Public Document Pack

NHS Oxfordshire Clinical Commissioning Group | OXFORDSHIRE COUNTY COUNCIL | healthwatch Oxfordshire

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 7 October 2021 at 2.00 pm
Council Chamber - County Hall, New Road, Oxford OX1 1ND

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

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

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

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

Yvonne Rees
Chief Executive

September 2021

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

Membership

Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)
Vice Chair – Dr David Chapman (Clinical Chair, Oxfordshire Clinical Commissioning Group)

Board Members:

Ansaf Azhar *(Oxfordshire County Council)*	Corporate Director of Public Health & Wellbeing
Councillor Liz Brighouse OBE *(Oxfordshire County Council)*	Deputy Leader and Cabinet Member for Children, Education & Young People's Services
Dr Nick Broughton	Chief Executive, Oxford Health Foundation Trust
Sylvia Buckingham	Chair, Healthwatch Oxfordshire
Stephen Chandler *(Oxfordshire County Council)*	Corporate Director for Adults & Housing Services
Councillor Maggie Filipova-Rivers *(South Oxfordshire District Council)*	Vice-Chair, Health Improvement Partnership Board

Kevin Gordon *(Oxfordshire County Council)*	Corporate Director for Children's Services
Councillor Jenny Hannaby *(Oxfordshire County Council)*	Cabinet Member for Adult Social Care
Dr James Kent	Chief Executive, Oxfordshire Clinical Commissioning Group
Councillor Mark Lygo *(Oxfordshire County Council)*	Cabinet Member for Public Health & Equality
Kerrin Masterman *(Oxfordshire GP Federation)*	GP Representative
Professor Sir Jonathan Montgomery	Chair, Oxford University Hospitals NHS Foundation Trust
David Radbourne *(NHS England)*	Director of Commissioning Operations (South Central)
Yvonne Rees *(Oxfordshire County Council & Cherwell District Council)*	Chief Executive, Oxfordshire County Council & Cherwell District Council (District Representative)
Councillor Louise Upton *(Oxford City Council)*	Chair, Health Improvement Partnership Board

Notes:• Date of next meeting: 16 December 2021

Declarations of Interest

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

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

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

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

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

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

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

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

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

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

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

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

AGENDA

1. Welcome by the Chair, Councillor Liz Leffman

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note opposite

4. Petitions and Public Address

Currently council meetings are taking place in-person (not virtually) with Covid safety procedures operating in the venues. However, members of the public who wish to speak at this meeting can attend the meeting 'virtually' through an online connection. While you can ask to attend the meeting in person, you are strongly encouraged to attend 'virtually' to minimise the risk of Covid-19 infection.

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

Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on Friday 1 October 2021 Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk. You will be contacted by the officer regarding the arrangements for speaking.

If you ask to attend in person, the officer will also advise you regarding Covid-19 safety at the meeting. 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 taken into account. 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 - 10)

To approve the Note of Decisions of the meeting held on 17 June 2021 (**HBW5**) and to receive information arising from them.

6. Covid-19 System Recovery and Resilience (Pages 11 - 26)

14:05

To present on the latest situation from the system partners.

Slides on vaccination and health & care are included in the main agenda pack. The latest information on Covid epidemiology will be published shortly before the meeting as an Addendum.

7. Health and Wellbeing Strategy Review (Pages 27 - 50)

14:25

This report summarises a review of the current Health and Wellbeing Strategy for Oxfordshire in light of the COVID-19 pandemic. This was undertaken at a recent workshop held by board members.

The Health and Wellbeing Board is RECOMMENDED to:

(a) To note the summary of priorities arising from the workshop and agree them as an accurate reflection of the Board's discussion
(b) To agree to prioritise programmes of work within their organisation that focus on these priorities
(c) To ask Officers responsible for the management of the Health and Wellbeing Board to develop a forward plan for the board meetings in the coming year that will focus on these priority areas

8. Mental Health & Wellbeing: Mental Wellbeing Needs Assessment (Pages 51 - 66)

14:45

To receive the findings from the mental wellbeing needs assessment and to focus on recommendations for action.

The Health and Wellbeing Board is RECOMMENDED to;
(a) Note the findings and recommendations of the mental wellbeing needs assessment
(b) Consider how recommendations can be taken forward within the respective organisations of Board members.

9. Oxfordshire Community Services (To Follow)

15:10

Getting the best health and wellbeing outcomes for Oxfordshire and increasing independence for older people and how this relates to the community services strategy.

10. Report from Healthwatch Oxfordshire (Pages 67 - 76)

15:35

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

11. **Performance Report** (Pages 77 - 80)

15:45

To monitor progress on agreed outcome measures.

12. **Reports from Partnership Boards** (Pages 81 - 92)

15:50

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

Reports from
- Children's Trust (**HWB12a**)
- Health Improvement Board (**HWB12b**)

NHS Oxfordshire Clinical Commissioning Group | Oxfordshire County Council | healthwatch Oxfordshire

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 17 June 2021 commencing at 2.00 pm and finishing at 4.10 pm

Present:

Board Members: Councillor Liz Leffman – in the Chair

Dr Kiren Collison (Vice-Chairman)
Ansaf Azhar
Councillor Liz Brighouse OBE
Sylvia Buckingham
Stephen Chandler
Kevin Gordon
Councillor Jenny Hannaby
Councillor Louise Upton
Kerrin Masterman
Diane Hedges (In place of Dr James Kent)
Professor Sir Jonathan Montgomery (In place of Dr Bruno Holthof)
Dr Ben Riley (In place of Dr Nick Broughton)

Officers:

Whole of meeting Colm Ó Caomhánaigh

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

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

	ACTION
1 Welcome by Chair, Councillor Liz Leffman (Agenda No. 1)	
The Chair, as the new Leader of Oxfordshire County Council, welcomed Members to the first meeting in-person for about 18 months.	

The Chair noted that this was to be the last Board meeting for Deputy Chair, Dr Kiren Collison, who was soon to step down from her position as Clinical Chair at Oxfordshire Clinical Commissioning Group. Dr Collison joined the Board on being appointed to that position in December 2017. She made a particular contribution to the development of the Prevention Framework and, as a GP, in prioritising the prevention and treatment of cardiovascular disease. The Chair thanked Dr Collison for all her work and wished her well in her new role as Deputy Medical Director of Primary Care at NHS England Improvement.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from: Dr Nick Broughton substituted by Dr Ben Riley Dr James Kent substituted by Diane Hedges Councillor Andrew McHugh Yvonne Rees	
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
Councillor Jenny Hannaby is the Chairman of Wantage Hospital League of Friends and Chairman of the Trust of Wantage Nursing Home.	
4 Petitions and Public Address (Agenda No. 4)	
The Chairman had agreed to the following request to speak: Item 8 – Oxfordshire Community Services Strategy Update: Councillor Jane Hanna	
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The minutes of the meeting held on 18 March 2021 were approved and signed.	
6 Covid-19 Update (Agenda No. 6)	

Ansaf Azhar gave a verbal update of the latest information on Covid-19 in Oxfordshire and nationally. Towards the end of May the delta variant, first identified in India, started to emerge here. It was estimated to be 40-60% more transmissible than the previous alpha variant which emerged around December last year. The difference this time was that the vaccine was being rolled out. The vaccine was showing up to 80% efficacy in preventing symptoms and up to 98% efficacy in reducing hospital admissions when two doses have been administered. The government had delayed the easing of the lockdown by four weeks in order to get more of the population vaccinated before opening up. In Oxfordshire case rates had dropped to 8 per 100,000 towards the end of May but then increased to 48 per 100,000 in two weeks with the new variant. The latest figures indicated that this was stabilising. Ansaf Azhar emphasised the importance of taking up the vaccine offer; continuing the other sensible measures around hands, face and space; and asymptomatic testing which all taken together will help to contain the pandemic. The Chair thanked all the people working across the system for their great efforts in containing the spread.	
7 NHS Recovery (Agenda No. 7)	
This Board had before it a report that had been presented to a meeting of the BOB Clinical Commissioning Groups (Buckinghamshire, Oxfordshire, and Berkshire West) giving an update on the current status of NHS recovery from the pandemic Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG), emphasised that the key was in getting people's confidence back in services and also in getting people to use the services available in the right way. During the peaks of the pandemic those needing urgent care or who had cancer were prioritised over elective surgery. This had led to people with less urgent need having to wait longer than anyone would want. There has been a need to use all resources more efficiently, for example theatre productivity in Oxford University Hospitals the previous week had exceeded 90%. Although national funding was available, there were issues around staff resources especially in relation to breast screening.	

Very few specialties remained closed. Since the last Board meeting, Ophthalmology had reopened apart from for cataracts. They have worked with the independent sector too to increase capacity and people were encouraged to use other services if they could. The overall Oxfordshire waiting list had dropped by 2,300 and the number waiting over 52 weeks had reduced by 900 to 3,500. As outlined in the report, those on the waiting lists were reviewed regularly in case there was any need to be given higher priority. In relation to breast screening, people may wait longer at the front end but once they were in the system the expected timelines were being met and the one-stop-shop approach was supported by the Thames Valley Cancer Alliance. Urgent care was coming under a lot of pressure with increased demand and increased acuity. Partners were working well together to find ways to support people nearer to their home. In Mental Health, the system was really only seeing the start of the increase in demand that was expected. The helpline continued to provide support and the services were there but in some cases could only respond to urgent referrals. Sylvia Buckingham asked about communications with patients, especially those on waiting lists, and for acronyms to be avoided or explained in public documents. Diane Hedges accepted the point on acronyms and assured that those on waiting lists were contacted regularly and checked in case their condition had changed. Wider communications changed over time – for example, at one time they had to assure people that it was safe to present at the Emergency Department but now ED was under pressure and there was a need to ensure that the 111 service was sufficiently resourced before encouraging more people to go there. Kevin Gordon emphasised that children's mental health was not all about CAMHS (Child and Adolescent Mental Health Service) but there was very good work being done in schools and youth settings too. The traditional approach could not deal with the level of demand that was expected. A broader emotional, mental health and wellbeing strategy was needed. There was now an integrated commissioning structure for children's mental health. Kerrin Masterman asked about the stored-up problem with referrals being held by GP practices, if it was reasonable for some services to be still closed 18 months later and what strategy there was for the waiting lists for Ear, Nose and Throat in	

particular. Professor Jonathan Montgomery responded that there were referral options other than Oxford University Hospitals (OUH) as they managed the demand across the Integrated Care System. If a harm review identified that a patient may have experienced harm, then this information was shared with them under a duty of candour. They do not want to have a situation where they re-open a pathway but patients have to wait so long that they would be better off being managed within the system. Diane Hedges added that they were aware of a built-up latent demand especially for Ophthalmology. OCCG were working with OUH and Primary Care on a new model involving optometrists, triage and additional diagnostics to increase capacity. Those services that remained closed were reviewed every two weeks and they were working as fast as they could to re-open safely. They were looking at the learning from other counties to adopt methods that work there. Councillor Jenny Hannaby asked in relation to staff shortages if there was any evidence that staff were leaving to work for private contractors that we contract to. She also asked about the situation with dementia services and CAMHS where she was aware of a child waiting for 2 years to be seen. Diane Hedges responded that she was not aware of any evidence of staff moving to private contractors. Dementia services had reopened but the demand was very high. The number of referrals to CAMHS was well above national expectations but waiting times were coming down. There was a particular problem with waits for autism diagnoses. Councillor Liz Brighouse expressed concern about the long-term effects of Covid-19 on a whole generation of young people. There was a problem with CAMHS across the country which made one question whether the model was right. She believed that GPs must be dealing with a lot of the mental health issues. Sylvia Buckingham asked for more information on the key worker pilot mentioned on Agenda Page 27 and on screening for people with disabilities. Diane Hedges offered to find the information and circulate afterwards. It was agreed that children's mental health services should be a full agenda item at the next meeting.	 Diane Hedges Colm Ó Caomhánaigh
8 Oxfordshire Community Services Strategy Update (Agenda No. 8)	

The Board had received a presentation on the development of a Community Services Strategy. <u>Councillor Jane Hanna</u> stated that she was a member of a Task and Finish Group on a pilot in the OX12 area set up by Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) and approved by this Board in November 2018. The pilot involved a huge amount of work engaging the public and she was very disappointed to see no reference in the papers to the process and findings of the Task and Finish Group despite the fact that the paper had clear actions. She asked that the Board decide that it cannot give proper consideration to this paper without the evidence that is the background to this paper and without the input of OJHOSC. Dr Ben Riley responded that they had taken on board a lot of the actions from the last OJHOSC meeting including providing more detail on the engagement process. The strategy will cover a wide range of services many of them aimed at increasing independence for older people, including a 2-hour crisis response system and the 'home first' reablement policy. The delivery of community bed-based care will also be an important part – not just the number and location but the nature of those beds, including the question of whether to re-open the in-patient beds at Wantage Hospital or provide alternative community services there. Councillor Jenny Hannaby noted that Wantage Hospital will have been closed for five years which could not be considered temporary. She said that the closure was due to Oxford Health's failure to maintain the hospital properly. She asked if any other community hospitals were being engaged in the process. Dr Riley confirmed that they will be talking to others as it was a county-wide process. He noted that there had been a number of services operating from Wantage Hospital for some time. They were still discussing outpatient options and many of those that they were pursuing had come from the engagement with the community. Diane Hedges added that Oxfordshire had a higher usage of hospital beds than the national average and needed to support more people in their homes to give a greater level of independence. A step change was needed utilising the partnership working developed through the pandemic. Councillor Hannaby agreed with the approach of supporting more people in their homes but believed that Wantage Hospital could play a valuable role in reablement, especially for those with no	

family. She asked why Wantage Hospital was being singled out rather than having a county-wide picture. Diane Hedges responded that the chief executives of the hospital trusts were visiting community hospitals across the county to consider the whole bed-based picture and how we could make the best use of resources. The Chair asked when it was expected that a final decision on the beds at Wantage Hospital would be made. Diane Hedges outlined the procedures to be followed which would include a public consultation process if it was proposed not to re-open the in-patient beds. She stated that the final decision would be reached in November 2022. In the meantime, work was active in ensuring that services were being provided.	
On Stephen Chandler's suggestion it was agreed to discuss the reform of Adult Social Care at the next meeting as it had many resonances with this discussion. Sylvia Buckingham recommended consulting a series of books written by Alan Pearson in the 1980s on community care. She asked about the 100 positions to be recruited and the specialities involved. Dr Kerrin Masterman responded that as part of the new GP contract, additional roles could be recruited to support general practices such as physiotherapists, pharmacists, mental health workers. These had been linked to training programmes to avoid destabilising other services. Funding has been agreed up to 2024. Diane Hedges noted that the strategy was also going before OJHOSC the following week. Councillor Hannaby asked if it should not have gone to scrutiny first.	Colm Ó Caomhánaigh
The Chair undertook to look at the sequencing of the meetings of the Board and the Committee going forward and reiterated the intention to take a wider view of adult social care across the county at the next meeting.	Cllr Leffman
9 Domestic Abuse Act 2021 and implications for Oxfordshire (Agenda No. 9)	
The Board had been asked to consider a report on the new duties for Local Authorities enacted by the Domestic Abuse Act 2021 and the current context for the implementation of these.	

