Public Document Pack

NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

**To: Members of the Oxfordshire Health & Wellbeing Board**

# *Notice of a Meeting of the Oxfordshire Health & Wellbeing Board*

## Thursday, 19 March 2020 at 2.00 pm
## Jubilee House, 5510 John Smith Drive, Oxford Business Park, Oxford OX4 2LH

Yvonne Rees
Chief Executive

March 2020

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

**Membership**

Chairman – Councillor Ian Hudspeth (Leader, Oxfordshire County Council)
Vice Chairman - Dr Kiren Collison (Clinical Chair, Oxfordshire Clinical Commissioning Group)

*Board Members:*

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| Ansaf Azhar *(Oxfordshire County Council)* | Corporate Director of Public Health |
| Stuart Bell CBE | Chief Executive, Oxford Health Foundation Trust |
| Lucy Butler *(Oxfordshire County Council)* | Director for Children's Services |
| Stephen Chandler *(Oxfordshire County Council)* | Corporate Director for Adult Services |
| Cllr Steve Harrod *(Oxfordshire County Council)* | Cabinet Member for Children & Family Services and Chairman, Children's Trust |
| Dr Bruno Holthof | Chief Executive, Oxford University Hospitals Foundation Trust |
| Cllr Andrew McHugh *(Cherwell District Council)* | Chairman, Health Improvement Partnership Board |
| Louise Patten | Chief Executive, Oxfordshire Clinical Commissioning Group |
| David Radbourne *(NHS England)* | Director of Commissioning Operations (South Central) |
| Tracey Rees | Chairman, Healthwatch Oxfordshire |
| Yvonne Rees *(Oxfordshire County Council & Cherwell District Council)* | Chief Executive, Oxfordshire County Council & Cherwell District Council (District Representative) |
| Dr Ben Riley *(Oxfordshire GP Federation)* | GP Representative |
| Councillor Lawrie Stratford *(Oxfordshire County Council)* | Cabinet Member for Adult Social Care & Public Health and Chairman, Older People's Joint Management Group |
| Louise Upton *(Oxford City Co)* | Vice-Chairman, Health Improvement Partnership Board |

***Notes:•Date of next meeting: 18 June 2020***

# Declarations of Interest

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

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

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

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

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

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

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

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

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

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

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

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

# AGENDA

## 1. Welcome by Chairman, Councillor Ian Hudspeth

## 2. Apologies for Absence and Temporary Appointments

## 3. Declarations of Interest - see guidance note opposite

## 4. Petitions and Public Address

## 5. Note of Decisions of Last Meeting (Pages 1 - 12)

To approve the Note of Decisions of the meeting held on 30 January 2020 and to receive information arising from them.

## 6. Joint Strategic Needs Assessment (JSNA) (Pages 13 - 16)

14:05

To publish the updated and revised JSNA and discuss the content.

The full 324-page report will be published as an addendum to the Agenda Pack.

***Recommendations***

1. ***The members of the Health and Wellbeing Board are asked to note the content of the Joint Strategic Needs Assessment for 2020 and encourage widespread use of this information in planning, evaluating and developing services across the County.***

2. ***Member organisations are encouraged to contribute information and intelligence to further the development of the JSNA (through the Steering Group) and to participate in making information more accessible to everyone.***

## 7. Ward profile for Banbury Ruscote (Pages 17 - 32)

14:25

To highlight local health inequalities and build on work to tackle them.

***Recommendations:***

***The members of the Health and Wellbeing Board are asked to***

- ***Comment on this concept for Ward Profiles, using this document as a***

***prototype***

- ***Participate in the ongoing work to highlight the needs and assets of local communities in Banbury Ruscote and the other 9 most deprived areas of Oxfordshire.***

## 8. Feedback from the Health & Wellbeing Board and Growth Board Networking Event (Pages 33 - 34)

14:35

A networking event was held between members of the Health & Wellbeing Board and members of the Growth Board on 5 February 2020. The purpose of this event was to provide an informal opportunity for system leaders to discuss areas of common interest and to consider how they might work together to address such issues.

***It is recommended that:***

1. ***the Health & Wellbeing Board asks officers to consider and propose a few specific priorities that should be the focus of joint working between members of both Boards for agreement at a future meeting of the Health & Wellbeing Board and of the Growth Board***

2. ***A second networking event is held in the autumn of 2020 between members of the Health & Wellbeing Board and members of the Growth Board to progress action in these identified areas.***

## 9. SEND update (Pages 35 - 56)

14:45

To update the Board on the recent inspection.

## 10. Healthwatch report (Pages 57 - 60)

15:00

To receive an update from Healthwatch.

## 11. Performance report and updates from partnership boards (Pages 61 - 82)

15:10

To monitor progress on agreed outcome measures and to receive updates from partnership boards including details of performance issues rated red or amber in the performance report.

Reports from:

- Better Care Fund Joint Management Group
- Adults with Support and Care needs Joint Management Group
- Health Improvement Board

The Children's Trust Board has not met since the last meeting of the Health and Wellbeing Board.

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# OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 30 January 2020 commencing at 2.00 pm and finishing at 4.45 pm

**Present:**

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| **Board Members:** | Councillor Ian Hudspeth – in the Chair |
| | Dr Kiren Collison (Vice-Chairman)<br>Stuart Bell CBE<br>Councillor Steve Harrod<br>Councillor Andrew McHugh<br>Louise Patten<br>Yvonne Rees<br>Dr Ben Riley<br>Councillor Lawrie Stratford<br>City Councillor Louise Upton<br>Tracey Rees<br>Stephen Chandler |
| **Officers:** | |
| Whole of meeting | Jackie Wilderspin, Public Health Specialist; Colm Ó Caomhánaigh, Committee Officer |

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

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

| | ACTION |
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| **1 Welcome by Chairman, Councillor Ian Hudspeth**<br>(Agenda No. 1) | |
| The Chairman welcomed all to the Meeting.<br><br>He suggested taking Item13, Healthwatch Report before Item 9, Health and Care Planning Framework – outputs from the work in OX12. This was agreed. | |
| **2 Apologies for Absence and Temporary Appointments**<br>(Agenda No. 2) | |
| With the consent of the Chairman, Professor Jonathan Montgomery attended for Dr Bruno Holthof. Apologies for absence were received from Lucy Butler. | |
| **3 Declarations of Interest - see guidance note opposite**<br>(Agenda No. 3) | |
| There were no declarations of interest. | |
| **4 Petitions and Public Address**<br>(Agenda No. 4) | |
| The following requests to speak on Item 9 were received:<br><br>Maggie Swain, Save Wantage Hospital Campaign Group<br>Bill Falkenau, Clerk, Wantage Town Council<br>Bernard Connolly, Wantage & Grove Campaign Group<br>Terry Knight, Save Wantage Hospital Campaign Group<br>Julie Mabberley, Chair of the Stakeholders' Reference Group<br>Councillor Jenny Hannaby, Grove and Wantage<br><br>The Chairman decided to take the speakers at the start of Item 9. | |
| **5 Note of Decisions of Last Meeting**<br>(Agenda No. 5) | |
| The Notes of the Meeting held on 26 September 2019 were approved and signed.<br><br>Ansaf Azhar gave an update on the coronavirus. As of the previous day, 130 people had been tested in the UK and all were clear. The current advice is that anyone who has travelled to | |

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| Wuhan should self-isolate for 14 days and if any symptoms emerge, they should dial 111.<br><br>There is no specific regional communication on this. It is all being handled at a national level and all systems are in place. Specialist centres have been identified to deal with any cases. | |
| **6 Annual reports from Adult Safeguarding Board and Children Safeguarding Board**<br>(Agenda No. 6) | |
| Dr Sue Ross, Independent Chair of the Oxfordshire Safeguarding Adults Board, introduced its Annual Report. The number of concerns raised was just under 5,000. Around one quarter were assessed as requiring follow-up under safeguarding procedures while the rest were followed up in other ways. She noted that the Board only meets four times a year.<br><br>Where death or serious harm occurs a Safeguarding Adult Review takes place. There are several in train at the moment as well as a review of deaths related to homelessness.<br><br>Councillor Andrew McHugh asked if she could summarise the 65 cases where 'risk remains'. Sue Ross responded that the cases were all very individual, many were very complex. Her main concern was with cases that might be 'under the radar'. She accepted the criticism that cases could be dealt with more quickly but reminded the Board that only she and one other board member were dedicated to this.<br><br>Stephen Chandler added that the local authority monitors themes and learns from the cases, drawing thematic examples. Having looked closely at cases where there has not been reduced risk, he is assured that all that could be done has been done.<br><br>Stuart Bell asked about the three areas outlined on Agenda Page 22 where governance falls to other partnerships. Sue Ross responded that there needs to be some creative thinking about how to challenge overlapping interests.<br><br>The Chairman thanked the Independent Chair for the report and for her work.<br><br>Richard Simpson, Independent Chair of the Oxfordshire Safeguarding Children Board, summarised the Annual Report – the last report under the old guidance. The new guidance will reflect the multi-agency safeguarding arrangements led by an Executive Group involving the County Council, Clinical Commissioning Group and Police. | |

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| Oxfordshire combines with Buckinghamshire in reviewing child deaths. There is a reciprocal arrangement with Hampshire regarding scrutiny as well as Oxfordshire's own scrutiny process.<br><br>Last year's annual conference was focussed on contextual safeguarding and a working party was formed between Barnardo's and the County Council. This year's conference will be on the voice of the child.<br><br>Richard Simpson welcomed the engagement with Compass – only one school has not been involved. While access levels have been impressive, this puts pressure on the service. He believes that the increase in reports of domestic abuse shows that more people now believe that it is safe to report.<br><br>Councillor Andrew McHugh asked the situation with regard to children who are home schooled. Richard Simpson responded that there is minimal scrutiny. This issue is related to the problem of school exclusions. The government needs to legislate.<br><br>The Chairman confirmed that the County Council had lobbied the Minister on this issue. He asked if the police had a consistent representative on the new Executive Group. Richard Simpson said that it was relatively consistent, but the Thames Valley Police had to cover 14 safeguarding boards and there was no doubting their commitment. Yvonne Rees added that the police representative was always fully briefed and added a lot of value to the meetings.<br><br>Jonathan Montgomery asked about placements for children with complex mental health needs. Richard Simpson noted that it was a national problem and a collective solution is needed.<br><br>Members of the Board thanked the Independent Chair for a concise and easy to read report, welcomed the fact that the independent chair was from Barnardo's and was very accessible and looked forward to the positive impact that Family Safeguarding will have.<br><br>The Board noted both safeguarding reports. | |
| **7 Integrated Care Partnership development - an update**<br>(Agenda No. 7) | |
| Louise Patten gave a presentation. The three CCGs (Bucks, Oxon and West Berks) have approved having a single accountable officer following an engagement process. This is separate to consultation on a possible merger of the CCGs. They | |

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| are still separate organisations.<br><br>She outlined the structures operating at various population scales: the Integrated Care System (ICS) over the three counties; Integrated Care Partnerships (ICP) at county level; Area Networks, for example the Horton catchment; and Primary Care Networks (PCN) at community level.<br><br>The ICP is a way of operating, not a new organisation. It includes four transformation programmes. All reports on transformation come to the Health and Wellbeing Board and therefore into the public domain.<br><br>Tracey Rees asked where the patient voice will be heard, if it would be similar to the way the trusts operate. Louise Patten responded that it still needs to be worked out and this Board and Oxfordshire Wellbeing Network can help to shape it. The need for clear communication with the public on these changes was stated. There are different options including the use of social media.<br><br>Jonathan Montgomery added that there have been discussions between the chairs in the NHS on this. He believed that governance and feedback should be separated. The Chairman added that feedback could also come through councillors.<br><br>Councillor Lawrie Stratford commented that while PCNs sound good, he is concerned that in some cases decisions are being made primarily for the convenience of the GPs.<br><br>Kiren Collison noted that PCNs only started operating in July in a contractual way. Some have been better than others with public engagement. The CCG is trying to support them. | All |
| **8 Oxford Tobacco Control Strategy**<br>(Agenda No. 8) | |
| Ansaf Azhar gave a verbal update on the proposed tobacco control strategy. Smoking is a major factor in health inequality. While the numbers smoking in the county fell from 83,000 in 2011 to 55,000 in 2018, those remaining – about 10% - are hard to reach. The aim is to bring it down to 5% by 2025.<br><br>Proposed measures include more prevention – dissuading people from starting to smoke, more smoke-free areas such as parks and continuing to offer support for smoking cessation.<br><br>Among those with mental health problems the smoking rate is over 35% and with routine manual workers it is 20%. It is | |

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| intended to take a more targeted approach with smoking cessation services going forward.<br><br>Smoking is still the highest preventable cause of ill health. A draft strategy will be circulated.<br><br>Councillor Andrew McHugh supported the strategy as outlined. He said that primary legislation is needed to ensure that tobacco licences are not returned when they are under appeal as happened recently in Banbury. Illicit tobacco is a major factor in organised crime.<br><br>Councillors Steve Harrod and Lawrie Stratford raised the issue of e-cigarettes and what restrictions are appropriate. Ansaf Azhar noted the NHS England advice that e-cigarettes are 95% safer than tobacco. There have been isolated cases relating to certain unregulated brands. Authorities have to respect the evidence. e-cigarettes and vaping are not considered 'smoking'.<br><br>He concluded by stating that upstream preventative measures require partnership. This strategy could be adapted for other issues.<br><br>Kiren Collison said that the NHS was fully behind the strategy. The Chairman noted that there was clearly broad support from this Board. | Ansaf Azhar |
| **9 Healthwatch report**<br>(Agenda No. 13) | |
| Rosalind Pearce, Executive Director, introduced the Healthwatch report which focussed on observation of the process of using the Health and Care Planning Framework in the OX12 project. When the framework approach was established for OX12, the Trustees asked her to observe the process. She noted that it was difficult at the start but that trust was build up. There was a wide range of representation from the community.<br><br>She expressed concern about capacity issues with Primary Care Networks. She could see no tangible change that came from the stakeholders' group work. They had been fortunate to have people with the time and skills – this will not always be the case. In summary, the biggest questions were around leadership and resources. | |
| **10 Health and Care Planning Framework - outputs from the work in OX12**<br>(Agenda No. 9) | |

Maggie Swain, representing Save Wantage Hospital Campaign Group and a member of the Stakeholders' Reference Group, noted that the hospital had 18 beds before it was reduced to only 12. People from outside OX12 have difficulty accessing Wantage due to a lack of public transport. She said that the claim that re-opening the closed beds was not viable was not substantiated in the report.

Bill Faulkner, Clerk, Wantage Town Council, had circulated a letter to members of the Board in advance. He said that the report had failed to identify the needs of the area. The process failed and the Town Council called for the report to be withdrawn. It was supported by Grove Parish Council in this. The Town Council wished to work with the project team on solutions.

Bernard Connolly, representing Wantage and Grove Campaign Group and a member of the Stakeholders' Reference Group, said that the report ignored the views from the consultation process that people wanted the beds reopened. He believed that the process was driven by the desire to save money. There was nothing to help with the shortfall of GPs in the area. He asked for the report to be withdrawn.

Julie Mabberley, Chair of the Stakeholders' Reference Group, was unhappy that she was only able to see the report on 22 January and had no opportunity to comment before publication. The report only includes plans for Wantage Community Hospital and yet people were told on several occasions that it was not part of the project. She criticised the lack of evidence behind the proposals and supported the Town Council request to withdraw the report.

Terry Knight, representing Save Wantage Hospital Campaign Group, said that he had been involved in all the discussions since the closure but did not recognise some of the issues in the report as ever being discussed. He believed that the report was a top-down exercise and the decision had been made to close the hospital. The process was deeply flawed and the report should be rejected.

Councillor Jenny Hannaby, Grove and Wantage, said that despite her reservations about the process she decided to participate. It was very disappointing that there was only one question about the hospital on the questionnaire. One thousand people marched and ten thousand signed a petition to say that they wanted the hospital back. She believed that the report was not fit for purpose but she wanted to work with the team towards solutions.

