system-wide ToC Hub

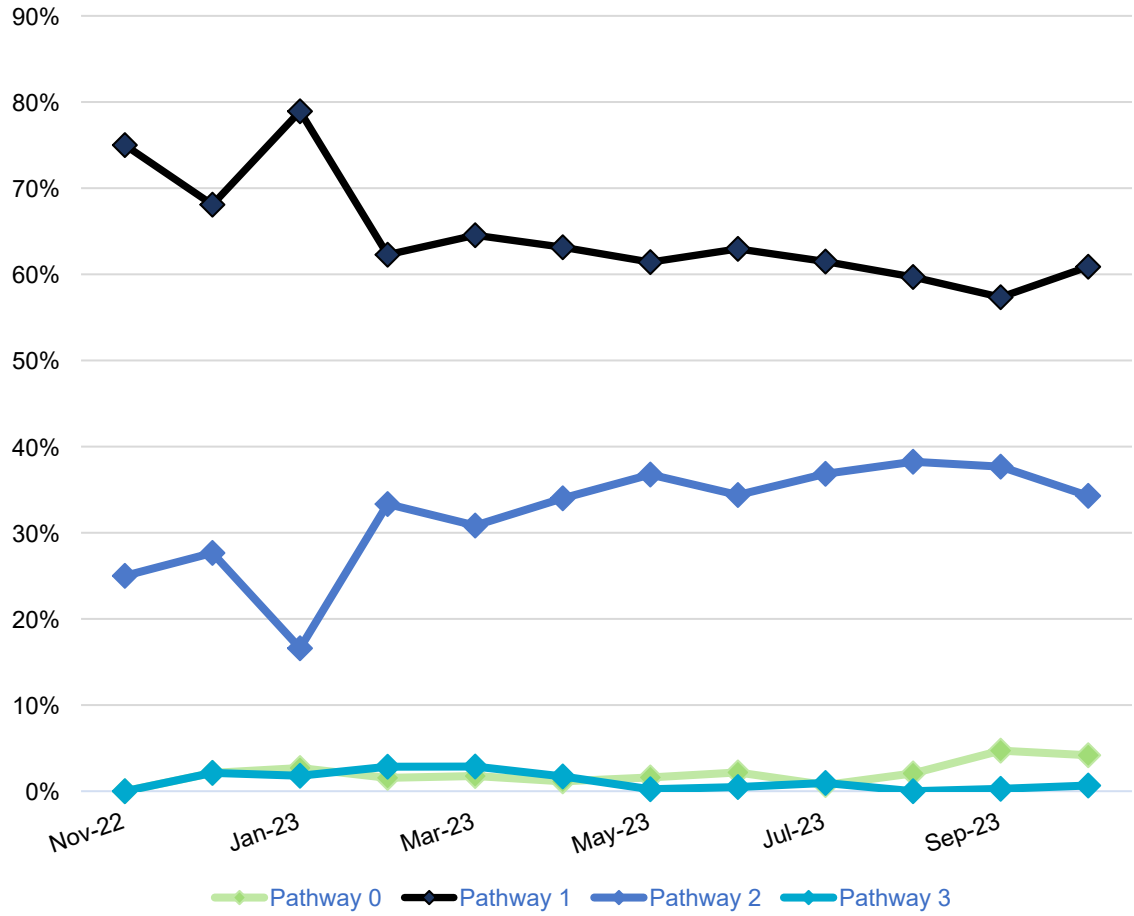
# ToC Hub: Referrals received and decisions by pathway

## Total referrals received by ToC Hub




**Key**: Referrals — Mean —

## % of Total ToC hub decisions by pathway



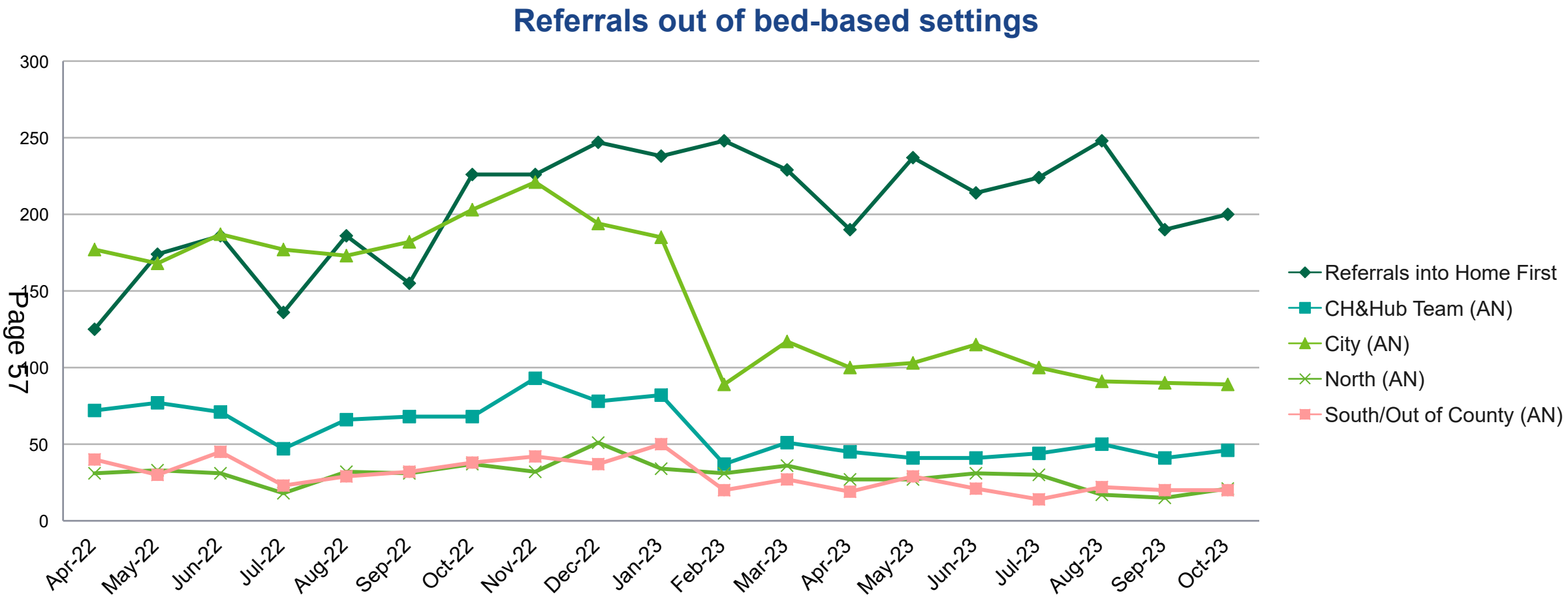

**Context and additional information:** ToC Hub started in Nov 2022
**Data source**: OUH - Alex Clift & Tamsin Cater

# Inpatient demand for Social Work and Reablement



This section outlines the demand for Social Services from hospital settings across Oxfordshire.

# Reablement and Social Work assessment notices from bed-based settings



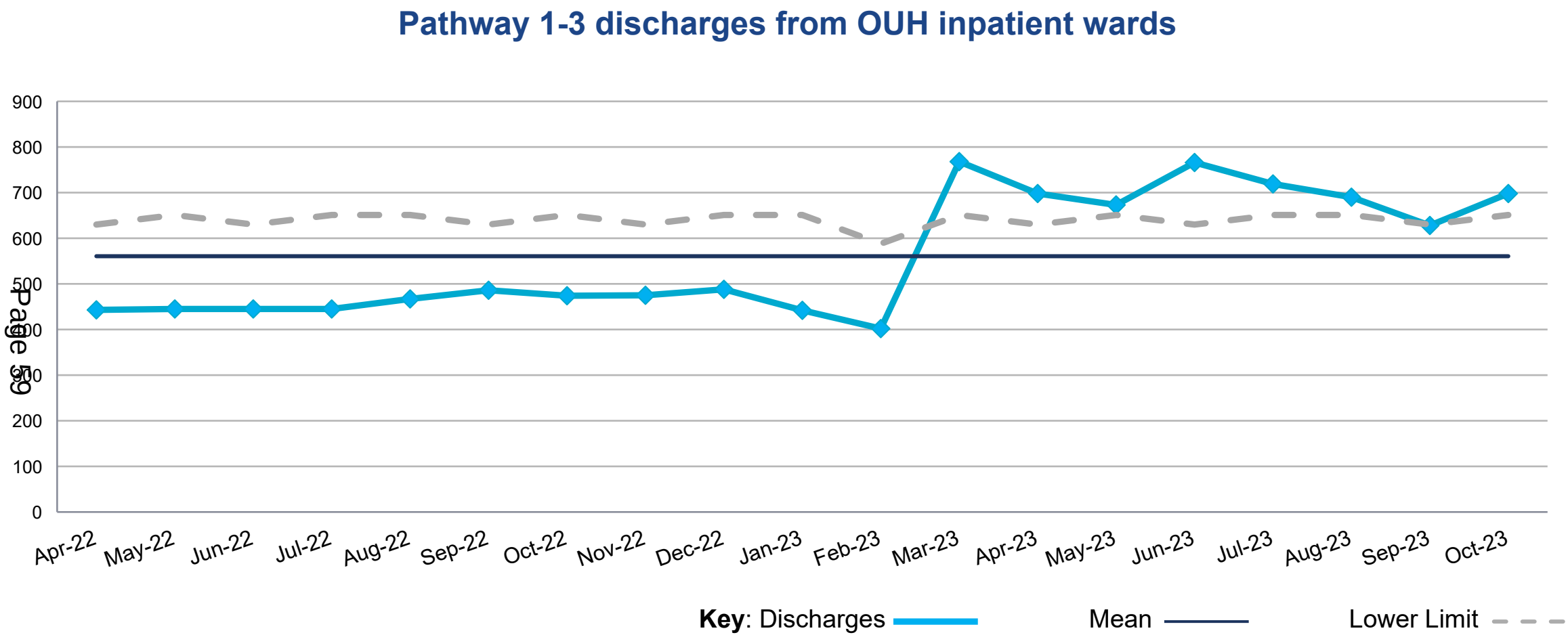

**Context and additional information:**
**Data source**: OCC – Steve Thomas & Sally Steele

# Discharge performance across bed bases



The number of discharges from each in-patient bed base and the level of activity required from Social Care to support bed-based discharges.

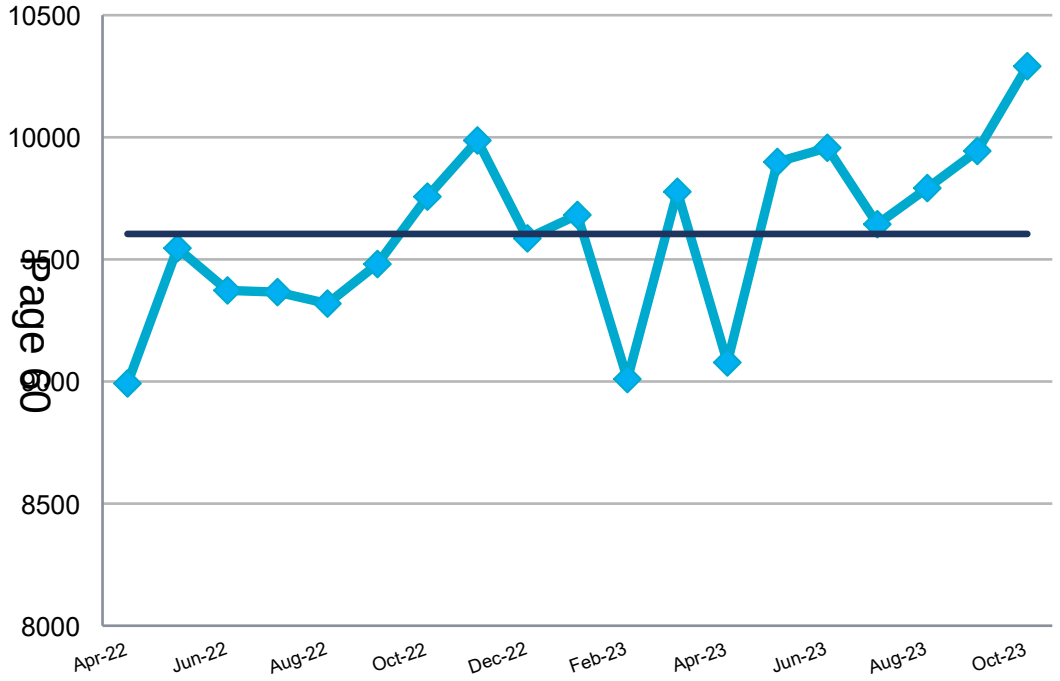
# Pathway 1-3 discharges from OUHFT inpatient settings



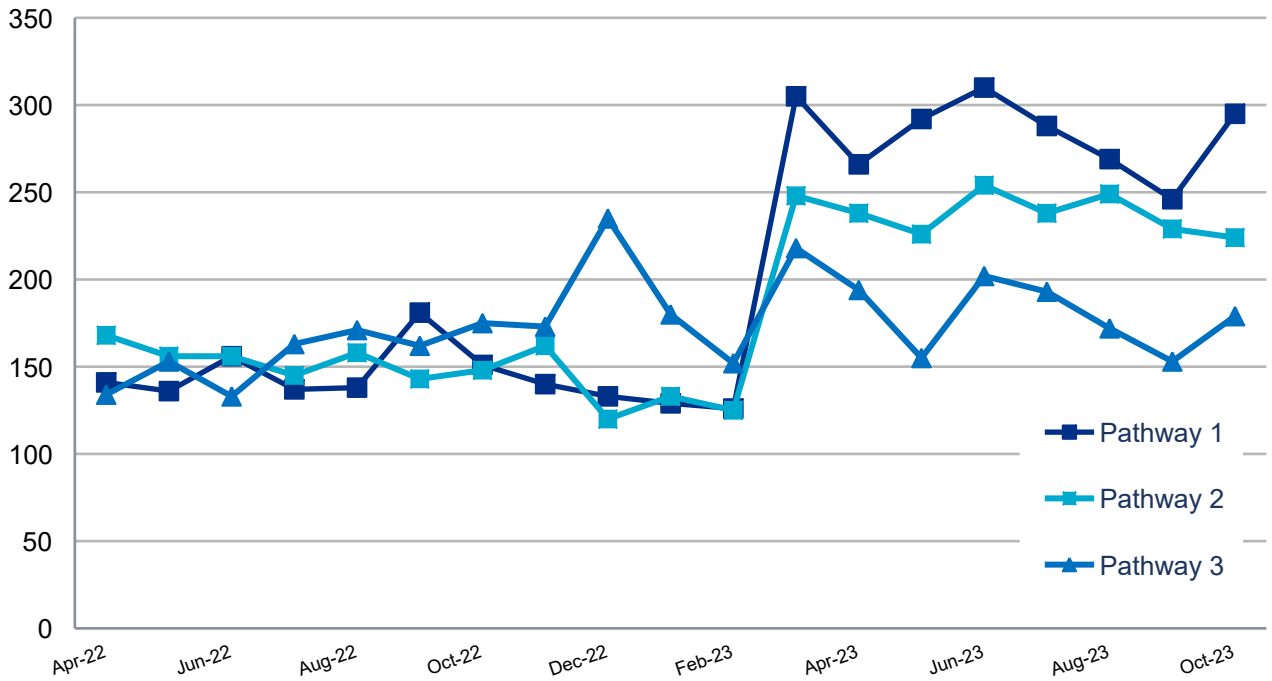

**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR. Lower limit (grey dashed line) represents the locally agreed target of 21 discharges per day for Pathway 1-3. **Data source**: OUH - Alex Clift

# Discharges from OUHFT inpatient settings

**Total discharges from OUHFT inpatient wards**
**Pathway 0**




**Total discharges from OUH inpatient wards**
**Pathways 1-3**

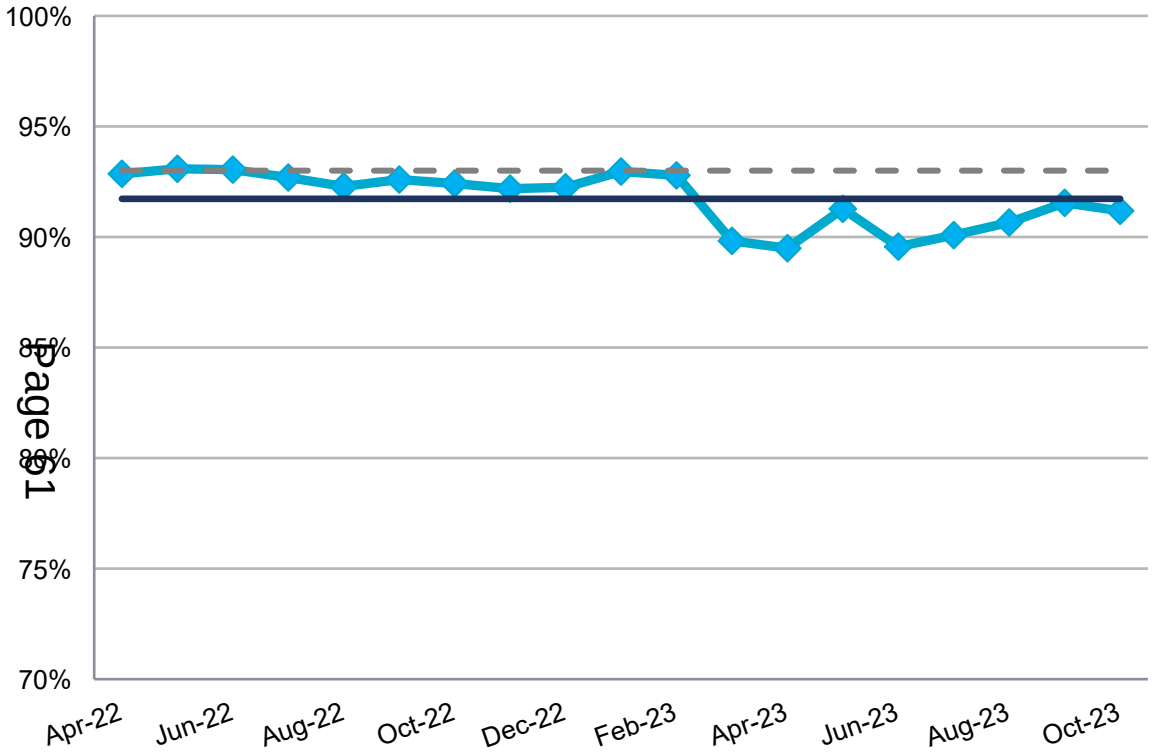



**Key**: Discharges ——— Mean ———

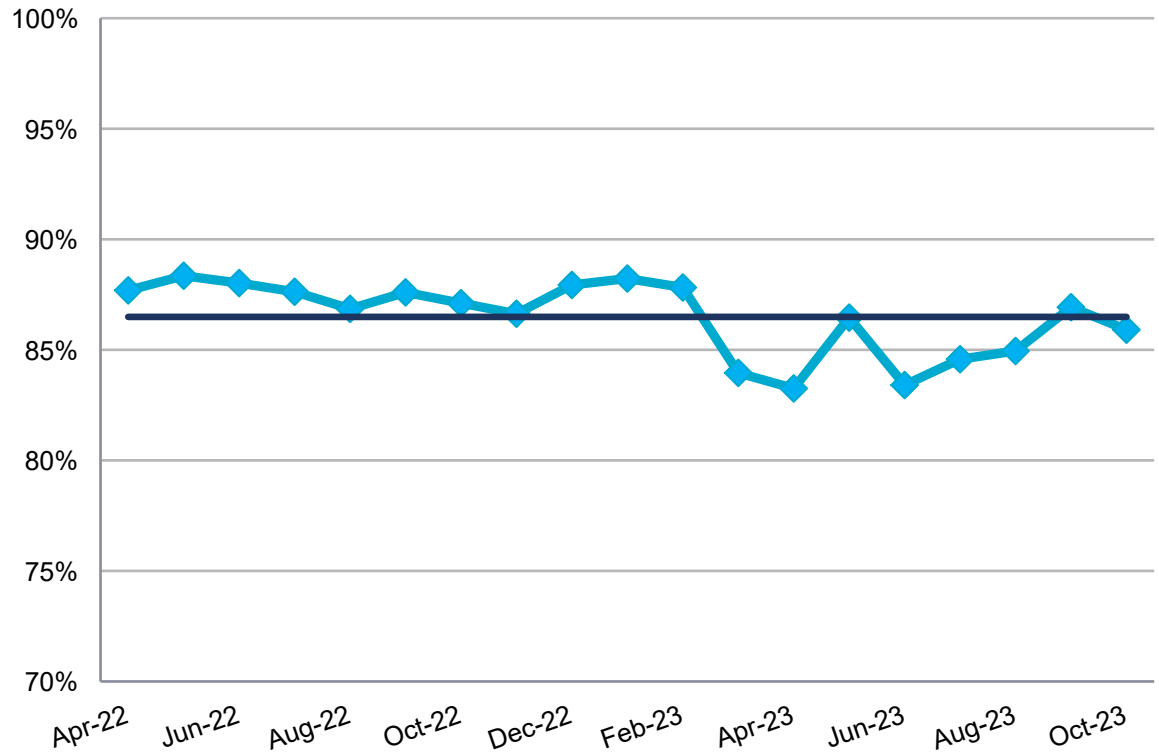
**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR.
**Data source**: OUH - Alex Clift

# Percentage of patients discharged on pathway 0 or 1

## Percentage of OUHFT patients aged 18+ discharged on pathway 0 or 1



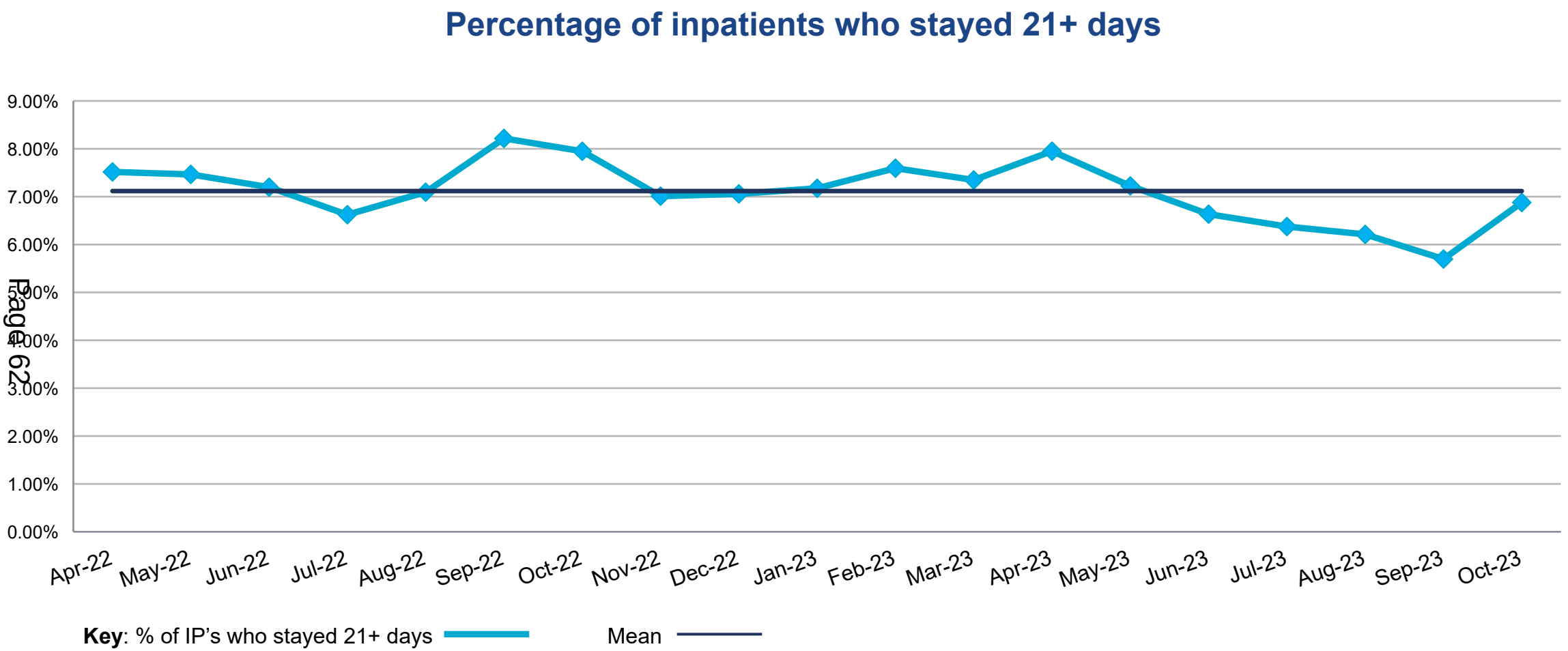

## Percentage of OUHFT patients aged 65+ discharged on pathway 0 or 1




**Key**: P0-1 Discharge % — Mean — Lower Limit - - -

**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR. Patients aged 18+/65+ who stayed 1+ night.
**Data source**: OUH - Alex Clift

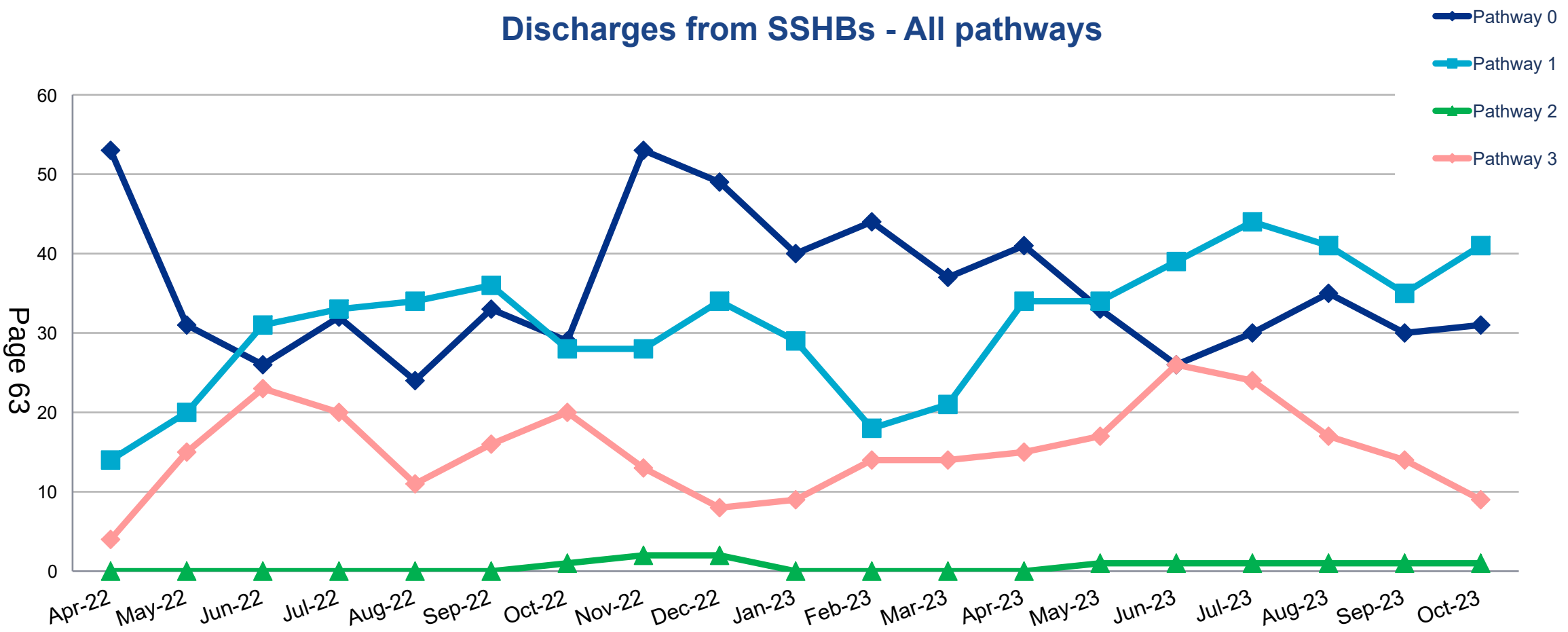
# Percentage of inpatients who stayed 21+ days





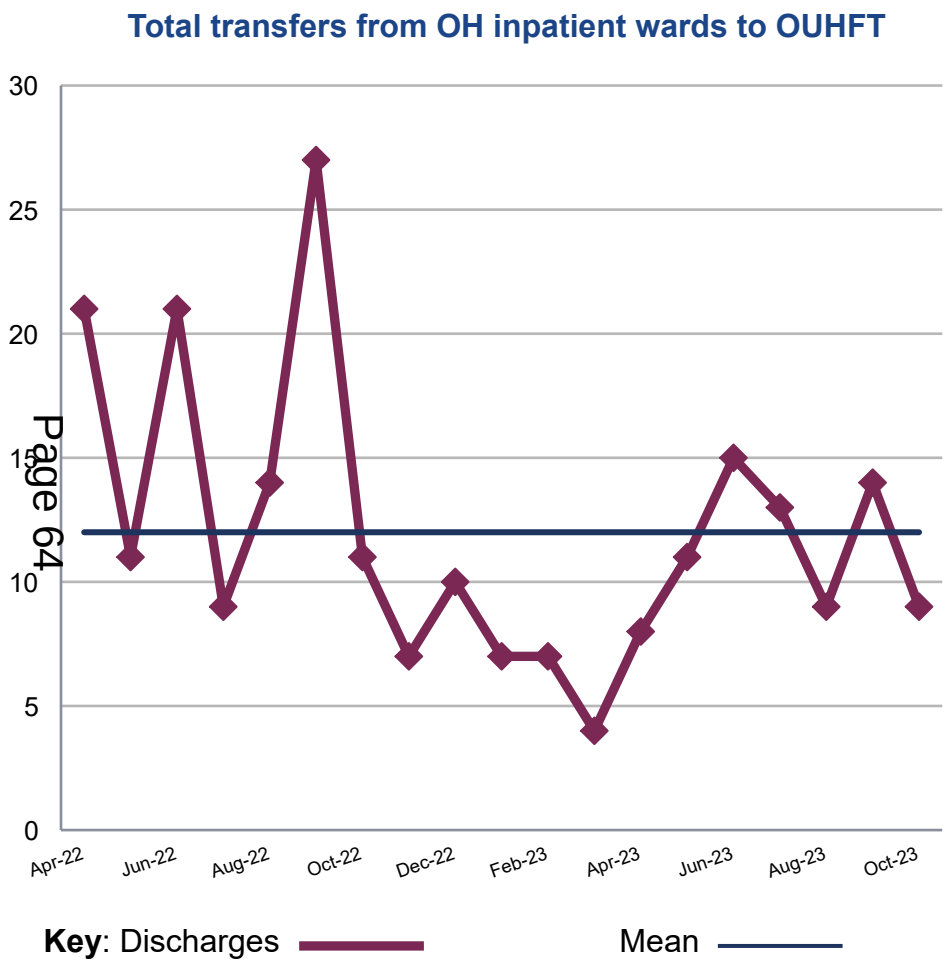

**Context and additional information:** Denominator: Patients aged 18+ who stayed 1+ night & were not discharged deceased (matching BCF criteria)
**Data source**: OUH - Alex Clift

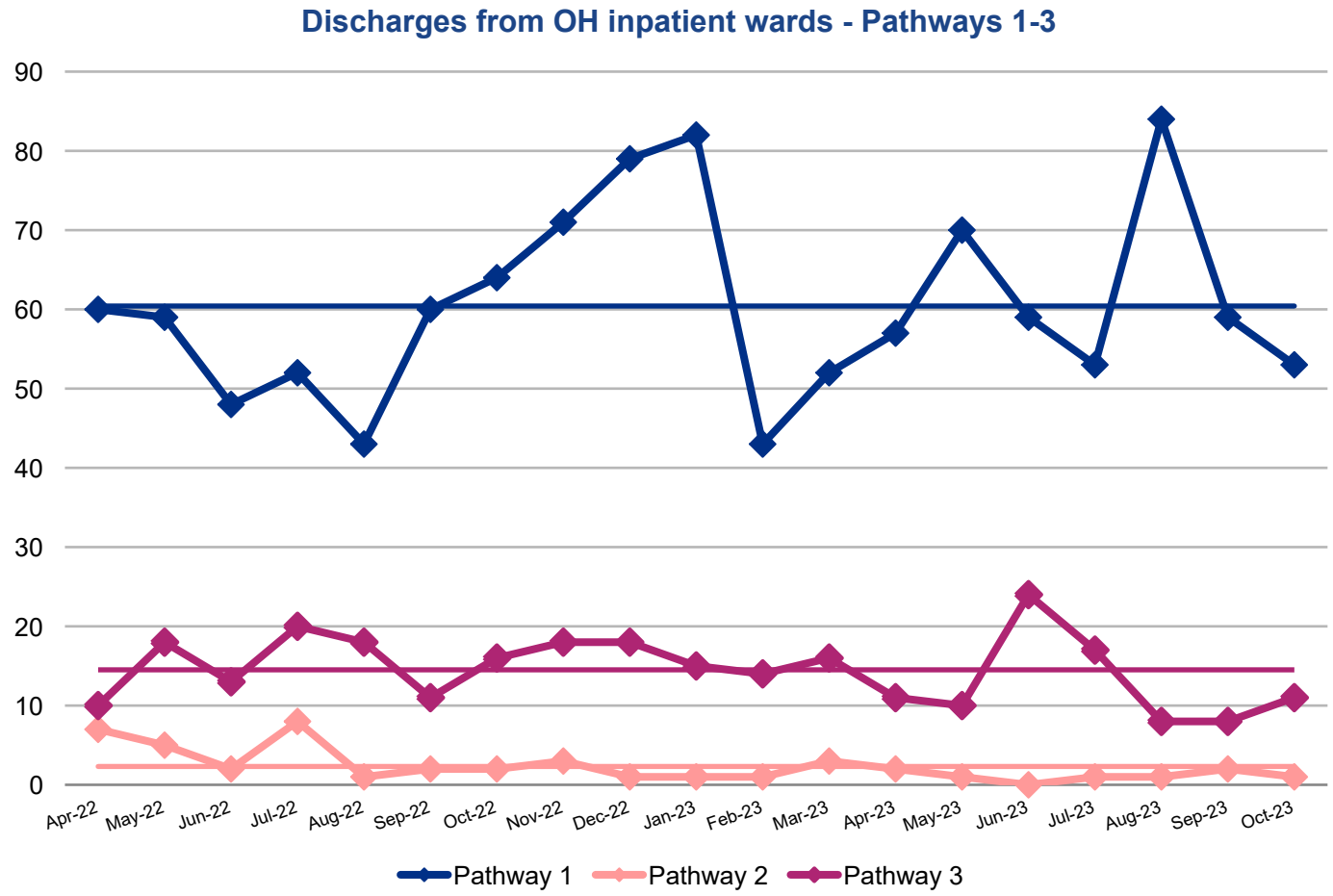
# Discharges from Short Stay Hub Beds – All pathways




**Context and additional information:**
**Data source**: OUH - Alex Clift

# Discharges from Community Hospital inpatient settings



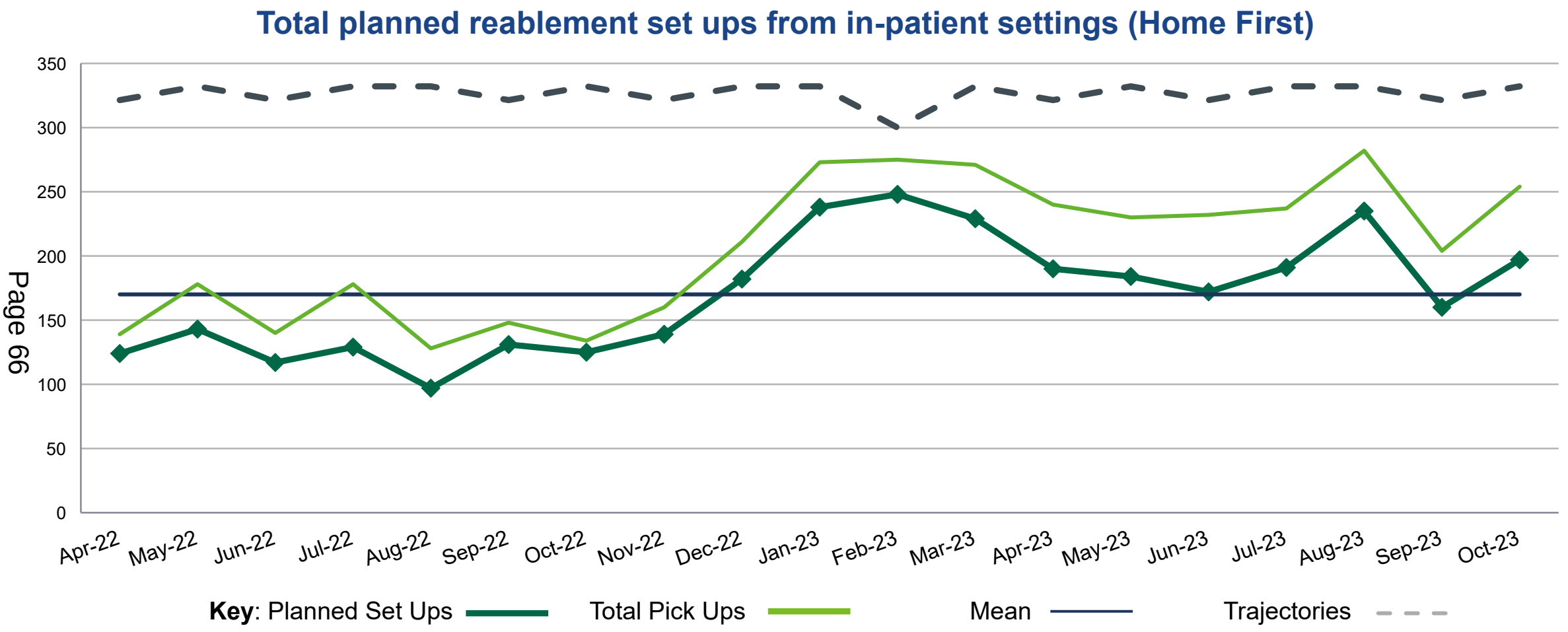

**Context and additional information:**
**Data source**: OH – Gareth Cox & Liz Adkins

# Community support post-hospital



Demand and activity of services/teams supporting individuals after a stay in hospital setting, including reablement and social work.

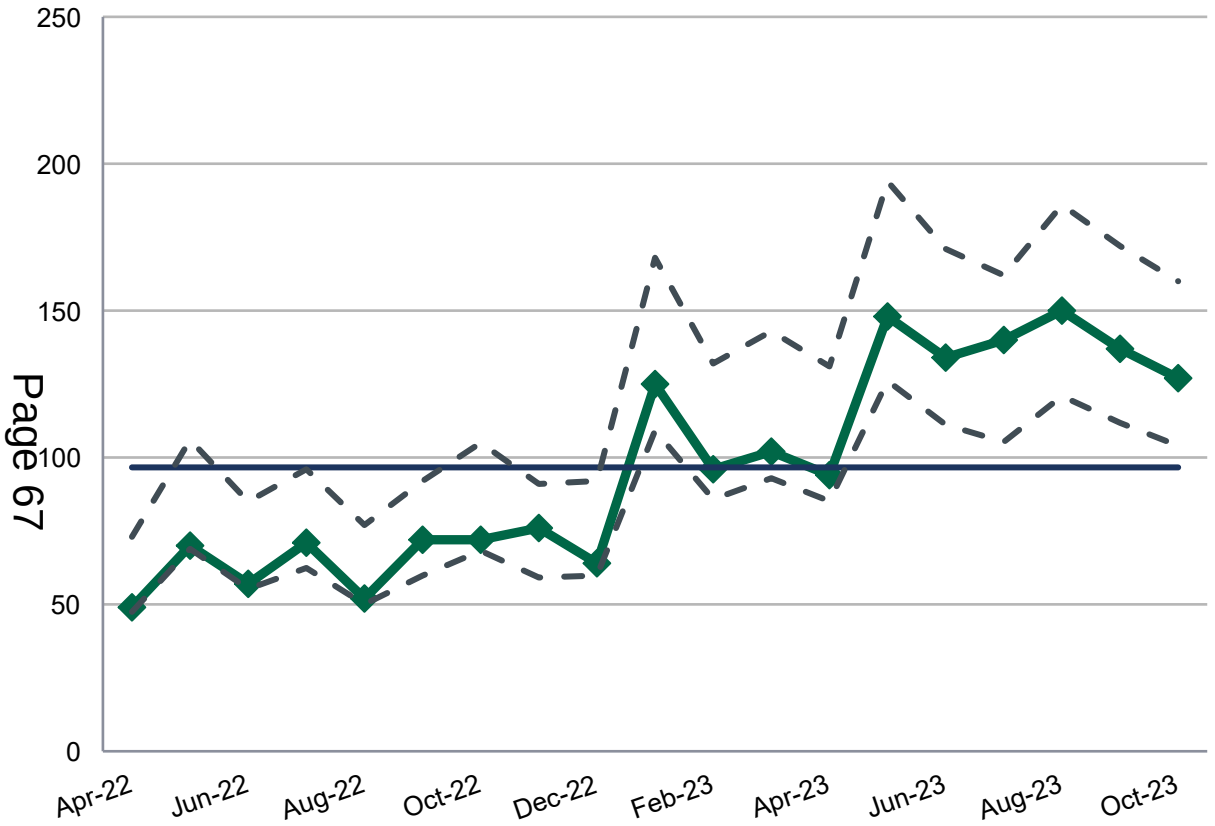
# Total reablement set ups from hospital settings



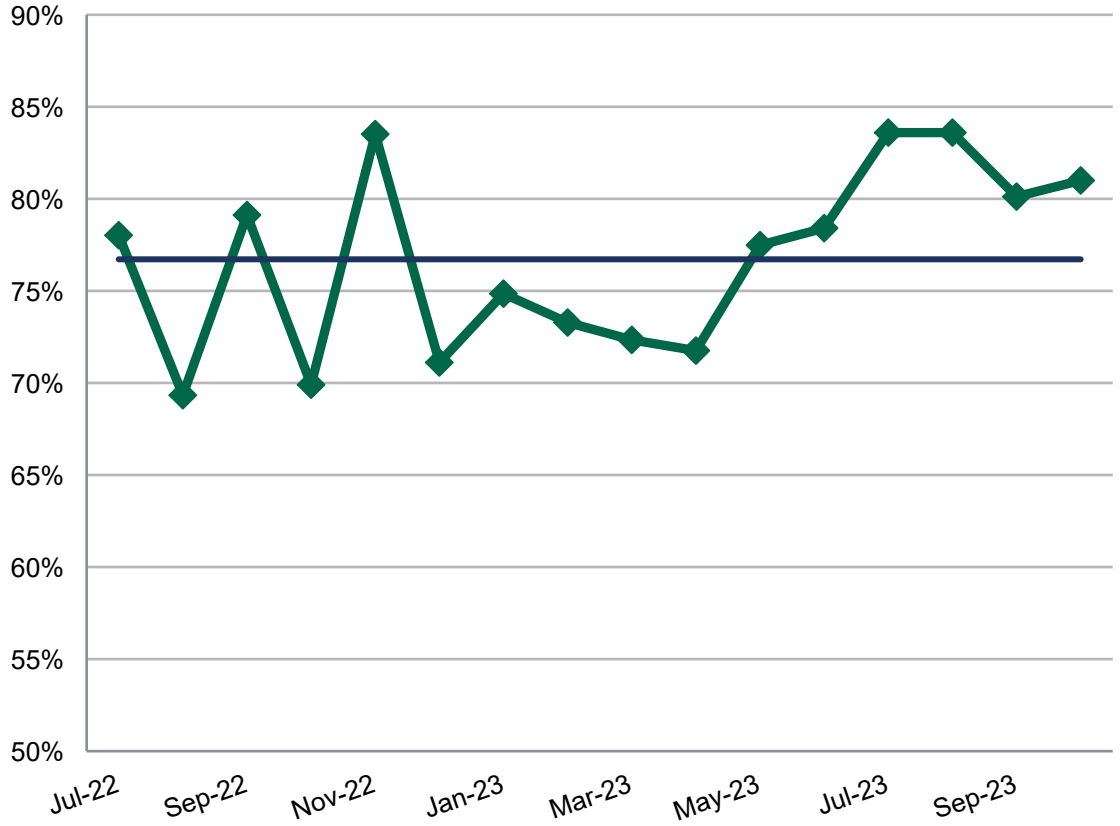

**Context and additional information:** Trajectory of 75 a week also includes pick ups from community settings, total pick ups shown in light green
**Data source**: OCC – Sally Steele & Andrew Collodel

# Number of individuals independent after a period of reablement

### Number of individuals independent after a period of reablement




### Percentage of completed reablement episodes where the patient was independent

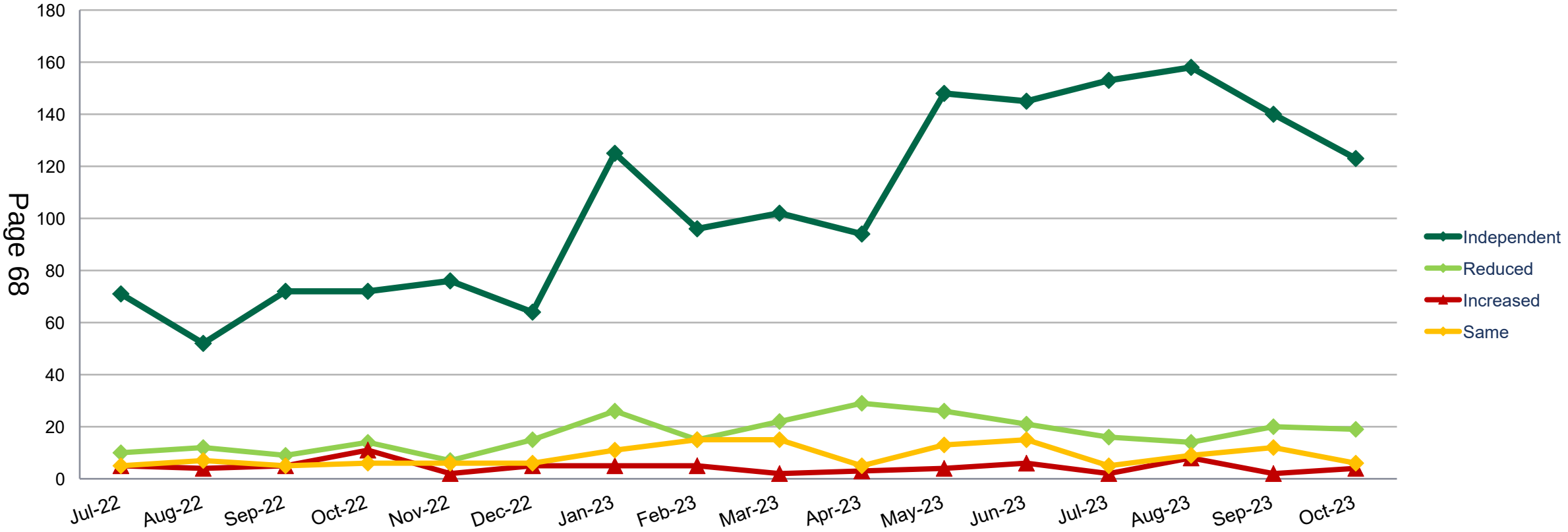



**Key**: Individuals ——— Mean ——— Trajectories - - -

**Context and additional information:** Data before July 2022 on outcomes is not deemed robust
**Data source**: OCC – Sally Steele & Steve Thomas