Ansaf Azhar stated that, while domestic abuse had become the responsibility of Public Health, it was still very much a partnership approach. The new focus on domestic violence was very timely given the impact of the pandemic. £125m had been allocated nationally. Oxfordshire's share would be about £1.1m A governance partnership board was already in place. A renewed needs assessment and strategy will be part of the process. A wider partnership will be involved and there will be more focus on the preventative approach. Ansaf Azhar was quite keen to link this with public health services such as drug and alcohol services and youth services for a more holistic approach. All Members of the Board and councillors will be part of the more comprehensive needs assessment. Some improvements had already been identified such as the need for more safe houses, particularly outside the city. There were also clear links to the recovery agenda. Councillor Jenny Hannaby asked if housing providers and district councils would be among the partners involved. Ansaf Azhar responded that the governing board was already in place and he certainly saw a role for district councils. He could see that there were some quick tangible actions that could be achieved but that the preventative approach would take some time.	
10 Healthwatch Report (Agenda No. 10)	
The Board received a report from Healthwatch Oxfordshire on the views that they gathered from members of the public. Sylvia Buckingham noted that the work they had done with pharmacists had raised some concerns in relation to the NHS Long-term Plan. Some of the resources they have had were being withdrawn – for example free delivery of medications because in some cases they can no longer afford to maintain this. Further support was needed for pharmacists in their communities. Sylvia Buckingham referred to the report on their review of GP websites. There was concern that some practices looked for proof of identification, utility bills for example, while the NHS does not require that. Dr Kerrin Masterman noted that, while it may not be necessary for GP practices to require an address from somebody to register, there are circumstances where it was very helpful to have their	

address and it was also a precaution against drug-seeking activities, where somebody tries to get prescriptions from a number of practices. Councillor Louise Upton suggested that more communications were needed in relation to encouraging members of the public to make more use of their pharmacies. She was aware that many people were not clear on what they can ask a pharmacist to do.	
11 Performance report (Agenda No. 11)	
Ansaf Azhar introduced the report which also goes to the Health Improvement Board. He noted that the metrics were owned by the partners rather than any one organisation. Preventative functions had been particularly impacted by the pandemic and that could be seen in this report. There would be a significant challenge in getting those services up and running again given how hard staff have had to work over the last 18 months. Diane Hedges noted that some data was out of date due to the pandemic and may give a misleading picture. She asked if it would be better not to include data rather than report something that is out of date. Ansaf Azhar agreed to consider that point in future reports. The Chair suggested that it was a good time to review the future direction of the Board as the country emerged from the pandemic and asked for members to consider that. Dr Kiren Collison noted that the pandemic had further emphasised the health inequalities that this Board was already focussed on. She suggested that the Board should look at everything through an inequality lens going forward. Professor Jonathan Montgomery stated that a report was expected shortly from the Health Foundation on the effects of Covid-19 on inequalities. He was very concerned about the long tail of Covid and impacts on certain sectors such as young people who have missed a lot of face-to-face education. He believed that they needed to give some space to consider this. Kevin Gordon said that there would be a need to escalate early help for children. Ansaf Azhar noted that the Joint Strategic Needs Assessment would capture a lot of relevant data and should be utilized. It was agreed that the Chair organise some workshops to consider the issues.	Ansaf Azhar Cllr Leffman

12 Reports from Partnership Boards (Agenda No. 12)	
Children's Trust Board Kevin Gordon noted that much of the discussion at this meeting had reflected the issues being escalated by the Trust. The return to schools had been managed well thanks to a lot of hard work by those involved. There were concerns around increases in elective home education. There was a lot of work being done, for example brokering reintroduction to school, while understanding the concerns around issues like shielding. Kevin Gordon also flagged high demand at the front door of Children's Social Care with the Multi-Agency Safeguarding Hub seeing a 35% increase in enquiries. This will increase pressures across the system over the coming months and years. He also recommended looking at the link in the papers to the OXME website for young people experiencing anxiety. **Health Improvement Board** Councillor Louise Upton reported on the Board's focus on prevention and inequalities. Their three priorities were mental wellbeing, obesity and smoking. She noted that smoking was still killing more people than Covid. The key was to discourage people from taking up smoking. Ansaf Azhar welcomed the focus on the three priorities and emphasised that they should not be seen in isolation but that there were connections between mental health, obesity and smoking. The Chair thanked everyone for their attendance and input into the discussions. She hoped that the next meeting would be held in-person again.	

.... in the Chair

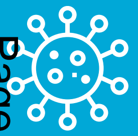
Date of signing ....

Vaccination Programme

Covid-19 Vaccinations in numbers Oxfordshire

More than 1.3 million vaccinations delivered

96% take up
in over 80's, 75-79 and 70-74 year old population



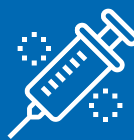
94% take up
in Clinically Extremely Vulnerable Groups

93% take up
in 60-69 year old population

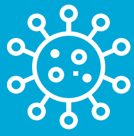
90% take up
in 50-59 year old population

82% take up
in 40-49 year old population

72% take up (65% second doses delivered)
in 30-39 year old population



67% take up (51% second doses delivered)
in 18-29 year old population



57% take up
in 16 and 17 year olds (currently single dose regime)

Latest position

- 12-15 year olds with underlying conditions are being vaccinated
- Schools based programme for all 12-15 year olds will begin next week
- Autumn Booster programme has now been confirmed – a single third dose administered no sooner than 6 months after the second dose
- JCVI cohorts 1-9 will receive the booster, in the order that was originally followed – this has commenced
- The booster does will be Pfizer/BioNTech

Based on data from NIMS, up to 28.09.2021

Autumn Booster Programme

- NHSEI confirmed the approach on 15 September
- JCVI advises booster vaccination to priority groups 1-9

Cohort 1 – Older Adult Care Home residents and staff	Cohort 5 - 65-69
Cohort 2 - 80+, Health and Social Care workers	Cohort 6 - At risk (16+)
Cohort 3 - 75-79	Cohort 7 - 60-64
Cohort 4 - 70-74 + Clinically Extremely Vulnerable	Cohort 8 - 55-59
	Cohort 9 - 50-54

- The booster vaccine – a single dose will be offered no earlier than 6 months after completion of the primary vaccine course
- PCN sites, the Kassam and local pharmacies will offer boosters
- Government target of 1 November to complete older adult care homes

Vaccination of healthy children and young people aged 12-15

- NHSEI published letter on 15 September
- The approach will be primarily delivered through schools by the School Age Immunisation Services (Oxford Health)
- Parental consent being sought in line with SAI approaches
- Guidance docs published for parents
- There will be mop up clinics after half term for any children missing the in school service
- GPs are not part of this aspect of the vaccination programme
- Schools flu programme will continue

Health and Care including
- Urgent & Emergency Care
- Elective Care Recovery

Urgent and Emergency Care

We have taken the approach that the system's surge planning should be governed by the following key principles.

- **Prevention** - Infection Control: build on COVID-19 lessons regarding PPE / Handwashing etc, Flu Planning etc.
- **Assessing people in the most appropriate setting** The provision of suitable and safe alternatives to hospital attendance to be utilised or enhanced.
- **Maintaining people in their own home**- The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate A&E use and avoid unnecessary admissions will be vital to patient flow.
- **Reducing LOS**- supporting people going directly home, or to a discharge to asses bed or rehabilitation bed
- **Maintaining Elective Care** – Aiming to ensure continuation of our core elective programme

Our focus is to develop integrated care across Oxfordshire to meet increase demand and reducing delays to people in bed based care

Urgent and Emergency Care Pressures

- Assuming ongoing surges of Covid present peak forecast in mid October
- Increased flu and viral presentations in Children & Young People and amongst the wider population from August
- Negative impact on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn combined with circulating infections in local communities
- Ongoing and increasing pressures across sectors of acute mental health presentations –adults and children
- Unknown impact of long Covid in the community. For Long Covid we have estimated we will have a cohort of some 1300-1600 in the community and have included post Covid readmissions in our Secondary Care bed occupancy forecast

Covid Actuals & Current Draft Forecasting (September 2021)

Total Beds - Buckinghamshire, Oxfordshire And Berkshire West STP

800
700
600
500
400
300
200
100
0

01-Oct 15-Oct 29-Oct 12-Nov 26-Nov 10-Dec 24-Dec 07-Jan 21-Jan 04-Feb 18-Feb 04-Mar 18-Mar 01-Apr 15-Apr 29-Apr 13-May 27-May 10-Jun 24-Jun 08-Jul 22-Jul 05-Aug 19-Aug 02-Sep 16-Sep 30-Sep 14-Oct 28-Oct 11-Nov 25-Nov 09-Dec 23-Dec

All Beds
Increased social distancing in Sept in the light of rising cases
Reduced hospitalisation and transmissibility
Central PHE assumptions
Pats. with acute symptoms primarily in hospital for c19

Assurance and monitoring Urgent and Emergency Care

Tactical monitoring

- Daily situation report seven days a week
- Issues of escalation from bed based care and system partners through daily system calls

Example triggers for Escalation

- Number of patients in the Emergency Departments and any issues with capacity to see more
- Intensive care capacity covid and non-covid
- Specific performance or quality concerns e.g.
    - Ambulance handover delays,
    - Significant bed closures due to IPC and
    - Workforce
    - Capacity issues

Workforce Urgent and Emergency Care

- We have an understanding of workforce pressures and opportunities to enable the most effective deployment of workforce resource. With the anticipated large numbers of COVID-19 patients, this will allow us to support staff, maximise availability and remove routine burdens or non-business essential work to facilitate and contribute to a safer, more sustainable workforce system-wide.
- Efforts are under way to improve the resilience of the workforce due to the demands over last 6 months. Like in other systems staff are tired and trying to "recover" from First and Second Wave of COVID.
- Access to key worker (and their families) testing has helped us to keep absence due to self isolation to a minimum; however, closures of schools and childcare impact are considered significant risks.
- Close working with primary care and all partners creating MDTs in support of Care Homes.
- Each organisation regularly review the updates on the mental wellbeing of the workforce and discuss best practice.

Key issues in Urgent and Emergency Care

Emergency Departments (ED's)

- Oxfordshire has seen an increase in peoples level of needs, presenting to both the John Radcliffe and Horton General Hospital ED's
- Similar attendances to 2019, but both Emergency Departments (ED) are seeing an increase in the attendances and level of need in the evening

System issues

- Workforce constraints across all disciplines. The Oxfordshire system works well together but further integration will improve care for individuals and reduce duplication in assessments
- There is an increase in children and young people presenting with eating disorders to community and hospital teams
- Increase in the number of patients presenting both in the community and ED's in Mental Health crisis

Surge planning summary and focus areas

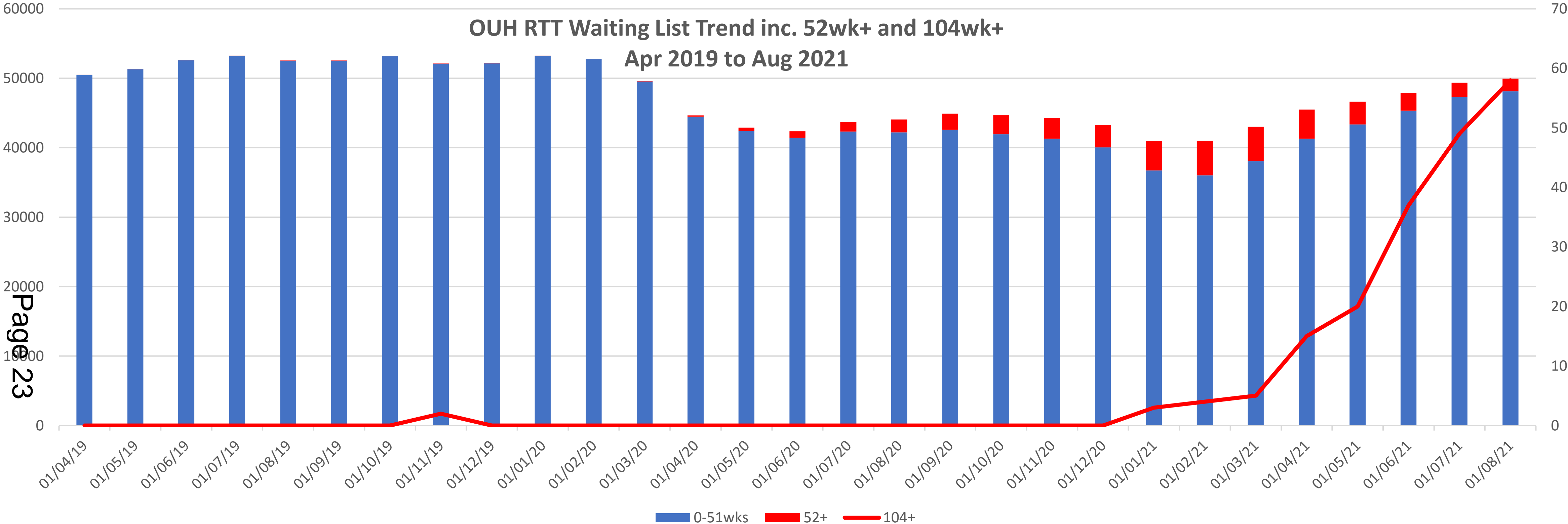
Surge planning and vaccination	Single Point of Access	Community Services	Home First	Same Day Emergency Care	Children and Young People	Mental Health/LD&A
• Covid and viral pneumonitis surge plan and Non COVID related demand management • Flu & COVID vaccination and booster programme	• Develop Single Point of Access workforce 24/7 to triage referrals from NHS 111, 999 and Primary Care to provide an initial assessment with local knowledge to ensure the patient is assessed in the most appropriate setting.	• Develop community services to meet the demand for the number of people who require assessment in their own home	• Aim for people to return Home in the first instance • People's care needs are assessed in their own home • People who are unable to return home are assessed in a discharge to assess or interim bed	• Continue to develop pathways to an acute or community assessment units • Establish capacity to support referrals in the late afternoon/evening	• CYP who require additional daily follow up are jointly cared for by acute Paediatricians and Children's Community Nursing (CCN) team • Virtual ward with joint care with acute and CCN. • Develop primary referrals to CCN	• MH crisis services expansion • Expand Safe Haven services • In reach MH service into Minor Injury Units • Early identification and management of CYP with eating disorders

Page 22

Workforce support to meet demand
Infection prevention control
Public communications and social marketing
Demand modelling

System Recovery – Strategy (Maintaining elective capacity)

Elective Care RTT Total Size and Trend inc. 52 week



Total waiting list size has been steadily **increasing** since February 2021

52 week+ open pathways overall have begun **reducing** in 2021/22

104 week+ open pathways are a small cohort yet growing **focus** is given in detailing plans for individual pathways

Specialties closed to referrals

31st August Reported

	Ear, Nose & Throat	Oral & Maxillofacial Surgery	Cataract
Waiting List Size	1,509	814	320
52 weeks+	625	162	3

- OUH remains closed to routine referrals for these three specialties due to ongoing significant capacity constraints.
- Plans are being formulated to secure additional capacity to enable specialties to re-open
- Patients can be referred to alternative providers within the Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System and to local independent sector providers
- Oxfordshire CCG are working closely with Healthwatch to identify the number of patients who have declined referral
- OUH CEO to meet with patients to hear of their experiences and to understand concerns regarding accessing alternative providers

Progress Update

Success

- **Demand Management** prioritisation for Cancer and Urgent
- **Reduced 52wk+** open pathways from 5,000 at end of March 2021 to less than 1,823 by August 2021
- **Royal College of Surgeons Clinical Prioritisation** for elective admissions has maintained near 80%
- **Diagnostic prioritisation** in place for endoscopy except cystoscopy
- **BOB Integrated Care System Task & Finish Group** in place
- **Breast Cancer Pathway** will show an improved 2WW performance
- **Patient Self-Assessment** for longest waiting patients
- **Harm Review Group** in place

Focus

- **Planning** for Q3 and Q4
- **Demand Management** for Routine referrals
- **Enablers to continue reducing 52wk+** pathways with emphasis on ensuring nil 104wk+ pathways by end of March 2022.
- **Digital solutions** to enable Elective Improvement Workstreams including new prioritisation workflow in the Electronic Patient Record
- **Collaboration** with Independent Sector Providers
- Detailed **Demand & Capacity** Modelling
- Business Planning Rounds by ERF enablers and overall planning
- **Rapid Diagnostic Services** and **Pathway Analytics** for Cancer

This page is intentionally left blank

Divisions Affected - All

HEALTH AND WELLBEING BOARD

7 OCTOBER 2021

HEALTH AND WELLBEING STRATEGY REVIEW

Report by Corporate Director of Public Health, Oxfordshire County Council

RECOMMENDATION

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

   (a) **To note the summary of priorities arising from the workshop and agree them as an accurate reflection of the Board's discussion**
   (b) **To agree to prioritise programmes of work within their organisation that focus on these priorities**
   (c) **To ask Officers responsible for the management of the Health and Wellbeing Board to develop a forward plan for the board meetings in the coming year that will focus on these priority areas**

Executive Summary

2. This report summarises a review of the current Health and Wellbeing Strategy for Oxfordshire in light of the COVID-19 pandemic. This was undertaken at a recent workshop held by board members.

