

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
23 September 2021

**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 1st 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;
 - 18 June 2020
 - 1 October 2020
 - 17 December 2020
 - 18 March 2021
4. In addition, members of the Board met for a workshop with members of the Growth Board to identify areas of common interest and future joint working.
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 in 2020 was as shown below:

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

James Kent

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

Covid-19 Update: restart, recover, renew

9. This year has been an extremely challenging and an unprecedented year dominated by response to the COVID-19 pandemic. Looking forward, recovery from COVID-19 will be a very important agenda that will intertwined with the strategies for tackling some of our key local health and wellbeing challenges. Therefore COVID-19 Recovery will be a key priority for the board.
- The Council's COVID-19 Recovery Strategy: *Re-start, Re-cover, Re-new* was published in June 2020. It set out the approach the Council was taking to recovery planning whilst simultaneously preparing for the potential for further increases in infection rates and the subsequent implementation of lock-down measures. The strategy set out a three-phase approach for:
 - i. The immediate horizon – the route out of lockdown measures;
 - ii. The transitional horizon – the ongoing work on business continuity planning, risk management and mitigation to prepare for future peaks; and
 - iii. The post-COVID horizon – planning for the long-term future in a post COVID society and economy.
 - This three-phase approach remains in place. Having returned to lock-down restrictions, we are now exiting the “immediate horizon” phase with the completion of the national roadmap steps and the delivery of council and system-wide roadmap planning. As we enter the transitional phase, we can be more optimistic that further peaks of infection will have a less significant impact on public health and day-to-day life, allowing us to look again at long term recovery implications.
 - For the transitional horizon, significant dedicated COVID-19 infrastructure will remain in place to both reduce the risks associated with future waves and ensure the capacity is in place to adapt and respond, should they occur. This transitional capacity will include:
 - Surveillance, outbreak management and infection control;
 - Targeted local testing and outreach for at-risk groups;
 - Revised local contact tracing and the self-isolation programme;

- Support for the vaccination programme including targeted outreach to hard to reach groups and the most vulnerable;
- Support for community settings including schools, early years, care homes and supported housing;
- Communications and community engagement.

Health and Care System Development

10. 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. The board will consider health and care transformation as outlined by the national white paper and the BOB ICS development. The board will consider the implication of this at the Oxfordshire place level.

Health Inequalities

11. Reduction of health inequalities is a key priority for the Board. In 2020 it highlighted the importance of this priority and its focus on addressing health inequalities associated with cardiovascular disease.
- The Director for Public Health's Annual Report was presented to the Board at the June meeting. Although it traditionally contains an overview of public health in the county, in 2020 the spotlight was put on one area – inequality in health. The health statistics for Oxfordshire as a whole are good but they hide pockets of inequality. The county has 10 wards which are among the 20% most deprived in the country; the gap in life expectancy can be up to 15 years. Demand for health services is not universal across the county. This report was designed to start a conversation on how to focus on disadvantaged communities in the County. Covid-19 has highlighted the disparities and prevention will be massively important in the aftermath of Covid. Healthy behaviour needs to become the norm and it needs to be everyone's business.
 - The vice chair of the Board Dr Kiren Collison presented a report at the October meeting, describing the proposed targeted approach to inequality, given the finite resources across the health and care system. The Board had looked at the top 10 causes of premature death and illness in Oxfordshire and cardiovascular disease (CVD) was one of the main causes, with a higher incidence in areas of deprivation. It was not just a medical issue – a whole system approach was needed. It could be tackled 'upstream' through healthy place shaping, diet, exercising and reducing smoking. It was agreed that this was a shared goal for all Board members and different services could input their own expertise. It presented another opportunity for partnership working across the system from healthy place shaping right through to managing blood pressure which could give some

quick wins. The strength of this new approach was in aligning the various organisations and services towards one goal. The Chairman noted that Public Health funding had been cut by £700m since 2013 and if that funding could be restored, it would make such a big difference.

Prevention

12. The upstream opportunities to improve health and wellbeing and prevent disease were highlighted in a report to the December meeting which presented the Strategic Vision for Sustainable Growth, developed by Oxfordshire's Growth Board. The Director for the Growth Board emphasised that the Strategic Vision was central to the development of the Oxford Cambridge Arc and the Oxfordshire Plan for 2050 and aimed to set out the shared ambitions of local councils and key organisations including those in the health and care system. The Vision focusses on social, economic and environmental well-being and prioritises climate change. It is centred on people's well-being, with Oxfordshire a place where current and future generations thrive. It was noted that members of Oxfordshire's health and care system are central to delivering this Vision as these objectives will only be achieved by working together based on shared strategic priorities and by embracing innovation to develop solutions. Members of the Health & Wellbeing Board were invited to consider and provide feedback on the objectives, principles and outcomes of the Strategic Vision.