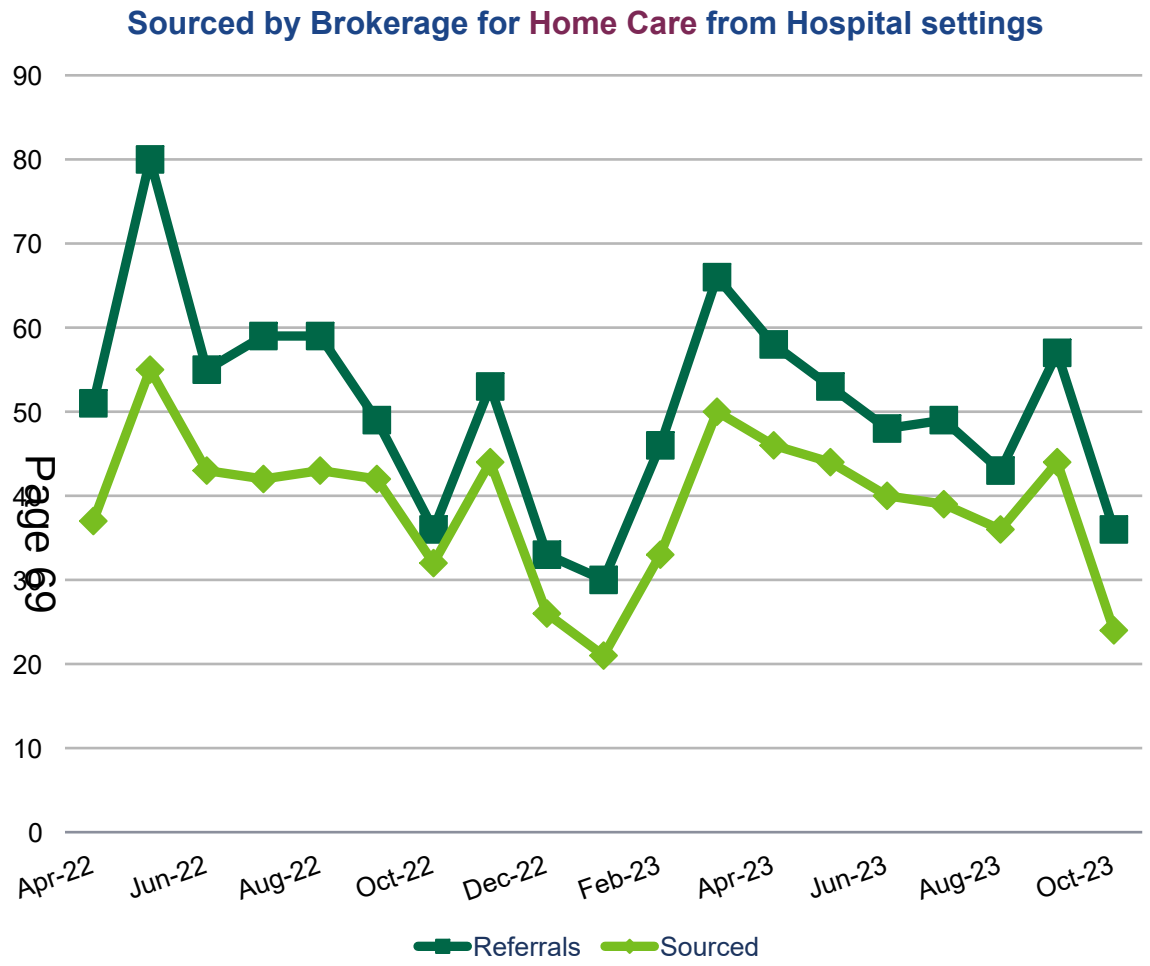
# Reablement Outcomes

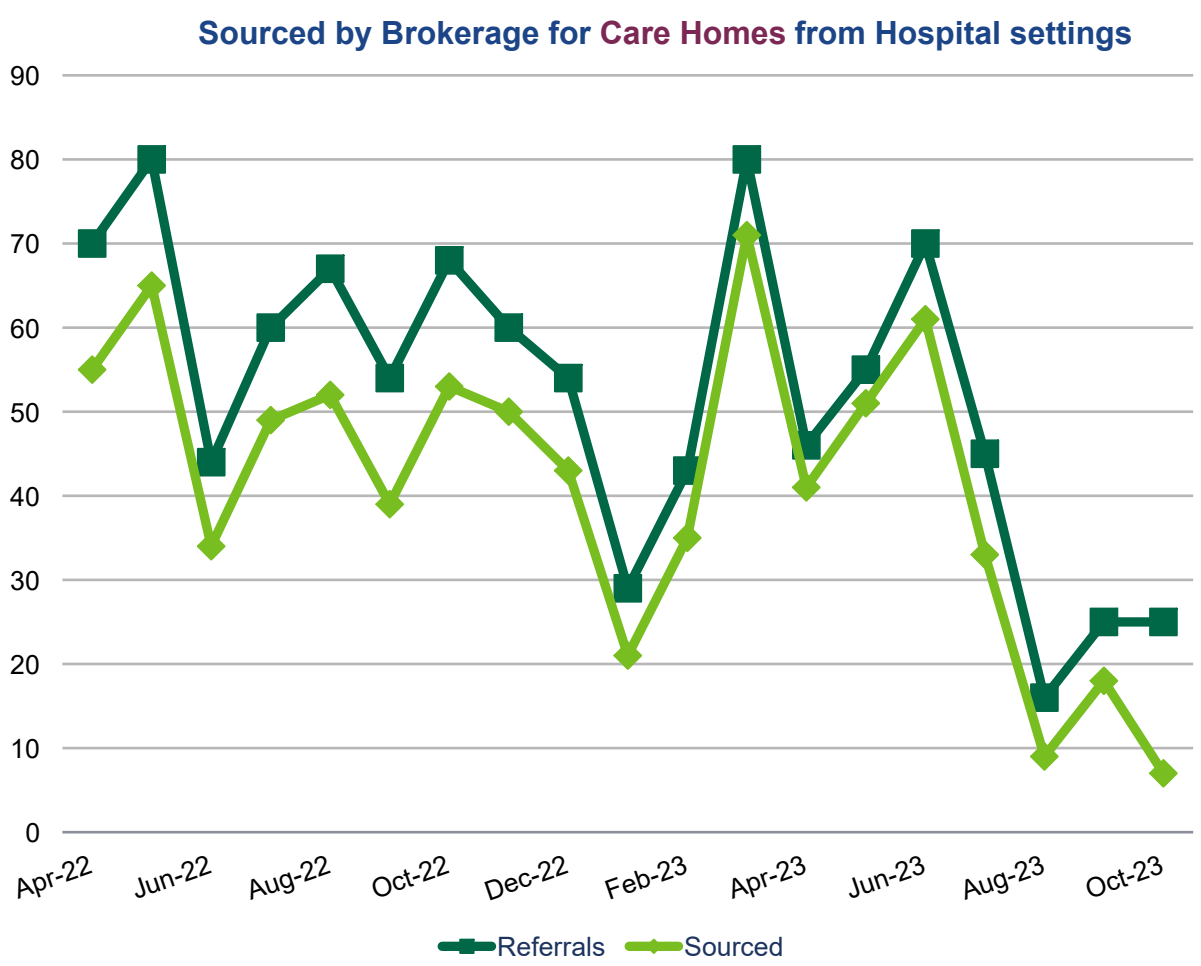
## For completed reablement episodes, the number that were independent, reduced care, same care or increased care




**Context and additional information:** Data before July 2022 on outcomes is not deemed robust
**Data source**: OCC – Steve Thomas

# Referrals and sourced by Brokerage from Hospital settings



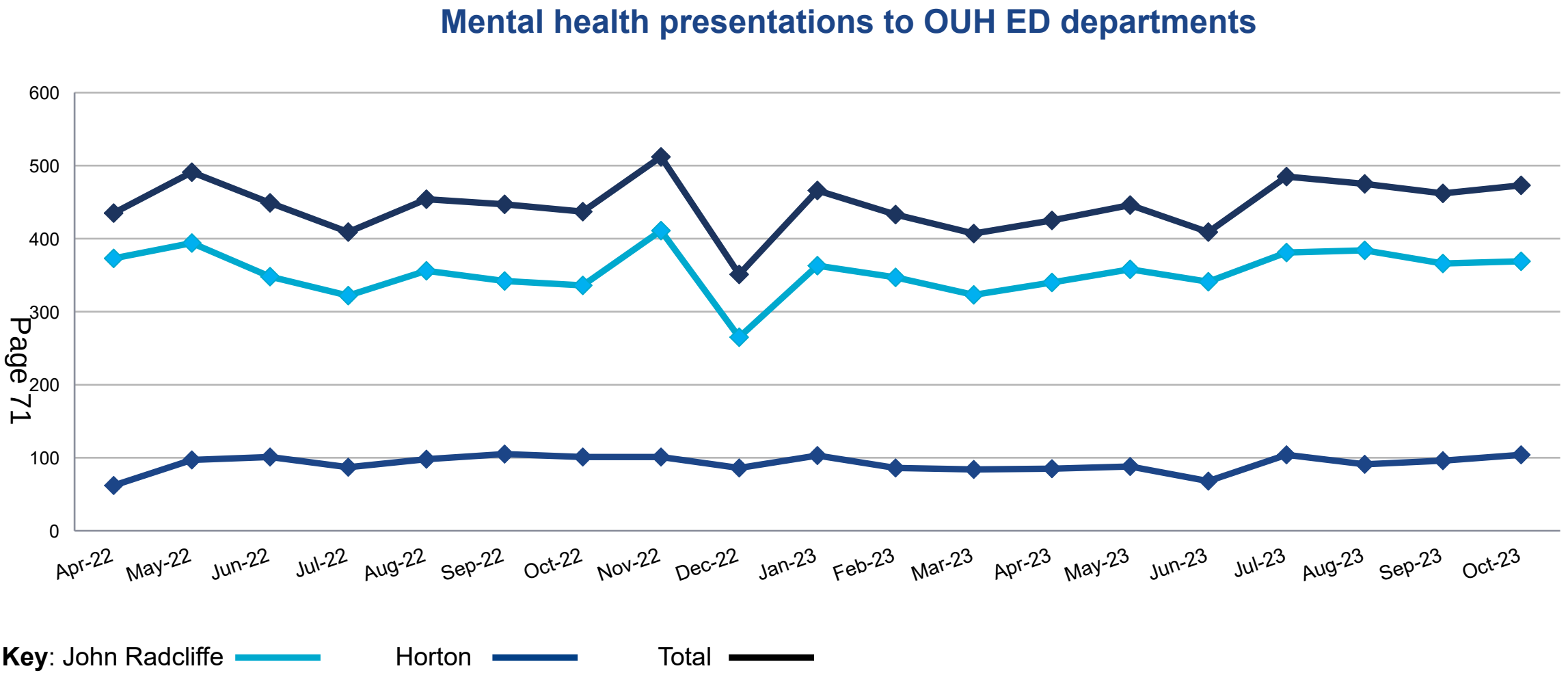






**Context and additional information:** Policy decision to move away from care home placements, hence the drop
**Data source**: OCC – Steve Thomas

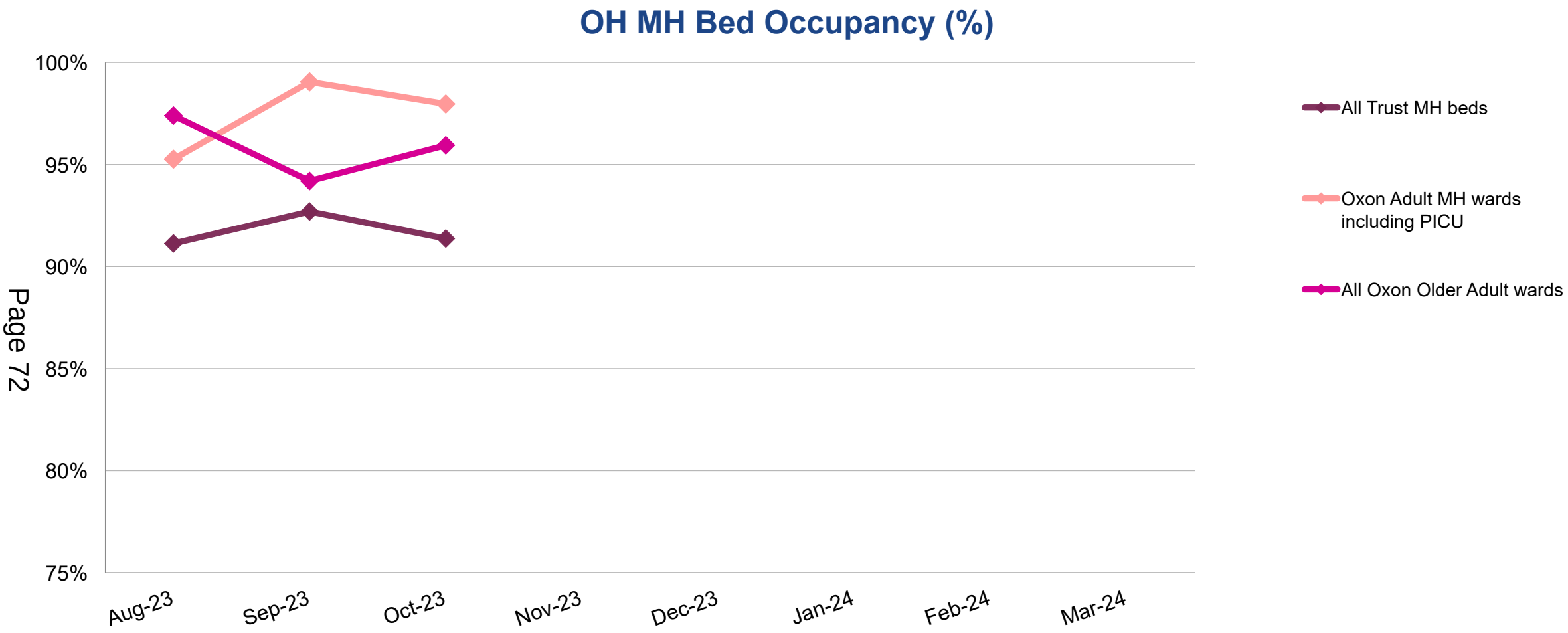
# Mental Health

# Mental health presentations to OUH ED departments



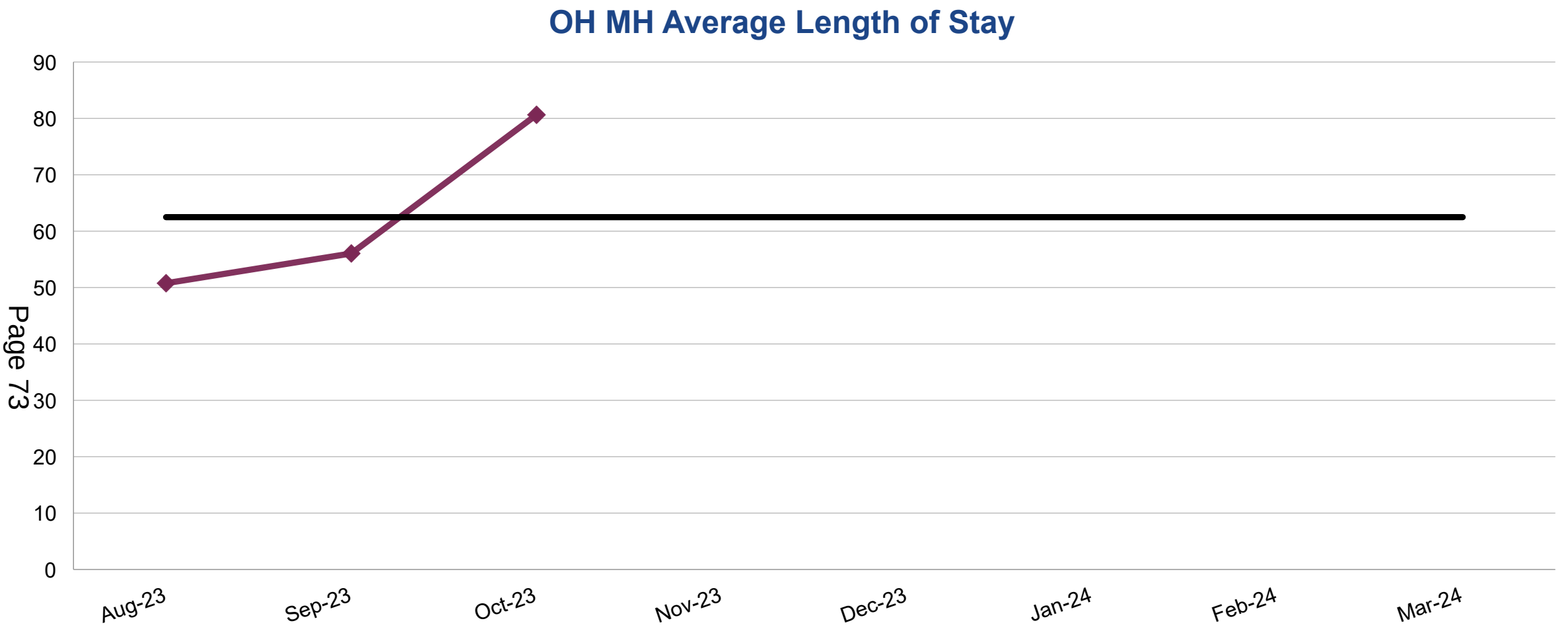

**Context and additional information:** Patients with a chief complaint group of 'Psychosocial / Behaviour change' or a referral to 'Psych/Barnes'
**Data source**: OUH - Alex Clift

# Mental health bed occupancy at OH



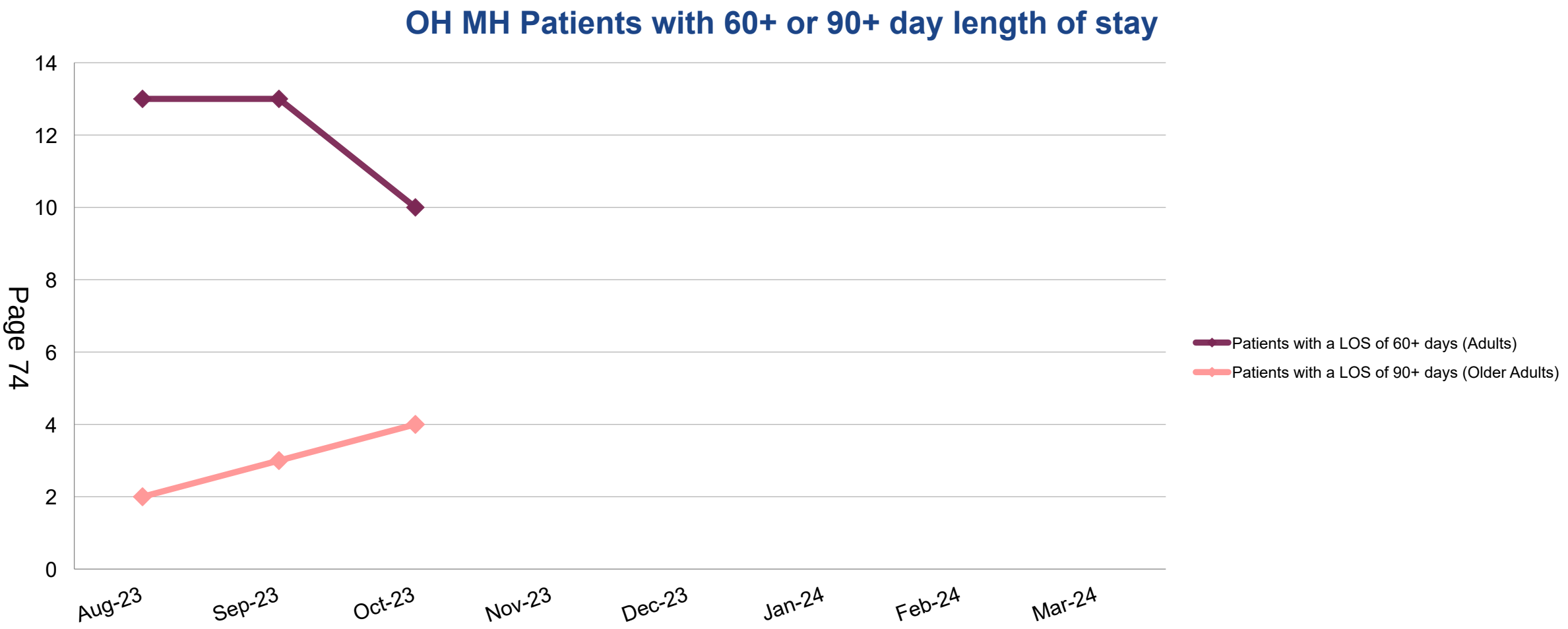

**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

# Mental health length of stay at OH



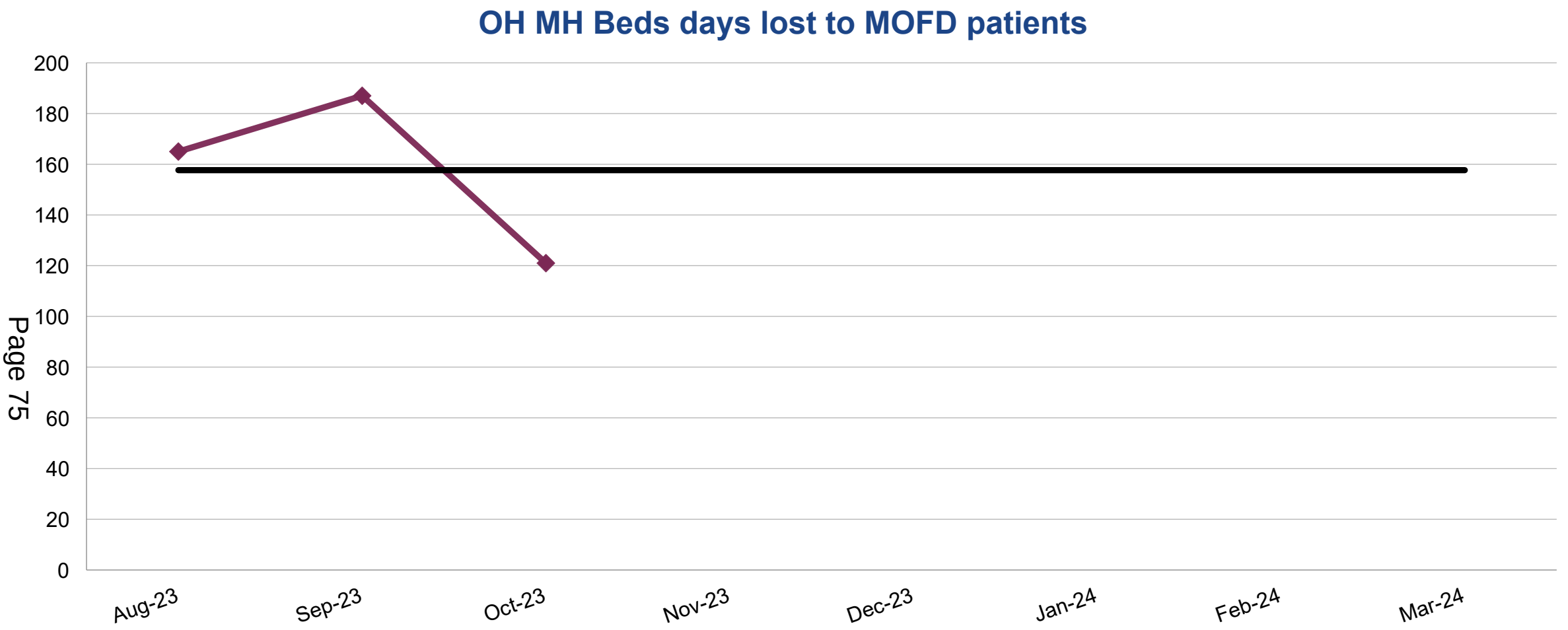

**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

# Mental health length of stay at OH



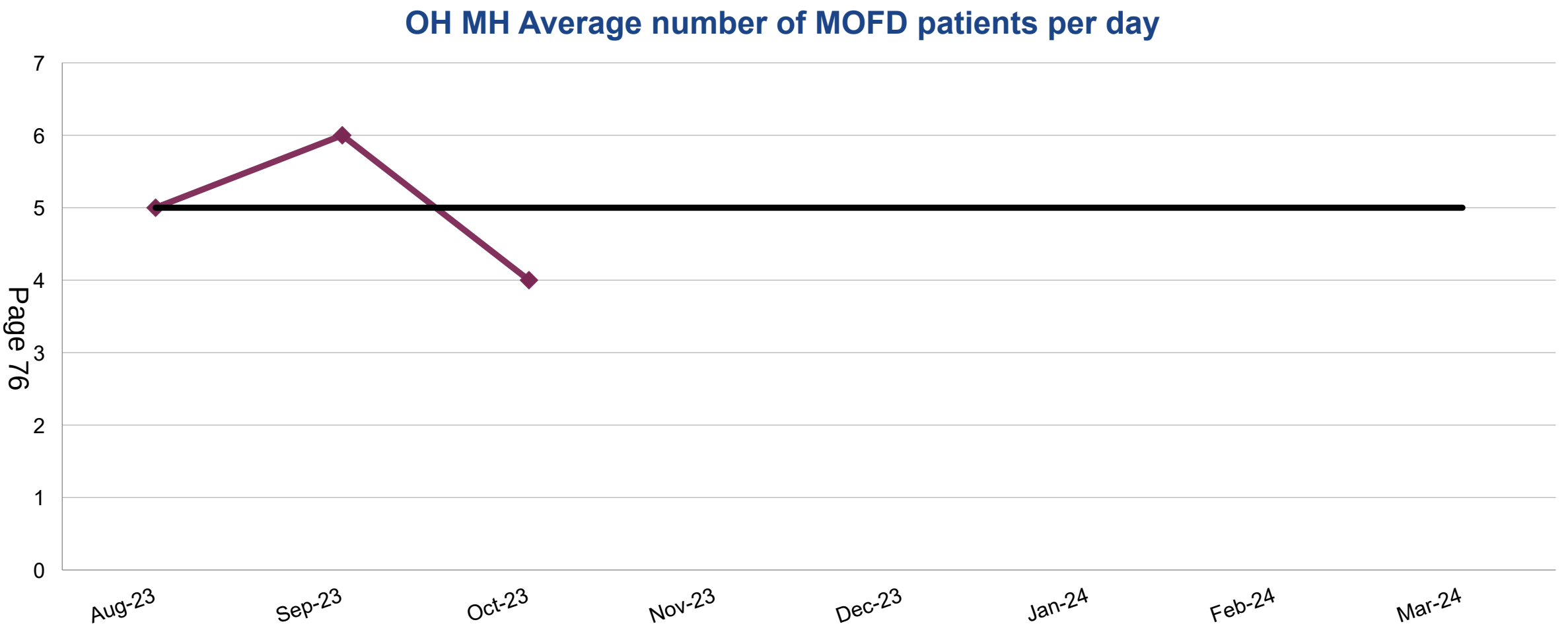

**Context and additional information:** No data available before Aug-23. Adults are those on an adult ward (includes PICU). Older Adults are those on an older adult acute ward
**Data source**: OH – Natalie Horne

# Mental health delayed discharges at OH



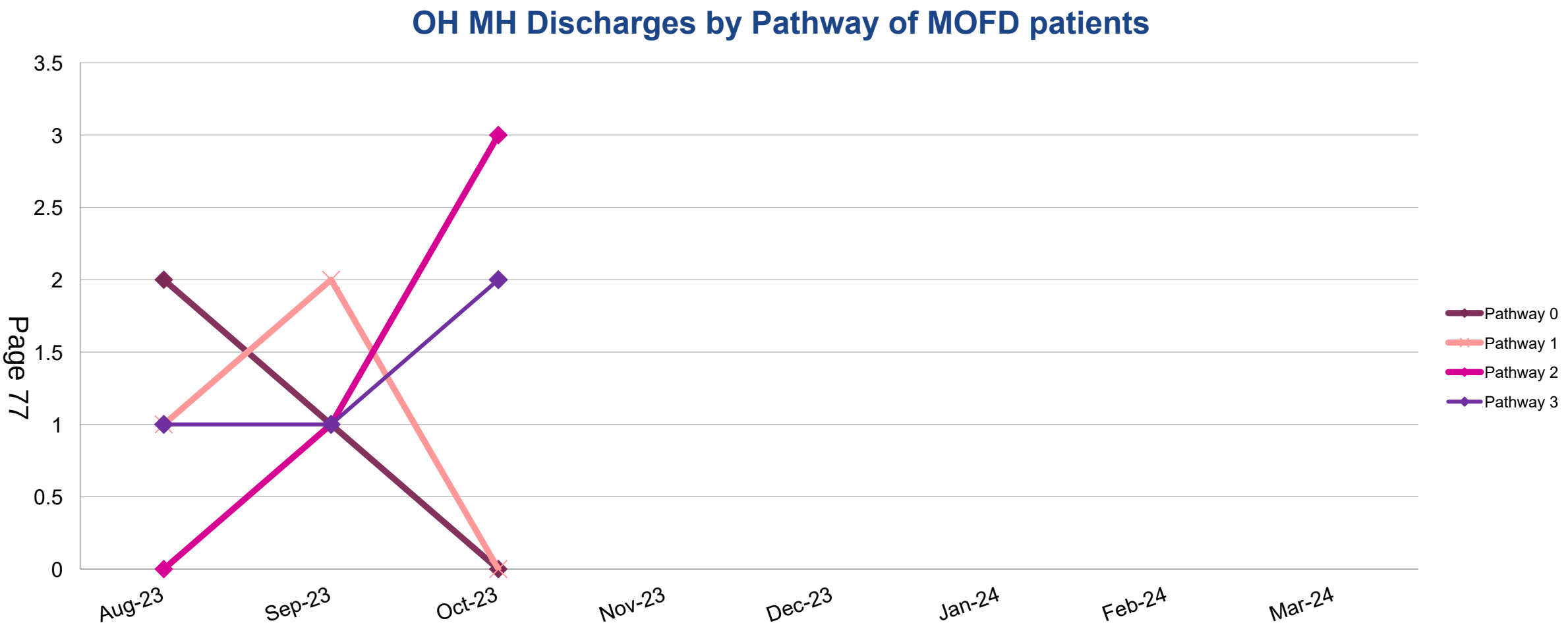

**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

# Mental health delayed discharges at OH



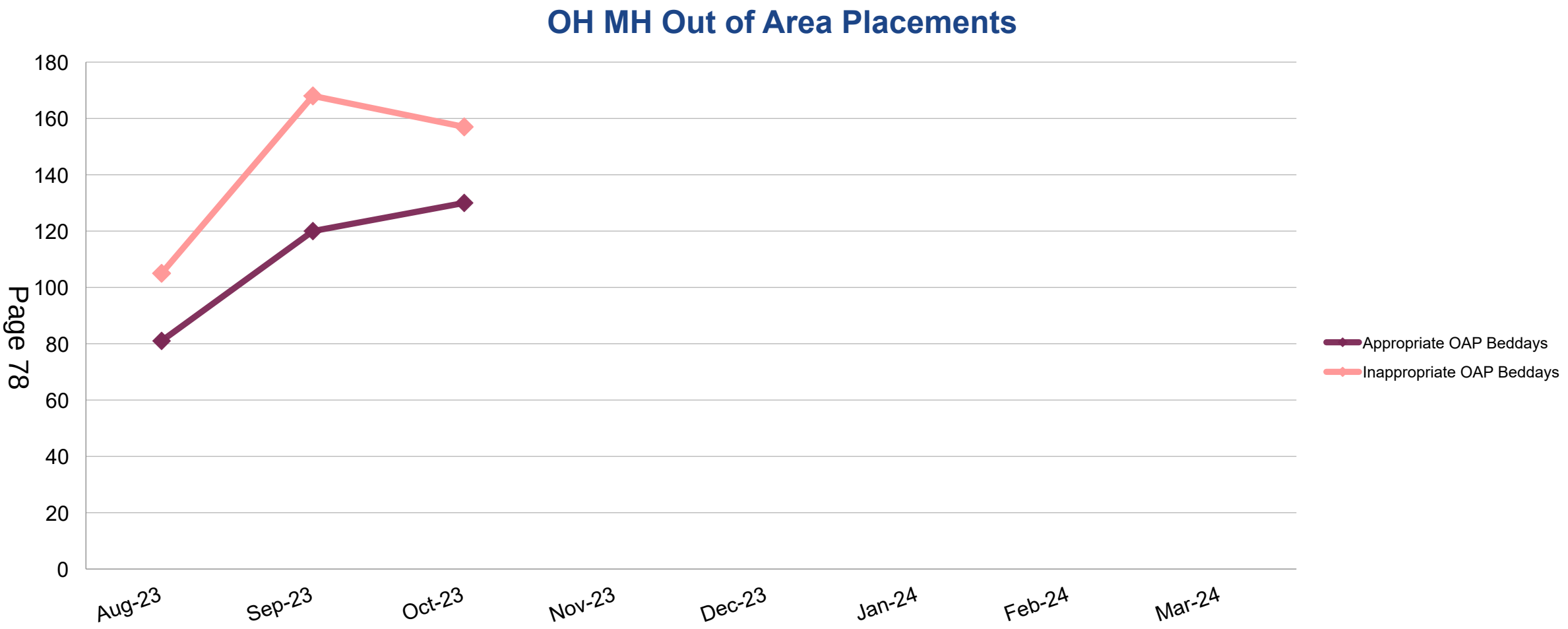

**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

# Mental health delayed discharges at OH



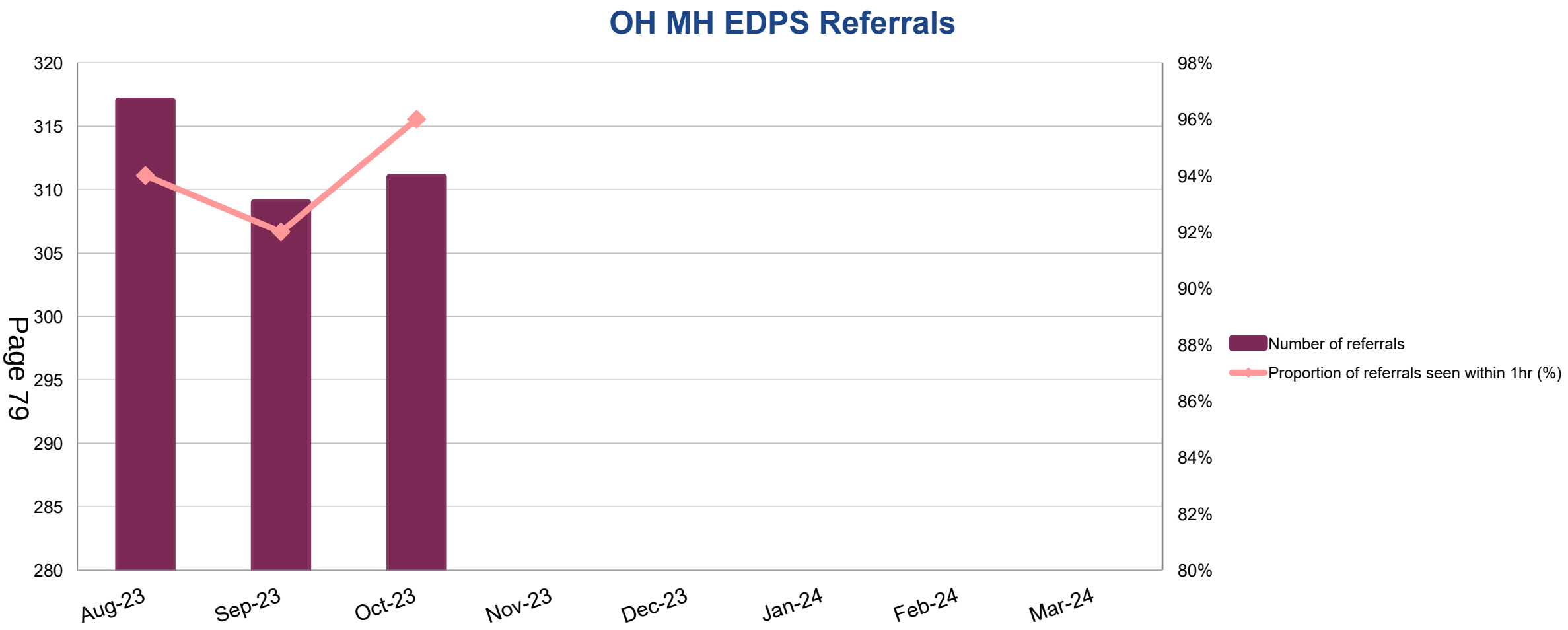

**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

# Mental health out of area placements



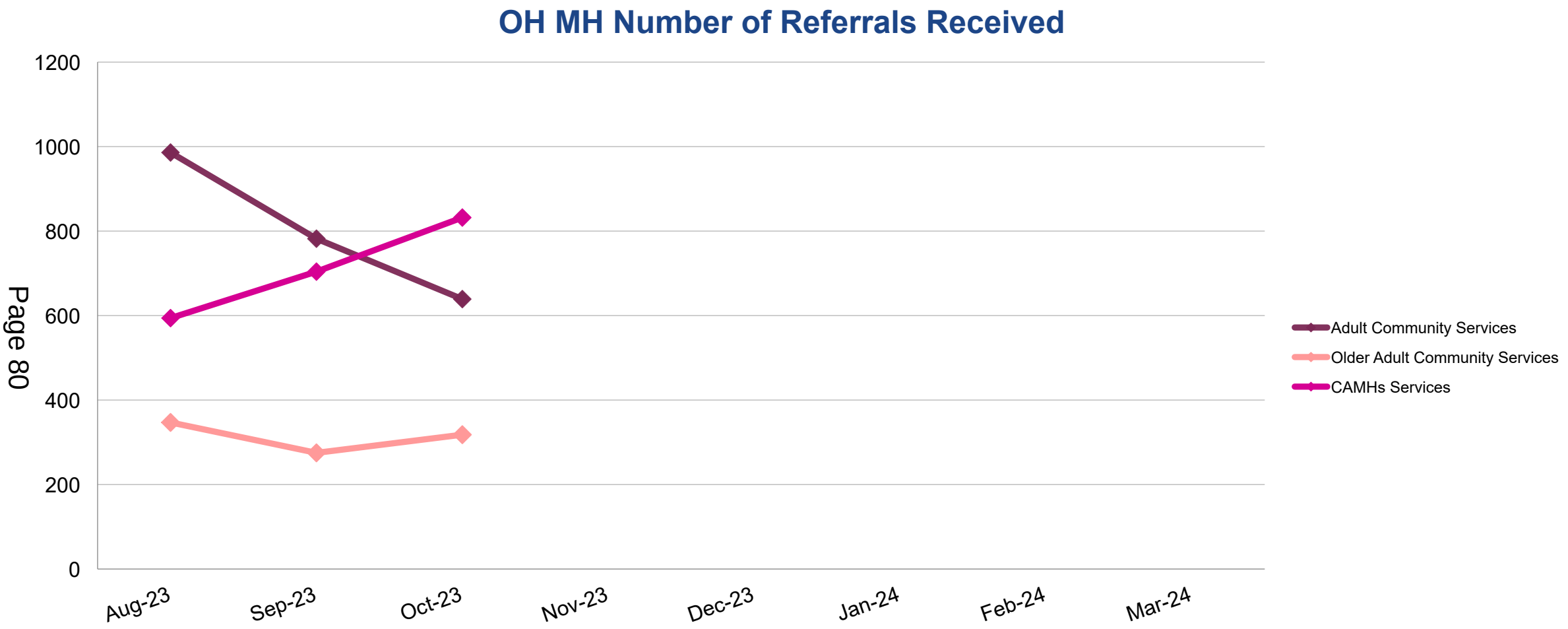

**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

# Mental health EDPS referrals




**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

# Mental health referral rates




**Context and additional information:** No data available before Aug-23
**Data source**: OH – Natalie Horne

**Divisions Affected - All**

**Oxfordshire Health and Wellbeing Board**

**7th December 2023**

# UPDATING OXFORDSHIRE'S HEALTH AND WELLBEING STRATEGY

**Report by Ansaf Azhar, Corporate Director of Public Health and Community Safety**

## RECOMMENDATION

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

- Note the content of the public consultation report (Annex 1) which contains the consultation methodology, summary of feedback received and how it has informed the strategy.
- Approve the content of the full final strategy (Annex 2) as the final version of the Board's Health and Wellbeing Strategy for 2024-2030.
- Support plans to publicise the Strategy in January 2024 when it is fully launched
- Note that Officers plan to bring to the Board meeting in March 2024 a delivery plan and outcomes framework to support strategy implementation.

## 1. Executive Summary

1.1. Organisations across the Health and Wellbeing Board have developed a new Oxfordshire Health and Wellbeing Strategy for 2024-2030 (Annex 2), which has been informed throughout by the Integrated Care System (ICS) Strategy and the Oxfordshire Joint Strategic Needs Assessment (JSNA). The strategy content has been developed through a process of early engagement with people and communities across Oxfordshire, a workshop with the Health and Wellbeing (HWB) Board, full public consultation and several HWB Board discussions. A cross-organisational Task and Finish group has led the work on behalf of the HWB Board throughout the process.

1.2. The strategy offers a strong, unified vision for improved health and wellbeing and will act as the primary *place* strategy for health and wellbeing in Oxfordshire. Officers now propose to publish the final version of the strategy (in Annex 2) after final production work is complete- this will be launched in Jan 2024. The Task and Finish group will then develop a delivery plan and outcomes framework which will be presented to the Health and Wellbeing Board in March 2024.

## 2. Background and Process

2.1. **Initial planning & data**: On 16 March 2023, the HWB approved initial plans to update Oxfordshire's Health and Wellbeing Strategy and form a cross-organisational Task and Finish group to drive progress between meetings. The Task and Finish Group has overseen the publication of JSNA 2023 and used its findings to inform emerging themes for the Health and Wellbeing Strategy. All organisations on the Health and Wellbeing Board helped draw up a longlist of priorities, principles, and enablers and helped determine the strategy's structure, informed by the ICS Strategy published in March 2023.

2.2. **Priorities and structure**: On 29 June 2023, the Health and Wellbeing Board reviewed and commented on the longlist of draft priorities, principles, and enablers—as well as a draft structure. The Board emphasised the need to achieve focus by outlining a limited list of priorities. The Task and Finish Group led a process of refinement, considering the longlist against the priorities of people across Oxfordshire, the needs as outlined in the JSNA, and considering where we can make greatest contribution in partnership.

2.3. **Extensive early engagement**: The Task and Finish group oversaw a thorough process of early public engagement, led by Healthwatch and Oxfordshire County Council, to ensure that residents' views informed the strategy's approach and priorities. Healthwatch Oxfordshire's work engaged residents from all backgrounds across the entire County on streets, at events, and via an online survey. To complement this, the County Council led detailed focus groups with seldom heard communities to ensure the strategy is informed by residents at greatest risk of poor health outcomes. Engagement reports from both pieces of work were brought to Oxfordshire's Joint Health Overview and Scrutiny Committee

2.4. **Draft strategy**: The Task and Finish Group worked together to develop a draft strategy which was shared with Health and Wellbeing Board members on 1st September before a workshop of Board members on 7th September. The output from that workshop was used to refine the strategy further and build the full draft that was reviewed and approved for public consultation at the Health and Wellbeing Board on 5th October 2023.

2.5. **Consultation:** A full public consultation was undertaken in October and November. This included using a consultation web-platform, a public webinar and, several face-to-face meetings with stakeholder groups. The findings of this consultation have been used to inform the final version of the strategy.

## 3. Public Consultation

3.1. **Consultation process-** A full public consultation was undertaken between 9th October and 12th November 2023. This included using a consultation web-platform (Let's Talk Oxfordshire) which yielded 435 responses, a public webinar with 68 participants, several face-to-face meetings with stakeholder groups and an easy read version distributed to organisations and individuals on request. The consultation was promoted key networks and partnerships, social media, staff communications, e-newsletters such as Your Oxfordshire and the GP bulletin, councillors, parish/town councils and council teams (e.g. housing, adult social care, children's services etc.) and other partner organisations such as the third sector, healthcare settings and the universities. All partners on the Health and Wellbeing Board also promoted the consultation survey through their networks.

3.2. **Consultation engagement**- More than 500 people feedback on the content of the strategy, some from the perspective of individual residents, some as organisations that work with specific groups of residents or provide health and care services locally, meaning the reach of the consultation was significantly greater than 500. An easy read version of the strategy was made available for groups or individuals who needed this to enable consultation engagement. As was expected, the following resident groups where more likely to respond; people of white ethnicity, female gender and aged between 55-74.

3.3. **Consultation findings-** The vast majority (90-95%) of respondents fully or partly agreed with the strategy's principles, priorities and enablers. A full break-down of responses per priority is available in the full consultation report. Residents where able to provide free text comment on each section too. Some cross cutting themes emerged from feedback that apply to the strategy throughout. These include;

- The importance of ensuring delivery with clear goals
- Budget and workforce being needed to ensure strategy is delivered
- Allowing freedom of choice whilst supporting healthy lives
- The centrality of mental wellbeing
- Access to healthcare services
- Needs of children with Special Educational Needs or Disability

The full report from this consultation can be found in Annex 1

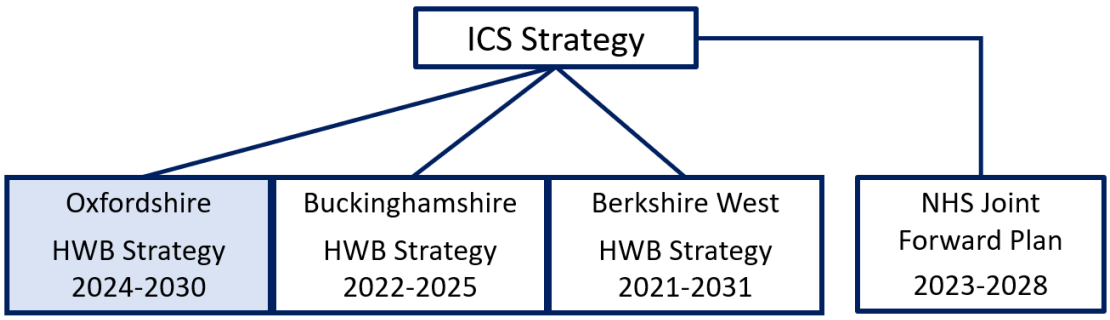
## 4. Strategy Content

4.1. **Oxfordshire's One Place Strategy-** The Health and Wellbeing Strategy will act as the primary **place** strategy for health and wellbeing in Oxfordshire, bringing together partners to deliver a shared ambition: our "true north". Whilst a Buckinghamshire Oxfordshire Berkshire West Integrated Care Strategy and

an NHS Joint Forward Plan have been published in the last 12 months for the overall Integrated Care System, this will be the single strategy at the Oxfordshire Place footprint that all local partners, including our Place Based Partnership, are signed up to.

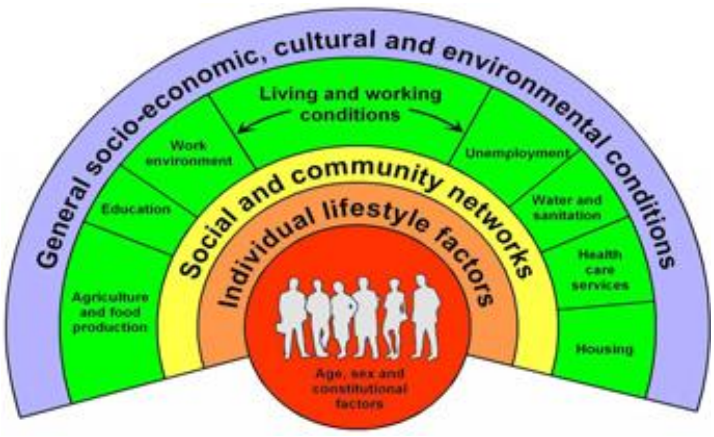
4.2. **How this relates to the Integrated Care Strategy-** The new Health and Wellbeing Strategy aligns closely with the ICS strategy—both adopt a life course approach, focus on the need for prevention, and target health inequalities, highlighting Oxfordshire's 10 priority wards.

