

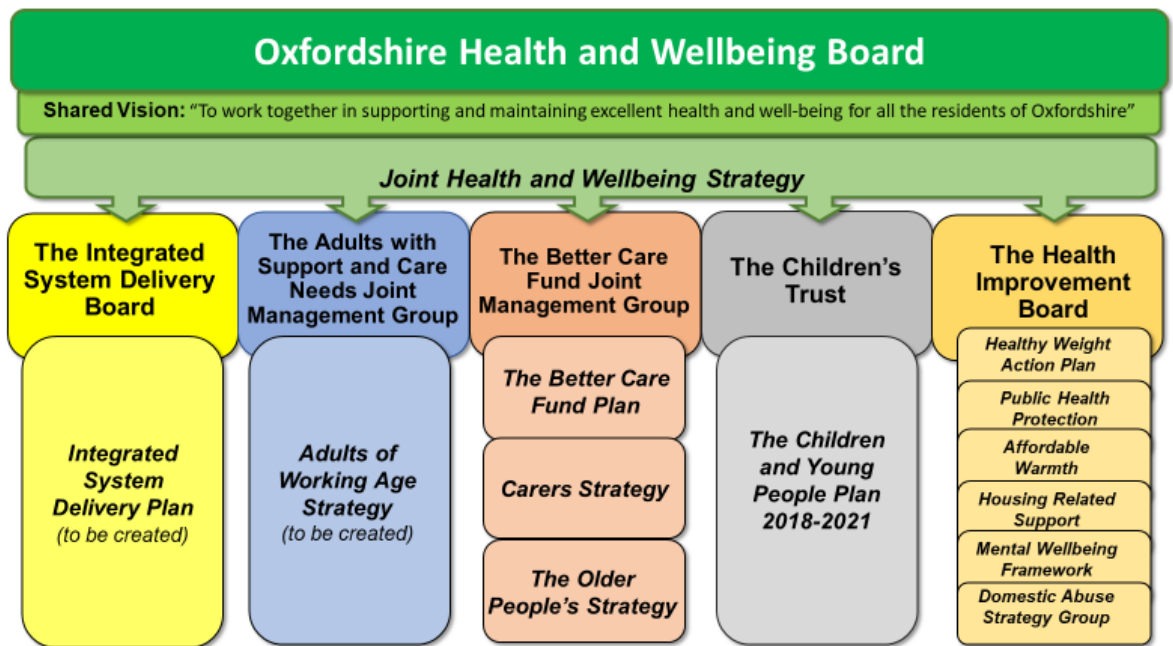
**OXFORDSHIRE JOINT HEALTH OVERVIRE AND SCRUTINY COMMITTEE  
25<sup>TH</sup> JUNE 2020**

**AN ANNUAL REPORT ON THE WORK OF THE OXFORDSHIRE HEALTH AND  
WELLBEING BOARD**

**Report of the Chairman of the Health & Wellbeing Board**

**Introduction**

1. Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1<sup>st</sup> April 2013 in all 152 local authorities with adult social care and public health responsibilities.
2. The Oxfordshire Health and Wellbeing Board was established in shadow form in November 2011, building on strong existing partnership work. It was constituted as a sub-committee of the County Council when it became a statutory board in April 2013.
3. This report gives information on the activity and development of the Oxfordshire Health and Wellbeing Board in 2019-20. During this year board met on the following dates;
  - 13<sup>th</sup> June 2019
  - 26<sup>th</sup> September 2019
  - 30<sup>th</sup> January 2020
  - 19<sup>th</sup> March 2020 (Cancelled due to COVID-19)
4. In addition, members of the Board met for 4 workshops. These were used to continue the development of working relationships and working together on the board activity.
5. All papers for public meeting are published a week in advance and can be found by searching for the appropriate date through this link  
<https://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CId=897&Year=0>
6. The structure of the HWB in Oxfordshire shows how the strategic priorities are delivered across the system and summarised below.



