Public Document Pack

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 13 July 2017 at 2.00 pm
Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Peter G. Clark
Chief Executive

July 2017

Contact Officer: ***Julie Dean, Tel: 07393 001089***
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Membership

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

Board Members:

Councillor Anna Badcock *(South Oxfordshire District Council)*	Chairman, Health Improvement Partnership Board
Lucy Butler	Director for Children's Services
Dr Matthew Gaw	Vice-Chairman, Children's Trust
Cllr Steve Harrod *(Oxfordshire County Council)*	Chairman, Children's Trust
Councillor Hilary Hibbert-Biles *(Oxfordshire County Council)*	Cabinet Member for Public Health & Education
Dr Jonathan McWilliam	Strategic Director for People & Director of Public Health
Dr Paul Park	Vice-Chairman, Older People's Joint Management Group
Rachel Pearce *(NHS England)*	Director of Commissioning Operations (South Central)
Prof George Smith	Chairman, Healthwatch Oxfordshire
Councillor Lawrie Stratford *(Oxfordshire County Council)*	Chairman, Older People's Joint Management Group
Kate Terroni	Director for Adult Services
Councillor Marie Tidball *(Oxford City Council)*	Vice Chairman, Health Improvement Partnership Board

In Attendance: Peter Clark, Chief Executive, OCC
David Smith, Chief Executive, OCCG

Notes:• Date of next meeting: 9 November 2017

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 - 8)

To approve the Note of Decisions of the meeting held on 23 March 2017 (**HBW5**) and to receive information arising from them.

6. Performance Report - Final Outcomes for 2016-2017 year end (Pages 9 - 22)

2:05
20 minutes

Persons responsible:	Strategic Director for People & Director of Public Health, Director for Adult Services, Director for Children's Services, OCC; Chief Executive, Oxfordshire Clinical Commissioning Group
Person giving report:	Strategic Director for People & Director of Public Health

To receive an update on performance against the outcomes in the Joint Health & Wellbeing Strategy set for 2016-17 **(HWB6**).

Action Required: to note the report.

7. Revised Joint Health & Wellbeing Board Strategy for 2017-18 (Pages 23 - 64)

2:25
20 minutes

Persons responsible:	All Partners
Person co-ordinating report:	Strategic Director for People & Director of Public Health

Attached at **HWB7** is the draft, revised Joint Health & Wellbeing Strategy (JHWBS) for

2017/18. The cover report to this document sets out the process for revision and also contains the views of the Oxfordshire Joint Health Overview & Scrutiny Committee put forward at its meeting on 22 June 2017.

Action Required: the Health & Wellbeing Board is asked to:

(a) comment on the content of the draft Strategy, taking comments from the Oxfordshire Joint Health Overview & Scrutiny Committee into consideration; and

(b) approve the outcome measures proposed in the draft Strategy and monitor performance against those outcomes at each meeting in 2017-18.

8. Local Digital Roadmap (Pages 65 - 86)

2:50
15 minutes

Persons responsible:	Oxfordshire Clinical Commissioning Group (OCCG) & Oxford Health NHS Foundation Trust (OH)
Persons giving report:	Stuart Bell CBE (OH); Gareth Kenworthy and Lucasz Bohman (OCCG)

A presentation will be given by Stuart Bell CBE, Gareth Kenworthy and Lucasz Bohdan on action planning for digital platforms within the NHS. A cover paper is attached at **HWB8,** together with a copy of the presentation slides.

9. Safeguarding Boards - Impact Assessments (Pages 87 - 110)

3:05
20 minutes

Persons responsible:	Seona Douglas, Deputy Director, Adult Social Care and Tan Lea, Strategic Safeguarding Partnerships Manager, Oxfordshire County Council
Persons giving reports:	As above

To consider and comment on the Safeguard Boards Impact Assessment reports **(HWB9).**

10. Health Inequalities Commission - update (Pages 111 - 116)

3:25

15 minutes

Person responsible: Dr Jonathan McWilliam, Strategic Director for People & Director of Public Health

Persons giving report: Chair of OCCG, Dr Joe McManners and Dr. Jonathan McWilliam, Strategic Director for People, OCC

To report on the process for implementing the recommendations from the Commission report, published in November 2016 (**HWB10**).

11. Healthwatch Oxfordshire (HWO) - Update

3:40
15 minutes

Persons responsible: Chief Executive and Chairman of Healthwatch Oxfordshire
Persons giving report: Chairman of Healthwatch Oxfordshire

There will be an oral update on HWO activities given by the new Chairman Professor George Smith (**HWO11**).

12. Reports from Children's Trust, Joint Management Groups and Health Improvement Board (Pages 117 - 124)

3:50
10 minutes

Attached are the written reports on activities since the last Health & Wellbeing Board in March (**HWB12)** from:

- Children's Trust Board
- Joint Management Group for Adults
- Health Improvement Partnership Board

Action Required: to receive the reports.

13. DATES OF FUTURE MEETINGS

Dates of future meetings for 2017-18 are as follows (all take place on a Thursday at 2pm in County Hall:

- 9 November 2017
- 22 March 2018

The following meeting dates for 2018 -19 are subject to agreement by County Council on 11 July. Confirmation of these dates or otherwise will be given at the meeting:

- 19 July 2018
- 15 November 2018
- 21 March 2019

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 23 March 2017 commencing at 2.00 pm and finishing at 4.10pm

Present:

Board Members: Dr Joe McManners – in the Chair

Dr Joe McManners (Vice-Chairman)
District Councillor Anna Badcock
Eddie Duller OBE
Councillor Hilary Hibbert-Biles
Dr Jonathan McWilliam
Councillor Melinda Tilley
Roy Leach (In place of Lucy Butler)
Councillor David Nimmo Smith (In place of Councillor Mrs Judith Heathcoat)
Councillor Lawrie Stratford (In place of Councillor Ian Hudspeth)
District Councillor Dee Sinclair (in place of District Councillor Ed Turner)

Other Persons in Attendance: Peter Clark, OCC and David Smith, OCCG

Officers:

Whole of meeting Julie Dean , OCC

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 Julie Dean, Tel: 07393 001089 (julie.dean@oxfordshire.gov.uk)

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Deputy Chairman, who was chairing the meeting in Cllr Ian	

Hudspeth's absence, welcomed all to the meeting, in particular extending a welcome to Kate Terroni, Director for Adult Services, who was attending her first meeting as a member of the Board. He announced an item of urgent business on the Better Care Fund Plan 2017 – 19 to be included on the Agenda after Agenda Item 5. The Chairman had agreed that it be considered at this meeting because sign off was required prior to the next meeting on 13 July.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Cllr Lawrie Stratford attended in place of Cllr Ian Hudspeth, Cllr David Nimmo-Smith for Cllr Mrs Judith Heathcoat, Cllr Dee Sinclair for Cllr Ed Turner and Roy Leach for Lucy Butler.	Andrea Newman
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest submitted.	Andrea Newman
4 Petitions and Public Address (Agenda No. 4)	
There had been no requests to present a petition or to address the meeting.	Andrea Newman
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The note of the last meeting which took place on 10 November 2016, was approved and signed as a correct record. <u>Matters Arising</u> In relation to item 4 in the Note, 'Petitions & Public Address', Mr David Hartley's address, Cllr Dee Sinclair asked what action had been taken with regard to the requests that Mr Hartley made to the meeting. David Smith reported that: • a special meeting of HOSC had taken place on 7 March at which there had been a good discussion on the STP footprint; • the NHS Delivery Plan was to be published the following week. This would set the tone about what services would be decided at local level;	Julie Dean

• this would lead to the delivery of Oxfordshire's own local plan. Dr McManners commented also that the contracts with the two existing major NHS providers had been set up and agreed as part of the Health wider programme and a Risk Share Agreement had also been agreed.	
6 Item of Urgent Business - Better Care Fund Plan 2017 - 19 (Agenda No.)	
The Board considered a report of the OCCG (attached to Addenda) which requested agreement for delegated authority sign off by the Chairman and Vice-Chairman of Oxfordshire's 2017 – 19 Better Care Fund Plans once the technical guidance/templates had been released. This would allow for the final Better Care Fund allocations and funding contributions to be announced alongside the release of the policy framework and planning guidance. The Board **AGREED t**hat a special meeting of the Board be arranged, if necessary, to sign off the Plans.	Cllr Hudspeth/Dr McManners
7 Performance Report (Agenda No. 6)	
The Board received an update on performance against the outcomes in the Joint Health & Wellbeing Strategy set for 2016/17 and also considered the new outcomes for Quarters 2 - 3 (HWBB6). <u>In relation to priority 4 – 'Raising Achievement for all Children & Young People'</u> – Roy Leach advised that only one set of data was available per annum. <u>In relation to 5:2 – 'Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages'</u> – when asked if there was any statistical breakdown of who was presenting inappropriately, David Smith responded that this level of detail was not known. However, he referred to a detailed report on the Oxfordshire Joint Health & Overview Scrutiny Committee (HOSC), to national research and to a piece of work done in the West Midlands which had indicated that 20% of people had made the decision to go to Accident & Emergency (A & E) on the previous day. He added that a set of national directives were coming out the following week. Mr Smith also pointed out GP Streaming needed to be put in place in A & E departments to improve triage and give a better	

understanding of reasons for attendance at A & E. He stressed the importance of looking at the whole pathway, including the Minor Injuries Units which would be included in Phase 2 of the Big Health & Care consultation. Mr Smith undertook to pick it up as an issue. It was **AGREED** to note the report.	David Smith
8 Joint Strategic Needs Assessment (JSNA) - Annual Report (Agenda No. 7)	
The Board considered the outcomes contained in the Joint Needs Assessment (JSNA) Annual Report (HWB7). Dr McWilliam (OCC) and Diane Hedges (OCCG) had signed off this final version. Dr McWilliam, when introducing the item began by thanking Margaret Melling and colleagues for all their hard work in putting much of the resource together. Board observation and discussion centred on the following areas: • Reasons for excess weight in children which was being monitored by the Health Improvement Board; • Reasons why rough sleeping in Oxford City was on the increase but not reflected in the statistics. This was also being monitored by the Health Improvement Board; • The number of women breast feeding was on the increase – however it was emphasised that this should not disguise numbers in areas of health inequalities; • Smoking prevalence had not been included as a specific cause of some cancers – Dr McWilliam undertook to ensure that this was picked up, stating however that it may also be included in the STP in relation to its inclusion in all clinical interventions; • Over 40's take-up of Health Checks had improved; and • Possible incorporation of additional screening tests for cancer in the over 40's Health Checks. Dr McWilliam explained that most tests were required by NHS England and a national screening committee had recommended them as cost effective and robust. The Director of Public Health acted as a watchdog of the local uptake of tests. The Board **AGREED** to receive the report.	Dr McWilliam/Diane Hedges

9 Improving Activity Levels in Oxfordshire - Oxfordshire Sport & Physical Activity (Agenda No. 8)	
Chris Freeman and Keith Johnston, Chief Executive and Chairman, respectively, of Oxfordshire Sport & Physical Activity, sought endorsement of an expression of interest being submitted to Sports England for funding for physical activity initiatives in Oxfordshire. If successful this would be one of 10 pilots that Sports England would run nationally. The proposal was set out at HWB8. The pilots were a whole systems approach to inactivity in England, looking at policy, the physical environment, the organisation and the individual. Locally, it would select particular places in Oxfordshire. It also looked to build on the work of the Health Inequalities Commission to justify need and rationale. Cllr Anna Badcock declared an interest in the proposal on account of her involvement as Chairman of the Health Improvement Board (HIB), in view of HIB's concerns in relation to child obesity. Responses from the Board were favourable in light of the opportunities it could bring for parents to link into activities in the new ECO towns in Bicester and New Barton. It was stipulated, however, that the offer had to be across all age groups. Oxford City Council had looked at the pilot and had been very supportive of it, stressing the importance of building into it spaces and places where a variety of activity could take place, adding the need to be adventurous and thoughtful about what was being provided. The Board also felt there was a need to address the needs of those who were inactive and what prevented them from taking part. It was reported that the barriers to taking part in exercise would be evaluated by Oxford Brookes University and Sports England was also undertaking research in a number of areas, such as body image. In conclusion, the Board **AGREED** that the pilot should receive general support and to encourage work with the new Healthy New Towns which it was hoped would in turn lead to the encouragement of more activity more widely.	Bev Hindle (Strategic Director for Communities) Dr McWilliam
10 Health Inequalities Commission - Update (Agenda No. 9)	
Jackie Wilderspin, Public Health Specialist, OCC, reported on the process for implementation of the recommendations from the Health Inequalities Commission report published in November 2016 (HWB9).	

The Board **AGREED** to note the report and to bring a further report back to the next meeting of the Board on 13 July 2017.	Dr McWilliam
11 The Big Health & Care Consultation, Phase 1 - Oxfordshire Clinical Commissioning Group (OCCG) (Agenda No. 10)	
David Smith gave a brief update on the issues which had been identified from the 15 public meetings held around the County, the last one being that evening. Attendance at meetings had been good and all manner of communication had also been utilised to seek people's views. Issues arising from the meetings included: • Quality and safety of a number of services; • Recruitment and retention of workforce to carry out the proposals; • Challenges had been made relating to building costs; • Concerns about whether Adult Social Care was able to meet the changes; and • Concerns around the two phase consultation. Mr Smith stressed that if people came forward with alternative proposals then the OCCG would look into them with an open mind. When questioned about the future of Accident & Emergency at the Horton General Hospital, Mr Smith stated that there were no plans for the Hospital to close, but there needed to be changes to services provided to ensure the hospital was viable in the long term. Accident & Emergency would be considered within Phase 2 of the consultation. Currently the OCCG was looking at a long list of options to go forward to a Phase 2, pre-consultation discussion with the public, and thence to full consultation probably in the Autumn of this year. Discussions would be held with HOSC regarding the timetabling of Phase 2. Board members raised the questions of parking given the increased numbers of people coming into the City to OUH hospitals and the challenges for lower paid NHS staff of living in the City. Mr Smith responded that Phase 2 would be considering where the balance lay best between providing support services remotely and providing specialist services that could only be provided in the Oxford hospitals. When asked if there was a sufficiency of beds in the system to carry out the proposals, David Smith referred to the rise again in DTOC statistics. The real issue was to try to get patients, when	

medically fit for discharge, back to their home or into supported care. If this could be achieved then the number of beds in the system would be reduced even further which would then serve to reduce the DTOC figures. A member asked if Phase 2 would go hand in hand with the Social Care element. David Smith responded that he had written to the Leader of the County Council asking OCC to consider working jointly in Phase 2. Dr McWilliam clarified that the new Council would need to consider all matters at the appropriate time. The Board **AGREED** to note the update.	Dr McManners/David Smith
12 Healthwatch Oxfordshire (HWO) - Update (Agenda No. 11)	
Eddie Duller OBE, Chair of Healthwatch Oxfordshire, gave a general update on Healthwatch Oxfordshire activities since the last meeting (HWB11). With regard to paragraph 2.2 of the report Eddie Duller reported on continued difficulties experienced in gleaning information about the extent of STP responsibilities in the future. When asked how the STP could make plans if they were not a statutory body, Mr Smith stated that it was not an organisation and could best be described as a partnership of 44 bodies coming together to develop plans, in a bid to find a more efficient process than NHS England working with 200 CCGs. He referred to the NHS Delivery Plan, to be published the following week, which might shine a light on how the NHS will move forward. He stressed that this did not stop the thinking about how to deliver services locally. In response to questions about the re-registration of patients following the Deer Park Surgery closure, Mr Smith reported that the Secretary of State had asked the OCCG to continue to transfer patients to other surgeries, and to continue to help and support those that had not yet re-registered, whilst the IRP looked at the referral made by the HOSC Committee. The Board **AGREED** to note the report.	Eddie Duller

13 Reports from Children's Trust, Joint Management Group & Health Improvement Partnership Board (Agenda No. 12)	
The Chairmen of the Children's Trust Board and the Health Improvement Board, together with Kate Terroni (for the Joint Management Group for Adults), presented the written reports on activities since the last Health & Wellbeing Board meeting. The Board **AGREED** to note the reports.	Cllr Melinda Tilley/District Cllr Anna Badcock/Cllr Mrs Judith Heathcoat
14 PAPERS FOR INFORMATION ONLY (Agenda No. 13)	
Noted. **CLLR MELINDA TILLEY** There was a vote of thanks for Cllr Melinda Tilley for all her hard work and commitment to the Board over the time the Board had been meeting. She was wished all the very best for the future.	

..... in the Chair

Date of signing .....

Health & Wellbeing Board
Performance Report 2016/17

Introduction

1. Annex 1 shows performance for the priorities within the Health & Wellbeing strategy for 2016/17. Priorities 1-4 are managed through the Children's Trust; priorities 5-7 is managed through the Joint Management Groups for the Pooled Budgets for adult health and care services and priorities 8-11 is managed through the Health Improvement Board.

Summary

2. The table below summarises performance on each priority. 55 measures are reported with 47 rated:
    a. 24 (50%) hit their target,
    b. 12 (25%) rated amber - not on target, but close to target
    c. 12 (25%) rated red.

3. Looking across all the measures the priorities where fewest targets were met were
    a. Priority 3: keeping children safe, where there was a considerable increase in use of services
    b. Priority 4: Raising achievements for all children and young people which was reported in detail in the quarter 3 report to the Health and Wellbeing Board
    c. Priority 5: Working together to improve quality and value for money in the Health and Social Care System where increased demand for health services has meant that some waiting times targets are not being met.

	Red	Amber	Green	Not Rated	Total
1. Ensuring children have a healthy start in life and stay healthy into adulthood	0	1	0	0	1
2. Narrowing the gap for our most disadvantaged and vulnerable groups	3	0	4	0	7
3. Keeping children and young people safe	3	0	1	2	6
4. Raising achievements for all children and young people	1	0	1	0	2
5. Working together to improve quality and value for money in the Health and Social Care System	3	2	1	0	6
6 Adults with long term conditions living independently and achieving their full potential	0	0	4	2	6
7. Support older people to live independently with dignity whilst reducing the need for care & support	2	3	1	1	7
8 Preventing early death and improving quality of life in later years	0	2	5	0	7
9. Preventing chronic disease through tackling obesity	0	1	2	0	3
10. Tackling the broader determinants of health through better housing and preventing homelessness	0	0	5	1	6
11. Preventing infectious disease through immunisation	0	3	0	1	4
Total	12	12	24	7	55

4. The individual indicators rated as red are:
    a. Ensuring children have a healthy start in life and stay healthy into adulthood
        i. none
    b. Narrowing the gap for our most disadvantaged and vulnerable groups
        i. 2.4 Reduce persistent absence of children subject to a child in need plan.
        ii. 2.5 Reduce persistent absence of children subject to a child protection plan.
        iii. 2.6 Reduce the number of children and young people placed out of county and not in neighbouring authorities
    c. Keeping children and young people safe
        i. 3.3 Reduce the number of social care referrals to the level of our statistical neighbours
        ii. 3.4 Reduce the number of children subject of a child protection plan
        iii. 3.6 Maintain the current number of looked after children
    d. Raising achievement for all children and young people
        i. 4.1 Improve the disadvantage attainment gap at all key stages to be in line with the national average by 2018 and in the top 25% of local authorities for key stage 2
    e. Working together to improve quality and value for money in the Health and Social Care System
        i. 5.2 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission
        ii. 5.5 Increase the percentage of people waiting a total time of less than 4 hours in A&E.
        iii. 5.6 Increase the percentage of people waiting less than 18 weeks for treatment following a referral
    f. Adults with long term conditions living independently and achieving their full potential
        i. none
    g. Support older people to live independently with dignity whilst reducing the need for care and support
        i. 7.1 Reduce the number of people delayed in hospital from current level of 136 in April 2016 to 73 in March 2017
        ii. 7.5 Increasing the number of hours people are able to access the reablement pathway to 110,000 hours per year by April 2017.
    h. Preventing early death and improving quality of life in later years
        i. none
    i. Preventing chronic disease through tackling obesity
        i. none
    j. Tackling the broader determinants of health through better housing and preventing homelessness
        i. none
    k. Preventing infectious disease through immunisation
        i. none

Steve Thomas
Performance & Information Manager (Social Care)
June 2017

Annex 1

Oxfordshire Health and Wellbeing Board
Performance Report

Priority One: Ensuring children have a healthy start in life and stay healthy into adulthood

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
1.1 Waiting times for first appointment with Child and Adolescent Health Services (CAMHS). 75% of children will receive their first appointment within 12 weeks of referral by the end 2016/17.	75%	54% (15/16)	29	R	47	R	70	A	68	A	