*Figure 1: intersection between ICS Strategy, NHS Forward Plan, and local Health and Wellbeing Strategy*




4.3. **A broad view of wellbeing-** The Health and Wellbeing Strategy will focus on wellbeing in its broadest sense, moving beyond a clinical or service-oriented view, towards a community-oriented view. The strategy therefore reflects the building blocks of health, e.g., deprivation, housing, employment, which significantly influence health and wellbeing—and are drivers of increasing need for services. Ensuring these building blocks of health are in place in Oxfordshire is a fundamental role of the Health and Wellbeing Board

*Figure 2: Dahlgren and Whitehead rainbow to illustrate wider determinants of health and scope of the health and wellbeing strategy*



4.4. **Summary of the strategy-** The Strategy is made up of the following 4 elements;

4.4.1. **Principles-** Health Inequalities, Prevention and Closer Collaboration

4.4.2. **Life course priorities-**

4.4.2.1. Start Well- The best start in life, CYP emotional wellbeing and mental health,

4.4.2.2. Live Well- Healthy people and healthy places, physical activity and active travel

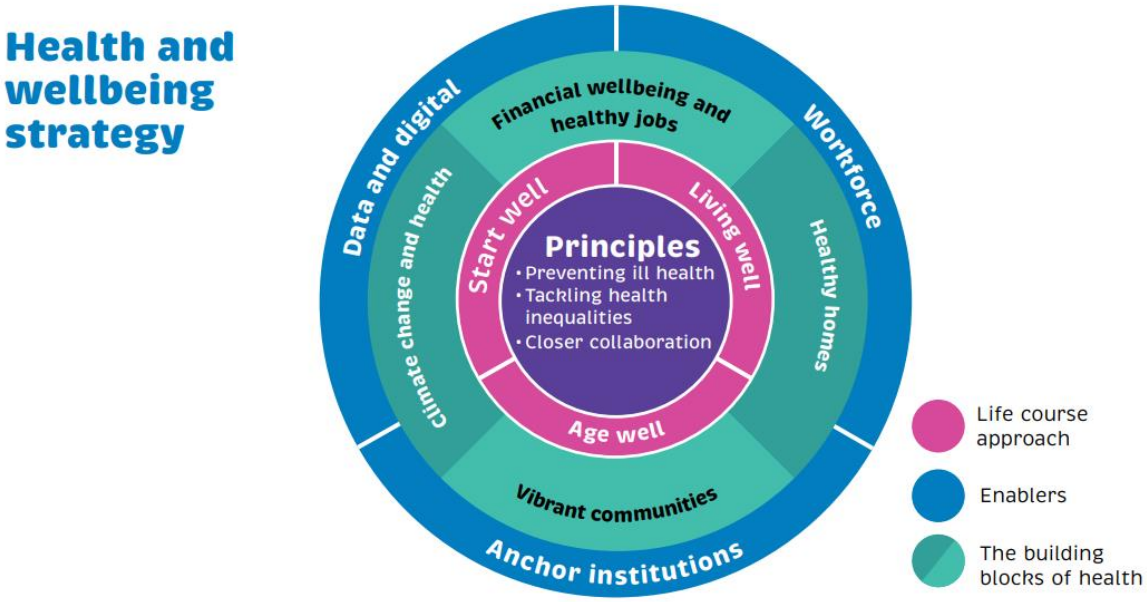
4.4.2.3. Age Well- Maintain independence, strong social relationships

4.4.3. **Building Blocks of health-** Financial wellbeing and healthy jobs, climate change and health, healthy homes, thriving communities

4.4.4. **Enablers-** Workforce, data and digital and anchor institutions

Every section of the strategy uses the 3x principles to focus the ambition and content. Each section has an ambition statement, data and insight as to why the priority is important, aspirations of what we want to achieve by 2030 and some initial steps for action.

*Figure 3: Summary of Oxfordshire Health and Wellbeing Strategy*



## 5. Next Steps and Implementation

5.1 To be effective, a strategy must translate into action. We have learned from the current Health and Wellbeing Strategy that if this is not in place it is harder to drive forward action. We also know that, due to the Covid-19 pandemic, some of our shared ambition had to change to respond to shared challenges. Therefore, this time round it's very important to have a delivery plan and an outcomes framework that can be monitored to ensure delivery. However, the first step is to develop a set of priorities that partners can sign up to before an action plan or an outcomes framework. We aim to publish an associated delivery plan and outcomes framework in March 2024, following shortly on the heels of the strategy itself. This ensures that, as a system, we can first decide *what* our priorities are, then outline *how* we will deliver them.

5.2 The Task and Finish Group plans to bring an associated delivery plan and outcomes framework for approval in March 2024. The outcomes framework will outline key performance indicators (KPIs) and outcomes for each priority area, we will use insight from the public consultation to ensure they are meaningful to them. The delivery plan will outline in depth how respective organisations will work together to deliver these priorities, KPIs, and outcomes, year-on-year. Implementation of the delivery plan will be the responsibility of existing sub- groups of the Board, which will report directly to the Health and Wellbeing Board. The Health and Wellbeing Board will receive regular reports about progress on the delivery plan and will monitor impact through the outcomes framework.

## 6. Financial & Staff Implications

6.1 There are no direct financial implications associated with this report. The Officer resource required to develop the work has required and continues to require contribution from partners of the Health and Wellbeing Board, as agreed by the Health and Wellbeing Board on 16th March 2023. All partners on the HWB Board will need to use organisational resource to support delivery of this strategy.

## 7. Legal Implications

7.1 The development of Oxfordshire's Health and Wellbeing Strategy will meet the Health and Wellbeing Board's statutory duty to publish a strategy to address health needs of the local population. The publication of the JSNA 2023 will enable the Board to meet its duty that its strategy addresses resident needs as outlined in the JSNA. The consultation report attached addresses the HWB's legal duty to consult with the public regarding a draft strategy.

## 8. Equality & Inclusion Implications

8.1 Tackling health inequalities plays a key role in the draft Health and Wellbeing Strategy. The strategy places front and centre the need to tackle avoidable and unfair inequalities in health outcomes, experiences, and access to health and care services. This guiding principle is driven by insights from JSNA 2023.

8.2 Staff across organisations have all emphasised that people from disadvantaged groups should have a chance to help shape the Health and Wellbeing Strategy. As outlined in this report, officers have engaged with residents from disadvantaged groups across Oxfordshire during the process of updating the strategy, especially those whose health has been adversely impacted by their respective disadvantage. Officers have drawn on existing networks and community groups to run targeted focus groups to ensure their voice is heard.

## 9. Sustainability Implications

9.1 The process of updating the strategy itself has no direct sustainability implications. However, the final strategy includes a priority regarding the impact of climate change on health, including air quality, access to nature, and the built environment. The final strategy builds on and affirms existing partnership-wide climate action commitments, recognising the impact this has on residents' health and wellbeing.

## 10. Risk Management

10.1 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 Task and Finish group.

| | |
|---|---|
| NAME | DAVID MUNDAY, DEPUTY DIRECTOR OF PUBLIC HEALTH |
| Annexed papers: | 1. Annex 1- Oxfordshire Health and Wellbeing Strategy (2024-2030) Consultation Report<br>2. Annex 2- Health and Wellbeing Strategy for Oxfordshire (2024-2030) Full Final Version. |
| Contact Officer: | DAVID MUNDAY, CONSULTANT IN PUBLIC HEALTH david.munday@oxfordshire.gov.uk 07922 849652 |

27th November 2023

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# Annex 1- Oxfordshire Health and Wellbeing Strategy (2024-2030) Consultation Report

# November 2023

# Contents

## 1. Executive summary

This executive summary provides an overview of the key findings and recommendations derived from an online survey and face-to-face consultation carried out to gather feedback on the draft Oxfordshire Health and Wellbeing Strategy (2024-2030). The survey and face-to-face engagement aimed to capture the perspectives of residents and key stakeholders, ensuring their voices were incorporated into the final version of the strategy.

The online survey, which was open for a month during autumn 2023, received 435 responses. Eight meetings were also attended to gather feedback from key stakeholders, including meetings concerning the greatest areas of inequality in Oxfordshire. A public consultation webinar was also held to obtain further feedback.

The findings from the public consultation indicate that the vast majority of people supported the principles, priorities and enablers in the strategy. People thought the strategy was well written and simple to read. Lots of the feedback received related to the delivery of the strategy rather than the strategy itself and this will be valuable when developing the delivery plan in the next phase. There was feedback about the necessary budget and workforce to deliver the priorities, as well as a need to have clear, tangible, measurable and time-sensitive actions relating to each of the priorities.

Access to healthcare and the importance of mental wellbeing were raised as important issues. The feedback on access to healthcare will be used to inform the update of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Primary Care Strategy. The feedback on wellbeing and the ways in which we prevent mental ill health has been built into each of the priorities across the life course.

People also fed back about the needs of children with special education needs and disabilities (SEND) and this will be used to inform the SEND Service Improvement Priority Action Plan.

People also fed back about the importance of lifestyle and health behaviours. Respondents' comments reflected the need to balance personal freedom and responsibility for engaging in healthy behaviours versus the need to be shaping the environment to make healthy options easier for people.

Overall, the feedback received through the survey and face-to-face consultation provides valuable insights and recommendations for refining the draft strategy. By incorporating respondents' perspectives and addressing the concerns raised, the final strategy can better support and improve health and wellbeing of the local population.

## 2. Introduction

This report presents the findings of the feedback gathered through an online survey and face-to-face consultation undertaken in autumn of 2023 on the draft Oxfordshire Health and Wellbeing Strategy (2024-2030). The draft strategy was developed based on extensive engagement with over 1000 residents earlier in 2023, with the objective of understanding

what helps and is important to local people for staying healthy and well. The aim of the present survey and face-to-face consultation was to gather further insights and opinions from residents and stakeholders on a final draft version of the strategy to ensure that their voices were heard and incorporated into the strategy before it was finalised.

In the survey and face-to-face consultation, residents and stakeholders were given the opportunity to express their views on the draft strategy, providing valuable feedback that will help shape the final version. The consultation sought to gauge the level of support for the proposed priorities as well as identify areas of concern or suggestions for improvement. This feedback will enable the council and its partners to refine the strategy, ensuring it truly meets the needs and expectations of local people.

The report is structured to present an analysis of the survey responses, highlighting key themes, concerns and recommendations expressed by respondents. These survey findings are supplemented by the responses received during face-to-face consultation. The report aims to contribute to the ongoing dialogue, facilitate evidence based decision-making and ensure that the final strategy reflects the voices and needs of local people in the most effective and meaningful manner.

## 3. Methodology

The consultation was primarily conducted through an online survey that was developed and agreed with the Health and Wellbeing Strategy Task and Finish group. The survey was hosted on the Let's Talk Oxfordshire website platform from 9th October to 12th November 2023. All respondents were provided with clear information regarding the purpose of the consultation, the content of the proposed strategy and the confidentiality of their responses. An easy read version of the strategy was created by Talkback UK and shared with organisations and VCSE groups who support people needing easy read. Respondents to the online survey were recruited through a variety of channels including key networks and partnerships, social media, staff communications, e-newsletters such as Your Oxfordshire and the GP bulletin, councillors, parish/town councils and council teams (e.g. housing, adult social care, children's services etc.) and other partner organisations such as the third sector, healthcare settings and the universities. All partners on the Health and Wellbeing Board also promoted the consultation survey through their networks.

In addition to the online survey, Healthwatch Oxfordshire hosted an online consultation webinar on 9th November 2023 to obtain feedback from residents and stakeholders and to provide people with the opportunity to ask questions and find out more about the strategy. At its peak, 68 people attended this webinar and a recording of the webinar is available at https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/. Face-to-face feedback as part of the public consultation was also sought during key meetings with partners, particularly meetings relating to the areas of greatest inequality in Oxfordshire. Table 1 outlines the meetings where face-to-face feedback on the draft strategy was sought.

| Meeting | Date of meeting |
|---|---|
| Berinsfield steering group | 9 October 2023 |
| West Oxfordshire Health and Wellbeing Alliance | 11 October 2023 |
| Rosehill health and wellbeing partnership | 11 October 2023 |
| The Leys health and wellbeing partnership | 12 October 2023 |

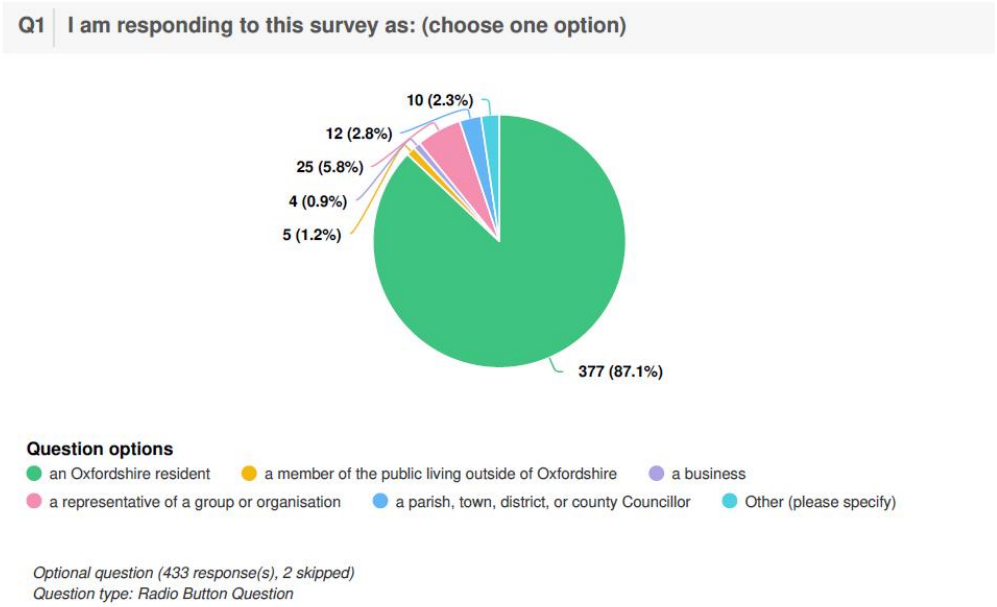
| | |
|---|---|
| Osney steering group | 17 October 2023 |
| Cherwell LSP | 19 October 2023 |
| Abingdon locality meeting | 23 October 2023 |
| Promoting Independence and Prevention group | 9 November 2023 |

The feedback generated from the consultation webinar and the meetings described in table 1 have been incorporated into the write-up of the survey findings in this report.

Feedback on the strategy was also received by the Health Overview Scrutiny Committee as an agenda item at their meeting in September and via detailed written response during the consultation period. This has been incorporated into edits of the strategy but has not been re-produced in this report.

## 4. Response rate and demographics

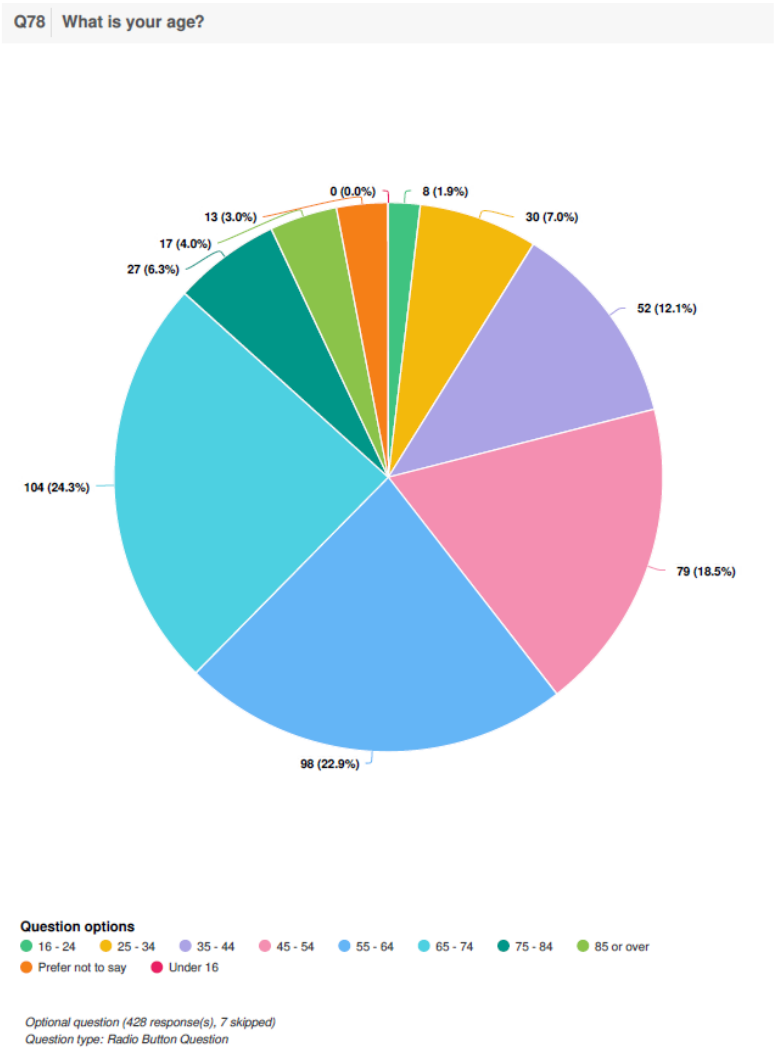
The majority of respondents (87.1%) were a resident in Oxfordshire (see Q1 pie chart). 5.8% were a representative of a group or organisation.




73.5% of respondents were female, 18.5% were male, 7.3% said 'prefer not to say' and 0.7% said they prefer to use another term.

87.8% of respondents were white (British, Irish or any other white background) followed by 7.3% who said 'prefer not to say'. 23% of the total resident population in Oxfordshire are from an ethnic minority background (JSNA, 2023) indicating that minority ethnic groups were underrepresented in this public consultation. However, this is common for public consultations and efforts were made to ensure we heard the views of minority ethnic groups in other ways (not just the survey) e.g. the public consultation webinar.

47.2% of respondents were aged between 55 and 74 years. Based on previous public consultations the county council have conducted, older people are less likely to engage with public consultations, so it is positive that a large proportion of respondents were from this older age group (see Q78 pie chart).




Postcode analysis of respondents revealed that 96.1% (n=396) had an Oxfordshire postcode or lived in Oxfordshire.

31.5% of respondents had their day-to-day activities limited a little or a lot due to a long-term illness, health problem or disability lasting (or expected to last) 12 months or more. 65% did not have their day-to-day activities limited. 3.5% said 'prefer not to say'.

20.8% of respondents identified as a carer. 75.7% did not identify as a carer and 3.5% said 'prefer not to say'. For the purposes of this survey, a carer was defined as anyone who cares, unpaid, for a family member or friend who, due to illness, disability, a mental health problem or addiction, cannot cope without their support.

## 5. Findings

## 5.1 Cross-cutting themes

- **Delivery**: "*It sounds ok but how? Without knowing that it's not possible to comment. Hopefully it is well targeted with clear and measurable goals.*"

Respondents were keen to know how the priorities in the strategy would be delivered. Some people felt the priorities were too high level and vague and they felt it was difficult for them to provide feedback without knowing the exact actions or plans for delivery. There was also feedback that the priorities were ambitious without a clear plan on how it would be achieved or measured in the time frame.

- **Budget and workforce**: *"Wonderful aspirations but until more money is put into the NHS, schools, children's centres, public transport and more devolved there is a mountain to climb."*
  *"There are no funds being directed to support this."*

  Related to the theme '*delivery*', some respondents had concerns that the actions and priorities in the strategy could not be delivered or implemented due to low levels of funding and lack of staffing. Some respondents felt that statutory services, such as healthcare and education, were falling short of what is required, and they had concerns that the priorities which set new goals and ambitions would be unachievable without additional funding and more staff. There was a general sense of needing to achieve the expected level of support/the basics/statutory support before creating more ambitions.

- **Freedom of choice**: "*Adults need to take responsibility for these issues."*
  *"You can't make people do what they don't want to do."*

  Respondents cited the role of freedom of choice on the lifestyles people lead and the health behaviours they do and don't engage in. They felt that it isn't the role of the local government or wider health and social care system to achieve the goals set out in the strategy and that people should take responsibility for their own health and finances. Some people fed back that they wanted more emphasis on how to encourage people to take personal responsibility for their health and wellbeing and how to manage people's freedom of choice.

- **Access to healthcare**: "*Until we are able to see a doctor or health care professional when needed the health of older people will decline. We need to recruit more and put more into a working NHS."*
  "*I think they should prioritise reducing waiting lists and allowing a GP to be seen and an appointment to be booked."*

  Many respondents expressed difficulties in accessing healthcare such as GPs, dentistry, pharmacies and mental health services. This was primarily due to long wait lists which was attributed to a lack of funding and staff. Language barriers and lack of familiarity with the national healthcare system was also flagged as an issue for immigrants and people seeking asylum and refugee status. Slow diagnoses, particularly for people with SEND, ADHD and autism, were also a reported issue. Respondents felt that until access to healthcare was addressed, the health and wellbeing of residents could not be improved and health inequalities could not be tackled.

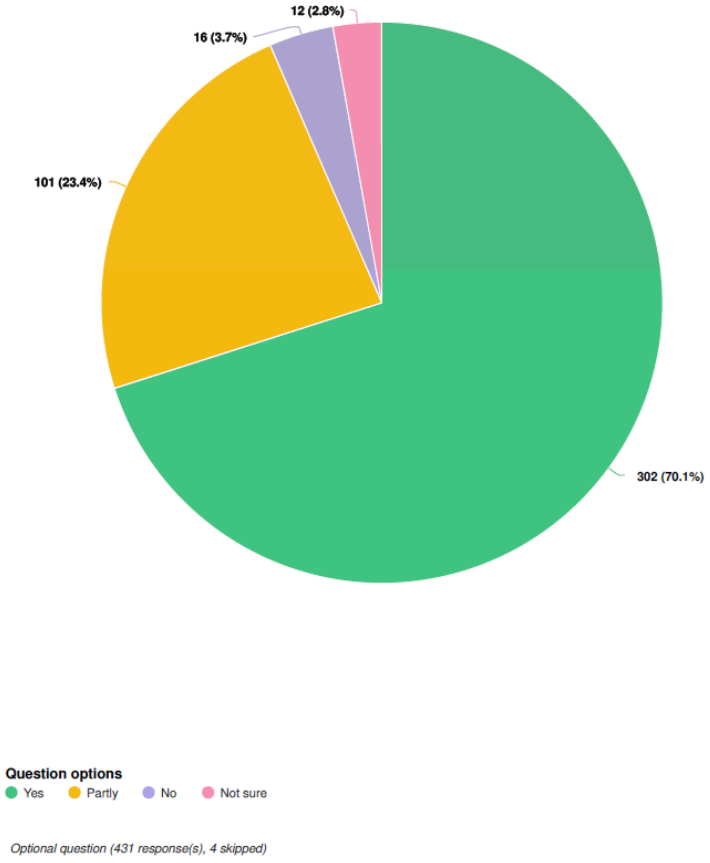
- **Needs of people with SEND:** *"Having a disabled daughter I have been looking at what services are offered for her such as swimming lessons and the short*

*answer is that none of the pools offer swimming lessons for disabled children. One pool offers sessions for SEND children, but this is once a month during a school day."*

Respondents mentioned the additional needs of people with SEND and the barriers they face in accessing transport, healthcare, mental health support, leisure facilities, green spaces, suitable housing and employment. There was a call for better provision of services and support for people with SEND.

## 5.2 Principles

Q5. Do you think these are the right principles to guide our health and wellbeing work?




The vast majority of respondents fully or partly agreed with these principles (93%; n= 403).

Themes in comments (n=129) from those who answered no, partly or not sure:

- **Specificity and tangibility**: *"I wish the principles were more specific. What aspect of health inequalities?"*

  Respondents felt the principles were broad and more detail was needed to make them achievable and measurable. For example, the kinds of ill health which would be prevented, and which specific health inequalities would be targeted. Some respondents were confused by the terminology such as 'inequalities' and

'communities' – the latter of which was perceived as not helpful for people living in rural and isolated parts of the county.

- **Preventing physical and mental ill-health**: *"Very health focused. Not balanced with wellbeing."*

  Feedback included the need to prevent *mental* ill-health as well as *physical* ill-health, particularly among children and young people. Respondents also noted the huge impact of mental health on physical health and vice versa.

- **Unclear delivery**: "*These are glib comments about recruiting the additional staff required but no real information as to how this will really be achieved."*

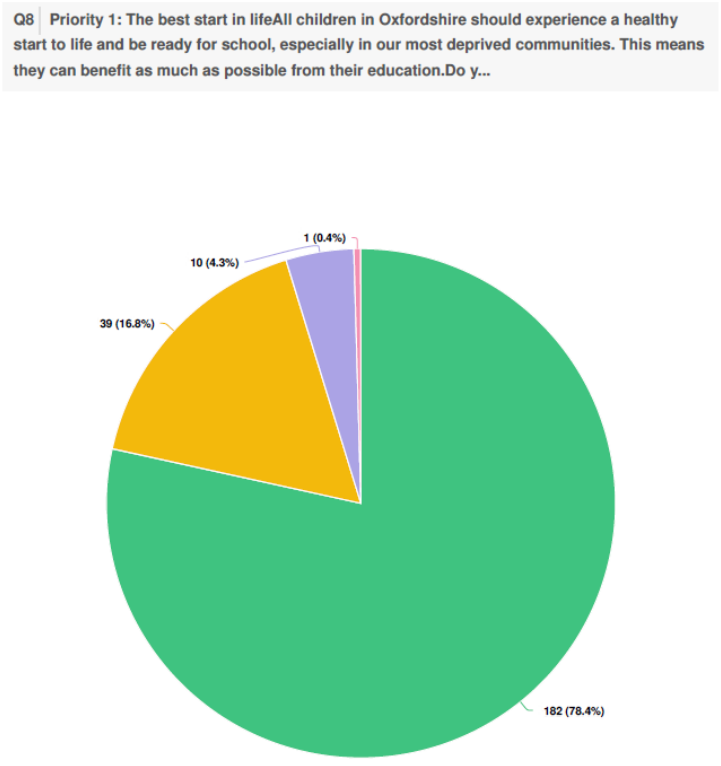
  Respondents felt that the principles were ambitious, and it was unclear how the targets would be achieved and delivered, particularly with limited/insufficient resources and funding. Some respondents felt it was difficult to comment on the principles without knowing how they would be implemented or measured.

## 5.3 Start Well priorities

52.6% (n=225) of respondents opted to feedback on the Start Well priorities in the strategy.

### 5.3.1. Priority 1: The best start in life

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived communities. This means they can benefit as much as possible from their education.



The vast majority of respondents fully or partly agreed with this priority (95.2%; 221).

Themes in comments (n=178) from those who wanted to change the priority or tell us more[i]:

- **Importance of the family system and parent-child relationship:** "*Relationships with parents or care givers have the biggest impact on a child's development. In the development of the detail under this priority, support for parent/carer-child relationships, rich learning experiences and socialisation, as well as wider community-based support around the whole family, needs to be given real focus."*

  Feedback included the importance of the family dynamic and parent/carer-child relationships on a child's development. Some respondents mentioned the impact of parental mental health specifically on children's development and wellbeing. There was a call for better parental mental health support.

- **"Ready for school" terminology**: "*The obsession with school readiness is detrimental to children's and parents' mental health and causes needless pressure and worry which damages family life and parents' relationships with their children."*

  Some people disliked the term 'ready for school' saying it is not appropriate for all children and can have detrimental effects. Respondents felt that the term could overlook the child's best interests. They emphasised that every child develops at a different rate and there shouldn't be the expectation that all children will be 'ready for school' by a certain age. Indeed, some children do not go to school – they could be home schooled or attend an alternative school. Similarly, respondents felt that methods of teaching and the curriculum need revising so that schools are ready for children rather than children being ready for school. They believed schools put too much pressure on young children and that there is too much emphasis on academic achievement compared to other skills like emotional regulation, overcoming and coping with real-life challenges, healthy living etc. This was believed to have a negative impact on children, particularly those with additional needs.

- **Importance of parental and family education**: *"Educating parents to help give them the understanding that human interaction and how to potty train, eating with young children and being a positive role model, good bedtime routines help promote their communication and language development, and better behaviour. These basic needs are lacking in society at the moment and, by the time they go to school, teachers are wasting too much time dealing with behaviour issues and tired children so these things need pushing to help ease the burden on schools and nurseries."*

  Respondents felt that parents were not teaching their children the right skills and behaviours in the early years meaning that children would come to school ill-prepared. This was perceived to put pressure on early years settings. People wanted earlier education and intervention involving the whole family – parents, grandparents, siblings – particularly for vulnerable families, and for this to begin from conception. However, time and finances among parents were perceived to be significant barriers.

[i] Please note these themes have been drawn from questions 9,11 and 13

- **Provision of services**: *"Mental health provision needs to be massively improved… It reflects the needs but only if fully funded and implemented..."*

  Respondents felt that the provision of services is inadequate, particularly mental health services for young children and parents. Inadequacy was described in terms of long wait times, inaccessibility, and a lack of drop-in facilities, funding and staffing. Some respondents felt the emphasis on self-help and resilience in the strategy was inappropriate for children of such a young age. Some believed that the provision of services was inadequate outside of Oxford City and in rural areas. Some respondents wanted services such as Sure Start centres to be open to all family members like grandparents, not just parents and carers. However, people felt there was limited funding and capacity among Sure Start centres.

- **Phrasing**: *"It sounds like children in deprived areas have more of a right to a healthy start and being ready for school. All children from all areas of a society have this right and should be supported to do so. It may mean that different types of intervention are needed for particular areas of society."*

  Some people disliked the rhetoric around targeting deprived areas. Whilst some felt that more resources need to be put into the more deprived areas (compared to less deprived areas), respondents wanted everyone to have the best start in life, not just those in deprived areas.

- **Early intervention**: "*Need more mental health services for the very young and also quicker diagnosis for autism to meet the needs of individual children."*

  Feedback included not enough support for children and young people, particularly those with mental health issues and developmental difficulties, and this was causing backlogs and long wait times. There was a call for quick diagnoses and more support such as more health visiting and postnatal care.

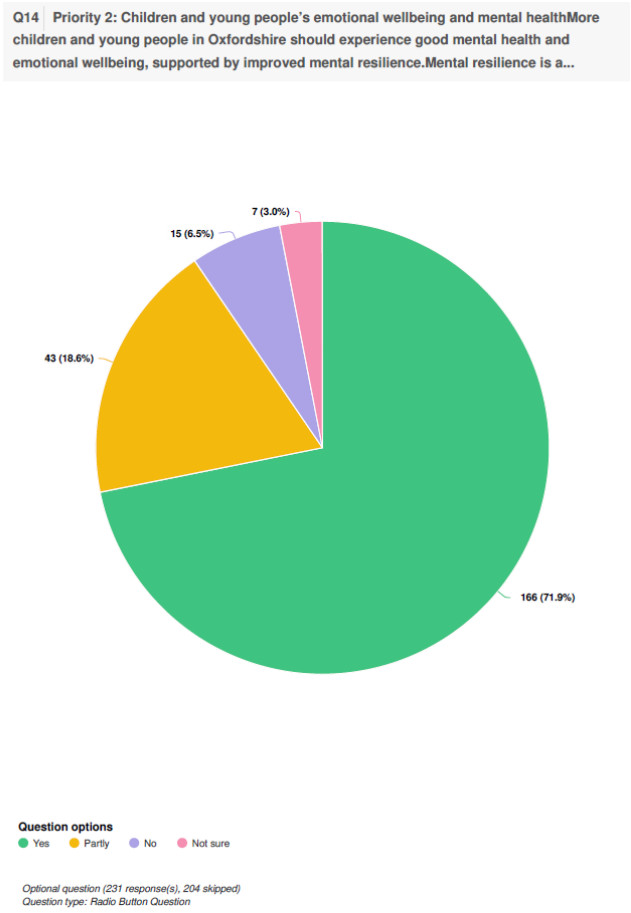
- **Importance of breastfeeding**: *"Breastfeeding is under-acknowledged as a crucial factor in relationship building and health outcomes for both parents and children, both short-term and long-term."*

  The importance of breastfeeding in helping children to get the best start in life was flagged. People fed back that they wanted more ring-fenced funding for breastfeeding support in the community to encourage positive health outcomes and the development of close and loving parent-child relationships, especially in areas of inequality.

### 5.3.2. Priority 2: Emotional wellbeing and mental health

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing, supported by improved mental resilience.

Q14. Do you think this priority reflects the needs of people in Oxfordshire?




The vast majority of respondents fully or partly agreed with this priority (90.5%; n=209).

Themes in comments (n=197) from those who wanted to change the priority or tell us more[ii]:

- **Clarification of the term 'resilience':** *"Promoting resilience is helpful to a degree but it's very wrong to imply mental illness is a weakness and due to poor resilience."*

  There was concern around the use of the word 'resilience'. Some suggested this places obligation on the individual child or family to be mentally strong and potentially adds stigma to those experiencing mental health issues through implying fault/blame. Some outlined that building resilience was important, but felt that this requires adequate commitment, resources, and support. It was also expressed that resilience has limits and that other support is needed beyond building resilience.

- **Importance of wider structures/factors:** *"Mental resilience is a complex area but must be fundamentally about upstream issues ie family stability, security of housing, positive communities. The strategy needs to reflect that."*

  Many respondents highlighted the importance of broader factors and wider structures (e.g. family, communities) that impact children and young people's mental health and

[ii] Please note these themes have been drawn from Q15,17 and 19

wellbeing. They felt that a more upstream approach should be taken and felt that wider societal factors such as the family, social networks, poverty, inequalities, and modern life more greatly influenced mental health than individual factors. Physical health factors such as nutrition, physical activity, sleep, technology and social media were also discussed as greatly influencing children's mental health.

- **Importance of schools**: "*More support required in schools for mental health. Train and fund counsellors to work in schools universally.*"

  Respondents felt that more needs to be done in early years settings and schools to foster good mental health and wellbeing in children and young people. More funding was considered essential to doing more in these settings as respondents felt that they were already stretched. Some respondents called for more funding to have mental health practitioners in schools and others suggested including social and emotional intelligence in the curriculum.

- **Early intervention**: "*There needs to be more support for pre-school families. You talked in the other priority about them being "ready for school", so much of the damage is already done by the time they have arrived at school in terms of their mental wellbeing."*

  Many respondents emphasised the need for early intervention and prevention. Parental and family upbringing were considered to have huge impacts on mental health. Comments included supporting and targeting families of very young children and before children start school. The early years and the family dynamic in early years were considered a critical time for mental health. Respondents also expressed a need for more support of parents and families of children with mental health issues.

- **Continuity of care**: "*We support the need to ensure more positive transitions between childhood and adulthood for children experiencing poor mental health*."

  Some respondents, including attendees at the public consultation webinar, emphasised the need for continuity of mental health support between childhood and adulthood, including when people go to university.

- **Inadequate mental health services**: *"Services need to be better coordinated for young people to access effective help with mental health, and there needs to be shorter waiting times for CAMHS. In-school services need to be increased."*

  Respondents felt that current mental health provision is inadequate – long waiting lists, lack of funding, lack of staff, 'one size fits all approach', slow diagnoses and over prescription of medications at the expense of psychological therapies. Some respondents called for improved mental health support for children and young people, particularly those with additional needs e.g. existing mental or physical health issues, care leavers, young carers, bereaved, etc. Several respondents felt that VCSE organisations were well placed to support people's mental health and wellbeing and that they could help overcome capacity and resource issues faced by statutory services.

### 5.3.3. Edits to Start Well priorities

In light of the feedback received, the following changes have been made to the Start Well section of the strategy:

- Greater emphasis on parental wellbeing and nurturing family relationships
- Explanation of the concept of "school readiness" and breadth of environments that are important in childhood
- Flagged the importance of breastfeeding and smoke free pregnancy relating to maternal and paternal tobacco use
- Further detail on why and which population groups need to be prioritised for support
- Included the local challenges over provision of SEND services and action plan work happening to address this
- Added a focus on a positive transition to adulthood, particularly in care leavers

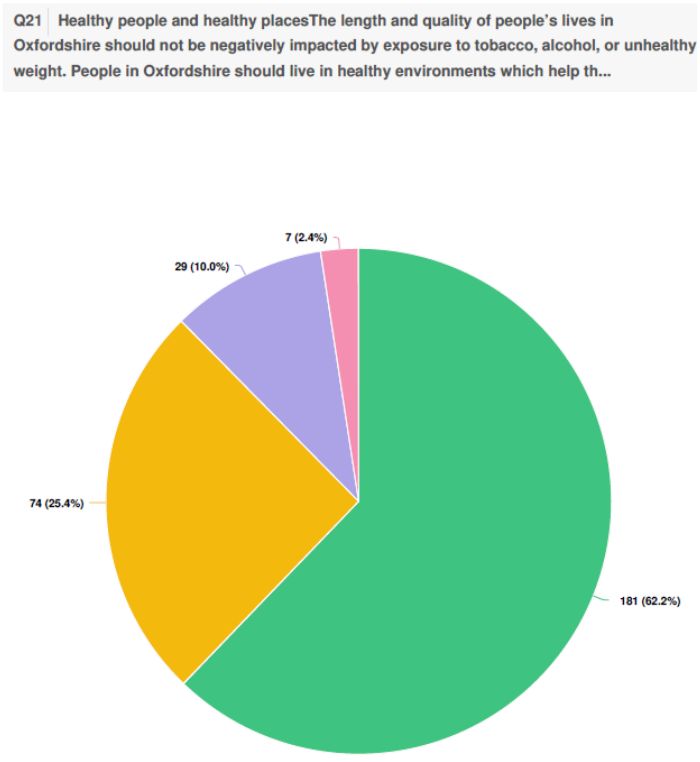
## 5.4 Live Well priorities

66% (n=277) of respondents opted to feedback on the Live Well priorities in the strategy.

### 5.4.1. Priority 3: Healthy people and healthy places

The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments which help them to live healthy lives.

Q21. Do you think this priority reflects the needs of people in Oxfordshire?



The vast majority of respondents fully or partly agreed with this priority (87.6%; n=255).

Themes in comments (n=274) from those who wanted to change the priority or tell us more [iii]:

- **Impact of mental health on physical health**: "*Adults are struggling so much with mental health issues. Self-medicating with alcohol, comfort food etc. Adults need better mental health support.*"

  Respondents talked about the impact of mental health on physical health. They cited that when people are mentally unwell, this can significantly impact their ability to engage in regular exercise, socialise, eat healthily, abstain from alcohol, tobacco and drugs etc. Mental health was believed to be a major issue that needs addressing not only to make happier communities but also to enable people to be more physically healthy too. Stress reduction was mentioned by a few respondents as a particular mental health struggle among residents in Oxfordshire.

- **Air quality**: *"Healthy environments should include air quality improvement."*

  Tackling air pollution and improving air quality both indoors and outdoors was frequently mentioned as having a huge impact on people's health.

- **Healthy eating and exercise**: "*I would like to see something about access to cheap, healthy and nutritious food, and education on how best to utilise the food. You can be a healthy weight but still live an unhealthy lifestyle. I also believe that there needs to be better access to physical exercise and encouragement for people to get involved.*"

  Respondents felt that the emphasis on unhealthy weight was stigmatising with some people pointing out that someone can be a healthy weight but eat unhealthily nor engage in regular exercise. Respondents wanted more emphasis on creating environments that promote healthy eating and exercise. In particular, respondents frequently raised the importance of improving the food environment by ensuring people can access outdoor space for exercise, and affordable, healthy, nutritious foods, and where the availability of cheap and unhealthy foods e.g. takeaways, coffee shops are minimised.

- **Poverty and cost of living**: *"I would add deprivation/poverty to the list of thing people's health shouldn't be negatively impacted by."*
  *"Due to the increased cost of living and the relatively high price of fresh fruit and vegetables in comparison to junk and highly processed food, I can't see how people struggling with a time poor lifestyle and balancing finances and families can achieve a healthy weight."*

  Poverty and cost of living was seen as a key determinant of health and respondents wanted more financial support for people living in poverty so that the negative harms of living in poverty could be reduced. Respondents frequently raised the need to make healthy living (e.g. healthy food, good quality housing, leisure) more

[iii] Please note these themes have been drawn from Q22, 24 and 26

affordable. Some suggested ways of reducing the harms of poverty on health included subsidising leisure activities, gym memberships and healthy food, especially for low-income households.

- **Substance use and vaping**: "*Why is there no mention of drugs anywhere in this strategy?"*
  "*Consideration should be given to including 'vaping' alongside tobacco use, given that vaping has been highlighted in the media as a public health crisis (for adults and children)."*

  People fed back that they wanted more in the strategy about the use of illicit substances and vaping. The latter being particularly in relation to children and young people. One respondent emphasised the importance of using the words 'substance use' as opposed to 'substance misuse'. Supporting families of people with alcohol and drug addictions was raised at the public consultation webinar as a key action.

- **Terminology**: "*Lose the first sentence. What, for instance, is "exposure" to alcohol? Something like "encouraging people to live healthy lifestyles" would be better."*

  There was confusion about the phrase 'exposure to alcohol/tobacco'. Some people felt that these were not things people were exposed to but chose to engage with. Some respondents thought the wording lacked detail and was negatively framed e.g. emphasis on smoking and drinking as opposed to tackling the causes of smoking and drinking like promoting good wellbeing and getting outside. Similarly, a couple of people wanted more emphasis on keeping people in good health as opposed to preventing and treating ill health.

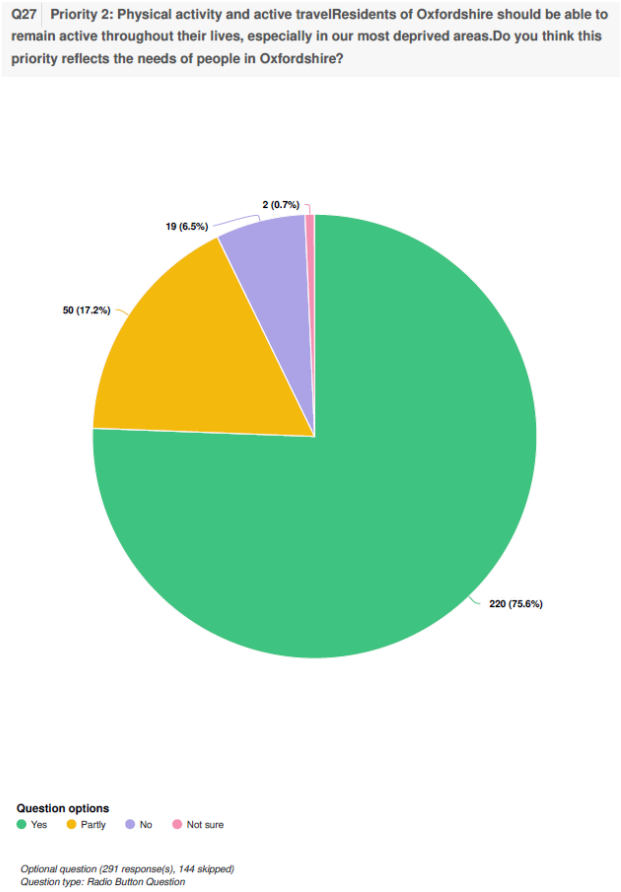
- **Active travel**: *"Active travel needs promoting across Oxfordshire, reduced car dependence/dominance is necessary to reduce exposure to risks of unhealthy polluted air and risk of accidents for those using active travel. More exercise through active travel and school streets will help address obesity."*

  Encouraging active travel, reducing car dependence, slowing down traffic and improving infrastructure (e.g. cycle paths) were believed to have a big impact on people's health by promoting physical activity as well as helping to improve air quality and reduce climate change.

**5.4.2 Priority 4: Physical activity and active travel**

Residents of Oxfordshire should be able to remain active throughout their lives, especially in our most deprived areas.

Q27. Do you think this priority reflects the needs of people in Oxfordshire?




The vast majority of respondents fully or partly agreed with this priority (92.8%; n=270).

Themes from comments (n=219) from those who wanted to change the priority or tell us more[iv]:

- **Time:** *"Currently more and more people do not have time as the need for both parents to work and balance childcare just to keep their heads above water. Time to pursue healthy activities is eroded."*

  Several respondents cited lack of time as a barrier to remaining active. Lack of time was often attributed to work and being a parent or carer.

- **Target groups:** *"Saying 'especially in our most deprived communities' is right for looking at where intervention should happen but wrong for a measure of standards: *All* residents of Oxfordshire should be able to remain active throughout their lives. Full stop"*

  Respondents were not clear why deprived communities were being targeted and there was a call for universal support and intervention.

- **Transport barriers:** "*Promoting active travel as you suggest is great but would be greatly aided by improved infrastructure: wider pavements, well maintained cycle*

[iv] Themes have been drawn from questions 28, 30 and 32

*paths separated from the road, improved public transport network (the buses are expensive and inconvenient to use), better bike sharing scheme."*

A lack of affordable and convenient public transport was cited as preventing people from being able to access physical activity and leisure opportunities. High volumes of traffic, cycling routes and pavements were deemed unsafe. Low traffic neighbourhoods were said to prevent people from being able to access green spaces and increase air pollution. Suggestions included making cycling safer (e.g. cycle lanes), improving pavements (wider, flatter and more drops for people with limited mobility), more bike sharing/loaning schemes and faster, cheaper and more bus services particularly in and out of rural areas and to housing estates and leisure centres. People wanted more accessible buses for people with disabilities, particularly on hospital routes, as well as electric vehicles and storage facilities for adapted bikes. Some people fed back that residents are asking not to be referred and are declining healthcare appointments because they can't get there or afford it.

- **Affordability:** *"Sport always costs money somehow, whether for equipment or clothing. Those on low incomes cannot afford basic swimming lessons, and towns are growing and the infrastructure stays the same. There aren't enough affordable."*

  Respondents cited money as a major barrier to being more physically active. They suggested the provision of more low-cost activities to overcome this.

- **Access to opportunities for activity:** "*Proximity to green spaces is critical and needs to be addressed through EVERY planning application which may change land use and result in loss of nature nearby."*
  Respondents cited limited access to green spaces and leisure facilities such as swimming pools and gyms, particularly those that were council-owned, free or subsidised. People fed back the need to engage with local planning to create healthy environments.

- **Physical activity and mental health:** ***"****Include mental health (benefits through physical activity and connecting with other people)."*

  Respondents emphasised the benefits of physical activity on people's wellbeing and vice versa. They felt more could be done to raise awareness of this when trying to encourage people to be more active.

- **Prevention and life-course approach:** *"Consideration should be given to including children as a priority group, as this would also draw in the prevention element of the strategy (i.e. addressing lack of physical activity at an early age)."*

  Respondents emphasised that prevention of inactivity is key and that services should be available to everyone across the life course.

- **Safety:** *"Women may not feel safe being active outdoors when it's dark. Many people don't feel safe enough to cycle in oxford etc."*

  Feeling safe was considered a key determinant of physical activity. Exercise in the dark, especially for females and women and girls who have experienced domestic

abuse, was considered a major barrier and some respondents felt unsafe cycling. Some called for less emphasis on cycling, others suggested more cycling classes and groups for people to attend and gain confidence to cycle. Members at engagement meetings suggested better street lighting and charging ports in park benches.