   The Recommendations will enable the board to coordinate and progress the key priorities agreed at that workshop with the aim of improving health and wellbeing of residents in Oxfordshire

Background

3. There is a statutory requirement for all Health and Wellbeing Boards to develop a Health and Wellbeing Strategy for their population. The purpose of this strategy is to improve the health and wellbeing of local residents through the joint action of partners who form or are represented on the board.

4. In 2018 the Oxfordshire Health and Wellbeing Board adopted a new strategy which took a "life course" approach to improving health and wellbeing

alongside taking action on the wider determinants of health to address local health inequalities (See Annex 1)

5. The global pandemic that began in early 2020 has had both a direct (through infection and death) and indirect (through changes to health services, impacts of lockdowns) impact on the health and wellbeing of our residents. Partners that form the Health and Wellbeing Board have had to re-prioritise work to respond to the pandemic and capacity to deliver previously planned programmes of work has changed.

6. The Chair of the Health and Wellbeing Board therefore arranged a half day workshop on 9th September 2021 with the following objectives;

   (a) to review the strategy agreed in 2018
   (b) to consider the latest insight into the health impacts of the pandemic
   (c) to decide whether the priorities within the strategy remained relevant to our residents
   (d) to agree areas of action the board should prioritise going forward.

7. The workshop was run on the morning of the 9th September 2021 in a "hybrid model" with good attendance from partners that form the board. After initial presentation of the existing strategy and the latest data on the health impacts of the pandemic the board agreed on the following points.

Agreed Priorities

8. It was agreed that the current Health and Wellbeing Strategy's life course approach remained a helpful way to structure priority actions, especially as the pandemic has impacted different age groups in different ways. It was therefore agreed that the strategy remained relevant and valid for improving health and wellbeing of Oxfordshire's residents at this time.

9. The specific parts of the strategy were discussed, and the following priority areas were agreed upon.

Cross-cutting themes

10. A focus on addressing health inequalities in Oxfordshire remains paramount and the COVID-19 pandemic has only served to exacerbate these.

11. The prevention framework which was developed as an enabler of the strategy should continue with the "prevent, reduce delay" approach but add in a 4th area of "recover".

12. To support this, the role of communities is central and the importance of sustaining and building community capacity in order to enable people of all ages to be independent and healthy was noted. The Voluntary and Community Sector (VCS) are a key partner in this, but it was noted the pandemic has negatively impacted their usual fund-raising activity and in some instances, availability of volunteers too. But at the same time there has been an increase in overall

volunteering and "neighbourliness", emphasising the need for a place based healthy place shaping approach to increase community assets and capacity.

13. There should be a focus on mental wellbeing throughout the life course and this needs to be much broader in focus than simply access to primary and secondary care mental health services.

Start well

14. The Board felt that the existing prevention and inequalities issues identified within the strategy within 'start well' remained valid. However, a specific focus on the following three priority areas were proposed and agreed to focus action on;

    (a) A reform of the 0-5 offer to ensure a best start in life and improvements in school readiness
    (b) Early help and early intervention including SEND support and those with neurodiversity
    (c) Mental health and wellbeing of children and parents

15. There was recognition that the 16-24 age group has been particularly adversely impacted by the pandemic and specific interventions might be needed from across the system to address their needs.

Live well

16. The board noted that this the broadest life course area and various options existed as to what areas to focus on. The current strategy places an emphasis on healthy weight, physical activity and tobacco control due to the impact they have on health inequalities and premature morbidity and mortality, and as such must remain a focus.

17. It was noted that programmes of work might need to focus on some quite small sized population groups may in order to ensure they are not marginalised- this would include health checks for those with Severe Mental Illness (SMI), annual health checks for those with Learning Disabilities, support for those at risk of suicide.

18. It was agreed that there was a fundamental importance of having good mental wellbeing for its own sake but also in order to engage successfully with other living well issues such as tobacco control, substance misuse or healthy eating and exercise.

19. It was agreed that the Make Every Contact Count (MECC) initiative was an important tool to addressing health inequalities and as a system the workforce of Health and Wellbeing Board partners was well placed to deliver on this.

Age well

20. It was noted that there should be a broad continuation of living well priorities within age well as much of the focus earlier in life remains relevant at this stage too.

21. The priorities within the existing strategy remain the correct ones to focus on- mental wellbeing, addressing isolation, support to carers, immunisation uptake, falls prevention, self care - the pandemic has simply underlined the importance of them and in some instances made the more urgent. For example, addressing isolation, loneliness and anxiety has become more important particularly when the impact of features of lockdowns such as shielding and digital exclusion are considered. It was recognised that communities have an important role in enabling independence.

22. It was agreed that in MECC conversations with this age group that we show respect and value older people, taking a strengths-based approach, as there is much this age group offer the wider community.

23. The pandemic has shown us the importance of supporting people at the end of life to have a good death and "dying well" should be incorporated into this part of the strategy.

Conclusion

24. The Health and Wellbeing Strategy adopted by the Oxfordshire Health and Wellbeing Board in 2018 remains relevant for the population in Oxfordshire at this time. Whilst the COVID-19 pandemic has clearly impacted the health and wellbeing of all residents it underlines the importance of delivering on the strategy as opposed needing to change it.

25. There are agreed areas within the life-course that need a particular focus and these have been highlighted in this report. Going forward, the Board will continue to monitor progress on this strategy and delivery against the agreed priority areas

Financial Implications

26. There are no specific financial implications associated with this report

Legal Implications

27. There are no specific legal implications associated with this report

ANSAF AZHAR
CORPORATE DIRECTOR FOR PUBLIC HEALTH

Annex: Oxfordshire Health and Wellbeing Strategy

Contact Officer: David Munday
Consultant in Public Health
david.munday@oxfordshire.gov.uk

October 2021

This page is intentionally left blank

Oxfordshire Joint Health and Wellbeing Strategy (2018-2023)

Final version following discussion at the Health and Wellbeing Board

March 2019

To the people of Oxfordshire

This strategy is all about you, the people who live in, work in and visit Oxfordshire.

It tells the story of how the NHS, Local Government and Healthwatch work together to improve your health and wellbeing. We work together as the Oxfordshire Health and Wellbeing Board. The membership was reviewed in 2018, and so we see this as our chance to begin a fresh conversation with you.

The strategy paints a picture of the things we intend to do, but it needs input from you and so it is written to enable an ongoing conversation with you.

It paints a picture, but we don't start with a blank canvas – health in Oxfordshire is good compared with the national picture. Residents live longer here than elsewhere and remain healthy into older age for longer than the national average. Local people take more exercise than in neighbouring Counties and carry less excess weight. We consistently outperform other areas for measures such as breast feeding, teenage pregnancy and immunisation rates. These positive factors give us a solid foundation on which to build local services.

There is much already going on in our services and how they work together too. For example, we have some of the leading health services and academic organisations in the country on our doorstep, and many highly rated services. Levels of satisfaction from patients and users of our services consistently say that overall they are satisfied with the services they receive.

Yet we face challenging times. The population is growing and ageing. The number of people with chronic complex diseases is growing. Demand for all our services is increasing. House prices locally are high and this exacerbates staffing shortages. Money is very tight, and frankly we struggle to make ends meet and to achieve all of our national targets.

We know we can do better than this and know we have to work together to find our way through these challenges. We are confident that we can. Our major asset is our willingness to work together and to work with you to find new solutions to old problems.

That's what this strategy is all about.

We have agreed a vision to guide us on our journey forward, it is our touchstone and our compass.

Our Shared Vision is: *"To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"*

We have reviewed the current issues affecting us and have picked out the most urgent priorities for our renewed focus on delivery through partnership.

We aim to: prevent ill health before it starts;
give patients and services users a high quality experience as they use our services;
work with you on re-shaping your local services and
tackle our chronic workforce shortages.

The priorities can be summarised as:

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

In addition to these priorities for the Board we will be developing our work together on a wide range of issues that affect different groups in the population. These are set out in the body of the strategy using an approach which covers all ages and stages of life– ensuring *A Good Start in Life*, enabling adults to continue *Living Well* and paving the way for *Ageing Well*. Many factors underpin our good health and we will work together to address these too under the heading *Tackling Wider Issues That Determine Health*.

And written through all these priorities is our absolute commitment to *tackling health inequalities* and *shifting the focus to prevention*.

We hope our approach piques your interest, and look forward to sharing our ideas with you in the pages that follow………………

* ***"Healthy Place Shaping"*** *means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing; learning from the Healthy New Towns in Bicester and Barton and applying this to other new and existing developments*

Overview of our priorities

The Health and Wellbeing Board will focus on:

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

The Health and Wellbeing Board and its sub-groups will deliver

1. **A good start in life**
2. **Living well**
3. **Ageing well**
4. **Tackling wider issues that determine health**

Prevent, Reduce, Delay

Tackle inequalities

Why are these our priorities?

A Good Start in Life

Why is this important?

The best start in life starts with a baby's mother being healthy before and during pregnancy and childbirth. There is a lasting impact in future years from what happens in the early years of a child's life – influencing future physical and mental health, safety, educational achievement and a successful work life.

Schools, the influence of peers and social relationships are formative too. Brain development, attitudes to risk taking and controlling feelings and emotions develop in adolescence and have consequences for health.

The Joint Strategic Needs Assessment shows us that

- Children and young people aged 0 to 17 made up 21% of Oxfordshire's population as of mid-2016, a similar proportion to that in 2006. The greatest increases were in the age groups 0-4 and 5-9.
- Childhood obesity in Oxfordshire is lower than the national average and is remaining stable, unlike the national rising trend.
- 14,000 children in Oxfordshire were affected by income deprivation.
- In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people
- Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after.
- Care leavers in Oxfordshire are less likely than average to be in employment, education or training.
- The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard at Key Stage 2 was below the England average in 2017
- Oxfordshire has a relatively high rate of unauthorised absences from school

What do we need to do to make a difference?

- Enable children and young people to be well educated and grow up to lead successful, happy, healthy and safe lives.
- Schools and universal services working together with local, targeted and specialist services is key to improving outcomes.
- Shift the focus to prevention and early help through real partnerships and using resources effectively.
- Support the most vulnerable, including children with Special Educational Needs and Disabilities, to make sure everyone has an equal opportunity to become everything they want to be – for too many of our children and young people outcomes are not good enough.
- Deliver responsive services that place children, young people and families at the heart of what we do.

Living Well

Why is this important?

Oxfordshire is above the national average for many health outcomes, but many people still live with avoidable conditions such as heart disease, cancer and diabetes. Risk of contracting these illnesses can be reduced through adopting healthy lifestyles. Early detection of long term conditions leads to better outcomes.

People who are already diagnosed need to be supported to stay as well as possible and enjoy life.

There are some groups of people who are more at risk because of where they live, their age, ethnicity, gender, mental health or other factors. Appropriate targeting of services is needed for them. There needs to be care closer to home and smooth flow between services.

What do we need to do to make a difference?

- Shift the focus to prevention, enabling people to get the information and support they need to make healthy choices.
- Nurture healthy communities where people are able to participate, contribute and be healthy.
- Identify disease early and help people to manage their long-term conditions
- Deliver effective and high-quality services which are efficient and joined up.
- Make sure people are involved in design and evaluation of services so that their experiences are valued.
- Ensure that adults with care and support needs can access the services they need for holistic care, valuing mental health equally with physical health.

The Joint Strategic Needs Assessment shows us that

- As of mid-2016, the estimated total population of Oxfordshire was 683,200. Oxfordshire County Council population forecasts, based on local plans for housing growth, predict an increase in the number of Oxfordshire residents of +187,500 people (+27%) between 2016 and 2031, taking the total population of the county from 687,900 to 874,400
- Life expectancy by ward data for Oxford shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15. Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.
- **89,800** people in Oxfordshire reported by the Census 2011 survey as having activities limited by health or disability
- The latest survey of carers shows that around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was a similar proportion in carers of all ages.
- For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396. Of these **1,959** (58%) were considered preventable
- The number and rate of GP-registered patients in Oxfordshire with depression or anxiety has increased significantly each year for the past 4 years.
- Rates of intentional self-harm in Oxfordshire are now statistically above the England average.
- In September 2017, there was a total of 644 advertised NHS vacancies (full time equivalents), 44% were for nurses/midwives and 22% were administrative and clerical.

Ageing Well

Why is this important?

The number of older people in the county is increasing and is projected to grow further, with the proportion of those aged over 85 increasing by 60-80% in the next 15 years. While people are living longer, many are spending more years at the end of life in poor health. The number of people with dementia is also growing.

The evidence shows that we should identify the people at risk, intervene earlier and deploy multi-disciplinary teams in new ways to support active ageing and prevent loneliness, ill health and disability among older people. There needs to be care closer to home and smooth flow between services.

What do we need to do to make a difference?

- Focus on prevention, reduce the need for treatment and delay the need for care by helping people to manage long term conditions
- Use innovative and appropriate aids, equipment and services
- Ensure services are effective, efficient and joined up and that the market for provider organisations is sustainable.
- Help people to maintain their independence and remain active in later life.
- Work in multi-speciality teams to ensure frail older people are cared for in the community
- Identify conditions early, including dementia, to enable people to manage their conditions and get the support they need from friends and family.
- Address seasonal and other pressures in the health and care system that can affect older people disproportionately

The Joint Strategic Needs Assessment shows us that

- As of mid-2016, the estimated total population of Oxfordshire was 683,2002.
  - Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).
  - The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.
  - By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+64%) and Vale of White Horse (+66%).
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as “high risk” for isolation and loneliness in Oxfordshire are mainly in urban centres.
- Oxfordshire’s comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has recently improved, from statistically worse than average to similar to the South East average
- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care
- Assuming the use of health and social care services remains at current levels for the oldest age group (85+) would mean the forecast population growth in Oxfordshire leading to an increase in demand of:
  - +7,000 additional hospital inpatient spells for people aged 85+: from 12,600 in 2016-17 to 19,600 in 2031-32.
  - +1,000 additional clients supported by long term social care services aged 85+: from 1,900 in 2016-17 to 2,900 in 2031-32.

Tackling Wider Issues that Determine Health

Why is this important?

We know that the physical environment, the quality of housing and opportunities for active travel have a big influence on health and wellbeing.

