Public Document Pack

NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 13 June 2019 at 2.00 pm
Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Yvonne Rees
Chief Executive

Date Not Specified

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

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

Board Members:

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

Notes:•Date of next meeting: 26 September 2019

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 Vice - Chair, Dr Kiren Collison

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 - 14)

To approve the Note of Decisions of the meeting held on 14 March 2019 (**HWB5**) and to receive information arising from them.

6. Oxfordshire Healthwatch Report (Pages 15 - 16)

2:10
10 minutes

To receive the regular update from Oxfordshire Healthwatch (**HWB6**).

7. Performance Report (Pages 17 - 22)

2:20
10 minutes

The Board to monitor progress on agreed outcome measures (**HWB7)**.

8. Presentation: Health and Care System Strategy Development (Pages 23 - 36)

2:30
20 minutes

To inform the Board of strategic developments and seek views on the draft strategic framework (**HWB8**).

9. Developing Our Primary Networks in Oxfordshire (Pages 37 - 42)

2:50
20 minutes

To update the Board on recent developments in forming Primary Care Networks in Oxfordshire (**HWB9**).

10. Care Quality Commission (CQC) Action Plan (Pages 43 - 56)

3:20
10 minutes

To receive a presentation (**HWB10(a)**) and highlight report (**HWB10(b)**) on the QCQ Action Plan.

11. Prevention Framework (Pages 57 - 60)

3:30
10 minutes

To receive a summary of the draft framework for prevention and to update on progress (**HWB11**).

12. Reports from Partnership Boards (Pages 61 - 88)

3:40
20 minutes

To receive updates from the Children's Trust, the Health Improvement Partnership Board, the Joint Management Groups and the Integrated Strategic Delivery Board (**HWB12**):

(a) Report from Children's Trust;
(b) Report from Better Care Fund Joint Management Group;
(c) Report from Health Improvement Board;
(d) Report from Adults Joint Management Group;
(e) Report from Integrated Systems Delivery Board.

Close of meeting – 4:00 pm

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 14 March 2019 commencing at 2.00 pm and finishing at 4.20 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)
Lucy Butler
Jo Cogswell (in place of Louise Patten)
Christine Gore
Dominic Hardisty (in place of Stuart Bell)
Councillor Steve Harrod
District Councillor Andrew McHugh
Val Messenger
Yvonne Rees
Dr Ben Riley
Prof George Smith
Kate Terroni
City Councillor Louise Upton

Officers:

Whole of meeting — Julie Dean (Committee Officer, 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 Chairman welcomed all to the meeting.	

2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Jo Cogswell attended for Louise Patten, Dominic Hardisty for Stuart Bell and apologies were received from Dr Bruno Holthof, David Radbourne and Councillor Lawrie Stratford.	Andrea Newman, OCC
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest submitted.	
4 Petitions and Public Address (Agenda No. 4)	
There were no requests to present a petition or to address the Board.	
5 Notes of Decisions of Last Meetings (Agenda No. 5)	
The Note of Decisions for the meetings held on 15 November 2018 and 29 January 2019 were approved and signed. There were no matters arising. **<u>The Work of the Board</u>**	Julie Dean, OCC
6 Draft Joint HWB Strategy 2019-2023 and Performance Framework (Agenda No. 6)	
Members of the Board had before them for approval the draft Health & Wellbeing Strategy for 2019-2023 and Performance Framework (HWB6). The Board was also asked to note the views of stakeholders and to agree the Performance Framework. Kate Terroni introduced the draft Strategy pointing out the positive, but challenging feedback received from the public which included a request from the public for involvement in its implementation. (Please note, the full report on engagement activity was published immediately following this meeting). Comments, questions and responses received from members of the Board included the following: - Professor Smith reiterated his wish for a strategic, long	

term vision in the form of a rolling five - year plan, together with an action log to report back outcomes. The Chairman responded that this could be considered at a future Board workshop, though the nature of local government funding did not hold long-term certainty or a vision; and - Councillor Louise Upton commented on the importance in every day activity for children in order to give them a good start in life, and the need for this to be stronger within the Strategy (to be added to 1.5/1.6 – reducing obesity). Councillor McHugh reported that Active Oxfordshire had released a report on the levels on inactivity which he agreed to circulate to the Board. The Board **AGREED** to: (a) note the themes and comments in the report on engagement activity; and (b) approve the Joint Health & Wellbeing Strategy 2019 – 2023 and Performance Framework for publication, subject to the amendment above suggested by Councillor Louise Upton.	)) All Members of the Board))
7 Joint Strategic Needs Assessment (JSNA) - Annual Report for 2019 (Agenda No. 7)	
The Board was asked to note the content of the JSNA annual report and its implications for future work (HWB7). Val Messenger introduced the report acknowledging the hard work of the OCC officers, Margaret Melling, Sue Lygo and Philippa Dent, and the many organisations who had contributed to the data and commentary. She added that the JSNA required true collaboration with many organisations which served to unite them in their understanding of the values which underpinned the Health & Wellbeing Strategy. It also reinforced and tackled the priorities of the Strategy such as prevention, unemployment, education, air quality, whilst also contributing to reducing health inequalities in Oxfordshire. Comments and responses received were as follows: - Councillor Louise Upton highlighted to the Board the stark fact that healthy eating was less affordable for low income families (Chapter 4: Wider Determinants, page 92); and	

- Professor Smith commented on his concerns about the limited research into certain trends in population growth which were often not included in demographic trends; - Councillor McHugh reported that the CCG had produced a document for a recent stakeholders' workshop depicting the likely growth in the birth rate; - Val Messenger also pointed out that there were experts working on figures produced by the Office for national Statistics and Local Plans and reporting the best available projections. The Board **AGREED** to note the content of the report and its implications for future work.	All members of the Board
8 Older People Strategy - A Joint Strategy for the Future (Agenda No. 8)	
The Board was asked to approve the proposed approach of the draft Older People Strategy, its scope, the developmental approach and the role of external support in its delivery (HWB8). Kate Terroni introduced the proposed Strategy reporting that it had been subject to formal consultation with the public about its vision and priorities. She added that some people who responded to the consultation had wanted to know about funding for services and how it would be measured, which would be via the implementation plan, with measurable outcomes. The Board **AGREED** to approve the proposed approach of the draft Older People Strategy.	OCC/OCCG/OH/OUH
9 NHS Long Term Plan (Agenda No. 9)	
Members of the Board considered a report which summarised the key points of the NHS Long Term Plan and its implications for the work of the Board (HWB9). Dr Collison introduced the report making reference to the term 'stretched NHS' used within the Plan, which synchronised very well with how the Board had developed recently with its prioritisation of integration, prevention and tackling health inequalities. Comments from other Board members were as	

follows:

- Jo Cogswell commented on the emphasis in ensuring the different parts of the NHS worked seamlessly together. She agreed with Dr Collison that this Board was now in a very strong position to initiate this, and the content of its work to date had resonated with the Plan;

- The Chairman stated his view that this was a good long - term plan in that it was primarily concerned with how all organisations worked together as a system. As yet, the Green Paper on Social Care, which had been promised last year, had yet to emerge and the Green Paper on Prevention, due out in the summer of this year could well be delayed. He added that the Plan was a good opportunity to implement care systems the way Oxfordshire wanted it to be done. He expressed a hope that the Plan would be accompanied by the appropriate funding;

- Councillor McHugh commented that there were many mentions of improved GP provision and digital initiatives, but no mention of improvements from the point of view of patients and nursing care in the community;

- Professor Smith warmly welcomed the development of primary care networks, stating also that virtual care would be a large step forward for diagnostics and for the care home/ nursing care home sectors. It would also ease the pressure on acute care. He advocated the strengthening of the domiciliary nursing workforce to create teams of nursing professionals and care staff to help the more fragile patients to remain in their own home for longer;

- Val Messenger welcomed the strong prevention theme throughout, since it had only been on the periphery before, and agreed that the Plan would be an enabler to the Board's goals. She also welcomed the proposed investment in mental health as a very positive move;

- Councillor Louise Upton commented that there was a need to work towards recruitment and training of staff before any plans could be brought to fruition, perhaps via Government funding. The Chairman responded that the Growth Board was working on the creation of more affordable houses for staff;

- Professor Smith commented that more could be done to assist people to live in their own homes for longer, suggesting that there was scope for more dialogue with the district councils – for example, to build homes with stronger ceiling joists to withstand hoists so that people could remain at home to be cared for. Kate Terroni added that the newly appointed Joint Housing Officer, Gillian Douglas, was finalising her work plan and would be reporting on housing related issues in due course. The Board **AGREED** to note the NHS Long Term Plan report.	All Members of the Board
10 Care Quality Commission (CQC) Action Plan - Update (Agenda No. 10)	
The Board had before them an update on recent progress and the next steps following receipt of the CQC Progress Report in January 2019 (HWB10). Dominic Hardisty (Oxford Health), Karen Fuller and Benedict Leigh (OCC) attended to present the report (HWB10) and to respond to questions. Benedict Leigh reported that that officers were pleased with the progress report, saying that there was evidence of improved relationships and, at the same time, some need to work on the unfinished actions such as support for self - funders and on a comprehensive plan to support carers. This work was ongoing and would be reported to the Board on a regular basis. Karen Fuller added that the CQC inspectors had given system leaders the commitment and drive to take forward joint working, which was instrumental in achieving some of the Action Plan. Dominic Hardisty pointed out that the work of the new Director of the Winter Planning Team was worthy of note, which was one example of good organisational and delivery of care for both patients and residents. An outcome of this was good, seamless support for service users and patients. Benedict Leigh confirmed that a plan was in place to deliver all actions by the end of the defined period. The Board **AGREED** to note the report.	OCC/OH/OUH/ OCCG

11 Prevention Framework - update (Agenda No. 11)	
Dr Collison gave a verbal update on the progress made in the development of a Prevention Framework. She stated that this was cross-cutting work with Public Health, to look at preventable causes of premature death from disease such as cardio-vascular and strokes. The Framework looked at key factors such as smoking, diet, alcohol and inactivity and started to identify the groups of people at greater risk of disease or early death. Moreover, this was not entirely about individual efforts to tackle the problem, it was about what each organisation could provide to tackle the priority issues together. Examples included the creation of cycle paths in local environments to promote active travel and what the NHS could provide to encourage people to stop smoking or to reduce their blood pressure. She reported that this would be very much a working document to which views were invited on how to shape it, how to make it more meaningful and how to go wider in order to gain greater input. She concluded that there would be further updates on progress and system leaders would be contacted for their views on how to take it forward. Professor Smith suggested that there could were certain initiatives and practical solutions which could be implemented at a local level. For example, the prohibitive costs of podiatry services could be subsidised to encourage older people to become more active. Also, local shops could be encouraged to provide chairs for older people to rest in. Dr Collison was thanked for her report.	All Members of the Board
12 Workforce - Report from the Workforce Group (Agenda No. 12)	
The Board noted a report describing the range of work that the Workforce Group was undertaking and progress made through working in partnership on key workforce issues (HWB12). Dominic Hardisty listed the key priorities for action, as contained in the report, asking the Board to note the approach being taken. He paid tribute to the very hard work undertaken by the provider organisations in what was a very changing context. In response to a question from the Board about the bid to introduce Oxfordshire weighting to assist with recruitment and retention, Dominic Hardisty explained that there was a set	

national formula in place. However, multi agencies in the Thames Valley and Cambridgeshire regions were keen for change s to be made, in line with London weighting. He added that Trade Unions were also working to support that approach. There was, however, challenge to this from the rest of the country. Mr Hardisty was also asked if all national and provincial partnerships were working together on common challenges and to champion opportunities. He responded that all was being done to grow multi-agency turn out to challenge, though some aspects of it were beyond the control of the system. A question was asked about what was being done to provide a career pathway for such people as nurses who may want more career development or the flexibility to return after leaving the role. Jo Cogswell responded that one of the ambitions of OUH was how we, as a system, involved educational institutions, the communities and providers to build a caring and career development pathway between organisations. She added that the system was seeing a shift towards people who entered a registered pathway in an unregistered environment and underwent training in order to step into a registered pathway. There was also support for people to follow a career pathway to become care- registered managers in social care, and also to move between organisations. A Board member referred to the 22,000 extra staff required nationally within the NHS and Social Care and asked, from a local perspective, given the high cost of living in the Oxfordshire area, how they could be attracted into the service. Benedict Leigh responded that Oxfordshire was running very hard to stand still, notwithstanding that it was a good place to work in and had many opportunities incumbent in it. However, there was a need for more and better affordable housing in order to attract more people. The Chairman, in his capacity as a member of the Growth Board, stated that funding to the amount of £911m had been made available for Oxfordshire to assist in the delivery of homes and community links. The Board **AGREED** to note the range of work that was taking place and the progress made through working in partnership on key workforce issues.	All Members of the Board

13 The Oxfordshire Health & Wellbeing Board Stakeholder Network Proposal (Agenda No. 13)	
Rosalind Pearce, Chief Executive Officer, Healthwatch Oxfordshire (HWO) introduced her report (HWB13) which presented proposals for the formation of the Board's Stakeholder Network Group. She asked for views from Board members. The Chairman asked how it would engage with the greatest number of people and achieve wider representation of its themes. Ros Pearce responded that it would be crucial not to replicate what was taking place elsewhere – the idea was to build on it and to build a network rather than convene a group. Yvonne liked and applauded the ambition behind the proposed approach and questioned how resource intensive it was likely to be. Rosalind Pearce responded that its concept was that it was on all partners to work together to make it happen. Mixed views were expressed by the Board, including the following: - There were already networks/organisations/groups who could be part of the network, rather than starting from the beginning. Good examples were the Cherwell Partnership Network, Health Abingdon; - If running themed events, there was a need to spend time in hearing from people whom we do not usually engage with; - A conversation was needed with the district councils and the City Council to discuss how this could develop; - HWO was a prime mover and part of the system. If it was done well then HWO could be approached to run particular consultations. Money could be spent in a better way – but it should not be new money. The Board **AGREED** to thank Rosalind Pearce for the report. **Business**	HWO
14 Oxfordshire Healthwatch Report (Agenda No. 14)	
The Board again welcomed Rosalind Pearce to the table to	

present the regular update report from HWO (HWB14). She began by showing a video featuring men from East Oxford United Football Club speaking about men's health. The aim of their work with their members was to raise awareness of NHS health checks. A questionnaire was also utilised to gather views. She added that this was a different and valuable means of reporting any barriers to receiving views from hard to reach groups on important issues. Val Messenger thanked Rosalind for the video and also for the manner in which HWO had engaged with Public Health in such a helpful way. Dr Collison also informed the Board that Rosalind had spoken at the Health Improvement Board, who were keen to consider how else the information gleaned on health checks could be used. The Board **AGREED** to thank Rosalind Pearce for the report and for the video.	HWO
15 Oxfordshire Multi-Agency Safeguarding Arrangements for Children (Agenda No. 15)	
Richard Simpson, Independent Chair of the Oxfordshire Safeguarding Children's Board, presented a report (HWB15) in accordance with 'Working Together 2018' which was a new arrangement for multi-agency safeguarding arrangements for children. Following approval by Oxfordshire County Council, the document was to be presented to the three safeguarding leads, who are the chief executive officers of OCC, the OCCG and Thames Valley Police, prior to publication later in April. He paid tribute to Tan Lea for the report presented which gave proposals which were proportionate and also compliant with the Board's new way of working together. Yvonne Rees stated that the Oxfordshire Safeguarding Board was a well - functioning body which had shown itself to be both pragmatic, sensible and workable and which met the guidelines for working with other agencies. In response to a question asking if the remit of the changes covered children receiving home education, Richard Simpson stated that the education system was very focused on encouraging school attendance, particularly in the event that home education was masking problems at home.	