#### 5.4.3. Edits to Live Well priorities

In light of the feedback received, the following changes have been made to the Live Well section of the strategy:

- Making the link between substance use, physical activity and mental wellbeing
- Added in the value of access to green space and nature
- Vape use in children should be addressed in line with the recent announcement in the King's Speech about a "smoke free generation".
- Included an explanation of which groups should have the greatest support for these priorities
- Made reference to Active Oxfordshire's "Oxfordshire on the Move" programme
- Feedback on transport infrastructure will be reviewed in the delivery plan stage
- Included reference to safety concerns for some exercising outdoors.

## 5.5 Age Well priorities

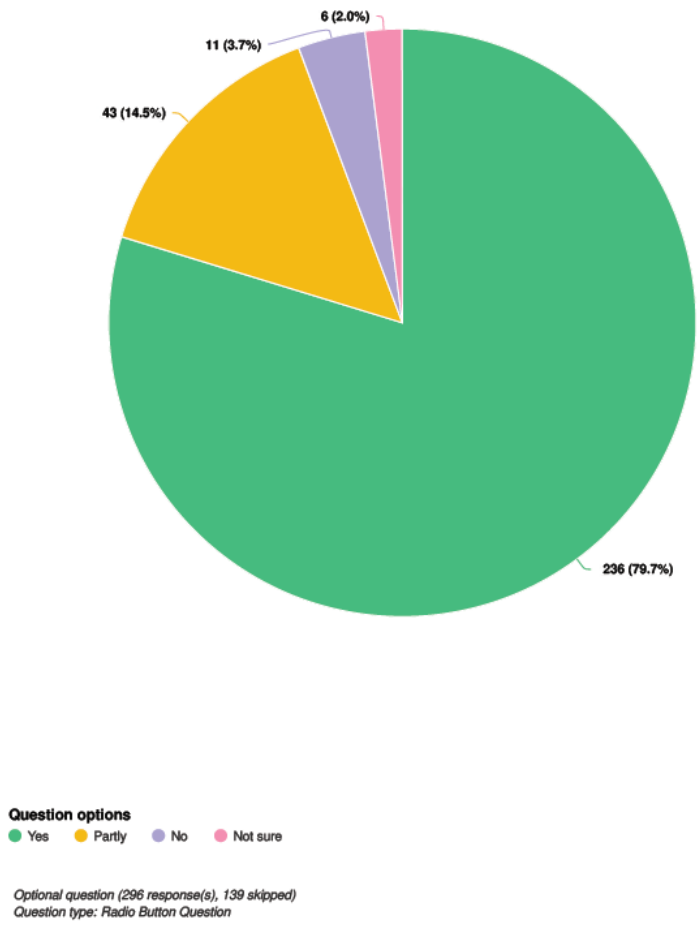
68.3% (n=291) of respondents opted to feedback on the Age Well priorities of the strategy.

#### 5.5.1. Priority 5: Maintain independence

We will support more older residents to remain independent, healthy, and valued for as long as possible.

Q34. Do you think this priority reflects the needs of people in Oxfordshire?

Q34 Priority 1: Maintain independenceWe will support more older residents to remain independent, healthy, and valued for as long as possible.Do you think this priority reflects the needs of people in Oxfordshire?




*Optional question (296 response(s), 139 skipped)*
*Question type: Radio Button Question*

The vast majority of respondents fully or partly agreed with this priority (94.2%; n= 279).

Themes in comments (n=219) from those who wanted to change the priority or tell us more[v]:

- **Infrastructure**: *"Improve the pavements and street lighting, put in benches on streets - so older people can walk more."*

  Many respondents highlighted the need to improve infrastructure to facilitate independence. For example, several respondents wanted pavements to be improved, more benches, better street lighting, more parking for people with limited mobility, removal of pole barriers and metal gates and more frequent, accessible and affordable bus services, particularly in rural areas and to the hospitals. There was also a call for more suitable housing for the elderly.

[v] Themes have been drawn from questions 35, 37 and 39

- **Clarification of the term 'valued'**: "*How about saying "for as long as they live." or "for the rest of their lives"? Saying "as long as possible" makes it sound like you could end your days dependent, unhealthy and undervalued when it becomes too difficult to help."*

  Several respondents didn't like the phrase 'valued for as long as possible'. They emphasised that everyone should be eternally valued in society no matter their circumstances and that highlighting the word 'valued' suggests the system doesn't value elderly people. Suggested alternatives were: '*feeling* valued' or 'being supported to do the things meaningful to them'.

- **Care provision**: *"You also need to provide good care provisions for the elderly who are unable to live independently because of poor home care!"*

  Respondents expressed a strong need for improved care and support, especially for older adults with limited mobility, long-term health conditions and those living in more deprived communities. They felt current care support is inadequate, under-resourced and underfunded and this is preventing people from being able to live independently. Delays in accessing care, long wait lists, poor staff pay, needing to travel to seek care and high charges imposed by care agencies were also highlighted as a major issue.

- **Independence challenges**: *"As people are having to work longer, well-being facilities i.e., gyms don't offer classes for older people in the evenings."*

  Respondents highlighted challenges in maintaining independence, citing limited family proximity, inadequate fitness facilities for the elderly, and the need for more accessible and timely wellbeing support. Some respondents felt that social interaction was the most important factor to promote independence and more could be done to facilitate this. There were concerns that promoting independence should not come at the cost of making people lonely or stuck in their homes without any social interaction or support. Some felt the meaning of independence could be clarified.

- **Cost of independence and healthy living**: *"Without sufficient incomes when older to afford healthy food, I think an increasing number of older people will suffer poorer health outcomes in old age."*

  Respondents highlighted the economic impact on older individuals to achieve independence and live healthily. The cost of living and low pensions were big concerns and there was a call for subsidised transport and exercise classes.

- **Diversity in ageing**: "*Each person ages differently"*

  Some respondents called for a correction of assumptions about the elderly, challenging negative stereotypes (e.g. frail, vulnerable, burden on services), and emphasising diverse needs.

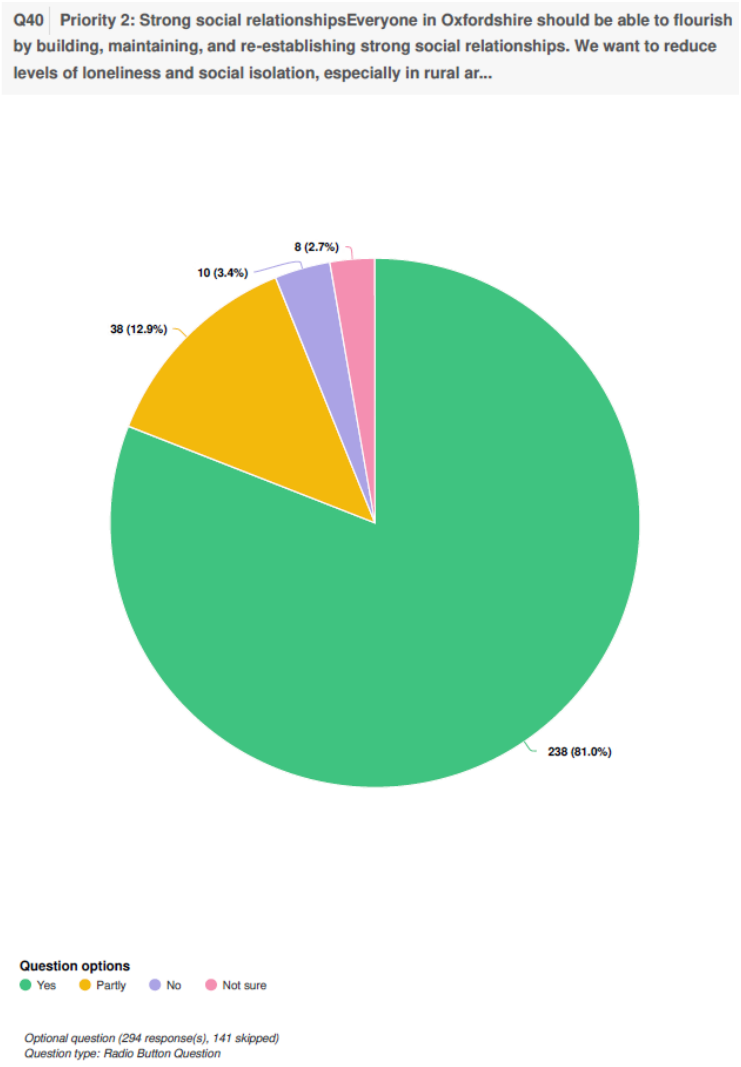
- **Loneliness**: "*Bring back day centres and opportunities for socialising. So many older people are lonely and isolated.*"

Respondents wanted older adults to have more opportunities for socialising by having more social activities and promoting strong family and neighbourhood networks.

### 5.5.2. Priority 6: Strong social relationships

Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially in rural areas.

Q41. Do you think this priority reflects the needs of people in Oxfordshire?




The vast majority of respondents fully or partly agreed with this priority (93.9%; n= 276).

Themes in comments (n=170) from those who wanted to change the priority or tell us more[vi]:

- **Transport**: *"Part of maintaining and establishing strong social incomes relies on personal travel. In village communities where there is little or no bus service this will be too difficult for some."*

[vi] Themes have been drawn from questions 42, 44 and 46

People fed back a need for improved public transport services particularly in and out of rural areas so that older people could access facilities and social opportunities. There was also a call to improve footpaths for walking and active travel as well as safer spaces for outdoor activities that promote socialising. Difficulty getting blue badges was also cited as a major factor contributing to loneliness and social isolation.

- **Socialising opportunities/facilities**: *"There should be more Community hubs."*

  Respondents highlighted the need to have more and affordable socialising opportunities as well as additional practical support to enable older adults, particularly those with mental health needs, to engage in these opportunities. Comments highlighted the need to have services that are easily accessible, affordable and in close proximity to people. Some respondents highlighted the importance of investing in and raising awareness (not just digitally) of already established community hubs, leisure centres, independent living schemes, peer support and amenities for socialising.

- **Geographical focus:** *"Living in a town can be more isolating than living in a village community, which often has small local groups for elderly residents and people are more likely to know many others."*
  *"Not just rural the elderly in Oxford city where people family moved away are now left lonely with a changing population around them of students and not many elderlies around them anymore."*

  Some respondents highlighted the isolation and loneliness older adults can experience when living in towns and cities as well as villages. Members of engagement meetings fed back that damage was greatest when people were isolated and lived in rural areas and we should not ignore that loneliness rates are highest in Cherwell and Oxford City.

- **Varying social needs**: "*It's important to recognise that people's needs for social relationships vary considerably. Those who value solitude, who usually have only 2-3 close bonds, should not be nor feel pressurised to participate in social events that they don't enjoy or that make them uncomfortable."*

  Some respondents highlighted that not all older adults want to socialise and there needs to be an awareness and respect for those who prefer to live a more solitary life.

- **Life course**: "*This should also be a priority for children and working aged people, not just older adults."*

  Respondents stated that loneliness can be experienced by people of all ages, particularly children and young people.

**5.5.3. Edits to Age Well priorities**

In light of the feedback received, the following changes have been made to the Age Well section of the strategy:

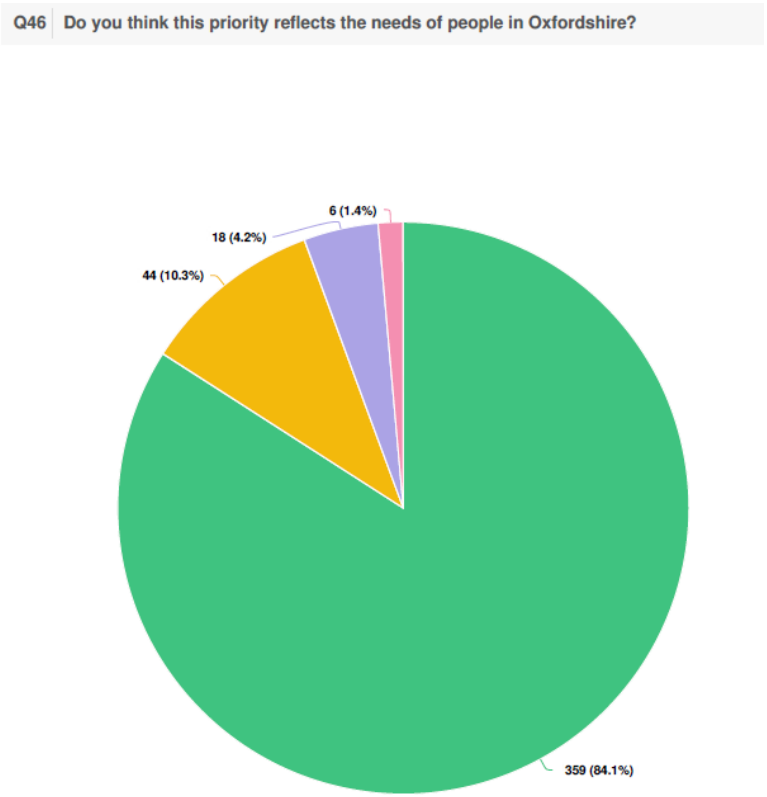
- Edited the priority 5 ambition statement to re-frame what is meant by the word "valued".
- Added an example of how housing adaptation currently supports older or vulnerable people to maintain independence at home
- Acknowledged the importance of carers and implementing the existing all age carers strategy
- Added in reference to the recent annual report by the Chief Medical Officer for England on health and ageing
- Acknowledged the impact social isolation/loneliness has across the life course.

## 5.6 The building blocks of health

### 5.6.1. Priority 7: Financial wellbeing and healthy jobs

All of Oxfordshire's people should have good living standards, financial wellbeing (feeling secure and in control of your finances), and access to the basics: food and water, shelter and heating, the internet, clothes, and physical activity. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality and stable work.

Q46. Do you think this priority reflects the needs of people in Oxfordshire?



The vast majority of respondents fully or partly agreed with this priority (94.4%; n=403).

Themes in comments (n=186) from those who wanted to change the priority or tell us more[vii]:

- **Accessible, affordable and high-quality housing**: "*Social housing is dire, housing associations are unhelpful, appointments not kept, people living without heating, no reformation programme for the elderly. Ex doorbells were removed & nor replaced. Why?"*

  Respondents emphasised the need for more housing (especially social housing) that is of better quality and more affordable, especially for young people. High rent costs and poor living conditions in the rental sector were cited as major issues that need to be addressed to improve health. One respondent suggested using the word 'home' rather than 'shelter'.

- **Transport and infrastructure**: "*The state of the environment is not good in Oxfordshire re health and wellbeing. The state of the roads and pavements for example. I have personally witnessed several serious falls where I live in Thame entirely due to state of pavements. One resulted in serious injury."*

  Several respondents emphasised the need to improve the roads and pavements in Oxfordshire to encourage walking and prevent falls. This included the need to prevent cars parking on the pavement. Several respondents said that low traffic neighbourhoods made it more difficult for people to get around and access healthcare appointments and green space.

- **Lacking ambition vs idealistic**: *"These are mostly WHO basic human needs - maybe we can aim higher in one of the richest university cities in the world?"* *"This document is aspirational and needs realistic delivery plans to make it work."*

  Some respondents felt that we should aim higher and that access to basics should be a 'given' in today's society. Other respondents thought the priority was idealistic and aiming too high. Those who thought the priority was idealistic thought it could be made more realistic by having a good delivery plan with clear and measurable goals. Respondents emphasised that judging this priority on its merit relied on 'how' we seek to achieve it.

- **Cost of living**: *"Your trite list doesn't touch on issues such as low earnings, inadequate provision of affordable childcare or the cost of living."*

  Respondents highlighted the relevance of cost of living in this priority. The discrepancy between poor pay and high cost of living was frequently mentioned as a big issue that needed addressing to retain staff and young people in Oxfordshire and help tackle poverty. The affordability of childcare was also mentioned as a big issue that needed addressing to help parents to access work. Respondents were concerned that the costs of achieving this priority would be passed onto residents. Many respondents wanted subsidies and financial support to help achieve this

[vii] Themes have been drawn from questions 47, 49 and 51

priority, particularly for lifelong learning, people on low incomes and those on the cusp of eligibility for support as these people frequently miss the threshold for support yet are still in need.

- **Jobs**: *"The benefits of working needs much more promotion (improved financial circumstances, general well-being and improved mental health, a sense of purpose, social interactions). We need employers to offer opportunities to those who are neurodiverse and those with health conditions and disabilities - an inclusive, tailored approach to recruitment, employment support, progression opportunity and retention. More need to be done to educate employers about the benefits that these groups can offer."*

  Respondents highlighted the need for improved pay (particularly given the relatively high costs of living in Oxfordshire), more and varied career opportunities, better employment progression and retention and more support for people with additional needs to access employment e.g., neurodiverse, disabled etc. Two respondents suggested adding the word 'meaningful' before 'jobs' or changing the wording to 'stable jobs suited to them' to recognise that what makes a good job can depend on the person and what they need and are looking for.

### 5.6.2. Edits to 'financial wellbeing and healthy jobs' priority

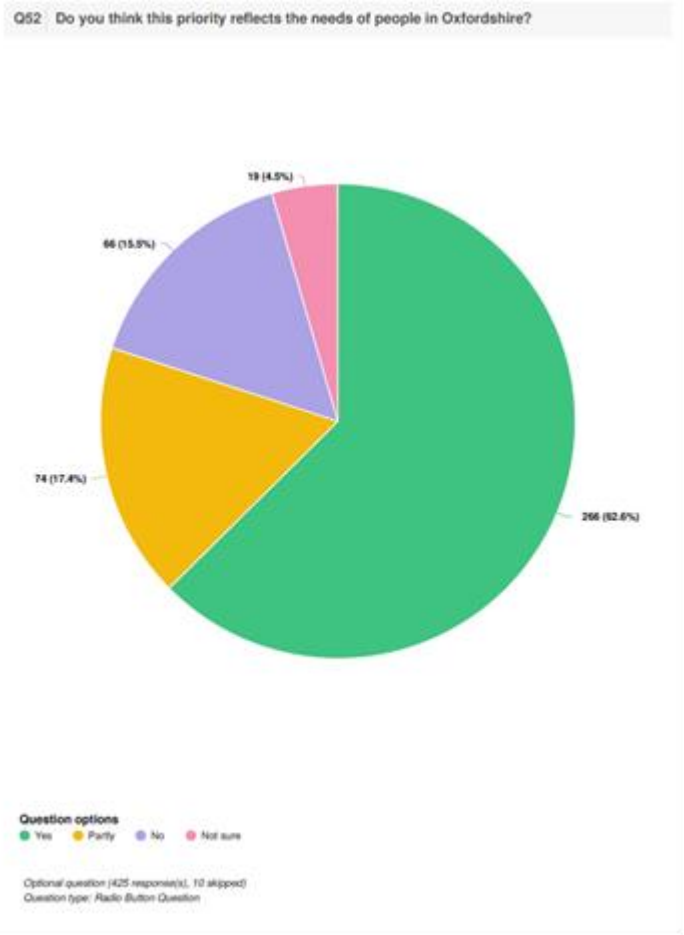
In light of the feedback received, the following changes have been made to this section of the strategy:

- Cost of childcare as a concern is now included and upcoming changes in government provision
- Personal financial wellbeing included within the ambition
- Supporting access to financial, income and debt advice; as well as banking and social finance guidance
- Reference to careers that are well-suited not just well paid, work-life balance, and opportunities for personal growth, and professional development
- Updated with Oxfordshire Inclusive Economy Partnership Charter and the Oxfordshire Strategic Economic Plan to address concerns around inclusive economies and stable jobs
- Housing costs addressed elsewhere in the housing priority strategy

### 5.6.3. Priority 8: Climate change and health

The health and care system in Oxfordshire should take action to reduce climate change and the impacts of climate change on people's health.

Q53. Do you think this priority reflects the needs of people in Oxfordshire?




The vast majority of respondents fully or partly agree with this priority (80%; n= 340).

Themes in comments (n=288) from those who wanted to change the priority or tell us more[viii]:

- **Education:** *"Increase opportunities to educate re climate change and its impact on health"*

  Some people fed back a need for public education to raise awareness around climate change and the effect it has on health.

- **Infrastructure to enable action:** *"This should specifically include the traffic related risks of pollution."*
  *"Make cycling safer."*

[viii] Themes have been drawn from questions 53, 55 and 57

*"Encourage bus!! Make them cheaper, more frequent."*

Some respondents called for better infrastructure to support active travel such as walking and cycling. They also wanted more affordable and frequent bus services to reduce car dependence. Several respondents wanted to scrap low traffic neighbourhoods and increase speed limits to reduce pollution.

- **Climate change as a priority:** "*People care about climate change, but their personal circumstances and wellbeing are their immediate priority."*

  Some respondents stated there were other priorities related to health and wellbeing that have more importance than climate change such as housing and financial hardship. People felt climate change was an issue, however it was considered less important than other areas. Some also said the priority was too vague and unmeasurable. Some felt that residents have to focus on day-to-day issues to get by and that people don't have the head space for climate change matters.

- **Feeling powerless:** *"Climate change is very important but the effects that Oxfordshire can influence are limited."*

  Most people feel that climate change is an issue, but they think the problem is too big to action locally. There was a general sense of powerlessness among respondents.

### 5.6.4. Edits to 'climate change' priority

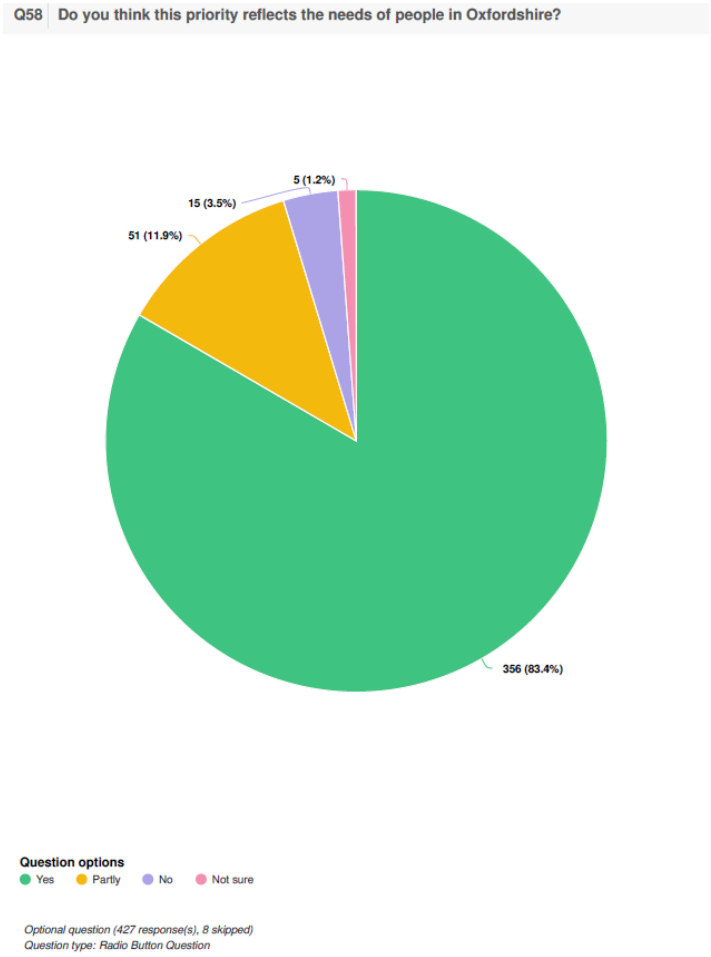
In light of the feedback received, the following changes have been made to this section of the strategy:

- Included both a focus on what individuals and organisations can do to make a difference
- Increased ambition on air quality and action that links to climate change mitigation
- An immediate action to strengthen the link between climate change and health including dietary and nature considerations.

### 5.6.5. Priority 9: Healthy homes

Everyone should have access to quality, affordable, and energy efficient homes which support their health and wellbeing. Social, private rented, and new build homes should be of a good material standard and maintained to prevent health issues, especially from cold, damp, and overheating.

Q58. Do you think this priority reflects the needs of people in Oxfordshire?




The vast majority of respondents fully or partly agreed with this priority (95.3%; n=407).

Themes in comments (n=219) from those who wanted to change the priority or tell us more[ix]:

- **Regulation and assessment:** "*Being of good standard and maintained - this needs to include bringing up to regulations or doing better to ensure that homes have adequate insulation. Heat poverty is a big problem.*"
  **"***Unscrupulous landlords are able to exploit vulnerable people who have no options.*"

  Respondents did not trust that landlords (both private and council) and housing associations would implement measures to prevent or improve poor housing. It was stated that more protection is needed for tenants to allow them to feel safe to deal with housing concerns. There was also a lack of trust in tradespersons who conduct work and there were requests for a list of trusted professionals. Respondents also stated that a lot of homes do not meet regulations and stricter regulations need to be put in place, including for new houses. An assessment of current stock to see if they meet the regulations is also required to fully understand what can be done.

[ix] Themes have been drawn from questions 59, 61 and 63

- **Different population groups**: "*We see a real issue for families - and especially single mothers facing multiple inequalities - when they are rehomed in an emergency, including from a refuge…"*

  Respondents mentioned several different population groups based on age, ethnicity, socio-economic status and circumstances who may be particularly vulnerable and may have increased struggles with housing. Respondents also talked about tackling homelessness and improved housing for those in emergency accommodation or escaping crisis. Many stated that emergency accommodation is not fit for family living and tenants are unable to afford bare necessities such as flooring and white goods.

- **Types of housing**: *"There is no mention of existing privately owned homes. Home that might need help with insulation etc."*

  Respondents and attendees at the webinar wanted more emphasis and recognition of the different types of housing and ownership such as private homes (both rented and owned), older homes and social housing.

- **Money**: "*More grants should be available to help people improve their homes/energy efficiency and environment."*

  Some people felt that housing (including renting) was not affordable and that there is a need for more affordable housing, particularly social housing, to be built. They also highlighted the huge financial cost of retrofitting private homes and older homes. Listed homes were cited as being difficult to improve with no support. Respondents wanted more grants, financial support and incentives available to improve the efficiency of homes, particularly less energy efficient older properties.

- **Environmentally conscious**: "*EVERY new home should be built to environment conscious standards. There is no point at all hoping to achieve wellbeing without considering this."*

  Respondents wanted more environmentally friendly measures across the system. There was a plea for new homes to be more sustainable through environmental measures such as grey water collection, solar panels, renewable energy options and water butts.

- **Infrastructure**: *"I used to live in a small village with a local school but now so many houses have been built around us that the school can no longer take the children from new households…."*

  Respondents expressed a need for more infrastructure in new housing developments such as GP practice, community centres, schools etc.

- **Timely action**: *"It took over a year to put a ramp in at my mother's house to enable access to her garden. Timely assistance would be beneficial - my mum is 97!"*

  Respondents wanted quicker support on housing matters such as increasing accessibility in older people's homes.

### 5.6.6. Edits to 'healthy homes' priority

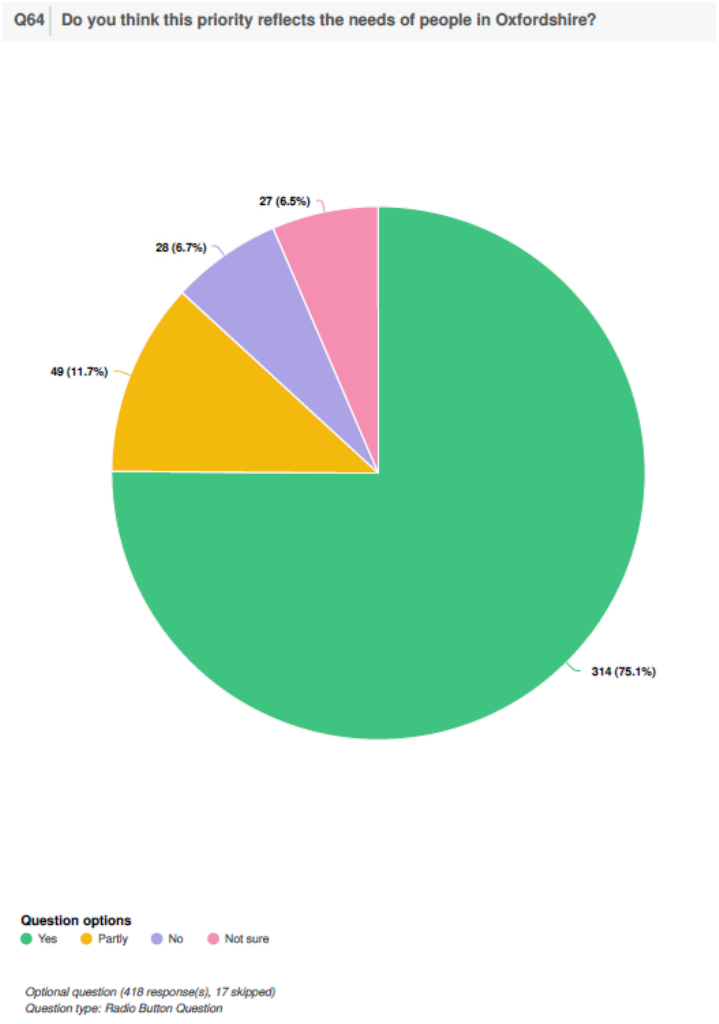
In light of the feedback received, the following changes have been made to this section of the strategy:

- Referenced the Oxfordshire Healthy Place Shaping delivery plan which already addresses several points raised
- Included an ambition to simplify access to grants and support for those in greatest need
- Increased the focus on people at risk of and experiencing homelessness with the obvious significant impact on health and wellbeing.

### 5.6.7. Priority 10: Vibrant Communities

We will support and enable our diverse and vibrant communities to play their key role delivering better health and wellbeing for people across Oxfordshire.

Q64. Do you think this priority reflects the needs of people in Oxfordshire?




The vast majority of respondents fully or partly agreed with this priority (86.8%; n= 363).

Themes from comments (n=196) from those who wanted to change the priority or tell us more[x]:

- **Barriers to community involvement:** *'Amongst all the thousands of new build estates going up there are no shops, no community centres, etc. They are social deserts, this will lead to problems.'*

  Barriers to community activities included being time poor, poor land use planning or not having access to public transport options, particularly in rural areas. Residents also cited feeling safe and reducing fear of crime as being an important factor. Lack of funding and staff/volunteers to deliver the priority goals were also mentioned.

- **Community cohesion:** *'Encourage more social involvement and understanding between different cultures.'*

  Some respondents felt greater understanding and increased cultural activities would build a sense of belonging in the community or increase access to support for health and wellbeing.

- **Clarification:** *'I don't even know what this means.'*

  Some people were unclear what vibrant communities are and what the priority was seeking to achieve. They said it was too vague or didn't offer details or tangible specifics. They wanted more detail on how communities would be involved and supported.

- **Vibrant communities as a priority**: *'Not sure whether a "vibrant community" is foremost in public opinion as a building block in wellbeing.'*

  Some people fed back that while they liked the idea of a vibrant community, they were not sure it was essential or linked to their health and wellbeing. They felt other priorities related to their health were more important.

- **Responsibility**: *'I think you are passing the buck. You speak of community organisations and the voluntary sector delivering what is your responsibility to.'*

  Respondents used emotive language to express their concerns that they felt the responsibility for heath and wellbeing was being passed onto communities and VCSE groups when it should lie predominantly with council/NHS services. Respondents also expressed that VCSE groups can provide valuable support to residents for health and wellbeing and that there needed to be a collaborative/partnership approach between these community groups and council/NHS services to ensure improved equitable access and sustainability.

- **Target groups**: '*It should be all communities not diverse and vibrant communities.'*

  Some people felt that the term 'vibrant communities' was irrelevant to most residents e.g. people in rural isolated parts of the county. Some felt the term referred to

[x] Themes have been drawn from questions 65, 67 and 69

diversity, due to ethnicity or other protected characteristics. Some perceived this as negative, others positive. For example, '*too much time and effort goes into worrying about diversity and not enough into actual solutions'*. This link was also used in a positive sense *'if done right and co-produced by a genuine diverse range of people of all kinds, excellent.'* Respondents questioned who is being included in vibrant communities and stressed the importance of including a diverse range of ages, backgrounds, those with protected characteristics and mental health concerns. Some people wanted more recognition of people seeking asylum and refugee status in Oxfordshire within 'vibrant communities' and to ensure community cohesion.

**5.6.8. Edits to 'vibrant communities' priority**

In light of the feedback received, the following changes have been made to this section of the strategy:

- Changed the title of this priority to "Thriving Communities" as this better reflects the ambition and is likely to have greater meaning to residents than "Vibrant Communities"
- Added a summary of immediate actions, which had initially not been included in the draft version of the strategy
- Included the importance of community safety to enable people and communities to thrive and therefore a link to the Safer Oxfordshire Partnership
- Added a description of communities being connected and accessible to enable them to thrive.

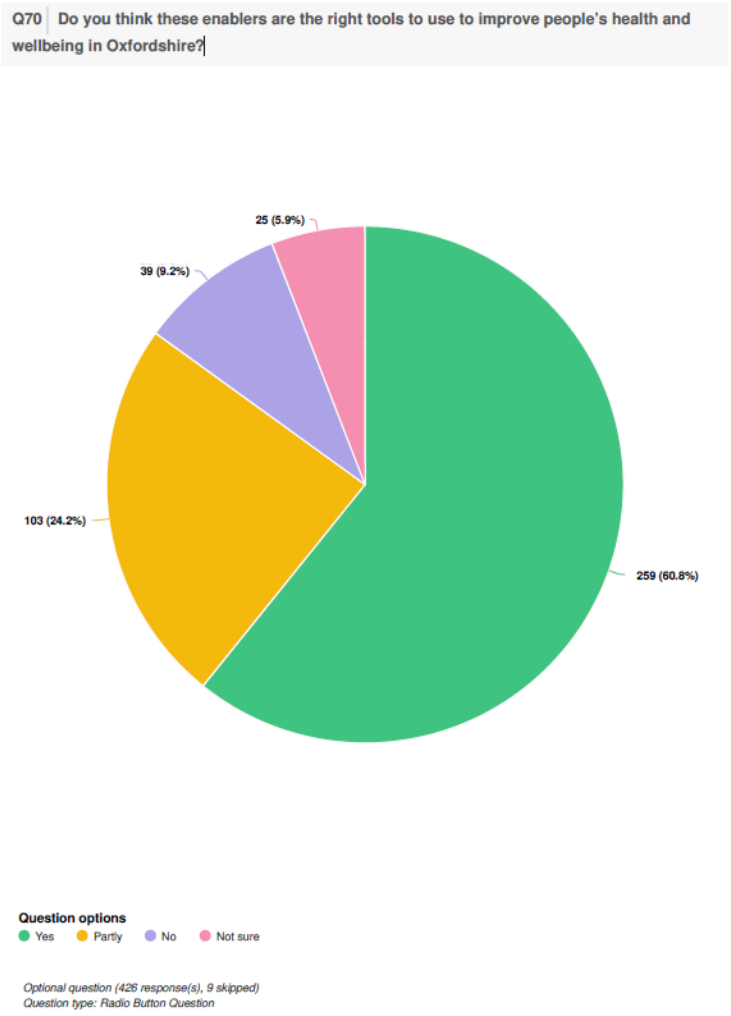
## 5.7 Enablers

**Workforce**
Our staff are our greatest strength, the heart of our organisations. We cannot deliver better health and wellbeing for people across Oxfordshire unless we can recruit and retain a diverse social care and NHS workforce. We want to develop a cross public sector workforce that is healthy and well, feels valued and respected at work, reflects our communities, and is empowered to make a difference.

**Data and digital**
We will improve the extent, quality, and accessibility of digital infrastructure and more effectively generate insight from data to inform decision making. We will continue to innovate digitally to improve how we work, care for, and support people in Oxfordshire.

**Anchor institutions**
We will make a positive contribution to our communities' health and wellbeing by strengthening our roots and links to our local people and populations.

Q70. Do you think these enablers are the right tools to use to improve people's health and wellbeing in Oxfordshire?




The vast majority of respondents fully or partly agreed with this priority (85%; n= 362).

Themes in comments (n=240) from those who wanted to change the priority or tell us more:

- **Importance of VCSE organisations:** "*It's not just large organisations, small community groups can have a big impact and should be used/supported too.*"

  Respondents highlighted the crucial role of the VCSE sector in supporting residents as well as the role of faith-based communities in providing support for people (not just for people of faith).

- **Feasibility/tangibility:** "*Increasing the workforce is a fine aim, but no indication of how this will be achieved."*

  Residents expressed scepticism about the effectiveness, feasibility and clarity of the proposed enablers. Some found the strategy and enablers to be vague or aspirational, emphasising the need for more concrete and actionable plans.

- **Clarification of term 'anchor institutions':** *"Who decides who these are? Will they be politically neutral? Will they be pushing their own agendas? Who will select these*

*institutions? Who will ensure these institutions are impartial? What systems and processes will be put in place to ensure they do not overly influence outcomes?"*

Respondents sought clarification about the concept of anchor institutions. There was confusion about what these institutions entail, how they will be selected, and whether they will remain politically neutral. They expressed a need for clear communication regarding anchor institutions, their roles in the community and how they link with the VCSE sector. Respondents suggested that a focus on anchor institutions might overlook the diverse needs of local communities, and support for grassroots initiatives was encouraged. Some people raised concerns about what would be done in rural communities where anchor institutions do not exist.

- **Workforce recruitment and retention:** "*The recruiting of the workforce will be an issue especially due to low pay and unaffordable rents. There is a recruitment crisis across the caring sector."*

  Respondents highlighted challenges in recruiting and retaining a diverse social care and NHS workforce. Issues such as low pay, unaffordable housing, feeling undervalued and overall working conditions affecting staff morale were mentioned. Respondents were concerned about the level of funding needed to address workforce recruitment and retention issues. Some respondents suggested subsidising housing for healthcare staff. Comments at the public consultation webinar included a need to monitor staff to ensure they are keeping well.

- **Data and digital:** *"Data can be easily manipulated, and outliers can be removed from data giving a reflection that is not truthful or correct. For the council to then invest in areas identified by these methods could be a waste of time money and effort. Absolute transparency is essential if people are to have any trust in Councils the use of data…..!"*

  Opinions on the use of data and digital insights were varied. Some respondents expressed reservations about relying on data and digital solutions, particularly for older people who may experience digital exclusion. Concerns included issues of privacy, incorrectness, trust, funding needed and the potential misuse or selling of personal data. Some questioned how insights from data would be obtained and utilised. Some felt that the emphasis on data could be at the expense of listening to what communities need and rich qualitative data from the local demographic.

- **Infrastructure***: "You should provide more local access to gyms and other physical fitness facilities. You should ensure that new housing is accompanied by appropriate levels of new healthcare infrastructure such as GPs and pharmacies."*

  Respondents emphasised the importance of infrastructure such as sports facilities, public transport, GP surgeries and pharmacies.

### 5.7.1. Edits to 'enablers'

In light of the feedback received, the following changes have been made to this section of the strategy:

- Provided greater clarification of the term ‘anchor institution’ and the formation of a network to develop this new area of work
- Clearer reference to the role of employers in supporting the health and wellbeing of their workforce
- Greater reference to the role of voluntary sector organisations as anchor institutions.

## 5.8 Final comments

Q74. Is there anything else you would like to tell us about the draft Health and Wellbeing strategy?

28.5% (n=117) of those who commented on this priority answered yes. Themes in comments from those who answered yes:

- **Workforce:** *"Need more practitioners outside of the NHS system..."*

  Respondents want a more diverse and empowered social care and NHS workforce. Concerns were raised about the need for increased staffing in expanding towns like Banbury, and in response to the growing demand for health services. They also highlighted the significance of practitioners outside the NHS system to relieve pressure on the NHS.

- **Delivery and measurement:** "*How will this be measured? It shouldn't just be about targets*."

  Respondents emphasised the importance of measurable outcomes. There's a call for clarity on how the strategy will be measured and a suggestion to go beyond numerical targets.

- **Responsible implementers***: "Nowhere in the document does it set out which organisations have been involved..."*

  Respondents and members of engagement meetings voiced the need for transparency regarding the organisations involved in developing and endorsing the strategy and how teams will collaborate. There's a call for clarity on how different strategies link with the Health and Wellbeing Strategy.

  Respondents commended the recognition of communities and the voluntary sector in shaping health and wellbeing. However, there were calls for a stronger emphasis on the voluntary sector's role. The importance of addressing health inequalities, particularly for marginalised groups, was stressed. The role of end-of-life care and the need for financial acknowledgement in the strategy were also highlighted.

  > *"We applaud the work that has gone into this strategy..."*
  > *"There needs to be a far greater recognition of the role of the Voluntary Sector."*
  > *"The strategy needs to focus more specifically on the impact financial pressure has on health and wellbeing."*

## 6. Conclusion

The feedback from this consultation has provided valuable insights into people's perception of the draft Health and Wellbeing strategy. Overall, the vast majority of people expressed support for the principles, priorities and enablers outlined in the strategy. Most of the feedback concerned the delivery of the strategy rather than the strategy itself. This feedback will be valuable when creating the delivery plan in the next phase.

A notable issue highlighted by people was the perception of insufficient funding and workforce to effectively deliver on the actions and priorities set out in the strategy. This left some people feeling sceptical and creating the potential for empty promises.

People also fed back about the importance of lifestyle and health behaviours. Respondents' comments reflected the need to balance personal freedom and responsibility for engaging in healthy behaviours versus the need to be shaping the environment to make healthy options easier for people.

Another notable concern among people were difficulties in accessing healthcare. Respondents felt that improving access to healthcare was vital to improve health and wellbeing. These comments will be fed back during the update of the BOB ICS Primary Care Strategy as the Health and Wellbeing Strategy is focussed solely on the building blocks of health. The narrative around the importance of wider factors on improving health and preventing ill health has also been strengthened in the strategy in light of this feedback.

On a range of priorities, we had feedback that children and young people with SEND need specific consideration in order for their health and wellbeing to be improved. This feedback will be used to enhance the SEND Service Improvement Priority Action Plan.

In conclusion, the findings from this consultation have provided valuable insights that has informed the refinement of the strategy. The feedback will also be used to form the delivery plan and outcomes framework that will support implementation of this strategy.

# HEALTH AND WELLBEING STRATEGY

Oxfordshire, 2024-2030



*FULL FINAL VERSION - December 2023*

# Contents

# Foreword

Much has changed since the Health and Wellbeing Board last published a strategy in 2019. We've lived through the challenges of the Covid-19 pandemic. Last year, the health and care system came even closer together with the establishment of our Integrated Care System, shared with neighbours in Buckinghamshire and Berkshire West. We continue to experience the impact of a cost of living crisis that has affected us all, especially our most vulnerable. People in our poorest neighbourhoods are experiencing worse health than our more affluent areas and are dying younger from avoidable conditions. The life expectancy gap is only widening in the UK (1).

I firmly believe this is unacceptable. The situation must—and can—change. Collaboration between councils, NHS, and the voluntary and community sector can help put the right building blocks in place for people across Oxfordshire: good quality homes, stable jobs, social connections, and neighbourhoods with green space and clean air. When we put these building blocks in place, we support people to make healthy choices, live independently, and stay happier and healthier for longer. That is why these key issues are woven throughout our strategy.

Without a doubt, we face challenges: an ageing population, and increased demand for services, mental health and wellbeing remains a challenge, especially for our families, children, and young people. And of course, one of the biggest threats to all of us: climate change, pollution, and rapid loss of biodiversity.

I see many opportunities and strengths too. Our response to Covid-19 showed us at our best—councils, NHS, and the voluntary and community sector working closely with our communities. I'm proud of how we've come closer together, establishing a pooled budget between social care and the Integrated Care Board. We've adopted the Oxfordshire Way, a new approach to social care enabling people live well in their community for as long as possible. We're talking more and more openly about mental wellbeing. We've agreed real focus on our ten priority wards experiencing greatest levels of inequality. These accomplishments are the start: now we will pursue these changes further and faster, so Oxfordshire is a wonderful place for *everyone* to live, work, learn, have a family, and flourish.

I'm confident the health and wellbeing of our people, places, and planet can improve—and this is what our new joint health and wellbeing strategy is all about. If ever there was a time for daring to do things differently, it is now. We must be more comfortable giving power to our communities, genuinely work together as one united public sector, focus on prevention, and unabashedly, unreservedly, and relentlessly tackle health inequalities.

October 2023

Cllr Liz Leffman, Chair of the Oxfordshire Health and Wellbeing Board

# Introduction

This strategy is Oxfordshire's primary strategy for health and wellbeing, setting out a strong, unified vision to improve health and wellbeing for local people between 2024-2030.

We hope this strategy answers the challenges residents of Oxfordshire have told us they have with their health and wellbeing and provides opportunity for a change in the way we work together to improve health and wellbeing here. It focuses on health and wellbeing in a broad sense. It focuses on the things people need to stay healthy such as stable employment, warm homes, environments that allow healthier living and communities that are well connected and supportive. It also focuses on what we can do jointly across health and social care in Oxfordshire to prevent people being at risk of poor health, from birth to older age.

When we get this right, it reduces the need for services like GPs and hospitals. Access to and provision of medical care is an important part of the picture and is covered in two separate strategies – the Buckinghamshire, Oxfordshire and Berkshire (BOB) West Integrated Care Board Primary Care Strategy (upcoming) and the NHS Joint Forward Plan and therefore is not the focus of this strategy.


The development and publication of the Oxfordshire Health and Wellbeing Strategy is a statutory duty of the Oxfordshire Health and Wellbeing Board. We are a partnership of local councils, NHS organisations and Healthwatch Oxfordshire. This strategy has been informed by the themes in the BOB Integrated Care System Strategy published in March 2023 Lots has changed since Oxfordshire's last strategy published in 2019, including the Covid-19 pandemic and the cost of living crisis. In developing this strategy, we have put residents at the heart of the process and have engaged with over 1000 residents from all backgrounds and many seldom heard communities to hear what challenges they face and what helps them stay well and healthy. You can read more about what they told us in our engagement report.

We have also overseen publication of Joint Strategic Needs Assessment (JSNA 2023) of Oxfordshire's population and the factors affecting health, wellbeing and social care needs. The JSNA findings and the public engagement detailing residents' voices have been used to inform the themes and priorities for the Health and Wellbeing Strategy.

We surveyed residents of Oxfordshire and diverse partner organisations through a public consultation process in which more than 400 residents and organisations responded to an online survey, webinar and in person focus group meetings. The consultation report was reviewed, and the concerns and ideas expressed have been considered and incorporated into our final strategy.

We are confident that this overall process has been thorough and meaningful, enabling us to more fully understand what matters to local people and ensure the residents' voice is at the heart of the strategy.

This is also not the last step but the beginning of the task ahead. This strategy defines at high level our principles and priorities. We will outline a delivery plan with detailed actions to achieve these aims in early 2024. We will work with partners and communities to track our activities and monitor our progress. We will ensure there is a good governance, meaningful evaluation and transparent accountability.