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

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
2.1 Reduce the proportion of children with Special Educational Needs and Disability (SEND) with at least one fixed term exclusion in the academic year.	<6.7%	5.1% 14/15	7.1%	R			4%	G	5.2%	G	Terms 1-4 academic year 16/17
2.2 Increase the proportion of children with a disability who are eligible for free school meals who are accessing short breaks services.	>42%	41.9% 15/16	44%	G	44%	G	46%	G	57%	G	
2.3 Ensure that the attainment of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan is in line with the national average. - Key Stage 2 - Key Stage 4	16% 36.2	No baseline					9%	G			KS2 fig. Oxon =9%, National - 16%. % SEN Support pupils reaching at least the expected standard in reading writing and maths - summer 15/16 ac. Yr. 10th of our statistical neighbours KS4 fig: Oxon = 32.8 pts, National = 36.2 pts. 11th of our statistical neighbours
2.4 Reduce the persistent absence of children subject to a Child In Need plan.	<18%	18% 15/16							30.4%	R	National figure=28.3%. Note: Definition of persistent absence changed from 15% of available sessions to 10%
2.5 Reduce the persistent absence of children subject to a Child Protection plan.	<17%	17% 15/16							30.3%	R	National figure=28.7%.
2.6 Reduce the number placed out of county and not in a neighbouring authority from 77 to 60	60 (9.8%)	77 12.6%	87 14%	R	80 13%	R	104 16%	R	118 17.5%	R	Driven by an increase in looked after numbers.
2.7 Increase the % of care leavers who are in employment, education and training (17-21)	49.1%	49.1%							51.1%	G	

Priority Three: Keeping children and young people safe (select measures from the OSCB dataset)

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
3.1 Monitor the number of child victims of crime	Monitoring only	2094 15/16	613		1126		1649		2189		5% increase in children as victims of crime compared to the same period last year
3.2 Number of children missing from home	Monitoring only	817	273		468		649		798		2% drop in children reported as missing, but increase in missing episodes
3.3 Reduce the number of social care referrals to the level of our statistical neighbours	6151	5,612	1626	R	3154	R	4981	R	6658	R	19% increase in referrals when target was to reduce
3.4 Reduce the number of children subject of a child protection plan	500	569	551	A	563	R	605	R	607	R	Child protection numbers are 7% higher than the start of the year
3.5 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 (Public Health measure number 2.07i) to the national level	109.6				118.1	R	110.7	A	101.3	G	Figures to the end of Feb 16
3.6 Maintain the current number of looked after children	600	609	622	R	643	R	651	R	667	R	10% increase in looked after figures

Priority Four: Raising achievement for all children and young people

Measure	Tgt	Baseline	Q1		Q2		Q3		Q4		Comment
			Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
4.1 Improve the disadvantaged attainment gap at all key stages and aim to be in line with the national average by 2018 and in the top 25% of local authorities. * Key Stage 2 * Key Stage 4	To be top quartile	New measure					31% KS2 15pts KS4	R			KS2 Oxfordshire gap 31% pts compared National gap 21% pts. Oxfordshire is in the bottom quartile (lowest 25%) nationally. KS4 Oxon 15 pts compared to 12.3 nationally. This means that disadvantaged pupils achieve 1.5 GCSE grades lower than non-disadvantaged pupils nationally. Oxon in bottom quartile nationally.
4.2 69% of children in early years & foundation stage reaching a good level of development, Early Years Foundation Stage Profile placing Oxfordshire in the top quartile f local authorities. Baseline is 66 % from 2015.	69%	66%			70%	G					Annual Figure - available in public domain in November

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

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
5.1 Deliver the 6 Better Care Fund national requirements for closer working of health and social care			G		G		G		G	
5.2 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages	997		R	1,105	R	1145 (end Nov)	R	1202 (end Feb)	R	Currently there is significant pressure on non-elective admissions overall driven by the increased number of people presenting at Emergency Department.
5.3 Increase the number of carers receiving a social care assessment from 7,036 in 2015/16 to 7,500 in 2016/17.	7,500	nya		2,430	A	3205	A	5609	A	Target was set when we expected funding reforms to have been implemented in adult social care, which would have encouraged carers to come forward for an assessment
5.4 Increase % carers who are extremely or very satisfied with support or services received. 43.8 % baseline from 2014 Carers Survey.	> 44%							39%	A	Satisfaction fell amongst carers. A detailed analysis was undertaken. Some of the concern relates to national concerns and some local
5.5 Increase the percentage of people waiting a total time of less than 4 hours in A&E.	95%	83.5%	R	86.6%	R	86.5%	R	86.1%	R	A detailed A&E Improvement Plan has been jointly agreed and is managed through the A&E Delivery Board. Initiatives include: staffing review; development of a clinical coordination centre; providing increased clinical support to primary care and paramedics both in-hours and during the out-of-hours period via existing on-call arrangements and increased capacity to support Ambulatory Care Pathways – increasing emphasis on supporting patients at home wherever possible.
5.6 Increase the percentage of people waiting less than 18 weeks for treatment following a referral	92%	92.2%	G	81.7%	R	80.5%	R	78.9%	R	This figure is the overall position for all providers across all specialities. There has been under performance in a number of specialities which has caused the numbers to dip below target in the second quarter.

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

	Target	Q1		Q2		Q3		Q4		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
6.1 20,000 people to receive information and advice about areas of support as part of community information networks.	20,000	2801	G	12949	G	27631	G	41273	G	
6.2 15 % of patients with common mental health disorders, primarily anxiety and depression with access to treatment.	15%	15.9%	G	16%	G	15.5% (end Oct)	G	15% (end Jan)	G	
6.3 Improve access to psychological therapies so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery.	50%	50.6%	G	51.1%	G	51%	G	51%	G	
6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP.	60%	nya		nya		nya		nya		
6.5 Increase the employment rate amongst people with mental illness.	16.75%	20%	G	19.7%	G	17%	G	20%	G	
6.6 Reduce the number of assessment and treatment hospital admissions for adults with a learning disability to 6 or fewer	6		G							National reporting guidance against the transforming care requirements now includes people in forensic placements and people with autism. We are revising the measure to and target to include this category.

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

	Target	Q1		Q2		Q3		Jan 2017		Comment
		Fig	RAG	Fig	RAG	Fig	RAG	Fig	RAG	
7.1 Reduce the number of people delayed in hospital from current level of 136 in April 2016 to 102 in December 2016 and 73 in March 2017.	73	110	G	119	R	128	R	192	R	Delays reduced in the first 6 months of the year, but subsequently rose. A whole system plan to manage delays is co-ordinated by a multi-agency A&E delivery board and includes actions to improve both capacity and processes.
7.2 Reduce the number of older people placed in a care home from 12 per week in 2015/16 to 11 per week for 2016/17.	11	13	R	12	A	12	A	11	A	
7.3 Increase the proportion of older people with an on-going care package supported to live at home from 60% in April 2016 to 62% in April 2017	62%	60.4%	A	61.0%	A	59.9%	A	59%	A	
7.4 66.7% of the expected population with dementia will have a recorded diagnosis	66.7%	66.3%	G	67.8%	G	67.4%	G	67.7%	G	
7.5 Increasing the number of hours people are able to access the reablement pathway to 110,000 hours per year (2,115 per week) by April 2017.	2,115	832	R	775	R	950	A	1246	R	A new hospital discharge contract began on October 1st bringing together several existing services into a Discharge to Assess model. This will allow the service to deliver more care tailored to the needs of people whose final destination is to return home.
7.6 75% of people who receive reablement need no ongoing support.	75%	67%	A	65%	R	49%	R	68%	A	
7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC.	See below									

Provider CQC Ratings (as reported 10/5/2017) of providers inspected so far

	Care Homes			Social Care at home			Independent Health Care			NHS Healthcare			Primary Medical Services		
	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %
Outstanding	3	3%	1%	1	1%	2%	1	17%	11%	1	14%	6%	3	4%	4%
Good	97	84%	74%	69	85%	81%	4	67%	68%	3	43%	44%	60	85%	86%
Requires Improvement	15	13%	23%	10	12%	16%	1	17%	19%	3	43%	46%	8	11%	8%
Inadequate	1	1%	2%	1	1%	4%	0	0%	2%	0	0%	4%	0	0%	2%

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	59.1%	A	60%	G	59%	A			Data six months in arrears.
8.2	Of people aged 40-74 who are eligible for health checks once every 5 years, at least 15% are invited to attend during the year. No CCG locality should record less than 15% and all should aspire to 20%.	15%	5.0%	R	10.2%	A	14.4%	G	18%	G	All CCG localities over 15%
8.3	Take-up of invitation for NHS Health Checks should exceed national average (2015-16 = 47.9% nationally) and aspire to 55% in year ahead. No CCG locality should record less than 50%.	>47.9% (Aspire 55%)	35.1%	R	40.8%	R	44.7%	G	51.5%	G	Some localities above 50% North 60%, South West 56.3%, South East 54.2% Some below 50%. West 48.3%, North East 46.2%, Oxford City 45%
8.4	Number of people quitting smoking for at least 4 weeks should exceed 2015-16 baseline by at least 10% (15-16 baseline = 1923)	> 2115 by end year	551	G	978	R	1471	A	2037	A	
8.5	Mother smoking at time of delivery should decrease to below 8% - Oxfordshire CCG	<8%	7.8%	G	7.2%	G	7.8%	G	8.0%	G	
8.6	Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.	> 4.5% 5% end yr (Aspire 6.8% long term)	4.6%	G	4.3%	A	6.1%	G	7.0%	G	
8.7	Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.	> 26.2% 30% end yr (Aspire 37.3% long term)	20.8%	R	20.0%	R	31.6%	G	44.3%	G	

Priority 9: Preventing chronic disease through tackling obesity

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
9.1	National Childhood Measurement Programme (NCMP) - obesity prevalence in Year 6.	<=16%					16.0%	G			2015/16 - Inequalities across the county - Cherwell 17% and Oxford City 20%
9.2	Reduce by 0.5% the proportion of people who are NOT physically active for at least 30 minutes a week (baseline for Oxfordshire 21.9% Jan14-15)	Reduce by 0.5% from baseline (21.9%)					17.5%	G			Updated from Active Lives Survey (Nov - Nov 16). Cherwell 21.7% and West Oxon 22% PLEASE NOTE CHANGE IN METHODOLOGY MEANS NOT DIRECTLY COMPARABLE TO DATA FROM ACTIVE PEOPLE SURVEY
9.3	Babies breastfed at 6-8 weeks of age (County) No individual CCG locality should have a rate of less than 55%)	63%	62.2%	A	61.7%	A	61.8%	A	62.5%	A	Q4 - South West Oxfordshire and West Oxfordshire localities <55%. All others are higher - South East and Oxford City localities >70%

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

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
10.1	The number of households in temporary accommodation on 31 March 2017 should be no greater than level reported in March 2016 (baseline 190 households)	≥190			192	A			161	G	
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.2% 2015-16)	75%	85.1%	G	84.2%	G	85.4%	G	87.3%	G	
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless.	80%			86.4%	G			80%	G	
10.4	Through the work of the Affordable Warmth Network, 1430 residents will receive help, support or information to improve fuel poverty, with an aspiration that, by 2020, 25% of the interventions will be building based improvements to energy efficiency.	1430 residents							0		New indicator agreed at HIB Feb 2017. Data will be available for Q4 (and Q2 in 2017/18)
10.5	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure of 90 (2015)	≤90					79	G			
10.6	At least 70% of young people leaving supported housing services will have positive outcomes in 2016-17, aspiring to 95%	<=70% Aspire 95%					73.2%	G	70.7%	G	Sum of all four quarters shown for Q4

Priority 11: Preventing infectious disease through immunisation

	Indicator	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Fig.	RAG	Fig.	RAG	Fig.	RAG	Fig.	RAG	
11.1	At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 years No CCG locality should perform below 94%	95%	95.0%	G	94.5%	A	94.6%	A	94.8%	A	Oxford City and North Oxfordshire localities are below 94% in Q4
11.2	At least 95% children receive dose 2 of MMR vaccination by age 5 years No CCG locality should perform below 94%	95%	93.4%	A	92.5%	A	93.1%	A	92.6%	A	Oxford City, S E Oxfordshire and West Oxfordshire localities below 94% in Q4
11.3	Seasonal Flu <65 at risk (Oxfordshire CCG)	≥ 55%							52.4%	A	
11.4	HPV 12-13 yrs (Human papillomavirus) 2 doses	≥ 90%							0%		Data available annually for school year Sept-Aug so published after September.

Oxfordshire Health & Wellbeing Board – 13 July 2017

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

Recommendation
Members of the Health and Wellbeing Board are asked to

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

1. Background

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

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

Children's Trust

Priority 1: All children have a healthy start in life and stay healthy into adulthood
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups
Priority 3: Keeping all children and young people safe
Priority 4: Raising achievement for all children and young people

Joint Management Group (for Older People, Mental Health)

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

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

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

Health Improvement Board

Priority 8: Preventing early death and improving quality of life in later years
Priority 9: Preventing chronic disease through tackling obesity
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness
Priority 11: Preventing infectious disease through immunisation

2. The process of revising the Strategy

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

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

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

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

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

Overarching comments

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

Comments on each priority in turn were:

Priority 1

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

Priority 2

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

Priority 3

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

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

Priority 4

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

Priority 5

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

Priority 6

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

Priority 7

- How do the DTOC figures compare nationally?

Priority 8

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

Priority 9

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

Priority 10

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

Priority 11

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

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Oxfordshire's Joint Health & Wellbeing Strategy

2015 - 2019

Final draft version, July 2017

**(First Version July 2012,
Revised 2013, 2014, 2015, 2016)**

CONTENTS

1. Foreword to the Revised Version of this strategy, June 2016

The Oxfordshire Joint Health and Wellbeing Strategy (JHWBS) continues to provide a focus on important priorities for the county. We now have 5 years of progress to look back on and can certainly see improvement in some areas, while we know we have to keep our focus on some issues that still need to be improved.

The Oxfordshire JHWBS was first agreed in 2012 following extensive discussions among partners and a formal public consultation. This strategy has been subject to annual revision since then, drawing from the annual report on the Joint Strategic Needs Assessment to identify emerging priorities in the population and considering performance against targets in the previous year. The result is a new set of outcomes which reflect our concerns and our ambition to bring improvement.

During 2016-17 we were also challenged to oversee the implementation of recommendations from an independent Health Inequalities Commission in Oxfordshire. The Chair of that Commission, Professor Sian Griffiths, presented the report to the Health and Wellbeing Board in November 2016 and this revised version of the strategy includes some of those recommendations being taken forward in our work. We are also able to influence other bodies and organisations to re-focus their attention on inequalities and will continue to receive regular reports on the overall picture.

Development of the Transformation Plan for the NHS in Oxfordshire is continuing and brings challenges and opportunities to the Health and Wellbeing Board and we expect this to influence events during the next year.

The emphasis for all organisations is to focus on efficient, high quality services, to shift to prevention of ill health and to tackle inequalities. Particular successes in the last year have included

- Steady improvement in waiting times for Child and Adolescent Mental Health services.
- Increasing the proportion of adults who take up the invitation to have an NHS Health Check.
- Bucking the national trend which is reporting increasing numbers of obese children, whereas in Oxfordshire we are below the national average and the numbers have held steady.
- Great improvement in the number of people successfully completing drugs and alcohol treatment.

We commend this revised version of the JHWBS to you and urge all partners to continue to work together effectively for the health and wellbeing of the population in Oxfordshire.

Cllr Ian Hudspeth, **Chairman of the Board**
Leader of Oxfordshire County Council

Dr Joe McManners, Vice Chairman of the Board
Clinical Chair of the Oxfordshire Clinical Commissioning Group

2. Introduction

A Health and Wellbeing Board was set up in Oxfordshire in 2011 to make a measurable difference to the health and wellbeing of its people. Oxfordshire has a rich history of partnership working which strives to improve the health of Oxfordshire's people and the care they are offered. This Board was, therefore, very much the next logical step for Oxfordshire to take, and through it we also fulfil a key requirement of the Health and Social Care Act (2012).

The Health and Wellbeing Board is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the County through partnership working. The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, Healthwatch Oxfordshire and senior officers from Local Government. It meets in public, sets out a strategic plan and monitors progress at every meeting. It is also a forum for discussion on new developments.

Early tasks for the board were to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in this strategy for improving the situation. This formed the basis for the Joint Health and Wellbeing Strategy and it has been updated annually since 2012-13.

This strategy is the main focus of the Health and Wellbeing Board's work. We strive to make this a 'living document'. As priorities change, our focus for action will need to change with it. It is for this reason that, at the end of each year of operation, we review our performance, assess local need and propose revised outcomes for the year ahead. We want to make sure that our planning stays 'alive' and in touch with the changing needs of Oxfordshire's people.

3 Vision

The vision of the Health and Wellbeing Board is outlined below. This sets out our aspiration in broad terms. It is fleshed out in the priorities which follow and the action plans that are now in progress.

By 2019 in Oxfordshire:

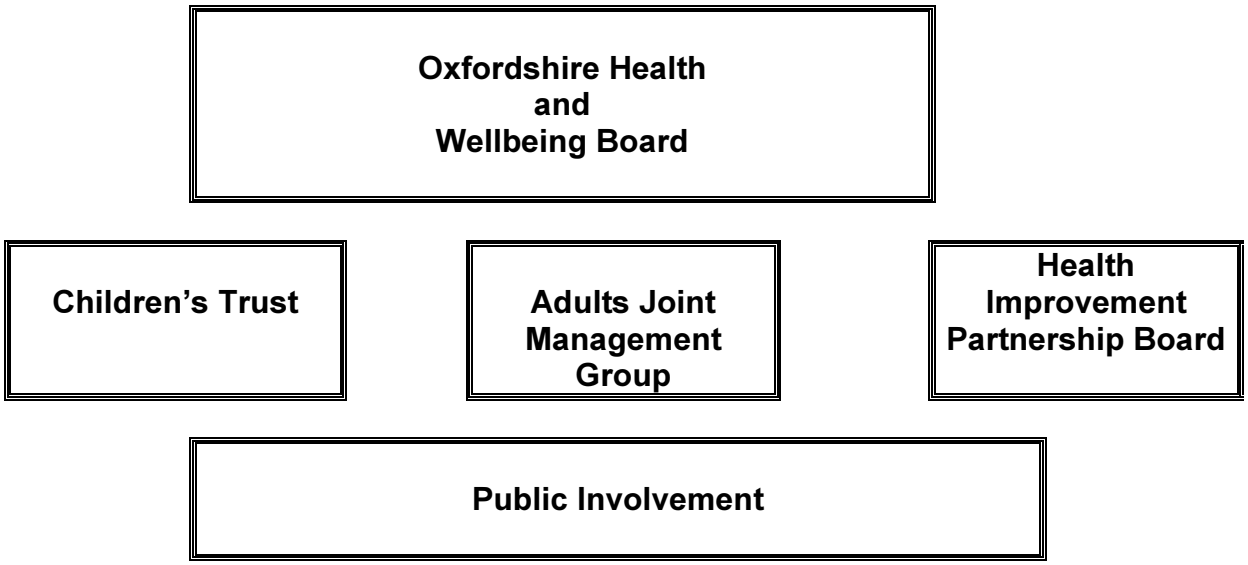
- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and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

The priorities set out in this document put flesh on these themes. The priorities will continue to run for the medium term while the measures and targets set out within each priority are for the financial year 2017-2018.

4. The structure of the Health and Wellbeing Board

4.1 What does the Health and Wellbeing Board look like?

The Health and Wellbeing Board has Partnership Boards and Joint Management Groups reporting to it and Public Involvement underpinning the whole system. Responsibilities for each are outlined below:



The purpose of each of the Boards, Joint Management Group and for Public Involvement is outlined below:

Adult Joint Management Group	Children's Trust	Health Improvement Board	Public Involvement
To improve outcomes and to support adults to live independently with dignity by accessing support and services they need while achieving better value for money, especially through oversight of our pooled budgets.	To keep all children and young people safe and healthy; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups	To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County	To ensure that the opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

4.2 How do decisions get made?

The Health and Wellbeing Board is ultimately responsible for setting a direction for the County in partnership. Its members are committed to working with its Partnership Boards, Joint Management Groups and Public Involvement bodies to agree that direction. They are also accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and Healthwatch Oxfordshire.

In turn, the Partnership Boards and Joint Management Groups are committed to working with a wide range of health and social care providers, voluntary agencies, carers, faith groups, members of the public and advocacy groups. We invite these partners to formal meetings as 'expert witnesses' and to workshops during the year as a means of engagement. In this way, the decisions of the Health and Wellbeing Board aim to be truly inclusive.

The Health and Wellbeing Board meets in public three times a year and the Health Improvement Board meets in public. The partnership boards also host workshops which include many more service providers, partners, informal/ volunteer carers, faith groups, voluntary sector representatives, the public and advocacy groups.

