

Notice of a Meeting

Strategy & Partnerships Scrutiny Committee Thursday, 31 May 2012 at 10.00 am County Hall

Membership

Chairman - Councillor Lorraine Lindsay-Gale
Deputy Chairman - Councillor Ray Jelf

Councillors:

David Turner	Liz Brighthouse OBE	Larry Sanders
Marilyn Badcock	Tim Hallchurch MBE	David Wilmshurst
Norman Bolster	Caroline Newton	

Notes:

Date of next meeting: 26 July 2012

What does this Committee review or scrutinise?

- Corporate and community leadership; corporate strategies; regional issues
- Local strategic partnerships and District Council liaison
- Social inclusion & equality; services for members
- Finance; procurement; property
- Culture change and customer focus; human resources; communications strategy; information and communications technology
- The elections and appointments functions of the Democracy & Organisation Committee
- The functions of the Pension Fund Committee

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Lorraine Lindsay-Gale E.Mail:lorraine.lindsay-gale@oxfordshire.gov.uk
Committee Officer	-	Julia Lim, Tel: (01865) 816009 julia.lim@oxfordshire.gov.uk



Peter G. Clark
County Solicitor

May 2012

About the County Council

The Oxfordshire County Council is made up of 74 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 630,000 residents. These include:

schools	social & health care	libraries and museums
the fire service	roads	trading standards
land use	transport planning	waste management

Each year the Council manages £0.9 billion of public money in providing these services. Most decisions are taken by a Cabinet of 9 Councillors, which makes decisions about service priorities and spending. Some decisions will now be delegated to individual members of the Cabinet.

About Scrutiny

Scrutiny is about:

- Providing a challenge to the Cabinet
- Examining how well the Cabinet and the Authority are performing
- Influencing the Cabinet on decisions that affect local people
- Helping the Cabinet to develop Council policies
- Representing the community in Council decision making
- Promoting joined up working across the authority's work and with partners

Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the Cabinet, the full Council or other scrutiny committees. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session

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, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

- 1. Apologies for Absence and Temporary Appointments**
- 2. Declarations of Interest - see guidance note on the back page**
- 3. Minutes** (Pages 1 - 6)

To approve the minutes of the meeting on 15th March. (SYP3)
The minutes of the meeting on 15th May 2012, to appoint the Chairman & Deputy Chairman, will be circulated separately.

- 4. Speaking to or petitioning the Committee**
- 5. Future Direction of Strategy & Partnerships Scrutiny Committee**
10.10

The new Chairman will lead a discussion about the future direction of the Strategy and Partnerships Scrutiny committee and priorities for members.

- 6. Draft Scrutiny Annual Report** (Pages 7 - 22)
10.40

The Committee has the opportunity to review the draft scrutiny annual report (SYP6) and offer comments, prior to the report going to full council, given the Committee's responsibility for overarching policy coordination and strategy.

- 7. Director's Update**
10.50

The Assistant Chief Executive and Director of Environment and Economy will give a verbal update on key issues.

- 8. Update on Oxfordshire Health and Wellbeing Board inc. draft Health and Wellbeing Strategy** (Pages 23 - 46)
11.20

The development of the Oxfordshire Health and Wellbeing Board is a significant change to the Oxfordshire partnership landscape. The Committee will receive a brief update (SYP9a) on the Board and in particular the draft Health and Wellbeing Strategy which is currently out for consultation. Attached is the summary (SYPb) and full consultation document (SYPc)

The Committee is asked to comment on the draft strategy.

9. Asset Led Locality Reviews (Pages 47 - 52)

11.45

An update on the five asset led locality reviews that were commissioned as a pilot programme by the County Council's property service. (SYP9)

It provides an opportunity to explore issues that this Committee might wish to be taken into account as the work on asset led locality reviews is taken forwards.

10. Forward Plan

12.05

The Committee is asked to suggest items from the current Forward Plan on which it may wish to have an opportunity to offer advice to the Cabinet before any decision is taken. The current Forward Plan can be found on the council's website: <http://mycouncil.oxfordshire.gov.uk/mgListPlans.aspx?&RPID=115&bcr=1>

11. AOB

12.10

12. Close of Meeting

12:15

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

The duty to declare ...

You must always declare any "personal interest" in a matter under consideration, i.e. where the matter affects (either positively or negatively):

- (i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or
- (ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

Whose interests are included ...

"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

When and what to declare ...

The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".

In making a declaration you must state the nature of the interest.

Taking part if you have an interest ...

Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

"Prejudicial" interests ...

A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

What to do if your interest is prejudicial ...

If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

Exceptions ...

There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

Seeking Advice ...

It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

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Public Document Pack Agenda Item 3

STRATEGY & PARTNERSHIPS SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 15 March 2012 commencing at 10.00 am and finishing at 12.30 pm

Present:

Voting Members: Councillor Nick Carter – in the Chair

Councillor Sandy Lovatt (Deputy Chairman)
Councillor Jean Fooks
Councillor Norman Bolster
Councillor Liz Brighthouse OBE
Councillor Tim Hallchurch MBE
Councillor David Wilmshurst
Councillor Ian Hudspeth (In place of Councillor Dr Peter Skolar)
Councillor Lawrie Stratford (In place of Councillor Hilary Hibbert-Biles)

Other Members in Attendance: Councillor Jim Couchman, Cabinet member for Finance & Property.

By Invitation:

Officers:

Whole of meeting Lorna Baxter, Deputy Chief Finance Officer
Huw Jones, Director Environment & Economy
Julia Lim, Scrutiny Officer

Part of meeting

Agenda Item	Officer Attending
Item 6	Sean Collins, Service Manager Pension, Insurance & Money Management
Item 8	Simon Pickard, Finance Business Partner CEF
Item 9	Stephen McHale, County Procurement Manager
Item 10	Jonathan McWilliam, Director of Public Health
Item 11	Steve Munn, Head of HR

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

18/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Hilary Hibbert-Biles (Councillor Stratford substituting), Councillor Peter Skolar (councillor Hudspeth substituting) and Sue Scane (Lorna Baxter attended in her place).

19/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

None

20/12 MINUTES

(Agenda No. 3)

Minutes from 12th January and 2nd February meetings were agreed. Councillor Brighthouse asked for an update on the query raised at the February meeting regarding section 35 of the Education Act 2011.

Huw Jones AGREED to provide an update to the committee via email.

21/12 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

None.

22/12 DIRECTOR'S UPDATE

(Agenda No. 5)

Huw Jones provided the Director's Update. He highlighted to the committee that the council had recently entered into a strategic partnerships with Hampshire County Council in relation to system support and SAP. This will deliver significant savings for the council.

There followed a discussion about the ICT needs of councillors, the particular difficulties when attempting to use council networks off site especially via Apple products were raised. Huw Jones explained that Apple products do not meet national standards of security and offered to look at the council's ICT Strategy in the round at a future meeting.

Councillor Hallchurch asked whether we could look to unify ICT systems across the county particularly to help support the work of double-hatter councillors.

Councillor Carter **AGREED** to add the ICT Strategy to the committee's work programme.

Huw Jones also provided an update on the property and facilities management procurement process. The evaluation of bids from three companies was almost

complete, Cabinet will be making a decision about the successful organisation on 23rd March.

23/12 PENSIONS UPDATE

(Agenda No. 6)

Sean Collins joined the table and provided an update on the current position regarding the local government pension scheme. The government is now looking to deliver one major change to the scheme in 2014, rather than the previous approach which involved increased contributions 2012 and further changes in 2015.

Employers and Unions are currently working on the detail of a new scheme, if they can develop a model that fits within the Treasury cost envelope without increasing employee contributions it will be signed off.

A consultation is due to take place in September / October 2012.

The Oxfordshire Pension Fund is looking at working more closely with Berkshire and Buckinghamshire to help deliver efficiencies in administration. The government is keen to reduced the overall figure of 89 separate schemes nationally.

Councillor Couchman highlighted to the committee that the Cabinet had particularly considered the issue of academies and non teaching staff pensions. The Department for Education recommends the pooling of academies pensions with local councils pension funds.

Cabinet do not support this view and the Pension Fund Committee is considering other options. A decision is likely to be delayed whilst academy numbers grow.

Councillor Brighthouse stressed it is important that schools are aware of the implications for their non teaching staff pensions when considering academy conversion.

Huw Jones explained that the council's cautious strategic approach is designed to protect the council's interests and help us understand the risks in practice. Alongside this focus the council is working with schools as quickly as possible to help them more fully appreciate academy related risks.

24/12 FINANCIAL MONITORING OVERVIEW 2011/12

(Agenda No. 7)

Councillor Couchman took the committee through the financial monitoring report. He highlighted that 94% of savings are on course and there are other plans in place for the remaining 6%.

Councillor Fooks queried the under spend on school intervention as performance remains poor. Councillor Fooks also asked why there was a large under spend on DSG. Lorna Baxter explained that this was additional in year funding from the Department for Education and the funding will be carried forward.

Councillor Lovatt asked whether funds could be moved across to help reduce the pressures on Social and Community Services budgets.

Councillor Couchman highlighted that physical disabilities will be given further funding to support it, and that the CEF under spend will be used on work to be completed next year.

The committee noted the report.

25/12 ACADEMIES AND LACSEG FUNDING

(Agenda No. 8)

Simon Pickard gave a presentation to the committee which explained the key aspects of Academy funding in particular LACSEG (Local Authority Central Services Equivalent Grant), and also alerted the committee to the functions which will remain a local authority responsibility in future which include:

- School place planning
- School transport
- Special educational needs

Councillor Carter was keen to ensure that school transport remains on the agenda of the scrutiny committees more broadly. Huw Jones highlighted that Growth and Infrastructure Scrutiny Committee have been looking at access to transport in general, home to school transport is the largest aspect of supported transport the council provides.

The committee were concerned about the future management of the academy system and the challenges the council might face in providing transport and planning places when it has no control over the decisions that academies take in relation to practical issues such as the length of a school day.