The Board **AGREED** to thank the Board and its Chairman, Richard Simpson, for the work that it was doing.	OCC/OCCG
16 Reports from Partnership Boards (Agenda No. 16)	
The Board received updates from the Board's sub groups ie the Children's Trust (CT), the Oxfordshire Health Improvement Partnership Board (HIB), the Joint Management Groups for Adults and the Integrated Strategic Delivery Board (ISDB)(HWB16). In relation to the ISDB update, Kate Terroni, in response to a question regarding public transparency, spoke of the lengthy discussion at the Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC) on this subject. She also mentioned that ISDB now routinely published reports of their work. She hoped that this had helped to allay any concerns. Jo Cogswell expressed her hope that the ISDB would drive forward its programme in the most integrated way possible, adding also her hope that the strategy/actions/deliverables would be brought to the next meeting of this Board to include: - Planned/unplanned care – integrated working - Integration of prime/community services - Some aspects of enablers for care such as digital technology. Professor Smith asked if there was a pot of money for use to trial/pilot medical technology. Jo Cogswell responded that it was important to drive it forward for health and social care first. There was, however, an awareness of other projects and thought would be given to how Oxfordshire could partner with their principles and practices. Councillor Andrew McHugh highlighted the fact that HIB had looked at tobacco as part of the safer Oxfordshire partnership and how to deliver it. The Board was also keeping the delivery of the Domestic Violence Strategy under surveillance. The Board **AGREED** to receive the updates.	Jo Cogswell All Members of the Board
17 Domestic Abuse Annual Report (Agenda No. 17)	
Sarah Carter, Strategic Lead, Domestic Abuse, OCC, presented	

the Domestic Abuse Annual Report (HWB17). This included some information about ongoing work to understand the needs of people from Black, Asian, Minority Ethnic and Refugee (BAMER) communities. Councillor Christine Gore enquired if training would be rolled out for elected members. Sarah Carter responded that it would be offered for everybody who might come into contact with a victim, in order to understand the signs of domestic abuse. She added that a half-day's training would be made available to everybody and would be offered at different levels. Sarah Carter was also asked how the Team would ensure good representation at the consultation events. She responded that all stakeholders would be invited including key workers working directly with domestic abuse. The experts, colleagues and current users would also take part. It was hoped that councillors would attend together with various organisations. A flyer would be sent out. She invited any ideas from the Board. The Board **AGREED** to receive the report.	OCC/DC's
18 Dates, times and venues for future meetings and Kate Terroni (Agenda No. 18)	
The Board noted the following dates, times and venues for future meetings – in particular, it noted the change of time for the September meeting to the morning (in bold): Thursday 13 June 2019 (2pm – 5pm) – County Hall Thursday 26 September 2019 (**10am – 1pm**) – Jubilee House, Oxford Business Park Thursday 5 December 2019 (2pm – 5pm) County Hall, Oxfordshire County Council Thursday 19 March 2020 (2pm – 5pm) Jubilee House, Oxford Business Park **<u>Kate Terroni</u>** At this, her last meeting, partners joined to wish Kate Terroni all the very best in her new post at the Care Quality Commission and thanked her for all her valuable and hard work for the Board.	))))) All to Note)))))

in the Chair

Date of signing .....

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healthwatch Oxfordshire

Your voice on health and social care

Update to Health and Wellbeing Board June 2019

Healthwatch Ambassadors

Healthwatch has two ambassadors attending the Health Improvement Board and Children's Trust. We are recruiting to the Health Improvement Board as Richard Lohman, ex Healthwatch Oxfordshire Trustee and our representative on the Oxfordshire Health Inequalities Commission, has resigned for personal reasons. Healthwatch Oxfordshire thanks Richard for his invaluable involvement over the past six years. For information about the role contact hello@healthwatchoxfordshire.co.uk or call 01865 520 520.

Health and Wellbeing Board Network

Healthwatch Oxfordshire is now developing in more detail the delivery of three network meetings per annum to widen the influence on the Board by the voluntary, community, service providers and local health and wellbeing groups. Working with all board partners this will be an exciting and, in Oxfordshire, an innovative approach to 'stakeholder' involvement and influence. Further updates will be given to the board at the meeting in September, by which time the first network meeting will be fully planned and promoted.

Healthwatch Oxfordshire

We are pleased to confirm that Oxfordshire County Council has agreed a three-year grant-in-aid agreement with Healthwatch Oxfordshire Ltd to deliver the Healthwatch functions in the county. This gives us the confidence to continue to consolidate our presence and further develop our approach to listening to the population of Oxfordshire.

Our plans for this year, and onto 2020, include adopting a themed approach to our listening activities – this year it is mental health. This reflects the fact that we have heard much about people's experiences of mental health services over the past few years – we want to know more. The NHS Long Term Plan identifies mental health as a priority, and Oxfordshire of being one of the lowest funded per capita services in the country. We will work with and through existing partnerships, organisations and target seldom heard communities. We will use our enter and view powers to hear from services users in NHS and voluntary sector settings.

Our plans for 2019-20 include listening to families of serving military personnel, visiting schools to hear from pupils, adopting an innovative approach to our established town events, and increasing our enter and view activity across services. We also want to build on the work we did in Banbury at the end of last year and recently in Rosehill to reach and listen to seldom heard communities. We

realise that to be successful we need to build relationships and trust, but the welcome we have received so far together with the growing wealth of experiences we hear reinforces the need to direct resources towards this activity.

Listening and giving voice and opportunity to the voluntary sector has been a thread throughout our work over the past few years. We will continue to develop this focusing on utilising our website as a two-way communication vessel, and regular Forum meetings. Taking note of other local initiatives and groupings we will develop our strategy with these in mind – not to duplicate, but to enhance and fill gaps where identified.

The Healthwatch Oxfordshire 2018-19 Annual Report will be presented by the staff team on 25th June at the Kings Centre, Osney Mead, Oxford from 6:30pm. This is a public event, and all are welcome.

Activity and reports

- Healthwatch Oxfordshire worked with other Healthwatch organisations across the Buckinghamshire, Oxfordshire and Berkshire West STP footprint to support stakeholder engagement around the **NHS Ten Year Forward Plan**. Funded by NHS England, we ran two focus groups with **mental health service users** and one with an **Asian Women's group** on prevention, plus completion of Healthwatch England questionnaire (126 respondents) resulting in a joint report to be published in June. Both focus group reports are available on Healthwatch Oxfordshire website.
- Healthwatch Oxfordshire's report on outreach in **Thame** is now on our website. We spoke to 348 people, as well as carrying out four 'Enter and View' visits in local GP surgeries and residential care homes. Comments received highlighted access to NHS dentistry, capacity of local GPs, and top concerns voiced by young people were about drugs and alcohol, and the need for more prevention.
- Working with East Oxford United a short 'social media clip' will be launched at Oxford's Eid Extravaganza on 9th June, highlighting importance of NHS Checks for men. This completes the **Men's Health** project, by giving user-friendly health message that men can distribute themselves through their networks. We have been asked to present the Men's Health film to Oxford Health NHS Foundation Trust's annual staff conferences on Gender Equality.
- Healthwatch Oxfordshire is continuing to support the development of **Patient Participation Groups** across the county and following the successful events in January 2019 we are holding a 'working together' networking event in Wallingford on June 12th.
- We plan to do some research around the impact of the changes to care assessments that came into force in October 2018.

Health & Wellbeing Performance Framework: 2019/20
June 2019 Performance report

	Measure	Responsible Board	Baseline	Target 2019/20	Update	Q1 Report No.	Q1 Report RAG	Notes
A good start in life	1.1 Reduce the number of looked after children by 50 in 2019/20	Children's Trust	789 (Jan 19)	750	Q3 2018/19	794	R	
	1.2 Maintain the number of children who are the subject of a child protection plan	Children's Trust	602 (Jan 19)	620	Q3 2018/19	608	G	
	1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	Children's Trust	26% (Apr-Nov 2018)	75%	Nov 2018	26%	R	
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Children's Trust	1083 (Apr-Jan 2019)	1,500	Q3 2018/19	923	A	
	1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	Children's Trust	312 (2016/17)	260	Q3 2018/19	nya		To be routinely reported from April 2019
	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	Children's Trust	65% (17/18)	73%	Q3 2018/19	nya		Annual figure reported on academic year
	1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	Children's Trust	52% (17/18)	50%	Q3 2018/19	nya		Annual figure reported on academic year
	1.8 Reduce the persistent absence rate from secondary schools	Children's Trust	13.7% (T2 18/19)	12.2%	Q3 2018/19	nya		To be routinely reported via the Children's Trust from April 2019. Measured on academic year
	1.9 Reduce the number of permanent exclusions	Children's Trust	26 (T2 18/19)	tbc	Q3 2018/19	nya		To be routinely reported via the Children's Trust from April 2019. Measured on academic year
	1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	Children's Trust	**KS2** 20% cf 24%: (17/18) **KS4** 28.5 c.f 31.9 (16/17)	tbc	Q3 2018/19	KS2 20% 17/18 ac yr KS4 NYA	A	KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 17/18 academic year • Oxon =20% (17% 16/17), • National - 24% (21% 16/17). Joint 6th of our 12 statistical neighbours
	1.11 Reduce the persistent absence of children subject to a Child Protection plan	Children's Trust	32.8% (16/17)	tbc	Q3 2018/19	32.8	R	Annual Figure National figure (17/18) =31.1%.
	1.12 Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	Q3 2018/19	6.7%	G	Data incomplete for OCCG - no return from Great Western Hospital this quarter. RAG based on 18/19 targets
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	Health Improvement Board	94.3% (Q2 18/19)	95%	Q3 2018/19	92.8%	A	RAG based on 18/19 targets
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	Health Improvement Board	92.7% (Q2 18/19)	95%	Q3 2018/19	89.4%	R	RAG based on 18/19 targets
	1.15 Maintain the levels of children obese in reception class	Health Improvement Board	7.8% (17/18)	7%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)
	1.16 Reduce the levels of children obese in year 6	Health Improvement Board	16.2% (17/18)	16%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)
	Surveillance measures							
	Monitor the number of child victims of crime	Children's Trust	2238 (Apr-Dec 2018)	Monitor only	Q3 2018/19	2238		
	Monitor the number of children missing from home	Children's Trust	1494 (Apr-Dec 2018)	Monitor only	Q3 2018/19	1494		
	Monitor the number of Domestic incidents involving children reported to the police.	Children's Trust	4807 (Apr-Dec 2018)	Monitor only	Q3 2018/19	4807		
	Monitor the crime harm index as it relates to children	Children's Trust	Set in Q1	Monitor only	Q3 2018/19	n/a		

Living Well

2.1 Number of people waiting a total time of less than 4 hours in A&E	Joint Management Groups	88% (Apr-Nov 18)	tbc	Feb-19	87%	R	Feb 2019 saw Oxford University Hospital Foundation Trust A&E fail to reach the 95% national and 90.2% NHS Improvement trajectory targets, achieving 81.4% overall. It is
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	Joint Management Groups	91% Oxon; 86% national. (Jan 2019)	86%	May-19	92%	G	May 2019; 92% of health & social care providers in Oxfordshire are good or outstanding compared with 86% nationally
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	Joint Management Groups	18% (Apr - Nov)	22%	Feb-19	20%		This is a nationally set target. 18% is year to date figure to February. Actual Feb figure is 20%. Target last year 19%).
2.4 The proportion of people who complete psychological treatment who are moving to recovery.	Joint Management Groups	51% (Apr - Nov)	50%	Jan-19	51%	G	Figure to January
2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment	Joint Management Groups	100% (Apr - Nov)	95%	Jan-19	100%	G	Figure to January
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	Joint Management Groups	99% (Apr - Nov)	75%	Jan-19	99%	G	Figure to January
2.7 The proportion of people on General Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.	Joint Management Groups	23.6%	60%		nya		To be reported from April
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	Joint Management Groups	98% JR; 96% HGH (2017/18)	95%	Feb-19	87% JR; 72% HGH	R	
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	Joint Management Groups	96% (Apr - Dec)	95%	Dec-18	96%	G	Latest figure Dec 2018
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	Joint Management Groups	75%	56%	Feb-19	89%	G	February 2019 figures
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	Joint Management Groups	57% (Sep 2018)	75%	Dec-18	41%	R	Figure to December
2.12 The number of people with severe mental illness in employment	Joint Management Groups	18% Dec 2018	18%	Feb-19	18%	G	February 2019 figures
2.13 The number of people with severe mental illness in settled accommodation	Joint Management Groups	96% Dec 2018	80%	Feb-19	96%	G	February 2019 figures
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	Joint Management Groups	9	10		nya		To be reproted from April
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	Joint Management Groups	177 (Dec 2018)	< 175	Mar-19	181	A	Figure has increased, but small numbers
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	Health Improvement Board	19.1%	18.6%		n/a		
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	Health Improvement Board	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	Q4 2018/19	2,929	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
2.18 Increase the level of flu immunisation for at risk groups under 65 years	Health Improvement Board	52.4 (2017/18)	55%	Sept 18 to Feb 19	51.40%	A	

2.19 Maintain the % of people invited for a NHS Health Check (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	97% (2018/19)	97%	Q3 2018/19	94.90%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
2.20 Maintain the % of people receiving an NHS Health Checks (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	49% (2018/19)	49%	Q3 2018/19	47.10%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5/5.5 years	Health Improvement Board	68.2% (Q4 2017/18)	80%	Q1 2018/19	71.20%	A	

Ageing Well [1]	3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036 (Apr-Dec 18)	2000	Mar-19	123	A	102 people started reablement from hospital with HART; 21 from Oxford health. It would equate to 1476 for the year
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	Joint Management Groups	8596 (Dec 2018)	8920	Mar-19	8842	A	Within 1 % of target for the month
	3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	Mar-19	5944	G	The level of hours is not delivering the level of cases as the amount of care provided per person is higher than predicted.
	3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	Joint Management Groups	20.8% (2016/17)	>18.8%	Feb-19	21%	G	Year to date to February
	3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	Joint Management Groups	74% Feb 2018	> 69.9%	Feb-19	70.1	G	National social care user survey February 2019
	3.6 Maintain the number of home care hours purchased per week	Joint Management Groups	21,353 Dec 2018	21,779	Mar-19	21,327	A	The number of home care hours increased substantially till 2 years ago. It has now stabilised despite increased need, due to workforce capacity
	3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	Joint Management Groups	22,822 (2017/18)	24,550 or fewer	Feb-19	19,677	G	Year to date to February
	3.8 90th percentile of length of stay for emergency admissions (65+)	Joint Management Groups	16 (2017-18)	18 or below	Dec-18	13	G	Figure to December
	3.9 Reduce the average number of people who are delayed in hospital [2]	Joint Management Groups	85 (Dec 2018)	TBC	Mar-19	95	A	Latest national published figure for March DTOC Bed days for Oxfordshire. Target and trajectory is not yet available
	3.10 Reduce the average length of “days delay” for people discharged from hospital to care homes	Joint Management Groups	248 (Dec 2018)	TBC	Mar-19	188	G	Latest national published figure for March
	3.11 Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes	Joint Management Groups	2.48 (17/18)	< 2.48	Dec-18	2	G	Latest figure December 2018
	3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	Joint Management Groups	13.0 (Apr-Dec 2018)	14	Mar-19	11.5	G	
	3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Joint Management Groups	77% (Oct-Dec 2017)	85% or more	Mar-19	73.7	R	This measure is a national measure of people leaving hospital with reablement between October and December and whether they are at home 91 days later. A lower figure could imply that cases picked up are more complicated.
	3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	Joint Management Groups	1.4% (Oct-Dec 2017)	3.3% or more	Mar-19	1.7	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. The latest national figure (2017) is 2.9%The measure is used to monitor the CQC action plan
	3.15 Increase the estimated diagnosis rate for people with dementia	Joint Management Groups	67.8% (Apr-Dec)	67.8%	Feb-19	68.1%	G	Figure to February
	3.16 Maintain the level of flu immunisations for the over 65s	Health Improvement Board	75.9% (2017/18)	75%	Sept 18 to Feb 19	76.3%	G	
	3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	Health Improvement Board	58.1% (Q4 2017/18)	60%	Q1 2018/19	59.5%	A	
	3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	Health Improvement Board	74.1% (Q4 2017/18)	80%	Q1 2018/19	73.9%	A	