7. The membership of HWB is below:

Cllr Ian Hudspeth (Chair)	Leader, Oxfordshire County Council
Dr Kiren Collinson (Vice Chair)	Clinical Chair, Oxfordshire CCG
Ansaf Azhar	Director of Public Health
	Chief Executive Oxford Health NHS Foundation NHS Trust
Dr Nick Broughton	Director of Adult Social Care
Stephen Chandler	Cabinet Member for Children, OCC
Cllr Steve Harrod	Chief Executive Oxford University Hospitals Foundation NHS Trust
	Chair of Health Improvement Board.
Dr Bruno Holtof	Cherwell DC
Cllr Andrew McHugh	
Jane Portman	Interim Director of Childrens Services
	NHS England Director of
David Radbourne	Commissioning South Central
Tracey Rees	Chair Healthwatch Oxfordshire
	Chief Executive, County Council and District Council representative
Yvonne Rees	Cabinet Member for Adult Social Care and Public Health
Cllr Lawrie Stratford	Vice Chair of Health Improvement Board, Oxford City Council
Cllr Louise Upton	Interim Chief Executive OCCG
Fiona Wise	

8. Specific pieces of work that were carried out during the year are described more fully below:

### **Health and Care System Development**

9. The Health and Wellbeing Board is the key body for developing arrangements for integrated care in the county. The board has overseen the development and delivery of new systems of health and care in Oxfordshire.
  - An update on the Health and Care System Strategy Development was presented to the board on 13<sup>th</sup> June 2019 and can be found here:  
[https://mycouncil.oxfordshire.gov.uk/documents/s47365/HWB\\_JUN1319R03%20-%20Health%20Care%20System%20Strategy%20Development.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s47365/HWB_JUN1319R03%20-%20Health%20Care%20System%20Strategy%20Development.pdf)
  - The Integrated Care System Plan for Delivery of the NHS Long Term Plan for Buckinghamshire, Oxfordshire and West Berkshire Integrated Care System (BOB) was presented to the Board on 26<sup>th</sup> September 2019. The Board discussed the priorities for Oxfordshire. The report can be found here:  
[https://mycouncil.oxfordshire.gov.uk/documents/s48518/HWB\\_SEP2619R11%20-%20BOB%20Report%202019%20Final.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s48518/HWB_SEP2619R11%20-%20BOB%20Report%202019%20Final.pdf)

### **Development of Primary Care Networks in Oxfordshire**

10. The NHS England's Long Term Plan sets out an ambitious programme of change for primary care and community health services. The aims of the change in services are to address some of the key shifts in the health needs of our aging population. Practices are working more collaboratively with local health providers. The collaborative networks are being formalised through contract change to form groupings known as Primary Care Networks (PCNs). A report was presented to the Board on 13<sup>th</sup> June and the report can be found here:  
[https://mycouncil.oxfordshire.gov.uk/documents/s47355/HWB\\_JUN1319R04%20-%20Integration%20-%20Oxfordshires%20approach%20to%20Primary%20Care%20Networks.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s47355/HWB_JUN1319R04%20-%20Integration%20-%20Oxfordshires%20approach%20to%20Primary%20Care%20Networks.pdf)

### **Care Quality Commission (CQC) Action Plan**

11. During 2019-20 the HWB ensured delivery of the action plan which had been devised following the Care Quality Commission (CQC) whole system review in November 2017.
12. The board has overseen how the plan evolved over time with the ongoing tasks being allocated to suitable officers. The board oversaw the suitable governance to ensure that ongoing tasks were monitored to successful completion of the plan.
13. A final report of the delivery of the plan was presented to the Board on 30<sup>th</sup> January 2020 and can be found here:  
[https://mycouncil.oxfordshire.gov.uk/documents/s49662/HWB\\_JAN3020R12%20CQC%20Action%20Plan%20Final%20Report%20-%20HWB%2030.01.20.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s49662/HWB_JAN3020R12%20CQC%20Action%20Plan%20Final%20Report%20-%20HWB%2030.01.20.pdf)

### **Prevention Framework**

14. To facilitate the delivery of the Board's vision, a prevention framework has been developed. The structure of the framework covers wider determinants of health with the following aims;
  - Improve quality of life by creating and promoting health and wellbeing

- Reduce health inequalities
- Save our public services from the spiralling costs of treating avoidable illness and ongoing needs and improve the efficiency and wellbeing of the workforce.