There will be a massive increase in new housing in Oxfordshire, creating new communities. The challenge is to find a better way to plan for and shape communities so that they actually promote health and wellbeing, learning from the Healthy New Towns in Bicester and Barton

The support of friends and neighbours in communities is also good for physical and mental health and gets more crucial as the population ages. We also want to protect people affected by difficult issues such as domestic abuse.

Health and care workers form a significant proportion of the local workforce. High house prices in Oxfordshire (Oxford is the least affordable place to live nationally) mean that we have chronic and enduring challenges recruiting and retaining health and care staff, without which our services cannot function

What do we need to do to make a difference?

- Learn from the experience of the Healthy New Towns in Barton, Bicester and further afield and work together to implement good practice.
- Influence leaders of the Growth agenda in Oxfordshire to work with us on this agenda
- Protect vulnerable people from the risk of homelessness, threat of violence and the reality of cold homes
- Work together to reduce demand for reactive services and shift the focus to prevention. This will improve quality of life for residents and also contribute to the financial sustainability of public services.
- We need to work successfully together with the public in an effective dialogue about the need to re-shape services across the County, building trust and collaboration.

The Joint Strategic Needs Assessment shows us that

- District Councils' plans for new housing in existing (adopted) and draft local plans set out an ambition for new housing in Oxfordshire of 34,300 by the end of March 2022 and a further 47,200 homes by end March 2031, a total of 81,500 new homes in the next 15 years
- House prices in Oxfordshire continue to increase at a higher rate than earnings
- Over the past 6 years there has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire, although the latest data for 2016-17 shows a decline. Loss of private rented accommodation is an increasing cause of homelessness.
- There has been an increase in the proportion of households defined as "fuel poor" in each district of Oxfordshire.
- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. The exception was the number of recorded victims of Child Sexual Exploitation which declined from 170 in Oxfordshire in 2016 to 106 in 2017

Prevent, Reduce, Delay

Prevent, Reduce, Delay. Prevention measures throughout the system will allow us to

- Live longer lives (**prevent** illness), by helping people keep themselves healthy
- Live well for longer (**reduce** need for treatment) by identifying any health issues early and supporting people to manage their long term conditions
- Keep us independent for longer (**delay** need for care) by providing the right support at the right time

What do we need to do to make a difference?

- To combat increasing chronic disease, we need to shift towards more preventative services. We need to join up NHS and County Council preventative services better with District Council preventative services.
- Funding preventative services is a challenge in the face of rising demand for treatment services but needs to be addressed

What the Joint Strategic Needs Assessment says

- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese.
- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- The rate of hospital admissions for alcohol-related conditions gives a mixed picture in different age groups. By and large the rates are reducing, except for women aged under 40. In addition the alcohol-specific admissions for females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.
- Oxford and Vale of White Horse were each better than the England average on the proportion of people who were inactive according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.
- The Joint Strategic Needs Assessment has no figures on numbers of people with high plasma glucose levels but does record In 2016-17 there were around 29,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of diabetes, up from 27,900 in 2015-16
- In 2016-17 there were around 89,900 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of Hypertension, up from 85,800 in 2015-16.

Tackle Inequalities

Why is this important?

Addressing health inequalities is essential because we know there are 2 main issues:

- Inequalities in opportunity and / or outcome – some people don't get a good start in life, live shorter lives or have longer periods of ill health
- Inequalities of access – some people cannot get to services, don't know about them or can't use them

What do we need to do to make a difference?

- We need to use information well to identify communities and groups who experience poorer outcomes and ensure the right services and support are available to them, measuring the impact of our work.
- We need to work together to build on the success of recent years in coordinating our approach to wellbeing challenges which are the responsibility of multiple agencies. Examples of this are coordinated work for homeless people and people suffering domestic abuse with City and District Councils
- We need to continue to develop the ways we work with the voluntary sector, carers and self-help groups.
- We have to address the challenge of funding in all areas and ensure that decisions on changing services do not adversely affect people with poor outcomes

What the Joint Strategic Needs Assessment says

- Earnings remain relatively high for Oxfordshire residents. Despite relative affluence, income deprivation is an issue in urban and rural areas.
- 14,000 children in Oxfordshire were affected by income deprivation.
- Snapshot HMRC data (Aug14) shows almost 1 in 5 children aged 0-15 in Oxford were living in low income families.
- 13,500 older people in Oxfordshire were affected by income deprivation, 68% of whom were living in urban areas and 32% in rural Oxfordshire.
- ONS analysis has demonstrated higher life expectancies and greater life expectancy gains for people in the higher socio-economic groups.
- Out of the 407 lower super output areas in Oxfordshire, the clear majority (80%) were ranked within the least deprived 50% in England on the income deprivation domain. The most deprived areas of Oxfordshire on income deprivation were 3 areas within Oxford (parts of Rose Hill & Iffley, Blackbird Leys and Northfield Brook wards).
- The Education and Skills domain of the Indices of Multiple Deprivation 2015 had 25 areas within Oxfordshire ranked in the top 10% most deprived nationally
- People diagnosed with severe and enduring mental disorders are at increased risk of deprivation due to the challenges of maintaining employment, housing and social connections.
- Common reasons for self-harm are: difficult personal circumstances; past trauma and social/economic deprivation together with some level of mental disorder. Self-harm can be associated with the misuse of drugs or alcohol.
- Out of the total of 407 Lower Super Output Areas135 (LSOAs) in Oxfordshire, 101 (31%) were 2 miles or more (3.2km) from the nearest GP surgery, covering a total population of 157,000 (25%) as of 2011.
- There were no areas of Oxford City classified as 2 miles or more from a GP surgery. Areas classified as 2 miles or more from a GP surgery in rural districts in Oxfordshire covered:
  - 3,700 households with no car (23% of total households in rural districts)
  - 30,300 people aged 0-15 (32% of the total in rural districts)
  - 28,800 people aged 65 and over (34% of the older population in rural districts).

How will we address these priorities?

A good start in life

Aim: 'Oxfordshire – a great place to grow up and have the opportunity to become everything you want to be'

Strategic Objectives

- **Be Successful –** This looks to ensure children have the best start in life; have access to high quality education, employment and motivational training; go to school feeling inspired to stay and learn; and have good self-esteem and faith in themselves.
- **Be Happy and Healthy** – Children can be confident that services are available to promote good health, and prevent ill health; learn the importance of healthy, secure relationships and having a support network; have access to services to improve overall well-being, and easy ways to get active.
- **Be Safe** – This looks to ensure children are protected from all types of abuse and neglect; have a place to feel safe and a sense of belonging; access education and support about how to stay safe; and have access to appropriate housing.
- **Be Supported** – Children are empowered to know who to speak to when they need support, and know that they'll be listened to and believed; can access information in a way that suits them; have inspiring role models; and can talk to staff who are experienced and caring.

Prevention of illness through promoting

- Healthy living
- Healthy weight
- Physical activity including active travel and everyday activity
- Mental wellbeing
- Childhood immunisations

Inequalities issues to be addressed by targeting particular groups with worse outcomes

- childhood obesity
- Identify hotspots for children missing out on education
- Inequalities in opportunity and life chances

Areas of Focus for the Children's Trust (2018-2020)

- Focus on children missing out on education
- Focus on social and emotional wellbeing and mental health
- Focus on young people affected by domestic abuse

Areas of Focus for the Health Improvement Board (2018-2020)

- Childhood immunisations
- Preventing childhood obesity
- Promoting physical activity including active travel and promoting everyday physical activity
- Mental wellbeing for all

Delivery Mechanisms include

1. ***Children's Plan*** - The implementation plan, within the CYPP, focuses on one theme within each of the four areas of focus each year. These are updated on an annual basis and are continually monitored by the Children's Trust Board throughout the year
2. ***The Health Improvement Board*** which oversees work on immunisation, obesity, physical activity and mental wellbeing for all ages

Living Well

Aim: Adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services.

Strategic Objectives

- **Prevent the development of long term conditions** by helping people to live healthy lives, live in healthy places and avoid the need to go to hospital
- **Identify ill health early,** through comprehensive screening programmes, good access to services and targeting those least likely to attend.
- **Value mental health equally with physical health**
- **Deliver sustained and improved experience** for people who access services, by working together to deliver effective services and using the expertise of our customers and other key stakeholders to design, procure and evaluate services.
- **Ensure services are effective, efficient and joined up**, available when needed and that movement through the "system" is seamless
- **Nurture healthy communities** that enable people to participate, be active, give and receive support.

Prevent, Reduce, Delay

Keeping Yourself Healthy (Prevent)

- Promote healthy lifestyles including Reduce Physical Inactivity / Promote Physical Activity, Enable people to eat healthily, Reduce smoking prevalence, Promote Mental Wellbeing
- Ensure Immunisation coverage remains high

Reducing the impact of ill health (Reduce)

- Prevent chronic disease (e.g. diabetes) though tackling obesity
- Screening for early awareness of risk - cancer & heart disease
- Alcohol advice and treatment

Inequalities issues to be addressed

- Identify those at risk of premature and preventable disease and deaths and working to reduce that risk
- Improving the physical health of people with Learning disabilities or mental illness

Areas of Focus for the Health Improvement Board (2018-2020)

- Healthy Weight Whole Systems approach
- Reduce physical inactivity
- Mental Wellbeing and Prevention Concordat
- Public Health, Health Protection - immunisation and screening, air quality
- Housing and Homelessness

Areas of Focus for the Joint Management Groups /Integrated Service Delivery Board

- Identify risk groups and design integrated services to meet their needs
- Provide care close to, or at, home, reduce urgent admissions to hospital
- Improve the satisfaction of service users
- Increase the number of people supported at home
- Improve the quality and sustainability of care providers in Oxfordshire
- Involve more local people and organisations in the development of services

Delivery Mechanisms include

1. The Adults of Working Age Strategy – to be developed
2. The Health Improvement Board which oversees work on social prescribing, mental wellbeing for all, public health protection and supporting healthy lifestyles.

Ageing Well

Aim: Oxfordshire is a place where individuals, whatever their age, are valued and empowered to live healthy, active and socially fulfilling lives, connected to their family and friends. Supported by thriving communities and locally provided universal services or through targeted and specialist services when the need arises

Strategic Objectives

- **Increase independence, mobility and years of active lif**e for those aged 75+ through healthy lifestyles as well as using digital aids, equipment and adaptations and making tools for self-management available and easily accessible.
- **Ensure services are effective, efficient and joined up**, available when needed and that movement through the "system" is seamless
- **Support the care of frail older people** by developing multi-speciality provider teams in the community
- **Identify and diagnose dementia** at an early stage and support people, their families, carers and communities to help them manage their condition.
- **Support carers** in their caring role and in looking after their own health
- **Deliver preventative services** in the community to reduce or delay the need for health and care services

Prevent, Reduce, Delay

- **Prevent** ill health by addressing the growing problems of loneliness and promoting mental wellbeing; Supporting carers; increasing coverage of immunisations and screening
- **Reduce** the impact of ill health through Falls prevention; tools for self-management
- **Delay** the need for services and care through services close to home;

Inequalities issues to be addressed

There are pockets of deprivation and significant numbers of ethnic minority groups within Oxfordshire. People in these groups often suffer the worst health and poorer health outcomes and need to be identified and targeted by appropriate services

Areas of Focus for the Joint Management Groups / Integrated Service Delivery Board

- The new Older People strategy reflects the needs of a changing demographic and the increase in the numbers of people who are growing older across the county, particularly those aged over 85 years.
- It also supports those over 65 years that are currently fit and healthy whom we need to support to remain well, for as long as possible, whilst promoting early intervention and access to health and care services when they are needed.
- The new strategy also addresses the needs of people suffering from dementia and people who are living into older age with a learning disability.

Delivery Mechanisms include

- Older People Strategy
- Carer's Strategy
- The Better Care Fund Plan

There are also links to the Oxfordshire's Adult strategy, and a range of Health Improvement strategies.

The Older People strategy also links to relevant pathways of care including Oxfordshire's Frailty, Mental Health (including Dementia), Learning Disability and End of Life pathways.

Improving Health by Tackling Wider Issues

Aim: To create healthy communities where people of all ages can maintain and improve their health as they live, learn, work, travel and socialise.

Strategic Objectives

- **Healthy Place Making –** which means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing; learning from the Healthy New Towns in Bicester and Barton and applying this to other new and existing developments
- **Housing and Homelessness** – preventing homelessness and reducing rough sleeping
- **Protect vulnerable people** – from the impact of domestic abuse, cold homes and other factors
- **Contribute to financial sustainability** in the long term for public services by reducing demand

Prevent, Reduce, Delay

- **Prevent poor health outcomes through** good spatial planning for community interaction and active travel
- **Reduce** the impact of Domestic abuse, poor air quality, fuel poverty and other factors which have a negative impact on health

Inequalities issues to be addressed

- Focus on particular groups or locations where people have worse health
- Housing and homelessness
- Domestic abuse

Areas of Focus for the Health Improvement Board

- Healthy Place Shaping - Learn from the Healthy New Towns and influence policy
- Social Prescribing, including community and voluntary services
- Housing and homelessness prevention
- Health Protection
- Domestic Abuse services and training
- Affordable Warmth

Delivery Mechanisms include

1. Bicester and Barton Healthy New Towns
2. Housing Support Advisory Group
3. Domestic Abuse Strategy Group
4. Public Health, Health Protection Forum

Oxfordshire Health and Wellbeing Board

Shared Vision: "To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"

Joint Health and Wellbeing Strategy

The Integrated System Delivery Board

Integrated System Delivery Plan

The Adults with Support and Care Needs Joint Management Group

Adults of Working Age Strategy
(to be created)

The Better Care Fund Joint Management Group

The Better Care Fund Plan

Carers Strategy

The Older People's Strategy

The Children's Trust

The Children and Young People Plan 2018-2021

The Health Improvement Board

Healthy Weight Action Plan

Public Health Protection

Affordable Warmth

Housing Related Support

Mental Wellbeing Framework

Domestic Abuse Strategy Group

Finding out about progress

The role and responsibilities of the Health and Wellbeing Board sub groups

Sub groups of the Health and Wellbeing Board are responsible for developing a suite of strategies and action plans to deliver this overarching Joint Health and Wellbeing Strategy.

The names of these groups and the areas they cover are shown on the previous page.

The groups all report their progress at every meeting of the Health and Wellbeing Board and keep up to date performance dashboards to monitor progress and hold partners to account. These performance indicators are published for every meeting of the Health and Wellbeing Board.

All papers published for meetings of the Health and Wellbeing Board and sub-group meetings held in public can be found here:
http://mycouncil.oxfordshire.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1

This page is intentionally left blank

Divisions Affected – all

Health and Wellbeing Board

07 October 2021

Report on the Mental Wellbeing Needs Assessment

Report by Corporate Director of Public Health, Oxfordshire County Council

Recommendation

1. The Health and Wellbeing Board is RECOMMENDED to;
   (a) Note the findings and recommendations of the mental wellbeing needs assessment
   (b) Consider how recommendations can be taken forward within the respective organisations of Board members

Executive Summary

2. Mental wellbeing is a priority for the Health and Wellbeing Board as a cross cutting theme for each part of the life course of the Board's Health and Wellbeing Strategy and as outlined in the Oxfordshire Prevention Framework. It can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole - it allows us to make healthy choices and get the most from life.

3. This paper presents the Mental Wellbeing Needs Assessment, which aims to broadly understand the mental wellbeing needs of people living in Oxfordshire. It also specifically examines the needs relating to the wider factors in our communities that make it easier or harder to stay mentally well, the ongoing impacts of the COVID-19 pandemic and areas of inequality.