Tackling Wider Issues that determine health [2]	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	Health Improvement Board	208 (Q1 2018-29)	>208		n/a		
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	Health Improvement Board	tbc	<75%		n/a		
	4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	Health Improvement Board	90 (2018-19)	>90		n/a		
	4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	Health Improvement Board	no baseline	Monitor only		n/a		
	4.5 Monitor the number where a “relief duty is owed” (already homeless)	Health Improvement Board	no baseline	Monitor only		n/a		
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Health Improvement Board	no baseline	Monitor only		n/a		

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Health and care system strategy development

Summary presentation for the Health & Wellbeing Board, 13th June 2019

Oxford Health NHS
NHS Foundation Trust

South Central Ambulance Service NHS
NHS Foundation Trust

Oxford University Hospitals NHS
NHS Foundation Trust

OXFORDSHIRE COUNTY COUNCIL

OxFed

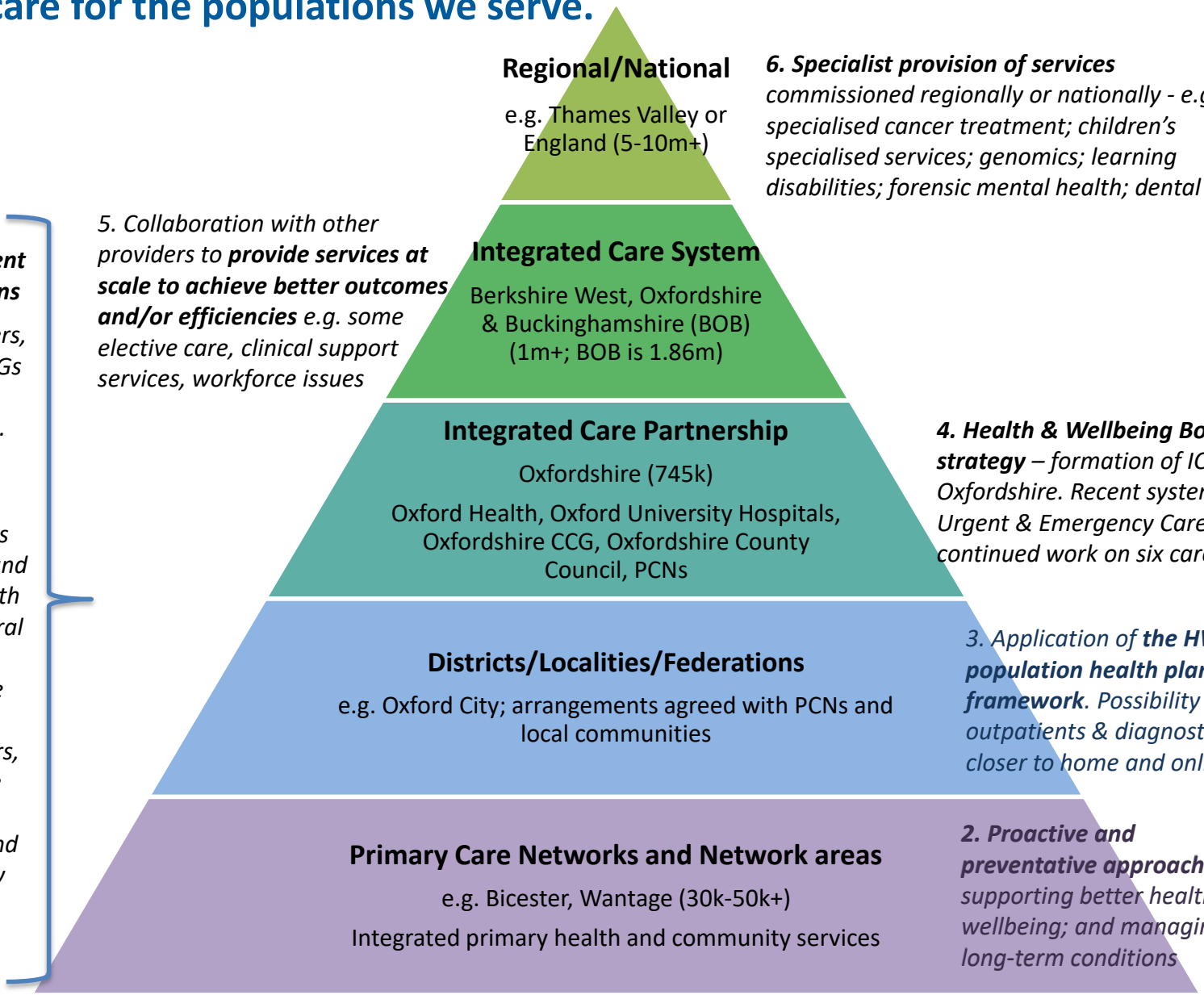
PML PRINCIPAL MEDICAL

NHS Oxfordshire Clinical Commissioning Group

The NHS Long Term Plan sets out ambitions and vision for the next 10 years, as shown below. NHS organisations will need to provide responses at organisational and wider levels, working in partnership with local government and engaging widely with stakeholders.

1. Integrated Care	2. Prevention & Inequalities	3. Care quality & outcomes		4. Workforce	5. Digital	6. Efficiency	7. Engagement & Partnerships
Out of hospital care, including primary care networks and helping people to age well & manage multiple long-term conditions	Smoking	Strong start in life for children & young people	Maternity & Neo-natal	Workforce planning	Empowering people	Financial balance	Public engagement
	Alcohol		CYP mental health	Recruitment	Supporting professionals	Cash-releasing productivity, inc. • Bank/agency • Procurement • Pathology • OOHC GIRFT • Prescribing • Admin • Estates • Inappropriate interventions • Reduce harm • Counter-fraud	Health and employment
	Obesity		Learning disabilities & autism	Supporting current staff	Supporting clinical care		Health and justice
Urgent and Emergency Care	Air pollution		CYP cancer	Productivity	Improving population health		Health and veterans/ armed forces
	Antimicrobial resistance		Other CYP	Leadership & Management			
Personalised care, inc. personal health budgets and social prescribing	Health inequalities	Better care for major health conditions	Cancer	Volunteers	Improving efficiency/ safety	Reduce variation	Care leavers
			Cardiovascular				
			Stroke				
Digitally enabled primary care and outpatients			Diabetes			Responding to growing demand	Health and the environment
			Respiratory			Capital	Anchor Institutions
			Adult mental health				
Integrated care systems and population health			Short waits for planned care				
			Research & Innovation				

At each level we need to join up across organisations to provide person-centred care for the populations we serve.



6. Specialist provision of services *commissioned regionally or nationally - e.g. specialised cancer treatment; children's specialised services; genomics; learning disabilities; forensic mental health; dental*

5. Collaboration with other providers to ***provide services at scale to achieve better outcomes and/or efficiencies*** *e.g. some elective care, clinical support services, workforce issues*

4. Health & Wellbeing Board strategy *– formation of ICP for Oxfordshire. Recent system focus on Urgent & Emergency Care pathway; continued work on six care areas.*

3. Application of ***the HWB population health planning framework****. Possibility to move outpatients & diagnostics closer to home and online*

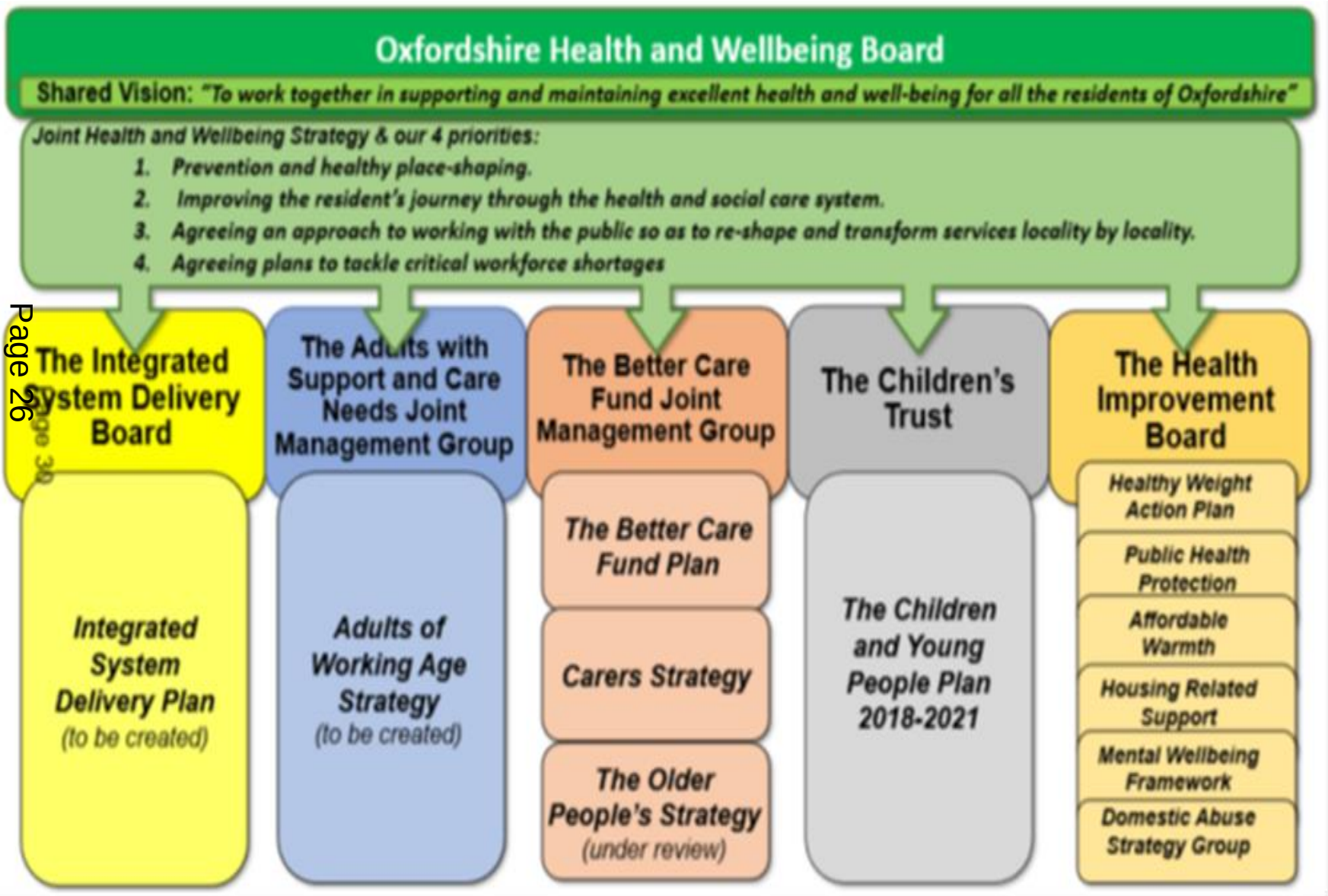
2. Proactive and preventative approaches *to supporting better health and wellbeing; and managing long-term conditions*

1. Independent Organisations

Commissioners, including CCGs and Local Authorities.

Providers, including Acute Trusts Community and Mental Health Trusts, General practices, Ambulance Trusts, 111 Providers, Care home providers, Voluntary and Community services

Our Health & Wellbeing Strategy and priorities set out the shared vision for Oxfordshire, which is well-aligned with national as well as local priorities. All organisations need to ensure that their strategies are contributing to achieving these priorities.



Organisational strategies

OUH and OH are both refreshing their Trust strategies in the next few months and will be engaging with the community to help shape priorities.

OUH's draft strategy framework is below.

Oxford Health NHS FT – strategic framework

Vision

Outstanding care

- Quality is at the heart of everything we do - outcomes, safety and experience
- Continuous improvement culture
- 'Ward to board' governance
- Digital to enhance patient care and access

Outstanding people

- Passionate about the wellbeing of patients
- Career development
- Staff wellbeing
- Focus on retention
- Equality and inclusion initiatives

Values

Caring | **Safe** | **Excellent**

Ways of working

PATIENT EXPERIENCES
We will be curious about what patients say about the care they receive and use patient feedback as a rich source of information to improve what we do.

PATIENTS & CARERS
Care will be a joint endeavour and patients and carers will work with teams in order to achieve and maintain the health outcomes that they want.

PATIENT OUTCOMES
We will routinely measure and report outcomes that matter to patients and use this knowledge to improve the care that we provide.

TEAMS
Services from across the system will work together as teams and share responsibility for delivering outcomes for patients and carers.

COLLABORATION & PARTNERSHIPS
We will use our expertise and experience and work with other health and social care providers to act as a catalyst for transforming our health care system.

CLINICAL LEADERS
Teams will be led by clinicians who will coordinate access to services and will be empowered to make decisions that improve outcomes for patients.

INCREASE VALUE
We will make the best use of the time and resources available within our system to deliver greater value care for patients.

IMPROVEMENT & INNOVATION
Teams will be able to improve care and use the latest technologies to do things differently or do different things to deliver better patient outcomes.