15. Recognising that demand for health and care services are rising, with resultant pressures on local resources the framework defines a different way of working, shifting to a more proactive approach using the themes **PREVENT, REDUCE, DELAY.**

A report on the prevention framework was presented to the Board on 26<sup>th</sup> September 2019 and can be found here:

[https://mycouncil.oxfordshire.gov.uk/documents/s48508/HWB\\_SEP2619R02%20-%20Prevention%20Framework%20Report.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s48508/HWB_SEP2619R02%20-%20Prevention%20Framework%20Report.pdf)

### **Monitoring Progress**

16. The agenda for each HWB meeting in public includes several elements by which progress on delivering the strategic priorities is reported. These are

- The performance framework which includes outcome measures delivered by the sub-groups. These are set out in sections which reflect the Life Course approach. There are also process measures for some areas of work which are being developed and not yet able to set numerical targets. The performance report published for the last meeting in June 2019 is included in Annex 1. As there is little to report so far in 2020-21 (the report was compiled during Q1) it should be noted that it therefore includes information on progress at the end of 2019-20. This report is set out to show delivery by the HWB sub-groups.
- Reports from each sub-group at each HWB meeting. The reports detail links to priority work and it is expected that the sub-groups steer this work and therefore their reports enable the HWB to keep up to date on progress. The sub-groups give written reports on any performance indicators that are rated amber or red. This enable the HWB to receive more detail on areas of concern.
- Reports from Healthwatch are presented at each HWB meeting. This provides updates on the activity of Healthwatch Oxfordshire to the Board.

### **Recommendations to HOSC**

17. Members of the Health Overview and Scrutiny Committee are asked to note the content of this report and the systems in place to monitor progress in delivering the Joint Health and Wellbeing Strategy and improving health outcomes for our population.

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

	Measure	Target 2019/20	Update	Q1 Report		Q2 Report		Q3 Report		Q4 Report		Notes
				No.	RA G	No.	RA G	No.	RA G	No.	RA G	
A good start in life	1.1 Reduce the number of looked after children by 50 in 2019/20	750	Apr-20	794	R	780	R	782	A	786	A	
	1.2 Maintain the number of children who are the subject of a child protection plan	620	Apr-20	608	G	592	G	528	G	541	G	
	1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	75%	Dec-19	36%	R	26%	R	51%	R	51%	R	
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	1,500	Jan-20	923	A	1371	A	1571	G	1862	G	
	1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Oct-19	87		134		166		263	A	
	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	18/19 ac yr	nya		nya		65%	A			65% at KS2 in line with national average
	1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	43%	18/19 ac yr	nya		nya		46%	G			
	1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 1: 19/20	nya		13.90%		15.7%	R	15.9%	R	The education service is actively providing support

1.9 Reduce the number of permanent exclusions	tbc	Jan-20	nya		55		49	R	70	R	and challenge to schools. The Engagement Board has focused on persistent absence through the introduction of a behaviour and attendance helpline for schools and are working in partnership with CAMHS on their Oxford City pilot. We are re-commissioning alternative provision to reflect the needs of children/young people, parents and schools locally.
1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	tbc	18/19 ac yr	KS2 20% 17/18 ac yr  KS4 NYA	A	KS2 20% 17/18 ac yr  KS4 28.0 17/18 ac yr	R	KS2 22% 18/19 ac yr  KS4 29.3 18/19 ac yr	R	KS2 22% 18/19 ac yr  KS4 -0.56	R	KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 18/19 academic year • Oxon =22% (20% 17/18), • National (24% 17/18). Oxon is below national average

											Key stage 4: Progress 8 gap is -0.56 compared to -0.43 nationally
1.11 Reduce the persistent absence of children subject to a Child Protection plan	tbc	Q3 2018/ 19	32.8	R	36.2	R	36.2	R	35.9	R	Fallen from 36.2% but still higher than the national average 33.4%
1.12 Reduce the level of smoking in pregnancy	7%	Q3 2019/ 20	6.7%	G	7.7%	A	8.3%	R	7.7%	A	
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q3 2019/ 20	92.8 %	A	94.6%	A	93.4%	A	94.7%	A	
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q3 2019/ 20	89.4 %	R	91.7%	A	91.5%	A	92.4%	A	
1.15 Maintain the levels of children obese in reception class	7%	2018/ 19	n/a				7.60%	G	7.60%	A	Cherwell 7.9%; Oxford 9.0% South Oxfordshire 7.3%; Vale of White Horse 7.0%; West Oxfordshire 6.3%. No significant change for any district.
1.16 Reduce the levels of children obese in year 6	16%	2018/ 19	n/a				15.70%	G	15.70%	G	Cherwell 17.8%; Oxford 16.4% South Oxfordshire 13.0%; Vale of White Horse 15.7%; West