4. Given the broad range of enablers and environments that affect mental wellbeing across the life course, the over-arching recommendation from the report is the need for a whole systems-based approach to mental wellbeing. Under this approach, further recommendations are made under 5 different themes:

:

- Data, surveillance, evaluation, and community insights: recommendations to address gaps in knowledge and understand wellbeing through a variety of data gathering approaches

- Wellbeing in all policies and partnership working: working with a range of partners to improve mental wellbeing through different pathways; make wellbeing "everyone's business"
- Inclusive services and reducing inequalities: developing inclusive language and services
- Focusing on areas of identified need
- Building back fairer from COVID-19: making wellbeing a priority in the recovery from COVID-19 and learning from the lessons and opportunities identified in this needs assessment.

Findings and recommendations of the mental wellbeing needs assessment

Background and Context

5. Our social circumstances, environment where we live, learn and work, economic factors, physical and mental health, can all support mental wellbeing. They enable us to feel connected, be healthy and to get the most from life. However poor mental health can affect the quality of lives lived and lead to preventable early deaths.
6. Nationally and across Oxfordshire, diagnoses of depression and anxiety have risen year on year since 2012. In 2019/2020, there were 73,648 patients (aged 18 or over) with a diagnosis of depression registered by Oxfordshire's GP practices.
7. The COVID-19 pandemic has highlighted the importance of the promotion of good mental health and wellbeing across the whole system. It has shone a light on health inequalities and the need to build back fairer.
8. This mental wellbeing needs assessment aims to:

    (a) Provide a broad picture of mental wellbeing and the wider factors in our communities and everyday lives that make it easier or harder to stay mentally well; and identify where in Oxfordshire people don't have the same opportunity to be as healthy as others.
    (b) Focus on promotion and prevention: keeping people well. The needs assessment does not cover mental illness and specific treatment pathways or clinical mental health services.

Summary of Findings from the Needs Assessment

9. For adults, Oxfordshire scores similarly or well compared to the South East and England for measures of life satisfaction, worthwhile and happiness using Office for National Statistics (ONS) measures of wellbeing. However even before the COVID-19 pandemic, around **1 in 5 Oxfordshire residents reported a high (>6/10) score for anxiety, using ONS measures.**

10. Research, such as Healthwatch Oxfordshire's 2021 report into Oxford's new and emerging communities has highlighted the issues that affect these communities wellbeing including pressures of life - money, jobs and family concerns, cost of housing and food in Oxford, racism and discrimination, immigration worries and the impact of COVID-19.

11. **The impact of COVID-19 has been different for individuals and different communities but has exacerbated existing inequalities**. Levels of anxiety, depression and loneliness have increased during lockdowns. For example, analysis of Oxwell 2020 data across the South East, showed that those pupils in school years 8-13 who were most likely to report deteriorations in their wellbeing were female, those who reported socio-economic deprivation/use of food banks and those with previous mental health support or upcoming examinations.

12. In **children and young people**, data from the local 2019 OxWell survey tell us that in pupils attending Oxfordshire school and FE colleges, **that overall mental wellbeing is worse with increasing age**. **Girls reported lower happiness levels**. The 2020 survey across the South-East, found that during the pandemic **40% of pupils taking part in year 13 reported being too worried to sleep often.**

13. Both national research and insight from local communities highlight the relationship between **financial stress** and mental wellbeing. Oxfordshire is a relatively wealthy county, but there remain areas of inequality. **COVID-19 has contributed to financial hardship**: across Oxfordshire, the **number of people claiming unemployment benefit rose to 16,420 in December 2020**, compared to 6,230 in December 2019. Amongst those aged 16-24 years the number of people claiming benefits more than tripled.

14. **Feeling connected is fundamental to our mental wellbeing.** Social relationships affect our mental and physical health, health behaviours and also our risk of mortality. For example, evidence indicates that the influence of social relationships on our mortality risk is comparable to smoking up to 15 cigarettes a day. This report demonstrates the **need to view loneliness as a life course and equality issue**: Nationally over 1 in 10 of 10-15 year olds report feeling lonely often and loneliness is increased at life transition points. Analysis of national ONS data found three profiles of people more likely to be lonely: widowed older homeowners living alone with long-term health conditions; un-married, middle-agers with long-term health conditions; and younger renters with little trust and sense of belonging to their area are more likely to be lonely. There are many other factors associated with being lonely, such as being unemployed, having a low income and identifying as female. The pandemic has also highlighted the issue of digital exclusion in our ability to stay connected and access services.

15. **During the pandemic, loneliness has increased**. In April-May 2020, **5.0% of adults** in England said that they felt lonely "often" or "always" rising to just over 7% of adults between October 2020-February 2021. Amongst some, for example older adults who have been shielding, there has been a loss of social

and physical confidence after periods of isolation. During the pandemic, loneliness statistics for Oxfordshire and for district and city levels varied: increased understanding of loneliness within our communities and who is most at risk of being lonely is needed.

16. Being physically active improves our mental and physical health – for example through improving sleep, self-esteem, helping us manage stress and improving connections with others. **Oxfordshire adults have higher levels of physical activity compared to England. However, activity levels vary across districts and there are inequalities**. Those over the age of 75 years are much less active. Data from the Active lives survey, suggests that although children and young people across Oxfordshire are more active than children across England as a whole, around **4 in 10 children and young people across Oxfordshire are not achieving an average of 60 minutes physical activity a day**. During the pandemic, less affluent families have seen larger drops in activity levels compared to wealthier families.

17. Children and young people who spend more time in green and natural spaces have increased emotional wellbeing, reduced stress and improved resilience. In adults, greener environments are linked to higher life satisfaction and reduced mental distress. Even before the pandemic**, 94% of the English population agreed having open green space close to home is important**. However, there are inequities in access to quality and quantity of greenspace. In **Oxfordshire, national survey data indicates most visits to natural environments are made by wealthier families, and those that identify as white.** Barriers to visiting the natural environment in Oxfordshire include poor health, living with a disability, older age and being too busy.

18. Across the life course, there are different challenges of wellbeing and different impacts of the COVID-19 pandemic. For example, we know that

    (a) **Amongst children and young people** mental wellbeing reduces with increasing age and is worse in girls. Teenagers are more likely to struggle with sleep and feel more lonely, whereas higher numbers of pupils report bullying in school years 4-6 compared to older years
    (b) **Younger adults** have been disproportionately affected by unemployment during the COVID-19 pandemic, and that highest levels of self-reported loneliness according to national ONS data amongst adults are in 16-24 year olds
    (c) **Amongst working age adults**, wellbeing across Oxfordshire is generally good or similar to the South East/ England, but there are areas of inequality at a national and local level for many of the community enablers of wellbeing
    (d) **Amongst older adults**, access to and use of the wider community determinants of wellbeing decreases with age. For some, isolation during the pandemic may have resulted not only in a loss of social confidence but also in a loss of physical confidence and with potential cognitive effects. Older adults are also at higher risk of digital exclusion.

What is already in place locally to improve mental wellbeing

19. There are **many examples of innovative and diverse partnership working and programmes to improve mental wellbeing across Oxfordshire and making use of the multiple community-based enablers.** Some examples include:

    (a) **Multi-agency partners in Oxfordshire have signed up to the Prevention Concordat for Better Mental Health**; a programme developed by Public Health England to support the promotion of good mental health across the whole system. The Mental Health Prevention Framework - 2020-2023, outlines how organizations within the Prevention Concordat will work together to improve mental health and wellbeing across Oxfordshire.

    (b) **Oxfordshire** has a wide-ranging, well-established **multi-agency group (MAG) dedicated to preventing suicide and self-harm**. The Oxfordshire self-harm and suicide prevention strategy – 2020-2024 can be found on OCC's webpages here.

    (c) **Sleep Campaign delivered by Oxfordshire Communications Group** delivered in June 2020, responding to COVID-19s impacts on our physical and mental health; affecting our sleep.

    (d) **Cherwell District Council in partnership with Oxfordshire Mind and Resilient Young Minds** working with primary school children to help them understand more about stress, anxiety and self-esteem. More information **here**.

    (e) **Move Together** - a county-wide pathway into physical activity to support people who have been shielding as a result of COVID-19, as well as people with long term health conditions to help reduce isolation and loneliness. Read more **here**

    (f) **Mental Wellbeing Grant Scheme** launched May 2021 by Oxfordshire County Council. One of the successful projects included: **Ways to Wellbeing project**, **Style Acre** supporting adults with learning disabilities through promoting wildlife & nature activities, working with Element 6 and the Wildlife Trust & Sustainable Wantage.

    (g) **Active Reach** - Residents from Blackbird Leys and Greater Leys were supported throughout COVID-19 to keep physically active by a wide range of partners. Report from phase 1 **here**

    (h) **Health Education England's** funding for suicide prevention training for Oxfordshire frontline professionals and volunteers in roles that involve supporting people with financial difficulties. For example, people working across community larders, asylum seekers and many more.

20. **There are opportunities to better understand mental wellbeing** within our communities, and the **lived experience of residents**. The needs assessment has highlighted gaps in current understanding that could inform future action.

21. **There are opportunities to improve mental wellbeing early - before people access formal healthcare - and to make our services more inclusive.** Findings from local research such as the Healthwatch Oxfordshire's

2021 report on Oxfords new and diverse communities and the 2020 OxWell school survey show opportunities to provide early and diverse support for mental wellbeing in our communities.

Recommendations from the needs assessment

22. Overall, a life course and whole systems approach to mental wellbeing is recommended – taking a wellbeing in all policies approach. Specific recommendations are grouped under five different themes:
    - Data and monitoring
    - Wellbeing in all policies and partnership working
    - Inclusive services and reducing inequalities
    - Prioritising areas of need
    - Building back from COVID-19

23. **Data and Monitoring.** Recommendations include:
    (a) identifying and linking to planned local research, to incorporate community insights on wellbeing into planned projects and intervention evaluations and ensure key wellbeing data is included in public health insight reports where possible
    (b) to work to address key gaps in knowledge, for example improved understanding of specific issues such as loneliness in our communities, what support communities would like for wellbeing and insight around the lived experience of residents - especially those with higher risk of poor mental wellbeing
    (c) Given the ongoing effects of and emerging needs from the pandemic, it is recommended to repeat this needs assessment in 2-3 years time
    (d) To share widely the findings from this needs assessment report and other relevant current reviews – for example of social prescribing – amongst stakeholders and groups for further action.

24. **Wellbeing in all policies and partnership working.** Partnership working is fundamental due to the importance of the wider and community determinants of mental wellbeing. Recommendations under this theme include:
    (a) Strengthen existing links between statutory and third sector providers in Oxfordshire and recognise the key role of third sector in strategy development. For example, build on the success of the first year of the Mental Health Prevention Concordat: consider broadening membership to include areas currently not represented, such as organisations working on green and natural spaces and the continued sharing of best practice across the system
    (b) Within commissioning structures, consider primary prevention and mental wellbeing at all levels of the patient journey and across the life course of residents
    (c) Consider undertaking mental wellbeing impact assessments when new local policy is being developed and this is relevant

25. **Inclusive services and reducing inequalities**. There are several areas we can build upon to improve wellbeing across Oxfordshire and to make

communications and services more inclusive to reduce inequalities. Recommendations include:

(a) developing and promoting non-stigmatising and culturally sensitive language around mental wellbeing

(b) working with the Oxfordshire Communications Group (a multi-agency group established in June 2020) to increase the impact of our mental wellbeing campaigns

(c) maximising opportunities to promote mental wellbeing across diverse settings and outside of formal healthcare (to capture wellbeing needs of those not in contact with and/or before people access primary or secondary care), for example consider increased support and links with partners across settings such as community centres, faith settings, community larders and in schools and workplaces

(d) to identify opportunities for training in wellbeing support, for example amongst those who people turn to for initial help with mental wellbeing such as community leaders, and develop support with the input and the experience from our communities.

26. **Prioritising areas of need.** The report has identified specific challenges faced within broad age groups or across the whole life course (such as loneliness). There are recommendations to work with partners across sectors and geographies, to identify opportunities and potential actions to address these challenges.

27. **Building back from COVID-19.** COVID-19 and its associated control measures have negatively impacted on the mental wellbeing and health of so many. However, there are several very positive examples of local action in response to this – for example the bringing together community hubs offering holistic support to residents and the rapid transformation of many services to support people digitally, when face to face interactions have been limited. Moving forward, there are recommendations based on learning from this experience, such as:

(a) Building on those aspects of local action that have been positively received.

(b) Use the opportunity to promote mental wellbeing in policy changes following COVID-19 and consider new equity dimensions, such as the importance of digital exclusion if services are offered online.

Financial Implications

28. Findings are intended to influence and shape mental wellbeing promotion and services going forward. There is no new funding currently allocated to implement the recommendations of the report. However, some parts of the system do have funding available which can be used to implement their own initiatives on wellbeing

Legal Implications

29. There are no legal implications associated with this report

Equality & Inclusion Implications

30. One of the aims of this needs assessment was to identify inequalities in mental wellbeing and the enablers and drivers that can promote mental wellbeing in the community; positive mental wellbeing and health are not equally available to all. COVID-19 has exacerbated many of these existing inequalities, which are present across many protected characteristics. Wherever possible, this needs assessment examines inequalities in mental wellbeing and its wider community enablers to inform recommendations to reduce these.

Sustainability Implications

31. There are no significant sustainability implications arising from this paper. However, access to and use of natural green and blue spaces is known to be beneficial for mental wellbeing and physical activity is also known to promote wellbeing. Oxfordshire Climate Action Framework specifically includes healthy place shaping as a guiding principle to inform action.

Ansaf Anzar
Corporate Director for Public Health
Oxfordshire County Council

Background papers: The findings and recommendations for this report are based on the mental wellbeing needs assessment which will be made available for reading through OCC's Joint Strategic Needs Assessment (JSNA) webpages.
The Oxfordshire Mental Health Prevention Framework 2020-2023 is available through OCC's webpages here.
The Oxfordshire Suicide and self-harm prevention strategy is available through OCC's webpages here.