Jo Cogswell, Director of Transformation, OCCG and Senior

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| Responsible Officer for the OX12 project, introduced the report. The Board had approved the Framework. The premise was to understand the needs now and in the future, assess gaps and identify strengths. She was grateful for the hard work and insight of the stakeholders' group.<br><br>A parallel report was going to the Joint Oxfordshire Health and Overview Scrutiny Committee (HOSC) the following week. There will be a need for consultation on specific issues and no decisions have been made yet.<br><br>They would have liked to do more modelling of future population health need but this wasn't possible. Colleagues in Public Health provided information on trends. The report is just 35 pages but it includes links to background information and data which can be explored in full.<br><br>Tehmeena Ajmal, Oxford Health, who worked with the Information and Data Group, described how work started in June on structuring the data. Information from other sources was added in October. The group did not have the specialist skills available for data modelling.<br><br>Councillor Louise Upton asked if the stakeholders' group would have a chance to input before the HOSC meeting. Jo Cogswell responded that the report was from the project team, but the Stakeholder group had played an important role in the project. She commented that maybe they could have done a better job of explaining where the group had influence. The report was previewed for the stakeholders' group a couple of weeks ago.<br><br>Councillor Lawrie Stratford said that, while the report looked good, it will not satisfy the needs of local people. Louise Patten responded that it was important to look at the hospital in terms of services rather than beds.<br><br>Jonathan Montgomery noted that the report was supposed to include future health needs but was mostly about current needs. Jo Cogswell responded that the team did not have access to projection tools but they had used the national trends. One trend is a reduction in use of community beds with more focus on home services. This report focuses on services including the use of the hospital as a venue. The in-patient beds are a separate issue that needs more work.<br><br>Tracey Rees expressed concern that the perception of the stakeholders' group was that they had not been listened to. She asked if there was clarity on what they were being engaged about. | |

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| Stuart Bell commented that the report included a more thorough examination of health needs than he had seen anywhere else. Some issues emerged that might not have been expected, such as public transport and young people's mental health. Important work is needed to link the issues of beds and needs. He stated that there seem to be two processes – a decision on in-patient beds and further work on the range of services needed for local health needs, taking the ideas from the report and developing a clear plan.<br><br>The Chairman asked if the Board agreed to the recommendations. He noted that the third part of the recommendation was that the Board would consider the findings when completed.<br><br>The Board thanked Jo Cogswell for report and **AGREED** the recommendations as follows:<br><br>Oxfordshire Health and Wellbeing Board<br>• Reviews and notes the findings of the OX12 Project Summary Report<br>• Extends thanks to those members of the public and representatives of community groups within OX12 who volunteered their time and expertise to support delivery of the project<br>• Considers the findings of the formal evaluation of the health and care needs framework when completed | All |
| **11 Health and Care Planning Framework - project scope for North Oxfordshire**<br>(Agenda No. 10) | |
| Catherine Mountford, Director of Governance, OCCG introduced the report on the proposed approach in applying the Health and Care Needs Framework in Banbury and asked for the formal endorsement of the Board.<br><br>Jonathan Horbury, Programme Director, Oxfordshire Integrated Care Partnership, stated that there was a conjunction of opportunities at this time with work on healthy place shaping, a projected increase in the town's population by 23% by 2027 and the establishment of the Banbury Primary Care Network. Cherwell District Council is fully committed to working with the project.<br><br>Ansaf Azhar added that one of the ten most deprived wards in the County is Banbury-Ruscote and it has been chosen to be the first to have a ward profile completed and that will feed into the Banbury work. He referred to research that indicated that health | |

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| outcomes are more affected by socio-economic and environmental factors (80%) than health services (20%).<br><br>Jonathan Montgomery expressed support for the project and noted that work on redevelopment is underway at the Horton and will progress alongside the is project.<br><br>Councillor Lawrie Stratford welcomed the proposal. He had been asked if this was phase 2 of the Brighter Futures programme. He hoped that it would involve similar community engagement especially around lifestyles and that the framework would be rolled out elsewhere.<br><br>Tracey Rees asked if there was a role for the voluntary sector or if it focused on statutory organisations.<br><br>Jonathan Horbury responded that they were committed to making sure the voluntary sector was involved. There would be a series of workshops starting this summer. Catherine Mountford added that statutory organisations would be providing officers.<br><br>Kiren Collison said that the project would be a key way of identifying health inequalities. Events were lined up already. The Thames Valley Police will be involved as well, providing important local intel. The Health and Wellbeing Board can ensure that the different strands of work are linking and not duplicating.<br><br>The Chairman noted that it was important to include the built environment and better planning in the process.<br><br>The Board thanked Catherine Mountford for the report and **AGREED** the recommendations as follows: to<br><br>• endorse and support the Banbury Health and Care project; and<br>• note the project's organisation and expect update reports on progress and resulting recommendations. | Jonathan Horbury<br><br>All<br><br>Ansaf Azhar |
| **12 Report from the Oxfordshire Stakeholder Network event, 18 November**<br>(Agenda No. 11) | |
| Rosalind Pearce, Executive Director, Healthwatch, presented the report on the first network event that they had organised. Over 100 attended from 75 organisations. This Board was well represented and some members responded to feedback from participants at the end of the session.<br><br>The key themes identified that affect wellbeing were: isolation, | |

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| access, transport and services. The general feedback was positive. People could see that they were being listened to. Communication has continued after the event. It wasn't entirely successful at reaching organisations not traditionally engaged. It is hoped that the next event will be more rooted in the community – designed by community groups. | Rosalind Pearce |
| There were two questions for the Board: to have a meeting with the Growth Board particularly on transport issues and report back; and to consider the sustainability, growth and development of community organisations. | All |
| The Chairman confirmed that there would be an informal meeting between this Board and the Growth Board. The latter has been successful in attracting funding that will help delivery. | |
| Jonathan Montgomery observed that the first meeting was dominated by health and hoped that wellbeing would be the focus of the second meeting. Rosalind Pearce confirmed that. | Rosalind Pearce |
| Stuart Bell stated that the Buckinghamshire Health and Wellbeing Board meeting had made the same point – housing and criminal justice were identified as key factors. He also hoped that other voluntary groups that are not providers be involved such as the Rotary Club for example. | |
| The Chairman thanked Healthwatch for the report. | |
| **13 CQC Plan update**<br>(Agenda No. 12) | |
| Stephen Chandler summarised the report. The Action Plan was submitted to the Care Quality Commission in March 2018. This is the final report to the Board at the end of 18 months. Because some tasks went beyond the intention of the recommendation, they are running longer than the intended 18 month period. The Board is asked to sign off the plan with outstanding tasks to be completed and reported as part of the usual governance arrangements. He added that the system should be proud of the achievements. | |
| Louise Patten reported that the CCG will be using the CQC's evaluation website and patient experience will be a key factor. | |
| Jonathan Montgomery supported closing the Action Plan. | |
| The Board **AGREED** to the closure of the plan and for any outstanding tasks to be completed and reported as part of their existing governance arrangements. | Stephen Chandler |

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| **14 Performance report**<br>(Agenda No. 14) | |
| There were no issues raised on the Performance Report. | |
| **15 Reports from the Partnership Board**<br>(Agenda No. 15) | |
| There were no questions. The reports were noted. | |

..... in the Chair

Date of signing .....

# Oxfordshire Joint Strategic Needs Assessment
# Annual Report 2020

**Report to the Oxfordshire Health and Wellbeing Board, 19 March 2020**

## Recommendations

1. The members of the Health and Wellbeing Board are asked to note the content of the Joint Strategic Needs Assessment for 2020 and encourage widespread use of this information in planning, evaluating and developing services across the County.
2. Member organisations are encouraged to contribute information and intelligence to further the development of the JSNA (through the Steering Group) and to participate in making information more accessible to everyone.

## Background

There are two statutory duties of the Health and Wellbeing Board – the publication of a Joint Health and Wellbeing Strategy and the publication of a Joint Strategic Needs Assessment (JSNA). The JSNA enables local authorities and the NHS to assess the current and future health, care and wellbeing needs of the local community to inform local decision making. In Oxfordshire it is published in full, enabling its use by a wide range of partners and the general public.

The Oxfordshire JSNA has been developing year on year thanks to the hard work of a small group of skilled analysts led by Margaret Melling, Sue Lygo and Philippa Dent. Their work is steered by representatives from many of the HWB partner organisations and the final product is signed off by Strategic Directors from the Clinical Commissioning Group and the County Council. It is truly a "Joint" piece of work.

## The JSNA 2020

The papers for the Health and Wellbeing Board include the JSNA 2020 report. This comprises

- over 320 pages of information about the population of Oxfordshire
- set out in 8 themed chapters
- with the latest available published data on each topic.
- Interactive links to enable easy movement around the document.
- Embedded links to further information, reports and data throughout the document

It is highly recommended that the report is used digitally and NOT PRINTED OUT. It will be at its most useful when viewed as a pdf on a screen.

Extracts from the JSNA are pasted below to give an overview of what is there**.**

**The Layout of the JSNA**

How this report is organised

Chapter 1: Executive summary includes a short overview of findings, findings for young people and older people and the JSNA "snake" summary of key data by life-stage.

Chapter 2: Population with data on the population of Oxfordshire, the latest Office for National Statistics estimates (as of mid-2018), past trends and future projections/forecasts.

Chapter 3: Population groups and protected characteristics summarises data on residents in selected population groups in Oxfordshire including "protected characteristics" as defined under the Equality Act of 2010.

Chapter 4: Health conditions and causes of death includes information on health conditions and causes of deaths in Oxfordshire.

Chapter 5: Behavioural determinants of health provides data on behavioural factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and alcohol, and sexual and reproductive health.

Chapter 6: Wider determinants of health covers conditions in which people are born, grow, live work and age, social, cultural, political, economic, commercial and environmental factors.

Chapter 7: Service use provides an overview of trends from data collected by providers of health, social care and related services in Oxfordshire including Local Authorities, Health service providers, Police and Voluntary sector organisations.

Chapter 8: Local research includes research carried out by organisations in Oxfordshire of relevance to the topics covered by the Joint Strategic Needs Assessment.

The Executive Summary gives high-level information, set out over 3 pages. The Executive Summary also includes an updated version of the very popular "snake" diagram on page 9 and this will also be published separately on Oxfordshire Insight.

The “snake” now includes embedded links to take you from the headlines to more details on each topic within the report – another useful development in navigating this breadth of information available.

It is almost impossible to pick out some key findings from the main body of the report - it is such a treasury of information so it is likely that what one individual or organisation might regard as a valuable fact would not be the same as the opinion of another. However, it is hoped that everyone will find something useful.

**New Developments in this year’s report**

Following the publication of the JSNA last year it was presented to partnerships, networks and organisations around the County. It was also published on Oxfordshire Insight http://insight.oxfordshire.gov.uk/cms/ (which is where this new report will also be published following approval at the HWB).

Many colleagues from across the system gave feedback on the content and usability of the JSNA and these comments have been used to steer further development of the JSNA. As a result the following changes have been made:

- The JSNA is now published as one (large) document and not as separate chapters. This enables a search of the whole document in one go.
- New content or updated information has been added throughout the JSNA, including on a range of important topics such as predicted growth in the population, Climate Change, Healthy Place Shaping, inequalities in death rates, air pollution, volunteering, gambling and Active Travel, to name just a few.
- More information on inequalities issues has been included in the JSNA and set out to enable Equity Audit and other targeting of work to tackle inequalities.
- It is easier to navigate between chapters and within chapters due to links being embedded on every page.
- More links to data sources, other reports and information are embedded in the text which take the user to a very wide range of resources on other, trusted, websites.
- A much wider selection of local research is now reported and linked in the document, adding more qualitative information on a range of topics and encouraging local organisations to share intelligence from their work.

Other welcome developments in the process of producing the JSNA have included good participation in the JSNA steering group from all local authorities, the CCG, Healthwatch Oxfordshire and others. A wide range of partners have also contributed data through the Analyst Network and by providing research reports from their own organisations.

This is a valuable resource for partners across the system and for community organisations and the general public. It is being used more and more widely and has even been cited by local journalists as the source of information in press coverage of local issues.

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**Ward Profile: Banbury Ruscote**

**A draft overview to be presented to the Health and Wellbeing Board in March 2020 as a proof of concept**

## Introduction

The Director of Public Health, Ansaf Azhar, has outlined priorities for improving health and wellbeing in Oxfordshire and for tackling health inequalities. The major priority is to improve health outcomes for people in the most deprived wards in Oxfordshire and to work with local communities, using their insight and experience and building on local assets.

Ten wards in Oxfordshire have small areas ("Super Output Areas") that were listed in the 20% most deprived in England in the Index of Multiple Deprivation update published in November 2019. The intention is to produce ward profiles for each of these areas during 2020-21. This document is the first of the ward profiles and focusses on Banbury Ruscote ward.

The document includes health data, the views and ideas of local residents and other stakeholders, some asset mapping and ideas for continuing and developing work in Banbury Ruscote. This is a new way of using the Joint Strategic Needs Assessment by adding local insight and working towards agreeing priorities for action.

The concept which is being tried out here is an approach to using data and community insight as a basis for organisations and community groups to work together with local residents. The most important next step will be to engage local people in how this profile can be developed using an asset-based community development model (ABCD). Brighter Futures in Banbury already exists as a convener of multi-agency effort and it is intended that the ward profile forms part of the thinking behind developing an action plan that will empower local people to bring about change.

## Recommendations:

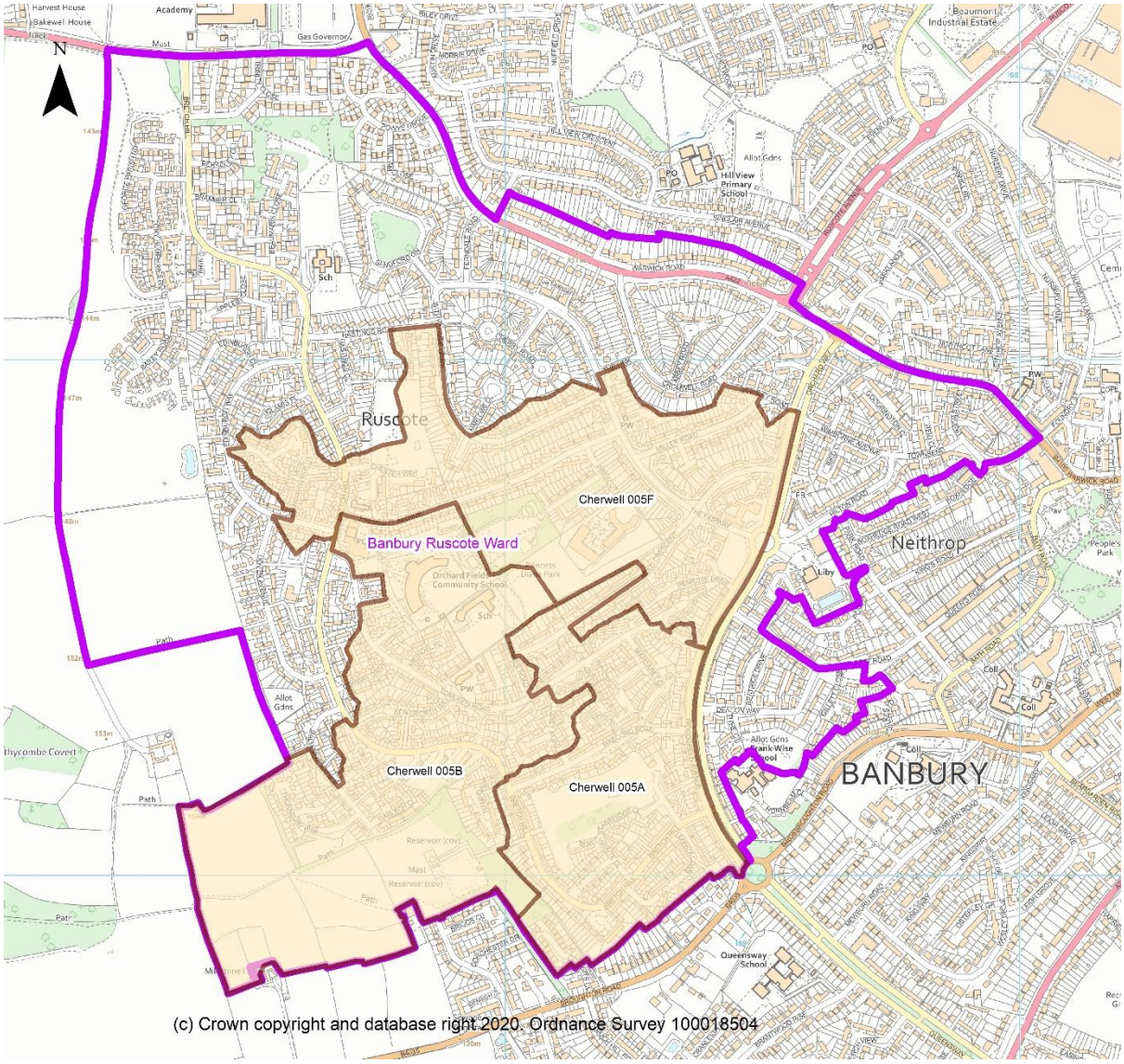
The members of the Health and Wellbeing Board are asked to

- Comment on this concept for Ward Profiles, using this document as a prototype
- Participate in the ongoing work to highlight the needs and assets of local communities in Banbury Ruscote and the other 9 most deprived areas of Oxfordshire.

**Contents of this profile**

# 1. Population Health Data

**Banbury Ruscote** is one of five wards that make up the area of Banbury in the north of Cherwell. The ward features 3 lower super output areas (LSOAs) that are in the 20% most deprived in England. These are illustrated in the map below.



**Banbury Ruscote Inequalities**
Some indicators included in this pack have been updated in 2019 and some are new indicators. Remaining indicators have not been updated. It should be clear which indicators have been updated and which are new. Unless otherwise indicated the source is PHE Local Health Data.

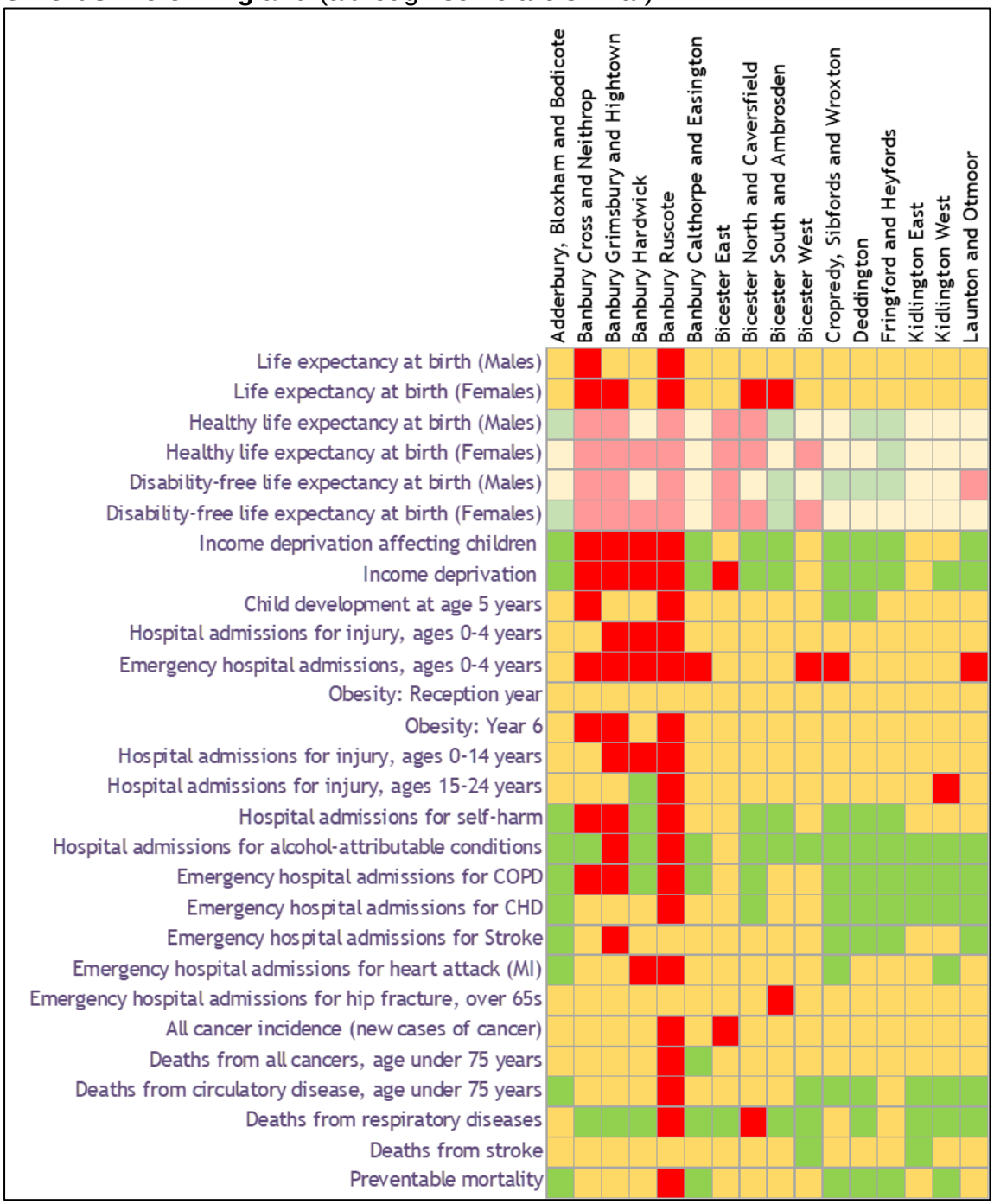
***Notes regarding inequality charts in this pack:***

- *When analysing these charts, it is important to consider the error bars around the figures. All error bars used here are for 95% confidence intervals - this means that there is 95% chance that the true value lies within this interval*
- *Standardised ratios are not designed for comparison between areas but only compared to England (the standard). It is not possible to show trended data or significance between areas for these indicators due to population differences. This applies to many of the charts in this pack (standardised admission, mortality and incidence ratios).*

**Life expectancy differences**

| | | | | |
|---|---|---|---|---|
| **Banbury Ruscote** | | | **75.3** | **78.4** |
| **Kidlington West** | **21.5 miles** | **18.9 miles** | **82** | **85** |
| **Deddington** | **6.8 miles** | **7.4 miles** | **81.4** | **85.8** |
| **Gap** | | | **6.7 yrs.** | **7.4 yrs.** |
| **Change** | | | ↓ | ↓ |

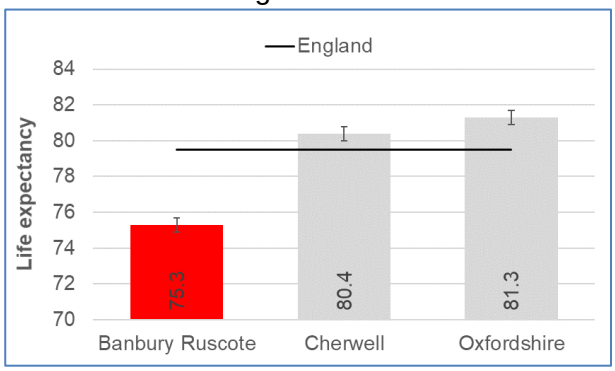
In Cherwell, wards with the most indicators worse than Oxfordshire or England are in Banbury. **Banbury Ruscote ward has no indicators significantly better than Oxfordshire or England** (although some are similar).