Oxford Health NHS FT – priority areas

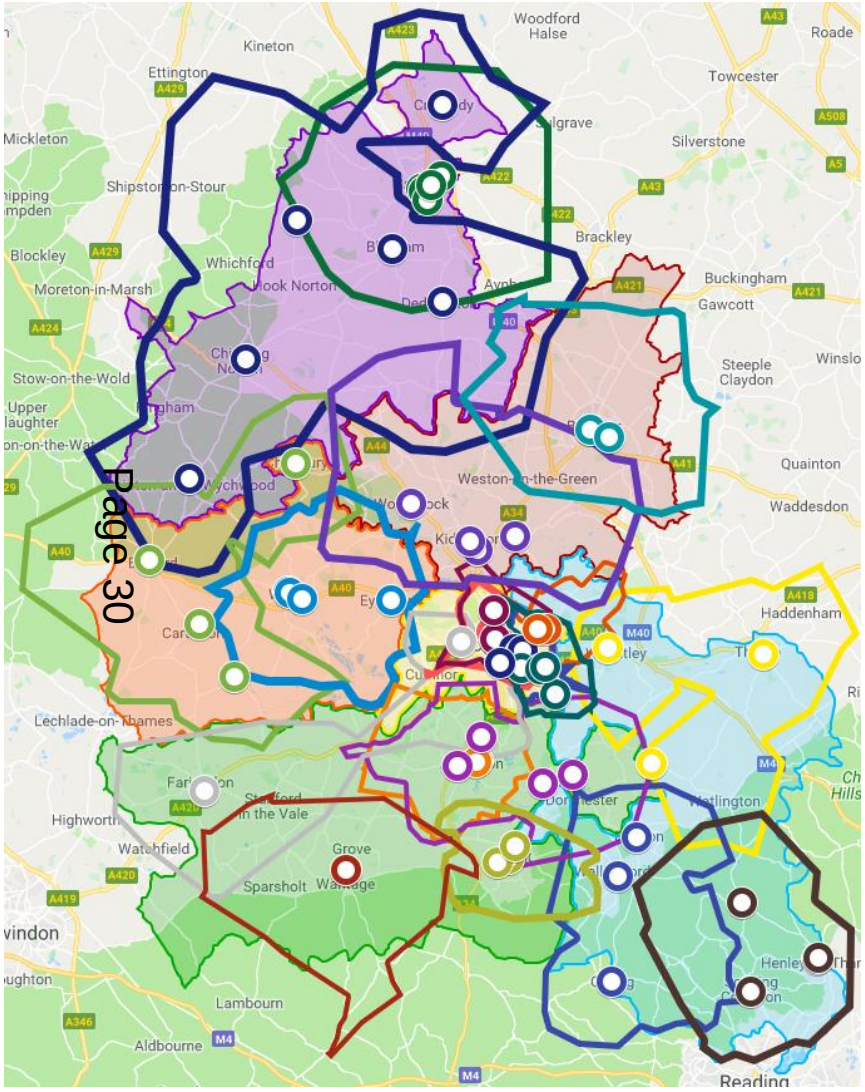
Priority areas and strategic themes under consideration

- Sustainable mental health services
- Delivering care at home and in communities inc. PCNs
- Improving the lives of people with Learning Disabilities & Autism
- New Care Models e.g. Eating Disorders, CAMHS
- Workforce – leadership, development, wellbeing & retention
- Digital by default – advice, access & care offer
- Focus on QI, effective governance & financial stability

Supporting plans & programmes:

- Operational Plan
- Clinical plans (e.g. Dementia Strategy)
- Transformation programmes (e.g. Care Closer to Home)
- Enabling plans (e.g. Workforce Plan)

Developing primary care networks in Oxfordshire



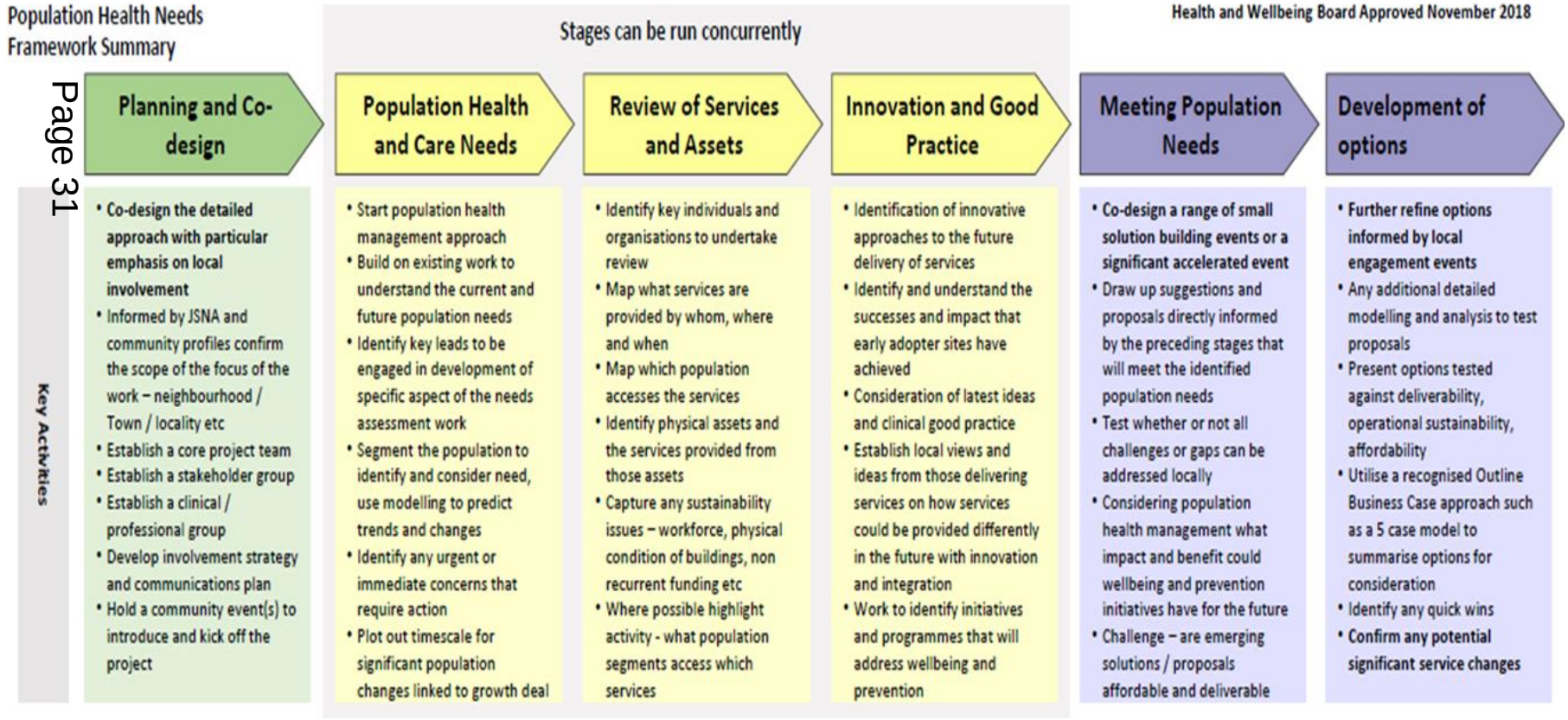
Primary Care Network	Number of practices	Registered Population	District/s
City - East Oxford	5	47,535	Oxford City
City - OX3+	2	43,391	Oxford City
Oxford Central	5	39,178	Oxford City
Oxford City North	4	42,990	Oxford City
SE Oxfordshire Health Alliance	4	40,824	Oxford City
Banbury Town	6	66,154	Cherwell
Bicester	3	49,523	Cherwell
Eynsham & Witney	4	51,273	West
KIWY (Kidlington, Islip, Woodstock, Yarnton)	4	35,229	Cherwell, West
NORA (North Oxfordshire Rural Alliance)	5	47,666	Cherwell, West
Rural West	4	31,457	West
Abingdon & District	4	30,043	Vale
Abingdon Central	2	33,657	Vale
Didcot	3	41,902	South
Henley SonNet	4	32,144	South
Thame	3	30,525	South
Wallingford & Surrounds	3	32,052	South
Wantage	2	30,070	Vale
White Horse Botley	2	31,366	Vale
Total		**756,979**	

Practice main locations and PCN network areas (shaded areas denote CCG localities)

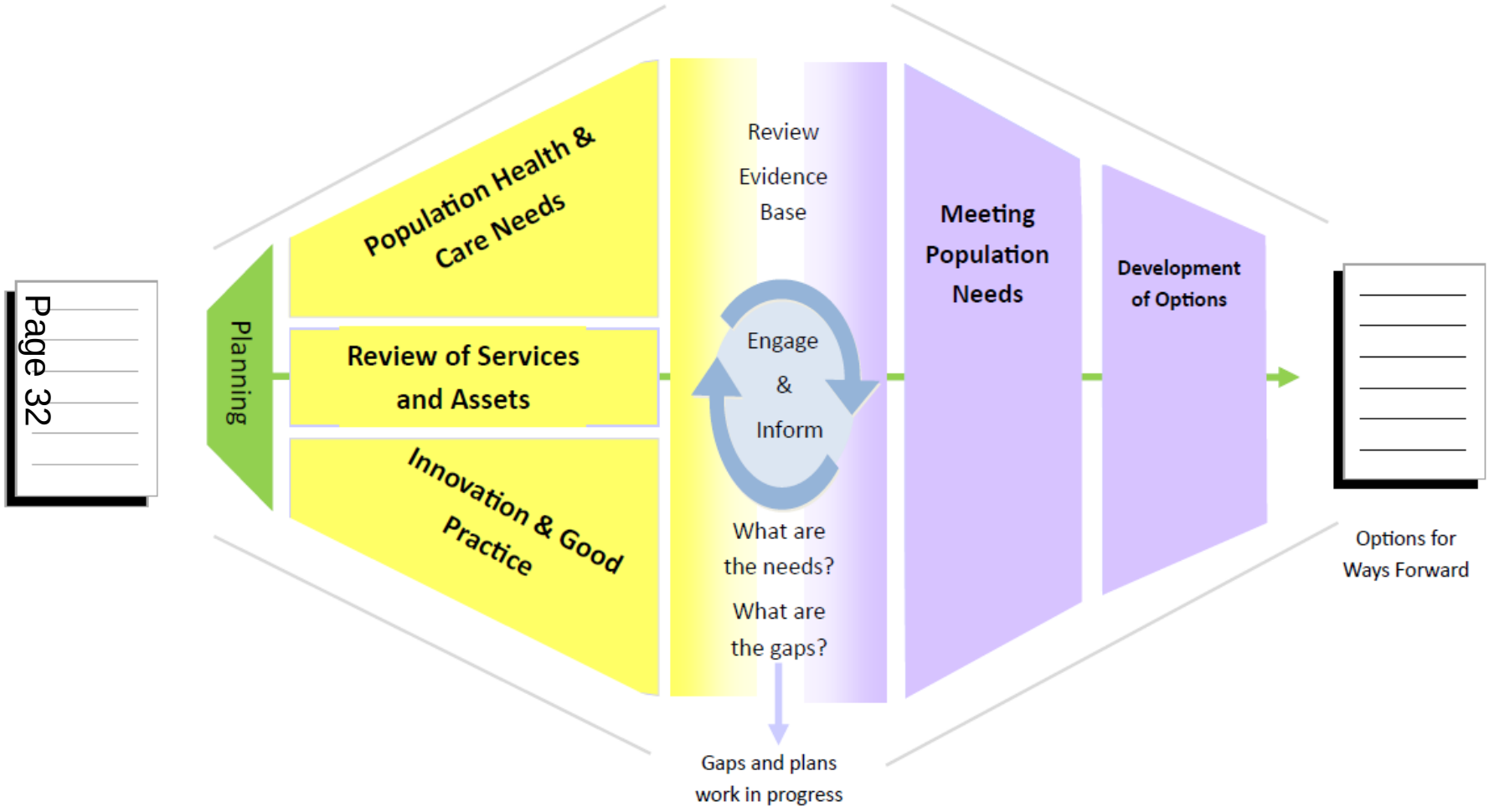
Practice registered list size as of 1 January 2019

Applying our population health planning framework

- Approved by the Health and Wellbeing Board in November 2018
- Currently in use in the Wantage area
- Subject to a Joint HOSC Task and Finish Group
- Progress good but challenges around first time delivery
- About to start rolling out in Banbury and surrounding area – including implementing strategic vision for the Horton now that the judicial review is completed (subject to findings of Joint HOSC on obstetrics)



Delivery flow of population health framework



Developing an Oxfordshire Integrated Care Partnership

The Oxfordshire Integrated Care Partnership (ICP) can be defined as the 'Place'-based alliance of providers, commissioners, local authorities and third sector providers that will work by collaboration not competition, with:

- An open book approach through a cost-based, system funding approach to managing the cost of care;
- Local Authority colleagues as important partners who have agreed to work with transparent and aligned budgets;
- A system Clinical and Care Forum to ensure we have coordinated, multidisciplinary clinical input into local decision making;
- A system Stakeholder Group to ensure we have a coordinated and proactive approach to public engagement.

The ICP is where providers work with commissioners using a population-based approach to ensure resources are targeted to the most appropriate need, aligned with our Health & Wellbeing Strategy.

Year 1 Integrated Care Partnership priorities

- Support development of **Primary Care Networks with wraparound, integrated community teams;**
- Develop a **shared record** that these teams can use;
- Develop an information system and analytical capacity to enable PCNs to make progress on **population health management**;
- Apply results of work on **care pathway redesign** in areas of urgent and planned care; and
- Develop the roadmap to April 2021 that establishes the ICP accountability and governance arrangements needed for decision-making, safe care delivery and risk management.

With partners in Buckinghamshire and Berkshire West, we are working out a set of principles and priorities which determine where the BOB Integrated Care System can best add value.

BOB has a place-based focus, recognising that system working at a county level is a key driver of much of the transformation across the BOB footprint.

These principles are to help us to achieve the best possible outcomes and the best value for the population we serve.

1. Activities and decisions will occur as **locally** as they can, keeping close to patients and services.

2. Focus effort at the level where it will be most **efficient and effective** at achieving optimum outcomes.

3. Reduce unwarranted variation in outcomes and value.

4. Avoid wasted effort by **reducing duplication** within the system.

5. Drive consistency of intent, approach and outcome.

6. Align decisions with our long term **population health outcome goals** and our **long term plans and strategy**.

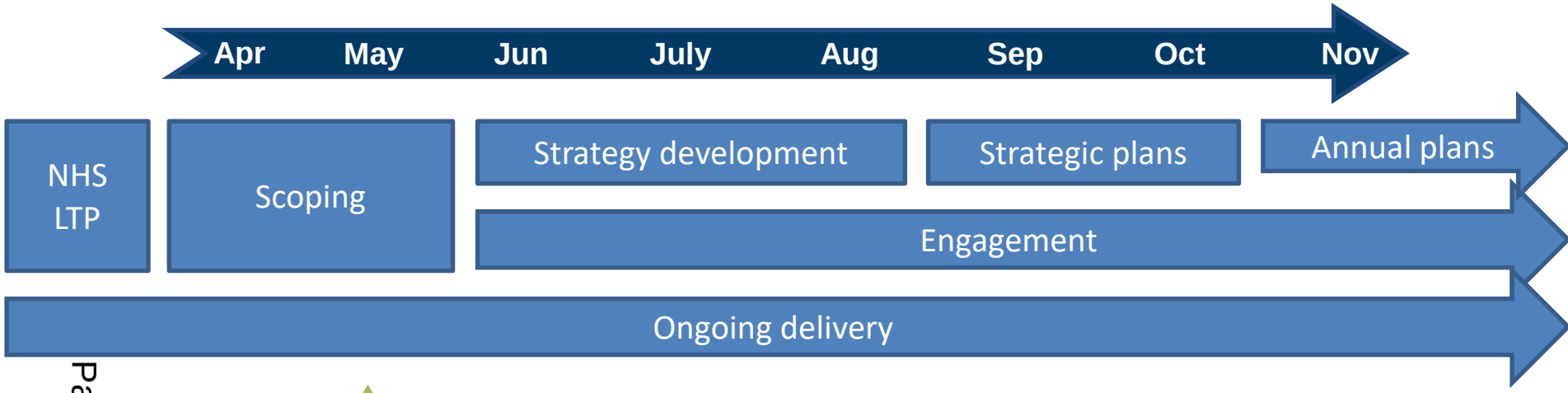
7. Deliver services in a way that is **well understood by our populations and those who deliver care.**

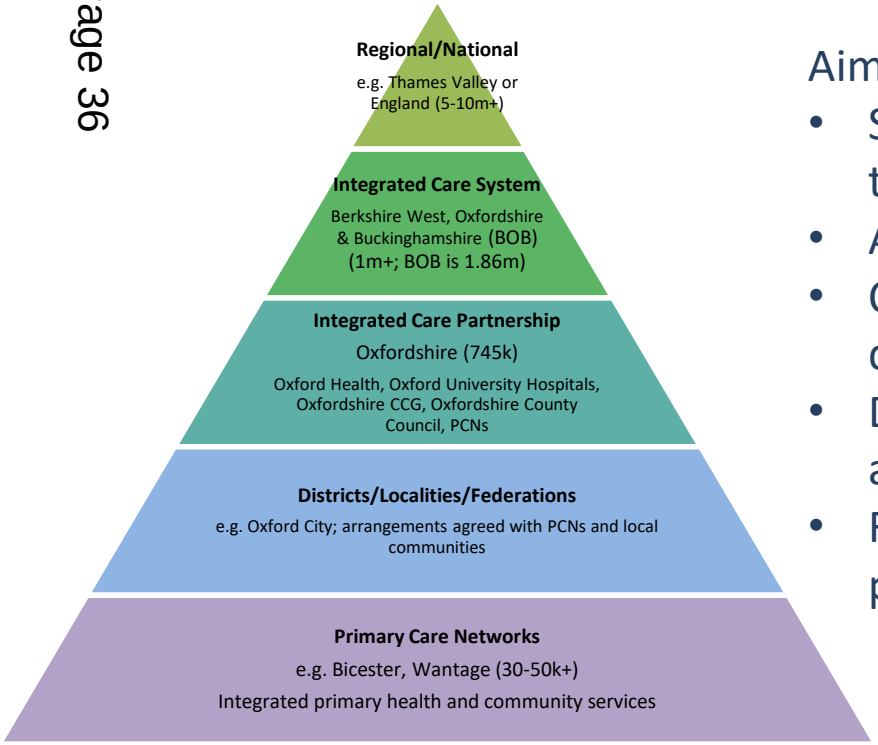
With partners in Buckinghamshire and Berkshire West, we are working out which priorities the Integrated Care System can best add value on.
We are developing a plan to engage our populations on these priorities.