The committee REQUESTED a joint meeting with Children's Services scrutiny to look together at the development of academies and help to shape policy were possible.

26/12 OXFORDSHIRE COUNTY COUNCIL'S APPROACH TO STRATEGIC COMMISSIONING

(Agenda No. 9)

Stephen McHale gave an outline of the council's approach to the externalisation of services. He explained the emphasis that the council places on achieving quality in procurement first time and the re-organisation of resources in adults and children's commissioning which will help to drive quality going forward. The council's long history and experience in externally commissioning services was also highlighted.

Councillor Carter asked what does the future look like in terms of the continued externalisation of services?

Stephen McHale pinpointed the Children, Education and Families directorate as the area with most capacity to expand its commissioning approach.

Huw Jones explained that the next area of development for the council in its approach is developing our ability to specify and commission for outcomes. This will become increasingly important in the future mixed economy of public service providers.

Councillor Fooks asked how the council's approach to commissioning supports the local economy.

Stephen McHale explained that any potential provider's workforce record and broader policies are assessed as part of the procurement process. Around 50% of the council's supplier base are Oxfordshire based businesses. The location of an organisation is always taken into account as part of the full economic assessment of a provider.

The committee **AGREED** that how the council supports the local economy would be a useful subject to return to later in the year.

27/12 HEALTH, WELLBEING AND SOCIAL CARE (Agenda No. 10)

Dr Jonathan McWilliam gave a presentation to the committee on the new health, wellbeing and social care role of local authorities.

The committee welcomed the presentation and were keen to understand:

- To what extent the council's role will be about provision as well as commissioning of health and wellbeing services?
- Will the council be commissioning abortion services in future?
- What resources there will be to support the council's new responsibilities.

Jonathan McWilliam explained that the council's role will be almost exclusively about commissioning, the authority will not be responsible for abortion commissioning but the council will have responsibilities for the commissioning of sexual health clinic and contraception services.

Existing public health budgets will transfer to the council, there is no additional funding to support health and wellbeing boards at the moment, but with their prominence nationally this may change in future.

28/12 OXFORDSHIRE COUNTY COUNCIL RESTRUCTURING (Agenda No. 11)

Steve Munn explained the approach to restructuring that the council has adopted over the last 18 months. Significant savings have been achieved on the top three tiers of management. The restructure aimed to ensure that there were no more than 5 layers of staff between the chief executive and frontline services, and with this in mind was used as an opportunity to review job titles.

Councillor Fooks asked what proportion of those people at risk of redundancy it was possible to redeploy.

Steve Munn explained that redeployments in the last two years have been less than 100,. Redeployment becomes increasingly difficult as the organisation reduces in overall size. But all job opportunities at the council are advertised internally initially to help support existing staff.

Councillor Wilmshurst asked when the restructuring was likely to end.

The committee were informed that major restructures are due to be completed by the end of September, however with continuing change within local government funding and the development of new ways of working within the council the organisation is likely to continue to experience change for sometime to come.

29/12 FORWARD PLAN

(Agenda No. 12)

The committee had no comments on the Council’s formal Forward Plan. However it highlighted the following issues for inclusion on the committee’s own workplan:

- Changing health landscape and OCC’s new responsibilities
- Academies – continuing to understand the detailed implications

30/12 CLOSE OF MEETING

(Agenda No. 13)

Meeting closed at 12.30pm.

..... in the Chair

Date of signing

Strategy and Partnerships Scrutiny Committee 31 May 2012

Scrutiny Annual Report 2011/12

Purpose

The purpose of this report is to give the Strategy and Partnerships Scrutiny Committee the opportunity to review the draft scrutiny annual report and offer comments prior to the report going to full council given its responsibility for overarching policy coordination and strategy.

Background

1. Annually the Council's six scrutiny committees report to council on their activity over the past year. The six committees are:
 - Adult Services Scrutiny Committee
 - Children's Services Scrutiny Committee
 - Growth & Infrastructure Scrutiny Committee
 - Safer & Stronger Communities Scrutiny Committee
 - Strategy & Partnerships Scrutiny Committee
 - Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC)
2. The 2011/12 scrutiny report compiles case studies from all committees over the last 12 months highlighting key areas of activity. The report focuses on the scrutiny function in the context of the wider council business and demonstrates how scrutiny activity has become increasingly focused on business strategy priorities in the past year.
3. The report has been drafted by the Strategy and Communications Team with the involvement of scrutiny chairmen from 2011/12. Chairmen have contributed by providing comment and oversight of their committee and the key work streams over the course of the year.

Approval Process

4. The process for agreeing the report is set out below.
 - Strategy & Partnerships Scrutiny - 31st May 2012
 - Audit Working Group - 21st June 2012
 - Full Council - 10th July 2012
5. The draft report has been circulated to the County Council Management Team and committee chairmen.

RECOMMENDATIONS

6. The Strategy & Partnerships Scrutiny Committee is invited to comment on the Report.

Alexandra Bailey, Senior Performance and Improvement Manager
01865 816384.

Scrutiny Annual Report

2011 – 2012

DRAFT

Foreword

The reviewing and previewing role of scrutiny was described last year by the County Solicitor & Monitoring Officer when he was invited to come up with a definition.

In general terms, the purpose of the scrutiny function is to monitor the actions of the Cabinet, and other committees, and to call them to account. It is also part of scrutiny's purpose to inform policy development, for instance by undertaking wider reviews of policy and performance either on the initiative of a scrutiny committee or at the request of the Cabinet. The scrutiny function can also involve scrutiny of other public bodies' policy and performance, for example the health service.

Scrutiny committees also have a role in effecting and/or considering a call-in of a decision by Cabinet or a member of it... and may also invite people other than Council members and officers to address them.

The scrutiny function therefore fulfils an important part of the Council's democratic decision-making process and of gauging the impact and effectiveness of the Council's services.

Over the course of 2011-12, scrutiny has amply demonstrated the role described above. The work of the Council's six committees in scrutinising and, where necessary, challenging Cabinet decisions and policy implementation ultimately ensures that the interests of the service-user are protected.

The case studies in this Annual Report provide a snapshot of this process during the last 12 months. It has been a successful year and has demonstrated the importance of joined-up team-work.

Cllr Nick Carter
Chairman
Strategy & Partnerships Scrutiny Committee

Introduction

This Scrutiny Annual Report provides an overview of the work of the council's six scrutiny committees over the course of 2011/12. The Committees are:

- Adult Services Scrutiny Committee
- Children's Services Scrutiny Committee
- Growth & Infrastructure Scrutiny Committee
- Safer & Stronger Communities Scrutiny Committee
- Strategy & Partnerships Scrutiny Committee
- Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC)

The report is structured to reflect the Council's corporate objectives and links to the business strategies. In the face of budget pressures, the role of scrutiny has become increasingly pertinent in ensuring that the needs of service users are at the forefront of Council policy. Where previously, scrutiny's role was largely retrospective, we have sought to align scrutiny meetings so that they enable key policy proposals to be considered as part of the decision-making process. Scrutiny has a central role in assessing whether or not the Council is meeting the targets set out in the Business Strategy and ensuring savings are being delivered in the most effective manner.

World-Class Economy

Our objective is to ensure that Oxfordshire's economy is world class. This comprises a number of key service-focused streams, including: developing infrastructure to support growth and business, including technology and transport; improving educational attainment and linking skills with demand; and developing relationships with the private and academic sectors to promote effective growth. The following case studies highlight the role of scrutiny in these priorities.

Infrastructure Framework

The Oxfordshire Local Enterprise Partnership, the Strategic Planning & Infrastructure Partnership and the Districts have confirmed their commitment to producing a Strategic Infrastructure Framework for Oxfordshire. The framework will incorporate strategic investment needs and planning in order to support sustainable economic growth. During 2011/12 the Growth & Infrastructure Scrutiny Committee considered the development of this framework across Oxfordshire. It addressed aspects such as the need to work closely with communities and with commercial partners to ensure the best use of infrastructure funding. The Committee supported proposals to include councillors in the process of developing relationships with local partners to the framework. This has resulted in a number of Committee members working closely with officers on developing the framework.

Key Stage 1 Attainment

The Children's Services Scrutiny Committee was concerned about educational attainment for Key Stage 1 students across Oxfordshire. They invited relevant officers and visitors to a "select committee" review in order better to understand the attainment levels and to develop solutions. Thirteen recommendations were made, of which all were incorporated in the recently completed Education Strategy. These included:

- Effective school leadership
- Strong school governance
- Excellent standards of teaching
- Implementation and monitoring
- Strong external support and challenge

Apprenticeships

The Children's Services Scrutiny Committee had held a seminar on apprenticeships and young people not in education, employment or training (NEETs) in the spring of 2010. The Committee has continued to work on this, bringing officers back for an update in 2011 when economic conditions continued to be a challenge. A second seminar in June 2012 is due to revisit the issue of NEETs, improved apprenticeship take-up and wider engagement with the local scientific community. Specific issues are that employers in the county routinely have to recruit from outside the area, aspects of the curriculum need addressing, there must be a focus on science and on

high-tech apprenticeships, and gender differences must be addressed. The seminar is due to focus on the Council's role as an intermediary between schools, colleges, apprentice services and the business community in order to broker a full discussion of the challenges and opportunities.

Local Transport Plan

The purpose of Oxfordshire's Local Transport Plan 2011-2030 is to focus on attracting and supporting economic investment and growth, deliver transport infrastructure, tackle congestion and improve quality of life for residents. It supports the Oxfordshire Sustainable Community Strategy, Oxfordshire 2030. The Growth & Infrastructure Scrutiny Committee formed a working group to assess the development of the Local Transport Plan, and made a number of recommendations relating to HGV routes, Kidlington train station and ensuring value for money. The working group also reviewed the outcomes of the consultation which informed the finalisation of the Transport Plan. The group continues to meet quarterly to guide the LTP3, so that it is regularly reviewed and updated.