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

a) they want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and scientific research, and
b) given that there will never be enough resource to meet all of people's needs, it is the duty of the Health & Wellbeing Board to balance needs carefully and to influence its constituent organisations to make difficult decisions about priorities.

Details of the Health and Wellbeing Board, including membership, can be found through the link below-
http://www.oxfordshire.gov.uk/cms/content/about-health-and-wellbeing-board

4.3 The Work of Other Partnerships and Cross-Cutting themes

The Health and Wellbeing Board is not the only group of its type in Oxfordshire.
Public consultation suggested including topics which are already covered by other groups and strategies. We do not want to duplicate effort and the work of these groups therefore has a key role to play. Other key partnerships and plans include:

- Better Care Programme Board
- Transformation Board and System Leadership Group
- Better Mental Health in Oxfordshire
- Urgent Care Programme Board that covers the A&E Recovery Plan
- Civilian Military Partnership
- Corporate Parenting Panel
- Alcohol and Drugs Partnership
- End of Life Care Strategy
- Oxfordshire Children's and Adults Safeguarding Boards
- Oxfordshire Domestic Violence Strategy Group
- Safer Oxfordshire Partnership
- Community Safety Partnerships
- Oxfordshire Stronger Communities Alliance
- Oxfordshire Sport and Physical Activity (OxSPA)
- Joint commissioning strategies for people with Physical Disability, Learning Disability, mental health issues, dementia or autism, and for older people
- Strategic Schools Partnership Board
- Carers' Strategy Oxfordshire
- Youth Justice Service Board

A number of issues were identified in the major consultation in 2012 as ones that are of cross cutting interest to the adults, children's and health improvement boards. These were - safeguarding, carers, housing, poverty, mental health, drug and alcohol dependency, offender health, long term conditions, end of life care, co-ordination of good quality support and making a successful transition from children's to adult services. The action plans to deliver the improvements needed will take account of the cross cutting nature of these issues wherever possible.

Three of these cross-cutting issues are so fundamental and public support for them so strong, that the Health and Wellbeing Board will require that the implementation of this strategy across all priorities takes account of:

1) Social disadvantage
The aim here is to level up health and wellbeing across the County by targeting disadvantaged and vulnerable groups. This will vary from topic to topic but will include: rural and urban disadvantaged communities, black and ethnic minority groups, people with mental health problems, members of the armed forces, their families and veterans and carers of all ages. The report of the Health Inequalities Commission has informed this work during 2016-17 and is referred to below in section 6.5

2) Helping communities and individuals to help themselves
As the public purse tightens, we need to find new ways of supporting people to help themselves. Since the early days of this approach there has been some progress including direct payments to people to buy their own care.

3) Locality working
Local problems often need local solutions and Oxfordshire is a diverse County. The Clinical Commissioning Group, County Council and District councils all support locality working and we should expect to see locality approaches to the priorities in this County when they are the best way to make improvements.

Health and Wellbeing Board has signed a joint protocol outlining the relationship between the Oxfordshire Health and Wellbeing Board, the Oxfordshire Safeguarding Children Board, the Oxfordshire Safeguarding Adults Board, Oxfordshire's Community Safety Partnerships and the Safer Oxfordshire Partnership. The protocol outlines the distinct role of each partnership board along with their responsibilities and governance arrangements and refers to their relationship with other partnership forums in Oxfordshire. It was developed in response to concerns raised in a Serious Case Review about unclear governance arrangements and lines of accountability and has been operational for over a year.

This protocol can be found here:
http://mycouncil.oxfordshire.gov.uk/documents/s32725/HWB_MAR0315R11-%20Shared%20Working%20Protocol%20with%20Safeguarding%20Boards.pdf

5. A strategic focus on Quality.

Discussion at the Health and Wellbeing Board has continually fuelled our intention to build a strategic focus on quality issues. The role of the Health and Wellbeing Board is to set strategic concerns for the whole system and to receive assurance of good practice. We have been monitoring a range of quality outcome measures and see a fairly good picture overall, but believe there is more to do.

The Board is concerned that the issues uncovered by the Francis Report on the Mid Staffordshire NHS Trust should not be repeated in Oxfordshire and that the learning that is arising from the Child Sexual Exploitation cases locally will continue to be implemented. In addition, the Joint Strategic Needs Assessment (JSNA), Director of Public Health Annual Reports and feedback of concerns from representatives of the public also indicate gaps in quality which need to be addressed.

The intention is to ensure that governance and assurance systems are joined up between organisations across the County. Performance measures which show patient and public satisfaction or dissatisfaction with services are embedded in our performance framework. The role of Healthwatch Oxfordshire brings independent and informed views to the Board.

A process has now been established for giving more assurance on quality issues across the system. This includes continuing to include a range of patient reported outcome measures in this strategy and monitoring performance closely. These patient outcome measures are regularly reported to the Health and Wellbeing Board and to the Joint Management Group. In addition the Oxfordshire Health Overview and Scrutiny Committee takes the lead in scrutinising the Quality Accounts of providers of health and social care across the county.

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

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

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

This analysis is the scientific bedrock on which this strategy rests. During 2016-17 the data collection was further improved and made more accessible on the Insight web pages. An annual summary report was accepted by the Board in March 2017 which provided a comprehensive overview of the county. It can be found here:
http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

In addition a suite of documents covering the whole population which can be found here:
http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

The JSNA highlights the following challenges which need to be met which are summarised in the following section:

6.2 What are the specific challenges?

1. **Demographic pressures** in the population, Oxfordshire's population is growing, and growing older. In mid-2013 the population was estimated to be 666,100, having risen by about 10% since 2001. There is an increasing number of older people, many of whom need care and may be isolated or lonely. This is markedly higher in our more **rural districts** than in the City.
2. The **proportion of older people** in the population also continues to increase which means that every pound spent from the public purse has further to go.
3. Oxfordshire remains the most rural county in the South East of England. Meanwhile, its population is becoming more diverse
4. There are a growing number of people with **dementia** in the County who require access to new emerging treatments.
5. The persistence of small geographical areas of **social disadvantage containing high levels of child poverty**, especially in Banbury and Oxford but also in parts of our market towns. These areas are also the most culturally diverse in the County **containing ethnic minority groups who have specific needs.**
6. The increase in **'unhealthy' lifestyles which leads to preventable disease**.
7. The need to ensure that services for the **mentally ill and those with learning disabilities and physical disabilities** are prioritised.
8. **Increasing demand** for services.
9. The need to support **families and carers of all ages to care.**
10. The need to encourage and support **volunteering**.
11. An awareness that the **'supply side'** of what we provide does not 'mesh' together as smoothly as we would like - (e.g. hospital beds, discharge arrangements, care at home and nursing home care).
12. The continuing **tightening of the public purse** which has knock-on effects for voluntary organisations.
13. The need to work with and through a **wide patchwork of organisations** to have any chance of making a real difference in Oxfordshire.
14. The changing face and **roles of public sector organisations.**

6.3 What are the overarching themes required to meet these challenges?

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

- The need to shift services towards the prevention of ill health.
- The need to reduce inequalities, break the cycle of deprivation and protect the vulnerable.
- The need to give children a better start in life.
- The need to reduce unnecessary demand for services.
- To help people and communities help themselves.
- The need to make the person's journey through all services smoother and more efficient.
- The need to improve the quality and safety of services.
- The need to streamline financial systems, especially those pooled between organisations, and to align all budgets more closely.

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

6.4 What criteria have been followed in selecting priorities?

The priorities are based on the challenges and themes set out previously. We have also used the following criteria to help us focus our priorities:

a) Is it a major issue for the long term health of the County?
b) Are there some critical gaps to which we need to give more attention?
c) What are we most concerned about with regard to the quality of services?
d) On what topics can the NHS, Local Government and the public come together and make life better for local people?
e) Which issues are most important following consultation with the public?

6.5 Health Inequalities

The independent Health Inequalities Commission for Oxfordshire carried out its work throughout 2016. The report of the Commission was presented by the Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December, chaired by the Leader of the County Council, attended by a very wide range of stakeholders.

The Health Inequalities Commissioners were independent members selected from public and voluntary sector organisations and academia. They received written submissions and verbal presentations from a wide range of people and organisations at four public meetings held around Oxfordshire in the winter and spring of 2016. Local data and information on health inequalities were also presented to the Commissioners supported by access to a wide range of local and national documents, including the Director of Public Health Annual Reports, the Joint Strategic Needs Assessment and data from Public Health England.

The 60 recommendations in the report are arranged in a set of themes:

- Five Common Principles
- Cross cutting themes of access to services, housing and homelessness, rurality
- Promoting Healthy Lifestyles
- Life course approach, focussing on Beginning Well, Living Well and Ageing Well.

Many of the recommendations emphasise the importance of prevention of disease in addressing inequalities and encourage this to be included in the big strategic developments locally, such as the Transformation Plans of the NHS.

The Health and Wellbeing Board has received the report and agreed to oversee the next steps of dissemination, implementation of recommendations and evaluation of the impact on health inequalities.

The full report and Headline report can be found here:
http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/

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

Each of the priorities set out in this strategy has associated outcomes to be achieved in the current year. The Board examines progress against all of these outcomes at each meeting along with any associated areas of concern which are identified. At the end of each year of operation the Board reviews successes, analyses on-going need as identified in the Joint Strategic Needs Assessment and proposes revised outcomes to be achieved in the year ahead. Each of the partnership Boards takes responsibility for delivering several of the priorities, as detailed in the list below:

The Priorities of the Health and Wellbeing Board

Children's Trust

Priority 1: All children have a healthy start in life and stay healthy into adulthood
Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups
Priority 3: Keeping all children and young people safe
Priority 4: Raising achievement for all children and young people

Joint Management Group (for Older People, Mental Health)

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

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

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

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years
Priority 9: Preventing chronic disease through tackling obesity
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness
Priority 11: Preventing infectious disease through immunisation

The section below examines each priority in turn. Building on the original rationale for agreeing each, we have updated this strategy to illustrate why this issue is still a priority and the areas of focus going forward. In addition to this narrative the Board considers specific outcomes for each priority and consults the public and stakeholders on their proposals. The agreed outcomes for the year ahead become the performance framework and progress is reported at every Board meeting.

Priorities for Children's Trust

The Children and Young People's Plan drives the work of the Children's Trust and is jointly authored by all of the Trust's members. It is based on evidence from the Oxfordshire Children's Needs Analysis 2014, from the Joint Strategic Needs Analysis Annual Summary Report 2017 and the ongoing monitoring of the plan through the Performance, Audit and Quality Assurance Subgroup of the Trust.

The priorities for the Children's Trust are set out in full in the Children's Plan and these have been set out below as they are also the priorities for the Health and Wellbeing Board. The work of the Trust is to take these priorities forward. The full version of the Children's Plan 2015-18 can be found here: https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreneducationandfamilies/workingwithchildren/ChildrenYoung_People_Plan_full.pdf

2016 Review of role, purpose and key themes

In the last year, the Children's Trust has reviewed and refreshed its role, purpose and governance. The Trust membership includes representation from the county council, city and district councils, Thames Valley Police, the NHS, schools, the voluntary sector, and parents. This puts us in an even stronger position to promote the value and importance of children and young people in the county. We are committed to realising our vision for Oxfordshire to be the best place in England for children and young people to grow up.

The Children's Trust Board has supported many opportunities for the voice of children and young people to be heard and celebrated. VOXY (Voice of Oxfordshire Youth) is Oxfordshire's new forum for young people to have a say on things that matter to them and to influence policies and practices. It represents and communicates the views of young people to decision makers and wider stakeholders it raises the profile of young people in a positive way and promotes active citizenship. VOXY is recognised by the County Council as the "local young voice vehicle" and is championed by the Children's Trust Board. Partners across children and young peoples' services consult and collaborate with VOXY on key strategies. Seven young people are now members of the Children's Trust.

The trust has set three key themes for 2017 -18, which have been selected in the light of the progress made on the Board's four overarching priorities. The three themes are:

1. **Early Help and Early Intervention**
   A multi-agency steering group has been set up to oversee this work and focus on parenting, school readiness, developing a centre of excellence and CAMHS accessibility. Research is also being undertaken to understand the pathway through early help and social care to manage demand on services better.

2. **Educational Attainment for vulnerable children and young people**
   A multi-agency steering group has been set up to focus on sufficient, good quality local specialist provision; developing the skills, expertise and confidence in each locality to support children with lower levels of need; central support services; and to learn from other areas.

3. **Managing transitions into adulthood**
   The existing Strategic Transitions Group will lead on this work and develop key improvements to the transition pathway for young people moving from children to adult services.

In addition, the Children's Trust Board is taking into account the findings of the recent 2016 Oxfordshire Health inequalities report, commissioned by the Health and Wellbeing Board, which emphasised the links between poverty and disadvantage leading to poorer health outcomes from birth to adulthood. Our underlying approach will be to mitigate the relationship between poverty and health by looking at every opportunity to reduce the impact of health inequalities, to ensure every child has the best start in life.

Priority 1: <u>All children have a healthy start in life and stay healthy into adulthood</u>

Aim: All children should have access to the wide range of services universally available to protect and promote health. When health problems do occur they should have access to safe and high quality, local health services that aim to help them recover as soon as possible.

There is increasing evidence that outcomes across health, education and social care are determined from very early on in life. A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life.

By ensuring that children have a healthy start in life, and that this continues into adulthood, we are helping services move towards the prevention of ill health and helping to reduce unnecessary demand for services in the future.

Areas of focus for the Trust

Mental Health, including:

- Maternal and peri-natal (the period immediately before and after birth)
- Self-harm and suicide
- Wellbeing, confidence and body image

Substance misuse (including drugs, alcohol and tobacco), including:

- Education and prevention
- Treatments for substance misuse, including those for parents

In considering our areas of focus we acknowledge the work being done by the Health Improvement Board, which also recognises the importance of a healthy early start in life in promoting the health and wellbeing of the county.

The Health Improvement Board will lead on the following issues:

- Promoting breastfeeding
- Halting the increase in childhood obesity, including monitoring the Healthy Weight
- Strategy and Action Plan and for physical activity for children and young people.
- Preventing infectious disease through immunisation
- The Stop Smoking Service and the percentage of woman smoking in pregnancy.

The Children's Trust will seek information on the progress made by the Health Improvement Board, and will discuss these issues if there are particular areas of concern.

In addition, the Oxfordshire Community Safety Partnership is engaged in related work to divert young people away from crime and anti-social behaviour including Mental Health and the Alcohol and Drug Strategy.

As the Trust's focus is on children and young people, we will coordinate with the work of the Partnership to avoid duplication and ensure children and young people are properly considered in its work.

Where are we now?

- Our aspirational target for breastfeeding rates is 63%, current performance is 62.2%.
- High coverage rates for immunisations, including over 95% of children receiving their first dose of MMR vaccine, though some districts remained below 94%.
- There was a 34% increase in referrals to Children and Adult Mental Health Services (CAMHS). Waiting times improved in the year and are better than the national figure.
- All secondary schools have a health improvement plan covering smoking, drug and alcohol initiatives and access to school nurses.

Outcomes for 2017-18

There are a number of outcome measures relating to a healthy start in life, such as rates of breastfeeding, obesity levels and immunisations that are reported under the Health Improvement Board's priorities 8-11.

1.1 Waiting times for first appointment with Child and Adolescent Health Services (CAMHS). 75% of children will receive their first appointment within 8 weeks of referral by the end 2017-18.

Priority 2: <u>Narrowing the gap for our most disadvantaged and vulnerable groups</u>

Aim: Children, young people and families will benefit from effective early and targeted support when they face significant challenges and have greater access to high quality services to prevent gaps developing and to break the cycle of deprivation and of low expectation.

Oxfordshire is overall a very 'healthy and wealthy' place but there are significant differences in outcomes across health, education and social care for some specific groups and in some specific areas of the county.

We know that outcomes for children and families from vulnerable groups and disadvantaged communities can be worse than for their peers and these are variable across the county.

Areas of focus for the Trust

Services in deprived areas, including:

- The Stronger Communities programme – which targets the wards in Oxford City with worst outcomes across a range of indicators
- The Brighter Futures in Banbury programme

Looked after children, including:

- Oxfordshire's Placement Strategy – for children in and on the edge of care – which aims, for example, to keep children with their families wherever possible, and increase in-house fostering for harder to place children

Care Leavers

Be highly aspirational in the ambition for care leavers to be in education, employment or training by co-ordinating and influencing the provision of a range of high quality options.

Young Carers

Encouraging more school to be aware of young carers and work towards the Young Carers quality mark.

Raising the attainment levels and supporting more young carers to go to higher or further education.

Children with special educational needs and disabilities

- Improving attendance and reducing exclusions
- Raising aspirations
- Increasing the attainment levels of children at SEN Support

There is a refreshed strategy for vulnerable learners 2016 – 2010 which supports the priorities within the Education Strategy 2015-18.

The Health Improvement Board also looks at issues relating to this priority, including:

- Controlling the number of households in temporary accommodation
- Preventing households from becoming homeless
- Fuel poverty

The Oxfordshire Safer Communities Partnership supports activity to protect vulnerable children and prevent youth offending, as well as achieve better outcomes for young victims of crime.

The Children's Trust will seek information on the progress made by the Health Improvement Board and the Oxfordshire Safer Communities Partnership and will monitor the Education Strategy, seeking information from the Strategic Schools Partnership Board and will discuss these issues if there are particular areas of concern or where a coordinated interagency approach is needed.

Where are we now?

- The disadvantaged gap in the Early Years Foundation Stage and at the end of year 1 phonics screening has narrowed over the last year, but still remains wider than the national gap.

- Oxfordshire's free school meal gap in Early years has decreased steadily from 28%pts in 2013 to 21% points in 2016. This is still wider than that nationally.

- Between key stage 1 and 2 pupils for whom English is an additional language (EAL) make more progress than the same cohorts nationally.
- The number of young carers identified and worked with substantially increased.

- % of children with a disability accessing short breaks that are eligible for free school meals has increased.

- The City Council has a Trailblazer Bid to address these issues through partnership approaches, these include for example:
    - Schools projects involving interventions into targeted schools in areas with higher homelessness than average.
    - Working with partners to identify young people at risk of homelessness using triggers and referrals (e.g. school exclusions, domestic abuse safeguarding concerns.
    - Initiatives to help mitigate the negative impact of welfare reform and changes to Universal Credit for those who are under 21 and under 35 years of age.
    - Setting up a network of homeless champions

Outcomes for 2017-18

2.1 Reduce the proportion of children with Special Educational Needs and Disability (SEND) with at least one fixed term exclusion in the academic year.

2.2 Increase the proportion of children with a disability who are eligible for free school meals who are accessing short breaks services.

2.3 Ensure that the attainment of pupils with Special Educational Needs and Disability (SEND) but no statement or Education Health and Care Plan is in line with the national average.
* Key Stage 2
* Key Stage 4

2.4 Reduce the persistent absence of children subject to a Child In Need plan.

2.5 Reduce the persistent absence of children subject to a Child Protection plan.

2.6 Reduce the number placed out of county and not in a neighbouring authority from 77 to 60

2.7 Increase the % of care leavers who are in employment, education and training

Priority 3: Keeping all children and young people safe

Aim: All children and young people to grow up in a safe, healthy and supportive environment and have good access to services at the right time.

Keeping all children and young people safe must be a priority for everyone in Oxfordshire. Children need to feel safe and secure if they are to reach their full potential in life.

Keeping children safe is everyone's business and many different agencies work together to achieve it.

We want children who need help to receive it as quickly and easily as possible.

Areas of focus for the Trust

- Neglect
- Risky behaviours among adolescents
- Bullying
- Domestic Abuse, including abuse within teenage relationships
- Progress of the Multi-Agency Safeguarding Hub
- Female Genital Mutilation (FGM)
- Child sexual exploitation (CSE)

In considering our areas of focus, we acknowledge the work being done by the Oxfordshire Safeguarding Children Board (OSCB). Its remit is to secure effective inter-agency arrangements to safeguard and promote the welfare of children and young people. The OSCB has a CSE strategy and action plan which is managed through a dedicated child sexual exploitation sub-group with wide partnership representation.

The Chair of the OSCB is a member of the Trust and will report on progress of the Board's work as required. The OSCB and the Children's Trust have a working protocol that makes clear their respective functions, inter-relationships and roles and responsibilities.

Naturally, the Safer Oxfordshire Partnership and Community Safety Partnerships are also heavily involved in this area of work, including supporting victims of domestic abuse as well as training practitioners across Oxfordshire, reducing the risk of vulnerability to radicalisation and supporting community safety concerns that are being led elsewhere, such as the Oxfordshire Safeguarding Children Board's child sexual exploitation strategy and the FGM strategy.

