

Oxfordshire Health & Wellbeing Board – 13 July 2017

The Joint Health and Wellbeing Strategy Revised version, 2017-18

Recommendation

Members of the Health and Wellbeing Board are asked to

1. Comment on the content of the draft strategy, taking comments from the Health Overview and Scrutiny Committee into consideration.
2. To approve the outcome measures proposed in the draft strategy and monitor performance against those outcomes at each meeting in 2017-18.

1. Background

The Joint Health and Wellbeing Strategy (JHWBS) for Oxfordshire sets out 11 priorities for the Oxfordshire Health and Wellbeing Board (HWB). The publication of the JHWBS is a statutory requirement under the Health and Social Care Act (2012). Work to take forward the priorities is monitored through a set of outcome measures which are monitored at each meeting of the Board and the whole strategy is revised and refreshed annually.

The priorities set out in the Oxfordshire JHWBS are shared between the 3 partnership boards as set out below:

Children's Trust

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

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

Priority 3: Keeping all children and young people safe

Priority 4: Raising achievement for all children and young people

Joint Management Group (for Older People, Mental Health)

Priority 5: Working together to improve quality and value for money in the Health and Social Care System

Priority 6: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

Health Improvement Board

Priority 8: Preventing early death and improving quality of life in later years

Priority 9: Preventing chronic disease through tackling obesity

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

Priority 11: Preventing infectious disease through immunisation

2. The process of revising the Strategy

The JHWBS is designed as a live document, updated every year to reflect

- Strategic priorities across the health and social care system and including the wider determinants of health.
- Changing health needs, as outlined in the updated Joint Strategic Needs Assessment which was presented to the Health and Wellbeing Board in March 2017.
- Performance against outcome measures set for the previous year and monitored at every meeting of the HWB.
- Health Inequalities affecting particular communities or locations.

The annual revision of the strategy takes all these aims into consideration.

3. Consultation with the Health Overview and Scrutiny Committee (HOSC)

A discussion on the proposed outcome measures and latest performance figures took place at the HOSC meeting on June 22nd. The comments noted at HOSC are included below.

Overarching comments

- A graphical representation of the data and trends for these indicators could be helpful – to show how big the issue is and whether it's getting better or worse.
- Ensure the wording of targets makes it clear what is being measured.
- Need a way demonstrate whether performance is improving over time, to show that we are always moving forward – i.e. if we're always using last year's performance as a baseline.
- It was important for the Health & Wellbeing Board to do a regular 'deep dive' on a chosen target in order to ascertain where the issues lie.

Comments on each priority in turn were:

Priority 1

- CAMHS – the focus on lead times should continue.
- It would be useful to have some context alongside the data that is presented.
- The targets seem to be very low – should we be more ambitious?

Priority 2

- 2.3 – Attainment - HOSC requested feedback once the baseline had been agreed.
- 2.6 – out of county placements. The target should be reviewed and should be achievable – the numbers have been increasing steadily, rather than reducing as planned.
- Should we be monitoring the rate of care leavers to compare with the number of people entering care? – and monitor how they fare on leaving care? It seems important to tell the whole story.

Priority 3

- 3.3 and 3.4 – Children in need or on Child Protection Plans. HOSC asked why we would want to reduce the number of children subject to a Child Protection Plan or the number of social care referrals – should the focus

instead be on the nature of the circumstances behind the referral and on tackling the factors affecting this at a much earlier stage?

Priority 4

- 4.1 – Narrowing the gap in school attainment. HOSC members asked for national average when this is available to see how Oxfordshire compares. If there has been a reduction in the rating, then this needs to be made more clear.

Priority 5

- 5.6 – 18 week waits. The waiting time for treatment following a referral is very long – should we have a more ambitious target? It would be more valuable to look at the number of people where the 18 week deadline has been breached.

Priority 6

- 6.5 – People with mental illness in employment. This seems a very low target, but if we're doing better than the national average, should we display this on the table? Also need to be clear whether the percentage target represents the people in employment or the target rate of increase.

Priority 7

- How do the DTOC figures compare nationally?

Priority 8

- Clarified that OCC is responsible for reporting on 8.2 & 8.3 (NHS Health Checks) because Public Health commission this – perhaps this can be made explicit?

Priority 9

- 9.1 – Childhood obesity. Expand on which districts are good performers and which are below the target. Suggestion that HOSC should hear from district councils on the work of HIB.

Priority 10

- Clarified why the indicator for fuel poverty is still to be decided.

Priority 11

- 11.4 – Immunisation for Human Papilloma Virus. We should be able to see previous year's data, including first dose uptake, on HPV.