											Oxfordshire 15.2%. No significant change for any district.	
<b>Surveillance measures</b>												
Monitor the number of child victims of crime	Monitor only	Q4 2019/20	2238		3021		3236		3356		11.4% increase in the last 12 months	
Monitor the number of children missing from home	Monitor only	Q4 2019/20	2131		2173		2179		2036		Within 0.5% of last year	
Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q4 2019/20	6207		6120		6183		6332		Within 0.5% of last year	
Living Well	2.1 Number of people waiting a total time of less than 4 hours in A&E	tbc	Nov-19	87%	R	86%	R	80.6% (84.3% yr to date)	R	80%	R	November 2019 saw OUHFT A&E fail to reach the 95% national and 90.5% NHSI agreed performance trajectory targets, achieving 80.6%. This shows a further deterioration from Month 7 and across the last 4 months.
	2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Apr-20	92%	G	92%	G	92%	G	92%	G	Apr 2020; 92 % of health & social care providers in Oxfordshire are good or outstanding compared with 86% nationally



2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	Jan-20	20%		18%	R	23% (20% yr to date)	R	19% (Jan) 19% (ytd)	R	This is a nationally set target.
2.4 The proportion of people who complete psychological treatment who are moving to recovery.	50%	Jan-20	51%	G	47%	R	49% (50% yr to date)	R	52% (Jan) 51% (ytd)	G	
2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment	95%	Jan-20	100%	G	99%	G	100% (99% yr to date)	G	99% (Jan) 99% (ytd)	G	
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Jan-20	99%	G	98%	G	99% (98% yr to date)	G	98% (Jan) 98% (ytd)	G	
2.7 The proportion of people on General Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.	60%	Dec-19	nya		29%		29%		29%		Figure is YTD (Dec as reported in April 2020) Not rag rated until end of Full Year
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Dec-19	87% JR; 72% HGH	R	77%	R	80% JR; 87% HGH	R	93% JR; 97% HGH	A	EDPS performance has significantly improved in December. We have been successful in getting NHSE winter funding, and transformation funding into 2020/21, to address the issue of reduced

											overnight cover, and recruitment has taken place which has seen an improved performance. Implementation plans are in place, as a result of the transformation investment reported on in Oct, to provide the Crisis Resolution & Home Treatment Team (initially in the City), an additional Safe Haven in Banbury has now opened , and a High Intensity User Service based in OUH ED has been recruited to and will become live by the end of March.
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Dec-19	96%	G	98%	G	97%	G	94.5%	R	
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	56%	Dec-19	89%	G	89%	G	71% Sep (74% Yr to date)	G	83%	G	

2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Dec-19	41% (Dec 18)	R	32% (Mar 19)	R	13%		17%		Figure is YTD (Dec as reported in April 2020) Not rag rated until end of Full Year.
2.12 The number of people with severe mental illness in employment	18%	Dec-19	18%	G	22%	G	22%	G	22%	G	
2.13 The number of people with severe mental illness in settled accommodation	80%	Dec-19	96%	G	96%	G	97%	G	97%	G	
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	10	Mar-20	nya		6	G	6	G	6	G	
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Mar-20	181	A	179	A	175	A	175	A	
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	n/a		19.1%		20.30%	R	17.8%	A	Cherwell 19.6%; Oxford 14.1%; South Oxfordshire 18.9%; Vale of White Horse 14.8%; West Oxfordshire 23.1%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,337 per 100,000*	Q2 2019/20	2,929	G	2,929	G	3,317	A	3,317	A	
2.18 Increase the level of flu immunisation for at risk groups under 65 years	55%	Sept 19 to Dec 19	51.4%	A	51.4%	A	44.8%	A	44.8%	A	
2.19 % of the eligible population aged 40-74 years invited for an	97%	Q3 2019/	94.9%	G	84.4%	G	95.7%	G	95.7%	G	Localities in Oxfordshire CCG