# Executive Summary

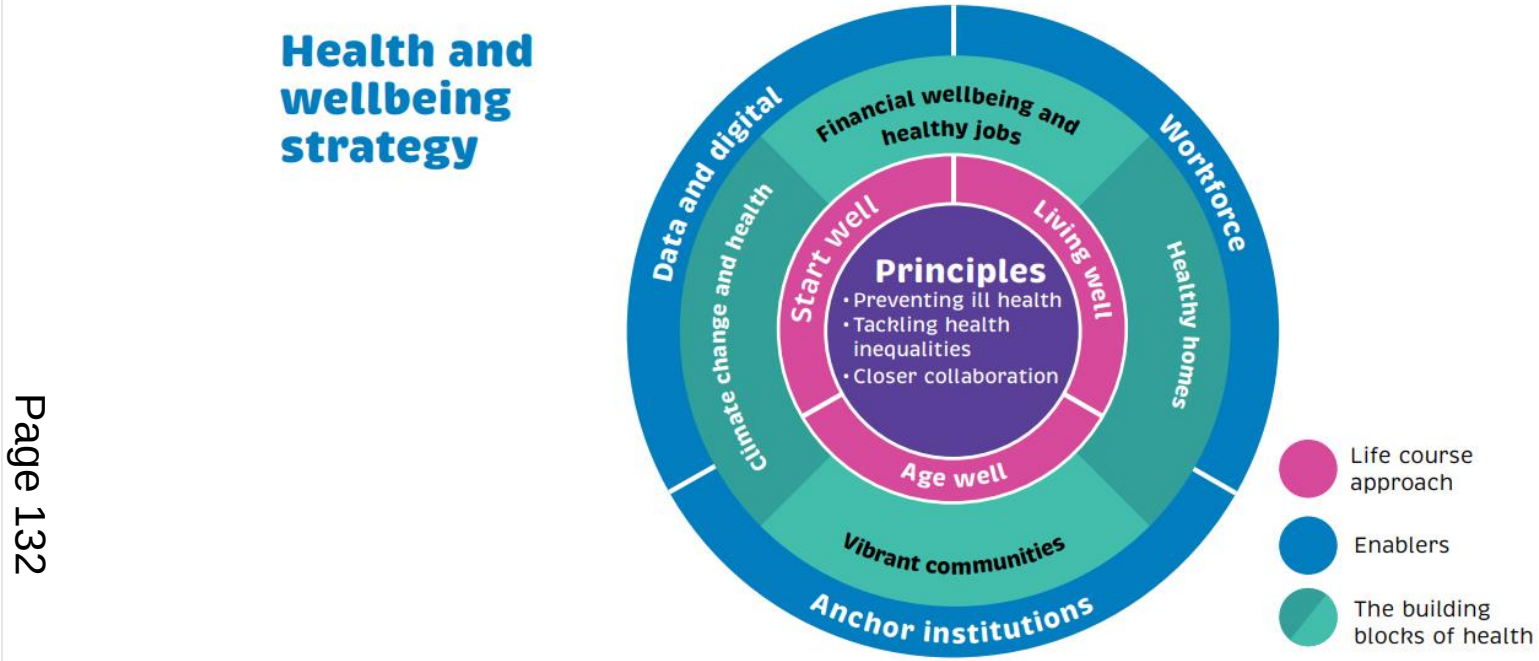



Figure 1:
Summary of Oxfordshire Health and Wellbeing Strategy

Figure 1 summarises how we have structured this strategy. From our Joint Strategic Needs Assessment and public engagement, we have seen that there are priorities for health and wellbeing that sit across the life course, underpinned by the building blocks of health and enabled by key drivers of health and wellbeing.

**Principles**

The strategy presents three principles underpinning all we do: addressing ***health inequalities, preventing ill-health, and closer collaboration.*** We will see all our priorities through these three key lenses.

## Life Course Approach

The strategy has been built around a **"life course approach"** to wellbeing. There are a wide range of factors—some positive, some negative—that influence our health and wellbeing at different stages of our lives. Therefore, this strategy contains chapters for Start Well, Live Well, and Age Well to note the strengths and challenges through the span of life.

### Start Well

- **Priority 1: The best start in life -** All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived communities.
- **Priority 2: Children and young people's emotional wellbeing and mental health -** More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.

### Live Well

- **Priority 3. Healthy people and healthy places -**The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.
- **Priority 4: Physical activity and active travel -** Residents of Oxfordshire should be able to remain active throughout their lives, especially in our most deprived areas.

### Age Well

- **Priority 5: Maintain independence -** We will support more older residents to remainresidents to remain independent, and healthy, for longer. We will ensure they are always treated with dignity and are fully valued.
- **Priority 6: Strong social relationships -** Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially in rural areas.



## Building Blocks of Health

Important across the entire life course are the building blocks of health: foundations we all need to experience happy and healthy lives. So, the focus of this strategy goes far beyond accessible and good quality health services, important as they are, to physical activity, air quality, healthy homes, natural spaces, tackling deprivation, good jobs. This is where we can add value—when we put the building blocks of health in place, we can relieve demand on health services.

### Priority 7: Financial Wellbeing and Healthy Jobs

- All of Oxfordshire's people should have good living standards and financial wellbeing. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality and stable work.

### Priority 8: Climate Change and Health

- The health and care system in Oxfordshire should take action to reduce climate change and the impacts of climate change on people's health.

### Priority 9: Healthy Homes

- Everyone should have access to quality, affordable, and energy efficient homes which support their health and wellbeing. Social, private rented, and new build homes should be of a good material standard and maintained to prevent health issues.

### Priority 10: Thriving Communities

- We will support and enable all communities to play their key role delivering better health and wellbeing for people across Oxfordshire.

## Enablers

To ensure this strategy makes a difference to people's lives, there are certain key drivers of change that will support delivery. With these in place, we can do things differently to ensure Oxfordshire's health and care system is inclusive, compassionate, data-informed, rooted in communities, and sustainable.

### The workforce

- Our staff are our greatest strength, the heart of our organisations. We cannot deliver better health and wellbeing for people across Oxfordshire unless we can recruit and retain a diverse social care and NHS workforce. We want to develop a cross sector workforce that is healthy and well, feels valued and respected at work, reflects our communities, and is empowered to make a difference.

### Data and digital

- We will improve the extent, quality, and accessibility of digital infrastructure and more effectively generate insight from data to inform decision-making. We will continue to innovate digitally to improve how we work, care for, and support people in Oxfordshire

### Anchor institutions

- We will make a positive contribution to our communities' health and wellbeing by strengthening our roots and links to our local people and populations.

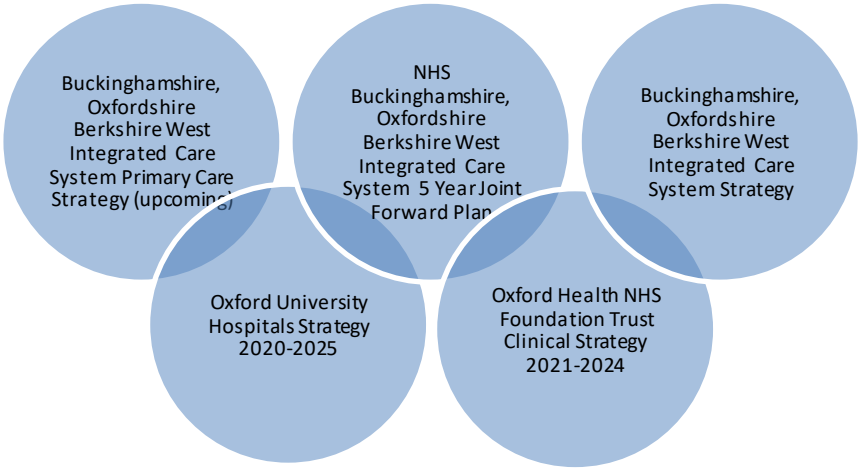
## Support and services

Everyone should have access to the health and care services they need which are delivered in the right place, at the right time, to ensure the best outcomes. Services should be designed so ethnicity, social status, gender, and sexuality are not barriers to good access, experiences, or outcomes.

This strategy is primarily about the broad societal, structural, and economic factors that are fundamental to our health and wellbeing. However, we all need to access services at various times to support our health and wellbeing. This can be for short and isolated issues or when managing on-going or more complex challenges. We know the COVID-19 pandemic has impacted on the delivery of many local services, often leading to increased waiting times, or making access more difficult. Some services are still recovering from these impacts.

The Integrated Care System Strategy, the NHS 5 year Joint Forward Plan, and the forthcoming Primary Care Strategy all outline plans to ensure the improvement and integration of local services as key foundations for good health and wellbeing in Oxfordshire. This strategy, then, primarily focuses on the broader factors that drive our health and not on specific service access. The following diagram shows 5 interconnected local strategies that lay out in much more detail local plans to ensure timely and effective health services.

## Other related strategies

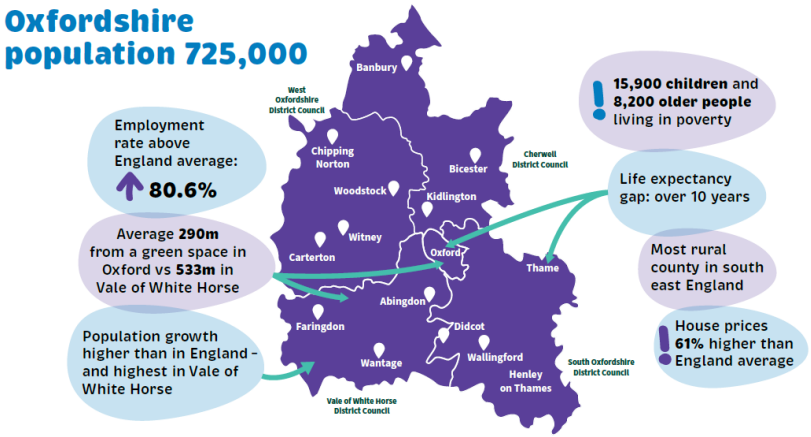



In addition to these local health service strategies, there are a range of other strategies, plans and projects that exist locally that address different priorities of this health and wellbeing strategy. It is important this strategy does not duplicate these existing pieces of work, but rather supports and accelerates them. We have included within the different priorities some of these linked strategies and a fuller list can be found in Annex 1.

# Oxfordshire Context

Overall Oxfordshire's population is relatively healthy, doing better or similar to the national average on most public health indicators and life expectancy and healthy life expectancy in Oxfordshire are each significantly higher than national and regional averages for both males and females.

Figure 2. Oxfordshire Context, Data from JSNA 2023

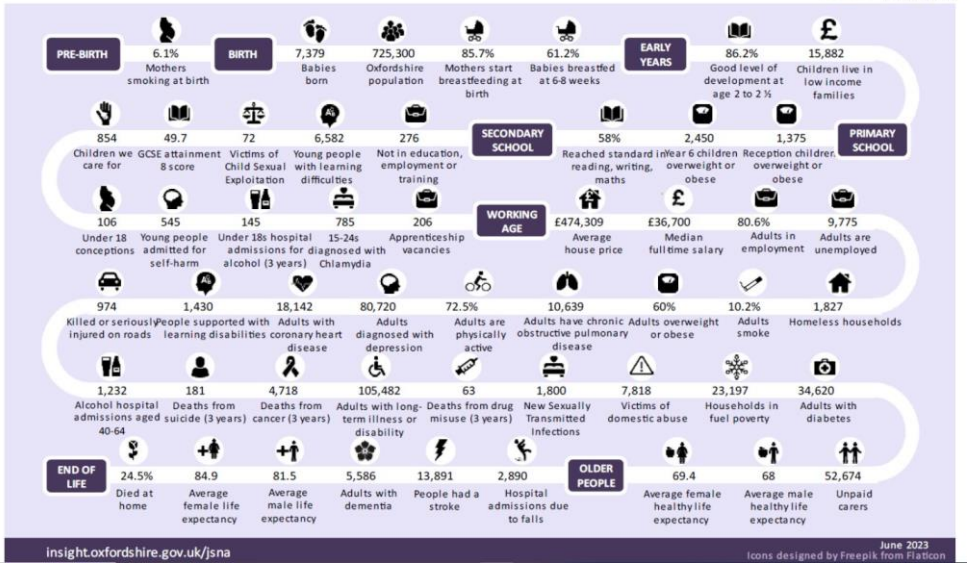





However, we continue to have significant challenges. The latest measures of personal wellbeing (ONS 2020-21) for Oxfordshire show a decline in reported happiness and an increase in anxiety. The average level of anxiety and depression in Oxfordshire has remained above the England average. Mental health rates of diagnosis and referrals are continuing to increase (2).

Oxfordshire's population is ageing, a trend that is forecast to continue. Oxfordshire's Joint Strategic Needs Assessment 2023 (see figure 3) showed that cancer was the leading cause of death in Oxfordshire, followed by heart disease for males and dementia & Alzheimer diseases for females (3).

Figure 3. Oxfordshire JSNA, health and w ellbeing facts and figures 2023




Despite Oxfordshire's relative affluence there are wide inequalities in health and wellbeing. Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females the gap in life expectancy is around 12 years. National data showed that COVID-19 had a disproportionate impact on ethnic minority communities and those with disabilities. It also showed the mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas (3). Oxfordshire is the most rural county in the Southeast region, impacting residents' ability to connect with their communities as well as health and care services. House prices are continuing to increase, and the cost of renting remains well above average (4). Data from prior to the cost of living crisis showed rates of fuel poverty were already increasing between 2019 and 2020, while two thirds of households classified as fuel poor were in rural areas (3 p. 195).

# Principles

There are 3 key principles within this strategy underpinning all we will do.

## 1. Health Inequalities

Oxfordshire should be a place where the avoidable and unfair health differences between different groups in the county are minimised. This is *everyone's* responsibility.

Overall, Oxfordshire is a relatively healthy and affluent county. However, this experience is deeply unequal. Right now, residents in our poorest neighbourhoods are dying more than 10 years earlier than residents in our wealthiest neighbourhoods. Just as important, many of those same residents experience poorer quality of life. This is a particular challenge in Oxfordshire's 10 wards that include areas ranked among the 20% most socioeconomically deprived in England (5). Our commitment to tackling health inequalities is a commitment to adding years to life and life to years.

Residents can experience inequalities in **access** to health and care services, unequal **experiences** of those health and care services, or inequalities in **overall health outcomes**. These avoidable and unfair differences are sometimes experienced by people of different gender, age, socioeconomic status, or ethnicity. We also know that residents at greatest risk of being socially excluded are more likely to experience ill- health, including people who are homeless, vulnerable migrants, sex workers (sometimes called "health inclusion groups") (6). Living in a rural area can also compound the effect of experiencing deprivation because there is less access to societal support: fewer opportunities for social connection, less extensive and less reliable travel options, and less access to services such as GPs and pharmacies.

Health inequalities are bad for everyone, not just those who experience them. Places with greater inequalities in health tend to have worse overall health outcomes for all. Health inequalities can often place extra financial pressure on organisations delivering key services (6).

Covid-19 has demonstrated how stark our society's persistent health and wider inequalities are – and, in many cases, has widened those inequalities. For example, disabled people and black men were three times more likely to die during the first Covid wave compared to non-disabled people and white men respectively (7). As we build back life after Covid-19, we must undo that trend. We must make sure no one is left behind as we build a healthier Oxfordshire.

Inequalities of health have many causes. Firstly, the building blocks of health, such as quality of education, the homes we live in, the quality of our jobs, having enough money to meet basic needs, the air we breathe, our access to green space, and the strength of our community. Another cause is how the environment we find ourselves in, rather than our individual choices, can cause unhealthy lifestyles: tobacco and alcohol use, or unhealthy diet and physical inactivity (6).

**Our progress tackling health inequalities**

Oxfordshire's Director of Public Health's Annual Report for 2019/20 has prompted community leaders and relevant organisations to come together to develop our Oxfordshire Community Profiles. These focus on the 10 wards where residents are most likely to experience inequalities in health. They take an asset-based community development (ABCD) approach: understanding what is already working well and strong in those areas, what residents think would make a positive impact, and learning from data about the area. These profiles continue to generate action plans and dedicated funding. The profiles, action plans, and funding will tackle avoidable and unfair differences in health access, experiences, and outcomes.

Reducing the gap in life expectancy and years lived in good health between different population groups must sit at the heart of all we do. That's why, for each of our priorities, we will identify which populations and places are experiencing the poorest health outcomes—and prioritise support for them. The NHS Core 20 plus 5 framework helps to provide some focus on key clinical areas for action to reduce healthcare inequalities especially relating to access and clinical outcomes.

# 2. Prevention

Everyone in Oxfordshire should be supported to stay well and independent, enjoying better health and wellbeing for longer—and interventions delivered as early as possible when needed.

We believe that preventing physical and mental ill health is more effective and kinder than curing ill health. Our approach to prevention in Oxfordshire is to Prevent, Reduce, Delay, as outlined in the Oxfordshire Prevention Framework:

- **Prevent** illness, by helping people and communities keep themselves healthy (primary prevention)
- **Reduce** the need for treatment by identifying any health issues early and supporting people to manage their long-term conditions (secondary prevention)
- **Delay** need for care by providing the right support at the right time (tertiary prevention)

Early prevention leads to better outcomes for residents and services, avoiding ill-health and reducing the number of people needing treatment and support. Upstream prevention makes good financial sense: residents are less likely to miss work or education due to ill-health or to undergo treatment. It's also more cost effective to intervene early, making better use of public money.

In the past 15 years, the number of deaths in Oxfordshire that could be avoided by effective primary prevention – 'preventable mortality' - have decreased. However, that has now stopped, especially among men. Rates of preventable death remain higher in less well-off areas of Oxfordshire (3).

We are all responsible for adopting a preventative approach—not just one organisation. Preventative work that one organisation does may positively benefit another organisation—so we must take a system-wide approach. When a district council uses its leisure services to boost physical activity, fewer people will access primary care experiencing poor physical and mental health.

**Shifting to prevention**

In Oxfordshire we have already taken good steps forward in this area. For example, Adult Social Care has established the Oxfordshire Way, investing in communities to prevent ill health and support independence. As a result, there are 31% fewer people waiting for a social care assessment compared to before we started this work. And, in Oxfordshire, 88% adults with a learning disability are supported to live at home (vs 79% nationally) (36). We have also prioritised 'Make Every Contact Count': a programme encouraging conversations with residents about changing behaviour at opportune time—a proactive approach to prevention. Similarly, Oxford University Hospitals have a 'Here for Health' service, offering a free health and wellbeing support service for patients, staff and visitors to help do more physical activity, eat healthier, and stop smoking.

We will see the best outcomes for residents' health and wellbeing if we take a preventative approach to all we do. That is why this strategy identifies opportunities for prevention and early intervention in each of our priorities.

# 3. Closer Collaboration

The Health and Wellbeing Board members will work in closer collaboration to effectively deliver this strategy. Central to this is working more closely, collaboratively, and creatively with residents and communities, especially in areas of greatest deprivation. We will support and enable all of Oxfordshire's communities to meaningfully shape their local area and services to contribute to better health and wellbeing.

There are significant challenges to improving health and wellbeing. No one organisation holds the solution—we can only make a difference by working together more effectively and enabling communities to participate and lead. We recognise there is much more we can do to work well with communities. We must be open to collaborating in different ways, placing power more firmly with communities. We therefore commit to building ongoing dialogue and relationships with communities, benefiting from their imagination, energy, and intimate knowledge of people and place. This means:

- **Recognition**: communities bring a wealth of lived experience, expertise, and insight - and we value that
- **Equity:** community expertise is equally as valuable as public health, clinical, and administrative expertise – so we will build 'a dialogue of equals'
- **Celebrating difference:** different communities in different places have different perspectives and needs - no one size fits all.

Covid-19 taught us that when organisations and communities come together around a common purpose - however challenging - we can deliver truly positive outcomes across Oxfordshire. Working together with communities:

- More effectively identifies, tackles, and reduces persistent health inequalities.
- Empowers people and gives them greater confidence to take personal action to live healthy lives.
- Increases understanding of a diverse range of people's perspectives, strengths, and needs.
- Enables more appropriate and accessible services.

We want to move away from simply informing communities about what we're doing. At our best, we work with and learn from community-based organisations, local residents, and community researchers. We recognise this requires time, money, and people.

**Collaborating more closely**

Oxfordshire has one of the largest pooled budgets between Social Care and Health in the country. This allows us to deliver integrated services for people including those with learning disabilities and severely poor mental health. It also means we can better prevent hospital admission for those with dementia or at risk of falling.

Over the past few years, Healthwatch Oxfordshire have developed models of community research that focus on inequalities, empower residents, and benefit the community involved. One project produced a film exploring black women's experiences of maternity. As a result, the grassroots organisation started a community women's session and the hospital's maternity services have improved their provision of interpreters.

We strongly believe that *the whole is greater than the sum of its parts*. We will use this strategy to ensure this closer collaboration underpins all we do here in Oxfordshire.

# Start Well

## 1. The best start in life

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our priority neighbourhoods.

The first five years of a child's life are critical, shaping the rest of their life. Stress and adverse experiences, including repeated abuse, severe maternal depression, or extreme poverty, can negatively impact babies' development. Relationships with caregivers during these years build a baby's brain and provide the foundations for a baby's cognitive, emotional, and social capabilities.



"It can be awful for fathers to leave their partners just after a traumatic birth ... We need to have fathers more involved."

The first 1001 days – from pregnancy to age two– are when children develop the most. A healthy pregnancy is the first crucial step in a baby's journey, and it is important that the mother and child have a safe and comfortable home environment (8) . Children are most vulnerable at this stage: some are diagnosed with a disability and some have a developmental need which, if not provided for, may become a special educational need... Complications during pregnancy are more likely in for those experiencing deprivation, for instance these families are more likely to have a baby with low weight: 3.3% vs 2.2% in the most well-off families (9).

Breastfeeding plays a crucial role in good health outcomes the short and long term. There is good evidence to show that breastfeeding reduces risk of hospitalisation in the first 2 years of life and the prevalence of later childhood obesity by 13%. In the UK 74% of mothers start to breastfeed but only 1% are still exclusively breastfeeding at 6 months; eight out of ten women stopped before they wanted to and would have continued with more support. In addition, breastfeeding rates are lower in young, White mothers experiencing higher levels of deprivation. Ensuring all mothers have access to support with breastfeeding, encouragement and understanding in their communities is vital in reducing health inequalities that have an impact beyond the first 6 months of life (10).

Parent and carer mental health can impact a baby's health and have lifelong consequences. It is therefore essential we proactively support parents and families to improve perinatal and wellbeing. If we help them meet their own needs, they will better meet their children's needs.

From birth to age two, children are deeply influenced by a secure and loving attachment to their parents/carers, benefiting from rich learning experiences and supportive environments in developing language and physical skills. Conversely, a child's development can be negatively affected by adverse childhood experiences (ACEs), including parental conflict and trauma from exposure to poor parental mental health, abuse, neglect, and drug and alcohol misuse. Early intervention in this crucial period and particularly for those experiencing ACEs can offer children and families the support they need to reach their full potential (11).

Covid-19 lockdowns impacted many younger children's development as they lost vital experiences at school and nursery. So, fewer children are ready to learn at two years old or ready for school at five years old. By age five, children should be curious and confident about learning, becoming independent with self-care skills, and able to vocalise choices. When children aren't ready for school, this can impact their early learning and

creates further demand on services. This is a particular challenge for children eligible for free school meals (FSM): 43% percentage of pupils eligible for FSM in Oxfordshire achieve a good level of development (below national levels), compared to 68% for all pupils (3). This is a larger gap than the national gap. In Oxfordshire, boys in families experiencing deprivation or eligible for FSM are less likely to reach these milestones (12). We must support our parents and carers to ensure healthy child development in all aspects, particularly language and communication. If we identify and address any delays at an early stage, we can prevent problems later on, and if we focus on children at risk due to their home circumstances, we can reduce the learning gap.

**Our ambitions**

Between now and 2030, we want to see:

- Improved parental mental wellbeing during pregnancy and after birth
- Supporting families to breastfeed and increasing the number of babies who are breastfed at 6 months of age.
- More children with good level of development aged two-three years and are ready to learn at school by the age of five.
- Adoption of the UNICEF approach: ready families, ready schools, ready services, and ready communities as the pillars of development
- Stronger language development pathways, especially among families in our most deprived communities,
- Engaged, responsive parents and supportive home learning environments, alongside improved understanding among families of healthy child development.

**Immediate actions**

- Develop and introduce easy-to-access community hubs across the county.
- Promote Healthy Start Scheme to all pregnant women and families with new-born children.
- Launch maternity tobacco dependency service to strengthen the focus on reducing smoking in women and their partners or those they live with, during pregnancy and after delivery, especially in our priority areas.
- Offer more regular leisure and wellbeing classes during pregnancy and early child years.
- Public Health Nursing Service to provide additional universal school readiness review at age 3.5 to 4 years.
- Support rollout of WellComm: a universal screening tool to identify children with a speech, language, or communication delay early on
- Increase use of ’50 Things to do before you’re 5’ app among parents and carers.
- System partners to promote communication and language skills for toddlers and young children.

# 2. Emotional wellbeing and mental health

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.

This priority is about both promoting emotional wellbeing and preventing mental ill health. Emotional wellbeing is about how our children and young people think, feel, and behave – their ability to cope with the stresses of life and realise their abilities. Mental ill health is defined clinically and includes depression and anxiety. Over the past five years, children and young people's emotional wellbeing has worsened according to the State of the Nation Report from Department of Education in 2021 (13) .During Covid-19, they lost opportunities to take part in school, social activities, spend time with friends, and access support services. 44% of children and young people in West Oxfordshire said Covid-19 impacted their mental health. (3) It was also shown that problems in one area of wellbeing such as family functioning could lead to problems in mental health in children and young people. We understand that a further wide range of factors are implicated, from physical health and activity, sleep and nutrition to the modern pressures of social media, education and social networks. We must enable children and young people with the skills and tools they need to manage these daily stressors, in addition to supporting families and communities tackle the wider societal and structural basis of mental health and wellbeing.

In Oxfordshire, 11% of 10-19 year olds were referred to mental health services in 2022/23 (3). More generally, children and young people are becoming more lonely, anxious, and depressed—with levels higher among girls. Risk of poor mental health and wellbeing is higher among, young carers, LBGTQ+ children, children from diverse ethnic heritage, with autism and/or ADHD, living with a disability, living in poverty, children who have been adopted or are on the edge of care, and children who have witnessed domestic abuse or other adverse childhood experience (ACEs). Between 2019-20, those in England's most deprived areas were twice as likely to be in contact with mental health services than those living in the least deprived areas (14) For children with mental health conditions, particularly care leavers, a positive transition to adulthood is a recognised priority requiring further support.

"Personally, my own mental health is the most challenging thing I face".

In addition in Oxfordshire we have recently received the outcome from an inspection of services for children with Special Educational Need and Disability which raised significant concerns about the experiences and outcomes of these children (15). The focus of this report is wider than just improved mental wellbeing support that many of our local SEND children require, as it also includes support for physical disability and their educational need. The actions to address the issues identified are found within the Priority Action Plan that the local SEND partnership has developed and submitted.

Our focus will be on prevention and early intervention: promoting positive mental wellbeing, preventing people from experiencing poor mental health, and identifying and supporting struggling children and young people at the earliest opportunity. Our priority should be of targeting of support for those who need it most including those with existing mental health, physical health and neurodevelopmental conditions. We will also target support to those most in need to tackle local health inequalities.

**Our ambitions**

Between now and 2030, we want to see:

- Improved mental wellbeing and reduced levels of loneliness, depression, and anxiety, especially for children and young people experiencing mental health inequalities.
- Children and young people placed at the heart of designing our mental health and wellbeing offer.

- More positive transitions between childhood and adulthood for children experiencing poor mental health.
- Simplified support pathways, directing people to the right place at the right time.
- Increased range of support, including face-to-face, telephone, and digital support.
- Better understanding of what support neurodiverse children and young people need among education, social care, and NHS staff.
- Improvement to the outcomes for children with Special Educational Need and Disability.

**Immediate actions**

- Implementation of Oxfordshire's Better Wellbeing and Mental Health Strategy for Children and Young People 2022-2025
- Build capacity and confidence in our workforce by providing Mental Health and Suicide Prevention training for professionals and volunteers.
- Provide a safe and anonymous digital platform for children and young people's wellbeing—a space to talk about anxiety, depression, and self-esteem, seek self-help, share experiences and peer support one another.
- Provide timely offers of support such as advice and psychoeducation groups, and guided self-help—in addition to consultation, assessment, and intervention when appropriate.
- Support the voluntary and community sector to help children and young people.
- Work across the system- including with parent groups- to implement the priority action plan.
- Review of support for children exposed to domestic abuse or those families where parental conflict exists.

## 3. Healthy People and Healthy Places

The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

We know that around a third of all years lived with ill-health and disability are caused by risk factors such as tobacco use, harmful alcohol drinking, or unhealthy weight (3). The cause of these hazards is not simply down to lifestyle choices but is heavily influenced by the environment that people live, work, and socialise in as highlighted in this recent report by tobacco, alcohol and healthy weight action groups (16)This includes the behaviours of those we live with, the advertising we see all around us, the products marketed in shops, and the norms of society. Healthy food is often more expensive and convenient than less healthy alternatives.



"I try to eat well but fruit and veg is getting expensive. Cost of weekly shop has almost doubled".

On average, living with obesity reduces life expectancy by around three years—and in more severe cases, up to ten years (17). It is also linked to worse mental health, poorer educational attainment among children, and more sick leave in adults. Smoking tobacco remains the leading risk factor of preventable death in Oxfordshire, causing many different diseases (18). The cost of tobacco use can dramatically impact household budgets, locking people into poverty. Harmful drinking and alcohol dependence increase the risk of several diseases and mortality (16). It also negatively impacts relationships, family life, employment, and can be a factor in some crimes.

Often, these challenges cluster together: if one is present, the others are too, further affecting health outcomes. We also see that the impact of these harmful factors more in certain communities. For example, the likelihood of tobacco use is 2.3 times higher in Oxfordshire's routine and manual workforce than for the county. Overall, the harm caused by alcohol is greater for people who have lower incomes (3) or who experience more deprivation, leading to inequalities in health outcomes. More deprived communities are more likely to live in an environment that does not enable healthy eating as there is far easier access to unhealthy food. We also know there is an important interplay with mental wellbeing. For example, a third of all cigarettes smoked are by people with a mental health condition (19). Poor mental health can be a trigger for tobacco or harmful alcohol use and unhealthy food consumption. Equally, these issues can all be risk factors for poor mental health creating a potential downward spiral. Food insecurity can be a risk factor for stress and poor mental health.

We will focus on preventing people from living with excess weight, starting smoking, and developing harmful alcohol consumption patterns by creating healthy environments with a particular focus on areas of Oxfordshire with the greatest socioeconomic deprivation. Where people need help to address excess weight, tobacco use or harmful alcohol consumption, we are committed to doing this alongside support for mental wellbeing where this is also needed We must take a whole systems approach: where we all work together to cultivate healthy communities where the shops around us, the places we work in, and the food we are exposed to encourages and supports healthy eating and healthy lifestyles. Frameworks have been developed by partners like the Health Foundation to support action on this (20).

**Case Study**

OX4 Food Crew (OX4FC) is a partnership of nine organisations based in East Oxford, working with and for people experiencing food poverty. OX4FC quickly responded to local emergency needs during the pandemic by delivering nutritious cooked meals to local people experiencing food insecurity. Now they emphasise building community led recovery and resilience: free cooking for health and wellbeing courses for vulnerable parents and pay-as-you-feel community meals. They support diversity-led food social enterprises like Damascus Rose Kitchen, founded by refugee women, and No Vice Ice, supporting people with hidden long-term health conditions. In November 2021 their volunteers were awarded a High Sheriff award for outstanding voluntary service. Over the next five years they want to tackle the root causes of food insecurity and injustice.

**Our ambitions**

Between now and 2030, we want to see:

- Improved access to healthy food, especially in priority neighbourhoods
- Whole school approaches to food and healthy weight
- Effective implementation of Oxfordshire's Food Strategy
- Oxfordshire to become smoke free (less than 1 in 20 people smoking tobacco)
- For people who have been smoking for a long time, use of e-cigarettes as a safer alternative to tobacco use
- A reduction in alcohol related harm in OxfordshireImproved mental wellbeing linked to reduction in these exposures and risk factors.

**Immediate actions**

- Take opportunities where possible to shift the environment toward being more healthy- advertising healthy options rather than food or drink high in fat, salt or sugar, and explore feasibility of restricting the introduction of new hot food takeaways.
- Improve uptake of Healthy Start initiative across the County and ensure support is in place for key groups like pregnant women.
- Ensure smoke free pathways are in place through all NHS services.
- Expand the use of e-cigarettes as an alternative to on-going tobacco use but reducing their use in children.
- Continue to raise awareness of the support available for people to quit smoking with a focus on the highest prevalence groups.
- Undertake local actions required as part of the national Smoke Free Generation Policy announced in November 2023
- Address unmet need for alcohol support and treatment.
- Improve earlier identification and prevention of alcohol harm.

# 4. Physical activity and active travel

Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.

Being and staying physically active helps maintain a healthy weight, builds strength, and improves balance, concentration, and mental wellbeing. It reduces the risk of many common and serious illnesses, such as cardiovascular disease, stroke, diabetes, osteoporosis and some cancers. It can also support maintenance of healthy weight. Active travel, like walking and cycling, is an important way people of all ages can meet physical activity targets. It also improves air quality, reduces carbon emissions, supports road safety, and creates more inclusive communities.

In Oxfordshire, 17% of adults do less than 30mins activity each week, while almost half of Oxfordshire's children aren't doing the recommended levels of physical activity and is lowest among people living in areas of greatest deprivation (21). So, this priority will focus on people living in our priority neighbourhoods and adults living with long term conditions. In addition, action is needed where people feel unsafe exercising outdoors to ensure this is not a barrier to physical activity.

The link between increased physical activity and mental wellbeing is clear. Furthermore, accessing natural environments such as parks, greenspaces and waterways has benefits for mental wellbeing, so increasing physical activity in these spaces and removing barriers to accessing nature is also important.

"10/10 because it was a new activity each week and as a family, we really enjoyed playing the variety of games together that we could also do at home".

**You Move – physical activity for families**

Active Oxfordshire launched You Move in June 2022, supported by Oxfordshire's district councils, to provide heavily subsidised or free physical activity opportunities, including leisure and support for families eligible for free school meals. Local activators work closely with families, engaging them in the right activity for them.

The programme is based on the principle that parents are influential role models for their children and can lead by example. Nearly 1/3 of early participants live in Oxfordshire's most deprived wards and 14% are from minority ethnic groups. Over 3000 individuals and 800 families registered in the first four months of the scheme.

**Our ambitions**

Between now and 2030, we want to see:

- A system wide approach to physical activity, incorporating key physical activity programmes and active travel.
- Every child learning to swim, ride a bike and be active for 60 minutes per day.
- Older people and those with long term conditions moving more.
- Increased physical activity levels in priority neighbourhoods, levelling the playing field.
- More recognition that physical activity improves mental wellbeing.
- Improved cycling and walking routes across the County
- More cycling and walking to workplaces and school, especially among underserved populations.

**Immediate actions**

- Expand provision of subsidised/free physical activity for families eligible for free school meals – the 'You Move' programme.

- Expand the ‘Move Together’ programme helping adults with long-term health conditions to move more via Active Oxfordshire’s Oxfordshire on the Move programme.
- Develop a Schools Active Programme
- Include policies promoting physical activity in Local Plans
- Work with developers so new developments’ cycling and walking routes effectively connect with existing active travel infrastructure.
- Ensure all health and social care organisations have an active travel plan and monitor active travel levels.
- Develop a co-ordinated approach between local councils and voluntary organisations to promoting walking and cycling.
- Work with local nature partnership to improve access to physical activity in natural environments.

## 5. Maintain independence

We will support more older residents to remain independent, and healthy, for longer. We will ensure they are always treated with dignity and are fully valued.

As people age, they are more likely to develop a long-term health condition they need to manage. In Oxfordshire more people are living with more than one long term condition than ever before, however as outlined in the recent report by the Chief Medical Officer for England, frailty and disability is not an inevitable part of ageing and there are basic preventative measures we can all take to reduce the chance of this occurring (22) There is also an important connection between physical and mental wellbeing—our challenges in Oxfordshire particularly relate to falls and dementia.

Older population groups are most likely to suffer significant harm due to a fall. Falls are the most common cause of emergency hospital admissions for older people and affect about 30% of the older population, but many are preventable (23) Falls significantly impact on older people's long term health outcomes and reduce their independence. This worsened during the pandemic. Falls often lead to hospital stays and, after leaving hospital, continued care support—for many, this prevents them being able to return to their home. Some evidence suggests people from communities of greatest socioeconomic disadvantage are more likely to suffer a fall (24).

More people in Oxfordshire than ever are living with dementia and it is an increasingly common cause of death. However, we are currently not identifying enough of those with the disease and helping them locate the support needed to maximise their independence. Those already most at risk of other health problems are most likely to suffer. (3) Large numbers of unpaid carers provide support for people with dementia—and they are not always supported well enough. Services like Dementia Oxfordshire provide valuable support in this area.



We want to enable older people and carers to continue to do activities they love for longer, adopting a strengths-based approach that recognises and supports their existing hobbies and interests. We also want to ensure the older people can continue to play the essential roles that have in society. When older people stay active, they're better able to maintain strong social relations, continue to actively contribute to their community, and spend time in nature, benefiting society as well as their health and wellbeing. This reduces the chance of suffering from the negative impact of e.g., falls and dementia. We want to support people to stay comfortable and live independently in their own homes and among their communities for as long as possible.

**City Council Home Improvement Agency**
**This service is dedicated to helping older, disabled and vulnerable residents within Oxford City to live safely and independently in their own home. It is a great example of collaborative working that prevents the need for medical intervention. They take a holistic approach to their service users, and are often able to improve many more issues in the home than the initial request was for**

We must take a preventative approach, supporting older people to improve their balance and strength and reducing the risk of subsequent falls for people with a history of more minor falls. Fundamentally, our communities must become dementia friendly, where people with dementia are understood, respected, and supported so they can live full, independent, and normal lives.

**Our ambitions**

Between now and 2030, we want to see:

- Vibrant communities that are age friendly, enabling and encouraging older people to stay socially and physically active.

- More community-based activities for older people to develop balance and core strength and enabling on-going independent living.
- Fewer hospital admissions due to falls—below England average
- Early intervention when people are at high risk of falls, supporting people's independence and minimizing ill-health outcomes.
- An increase in the proportion of people with dementia receiving a formal diagnosis.
- An improvement in the support available to people with dementia—including at a young age—as well as their friends, family, and carers.
- Effective prevention plans in place to reduce prevalence in future generations.
- Expand the use our local Better Care Fund to provide integrated support to people.

**Immediate actions**

- Better co-ordinate falls prevention services and interventions so that everyone, at all levels of risk, can access support at the right time.
- Create simple and cohesive pathways of support in care homes and care settings.
- Strengthen the effectiveness of our local falls service and Move Together activities, which offer core strength & exercise classes.
- Explore use of Oxfordshire's Fire and Rescue Service Safe and Well visits to assess and predict risk of falls.
- Improve the support for carers of people with dementia through all age carers strategy and implement our carers strategy action plan.
- Review our dementia diagnosis pathways and memory clinic capacity.

# 6. Strong social relationships

Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially among rural areas.

Meaningful social contact is a key foundation of a healthy and happy life, preventing social isolation and loneliness and enabling us to take part in a variety of activities. We know that uptake of support and healthy behaviours is better when it is wrapped around meaningful social activities.

"I try to mix as much as possible… to put aside any negativity. You only tend to get angry or depressed when you're on your own too much".

Social isolation and loneliness are related but different. People can be isolated—alone—but not feel lonely. Others may be surrounded by people but still feel lonely.

In August 2023, 23.3% of people across Oxfordshire reported sometimes, often, or always feeling lonely Loneliness increases the risk of ill- health: adults in England with ill- health are more than three times as likely to report feeling lonely than those with good health (25). Loneliness and social isolation can increase the risk of death as much as obesity or smoking do. Building and maintaining strong social relationships can mitigate the risk of coronary heart disease and stroke, high blood pressure, and disability. Social isolation and loneliness can occur at any age and the principles in this priority are not restricted to just later life, however the health risks caused by loneliness can be most significant in this stage of life.



However, we acknowledge this is not easy and challenges from the pandemic persist. Tackling loneliness requires not only more opportunities to meet and speak, but to build, maintain, and re-establish meaningful relationships. This is especially challenging in rural areas, where about 38% of Oxfordshire's people live (3), because it can be harder to meet new people, maintain friendships, or access services due to less extensive and less reliable travel options. People who are lonely or isolated in rural areas may also be less likely to be noticed. However, rural areas also offer unique strengths, with many people looking to local faith leaders or GPs when they are struggling.

"Getting out there and mixing makes a big difference… it makes you realise we're in same boat".

Keeping people socially connected is key to providing good anticipatory care. We will take a person-centred, asset-based approach to cultivating stronger community networks and better social relationships.

**Our ambitions**

Between now and 2030, we want to see:

- A thriving voluntary and community sector offering vibrant social activities.
- Digital support for virtual connection & improved digital skills.
- More connected communities and closer links between health, social care, and community-centred interventions.
- Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas.

**Immediate actions**

- Launch our Well Together 'in the community' programme, a collaborative health project offering community activities to people in Oxfordshire's 10 most deprived wards, including recruiting community capacity builders.
- Launch a second round of Community Capacity Grants, funding grassroots organisations to prevent isolation and loneliness.

- Utilise Community Health Development Officer roles to build community connection in priority neighbourhoods.
- Pilot a Local Area Coordination approach to how social care support is delivered.

# The Building Blocks of Health

Our health is shaped by the world around us. When we don't have the things we need, like warm homes, stable jobs and are constantly worrying about making ends meet, it puts a strain on our bodies. This directly results in increased stress, high blood pressure, and a weaker immune system. When we live in a healthy environment, with good-quality affordable homes, strong social connections, and access to natural spaces, we are better able to eat healthy food and exercise more.

**Healthy place shaping** will support us to deliver our ambition of creating sustainable, well designed, thriving communities where it is easy to be healthy and which provide a sense of belonging, identity, and community. It involves action across the following three areas:

*The built environment* – Shaping the built environment, green spaces, and infrastructure at a local level to improve health and wellbeing.

*Community activation* – Working with local people, local community organisations, businesses and schools to engage them in developing places, facilities and services which create health.

*New models of care* – Re-shaping health, wellbeing and care services, and the infrastructure which supports them, to prevent future ill- health and wellbeing.

Action to create healthy places will also help us address the climate emergency because the building blocks of health also reduce our carbon footprint. Our healthy place shaping approach is a long-term approach that will guide us throughout the duration of this strategy.

# 7. Financial wellbeing and healthy jobs

All of Oxfordshire's people should have a good basic standard of living and financial wellbeing. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality stable work.

Both immediate concerns about the cost of living and longer-term deprivation are significant causes of ill- health. By deprivation, we mean situations when money pressures absorb mental, financial, and physical ability to access the opportunities that support people to thrive. Deprivation can unfairly prevent people from eating enough food, or food of a good quality. High costs prevent people from cooking and running household appliances like the fridge. Staying physically active comes with costs that can exclude people in poverty. Deprivation especially impacts mental wellbeing due to the constant stress of securing stable, affordable warmth, shelter, and food. And we know that more people in Oxfordshire are feeling the pressures of debt, maintaining their home, providing for children, and affording food—all of this can contribute to serious mental and physical health conditions.

The cost of living crisis has added considerable stress to household finances: 52% of adults in UK reported an increase in their cost of living compared to the previous month in November 2023 (26) and data from 2022 showed there were already approximately 13.4% of households in fuel poverty in England (27).

For many families the cost of childcare is a significant concern, and we await the implementation of the additional childcare support available from April 2024 (28). We hope this will ease the burden on families and allow more parents time in paid employment.

> "If you've not got enough money, it affects your mental health and makes you deteriorate and get worse—it may even make you homeless, which is really bad for your mental health".

In Oxfordshire we must lead the way in tackling deprivation and ensuring that our strong economy benefits everyone—and we must especially focus on our most deprived wards and rural areas on children and those experiencing intergenerational poverty. Where possible, we must focus on preventing poverty by tackling its root causes: education, developing skills, and enabling people to access good employment. However, supporting people into work is not enough to lift them out of poverty. Pay rates aren't always sufficient to cover household costs especially as the cost of housing is so expensive in Oxfordshire, and people can experience multiple barriers to accessing secure work with a reliable income. So, we must also work with our partners including the Oxfordshire Inclusive Economy Partnership (OIEP) to provide more flexible, higher skilled and well-paid, and stable employment opportunities that meet diverse needs. Our updated Strategic Economic Plan will be key to achieving this priority.

**Our ambitions**

Long-term, we want to see:

- The health and care system contribute to a resilient and fair local economy, benefitting our most marginalised populations.
- More residents in well paid and stable employment
- More residents feeling secure and in control of their finances.
- Work with the Oxfordshire Inclusive Economy Partnership to build an inclusive economy in Oxfordshire.

- Improve employees' working conditions, work-life balance, and opportunities for personal growth, professional development and career progression.
- Increase equity of access to quality employment and widen workforce participation for people furthest from the labour market, such as residents with additional needs.
- Better access to affordable, healthy, and sustainably sourced food and affordable homes.

**Immediate Actions**

- Continue to deliver emergency support for residents during the cost of living crisis.
- Support residents to increase energy efficiency in their homes, reducing energy bills, including retrofit programmes and advice services like Better Housing Better Health.
- Supporting access to financial, income and debt advice; as well as banking and social finance guidance.
- Continue to promote, champion and engage with the Oxfordshire Inclusive Economy Partnership and its charter.
- Ensure financial wellbeing data is integrated with health, housing and other relevant data to generate insight into the impact of financial challenge in communities on health and wellbeing.
- Promote social value and increased procurement with local suppliers.

# 8. Climate change and health

The health and care system in Oxfordshire should take action to reduce climate change and the impacts of climate change on people's health.

Climate change has significant implications for health and wellbeing. This includes direct effects including heat-related illness, deaths due to high/low temperatures, the physical and mental health impacts caused by flooding, the impact of poorer air quality, and an increase in food, water, and vector borne disease. Indirect effects include impacts on food supplies, the economy, and migration.

The climate emergency is already impacting Oxfordshire residents—people at risk of poorer health are most at risk. Heatwaves are becoming more frequent, and risk is greatest in our urban areas where heat can get trapped, and temperatures are the highest. High temperatures particularly affect older people, children, people with long-term conditions, and people who work outside.

"I live near the river, a wood, and national cycle route so I get plenty of access to fresh air and nature".

Flooding is also occurring more frequently: since 2007 there have been 18 separate significant floods. People living in Witney, Oxford, and Abingdon are most impacted. Around 19% of the population are exposed to flooding risk (29). Drought, high winds and storms, and low temperatures remain important climate hazards and pose a risk to people's health. Long-term exposure to air pollution can cause chronic conditions and have negative effects on physical and mental health. Indeed, just over 1 in 20 deaths in Oxfordshire can be attributed to poor air quality (30) .

The responsibility for taking action on climate change lies with all of us and we advocate for structural change and a system wide approach, in addition to individual action.

We must act urgently to identify and support policy that manages the risks of climate change that have already occurred and minimise future temperature rises to prevent ill- health and wellbeing.

"We've got to make a world for our future".

**Our ambitions**

Between now and 2030, we want to see:

- Health and care services that are low or zero carbon.
- More active and sustainable travel, more cycling and walking and less car use.
- Homes that are more energy efficient, and resilient to heat and cold.
- Increased and more equitable access to greenspace, more shade and natural carbon capture, and protection of biodiversity.
- Improved air quality and reduced air pollution.