STP role	Description	Clarification and rationale
System design & delivery	Design approach to a problem at STP level. Deliver solution at STP level	Population and economic growth; Acute collaboration on planned care; Strategic planning, resource allocation & system design
System design & place/org delivery	Design approach to a problem at STP level but leave places/ organisations to deliver	Workforce; Capital & estates
Set or confirm ambition and hold to account	Agree STP ambition (or confirm STP signs up to nationally set ambition) and hold places to account for/support delivery	Primary care, inc. PCNs; Financial balance & efficiency; Mental health; UEC; Cancer; Maternity
Coordinate, share good practice, encourage collaboration	Bring places/ organisations together to share approaches and solutions	Research and Innovation; Children and young people; Personalised care; Digital (tbc); Prevention & reducing inequalities; Population health

STP/ICS oversight running through all strategic priorities
Partnerships & Engagement, including patient and public involvement

Next steps





Aims:

- Strategies to support achieving agreed priorities in the HWB strategy, as well as national plan
- Aligned approach across organisations
- Coherent strategies that link priorities across different geographies and populations
- Developed in line with Health & Wellbeing Board approach to engagement – open and transparent
- Focus on improving outcomes and services for the people we all serve

Developing our Primary Care Networks in Oxfordshire

This report provides an update on the early implementation of Primary Care Networks and is intended to prompt discussion on the future opportunities to enhance the delivery of the Health and Wellbeing Board's strategy, in order to improve the health and care of people in Oxfordshire.

Background to Primary Care Networks

NHS England's *Long Term Plan* (LTP) and the subsequent *Investment and evolution – a five year framework for GP contract reform to implement The Long Term Plan*, published earlier this year, set out an ambitious programme of change for primary care and community health services.

The aims behind this change are to address some of the key shifts in the health needs of our ageing population. Since the NHS was established in 1948, the population has grown in size and complexity. More people are living longer with multiple long-term conditions, such as diabetes and heart disease, and experiencing mental health issues. As a result of this, and wider societal changes, people are accessing their local health services more often and, rightly, with greater expectations than in the past. At the same time, significant workforce and funding challenges, and an additional regulatory burden, have all added considerably to the pressures placed on NHS primary care.

In order to meet these challenges, practices have begun working more collaboratively with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas – these collaborative networks are being formalised through the recent NHS GP contract changes into groupings known as **Primary Care Networks (PCNs)**. Each PCN will hold responsibility for providing certain aspects of care for its local population (and in particular the people registered with its constituent general practices). This collaborative working between practices will build on the process started in Oxfordshire by the GP federations, through the development of Neighbourhoods and services provided collectively 'at scale.'

How PCNs can contribute to the Oxfordshire Health and Wellbeing Board's strategy

On a more strategic note, the Long-term Plan sets out a role for the Primary Care Networks (PCNs) as important building blocks within Oxfordshire's Integrated Care System. A key intention of this is to bridge the current divide between primary and community health service provision and ensure integrated care becomes a routine part of everyday patient experience. Boundaries are not expected to be experienced by patients between primary and secondary care, health and social care or physical and mental health care. PCNs will also play a key part in identifying and addressing local health inequalities and enabling an increased focus on health improvement and disease prevention.

The new Network Contract requires general practices to take a lead role by funding the appointment of a Clinical Director for each PCN (who will usually be a GP but could be any suitable clinician) and the delivery of a number of contractual requirements to provide local services collaboratively.

PCNs will be based on GP registered lists, with each typically serving natural communities of around 30K to 50K people, determined by geography. The thinking behind this is that each PCN should be small enough to provide the personal care valued by both patients and GPs, but large enough to deliver impact and economies of scale through better collaboration between practices and others in the local health and social care system.

It is expected, however, that the bulk of primary care services will continue to be provided at the patient's local practice, as currently. Some services will be best provided by PCNs and some will be provided more effectively at larger scale (e.g. covering 50K-250K populations). An appropriate degree of flexibility in approach will therefore be required to ensure locally-tailored care is delivered to a consistent standard of quality within a county-wide framework.

As the PCNs form, work will be required to enable them to deliver the desired health outcomes effectively, using their limited staff and financial resources to best effect. In addition to developing their clinical delivery systems, infrastructure and staffing arrangements, PCNs will need to put in place effective ways to enable all their stakeholders to work effectively together – this includes engaging with people from their communities and their third sector partners. Currently, many practices have active Patient Participation Groups, but new approaches will be needed to ensure effective patient participation and community-led co-design becomes a core part of every PCN's activity, embedded into their decision-making.

Enabling Primary Care Networks to thrive

It has been recognised, both nationally and locally, that the constituent practices and other partner organisations that form the PCN will require a range of support to enable them to meet the challenges associated with forming their network organisation. These challenges include:

- setting up their core infrastructure
- implementing governance, engagement and decision-making structures and processes
- leadership development, professional and training support, and coaching and mentoring for clinical directors, practice managers and other lead roles
- cultural change – moving from a practice-based to a network-based delivery of care
- workforce development and, where appropriate, centralisation across a network
- utilising a multidisciplinary workforce effectively and supporting new healthcare roles
- IT and information governance to enable effective and secure information sharing
- additional services deployment and usage, e.g. streamlining appointment management, referral and signposting across multiple provider organisations
- developing know-how on technical issues that have additional complexity within a multi-professional network, such as financial management and oversight, VAT and pensions, clinical governance, medico-legal issues, GDPR and employment law
- supporting under-performing practices and services within a network
- using healthcare resources effectively, increasing quality and improving overall efficiency while holding each other to account on delivery.

How the Oxfordshire system will support PCNs to meet these challenges

The challenges listed above will be common to the vast majority, if not all, the PCNs in Oxfordshire, so it is important for sustainability reasons to develop cost-effective approaches to problems that can be shared, rather than requiring each PCN to independently duplicate their work, risking inconsistent and ineffective approaches. This will inevitably require a degree of system leadership and the ability to coordinate at scale, a challenge which federations and localities are familiar with and are working with their PCNs to address in this new context.

As part of this evolution, the four Oxfordshire Federations and Oxford Health NHS Foundation Trust (working together as the 'Oxfordshire Care Alliance') have proposed to work with the PCNs, OCCG and other partners to form three integrated Network Areas (covering North Oxfordshire, Oxford City and South Oxfordshire). Each Network Area will provide essential coordination, common infrastructure and support to the PCNs within that zone of the county, should they wish to use this. It is intended that the Network Areas should align with their corresponding District/City councils and OCCG localities, enabling streamlined integration of health and social care at all levels of the system.

In addition, the Network Areas will work with their PCNs to coordinate the integrated provision of at-scale primary care and community care services (that are provided predominantly by the Federations and Oxford Health), where these are best delivered at a greater level of scale. Examples will include services that require population coverage of 50K-250K people to be cost-effective and services that need to provide a more specialised or urgent, round-the-clock response).

As new service models are co-developed with PCN leads, patients and system colleagues, the role of Network Areas might extend to some services currently provided by OUH in hospital settings (e.g. elements of non-inpatient diabetes or respiratory care, child health and community gynaecology) where patients would benefit from more access to these services in their local communities.

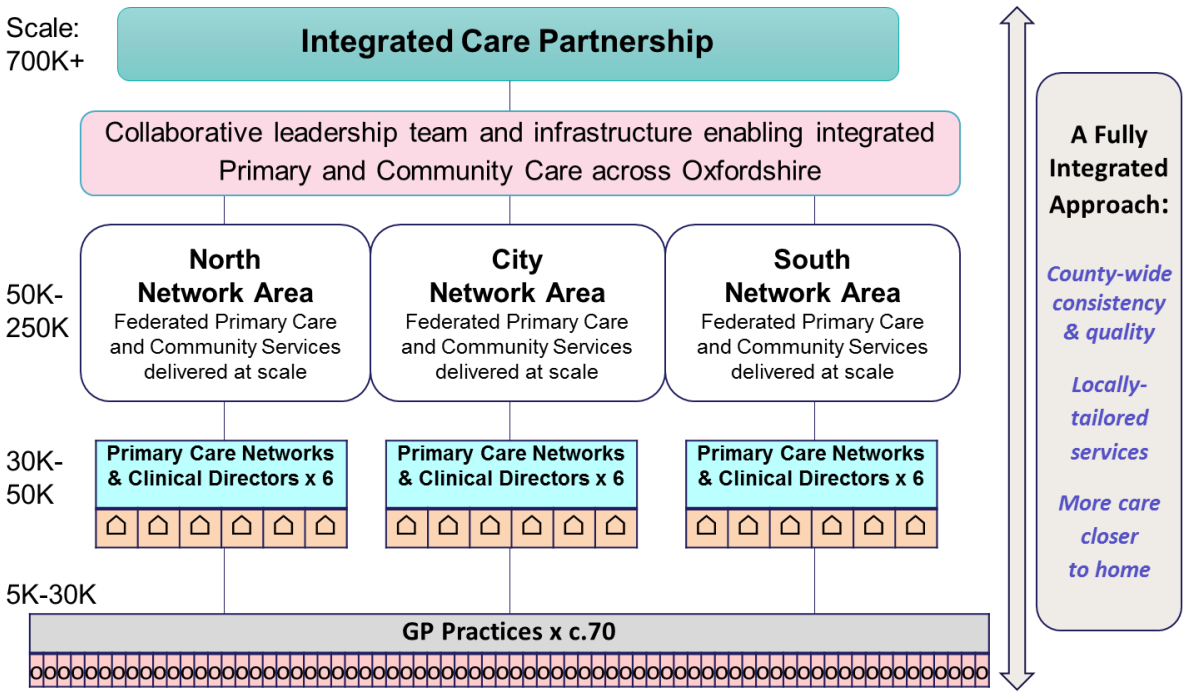
There will continue to be a clear need to base the majority of everyday health services around the patient's local GP practice, utilising their registered patient lists and the invaluable generalist medical skills and local knowledge of the GP and their team to target health inequalities and improve outcomes. GPs and their other primary care professional colleagues will be providing healthcare at many points in this new system and developing closer relationships between the community service teams and third sector partners, with the shared goals of benefiting both individual patients and the Oxfordshire population as a whole.

GPs coordinating the medical care of patients with long-term needs will work in partnership with patients and carers to achieve agreed goals. This will require offering longer or different types of consultation in local practices and, for some patients (e.g. the very frail, housebound or those at risk of admission), delegating intensive episodes of care to an extended neighbourhood team built around the patient, while retaining an appropriate overview of the patient's care.

New members of the primary care team – such as clinical pharmacists and social prescribers – will play an increasing role in co-ordination and delivery of care. Better use of skill mix will be key to releasing capacity to enable GPs to provide longer consultations for patients with complex or multiple long-term conditions.

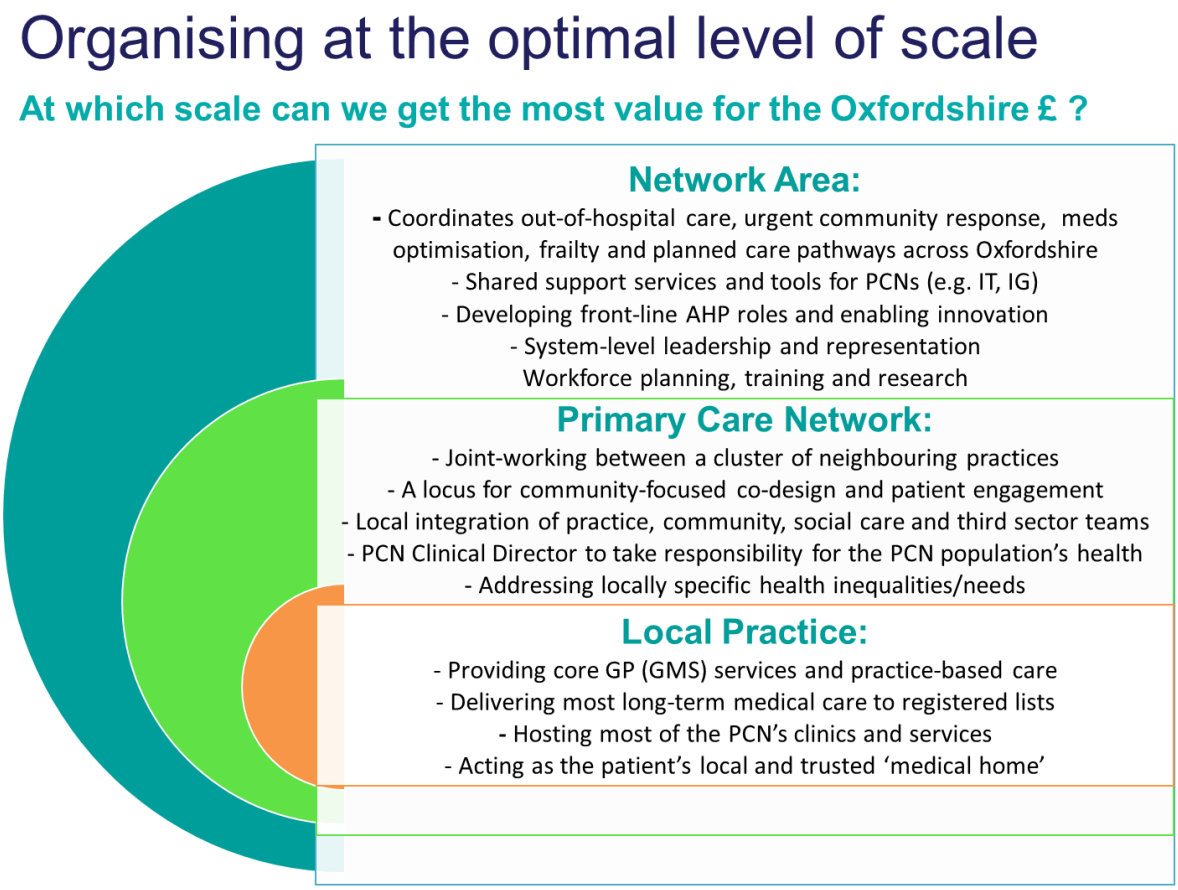
The evolving structure for primary and community care is illustrated in the following diagram.