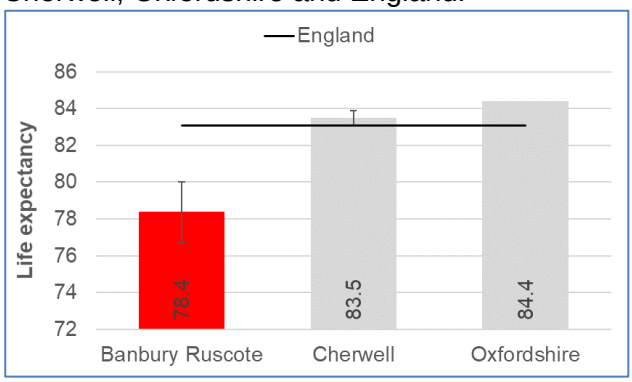

For further information on health inequalities across the county, please see the full Inequalities Basket of Indicators via Oxfordshire Insight here

It should be noted that boundary changes in Cherwell mean that some wards have changed. Therefore, some data will not be comparable to previous data points (e.g. Life Expectancy).

**Life expectancy in males 2013/17** – Banbury Ruscote is significantly lower than Cherwell, Oxfordshire and England.

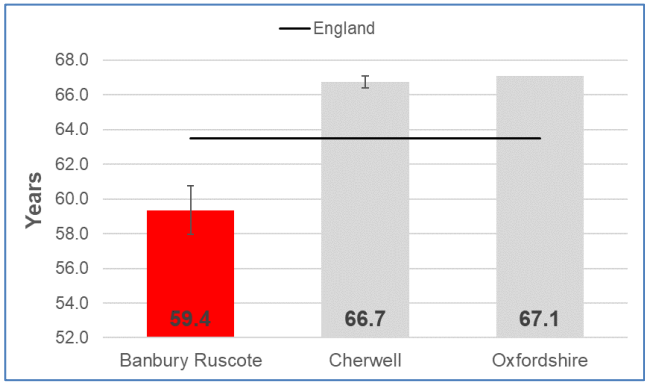



**Life expectancy in females 2013-17** – Banbury Ruscote is significantly lower than Cherwell, Oxfordshire and England.



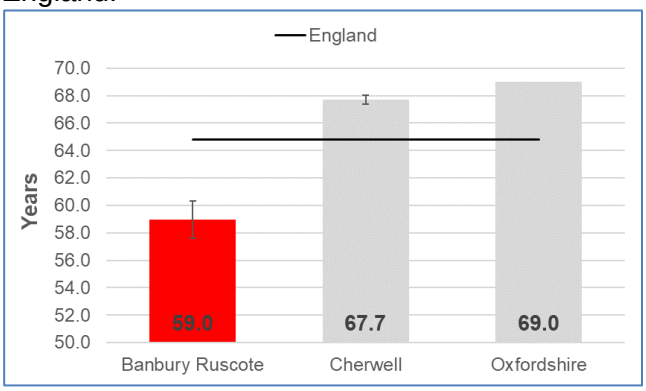

***Healthy Life Expectancy (HLE)*** *is a measure of the average number of years a person could expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health in an area. The prevalence of good health is derived from responses to a survey question on general health.*

Banbury Ruscote is significantly lower than both Oxfordshire and England in terms of **HLE in males 2009-13**.




Source: Office for National Statistics

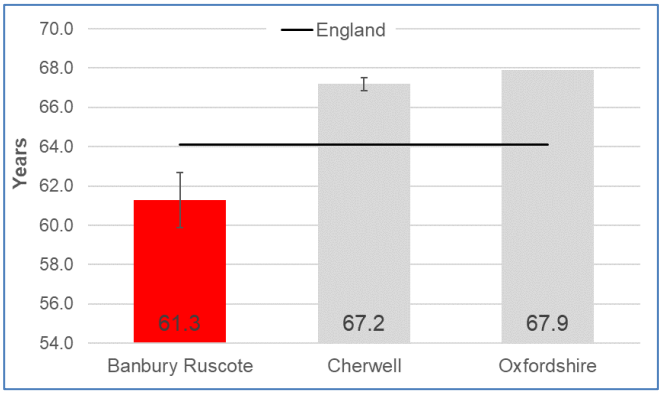
**HLE in females 2009-13** - Banbury Ruscote is significantly lower than Oxfordshire and England.




Source: Office for National Statistics

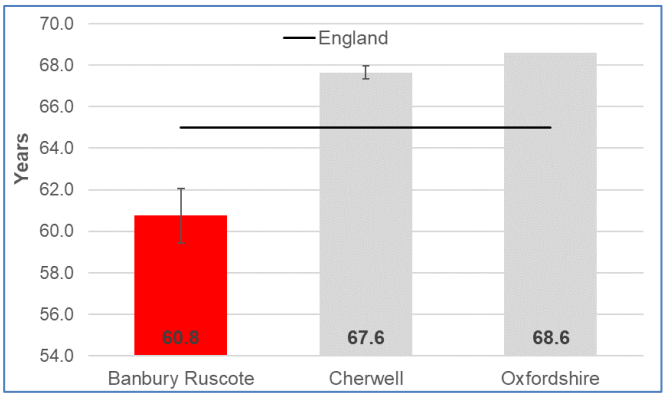
***Disability-free life expectancy (DfLE)*** *estimates the proportion of life spent without disability – it is a relative measure that divides disability-free life expectancy (DfLE) by life expectancy (LE) and can be expressed as a percentage.*

Banbury Ruscote has a significantly lower **DfLE in males 2009-13** than Oxfordshire.



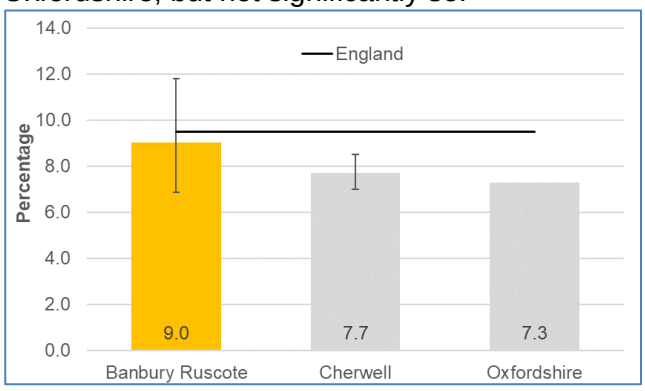

Source: Office for National Statistics

Banbury Ruscote has a significantly lower rate of **DfLE in females 2009-13** than Oxfordshire.



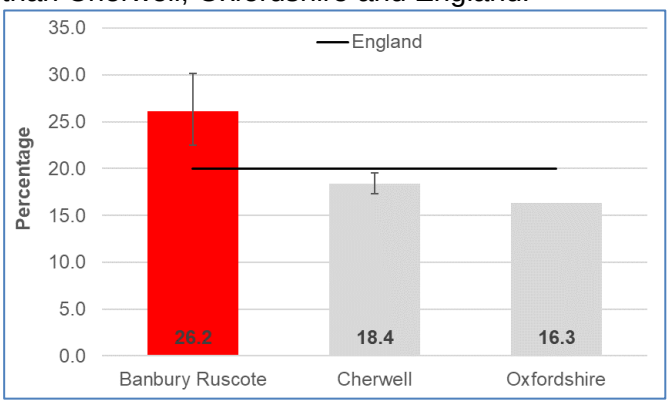

Source: Office for National Statistics

Banbury Ruscote has a higher **rate of obesity 4-5 year olds** in this time period than Oxfordshire, but not significantly so.




*Source: National Child Measurement Programme*

Banbury Ruscote has significantly higher **obesity in Year 6 pupils** (aged 10-11 years) than Cherwell, Oxfordshire and England.

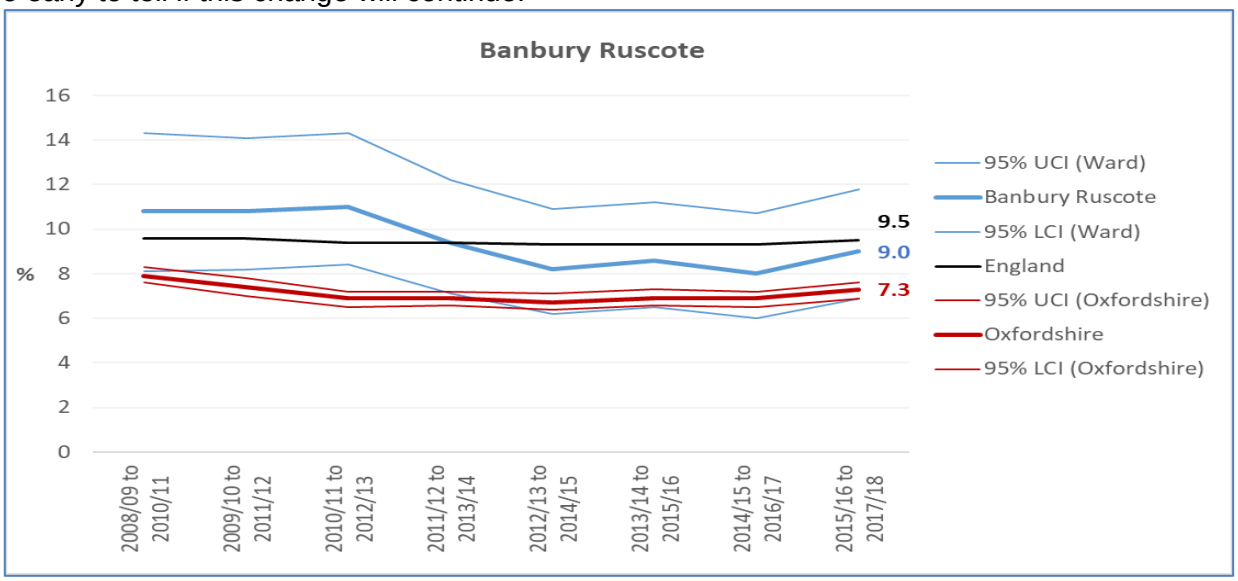



*Source: National Child Measurement Programme*

**Trend data for childhood obesity**

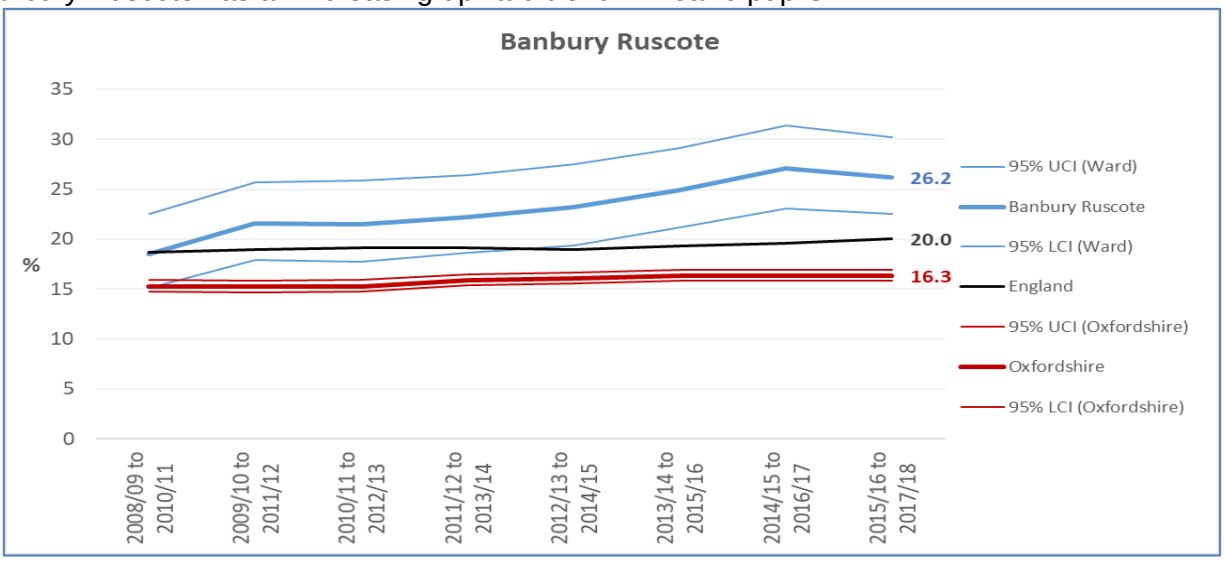
**Reception obesity**

Banbury Ruscote shows a slight decline followed by a small increase for the latest data point. It is too early to tell if this change will continue.

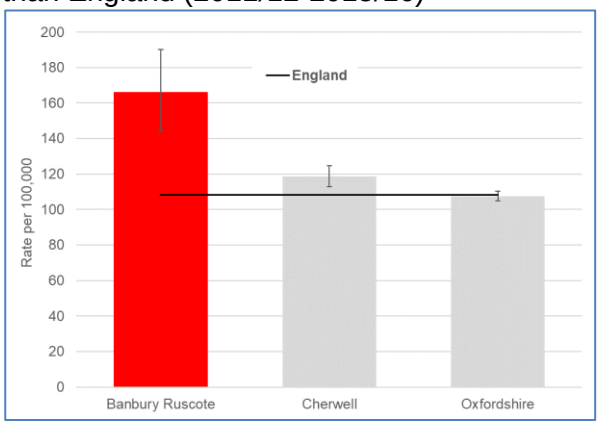



**Year 6 obesity**

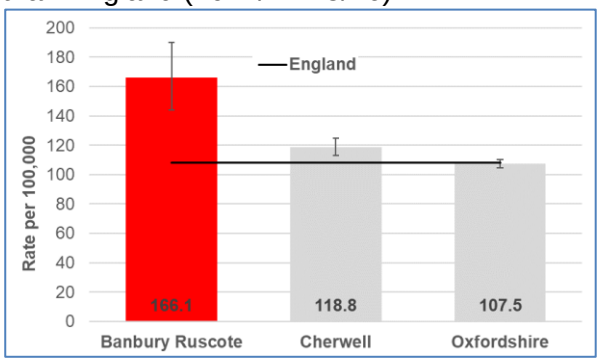
Banbury Ruscote has an increasing upward trend in Year 6 pupils.



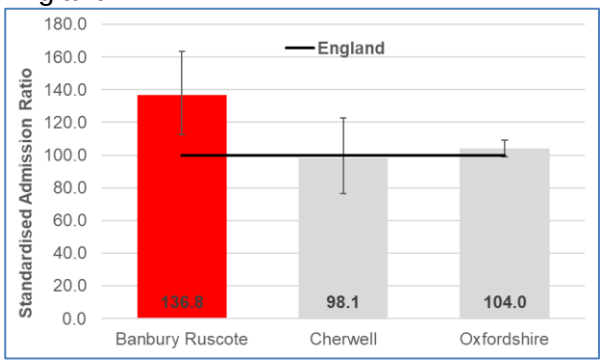
Banbury Ruscote has significantly higher rates of **admissions for injury in under 15s** than England (2011/12-2015/16)



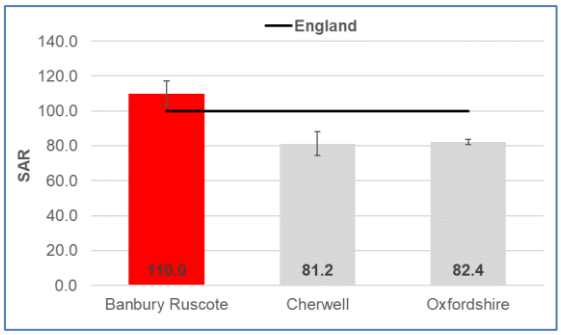

Banbury Ruscote has a significantly higher rate of **admissions due to injury in 15-24s** than England (2011/12-15/16).



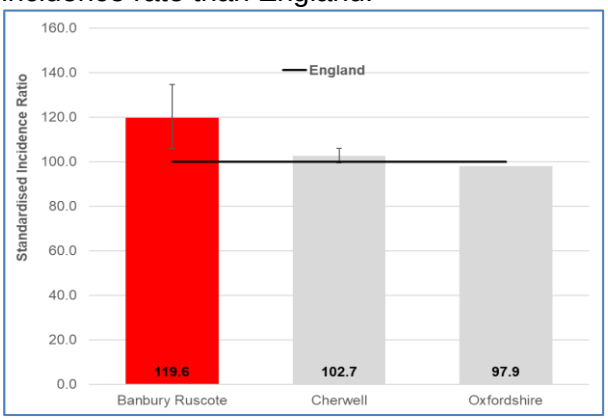

Banbury Ruscote has a significantly high rate of **hospital stays for self-harm** than England.