Annex: Annex 1: Health and Wellbeing Board Presentation Slides

Contact Officer: Katherine Arbuthnott, Specialist Trainee in Public Health, Katherine.arbuthnott@Oxfordshire.gov.uk

September 2021

Mental Wellbeing needs Assessment

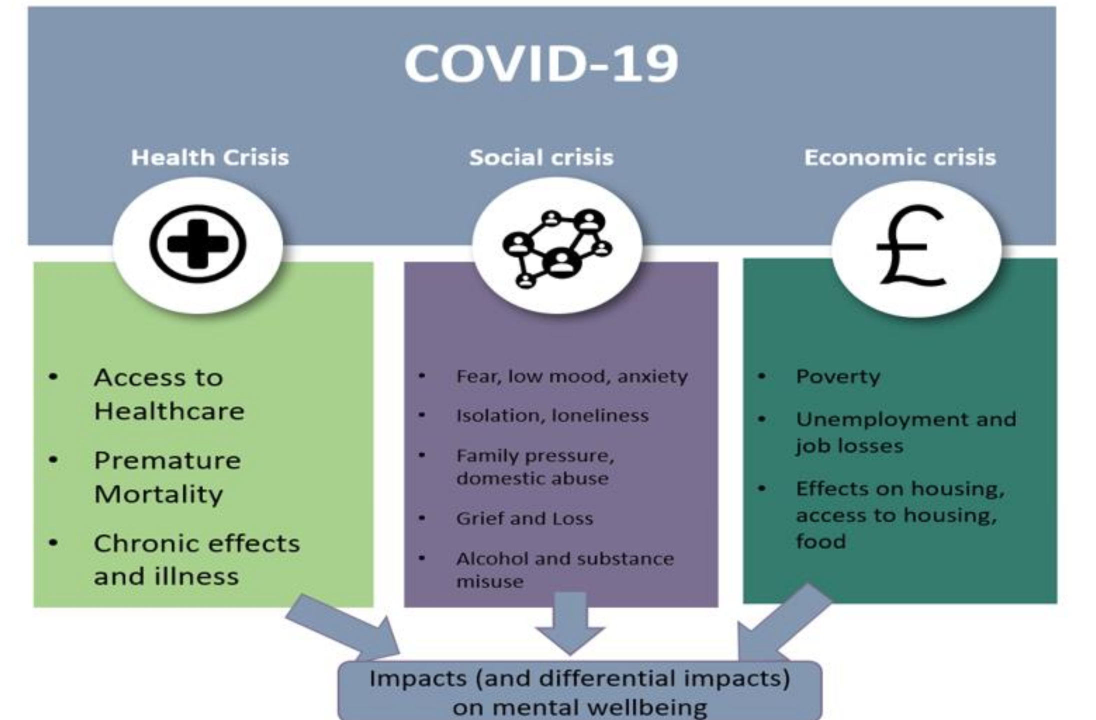
Dr Kat Arbuthnott, Specialist Registrar in Public health

Acknowledgments : Health improvement team, Prevention concordat for better mental health, third sector and providers

Outline:

- Scope of needs assessment
- Headline findings
- Overview of recommendations

Aim, scope and context of the needs assessment



Key take home messages: findings

- Oxfordshire adults score well for many aspects of wellbeing, but 1 in 5 report high anxiety scores (>6/10) on ONS surveys
- **Oxfordshire** children and young people, **wellbeing reduces with age and older children and young people have reported more loneliness and anxiety** in the pandemic
- Within Oxfordshire there are **great examples of partnership working** to improve mental wellbeing
- There are many areas where we **need to build a better local picture of wellbeing**
  - E.g. improved community insight and an understanding of inequalities at a more local level; improved understanding of challenges at specific times in the life course; improved local understanding of loneliness through life course; what sort of support communities would like
- The **effects of COVID-19 on mental wellbeing are numerous and diverse**.
  - highlighted inequalities and the need to build on local and place based approaches to addressing these
  - In some instances, specific support is likely to be needed
  - There are lessons and positive ways of working which have emerged from COVID-19

Bringing findings together across the life course

Children and Young people

- mental **wellbeing reduces with increasing age, worse in girls**
- Teenagers more likely to struggle with **sleep and feel more lonely**
- Higher numbers of pupils report **bullying in school years 4-6** compared to older years

Young adults

- Young adults disproportionately affected by **unemployment** during the pandemic
- Highest levels of **loneliness** amongst all adults in **16-24 year olds**
- Those providing support for wellbeing in Oxfordshire feel there is **less support** and support less accessed by young adults

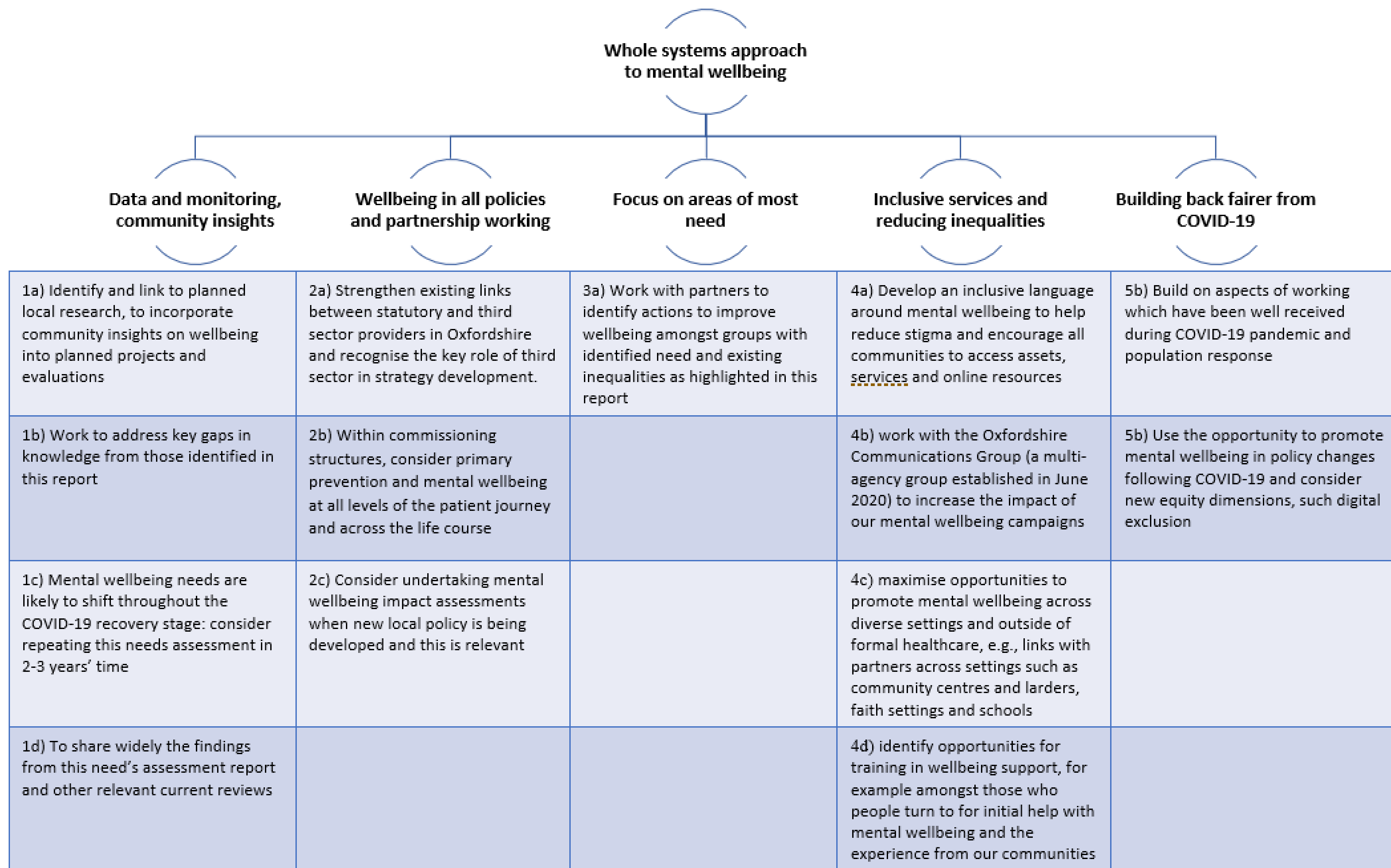
Working age adults

- Wellbeing across Oxfordshire is generally good
- Areas of **inequality** in levels of wellbeing and community enablers.
- There are **opportunities to diversify provision** and settings for wellbeing support, make support more inclusive and **promote wellbeing before people access medical systems**

Older adults

- access and use of wider determinants to mental wellbeing **decrease** with age.
- **Loneliness** (when include direct & indirect measures) – increases in those over 80
- Consider digital exclusion
- Those affected by pandemic – **additional loss physical and social confidence, potential cognitive effects**

Recommendations themes



Whole systems approach to mental wellbeing

Data and monitoring, community insights	Wellbeing in all policies and partnership working	Focus on areas of most need	Inclusive services and reducing inequalities	Building back fairer from COVID-19
1a) Identify and link to planned local research, to incorporate community insights on wellbeing into planned projects and evaluations	2a) Strengthen existing links between statutory and third sector providers in Oxfordshire and recognise the key role of third sector in strategy development.	3a) Work with partners to identify actions to improve wellbeing amongst groups with identified need and existing inequalities as highlighted in this report	4a) Develop an inclusive language around mental wellbeing to help reduce stigma and encourage all communities to access assets, services and online resources	5b) Build on aspects of working which have been well received during COVID-19 pandemic and population response
1b) Work to address key gaps in knowledge from those identified in this report	2b) Within commissioning structures, consider primary prevention and mental wellbeing at all levels of the patient journey and across the life course		4b) work with the Oxfordshire Communications Group (a multi-agency group established in June 2020) to increase the impact of our mental wellbeing campaigns	5b) Use the opportunity to promote mental wellbeing in policy changes following COVID-19 and consider new equity dimensions, such digital exclusion
1c) Mental wellbeing needs are likely to shift throughout the COVID-19 recovery stage: consider repeating this needs assessment in 2-3 years' time	2c) Consider undertaking mental wellbeing impact assessments when new local policy is being developed and this is relevant		4c) maximise opportunities to promote mental wellbeing across diverse settings and outside of formal healthcare, e.g., links with partners across settings such as community centres and larders, faith settings and schools	
1d) To share widely the findings from this need's assessment report and other relevant current reviews			4d) identify opportunities for training in wellbeing support, for example amongst those who people turn to for initial help with mental wellbeing and the experience from our communities	

Questions, discussion

Thank you

healthwatch Oxfordshire
Your voice on health and care services

Healthwatch Oxfordshire

Report to the Oxfordshire Health and Wellbeing Board

October 2021

Contents

Update on Healthwatch Oxfordshire 3
1 Healthwatch Reports 3
2 Healthwatch Oxfordshire Annual Impact Report 4
3 Healthwatch Oxfordshire Progress 2021-22 5
4 Outcomes and impact 5
5 Wider Healthwatch Oxfordshire Activity 7
6 Ongoing work and future planning 7

Update on Healthwatch Oxfordshire

1 Healthwatch Reports

Full and summary sheets of all reports, plus responses from commissioners and providers available on: https://healthwatchoxfordshire.co.uk/reports
We have recently published:

1.1 Earwax removal services in Oxfordshire

The report was published on 23rd September and from our survey results, these recommendations, if implemented, would help improve patient access to earwax information and treatment, as well as enhance their experiences of services.

1. Produce clearer guidance to patients and the public on earwax management consistent with NICE (2018) guidelines, explaining different treatment options, eligibility for primary and secondary NHS care, and the reasons why most GP practices do not offer these services.
2. Consider ways to reduce health inequalities by providing greater support to people who may have difficulty accessing earwax treatment. Typical groups include people on benefits or low income, older people and care home residents, and people susceptible to recurrent earwax build-up.
3. Provide all patients with suspected earwax build-up a preliminary ear check with a practice nurse or other trained member of staff to avoid having unnecessary, chargeable consultations with a private provider when earwax is not the primary cause of the hearing problem.
4. Produce and disseminate information to help patients identify safe and cost-effective services. This might include:
    a. Requesting all GP practices to provide details of local private providers, including location, costs of treatment and offers (for example, Specsavers have a “no wax, no charge” policy, www.specsavers.co.uk/hearing/earwax/earwax-removal) .
5. Instructing private providers to display information about qualifications and training.
6. Producing a website with answers to frequently asked questions.
7. Provide clear and comprehensive communication for patients and GPs about the new over-55 earwax removal service, including:
    a. Training/information for receptionists at GP practices and pharmacists.

1.2 Report to Oxfordshire Safeguarding Adults Board regarding ease of raising a concern by a member of the public June 2021

This follow-up work to the secret shopper exercise we conducted in June 2019 found that some recommendations from the first exercise in June 2019 had been implemented but the following needed to be addressed:

1. The eight-page raising a safeguarding public form must be simplified – recommendations included.
2. A freephone telephone number is provided on both the OCC and the OSAB website especially as there are those who may not have access to digital means.
3. The OSAB page on how to report a concern is changed and directs people to the page on the OCC website which explains what safeguarding is and not directly to the raising a safeguarding public form. https://www.oxfordshire.gov.uk/residents/social-and-health-care/keeping-safe/having-concern-about-someone
4. The OSAB website moves the link for the public towards the top of the page as the bright orange box is very formal and off putting. https://www.osab.co.uk/how-to-report-concerns/

The report was presented to the OSAB Engagement Group and the OSAB Board in June. Recommendation 2 was rectified at the meeting! The Oxfordshire County Council Adult Safeguarding Board Manager reported back to the September board meeting that the form is to be shortened. The remaining recommendations 3 & 4 above have yet to be addressed.

1.3 What people are telling us about COVID vaccinations report July 2021

We heard from 616 people about their experiences of having the vaccination and from some people who have concerns about having it.

Overall, respondents were very positive about the benefits of vaccines in general and were in favour of the Covid-19 vaccine.

A small number in the general survey said they were hesitant about the vaccine or would refuse it.

The main reasons for hesitancy or refusal were:

- Distrust in the vaccine or the clinical approval process
- Uncertainty about safety or efficacy
- Fear of possible side-effects

Other barriers that might prevent people having the vaccine included:

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

This report was presented to the Oxfordshire Primary Care Quality and Commissioning Committees and the system wide Vaccination Group.

2 Healthwatch Oxfordshire Annual Impact Report

Our Annual Outcomes and Impact report 2020-21 was published on 30th June 2021. This was circulated to all members of the Board. The full report and film shown at the presentation in July can be found on our website https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-report-2020-21/.

3 Healthwatch Oxfordshire Progress 2021-22

Our report on activity during April – June 2021 is available on our website and shows:
We reached 2,912 people of which:

- 345 were face-to-face – including visits to Cowley Road, Refugee Week event at Flo's, and meeting people at the Diversity League football tournament.
- 74 through our signposting service – the top three themes were GP, dentistry, and mental health
- 685 via people responding to our surveys that we closed during this time
    - Main Covid-19 survey (n=512)
    - Earwax survey (n=173)
- 124 people posted comments on our Feedback Centre, and we published 23 responses from the service providers
- 1,479 people engaged with our Facebook page

Since June to end of August we have received a further 54 reviews on our Feedback Centre of which 48% have been about GP surgeries and nearly half of these have been negative, focused on administration and access to the service. Once people got through to speak to or see a medical professional generally, they praised treatment and care received. A further 18.5% reviews referred to hospital services.

4 Outcomes and impact

The report includes an update on outcomes from previous research reports. We are proud to inform the people of Oxfordshire that their voice had an influence on Oxford University Hospitals NHS Foundation Trust who have announced changes to parking at their hospital sites.

4.1 The long and winding road

In 2017 Healthwatch Oxfordshire published a report on people's experiences of travelling to and parking at Hospitals in Oxford and Banbury. We heard from 295 people at all four hospital sites and made the following recommendations to the Oxford University Hospitals NHS Foundation Trust regarding the Headington hospital sites:

1. OUHFT should further explore 'spreading' out-patient appointments across the day / week. This will relieve the pressure on the access routes and parking facilities, thus improving the patient experience of attending a hospital appointment.

OUHT response to this recommendation: The Trust is actively looking into developing care pathways to make changes in how we maximise the estate and smooth access. This work will take time to implement across each service.
The Trust now runs a seven-day clinic across many of its departments.

2. OUHFT should undertake a review of the number of Blue Badge spaces available at all sites, and their use

OUHT response to this recommendation: Thank you for the suggestion and this is an excellent idea, which the Trust will pursue.

3. OUHFT should explore a simple solution, adopted by other hospitals in the country, of a dedicated Blue Badge only parking area with separate access.

OUHT response to this recommendation:
Again, as above, this is an excellent suggestion, and the Trust will pursue this recommendation in line with the last recommendation.

In August 2021 the Trust announced that:

'Automatic Number Plate Recognition (ANPR) is now in place at the John Radcliffe and Churchill hospitals.

The ANPR system means a camera photographs all vehicles entering and leaving the car park. The camera is linked to the on-site pay machines and a payment website.

Some of the main benefits of ANPR include:

- card payment for parking
- better vehicle movement across our sites
- quicker entrance and exit to our car parks
- better management of how people use our car parks.