Oxfordshire Integrated Care System: Map of Primary & Community Care



Each Area Network will align with its corresponding District/City Council and OCCG Localities

The following illustration shows how this new way of structuring care will support integration and ensure best value is realised for each £ spent in the Oxfordshire health system.



Timetable for implementation

The national requirements set out for PCNs in their first year of existence mainly focus on dealing with the practical challenges of setting up the network. From year 2 (2020/21), PCNs will start to deliver a number of nationally-determined service contract specifications. Details of these specifications have not yet been released by NHS England, although it has been announced that they will focus on the following areas:

- Structured Medications Review and Optimisation
- Enhanced care for people in Care Homes
- Anticipatory Community Care for people typically experiencing several long-term conditions
- Personalised Care
- Early Cancer Diagnosis
- CVD Prevention & Diagnosis
- Tackling Health Inequalities

We can expect that these areas will help to inform consideration of local Population Health Management priorities and actions.

A schedule for the initial implementation of PCNs is provided in the following table.

Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract DES registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue the Network Agreement and 2019/20 Network Contract DES
By 15 May 2019	**All Primary Care Networks submit registration information to their CCG**
By 31 May 2019	**CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts**
Early Jun	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	**Network Contract DES goes live across 100% of the country**
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: • year 1 of the additional workforce reimbursement scheme • ongoing support funding for the Clinical Director • ongoing £1.50/head from CCG allocations
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract DES

Next Steps and Actions for the Board

It is intended that the approaches and principles set out in broad terms in this paper will be communicated, discussed and refined through discussions with emerging PCN Clinical Directors and partner provider leads (potentially at a workshop event on 13 June), patient and community representatives, and other key stakeholders. This will enable more detailed plans to be developed within the Oxfordshire context that can be taken forward once system-wide support has been confirmed.

Members of Health and Wellbeing Board are asked to kindly receive this report for their information and consideration. Comments and input from members to steer the direction of travel of PCN development at this very early stage will be greatly valued.

Author:
Dr Ben Riley FRCGP
Oxfordshire Health & Wellbeing Board (Oxfordshire LMC and Federation GP Representative),
GP Partner at 19 Beaumont Surgery and Chair of Directors, OxFed (Oxford GP Federation)

With input gratefully received from Jonathan Horbury, Programme Director, Oxfordshire Integrated Care Partnership

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Health & Wellbeing Board

13 June 2019

CQC Action Plan Highlight Report

Report by Integrated System Delivery Board

Presented by:

Lucy Butler
Director of Adults & Childrens Services,
Oxfordshire County Council

Louise Patten
Chief Executive Officer,
Oxfordshire Clinical Commissioning Group

Introduction

- This highlight report contains:
  - A rating for each workstream in the CQC Action Plan (**Red**, **Amber**, **Green**)
  - Progress notes for each workstream in the plan
  - An updated Evaluation Framework report (as agreed at HWB in November 2018)

Summary – Action plan progress

- A) Vision, Governance & Strategy
- C) Older People's Strategy
- D) Learning After Escalation
- F) Market Management
- I) Housing
- L) Self-Funders
- M) Trusted Assessor

- B) Organisational Development
- E) Demand Pressures
- G) Workforce Strategy
- H) Flow & Pathways
- J) Review of Commissioned Services
- K) Support for Carers
- N) Co-production
- O) VCSE

Green – Workstream proceeding to plan

A) Vision, Governance & Strategy

- Majority of tasks completed, remainder are on track

C) Older People's Strategy

- OP Strategy approved – Co-produced implementation plan due to be presented at the Health & Wellbeing Board in September

D) Learning After Escalation

- All tasks in the plan have been completed

F) Market Management

- All tasks on track.

I) Housing

- Majority of tasks completed, remaining two to be completed in August

L) Self-Funders

- The brokerage service for people who fund their own care is due to go-live at the end of July

M) Trusted Assessor

- All tasks on track or completed

Amber – Development required

B) Organisational Development

- Further planning needed regarding the Area of Future Focus from the follow-up review

> *"**Further organisation development** work should take place to address the **culture of frontline staff**, particularly medical staff, to enable a strength-based approach to care planning."*

E) Demand Pressures

- Updated plans on delivery of the Continuing Health Care project required

G) Workforce Strategy

- Tactical actions are either completed or on track
- Clarity regarding Oxfordshire systems input to the BOB STP Workforce Strategy is required

H) Flow & Pathways

- Further planning needed regarding the Area of Future Focus from the follow-up review

> *"The **comprehensive review of pathways of care** should be undertaken. Discharge to assess processes should be evaluated and streamlined to move away from bed-based assessments where possible. Housing needs, particularly equipment and adaptation needs, should be addressed as part of this review."*

Amber – Development required

J) Review of Commissioned Services

- Further evidence required on we are meeting the Area of Future Focus from the follow-up review

*"Commissioning with the independent social care market should be reviewed to **move away from a transactional and traditional approach**, and providers should be engaged in plans to support the development of the market."*

K) Support for Carers

- Revised dates for Carers Listening Event and Strategic Forum received

N) Co-production

- System approach to co-production not yet approved

O) VCSE

- Further planning needed regarding the Area of Future Focus from the follow-up review

*"The good work to develop relationships and address cultural change should be embedded throughout Oxfordshire's health and social care system. **This should include engagement with the VCSE sector and independent providers**."*

Performance – Evaluation Framework

Part 1 – Joint Health & Wellbeing Strategy & Current Priorities		Target	Apr-19	Performance since last report
1a	Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission	997 or fewer	1,218	↓ (1%)
1b	Number of people waiting a total time of less than 4 hours in A&E	95% or above	87%	↓ (1%)
1c	Reduce the average number of people who are delayed in hospital	83 or fewer	95	↑ (17%)
1d	Proportion of all providers described as outstanding or good by CQC remains above the national average	86% or above	92%	→
1e	Number of older people placed in a care home per week	16.5 or fewer	11.5	↑ (28%)
1f	Increase the number of hours from the hospital discharge and reablement service	8920 or above	8,842	↑ (10%)
1g	Increase the number of hours of reablement	5750 or above	5,944	↑ (13%)
Part 2 - NHS Social Care Interface Dashboard		**Target**	**Apr-19**	**Performance since last report**
2a	Emergency Admissions (65+) per 100,000 of the 65+ population	24550 or fewer	19,667	↑ (19%)
2b	90th percentile of length of stay for emergency admissions (65+)	18 or below	13	↑ (23%)
2c	Total Delayed Days per day per 100,000 of the 18+ population	83 or fewer	95	↑ (17%)
2d	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or above	73.7%	↓ (3%)
2e	Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or above	1.7%	↓ (1%)
2f	Proportion of discharges (following emergency admissions) which occur at the weekend	18.86% or above	21.60%	↑ (1%)

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OXFORDSHIRE HEALTH AND WELLBEING BOARD

13 JUNE 2019

Report Title	**CQC Action Plan Highlight Report**
Author(s)	**Integrated System Delivery Board – System Leaders**
Presenter(s)	**Lucy Butler & Louise Patten**

Summary and Recommendations

This paper describes progress against each workstream in the CQC action plan and updated performance against the Evaluation Framework agreed at the Health & Wellbeing Board in November 2018.

Is the work linked to a sub-group of the HWB (tick as appropriate)	✓ Integrated Services Delivery Board ☐ The Children's Trust ☐ The Better Care Fund Joint Management Group ☐ The Adults with Support and Care Needs Joint Management Group ☐ Health Improvement Partnership Board

This paper links to the following priorities set out in the Joint Health and Wellbeing Strategy (tick as applicable)

- ☐ A coordinated approach to prevention and healthy place-shaping.
- ✓ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
- ☐ An approach to working with the public so as to re-shape and transform services locality by locality.
- ☐ Plans to tackle critical workforce shortages.
- ☐ A Healthy Start in Life
- ☐ Living Well
- ☐ Ageing Well
- ☐ Tackling Wider Issues that determine health

The purpose of this paper is
To update the board on progress and next steps in relation to the CQC Action Plan following receipt of the CQC progress report in January 2019.

- ☐ For decision
- ☐ For discussion
- ✓ For information
- ☐ Other _____

1. Background

In January 2018 the CQC published a report following the Local Area Review of Oxfordshire Health & Social Care System. Oxfordshire Health & Social Care leaders set out their response to the report by submitting an 18-month action plan to the CQC in March 2018.

Progress against the plan was reviewed by the CQC and a follow-up report was published in January 2019, the further recommendations in the follow-up report have been absorbed into the plan.

This report described progress against each of the 15 workstreams in the action plan. It also provides an updated Evaluation Framework showing the system's performance against key measurables as agreed at the Health & Wellbeing Board meeting in November 2018.

2. Highlight Report

Each workstream has been rating based on how well they are progressing.

- Green – Workstream is progressing well
- Amber – Development required
- Red – Major problems identified

Green	Amber	Red
A - Vision, Governance & Strategy	B - Organisational Development.	
C - Older People's Strategy	E - Demand Pressures	
D - Learning After Escalation	G - Workforce Strategy	
F - Market Management	H - Flow & Pathways	
I - Housing	J - Review of Commissioned Services	
L - Self-Funders	K - Support for Carers	
M - Trusted Assessor	N - Co-production	
	O - Voluntary, Community & Social Enterprise (VCSE) Sector	

A brief overview of each workstream is given below, where a workstream has been rated Amber the agreed mitigation actions are also given.

2.1. Green

A - Vision, Governance & Strategy
The majority of tasks in this workstream have been completed, with the remainder on track.

C - Older People's Strategy
The Health & Wellbeing Board approved the strategy in March. An implementation plan is being developed with input from providers and people who receive services. It is due to be presented at the Health & Wellbeing Board in September.

D - Learning After Escalation
All tasks in this workstream have been completed.

F - Market Management
All tasks in this workstream are on track. This includes the development of the Care Homes Strategy, Homecare 2020 Strategy, Market Position Statements and Short Stay Beds procurement process.

I - Housing
The majority of tasks have been completed. There are only two actions remaining both of which are expected to be completed by the end of August.

L - Self-Funders
The brokerage service for people who fund their own care is due to go-live at the end of July.

M - Trusted Assessor
All tasks in this workstream are either completed or on track for completion within planned timescales.

2.2. Amber

B - Organisational Development
Actions identified following the initial Local Area Review have been completed. However, detailed plans are not yet in place to deliver actions related to the Area of Future Focus the CQC identified in their follow-up report:

"Further organisation development work should take place to address the culture of frontline staff, particularly medical staff, to enable a strength-based approach to care planning."

- Mitigation – A workstream lead has been identified and plans are being developed to take this work forward at pace.

E - Demand Pressures
The majority of actions in this workstream are completed or on-track. However, updated plans for delivering Continuing Health Care within the Planned Budget are

required, this has been delayed due to the need to appoint to a post to take this work forward.

- Mitigation – A new commissioner who will take this work forward was appointed in May and will provide updated plans shortly.

G - Workforce Strategy

All tactical / operational actions have either been completed or are on track. Clarity is required on how the Oxfordshire system is inputting into the BOB STP Workforce Strategy along with timescales for its delivery.

- Mitigation – Clarity will be sought from the workstream leads by the CQC Steering Group at its meeting in June.

H - Flow & Pathways

Detailed plans are not yet in place to deliver actions related to the Area of Future Focus the CQC identified in their follow-up report:

"The comprehensive review of pathways of care should be undertaken. Discharge to assess processes should be evaluated and streamlined to move away from bed-based assessments where possible. Housing needs, particularly equipment and adaptation needs, should be addressed as part of this review."

- Mitigation – A workstream lead has been identified and plans are being developed to take this work forward at pace.

J - Review of Commissioned Services

Several service reviews have been carried out over the past 18 months. These will be summarised in a paper for the Joint Management Groups in July, and will include:

- Short Stay Beds
- Contingency Care
- Hospital at Home
- Reablement
- Care Homes
- Home Care
- NHS Continuing Care

However, further evidence is required on how the system is meeting the Area of Future Focus identified by the CQC in the follow-up report:

"Commissioning with the independent social care market should be reviewed to move away from a transactional and traditional approach, and providers should be engaged in plans to support the development of the market.".

- Mitigation – Work is ongoing resetting and reshaping relationship with providers such as the provider conference, involvement in many co-produced projects including work to review the Older People's Strategy and market position statements.

K - Support for Carers

Two key events relating to Carers have been delayed, the Carers Workshop (Listening Event) took place on 22 May, the Strategic Carers Event will now take place in July. This workstream requires a more detailed plan to be developed following these events.

- Mitigation – The workstream lead will provide updated plans following the initial events.

N - Co-production
A system wide approach to co-production has not yet been approved. This was discussed at HWB in March but requires further work.

- Mitigation – The paper will be revised and brought to a future HWB meeting.

O - Voluntary, Community & Social Enterprise (VCSE) Sector
While the system continues to work closely with the VCSE, detailed plans are not yet in place to deliver actions related to the Area of Future Focus the CQC identified in their follow-up report:

"The good work to develop relationships and address cultural change should be embedded throughout Oxfordshire's health and social care system. This should include engagement with the VCSE sector and independent providers."

- Mitigation – A workstream lead has been identified, plans are being developed to take this work forward at pace.