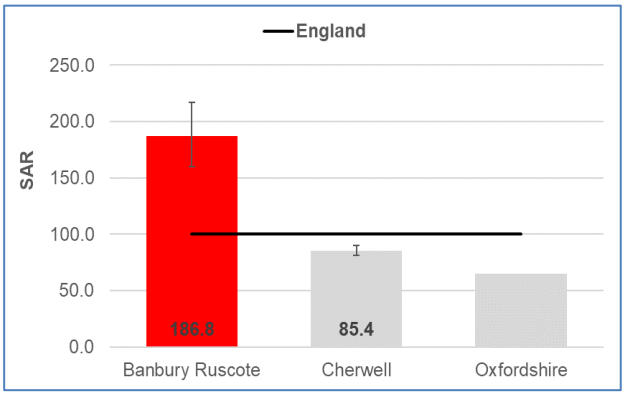

Banbury Ruscote is significantly higher than England in terms of **hospital stays for alcohol-related harm**.



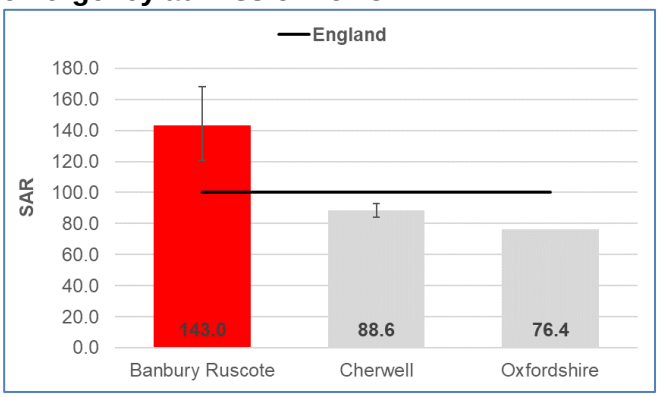

**Standardised Incidence Ratio of all Cancers** - Banbury Ruscote has a significantly higher incidence rate than England.



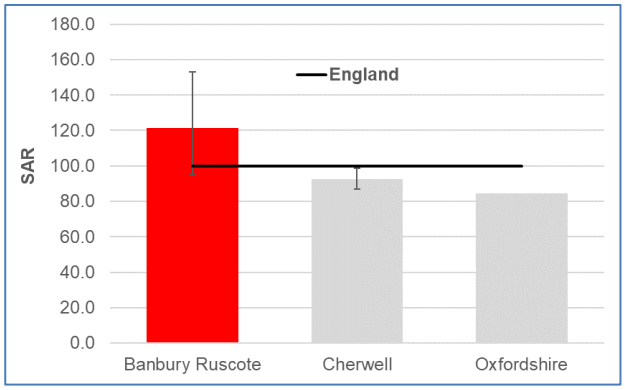

Banbury Ruscote has a significantly higher rate than England for **emergency admissions for COPD**.



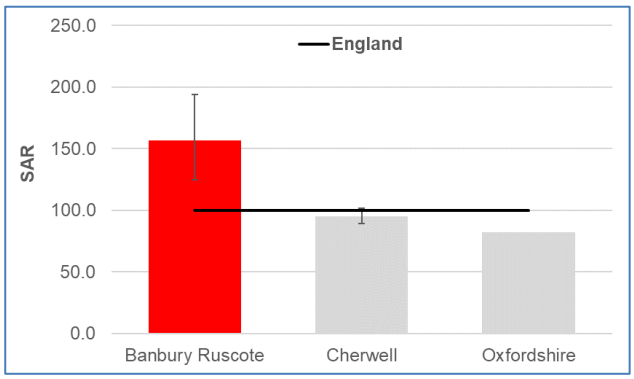

Banbury Ruscote ward is the only ward in Cherwell significantly higher than England for **emergency admission for CHD**.



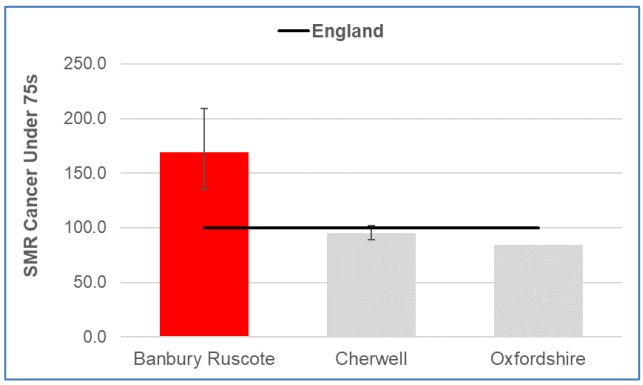
Banbury Ruscote has a higher rate than England for **emergency admissions to hospital for stroke**. However, it is not significantly so.



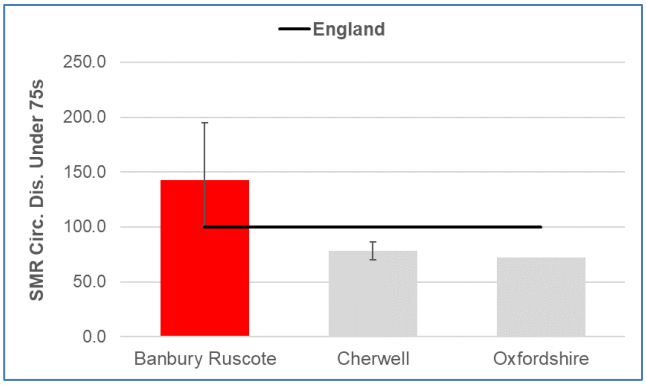

Banbury Ruscote has a significantly higher rate than England for **emergency admissions for Myocardial Infarction (MI).**



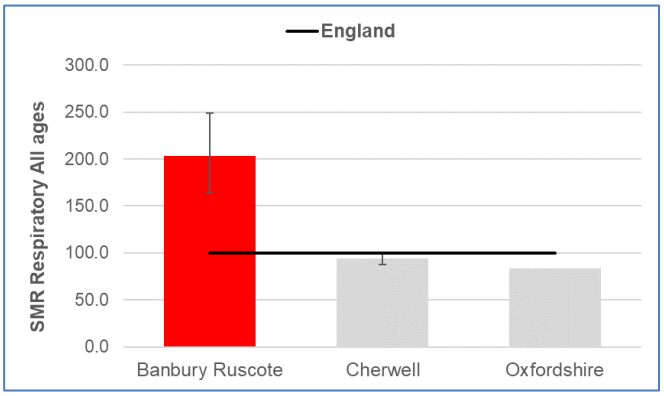

Banbury Ruscote has a significantly higher rate of **deaths from all cancers in under 75s** than England.



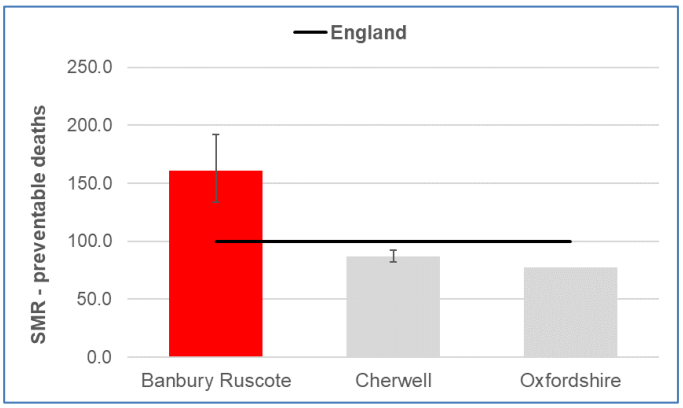

Banbury Ruscote has significantly higher rates of **death from circulatory disease in under 75s** than England.




Rate of **deaths from respiratory diseases in all ages** is significantly higher than England in Banbury Ruscote.




Rate of **deaths from causes considered preventable** are significantly higher in Banbury Ruscote.
*Preventable causes are those deaths that could potentially be prevented by public health interventions in the broadest sense*



## 2. Community Voices

**What matters to people in Banbury Ruscote ward in terms of their health and well-being?**

Feedback from community organisations, health and social care professionals and residents from the Ruscote area evidenced a breadth of multi-layered factors that impacted negatively on residents' health and well-being. While many of these may at first seem independent, discussions often demonstrated their inter-dependency.

Areas identified by all three groups included:

- **a lack of accessible opportunities** – this was referenced in terms of time, location and affordability of social activities, or support services, and the negative impact of public spaces that feel unsafe, poorly maintained and a range of hygiene and safety factors for autonomous use of the public realm.

- **a lack of knowledge** – there was a feeling that many failed to access those opportunities already available, or support they were entitled to, due to a failure in communication both direct to the public, and between organisations.

- **a vulnerability of young people** – this ranged from loneliness, and risk of exploitation by gangs in older youths, to a lack of mental health resilience in children in their early years.

- **The normalisation of drug use** – and its associated negative social and direct health impacts.

**Note: How was this report compiled?**

This report was compiled through three distinct phases of research. Firstly, a focus group of representatives from organisations that form part of the local community were engaged to discuss the assets of Ruscote and the health and wellbeing needs of its population. Secondly, a survey was conducted in person, and electronically that directly engaged nearly 100 individuals on their experiences living in Banbury Ruscote. Finally, a second focus group was held with professionals from across health and social care services in Banbury. The following section summarises the key insights and shared concerns that were voiced by residents, community groups and professionals when asked to consider the deficits of the areas.

**The wider determinants of health in Banbury Ruscote ward**

**At an individual level**

A skills gap in **parenting** was identified by both the healthcare and community organisation representatives and was partially supported by references in the direct resident consultation. This was identified as a contributing factor to issues identified in the **mental health and resilience of children in their early years (0-5).** This topic is to be the subject of a Healthwatch study conducted in partnership with the Sunshine Early Years Centre in 2020.

There was disagreement as to the nature of the causes of poor **food and diet**, and whether it stemmed from lifestyle choices or a skills gap. The topic was notably prominent, as a negative factor, in the self-reported health of the young people interviewed.

Some healthcare professionals suggested that residents struggled with **self-advocacy**, and relied on a confrontational approach, either through lack of skills, or a belief that you needed to 'cause trouble' to be heard. Some community organisers suggested that only people advocating on behalf of others are taken seriously. Social care professionals suggested that their recent change of approach, in taking time to converse with patients and empower them to both articulate their desired outcomes and identify the strengths and skills they already had which could help them realise their ambitions, was proving beneficial..

**Self-esteem** was identified as a potential barrier to many individuals accessing the opportunities that were available to them, and there was a need to consider the psychological barriers of joining a group for the first time.

> *"People tend to be quite private, or don't feel safe, worried by strangers – all issues of pride, so they don't engage… its circular, a lack of confidence breeds problems with debt, with cooking, which breeds lack of confidence.*
>
> *"It took six times to convince my mum to go to bingo… eventually went with a friend – they each thought they were doing it to support the other one."*

**At a social level**

The prevalence of **drugs** was commonly reported. Community organisations highlighted the impact of **'county lines'** on the area, noted not only for its direct impact, but also the indirect knock-on effects of the **use and normalisation of marijuana**. It was reported that parents viewed the use of this soft drug with friends in the garden shed, as preferable to being out on the streets and getting involved in something worse.

> "*We ask them at college, do you do drugs? They say 'no'. We ask, what about cannabis? 'Oh yeh'. Many see is it as a way of controlling mental health issues, "it chills me out", there is no sense that it might be the cause of certain mental health issues."*

All highlighted the **lack of accessible facilities for youth**, as a key issue for the area, with many residents acknowledging a link between this, drugs, and the **intimidating environment in the area's parks.** Residents of all ages noted this intimidating environment, and the perceived domination of these spaces by drug-users. Many noted they would like to see more things to see and do in their local spaces, and many reported that environmental improvements such as seating, toilets and lighting would encourage their usage.

> *"We piloted families' outdoor activities in open spaces, those who came loved it, but the uptake was low because other things are going on in the park and families are afraid. We'll need to re-package it and re-launch in the spring"*

Community group representatives also shared a feeling of increased instances of Islamophobia since Brexit. It was also felt young people from Asian backgrounds were on the defensive, creating a spiral of division.

> *"There were instances of racial abuse in parks, [a few years ago] five families were stoned and abused in the Princess Diana [park]. Once there is one bad experience, that message spreads, it will take a lot to get them there."*

Direct consultation revealed a feeling of a **lack of accessible opportunities** for physical activity, social contact or just something to do **at all ages**.

**At a structural level**

In the eyes of health and social care professionals, **transport and the access to out-patient clinics** is a major structural barrier to the health and well-being of residents. Everyone could cite examples of patients that had failed to access healthcare because of difficulty in reaching the John Radcliffe Hospital in Oxford and identified this as a serious issue for the elderly and those from lower socio-economic groups.

> *"the elderly they can make one bus but not three. A lot who would have been eligible for transport are not now. Those that can drive are been told to arrive two-hours early so they can park."*

Health professionals said that improved breadth of out-patient clinics in Banbury would make a huge difference, as the inability to travel to Oxford was the single largest issue of compliance in accessing care.

**A poor standard of housing, social and privately rented,** was highlighted across the board which impacted on both the physical and mental well-being of residents. This ranged from a feeling of being ignored by social housing providers to a demand for re-instating wardens for assisted living.

Communication, or **simply knowing what is available and how to access it**, was a constant theme across those engaged. There was a recognition that a range of **assets**, in terms of support or initiatives **are available, but that not everyone knows they exist**, or how to access them. It was suggested that improved communication both between professionals and withthe general public about exactly what was available, to whom and how to access those assets was a key immediate priority.

Those working with the community highlighted the importance of bringing support to residents' doorsteps, rather than inviting them to attend a central location. Healthcare professionals discussed the need to embed services that supported the wider determinants of health within their practices.

> *"A big part of it is space – if there was space for peer support at our surgery, or if there was social work support – when I'm asked about benefits, I could say come meet our embedded social worker."*

# 3. Local Assets

a. **Themes from local research** (as above **–** survey and focus groups, February 2020).

These themes emerged in response to the following question: "What are the local assets that exist that can support people in meeting their needs?"

- Although transport was discussed as a major barrier as reported by health and social care professionals, residents and community groups, they also noted **the area's proximity to the town centre and the open countryside and the ability to access those on foot** as a significant asset.

- Residents of all ages noted that they accessed the **parks for active travel, but the lack of hygiene factors such as places to sit, or public toilets restricted further usage**. Maintenance of pathways, and 'brightening up' the area were also raised as areas for improvement.

- Physical assets such as '**The Hill', 'The Sunshine Centre' and 'The Sunrise Multi-cultural Centre'** and their **provision of space for a wider range of social assets** were celebrated, though knowledge of what opportunities could be accessed was variable, particularly for health professionals.

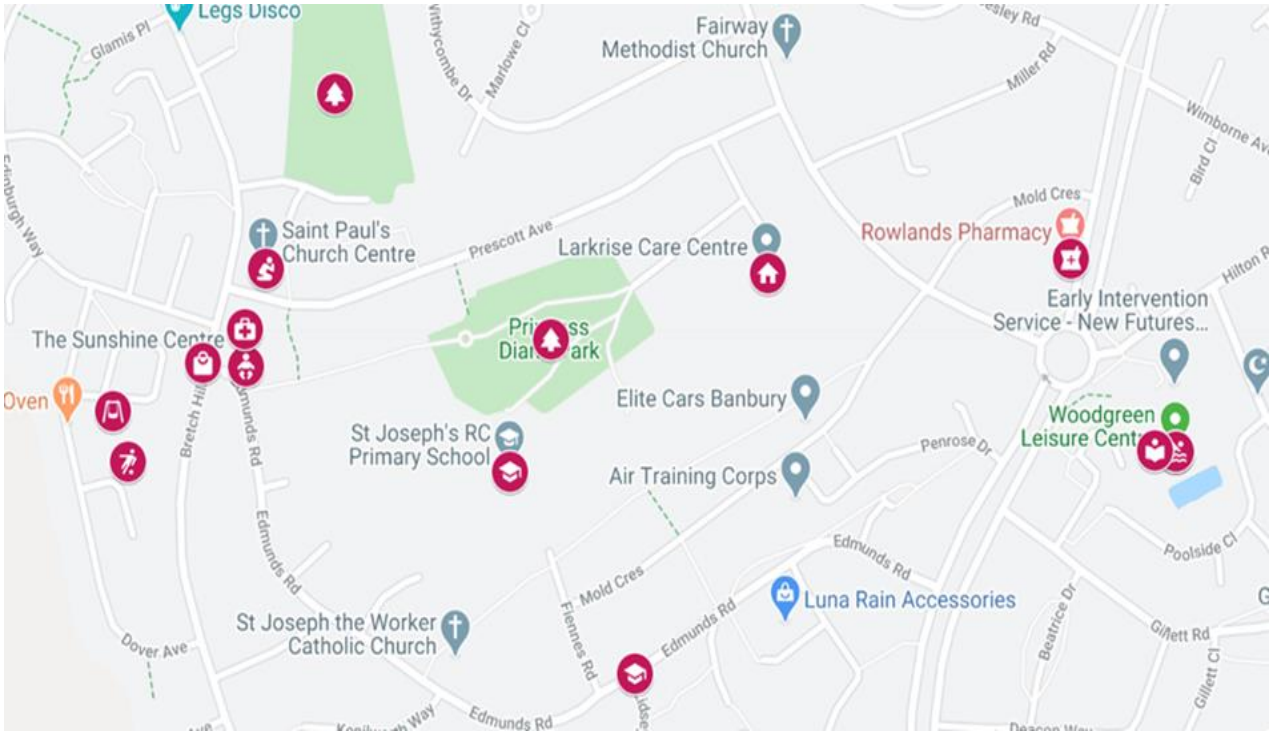
- Community organisations highlighted the presence of programmes or events that provided **free educational opportunities to support children in their basic needs of food and play as key social assets for the area.** These included **Healthy Cooking classes, the Summerfest**, and a number of residents also highlighted the **FAST programme (Families Active Sporting Together)**

- Although a number of groups use physical assets such as the **Ruscote Community Centre,** this was not initially identified as a physical asset, this may be because it is physically in the neighbouring ward of Banbury Neithrop.

- The **ability to embed social workers or benefits support officers within doctor's surgeries** was seen as a priority ambition for all healthcare professionals, but the lack of physical space was perceived as the major barrier.