The Children's Trust will seek information on the progress made by the Oxfordshire Safeguarding Children Board and the Oxfordshire Communities Safety Partnership and will also aim to focus on areas that support and supplement their work, not duplicate it.

Where are we now?

- Children's social care services are rated as "good" by OFSTED.
- The OFSTED Joint Targeted Area Inspection (JTAI) of multi-agency response to abuse and neglect in Oxfordshire (2016), judged that Oxfordshire now has "a highly developed and well-functioning approach to tackling exploitation".

- The Kingfisher team, which works with children vulnerable to child sexual exploitation, has won a number of national awards.
- A new domestic abuse pathway for young people is being implemented.
- The number of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years has remained stable.
- More than 146 schools have received direct support to implement Anti-Bullying strategies.
- Child Protection activity across all agencies including police, children's social care and health has increased in Oxfordshire as well as nationally.

Outcomes for 2017-18

3.1 Monitor the number of child victims of crime: (baseline 15/16 2,094)

3.2 Number of children missing from home; (baseline 817)

3.3 Reduce the number of social care referrals to the level of our statistical neighbours

3.4 Reduce the number of children subject of a child protection plan

3.5 Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 (Public Health measure number 2.07i) to the national level

3.6 Maintain the current number of looked after children

Priority 4: Raising achievement for all children and young people

Aim: To see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their education, wherever they live across the county, and to see the gap reduced between the lowest and the highest achievers. We aim for every single school and setting to be rated at least as 'good' and to be moving towards 'outstanding'.

Central to our vision is the aim that every child and young person develops skills and is given opportunities to achieve their full potential. Through raising achievement, children and young people are more likely to get the best start in life and be set up to play an active and positive part in the community as adults.

Areas of focus for the Trust

In considering our areas of focus we recognise the on-going work to develop the Education Strategy for 2015-18 as well as the work of the Oxfordshire Skills Board.

The Education Strategy will build on the ambitions of the previous strategy which included:

Early Years, including:

- Foundation stage outcomes (for children aged 5)
- The quality of childcare settings
- Levels of attainment and quality across all primary and secondary schools

Closing the attainment gap, including:

- Children eligible for Free School Meals
- Children with Special Educational Needs

The Oxfordshire Skills Board, which works closely with the Oxfordshire Local Enterprise Partnership, is charged with understanding and communicating the needs of employers and providers in Oxfordshire relating to business development, employment and skills issues.

Its priorities include:

- Creating seamless services to support young people through their learning – from school and into training, further education, employment or business
- Up-skilling and improving the chances of young people marginalised or disadvantaged from work
- Increasing the number of apprenticeship opportunities

The Children's Trust is focussing on the attainment levels for vulnerable groups.

The Oxfordshire Growth Board is also monitoring developments around: the apprenticeship programme; Information Advice and Guidance to drive better employability skills in young people; and increasing the number of people entering training in Science, Technology, Engineering and Manufacturing (STEM) subjects.

The Trust will coordinate with this monitoring work wherever possible to limit duplication.

Where are we now?

- At the end of March 2016, 87% of Oxfordshire schools were 'good' or 'outstanding' compared to 86% nationally. Over 76,500 young people attend good or outstanding schools, an increase of 9,000 since August 2013.
- Early years outcomes are now above the national average.
- In new performance measures for key stage 4, Oxfordshire performs above the national average.
- 3.9% of young people were not in education, employment or training (NEET), better than the 5% target. However the figure is not evenly spread throughout the county.

Outcomes for 2017-18

4.1 Improve the disadvantaged attainment gap at all key stages and aim to be in line with the national average by 2018 and in the top 25% of local authorities.
* Key Stage 2
* Key Stage 4

4.2 69% of children in early years & foundation stage reaching a good level of development, Early Years Foundation Stage Profile placing Oxfordshire in the top quartile f local authorities. Baseline is 66 % from 2015.

B. Priorities for Adults

Making the pooled budgets work to meet our strategic priorities

The Pooled Budget Officers Group has reviewed the purpose and impact of Oxfordshire's s75 NHS Act 2006 pooled commissioning budget. The pooled budgets support integrated working, joint approaches to problem solving and have delivered on a number of the Key Performance Indicators (KPI) that underpin delivery of Priorities 5-7 of the Health & Wellbeing Strategy.

However there is a shared concern of commissioners across OCC and OCCG that the budgets are not fully delivering the outcomes that will deliver our local and national priorities. There are opportunities to improve performance around mental health and learning disability and there is an urgent need to rethink the role and purpose of the pooled budgets in managing flow through the hospital system. Delayed discharges from hospital remain high, and there are significant challenges in the capacity and capability of our home care and residential/nursing home market to meet the needs of our population.

Therefore the Pooled Budget Officers Group has proposed that the pooled budgets should be reshaped to address the following key priorities

- Delivery of the *Five Year Forward View for Mental Health,* including the *Local Transformation Plan* for children and young people's mental health
- Delivery of the Oxfordshire *Transforming Care Plan for People with Learning Disabilities and/or Autism*
- Delivery of market capacity, capability and quality in the residential and nursing home market for both OCC/OCCG and for self-funders
- Delivery of NHS England strategic plans in relation to hospital avoidance and discharge
- Reduction in the number of people delayed in hospital
- Delivery of market capacity, capability and quality in the domiciliary care marker for both OCCG/OCC and for self-funders
- Effective community response to support hospital avoidance
- Dementia and mental health support to enable older people to keep well and live in their own homes for as long as possible
- Reduction in admissions to and length of stay in nursing and residential homes
- Reducing the number of people who die in hospital who could be supported at home

Key to this approach is that the pooled budgets will now be measured both on their strategic impact as well as on the performance of services commissioned from the individual pools. The pooled budgets will also be re-shaped into two to support this ambition:

- A pool that brings together the previous mental health and learning disability pools together with resources that support people living with acquired brain injury. As well as delivering national strategic requirements this will also
    - Improve oversight of the Mental Health Act 1983 and the delivery of the *Mental Health Crisis Concordat*
    - Support consistent delivery of OCCG and OCC's joint responsibilities in relation to s117, Mental Health Act 1983
    - Improve transition for children and young people with mental health problems, learning disability and/or autism who need to go into adult services

    - Improve outcomes for those people who have historically fallen between mental health and learning disability services

- A Better Care Fund pool that brings together elements of the former Older People's and Physical Disability Pooled Budgets. This will be structured around 3 key elements
    - A Care Homes budget that will design and deliver both the care home market that we need, and also those medical and other services that need to be in place around those homes. This will be led by a new joint OCC-OCCG appointment
    - A hospital avoidance budget that will improve community resilience to prevent admission to hospital, premature admission to residential or nursing homes, and enable people to return home after stays in hospital
    - A preventative budget that will provide support to carers, advice and support around dementia, and further develop self-help and community resilience

It is proposed that we retain Priorities 5-7 of the Health & Wellbeing strategy and that these are delivered by this new pooled budget structure.

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

Integrating the health and social care systems has been a goal of public policy for the past 40 years. It is imperative that Oxfordshire improves the capacity, capability and quality of our services to support the efficient and effective delivery of our health and social care system.

Our priorities for 2017-18 are to

- Increase nursing home capacity to avoid hospital delays and develop dedicated capacity for people with complex dementia and/or dedicated capacity for people with complex physical disability
- Deployment of a Trusted assessor model of delivery with an agreed form of standard assessment of need across health and social care to support flow of people out of hospital into nursing homes
- Development of effective medical cover for care homes to routine and urgent care that prevents hospital escalation
- Proactive 24/7 support nursing homes to minimise inappropriate admission including appropriate dementia/behaviour support
- Delivery of integrated patient care plans
- Assurance that Oxfordshire is achieving the 7 tests of *Enhanced Support to Care Homes*

Where are we now?

- Better Care Fund national requirements for closer working of health and social care in 2016/17 have been supported by the joint commissioning of reablement, dementia support and services for carers.
- We continue to monitor the number of avoidable emergency admissions to hospital for older people per 100,000 population as in the last year the number has exceeded our baseline from 2013/14 and is continuing to rise
- There are significant variations in the numbers of people admitted to hospital from

care homes and the longest waiters in hospital are waiting for discharge to nursing home beds
- Attempts to streamline community reablement and support to discharge people home from hospital have so far been unsuccessful and the number of people delayed for this reason has increased
- The front door of hospital remains under significant pressure and we have been unable consistently to deliver 4 hour waits
- Our pathways out of hospital are complex and have been made more so by a series of short and longer-term mitigation measures to address short term flow

Our priority initiatives for 2017-18 are

- Appointment of joint commissioning post for care homes
- Development of 24/7 health support to care homes including telephone advice and visiting assessment and support
- Integration of the bed-based step down (and step up) pathway, with common performance measures and integrated oversight
- Implementation of contracting mechanism with care homes for Funded Nursing Care
- Development of strategic partnership with independent care home sector
- Development and implementation of Trusted assessor model to support hospital discharge
- Increase in capacity of care homes to support people with complex dementia

Draft Outcomes for 2017-18
These outcomes have been developed by the Pooled Budget Officers Group and will be approved by Joint Management Group in July.

- Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission for people of all ages from care homes
- Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95 %.
- Reduction in the average length of “days delay” for people discharged from hospital to care homes
- Reduction in number of people placed out of county into care homes
- Reduction in the number of incidents relating to medication errors, falls and pressure ulcers
- Increase the number of providers described as outstanding or good, by CQC
- The proportion of people who use services who feel safe

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

Adults living with a physical disability, learning disability, severe mental illness or another long term condition consistently tell us that they want to be independent and to have choice and control so they are able to live "ordinary lives" as fully participating members of the wider community. This priority aims to support the increasing number of adults with long term conditions to meet their full potential in line with national strategy.

This means

- Improving access to and the quality of Early Intervention in Psychosis services
- Improved access to and recovery rates within Talking Therapy services
- More effective mental health care for people in acute hospital in both in and out-patients
- Improving response to people in Crisis both with established mental illness and behavioural or other problems
- Reduction in people placed out of area for treatment in hospitals and for care
- Reduction in the number of people who commit suicide
- Improved care for children and young people and improved transition where necessary into adult services
- Improving health outcomes for people with learning disability and autism
- Improved diagnosis and outcomes for people with Autism

Where are we now?

- Oxfordshire is hitting national targets in terms of access and waiting times and recovery rates for talking therapies and for access to early intervention in psychosis
- Oxfordshire has a range of services that support the management of mental health needs in the acute care pathways (Street Triage, ambulance triage, extended hours of psychiatric support in Emergency Department) and there has been a reduction in the use of police cells to assess people detained under the Mental Health Act
- The number of people with learning disabilities in hospital is stable
- The number of people with severe mental illness in work or settled accommodation has increased
- There have been reductions in the waiting times for treatment in children and adolescent mental health services
- There remain a number of patients who fall outside and/or between services who are at risk of hospital admission or poor outcomes, often owing to challenging behaviour for whom we do not have an effective response
- There are significant numbers of people with more complex needs who are in hospitals or care out of county

Our priority initiatives for 2017-18 are

- Refresh and implementation of the Crisis Concordat across all age and care groups
- Redesign and implementation of refreshed s117 policy
- Transfer of Learning Disability specialist health services to Oxford Health NHS FT
- Development of the intensive support model to support community behaviour management of other patient groups, including potentially those with acquired brain injury

- Assurance of continuing healthcare for people with learning disability against national framework
- Development of a funding model for high cost placements and packages
- Development of local housing and support that avoids out of county placements

Draft Outcomes for 2017-18
These outcomes have been developed by the Pooled Budget Officers Group and will be approved by Joint Management Group in July.

- An increase in the number of people with mild to moderate mental illness accessing psychological therapies, with a focus on people with long-term physical health conditions
- Reduction in number of people with severe mental illness accessing Emergency Departments in acute hospital for treatment for their mental illness
- Reduction in use of s136 Mental Health Act 1983 so that fewer people are detained in police cells when they are unwell
- Reduction in number of suicides
- An increase in the number of people with severe mental illness in employment
- An increase in the number of people with severe mental illness in settled accommodation
- An Increase in the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by 2019
- A reduction in the number of admissions to specialist learning disabilty in-patient beds
- A reduction in the number of people with learning disability and/or autism placed/living out of county
- The proportion of people who use services who feel safe

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

In Oxfordshire we know that the proportion of older people in the population continues to increase and that the number of referrals for support is also increasing along with the cost of caring for older people which increases markedly with age. This is true for both health and social care.

Oxfordshire has one of the highest levels of delayed transfers of care from hospital in the country. All organisations continue to be committed to working together to improve the situation but we have not been able to address this problem during 2016-17.

In the next year we are focused on

- Improvement in the care we offer to people in the community to prevent escalation to hospital care
- Increased resilience of our domiciliary care market and capacity to meet the needs of the most complex people
- Integrated step down pathways and options that reduce length of stay in hospital and associated delays
- More impact on reablement that supports people to live independently

- Effective community response to support hospital avoidance around areas such as falls prevention, home response services
- Dementia and mental health support to enable older people to keep well and live in their own homes for as long as possible
- Reduction in admissions and length of stay to Nursing and residential homes
- Reducing the number of people who die in hospital who could be supported at home
- Maintenance of dementia diagnosis rates and improved support for people post dementia diagnosis

Where are we now?

- Delayed transfers of care remain a priority issue for organisations involved in health and social care across but the number of bed days lost has increased steadily since July 2016.
- The rate of permanent admissions to care homes has dropped, though the overall number exceeded the target set for the year which is due to the capacity issue within the market for home care provision as care homes are used as an alternative to home care.
- The proportion of older people (65 and over) with on-going care supported to live at home has not reached the target set for the year.
- The percentage of the expected population with dementia with a recorded diagnosis has increased and the Dementia Support Service is working with practices to ensure all people with a diagnosis are known to the service
- The targets for the number of people accessing the new discharge home pathway have not been reached with significant impact on delays
- There remain significant market challenges regarding access to domiciliary care.

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Our priorities for 2017-18 are to

- Increase access to domiciliary care capacity and development alternatives to domiciliary care
- Development of an intermediate care pathway that identifies the volume of bedded and non-bedded support needed in the pathway both step down and step up
- Implementation of Trusted assessor model in discharge pathways for domiciliary care
- Integration or alignment of the coordination functions that support hospital avoidance and discharge to improve clinical impact and efficiency
- Improved system response to provider crisis management
- Development of a social prescribing model
- Implementation of a streamlined and responsive delegated healthcare model

Draft Outcomes for 2017-18

These outcomes have been developed by the Pooled Budget Officers Group and will be approved by Joint Management Group in July.

- Increase the proportion of older people with an on-going care package supported to live at home

- Reduce the number of older people placed in a care home from 12 per week in 2015/16 to x per week for 2017/18
- Reduction in the number of permanent admissions to care homes per 100k of population
- 70% of people who receive reablement need no ongoing support (defined as no Council-funded long term service excluding low level preventative service).
- Increase in the number of people still at home 90 days post reablement
- Reduction in the beds days lost to delays in Oxfordshire
- Reduction in the average length of days delay for people discharged from hospital to HART
- Reduction in the average overall length of stay in stepdown pathways
- 100% of patients with dementia who live in the community are known to the *Dementia Support Service*
- Reduction in the number of incidents relating to medication errors, falls and pressure ulcers
- Increase the number of providers described as outstanding or good, by CQC
- The proportion of people who use services who feel safe
- Increase the number of carers receiving a social care assessment from a baseline of 7,036 in 2015/16.
- Increase the percentage of carers, as reported in the 2016 Carers Survey, who are extremely satisfied or very satisfied with support or services received (from a baseline of 43.8% in 2014).
- Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC and take appropriate action where required.

C. Priorities for Health Improvement

A new approach to addressing priorities

The Health Improvement Board has overseen and delivered improvements across each of the 4 priorities that it leads. At the end of 2016-17 the Board discussed progress and noted that all outcomes measures set at the beginning of the year were rated either amber or green. Some of these had been rated red earlier in the year or had been deliberately set as "stretch" targets. The discussion, therefore, centred on whether the Board should move to work on other topics instead.

In discussing the prospects of "dropping" some of the existing work where targets have been met, the Board members reviewed data on the inequalities of outcomes. For many of the areas of work there is still considerable variation, with some areas or groups still facing poor outcomes, even though a county wide improvement may have been made. For this reason the Board members decided they did not want to drop any topic completely, as there is still a need to focus on reducing the variation in outcomes. However, it was suggested that some topics could be placed into a "watching brief" while others stayed in the spotlight with more active work for improvement.

The Board members proposed new topics for discussion in the year ahead so that needs can be assessed and plans can be drawn up for health improvement. These areas are

- more work on tackling health inequalities, especially in preventing chronic disease,
- exploring how the board can work to improve mental wellbeing,
- work to improve the chances of a healthy older age, including an understanding of whether the Board can add more value to work being done to address loneliness.
- The Health Improvement Board has also offered to oversee the strategic work of joint commissioning of domestic abuse services and this is also a new topic for discussion.

Priorities 8-11 of the Joint Health and Wellbeing Strategy will therefore reflect this new approach to addressing priorities in the Health Improvement Board. Each of the sections on priorities will include

1. The rationale for continuing to focus on this priority
2. A summary of the current situation – "where are we now?"
3. Topics to be discussed and developed during 2017-18 but which do not yet have any specific outcome measures
4. Specific outcomes where it is the ambition of the Board to bring further improvement which will be monitored at every meeting.
5. A list of outcomes which will be kept under surveillance by the Board to ensure that recent improvement is sustained.

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

Rationale

This priority aims to add years to life and life to years – something we all aspire to.
The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening to improve outcomes. The role of Social Prescribing can also be explored as a prevention strategy.

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men, though the gap between women and men is narrowing as life expectancy for women seems to be reaching a plateau while that for men is still increasing. People living in more deprived areas are likely to die sooner and be ill or disabled for longer before death. These health inequalities remain and need to be addressed by targeting those areas and communities with the worst outcomes.

Promoting healthy lifestyles and access to screening programmes is a cost effective way of reducing the risk of chronic disease and premature death.

There is growing evidence of the link between physical inactivity (lack of physical activity) and preventable disease and early death. For example, regular and adequate levels of physical activity in adults can reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls.

The following areas for action will remain the priorities in the year ahead:

- To reduce levels of smoking in the county by encouraging more people to quit as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the bowel cancer screening programme.
- To promote the 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, physical activity smoking, blood cholesterol levels, diabetes, blood pressure and alcohol consumption.
- Reducing the harm caused by the over-consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Alcohol and Drugs Partnership and progress will be monitored by the Health Improvement Board.
- To continue to monitor measures of success for those in drugs or alcohol treatment services with the aim of improving recovery rates.
- Building a multi-agency collaborative approach to increasing participation in physical activity within Oxfordshire
  - To consider issues affecting mental well-being in the population and what outcomes could be used to monitor it.
  - A programme of public awareness campaigns will support this work by raising awareness of prevention and early intervention services.

<u>Addressing Inequalities</u>
Wherever possible the outcome measures will target poor outcomes to reduce inequalities.

Where are we now?

- The national target of 60% people eligible for bowel screening should complete and return the kit was nearly met. Latest figures show 59.1% people completed the screening (Q1 in 2016-17). Death rates from bowel cancer in Oxfordshire are similar to the national average.
- Targets were met for the number of people invited for NHS Health Checks and a steady increase in uptake was noted throughout the year. Latest figures show poorer uptake in the City and NE Oxfordshire.
- Estimated prevalence of smokers in Oxfordshire is now down to 15.5% (2015) but fewer people are quitting using the commissioned services. It is thought that use of e-cigarettes has had an impact on this. There are still twice as many smokers in "routine and manual" occupations than in the Oxfordshire population

as a whole.
- Less than 8% of women are recorded as smoking during pregnancy, less than the national figure of over 10%
- The numbers of people successfully completing treatment for drugs use has improved markedly. Oxfordshire is now above the England rate.

Topics to be discussed and developed in 2017-18

1. Health and Wellbeing of Older Adults, including participation in physical activity and access to social networks / preventing loneliness. This work will build on what is already being done in the County including the Oxfordshire Sport and Activity work to increase participation of older people in physical activity and the Loneliness Summit which will be held in July 2017.
2. Promoting Mental wellbeing. An overview of current work to promote mental wellbeing will be presented to the Health Improvement Board in the autumn of 2017. The Board will consider how value can be added to existing work and a plan will be drawn up.