**Immediate actions**

- Publish the Director of Public Health Annual Report for 2023 on health and our changing climate with a call for action to promote the positive and immediate health benefits of climate action across Oxfordshire.
- Ensure that every health action, policy and strategy mitigate for and prevents negative health impacts of our changing climate.
- Work together for cleaner indoor and outdoor air by promoting active, sustainable travel and adopting low-carbon energy and supply chains.
- Promote use of the new Oxonair website to raise awareness of local levels of air pollution, including the air quality alert service.
- Increase and improve access for all to safe, inclusive green spaces with consideration of wildlife and biodiversity.
- Support healthier, balanced diets rich in wholegrains, legumes, nuts, fruit and vegetables – many of which are more sustainable for the climate and better for human health.
- Protect against and reduce the negative health impacts associated with flooding, poor water quality and droughts.

- Improve resident's health and wellbeing by adapting and upgrading homes, healthcare facilities, estates and schools to ensure they are fit for the future.
- Work as a system to promote staff and resident awareness of the health impacts of climate change, measures that organisations are taking to address them, and actions that system partners, central government and individuals can take.

## 9. Healthy homes

Everyone should have access to quality, affordable, and energy efficient homes which support their health and wellbeing. Social, private rented, and new build homes should be more sustainable, of a good material standard and maintained to prevent health issues., especially from cold, damp, and overheating.

We know that high house prices mean homes are unaffordable for many. Insecure, poor quality, and overcrowded homes cause poor physical and mental health and in turn increase demand for health services.

Oxfordshire has some of the highest house prices in the UK and the cost to rent properties in Oxford is above parts of London (3). Secure, quality homes are especially important for certain people. For example; those experiencing poor mental health who need stability and security to overcome those challenges, victims & survivors of domestic abuse, and refugees and asylum seekers who need security & a base from which they can connect with local communities. Secure, warm homes are also particularly important for older people to remain independent especially if they have a long-term condition or are recovering from treatment in hospital. People who experience homelessness need specific support to re-establish stable housing and manage the health impacts of being homeless. It is also important to prevent homelessness by working more proactively with those who are vulnerably housed and/or at risk of homelessness.

**Better Housing Better Health**

Oxfordshire residents can access the Better Housing Better Health scheme which connects residents with advice on paying fuel bills as well as retrofitting and energy efficiency measures that help them to keep their homes warm and enables good health. Oxfordshire is unique—BHBH only offers a home visit service in Oxfordshire.

With the rising cost of living, we want to make sure people who are struggling with their fuel bills—in urban and rural areas—can access the support they need. BHBH also helps people apply for energy efficiency grants, reducing energy usage, saving people money, and helping them stay warm and well.

Between April 2022 and June 2023BHBH helped over 2,600 residents, enabling 1187 households to identify new income with over £30,000 of fuel vouchers issued and 234 energy efficiency improvements to be installed.

BHBH not only improves health but makes Oxfordshire greener and fairer too—it brings together health, climate action, and reduced costs.

When children and young people grow up in homes that are in poor condition or unstable, this can prevent them from engaging with education, reducing their chance of getting a job and sufficient income. Providing a home for young people leaving care provides them with the security they need to live connected and fulfilling lives, achieving their goals.

We also know that poor quality building and maintenance, including energy inefficiency, causes significant health issues and widens health inequalities. As climate change leads to more extreme heat, homes not built to cope with high temperatures pose a risk to life of the most frail or vulnerable and worsen chronic conditions. Meanwhile, living in a cold home—which can become a damp and mouldy home—increases the chance of a vulnerable person falling seriously ill or dying. Cold homes increase the risk of poor child development, asthma and breathing problems, heart attack or stroke, falls, flu, and depression and poor mental health (31). We know that the cost of living crisis has meant many people are unable to heat their homes—and this will have an impact on their mental and physical health. In the last year 39% of homes in Oxfordshire don't meet the standards set by the government's fuel poverty strategy (32). Poorer quality homes are highest in privately rented houses, but it can also affect owner occupied and social housing.


So, providing affordable and quality homes will improve people's health and narrow health inequalities.

**Our ambitions**

Between now and 2030, we want to see:

- Increased quality of homes across private rental and social housing
- More homes affordable at social rent levels
- Homes with improved material standards and energy efficiency, reducing health issues from damp, cold and excess heat.
- Prevention and reduction of homelessness and rough sleeping by providing settled homes: the 'housing first' approach.
- More community led housing projects, especially those designed to help specific vulnerable groups, simplifying access to support where this is needed.

**Immediate actions**

- Implementation of Oxfordshire's Healthy Place Shaping Delivery Plan
- Ensure major new housing developments carry out Health Impact Assessments and aspire to the Future Homes Standard
- Raise awareness of and facilitate residents to access government funding for energy efficiency measures.
- Continue to offer household grants to enable people to adapt their homes to accommodate any disabilities, and to increase energy efficiency and insulation, reducing emissions.
- Increase awareness of how to respond to heat waves to avoid health problems related to homes over heating via the county wide homelessness action plan ensure statutory partners work together to meet the health, wellbeing and accommodation needs of individuals experiencing homelessness, providing timely and effective interventions.

# 10. Thriving Communities

We will support and enable all communities to play their key role delivering better health and wellbeing for people across Oxfordshire.

We know that vibrant and thriving communities are the cornerstone of a healthy and well Oxfordshire. We must always remember the context in which people live their lives: relationships with friends, family, and local communities. Communities are groups of people connected to places and local areas (e.g., villages or neighbourhoods) or connected by age or employment (e.g., youth clubs), and circumstance, interest, and experience (e.g., parenting groups).

Communities are crucial to creating good health and wellbeing. If we enable people to participate in community organisations, events, and activities, they can feel a sense of belonging, develop and maintain social relationships, and feel proud of the place they live in. If we support communities to flourish, they can gain the resilience to better support one another through the ups and downs of life as was shown during the COVID pandemic. They can help each other to eat healthily, stay active, and make other healthy choices. This is particularly true of groups going through similar experiences: children and young people, LGBTQ+ communities, new and expecting parents, and many more. People who feel connected to a community are likely to help each other out through tough times and enable one another to best look after themselves and their dependents. It is important people feel safe in the communities they live in so that can fully connect with it and experience the benefits it has to offer. Through communities, we can encourage more people to actively engage in a participatory democracy, ensuring all voices are heard. Fundamentally, healthy foundations and healthy lives are built in thriving communities.

We must take the opportunity to value and cultivate local communities to help people to support themselves, staying well for longer. Investing in and supporting our communities will play a key role making our ambitions a reality. With them, Oxfordshire is a richer place for all.

**Our ambitions**

Between now and 2030, we want to see:

- Vibrant communities where all people, of all ages, can feel proud of the place they live in and connected to the community around them.
- Connected communities with accessible public spaces and facilities, walkable and cyclable neighbourhoods, and provision of easy sustainable travel options.
- Communities that are accepting of all people from diverse range of backgrounds, including those experiencing exclusion and discrimination
- Power placed more firmly with communities to enable their key role helping people and families be and stay mentally and physically well.
- Our health and care organisations work more closely with the voluntary and community sector, taking the lead from grassroots organisations.

**Immediate actions**

- Use planning processes such as Health Impact Assessments to promote development which enables community wellbeing.
- Promote and support the Healthy Place Shaping strategy and delivery plan.
- Increase the resilience of community groups that can offer a range of support, and which address the increased barriers that excluded groups experience.
- Promote the use of community connectors/navigators and social prescribers that help people to access support from their local community – supporting an integrated approach and embedding the preventive approach of the Oxfordshire Way.
- Increase the skills of the voluntary and community sector in promoting health and wellbeing through training.
- Support the voluntary and community sector to gather evidence of the effectiveness of their support to people with health and care needs.

- Continue to work with local partners on Community Insight Profiles, providing in-depth understanding of local health needs and supportive community assets, particularly in the 10 most deprived wards of Oxfordshire.
- Collaborate with the Safer Oxfordshire Partnership to build and maintain safer communities where crime and the fear of crime is reduced.
- Work with partners including voluntary sector to ensure timely integration support for asylum seekers and other excluded groups in Oxfordshire.

# Enablers

## Workforce

Our staff are our greatest strength, the heart of our organisations. We cannot deliver better health and wellbeing for people across Oxfordshire unless we can recruit and retain a diverse social care and NHS workforce. We want to develop a cross sector workforce that is healthy and well, feels valued and respected at work, reflects our communities, and is empowered to make a difference.

This is undoubtedly one of our biggest challenges. Brexit, Covid-19, and the cost of living crisis have all added significant pressures to retaining and recruiting staff. Our population is growing and people in Oxfordshire are ageing, becoming more unequal, and increasingly living with one or more long-term health conditions. Staff are leaving the NHS due to burnout, low job satisfaction, and concerns over health and wellbeing. Increasing caseloads and lack of team stability due to increasing numbers of temporary staff—in social care and NHS—increase stress and lower morale. Our adult and children's social care staff face increasing population demand and increasing skill requirements—all the while other sectors with less demanding roles can offer better or similar pay. These challenges are not unique to Oxfordshire, but local factors such as the high cost of homes, strong labour market, and rurality exacerbate the challenge here.

Due to the high cost of living and competitive local jobs markets, nursing staff in the ICS area are likely to have to spend 58% of their monthly salary on housing (33). Social care staff turnover has increased from 33.3% in 2020-21 to 45.9% in 2021-22—6,500 people. in 2021/2022 there was an 11.4% vacancy rate, higher than in Cambridgeshire and Buckinghamshire (34).

The challenges are real, but so are the opportunities. There is renewed interest in NHS careers and young employees are most likely to be positive about local government careers. Careers in local government and the NHS are public-minded, compassionate, and offer the opportunity to make a meaningful difference. With the right changes, our careers have the potential to become more desirable and to give back to our staff.

**Our ambitions:**
Between now and 2030, we will:

- Support our staff's health and wellbeing and career development, so they want to stay and grow their careers with us.
- Value our staff and support them to make a difference, so they feel fulfilled.
- Ensure all staff feel welcome and safe in work, develop a more equal, diverse, and inclusive workforce, and challenge and tackle inequality and discrimination in the workplace.
- Cultivate a workforce representative of Oxfordshire's broader population.
- Invest in leadership development programmes to build and strengthen the diversity of our pipeline to senior leadership and critical roles.
- Hire more staff locally so our staff include and reflect our local communities.
- Move to new ways of working, including flexible working, part-time working, and shared roles, to support people to work differently.
- Create pathways of talent by engaging and hiring young people, including by increasing the number and types of apprenticeships we offer.
- Work collaboratively as a health and care system to recruit and retain staff while reducing reliance on costly agency workers.

By doing this, we will cultivate a compassionate and inclusive culture where a skilled workforce can belong and flourish.

# Data and Digital

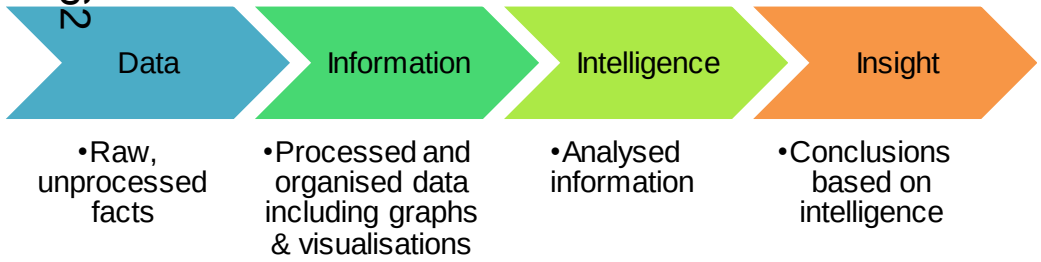
We will improve the extent, quality, and accessibility of digital infrastructure and more effectively generate insight from data to inform decision-making. We will continue to innovate digitally to improve how we work, care for, and support people in Oxfordshire.

Effective action to improve people's health and wellbeing requires good qualitative and quantitative data about health needs, experiences of services, and health outcomes. Our ambition is to securely provide the right information and insight to the right professional and residents at the right time. Digital innovation will also support people to access health and care records remotely and enable us to move care closer to people's homes.

To achieve this, we must better process, organise, and analyse data and information to develop intelligence and generate insight. We must also increasingly digitise and automate collection, management, processing, and reporting of information to increase efficiency and reduce costs.



**From data to insight**




We also want to provide people direct access to use digital and data tools such as patient engagement portals and personal health records. This will enable better resident experience, more accurate self-referral, and clearer explanation of available services.

## Shared Care Records

NHS organisations have worked closely with Oxfordshire County Council to generate shared care records. These records enable clinicians and social workers to see a full picture of the people they support. This means people don't need to repeat their stories and means professionals can provide better care.

**Our ambitions**

Between now and 2030, we will:

- An integrated intelligence function across NHS and local councils
- Extended and optimised Community and Mental Health records
- Digital Care Records for all CQC-registered social care providers
- A single Shared Care Record across all care settings
- A digital inclusion charter unifying how VCS, local authorities, and NHS bodies support people.
- More data skills and literacy among analysts, frontline, decision-makers
- Secure and connected data infrastructure, enabling the right people to access information at the right time.
- Technical innovation to improve efficiency and outcomes e.g., digitisation of information and VR headsets to enable health and care closer to home.
- More advanced research methods for identifying people at greater risk e.g., of falls or suicide.
- A health and inequalities research strategy.

# Anchor Institutions

We will make a positive contribution to our communities' health and wellbeing by strengthening our roots and links to our local people and populations.

Anchor institutions are deeply rooted in and linked to our communities. Simply by being in Oxfordshire, we influence our communities' health and wellbeing. Through size and scale, we can make a positive contribution to local areas in many ways beyond just providing health and care. We can support our staff and their families and ensure they represent our local communities, spend our money in ways that benefit local communities, make better use of our buildings and land, reduce our carbon footprint, and become more environmentally sustainable.

Anchor institutions are large organisations that have a stake in Oxfordshire and are unlikely to move to another place. This includes most of the organisations on the Health and Wellbeing Board—local councils, GP practices, and NHS providers—as well as local universities, other large public sector organisations, large private sector organisations, and voluntary and community organisations. As important organisations in Oxfordshire's social fabric, we have a responsibility to lead by example and understand how we may inadvertently contribute to structural inequalities that affect wellbeing.



Over the next year, we will come together to explore how we can embrace our roles as anchor institutions. We will develop an anchor institution network to draw in key organisations from different sectors and lead this work going forward (35).

**Employers**

Organisations on the Health and Wellbeing Board directly employ around 30,000 staff. One of our priorities is that everyone in Oxfordshire can access good quality work, so we should lead by example. We can directly improve the health and wellbeing of these staff - and their families - by providing well-paid, stable jobs which support staff's wellbeing and offer good working conditions. When we also include those employed by other anchor organisations such as those in private sector and voluntary organisations the reach expands much further. We can create a fairer economy by recruiting and investing in people furthest from the labour market. We can strengthen local communities and better respond to their needs by ensuring our workforce is more representative of Oxfordshire's populations. We can support planetary health and reduce emissions by recruiting locally, offering agile working policies and encourage staff to cycle or walk to work, and reducing the reliance on environmentally costly healthcare.

**Our ambitions**

Between now and 2030, we will:

- Continue to promote, champion and engage with the Oxfordshire Inclusive Economy Partnership and its Charter.
- Improve equity of access to quality employment for people furthest from the labour market e.g., offering more apprenticeships
- Review our hiring practices so we recruit more inclusively from diverse and local communities to accessible jobs.
- Implement agile and flexible working policies, enabling as many staff as possible to work where they are.
- Provide jobs that are stable and secure, paying The Real Living Wage/Oxford living wage (Depending on geographical location)
- Improve employees' working conditions, work-life balance, and opportunities for personal growth, professional development and career progression.

**Local and social economy**

As anchor institutions, we spend millions of pounds procuring and commissioning goods and services. By shifting how we spend this money, we can drive an inclusive local economy and make sure the money we spend

benefits our communities. Evidence shows money spent locally is more quickly reinvested into the local community and stimulates inclusive growth. We also know that some suppliers provide more social and environmental benefits, supporting the building blocks of health.

**Our ambitions**

Between now and 2030, we will:

- Increase how much we buy from small and medium enterprises (SMEs), particularly those based in Oxfordshire, by changing our procurement weighting and working with SMEs to better engage them in the procurement process.
- Evaluate goods and services we might buy by considering the benefit to society and the environment e.g., locally created jobs, environmental impact.
- Develop and embed a shared social value Themes, Outcomes, & Measures (TOMS) framework into our procurement processes.

**One Public Estate**

If we better use our land and physical assets, we can support local community wealth building and development, local groups and businesses, and the development of affordable homes or homes for vulnerable residents. Crucially, if we all work together and view our collective land and buildings as 'One Public Estate', we will make much more effective use of this estate, saving ourselves money and providing better facilities to communities, closer to communities. For example, we are building various 'Community Hubs' across Oxfordshire - buildings close to the community that provide a wide range of services. This makes it easier for our people to access us and makes sure that we go to people rather than requiring them to come to us.

**Our ambitions**

Between now and 2030, we will:

- Significantly reduce our carbon footprint and emissions.
- Develop a 'One Public Estate' approach which most effectively uses land and buildings owned by public services in Oxfordshire.
- Support connectivity to the natural environment, boosting the biodiversity and maximising public access to green spaces on our estates, especially for groups with less access to greenspace.
- Open some of our buildings and land for public use, encouraging social interaction and supporting voluntary and community organisations as well as small and medium enterprises.
- Manage and develop our land and estates to support the development of affordable housing options for key workers and the most vulnerable groups in our communities.
- Explore the use of leisure centres to take a broader focus as "health and wellbeing" centres.

**Environment**

As large public sector organisations, we have a significant impact on the environment, are big polluters, and have a large carbon footprint. By changing how we operate, we can reduce our emissions – and by changing how we spend our money, we can influence many other organisations to do the same.

To learn more about how we will make a difference on this between now and 2030, read our section on 'Climate Change and Health'.

# Next steps: Delivery and Monitoring

It's crucial that we translate this strategy into action, realising our priorities and holding ourselves to account at regular intervals.

Between now and March 2024, we will work across organisations and with communities to develop a full delivery plan, explaining how we will deliver this strategy. We will use our collective capabilities to lead local efforts to improve health and tackle inequalities, expanding on the list of "immediate actions" already listed under each priority . We will also develop an outcomes framework, measuring where we are now and setting targets for where we want to be by 2030. To do so, we will select the right key performance indicators for us to measure our progress towards realising this strategy. There is already so much good work in these areas of health and wellbeing, we will ensure our strategy aligns with national frameworks and informs local and regional policies. Closer collaboration towards shared outcomes is key to achieving our priorities and we will ensure monitoring that this working approach is proving effective and address potential challenges within the system as and when they arise in a timely manner.

The Health and Wellbeing Board is responsible for delivering this strategy and will receive regular reports from the bodies accountable for each priority to ensure progress is being made in all areas this strategy focuses on.

# Annex 1- Related Strategies

BOB Integrated Care System Strategy

BOB NHS Joint Forward Plan

Oxfordshire Joint Strategic Needs Assessment

Oxfordshire Director of Public Health Annual Reports

Oxfordshire Prevention Framework

OUH NHSFT Clinical Strategy

OH NHSFT Trust Strategy

Oxfordshire County Council Strategic Plan

District Council's Corporate Plans

District Council's Community and Wellbeing Strategies

Oxfordshire Early Help Strategy

Oxfordshire SEND Priority Action Plan

Oxfordshire Children and Young People Mental Wellbeing Strategy

Oxfordshire Tobacco Control Strategy

Oxfordshire Whole System Approach to Obesity

Oxfordshire Food Strategy

Oxfordshire's Mental Health Prevention Framework

Oxfordshire All-age Carers Strategy

The Oxfordshire Way

Oxfordshire Inclusive Economy Partnership Charter

Oxfordshire Inclusive Economy Partnership Strategy 2023-2026

The Future Oxfordshire Partnership Strategic Vision

Oxfordshire Climate Action Framework

Oxfordshire County Council Air Quality Strategy

District Council Air Quality Action Plans

Oxfordshire's Homelessness and Rough Sleeping Strategy 2021-26

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**Divisions Affected – Adult Social Care**

# HEALTH AND WELLBEING BOARD
# 7 DECEMBER 2023

# OXFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022-23

**Report by KAREN FULLER**

## RECOMMENDATION

1. **The Health & Wellbeing Board is RECOMMENDED to**

   Health & Wellbeing Board are asked to note the contents of the report and its conclusions.

## Executive Summary

2. The report summarises the work of the Oxfordshire Safeguarding Adults Board (OSAB) and its partners over the course of the year 2022-23. It is a requirement set out in the Care Act 2014 statutory guidance that the Local Authority receive a copy of the report and that they "will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board" (Chapter 14, para 161).

3. The Report is not produced as a document but as a webpage. It is accessible via this link: Safeguarding Adults Board Reports - Oxfordshire Safeguarding Adults Board (osab.co.uk).

## Background

4. Safeguarding Boards are required to share their annual reports with all statutory partners and those partners are expected to consider the report and its contents to decide how they can improve their contribution to both safeguarding throughout their own organisation and to the joint work of the Board *(S14.161, Care and Support Statutory Guidance).*

5. This report and the work of the Board will take on additional significance in light of the new Care Quality Commission Inspection regime, which will see the Local Authority inspected for the first time since Safeguarding Boards

became a statutory requirement. Based on feedback received from the inspection pilot areas, the Board will be asked for its view on the Local Authority and how they discharge their safeguarding function under The Care Act 2014.

## Key Findings

### Board work during 2022-23

6. The local safeguarding partnership has continued to maintain a high standard of safeguarding.

7. There has been an increase in safeguarding concerns across all types of abuse and neglect. This increase in concerns is replicated in other Local Authority areas across the country. There is no obvious reason behind this increase in concerns, but there is also a corresponding increase in the number of safeguarding (Section 42) enquiries that have taken place.

8. The Making Safeguarding Personal approach has been championed throughout the year and there has been an improvement in the number of people who have defined what they wanted to happen as a result of the safeguarding work and who were satisfied with the work that was undertaken. This is excellent progress during a difficult year and demonstrates professionals are continuing to keep the person at the centre of their work with them, empowering them to make the decisions that are important to them and honouring that as much as they are able to whilst seeking to protect them.

9. The Board's annual frontline practitioner survey has indicated that there is still work to do to improve practitioner confidence with escalating concerns when there is a difference of opinion.

10. The Board's annual safeguarding self-assessment indicates that organisations continue to experience issues around recruitment, retention and resilience, which have been included in the impact assessment consistently since it was introduced.

11. As in previous years, Organisations also reported an increase in demand on their services. More people are presenting with multiple needs requiring the coordinated input of several organisations, which can be challenging for services.

12. There has been significant progress in the work of the Multi-Agency Risk Management (MARM) process, managed by the OSAB, since a dedicated Officer has been taken on to chair the meetings. Feedback from adults who are being discussed at the meeting has been positive, with some very positive examples of adults changing the direction of their lives thanks to the hard work of those involved in the process.

13. Some of these have not been because of huge pieces of work carried out by individual organisations but from professionals attending the meetings,

contributing to finding practical solutions (sometimes small things like sorting out a bus pass or helping complete application forms) that improve the persons' everyday lives and demonstrating their commitment to putting the person first.

14. Further information on the MARM process and the full summary report of its first year can be found here: Multi-Agency Risk Management (MARM) Framework - Oxfordshire Safeguarding Adults Board (osab.co.uk)

**Board priorities for 2022-23 from the annual report (and mid-year current position)**

15. The Board's Strategic Plan sets out its objectives for the next five years. This is reviewed annually to ensure that the priorities remain relevant and that new or emerging themes are incorporated, where necessary. Examples of key priorities are included below, but the full plan is available to read elsewhere on the Board's website OSAB Strategic Plan + Action Plan – 2023-27**.**

**Ambition One: Working in Partnership**

16. The Board is only effective if the partners around the table are working together to safeguard adults with care and support needs at risk of abuse and neglect. The Board will build upon the close working arrangements already in place to achieve the following:

1. The Board Members will work together as a partnership at all levels, looking to strengthen that relationship, empowering those working within our systems.
2. The Board and its partners will look for greater integration across the Adult and Children's Board, either at Full Board or at subgroup level. This does not have to mean combining the groups but reviewing Board processes and aligning the group agenda it may streamline some of the discussions.
3. All work will be done with the "so what?" question in mind. If work does not actively improve practice outcomes and is not linked to clear outcomes in the purpose of the work then it will not be taken forward.
4. The Board will work to improve the understanding of the roles and responsibilities of the organisations working with adults across Oxfordshire, what they offer, what are the thresholds for those services and what to do when there are professional differences of opinion about accessing services.

**Ambition Two: Preventing Harm Occurring**

17. It is always better to prevent harm occurring rather than responding once harm occurs. The Board will build upon the work that is already in place to achieve the following:

1. Improve the use of the Multi-Agency Risk Meeting (MARM) to assist providers who have cases that are not progressing, such as cases where there are lots of agency involvement but not necessarily a key lead, so that ideas and actions can be shared to improve outcomes. This requires a

senior leadership ownership and active engagement to promote the process and hold their own and other organisations to account for its effectiveness.
2. Develop an overarching practice framework for the whole partnership, which includes restorative practice and trauma-informed working and clearly defines what these mean.
3. Develop an overarching commitment and strategy to tacking inequality and anti-discriminatory practice within safeguarding, and actively assess and respond to any identified issues.
4. Improve awareness of the safeguarding support available, the pathways and mechanisms e.g. how to trigger a statutory response before serious harm has occurred, amongst people most at risk and those supporting and working with them (perhaps using the Engagement Subgroup to do this?)

**Ambition Three: Responding Swiftly when Harm Occurs**

18. When organisations are alerted to abuse occurring, we are responsible as a system for responding swiftly and intervening as early as possible. The Board will build upon what is already in place to achieve the following:

1. Initiate a system-wide discussion on how we share information and intelligence in a way that reduces requests from information between partners (i.e. proactive information sharing), improving our intelligence and therefore the support we offer in an effort to reduce or remove the risks people are facing, where possible.
2. Adopting a collaborative problem-solving approach in the face of learning from MARMs, SARs, SI's and difficult or complex safeguarding events. This must come with an acknowledgement that decisions can be extremely complex with no clear right/wrong answer and we will not be able to protect everyone as well as we would want to.
3. Reviewing the Board's dataset to ensure that the Board is assured when an issue occurs that the system responds in a timely fashion and in line with Making Safeguarding Personal principles.

**Ambition Four: Engaging Effectively with People at Risk**

19. The Safeguarding Board and its partners should be engaging with those who are using services or have experience of the safeguarding process to better inform our work and improve how we react to incidents of safeguarding. The Board will work to achieve the following:

1. Hearing the voice of the adult at every meeting, whether it is a success story, a concern or just the experience of someone on the receiving end of our services
2. Consider an expert by experience at the Board or its subgroups or link into existing expert by experience panels run by partner agencies
3. Work closely with Advocacy organisations/providers to include the voice of those they work with are also heard at Board level
4. Review the strategic plan for 2024 onwards to co-create with people using our services the safeguarding priorities for the partnership

## Financial Implications

20. N/A – The Local Authority is not being asked to commit any further financial resources towards the Board beyond what is currently committed.

    Comments checked by:

## Legal Implications

21. N/A – There are no specific legal implications for the Local Authority if the current range of commitments are adhered to.

    Comments checked by:

## Staff Implications

22. N/A – There are no additional staff resources being requested by way of this report for the work outlined in the Annual Report.

## Equality & Inclusion Implications

23. N/A – there are no additional equality & inclusion implications.

## Sustainability Implications

24. The Board have moved the majority of its work to a virtual environment, reducing travel congestion, and no longer prints any materials for Board meetings or training sessions, instead making these available electronically. It has also reduced printing & design costs by making more things, such as this annual report, plain text on the OSAB website.

## Risk Management

25. The Board is made up of the partners who attend the meetings, supported by a small team in the Board Business Unit. If organisations do not continue to provide the level of engagement with the work of the Board it is likely it would fail to meet its duties laid out in statute and its accompanying guidance. As the Local Authority is the organisation charged under The Care Act 2014 to ensure the Board is established and running well, this would represent a reputational risk. It is also likely any such failings would be highlighted under the new CQC inspection framework and in their resulting published report.

| | |
|---|---|
| NAME | Karen Fuller, Corporate Director of Adult and Housing |
| Annex: | Annex 1 – One Page summary of the Report |
| | Full Report: Safeguarding Adults Board Reports - Oxfordshire Safeguarding Adults Board (osab.co.uk) |
| Contact Officer: | Steven Turner, Strategic Partnerships Manager, 01865 328993 |

[October 2023]

**Annex 1 – one page summary of the report**

# Oxfordshire Safeguarding Adults Board Annual Report – 2022-23

## 6 Key Messages

1. Organisations have continued to see safeguarding as everybody's business and as a priority through many challenges (e.g. funding, recruitment, retention, sickness, reorganisations, industrial action, etc)
2. Safeguarding concerns have continued to rise (14% increase on 2021-22) as they have since 2018-19 (a 39% increase between these periods). This trend is in line with national and regional increases in concerns.
3. Safeguarding enquiries (those incidents deemed to meet the Care Act 2014 criteria for safeguarding) have also risen at a similar rate to last year and again in line with regional & national trends.
4. A person's own home remains the most likely place for them to experience abuse, with neglect remaining the most common type
5. Only 1% of people were unsatisfied with the outcome of the safeguarding work done to protect them
6. 80% of people deemed to lack capacity had an advocate (family, friend or impartial advocate)

## 5 Key Themes

1. Professional curiosity about a person's background or the veracity of self-reported information could be improved
2. Risk Assessments are often done in isolation without input from other agencies
3. Discussions about a person (e.g. in supervision) and the outcome/actions are not routinely recorded on the person's file
4. There is a lack of flexibility in our ways of working with people who professionals find complex or difficult to engage
5. Multi-agency/joint work is often seen as a last resort than an option for earlier intervention

## 4 Key Priorities for the Future

### Working in Partnership

- Reviewing practical operational relationships with the OSCB and Safer Oxfordshire Partnership
- Improving understanding of the roles & responsibilities across organisations & the system

### Preventing Harm Occurring

- Improve the knowledge and use of the MARM process to intervene early
- Develop overarching practice framework, including what trauma-informed work looks like

### Responding Swiftly

- Adopt a collaborative problem-solving approach to learning from incidents
- Review the Board's dataset to ensure a swifter systemic response to issues

### Engaging Effectively

- Bring Advocacy & 3rd Sector organisations into the Board's work to gather voices not currently heard at Board
- Involve experts by experience/service user voices in the work of the Board.

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**Divisions Affected - All**

## Health and Wellbeing Board – 7th December 2023

## Oxfordshire Safeguarding Children Board (OSCB) Annual Report

## Report by Business Manager

## RECOMMENDATION

1. **Health and Wellbeing Board is RECOMMENDED to** note the annual report of the Oxfordshire Safeguarding Children Board senior safeguarding partners and to consider the key messages.

## Executive Summary

2. This paper highlights findings from the Board's annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

## Background

3. Local multi-agency safeguarding arrangements are the collective responsibility of chief officers in the county council, the Integrated Care Board and Thames Valley Police.

4. These three senior safeguarding partners agree ways to co-ordinate their safeguarding services for children; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. They work with relevant partners through the Oxfordshire Safeguarding Children Board, under the leadership of an Independent Chair. The arrangement is referred to as the "Oxfordshire Safeguarding Children Board (OSCB)".

5. The report can be accessed in full on the OSCB website.

## Key Issues

6. The OSCB Annual Report sets out the safeguarding challenges in Oxfordshire. The report shows the need to improve practice with respect to the themes of: (1) Neglect (2) Child exploitation and (3) Keeping children safe in education.

7. There are key messages for system leaders to bring a collective focus to:

*"Ensuring early help is led and resourced at a senior level in line with the Children and Young People's plan"*

*"Ensuring organisations are doing everything they can to support safeguarding priorities of neglect, child exploitation and keeping children safe in school. This needs whole system change and should be everyone's business"*

*"Making sure capacity and demand issues in organisations are known across the partnership so we can tackle them together as a whole system. This includes issues of recruitment and retention of our highly valued workforce"*

8. The Child Safeguarding Practice Review Annual report sets out what the safeguarding partnership can learn from the most serious and complex reviews.

9. Over the last year two Child Safeguarding Practice Reviews were commissioned and six Rapid Reviews completed. Practical learning from these reviews informed the OSCB training programme for local workers and volunteers. It also informed learning summaries, workshops and an online conference.

10. The strategic messages for system leaders from these reviews, are:

- The partnership took learning from repeat themes with moving from "What is wrong with you to what has happened to you "
- Recognise the importance of key adults in a child's life and involve them in any assessment made
- Avoiding using victim blaming language in reports referring to young people in any reporting
- The importance of understanding family dynamics including the history of the family and particularly in large families
- The importance of understanding the impact of historical intra familial sexual abuse
- Neglect was not recognised which led to significant harm of children
- More robust pre-birth assessment and planning is required
- Further understanding is required in neurodiversity and the impacts this has on parenting ability

11. The Performance Audit and Quality Assurance Annual report sets out what is understood about the effectiveness of safeguarding practice**.** The report has evidence of high standards of partnership working and acknowledges the complex challenges and pressures faced by workers over the pandemic. It summarises the common themes for learning and improvement to support vulnerable children. It concludes that:

12. **Our current priorities for system change are right – we just need more traction on making change happen.** This means helping practitioners learn how to identify early and deal with neglect; bringing together educational leaders to work on issues regarding exclusions and alternative provision to keep children safe in education; ensuring earlier and timely access to mental health and well-being services**.**

13. **We need to work better as one system.** We all need to think about how we work together based on what we have learnt. For example, reminding practitioners to use multi-agency chronologies, share information.

## Strategic Policies and Priorities

14. The report outlines the Safeguarding Children Board's priorities, the learning from Child Safeguarding Practice Reviews, the outcomes of quality assurance work and the summarised findings with respect to the unexpected child deaths in Oxfordshire. The report supports the vision, values, objectives and strategic priorities in the Council's Strategic Plan (see Strategic Plan 2022-2025).

## Financial Implications

15. There are no financial implications arising directly from this report. There is no requirement for the council to commit any further financial resources towards the Board beyond what is currently committed. Checked by: Danny Doherty, Finance Business Partner

## Legal Implications

16. There are no legal implications for the Local Authority. Checked by: Naomi Bentley-Walls, Principal Solicitor, Child Care Team (Legal Services)

## Staff Implications

17. There are no additional staff resources being requested by way of this report for the work outlined in the Annual Report.

## Equality & Inclusion Implications

18. There are no additional equality & inclusion implications.

## Sustainability Implications

19. The Board have moved much of its work to a virtual environment, reducing travel congestion, and no longer prints any materials for Board meetings or training sessions, instead making these available electronically. It has also reduced printing & design costs by making more things, such as this annual report, plain text on the OSCB website.

## Risk Management

20. The Board is made up of the partners who attend the meetings, supported by a small team in the Board Business Unit. If organisations do not continue to provide the level of engagement with the work of the Board it is likely it would fail to meet its duties laid out in statute and its accompanying guidance. As the

Local Authority is one of the safeguarding partners to work together under the Children Act 2004 (as amended by the Children and Social Work Act, 2017), and Working Together 2018, to ensure the Board is established and running well, this would represent a reputational risk. It is also likely any such failings would be highlighted under the Ofsted framework and in any resulting published report.

Annexes:

Annex 1: OSCB Annual Report
Annex 2: Child safeguarding practice review subgroup annual report
Annex 3: Performance, audit and quality assurance subgroup annual report

Contact Officer: Laura Gajdus. Business Manager - OSCB

OSCB
Oxfordshire
Safeguarding
Children Board

# Annual Report
## 2022/2023

## Foreword from the Senior Safeguarding Partners

Welcome to this Annual Report and thank you for your interest in the vitally important subjects of safeguarding and protecting our children. The report is published by Oxfordshire Safeguarding Board (OSCB) which includes the three statutory safeguarding partners (Oxfordshire County Council, Thames Valley Police and ICB (Integrated Care Board).

In our fourth year of reporting as senior safeguarding partners it has been rewarding to see progress across the system and to recognise and commend practitioners for some effective safeguarding work. The safeguarding message is becoming widespread in Oxfordshire; recently an electrician from a local firm contacted the MASH due to concerns he had about the children in a house in which he was working.

We are never complacent and are alert to the issues affecting children and try to  be responsive to meet those needs and keep children safe in Oxfordshire. Our agenda will encompass those on the Children and Young Peoples Plan led by the Children's Trust Board.

Similarly to last year, Early Help Assessments remain low whilst children Subject to a Child Protection Plan or becoming Children We Care for by the Local Authority continue to rise.

Two Child Safeguarding Practice Reviews (CSPRs) were commissioned this year and six Rapid Reviews of children were completed. Messages from these cases will be highlighted later in the report.






## Message from the OSCB Independent Chair

I am pleased to report the partnership remains strong. There have been changes to key members of the partnership and the new members are equally committed to the safeguarding agenda.

As highlighted by the Safeguarding Partners we can never become complacent and must continue to respond to emerging and existing safeguarding issues. This includes those issues that persist from the pandemic, notably concerns around adolescent mental health and school attendance – the OSCB is supportive of children being in school.

The cost-of-living crisis has adversely affected families and we are committed to working with partners to support those families and their children to thrive.

The constitution of the boards has been reviewed and signed off. There is new vision for the board.

In the spirit of joint working and better communication the OSCB and Adult Safeguarding Board (OSAB) partners will be having regular joint meetings to discuss some shared issues affecting both adults and children. I see this as a positive step and an example of how responsive we are as a partnership.

Derek Benson

Derek Benson,
OSCB Independent Chair

## Contents





## Introduction

The guidance, 'Working Together 2018' requires safeguarding partners to publish an annual report. The intention is to 'bring transparency for children, families and all practitioners about the activity undertaken' by the safeguarding partners.

This report sets out what we have done to achieve our shared vision and aims for children in Oxfordshire.

**Our vision**

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

**Our aims**

**We want to provide Oxfordshire's safeguarding partnership with:**

**1. Leadership and governance**

**2. Direction on improving practice**

**3. Scrutiny and quality assurance**

## Providing leadership for effective safeguarding practice

Martin Reeves
Chief Executive of
Oxfordshire County Council

Steve McManus
Interim Chief Executive
Buckinghamshire, Oxfordshire,
and Berkshire West Integrated
Care Board

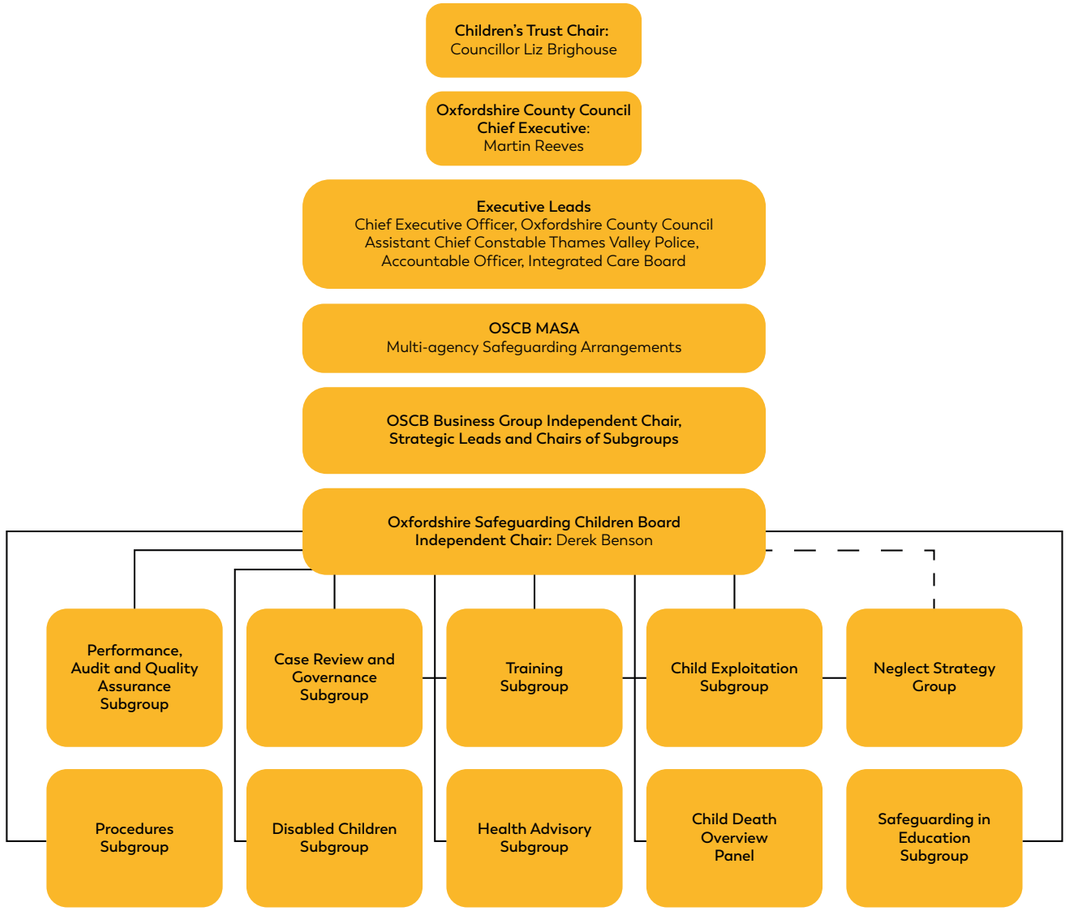
Jason Hogg
Chief Constable,
Thames Valley Police

The Executive Group is responsible for overseeing Oxfordshire's safeguarding arrangements.

The Oxfordshire Safeguarding Children Board brings together local organisations, which deliver services that affect families' and children's lives.

The board also includes independent community members and voluntary sector members.

## Structure Chart
## Oxfordshire Multi - Agency Safeguarding arrangements




Safeguarding work is driven by multi-agency subgroups. Each subgroup has a workplan which is reviewed every time it meets. Information on them, our membership, funding, and links to other partnerships are in links at the end of this report.

**Our partnership seeks assurance of safe practice by:**

- Providing oversight
- Identifying and escalating emerging issues
- Seeking resolutions
- Challenge and holding each other to account

## Update on the last 12 months

An audit of repeat Child Protection Plans highlighted the issue of neglect as being a key issue. The Neglect Strategy and assessment tools were revised and re-launched and a number of multi-agency learning events took place.

The exploitation of young people is a key national safeguarding issue and work has been completed in

Oxfordshire on working smarter with these young people, The Exploitation Screening tool has been revised and a series of learning events are planned about recognising potential exploitation of young people.

The board is live to safeguarding issues in other local authorities in case there are lessons or actions for us in Oxfordshire.

In response to the issues raised following the case of Child Q in Hackney - on behalf of the partnership, colleagues in Thames Valley Police (TVP) clarified the legal background to strip searches and completed a review of the numbers of children who had been strip searched on Oxfordshire over the last year. This will be subject to regular reporting and review.

An inquest into the sad death of  Awaab Ishak in December 2020 found his respiratory condition developed as a result of mould in the one bedroom flat in which he lived with his parents. As a response to this case - Oxfordshire homes have reviewed their safeguarding procedures and supported the OSCB to make representations to the government about the national housing crisis which is also impacting families in Oxfordshire.



## Children in Oxfordshire

**The Office for National Statistics (ONS) Population projection for 0–17-year-olds in Oxfordshire is currently 148,097.**

**What we know about different levels of support for children and families...**

### Early help in Oxfordshire

The Children's Trust has agreed a target to increase the number of strength and needs documents (early help assessments) to 5000 in 22/23.

Although the number rose by 27% in the year to 3599 it still fell short of the 5000 target. An additional 289 strength and needs forms were completed within the health visitor pilot completed by Oxford Health.

Partners have committed to improving the amount of early help offered to children and their families in the forthcoming year to:

a. List their 2022/23 early help targets

b. Identify their performance against these targets

c. Identify the barriers/challenges to achieving the target

d. What they are going to do differently

e. What the governance for early help reporting is?

f. Targets for 2023/24?

g. Actions to address the 3 priorities:

i. Early Help and Mental Health and Well-Being

ii. Early Help and 0–5-year-olds

iii. Early Help and SEND early intervention

## Contacts into the Multi-agency Safeguarding Hub

### Request for support through the Multi-agency Safeguarding Hub (MASH)

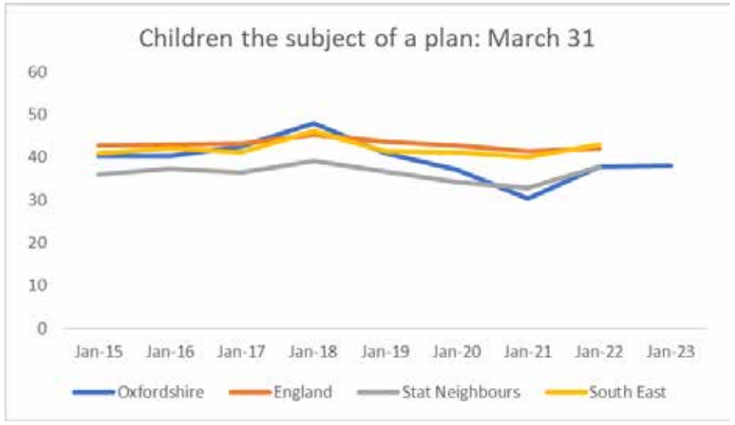
The Multi-Agency Safeguarding Hub (MASH) is the point of entry into Children's social care if there are significant concerns about the wellbeing of a child. It facilitates the sharing of information between services so risks to children can be identified at an early stage.

MASH is a partnership between Oxfordshire County Council, Thames Valley Police, The National Probation Service, NHS health services, South Central Ambulance Service and Drug and Alcohol Services.

MASH contacts rose by 35% in 20/21. In 21/22 they rose again, by 18%. In 22/23 they rose by 3%. The target set was based on the level of contacts pre Covid. Since then, not only have we had the Covid impacts, but also cost of living crisis that has increased potential need and associated concerns amongst other professionals. There is management oversight on all contacts at the first point of entry and during the decision-making process. All children presented cases in the MASH are RAG rated. All children at risk of significant harm are responded to immediately.

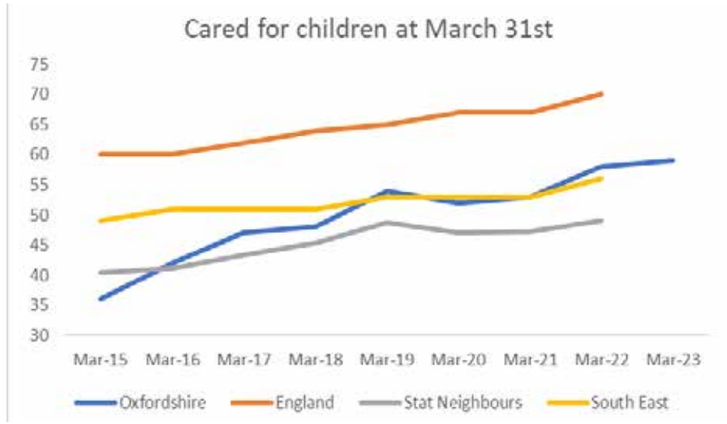
The expanded MASH Exploitation team is now live.

### Support through a child protection plan




475 last year to 567 children this year. This number is still lower than in 2019.