- **Local shops and pharmacies** were identified as assets by the community groups, and healthcare professionals discussed the potential in the **asset utilisation of vacant units**, such as the former surgery next to the pharmacy on Hardwick Hill for use **for peer-support groups** again this is in the wider locality and physically in the Banbury Hardwick ward

**The map below shows the hard assets in the neighbourhood**




b. **Existing programmes of work, networks and initiatives** are also cited as local assets

- **Brighter Futures in Banbury** – a partnership initiative that has been addressing inequalities issues in the area for over 10 years using an asset-based approach and responding to expressed needs. A useful multiagency meeting with a wide range of partners making development happen by collective use of existing resources

- **Families Active and Sporting Together** – a successful initiative funded by Sport England to engage whole families in increasing their physical activity and their mental wellbeing.
- The emerging "**Health and Care Needs in Banbury**" initiative, led by the Oxfordshire Clinical Commissioning Group and involving a wide range of local stakeholders and partner organisations to assess local health need and consider new models of care.
- **The Hill** – newly rebuilt community sports building leased to Banbury Community Church and focussing on a range of youth and community activities. Opened in January 2020 following an investment of over a million Pounds from Cherwell Dc, Sport England, Banbury Town Council, Banbury Charities and developer contributions.
- **The Grimsbury Network** - established in 2019 to consider the assets and aspirations of residents and groups in the Grimsbury Area. An action plan has been established and is being worked through
- **Banbury Youth and Community Initiative -** a newly constituted community enterprise with a vision to improve wellbeing through the arts, detached youth work and initiatives such as a wellbeing cafe

- **Oxfordshire County Council School Readiness and Lifelong Learning strategic plan** a three-year strategy building on partnership working around the first 1001 critical days of a child's life
- **Making Ends Meet** – a local publication covering where to get information and support on debt and money advice

## 4. Next Steps

As set out in the introduction to this paper, once the "proof of concept" for this profile has been discussed and finalised, the immediate next step will be to engage local residents and community groups in discussion on what the profile shows and what could happen next.

Some initial ideas have already emerged from reflection on the data and community insights. These are listed here as potential ideas to be taken forward but will be amplified and developed through working with local people.

1. Better communication on what is available locally. Ideas include development of local social media where events, ideas and campaigns can be posted and discussed by local people. This would be led by residents.
2. Community Development approaches to developing this work, learning from the Healthy New Towns in Barton and Bicester and beyond but with a distinctively "local area" flavour in Ruscote ward, and integrated into the work of the Brighter Futures Partnership. This might include training and working through Resident Researchers, building on activities such as Christmas Wishes and the success of Play:Full
3. Sharing information and insights with the project on Health and Care Needs Planning in Banbury and ensuring stakeholder involvement as primary care and other services are developed.
4. Discussion on housing conditions with local providers of social and privately rented housing, linking this to the climate change agenda and reducing the cost of running a home
5. Building more "School readiness" initiatives to improve physical skills and mental resilience as children start school; giving parents confidence in positive activity and their parenting skills
6. Developing a very local focus as part of the system-wide priority on Cardiovascular Disease prevention, ensuring that people can access the right support and get useful information about their health. This could be through special local events as well as improved local services.
7. Ensuring that Town wide programmes such as Age friendly Banbury are hearing from local residents
8. Encouraging community action and developing residents' skills in leading initiatives.

A key to all this work is how well it can be sustained by the community in that area and so looking at gifts and talents of residents alongside the identified needs in the ward is essential. Further work on initial levels of investment to help swing the deprivation towards amber and onto green will need to be considered but if the additional resources are not invested through residents then it will not be sustained.

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| **To:** | ***Oxfordshire Health & Wellbeing Board*** |
| **Title of Report:** | ***Feedback from the Health & Wellbeing Board and Growth Board Networking Event*** |
| **Date:** | ***19 March 2020*** |
| **Report of:** | ***Cllr Ian Hudspeth and Cllr Sue Cooper*** |
| **Status:** | ***Open*** |

**Summary Briefing**

A networking event was held between members of the Health & Wellbeing Board and members of the Growth Board on 5 February 2020. The purpose of this event was to provide an informal opportunity for system leaders to discuss areas of common interest and to consider how they might work together to address such issues.

At the event, partners from across Oxfordshire agreed that significant benefits for local people can be achieved through bringing together planning for housing, infrastructure and the economy with planning for residents' health and wellbeing. Members agreed that they shared the aspiration to create healthy communities and there was considerable discussion as to the factors that enable and act as obstacles to delivering this ambition.

At the close of the event, it was agreed that there was benefit in members of the two Boards continuing to work together and that future discussions should focus on a few key areas where there would be added value from input from this wider set of stakeholders.

**Recommendation**

It is recommended that:

1. the Health & Wellbeing Board asks officers to consider and propose a few specific priorities that should be the focus of joint working between members of both Boards for agreement at a future meeting of the Health & Wellbeing Board and of the Growth Board

2. A second networking event is held in the autumn of 2020 between members of the Health & Wellbeing Board and members of the Growth Board to progress action in these identified areas.

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## Report for Health & Wellbeing Board – 28th February 2020

The Local Area SEND revisit was undertaken on the 15th – 17th October 2019, with the final report published on the 23rd December 2019. The report details the outcome of the report which highlighted that three out of five areas of significant weakness highlighted in the Local Area SEND Inspection in September 2017 had been deemed to have made sufficient progress. A copy of the final report attached.

The following areas were highlighted as having made sufficient progress:

- The lack of clearly understood and effective lines of accountability for the implementation of the reforms.
- The timeliness of the completion of EHC plans
- The high level of fixed-term exclusion of pupils in mainstream secondary schools who have special educational needs and social emotional and mental health needs in particular.

The two areas deemed not to have made significant progress are:

- The quality of EHC plans.
- The quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement.

The Local Area has provided an updated Action Plan to the Department for Education (DfE) but will not be subject to a further Ofsted/CQC inspection in this inspection window.
This action plan will be monitored each month by the SEND Performance Board.
The Department for Education will provide monitoring visits, however the frequency of these are yet to be decided, however it is likely that it will be one further visit in 2020.
A copy of the action plan sent to the DfE in February is attached for you to see, we are still awaiting feedback in order to publish this on our website.

Jayne Howarth
Head of SEND

Sarah Breton
Head of Children's Commissioning

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**20 November 2019**

Ms Lucy Butler
Director of Children's Services
Oxfordshire County Council
New Road
Oxford
OX1 1ND

Ms Lou Patten, Chief Executive, Oxfordshire Clinical Commissioning Group
Ms Jayne Howarth, Local Area Nominated Officer

Dear Ms Butler and Ms Patten

**Joint area SEND revisit in Oxfordshire**

Between 14 October and 17 October 2019, Ofsted and the Care Quality Commission (CQC) revisited the area of Oxfordshire to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the written statement of action (WSOA) issued on 27 November 2017.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the area's practice. HMCI determined that the local authority and the area's clinical commissioning group(s) (CCGs) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 28 March 2018.

The area has made sufficient progress in addressing three of the five significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two significant weaknesses. This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with parents and carers, and local authority and National Health Service (NHS) officers. Inspectors considered 492 responses from parents and carers who responded to the revisit online survey. Meetings were held with some headteachers, special educational needs coordinators (SENCos) and leaders from mainstream primary and secondary schools and specialist provision to discuss how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the area,

including the area's self-evaluation. A sample of education, health and care (EHC) plans were scrutinised, along with their relevant assessments. Inspectors met with leaders from the area for health, social care and education. They reviewed performance data and evidence.

**Main findings**

- **The lack of clearly understood and effective lines of accountability for the implementation of the reforms.**
  Arrangements for holding leaders to account across education, health and care have improved since 2017. A clear accountability and governance structure for special educational needs and/or disabilities (SEND) has been established. The SEND Performance Board is accountable to the Health and Well-being Board. Lines of responsibility are usefully explained and represented in a visual diagram on the local offer. Senior leadership from education, health and care is well represented at the SEND Performance Board. As a result, SEND is now a shared priority across all partners in the local area.

  The designated clinical officer (DCO) is in post and working effectively. The positive impact of this work can be seen in improved health involvement in EHC needs assessments.

  The SEND Performance Board routinely monitors the actions being taken to bring about improvement. Consequently, accountability has been strengthened and there is now a helpful mechanism for overseeing improvement work in SEND and holding leaders to account. However, despite these positive developments, many parents remain unclear about who is accountable for different aspects of SEND provision. Leaders acknowledge that there is more work to do to ensure that communication with parents improves.

  The local area has made sufficient progress in addressing this significant weakness.

- **The quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement.**
  Leaders have an aspirational vision for the work they are doing to improve outcomes for children and young people with SEND in Oxfordshire. However, parents do not yet feel part of this vision and do not fully understand what work is being done to achieve it.

  Co-production with parents, carers, children and young people is still at a relatively early stage of development in the local area. The promising start seen at the previous inspection has stalled. There are some pockets of positive practice and the recently published 'Co-production Handbook'

provides helpful materials to support this work. However, co-production as a way of working is not yet consistently established in the local area's systems and structures. Parents are not involved in strategic developments right from the start. For example, important developments, such as the 'Behaviour Pathway', have only included consultation with parents rather than true co-production. Consequently, many parents are frustrated by the pace of change and do not always feel confident in the work of the local area to improve outcomes for children and young people with SEND.

A consultation for the draft SEND strategy is under way. This sets out a helpful blueprint for future work and improvements, although these are largely education focused. However, while there are several positive and innovative projects in place to improve SEND provision, leaders do not check well enough, especially with families, that these are having the desired impact. Furthermore, there is not yet an overarching co-produced strategy that is effectively bringing these projects together and ensuring swift improvement in the local area.

Leaders' self-evaluation of progress in this area of work is overly positive and does not fully reflect the experiences of children and young people with SEND and their families.

The local area has not made sufficient progress in addressing this significant weakness.

- **The quality of EHC plans.**

  The high volume of EHC plans being produced and frequent changes of staffing in the SEN assessment team have contributed to a slow rate of improvement in this aspect of the written statement of action. Helpful work is under way to improve the quality of EHC plans. However, it is too soon to see the impact of this work.

  A useful quality assurance framework has been established. A multi-agency panel now meets regularly to audit the quality of a sample of EHC plans against the framework. Pertinent recommendations for improvements are made, although the panel is not yet checking on the progress of the implementation of these recommendations.

  Overall, the quality of EHC plans remains too variable. Outcomes described in the EHC plan do not reliably reflect children, young people and their parents' aspirations. Person-centred approaches are used in the EHC needs assessment, but this information is not used effectively in the plan. Typically, EHC plans are focused predominantly on a child or young person's educational needs and do not successfully capture a complete view of their education, health and care needs. For young people, transition planning is often weak and does not provide a useful pathway to support young people to make a successful transition to adulthood.

Health contributions to the EHC needs assessment process are too inconsistent. Although professional reports from therapists and Child and Adolescent Mental Health Services (CAMHS) are detailed and useful, contributions from universal services, such as school nursing and health visiting, are often not of the same quality. General online training about EHC plans is now provided to health professionals, but focuses too heavily on the assessment process rather than improving the quality of contributions. As a result, health advice is not always enhancing the quality of EHC plans.

EHC plans are not reliably updated following an annual review within the prescribed timeframes. There are often lengthy delays in making amendments to EHC plans following an annual review. This results in too many EHC plans that no longer accurately describe children and young people's needs and the required provision. The current quality assurance system focuses on new EHC plans, but does not include existing EHC plans. Leaders have firm plans in place to improve this aspect of work, including increasing capacity in the SEN team, although this work is not yet complete.

Parents experience high levels of frustration with the EHC processes. They told us that they do not find it easy to know how decisions are made or who is responsible for different aspects of the process. Parents described continually having to 'chase' professionals to find out information about their child's EHC plan.

The local area has not made sufficient progress in addressing this significant weakness.

- **The timeliness of the completion of EHC plans.**
  More new EHC needs assessments are being completed within the statutory timeframe than in the past. Despite a significant increase in the number of requests for EHC needs assessments, the percentage of new EHC plans finalised within the required 20 weeks is now broadly in line with the national average. Sensibly, all aspects of the EHC needs assessment process have been rigorously scrutinised. Helpful adjustments to assessment procedures are being made which are improving efficiency.

  The DCO is working proficiently to coordinate health contributions to EHC needs assessments. Pleasingly, 80% of health advice and 100% of advice from therapists are successfully submitted within the statutory timeframe. Last year, all age phase transfers were completed within the appropriate timeframe. Leaders have well-considered plans in place to continue to improve the timeliness of EHC needs assessments.

  The local area has made sufficient progress in addressing this significant weakness.

- **The high level of fixed-term exclusion of pupils in mainstream secondary schools who have special educational needs and social, emotional and mental health needs in particular.**
  Helpful initiatives to reduce the high level of fixed-term exclusions in mainstream secondary schools are starting to make a difference. Encouragingly, the number of days lost to exclusion are reducing. The rate of fixed-term exclusions for pupils with social, emotional and mental health needs in secondary schools is also lower than it was in 2017. Leaders are not complacent. They know that, despite these promising signs, some children and young people are still experiencing too many fixed-term exclusions while others experience prolonged reduced timetables. Leaders are firmly committed to building on their success in reducing fixed-term exclusions to continue to tackle these issues.

  Since the inspection in 2017, the Learner Engagement Strategy has been established. This is the area's approach to reducing rates of exclusion. Parents are involved in this now and leaders rightly acknowledge that parents should have been part of this development from the beginnning. Sensibly, the learner engagement board has been merged with the early help board, to ensure that support can be offered to families holistically.

  Firm leadership from Oxfordshire local authority is providing effective support and challenge to schools to reduce fixed-term exclusions. Leaders have ensured that they now have a much more accurate picture of the pattern of exclusions across Oxfordshire because they have rigorously checked the information they are given by schools. In some cases, this has included personal visits to schools to scrutinise individual children's records. Leaders challenge schools when they notice that exclusion rates are particularly high and there is convincing evidence of significant improvements as result of this robust approach.

  Processes are being effectively strengthened so that schools can challenge and hold each other to account for the use of exclusions. Effective meetings of the In-Year Fair Access Panel ensures school leaders work well with a range of professionals in the local area to provide earlier support for children and young people who are at risk of exclusion.

  There are several initiatives focused on reducing fixed-term exclusions and improving support for children and young people with social, emotional and mental health needs. These sensibly include professionals across education, health and care. The Community Around the School Offer (CASO) is a positive example of a coordinated multi-agency approach to support vulnerable children and young people who are at risk of exclusion because of wider issues that affect their well-being. For example, one project is focused on supporting children and young people who have been identified as being at risk of criminal exploitation. There are promising signs that this work is having a positive impact on reducing exclusions.

The local area has made sufficient progress in addressing this significant weakness.

The area has made sufficient progress in addressing three of the five significant weaknesses identified at the initial inspection. As not all the significant weaknesses have improved, it is for the Department for Education (DfE) and NHS England to determine the next steps. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State.

Yours sincerely

Claire Prince
**Her Majesty's Inspector**

| **Ofsted** | **Care Quality Commission** |
|---|---|
| Christopher Russell<br>South East Regional Director | Ursula Gallagher<br>Deputy Chief Inspector, Primary Medical Services, Children Health and Justice |
| Claire Prince<br>HMI Lead Inspector | Lee Carey<br>CQC Inspector |

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the area
Department of Health
NHS England

# Accelerated Progress Plan following the judgement by Ofsted/CQC that sufficient progress had not been made against the weaknesses outlined by the Inspection

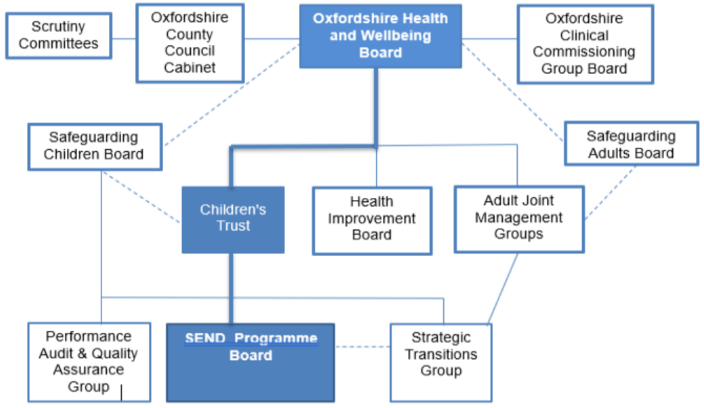
| | |
|---|---|
| **Name of the Local Area** | Oxfordshire |
| **Date of Inspection** | October 2019 |
| **Date of Publication of the Revisit report** | 23rd December 2019 |
| **Accountable Officers from the LA and CCG** | Lucy Butler - Director of Children's Services (DCS), Lou Patten – Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG) |
| **DfE and NHSE Advisers** | Keith Thompson (DfE), Tania Atcheson (NHSE) |

## Governance and Accountability

### Governance and accountability structures and processes

Our vision for SEND services in Oxfordshire is that they are of good quality, person-centred and meet the needs of children and young people with positive outcomes that enhance their life chances. The SEND Performance Board is instrumental in identifying gaps in services for CYP with SEND, setting priorities for action, deciding how matters are to be taken forward and evaluating the impact of any change. It is a strong local partnership responsive to both identification of need and ongoing support. Its membership demonstrates strong political and officer leadership, and the commitment in ensuring that the citizens of Oxfordshire are treated equitably and with dignity. We believe our approach is built to ensure children, young people and their families can be safe, well, independent and resilient.

The Board has a clear remit. This is the governance structure it features in.



## Area of weakness identified in the revisit

**The quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement.**

Leaders have an aspirational vision for the work they are doing to improve outcomes for children and young people with SEND in Oxfordshire. However, parents do not yet feel part of this vision and do not fully understand what work is being done to achieve it.

Co-production with parents, carers, children and young people, is still at a relatively early stage of development in the local area. The promising start seen at the previous inspection has stalled. There are some pockets of positive practice and the recently published 'Co-production Handbook' provides helpful materials to support this work. However, co-production as a way of working is not yet consistently established in the local area's systems and structures. Parents are not involved in strategic developments right from the start. For example, important developments, such as the 'Behaviour Pathway', have only included consultation with parents rather than true co-production. Consequently, many parents are frustrated by the pace of change and do not always feel confident in the work of the local area to improve outcomes for children and young people with SEND.

A consultation for the draft SEND strategy is underway. This sets out a helpful blueprint for future work and improvements, although these are largely education focused. However, while there are several positive and innovative projects in place to improve SEND provision, leaders do not check well enough, especially with families, that these are having the desired impact. Furthermore, there is not yet an overarching co-produced strategy that is effectively bringing these projects together and ensuring swift improvement in the local area.