Outcomes for 2017-18

8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years). ***Responsible Organisation: NHS England***

8.2 At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80% (Baseline at Q3 2016/17 Oxon was 77.1%, England at Q3 is 69.7%, South East is 65.3%) ***Responsible Organisation: Oxfordshire County Council***

8.3 At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%.
(Baseline at Q3 2016/17 Oxon was 37.6%, England at Q3 is 33.8%, South East is 29.4%) ***Responsible Organisation: Oxfordshire County Council)***

8.4 Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18 (Baseline: 2016/17 Oxon baseline was 2315 quitters per 100,000 adult smokers). ***Responsible Organisation: Oxfordshire County Council)***

8.5 The number of women smoking in pregnancy should remain below 8% recorded at time of delivery (baseline 2015-16 was 7.9%). ***Responsible Organisation: Oxfordshire Clinical Commissioning Group***

Indicators to be kept under surveillance in 2017-18

8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment ***Responsible Organisation: Oxfordshire County Council***

8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment ***Responsible Organisation: Oxfordshire County Council***

Priority 9: <u>Preventing chronic disease through tackling obesity</u>

After smoking, obesity is the biggest underlying cause of ill health (obesity is defined by a BMI of over 30). It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be. There is a national trend for rising obesity rates across the population and although Oxfordshire fares better than the national picture, this remains a local priority and needs a long term perspective.

Surveillance of these issues shows that

- Rates of obesity in the county continue to rise. Data from surveys show a cause for concern.
- The percentage of people diagnosed with diabetes by their GP continues to rise across the county.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates, but show over 16% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

To tackle obesity we propose to keep our focus in the following areas:

Promoting breastfeeding
Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. The national figure for breastfeeding prevalence at 6-8 weeks is just under 44% but in Oxfordshire we want to keep the stretching target of 63% and will only achieve this if we focus on the areas where rates are low.

Halting the increase in childhood obesity
Children in Reception class and Year 6 are weighed and measured every year and results show that around 7% of reception year and 16% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Healthy eating initiatives are part of the approach though the Healthy Weight action plan in Oxfordshire also includes physical activity, environmental planning and workplace based initiatives. Levels of obesity are also linked to social deprivation, with more deprived parts of the County showing higher rates of obesity along with some ethnic groups, so some targeting of effort is called for here too.

Promoting physical activity in adults
Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire still doing well according to the 'Active People' survey. However, the survey showed that almost 17% of the population are inactive – not even attaining 30 minutes of physical activity a week. Regular participation in physical activity will have an impact on mental wellbeing and be critical to good health in the county.

Where are we now?

- Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year and declined slightly in year 6. In reception obesity increased from 6.6% to 7%, and in year 6 declined from 16.2% to 16%.
- There is variation in the percentages of children who are overweight or obese with higher rates in some minority ethnic groups and in more disadvantaged communities.

- Oxfordshire continues to have high numbers of people who are physically active and the proportion that are inactive has fallen.
- **82%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74.3%) and that for the South East (78.0%).
- At 6-8 weeks after birth, over **60%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%

Topics to be discussed and developed in 2017-18

1. Addressing inequalities issues in preventing chronic disease by tackling obesity and improving participation in physical activity. In order to implement the recommendations of the Health Inequalities Commission, all of the work to tackle this priority area will include a focus on reducing inequality of outcome.

Outcomes for 2017-18

9.1 Ensure that the obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% ***Data provided by Oxfordshire County Council***

9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%). ***Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity***

Indicators to be kept under surveillance in 2017-18

9. 63% of babies that are breastfed at 6-8 weeks of age ***Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group***

Priority 10: <u>Tackling the broader determinants of health through better housing and preventing homelessness</u>

Housing and health are intimately connected and inextricably linked. Having a home, living in good housing conditions and in a good neighbourhood with the right kind of support, are vital ingredients to health and well-being.

There are several ways in which housing issues impact on health, including the following:

- 'Fuel poverty' affects people of all ages and in all types of housing. Having a poorly heated home shows itself in greater incidence of respiratory disease, allergies, asthma and risk of hypothermia. Excess winter deaths are directly related to poor energy efficiency in houses
- Homeless people die earlier and suffer worse health than people with a stable home. The threat and experience of homelessness also has an impact on mental wellbeing.
- Safe, secure housing contributes to improving health outcomes. Some vulnerable people need support to maintain their tenancies and live ordinary lives as fully participating members of the wider community. This is an essential ingredient for preventing ill health and homelessness.

These housing issues all have to be tackled in partnership.

Surveillance and sharing of good practice over the last few years through the Health Improvement Board has already seen a higher profile for this area of work.

Concerns remain including

- Changes to local funding and arrangements for commissioning housing related support.
- Changes to the welfare benefit system which has potential to put more households at risk of homelessness.
- The high cost and low availability of private sector housing within the County.
- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Young people, especially those who have been Looked After, may need support to find and remain in appropriate housing.

Where are we now?

- The number of households in temporary accommodation fell by 29, to 161 from 190 in 2016-17
- There were 3057 households presenting at risk of being homeless that were prevented from being homeless because of the efforts of district councils; compared to 2992 cases in 2015/16.
- The number of rough sleepers fell to 79 (from a figure of 90 in 2015/16).
- New contracts are to be let for housing related support based on a joint commissioning arrangement and pooled budget.

Topics to be discussed and developed in 2017-18

1. Domestic abuse – strategic approach to joint commissioning. The work to jointly commission high quality services for prevention, early intervention and support for victims of domestic abuse is building on a major review carried out in 2016. The Health Improvement Board will consider its role in governance and strategic leadership for this work.

Outcomes for 2017-18 were set as follows and outturns will be reported at the meeting:
10.1 The number of households in temporary accommodation on 31 March 2018 should be no greater than the level reported in March 2017 (baseline161 households in Oxfordshire in 2016-17). **Responsible Organisation: District Councils**

10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17). **Responsible Organisation: Oxfordshire County Council**

10.3 At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 80% in 2016-17). **Responsible Organisation: District Councils**

10.4 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79) **Responsible Organisation: District Councils**

10.5 At least 70% of young people leaving supported housing services will have positive outcomes in 17-18, aspiring to 95%". (baseline 70.7% 2016-17) **Responsible**

Organisation: Oxfordshire County Council Children, Education and Families Directorate.

Indicators to be kept under surveillance in 2017-18

10.6 At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. **Responsible Organisation: Affordable Warmth Network.**

Priority 11: **Preventing infectious disease through immunisation**

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

It is important that immunisation rates remain high throughout the population to maintain "herd immunity". Responsibility for commissioning immunisation services sits with NHS England. High levels of coverage need to be maintained in order to continue to achieve the goal of protection for the population.

New immunisations were introduced in 2013-14. This includes flu immunisation being given to children, (which started with 2-3 year olds and is adding more ages each year), and Shingles vaccinations are offered to people aged 70 and 79.

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met. The leadership for these services has changed during the last few years and maintaining our current position will be a real challenge.

We are proposing priorities for improving immunisation levels across the board, focussing on childhood immunisation and ensuring that flu immunisation reaches those at particular risk.

Where are we now?

- Rates of immunisation for Measles, Mumps and Rubella remained high but just failed to reach the national target of 95%. This was true for both first and second doses. NHS England have given details of their work to improve this performance and ensure the children who are missing out are included.
- The rate of take up for people aged under 65 who are invited for flu vaccination fell in the last year and did not meet the target.
- All targets have been met for HPV vaccination of young women to protect them from some causes of cervical cancer.

Outcomes for 2017 -18

11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***

11.2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 93.1%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***

11.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (baseline from 2015-16 45.9%) ***Responsible Organisation: NHS England***

Indicators to be kept under surveillance in 2017-18

11.4 At least 90% of young women to receive both doses of HPV vaccination. (Baseline in 2015-16 tbc) ***Responsible Organisation: NHS England***

Annex 1: Glossary of Key Terms

Terms

Carer	Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment, and they do not provide the care as a voluntary member of staff.
Child Poverty	Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income.
Child Protection Plan	The plan details how a child will be protected and their health and development promoted.
Commissioning	The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.
Delayed Transfer of Care	The national definition of a delayed transfer of care is that it occurs when a patient is medically fit for transfer from a hospital bed, but is still occupying a hospital bed.
Director of Public Health Annual Report	http://mycouncil.oxfordshire.gov.uk/documents/s35492/2015-16%20DPH%20Annual%20Report.pdf
Extra Care Housing	A self-contained housing option for older people that has care and support on site 24 hours a day.
Fuel Poverty	Households are considered by the Government to be in 'fuel poverty' if they would have to spend more than 10% of their household income on fuel to maintain an adequate level of warmth.
Healthwatch Oxfordshire	Healthwatch is the independent 'Consumer Champion' for health and social care for people of all ages
Joint Health and Wellbeing Strategy	The strategy is the way of addressing the needs identified in the Joint Strategic Needs Assessment and to set out agreed priorities for action.
Joint Strategic Needs Assessment (JSNA)	A tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.
Not in Education, Employment or Training (NEET)	Young people aged 16 to 18 who are not in education, employment or training are referred to as NEETs.

Oxfordshire Clinical Commissioning Group	The Oxfordshire Clinical Commissioning Group has the responsibility to plan and buy (commission) health care services for the people in the County.
Oxfordshire's Safeguarding Children Board	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Oxfordshire.
Pooled budget	A mechanism by which the partners to the agreement bring money to form a discrete 'fund'. The purpose and scope of the fund is agreed at the outset and then used to pay for the services and activities for the relevant client group.
Quality Assurance Audit	A process that helps to ensure an organisation's systems are in place and are being followed.
Reablement	A service for people to learn or relearn the skills necessary for daily living.
Secondary Mental Health Service	Services for adults with more severe mental health problems and needs requiring the specialist skills and facilities of mental health services.
Section 75 agreement	An agreement made under section 75 of National Health Services Act 2006 between a local authority and PCT(s), NHS trusts or NHS foundation trusts. This can include arrangements for pooling resources and delegating certain functions to the other partners if it would lead to an improvement in the way those functions are exercised.
Thriving Families Programme	A national programme which aims to turn around the lives of 'Troubled' families by 2015.
Transition	This is the process through which a young person with special needs moves to having adults services.

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Oxfordshire
Clinical Commissioning Group

Health and Wellbeing Board

Date of Meeting: 13 July 2017	**Paper No:**

Title of Paper: Oxfordshire's Local Digital Roadmap (LDR)

Paper is for: (please delete tick as appropriate)	**Discussion**		**Decision**		**Information**	✓

Purpose and Executive Summary:

This presentation explains the Oxfordshire's Local Digital Roadmap (LDR) priorities.

More specifically, the presentation will:

- Explain the national context and look at Buckinghamshire Oxfordshire Berkshire West (BOB) Sustainability Transformation Partnership (STP) Local Digital Roadmap (LDR) priorities
- Explain "Universal Capabilities" we must deliver as per the LDR
- Explain what it all means in practice for *Dot* – an Oxfordshire resident – and those involved in her care.

As a reminder, NHS strategy documents (Five Year Forward View and Personalised Health and Care 2020) describe the commitment by the health and care system and the government to use information and technology and make sure patient records are digital and interoperable by 2020.

It is recognised that 'digital' has a significant role to play in sustainability and transformation, including for example delivering primary care at scale, securing seven day services, enabling new care models and transforming care in line with key clinical priorities.

Local Digital Roadmaps set out how local systems will achieve these commitments. Our local LDR covers the same footprint as the at Buckinghamshire Oxfordshire Berkshire West (BOB) Sustainability Transformation Partnership (STP), with some workstreams currently being progressed locally (i.e. in Oxfordshire) and others across the wider area.

Action Required:

Health and Wellbeing Board is asked to note the report.

Author: Lukasz Bohdan

Executive Leads: Stuart Bell CBE and Gareth Kenworthy

Date of Paper: 27 June 2017

NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire's Local Digital Roadmap (LDR)

Health and Wellbeing Board, 13th July 2017

Stuart Bell CBE, Gareth Kenworthy and
Lukasz Bohdan


North


North East


Oxford City


South East


South West


West

Glossary

5 Year Forward View – NHS strategy document published in 2014 setting out a new shared vision for the future of the NHS

LDR, Local Digital Roadmap – a local plan for making patient records digital and interoperable by 2020

OCS, Oxfordshire Care Summary – single electronic view of specific, up-to-date, clinical information from your GP record and other records supporting your care in NHS organisations in Oxfordshire

STP, Sustainability Transformation Plan / Partnership – originally plans, now partnerships, involving the NHS and local government in 44 areas covering all of England, to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations. Oxfordshire is part of the **(BOB) Buckinghamshire, Oxfordshire and Berkshire West 'footprint'**

Universal Capabilities – technology "must dos" for NHS to deliver during 2017/18 e.g. online GP and repeat prescription bookings

Our aim for this briefing is to build a common understanding of the Oxfordshire Local Digital Roadmap…

More specifically, we will:

- Explain the national context and look at Buckinghamshire Oxfordshire Berkshire West (BOB) Sustainability Transformation Partnership (STP) Local Digital Roadmap (LDR) priorities
- Explain "Universal Capabilities" we must deliver in 2017/18
- Explain what it all means for Dot – an Oxfordshire resident – and those involved in her care…

The LDR is a national process introduced by NHS England in September 2015 to make sure patient records locally are digital and interoperable by 2020

The Five Year Forward View and Personalised Health and Care 2020 describe the commitment by the health and care system and the government to use information and technology and make sure patient records are digital and interoperable by 2020.

'Digital' has a significant role to play in sustainability and transformation, including for example delivering primary care at scale, securing seven day services, enabling new care models and transforming care in line with key clinical priorities.

Last year local health and care systems produced Local Digital Roadmaps, which set out how they will achieve these commitments

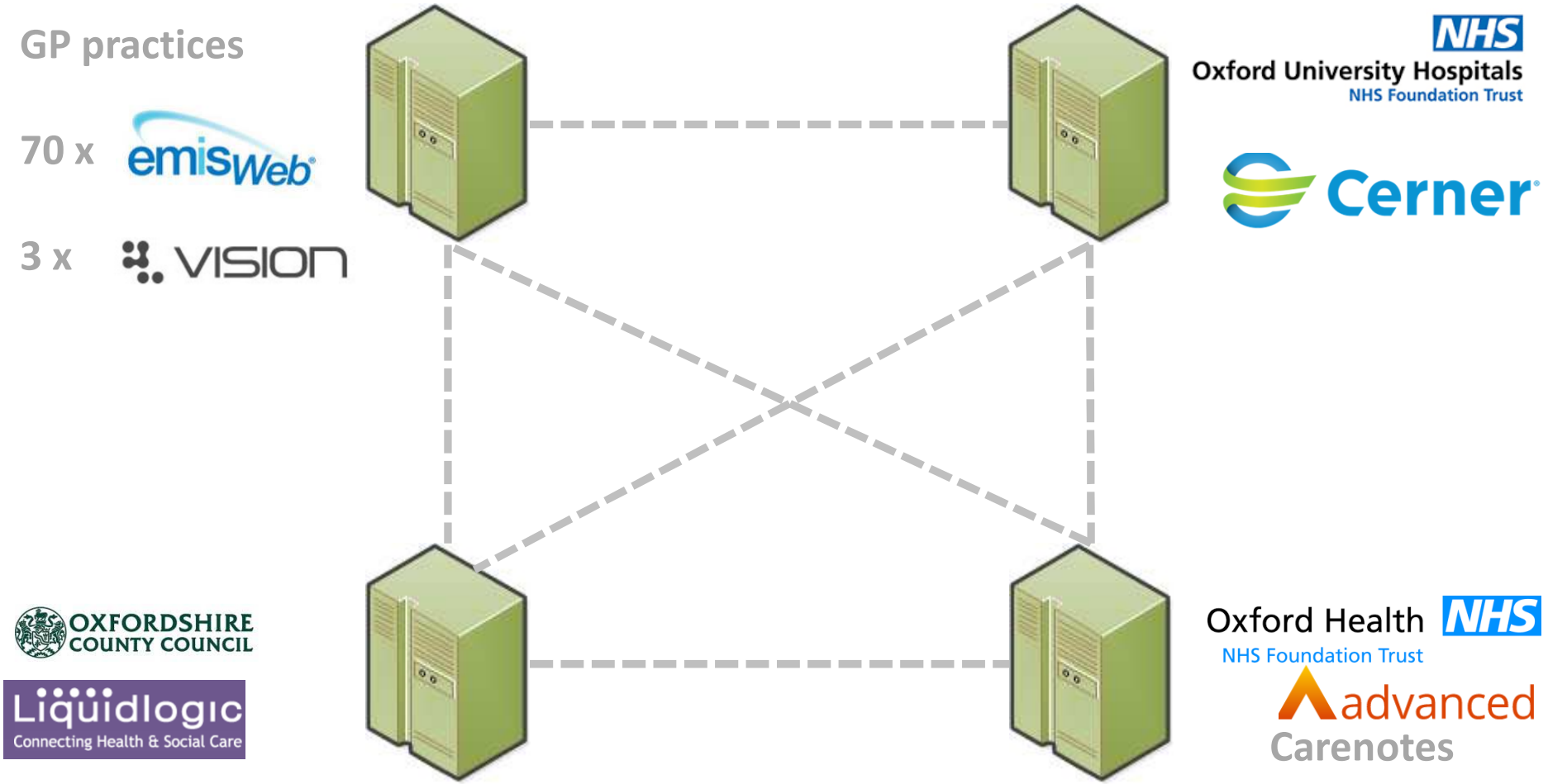
BOB LDR priorities

Five priorities have been agreed by the BOB Chief Information Officer (CIO) forum to deliver the Sustainability and Transformation Plan (STP) requirements. Co-ordinated workstreams will be set up locally and regionally to deliver these priorities

- **Records sharing**
- **Citizen-facing technology**
- **Whole system intelligence and real-time clinical intelligence**
- **Infrastructure and network connectivity**
- **Information Governance**

This is in addition to the NHS England requirement to deliver specific digital capability by the end of 2017/18. These are known as Universal Capabilities

Oxfordshire IT Map



Record sharing and transfers of care

NHS Oxfordshire

Vision	**To enable health and care professionals to have immediate and appropriate access to all relevant information about a person's care, treatment, diagnostics and previous history, including care plans and all necessary transfers of care information.**

Oxfordshire plan (2017/18)	▪ **Migrate the Oxfordshire Care Summary (OCS) to a new Cerner platform - Health Information Exchange (HIE) – main use for emergency care:**
	  ▪ **Maximise use of digital Proactive Care plans (End Of Life, Special Patient Notes)**
	  ▪ **Embed access to Oxford University Hospital (OUH) in GP system**
	  ▪ **Develop access to Social Services data and Oxford Health data in HIE**
	  ▪ **Develop access by Social Services and Oxford Health to HIE**
	▪ **Develop the Cerner HealtheIntent platform to provide an integrated shared care record platform:**
	  ▪ **Initially with Long term conditions (diabetes, asthma, COPD)**
	  ▪ **End of Life**
	  ▪ **Frailty**
	▪ **Mental health discharge summaries**
	▪ **OH orders and results**
	▪ **Child Protection Information System (CP-IS)**

Citizen-facing technology

NHS Oxfordshire

Vision	**Support and enable people to be actively involved in managing and making decisions about their care, and provide a strong basis for well-being and prevention.**
Oxfordshire plan (2017/18)	**Working in conjunction with the prevention and citizen engagement transformation programme:** ▪ **Align portal plans.** ▪ **Audit existing approved apps (e.g. diabetes).** ▪ **Develop technical standards for connecting to integrated records.** ▪ **Develop processes for linking records/decision tools to guidance, prevention and self care advice.**

Whole system intelligence

NHS Oxfordshire

Vision	**Health and care professionals across communities, geographic and clinical, have the information & insights they require to run an efficient and effective service, including for care delivery, planning, targeting, monitoring, auditing, and research.**
Oxfordshire plan (2017/18)	**This is very much a green field development area.** **In Oxfordshire the intention is to build on the Population Health Management capabilities delivered by the Cerner HealtheIntent platform to develop.** ○ **Real time information to support responses to immediate pressures.** ○ **Trend analysis and rapid assessment of service changes.** ○ **Risk modelling to support targeting for care management** ○ **Predictive demand and capacity modelling across all settings of care.** ○ **Information to target of patients with services and care pathways appropriate to their need – e.g. diabetes patients.** **Across BOB the focus will be on integrated Cancer information working with the Thames Valley Cancer network.**

Infrastructure & network connectivity

NHS Oxfordshire

Vision	**To have a fast, reliable infrastructure, with shared connectivity, at a lower cost, with common ways of working that supports access to "home" systems across the footprint.**
Oxfordshire plan (2017/18)	**A BOB-level workstream to:** ▪ **Procure jointly: e.g. COIN, increased bandwidth** ▪ **Define common standards** ▪ **Align firewalls** ▪ **Enable user domain interoperability** ▪ **Connect Councils and Care Homes**