Safeguarding

13. Two reports were presented to the Board which provided an update on safeguarding activity in Oxfordshire:
 - The Oxfordshire Safeguarding Adults Board drew on data for the period 2019-20, highlighting the cases raised to the Board during the year and the perceived challenges for the year 2020-21. The [report](#) outlines how the Safeguarding Adults Board works, the outcomes of the Annual Safeguarding Self-assessment, the deaths of adults with learning disabilities, the safeguarding training offered by the Board, and the statistics around the abuse and neglect reported within Oxfordshire. Partners identified three key concerns that impact on safeguarding: the support for people who do not meet the nationally defined threshold for social care support; the information sharing, working agreements & communication between organisations; and the increased complexity and demand on services. Partners identified housing and homelessness as an issue across both Adult and Children's Safeguarding and agreed to make this a joint priority in 2020-21
 - The Oxfordshire Safeguarding Children Board Annual Report set out the challenges of the ongoing demand on the system with neglect being a key

feature; the need to keep children safe in full-time education and the contextual safeguarding risks that exist for children outside of their home environment. The report acknowledged that, as 'system issues', they will need 'system leaders' e.g. political leaders, headteachers, senior managers to bring a collective focus on them to deliver change. The report also highlighted a number of examples of good practice including the increase in support to families at an early stage; the multi-agency practice guides following case review and audits; the escalation of safeguarding issues to board level and the safeguarding training of approximately 10,000 local practitioners.

Monitoring Progress

14. 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. The performance report published for the last meeting in March 2021 is included in Annex 1. 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, providing valuable insight into the patient experience of services in Oxfordshire.

Recommendations to HOSC

15. 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: 2020/21
June 2021 Performance report**

A good start in life

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
1.1 Reduce the number of looked after children to 750 by March 2021	750	Q4 2020/21	762	A	788	A	771	A	776	A	The number is higher than last year (767) & tgt (750) as fewer people left the cared for system with backlogs in family courts.
1.2 Maintain the number of children who are the subject of a child protection plan	550	Q4 2020/21	504	G	539	G	525	G	475	G	
1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	75%	Feb-20	35%	R	35%	R	35%	R	35%	R	Local and national reporting suspended in March 2020 to allow greater focus on managing Covid.
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	Q4 2020/21	35	G	89	G	160	G	242	G	
1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	43%	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 2: 20/21	15.9 %		15.9 %		17.4 %		n/a		With schools not open for parts of the year persistent absence is not a relevant measure
1.9 Reduce the number of permanent exclusions	66	Term 2: 20/21	66		66		7		7		Data affected by pandemic & lockdown. Significant drop in permanent exclusions following work between the Exclusion & Reintegration team and schools to prevent exclusions.

1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	tbc	19/20 ac yr	n/a		n/a		n/a		n/a		Test results not available for 19/20
1.11 Reduce the persistent absence of children subject to a Child Protection plan	tbc	Q3 2018/19	n/a		n/a		n/a		n/a		Data available annually only. This is for 2018/19 accademic year. Figure not expected for 19/20 due to lockdown
1.12 Reduce the level of smoking in pregnancy	7%	Q3 2020/21	7.1%	A	7.5%	R	6.9%	A	6.7%	G	Oxfordshire CCG level, Year to date
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q3 2020/21	93.1%	A	95%	G	94.0%	A	93.5%	A	
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q3 2020/21	92.5%	A	92.5%	R	91.5%	A	92.9%	A	
1.15 Reduce the levels of children obese in reception class	7%	2019/20	7.6%	G	6.7%	A	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	15.7%	G	16.2%	A	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%
1.4 The number of early help assessments to 1,500 during 2019/2020	Monitor only	Q4 2020/21	222		569		1177		1794		Target removed because of the impact of lockdown. Last six months 1138 EHA 11% higher than the last six months of 19/20 (1023). Aim once schools are fully functioning would be 2000 a year
1.17 Monitor the number of child victims of crime	Monitor only	Q4 2020/21	651		1503		2278		2692		11% reduction compared with last year
1.18 Monitor the number of children missing from home	Monitor only	Q4 2020/21	292		639		966		1261		38% reduction compared with last year
1.19 Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q4 2020/21	1669		3409		5002		6619		4% increase compared with last year