The installation of ANPR is part of over £1m of improvement works on the Trust's visitor car parks, including:

- creating a dedicated cark park with blue badge spaces at the Churchill
- making separate access to the disabled car parking spaces at the John Radcliffe
- new card payment machines at the Horton General Hospital
- re-surfacing and lining in most car parks.

ANPR will not impact current exceptions or concessions for visitors and Blue Badge users, and the price of parking for other users remains the same.
Sam Foster, Chief Nursing Officer at Oxford University Hospitals, said: "We recognise that car parking and traffic flow are a major source of frustration for our patients, visitors, and staff, and that it can impact negatively on patients' experience of visiting our hospitals. Installing ANPR is an important step towards improving the experience of visiting our hospitals for both patients and their loved ones."

Reflection and success
Change can take a long time to come about – 4 years in this case. Without patients and families talking to Healthwatch Oxfordshire your experiences and voice would not have been heard!

The full report can be found here https://healthwatchoxfordshire.co.uk/wp-content/uploads/2018/01/20170718_travel_survey_report_final_cb.pdf

Hopefully these improvements will enhance people's experiences of accessing the hospital sites. No more tears, no more being left standing alone, no more being left at the door whilst the car is parked.

5 Wider Healthwatch Oxfordshire Activity

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

In June and July, we held two webinars for PPG members focused on the NHS General Practice Data for Planning and Research data collection scheme (GPDPR). At the July event Emile Douilhet gave a short briefing and answered questions. His role as Senior Information Governance Consultant, NHS South, Central and West and Data Protection Officer GP Practices is to ensure that GDPR is followed.

We continue to work collaboratively with the other four Healthwatch within the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Services (BOB ICS).

6 Ongoing work and future planning

Currently we are leading on an NHS England-funded Healthwatch England project to hear about people's experiences of using blood pressure monitors at home, specifically the BP@Home pilot that is being rolled out across England. People can complete an online survey and then volunteer to talk in more detail with a member of the team. To date 69 people have completed the survey and 17 offered to speak to us in more detail about their experiences. The report is expected in November 2021.

We are exploring people's experiences of accessing and using interpreting services when using health and care services. This is a combination of online survey and face-to-face conversations.

GP website check-up follow-up - following up on our review of GP surgery websites in April we have reviewed all sites to see whether our recommendations have been implemented. The report will be available in early October.

Accessing GP surgeries – after hearing much from patients about the difficulties of getting through to GP surgeries by telephone we are seeking to hear people's experiences to understand how widespread this is across the county and what impact it is having on people. Our survey is now on our website https://healthwatchoxfordshire.co.uk/have-your-say/complete-a-survey/.

6.1 Projects in development include:

- Understanding why patients are choosing not to be referred out of county for hospital appointments. This is being done with the involvement of both

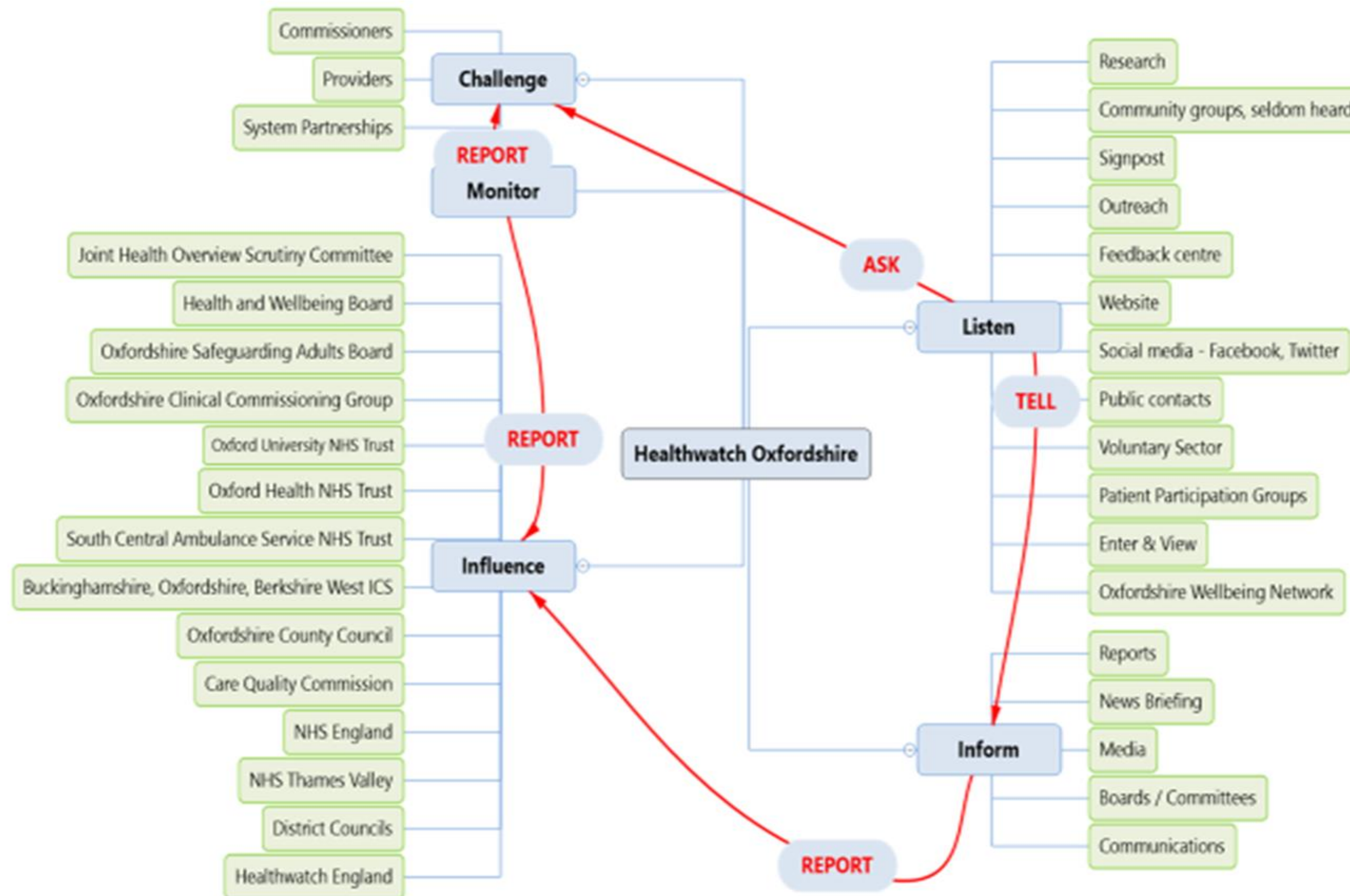
Oxford University Hospitals NHS Foundation Trust (OUH) and Oxfordshire Clinical Commissioning Group (OCCG).

- Taking part in the Healthwatch England NHS waiting times project, together with the other four Healthwatch in BOB ICS.
- Listening to people's experiences of social prescribing in the county to inform the system wide development of a social prescribing strategy for the county.
- Planning a series of Enter & View visits over the next six months.
- Parents support groups OWN event in October.
- Primary Care Network information webinar for Patient Participation Groups in October to be attended by a PCN Clinical Director and other PCN staff.

6.2 Future planning

Healthwatch Oxfordshire staff team and trustees are reviewing our current strategy and planning for 2022 onwards. This process includes asking the public what they think our priorities should be. We will have our plans in public early next year. If anyone would like to contribute their thoughts, please do contact us at hello@healthwatchoxfordshire.co.uk or by telephone 01865 520 520.

Just a quick reminder of what we do:



This page is intentionally left blank

Health & Wellbeing Performance Framework: 2021/22
September 2021 Performance report

A good start in life

Measure	Target	Update	Q4 20/21		Q1 21/22		Aug-21		Notes
			No.	RAG	No.	RAG	No.	RAG	
1.1 Reduce the number of looked after children to 750 by March 2022	750	Aug-21	776	A	786	A	797	A	Rise in the year as fewer children left the cared for system
1.2 Maintain the number of children who are the subject of a child protection plan	500	Aug-21	475	G	510	A	538	A	Seasonal increase in numbers during the school holidays
1.3.1 Mean waiting days for CAMHS	tbc	Jul-21			106		89		(Figure for July: 30% lower than July 2020)
1.3.2 Median waiting days for CAMHS	tbc	Jul-21			99		63		(Figure for July: 48% lower than July 2020)
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	Q1 2021/22	242	G	85	R			85 admissions in the first quarter; 340 pro rate for the year; 260 (target) is national average. 31% above target
1.12 Reduce the level of smoking in pregnancy	7%	Q4 2020/21	6.7%	G	6.9%	G			Oxfordshire CCG level: Year to date provisional
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q4 2020/21	93.5%	A	93.1%	A			24 month evaluation
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q4 2020/21	92.9%	A	92.5%	A			5 year evaluation
1.15 Reduce the levels of children obese in reception class	7%	2019/20	6.7%	A	6.7%	A			Measuring stopped in March 2020 by NHS/PHE - interpret with caution: Cherwell 7.1%; Oxford 6.5%; South Oxon 7.9%; Vale 5.5%; West Oxon 7.4%
1.16 Reduce the levels of children obese in year 6	16%	2019/20	16.2%	A	16.2%	A			Measuring stopped in March 2020 by NHS/PHE - interpret with caution: Cherwell 19.9%; Oxford 16.4%; South Oxon 14.7%; Vale 15.6%; West Oxon 3.6%
Increase the number of early help assessments to 2000 in 2020/21	2000	Aug-21	1794		801	G	1201	G	Target of 2000 for year. Strategy to increase to: * 15,000 in 2024/25 & 28,000 in 2026/27
1.18 Monitor the number of children missing from home	Monitor only	Q1 2021/22	1261		465				59% increase compared with last year; 27% reduction on 2 years ago
1.19 Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q1 2021/22	6619		1782				2% increase compared with last year; 20% increase in 2 years ago

Living well

	Target	Update	Q4 20/21		Q1 21/22		Aug-21		Notes
			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%	Aug-21	93%	G	94%	G	95%	G	Routine inspection on hold, inspecting only where a concern is raised. National average currently 91%
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	Q1 2021/22	19%	R	27%	G			This is a nationally set target. 14% for last year. 24% for 12 months to Jun; 27% in Jun
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Q1 2021/22			99%	G			98% in the 12 months to June; 99% for June
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%	Q1 2021/22	57%	R	4%				57% of adults with a learning disability had a health check last year. 4% so far this year
2.12 The number of people with severe mental illness in employment	18%	Aug-21	19%	G	20%	G	21%	G	

2.13 Number of new permanent care home admissions for people aged 18-64	< 39	Aug-21	17	G	5	G	8	G	
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	10	Dec-20	5	G	5	G			
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Aug-21	158	G	157	G	158	G	
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	Nov 19 - Nov 20	21.3%	R	21.3%	R			Cherwell 31%; Oxford 15.3%; South Oxfordshire 19.7%; Vale of White Horse 20%; West Oxfordshire 20.6%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,919 per 100,000*	Q3 2020/21	2774	R	2423	R			
2.18 Increase the level of flu immunisation for at risk groups under 65 years	75%	Sep 20 to Feb 21	58.9%	R	58.9%	R			
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	Monitor only	Q1 2021/22	81.4%		67.0%				No targets set for 2020/21 as Programme primarily paused due to COVID-19
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	Monitor only	Q1 2021/22	40.0%		31.7%				No targets set for 2020/21 as Programme primarily paused due to COVID-19
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q3 2020/21	65.9%	R	65.9%	R			
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q3 2020/21	75.7%	R	75.7%	R			

Aging Well

Measure	Target	Update	Q4 20/21		Q1 21/22		Aug-21		Notes
			No.	RAG	No.	RAG	No.	RAG	
3.1 Increase the number of people supported to leave hospital via reablement in the year	Monitor only	Aug-21	156		186		182		Figures are the average number per month for the year
3.2 Increase the number of hours from the hospital discharge and reablement services per month	Monitor only	Aug-21	7208		7596		7478		Figures are the average number per month for the year
3.3 Increase the number of hours of reablement provided per month	Monitor only	Aug-21	5502		6076		5787		Figures are the average number per month for the year
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Q1 2021/22	20%	G	20%	G			20% for the year to June, 19% for June
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-21	72%	G	72%	G			National social care user survey February 2020.3%pts increase in year
3.6 Maintain the number of home care hours purchased per week	21,779	Aug-21	25,282	G	26,333	G	26,247	G	
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Jul-21	23,858	G	21,822	G	21,428	G	21,428 to July in rolling year
3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Jul-21	13	G	13	G	13	G	13 days for July and 12 months
3.9 Reduce the average number of people who are delayed in hospital	< 38	Aug-21	30	G	37	G	38	A	National publication suspended in March 2020. Local figure for end of June 21 reported here
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	14	May-21	11	G	7.3	G	7.7	G	169 permanent admissions to the end of June
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or more	Oct - Dec 2020	67.2	R	62	R			Figure fell in year, possibly as people with higher needs were supported
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2020	1.75%	A	2.85%	A			Figure now at national average
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Jul-20	61.2%	R	63.0%	R	63.0%	R	Figure for past 12 months, 61% in July
3.16 Maintain the level of flu immunisations for the over 65s	75%	Sep 20 to Feb 21	84.4%	G	84.4%	G			
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q2 2020/21	71.4%	G	70.3%	G			
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q4 2019/20	55.4%	R	55.4%	R			This KPI was withdrawn by PHE for Q1, Q2 and Q3 2020/21 as there were issues with data quality due to the impact of the COVID-19 pandemic on screening services in this period

Measure	Target	Update	Q4 20/21		Q1 21/22		Aug-21		Notes
			No.	RAG	No.	RAG	No.	RAG	
4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208	Q4 2020/21	182	-	182	-			Cherwell 29; Oxford 90; S. Oxon 9; Vale 15; W. Oxon: 39
4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	75%	Q4 2020/21	87.9%	G	87.8%	G			
4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90	Q4 2020/21	80	G	38	G			
4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Monitor only	Q4 2020/21	247		317				Cherwell 45; Oxford 65; S. Oxon 80; VoWH 94; W. Oxon 33
4.5 Monitor the number where a "relief duty is owed" (already homeless)	Monitor only	Q4 2020/21	201		159				Cherwell 41; Oxford 45; S. Oxon 14; VoWH 21; W. Oxon 38
4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q4 2020/21	7		5				

Report to Health and Wellbeing Board

Report from: Children's Trust Board (Chair – Jodie Lloyd-Jones in June & Cllr Liz Brighouse in September)
Report Date: 28th September 2021
Dates of meetings held since the last report: 9th June 2021 & 16th September 2021 – Virtual meeting due to COVID-19 restrictions
HWB Priorities addressed in this report – A Healthy Start in Life
Link to any published notes or reports: Children & Young People's Plan 2018 - 2023
Priorities for 2021-22
Be Successful 1. Have the best start in life. 2. Access high quality education, employment and training that is motivational. 3. Go to school and feel inspired to stay and learn. 4. Have good self-esteem and faith in themselves. **Priority focus for 2021/22: Focus on children not engaged in education**
Be Happy and Healthy 5. Be confident that services are available to promote good health and prevent ill health – early in life and before crisis. 6. Learn the importance of healthy, secure relationships and having a support network. 7. Access services to improve overall well-being. 8. Access easy ways to get active. **Priority focus for 2021/22: Focus on social, emotional, physical & mental well-being**
Be Safe 9. Be protected from all types of abuse and neglect. 10. Have a place to feel safe and a sense of belonging. 11. Access education and support about how to stay safe. 12. Have access to appropriate housing. **Priority focus for 2021/22: Focus on domestic abuse**
Be Supported 1. Be empowered to know who to speak to when in need of support and know that they will be listened to and believed. 2. Access information in a way which suits them best. 3. Have inspiring role models. Talk to staff who are experienced and caring. **Priority focus for 2021/22**

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

Priority	Be Successful
Focus	Children not engaged in education
Deliverable	See updated Children and Young People Plan for list of deliverables
Progress report	Reviewed in Sep 2021 meeting

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

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

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

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

The data and information below are for Performance Report Quarter 1 2021/22. Performance remains affected by Covid with no educational results last academic year.