Information Governance

NHS Oxfordshire

Vision	**To put in place a common set of processes to appropriately and effectively use information in line with the expectations of patients and citizens, such that IG is an enabler, not a barrier, to care or planning or targeting or research.**
Oxfordshire plan (2017/18)	**A BOB-level workstream developing:** ▪ **Common consent models.** ▪ **Standardised data sharing agreement and processes.** ▪ **A common understanding of what data can be used for - that is signed up to across the STP area.** ▪ **Public engagement on data use.** ▪ **A joined up process for handling subject access requests and patient queries.**

Universal Capabilities

NHS Oxfordshire

The 10 Universal Capabilities

NHS England has identified 10 Universal Capabilities where there is an opportunity to exploit existing investments in healthcare technology and deliver real benefit within a short timeframe. These must be delivered by end of 2017/18

These are incorporated in the work streams: Record Sharing & Transfers of Care & Citizen-Facing Technology

a. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions via OCS
b. Clinicians in Urgent & Emergency Care (U&EC) settings can access key GP-held information for patients previously identified by GPs as most likely to present (in U&EC) via OCS
c. Patients can access their GP record Digitally via EMIS/Vision portal - not used much
d. GPs can refer electronically to secondary care via Electronic Referral Service (ERS)
e. GPs receive timely electronic discharge summaries from secondary care All except MH
f. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care In plan
g. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly March 2018 – reliant on OCC
h. Professionals across care settings made aware of end-of-life preference information via OCS
i. GPs and community pharmacists can utilise electronic prescriptions National EPS
j. Patients can book appointments and order repeats prescriptions from their GP practice Being rolled out by GP practices and GP system suppliers

Local priorities for these digital developments include:

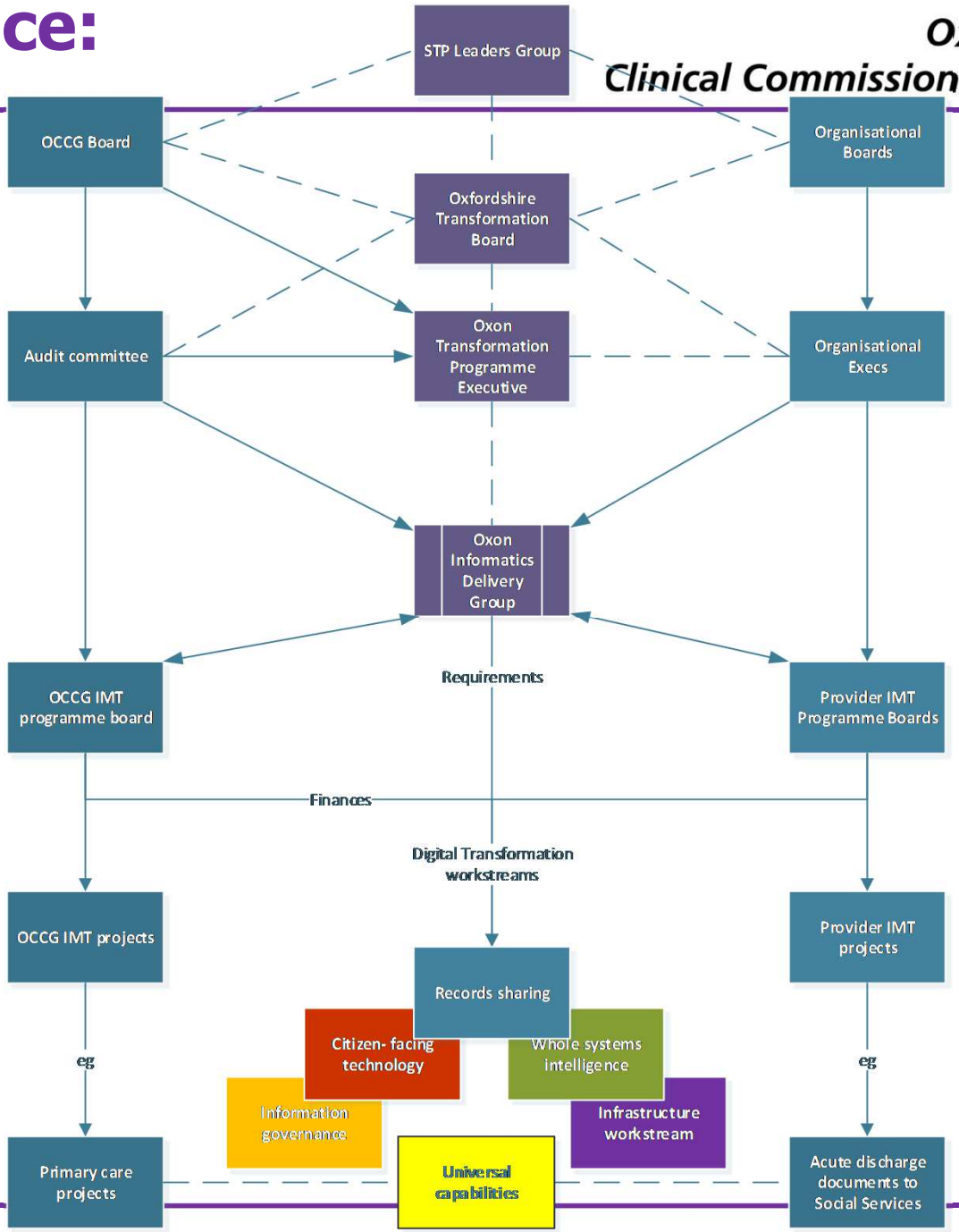
- Urgent and Emergency Care:
  - Accident and Emergency (A&E)
  - Ambulance
  - Prevention….
- Long term conditions:
  - Diabetes
  - Asthma
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Prevention…..
- Maternity
- Frailty
- Mental Health
- Learning Disabilities

The Governance:

NHS Oxfordshire Clinical Commissioning Group

It's a complex landscape requiring effective governance…

This is the simple version



Why are we doing this?

Introducing Dot, an Oxfordshire resident…

"I get very worried about being by myself when my breathing gets worse. When I called NHS 111 the lady knew about my emphysema and said she was sending a paramedic to see me. He knew about my problems, that I smoked and the treatment I was taking, so I didn't have to keep telling everyone the same story when I went into hospital.

My GP came out to visit me when I came home. He knew everything that had happened to me in hospital and told me I would need to reduce the dose of one of my tablets next week. I am not very good at remembering things so the nurse is going to call me on my iPad to remind me and to check that I am alright."

And all those involved in Dot's care ……

"As the **call handler** I know that Dot has a long-term problem with her lungs and that the nurse has been to see her at home three times in the past week. This information helps me decide that Dot needs someone to assess her at home and see whether she needs to be admitted to hospital. So I ask for a paramedic to be dispatched."

"As the **paramedic** attending Dot I can assess how much her current condition differs from when she was last seen by her GP. I can also see her previous blood results which lets me know her usual oxygen level and whether she is sensitive to treatment with oxygen. This means I can treat her safely."

"As the **A&E consultant** I can see that Dot was barely able to speak and was very wheezy when she was seen by the ambulance staff. She had a high temperature and very low oxygen level when she was first seen. I can compare the recordings taken in hospital with those taken by the paramedic and see that Dot has improved with the treatment she has received on the way to hospital. I can see that the chest x-ray she had done in A&E shows signs of an infection which wasn't there on her previous chest x-ray."

"As the **Respiratory registrar** I can see from Dot's previous hospital record that she was in hospital for 2 weeks last winter with a bad chest infection and took a while to recover. I can see the antibiotics she was given at that time so decide to prescribe the same ones. I am alerted that she has an allergy to this and when I look back at the notes from her last hospital admission I can see she developed a rash with the antibiotic, so her treatment was changed. Although she has not been in hospital for a year I can see from her GP notes that the nurse has been visiting her more frequently at home recently, as she has not been coping as well."

"Dot can't remember the name of all her medicines and inhalers. As the **hospital pharmacist** I can look at the information in Dot's GP record which tells me all the medications she usually takes so I can make sure these are prescribed. I can also see that Dot's GP prescribed her a course of antibiotics two weeks ago which she has recently finished, so I can discuss the best antibiotic treatment to give Dot while she in in hospital with the Respiratory Registrar.

I could see from Dot's care records that she hadn't had her annual flu jab. I administer Dot with a Flu jab and make a note on her care record."

"As the **discharge nurse** I can see from Dot's GP notes that she needed a lot of input after she was discharged from hospital last year and lost her confidence getting back on her feet after her chest infection. I speak to her daughter who lives 50 miles away. She is worried that Dot won't manage if she is discharged home quickly and she mentions that Dot has been struggling to get into the bath and to get out to the shops recently. I set up a conference call with her GP, the community hospital consultant, social services and Dot's daughter. We decide that Dot should go to the community hospital for a while once her chest infection is improving. I record the outcome of the meeting in Dot's shared care plan."

"When I see Dot in the **community hospital** I can see the treatment she had in hospital and review the assessments made by the physiotherapist. I can also see from the GP record that Dot has not been managing well at home for a few months and will need some additional care at home when she goes home. I notify social services of Dot's likely discharge date so they can make sure her new care package can be put in place. I update Dot's shared care plan.

I can see from Dot's care record that she has not yet received the latest stop smoking kit. I give her a kit and mark her down as having received one."

"As **Dot's GP** I can see that Dot had phoned NHS111, been seen by a paramedic and then admitted to hospital. I know which ward she was admitted to and who was looking after her.

Now that Dot has been discharged home I can see all the treatment she has been given from her hospital records and the note from the hospital consultant to ask me to reduce the dose of one of her medications in a week. I can see that social services have arranged for a carer to visit twice a week and that the first visit is due tomorrow.

I know Dot gets a bit anxious and sometimes forgets to take her medications. Dot's daughter has recently bought her an iPad so she can stay in touch with her more easily. I tell Dot the nurse will arrange to contact her regularly on Skype to keep an eye on her now that she is back home."

Questions?

Oxfordshire Safeguarding Childrens Board and Oxfordshire Safeguarding Adults Board: Annual Impact Assessments - 2017:

Introduction:

OSCB undertook an Impact Assessment for 2015/16 as a result of a Report Card on increased activity levels across the safeguarding system. In the context of significant organisational change, reducing public sector budgets, the fact that a number of the issues are equally relevant to safeguarding vulnerable adults with care and support and to reduce duplication, it was agreed that OSCB and OSAB would undertake an annual joint Impact Assessment on current pressures and activity by each member agency. Each agency would undertake this from a strategic perspective across their organisation and not as an individual member of either or both boards. To ensure we focused on the top priorities each agency was asked to list their top three pressures - therefore this should not be seen as a comprehensive list of the pressures and issues facing the agencies but the key issues and common themes across the partnerships.

This report now summarises the impact assessments submitted by 11 partner organisations and departments in January 2017 and the subsequent multi-agency discussion of those returns on 9-3-17. The multi-agency meeting identified the key themes and issues it wished to bring to the attention of the boards. The meeting noted that the process did not include a review of key lessons learnt from Serious Case Reviews and Safeguarding Adult Reviews in the last 12 months and this would be added to the process in future years.

Summary:

The key points raised by this report are

- *Managing Risk*: Individual agencies are effectively managing safeguarding risks within their service, however, in the current context that we are working (greater demands, reduced budgets, recruitment and retention of staffing difficulties and consequent levels of organisational change), we need to reinforce the agreed multi agency approach to managing risk which views safeguarding collectively through the journey of the person rather than the response of the individual organisations. Where more than one agency is involved, risk levels should be assessed and managed collectively and not by an individual agency.

- *Rise in demand for services and activity pressure*: Respondents identified three distinct increases in demand: there are more safeguarding cases coming forward, cases are more complex and there are greater expectations both from members of the public and from organisations themselves as they continue to learn more lessons about safeguarding. Many respondents indicated a rise in demand for particular client groups and in adult safeguarding concerns in particular. Most departments and organisations have time related targets

- for dealing with different aspects of the safeguarding process which are increasingly difficult to achieve given this rise in demand. In the case of NPS (National Probation Service) - they need timely responses from CSC(Childrens Social Care) in respect of same day reports to Magistrates and Crown Courts to ensure safe sentencing. In the case of OUH (Oxford University Hospitals) - pressure to stick to the 4 hour emergency department rule can impair the quality of assessment in Emergency Departments. OHFT (Oxford Health Foundation Trust) also mention significant delays in authorisation of DOLs (deprivation of liberty safeguards) due to capacity pressures with potential adverse consequences for individuals. More complex cases are now being held in universal and non-statutory services and this includes the voluntary and community sector and city and district councils.

- *Resources, staffing and restructure pressures:* Having a stable workforce is seen as an important safeguard for vulnerable people and families but most respondents talked about the staffing pressures that they were facing and the difficulty in recruiting and retaining suitably qualified staff. At least 8 of the 11 respondents also cited budget pressure or lack of resources as a key pressure on safeguarding adults and children.

- *Workforce development and support:* In the context of changing roles and different organisations holding more complex cases, there is a need for more training and support for staff.

- *Housing:* Two distinct issues were identified relating to housing and homelessness. The first related to homelessness among children and families, including migrant families. The second related primarily to adults and to the reduction in supporting people funding and the implications for people who do not meet the thresholds for social care.

- *Multiagency responses and interdependency:* The responses to question 5 (What do you need from your partners to address these pressures?) in particular highlight the need for multi-agency involvement in the development and implementation of strategies for dealing with particular aspects of safeguarding - in attendance at joint meetings and most importantly, the importance of sharing information in a timely fashion. Partnership engagement was also a key theme - described as for example by TVP (Thames Valley Police) as a willingness to provide evidence about domestic abuse perpetrators and of increased involvement of housing teams (South & Vale) in service redesign. OHFT also suggested full integration of children's and adults boards with one work programme across safeguarding (with some subgroups) to save time and maximise senior input. As we learn more lessons, there is increasing pressure to monitor more areas which in itself takes time away from direct service provision.

Actions:

1 **Both boards require rigorous scrutiny of activity**: Each board to review its own arrangements to ensure that the appropriate mechanisms are in place to check that partnership working remains effective and strong in the light of the increased activity, pressure on budgets, and limited pool of workers and levels of organisational changes.

2 **Workforce Development and Support:** The Boards need to be reassured that training and support is robust and that partners are engaged with it, as complexity of cases; expectations and activity levels all increase. As organisations and roles change, more complex cases are held in universal services and more support and training is needed for these services.

3 **Housing and Communities:** The Boards need reassurance that the work of the Health Improvement Board and the Housing Support Advisory Group are picking up the issues related to both adults and children's homelessness and that the housing action identified in the 2015 Impact Assessment has been followed up.

4 **Frequency of Impact Assessments:** The Boards are recommended to continue to request an annual update of the Impact Assessments whilst these pressures remain across the partnerships and in the light of the rapidly changing landscape.

Question 1: What are the three key financial and organisational pressures that your organisation is facing that relate to safeguarding adults, children and their families?

The responses to question 1 concerning financial and organisational pressures can be broadly grouped into 5 themes:

- Activity Pressure: Most departments and organisations have time related targets for dealing with different aspects of the safeguarding process. Childrens Social Care (CSC), Adults Social Care (ASC), the National Probation Service (NPS) and Oxford University Health Trust (OUH) all reported that some activities were not completed within timescales which can have an effect on outcomes. In the case of NPS - they need timely responses from CSC in respect of same day reports to Magistrates and Crown Courts to ensure safe sentencing. In the case of OUH - pressure to stick to the 4 hour emergency department rule can impair the quality of assessment in Emergency Departments.

- Lack of Resource: 8 of the 11 respondents cited budget pressure or lack of resources as a key pressure on safeguarding adults and children. Public Health indicated that the reduction in the public health grant will necessitate the public health directorate revisiting financial contributions to safeguarding generally. CSC referred to the current projected overspend of £5.5m whilst OHFT cited the failure to deliver expected efficiency savings of £6.5m (currently £3m under plan) as a key pressure. Other respondents were more specific - Oxford City Council raised concerns about the reduction of the Supported Housing budget and closure of hostel places whilst NPS

- commented on the lack of additional resource (both IT and financial) to support their work alongside the MASH (Multi Agency Safeguarding Hub). VCS also referred to the increasing tendency to find new (funding) streams to support innovation rather than core evidence based work.

- Rise in Demand: Many respondents talked about rising demand for services for particular client groups - Domestic Abuse Victims (TVP), child and vulnerable adult's exploitation by drug dealers (TVP), ageing prison populations (NPS), rise in homelessness (District Councils), and increased attendance at Emergency Departments by people with mental health problems (OUH). ASC highlighted the rise in the numbers of Adults safeguarding concerns generally.

- Restructure and Organisational Issues: Restructuring within Oxfordshire County Council in respect of Early Intervention, CSC and ASC teams is a cause of additional pressure for some services - in particular the District Councils who feel that it is coupled with expectations that they, together with voluntary groups will take on more responsibilities which traditionally are not their role. VCS also cited pressures caused by the transitional period of the reorganisation leading to some (understandable) inconsistencies of response from front line Social Care staff. Thames Valley Police (TVP) referred to an internal restructure and new operating model which, whilst not expected to impact directly on safeguarding, was a large piece of change which is the current focus of TVP. OHFT listed a series of specific organisational changes which were likely to impact on safeguarding arrangements. These included changes to the adult mental health contract, the transition of adult community learning disability services to OHFT, the commissioning of adult forensic mental health services and the transformation of the children's workforce and retendering process. They also cited "mortality review work" as a key organisational pressure as this is a requirement for them to review every death known to OHFT which is several thousand expected and unexpected deaths.

- Staffing Pressure: Coupled with a rise in the demand for services is staffing pressure due to the difficulty in recruiting and retaining suitably qualified staff (CSC). OHFT commented that Oxfordshire is a high cost area and although significant numbers of staff are educated here, not enough stay or are attracted to work in Oxfordshire and surrounding counties to meet workforce requirements. NPS also pointed to pressures created by a process requiring attendance at conferences county wide which is time consuming (due to travel).

Question 2: What is your performance data telling you about the three most worrying pressure points in relation to safeguarding children and their families and adults with care and support needs?

The responses to question 2 can be broadly grouped into the following themes - although the vast majority of comments relate to specific groups of people where performance data indicates a worrying trend:

- Organisational related Data: TVP commented that their new operating model has been seen to have a positive impact on managing demand more effectively (see restructure above) but there isn't any actual performance data on this at present. Public Health felt that performance data demonstrated that commissioned services were managing pressures well in regard to safeguarding - although this would need to continue to be monitored.

- Process problems: Similar to activity pressure above - 6 respondents cited pressure points in relation to specific tasks or activities in the safeguarding process. NPS, in particular, was concerned about delays in accessing data from partner organisations and limited internal team resilience leading to backlogs in work. OHFT also talked about the level of regulatory activity and the resilience of staff in the light of increasing workloads. CSC had noted particular pressures in relation to front door processing and similarly, ASC had noted delays in the completion of closures for the safeguarding process. Two distinct issues arose relating to housing and homelessness. The first related to homelessness among children and families, including migrant families. The second related primarily to adults and to the reduction in supporting people funding and the implications for people who do not meet the thresholds for social care, including a rise in homelessness, rough sleeping and anti-social behaviour. The first of these two issues was also an issue in the 2015/16 impact assessment report for children. The action then was that "*The District /City councils should identify the scale and scope of housing issues relating to vulnerable children and what actions are required".* The Housing Support Advisory Group agreed to undertake this work. The progress on this action needs to be reviewed.

- Resource issues: ASC cited problems with the capacity of the local care market which impacts on safeguarding if there is a service failure

- Rise in Demand: OHFT, CSC and ASC again talked about the increases in demand for services. With ASC, this is evidenced by the numbers of adults safeguarding concerns which has increased 38% on last year. Oxford Health identified demand issues relating to the ageing population and TVP also pointed to the ageing prison population. Oxford Health also identified the significant increase in demand to the both CAMHs and Adult mental health services.

- Specific Groups: The data for each respondent tends to highlight issues with specific groups. These are all listed in the tables in Annex 1 but domestic abuse and complex mental health problems feature quite strongly among partners. The two district councils point to increasing problems with homelessness and the demand for housing advice. The VCS commented that some of the work that they had done in the past helping families in need but with no significant safeguarding concerns is no longer possible because of the work with greater levels of need which the sector is now holding.

Question 3: What steps are you taking as an individual organisation to address these pressure points and what are the risks for your agency in managing them?

The responses to question 3 almost entirely identify specific steps being taken by organisations to address pressure points and do not identify the risks involved in managing them.

The specific steps taken can be categorised as follows:

- Process related: 7 out of the 11 respondents identified specific "process related" actions that they were taking to address pressure points raised in data. This includes introducing daily reporting (ASC and OUH) and negotiating same day information (NPS). OHFT also have a specific mitigation plan in place around waiting times for mental health services.