Living well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Q4 2020/21	92%	G	96%	G	95%	G	93%	G	Routine inspection on hold, inspecting only where a concern is raised
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	Feb-21	12%	R	21.7 %	A	21.7 %	A	19%	R	This is a nationally set target. 22% for Feb (latest figure). 19% for year to date. Figures affected by Covid; national figure is reported on last quarter
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Q1 2020/21	98%	G	98%	G	98%	G	98%	G	
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Jul-20	98% (JR) 100% (OR H)	G	85% (JR) 88% (OR H)	R	85% (JR) 88% (OR H)	R	85% (JR) 88% (OR H)	R	Figure for July
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Dec-19	96%	G	96%	G	96%	G	96%	G	Reporting currently on hold due to Covid
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	83%	G	83%	G	83%	G	83%	G	Reporting currently on hold due to Covid
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%	Q4 2020/21	17%		13%		13%		57%	R	Figure not rated till the end of the year

2.12 The number of people with severe mental illness in employment	18%	Nov-20	22%	G	18%	G	19%	G	19%	G	Reporting currently on hold due to Covid
2.13 Number of new permanent care home admissions for people aged 18-64	< 39	Q4 2020/21			12	G	13	G	17	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	0	G	8	A	5	G	5	G	
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Q4 2020/21	165	G	164	G	161	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-20	17.8 %	A	17.7 %	A	17.7 %	A	21.3 %	R	Cherwell 24.7%; Oxford 13.4%; South Oxfordshire 15.0%; Vale of White Horse 16.5%; West Oxfordshire 19.5%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,337 per 100,000*	Q4 2020/21	3,562	G	1839	R	2423	R	2774	R	
2.18 Increase the level of flu immunisation for at risk groups under 65 years	75%	Sep 20 to Feb 21	53.2 %	A	53.2 %	A	57.2 %	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)	97%	Q3 2020/21	no data		72.8 %		80.2 %		81.4 %		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)	49%	Q3 2020/21	no data		35.9 %		39.5 %		40.0 %		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%	Q2 2020/21	68.6 %	R	66.9 %	R	66.9 %	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%	Q2 2020/21	76.6 %	R	76.1 %	R	76.1 %	A	75.7 %	R
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Ageing Well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
3.1 Increase the number of people supported to leave hospital via reablement in the year	Monitor only	Q4 2020/21	139		145		148		156		Figures are the average number per month
3.2 Increase the number of hours from the hospital discharge and reablement services per month	Monitor only	Q4 2020/21	7297		7405		7277		7208		Figures are the average number per month
3.3 Increase the number of hours of reablement provided per month	Monitor only	Q4 2020/21	5090		5316		5417		5502		Figures are the average number per month
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8 %	Q4 2020/21	20%	G	21%	G	21%	G	19%	G	
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-21	74%	G	74%	G	74%	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	Q4 2020/21	22,480	G	24,153	G	24,642	G	25,282	G	
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Q4 2020/21	23,640	G	23,640	G	23,915	G	24,154	G	23,915 for March; 18,482 year to date

3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Q4 2020/21	11	G	13	G	14	G	13	G	13 days for March and year to date
3.9 Reduce the average number of people who are delayed in hospital	< 38	Q4 2020/21	20	G	32	G	30	G	30	G	National publication suspended in March 2020. Local figure for end of March 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	Q4 2020/21	5	G	9.4	G	10	G	10	G	397 admissions to the end of December
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 2019	67.2	R	67.2	R	67.2	R	67.2	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 2019	1.75 %	A	1.75 %	A	1.75 %	A	1.75 %	A	Figure increased in the year from 1.7 to 1.75 but remains below the national average of 2.8%
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Jul-20	61.3 %	R	61.2 %	R	61.2 %	R	61.2 %	R	
3.16 Maintain the level of flu immunisations for the over 65s	75%	Sep 20 to Feb 21	76.3 %	G	76.3 %	G	83.8 %	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	67.4 %	G	54.8 %	A	54.8 %	A	71.4 %	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	69.2 %	R	55.4 %	R	55.4 %	R	55.4 %	R	

Tackling Wider Issues that determine health

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208	Q2 2020/21	198	G	198	G	-		-		Cherwell 28; Oxford 86; S. Oxon 25; Vale 55; W. Oxon: not available at time of publication
4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	75%	Q2 2020/20	87.9 %	G	87.9 %	G	87.9 %	G	87.9 %	G	
4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90	Q3 2019/20	80	G	80	G	80	G	80	G	
4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Monitor only	Q2 2020/21	377		377		247		247		Cherwell 31; Oxford 60; S. Oxon 66; VoWH 77; W. Oxon 13
4.5 Monitor the number where a "relief duty is owed" (already homeless)	Monitor only	Q2 2020/21	159		159		201		201		Cherwell 33; Oxford 75; S. Oxon 14; VoWH 25; W. Oxon 54
4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q2 2020/21	5		5		7		7		