Early Intervention Hubs

The Children's Services Scrutiny Committee has focused on monitoring the new 'hub' arrangements for children's services. Each hub is a 'one-stop shop' for integrated services and a joined-up process which provides high-quality early intervention and specialist services to children, young people and families with complex needs. The Committee has engaged with issues and discussions, thereby assessing the services integrated in the new hubs. Scrutiny's role is to monitor the effectiveness of the transition in order to evaluate whether needs are being addressed. This assessment will culminate in a review in 2012, as part of the scrutiny work programme.

"The year has seen significant changes within Children's Services nationally and locally that challenge existing practices and the interests of our children. Education is an essential part of developing a healthy economic and social future for our county. It is therefore crucial, in light of these changes, that Council and Scrutiny function to ensure the interests of all children are recognised and defended in an efficient and pragmatic way. The examples above convey the exercise of this function in a creative and thoughtful manner."

Councillor Ann Bonner, Chairman of the Children's Scrutiny Committee

Healthy and Thriving Communities

The County Council's objective is to build healthy and thriving communities by working with existing voluntary and community organisations, improving access to health care and services for all – with a focus on prevention – by concentrating on the most disadvantaged and vulnerable groups, and by responding to demographic change. The following examples show where scrutiny has represented the service-user to achieve these priorities.

Mental Health Services

In 2011 the Primary Care Trust (PCT) announced plans to re-tender day services provided by voluntary and community organisations for adults who have mental health problems. The plan was to focus on well-being and recovery services with all patients having a long-term plan, subject to regular review. The Joint Health Overview & Scrutiny Committee (HOSC) supported the principle but was concerned that some existing local services might not survive. It was agreed that the HOSC would have an observer on the body preparing the service specifications and undertaking the tendering process. The outcome of the process was an increased spread of services across the county. Fewer places would be concentrated in the City, but more services would be available locally, thus reducing the need for people to come into Oxford.

Military Partnership Working

During 2011/12, the Strategy & Partnerships Scrutiny Committee took an interest in the Council's partnership with the military. In September, members heard from Council officers and MoD colleagues about the success of a number of projects that were part of the Council's military covenant work. This led the Committee to visit the Bicester Garrison and learn more about the challenges facing military personnel and their families and how the Council is working with military staff to improve the quality of life for this community. The Committee will continue to monitor the military partnership, particularly in relation to the significant developments of Bicester Garrison and Graven Hill.

Regulatory Investigatory Powers Act 2000 (RIPA)

Authorisation is required before a local authority commences covert surveillance or obtains information by the use of informants or officers acting undercover. RIPA provides the statutory framework for covert surveillance activities to be lawfully undertaken by a local authority. A revised code of practice issued under the Act came into force in April 2010, specifying that elected members should review the authority's use of the Act and set the policy at least once a year. The Safer & Stronger Communities Scrutiny Committee undertakes this function, ensuring periodic reviews and giving close consideration to the annual report on the Council's RIPA procedures. In this way it contributes to the authority's excellent performance in this area, as evidenced by an inspection carried out in May 2011.

“The Safer & Stronger Scrutiny Committee has, perhaps, the widest range of County Council activities of all the scrutiny committees: fire & rescue, consumer protection, crime & disorder reduction, community safety, gypsies & travellers, drugs & alcohol awareness, adult learning, libraries, museums, arts, archives, registration services and coroner’s services just for starters. This provides a very varied scrutiny program. However each of these service areas face similar challenges, particularly in areas of reducing financial resources, which inevitably leads to examining a range of solutions including more collaborative arrangements with partners, users, and volunteers. Within Scrutiny we shall continue to support our services to deliver excellent services and high standards of performance, whilst maintaining value for money. This is best achieved by understanding what our communities aspirations and concerns are; and then working with Officers, Cabinet and Partners to develop and deliver appropriate services to address them. “

Councillor Lawrie Stratford, Chairman of the Safer & Stronger Scrutiny Committee

Community Hospitals

Plans to build new community hospitals in Bicester and Henley have led to local concern over the nature of services to be provided, the number of beds, and timescales for delivery of the facilities. The HOSC has monitored the work of the PCT in order to assess progress, and has required NHS managers to explain the latest position and why delays have occurred. September 2012 has now been agreed for the signing of contracts, to enable the building to be completed by September 2013. The Committee will continue to drive and monitor progress by holding the PCT to account.

Children’s Congenital Heart Services

The NHS is reducing the number of large centres for heart surgery on babies and young children, and is moving towards more specialised services to enable clinicians to treat more cases and develop greater expertise. In 2011 it launched a nationwide consultation on these proposals, which the HOSC has been involved in scrutinising. The proposals would have seen the closure of the children’s heart unit at Oxford’s John Radcliffe Hospital (JR) with the possibility of children and their parents having to travel to Bristol, Birmingham or London instead. The Committee heard from a local stakeholder group, Young Hearts, and the provider about their views of the proposals. This resulted in support for a counter-proposal by the JR and local parents for surgery to be undertaken at Southampton with after-care taking place at the JR. This latter proposal has been favoured nationally.

“The consultation proposals for children’s congenital heart services were a cause of great concern to the committee and the community as they potentially represented a reduction in service locally. Participation of the wide range of experts and the local interest group, Young Hearts, and presentation of the issues enabled the committee to fully understand this complex issue; the advantages and disadvantages for Oxfordshire of the national review of paediatric cardiac surgical services. With this input the health scrutiny committee was well placed to present a robust consultation response urging the NHS to build on the strong network between Oxford and Southampton in providing children’s congenital heart services.”

Councillor Peter Skolar, Chairman of the Health Overview and Scrutiny Committee

Southern Cross Care Group

The Social & Community Services directorate’s monitoring systems and crisis response capability were put to the test in summer 2011, by the collapse of the Southern Cross Care Group. The Group ran five care homes in Oxfordshire, and the crisis presented a possible safeguarding risk to service-users. At an update in October 2011, the Adult Services Scrutiny Committee was assured that the transition to alternative providers had been handled smoothly, resulting in minimal disruption to the level of care for service-users. The Committee was confident that the financial health of external providers would continue to be routinely assessed. The collapse of Southern Cross highlighted the need for consistent joined-up monitoring across the full range of commissioned services. The restructured joint commissioning service aims to provide this. To ensure that best practice is continued and extended, the Committee formed a sub-group which will provide a steer on the development of the Quality Assurance service.

Closure of the Health Trainer Service

The Primary Care Trust proposed to close the Health Trainer Service, which advised hard-to-reach individuals on health matters. The PCT considered that it was not reaching enough people and that other options were available to help them. Staff and patients, however, argued against the closure, and the HOSC had to consider whether to force a consultation. The service would have needed to improve by about 3,000% to be remotely cost-effective, and the HOSC decided the public interest would not be best served by continuing it. All of the services that trainers advised their clients to use would still be accessible to patients, and the money saved by discontinuing the training facility would be re-invested in alternative services.

Community Safety Partnerships

The plans of the Districts’ Crime & Disorder Reduction Partnership for 2011-2012 shared a common framework across the county and were aligned with the goals and priorities of Oxfordshire 2030. The Safer & Stronger Communities Scrutiny Committee asked for actions on reducing recidivism rates to be more prominent in

the plans, and requested an update on the progress of implementing the MANTRA programme to stop hate crime in Oxfordshire.

Delayed Transfers of Care

In September 2011 the Adult Services Scrutiny Committee and the HOSC held a joint meeting to discuss long-term under-performance in relation to delayed transfers of care. The meeting was attended by senior officers from the Oxford University Hospitals, Primary Care Trust and Oxford Health, and was led by Dr Steven Richards of the recently formed Oxfordshire Clinical Commissioning Consortium. The meeting assessed the steps being taken to ensure joined-up working across health and social care and requested regular updates on the proposed changes. The problem of delayed transfers is being addressed through the “Acceptable Care for Everyone” programme. The chairman of the Adult Services Scrutiny Committee sits on the Programme Assurance group to ensure that the Committee’s views are represented throughout the programme’s development.

DRAFT

Environment and Climate change

This objective focuses on maintaining the quality of Oxfordshire's natural and built environment, which includes managing waste and promoting recycling, reducing emissions in the face of climate change, and protecting our countryside. The following case studies show how scrutiny has been involved.

"The Growth & Infrastructure Scrutiny Committee has fed comment into Council policy for a number of significant issues over the last year. The Scrutiny Committee continues to challenge the Cabinet – are the County Council policies improving the quality of life for the residents of, and visitors to, Oxfordshire? We are mapping out the future of the County.

The Minerals & Gravels policy has been approved by Council. The Scrutiny Committee – and its Working Group – has considered the issues of where excavation localities are allocated, and how the land is subsequently restored. This has a far reaching effect on the County landscape, and sites must be sensitive to their surrounding environment. Tied into this has been a full review of the Countryside Services, who have restructured during the last year. We are a County of growth, but this has to be balanced with being the most rural County in the South East of England, with 3 AONB's within our boundaries. Our commons, open spaces and the extensive network of footpaths must continue to be protected, well maintained and available for all to enjoy.

There are a number of on-going reviews, such as Community Transport, the Local Transport Plan, recycling of waste and energy reduction of Council buildings & schools. All part of ensuring that finances are identified and correctly allocated, to give the residents real choices and value for money."

Councillor David Nimmo-Smith, Chairman of the Growth & Infrastructure Scrutiny Committee

Minerals and Waste Development Framework

The Minerals & Waste Core Strategy sets out the objectives, spatial strategy, core policies and implementation framework for the supply of minerals and the management of waste in Oxfordshire. In October 2010, the Cabinet agreed a set of guiding principles for the minerals strategy and an interim preferred strategy for mineral working. These agreed principles were called in for consideration by the Growth & Infrastructure Scrutiny Committee in February 2011. Primarily this was due to insufficient consideration being given to the issue of sustainability. The proposed levels of gravel extraction in the north of the county in light of the majority of demand coming from the south is considered by residents to put unsustainable strain on the transport routes and local communities and they should thus be administered from pits in their local vicinity. This was supported by secondary issues, which together merited reconsideration of the spatial strategy approach, such as spreading the onus, aftercare and infrastructure.