- Detailed studies: CSC has employed a consultancy to investigate the reasons for the increases in demand for its services generally. They are also engaged in a review of placement decision making. Oxford City Council are undertaking active research in its communities in order to learn more about the nature of these activities and their locations

- Learning & Training: Linked to the above, 6 respondents indicated that they were undertaking training to improve their performance in specific areas - with TVP, to increase the numbers of rape prosecutions, with OUH, to reduce the numbers of adults with pressure ulcers, falls and discharge issues. The VCS described how they were working together to provide mutual support and mentoring including support to build greater resilience and to clarify capacity in terms of the numbers of families supported and the levels of complexity. ASC identified a specific need about the understanding of thresholds for adult safeguarding. It was noted and welcomed that the adult safeguarding board had introduced multi-agency training.

- Participation and Strategy: Participation in inter agency meetings and strategies seemed to be a key means to address pressure points.

- Recruitment and Investment: NPS, CSC, OHFT and Oxford City Council all indicated that they were actively seeking to recruit and invest in particular areas - in order to address the pressures identified. Oxford City Council was specifically seeking to increase housing support and advice services and their youth ambition team. NPS indicated that they were trying to recruit people to develop greater capacity for managing workloads in the NPS PPU. CSC is more generally developing a strategy to recruit and retain social workers across its service. OHFT referred to a portfolio of actions and programmes designed to facilitate staff recruitment and retention including the development of an in house temporary staffing function to reduce reliance on agency staff.

- Structural: There were a number of structural points raised by respondents. In particular reference was made to the new LCSS, FSS and ReOC services that have been introduced by CSC to reduce demand. The CCG indicated that they were recommissioning the CAMHS service based on a new service model.

Question 4: What are the implications for your partners as a result of these pressures?

The responses to question 4 are less straightforward to categorise than the previous questions as some services have responded to specific pressures which they identified in questions 1 and 2 whilst others wrote more generally of the implications of the overall pressures. This suggests that services found this question more difficult to complete and in fact, Public Health replied that the implications were "unknown".

- Collective Impact: As part of the discussion on 9-3-17, all agencies recognised that the pressures on them were having a direct impact on people who were using services. The increase in demand was not just about additional numbers but also reflected increased complexity of cases and higher levels of expectation from both the public and from agencies as they learned lessons from previous practice. For people to be truly safe - there was an acknowledgement that they needed to have a single journey through the agencies or a multi-agency response and not fall in possible gaps between services and their core/statutory business. The financial staffing and activity pressures could lead to organisations retrenching back into their core business and risk staff becoming reactive and not proactive.

- Recruitment: As part of their assessments, CSC and ASC both indicated that their responsiveness (to other partners) would be impeded if there continued to be high demand and staffing issues. NPS noted that the ability to recruit and retain professional staff to Oxfordshire is a concern for all agencies.

- Specific Implications: Respondents used this question to highlight a variety of implications - both tangible e.g. the introduction of a dedicated PC to work with the new EI service and intangible e.g. "increasing pressure on mental health services". All agencies aim for safeguarding to be dealt with in a timely and appropriate fashion but increasing demand and reducing resources limit this, and can lead to suboptimal outcomes e.g. an increased risk for children with mental health issues being held in a universal service. OHFT mention significant delays in authorisation of DOLs (deprivation of liberty safeguards) due to capacity pressures with potential adverse consequences for individuals. In adult services, the implementation of "Making Safeguarding Personal" means services routinely check back with people about their expectations and experiences and this should mitigate against suboptimal outcomes. The VCS feel increasingly apprehensive about accepting referrals and the repercussions on them if something should go wrong.

- Training and Communication: A key message from this section is the need for more training and communication about safeguarding thresholds. This is particularly relevant to Adult Safeguarding Concerns which have risen substantially over the last year. The numbers of these that translate into actual enquiries varies considerably between referrers. There was a real welcome for the new training for adult safeguarding which built on the training provided in Childrens services, however, it was acknowledged that training can be seen as a

pressure on staff time particularly in times of high workload and reduced resources. In addition, the VCS raised concerns about their competence to work with complex families safely and the level of support they required.

Question 5: What do you need from your partners to address these pressures?

The responses to question 5 broadly call for greater partnership engagement in safeguarding issues and the development of multiagency strategies around specific client groups requiring safeguarding. There were also some requests for greater understanding of specific client groups and communities (from District Councils) and more timely responses to requests for information (from NPS and ASC).

- Multi-agency strategy: Respondents suggested the need for appropriate involvement in multi-agency strategies around Domestic Abuse, Child & Adult exploitation, Early Help, Placement, Mental Health and Falls, Pressure Ulcers and Discharge (from hospital). Such strategies would be designed to improve partnership knowledge of defined pathways - but would also, in the case of the domestic abuse strategy, reflect TVP's priority to obtain prosecutions and tackle perpetrators.

- Specific Understanding: Oxford City and South and Vale District Councils were keen to ensure that partners appreciated the specific needs of their communities and avoided a "one size fits all" approach to safeguarding.

- Targeting of resources: Oxford City Council requested targeting of resources to those areas and communities that are most in need and vulnerable. The Boards need to be assured that the allocation of resources is based on data analysis of needs and should include wider community safety issues e.g. trafficking and human slavery.

- Partnership engagement: The biggest consensus between respondents to this question was around the need for partnership engagement - working together to ensure that all partners are aware of the mechanisms for dealing with different types of safeguarding issues and of the thresholds for different services. This includes, in the case of TVP, a willingness to provide evidence about domestic abuse perpetrators and increased involvement of housing teams (South & Vale) in service redesign. There needs to be a full sharing of intelligence to pick up key concerns at an early stage and ensure that all agencies are jointly working on key themes OHFT suggested full integration of children's and adults boards with one work programme across safeguarding (with some subgroups) to save time and maximise senior input. If we are not in a position to fully integrate, we need to look at how the boards can work together better. The Group meeting on 9-3-17 welcomed the adoption of the three key priorities across the two boards (Managing Transitions, Training and Domestic Abuse).

- Reduce reporting requirement: OHFT suggested both reducing the numbers of performance indicators required by commissioners and partners and also reducing the numbers of reports - as a way of releasing time to support front line staff.

Question 6: What are the implications and risks if this multi-agency response is not possible?

The majority of responses to question 6 suggest that the lack of a multi-agency response (to safeguarding) would lead to increased demand and a less effective service. There were also a number of isolated agency specific comments and both CSC and ASC referred to increasing budget pressure.

The responses to this question can thus be categorised as:

- Impact on Patient/Service users: If safeguarding is not seen as a "person centred service" crossing all agencies, we risk people receiving an inconsistent response and falling through gaps.

- Increased Demand. If responses are not multi-agency, we risk an increase in significant harm to individuals as demand outstrips the resources available to support it. If agencies do not work together, they risk duplication. Most services also recorded that the lack of a multi-agency response in itself, would lead to a rise in demand

- Comment: In reference to its new operating model, TVP commented that it was an internal restructure which was not reliant on a multi-agency response. The District Councils both commented that the focus on prevention is lost due to budget concerns. A reduction in investment in prevention could lead to future pressures on all services, including on budgets. The CCG did not identify any implications or risks as a result of the lack of a multi-agency response.

- Increased budget pressure: Both CSC and ASC felt that the lack of a multi-agency response would lead to a rise in the Council's overspend

- Less effective service: All services (excepting the CCG) saw that the lack of a multi-agency response would lead to less effective services - with worsened life chances for children (through poor placements and less effective education) and greater risks to supporting families.

Glossary of Terms

ASC	Adult Social Care
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CSC	Childrens Social Care
DOLs	Deprivation of Liberty Safeguards
EI	Early Intervention
FSS	Family Support Services
LCSS	Locality and Community Support Service
MASH	Multi Agency Safeguarding Hub.
NPS	National Probation Service
OHFT	Oxford Health Foundation Trust
OSAB	Oxfordshire Safeguarding Adults Board
OSCB	Oxfordshire Safeguarding Children's Board
OUH	Oxford University Hospitals
PPU	NPS Public Protection Unit
ReOC	Residential and Edge of Care
TVP	Thames Valley Police
VCS	Voluntary and Community Services

Question 1: What are the three key financial and organisational pressures that your organisation is facing that relate to safeguarding adults, children and their families?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
activity pressure	Production of same day reports to Courts to ensure safe sentencing			Y								
	Performance Pressure - timeliness of some key activities				Y							
	Timeliness (of key activity) targets not met					Y						
	Increasing numbers of complex cases coupled with pressure to respond within 4 hours in ED impairing the quality of assessment							Y				
lack of resource	Reduction in Public Health Grant		Y									
	Lack of resource (finance and IT) for support to MASH			Y								
	Budget Pressure				Y			Y				
	Limited capacity in the care market					Y						
	Failure to deliver expected efficiency savings of £6.5m currently £3m under plan										Y	
	Cost of out of area treatments in adult mental health										Y	
	Up to £3m at risk for non-delivery of contractual obligations										Y	
	Financial uncertainty and increasing tendency for finding new streams to support innovation rather than core evidence based work											Y
	Reduction of Supported Housing and closure of hostels						Y					
rise in demand	Rise in Domestic Abuse Victims increasing prosecutions & work to reduce repeat victimisation	Y										
	Rise in child exploitation & vulnerable adults exploitation eg by county line drug dealers	Y										
	For adults - the ageing prison population			Y								
	Increase in numbers of adult safeguarding concerns					Y						
	Rising demand for Social Care in particular homelessness						Y			Y		
	Increased attendance at ED by people with mental health issues							Y				

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
restructure and organisational issues	Internal Restructuring (to organisation)	Y										
	Changes to the model for Early Intervention		Y				Y			Y		
	Restructuring of childrens and adults teams into localities						Y			Y		
	Pressures on CSC and uncertainties through transitional period especially about thresholds and some inconsistences of reponse from front line staff.											Y
	Level of responsibility now carried by small organisations within the sector											Y
	Changes to workforce through CIPS - need for robust safeguarding sub contracting arrangements										Y	
	Adult mental health service outcome based contract - achieving outcomes with voluntary sector partners										Y	
	Transition of Adult LD services to Oxford Health										Y	
	Commissioning of adult forensic mental health services will increase safeguarding assurance requirements										Y	
	Transformation of childrens service (Oxford Health)										Y	
	Public consultation on the future for community services in Oxfordshire										Y	
	Mortality Review Work - the requirement to review every death known to OUFT										Y	
	Transformation Plan								Y			
staffing pressure	Time to attend conferences and core groups			Y								
	Workforce pressure such as cost of agency staff including nurses and locum doctors										Y	
	Workforce recruitment and retention										Y	
	Staffing Pressure				Y							

Annex 2:

Question 2: What is your performance data telling you about the three most worrying pressure points in relation to safeguarding children and their families and adults with care and support needs?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Organisation related	Lack of performance data on new operating model	Y										
	Commissioned services are currently managing pressures well in regard to safeguarding but need to be monitored on an ongoing basis		Y									
Process problems	Variable response of NPS to MASH data requests			Y								
	Limited team resilience			Y							Y	
	Attendance at Core Groups and Conferences - data accuracy - inability to split between CRC and Probation			Y								
	Restructuring in OCC causing delays in court processing			Y								
	Restructuring in TVP - delays in DV checks			Y								
	Pressures close to the front door of the service in MASH teams and in Assessment				Y							
	Rise in numbers of activity targets not being met					Y						
	Applicants not actively supported whilst in Temporary Accommodation									Y		
	safeguarding referrals may not meet the thresholds for ASC and CSC intervention									Y		
	Families may fall between the gap of CSC thresholds and VCS capacity to hold safely											Y
	Some VCS may be left experiencing themselves as the only port of call for some desperate families and carry the anxiety of that responsibility											Y
resource	Limited capacity in care market					Y						
rise in demand	Rise in Demand				Y							
	rise in overall safeguarding work both children and adults										Y	
	Rise in numbers of adult safeguarding concerns					Y						

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Specific issue about particular groups	Increase in stalking and harrassment	Y										
	Low numbers of domestic rape prosecutions	Y										
	Repeat Victimisation rates highest in Oxford	Y										
	Violent Domestic Abuse charges have reduced in Cherwell&West but increased in South&Vale and in Oxford.	Y										
	30% increase in referrals to Kingfisher team	Y										
	Attainment Gap for vulnerable children is worsening				Y							
	Rise in number of permanent exclusions											
	Rising numbers of children suffering from neglect						Y					
	Need for greater levels of support for young carers						Y					
	Need for youth activities and resources to enable young people to reach their full potential						Y					
	The levels of homelessness and rough sleeping						Y					
	The levels of human exploitation and trafficking						Y					
	Those at risk of racialism and Prevent						Y					
	Increase in complex cases for children presenting with neglect especially "fabricated" induced illness							y				
	Increase in children presenting with non accidental injuries and parents with ante natal concern							y				
	Re adult concerns - data shows pressure ulcers, falls and discharge are highest categories of concern							y				
	Rise in numbers of pregnant women presenting with domestic abuse, drug and alcohol or mental health issues							y				
	Increased referral to CAMHs								Y			
	Increased complexity in CAMHs								Y			
	increased levels of households accessing housing advice in relation to homeless prevention									Y		
	Mental health waiting times all age all specialities										Y	
	Growing aging population in the county becoming increasingly frail and placing greater demands on services										Y	
	Helping families in need but with no significant safeguarding concerns is no longer possible because of the work with greater levels of need											Y

Annex 3:

Question 3: What steps are you taking as an individual organisation to address these pressure points and what are the risks for your agency in managing them?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Process	Greater focus on DA perpetrators	Y										
	Disruption plans for drug dealing	Y										
	Monitor attendance at Conferences and Core Groups and amend minutes as required			Y								
	Negotiations re same day information			Y								
	Daily Reports plus audits, communication at staff meetings and supervision					Y						
	Serious concerns and standards of care framework to closely monitor the provider market					Y						
	Systemmatic approach to monitoring concerns and referrals						Y					
	Ongoing action plan to monitor emerging concerns and agreed actions						Y					
	Maternity level 3 and 4 safeguarding concerns shared daily with practioners							y				
	Joint adult and childrens safeguarding partnership with TVP to ensure seamless support							y				
	Complex cases are addressed through Joint Tasking and Co-ordination Meetings									Y		
	make safeguarding referrals as appropriate and work with our partners to encourage them to make referrals where appropriate									Y		
	Specific mitigation plan in place around waiting times for mental health services										Y	

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Detailed Study	Impower study to reduce demand				y							
	Review of placement decision making, high cost placements and commissioning				y							
	Research into human trafficking and exploitation						Y					
Learning and training	Specific training with CPS to enhance rape investigation capabilities	Y										
	Training to improve staff awareness of issues and tools available						Y			Y		
	Continued safeguarding support, supervision and training for frontline staff and safeguarding teams to maintain resilience and ensure ongoing risk management of casework										Y	
	Learning from investigations into pressure ulcers, falls and discharge issues							y				
	Analysis of presentations to ED to ensure that complex cases are shared with appropriate agencies							y				
	Mutual support and mentoring for greater resilience and to clarify capacity											Y
Participation & Strategy	Education strategy to address vulnerable learners attainment gap				y							
	Participation in OSCB neglect strategy							y				
	Participation in multi agency domestic abuse and safer communities partnership							y				
	Participation in multi agency adults at risk etc meetings to ensure seamless support							y				
	S75 meetings with OCC regarding mental health social care integration											
	Multiagency forums to discuss interface issues with police										Y	

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Recruitment & investment	Investment in Youth Ambition team						Y					
	Increased investment in housing support and advisory services						Y			Y		
	Trying to recruit people to ensure that green requests are completed in a timely way			Y								
	Workforce Development strategy to recruit and retain staff				y							
	Recruitment and retention strategy led by principal social worker				y							
	Additional resources in assessment teams				y							
	Programmes led by Chief Operating Officer										Y	
	Processes in place through PDR, staff recognition, well-being group, staff surveys leads to active project plans										Y	
	workforce redesign developing new roles										Y	
	Development of inhouse temporary staffing function to reduce reliance on agency staff										Y	
Structural	Work with Commissioners to develop market					Y						
	Each LPA commander has ownership of the local plan.	Y										
	Working with Council to agree the model for services in new Children & Family Centres		Y									
	Work with CSC staff to clarify support and thresholds											Y
	New LCSS service to reduce demand				y							
	ReOC service				y							
	Restructure of front door service				y							
	New Safeguarding Structure					Y						
	Recommissioning CAMHs service based on a new service model								Y			
	Learning Disability Programme Board and Programme Plan										Y	
	Improving capacity and flow in inpatient wards										Y	
	Workforce, finance and LD priorities are considered at every monthly Board meeting and weekly through the Executive										Y	
	Ongoing discussions with adults and childrens services around transition arrangements and how this can be managed in future										Y	

Annex 4:

Question 4: What are the implications for your partners as a result of these pressures?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Recruitment	Recruitment problems = concern for all agencies			Y								
	Responsiveness will be impeded if continued high demand and staffing issues				Y	Y						
Specific implication	Long term outcomes for elderly with pressure sores, falls and discharge issues and implications on packages of care							y				
	Dedicated pc to work with new EI service	Y										
	Assistance to signpost those suffering from domestic abuse	Y										
	Potential links & consultations with partners as part of specific investigations	Y										
	Lack of timely information poses risks			Y								
	Some EI services traditionally undertaken by the County Council will need to be taken up by partners				Y							
	People may end up in inappropriate services					Y						
	Reduced multi agency work										Y	
	People with high risks being cared for in voluntary organisations or at home										Y	
	Improved engagement with people with LD & Families										Y	
	DOLS - significant delays in authorisation due to capacity pressures with potential adverse consequences for individuals										Y	
	Increase in maternity safeguarding concerns increases pressures to primary care							y				
	Increased pressure on mental health services - adults and children							y				
	Increased risk being held in universal service								Y			
	Risk some VCS services increasingly apprehensive about accepting referrals and the repercussions to them as a service if something should go wrong											Y

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Training and communication	More training for partners around safeguarding thresholds					Y						
	Active participation in various boards and working groups to ensure partners are aware of issues emerging in the city						Y					
	Managing expectations and working together to resolve the complex issues. If the risk increases ensuring an additional safeguarding referral is submitted.									Y		
Unknown	Unknown		Y									

Annex 5:

Question 5: What do you need from your partners to address these pressures?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Multiagency strategy	A domestic abuse strategy for the county that also reflect TVPs priorities to obtain prosecutions and tackle perpetrators	y										
	A partnership strategy to tackle child and adult exploitation, with defined pathways to be worked through at on operational level	y										
	Review of services available for adult with mental health needs to avoid ED attendance when there is not a clinical need.							Y				
	Assistance with Early Help Strategy				Y							
	Support with placement strategy to keep riskiest children safe and to reunify families safely				Y							
	A multiagency strategy for falls, pressure ulcers and discharge from hospital to improve knowledge and skills using a partnership approach							Y				
Specific Understanding	Understanding that the needs of Oxford City are specific and that a one size fits all service is not appropriate						Y					
	Understanding that both Vale of White Horse and South Oxfordshire Districts have both urban and rural areas with a wide spectrum of social and economic households who are in housing need which can led to children's safeguarding issues									Y		
	Early Intervention is key to reducing risk to households with safeguarding concerns									Y		
	Feedback from referrals submitted (especially if homeless case)									Y		
Targeting of Resources	Targeting of resources to areas and communities most in need						Y			Y		
Timeliness	Swift response to enquiries re DAU checks			Y								
	Prompt response to Section 42 enquiries					Y						

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Partnership engagement	Partnership engagement to get a plan in place to safeguard the children and adults at risk of exploitation or DA	Y										
	A willingness to provide evidence in order for us to hold the perpetrators, whatever the offence, to account.	y										
	Working with other teams in the council to agree the model for services in Children and Family Centres		y									
	Greater knowledge of safeguarding threshold to reduce the numbers of inappropriate concerns raised					y						
	Partners to share where there are provider concerns and jointly work under the serious concerns framework					y						
	Open and effective communication						y			Y		
	Engagement in service redesign to ensure that it meets the needs of (vulnerably housed households in) districts						y			Y		
	Attendance at partnership meetings where pressures are discussed						y					
	Appropriate and proportionate referrals								Y			
	Support and joined up approach in order to manage the complex problems. Ensuring that partners are aware of the mechanisms for escalating complex operation issues to strategic boards									Y		
	Improved communication to develop greater understanding of operational issues at a strategic level									Y		
	Housing team involvement with changes in Social Services									Y		
	Understanding of changes and likely outcomes for residents to ensure appropriate referrals									Y		
	Full integration of childrens and adults boards with one programme across safeguarding with some specfic subgroups would save time and maximise senior input										Y	
	Agreement on mutual working possibly using case studies to track pathways and thresholds together											Y
	Consideration of emerging gaps in service for families together											Y

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Reduced reporting requirement	Reduction in performance indicators required by commissioners and partners which releases time to support front line staff										Y	
	Reduced burden of reports when organisations have a good ratting and no issues raised re safeguarding										Y	

Annex 6:

Question 6: What are the implications and risks if this multi-agency response is not possible?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Comment	The operating model is an internal restructure and not reliant on mutli-agency response.	Y										
	Focus on prevention is lost due to concerns re budget						Y			Y		
	None identified to date								Y			
Increased budget pressure	Councils overspend will rise				Y	Y						
Increased demand	Demand will rise				Y	Y						
	Increasing levels of antisocial behaviour and neighbour disputes						Y			Y		
	Increasing levels of exploitation and trafficking						Y					
	Increased attendance at ED without primary support services							Y				
	Increased pressure on social care for complex cases							Y				
	Increased levels of homelessness and children in temporary accommodation									Y		

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Less effective service	Tackling DA and exploitation is intrinsically reliant on partnership work in order for there to be an effective response.	Y										
	There is a risk to supporting families.		Y									
	Limited information about individuals who pose risks or who are at risk			Y								
	Quality of placements will deteriorate				Y							
	Permanent exclusions will lead to more family breakdowns				Y							
	If attainment gaps for vulnerable children are not addressed - it will affect their life chances				Y							
	More vulnerable people will be at risk of harm (or death)					Y	Y			Y		
	Reduced community cohesion and increased community tension						Y			Y		
	A disjointed response based on investigation rather than a proactive approach to improving multiagency knowledge, skills and partnership working.							Y				
	Quality of care provided to children and adults with care and support needs and ability to keep them safe										Y	
	Risk that VCS left as only port of call for some desperate families											Y
	Risk that some families in need with no significant safeguarding concerns will no longer be supported due to greater levels of need											Y
	Risk that families may fall between the gap of CSC thresholds and VCS capacity to hold safely											Y

Oxfordshire Health & Wellbeing Board - 13 July 2017

Oxfordshire Health Inequalities Commission
Progress Report, July 2017

Introduction

The independent Health Inequalities Commission for Oxfordshire carried out its work throughout 2016. The report of the Commission was presented by the Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and a paper was presented to the Board in March 2017 outlining the role of the Board in overseeing the implementation of recommendations.