Leaders' self-evaluation of progress in this area of work is overly positive and does not fully reflect the experiences of children and young people with SEND and their families.

| Actions designed to lead to improvement | | | |
|---|---|---|---|
| Action | Responsible officers | By When | Action RAG |
| Refresh SEND Sufficiency Strategy to complement and help deliver the priorities in the SEND Strategy. | **Head of SEND** (Jayne Howarth) **& Head of Access to Learning** (Allyson Milward) | March 2020 | |
| Completion of SEND Strategic Needs Analysis to inform the development of the SEND Strategy. | **JSNA Team** | September 2020 | |
| Finalise the SEND Strategy, containing a clear vision for the future and listing the major changes required over the next three years to bring about improved services for CYP with SEND in Oxfordshire. Document to be prepared for public consultation. | **Head of SEND** (Jayne Howarth) **& Head of Children's Commissioning** (Sarah Breton) | To be signed off by all three agencies by December 2020 | |
| Governance Board to challenge and evaluate the level of parental involvement/co-production before signing off strategic or operational documents and any proposed redesign of services for Children and Young People (CYP) with SEND. | **Board Chair** (Cllr Lindsay-Gale) **& Director of Children's Services** (Lucy Butler) | April 2020 | |
| SEND leads from each agency to provide regular reports to the Governance Board regarding the impact of improvement actions, with clear measures for monitoring and risk logging | **Designated Clinical Officer – DCO** (Adeline Gibbs**), Head of SEND** (Jayne Howarth), **& Head of Disabled Children** | April 2020 | |

| | | | |
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| Implement changes to encourage a culture of partnership co-production – making explicit how it works for the SEND cohort and effectively brings together projects and ensures swift improvement in the Local Area. | **DCO** (Adeline Gibbs), **Head of SEND** (Jayne Howarth), **& Head of Disabled Children** | April 2020 | |
| Develop and implement a Local Area Communication Strategy for 2020/21 that clearly states arrangements for contacting, updating, consulting and obtaining feedback, including from young people with SEND. | **Head of SEND** (Jayne Howarth) | April 2020 | |
| The Governance Board and Oxfordshire Parent Carer Forum (OxPCF) jointly agree methods to gain the views and experiences of parents and young people with SEND across Oxfordshire. | **SENDIASS Manager** (Wendy Cliffe**) & Parent Carer Forum (PCF) Chairs** (Julia Stackhouse/ Stephanie Harrison) | September 2020 | |
| Set up opportunities for YP to feed into processes and contribute into a system that supports and represents them (co-design) | **Head of SEND** (Jayne Howarth) | September 2020 | |
| Establish a Memorandum of Understanding/Charter with OxPCF to be clear about roles and responsibilities. | **Head of SEND** (Jayne Howarth), **Head of Children's Commissioning** (Sarah Breton) **& PCF Chairs** (Julia Stackhouse/ Stephanie Harrison) | April 2020 | |

| | | | |
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| Use the Council for Disabled Children's (CDC) Self-Evaluation tools, parental feedback and performance data to co-produce a local joint self-assessment, that demonstrates improved outcomes and parental satisfaction with the service. | **Head of SEND** (Jayne Howarth **& Head of Children's Commissioning** (Sarah Breton) | July 2020 | |

| Impact measures and milestones to be achieved | | | | | | |
|---|---|---|---|---|---|---|
| KPI reference | By 3 months | RAG | By 6 months | RAG | By 12 months | RAG |
| | Agreement on the SEND priorities | | SEND strategy drafted and ready to be signed off by the Governance Board and endorsed by the PCF. | | SEND strategy signed off by the Governance Board and endorsed by the PCF. | |
| | Board has signed off reporting areas | | SEND leads provide progress reports quarterly with evidence of impact of changes. | | SEND leads provide progress reports quarterly with evidence of impact of changes. | |
| | Governance Board provide guidance and recommendations in response to the reports provided by SEND leads. | | Governance Board provide guidance and recommendations in response to the reports provided by SEND leads. | | Governance Board provide guidance and recommendations in response to the reports provided by SEND leads. | |
| | Governance Board provides recommendations on the areas where they would like to see additional information from parents and students to confirm that they are fully involved in decisions and development of services. | | Survey evidence from providers and users of SEND services indicating cultural shift towards greater joint working and co-production. | | Parents and service users' feedback indicates:<br>• greater levels of transparency<br>• understanding of timeliness, EHCA/P processes and roles of key people/ teams<br>• decision-making arrangements<br>• larger projects and development work<br>• hearing good news stories | |
| | Forums organized and membership confirmed for yp to be able to contribute their views. | | There are clear arrangements in regions of Oxfordshire for gaining the views of parents and young people, both through electronic and physical means. | | YP feedback:<br>• people listening to their ideas<br>• understanding what is happening<br>• being involved in projects and development work<br>• sharing good news stories | |
| | Memorandum of Understanding/Charter agreed with a plan to expand membership and a more diverse profile. | | Analysis of OxPCF membership profile indicates greater diversity and engagement and parents across Oxfordshire. | | Analysis of OxPCF membership profile indicates greater diversity and engagement and parents across Oxfordshire. | |

## Area of weakness identified in the revisit

**The quality of EHC plans**

The high volume of EHC plans being produced and frequent changes of staffing in the SEN assessment team have contributed to a slow rate of improvement in this aspect of the written statement of action. Helpful work is underway to improve the quality of EHC plans. However, it is too soon to see the impact of this work.

A useful quality assurance framework has been established. A multi-agency panel now meets regularly to audit the quality of a sample of EHC plans against the framework. Pertinent recommendations for improvements are made, although the panel are not yet checking on the progress of the implementation of these recommendations.

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Health contributions to the EHC needs assessment process are too inconsistent. Although professional reports from therapists and CAMHS are detailed and useful, contributions from universal services, such as school nursing and health visiting, are often not of the same quality. General online training about EHC plans is now provided to health professionals but focuses too heavily on the assessment process rather than improving the quality of contributions. As a result, health advice is not always enhancing the quality of EHC plans.

EHC plans are not reliably updated following an annual review within the prescribed timeframes. There are often lengthy delays in making amendments to EHC plans following an annual review. This results in too many EHC plans that no longer accurately describe children and young people's needs and the required provision. The current quality assurance system focuses on new EHC plans but does not include existing EHC plans. Leaders have firm plans in place to improve this aspect of work, including increasing capacity in the SEN team, although this work is not yet complete.

Parents experience high levels of frustration with the EHC processes. They told us that they do not find it easy to know how decisions are made or who is responsible for different aspects of the process. Parents described continually having to 'chase' professionals to find out information about their child's EHC plan.

| Actions designed to lead to improvement | | | |
|---|---|---|---|
| Action | Responsible officers | By When | Action RAG |
| Use findings from the multi-agency quality assurance audits to identify themes. Utilise feedback loop that shares learning across service and within individual supervision sessions to inform improvement, celebrate good practice and contribute to continuous professional development. | **Head of SEND** (Jayne Howarth) **& DCO** (Adeline Gibbs) **Social Care** | Immediate | |
| Use EHCP quality standards to monitor the improvement of the quality of EHCP's (already within the quality assurance framework). | **Head of SEND** (Jayne Howarth) | March 2020 | |
| Implement an audit programme to ensure the quality of health advices are consistent and in keeping with the SEND Code of Practice. | **DCO** (Adeline Gibbs) | Immediate | |
| Develop and implement Local Area SEND training plan to run alongside the EHCP quality standards. Plan to include targeted and core training for professionals. | **Head of SEND** (Jayne Howarth) **& DCO** (Adeline Gibbs) | March 2020 | |
| Work with OxPCF to develop a shared understanding of a good quality EHCP | **SEND Lead Officers, SENDIASS Manager** (Wendy Cliffe) **& PCF Chairs** (Julia Stackhouse/ Stephanie Harrison) | April 2020 | |

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| Specific training on the making of EHCPs for contributing professionals to include:<br>• What makes a good plan?<br>• Practice standards and person-centred planning<br>• Golden Thread<br>• Professional analysis<br>• The timeline - critical path for all EHCP's<br>• Outcomes – measuring progress<br>• Reviews – what, when, who and how?<br>• Transitions - what, when, who and how?<br>• Clarity around transport provision - eligibility | **SEND Lead Officers** (Cathy Clarke and Jan Bailey) | April 2020 | |
| DCO to work with universal services (Health visiting and School health nursing) to improve the process for EHCNa requests and ensure that reports are outcome focused. | **DCO** (Adeline Gibbs) | Immediate | |
| Review process around annual review and implement improvements using the co-produced paperwork. | **Senior SENO's** | May 2020 | |
| Focus on SEN Support in schools to include:<br>• Implementing the changes in the Ofsted framework (Sept 2019).<br>• Training for schools around the finance arrangements and the additional provision that schools are expected to provide to children and young people with SEND.<br>• Paperwork schools can use to provide a costed SEN Support Plan. | **Education Inclusion Manager** (Jo Hatfield) **& Head of SEND** (Jayne Howarth) **& Head of Learning and School Improvement** (Kim James) | May 2020 | |
| Review the training plan for schools to support schools in their commitment to providing an inclusive education environment for all children. Develop a clear pathway to challenge when this is not happening. | **Education Inclusion Manager** (Jo Hatfield) **& Head of Learning and School Improvement** (Kim James) | June 2020 | |

| | | | |
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| Introduce arrangements to ensure decisions regarding the EHCNA/P process are transparent for parents and key stakeholders. | **Head of SEND** (Jayne Howarth) **& DCO** (Adeline Gibbs) | April 2020 | |

| Impact measures and milestones to be achieved | | | | | | |
|---|---|---|---|---|---|---|
| KPI reference | By 3 months | RAG | By 6 months | RAG | By 12 months | RAG |
| | Baseline in quality of EHCP's | | Steady improvement in quality of EHCPs against standards as obtained from case audits. | | Marked improvement in quality of EHCPs against standards as obtained from case audits. | |
| | Baseline in quality of Health advice | | Steady improvement in quality of Health advice against standards as obtained from case audits. | | Marked improvement in quality of Health advice against standards as obtained from case audits. | |
| | Baseline in timeliness of EHCP's<br><br>Set targets for 20-week performance. | | Steady improvement in the timeliness of EHCPs. Set targets for 20-week performance. | | Marked improvement in the timeliness of EHCPs. Set targets for 20-week performance. | |
| | Baseline of parental satisfaction with EHCP quality | | Gauge parents understanding of a good quality EHCP – new baseline | | Increased parental satisfaction with the quality of EHCP's. | |
| | Implementation of updated AR process and paperwork | | Providers and parents consider paperwork to be helpful with visible focus on outcomes. | | Providers and parents consider annual review process to be effective demonstrated by improved outcomes. | |
| | | | Agreement with headteachers through Schools Forum and other means regarding the provision that should normally be available for CYP with SEND and the methodology for costing SEND support. | | Implementation of agreed parameters.<br><br>Changes in application of funding to be monitored and updates provided to SEND Performance Board. | |
| | Decision-making processes published on the Local Offer website and information made available through SENDIAS, schools and the PCF. | | Follow up to ensure that information has been appropriately circulated and understood. | | Parents report improved communication (verbal and/or written) within the 20-week process and report that they are clear on what to expect of the process. | |

## Risk Register

| Date | Risk | Severity/Impact | Mitigation | Progress following action |
|---|---|---|---|---|
| | If Schools do not fully engage with the support offered - e.g. guidance and procedures, then initiatives to improve inclusive practice will not become embedded. | Medium | Regular training opportunities for schools and partners, and monthly communication with focus on key messages via Schools News and SEND Newsletters. | |
| | If there is limited breadth of engagement with children and young people then we will be unable to gauge the impact of the action plan. | High | Detailed Communications plan setting out forums supporting regular input from Oxfordshire residents and opportunities for information exchange. | |
| | If there is limited engagement with parents and carers then it will be difficult to know which changes are making a difference. | High | Detailed Communications plan setting out forums supporting regular input from Oxfordshire residents and opportunities for information exchange. | |
| | If the quality of EHCP's is not improved, then this will result in increased complaints and tribunals. | Medium | Regular audit to quality check plans, and training plan to enhance practitioner input. | |
| | If plans are not person-centred then strategies and support will not achieve improved outcomes for children and young people. | High | Monthly quality assurance and professional development and training prioritised in all agencies. | |

## Score card

| KPI Reference | KPI | Baseline | 3 months | | 6 months | | 12 months | |
|---|---|---|---|---|---|---|---|---|
| | Measures to demonstrate progress towards strategic objectives considered at each Governance Board meeting. | | Demonstration of tasking based on information presented at Board and resulting steer. | | Significant elements of workplan commenced with progress reports submitted to Board. | | Improvement on performance as demonstrated via the SEND dashboard. | |
| | Parent/carers (and all key partners) report that they have been fully involved, from start to finish, in any proposal put to the Governance Board for approval. | | Mechanisms for engaging with parents and partners agreed. | | Surveys and other feedback from parents report positive impact of regular communication.<br><br>Action taken on areas where complaints have been made. | | Parent/carers (and all key partners) report that they have been fully involved, from start to finish, in any proposal put to the Governance Board for approval. | |
| | Evidence of increased parental satisfaction and confidence in the SEND system throughout Oxfordshire. | | Baseline information confirmed for Board specified areas of parental satisfaction. | | Evidence of increased parental satisfaction and confidence in the SEND system throughout Oxfordshire. | | Evidence of increased parental satisfaction and confidence in the SEND system throughout Oxfordshire.<br><br>Reduction in number of complaints. | |
| | Improvement in quality of EHCP content. | | Monitoring via multi-agency quality assurance panels demonstrating improvement in line with target. | | Monitoring via multi-agency quality assurance panels demonstrating improvement in line with target. | | Monitoring via multi-agency quality assurance panels demonstrating improvement in line with target.<br><br>Reduction in number of Tribunals and complaints. | |

## Annex B: Supporting statement for the Accelerated Progress Plan

Please include here any significant reasons why you feel you did not make sufficient progress and how you are addressing these

| Factors accounting for insufficient progress | How we are addressing these |
|---|---|
| After the original inspection, there were significant leadership and team structure changes, and changes to the OxPCF which was reconstituted in November 2018. Since then, the partnership has taken time to build relationships, establish agreed ways of engaging and develop a new culture. This is ongoing, as is the work to embed co-production. | Proposed Memorandum of Understanding/ Charter to address roles, responsibilities and expectations of how best to serve parents and young people with SEND. |
| Delays in implementing new SEND structure, including recruiting new and additional staff. | Structure now has full complement of staff and training plan developed so that staff are fully equipped and the new structure becomes embedded. |
| Underdeveloped channels available for parents to provide feedback on services, resulting in unheard dissatisfaction and confidence in SEND services. | Develop comms strategy and forums to engage with parents and young people, providing them with information, but also seeking their input to develop and co-produce services and provision with a focus on outcomes for children and young people. |



Please say here how you will ensure that partners, including families, are fully aware and kept informed of your actions and progress

Currently, the SEN Newsletter is produced bi-monthly and is widely shared, and this will feature an update on progress. The newsletter is shared on the Local Offer and with partners, who then share it further with service users.

The Local Area Communication Strategy will build on existing networks and further develop opportunities to engage parents, students and stakeholders to input into processes and for information to be shared reaching a wider audience.

Please say here what support and challenge you feel would be most helpful to you over the coming months and when

We would find it useful to continue to access support from The Delivering Better Outcomes Together consortium. They have been helpful as a critical friend and provided useful challenge and advice.

The offer available from the Council for Disabled Children (CDC) and KIDS would be invaluable in assisting us to deliver a programme of support for strategic participation by young people with SEND in Oxfordshire as we want to ensure that we create sustainable methods of engagement that young people find supportive and beneficial.

healthwatch Oxfordshire

**Your voice on health and social care**

# Healthwatch Oxfordshire Update
# Oxfordshire Health and Wellbeing Board
# 19th March 2020

## 1 Update on activity

- The period between October and the end of December saw Healthwatch Oxfordshire hear from 1,778 people using various approaches, including face-to-face, out and about in Bicester and Didcot, attending events, visiting local groups and organisations, talking to students, through signposting, Feedback Centre, carrying out Enter & View visits. More than 280 people completed questionnaires about experiences of mental health services or boaters' experiences of accessing health and social care services.

- Our use of social media is increasing our reach into different communities and raising the profile of Healthwatch Oxfordshire. Between October and end of December 2019 more than 3,000 people engaged with our Facebook page and 281 'liked' it. Whilst Twitter recorded 24,369 impressions, a record for us in a three-month period.

- Between September 2019 and the end of January 2020 we published 15 research and Enter & View reports that are available on our website. These include:
    - *'I just want to talk to someone'* secret shopper exercise to identify how easy (HARD) it is for a member of the public to raise a concern about a vulnerable adult. As a result of this exercise there is a commitment from the Oxfordshire Safeguarding Adults Board (OSAB) partners to improve the process. Healthwatch Oxfordshire will repeat this exercise in April and report back to the OSAB.
    - We also published 13 Enter & View Reports on visits that covered acute mental health services and voluntary sector mental health services. The impact and outcomes of these visits is included in the service response section of each report. The intelligence gathered will contribute to our overarching report on what we have heard about experiences of mental health services, to be published in April 2020.

- In February we launched our report on 'Boaters experience of accessing health and social care services'. The round table event held in the museum at Tooley's Boat Yard, Banbury was attended by more than 20 people of whom half were boaters themselves. Actions that have been agreed include

the production of a GP Policy for Boaters, Gypsies, and Travellers' regarding rights to registration and access to GP services; the production of a guide to GP surgeries along the canals and rivers of Oxfordshire – perhaps adapting the leaflet produced by Oxford City Council and OCCG last year; Healthwatch to discuss with local GPs in Banbury how they can best support the boater community including postal address – one of the key findings of the research that creates a barrier to accessing services and receiving mail about appointments.