Energy Savings

With a new tax on energy consumption and escalating energy prices, the Growth & Infrastructure Scrutiny Committee was keen to ensure the Council was reducing energy consumption in its buildings, street lighting and schools. The Committee assessed the objectives in the Schools Carbon Reduction Strategy and the Environment & Economy Business Strategy, alongside progress against forecasted energy and carbon targets. In particular, the Committee highlighted a number of opportunities to promote energy efficiency, including the role that Councillors can play in their local communities and schools.

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Efficient Public Services

This broad objective covers maintaining a customer focus whilst delivering the savings targets and implementing the Business Strategy. The following case studies highlight the role of scrutiny in these priorities.

Property and Facilities External Services Contract

The Property and Facilities service drew up proposals to re-tender a single provider contract. The Cabinet's decision to include school meals in the procurement exercise was called in for examination by the Strategy & Partnerships Scrutiny Committee. A special Committee meeting in February 2012 provided comments ahead of a further Cabinet decision on the quality of the service that might be included in the new contract. These comments were considered by the Cabinet when deciding whether to progress with the procurement of school meals. The Committee was keen to ensure that quality would be maintained and developed.

"The Adult Services Scrutiny Committee plays a crucial role in holding cabinet to account and providing cross party challenge on policy development. The wide range of professional and personal interests among the members of the Adult Services committee has led to some robust and valuable debate over the past year on a variety of key policy areas; from the adult Services proposed budget to complex negotiations over changes to the Oxfordshire Care Partnership contract, to the development of a set of shared principles to ensure quality in commissioned services."

Councillor Don Seale, Chairman of the Adult Services Scrutiny Committee

Home Support Service

The Cabinet's decision to commission the home support service in May 2011 concerned the Adult Services Scrutiny Committee for two reasons. Firstly, the Committee questioned whether the decision had been made with sufficient attention to alternative models of provision. The second area of concern was whether the monitoring arrangements for home support providers were sufficient to ensure both value for money and adequate protection of service-users. The Committee voted against a call-in, but resolved to pay close attention to the development of the service and monitoring arrangements. A paper in December 2011 outlined progress towards the goals set out in the original proposals.

Long-term Debt Policy

Concerns over the Council's long-term debt policy were expressed by the Strategy & Partnerships Scrutiny Committee following a report in July which attributed an increase in debt to the borrowing required to fund the capital programme. The report set out the reasons for the Council's long-term debt portfolio, the current policy and

borrowing, and the implications of keeping or amending the current policy. The Committee debated the associated risks and decided a members' seminar should discuss the policy further. This briefing became part of the members' budget briefing in autumn 2011 and will help scrutiny committees to continue examining service and resource plans.

Libraries

The Council's need to make savings led it to consider the future of its library service in late 2010. Additional funding from central government enabled the Council to reconsider its financial position and the Safer & Stronger Communities Scrutiny Committee played a key role in examining the development of alternative proposals for the library service. It provided an important opportunity for members of the public and groups supporting libraries across the county to voice their concerns. The proposals agreed by the Cabinet in December 2011, following a scrutiny meeting with contributions from the public, meant that all 43 public libraries remained open, with increased proportions of staff in 'community' and 'community plus' libraries. The Committee continues to keep a watching brief, supporting the service in its plans to fine-tune proposals to local circumstances.

Pension Fund Committee

The Strategy & Partnerships Scrutiny Committee has the functions of the Pension Fund Committee within its remit. In order to help with this duty, the scrutiny committee held a question and answer session with the Chairman of the Pension Fund Committee and Assistant Head of Oxfordshire Customer Services - Financial Services. The aim was to understand the management of the fund and key issues affecting it. In the light of the national focus on the future of local government pensions, the scrutiny committee's role has become more significant. The Committee returned to the subject in March 2012 to explore the proposed national changes to the local government pension scheme.

Museums

The Safer & Stronger Communities Scrutiny Committee closely followed the transition of the Cogges Manor Farm Museum in Witney from a Council service to an independent trust. The Committee paid particular attention to appointments for the critical positions of Director and Operations Manager and took an interest in the development of a wider Oxfordshire Museums Strategy, involving the university museums, prior to its adoption in spring 2012.

Looking Forward – Scrutiny in 2012/13

2011/12 has been an exciting and productive year across the six Scrutiny Committees. The Scrutiny function has been utilised to champion the needs of the service user and is key to Council decision making. Significant challenges have been approached with enthusiasm and creativity but more importantly, through engagement with stakeholders and service users. The success in better aligning Scrutiny with Council decision making further supports the democratic process and bridges the gap between decision making and the needs of the service user.

During the coming year, scrutiny will continue to address the issues most significant to the direction and work of the Council. Given the structural and financial changes, it is critical that all facets of the Council are forward-looking in order to anticipate and respond most effectively to the challenges ahead.

Budget and Savings

All scrutiny committees have been keeping track of how services are achieving their efficiency targets and managing their resources effectively. The Safer & Stronger Communities Scrutiny Committee continues to look at services' budgets and the progress made against savings targets. In particular, scrutiny seeks reassurance about front-line service delivery. This has recently included the potential impact on the Road Safety Team (which was transferred from Environment & Economy to the Fire & Rescue Service) and the recruitment and retention of retained fire-fighters. The latter issue will come back to scrutiny to support a fuller review of the Council's approach to a retained fire service. The Committee has also been clear in its request for services to look for income-generating opportunities, highlighting existing best practice such as in the Registration Service.

Business Strategy

The Strategy & Partnerships Scrutiny Committee has taken an active role in monitoring delivery of the Council's Business Strategy. The Committee receives regular financial monitoring reports, which enable it to probe the Council's financial position and delivery of priorities. The Committee also receives progress reports on key projects, such as the implementation of the ICT strategy which was developed in response to significant budget problems in the past. The ICT strategy is now performing well. The Committee will continue to receive regular reports on progress against the Council's Corporate Plan, enabling it to see how key priorities are being addressed and how the Council is responding to the Localism Act and the Local Government Resource Review (LGRR).

The LGRR proposes to localise business rates by reforming the current Formula Grant funding system for local authorities, enabling councils to keep a share of the growth in national non-domestic rates in their area above a baseline. The Strategy & Partnerships Scrutiny Committee identified the LGRR as a priority for its future

programme and has requested a members' briefing on the subject. Scrutiny of this significant change for the future of local government will be a key part of the Committee's programme in 2012/13.

The Growth & Infrastructure Scrutiny Committee has raised a number of concerns about the Council's Business Strategy and variations to the Medium-Term Financial Plan which will require monitoring. The strategy has been broadly supported, but specific concerns were addressed to the Director for Environment & Economy and the Cabinet Member for Growth & Infrastructure. These included aspects of the Countryside Service, Growing Places Fund, Area Stewardship, Solar PV's and general infrastructure projects.

Members' Communication Protocol

In order to ensure that the Council communicates effectively with members, the Constitution contains a Protocol on Members' Rights and Responsibilities, in which the relevant principles and expectations are set out. The Strategy & Partnerships Scrutiny Committee is monitoring how the protocol is being observed and receives reports from the Head of Law & Governance. The Committee has raised some specific issues and made recommendations on how to improve communication. It will continue to ensure that member/officer relationships are working effectively.

Health and Well Being Changes

The Government has realised the value of the HOSC's overview of health, wellbeing and the NHS. The Committee's independence from the Health & Wellbeing Board (H&WB) will be enshrined in legislation so that its scrutiny role is not compromised. It will retain its composition as a partnership between County, City and District Councils. Other committees along with HOSC will now scrutinise public health which is becoming a new County Council function from April 2013. A major part of this new role is holding the H&WB Board to account, along with organisations such as clinical commissioning groups and NHS foundation trusts, for their responsibility to deliver improvements in healthcare. This responsibility lies jointly with H&WB Board, HOSC and the new Director of Public Health. These should be used in a co-ordinated manner to bring about focussed change where it is most needed.

"2011/12 has been an exciting year in the world of health reform. Considerable national debate of the Health Bill concluded with the passing of the Act in March. The Health Scrutiny committee has been closely involved as local proposals for the organisation of health services including GP commissioning and the Health and Well Being Board have taken shape. The committee is pleased to see the increased role for GPs in the commissioning of local services and how positively the new agenda is being taken forward between partners in Oxfordshire. The key questions for scrutiny to keep challenging are: are the right services being commissioned and delivered for local people? and is bureaucracy being minimised? We will also be getting involved in scrutinising public health and its services which will be moving into the county council in the coming year."

Strategy & Partnerships Scrutiny Committee – 31 May 2012

UPDATE ON DEVELOPMENT OF OXFORDSHIRE HEALTH & WELLBEING BOARD AND HEALTH & WELLBEING STRATEGY

Introduction

1. The development of the Oxfordshire Health and Wellbeing Board as major new partnership in the county's framework for strategic collaboration is a significant change to local partnership working.
2. Whilst scrutiny of health partnership working sits within the remit of the Joint Health and Overview Scrutiny Committee (HOSC), this update is being provided to the Strategy & Partnerships Committee to reflect the committee's remit for overseeing corporate and community leadership and corporate strategies.
3. The Health and Wellbeing Board has developed a draft Joint Health and Wellbeing Strategy which sets out what partners want to do to improve the health and wellbeing of children, young people, families, adults and older people in the county. This is currently being consulted on with the public and partners.
4. This presentation at the Committee forms part of the consultation process. Due to the committee's remit for corporate strategies, local strategic partnerships and district liaison members of the committee are asked to focus their feedback on the partnership working / leadership needed to support the aims of the strategy rather than the specific priorities and measures which will be scrutinised by the HOSC.