This paper gives details of work that has been completed since that last report was given and outlines particular pieces of work in progress.

The members of the Health and Wellbeing Board are asked to note progress in this work and provide advice on further development.

Update on completed activity

a. Report on Health Inequalities to the Growth Board.

The Chair of the Health Improvement Board and the Clinical Chair of the Clinical Commissioning Group (CCG) attended a meeting of the Oxfordshire Growth Board in March 2017 along with Professor Sian Griffiths, who presented the Health Inequalities Commission report. The Leaders of the Councils and other members of the Growth Board accepted the recommendations and report of the Health Inequalities Commission and supported the implementation of recommendations within and between their organisations.

The members of the Growth Board agreed to establish an Innovation Fund for use in taking forward the health inequalities agenda by each giving £2,000 (a total of £12,000 which will be matched by the CCG). They also endorsed a bid from Oxfordshire Sport and Physical Activity (OxSPA) for funding from Sport England to target communities with poor health outcomes which can be improved by participation in physical activity.

b. Implementation workshop

A wide range of people from statutory and voluntary sector organisations were invited to a workshop in April 2017. 30 people attended and worked together to propose actions to implement a range of the recommendations from the Health Inequalities report.

Some of the work that was discussed and is already being taken forward includes

- Preparation of detailed plans for improving levels of physical activity in disadvantaged groups. These plans have been the subject of a bid to Sport England and other opportunities for funding are being reviewed, but it is

hoped the actions can be implemented regardless of success in any one bid. This is being led by OxSPA

- Dementia Oxfordshire are using “information prescriptions” and also promoting participation in physical activity to people with dementia.
- Planning to make Barton a dementia friendly community is being carried out as part of the Barton Healthy New Town initiative.
- A database of food banks and other free or affordable food suppliers has been drawn up by Good Food Oxford. They are also providing food poverty awareness training for front line services and have developed guidelines on “healthy cooking” for those who are training people in cooking skills.
- A wide range of partners are involved in taking forward work funded through a Trailblazer grant to reduce homelessness on discharge from hospital or prison. This is led by the City Council.
- A pilot project has been set up to provide counselling to children who are asylum seekers or refugees. This is already in place in Oxford Spires Academy and needs more funding to be expanded. This is led by Refugee Resource.
- Discussion is taking place between NHS commissioners in the CCG and NHSE about the commissioning of health services in Campsfield House. This work is led by the CCG and Asylum Welcome.
- Programmes that promote personal resilience and positive lifestyle choices are being run for specific vulnerable groups. This includes a programme for people recovering from drugs or alcohol misuse, “Get Connected”, run by Aspire and Turning Point. A similar programme, “Active Body, Healthy Mind”, is run for mental health service users who have access to regular physical health checks.
- The LEAP project is now being run across Oxfordshjre, providing advice and help to reduce fuel poverty, particularly for people whose health is affected by cold or damp homes. The Health Improvement Board held a workshop to explore how the work to address fuel poverty can be further developed.

The workshop also highlighted some areas for development which include

- Encouraging physical activity through food growing and other contact with nature such as Green Gym or Incredible Edible. This links to the 5 ways to wellbeing as well.
- Developing a wider group to explore services for benefits advice / income maximisation. Cherwell District Council have offered to share their current work on a financial inclusion strategy to enable county wide discussion of best practice and sustainable services.
- Workplace Wellbeing could be promoted in particular areas of the county. For example this may be proposed through the Brighter Futures in Banbury programme, building on the work of Cherwell District Council and the Wellbeing Network.
- Learning from the Healthy New Town initiatives in Barton and Bicester to enable planning and community development to espouse health improvement in design and social life. The Health Improvement Board has been taking forward discussion on how this learning can be disseminated.

- Being able to capture and report data on the impact of programmes on people. This might include finding out how to work with academics in Oxfordshire to improve and develop the work.

c. Implementation Steering Group

A small group has been convened to oversee progress in the initiatives listed above, to coordinate future work and to ensure that the full range of recommendations are implemented if that is possible. The group includes representatives from voluntary and public bodies who are committed to delivering change through this work, preferably through existing channels rather than setting up a raft of new projects.

Work in progress

This section reports a range of work which is currently underway.

a. Setting up the Innovation fund. Discussions are taking place with the Oxfordshire Community Foundation (OCF). This is with a view to setting up a process for partners to bid against agreed criteria to carry out innovative work to address inequalities issues. The criteria and conditions of funding have yet to be discussed. OCF have considerable experience in working with the public sector to attract and disburse funding and are committed to tackling inequalities, as set out in their major report "Oxfordshire Uncovered" which was published in 2016. This process is expected to move forward in the next few weeks.

b. Basket of inequalities indicators A set of indicators has been collated and baselines can be reported, with the variation across Oxfordshire by ward or district. The indicators were selected as they give a broad range of information about relevant issues and can be reported from robust data sets. As many indicators as possible are reported at small area level, but others are included even though reporting is only possible at district or county level as these are also considered important. Next steps with this piece of work is to produce charts which will be easy to interpret and to publish them. This list of indicators is included in Annex A.

c. Targets in the Joint HWB Strategy include more focus on inequalities. There is still more work to do on this across the range of targets, but some progress has been made to date.

d. A draft Equalities Policy is being produced by Oxfordshire County Council which references and draws on the recommendations of the Health Inequalities commission. This will incorporate and embed best practice in council business.

e. NHS Transformation agenda will include prevention initiatives as called for in the Health Inequalities Report. This will be included in phase 2 of the Transformation Plan.

Next steps
It is proposed that a further report is brought to the Health and Wellbeing Board in November 2017 outlining progress against all recommendations.

Jackie Wilderspin, June 2017

Annex A - Proposed Basket of Inequalities Indicators

WARD LEVEL INDICATORS
Life expectancy at birth (Female)
Life expectancy at birth (Male)
Percentage of children (under 16 years) in Low-Income Families
Income deprivation (%)
Fuel poverty for high fuel cost households (%)
Unemployment % (ONS-model based)
Good level of development at age 5 (%)
Admissions for injuries in children under 5 years
Crude rate of emergency hospital admissions for children (under 5 years)
Percentage of children in Reception Year (4-5 year olds) who are obese
Percentage of Year 6 children (10-11 years) who are obese
Admissions for injuries in children under 15 years
GCSE achieved 5A*-C including maths and English (%)
Admissions for injuries in under 15 - 24 year olds
Hospital stays for self-harm (SAR)
Emergency hospital admissions COPD
Emergency hospital admissions CHD
Emergency hospital admissions Stroke
Alcohol related hospital admissions
Cancer mortality under 75 years
CHD mortality under 75 years
Mortality from respiratory diseases (all ages)
Mortality from stroke (all ages)
Under 18 conception rate per 1,000 female population aged 15-17 years

Percentage of deliveries where the mother is aged under 18 years
MSOA LEVEL INDICATORS **NB** Middle Layer Super Output Areas or MSOAs are geographic areas built from groups of contiguous Lower Layer Super Output Areas or LSOAs. The minimum population is 5000 and the mean is 7200.
Healthy life expectancy at birth (Female)
Healthy life expectancy at birth (Male)
Disability free life expectancy (Male)
Disability free life expectancy (Female)
DISTRICT LEVEL INDICATORS
Low birthweight of term babies
Infant mortality
Tooth decay in children aged 5
Statutory homelessness - eligible homeless people not in priority need
Households accepted as homeless
Households in temporary accommodation
Employment rate gap for those with long-term condition
Smoking prevalence (adults)
Smoking prevalence among routine and manual workers (adults)
Incidence of TB
Suicide rate
Emergency hospital admissions due to falls in 65+ years
COUNTY LEVEL INDICATORS
People reporting low satisfaction (%)
Percentage of Infants aged 6-8 weeks who are being breastfed
Percentage of 2 year olds who have received one MMR vaccination
Good level of development at age 5 with free school meal status (%)
GCSE achieved 5A*-C including maths and English with free school meal status (%)

16-18 year olds not in education, employment or training (NEET) (%)
Utilisation of outdoor space for exercise / health reasons (%)
Long term claimants of JSA (rate per 1,000)

HEALTH AND WELLBEING BOARD UPDATE ON CHILDREN'S TRUST BOARD
13 JULY 2017

SUMMARY:

This is a summary update on the work of the Children's Trust Board, since the update report presented to the Health and Wellbeing Board in March 2017.

The update focuses on the following areas:

1. **Prevention and Early Help**
2. **Representation of the Voice of Oxfordshire Youth (VoXY) on the Board**
3. **Managing Transitions**
4. **Children and Young People's Plan (2015 – 18) - Annual refresh 2017 -18**
5. **Children's Trust Board and OSCB dataset Performance Report 2016 -17 Quarter 3; October 2016 –March 2017**
6. **OSCB / OSAB Annual Impact Assessment Report (2017):**

UPDATE:

1. Prevention and Early Help:
The iMPOWER Project team presented their key findings on demand analysis to the Trust.

In summary, their work has focussed on understanding demand across three areas:
1. Early Help:
2. Front Door:
3. Social Care:

Key findings to date include:
- Evidence of strong working on the ground and the new Early Help offer has the potential to improve communications, signposting and multi-agency working
- There are potential resources across partnerships to stop escalation of needs.

Analysis points to a need for:
- An Early Help Strategy
- Strong governance to support its implementation
- Strong partnership working
- Improved feedback and guidance
- Workforce development focussing on the key areas leading to family breakdown and "adult issues"

The Trust is taking forward findings and recommendations from this research by:

- Holding a multi agency workshop to consider the findings and agree key actions and jointly plan a way forward.

Aligning agendas to develop a locality ambition group / Community impact zone

We have undertaken a strategic mapping exercise of existing groups and structures that focus on prevention and community development. The review takes into account the success of the "Ready by 21" programme developed in the United States and will lead to a pilot community impact zone. £50,000 funding successfully accessed through the Troubled Families Programme will further enhance capacity to take this work forward. It will build on the existing good work in local areas.

This approach will be a key platform to develop cohesive approaches through mobilising capacity across different local initiatives.

2. Educational attainment for vulnerable groups of children: High Needs Review Progress Report

The Children and Families Act 2014, requires local authorities to keep provision for children and young people with special needs and disabilities(SEND) under review. The Department for Education has provided a one off grant for the local authority to carry out an in depth review. This review is being undertaken under significant changes to education funding policy and amidst growing concerns around the sufficiency of specialist provision and the educational progress of children with SEND. Furthermore, one of our key priorities is to improve the educational progress of vulnerable learners (Strategic Overview 2016-2020) and the Education Strategy.

The review will comprise workstreams:

- *To review central services supporting vulnerable learners*
- *Develop skills and capacity in localities to be able to support children at lower levels of need*
- *Ensuring good quality local specialist provision and reducing reliance on high cost placements*
- *Leadership and research to improve outcomes for learners at risk of underachievement*

3. Voice of Oxfordshire Youth (VOXY):

The Voice of Oxfordshire Youth will now also be represented on the Children's Trust Board. Seven young people have been nominated to join the board and there will be two members at each meeting. The Children's Trust is keen to support VOXY to reach more young people.

Terms of reference for the Trust Board have been updated to reflect this new development.

4. Managing Transitions: update on transitions workstream:

Members received and considered a report from the Strategic Transitions Group updating on its work alongside its terms of reference.

The Independent Chairs of OSCB and OSAB have proposed to the Strategic Transitions Group that it should reconsider its Terms of Reference with a view to including the areas of concern identified by the two Safeguarding Boards or clarify which areas it cannot take responsibility for so that alternative solutions can be identified.

In response, the Strategic Transitions Group has identified where information about each identified area could be collated from. The group will co-ordinate the gathering of this information, and combine into a report for OSCB/OSAB and the Children's Trust Board, which will also identify key risks, gaps and barriers to progress in each area. This information will be co-ordinated to report to the September Children's Trust..

5. Children and Young People's Plan (2015 – 18) - Annual refresh 2017 -18:
Members received and endorsed the (annual) refreshed Children and Young People's Plan.

Members agreed that a new Plan will be developed for 2018 which should reflect new challenges and priorities through wider consultation and feedback.

To oversee the development of the new Plan, a small multi agency task group will be established, reporting to the Board, to support the Children's Trust Policy and Partnerships Officer produce the new plan.

The development of the Plan will begin in September 2017 with a final draft to be presented to the Children's Trust Board for sign off in March 2018. It is envisaged that there would be wide consultation with partners and children and young people.

6. Children's Trust Board and OSCB dataset Performance Report 2016 -17 Quarter 3; October 2016 –March 2017:
The key issue remains the increases in activity across all services. To this end there are 3 related key pieces of work: the Locality & Community Support Service which was fully operational from the 1st March 2017; the work being undertaken within the MASH about predictive risk factors and the project with iMPOWER to understand and manage demand for Children's Services.

Additionally, the Children's Trust is concerned about the educational attainment for vulnerable children. Consideration is being given to an independent review of these issues. VOXY is suggesting that we ask young people why they are not at school and this could be part of the review.

7. OSCB / OSAB Annual Impact Assessment Report (2017):
Members received a report on the OSCB / OSAB annual impact assessment (2017). key issues raised in this report relate to:

- Managing Risk: Individual agencies are effectively managing safeguarding risks within their service, however, in the context of current challenges the need for multi-agency approaches to managing risk are imperative.
- Rise in demand for services and activity pressure
- Resources, staffing and restructure pressures:

- Workforce development and support:
- Housing: Two distinct issues were identified relating to housing and homelessness. The first related to homelessness among children and families, including migrant families. The second related primarily to adults and to the reduction in supporting people funding and the implications for people who do not meet the thresholds for social care.

Members agreed that the Independent Chairs of OSCB and OSAB should present this report to the Health and Wellbeing Board in July.

Health and Wellbeing Board
13th July 2017
Joint Management Group for Adults Briefing

This paper outlines the activity of the Joint Management Group since the last update provided to the Health and Wellbeing Board in March 2017.

The Joint Management Group for Adults is chaired by the Cabinet Member for Adult Social Care and has the overall responsibility for managing four pooled budgets for older people, learning disability, mental health and physical disability in order to ensure effective delivery of health and social care in Oxfordshire.

Following the latest update, the Group had one meeting on 4th April and had discussions on performance, finance and activity for older people, learning disability, physical disability and mental health pools as well as cross pool issues.

The Group approved the financial position as at 28th February 2017.

The Group received an update on the Transforming Care Plan, which provided details on the transfer and transformation of specialist learning disability health services from Southern Health to Oxford Health NHS Foundation Trust by 1st July 2017. The work has been progressing according to the plan.

The Group noted that the announcement of the Better Car Fund guidance was due on 31st March 2017, and agreed that OCC and OCCG would work on the details of the guidance and its impact on pooled budgets in Oxfordshire.

Since then the Pooled Budget Officers Group, which reports to the Joint Management Group, has developed plans for the pooled budgets for 2017-19. The overarching intention is to work together across service areas to lead to better outcomes for service users, more effective decision making, and use of pooled resources. These pooled budgets will deliver the Joint Health and Wellbeing Strategy 2015 - 2019 key priorities for adult health and social care. The proposals for the revised pools will be taken to OCC Cabinet and OCCG Board for approval.

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An update of the work of the Health Improvement Board
Report to the Oxfordshire Health and Wellbeing Board
13 July 2017

Membership

There have been some recent changes to the membership of the HIB.

- Councillor Ed Turner stood down as Vice Chairman after the meeting in April and his role has been taken up by Councillor Marie Tidball. Ed's positive contribution, as Chairman and Vice Chairman, over four years was acknowledged by everyone. Marie was welcomed to her first meeting in June 2017.
- Ian Davies has stepped down as a strategic officer representing District Councils and his place has been taken by Diane Shelton of West Oxfordshire DC. Ian has made a big contribution to the agenda and discussions at the board, most recently bringing links to the Bicester Healthy New Town programme and as a champion of the prevention agenda.
- The June meeting was the last that Val Johnson will be attending as she is retiring from the City Council. Val has been tireless and very effective in her work for the Board since it was first formed and will be missed greatly.

Recent meetings

Since the last report to the Health and Wellbeing Board, the Health Improvement Board (HIB) has held two meetings in public and convened 1 workshop to discuss fuel poverty work.

A summary of the business of these meetings is given below.

1. Meeting of the Health Improvement Board, April 2017.

The HIB discussed the following topics at this meeting:

- Priorities for the year ahead which are to be included in the Joint Health and Wellbeing Strategy. Having reviewed relevant data from the Joint Strategic Needs Assessment and looked at performance in current work the members agreed to scope new topics and develop work plans in the year ahead on mental wellbeing and healthy older age. They also agreed to further improve the focus on tackling health inequalities.
- A report on the commissioning plans for domestic abuse services highlighted the need for robust governance arrangements as joint commissioning plans unfold. The members of the HIB expressed interest in taking on a governance role. This role was confirmed at the June meeting after consultation with a wider group of stakeholders.
- The Board members were pleased to note the improvement in successful outcomes for people in treatment for drugs and alcohol and that the targets had been met. The manager of Turning Point was congratulated on the hard work that has been done to achieve this.

2. **Workshop on Fuel Poverty, June 2017**
Fuel poverty has been a long standing issue that is regularly reported back to the HIB. A workshop was held to explore in greater depth what opportunities and challenges there are in developing this work county wide.

The morning included excellent presentations on local initiatives led through the Affordable Warmth Network. This network includes the District Councils, Public Health, the CCG and the National Energy Foundation as a provider of information and other services. A great example of good practice from Islington was presented and will be an inspiration for our local work.

Discussion Groups identified ideas for the next phase of work and these will be considered by the AWN who will return to a HIB meeting in September with action plans.

3. Meeting of the Health Improvement Board, June 2017

Decisions were made in June on the following topics

- The Domestic Abuse Strategic Group will report to the Health Improvement Board on their work in jointly commissioning services in Oxfordshire. Thames Valley Police will be invited to attend HIB meetings when this issue is being discussed as a means of ensuring all the right partners can be involved.
- The draft plans and outcomes for 2017-18 were agreed for inclusion in the Joint HWB Strategy
- It was agreed that the learning from the work in Barton Healthy New Town programme was valuable to partners in district councils. The HIB will ensure that more information will be shared with relevant officers and members soon, along with learning from Bicester Healthy New Town.
- A preliminary report on Exercise on Referral Schemes highlighted the need for more detailed information and a gap analysis and this will be collated for a future meeting.
- It has also been agreed that a representative officer from the Children, Education and Families Directorate at the County Council will be invited to attend the meetings as a co-opted member.

Jackie Wilderspin, June 2017