### Children we care for

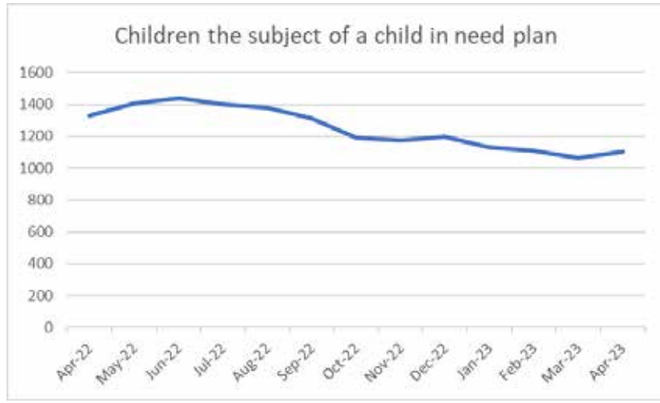



The number of cared for children rose in the year from 854 to 871. This was driven by an increase in unaccompanied asylum-seeking children (rising from 58 to 101) whilst the number of local children fell from 796 to 770. The number of children we care for is around 60 less than at the end of August and continues on a downward trend.. This increased check, challenge and support resulted in the number of children being cared for dropping in Q2 to 50, 74 in Q3 and 30 in Q4.

(Note there is no comparative data on child in need plans).

1104 children were the subject of a child in need plan at the end of March 2023 – down 17% on 12 months earlier. In the year there has been a focus on ensuring plans are closed in a timely manner and stepped down to early help or no support as appropriate.

### Support for Children in Need



## The effectiveness of safeguarding arrangements

Our partnership has 3 safeguarding issues which continue to be reviewed:


We need to support those families, who are not yet meeting all the needs of their children.

We need a system-wide approach to keeping children safe from harm outside their home & from child exploitation.

Local arrangements need to be properly understood and better used to keep children in full time education.

## Neglect of children in the family home

- The number of children subject to current and repeat child protection planning for neglect continues to be high.
- A significant amount of work has been completed by the partnership to revise and update the tools for assessing neglect and supporting families where neglect is a significant issue.

## Minimising risks to children outside the home

- A multi-agency Child Exploitation screening tool has been updated to assess children believed to be at risk of harm outside the home.
- Parents/carers are vital in safety planning to help protecting their child with the support of professionals.



## Children are often safer in school

- The number of children permanently excluded is a third of the 18/19 level, but the number of children suspended is rising 55% of primary school pupils and 33% of secondary school pupils who were suspended last year had special educational needs.

## Findings from Child Safeguarding Practice Reviews

In 2022/23 the OSCB has worked on 6 Rapid Reviews involving 17 children and commissioned 2 CSPRs in 22/23 involving 3 children.

**Two Children's Safeguarding Practice Reviews (CSPRs) (Previously known as Serious Case Reviews - SCRs) were commissioned.**

1. Child G was a young person cared for by the Local Authority who was sexually exploited when living in independent accommodation.

   A Report and Learning summary has been published on the OSCB website.

2. A review into a 2nd child will not be published on the OSCB website as agreed by the National Panel.

### What we know:

The repeat safeguarding themes identified in reviews last year are still current:

- More early help for families is needed.
- The recognition & impact of neglect on children.
- Exploitation of children outside the home.
- A child in school is a safer child.

However, there are new repeat factors from the more recent reviews:

- The impact on the family of historical intra familial sexual abuse.
- Placement sufficiency for young people.
- Access to services which support with children & young people with emotional health.



- See beyond the behaviours of the child – remembering that behaviour is communication.
- Embed the culture of early help and increase the number of early help assessments to divert children & families from statutory intervention.
- A child in school is usually a safer child – schools to be encouraged to hold a meeting with partners before excluding or permanently excluding a vulnerable child to see what can be done to keep them in school.
- The support offered to children Electively Home Educated (EHE) children is vital to ensure systems are place to support their education and wellbeing.
- Ensure rigorous commissioning and quality assurance of placements for the children we care for.
- Maintain oversight of how we record and share information – work is being completed by the OSCB on safe information sharing between partners & resolving disputes between professionals.
- Review access to mental health services for children & young people – especially CAMHS and Eating Disorder services.
- When completing assessments make sure all the other areas where the child have lived are contacted for information.
- Mobile families who move across boundaries can fall through the systems if communication is poor.

## The Multi-agency Safeguarding self-assessment

Oxfordshire's Safeguarding Self-Assessment requests and gathers information from board member agencies on the safeguarding arrangements made in line with Section 11 of the Children Act 2004, and standards developed by the Local Government Association for Adult Services.

It provides agencies with the framework to measure and quality assure their safeguarding arrangements, and the opportunity to evidence the impact of policies and practice on children and adults in Oxfordshire, as follows:

- Partners were asked to show evidence to how safeguarding and promoting the wellbeing of children, young people and adults is prioritised within their organisation and provide evidence of how their organisation has been able to learn and improve your safeguarding practice
- We asked partners to measure the effectiveness of their safeguarding arrangements and joint working to protect the children, young people and adults with care and support needs
- We asked Partners to show evidence of good practice and areas for development within their organisation to support improvement / development plans
- Partners were asked to support the board in identify training needs and plan for the provision of training, and development of tools and resources to support practice

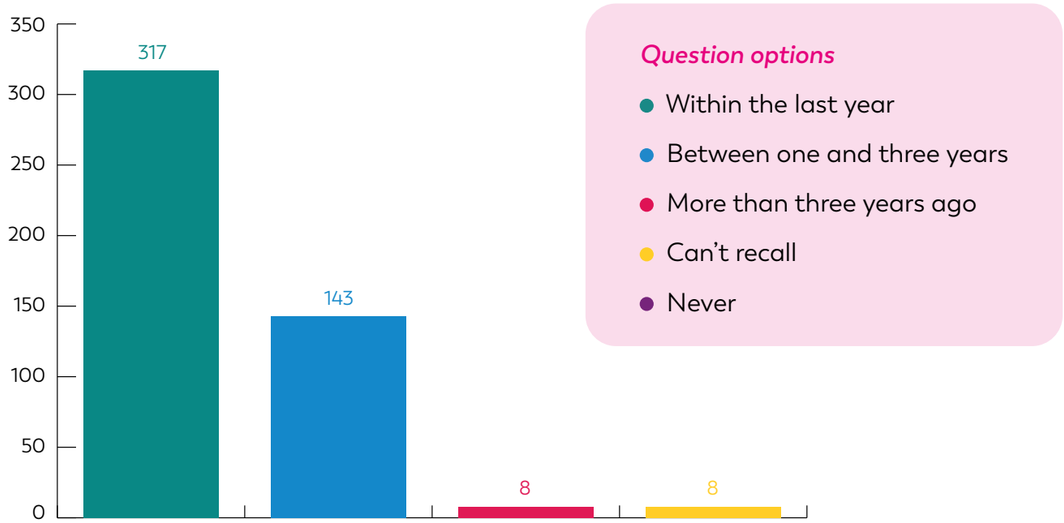
This report summarises what the self-assessment and peer review process tells us about the effectiveness of our safeguarding arrangements in Oxfordshire, and the effectiveness of joint working locally to protect children, young people and adults with care and support needs.






## Some of the headlines

*When did you last attend safeguarding training?*




*Your safeguarding practice*

| Do you know what to do when you have safeguarding concerns about a child or adult with care and support needs? | | |
|---|---|---|
| Yes (92.6%) | No (2.8%) | Partially (4.9%) |

| Do you have the opportunity to reflect on cases with a colleague/manager in a way that supports you in making safeguarding decisions? | | |
|---|---|---|
| Yes (73.2%) | No (10.1%) | Sometimes (16.7%) |

| How confident would you be to escalate issues if you felt that your safeguarding concerns were not being addressed | | | |
|---|---|---|---|
| Very confident (27.9%) | Confident (41.7%) | Slightly unsure (25.7%) | Very unsure (4.7%) |

## Findings from Child Death Overview Panel 2022-23

**WHO ARE WE?**

The CDOP Panel are a multiagency subgroup of the OSCB, who meet 4 times a year.

**WHAT WE DO?**

In accordance to statutory guidance, review the death of all children residents in Oxon.

**AIM:**

To take forward recommendations to influence strategic changes and practice and ultimately reduce the incidence of child deaths.

Deaths in children are always very distressing for parents, carers, and practtioners. Reviewing the confirmed causes of childhood deaths can lead to effective action in preventing future deaths, which is at the core of the process. A more detailed report is scrutinised by the Safeguarding Partnership Board annually. A report is also submitted to the NHS hosted National Child Mortality Database which contributes to analysis and learning. There are published thematic reports which are shared and used to influence national leaders.

### Summary

In 2022-2023 there were 38 notifications of a child dying in Oxfordshire area. It was noted that this is the second consecutive year with a slight rise, however the numbers remain too small for this to be statistically significant. 34% of notifications this year were about infants under 27 days old, this is a reduction on the previous year. There were 12 joint agency meetings for a family in which their child died suddenly. The Child Death Overview Panel met 4 times and reviewed 30 cases. 33% of those cases reviewed had 'modifiable factors', compared to the national figure of 39%. The most frequently seen modifiable factors were smoking in the household, unmet mental health issues for parents and co-sleeping.





### Learning and actions from the reviews completed in 2022-2023

Palliative care has remained a theme of learning within reviews throughout 2022-23. The value of early, proactive planning, involving both acute, community and palliative care teams has been clearly demonstrated however practice remains inconsistent. Pathways are being reviewed and learning is being fed back to wider teams through the strategic clinical network for NHS SE.

It has been recognised that in this review year there have been occasions in which delays in identification of serious illness have been noted. Viral illness developing into life threatening events, post operative complications and obscuring of symptoms (overshadowing) have all been explored within panel.

There were 28 recommendations from the reviews during 2022-23 relating to communication issues. It has been acknowledged by teams and practitioners that as demand has increased, pressures on staff have reduced the time available to construct comprehensive handovers and communication updates. Good multi-agency and multi-professional active communication is essential to holistic and well-coordinated care.

Services are committed to ensuring the ongoing care and safety of children. Members of CDOP have a forensic approach to the Panel's work ensuring that all possible learning is derived from each child's death, that trends are identified and acted upon as quickly as possible and that the voice of parents and carers, and, where possible, children and young people, is heard and responded to. Whilst there is always room for improved communication and information-sharing across and within services, agency representatives on the Panel are committed to taking all learning back to their colleagues.

As a result, service changes have been made in a timely manner and more collaborative and joint working has led to more effective and efficient sharing of resources across the local system.

## Embedding Learning and Improvement

The OSCB aims to improve practice through learning from reviews.
We keep in touch with practitioners and run online events.
We always aim to facilitate at least one annual conference as well as two large scale learning events.

### OSCB Learning Event: Follow up Learning Event on Child Exploitation

**Date: June 2022**

This was a follow up event to the first one held in January 2022.

a) Consolidating and concluding the 'time-limited' work streams.

b) Launching the framework for child exploitation/Safeguarding Adolescents for 2022-2025.

c) Launching the child exploitation/Safeguarding Adolescents Vision/Pledge/ Promise; and

d) Remembering Jacob.

### OSCB Learning Event: Violence Against Women and Girls

Sexual and physical violence, predominantly against women and girls, are recurring themes across local and national CSPR's.

Responding to domestic abuse has been highlighted as a challenge by the majority of agencies in this year's Self-Assessment returns.

The recent OFSTED review of sexual abuse in schools and colleges revealed how prevalent sexual harassment and online sexual abuse are for children and young people and the murders of Sarah Everard, Sabina Nessa, Biba Henry and Nicole Smallman have increased calls to collectively change the narrative and response to VAWG, to better safeguard women and girls and educate children and young people.

**Date: Feb 2023**

*This learning event was well received by attendees who commented on the dynamic and vibrant approach to sharing the information on a difficult topic.*





### OSCB Learning events: Trauma informed practice

**Background:** To increase awareness and understanding of the impact of trauma on children, young people, and their families.

**Date: November 2022**

The realisation that many families have experienced and/or are living with trauma and how workers can work more intuitively to help them work through it and support them to succeed.


## Learning through training

### Overview:

**301** training events in total

In 21/22 it was **289**

**6,210** practitioners attended virtual and face to face training

In 21/22 it was **5,072**

**11,826** practitioners completed online learning

In 21/22 it was **8,809**

### Practitioners have told us about OSCB training:

- *'I found the course delivered by 2 knowledgeable and experienced DSLs to be extremely helpful.'*
- *'Trainer from today was exceptional with inclusion of participants and great at time keeping.'*
- *'(the training) was engaging, interesting, and we had space to converse and ask all the questions needed.'*
- *'It was good to think about the more holistic approach to safeguarding, rather than just the usual process and procedure agenda'.*
- *'Details about the Chronology practice was very helpful and will support our setting in early identification of patterns and issues of any struggling families'.*
- *'I have made an action list to be included in our Safeguarding action plan for 2023 with notes from the training'.*

## OSCB Trainers are Volunteers:

- 77 volunteer safeguarding trainers (75 in 21/21)
- 10 new trainers completed our 'Train the Trainer' course this year (12 in 21/21)
- 2 development sessions were held for trainers to build their knowledge of OSCB Rapid Reviews and Child Safeguarding Practice Reviews, kinship care, update on neglect and the effect of pornography on young people (3 in 21/22)


For sharing your expertise for free.

*The trainers are an invaluable line of communication for the safeguarding network. They meet Oxfordshire's workforce over 100 times each year and feedback their views directly to us.*

## OSCB Trainers have told us:

- *'Having a multi-agency group of delegates means there are perspectives, experiences and knowledge from a broad range of practitioners. Partnering up with different trainers each time also offers an opportunity to learn about good practice and strengthen agency partnerships'*
- *'We don't have all the answers but the beauty of being part of the training pool is that when delivering to many professionals across many different settings, we find those answers together in a supportive and professional way'.*
- *'Being part of the Training Pool has been a two-way process for me, it has allowed me to share my experiences with other professionals from many different settings, which I hope has helped them to navigate their way through some difficult, challenging situations whilst at the same time, enabled me to learn from those professionals too'.*
- *'Developing, organising and delivering good quality, engaging training is what sets my soul on fire!'*
- *'Working alongside other professionals is awe inspiring as each sector shares a dimension of safeguarding I might not have considered'.*
- *'Every time I deliver a course, I learn something from the co-trainer and delegates'.*

## Evidence and Assurance

**The OSCB looks at the children's safeguarding system in different ways to check how well it is working.**

### ASSESSMENTS

Organisations check how well they comply with safeguarding standards and look at pressures on their services.

We reviewed 11 large services which support children in some way through a self-assessment and a peer review.

### AUDITS

We review how well organisations work with others to support children.

We reviewed children's experiences of support, where they were at risk of exploitation, where they had experienced substantial neglect.

### VIEWS

From practitioners, families and children: an important part of the jigsaw, these are included wherever possible.

Over 700 practitioners completed an online safeguarding questionnaire for the OSCB.

### DATA

We review facts and figures against local targets.

We review data on all safeguarding pressure points at all levels of the partnership on a bi-monthly basis.



## Annual Report 2022/23 Conclusions

**Strategic safeguarding partners need to take a lead on embedding the learning from 2022/23 in their organisations and across the system. This includes:**

- The common themes which will be taken forward by the partnership into next year are; Acknowledgment that the safeguarding agenda continues to expand, and the partnership remains committed to helping all children living in Oxfordshire to thrive and be safe
- It is important to read the back stories of families we are working with, including those who have moved across boundaries. The past will often inform the future
- Think creatively when working with families – do not be constricted by procedures
- We learn from audit and review and by professional challenge

Our local community: safeguarding is everyone's business.
Please report a concern if you are worried.

If you have a concern about a child, please call the Multi-Agency Safeguarding Hub (MASH) on **0345 050 7666** during office hours.

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

OSCB
Oxfordshire
Safeguarding
Children Board

**oscb@oxfordshire.gov.uk**
**www.oscb.org.uk**



Images used in this annual report are stock images

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# Child Safeguarding Practice Review (CSPR) subgroup Annual Report 2022-23

## Contents







## Introduction

This is the 2022-23 annual report from the Chair of the Child Safeguarding Practice Review (CSPR) subgroup of the Oxfordshire Safeguarding Children Board (OSCB).

It covers information on all reviews considered and commissioned as well as any action taken over the last 12 months.

## The CSPR subgroup

The purpose of the subgroup is to support the OSCB in fulfilling its legal duty to undertake reviews where the criteria[1] is met. It has the local duty to undertake reviews where learning could lead to improvements in practice. The aim is to help the OSCB learn from the most serious and complex situations and incidents.

**The subgroup members come from:**

- Thames Valley Police
- Oxfordshire County Council's children, Public Health, education and legal services
- The NHS through the Buckinghamshire, Oxfordshire, Berkshire Integrated Care Board, Oxford University Hospitals FT and Oxford Health NHS FT
- The local education community

## National Context

The Department for Education's National Panel for Child Safeguarding Practice Reviews maintains national oversight of review work. Over the reporting period the National Panel for Child Safeguarding Practice Reviews has produced papers on the management of bruising in non-mobile infants, safeguarding children with disabilities and complex needs in residential setting an Annual Report for 2021- 22 as well as good practice examples of completing Rapid Reviews.

[1] Working Together to Safeguard Children (2018)

## Serious Incidents

Serious incidents are referred for a Rapid Review in line with guidance in Working Together 2018. Appendix A explains how the Department for Education defines a serious incident.

The CSPR subgroup also reviews cases referred by board members if they present concerns in how well agencies have worked together to safeguard children. This includes cases which may have met the (RTH) OUH Serious Incident Framework[2].

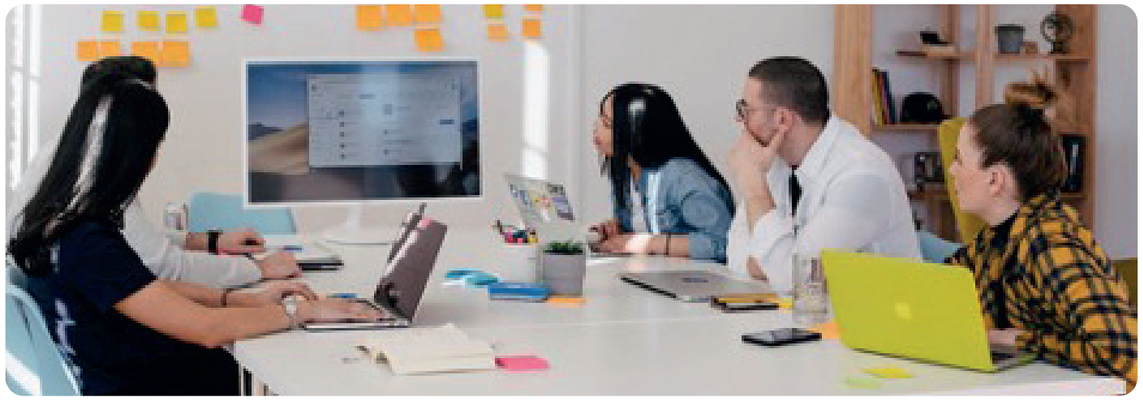
This year 6 serious incidents (where abuse and neglect was suspected)[3] were notified to Ofsted and 1 incident was referred for consideration. NB: Following the Rapid Reviews one of the incidents, concerning an infant death, was deemed to have no longer met the criteria. The thorough review removed suspicion of abuse and neglect. This is similar to last year, when there were 6 notifications and the preceding year when there were 9.

## Rapid Review meetings held by the CSPR subgroup



The purpose of a Rapid Review is to decide if the criteria is met for a CSPR and if one is needed.

If work is already in place or there is no further learning to be gained, then it is not necessary to do a Rapid Review. These types of reviews are real-time and provide an insight as to how well the safeguarding system is operating now. Rapid Reviews concern current incidents. They guide us to current learning points.



[2] NHS England » Serious Incident framework

[3] There may be more serious incident notifications but the CSPR subgroup has only considered those, where abuse or neglect is suspected.



## Analysis of Rapid Reviews

When a Rapid Review of a case takes place partners are very proactive in providing information held on the child and their family to ensure that as much information as possible is available to inform the review and ensure the child/ren are safeguarded.

| | 2022-2023 |
|---|---|
| No. of agencies referring incidents for review | 4 |
| Rapid reviews held | 6 |
| Rapid reviews involving safeguarding partners outside Oxfordshire | 3 |
| CSPRs initiated following the Rapid Review | 2 |

Of the six serious incidents reviewed this year 2 were non mobile infants.
Sadly 1 infant died – possibly as a result of parental rollover.
The remainder were all aged between 10 and 16 years.

### Analysis of the seven Rapid Reviews held:

- Two of the Rapid Reviews concerned infants under the age of 1 year
- The next biggest group of children are aged 10-16 years
- One young person was aged 17 years and he was detained in an YOI at the time of the incident
- The largest ethnic group is white British
- The majority of children were subject to chronic harm and did not die but did impact significantly on their development and well-being
- The largest subcategory of serious harm has been by neglect followed by intra familial sexual abuse
- The Rapid Reviews have delivered high quality local learning
- Two Rapid Reviews recommended a CSPR be commissioned, and these have been completed

[4] Review in this context means Child Safeguarding Practice Review

## Serious Incidents

### Child A

- This review was signed off in September 2022.
- The review concerned a child who was seriously self-harming and at risk of suicide. She was accommodated in residential placements out of county.

### Completed actions include:

- The development of the strengths and needs assessment for early help work.
- Communication with the National Panel, the Secretary of State and Oxfordshire MPs regarding placement sufficiency.
- The importance of good working relationships between professionals - keeping the child at the centre.

### Delayed publication of CSPR Child G

- This review was signed off in July 2022. It concerned an adolescent who was sexually exploited whilst living in independent accommodation under the care of the local authority.
- Key pieces of work include the learning events run in November 2022 on trauma informed practice; trauma and parenting; understanding challenging behaviour and secondary trauma.
- Due to changing circumstances in Child G's life it was agreed to delay publication so they would be able to engage with the process.



## Rapid Reviews (including key issues)

| Case | Ofsted notified? | Decision type | CSPR meeting | Presenting issues |
|---|---|---|---|---|
| Child 1 | Yes | Rapid Review | 11 May 2022 | Intra familial sexual abuse – adults and children |
| Child 2 | Yes | Rapid Review | 13 July 2022 | SUDI possibly due to rollover by parent. Issues of homelessness, alcohol use, Domestic Abuse, insufficient pre-birth assessment |
| Child 3 | Yes | Rapid Review | 10 August 2022 | Chronic neglect. Issues of early parenting concerns, cross border movement of parents, large family network |
| Child 4 | Yes | Rapid Review | 8 September 2022 | Intra familial sexual abuse between siblings. Issues of family isolation, underpinned by parental profound religious beliefs, very large family network |
| Child 5 | Yes | Rapid Review | October 2022 | Chronic neglect compounded by the child sustaining serious injuries after falling 40 metres. Issues of previous parenting concerns, large family network, children being Electively Home Educated, families moving across borders |
| Child 6 | Yes | Rapid Review | February 2023 | Non mobile child sustained significant injuries. Issues of parental capacity, homelessness, insufficient pre-birth planning, 3 different men in the child's life by 8 weeks old, domestic abuse |
| Child 7 | No | SIN due to incident in YOI | July 2022 | Notification from a YOI to say an Oxfordshire child (along with 6 others) had been involved in a serious assault of another young person |

## Learning points this year

Rapid Reviews and cases for consideration concern existing incidents. They guide us to current learning points. Over the last 12 months the CSPR subgroup picked up on the following repeat themes for local safeguarding practitioners.

- Moving from "What is wrong with you to what has happened to you"
- Recognise the importance of key adults in a child's life and involve them
- Use non blaming words and language about a young person – they are always the victim
- It is important to understand family dynamics including the history of the family and particularly in large families
- The past can often inform the now
- It is important to understand the impact of historical intra familial sexual abuse
- Think creatively of ways to safeguard a young person – do not be bound by procedures
- Parents may physically chastise a child to manage their presenting behaviours. Whilst it is not illegal to hit a child/young person the impact of physical violent on the child should not be underestimated
- Neglect not being recognised and leading to significant harm of children
- More robust pre-birth assessment and planning is required
- Bereavement of key family members who could have supported parenting
- Understanding neurodiversity and how it may impact on parenting ability
- Knowing the right service to support a parent
- Understanding an assessing individual needs in large families

## Reflections from partners

The focus of the OSCB continues to be inclusive with the partnership and remembering that safeguarding children is everyone's responsibility.

In contrast partners can feel 'done to' as opposed to taken along. Colleagues in Children's Services can feel the responsibility lies with them. None the less, the commitment of partners in Oxfordshire remains strong with a culture of professional challenge, openness, escalation (including the re-launch of Escalation policy now called Resolve) and learning.

Partners value the opportunity of working together to explore cases in depth and ensure that the learning from cases is disseminated throughout the partnership.





## Reflections from independant reviewers

### Jane Wiffin

- *It was a pleasure undertaking my LCSPR in Oxfordshire- Business Office very supportive.*
- *Good communication. well linked in with partner agencies. The review process was a little arduous - the consultation process with all having a slightly different view. Led to many changes.*
- *Professionals were open - lack of defensive willing to learn.*
- *Everyone took LCSPR process seriously. Committed time and effort.*

### Sarah Holtom-Fawcett

- *Excellent business support from the team and paying particular thanks to CB. It really works as a reviewer to have a named support person and CB is super-efficient and very easy to work with.*
- *Able to hear and talk about the difficult things/barriers in agencies and across the partnership and commitment seen from practitioners and senior managers to make the changes to systems and strengthen practice where required*
- *Attention to detail in the draft reports from CRAG - at times there was perhaps a little too much debate over sentences / words in the report in meetings which could have been approached in a more efficient way with email feedback for consideration*
- *Good focus on ensuring family participation. In the Review regarding Sibling Sexual Abuse - I wonder if comment could be made regarding the timing of approaching families as wider learning for the National Panel when they expect certain timeframes. In many situations it is unrealistic to have a 6-month schedule for completion and expect the family to be able to contribute meaningfully when other processes may be ongoing or they family may not be in a psychological space to feel able to think about things*
- *I would also add that KB was a very skilled and experienced Business Manager - she was relational, authoritative when required and kept everyone to task in the Review process. Her knowledge about practice and systems in Oxfordshire across the partnership was impressive. It was clear to see how well respected she was by her Team / seniors and practitioners.*

## Family Involvement

The OSCB always tries to involve family members and those who have cared for the children whose cases are being reviewed.

As highlighted by Sarah Holtam–Fawcett it is important to understand the impact of a serious incident affecting their child and to be led by their ability to process events. It is also important to be available to families should they have any queries.

## Costs, timeframes, and process

Costs vary according to the type of review, its complexity, duration and the level of practitioner and family involvement.

They can range from approximately £8,000 to over £20,000.



## Sharing Learning

The CPSR subgroup shares learning from each Rapid Review with safeguarding partners such as the Housing Forum and Safeguarding Trainers at regular intervals. Online learning events were run and follow up sessions.

For those registered with the OSCB booking system they can still be accessed as follows: OSCB.training@oxfordshire.gov.uk



## Impact of reviews

OSCB Reviews keep recommendations to a minimum to ensure they are focused and have impact.

**The following are examples of change as a direct result of recent reviews:**

- ☑ Raising awareness of 'placement insufficiency' for children with the most complex set of needs through regional work.
- ☑ Improving the online system for 'multi-agency chronologies' (MAC) to build a full picture of what is happening in the life of a child /family who is subject to child protection planning, particularly for neglect.
- ☑ Improving the Thresholds of Needs Document to better capture family background information and make connections between mental health services and children's social care when they are determining what level of needs a child has.
- ☑ Development of a bruising protocol so that practitioners better know how to recognise signs of abuse in older children.
- ☑ Creation of a kit for schools to help them know 'who to call' and what help is available if they are worried that a child is at risk of exploitation.
- ☑ The revised tool for screening the risk of child exploitation will be launched in early Summer 2023.
- ☑ The Resolving Professional Issues between Professionals will be launched early Summer 2023.

## Conclusion

This report evidences the commitment of members of the CSPR subgroup who aim to be dynamic and responsive and to unplanned incidents involving children.

This group meets monthly so that it can respond to urgent issues involving children living in Oxfordshire.

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# Performance, audit, and quality assurance (PAQA) subgroup

## Annual Report 2022-23

## Page heading?

### System-wide view on safeguarding work:
The subgroup[1] looks at how partners are managing children's safeguarding. This is done in different ways.

### Assessments:
Organisations check how well they comply safeguarding standards and look at pressures on their services.

### Audits:
We review how well organisations work with others to support children.

### Views: from practitioners, families, and children:
an important part of the jigsaw, these are included wherever possible.

### Data:
We review facts and figures against local targets.



[1] The list of Subgroup members is provided on the final page of this report.



## Safeguarding audits and assessments done by OSCB agencies

In 2022/23 The group reviewed safeguarding audits from 12 large services which come into contact with children. They considered how well safeguarding is included in their daily work. The audits were presented by:

- Thames Valley Police
- Education
- Domestic Abuse Services
- Acute Health Services
- CAHMS
- A/E
- School Nursing service
- Health visiting Service
- Local Authority Children's Services
- Probation Service
- Local Authority Designated Officer (LADO)

(Some partners completed more than 1 audit on different themes).

Subjects of audits included:

### Domestic Abuse

- The effects (both long and short term) for children living with Domestic Abuse
- How many domestic abuse incidents resulted in criminal prosecution
- The rise of child on parent Domestic abuse
- Domestic abuse in the digital world
- The normalising of domestic abuse among young people

### Education

- Children Missing Education is increasing
- Children are safer when accessing education
- The significant increase of children being Electively Home Educated (EHE)
- When asked why they decided to electively home educate their child the parents shared that they experienced significant mental health and anxiety as the main reason. However very few parents accessed specialist services such as CAHMS to support their child.
- The number of exclusions and permanent exclusions of children and how they can be supported to access education

## Health services

### (i) Acute services

- The number of children/young people presenting to A/E having self-harmed
- The relationship with Think Family in supporting families

### (ii) CAHMS

- Waiting time to access the service
- The significant increase in children presenting with eating disorders
- Resulting in delay in accessing the Eating Disorder services

### (iii) School nursing Services

- Supporting children and young people who are struggling to manage in mainstream school
- Is the service compliant with their safeguarding procedures

### (iv) Health visiting service

- Post visit notes/recordings
- Caseloads of Health Visitors
- Safeguarding issues



## Police

- How information is collated and shared at Child Protection Conferences (CPCs)
- How incidents of Domestic Abuse are managed
- If police are compliant with national and local safeguarding children protocols

## Children's Services

- Children Looked After (CLA)
- Increased numbers of children entering the care system (particularly older children)
- The impact of increased numbers of children on services provided including placements
- The care of unaccompanied asylum seeking children becoming CLA
- The quality of health assessments of CLA

## Frontline teams

- There has been an increase in children becoming subject to Child Protection plans
- Children becoming subject to repeat child protection plans
- Recognising Neglect as a key issue in repeat Child Protection Plans

## Local Authority Designated Officer (LADO)

- Increased scrutiny of adults in positions of trust working with children
- The type of allegations and how they are managed
- The link between children's and adults safeguarding

These are just a few of many examples from the services showing how safeguarding is part of their business-as-usual.

After every audit an action plan is developed which is monitored by the Members of the PAQA sub committee. Auditing can be an indication of safe practice in organisations working with children. It can also give a context of the work; good practice and work needed.

This year the chair commended a number of practitioners presenting their audit reports for the quality and detail given in their report. The subgroup has confidence that these services have good oversight of safeguarding and their auditing is to good effect.

**Picture?**

## Self-assessment by OSCB agencies

Oxfordshire's Safeguarding Self-Assessment formally requests and gathers information from board member agencies on the safeguarding arrangements made in line with section 11 of the Children Act 2004, and standards developed by the Local Government Association for Adult Services.

It provides agencies with the framework to measure and quality assure their safeguarding arrangements, and the opportunity to evidence the impact of policies and practice on children and adults in Oxfordshire, as follows:

- Demonstrate how safeguarding and promoting the wellbeing of children, young people and adults is prioritised within your organisation and provide evidence of how your organisation has been able to learn and improve your safeguarding practice
- Measure the effectiveness of safeguarding arrangements and joint working to protect the children, young people and adults with care and support needs
- Identify good practice and areas for development within your organisation to support improvement / development plans for your organisation
- Enable the OSCB/OSAB to identify training needs and plan for the provision of training, and development of tools and resources to support practice



**Picture?**



## Multi-agency Safeguarding self-assessment

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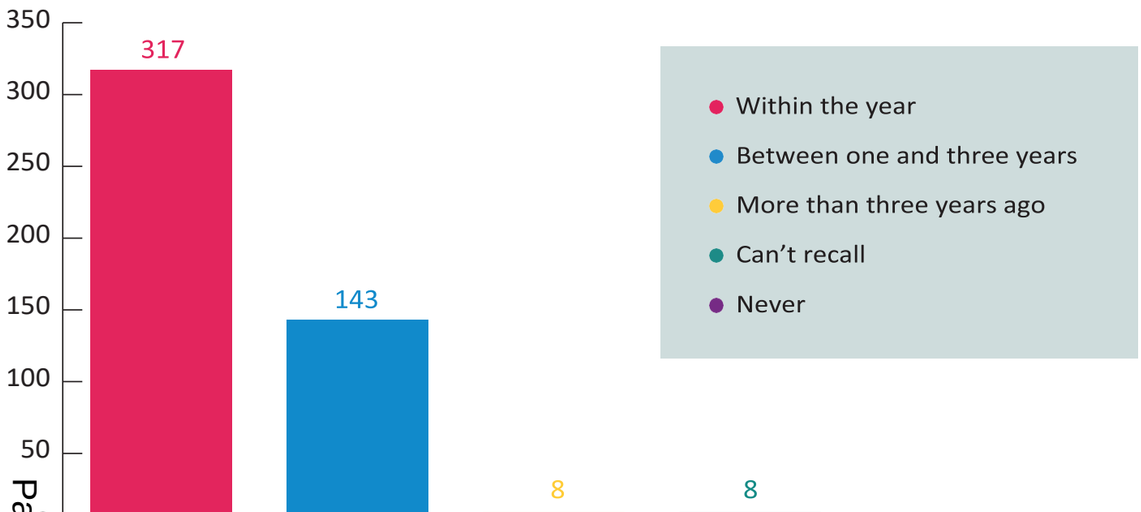
- Identify good practice and areas for development within your organisation to support improvement / development plans for your organisation
- Enable the OSCB/OSAB to identify training needs and plan for the provision of training, and development of tools and resources to support practice

This report summarises what the self-assessment and peer review process tells us about the effectiveness of our safeguarding arrangements in Oxfordshire, and the effectiveness of joint working locally to protect children, young people and adults with care and support needs.

## Some ofthe headlines

***When did you last attend safeguarding training?***






***Your safeguarding practice***

| Do you know what to do when you have safeguarding concerns about a child or adult with care and support needs? | | |
|---|---|---|
| Yes (92.6%) | No (2.8%) | Partially (4.9%) |

↓

| Do you have the opportunity to reflect on cases with a colleague/manager in a way that supports you in making safeguarding decisions? | | |
|---|---|---|
| Yes (73.2%) | No (10.1%) | Sometimes (16.7%) |

↓

| How confident would you be to escalate issues if yo felt that your safeguarding concerns were not being addressed | | | |
|---|---|---|---|
| Very confident (27.9%) | Confident (41.7%) | Slightly unsure (25.7%) | Very unsure (4.7%) |



## Quality assurance audits on working together

These are in-depth pieces of learning, drawing out detailed points of improvement and good practice. This report aims to highlight some of the findings from the different audits completed.

**Child exploitation** also known as **Contextual Safeguarding** is a key priority for safeguarding partners. It is characterised by children/young people

- Being criminally exploited
- Being sexually exploited
- Going missing
- At risk of radicalisation
- County lines
- Gang activity
- On line grooming/exploitation
- It can also involve child labour and/or child trafficking

This is the government's recognition of harm being caused to children outside the home - essentially by adults - but can include the involvement of children who are also being exploited and asked to involve their friends.

As well as protecting children/young people from exploitation the OSCB is keen to promote positive language when working with exploited children and to remember they are victims of crime. It is also important to involve the family when working to protect the child/young person.

**In response issue to this the OSCB has:**

- Revised the assessment and working tools for professionals working with exploited children
- Tightened the partnership procedures to recognise and divert children from further harm
- Confirmed the commitment for including parents in safety plans for their children

**Neglect** is strategic priority for safeguarding partners. During the last year several conferences have been held helping all staff and partners to recognise neglect.

A new set of tools to assess and support practitioners have been developed and are available on the OSCB website.

The council's internal procedures will be updated in June 2023 to reflect the new changes.

**Your role as a practitioner**

- Be clear about recognising neglect
- Understand the impact of neglect on a child
- Be clear about what you can do to help and support a child and family experiencing neglect

## The Muliti-Agency Chronolgy (MAC)

The OSCB in response to **practitioner survey** on the **multi-agency chronology** (MAC) is currently working on a more user friendly and computer accessible system for more effective in gathering key information on a child/young person experiences.





## OSCB Training

In response to the findings and themes from audits and practice reviews the OSCB training team reviews the training programme monthly to ensure key findings are covered.

**In 22/23 Learing through training offered:**

### Overview

- 301 training events held in total
- 6,210 practitioners attended virtual and face to face training
- 11,826 practitioners completed online learning

### Practitioners have told us about OSCB training:

- *'I found the course delivered by 2 knowledgeable and experienced DSLs to be extremely helpful'*
- *'Trainer from today was exceptional with inclusion of participants and great at time keeping.'*
- *'(the training) was engaging, interesting, and we had space to converse and ask all the questions needed.'*
- *'It was good to think about the more holistic approach to safeguarding, rather than just the usual process and procedure agenda'.*
- *'Details about the Chronology practice was very helpful and will support our setting in early identification of patterns and issues of any struggling families'.*
- *'I have made an action list to be included in our Safeguarding action plan for 2023 with notes from the training'.*

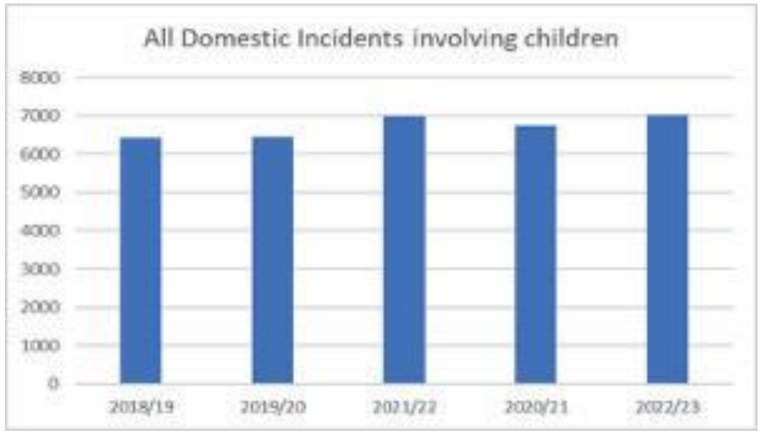
### OSCB trainers are volunteers:

- **77** volunteer safeguarding trainers
- **10** new trainers completed our 'Train the Trainer' course this year
- **2** development sessions were held for trainers to build their knowledge of OSCB Rapid Reviews and Child Safeguarding Practice Reviews, kinship care, update on neglect and the effect of pornography on young people

**The trainers are an invaluable line of communication the safeguarding network. They meet Oxfordshire's workforce over 100 times each year and feedback their views directly to us.**


***Trainers for sharing your expertise for free!!!***

## Heading??



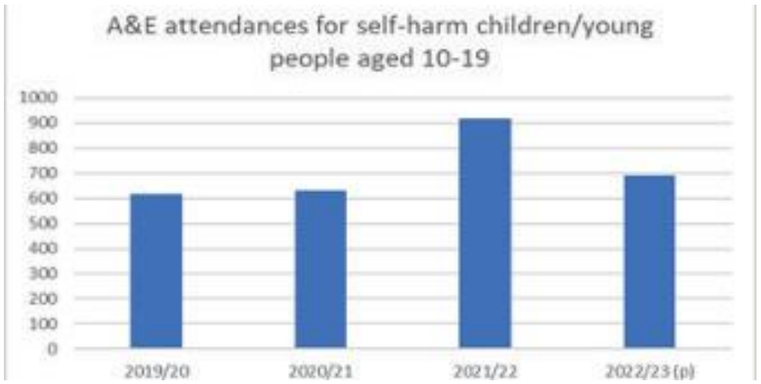

The TVP were being inspected at the time of this report and amongst other matters also focused on:

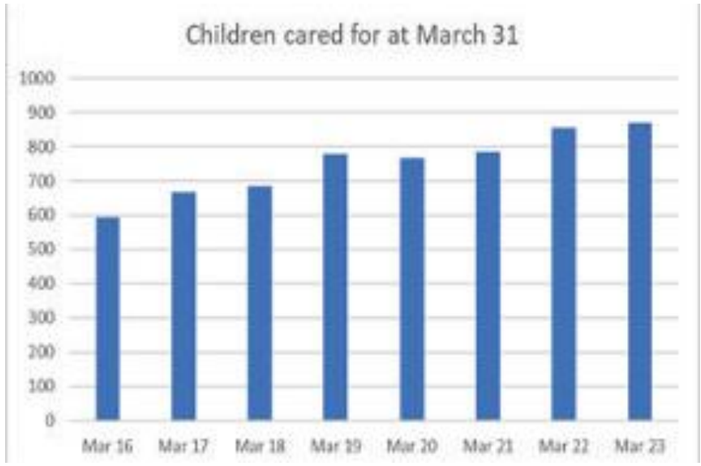
- Domestic abuse incidents with children involved/ linked
- Non-Domestic Abuse referrals to CSC

## Contacts into the MASH

MASH contacts rose by 35% in 20/21. In 21/22 they rose again, by 18%. In 22/23 they rose by 3%. The target set was based on the level of contacts pre Covid. Since then, not only have we had the Covid impacts, but also cost of living crisis that has increased potential need and levels of anxiety across the partnership. There is no national data on contacts to social care, but we share data with other authorities in the Southeast. This shows the rate of contacts in 21/22 was 20% lower than the SE average rate. The MASH triages all contacts to Children's Social Care and Targeted Family Support at an early help level. There is management oversight on all contacts at the first point of contact, and during the decision-making process. All children presented cases in the MASH are RAG rated. All children at risk of significant harm are dealt with immediately.

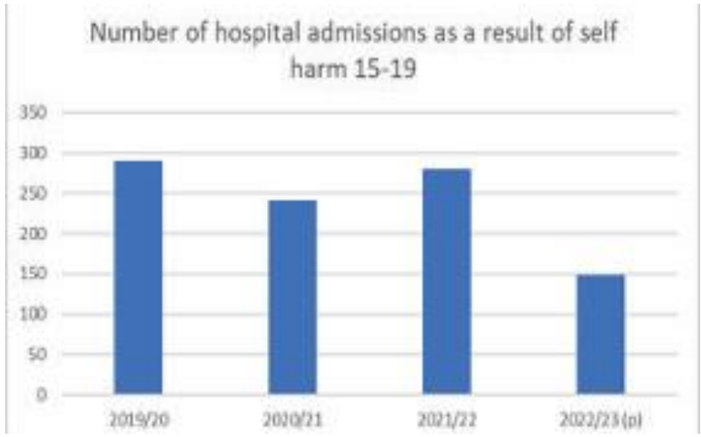
The expanded MASH Exploitation team is now live.

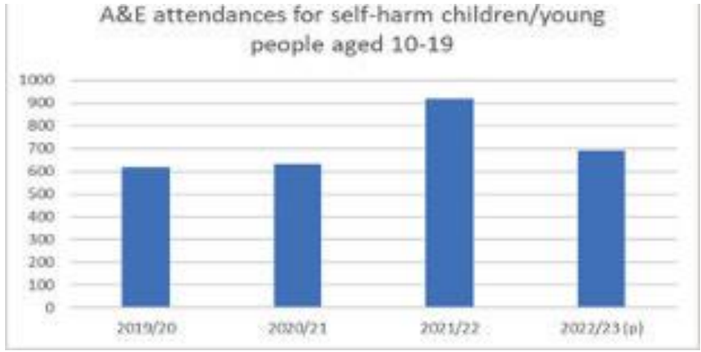



A key element in keeping children safe is keeping children in school.

We need to ensure school attendance remains a high priority for all agencies as a key measure of keeping children safe.




Whilst the timely delivery of initial health assessments (IHA) for Children we Care remains challenging, the situation has improved. This is largely due to a reduction in the number of children becoming looked after over the past 3 months. Oxford Health has increased its medical capacity by an additional initial health assessment each week. There are approximately 40 children waiting for their IHA with the predominant reasons being a delay in the required paperwork from Children's Social Care to be able to proceed and children placed outside of Oxfordshire facing long delays due to limited capacity in the receiving health team. Both issues have been escalated to the Corporate Parenting Panel and the Designated Nurse.

## Repeated issues and ongoing concerns

**PAQA's review of information leads to the escalation of some matters to the Board partners. The most persistent issues in the safeguarding system remain:**

- Staff not being fully signed up to using the new screening tools for assessing neglect
- The increase in the number of EHE (Electively Home Educated) children – underpinned by the pause by the government for the proposal to introduce a register for children being EHE
- Exploitation – the new screening tool will be launched in the early Summer of 2023. It is hoped that partners will sign up to the new process
- Children being cared for continues to increase
- Children being supported by a Child Protection Plan continues to increase
- The partnership is still not meeting it's targets for completing early help assessments to deflect families away from statutory intervention
- The national housing crisis
- The delay in accessing CAMHS and/or Eating Disorder services for children
- The persistence of domestic abuse incidents harming children



OUH self-harm and mental health presentation monitoring continues. Presentations are lower over the year although there has been an increase in 8–12-year-olds attending ED. The three county self-harm forums are no longer taking place to monitor trends however, information is shared with the safeguarding in education team, CAMHS, SHNs and the BOB. It has been noted that there has been a spike in presentations following school holidays at the start of term. There has been a slight reduction in ED under 18s attending over quarter 4 (n=205), it is noted that the North of the county continue to have the higher level of presentations. The monitoring of admission rates for the under 18 attendances following self-harm noted an increase of 7% in Q4 to 24% indicating an increase in the acuity of presentations. Information is shared with primary care and children social care for open cases. The safeguarding liaison service shared information for 3083 attendances at the Emergency Department and Clinical Decision Unit, a reduction of 827 from quarter 2. The number of attendances for children aged has decreased for 22/23 and this is very positive.

## Early help and assessments

The children's trust has agreed a target to increase the number of strength and needs documents (early help assessments) to 5000 in 22/23. Although the number rose by 27% in the year to 3599 it still fell short of the 5000 target. An additional 289 strength and needs forms were completed within the health visitor pilot completed by Oxford Health. Partners are being asked for the children's trust meeting on 18th May to

a List their 2022/23 early help targets

b Identify their performance against these targets

c Identify the barriers/challenges to achieving the target

d What they are going to do differently

e What the governance for early help reporting is?

f Targets for 2023/24?

g Actions to address the 3 priorities:

- Early Help and Mental Health and Well-Being
- Early Help and 0–5-year-olds
- Early Help and SEND early intervention

## Waiting times for CAHMS

In April CAMHS had a record number of referrals to our Single Point of Access with 751 compared to April 22 at 450. A large-scale project is underway to improve the Patient journey with SPA/Getting Help and Getting More Help.

Waiting times for NDC continues to be high however the team are offering a pre assessment offer (uptake is currently low). We are implementing the use of Sharon for both NDC families and for Getting Help /Getting More Help CAHMS services over the next 6 months. Sharon is an online peer and expert support system as well as developing a pre assessment offer for GH/GMH families who are waiting.