Robyn Noonan / Jackie Wilderspin
21.05.12

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Oxfordshire Health & Wellbeing Board

Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

Page 25



Summary for public consultation – May/June

Oxfordshire's Draft Joint Health & Wellbeing Strategy

Oxfordshire's draft Joint Health & Wellbeing Strategy aims to say what we want to do to improve the health and wellbeing of children, young people, families, adults and older people in the county. It explains how the Health & Wellbeing Board plans to do this by working with people in different organisations, like health services and local authorities. We have chosen 11 of the most important issues because we think that if all organisations work together on these, as a priority, we can make a real difference.

Why now?

The aim is to make sure we work better together to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances. There has been a new Health and Social Care Act which says that everyone should be more involved in making these decisions – not just a few people or those that 'shout loudest'! So we want your views and ideas about the priorities we're suggesting.

What do we already know?

We have collected lots of useful information which tells us who lives in Oxfordshire, what we are doing well and what the problems are. This report, called the Joint Strategic Needs Assessment (JSNA), tells us what we need to be planning for. It tells us which parts of the population are growing the most, how we are doing compared to other parts of the country and where we need to improve. For instance, we know we need to plan for an increasing number of older people and their carers in Oxfordshire so we can make sure people are cared for well. The JSNA also tells us that some areas of the county and some people have poorer health and poorer opportunities in life and that there are some persistent problems which we need to tackle. We use this knowledge to improve how people who live in Oxfordshire get help with health, care and education.

Who decided that these were the priorities?

The new Health & Wellbeing Board has decided the priorities after lengthy discussions. The Board includes councillors, GPs, directors of services and the Chair of the Local Involvement Network (representing the views of the public in Oxfordshire). It is chaired by the Leader of the County Council, and the Vice Chair is the Lead GP for the Oxfordshire Clinical Commissioning Group (which plans and pays for health services). We have also used information from consultations which tell us what's important for you, and what helps you most.

We want your views and ideas about the priorities we're suggesting



So, what are the proposed priorities?

For adults . . .

1. Joining up of health and social care services to improve services for older people and their carers.
2. Supporting older people to live with dignity whilst reducing their need for care and support through, for instance, reablement services which increase independence and enable people to stay in their own homes.
3. Supporting adults with long-term health conditions, physical or learning difficulties or mental health problems to live independently and achieve their potential, for instance through independent living, self-management of their disability/illness, education opportunities etc.



For children and young people . . .

4. Keeping all children and young people safe.
 5. Raising achievement for all children and young people – at primary, secondary and special schools, colleges and for school leavers.
- Making sure our most disadvantaged and vulnerable children and young people, do as well as they can.
Making sure all children have a healthy start in life and stay healthy into adulthood, by, for instance, preventing self-harm and supporting those with mental health problems.



For health improvement . . .

8. Preventing early death and improving the quality of life in later years, e.g. by reducing the numbers of smokers, and increasing numbers of people having health checks.
9. Preventing chronic disease by tackling obesity, (unhealthy weight), for instance, by increasing the numbers of people who take regular exercise.
10. Improving housing as poor/overcrowded housing is linked with poor health.
11. Preventing infectious disease through immunisation.



There are also some issues that cut across all of our priorities such as mental health, housing and poverty.

To make sure we know whether we're improving, we have set ourselves some targets for each of the priorities. These can be seen in the Joint Health & Wellbeing Strategy consultation draft on pages 8 to 16 at the following link: <http://bit.ly/health-wellbeing-strategy>

So – we'd really like to hear your views on the following questions:

a) Have we got our priorities right?

b) Have we got our targets right?

c) What else should we include?

d) Are there any other comments that you would like to make?

To find out more and let us know your views ...

Page 20

Give us your feedback and have your say on the proposed Joint Health & Wellbeing Strategy by completing our survey, attending a workshop, or commenting on the full strategy document.

You can complete the questionnaire or find out more at: <http://bit.ly/health-wellbeing-strategy> or, by contacting us:

Email: talking.health@oxfordshirepct.nhs.uk

Phone: **01865 323625**

You can also write to us with your views at:

Communications & Engagement
FREEPOST RRRKBZBTASXU

NHS Oxfordshire, Jubilee House, 5510 John Smith Drive
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Oxfordshire's Joint Health & Wellbeing Strategy

2012 - 2016

Consultation Draft May 2012

CONTENTS

1.	Foreword by the Chairman and Vice-Chairman of the Board	3
2.	Introduction	3
3.	Vision	4
4.	The Structure of the Health and Wellbeing Board	4
4.1	What does the Health and Wellbeing Board look like?	4
4.2	How will decisions get made	5
5.	The Joint Strategic Needs Assessment (JSNA)	6
5.1	What is the JSNA?	6
5.2	What does this analysis tell us?	6
5.3	What are the specific challenges?	7
5.4	What are the overarching themes?	7
6.	What are the priorities for the Oxfordshire Health and Wellbeing Strategy?	8
7.	Annex 1: Summary of Priorities	16
8.	Annex 2: Glossary of Key Terms	17

1. Foreword by Chairman and Vice-Chairman of Oxfordshire's Health and Wellbeing Board

We are delighted to launch this consultation of our first Health and Wellbeing Strategy for Oxfordshire and we believe this document is a significant step forward for health in the County.

We are used to positive partnership working between Local Government and the NHS in Oxfordshire and we are also used to working hand in hand with the public. This document finds us all speaking with one voice on behalf of the new Health and Wellbeing Board in an attempt to tackle the most pressing health problems our County faces today.

Health and Wellbeing in Oxfordshire is good overall, but we are determined to make it better still by working together for the long term.

It is important that we can measure the changes to services we intend to make and the positive changes in health outcomes we hope to achieve. We have therefore included progress measures throughout the document. All of these measures are ambitious and we intend to achieve them all or use any near-misses to focus our attention on these areas further.

We have set out our ambitions and we now need your help. Please do respond to this consultation and have your say. We are eager to know whether your views agree with ours and we want to use the consultation to improve the strategy.

We look forward to hearing from you and to having you join us in this joint venture.

Keith Mitchell CBE, Chairman of the Board
Leader of Oxfordshire County Council

Dr Stephen Richards, Vice Chairman of the Board
Chief Executive of the Oxfordshire Clinical Commissioning Group

2. Introduction

A Health and Wellbeing Board has been set up in Oxfordshire to make a measurable difference to the health and wellbeing of the people of Oxfordshire. Oxfordshire has a rich history of partnership working to improve health care. This new Board is, therefore, very much the next logical step for Oxfordshire to take and through it we also fulfil a key requirement of the Government's new Health and Social Care Act.

The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the County through partnership working.

The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, the Local Involvement Network and senior Officers from Local Government.

Early tasks for the board have been to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in a draft strategy for improving the situation.

This document is that draft strategy, (technically called the 'Draft Joint Health and Wellbeing Strategy') and the Board now wishes to consult with the people of Oxfordshire and a wide range of organisations in a debate to refine and improve these initial proposals.

We are seeking the answers to four questions:

- 1) **Have we got our priorities right?**
- 2) **Have we got our measures right?**
- 3) **What else should we include and why?**
- 4) **Are there any other comments that you would like to make?**

Once the priorities are agreed following this consultation, they will be the main focus of the Health and Wellbeing Board's work. The consultation will also help us to create the detailed action plans we will need if these changes are to become a reality.

We expect this to be a 'living document'. As priorities change, our focus for action will need to change with it. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3. Vision

The vision of the Health and Wellbeing Board is outlined below:

By 2016 in Oxfordshire:

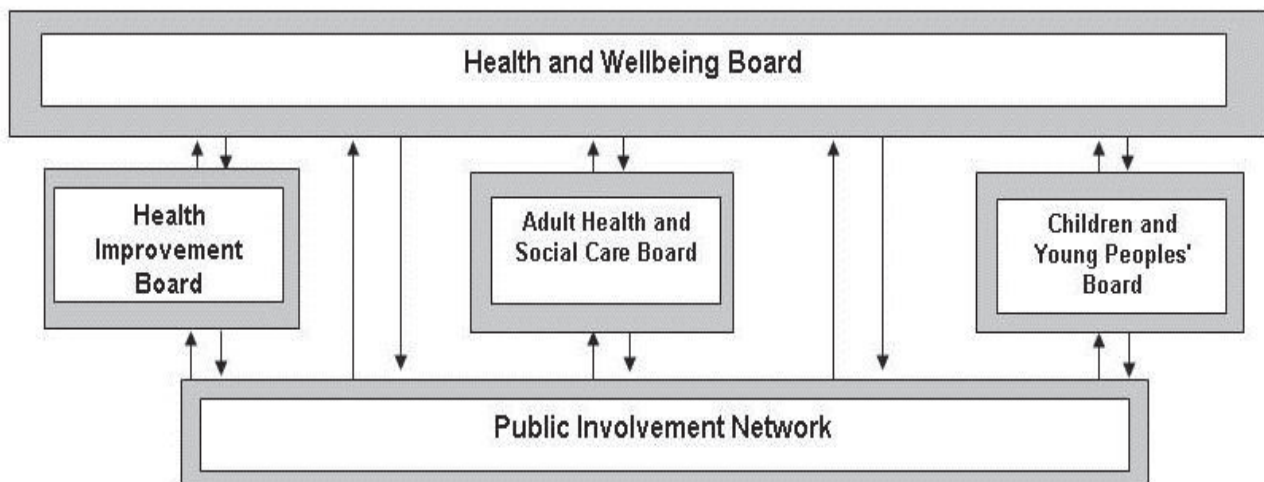
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for a public who use them appropriately.

The priorities set out in this document put flesh on these themes. The priorities are intended to run to 2016 while the measures and targets set out within each priority are for the financial year 2012/13.