<u>Be successful</u>

In May the DfE published figures on school absence (Sept – Dec 2020) which showed that overall and persistent absence rates in Oxfordshire were lower (better) than the national rates for all types of school - primary, secondary, and special schools.

<u>Be healthy</u>

CAMHS waiting times are now reported, but in line with other areas using the mean and median wait. The mean wait is 126 days and the median 99 days. Both have improved in the last 12 months.

Levels of hospital activity have increased with considerably more A&E attendances for self-harm (92 in April compared with an average of 52 in the last couple of years) and hospital admission rates for self-harm 15-19 years olds being 53% higher in April than the previous 2 years.
677 early help assessments were completed in the last quarter, better than the target of 500
The Joint Strategic Needs Assessment identifies just over 14,000 children in Oxfordshire living in poverty if we exclude housing costs, and just under 28,000 children if we include housing costs.
Be Safe
In the last quarter MASH enquiries were 31% higher than the same period last year – this is being mitigated through additional temporary staff. Timeliness of dealing with MASH enquiries is both better than last year and the target.
The number of children open to social care, on a child protection plan and cared for have risen. This is driven more by fewer children leaving the social care systems than front door demand.

Indicator Number	RAG	What is being done to improve performance?
1.3a Mean and Median wait for Core CAMHS (days)	N/A	CAMHS waiting times are now reported, but in line with other areas using the mean and median wait. The mean wait is 126 days and the median 99 days. Both have improved in the last 12 months
1.11 Reduce the persistent absence of children subject to a Child Protection Plan	N/A	Data available annually only. This is for 2018/19 academic year
1.1 Reduce the number of children we care for to 750 by March 2021	A	Rise in the year as fewer children left the cared for system

3. Summary of other items discussed by the board

- Changes in Administration

Kevin Gordon confirmed the departure of former Cllr Harrod and thanked him for his excellent job as Chair of the Children's Trust Board and long-standing services to the children of Oxfordshire.
Welcome to the following councillors as members of the Children's Trust Board:
- Cllr Liz Brighouse, Oxfordshire County Council, Deputy Leader of the Council and Cabinet Member for Children, Education and Young People's Services and new Chair for the Board
- Councillor Merylin Davies, West Oxfordshire District Council, Cabinet Member for Housing and Communities.
- Councillor Shaista Aziz, Oxford City Council, Cabinet Member for Inclusive Communities.
- Councillor Mark Lygo, Oxfordshire County Council, Cabinet Member for Public Health & Equality

- Children and Young People's Plan (CYPP) 2018-2023 – Recovery Plan 2020/21 – Area of Focus Be Safe – Report on Domestic Abuse

Link provided below for the report that was circulated after the June meeting.

Update on the new Domestic Abuse Act 2021

The Domestic Abuse needs assessment, strategy and delivery plan are being refreshed across the partnership with final proposals to be presented by August. Lead responsibility for domestic abuse has moved to Public Health at Oxfordshire County Council which is very positive in terms of focusing more on preventative work.
Referrals for domestic abuse to the police and at front door of Children's Social Care have increased. The challenge is for the partnership to scale up to meet the level of the demand and provide an effective intervention that includes a greater emphasis on working with perpetrators.

- Be Supported 20/21 Report

Adrian Chant from the Engagement & Consultation Team in the County Council went through the main findings of the report (link to full report below):

2021 'Be Supported' Questionnaire Engagement Report

- Most of the feedback gathered in 2021 was positive, about how supported children and young people feel by the services they use in Oxfordshire.
- Overall figures from 2021 indicate children and young people are feeling more supported than in 2020.
- There were clearly areas which they felt services could be improved.
- They clearly value positive and established relationships with their workers and support staff, but often feel unsupported when these relationships break down, stop, or are felt to be non-existent.
- It is also important to keep listening to what children and young people tell us to ensure all services and workers across the county can support them as effectively as possible.

He highlighted the following recommendations from the survey which was open for 6 weeks (end of March 2021 to early May 2021):

- That this report will be used by the Children's Trust Board to influence their approach and ways forward for the current Oxfordshire Children and Young People's Plan (until 2023), in relation to the 'Be Supported' Area of Focus.
- The key messages identified can also be used as a benchmark, to compare to any feedback gathered in future years, around how supported children and young people feel by the services they access and use in Oxfordshire.
- Children and young people clearly value positive and established relationships with their workers and support staff, and often feel unsupported when these relationships break down, stop, or are felt to be non-existent. Based on this, it is recommended that the message around how important good relationships are, between workers and the children and young people they support, is reinforced.

Generally, it is positive that four of the overall percentages have increased since last year but going forward more must be done to ensure the voices of children and young people are being listened to with meaningful actions carried out.

A wider summary of survey report findings from children and young people (link provided below) has been passed to the relevant strategic groups for domestic abuse, learner engagement and social and emotional well-being. This includes The Big Ask Report which has just recently been published.

Children and young people surveys 2020/21 (oxfordshire.gov.uk)

- CYPP Recovery Plan Year 3: Progress Report 20/21 & CYPP Plan for Year 4 - 21/22

The leads for each priority updated the progress over the past year and agreed the plan for the coming year. Comments and feedback welcomed from all members before both plans published on the Oxfordshire County Council public page (links provided below):

Children & Young People's Plan Year 3 COVID-19 Recovery Progress Plan 2020-21

Children & Young People's Plan Year 4 COVID-19 Recovery Priorities Plan 2021-22

- Children and Young People's Plan (CYPP) 2018-2023 – Area of Focus – Be Successful – Children who are not engaged in Education

Hayley Good reported on children not engaged in education (link to report below). The numbers of children being permanently excluded from school has fallen significantly over the last 12 months, unsurprisingly, because many of them were not in school over the lockdown periods. The number of children missing education has also dropped over the last 12 months. Our attendance figures have improved, and we are above national measures across the board. Overall, our attendance compared to national and statistical and regional neighbours is good and a lot stronger than it has been in previous years. The one area, however, that is a concern is the significant increase in the number of children and young people electively home educated and the bar chart shows this in the report. Additional resources have been identified to mediate return to school where appropriate.

Education Report for CTB

- SEND (Special Education Needs & Disabilities) Update

Catherine Clarke provided a presentation on the Vision and Direction for SEND Services for the academic year (link below).

SEND Vision and Future

It covers the four key areas: National Context, SEND Service Strategic Plan 2021-22, SEND Reform Update and SEND Consultation Themes. SEND review has been delayed again, originally was to be launched in 2019. New SEND Inspection Framework was due for consultation in the autumn term but that it also delayed and yet to be confirmed. Basically, the system that we have currently is not working for many of the children, young people, and their families in Oxfordshire. So, we are asking for full support on the

consultation from as many people as possible to gain as wide a view people's perception and how we can take this forward most constructively.

- Feedback from Oxfordshire Safeguarding Children Board (OSCB) on emerging issues

A comprehensive risk register was introduced earlier in COVID-19 that is now being managed as business as usual. A new dashboard, which is focusing on demand and capacity is being developed.
There is a tremendous amount of work going on around the Jacob Review, which came out earlier this year. Communication will be going out to the wider partnership, reassuring colleagues that work is still ongoing and that there are conversations around placement, sufficiency, local solutions and what the national solution might be. There was an initial meeting of various partnership bodies across Oxfordshire to identify overlaps and gaps in relation to the Jacob Review, and this showed signs of promise with ongoing work in further meetings.
The OSCB annual conference, Big Day of Learning, was held online in June and a success with tremendous amount of work from lots of colleagues and we will look to do this again.
The OSCB annual report outlines the key priorities of safeguarding, practice, improvement, neglect, child exploitation and keeping children safe in education. The report also includes feedback from practitioners in relation to working during the pandemic.
The key messages from the OSCB Annual Report for the Children's Trust to hear for this coming year are:

1. Oxfordshire needs traction on changing practice. The whole system must work together to effect change, which means each organisation must take responsibility for embedding change and learning. We are doing a lot of things to improve how we work together but the challenge is making it sustainable.

2. The Jacob CSPR shows that we need to improve how we work together across our whole partnership. This includes community safety, children's safeguarding, education and health. We need to bring strategic leadership and direction to this work to make it easier to keep children safe from harm outside the home.

3. Post-pandemic interventions will need to be at scale and volume. Pace and purpose is needed to deal with the emerging issues such as increased safeguarding referrals, visibility of children through school attendance, increased referrals for mental health and domestic abuse concerns.

4. Education settings are key partners. Whilst they are not named as senior safeguarding partners in the guidance 'Working Together 2018', we are clear in Oxfordshire that our education colleagues are central to keeping children safe. They must be part of our conversations and actions for us to work better together.

In addition, a Neglect Challenge Event is being held on September 21 and there is an ongoing piece of work around disproportionality in the CSC system and a proposal is to be taken to the OSCB full board in December.

- Update on Early Intervention Development

At the June meeting, Kevin Gordon provided a verbal update on the Early Help Strategy using a diagram to illustrate the plans (link below):

Early Help Strategy Diagram

Best practice will be established to identify the design approach for Oxfordshire and ensure that there is a common language to describe children's needs and outcomes. It involves information sharing and agreeing how success is measured, evaluation criteria and performance frameworks.

At the September meeting Kevin introduced Maria Godfrey as the new strategic lead for Early Intervention to develop the new approach on a multi-agency basis over the next year.

- Feedback on governance issues

The Health & Well Being Board have agreed the Children's Trust Board focus for the next few years. This gives us an opportunity to focus well on a few key issues at the Children's Trust. The link to the priorities document is provided below and there are 3 key initiatives:

- Early Help and Early Intervention SEND offer
- Children's Emotional Mental Health & Wellbeing
- 0-5s Reform

HWB Priorities

- Forward plan for next meeting

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

- Children & Young People's Plan Focus Area – Be Healthy: Social, Emotional, Physical & Mental Well-Being
- LGBTQ+ Report

This page is intentionally left blank

Report to the Health and Wellbeing Board, 7 October 2021

Report from	Health Improvement Partnership Board
Report Date	7 October 2021
Dates of meetings held since the last report:	9 September 2021
HWB Priorities addressed in this report	☐ A coordinated approach to prevention and healthy place-shaping. ☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). ☐ An approach to working with the public so as to re-shape and transform services locality by locality. ✓ A Healthy Start in Life ✓ Living Well ✓ Ageing Well ✓ Tackling Wider Issues that determine health
Link to any published notes or reports:	Papers for the September 2021 meetings were published and can be found here: [Agenda for Health Improvement Partnership Board on Thursday 9 September, 2.00 pm (oxfordshire.gov.uk)]
Priorities for 2021-22	In the light of the Coronavirus Pandemic the Board undertook a review of its key priorities within its overarching objectives to promote prevention and address inequalities. It was agreed that its focus for 2021/22 will be: • Obesity • Smoking • Mental Well-being. These priorities are all supported by recent strategies endorsed by the Board and will have significant impact on inequalities.

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

A. Delivering a Smokefree Oxfordshire by 2025

Priority	A coordinated approach to prevention
Aim or Focus	The priorities for tobacco control in Oxfordshire in 2021/22 and its ambition to be smoke free by 2025 were presented to the Board.
Deliverable	The Strategy's ambition is for Oxfordshire to be smokefree by 2025 (defined as less than 5% of the adult population smoking). County and District Councils across Oxfordshire have signed up to this ambition, along with Oxford Health NHS Foundation Trust, Oxfordshire University Hospital NHS Foundation Trust and Oxfordshire Clinical Commissioning Group.
Progress report	A 2021/22 tobacco control Action Plan for County and District Councils, and for Oxfordshire's NHS Organisations was received by the board and endorsed. It includes activity aligned to the Oxfordshire Tobacco Control Strategy 2020-25 that was previously presented to the board. It is aimed at preventing people from starting to use tobacco, creating smokefree environments and supporting smokers to quit. This is alongside ongoing Oxfordshire County Council work ensuring local regulation/enforcement of tobacco including targeting the illegal sale of illicit tobacco and the sale of tobacco / electronic cigarettes to those under the age of 18 years.

B. Mental Health and Mental Wellbeing: Mental Wellbeing Needs Assessment

Priority	A coordinated approach to prevention
Aim or Focus	The Board was presented with the findings and recommendations of a recent mental wellbeing Health Needs Assessment.
Deliverable	The Health Needs Assessment will provide valuable data and insight into the development of mental health strategies and action plans, such as; promoting children and young people's mental wellbeing, Oxfordshire's suicide and self-harm prevention strategy and the prevention concordat (See below) The board agreed that the performance dashboard reviewed each meeting should be updated to include more measures of mental wellbeing so that progress in this area can be closely monitored and actions adjusted accordingly
Progress report	The Health Needs Assessment is to be presented at the next Health and Wellbeing Board (7th October 2021) to review recommendations

	and consider how partners progress the necessary work in line with Oxfordshire's health and wellbeing strategy. It was noted that the Health Improvement Board (HIB) signed up to the Public Health England (PHE) Prevention Concordat for Better Mental Health in May 2019. This aims to galvanise local cross-sector action and increase public mental health approaches to support the prevention of mental health problems and the promotion of good mental health and wellbeing across the whole system. An update on progress of this work was provided at the last HIB meeting

C. Domestic Abuse Strategy

Priority	A coordinated approach to prevention
Aim or Focus	The Domestic Abuse Act 2021 was introduced in April this year and requires a needs assessment and strategic review to be conducted by each tier one local authority area. This paper summarises the actions being taken in Oxfordshire to meet the requirements of the Act.
Deliverable	They key deliverable targets of this work will be defined by the data included in the needs assessment and the subsequent strategy review. The progress toward completing these is listed below
Progress report	Strategic board- The Terms of Reference of the board have been updated to reflect the Domestic Abuse Act 2021. This resulted in additional members being added, including providers and the voice of lived experience. The frequency of the board has been increased to monthly to ensure sufficient oversight of the rapidly progressing work . Needs assessment and strategy review- a predefined report on the assessment of "need for support in safe accommodation" was submitted in August 2021 as requested by MHCLG. The strategic board agreed to undertake a needs assessment and strategy review with a wider remit than the stated requirement around Safe Accommodation. This work is currently being undertaken by an external Public Health agency, PHAST, and is supported by a local expert, to ensure the strategy reflects a good understanding the Oxfordshire system. An interim report of this work will be provided to the Domestic Abuse Strategic Board in September, and the final report will be provided in November 2021

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

Of the 21 indicators reported to the HIB: Five indicators are green, four indicators are amber, six indicators are red. The red ones are as follows:

- 2.16 Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
- 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population
- 2.18 Increase the level of flu immunisation for at risk groups under 65 years
- 2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
- 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
- 3.18 Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

The impact of COVID 19 and the lockdown earlier in the year is reflected in the indicators, particularly on the uptake of health screenings, NHS health checks among others face to face services which were affected. Some other of the data received by HIB had not changed since the prior meeting as the data is only collated 6 monthly or annually.

It was agreed by HIB that the performance report should be re-worked to focus the metrics on its 3 stated priorities;

Tobacco control
Promoting physical activity and healthy weight
Improving mental wellbeing

David Munday, September 2021