	NHS Health Check (Q1 2015/16 to Q4 2019/20)		20									are all meeting targets
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49%	Q3 2019/20	47.1%	G	42.0%	G	47.1%	G	47.1%	G	Localities in Oxfordshire CCG are all meeting targets
	2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q2 2019/20			67.8%	A	68.3%	R	68.3%	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%	Q2 2019/20			76.3%	A	76.6%	A	77.7%	A	
Ageing Well <sup>1</sup>	3.1 Increase the number of people supported to leave hospital via reablement in the year	2000	Jan-20	123	A	112	R	113	R	113	R	On average this year 98 people started reablement from hospital with HART; 15 from Oxford health. It would equate to 1354 for the year. (Data for OH not reported in March)
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	8920	Mar-20	8842	A	8313	R	8459	A	8411	A	6% below contract levels. (Data for OH not reported in March)
	3.3 Increase the number of hours of reablement provided per month	5750	Mar-20	5944	G	5402	A	5187	A	5048	R	12% below contract levels. (Data for OH not reported in March)

3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Mar-20	21%	G	21%	G	20%	G	23%	G	
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-20	70.9	G	70.9	G	70.9	G	70.9	G	National social care user survey February 2019
3.6 Maintain the number of home care hours purchased per week	21,779	Feb-19	21,327	A	20,876	A	20,631	A	21,433	A	The number of home care hours increased substantially till 2 years ago. It has now stabilised despite increased need, due to workforce capacity
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Mar-20	19,677	G	23,559	G	23,336	G	22,642	G	
3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Feb-20	13	G	13	G	14	G	14	G	Year to date to Nov
3.9 Reduce the average number of people who are delayed in hospital <sup>2</sup>	TBC	Feb-20	95	A	121	R	105	R	94	R	National publications suspended in March. Latest national figure (end of Feb) 94. Local figures for March 40

3.10 Reduce the average number of people delayed when discharged from hospital to care homes	average of 6 at yr end	Feb-20	6.1	G	4.4	G	7.5	A	4.4	G	National publications suspended in March. Latest national figure (end of Feb) 4.4. Target 54 at the end of March. Local figures for March 40 = 6
3.11 Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes	< 2.48	Feb-20	2	G	2.19	G	2.11	G	2.11	G	
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	14	Nov-19	11.5	G	12.5	G	13	G	31.1	G	
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	Mar-20	73.7	R	73.7	R	73.7	R	73.7	R	This measure is a national measure of people leaving hospital with reablement between October and December and whether they are at home 91 days later. A lower figure could imply that cases picked up are more complicated.

3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2018	1.7	A	1.7	A	1.7	A	1.7	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. The latest national figure (2017) is 2.9%The measure is used to monitor the CQC action plan
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Oct - Dec 2018	68.1 %	G	67.8%	G	67.5%	R	66.1%	R	
3.16 Maintain the level of flu immunisations for the over 65s	75%	Sept 19 to Dec 19	76.3 %	G	76.3%	G	74.8%	A	75.7%	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 2019/ 20	59.5 %	A	58.7%	G	63.5%	G	70.1%	G	FIT testing replaced FOBt testing in programme in June. The simpler test kit is likely to improve uptake nationally; preliminary local data is reflecting this (PHE)

	3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q2 2019/20	73.9%	A	73.5%	G	77.5%	A	69.6%	A	Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8% (Source: PHE Productive Healthy Ageing Profile 2018/19 year data)
Tackling Wider Issues that determine health <sup>2</sup>	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	>208	Q1 2019/20	n/a		141	G	153	G	153	G	
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	<75%	Q2 2019/20	n/a		89.1%	G	87.9%	G	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	>90		n/a		119	R					
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Monitor only	Q1 2019/20	n/a		307		373		373		
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	Monitor only	Q1 2019/20	n/a		162		149		149		
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q1 2019/20	n/a		15		13		13		