4. The structure of the Health and Wellbeing Board

4.1. What does the Health and Wellbeing Board look like?

The Health and Wellbeing Board has three Partnership Boards reporting to it and a Public Involvement Network; each with responsibilities as outlined below:



The purpose of each of the Partnership Boards and the Network are outlined below:

Adult Health and Social Care Board

To improve outcomes and to support adults to live independently with dignity by accessing the support and services they need while achieving better value for money.

Children and Young Peoples' Board

To keep all children and young people safe; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups

Health Improvement Board

To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County

Public Involvement Network

To ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

4.2. How will decisions get made?

The Health and Wellbeing Board is ultimately responsible for making decisions jointly about health and wellbeing. Its members are committed to working with its three Partnership Boards and its Public Involvement Network to make those decisions. They will also be accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and HealthWatch.

In turn, the Partnership Boards are committed to working with a wide range of health care providers, voluntary agencies and advocacy groups. In this way, the decisions of the Health and Wellbeing Board will be truly inclusive.

The Health and Wellbeing Board will meet in public three times a year. Each of the three partnership Boards will also meet in public three times each year and will also host workshops which will include many more service providers, partners, voluntary sector representatives and advocacy groups.

While the Health and Wellbeing Board will listen carefully to the views of many groups of stakeholders and of the public as a whole, it has to be acknowledged that:

- a) they will want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and

- b) given that there will never be enough resources to meet all of people's needs, it will be the duty of the Health & Wellbeing Board to balance needs carefully and to make difficult decisions about priorities.

The terms of reference for each of the boards and the membership can be found at the links below-

<http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3447>
<http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=776&MId=3410>

5. The Bedrock of our Decision-making: Oxfordshire's Joint Strategic Needs Assessment

5.1. What is the Oxfordshire Joint Strategic Needs Assessment (JSNA)?

The Oxfordshire Joint Strategic Needs Assessment is a report that includes a huge wealth of information and intelligence from a number of different sources that cover the health and wellbeing of the population in its broadest terms. This information is shared between the NHS locally and Local Authorities and is available to the public. When added to local knowledge of services, it gives Oxfordshire a common and consistent evidence-base which allows us to pinpoint gaps and target improvements.

The analysis set out below is rooted in the JSNA, amplified by five Director of Public Health annual reports and the views and experience of members of the Health and Wellbeing Board.

5.2. What does this analysis tell us?

Oxfordshire is mainly a rural County in which approximately 649,000 people live. The County is the most rural in the South East region. Over 50% of the population live in settlements of less than 10,000 people. However, there are also urban areas, such as Oxford and Banbury. Future population growth is expected to be concentrated around the major towns of Banbury, Bicester, Didcot, Witney, Grove and Wantage, where several thousand new homes will be built over the next 15 to 20 years.

Health and wellbeing in Oxfordshire has been improving for many years. In general the population is healthy and compares well with the rest of the country. The growth in the number of people aged 85+ is roughly the same as the England average but the growth in the number of older people is not uniform across the County. It is highest in the rural areas.

The Child Poverty Strategy shows there are 15,660 children living in poverty, which is almost 12% of all children in the County. Four out of five children living in poverty live in our towns and in Oxford City.

In addition, there are important groups in society whose needs must not be forgotten, including those with mental health problems, physical disabilities and those with learning disabilities.

Although Oxfordshire is relatively well-off overall, the distribution of income among the local population is very uneven. There are pockets of relative 'social deprivation' scattered across

the County in both rural and urban areas but mostly affecting Oxford and Banbury, where physical and mental health are poorer, school results are lower and life chances are generally less good. The same group of wards tends to come to the forefront as having the poorest health and wellbeing. In general, many of these areas tend to be the ones with the highest proportions of people from minority ethnic groups and are the wards with the greatest levels of social deprivation.

The Joint Strategic Needs Assessment also shows that there are an increasing number of people engaged in caring for elderly friends and relatives and many more people volunteer their help. Many of these people are elderly themselves. We are dependent upon these friends, relatives and volunteers to continue caring.

5.3. What are the specific challenges?

- **Demographic pressures** in the population, especially the increasing number and proportion of older people, many of whom need care. This is markedly higher in our more **rural districts** than in the City.
- The **proportion of older people** in the population also continues to increase which means that every pound spent from the public purse has further to go.
- There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
- The persistence of small geographical areas of **social deprivation containing high levels of child poverty**, especially in Banbury and Oxford but also in parts of our market towns.
- The increase in **'unhealthy' lifestyles which leads to preventable disease**.
- The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are not overlooked.
- **Increasing demand** for services.
- The need to support **carers to care** and the need to encourage volunteering.
- An awareness that the **'supply side'** of what we provide does not 'mesh' together as smoothly as we would like - (e.g. hospital beds, discharge arrangements, care at home and nursing home care).
- The recent **tightening of the public purse** which has knock-on effects for voluntary organisations.
- The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
- The changing face and **roles of public sector organisations**.

5.4. What are the overarching themes?

A number of overarching themes required to improve health in Oxfordshire have been identified as follows –

1. The need to shift services towards the prevention of ill health.
2. The need to reduce inequalities, break the cycle of deprivation and protect the vulnerable.
3. The need to give children a better start in life.
4. The need to reduce unnecessary demand for services.
5. The need to make the patient's journey through all services smoother and more efficient.
6. The need to improve the quality and safety of services.

7. The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

These themes will be overseen by the Health and Wellbeing Board and will be tackled by all of the three partnership boards.

6. What are the priorities for Oxfordshire's Draft Health and Wellbeing Strategy?

The priorities are based on the analysis set out previously. We have also used the following checklist to help us focus our priorities:

- 1) Is it a major issue for the long term health of the County?
- 2) Are there some critical gaps to which we need to give more attention?
- 3) Where are we most concerned about the quality of services?
- 4) Where can the NHS, Local Government and the public come together and make life better for local people?

A summary of the priorities can be found in Annex 1 on page 16.

A. Priorities for Adult Health and Social Care

Priority 1: Integration of health and social care

Integrating health and social care has been a goal of public policy for the past 40 years. The successful integration of health and social care offers important benefits e.g.

- More efficient use of existing resources and a reduction in the demand on expensive health and social care services by avoiding duplication and ensuring people receive the right care, in the right place at the right time
- Improved access to, experience of, and satisfaction with, health and social care services

The County Council and Oxfordshire Clinical Commissioning Group are committed to integrating health and social care further – this is what the people of Oxfordshire have said they want. Integrating health and social care is a priority because it gives us the chance to improve services, make better use of resources and meet the stated desires of the public.

We are proposing the following targets for achievement during 2012/13:

Integration of health and social care

- a single point of access to fully functioning integrated health and social care community services will be provided by Oxfordshire County Council and Oxford Health NHS Foundation Trust by 31st October 2012
- moving towards a single Section 75 agreement to cover all the pooled budget arrangements with substantial progress made by April 2013
- an older people's commissioning strategy implemented by the County Council in April 2012. The intention is to develop a joint older people's commissioning strategy and joint commissioning arrangements by December 2012
- Oxfordshire's Clinical Commissioning Group will be authorised by April 2013

- More than 60% of people who use social care services in Oxfordshire will say they are very satisfied with their care and support (currently 59.4%)
- Establish a baseline for measuring carer satisfaction of services by May 2013
- Achieve above the national average of people satisfied with their experience of hospital care (when the nationally sourced information for Oxfordshire is available)
- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).
- 800 carers' breaks jointly funded and accessed via GPs (currently 709)

Priority 2: Support older people to live independently with dignity whilst reducing the need for care and support

We know that the proportion of older people in the population continues to increase and that the cost of caring for older people increases markedly with age. This is true for both health care and social care.

We also know that living at home with dignity is key to the quality of life that older people want to enjoy and that older people and their carers require access to good quality information and advice.

For all these reasons our priority is to support older people to live at home whilst reducing the need for care and support. For this reason we are proposing targets to reduce the number of people permanently admitted to nursing homes, to provide additional extra-care housing units and to make sure older people find the information they need more easily.

Another key issue is the increase in the number of people with dementia who need access to newly emerging treatments. To enable us to develop high quality care for people with dementia we need to diagnose it earlier. This gives us another of our priorities. Currently only 38% of people with dementia in Oxfordshire have a diagnosis. This is below the national average of 42% (within a range of 27% - 59%). We would welcome views (especially from GPs) on what target should be set. We have suggested a target of 50% for this year which would be a step increase in performance but would still leave performance in Oxfordshire below the best achieved elsewhere.

In 2011/12 we had the highest level of delayed transfers of care between the NHS and social care in the country. All organisations are committed to improving the situation and one of the best ways of doing this is to provide services which help people to learn or re-learn the skills they need to live more independently. These services are called "reablement services". We are committed to offer these to more people.

We are proposing the following targets for achievement during 2012/13:

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

- a reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)
- No more than 400 older people permanently admitted to a care home (currently 546)
- 50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)
- 3,250 people will receive a reablement service (currently 1,812)
- 55% of the people completing the reablement service will be successfully supported so

that they need no on-going care (currently 47%)

- By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930
- 55% of older people who use adult social care say that they find information very or fairly easy to find (currently 52.2%)

Priority 3: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

Adults living with physical disability, learning disability, severe mental illness or another long-term condition consistently tell us that they want to be independent, to have choice and control, and to be able to live “ordinary lives” as fully participating members of the wider community. This priority aims to support adults of working age to meet their full potential.