3. Evaluation Framework

Part 1 – Joint Health & Wellbeing Strategy & Current Priorities		**Target**	**Apr-19**	**Performance since last report**
1a	Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission	997 or fewer	1,218	⇩ (1%)
1b	Number of people waiting a total time of less than 4 hours in A&E	95% or above	87%	⇩ (1%)
1c	Reduce the average number of people who are delayed in hospital	83 or fewer	95	⇧ (17%)
1d	Proportion of all providers described as outstanding or good by CQC remains above the national average	86% or above	92%	⇨
1e	Number of older people placed in a care home per week	16.5 or fewer	11.5	⇧ (28%)
1f	Increase the number of hours from the hospital discharge and reablement service	8920 or above	8,842	⇧ (10%)
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Part 2 - NHS Social Care Interface Dashboard		**Target**	**Apr-19**	**Performance since last report**

2a	Emergency Admissions (65+) per 100,000 of the 65+ population	24550 or fewer	19,667	⇧ (19%)
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Oxfordshire Prevention Framework Summary

Leads: Dr Kiren Collison & Jackie Wilderspin

Health and Wellbeing Board's Vision

To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire

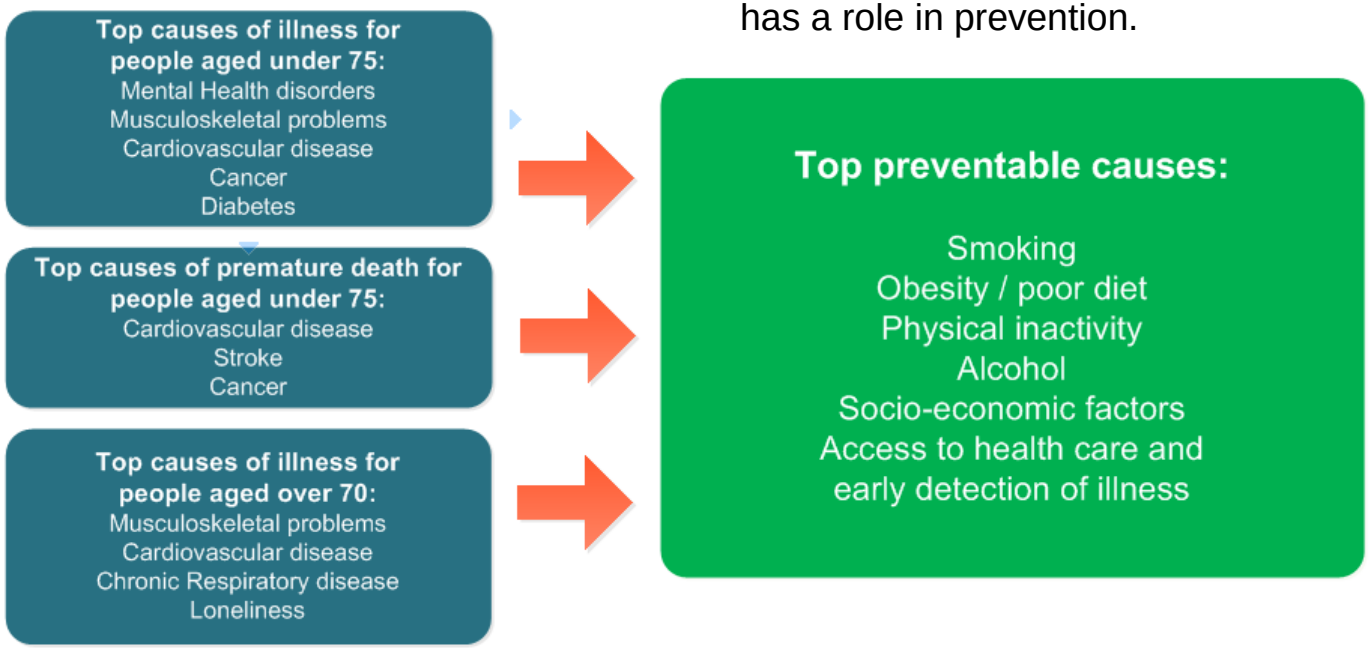
Aim of the Prevention Framework

To enable delivery of initiatives and services which will:

- improve quality of life
- reduce health inequalities
- save our public services from the spiralling costs of treating avoidable illness and ongoing needs

How we will do this

- Address the biggest risk factors causing preventable premature death or disease
- Create healthy communities where people can maintain and improve their health as they live, learn, work, travel and socialise
- Recognise that everyone and every organisation has a role in prevention.



Strategy

1. **Optimise first 1000** days of life to get the best start in life
2. **Prevent long term conditions (LTC)** through healthy lifestyles, addressing socio- economic factors and shaping healthy places to live and work (primary prevention)
3. **Reduce harmful impact** of physical and mental health conditions through early detection and optimal treatment (secondary prevention)
4. **Delay the need for care**, empowering people to remain independent in their own homes (tertiary prevention)
5. **Tackle health** inequalities and prevent premature deaths and illness

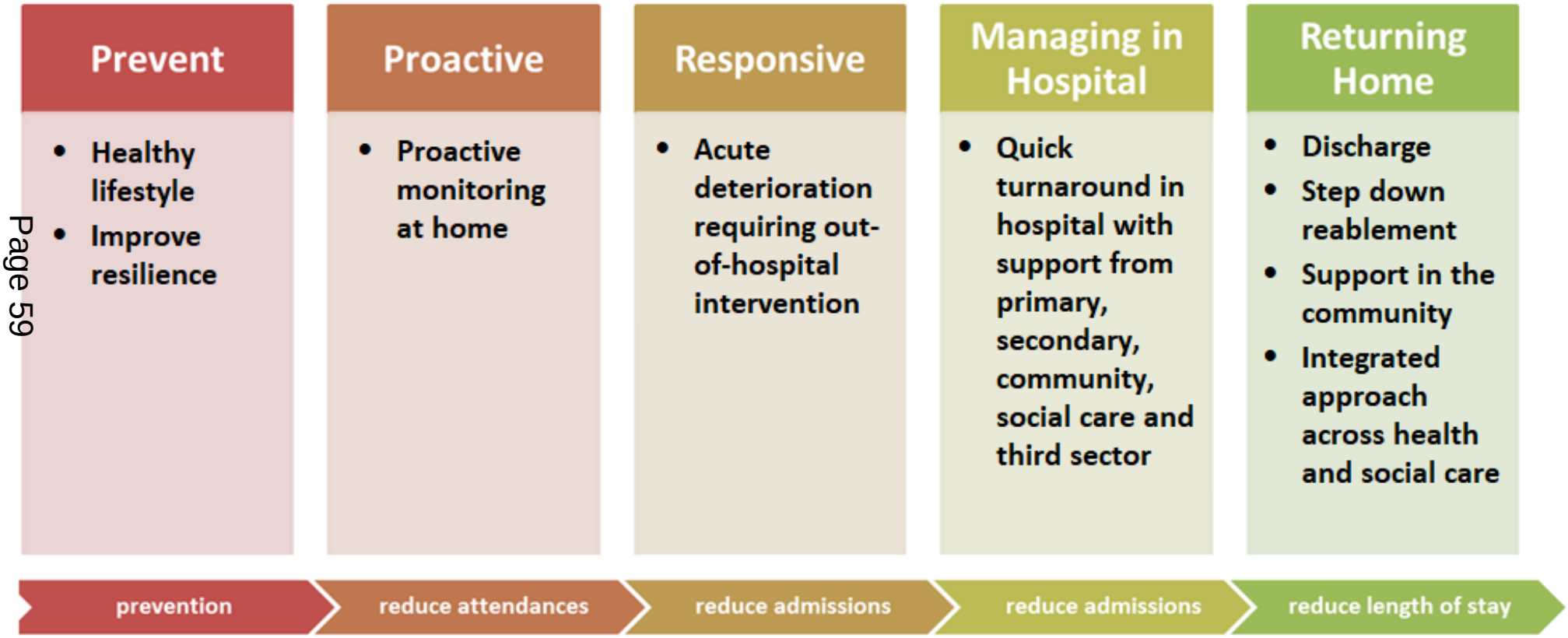
Actions

1. Optimise preconception, antenatal and postnatal care and health in early years
2. System wide weight management programmes including behaviour change approaches
3. Fill in gaps in current primary prevention programmes (smoking, alcohol, falls, debt advice, workplace health)
4. Improve early detection, self-care and clinical management of LTC, as highlighted in the NHS long Term Plan
5. Enhance independence by supporting carers, preventing falls and strengthening social networks through social prescribing

General Enablers

- Whole systems approach including individuals, healthcare access and wider determinants of health
- Shift in cultural mindset - embedding primary and secondary prevention in all clinical and care pathways
- MECC training embedded in all health and non-health organisations
- Primary Care Networks using a proactive, holistic approach
- Healthy Place Shaping
- Development of workplace and school health and wellbeing programmes
- Targeted interventions to people and areas of high need to narrow health inequalities gap

Embedding Primary and Secondary prevention in all clinical and care pathways



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Report to the Health and Wellbeing Board - Children's Trust Board

<table>
<tr><td>Report from</td><td>Children's Trust Board (Chair – Cllr Steve Harrod)</td></tr>
<tr><td>Report Date</td><td>24th May 2019</td></tr>
<tr><td colspan="2">Dates of meetings held since the last report: 21st March 2019</td></tr>
<tr><td colspan="2">HWB Priorities addressed in this report
• A Healthy Start in Life</td></tr>
<tr><td colspan="2">Link to any published notes or reports:
https://www.oxfordshire.gov.uk/cms/content/children-and-young-peoples-plan-2018-2021
(Link to current Children and Young People's Plan)</td></tr>
<tr><td rowspan="4">Priorities for 2019-20</td><td>Be Successful
1. Have the best start in life.
2. Access high quality education, employment and training that is motivational.
3. Go to school and feel inspired to stay and learn.
4. Have good self-esteem and faith in themselves.
Priority focus for 2018/19: Focus on children missing out on education</td></tr>
<tr><td>Be Happy and Healthy
5. Be confident that services are available to promote good health and prevent ill health – early in life and before crisis.
6. Learn the importance of healthy, secure relationships and having a support network.
7. Access services to improve overall well-being.
8. Access easy ways to get active.
Priority focus for 2018/19: Focus on social and emotional well-being and mental health</td></tr>
<tr><td>Be Safe
9. Be protected from all types of abuse and neglect.
10. Have a place to feel safe and a sense of belonging.
11. Access education and support about how to stay safe.
12. Have access to appropriate housing.
Priority focus for 2018/19: Focus on domestic abuse</td></tr>
<tr><td>Be Supported
13. Be empowered to know who to speak to when in need of support and know that they will be listened to and believed.
14. Access information in a way which suits them best.
15. Have inspiring role models.
16. Talk to staff who are experienced and caring.</td></tr>
</table>

1. **Progress reports on priority work to deliver the Joint HWB Strategy**

The Children's Trust Board undertake a detailed review of one priority focus area per meeting. Performance information is also received to give an overview of all other areas.

Priority	**Be Successful**
Focus	Children missing out on education (September 2018 CTB meeting focus)
Deliverable	1. Increase the % of children reaching a good level of development in early years or foundation stage (target of 75% for academic year 17/18) 2. Reduce the number of permanent exclusions to 44 in school year 18/19 3. All permanently excluded pupils will have a new placement within the statutory 6-day limit 4. Reduce the number of primary school children with a fixed term exclusion to 285 or less in the school year 18/19 5. Reduce the number of secondary school children with a fixed term exclusion to 1335 or less in the school year 18/19 6. Reduce the level of persistent absence in primary school children to 6.8% or less in school year 18/19 7. Reduce the level of persistent absence in secondary school children to 11.5% or less in school year 18/19 8. Reduce the number of children on part time timetables in school year 18/19 9. Reduce the number of permanent exclusions for children with special education needs in school year 18/19 (target 28) 10. Reduce the number of primary school children with special educations needs with one or more fixed term exclusions in school year 18/19 (target 102) 11. Reduce the number of secondary school children with special educational needs with one or more fixed term exclusions in school year 18/19 (target 350)
Progress report	See section 2 below.

Priority	**Be Healthy**
Focus	Social and Emotional Wellbeing and Mental Health (December 2018 CTB meeting focus)
Deliverable	1. Increase the number of early help assessments in the financial year 2018/19 to 2,100 or more 2. Increase the number of children accessing the single point of access for CAMHS, and increase the proportion of children that have their first appointment within 12 weeks.

	3. Reduce the number of A&E attendances for self-harm of children who are 12-17 4. Increase the number of Young Carers known and supported in Oxfordshire 5. Monitor the proportion of self-referrals into CAMHS 6. Update on progress on delivery of the 2 community impact zones in Oxfordshire
Progress report	See section 2 below.

Priority	**Be Safe**
Focus	Domestic Abuse (March 2019 CTB meeting focus)
Deliverable	The Domestic Abuse Strategic Board is responsible for this action and is reviewing and implementing a revised pathway. This will report later in the year and include how quality assurance activity will be managed. The key measures of future success will depend on the outcomes of this work.
Progress report	An update was provided on the Young People Domestic Abuse Pathway. The pathway was audited in 2018. There were a number of recommendations from that, including making the Pathway more accessible and updating it in line with policies and procedures. There is a sub-group of the Strategy Board for Domestic Abuse looking at these recommendations. The new Pathway was launched in July 2018. There was a widespread promotion and it has been embedded further through multi-agency training. The training was co-produced with three sessions in the autumn with delivery partners including Safe with positive feedback. There will be further training in May and June, particularly targeting schools. A regular domestic abuse partner update is circulated. Additionally, there is work being undertaken with the MASH to ensure that the data collected is useful to understand what is happening and what can be changed. VOXY held its Autumn General Meeting on the subject of Domestic Abuse. The key recommendation coming from the meeting was to improve communication. Young people would like to choose who they are going to engage with when they are experiencing domestic abuse. Three Domestic Abuse Strategy consultation events were carried out in April. These were intended to enable themes and opportunities to be captured to feed into the 5 year strategy currently being developed.

Priority	**Be Supported**
Focus	Listen to the feedback from young people in Oxfordshire

Deliverable	This deliverable was measured via a survey run by Voice of Oxfordshire Youth (VOXY)
Progress report	VOXY presented the results of the survey, which was positive overall but highlighted a disparity in how young people feel supported, with some not feeling supported at all. It was noted that it didn't take a long conversation to enable a young person to feel supported, however some professionals in highly pressurised settings may not necessarily have even a small amount of time available to listen to concerns. It was acknowledged that the survey provides a benchmark and it is the intention to improve it and repeat it in January 2020. A future version of the survey will look to be refined to explore more about which services/support are working with young people.

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

Indicator Number	RAG	What is being done to improve performance?
2.5 Reduce the persistent absence of children subject to a Child Protection plan	R	The trust has a detailed review of children's attendance and attainment at its September. Following the launch of the Learner Engagement services in October, the education service are actively working with schools within a new Learner Engagement strategy overseen by the Learner Engagement Board. The Board has focused on persistent absence through the introduction of a behavior and attendance helpline for schools and are working in partnership with CAMHS on their Oxford City pilot.
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.	R	Since the last report, data has been published around the attainment of pupils at Key Stage 2, which shows that the disadvantaged attainment gap for KS2 has worsened from 26% in academic year 2016/17 to 29% in 2017/18. This is greater than the national average of 20% for 2017/18. (The disadvantaged attainment gap – looks at the achievement of young people who have had free school meals in the last 6 years, are looked after or are adopted from care). For the gap to be the same as that nationally – an additional 140 disadvantaged pupils in Oxfordshire would need to achieve the expected standard. The education service are working in partnership with schools to implement key strategies including school readiness, and writing skills in Key Stage 2 to improve this gap for pupil premium pupils.
1.1b increase the proportion of children that have their first appointment (with CAMHS) within 12 weeks.	R	The average referrals per month to CAMHS has increased by 33% from 499 in 2015-16 to 666 for the months of May to November 2018. In November all Urgent referrals were seen within a week and there were no emergency referrals. All Looked After Children were seen within 4 weeks.