- Current planned activity includes:
    - Working with leaders of some BAME groups in Oxford to research how their communities identify and support wellbeing.
    - Working with the Sunshine Centre Banbury and surveying parents of 0-5year old children across the county about their experiences of accessing support for their children's wellbeing.
    - Enter & View monitoring of responses to recommendations

Activity outside of our core grant-in-aid agreement – all of which enhances our ability to hear from people about their experiences of health and social care and contributes to our role of informing and influencing service improvement and development. Includes:

A. **Patient Participation Groups** (PPGs) Forum was held in October 2019 with 46 PPG members attending. This was the first Forum meeting that focussed on the development of Primary Care Networks. We plan to hold another Forum in July 2020 – possibly across the county with PCN Directors, practice managers, and PPGs working together.
B. **OWN** (Oxfordshire Wellbeing Network). An open letter to the HAWB and Growth Board has been sent by Healthwatch Oxfordshire on behalf of OWN to ask the key question – 'What is the county doing about transport in order to reduce isolation, enable ease of access to health and social care services'? The next OWN event will be held in early June when we will report back on the response to the letter to the Growth Board and Health and wellbeing Board.
C. **Buckinghamshire, Oxfordshire and Berkshire West ICS (BOB)** have agreed to fund a dedicated role to support the five BOB Healthwatch. Healthwatch Oxfordshire will act as the employer and the 5 Healthwatch with BOB ICS will oversee the project.
D. **'Paying for your social care'** research into people's experience of the 2018 OCC policy review of people's financial contributions to social care; and how communication with people about services could be developed.

## 2 Plans for 2020-21

Our strategy, operational plan, and KPIs for 2020-21 are now on the Healthwatch Oxfordshire our website.

Points of note:

1. Social care is our adopted theme for 2020-21. An initial survey is already underway to identify the public's three top concerns about care services. The survey findings will help to inform our planned activities. You can complete the survey here https://www.smartsurvey.co.uk/s/8Z31J/
2. We to plan to deliver geographical events in Didcot, Chipping Norton, and Oxford.
    a. Didcot activity will focus on the growth areas – particularly Great Western Park in order to hear from people moving into a new housing development and their experiences of accessing health and social care services locally.
    b. Oxford will form part of our targeted approach to hear from those communities seldom heard. We are adopting a new strategy to reach those communities by dedicating staff resource in the community so giving us a chance to make connections, build confidence and credibility in Healthwatch Oxfordshire.

## 3 Meetings between September 2019 and February 2020 include:

Health and Wellbeing Board member organisations regarding OWN
Oxford Health NHS Foundation Trust
Health and Wellbeing Board
Health Improvement Board
Children's Trust
Health Overview Scrutiny Committee
OX12 Stakeholders Group
Young Carers Round Table response to report
Healthshare
Oxfordshire Safeguarding Adults Board, and Communications Group, Oxfordshire Children's Safeguarding Board Joint Priorities meeting
Patient Participation Groups across the county
CQC - Webinar re CQC Future Strategy, and CQC 6 weekly managers / Healthwatch telephone meeting
Thames Valley Quality Surveillance Group
West Oxfordshire Health and Wellbeing Partnership
Oxfordshire Clinical Commissioning Group – Quality Committee, Primary Care Commissioning Committee

POhWER – the newly commissioned advocacy services for NHS services in the county
Oxfordshire Prevention Concordat for Better Mental Health
Oxford Brookes University
Joint Strategic Needs Assessment Steering Group
Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS) Delivery Oversight Group, Communication Group, Programme Management Board
Oxford City Council
Healthwatch England Conference

Note: the above does not include meetings with community and voluntary organisations

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

| | Measure | Target 2019/20 | Update | Q1 Report | | Q2 Report | | Q3 Report | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | No. | RAG | No. | RAG | No. | RAG | |
| A good start in life | 1.1 Reduce the number of looked after children by 50 in 2019/20 | 750 | Jan-20 | 794 | R | 780 | R | 782 | A | |
| | 1.2 Maintain the number of children who are the subject of a child protection plan | 620 | Jan-20 | 608 | G | 592 | G | 528 | G | |
| | 1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75% | 75% | Dec-19 | 36% | R | 26% | R | 51% | R | |
| | 1.4 Increase the number of early help assessments to 1,500 during 2019/2020 | 1,500 | Jan-20 | 923 | A | 1371 | A | 1571 | G | |
| | 1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer) | 260 | Oct-19 | 87 | | 134 | | 166 | | |
| | 1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths | 73% | 18/19 ac yr | nya | | nya | | 65% | | Annual figure reported on academic year |
| | 1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths | 50% | 18/19 ac yr | nya | | nya | | 46% | | Annual figure reported on academic year |
| | 1.8 Reduce the persistent absence rate from secondary schools | 12.2% | Term 1: 19/20 | nya | | 13.90% | | 15.70% | R | |
| | 1.9 Reduce the number of permanent exclusions | tbc | Jan-20 | nya | | 55 | | 49 | R | Q3 figure is exclusions to the end of December (Term 2) |
| | 1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average | tbc | 18/19 ac yr | KS2 20% 17/18 ac yr<br>KS4 NYA | A | KS2 20% 17/18 ac yr<br>KS4 28.0 17/18 ac yr | R | KS2 22% 18/19 ac yr<br>KS4 29.3 18/19 ac yr | R | KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 18/19 academic year. Oxon=22% (20% 17/18);<br>KS4 fig: 29.3 (average point score) – below the national average (32.6) but an increase from last year |
| | 1.11 Reduce the persistent absence of children subject to a Child Protection plan | tbc | Q3 2018/19 | 32.8 | R | 36.2 | R | 36.2 | R | Annual Figure<br>National figure (17/18) =32.7%. |
| | 1.12 Reduce the level of smoking in pregnancy | 8% | Q2 2019/20 | 6.7% | G | 7.7% | A | 8.3% | R | Oxfordshire CCG level. Q3 data due 27 Feb 20 |
| | 1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 | 95% | Q2 2019/20 | 92.8% | A | 94.6% | A | 93.4% | A | Variance 66.7% for a practice in North of county, 75% for a practice in Oxford City and 100% in 21 practices across the county (experimental stats). |
| | 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 | 95% | Q2 2019/20 | 89.4% | R | 91.7% | A | 91.5% | A | Variance less than 90% in 22 practices (5 under 80%) to 100% in 14 practices (experimental stats). |
| | 1.15 Maintain the levels of children obese in reception class | 7% | 2018/19 | n/a | | | | 7.60% | G | Children who are obese and does NOT include those overweight (but not obese)<br><br>Cherwell 7.9%; Oxford 9.0% South Oxfordshire 7.3%; Vale of White Horse 7.0%; West Oxfordshire 6.3%. No significant change for any district. |
| | 1.16 Reduce the levels of children obese in year 6 | 16% | 2018/19 | n/a | | | | 15.70% | G | |
| | **Surveillance measures** | | | | | | | | | |
| | Monitor the number of child victims of crime | Monitor only | Q3 2019/20 | 2238 | | 3021 | | 3236 | | Last 12 months |
| | Monitor the number of children missing from home | Monitor only | Q3 2019/20 | 2131 | | 2173 | | 2179 | | Last 12 months |
| | Monitor the number of Domestic incidents involving children reported to the police. | Monitor only | Q3 2019/20 | 6207 | | 6120 | | 6183 | | Last 12 months |
| | Monitor the crime harm index as it relates to children | Monitor only | Q3 2018/19 | n/a | | n/a | | n/a | | |

Living Well

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2.1 Number of people waiting a total time of less than 4 hours in A&E | tbc | Nov-19 | 87% | R | 86% | R | 80.6% (84.3% yr to date) | R | November 2019 saw OUHFT A&E fail to reach the 95% national and 90.5% NHSI agreed performance trajectory targets, achieving 80.6%. This shows a further deterioration from Month 7 and across the last 4 months. |
| 2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average | 86% | Feb-20 | 92% | G | 92% | G | 92% | G | Jan 2020; 91.6 % of health & social care providers in Oxfordshire are good or outstanding compared with 85.9% nationally |
| 2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies | 22% | Nov-19 | 20% | | 18% | R | 23% (20% yr to date) | R | This is a nationally set target. 20% is year to date figure to November. Target last year 19% |
| 2.4 The proportion of people who complete psychological treatment who are moving to recovery. | 50% | Nov-19 | 51% | G | 47% | R | 49% (50% yr to date) | R | Figure to November 2019 |
| 2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment | 95% | Nov-19 | 100% | G | 99% | G | 100% (99% yr to date) | G | Figure to November 2019 |
| 2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral. | 75% | Nov-19 | 99% | G | 98% | G | 99% (98% yr to date) | G | Figure to November 2019 |
| 2.7 The proportion of people on General Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months. | 60% | Sep-19 | nya | | 29% | | 29% | | Figure is YTD (Sept as reported in January 2020) Not rag rated until end of Full Year |
| 2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours) | 95% | Nov-19 | 87% JR; 72% HGH | R | 77% | R | 80% JR; 87% HGH | R | EDPS performance continues to be challenged however the position has improved in month 8. We have been successful in getting NHSE winter funding, and transformation funding into 2020/21, to address the issue of reduced overnight cover, which should see an improved performance as soon as staff are in place. Implementation plans are in place, as a result of the transformation investment reported on in m7, to provide the Crisis Resolution & Home Treatment Team (initially in the City), an additional Safe Haven in Banbury, and a High Intensity User Service based in OUH ED which will increase community provision and is expected to divert activity away from ED. (Jan IPR) |
| 2.9 Proportion of people followed up within 7 days of discharge within the care programme approach | 95% | Sep-19 | 96% | G | 98% | G | 97% | G | Latest figure September 2019 |
| 2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care. | 56% | Sep-19 | 89% | G | 89% | G | 71% Sep (74% Yr to date) | G | Latest figure September 2019 |
| 2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020 | 75% | Sep-19 | 41% (Dec 18) | R | 32% (Mar 19) | R | 13% | | Figure is YTD (Sept as reported in January 2020) Not rag rated until end of Full Year.<br><br>By end November practices delivered 860 checks compared to 998 for the same period in 2018.<br>OCCG is contacting underperforming practices to offer information, advice and support and is<br>promoting resources to practices via the GP bulletin to improve performance by year end. |
| 2.12 The number of people with severe mental illness in employment | 18% | Nov-19 | 18% | G | 22% | G | 22% | G | |
| 2.13 The number of people with severe mental illness in settled accommodation | 80% | Nov-19 | 96% | G | 96% | G | 97% | G | |
| 2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020 | 10 | Dec-19 | nya | | 6 | G | 6 | G | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2.15 Reduce the number of people with learning disability and/or autism placed/living out of county | < 175 | Jan-20 | 181 | A | 179 | A | 175 | A | Small decrease in numbers since last report |
| 2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) | 18.6% | May-19 | n/a | | 19.1% | | 20.30% | R | Cherwell 24.1%; Oxford 15.4%; South Oxfordshire 19.4%; Vale of White Horse 17.6%; West Oxfordshire 26.9% |
| 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population | > 2,337 per 100,000* | Q2 2019/20 | 2,929 | G | 2,929 | G | 3,317 | A | |
| 2.18 Increase the level of flu immunisation for at risk groups under 65 years | 55% | Sept 19 to Dec 19 | 51.4% | A | 51.4% | A | 44.8% | A | |
| 2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20) | 97% | Q3 2019/20 | 94.9% | G | 84.4% | G | 95.7% | G | Localities in Oxfordshire CCG are all meeting targets |
| 2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20) | 49% | Q2 2019/20 | 47.1% | G | 42.0% | G | 47.1% | G | Localities in Oxfordshire CCG are all meeting targets |
| 2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5) | 80% | Q4 2018/19 | | | 67.8% | A | 68.3% | R | Variation in districts for 2018/19 data - Cherwell 71.3%; Oxford 53.7%; South Oxfordshire 75.8%, Vale of White Horse 73.9%, West Oxfordshire77.4% (Source\|: PHE Public Health Outcomes Framework) |
| 2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years | 80% | Q4 2018/19 | | | 76.3% | A | 76.6% | A | Variation in districts for 2018/19 data - Cherwell 75.8%; Oxford 70.4%; South Oxfordshire 78.8%, Vale of White Horse 77.4%, West Oxfordshire79.5% (Source\|: PHE Productive Healthy Ageing Profile) |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Ageing Well [1] | 3.1 Increase the number of people supported to leave hospital via reablement in the year | 2000 | Jan-20 | 123 | A | 112 | R | 113 | R | On average this year 98 people started reablement from hospital with HART; 15 from Oxford health. It would equate to 1354 for the year |
| | 3.2 Increase the number of hours from the hospital discharge and reablement services per month | 8920 | Jan-20 | 8842 | A | 8313 | R | 8459 | A | Average figures for first 10 months of year. |
| | 3.3 Increase the number of hours of reablement provided per month | 5750 | Jan-20 | 5944 | G | 5402 | A | 5187 | A | Average figures for first 10 months of year. |
| | 3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend | >18.8% | Jun-19 | 21% | G | 21% | G | 20% | G | Year to date to Nov; 21% in Nov |
| | 3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average | > 69.9% | Feb-19 | 70.9 | G | 70.9 | G | 70.9 | G | National social care user survey February 2019 |
| | 3.6 Maintain the number of home care hours purchased per week | 21,779 | Jan-20 | 21,327 | A | 20,876 | A | 20,631 | A | The number of home care hours increased substantially till 2 years ago. It has now stabilised despite increased need, due to workforce capacity |
| | 3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population | 24,550 or fewer | Nov-19 | 19,677 | G | 23,559 | G | 23,336 | G | |
| | 3.8 90th percentile of length of stay for emergency admissions (65+) | 18 or below | Oct-19 | 13 | G | 13 | G | 14 | G | Year to date to Nov |
| | 3.9 Reduce the average number of people who are delayed in hospital [2] | TBC | Nov-19 | 95 | A | 121 | R | 105 | R | Latest national published figure for Dec DTOC Bed days for Oxfordshire (Social Care, NHS and Both) (Total bed days delay for month divided by days in month) |
| | 3.10 Reduce the average number of people delayed when discharged from hospital to care homes | average of 6 at yr end | Nov-19 | 6.1 | G | 4.4 | G | 7.5 | A | Latest national published figure for Dec DTOC Bed delays for Social Care with Residential Home as reason for delay - divided by days in month. |
| | 3.11 Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes | < 2.48 | Jun-19 | 2 | G | 2.19 | G | 2.11 | G | |
| | 3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average | 14 | Feb | 11.5 | G | 12.5 | G | 13 | G | Year to date figure as at the start of January 2020 |
| | 3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 85% or more | Oct - Dec 2018 | 73.7 | R | 73.7 | R | 73.7 | R | This measure is a national measure of people leaving hospital with reablement between October and December and whether they are at home 91 days later. A lower figure could imply that cases picked up are more complicated. |
| | 3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services | 3.3% or more | Oct - Dec 2018 | 1.7 | A | 1.7 | A | 1.7 | A | This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. The latest national figure (2017) is 2.9%The measure is used to monitor the CQC action plan |
| | 3.15 Increase the estimated diagnosis rate for people with dementia | 67.8% | Jun-19 | 68.1% | G | 67.8% | G | 67.5% | R | Year to date to Nov |
| | 3.16 Maintain the level of flu immunisations for the over 65s | 75% | Sept 19 to Dec 19 | 76.3% | G | 76.3% | G | 74.8% | A | Annual Fig. |
| | 3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years) | 60% (Acceptable 52%) | Q4 2018/19 | 59.5% | A | 58.7% | G | 63.5% | G | FIT testing replaced FOBt testing in programme in June. The simpler test kit is likely to improve uptake nationally; preliminary local data is reflecting this (PHE) |
| | 3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage) | 80% (Acceptable 70%) | Q4 2018/19 | 73.9% | A | 73.5% | G | 77.5% | A | Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8% (Source: PHE Productive Healthy Ageing Profile 2018/19 year data) |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Tackling Wider Issues that determine health [2]** | 4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208) | >208 | Q1 2019/20 | n/a | | 141 | G | 153 | G | Officially released by Government 13 December. It is unlikely that the figures will change |
| | 4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living | <75% | Q2 2019/20 | n/a | | 89.1% | G | 87.9% | G | 4.2 - Data reported as Q2 in Nov 2019 meeting was, in fact, Q1 data (89.6%). 4.3 will be reported following the official count in Q3.4.1, 4.4, 4.5 and 4.6 will be reported in Q3 |
| | 4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90 | >90 | Q3 2018/19 | n/a | | 119 | R | | | |
| | 4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness) | Monitor only | Q1 2019/20 | n/a | | 307 | | 373 | | Officially released by Government 13 December. It is unlikely that the figures will change |
| | 4.5 Monitor the number where a “relief duty is owed” (already homeless) | Monitor only | Q1 2019/20 | n/a | | 162 | | 149 | | Officially released by Government 13 December. It is unlikely that the figures will change |
| | 4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless | Monitor only | Q1 2019/20 | n/a | | 15 | | 13 | | Officially released by Government 13 December. It is unlikely that the figures will change |

**Health and Wellbeing Process Measures 2019-20**

| Measure | Responsible Board | Q1 | | | Q2 | | | Q3 | | | Q4 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Process | Progress | RAG | Process | Progress | RAG | Process | Progress | RAG | Process | Progress | RAG |
| Whole Systems Approach to Obesity | Health Improvement Board | Review the National guidance appropriate to Oxon and the NHS Long Term Plan | PHE WSA National Guidance published in July and reviewed. NHS LTP reviewed for adult and childhood obesity. Developed a working group and action plan to take forward the recommendations | G | Identify and engage stakeholders | Stakeholders identified and 50% engaged. HIB agreed in September for all board member organisations to nominate a representative(s) that we can work with which is currenlty being followed up. | A | Establish a working group | | | Develop a joint action plan | | |
| Making Every Contact Count | Health Improvement Board | Transformation of Oxfordshire MECC Systems Implementation Group; | The group has been changed from a task and finish group to currently meeting every two months until further review. Updated terms of reference for the group have been put in place. | G | Promoting MECC approach and training within stakeholder organisations | Various member organisations have been promoting MECC and encouraging the uptake of training. Detailed updates were reported at the September 2019 meeting.<br><br>More recent specific examples include the Oxford Health Public Health Promotion Resource Unit (PHPRU) including a link to the Wessex MECC eLearning when they send an email to every new user of their service. There are also now 3 MECC Trainers within Age UK Oxfordshire (AUKO) and Action for Carers Oxfordshire. MECC Training is planned to be rolled out to their 150 staff through 3 levels of training from 2020. | G | Support BOB STP with<br>1. the development & implementation of the MECC digital App<br>2. IAPT training model test bed and Train the Trainer model | | | 1. Engagement with local/regional MECC networks to contribute updates and share learning<br>2. Test/shadow BOB STP MECC Metrics | | |
| Mental Wellbeing | Health Improvement Board | Sign Mental Wellbeing Prevention Concordat | All HWB organisations, OMHP and Active Oxfordshire signed the Concordat. | G | Establish a working group for mental wellbeing | All organisations nominated representatives which public health have engaged with the discuss next steps. Working group established in August and meet twice to develop the framework. | G | 1. Identify wider stakeholders<br>2. Suicide Prevention Multi-Agency Group active in May and Dec | | | Develop Mental wellbeing framework | | |