Both nationally and locally, people tell us that living ordinary lives means:

- Having improved access to information that supports choice and control
- Having improved access to housing and support
- Having improved access to employment, study, meaningful activity and involvement in the community and wider public life
- Having access to responsive, coherent services that help people manage their own care
- Having improved support for carers, to help them to help the people they care for to live as independently as possible

We are, therefore, proposing a series of targets which aim to:

- ensure that information is easy for service users to find
- increase the number of people with mental health conditions who are in employment
- ensure that people with long term conditions feel supported
- ensure people with severe mental health problems or learning disabilities receive good care for their physical health

The detailed targets for achievement during 2012/13 are:

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

- 55% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 54.2%)
- 15% of people with severe mental illness using secondary mental health services are in employment (currently 10.7%)
- 86% of people with a long-term condition feel supported to manage their condition (currently 84%)
- 95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)
- 50% of people with learning disabilities will have an annual physical health check by their GP (currently 40%)

B. Priorities for Children and Young People

Priority 4: Keeping all children and young people safe

This is a key priority because children need to feel safe and secure if they are to reach their full potential in life.

Safeguarding is everyone's business and many different agencies work together to achieve it. The aim is to make the child's journey from needing help to receiving help as quick and easy as possible.

Practitioners in all agencies work together to prevent harm and to identify and protect children living in abusive and neglectful situations. There is excellent joint work around domestic abuse aimed at reducing its impact on children.

We know nationally the number of children who have Child Protection Plans has increased. The 0-4 year olds are the largest single age group with Child Protection Plans and in Oxfordshire we have more children with a Child Protection Plan, compared with previous years. Our priority in Oxfordshire is to reduce the number of children who need a subsequent Child Protection Plan (following a previous completed plan) to no more than 15%.

To improve this situation, we are proposing the following targets for achievement during 2012/13:

Keeping all children and young people safe

- No more than 15% of children who become subject to a child protection plan have previously had a plan (in 2010/11 18.2%)
- A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire Safeguarding Childrens Board covering the following agencies: children's social care; children and adult health services; early intervention services; services provided by the police. Over 50% of interventions showing positive overall impact (baseline to be confirmed in 2012/13)

Priority 5: Raising school achievement for all children and young people

This is a priority because, in Oxfordshire, school exam results are often poorer than expected. In 2011 GCSE results were disappointing. Overall, the picture shows gradual improvement but there is inconsistency between Districts and for certain groups of children.

Early Years results are better than the national average and this can be built upon. However we know that specific pupil groups in Oxfordshire do not do as well as their peers in similar Local Authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs. The attainment of children whose first language isn't English is lower than that of their peers at Key Stage 4, and the attainment of boys is lower than that of girls at both Key Stage 2 and 4. There is currently also a specific concern about reading standards at Key Stage 1 in some primary schools.

The Health and Wellbeing Board aspires to see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their

education wherever they live across the County. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

We are proposing the following targets for achievement during 2012/13:

Raising achievement for all children and young people

- 63% (3,900) of young people achieve 5 GCSEs at A*-C including English and Maths (currently 57.4%)
- 80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 (currently 74.8%)
- 76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 (currently 74.3%)
- Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7%)
- 88% (204) primary schools and 86% (28) secondary schools will be judged by Ofsted to be good or outstanding (currently 61% of primary schools and 65% of secondary schools)

Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups

This is a priority because we know that outcomes for children from vulnerable groups and disadvantaged communities are much worse than for their peers.

Poverty and deprivation are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups is seen as a key way of improving outcomes for children. There is a renewed national focus through the 'Thriving Families' programme working with families to reduce worklessness, antisocial behaviour and crime and to increase school attendance. This will be a vital strand in the ongoing work locally to 'narrow the gap'. Reducing the number of teenage pregnancies in the County has proved to be useful overall focus for this work.

Performance at Key Stage 4 is an area of further work: in 2010/11, 8% of Oxfordshire's looked after children achieved 5 or more GCSE A* to C including English and Maths compared to 6.4% in 2009/10. There are also more boys than girls who are Not in Education, Employment or Training (NEET).

We are therefore proposing the following targets for achievement during 2012/13:

Narrowing the gap for our most disadvantaged and vulnerable groups

- A sustainable decrease in the teenage conception rate (in 2010 this was 251 young people)
- Thriving Families programme targets will be available from the Department of Communities and Local Government framework when published
- Targets for improving achievement at school are included within priority 5

Priority 7: All children have a healthy start in life and stay healthy into adulthood

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. Where problems occur, we aim to provide the wide range of services that parents need to support them.

This section should be read together with priorities 9 and 11 below which propose the promotion of breastfeeding and improved immunisation for children as further priorities.

In addition to breastfeeding and immunisation, we have selected a number of areas where things could be improved. We know that there is a year on year increase in the number of children and young people admitted to hospital as an emergency. The most common causes of emergency admission to hospital for young children (under 5) are respiratory tract infections, viral infections and gastroenteritis. We propose to reduce this number.

Another common cause of emergency admission for young people (11-17 years old) remains 'ingestions and poisoning' (both alcohol and drug related). We propose to reduce this number also.

Young people tell us that there is much more we could do to improve the transition between young people's services and younger adults' services. We are determined to act on this.

We are therefore proposing the following targets for achievement during 2012/13:

Having a healthy start in life and staying healthy into adulthood

- Reduce the number of young people admitted to hospital for episodes of self-harm by 5% year on year. This means reducing by approximately 10 young people every year (currently 156)
- Reduce the number of young children admitted to hospital with infections by 10% year on year. This means reducing emergency admissions to 2,890 children (currently 3,100)
- Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1st April 2013

C. Priorities for Health Improvement

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

This priority aims to add years to life and life to years – something we all aspire to. The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening.

The following priorities for action are proposed:

- To reduce levels of smoking in the county by encouraging more people to quit as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the new bowel cancer screening programme.
- To promote the new 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, exercise, smoking, blood cholesterol levels, diabetes, blood pressure and (soon), alcohol consumption.
- Reversing the rise in the consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Community Safety Partnership and progress will be monitored by the Health Improvement Board.

In addition to this our work must focus on those who are most at risk. The Joint Strategic Needs Assessment shows that there are differences between different groups of people and

different places in the County, with some faring better than others both in terms of their life expectancy and in their chances of living healthy lives into old age.

We are proposing the following targets for achievement during 2012/13:

Preventing early death and improving quality of life in later years

- 100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,476)
- 2,000 adults receiving bowel screening for the first time (the nationally set target is 60% of 60-69 year olds)
- 30,000 people invited for Health Checks for the first time (currently 25,000)

Priority 9: Preventing chronic disease through tackling obesity

After smoking, obesity is the biggest underlying cause of ill health. It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be.

Director of Public Health annual reports show that there is an upward trend in prevalence of obesity in adults in Oxfordshire, though this is still slightly below the national level. Chronic disease associated with obesity, such as diabetes, is also increasing.

To tackle obesity we have set targets in the following areas:

Promoting breastfeeding

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. Increasing the number of breastfed babies is the foundation of an obesity strategy for the County. The national figure for breastfeeding prevalence at 6-8 weeks is 47% but in Oxfordshire we are setting a stretching target of 60% and aiming to address inequalities issues.

Halting the increase in childhood obesity

Children in Reception class and Year 6 are weighed and measured every year and results show that around 8% of reception year and 15% of Year 6 children are obese. This feeds through into every increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Levels of obesity are also linked to social deprivation, with more deprived parts of the county showing higher rates of obesity, so some targeting of effort is called for here too.

Promoting physical activity in adults

Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire topping the latest 'Active People' survey as the sportiest and most active county in England. The survey showed that 26% of the population participate in regular activity each week. Maintaining this position will be critical to good health in the County.

We are proposing the following targets for achievement during 2012/13:

Preventing chronic disease through tackling obesity

- Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)

- 60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)
- 5,000 additional physically active adults (2010/11 information will be available in July 2012)

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

The interdependent relationship between health and housing is well known. Many of the most significant gains in health have stemmed from Local Authority public health measures, such as clean water, sanitation, reduction in overcrowding and reduced exposure to extreme cold. We need to maintain our focus on the contribution that decent housing makes to health improvement and especially on the needs of more vulnerable communities. We propose to approach this issue in several ways:

a. Reducing Fuel poverty:

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to keep warm. The calculation takes account of household income, fuel prices and energy efficiency of the home. Often the most vulnerable people, the elderly, the disadvantaged and those in poverty, are the most likely to be affected. All types of housing in both rural and urban areas can be affected. Helping people to escape from fuel poverty will do a great deal to improve the health of the worst off in the county. Latest figures show over 1 in 10 households in Oxfordshire are in fuel poverty, with some rural wards having rates as high as 1 in 5.

b. Inequalities

These housing issues also have to be tackled in partnership. Work is currently underway to determine the specific focus for this work and to identify and recommend outcomes and indicators. These will be advised in due course.

We are proposing the following targets for achievement during 2012/13:

Tackling the broader determinants of health through better housing

- 250 households per year helped to escape fuel poverty as a pilot (the baseline is not available until the pilot is complete)
- A second outcome measure relating to inequalities will also be agreed

Priority 11: Preventing infectious disease through immunisation

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire continue to improve but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met and there are early signs that our high rates have begun to slip a little.

We are proposing priorities for improving immunisation levels across the board, focussing on childhood immunisation, immunisation of teenage girls to protect against cervical cancer and flu vaccinations in the elderly.