## Increase in the number of children electively home educated

At the end of T4 (Easter 2023) 1180 children were electively home educated. This is an increase of 16% in the year and 65% on Easter 2019 (pre-Covid). Despite the increase the number of electively home educated children who were the subject of a social care plan fell to 6 this year from 15 last year and 25 at Easter 2019



## Recruitment and retention

This continues to be a challenge across the whole partnership and work is being done to both recruit to posts ans.

This report summarises the subgroup's findings on how well our safeguarding system is working as one.

Also how the partnerships respond to emerging themes e.g young people attending local A/E departments following self harming

# Oxfordshire's safeguarding partnership is committed to high standards.

We hope this report indicates the commitment from partners to keeping children safe and holding partners to account for their practice. The members of PAQA are dynamic and determined to improve partnerships to safeguard children.

**List of agencies providing evidence on how well they work to address safeguarding themes:**

- Children's Social Care, Oxfordshire County Council
- Community Rehabilitation Service (CRC)
- Education Safeguarding Advisory Team
- Learner Engagement Services, OCC
- Probation Service
- NHS Oxon Clinical Commissioning Group (NHS OCCG)
- Oxford City Council in partnership with South Oxon and Vale of White Horse, West Oxfordshire, and Cherwell District Councils.
- Oxford Health NHS FT (OH NHSFT)
- Oxford University Hospitals NHSFT (OUH NHSFT)
- Youth Justice & Exploitation Service, OCC
- Thames Valley Police

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# Healthwatch Oxfordshire Report to Health and Wellbeing Board - December 2023

## Healthwatch Oxfordshire Board

- We held **Open Forums** on September 21st and November 21st for people to meet our Board of Trustees, ask questions and hear about our work and activities, including our Q1 and Q2 activity summary reports. https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/

## Healthwatch Oxfordshire reports to external bodies

Since the last Health and Wellbeing Board meeting in September 2023 we published our reports and attended: Health Improvement Board (Nov 2023 with lay ambassador representative), Oxfordshire Joint Health Overview Scrutiny Board (HOSC) (Nov 2023), Oxfordshire Place Quality Committee and Oxfordshire Safeguarding Adults Board. External bodies that we attend and these reports can be found online at: https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/. We also attend Oxfordshire Place Based Partnership (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) among other ICB committees.



## Healthwatch Oxfordshire research and insight reports

All our reports can be seen here: https://healthwatchoxfordshire.co.uk/reports Since the last meeting we have published the following reports:

- ***Community Research in Oxfordshire - an overview (Nov 2023)***

During July and August 2023 we spoke to local community groups and organisations to gain an insight into views about community research and to map some of the work that has already been carried out in the county. We wanted to ensure these views were captured to help inform and influence the development of a new community research network for the county.

We carried out interviews with 10 community members, and 11 representatives from statutory health and care, local authority, academic and voluntary sector organisations. Our conversations highlighted common and contrasting views and perspectives on community research and what a network might bring to Oxfordshire.

Community members told us loud and clear that communities are tired of research 'on them' and not 'with them', and that things must change, if solutions to some of the pressing challenges are to be found. Based on the voices we heard from community members, we identified four key principles that could underpin an Oxfordshire community research network. These would be:

- Nothing about us without us.
- Commit to action.
- Value lived experience and time.
- Be open, transparent and accountable.

A full long read report, a shorter read version, a report summarising views we heard from community members, a two-sided summary of this work and an Easy Read report of this work are available at https://healthwatchoxfordshire.co.uk/report/community-research-in-oxfordshire-november-2023/

**Other reports published:**

- September 2023: ***'What people have told us about footcare in Oxfordshire'***. Brief survey report of views on podiatry and footcare. https://healthwatchoxfordshire.co.uk/report/what-people-have-told-us-about-foot-care-in-oxfordshire-september-2023/
- October 2023 '***What people told us about joined up care'*** giving insights into people's experiences of continuity of care and joined up support. https://healthwatchoxfordshire.co.uk/report/how-people-experience-joined-up-care-in-oxfordshire-october-2023/

Both these reports were shared in discussion with Oxfordshire Place Based Partnership meeting.

- November 2023 '***What you told us about Primary Care'*** a summary of what we have heard via online and phone feedback in the past year about primary care – to feed into the Buckinghamshire, Oxfordshire and Berkshire West Primary Care Strategy development. https://healthwatchoxfordshire.co.uk/report/what-you-told-us-about-primary-care-november-2022-october-2023/

We made one **Enter and View** visit in September (Abingdon Surgery) and have published **reports** from previous visits:

- Haemophilia and Thrombosis Centre (OUHT) (July 2023)
- Horton General Hospital Day Case Unit (OUHT) (Sept 2023)

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



- We have received funding from **NHS Core 20 Plus 5** via the BOB ICB to support us to reach community connectors to hear about challenges in oral health for under 10's. This project takes place until March 2023.
- We hosted a **webinar on** November 9th attended by **68** members of the public to hear from members of the Health and Wellbeing Board (Cllr Liz Leffman, David Munday and Dr Sam Hart) about the new strategy and to give their views. This webinar can be seen here: https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/

## Other activity summary July - Sept 2023 (Q2)

**Between July and September 2023 we:**

- Gave advice and information on the phone and email about local services to **53** people. The top concerns were GP services, hospitals, social care and dentistry.
- Received **68** reviews for **31** services via our online Feedback Centre and received **74** responses to reviews from service providers (some responses were for reviews received the previous quarter). In this way people can see how their comments and feedback are taken seriously and can help to improve services for all.

**Example** of Feedback Centre provider response: a person left a review of problems getting appointments with Connect Health (CH) – we published this. We sent the review to Connect Health and with reviewer's consent shared their details with CH who resolved the issue. Here is the provider's response:
"*Hi, Thank you for sharing your details with me to allow me to investigate this further for you. I'd also like to apologise for the inconvenience you encountered when attempting to book a follow-up appointment. I've reviewed the notes and personally made some changes to the diary to accommodate an appointment for you at your preferred site, as discussed. I'm really sorry you've experienced issues with booking, and I will be speaking to the clinicians to inform them that requesting the patient books the follow-up appointment is not appropriate at sites with limited availability. In this case, it likely occurred as your original appointment was undertaken virtually. Thank you for your cooperation to support me to look into this for you. I am confident we are both now satisfied the issue has been resolved*".

- We made **1 Enter and View** visit where we heard from members of the public and staff. As above we published **2** reports.
- In addition, we visited the Churchill Hospital, Nuffield Orthopaedic as part of our regular **hospital visits**, speaking to **157** people during these two visits.
- We have active social media presence, and links to local community groups and networks. We also reach people through community networks, parish and other news, voluntary sector, through ongoing communications including fortnightly news bulletin. Our website has up to date resource and information on health and care.
- Building on our outreach work to hear from **working men in Carterton**, we have supported development of plans for further focused work on men in West Oxfordshire via the Oxfordshire Men's Health Partnership taking place currently.
- NHS South-East **Community Participatory Action Research** (CPAR2) Programme Phase 2 with Healthwatch Oxfordshire acting as host organisation to two community researchers during 2023-4. The researchers from Oxford Community Action will focus over the year on learning research skills and exploring challenges from the impact of the cost of living and impact on black and minority ethnic communities. They will be focusing on food poverty and working with other food groups in OX4 Food Crew (Oxford Mutual Aid and Waste2Taste). We have been contributing insight to the development of an Oxfordshire Community Research network and reaching out to communities to hear about their views (See report).

- We continued our programme of outreach visits to speak to people about their experiences of using health and social care services, (in addition to that undertaken across the county in the engagement for the Health and Wellbeing Strategy) including for example, attending the Action Deafness Coffee morning, (where we heard about ongoing challenges for BSL speakers to access interpreters), Abingdon Health Fest, Witney Pride, Kidlington Larder and Corn Hill Centre Banbury.
- Our support for **Patient Participation Groups (PPGs)** continues with bi-monthly newsletters, regular emails and links to PPGs.
- We held two **patient and public webinars** with Connect Health and Reducing the Risk (domestic violence) in Autumn. These can be seen here: https://healthwatchoxfordshire.co.uk/ppgs/patient-webinars/
- As noted in the last meeting, Healthwatch Oxfordshire as independent member of the Oxfordshire Health and Wellbeing Board, undertook engagement to hear from 'the people on the street' and to feed their views into the new health and wellbeing strategy. We **reached over 1,124 people** between July and September, the **majority through face-to-face** outreach. A **detailed report** and what we have heard from all we spoke is available here: https://healthwatchoxfordshire.co.uk/report/health-and-wellbeing-board-strategy-engagement-report-september-2023/
- Our **Annual Impact Report** for the year 2022-23 was presented at an online presentation event open to the public in July. The report, Easy Read report and video recording of the event can be found here: https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2022-23/

**Health & Wellbeing Performance Framework: 2023/24**
**Quarter 2 Performance report**

## A good start in life

| Measure | Target | Update | Q1 22/23 | | Q2 22/23 | | Q3 22/23 | | Q4 22/23 | | Q1 23/24 | | Q2 23/24 | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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 | 770 | Q2 2023/24 | **801** | **R** | **817** | **R** | **805** | **R** | 777 | A | 741 | G | 701 | G | Figure dropped by 117 in last 12 months |
| 1.2 Maintain the number of children who are the subject of a child protection plan to below that of similar authorities | 630 | Q2 2023/24 | 558 | A | **637** | **R** | **648** | **R** | 560 | A | 526 | G | 509 | G | Figure dropped by 137 in last 12 months |
| 1.3.1 Mean waiting days for CAMHS | tbc | Jul 22 2022/23 | 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 | 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 | Q2 2023/24 | 43 | G | 68 | G | 119 | G | 154 | G | 35 | G | 66 | G | 66 admissions in 6 months compared to 83 in the same period last year |
| 1.12 Reduce the level of smoking in pregnancy | 6.0% | Q1 2023/24 | 7.0% | A | 7.0% | A | 5.7% | G | 6.7% | G | 6.2% | G | 5.9 | G | Variation across quarters (small numbers). Stop smoking service to support pregnant women. Maternity tobacco dependency service to start soon. Family Nurse Partnership supporting young mothers to quit continues. |
| 1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 | 95% | Q1 2023/24 | 93.7% | A | 95.3% | G | 93.6% | A | 92.7% | A | 92.2% | A | 93.9% | A | The Improving Immunisation Uptake (IIU) action plan finalised. Focus on early years in education & health settings. Tool kits developed. Targetted support to proactices with low take up |
| 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 | 95% | Q1 2023/24 | 91.6% | A | 96.4% | G | 89.5% | A | 91.5% | A | 91.6% | A | 91.9% | A | Targeted communication campaign over summer to promote the MMR vaccine ahead of the new school year. NHSE Thames Valley Screening and Immunisation Team is reviewing the impact of this focussed communication campaign. |
| 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 | 18.4% | 2022/23 | 19.9% | G | 19.9% | G | 19.9% | G | 19.9% | G | 19.9% | A | 19.3% | A | Small decrease 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 | 31% | 2022/23 | 33.4% | G | 33.4% | G | 33.4% | G | 33.4% | G | 33.4% | A | 30.7% | A | Small decrease 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. |
| Increase the number of multi agency strength and needs forms | 750 | Q2 2023/24 | **865** | **R** | **1629** | **R** | 2640 | A | 3559 | A | 887 | A | 2782 | A | Target reset to rise to 7500 per year. Figures now include those completed by health vistors |
| 1.18 Monitor the number of children missing from home | Monitor only | Q2 2023/24 | 264 | | 525 | | 756 | | 1007 | | 271 | | 565 | | 8% increase compared to first 6 months last year |
| 1.19 Monitor the number of Domestic incidents involving children reported to the police. | Monitor only | Q2 2023/24 | 1834 | | 3660 | | 5363 | | 7006 | | 1616 | | 3402 | | 7% decrease compared to first 6 months last year |

**Living well**

| | Target | Update | Q1 22/23 | | Q2 22/23 | | Q3 22/23 | | Q4 22/23 | | Q1 22/23 | | Q2 23/24 | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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 2023/24 | 95% | G | 95% | G | 91% | G | 92% | G | 92% | G | 91% | G | Routine inspection on hold, inspecting only where a concern is raised. National average 86% |
| 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 2023/24 | 9% | | 20% | | 44% | | 82% | G | 10% | | 24% | | Performance improvement on last year and on target |
| 2.12 The number of people with severe mental illness in employment | 18% | Q1 2022/23 | 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 | < 31 | Q2 2023/24 | 11 | A | 18 | G | 25 | A | 33 | A | 2 | G | 6 | G | 6 people admitted in the year - compared to 20 in first six months last year |
| 2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2022 | 10 | Q2 2023/24 | 7 | G | 8 | G | 7 | G | 5 | G | 7 | G | 8 | G | |
| 2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) | 20.0% | Nov 21/22 | 21% | A | 21% | A | 21% | A | 19% | G | 19% | G | 19% | G | Inactivity levels worsened in Covid.New projects e.g. Move Together (July 2021) & You Move (June 2022) should improve performance. Local physical activity framework, Oxfordshire on the Move launched Apr 2023. |
| 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population | > 1267 per 100,000 | Q1 2023/24 | 1384 | G | 1154 | G | 1242 | G | 1246 | G | 1403 | G | 1003 | A | Extra capacity added to Stop Smoking service to anticipate extra referrals from targetted key priority groups & via the Tobacco Dependency Service within hospitals. Figure anticipated to improve as referrals are realised as part of this approach |
| 2.18 Increase the level of flu immunisation for at risk groups under 65 years | 60.4% | Sep 22-Feb 23 | **60.4%** | **R** | **60.4%** | **R** | 60.4% | | **56.5%** | **R** | **56.5%** | **R** | **56.5%** | **R** | Improvement on 17/18 baseline, but below 21/22 (mirroring regional data). Public may be less sensitised to the need for vaccinations compared to height of COVID. NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24. |
| 2.19 % of the eligible population aged 40-74 years offered an NHS Health Check | 5% | Q2 2023/24 | | | | | | | | | 3.7% | A | 4.9% | A | Health Check invitations increased compared to Q1 & close to target with increase activity by NHS Health Care providers in Q2 23/24. NB: The methodology has been slightly adjusted and backdated from April 2022 to match the public reporting from Public Health Outcome Framework |
| 2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check | 45% | Q4 2022/23 | 32.7% | A | 28.3% | A | **30.2%** | **R** | **32.8%** | **R** | 45.2% | G | 45.2% | G | 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% | Q2 2023/24 | **66.5%** | **R** | **66.5%** | **R** | **67.0%** | **R** | **64.7%** | **R** | **64.7%** | **R** | **65.1%** | **R** | The NHSE Thames Valley Screening and Immunisation Team are now working with targeted practices in central Oxford with the lowest cervical screening coverage in the 25–49-year-old cohort to support completion of audits to understand uptake of cervical screening by ethnicity and student status. |
| 2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years | 80% | Q2 2023/24 | **75.0%** | **R** | **75.0%** | **R** | **75.3%** | **R** | **74.7%** | **R** | **74.7%** | **R** | **74.9%** | **R** | Direct work between NHSE Thames Valley Screening and Immunisation team and practices with low cervical screening coverage rates in the younger cohort will be expanded to better understand specific reasons for lower coverage in the older cohort. |

**Aging Well**

| Measure | Target | Update | Q1 22/23 | | Q2 22/23 | | Q3 22/23 | | Q4 22/23 | | Q1 22/23 | | Q2 22/23 | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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% | Q2 2023/24 | 20% | G | 21% | G | 21% | G | 20% | G | 21% | G | 22% | G | Figure for year to date. 21% for September |
| 3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average | > 69.9% | Feb 2023 | 73.7 | G | 73.7 | G | 73.7 | G | 72.6 | G | 73.7 | G | 73.7 | G | Data from Feb 23 survey. Slight drop but still above the national average |
| 3.6 Maintain the number of home care hours purchased per week | 21,779 | Q2 2023/24 | 25,395 | G | 25,786 | G | 26,808 | G | 29,668 | G | 30,899 | G | 30561 | G | 14% increase in last 12 months |
| 3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population | 24,550 or fewer | Q2 2023/24 | 22,476 | G | 23,673 | G | 23,183 | G | 23,998 | G | 23,306 | G | 22554 | G | |
| 3.8 90th percentile of length of stay for emergency admissions (65+) | 18 or below | Q2 2023/24 | 16 | G | 18 | G | 15 | G | 16 | G | 15 | G | 15 | G | Year to date; 13 days for September |
| 3.19 (New measure): unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population (crude rate) | 710.6 | Q2 2023/24 | 740 | A | 689 | G | 745 | A | 699 | G | 813 | R | 772.4 | R | Reviewing activity by site; analysis of opportunity to manage via integrated neighbourhood teams; urgent care response; emergency department and ambulatory assessment units. |
| 3.21 (New measure) % of people discharged to their normal place of residence | 93.0% | Q2 2023/24 | 90.5% | R | 90.8% | R | 90.6% | R | 90.5% | R | 90.8% | R | 91.0% | 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. |
| 3.22 (New measure) Emergency hospital admissions due to falls in people aged 65 and over. | 1895.4 | Q2 2023/24 | | | | | | | | | 2222.4 | R | 2078.8 | R | review activity by site and admissions pathway (care home, community, geography) to identify opportunity |
| 3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week (BCF measure) | 7.6 | Q2 2023/24 | 8.6 | G | 8.2 | G | 8.2 | G | 9.2 | A | 7.1 | G | 7.3 | G | 190 admissions in first 6 months |
| 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) | 84% | Oct - Dec 2022 | 82 | G | 82 | G | 82 | G | 85 | G | 82 | G | 82 | G | Targeted amended in line with BCF. Improvement in the year |
| 3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services | 3.3% or more | Q1 2023/24 | 2.20% | A | 2.20% | A | 2.20% | A | 2.28% | A | 2.90% | A | 2.90% | A | 34% increase since Oct-Dec 22 (when national figure is taken) |
| 3.15 Increase the estimated diagnosis rate for people with dementia | 67.8% | Feb 2023 | 61.0% | R | 61.7% | R | 62.0% | R | 61.2% | R | 61.9% | R | 62.6% | R | Dementia Diagnosis rates increased by 0.8% in last 12 months. Performance below national rate, the same as SE rate and higher than BOB |
| 3.16 Maintain the level of flu immunisations for the over 65s | 86% | Sep 22 - Feb 23 | 86.4% | G | 86.4% | G | 86.4% | G | 84.9% | R | 84.9% | R | 84.9% | R | Improvement on 17/18 baseline, but below 21/22 (mirroring regional data). Public may be less sensitised to the need for vaccinations compared to height of COVID. NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24. |
| 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 2022/23 | 69.0% | G | 68.3% | G | 68.3% | G | 68.6% | G | 67.6% | G | 69.5% | G | The programme is meeting the achievable standard for uptake. Age-extension for the bowel screening programme is taking place, with age-extension to 54 year olds in 2023. Work on the remaining cohort 50-52yrs will start shortly. |
| 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 2022/23 | 69.6% | R | 71.5% | G | 71.5% | G | 68.6% | R | 63.5% | R | 71.4% | A | Programme impacted by pandemic. Local performance above SE (63.1%) & England (58%). NHS England South East regional teams are working collaboratively to develop a breast screening workforce plan. Health Equality Audit being undertaken. Text messaging implemented for those who miss appointments |

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Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

**Oxfordshire Place-base Partnership: HOSC Update November 2023**

## 1.0 Introduction

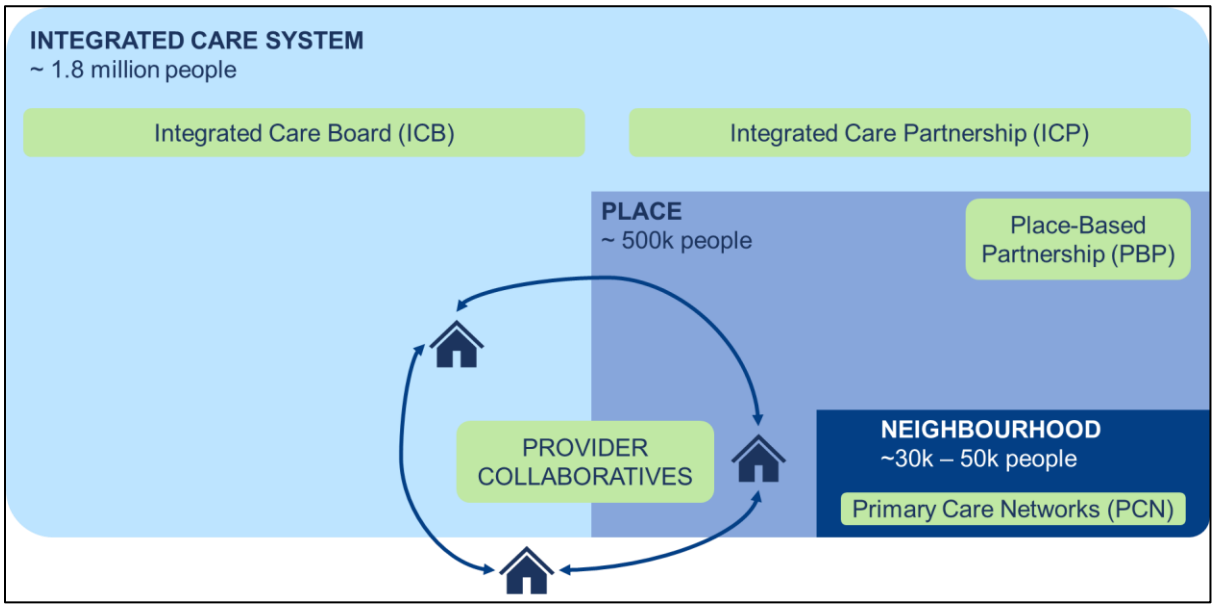


*Figure 1: BOB ICS in numbers*

Major changes are taking place in the way we organise health and care in Buckinghamshire, Oxfordshire and Berkshire West (BOB) promoting greater cooperation between organisations.

Initially, we focussed on structures at Integrated Care System (ICS) level including merging 3 CCGs, establishing the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) and developing our ICP strategy and NHS Five-Year Forward Plan. Our ICS brings the benefits of working at scale to tackle major strategic issues while place-based partnerships driven by collaborations between commissioners and providers are better suited to delivering joined-up care to meet distinctive needs of local populations.

This paper provides an update from our Oxfordshire Place-based Partnership.

## 2.0 Oxfordshire Place-based Partnership

In October 2022 the ICB appointed Daniel Leveson as Place Director for Oxfordshire, responsible for convening leaders from across the health and care system to develop a thriving health and care partnership. Our aim is to join-up services for people who will benefit from more joined-up care and in the long run enable the ICB to delegate some of its functions and budgets to place.

We are leading the development of new models of better value care and establishing new contracting approaches focussed on provider collaboratives with appropriate transparency, risk and gain shares. We plan to reduce health inequalities and create a sustainable system (both in terms of costs and carbon).

The core membership of the partnership is as follows:

| Name | Job Title | Organisation |
|---|---|---|
| Daniel Leveson | Executive Place Director | BOB ICB |
| Stephen Chandler | Director for People, Transformation & Performance | Oxfordshire County Council |
| Caroline Green | Chief Executive | Rep for City and District Councils |
| Grant Macdonald | Chief Executive | Oxford Health NHS FT |
| Professor Meghana Pandit | Chief Executive | Oxford University Hospitals NHS FT |
| Ansaf Azhar | Director of Public Health | Oxfordshire County Council |
| Veronica Barry | Executive Director | Healthwatch |
| Laura Price | Chief Executive | Oxfordshire Community & Voluntary Action |
| Dr Toby Quartley | GP Lead | North PCNs |
| Dr Michelle Brennan | GP Lead | South PCNs |
| Dr Joe McManners | GP Lead | City PCNs |

*Figure 2: Oxfordshire Place-based Partnership leadership*

**3.0 Our Approach to Partnership Working**

Good relationships are the foundation of successful partnerships. Developing these relationships requires time and effort. The time we are spending working together is helping us understand each other, the groups we represent and to value our differences.

As a leadership team we are creating a clear, shared vision and set of priorities and plans and setting the tone for our system by being collaborative, inclusive, compassionate and people/population focussed.

We are looking through a lens of inequality and aim to improve outcomes for minority groups and people living in the deprived areas of Oxfordshire. We will integrate services for populations that will benefit the most from more joined-up care.

Oxfordshire Health and Wellbeing Strategy is at the core of our plans. Our governance and structures will evolve with our partnership and build on what we have, reduce duplication and enable effective decision-making.

**4.0 Developing our Partnership**

Based on learning and experiences from other place-based partnerships we developed a maturity matrix and associated success criteria. We are using this as a self-assessment to measure our partnership and monitor our progress. It will also help us evaluate our readiness for ICB delegation.

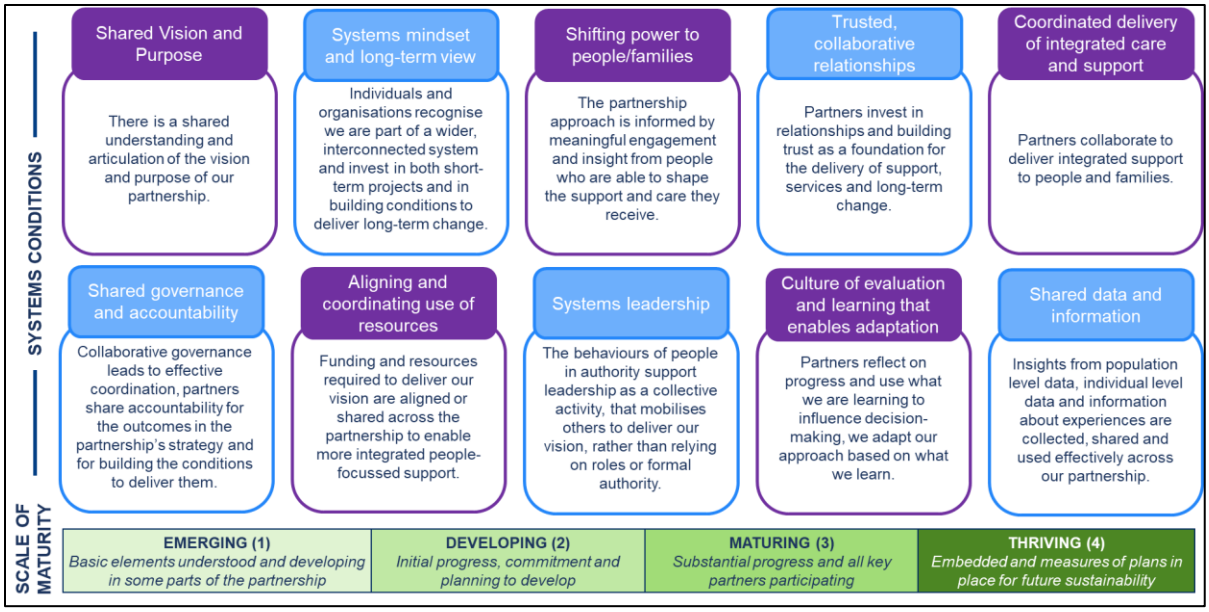


*Figure 3: Place-based Partnership Maturity Matrix*

We secured support from a System Leadership and ICS Develop Programme provided by the Local Government Association, NHS Providers and NHS Confederation. Between October 2022 and January 2023 two experienced former Local Authority and NHS leaders conducted 17 individual interviews with system leaders to gather their views on our partnership and facilitated a series of development sessions.

**5.0 Progress at Place**

In March 2023 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP[1]) published its Integrated Care System Strategy. It is aligned with local Health and Wellbeing Strategies and sets the direction for integrated care over the next 5 years.

There is an expectation in national policy that systems will work through sub-system geographies called 'Places' (Buckinghamshire, Oxfordshire and Berkshire West) and deliver services through Provider Collaboratives.

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.

Oxfordshire is building on a firm foundation and history of collaboration. Oxfordshire County Council (OCC) and the former CCG (now the Integrated Care Board - ICB) has had a Section 75 agreement in place since 2013. It consists of two pooled budgets Live Well and Age Well (including the Better Care Fund) which totals more than £400m. In 2021, the then CCG and OCC developed the health, education and social care (HESC) team to improve joint commissioning arrangements.

Furthermore, Oxford Health NHS FT (OHFT) has extensive experience leading collaboratives for adult mental health (with voluntary sector partners) and led one of the first wave specialist mental health collaboratives. More recently it has formed a local collaborative with Oxford University Hospitals

[1] Group of organisations which plan and provide health and care services for nearly two million people who live and work in the local authority areas of Buckinghamshire, Oxfordshire and Berkshire West.

Foundation Trust (OUHFT) at place and an ICS mental health collaborative with Berkshire Healthcare Foundation Trust (BHFT).

**6.0 Oxfordshire's Place-based Partnership**

Oxfordshire's PBP is a consultative forum representative of our health and care system. It offers a unique opportunity for executive leaders from health, local authorities and communities to come together, accelerate integration and find new ways to use our collective resources and improve outcomes for the residents we serve. It can make choices about how to leverage resources and prioritise actions and interventions that reduce health inequalities and increase our investment in prevention.

There have been some changes in membership of the place-based partnership as Dr Nick Broughton became interim Chief Executive Officer (CEO) for BOB ICB and Grant Macdonald has been appointed interim CEO of OHFT and a core member of the partnership.

The partnership continues to meet monthly. During the meetings we initially focussed on our relationships and ways of working needed to be a thriving partnership working within a complex system. More recently we have focussed on priority areas including urgent and emergency care and prevention and reducing health inequalities. We reviewed and supported our Section 75 agreement between OCC and ICB and have overseen the development of the Better Care Fund.

In June we focussed on the development of the ICS mental health collaborative and Oxfordshire's adult mental health model of care. During July's meeting we focussed on the development of our Oxfordshire Health and Wellbeing Strategy and reviewed progress of our urgent and emergency care programme including preparations for winter. In September, we invited the extended partnership group to participate in a workshop focussed on the development of BOB ICB's Primary Care Strategy.

**6.1 Oxfordshire Place-based Partnership Priorities**

Traditionally we have organised care in service or specialty siloes. We measure and reward compliance with processes and pay predominantly based on volumes of care delivered. For many years, we have also encouraged greater competition for small, specified contracts which, in some instances, has led to fragmented care.

As we develop our system we are focussing on groups of populations with similar needs. These population groups are people and families who will benefit most from receiving more joined-up care and the contribution of our combined efforts to achieving the best outcomes for them.

We are focussed on the following priority populations:

- **Children and Young People** including school readiness, SEND, child and young people's emotional health and wellbeing.
- **Adult and Older Adult Mental Health and Wellbeing** Including the adult and older adult mental health, LD and neurodiversity.
- **People with Urgent Care Needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health Inequalities and Prevention** including healthy lifestyles, working with communities and our role as anchor institutes and major employers.

**7.0 Key Achievements and Workstream Updates**

### 7.1 OCC and ICB Section 75

At the end of March OCC and ICB signalled its ongoing commitment to joint working by renewing the Section 75 agreement which pools approximately £400m of NHS and local authority funds. It underpins the development of joint commissioning, the better care fund and how we deliver more joined up care for adults and older adults.

### 7.2 Adult Mental Health

In March 2023, the joint commissioning team agreed to award a two-year contract extension for the Oxfordshire Outcomes-based mental health contract. This is a pioneering collaboration between OCC, ICB, Oxford Health NHS FT (OHFT) and voluntary sector partners.

Stakeholders from across the system are participating in a system leadership programme (delivered in collaboration with NHS England and Health Education England) to develop skills and behaviours needed to work in a complex system. We aim develop a sustainable model of care for mental health. The programme will develop within the context of the emerging ICS Mental Health Collaborative and will involve people that access mental health services and partners from across Oxfordshire to develop new, high value services.

#### 7.2.1 Mental Health Outcomes Improvement Programme

OHFT and HESC are leading a programme to design and deliver a more effective all-age model of care to improve mental health outcomes for people in Oxfordshire. It will increase our focus on prevention, working in partnership with communities and community groups and balance clinical/medical support with social support. It aims to:

- Improve staff satisfaction, recruitment and retention.
- Increase co-production, involvement and engagement.
- Improve collaboration across system partners.
- Improve access and transitions.
- The programme has 6 workstreams and decisions on the commissioning and contracting of adult and older adult mental health will be agreed by Autumn 2024.

Alongside, we are running a programme that helps us develop clinical and non-clinical system leadership capabilities and strengthen working relationships as partners and with the people and families we serve.

We are aligning the programme with the development of the BOB Mental Health Provider Collaborative that is focussed on things best done at scale, sharing best practice and reducing unwarranted variation.

### 7.3 Urgent and Emergency Care

During the last couple of years, Oxfordshire opened two Urgent Care Centres (UCC). The first, run by Principle Medical Limited at the Horton General Hospital (HGH) opened in February 2022. The second opened on the John Radcliffe site in February 2023 and is run by Oxford City Primary Care Network (PCN). Both UCCs receive on-the-day referrals from Primary Care and redirections from Emergency Departments.

In December 2022 Oxfordshire established a Transfer of Care Hub (TOC). This is a local coordinating centre linking all relevant services across health and social care to aid discharge and recovery and admission avoidance. It has increased the number of people returning to their own home and reduced delayed discharges and the days people spend away from their places of residence.

Primary care in Oxford City and Bicester have led the development of neighbourhood teams. These are multi-disciplinary teams to support people with complex needs that need continuity of care. They reduce on the day demand for GP practices and reduce the number of frail people attending emergency departments.

South Central Ambulance Services (SCAS) and OHFT's Urgent Community Response (UCR) service have worked together to deliver a 'call before you convey' pathway for people following a fall. It has increased the number of people being treated in their homes and reduced hospital conveyances by 12%.

Oxfordshire's Hospital at Home teams care for approximately 100 people a day in virtual wards in people's own homes. This is a safe and effective alternative to NHS inpatient care and prevents avoidable admissions as well as supporting early discharges.

The Oxfordshire UEC Board oversees the delivery of our UEC programme. It continues to focus on expanding and improving Hospital at Home, developing integrated neighbourhood teams with primary care at their core, improving urgent community response and strengthening same day urgent care.

Importantly, as part of our ongoing work and during the Better Care Fund (BCF) planning process we developed our plans for winter. These focus on several areas including:

- Strengthening integrated neighbourhood teams (especially in areas of deprivation).
- Introducing a care coordination single point of access to simplify referral processes for urgent care services.
- Ensuring access to seamless, 24/7 urgent primary care delivered in Urgent Care Centres and out-of-hours.
- Enhancing urgent community response teams and joining-up hospital at home teams to meet demands (especially for frailty and palliative care).
- Ensuring there is a consistent delivery of same day emergency care (SDECs) to avoid unnecessary Emergency Department (ED) attendances.
- Improving support for people with urgent and emergency mental health needs through enhanced triage, expansion of crisis teams and capacity in EDs.
- Continuing to build on the success discharging people quickly and safely whenever possible to their normal place of residence. This is resulting in more care delivered in people's homes and fewer medically fit people in hospitals.

Our winter plans were discussed at Health Scrutiny Committee and Health and Wellbeing Board in September and October respectively.

**7.4 Prevention and Health Inequalities**

The Prevention and Health Inequalities Forum (PHIF) is a multi-stakeholder group co-chaired by Ansaf Azhar (Director of Public Health) and Dan Leveson (Place Director). It has overseen the allocation of ICB inequalities funding for the coming 2 financial years (until March 2025) and is responsible for coordinating between stakeholders and overseeing the delivery of our plans. The

programme will support populations that experience the greatest inequalities and is working with communities and neighbourhoods to develop community actions to help improve people's emotional and physical health and wellbeing.

The group is supporting the following projects:

| Type of Scheme | Provider | Brief Description |
|---|---|---|
| Infrastructure | Homelessness Alliance | Funding OCC/Oxford City post to map and help improve coordination of all homelessness projects (match-funding BCF) |
| Direct Delivery | Out of Hospital Care Team | Funding contribution to multi-agency team providing step-up/step-down care and support for homeless people in Oxfordshire (alongside BCF). |
| Infrastructure | OCVA and OCF | Well Together Programme working with anchor agencies in 10 most deprived wards to identify projects linked to CORE20plus5 |
| Community Capacity Development | OCVA and OCF | Community Grants for anchor organisations working in 10 most deprived wards (up to £1m over 2 years) |
| Direct Delivery | Active Oxfordshire | Move Together working with district councils to support vulnerable residents become more active (joint funding with Public Health) - second year increase to match PH contribution to whole-system appoach to physical activity. |
| Direct Delivery | Active Oxfordshire | Moving Medicine: pass through grant to train health and care professionals in supporting people to be more active |
| Direct Delivery | Flo's in the Park | Early Lives, Equal Start funding maternity advocacy service via Local Maternity Network for vulnerable families in deprived areas |
| Infrastructure | University of Oxford | Evaluation of system approach to prevention and reducing inequalities in Oxfordshire |

*Figure 4: 23-25 Prevention and Health Inequalities Programme Summary*

There is a small amount of funding remaining to be allocated with pipeline projects under development including enhanced coordination for asylum seekers living in contingency accommodation.

### 7.5 Families, Children and Young People

An inspection of Special Education Needs and Disability (SEND) services by Ofsted and Care Quality Commission (CQC) in July identified widespread systemic failings across Oxfordshire's Local Area Partnership[2] (LAP) leading to concerns about experiences and outcomes for families, children and young people.

Areas identified for improvement include:

- Agencies within the local area partnership need to work cohesively to ensure that children and young people get the right help at the right time.
- Too many children and young people are unable to access the education provision they need; and while many schools prioritise transition work, when there are delays to decision making and naming suitable placements, this work is undone.
- The inspection recognised that the timeliness of education, health and care plans has recently improved, but frequently they do not describe the child or young person accurately enough to ensure that their needs are met effectively.

[2] The LAP is made up of Oxfordshire County Council and BOB ICB who are jointly responsible for planning and commissioning services for children and young people with SEND in Oxfordshire. The partnership also include OHFT and OUHFT.

We are urgently focussing efforts to address concerns raised in the inspection. The LAP is re-visiting its vision, plans and delivery priorities. It is involving parents, carers, children and young people to develop an action plan.

Meeting the needs of children and young people at the earliest opportunity is crucial. For those where an education, health and care (EHC) plan is required, the county council is building extra capacity in the SEND team to keep improving the timeliness of EHC plans.

To ensure there is continual dialogue with families, children and young people and professionals, the partnership will hold a variety of mid-term information gathering and sharing sessions (online and in-person), including in educational settings, to gather feedback. This will be supported by existing meetings with the parent carer forum and other parent and carer support groups.

**8.0 Next Steps**

**8.1 Health and Wellbeing Strategy**

Public and stakeholder engagement is underway to inform and refresh Oxfordshire's Health and Wellbeing strategy. The strategy sets out priorities to improve the emotional and physical wellbeing for the people of Oxfordshire we can only deliver by working together. Using the findings in Oxfordshire's joint strategic needs assessment (JSNA) and community insight profiles and set within the context of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Strategy it will be a core guiding document for the PBP. We aim to publish the strategy in December 2023.

**8.2 Primary Care Strategy**

BOB ICB is leading the development of a systemwide primary care strategy designed to outline options to improve access to not only General Practice but also pharmacy, opticians, and dentists. It is currently engaging a broad range of stakeholders to help understand operating context, challenges and opportunities. The strategy is intended to articulate how key aspects of national strategy, including the Fuller Stocktake will be delivered locally. We aim to publish the strategy in December.

**8.3 Wantage Community Engagement**

Wantage community and town council are working alongside ICB and NHS providers to consider options for the future use of the community hospital. The group is co-producing options to consider what people need to:

- Access services for same day illnesses or injuries.
- Receive planned health services traditionally delivered in hospitals (e.g. outpatients, treatment and therapies and diagnostics).
- To support people to live independently at home or in their communities and leave hospital in a timely and safe way.

We meet weekly with the stakeholder group and have appointed an independent social research company to seek views from the public through focus groups, surveys and interviews during October. We aim to have a report with final recommendations for consideration by December.

**9.0 Conclusion**

'*If you want to go fast go alone, if you want to go far go together*' (African proverb).

We continue to make steady progress in developing our health and care partnership in Oxfordshire. October marked 12-months for me as Place Director. In that year I have seen many examples of system working that has changed how we work and benefits our population.

In UEC alone partners from across Oxfordshire have come together, introduced new services and as a result delivering more care in people's homes and in their communities, increasing their time at home and reducing the delays and length of stays in hospitals. Heading into a challenging winter it is more important than ever we continue to build on the solid foundation of partnership working we have established.

We are committed to increasing our investment in communities and prevention, addressing the building blocks of health (jobs, housing, social activity, education) and reducing health inequalities in Oxfordshire. The legacy system we are emerging from encouraged competition and in some instances increased fragmentation. By making incremental shifts in our models of care and resources we have an opportunity to collaborate and create seamless services that improve outcomes and experiences for people in Oxfordshire.

Daniel Leveson
Oxfordshire Place Director
November 2023

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## Divisions Affected - All

# HEALTH AND WELLBEING BOARD

## 7th December 2023

# CHAIR'S REPORT OF THE HEALTH IMPROVEMENT PARTNERSHIP BOARD 16th NOVEMBER 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 16th November 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;
   2.1. Tobacco Control
   2.2. Mental Wellbeing
   2.3. 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 16th November 2023. The thematic focus of the meeting was on Tobacco Control and Healthy Place Shaping, the latter being an enabling workstream that cuts across the 3 priority areas of the HIB. A summary of the meeting is provided below and full reports are available at: https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=7300&Ver=4

## Key Reports

5. **Healthy Place shaping-** The HIB received an update in two parts;

   5.1. Healthy place shaping evaluation and needs assessment- HIB received a summary of a recent evaluation of healthy place shaping work in Oxfordshire. This covered the 3 main areas of work- the built environment, community activation, and new models of care undertaken by an independent public

health consultancy. The Board welcomed the findings and recommendations to ensure ongoing effectiveness of the work. The findings of a healthy place shaping needs assessment were also presented. It was noted this gives the HPS work specific areas of focus in its three work strands for the next stage of work. It was noted that at is heart the HPS work is about prevention and improves outputs and how people live everyday and was of great value. The importance of the housing elements of the work to ensure warm and damp-free homes was noted and the work happening to ensure grant support for vulnerable people relating to this was maximised.

5.2. Air quality update**-** An updated was received on the new Oxonair webpage and its functionality. The site has been built in collaboration between several partners, including District and County Councils as well as NHS colleagues, and was launched in September. The board agreed it was an important tool to communicate and raise awareness of air pollution with visitors and residents across Oxfordshire noting the significant impact poor air quality can have on health. The ability of the site to issue poor air quality alerts was welcomed as this can be of real value to vulnerable residents most at risk of poor health from low air quality and can also help NHS organisations predict and respond to increased demand for services during poor air quality episodes.

6. **Tobacco control**- The HIB received and update in three parts;

6.1. Smoke free pathways in NHS provider organisations- This outlined progress made so far with implementation of smoking cessation support in NHS provider settings. The board was pleased to hear that agreement has been made to ensure Nicotine Replacement Therapy was now available in local maternity services to support pregnant women to stop smoking. Further work is planned to ensure a consistent offer among inpatients.

6.2. Tobacco Control Alliance action plan update- An update was received on the 4 pillars of the Tobacco Control Alliance action plan- Prevention, Enforcement, Smoke-free places, and Support to quit. The progress on smoke-free social housing work was noted and discussion about the role of vapes as a way of helping people stop using tobacco, but not being used by children and young people. The recent announcement in the Kings Speech about this and about raising the legal age of tobacco sale was also noted. More action at a national level to reduce the impact of tobacco use was welcomed by the HIB and each organisation on the board agreed to review the current government consultation on the policy.

6.3. Stop for Life targetted community outreach- A summary of the targetted outreach and support work undertaken by the smoking cessation provider was presented to HIB. Board members found this very informative to better understand how the service operates and see the success and positive impact of the service.

## Future meetings and membership of HIB

7. As planned, the board undertook 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 Startegy. The HIB will continue to focus on the priority areas listed in paragraph 2 and has specific work programmes or initatives under each which will be a focused on at forthcoming meetings.

8. The HIB welcomed Cllr Joy Aitman into her role as the vice-chair of the board and it was noted that Cllr Nathan Ley will take up a seat on the board as the new portfolio holder for Public Health, Community Safety and Equalities at the County Council.

9. The next meeting of the HIB will take place in February 2024

DAVID MUNDAY
DEPUTY DIRECTOR FOR PUBLIC HEALTH

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November 2023

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# HEALTH AND WELLBEING BOARD

## 07 December 2023

## Children's Trust Board – Update for information

Report by:

Anne Coyle

Interim Director of Children's Services

## RECOMMENDATION

1. **The Health and Wellbeing board is RECOMMENDED to**

   Note the refresh of the Children's Trust Board.

## Executive Summary

2. The Children's Trust Board recently held a workshop to reflect on the impact the board was having on the outcomes of children and young people, what was working well and what could be improved.

3. The key outcome from the workshop was that the board would benefit from being refreshed to better equip it to deliver on its primary objectives.

4. This paper describes the revised governance that will be introduced in January 2024.

## Introduction

5. The Children's Trust Board brings together the public, private and voluntary sectors to improve outcomes and life experiences for all children and young people who live in the county. The board's primary objectives are to ensure that effective multi agency working is in place at a strategic level across children's services and that the voice of children, young people and their families contributes to these arrangements and to decision making. It also ensures the Health and Wellbeing Board, and other key partnerships are sighted on the key challenges facing children and young people in Oxfordshire.

## Children's Trust Workshop – September 2023

6. A Children's Trust Board Workshop took place in September to reflect on the impact the board was having on the outcomes of children and young people, what was working well and what could be improved.

7. The consensus of the group was that the board would benefit from being refreshed, that to better deliver on its primary objective it needed to evolve in both structure (governance and terms of reference) and on its focus on improved outcomes for children and young people.

## A Restructured Children's Trust Board

8. Based on the discussions at the workshop the Children's Trust Board will be restructured to enable a stronger focus on overseeing key areas of multi-agency strategic planning for children and young people, and ensuring improved outcomes and life experiences are delivered through targeted workstreams. The refresh of the governance will include:

   (a) The Children's Trust Board will be streamlined, retaining representation from key partners including the voluntary sector, and will continue to provide regular update reports to the Health & Wellbeing Board.

   (b) Building on the successes of the Neglect Practitioner Forums, three place-focused Early Help and Locality Strategic Delivery Boards (North, South, Central) will be introduced. Reporting to the Children's Trust Board these boards will be responsible for ensuring the multi-agency delivery of improved outcomes for children and young people, using a locally adapted version of the national supporting families outcome framework[1]. The effectiveness of these boards will be assessed and monitored using the Supporting Families: Early Help Systems Guide self-evaluation tool.[2]

9. Revised governance arrangements and terms of reference for the boards will be developed during December 2023 with the new boards meeting for the first time in January 2024.

Anne Coyle – Interim Director of Children's Services

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[November 2023]

[1] Chapter 3: The National Supporting Families Outcome Framework - GOV.UK (www.gov.uk)
[2] Supporting Families: Early Help System guide - GOV.UK (www.gov.uk)

## Forward Work Programme

March 2024

Health and Wellbeing Strategy Delivery Plan and Outcomes Framework
Pharmaceutical Needs Assessment Update (if needed)
BOB Joint Forward Plan Update
Update on Community Hubs Pilot Scheme

Future Meetings

Better Care Fund 2023-25 Update
Community Profiles
Primary Care Strategy
Research Collaboration
Oxfordshire JSNA 2023 Update
Oxfordshire Combating Drugs Partnership Update
Dentistry Flexible Commissioning

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