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| Social Prescribing | Health Improvement Board | 1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey<br>2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators | 1. OxFed (Oxford City service) is no longer going to install Elemental software.<br>2. SE Locality service developed across all GP Practices. | G | Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted. | Phased roll out of service across Cherwell and West Oxfordshire on target. 20 Practices signed up out of 26 Practices. Targeting areas of inequality- 5 Banbury town Practices signed up. | G | | | | | | |

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**Report to the Health and Wellbeing Board, 19th March 2020**

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| **Report from** | Better Care Fund Joint Management Group |
| **Report Date** | 7th March 2020 |
| **Dates of meetings held since the last report:**<br>27th January 2020 | |
| **HWB Priorities addressed in this report**<br>□ A coordinated approach to prevention and healthy place-shaping.<br>□ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).<br>□ An approach to working with the public so as to re-shape and transform services locality by locality.<br>□ Plans to tackle critical workforce shortages.<br>□ A Healthy Start in Life<br>□ Living Well<br>□ Ageing Well<br>□ Tackling Wider Issues that determine health | |
| **Link to any published notes or reports:**<br>N/a | |
| **Priorities for 2019-20** | The Better Care Fund Joint Management Group will deliver the priorities outlined in Living Longer, Living Better: Oxfordshire's Older People's Strategy.<br><br>The priority themes identified in this strategy are:<br><br>i. Being physically and emotionally healthy<br>ii. Being part of a strong and dynamic community<br>iii. Housing, homes and the environment<br>iv. Access to information and care |

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

**1. Care Home Placements and Future Care Home Strategy**

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| **Priority** | Ensure services are effective, efficient and joined up and that the market for provider organisations is sustainable. |
| **Aim or Focus** | The Better Care Fund Joint Management Group was asked to comment on and confirm the proposed approach to:<br>i. Review and reprovide the Dynamic Purchasing System<br>ii. Purchase block contract arrangements<br>iii. Review and launch Oxfordshire's care home strategy<br><br>The Dynamic Purchasing System is the mechanism used by the Council to communicate with the market, seek prices and availability, and secure placements. |
| **Deliverable** | The Council is proposing to introduce block contracts to secure availability of care home beds and a fixed price, therefore offering certainty of supply with quality providers. |
| **Progress report** | The approach was agreed |

**2. NHS Long Term Plan**

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| **Priority** | All priority areas |
| **Aim or Focus** | The meeting discussed the Ageing Pilot programme taking place throughout BOB. The paper:<br>b. Set out the potential scope, dependencies, opportunities and risks to the of the BCF pooled budget should its scope be extended to include Ageing Well<br>c. Sought approval from JMG to for this direction of travel and for next steps as described in the document. |
| **Deliverable** | The BCF – JMG was recommended to:<br>a. Note the potential impact of Ageing Well on the scope of the BCF pooled budget and agree the direction of travel further to the BOB SLG decision on 4 December 2020<br>b. Agree to expand the review of the BCF pool to consider the budgets and services that will support the delivery of Ageing Well<br>c. Engage with the Oxfordshire Primary Care and Community Health integration board to assure the role of the BCF pooled budget in supporting delivery of the Ageing Well programme, and work with that Board to develop the appropriate governance<br>d. Engage with the Oxford Health-led Urgent Community Response group and support the development of the implementation plan to deliver the 2 hour and 2 day response from April 2021 |

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| | e. Receive a further report on (27 b-d) at its meeting in March 2020 to set out final recommendations on the alignment of the BCF pooled budget and Ageing Well |
| **Progress report** | The proposals were agreed and further updates requested |

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

| Indicator Number | RAG | What is being done to improve performance? |
|---|---|---|
| 3.1 | R | Oxfordshire University Hospitals are leading the delivery of an improvement plan for the existing HART service, supported by system partners. Further work is being undertaken to consider the overall pathway. |
| 3.2 | A | This measure is subject to close monitoring and is supported by the HART improvement plan. This measure has moved to amber from red in the previous quarter. |
| 3.3 | A | The level of hours is not delivering the level of cases as the amount of care provided per person is higher than predicted. |
| 3.6 | A | Home care capacity remains a challenge, due to workforce conditions within Oxfordshire. A review of the homecare commissioning approach is being undertaken, including engagement with homecare providers. This is within the wider context of developing a strength based approach to support people to live independently in their communities. |
| 3.9 | R | Main causes of delay are: awaiting HART or placement. HART Improvement Plan has system oversight to support delivery with key performance indicators against agreed thresholds and improvement trajectories. System Care Working Group is overseeing system plan to support urgent care capacity and flow. |
| 3.13 | R | Oxfordshire University Hospitals are leading the delivery of an improvement plan for the HART service, supported by work to consider the overall pathway. A lower figure against this measure could imply that more complex cases are support through the HART service. |
| 3.14 | A | This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. |

### 4. Summary of other items discussed by the group

Annual care provider price review

### 5. Forward plan for next meeting

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| 23rd March 2020 | • Rethinking the Better Care Fund<br>• Pricing approach – external care market |

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| | • Update on Reablement Service<br>• JMG performance reporting & Health and Wellbeing Board strategic priorities |

**Report to the Health and Wellbeing Board**, **19th March 2020**

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| **Report from** | **Adults with Support and Care needs Joint Management Group** |
| **Report Date** | 5 March 2020 |
| **Dates of meetings held since the last report:** 23rd January 2020 | |
| **HWB Priorities addressed in this report**<br>☐ A coordinated approach to prevention and healthy place-shaping.<br>☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).<br>☐ An approach to working with the public so as to re-shape and transform services locality by locality.<br>☐ Plans to tackle critical workforce shortages.<br>☐ A Healthy Start in Life<br>✓ Living Well<br>☐ Ageing Well<br>☐ Tackling Wider Issues that determine health | |
| **Link to any published notes or reports:** | |
| **Priorities for 2019-20** | Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems will live independently and achieve their full potential.<br><br>This includes:<br>• Improving access to mental health support (including psychological therapies, the Emergency Department Psychiatric Service and packages of care following experiencing first episode psychosis or At Risk Mental State)<br>• Reducing health inequalities for people with severe mental illness and people with learning disabilities<br>• Increasing the number of people in employment who have severe mental illness or learning disabilities<br>• Reducing the number of people with learning disabilities and/or autism admitted to specialist in-patient beds, or placed out of county |

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

### a. Strategy for Adults of Working Age with Care and Support Needs

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| **Priority** | To work with people who receive services and their carers to understand what they want from services that support them over the next five years |
| **Aim or Focus** | The Adults' strategy will bring together the vision for services for people who have mental illness, a learning or physical disability, autism, a sensory impairment, a long-term health condition or brain injury. We are developing this in conjunction with people who use these services and their carers |
| **Deliverable** | Draft strategy to be brought to Health & Wellbeing Board before going out for public consultation |
| **Progress report** | • Based on the user survey and focus groups, a strategy has been drafted. We are reviewing this, following a meeting of the reference group, to ensure that everyone's views are incorporated into the strategy<br>• We are working on service area implementation plans to deliver the objectives set out in the strategy. The Learning Disability implementation plan will be reviewed by the Joint Management Group in May. |

### b. Learning Disability residential care placements

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|---|---|
| **Priority** | To reduce the number of people with learning disabilities placed out of county in residential care |
| **Aim or Focus** | There are currently 176 people with a learning disability in out of county residential placements. On average 11 people a year have been placed in out-of-county placements over the past 6 years. We believe that a number of these people would have a better quality of life in supported living settings. |
| **Deliverable** | The project aims to move 50 people from out of county placements back to Oxfordshire (along with moving 26 people in in-county residential care placements to supported living) over two years. |
| **Progress report** | • Desktops assessments to prioritise the people for the face-to-face social work stage have begun. It was aimed to complete these in February but this has been delayed due to other work (see below) so desktops reviews of the out-of-county are now expected to be completed in April.<br>• The focus of this project this month has been on the closure of an in-county residential care provision for 16 people (plus some supported living and day services) on which the provider gave notice. We are aiming to move the majority of people to vacancies within our existing supported living houses, which means that they will be living a more independent life in their new homes. |

2. **What is being done in areas rated Red or Amber in the Performance Framework**

| Indicator | Current figure | RAG rating | Update for this Board |
|---|---|---|---|
| 2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies | Q3 23% (20% yr to date) | Red against national target<br><br>Green against local agreement | National Target is 22%.<br>Local system agreement to maintain the 2018/19 target of 19% for 2019/20, due to prioritizing current resources to support adult mental health teams' core services.<br>There has been improvement against this target which is now above the local target and this quarter above national target. |
| 2.4 The proportion of people who complete psychological treatment who are moving to recovery. | 49% (50% yr to date) | Red | National target 50% (target to be achieved by end of Q4)<br>Service is monitoring performance in each team and identified actions are in place.<br>Performance dropped mid-year but is now on upwards trajectory. |
| 2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe | 80% JR; 87% HGH | Red | Target 95%<br>Emergency Department Psychiatric Service has remained under close performance scrutiny.<br>NSHE awarded funding in Q3 to address overnight capacity gap which is starting to improve performance and is expected to continue to have an effect as staff are recruited.<br>Implementation plans are in place to provide the Crisis Resolution & Home Treatment Team (initially in the City), an additional Safe Haven in Banbury, and a High Intensity User Service based in OUH ED which will increase community provision and is expected to divert activity away from ED. |
| 2.15 Reduce the number of people with learning disability and/or autism placed/living out of county | 175 | Amber | Target <175<br>There has been a small decrease in numbers.<br>The project is now underway to move 50 people from out-of-county residential to more independent support living in Oxfordshire over the next two years.<br>Alongside that we are working to provide alternatives so that new out-of-county placements are reduced. |

3. **Summary of other items discussed by the group**

**a. Performance, Activity and Finance Report:** At each meeting there is review and discussion of the financial position of the pooled budget and the activity driving it.

**b. Learning Disability pooled budget:** The Group discussed the pressures on the pool from learning disability services and the reasons behind them

**c. Annual Care Provider Price Review:** Andrew Colling described the process carried out to collect data from the market and assess it. There was a discussion on how to respond to the request from providers for price uplifts. Officers will do further analysis and bring recommendations back to the March JMG.

**d. Mental Health Outcomes Based Contract extension:** Following the review of the Outcomes Based Contract, the contract has already been extended to September 2022. The Group agreed to further extend the contract to 31 March 2023 to align to fiscal year end.

**e. Risk management for people with autism:** The Group recognised the gap in clinical support for adults with autism, and the risks associated with this. They asked Chris Walkling and Liz Williams to produce an updated version of the interim plan brought to the Group in September, with clarity on KPIs, resources and deliverables, to be circulated to the JMG for virtual approval between meetings. Oxford Health also offered to bring examples of good services for people with autism elsewhere to the next meeting so that the JMG could consider how such ideas could be incorporated into the ICS planning.

4. **Forward plan for next meetings**

For 26th March 2020:

- SEND report
- Provider price review
- JMG Performance reporting & Health and Wellbeing Board strategic priorities for 2020/21

For 28th May 2020:

- Section 75 contributions agreement for 2020/21
- LD strategy implementation plan

Ele Crichton, Lead for Adults Commissioning & Markets

**Report to the Health and Wellbeing Board**, 19th March 2020

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|---|---|
| **Report from** | Health Improvement Partnership Board |
| **Report Date** | 3rd March 2020 |
| **Dates of meetings held since the last report:**<br>20th February 2020 | |
| **HWB Priorities addressed in this report**<br>☐ A coordinated approach to prevention and healthy place-shaping.<br>☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).<br>☐ An approach to working with the public so as to re-shape and transform services locality by locality.<br>☐ Plans to tackle critical workforce shortages.<br>✓ A Healthy Start in Life<br>✓ Living Well<br>✓ Ageing Well<br>✓ Tackling Wider Issues that determine health | |
| **Link to any published notes or reports:**<br>Papers for the February meeting were published and can be found here:<br>https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=6165 | |
| **Priorities for 2019-20** | **1. Keeping Yourself Healthy (Prevent)**<br>• Reduce Physical Inactivity / Promote Physical Activity<br>• Enable people to eat healthily<br>• Reduce smoking prevalence<br>• Promote Mental Wellbeing<br>• Tackle wider determinants of health - Housing and homelessness<br>• Immunisation<br>**2. Reducing the impact of ill health (Reduce)**<br>• Prevent chronic disease though tackling obesity<br>• Screening for early awareness of risk<br>• Alcohol advice and treatment<br>• Community Safety impact on health outcomes<br>**3. Shaping Healthy Places and Communities**<br>• Healthy Environment and Housing Development<br>• Learn from the Healthy New Towns and influence policy<br>• Social Prescribing<br>• Making Every Contact Count<br>• Campaigns and initiatives to inform the public |

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

**a. Preventing Cardiovascular Disease**

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|---|---|
| **Priority** | A coordinated approach to prevention and healthy place-shaping |
| **Aim or Focus** | The Oxfordshire Prevention Framework has been presented to different organisations. Following discussions there were several calls to set one priority for prevention across the system. Preventing Cardiovascular Disease has been chosen as the priority |
| **Deliverable** | *Recommendations*<br>*Members of the Health Improvement Board are requested to*<br>*1. Note the content of the paper and agree to focus on the shared priority of preventing cardiovascular disease and tackling health inequalities in Oxfordshire*<br>*2. Nominate and support a Prevention Champion from their own organisation to take this work forward, operating in a network of champions where they will represent their organisation. They will also lead on developing the strategic and operational plans of their organisation to prevent cardiovascular disease.*<br>*3. Agree to receive further reports on progress in preventing cardiovascular disease and ensure a whole systems approach.*<br>*4. Lead future reviews on prevention priorities for Oxfordshire on behalf of the Health and Wellbeing Board* |
| **Progress report** | A Prevention Champions meeting has taken place and concluded that a network of prevention champions will be useful. The role of champions will be to take this work forward within their own organisations but also learn from each other and ensure there is no duplication of effort.<br><br>It was agreed that HIB is the group that carry most of the responsibilities and enthusiasm for prevention on the county on behalf of the Health and Wellbeing Board and it is expected that it keeps driving this agenda |

**b. Public Health, Health Protection**

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|---|---|
| **Priority** | A coordinated approach to prevention and healthy place-shaping |
| **Aim or Focus** | To report on the activity of the Public Health Health Protection Forum, including uptake of immunization and screening programmes and matters relevant to communicable disease control and and non-communicable disease screening programmes |
| **Deliverable** | Annual report of performance on a range of issues. |
| **Progress report** | At time of presenting this report, local organisations are monitoring the unfolding situation in China involving the Coronavirus. |

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| | Local stakeholders were involved in an exercise in October 2019 to test their preparedness for pandemic influenza. This will have contributed to the readiness of the local system to respond to Coronavirus if it was to be diagnosed in any local residents. Since the organisational changes to NHS structures, the local response system to any infectious incidents has matured well and there is good cooperation between the local partner organisations in Oxfordshire.<br><br>In addition the report highlighted<br>• Trends in C Difficile and MRSA infection rates are both higher than last year<br>• Uptake of seasonal flu immunisations is better than national rates in all groups<br>• Immunisation for Human Papilloma Virus has now been extended to cover boys<br>• Uptake of invitations for cervical screening continue to fall (see performance below) |

**The Board also received updates on**

- **Tobacco Control Strategy**: Eunan O'Neill presented a paper entitled *Oxfordshire Tobacco Control Strategy.* He outlined plans to open consultation on the strategy on No Smoking Day (March 11th) This day will also see a public declaration of support from all partner organisations as they sign the Local Government Declaration and the NHS Smokefree pledge. This item was picked up by both local and national news channels as it included the headline that Oxfordshire seeks to become the first Smoke-free County by 2025.

- **Review of performance monitoring**. An overview of the types of indicators currently monitored by the Board was discussed. The Board agreed that
    - the current framework is good, but it could be improved, making inequalities more visible, seeing more granularity and having specific measures related to those deprived wards.
    - There should be national targets alongside local targets.
    - There should be specific expected outcomes that are going to make a real difference, This should always be the focus.
    - The trajectories should be shown, indicating whether trends are getting better or worse

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

The performance framework published for this meeting showed that, of the 11 indicators reported:

***7*** *indicators are* ***green***
***8*** *indicators are* ***amber***
***3*** *indicators are* ***red***

1. **Smoking at Time of Delivery**

A report was presented on performance in reducing smoking at time of delivery. Ali Cuthbertson, Director of Midwifery, Oxford University Hospitals, highlighted the actions being taken to screen all pregnant women for carbon monoxide levels and offer support to those who want to quit smoking during their pregnancy.

The midwifery service now has enough carbon monoxide monitors for all the community midwives to carry one and offer routine tests to all pregnant women at the 36-week antenatal appointment. They are also planning more opportunistic testing to ensure that there is no other risk to women (e.g. from other smokers in the household, faulty boilers etc which result in a high CO reading even in non-smokers).

They have also a dedicated midwife focusing on supporting teaching and learning around smoking cessation. They also aim to influence partners and other family members who smoke.

Members of the Health Improvement Board were assured that action is being taken to offer support to all pregnant women who smoke and that this is being further developed and sustained. This should result in further reduction in smoking prevalence in pregnancy and reduced risks for the unborn children and the mothers.

2. **Reduce the Percentage of the population aged 16+ who are inactive** (less than 30 mins / week moderate intensity activity).

An update will be requested from Active Oxfordshire.

3. **Increase the level of Cervical Screening** (Percentage of the eligible population women aged 25-49) screened in the last 3.5)

The report from the Public Health, Health Protection Forum addressed this performance issue. Catherine Dixon from NHSE reported that there was a national trend for lower uptake and this is being addressed. Further data was requested on the age breakdown to see which age groups are less likely to take up the invitation for screening. The Board will continue to monitor this indicator through the Health Protection Forum as it is a cause for concern.

3. **Forward plan for next meeting**

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| 14th May 2020 | Items could include:<br><br>Joint Strategic Needs Assessment<br>End of year performance and plans for monitoring progress in 2020-21<br>Active Oxfordshire report on reducing physical inactivity<br><br>Diabetes Transformation and Prevention data<br>Final tobacco control strategy<br>Final Alcohol and Drugs Strategy<br><br>Director of Public Health Annual Report<br>Housing Support Advisory Group update<br>Domestic Abuse Strategy Group update |
| 10th September<br>19th November | |

4. **Other news**

Graeme Kane has left his role at Cherwell District Council. A decision on who will replace him as a senior District Council officer on the Board is pending.

Jackie Wilderspin, March 2020

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