We are proposing the following targets for achievement during 2012/13:

Prevent infectious disease through immunisation

- 8,000 children immunised at 12 months, maintaining the high coverage (the national target is 96.5%)
- 7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2 (the national target is 95%)
- 7,300 children receiving MMR booster by age 5 (the national target is 95%)
- 3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (the national target is 90% of 12-13 year old girls)
- 80,000 flu vaccinations for people aged 65 or more (the national target is 75% of people aged 65+)

Annex 1: Summary of Priorities for the Oxfordshire draft Health and Wellbeing Strategy

Adult Health and Social Care

Priority 1: Integration of health and social care

Priority 2: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 3: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Children and Young People

Priority 4: Keeping all children and young people safe

Priority 5: Raising achievement for all children and young people

Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups

Priority 7: All children have a healthy start in life and stay healthy into adulthood

Health Improvement

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

Priority 11: Preventing infectious disease through immunisation

Annex 2: Glossary of Key Terms

Terms

Carer	Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.
Child Poverty	Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income.
Child Protection Plan	The plan details how a child will be protected and their health and development promoted.
Commissioning	The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Delayed Transfer of Care	The national definition of a delayed transfer of care is that it occurs when a patient is medically fit for transfer from a hospital bed, but is still occupying a hospital bed.
Director of Public Health Annual Report	http://www.oxfordshirepct.nhs.uk/about-us/publications/public-health-annual-report.aspx
Extra Care Housing	A self-contained housing option for older people that has care support on site 24 hours a day.
Fuel Poverty	Households are considered by the Government to be in 'fuel poverty' if they would have to spend more than 10% of their household income on fuel to maintain an adequate level of warmth.
Joint Health and Wellbeing Strategy	The strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	A tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.
Local Involvement Network (LINK)	Oxfordshire LINK is made up of individuals and community groups who care about our health and social care services and work together to make improvements. http://oxfordshirelink.org.uk/

Not in Education, Employment or Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as NEETs.
Oxfordshire Clinical Commissioning Group	The Oxfordshire Clinical Commissioning Group is the new organisation in Oxfordshire that has the responsibility to plan and buy (commission) health care services for the people in the County. It is currently in shadow form until it takes over from Oxfordshire Primary Care Trust in April 2013.
Oxfordshire Safeguarding Childrens Board	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Oxfordshire.
Pooled budget	A mechanism by which the partners to the agreement bring money to form a discrete 'fund'. The purpose and scope of the fund is agreed at the outset and then used to pay for the services and activities for the relevant client group.
Quality Assurance Audit	A process that helps to ensure an organisation's systems are in place and are being followed.
Reablement	A service for people to learn or relearn the skills necessary for daily living.
Secondary Mental Health Service	Services for adults with more severe mental health problems and needs requiring the specialist skills and facilities of mental health services.
Section 75 agreement	An agreement made under section 75 of National Health Services Act 2006 between a local authority and PCT(s), NHS trusts or NHS foundation trusts. This can include arrangements for pooling resources and delegating certain functions to the other partner if it would lead to an improvement in the way those functions are exercised.
Thriving Families Programme	A national programme which aims to turn around the lives of 'Troubled' families by 2015.
Transition	This is the process through which a person with special needs transfers from children's services to adults services.

Strategy & Partnerships Scrutiny Committee – 31 May 2012

Asset Led Locality Reviews

Purpose

1. In 2011 five asset led locality reviews were commissioned as a pilot programme by the County Council's property service. The purpose of this report is to understand where we are with the pilots and to be aware of the lessons learnt from them. It also provides an opportunity to explore issues that this Committee might wish to be taken into account as the work on asset led locality reviews is taken forwards.

The Activity

2. The pilot programme comprised five reviews - Berinsfield, Oxford (Blackbird Leys), Banbury (Neithrop), Bicester and Didcot.
3. In each instance the review begins by establishing the geographic area and what public sector assets exist. Then 'straw men' concepts of potential opportunities such as co-location, redevelopment, disposals and the like for challenge are drawn up.
4. A review meeting is then held with the local members to share the information and using their local knowledge seek their views on:
 - Whether known public assets had been omitted;
 - Whether some of the assets were poorly used;
 - Potential opportunities arising from the rationalisation of the asset portfolio
5. Using the outcome of that discussion further 'straw men' concepts are developed and reviewed to establish
 - Deliverability
 - Payback period
 - Delivery timescales
 - Benefits
6. In this way concepts are identified that warrant further investigation. Engagement with partners, service teams and other enables their views to shape the way forward.
7. Once the participation exercise is completed conceptual solutions are produced which form the basis of an Initial Business Case which is taken to the Capital and Asset Programme Board for approval. The project is then integrated into the Asset Rationalisation Programme for delivery.

Item – 9 Asset led locality reviews

8. Feasibility studies are then commissioned to enable an Outline Business Case for a solution to be prepared. This enables potential savings to be identified, the level of capital investment required and means by which the work will be funded (possibly through direct funding, release of capital receipts and/or partner contributions).
9. If approved design development takes place to enable tenders to be gained and final costs are presented as a Final Business Case which enables a contract to be let to implement the work. Once the project is complete any consequent disposal of surplus assets can take place.

Progress to Date

Berinsfield

10. A design is being developed for co-location of the library and an information centre within the space previously used by the Youth Service (which is still used occasionally by the new early intervention service) which could then be integrated within the District Councils Leisure Centre to mutual benefit.
11. Opportunities to utilise space vacated by the library for other public services which enable other existing premises to be released is being reviewed

Blackbird Leys

12. We are working with the City Council to develop a programme of regeneration projects which account for County Council ownership and co-location opportunities together with Oxford and Cherwell Valley College. The project has now become part of the wider partnership working encompassed by the Oxford Regeneration Programme Partnership. A desk top study has been briefed to review the potential of co-location of services within the Leisure centre

Banbury

13. The review focussed upon opportunities arising from joint District and County Council assets in the Wood Green/Neithrop area particularly around the Wood Green leisure centre. The conclusion was that opportunities existed for co-location of services as part of a wider redevelopment of the immediate area. Master planning and conceptual work is being jointly commissioned by the County and District Councils.

Bicester

14. The Bicester review demonstrated that a number of opportunities for co-location of services had already been identified – such as the potential to co-locate the library with the new civic centre. Discussions are on-going with the District Council project managers in this regard.

Item – 9 Asset led locality reviews

15. The potential of a row of public sector assets including the fire station, county offices, redundant ambulance station, Magistrates court (being used as offices) and a police station has been integrated within the wider master planning work for Bicester.
16. The Police and Fire service have recognised that there may be benefits of co-location. This will be reviewed as planned growth of the town develops.
17. The future of the Garth (a historic building located in a park, owned by the Town Council and used as offices and meeting spaces) will need to form part of any future consideration. The building houses a County Council day centre and the register office.

Didcot

18. Work is on-going with the District Council to explore the potential to co-locate the library within the next phase of the town centre redevelopment.
19. Work is also on-going to bring forward options for asset rationalisation arising out of the review work. A capital receipt of £200k has been generated following disposal of a property to the Homes and Communities Agency. In addition a further two properties could be released.

Lessons Learnt to Date

20. Typical delivery timescales for property related projects tend to range from 3-6 months for opportunities which do not rely upon capital investment (e.g. office moves) to 2-3 years where design, planning consents, procurement and construction are involved.
21. The timescales to reach the delivery phase can vary considerably depending upon a number of factors including the complexity of the project, the number of partners and services involved, and the relationship with other proposals.
22. The experience of the pilot programme suggests that the level of resource required for an asset led locality review was higher than originally anticipated.
23. Pressures elsewhere in the property service – principally associated with the procurement of the new Property and Facilities contract and the delivery of Basic Needs programme – have meant that progress with the reviews has been slower than originally anticipated. For example, the Berinsfield review took place in August 2011. It is likely that the opportunities identified may not be fully realised until April 2014 at the earliest.
24. The number of assets held by the public sector in Oxfordshire is significant such that reviewing opportunities in a manageable way

Item – 9 Asset led locality reviews

makes good sense. Engaging with members and partners in a structured way also brings added value compared to doing so in isolation.

- 25.** The ideas which have come forward to date do bring real benefits and often bring opportunity to enhance the service as well as bring savings. However, the opportunities for 'quick wins' are perhaps more limited than might originally have been envisaged.
- 26.** The reviews though have helped inform longer term thinking and supported the work of local partners. They have brought forward opportunities to support the asset rationalisation programme which in turn is helping to deliver the identified savings in the Medium Term Financial Plan.

Issues to Explore

- 27.** Whilst the pilot programme of asset led locality reviews has yet to be completed the experience to date enables a number of issues to be identified which this Committee may wish to consider:
- a) What is the best way of engaging with local members and other partners in undertaking an asset led locality review? Specifically:
- The pilot programme has emphasised the critical importance of capitalising on the knowledge and experience of local members and yet there is a need to manage expectations in terms of what is deliverable within the available resources and timescales;
 - The greater the number of partners involved any project the more complex it becomes with consequential implications for delivery timescales.
- b) If services are being co-located what is the potential to review the space requirements associated with service delivery? This issue could manifest itself in one of two ways
- Co-locating of services enables new ways of working to be implemented which improve the customer experience but reduces the amount of space required;
 - Co-locating complementary services enables greater use to be made of shared space, however individual services may not have an identifiable 'home' as they may have at present.
- c) How might the programme of asset-led locality reviews be refined to reflect the requirements arising from the Localism Act? Specifically, the Localism Act requires the district/city council to maintain a list of assets nominated by the community as of 'community value' which then would have specific requirements attached if they come up for sale. How might this impact on the council's property portfolio?

Item – 9 Asset led locality reviews

- d) How might the asset-led locality reviews be used to identify opportunities to use the County Council's property asset portfolio to realise broader regeneration objectives?
- e) What priority should be given to completing the programme of asset-led locality reviews given that the resource implications are higher than originally anticipated? Should priority be given to undertaking reviews in the key strategic locations at the expense of 'tactical' opportunities that arise in the natural course of events?

Next Steps

- 28. A key requirement of the current Medium Term Financial Plan is to reduce the cost of operating the property asset portfolio. The appointment of Carillion as the new service provider for Property and Facilities will give access to commercial experience and knowledge to the benefit of the County Council.
- 29. As part of the new contract Carillion are required to commit resources that:
 - Bring forward business cases for asset rationalisation
 - Support the County Council's client function in undertaking locality reviews
 - Manage all property asset related data.
- 30. In this context it is timely to reflect on the outcome of the pilot programme of reviews to date with a view to refining our approach as part of the input into preparing the Directorate Business Strategy for 2013/14.

May 2012

Report by Nigel Cuning, Strategy Manager, Property & Facilities, E&E

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