Indicator Number	RAG	What is being done to improve performance?
		We have been successful in our bid to become a Trailblazer for CAMHS Green Paper which means additional funding of £5.4m by 2022. We will pilot two (16WTE) Mental Health Support Teams (MHST) to deliver mental health support in Oxford City secondary and primary schools and funding to pilot reducing waiting times to 4 weeks by 2021 for the Getting Help and Getting More Help Pathways. A multi-agency delivery board has been established to oversee the project. Recruitment has commenced to deliver the 4 week wait target and the MHST will be operational from December 2019. The new CAMHS model – previously shared with the trust will address the waiting times in the neurodevelopmental pathway now that the pathway is fully operational (from 5th of November 2018). The service will continue to concentrate on the longest waiters first and OHFT is expecting that performance will improve significantly towards plan as the new pathway takes effect. This pathway is at the forefront of innovation and to our knowledge a similar model does not exist anywhere else nationally. Although performance is below our expectation this service still performs better than most other services nationally. There is funding through the CAMHS Green Paper for 2 nurse prescribers and it is anticipated this help improve waiting times and reduce existing pressure on medical staff.
3.14 Reduce the number of looked after children to the average of our statistical neighbours	R	The number of looked after children in Oxfordshire rose again from 764 at September to 794 by December against a target of 672 by March 2019. This needs to be seen in the context of growing numbers of looked after children both nationally and amongst similar authorities, albeit that the growth in Oxfordshire has been higher. The latest Ofsted inspection in 2018 rated our children's services overall, and services for looked after children, as 'good', which assures us that we are performing well and keeping children safe. However the high numbers can mean that children are placed further away and workload pressures rise. Each current looked after case has been reviewed by a senior manager in the council to determine an appropriate plan is in place. All external places are regularly reviewed to ensure that they are appropriate. Within the county council's 'Journey of the Child' programme we have a set of projects looking at the sufficiency of placements and how we support looked after children returning home after placements.
2.2 Increase the proportion of children with a disability who are eligible for free school meals who are accessing short breaks	A	This is managed on a case by case basis. It is a very small cohort of only 11 children so 1 child changes can change the rating. This is not being carried forward as a measure next year

Indicator Number	RAG	What is being done to improve performance?
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	A	This is a key area of focus identified by the SEND performance board. A detailed action plan is in place and is overseen by the board and the Head of SEND. This has a focus on increasing the level of support in early intervention for mainstream schools and the gathering of evidence for where a pupil is requiring additional support. This action plan has been shared and signed off by Department for Education and the Care Quality Commission.
2.4 Reduce the persistent absence of children subject to a Child in Need plan.	A	Please see comments on 2.5 above. The same strategies and plans are in place to support improvement in both measures.
3.5 Reduce the number of social care referrals to the level of our statistical neighbours	A	This measure is one of a suite of measure to monitor whether we are increasing early help and reducing the need for social care services Although the number of referrals has increased this year, it remains below the national average. At the same time the number of early help assessments has risen and the number of social care assessments is below that of similar authorities. This has helped to support a significant fall in the number of children who are the subject of a child protection plan. After over 10 years of growth in child protection numbers (there were 250 children the subject of child protection plans at March 2009) the number this year has reduced by 100. The target to support people early and reduce those needing to come into the social care system is clearly beginning to bear fruit.
4.2 Increase the % of children reaching a good level of development in early years or foundation stage (target 75% for academic year 17/18)	A	Performance remains above the national average, but is just short of the stretched target we set. Performance shows a three year trend of improvement with a 1% increase from 16/17. The Early Years and Foundation Stage team is working with schools and other settings to secure further increase, particularly linked to disadvantaged learners and school readiness (i.e. narrowing the GAP indicator covered in 4.1 above)

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

   The Board agreed to continue working with the current priorities within the CYPP for the forthcoming year, however a working group will be set up to revise the implementation plan for 2019/20.

A SEND report was received for information, which highlighted the actions in relation to the identified next steps from the DfE Quarterly 4 visit. The following actions were noted:

- Establish clear evidence that we are on track to achieve 90% of Education, Health and Care plans issued within 20 weeks.
- Better use of data to demonstrate we have a good understanding of parents and young people feedback and this is being acted on.
- Refresh and develop the SEND strategic plan.
- To establish from the SEND programme board a comprehensive oversight board through reviewing the membership and terms of reference to create a SEND Performance Board with effect of Spring Term 2019. This Board will hold special educational needs and disabilities service to account against key indicators which will continue to include the WSoA as well as ensure the Local Area is on track when OfSTED revisits in the summer or autumn terms of 2019.

Progress is being made in all areas of the actions and monitoring arrangements have been established. The SEND Performance Board will be reporting progress into the Children's Trust Board.

An update was also received on a new Family Safeguarding Plus Model. The ambitions of the model are to; keep more high-risk families together, improve health and educational outcomes for children, reduce physical and emotional harm, increase engagement with families, strengthen information sharing, and provide high quality services at lower cost. Ongoing discussions are taking place with staff, partners and service users, and the aim is for the new model to go live in the Spring of 2020. Further updates will be provided as the work progresses.

4. **Forward plan for next meeting**

The Children and young People LGBT+ Inclusion Group are being asked to report on the progress of the LGBT Strategy at the December 2019 meeting.

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Report to the Health and Wellbeing Board - **Better Care Fund Joint Management Group**

Report from	Better Care Fund Joint Management Group
Report Date	24th May 2019
Dates of meetings held since the last report: 27th March 2019 23rd May 2019	
HWB Priorities addressed in this report - A coordinated approach to prevention and healthy place-shaping. - Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). - An approach to working with the public so as to re-shape and transform services locality by locality. - Plans to tackle critical workforce shortages. - A Healthy Start in Life - Living Well - Ageing Well - Tackling Wider Issues that determine health	
Link to any published notes or reports: n/a	
Priorities for 2019-20	The Better Care Fund Joint Management Group will deliver the priorities outlined in Living Longer, Living Better: Oxfordshire's Older People's Strategy. The priority themes identified in this strategy are: i. Being physically and emotionally healthy ii. Being part of a strong and dynamic community iii. Housing, homes and the environment iv. Access to information and care

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

a. Improved Better Care Fund Outcomes & Priorities 2019-20

Priority	Ensure services are effective, efficient and joined up.
Aim or Focus	To agree the Improved Better Care Fund allocation for 2019-20.
Deliverable	Oxfordshire health & social care partners have agreed that iBCF funding would be divided into four main areas: • market resilience • improving flow • market capacity • additional provision The outcomes of spend against these areas in 2018-19 was reviewed; and proposals to allocate the £10.4m Improved Better Care Fund in 2019-20 against these priorities were discussed.
Progress report	The allocation was agreed and a progress report will be discussed at the November meeting of the group.

b. Continuing Healthcare 2019-20 plan

Priority	Support the care of older people
Aim or Focus	To review the plan for management of Oxfordshire's Continuing Healthcare offer and spend
Deliverable	NHS Continuing Healthcare means a package of care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. This area has been reviewed by the Joint Management Group previously but remains a priority area due to the increasing numbers of people eligible for Continuing Healthcare, with a commensurate impact on spend.
Progress report	Members of the Joint Management Group reviewed the continuing healthcare management plan for 2019-20. This plan is aligned with the national NHS CHC Strategic Improvement Program which focuses on 6 areas: • Reducing potentially unwarranted variation in CHC • Improving commissioning and procurement • Personalisation • Sustaining and improving quality • Considering CHC at scale • Digitalisation of CHC processes Oxfordshire's plan aims to deliver an equitable and quality service which meets people's needs in a timely way, whilst managing budget pressures.

c. Provider Association Development

Priority	Ensure services are effective, efficient and joined up.
Aim or Focus	To review the revised and enhanced partnership with Oxfordshire Association of Care Providers.
Deliverable	Oxfordshire Association of Care Providers is an important system partner, representing social care providers at a system level and facilitating co production with social care providers. The organization receives funding via the Better care Fund Pooled Budget and work has been ongoing to develop the aims and deliverables for 2019-20. The Joint Management Group received a presentation given by Directors from Oxfordshire Association of Care Providers outlining the direction of travel and specific deliverables for agreement and discussion.
Progress report	Deliverables were discussed and agreed as follows: • Focus on 7 day access to services, and a trusted assessor model operational for Winter 2019-20. • Enhancements to training provision for care providers • Collaborative approach to purchasing amongst the provider sector, including for agency staff • Support for self funder offer

d. Urgent Care Plan

Priority	Ensure services are effective, efficient and joined up.
Aim or Focus	To review the 2018-19 Winter Plan and outcomes, and outline the development of the emerging Urgent Care Plan for the system, including recommendations for Winter 2019-20.
Deliverable	Key successes and challenges from Winter 2018-19 were outlined and discussed. The success measures for 2019-20 were proposed. Potential mechanisms to deliver these were discussed, further work is being done to review these amongst system partners.
Progress report	The group supported the work to date and noted that a range of costed proposals for Winter 2019-20 will be brought to the July Better Care Fund Joint Management Group.

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

Indicator Number	RAG	What is being done to improve performance?
3.1	A	Oxfordshire University Hospitals are leading the delivery of an improvement plan for the HART service, supported by system partners.
3.2	A	This measure is subject to close monitoring and is currently within 1% of target.
3.6	A	Home care capacity remains a challenge, due to workforce capacity within Oxfordshire. A range of measures to support the capability and capacity within the workforce are underway,

		and Oxfordshire County Council is leading a review of the homecare commissioning strategy to develop capacity in the medium and longer term.
3.9	A	Latest national published figure for March DTOC Bed days for Oxfordshire. Target and trajectory is not yet available. Management of DTOC levels was discussed by the Group as part of the Winter 2019-20 plan, with costed proposals scheduled for the July meeting.
3.13	R	Oxfordshire University Hospitals are leading the delivery of an improvement plan for the HART service, supported by system partners. A lower figure against this measure could imply that more complex cases are support through the HART service.
3.14	A	This measure has increased, but remains the focus on hospital discharge pathway work.

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

a. **Self funder offer:** Progress with the work to review the support for people who fund their own care was reported to the group in March. The group noted the progress to date and a detailed update will be discussed by the group in July.

b. Price review mechanisms for contracted providers. The outcome of this work was discussed and agreed.

c. **Section 75 extension:** was agreed

d. **Contributions to the Pooled Budget:** were agreed in outline

4. **Forward plan for next meeting**

24th July 2019	Living Longer, Living Better: An Older People's Strategy for Oxfordshire – Delivery plan Self funders' offer. Personal Budgets and Personal Health Budgets. Winter 2019-20 plan.

Report to the Health and Wellbeing Board - **Health Improvement Partnership Board**

Report from	Health Improvement Partnership Board
Report Date	28th May 2019
Dates of meetings held since the last report: 16 May 2019	
HWB Priorities addressed in this report ☐ A coordinated approach to prevention and healthy place-shaping. ☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). ☐ An approach to working with the public so as to re-shape and transform services locality by locality. ☐ Plans to tackle critical workforce shortages. ✓ A Healthy Start in Life ✓ Living Well ✓ Ageing Well ✓ Tackling Wider Issues that determine health	
Link to any published notes or reports: Papers for the April meeting were published and can be found here: http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=5891	
Priorities for 2019-20	**1. Keeping Yourself Healthy (Prevent)** • Reduce Physical Inactivity / Promote Physical Activity • Enable people to eat healthily • Reduce smoking prevalence • Promote Mental Wellbeing • Tackle wider determinants of health - Housing and homelessness • Immunisation **2. Reducing the impact of ill health (Reduce)** • Prevent chronic disease though tackling obesity • Screening for early awareness of risk • Alcohol advice and treatment • Community Safety impact on health outcomes **3. Shaping Healthy Places and Communities** • Healthy Environment and Housing Development • Learn from the Healthy New Towns and influence policy • Social Prescribing • Making Every Contact Count • Campaigns and initiatives to inform the public

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

a. Tobacco Control Alliance

Priority	To reduce smoking prevalence by engaging a wide range of partners in tobacco control work.
Aim or Focus	The Oxfordshire Tobacco Control Alliance (OCTA) undertook an extensive self-assessment and peer review using the CLeaR tool (Challenge, Leadership, Results). This process was undertaken early in the life of the newly formed Alliance to give an overview of opportunities and strengths in partnership work across a wide remit for preventing and reducing tobacco use.
Deliverable	The findings of the peer review were presented to the Health Improvement Board. The members of the Alliance were congratulated on their courage in undertaking the self-assessment and peer review so soon and in being prepared to publish the findings.
Progress report	Strengths that were identified through the review included • Good leadership to establish the Alliance • Good local knowledge of tobacco use and inequalities issues • A wide range of partners are engaged, including Trading Standards and District councils Opportunities for development were highlighted in the report and discussed at the Health Improvement Board. In particular it was agreed that • Very senior leadership for the Alliance would be a great benefit and will be sought. • Work through Healthy Place Shaping and Workplace Wellbeing initiatives will be beneficial. • Further involvement of health trusts and other partners will be developed.

b. Report from Active Oxfordshire

Priority	Reduce Physical Inactivity / Promote Physical Activity
Aim or Focus	To receive a report on progress in the set up and development of strategic plans by Active Oxfordshire, the sport and physical activity partnership for the county.
Deliverable	Active Oxfordshire have agreed to deliver the target to reduce physical inactivity in the county by 0.5% per year. This is measured through the Active Lives Survey and the next

	report is due in June 2019.
Progress report	Since their last report to the Health Improvement Board in September 2018 Active Oxfordshire has become firmly established in their role. The report outlined their progress as follows: Active Oxfordshire has 1. Re-affirmed its core purpose and vision for the County 2. Developed better analysis of Insight Data now available 3. Brought together partners in a Leadership Forum that has now met 3 times to help collaborative working 4. Defined the main drivers for change and fed these into the development work being undertaken on a Prevention Framework 5. Helped to facilitate additional investment from Sport England of over £1m in the next three years to support Programme Development, Healthy Place Shaping and Workforce Development 6. Secured additional investment from the CCG into the "Go Active Get Healthy" programme targeting people with and at risk of Diabetes 7. Initiated work on a Theory of Change Model with partners to help create common outcomes and an evaluation framework which will help us all "tell our story" as a collective. Members of the Health Improvement Board congratulated Paul Brivio and Keith Johnson for the progress they have made and particularly thanked Keith for his reports to this Board over the last 2 years of review and reshaping. They wished him well as he steps down from the role of Chairman of Active Oxfordshire.

c. Domestic Abuse Strategy Group report

Priority	Community Safety impact on health outcomes
Aim or Focus	One of the recommendations from the 2016 Strategic Review of Domestic Abuse was to develop a 5-year strategy for domestic abuse. This is now underway and the Strategy Group has been working to set out a strategic approach for 2019-2024. In February the Health Improvement Board requested an agreed framework for the Strategy and a Year 1 Delivery Plan and corresponding dashboard be brought to the May meeting
Deliverable	The report to the Board included the following items 1. An annual report on the work of the Domestic Abuse Strategy Group which had previously been presented to the Health and Wellbeing Board (March 2019)

	2. The Action Plan for 2019-12 3. Feedback from three Consultation events held to involve a wide range of stakeholders in the development of a new strategy 4. A timetable and framework for the new strategy.
Progress report	Members of HIB congratulated Sarah Carter on the progress made since the last meeting and in particular for the consultation events for developing the strategy. The framework for the strategy has been set out. The HIB will expect to see the draft framework at the meeting in September 2019. In outline this will include: **Prevention**: Preventing domestic abuse from happening by challenging the attitudes and behaviour which foster it and intervening early where possible to prevent it **Provision**: Providing high quality, joined-up support for victims where domestic abuse does occur. **Pursuing**: Taking action to reduce the harm to victims of abuse by ensuring that perpetrators are brought to justice and provided with opportunities for change in a way that maximises safety. **Partnership**: Working in partnership to obtain the best outcome for victims, children and their families. Sarah reported that current outreach service provision was running well and there were no waits for services. It was noted that progress in re-establishing Refuge provision has taken time because of a change in premises and staff.

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

Members of the Health Improvement Board discussed the recent drop in the number of children immunized against Measles, Mumps and Rubella. The performance report at the meeting on these indicators shown in the table below:

Measure	Responsible Board	Baseline	Target 2019/20	Updated	Latest
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	HIB	94.3% (Q2 18/19)	95%	Q3 2018/19	92.8%
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	HIB	92.7% (Q2 18/19)	95%	Q3 2018/19	89.4%

It was agreed that NHS England will be asked to bring a detailed "Report Card" on this issue to the next meeting in September, setting out what is being done to reverse this trend.

3. Summary of other items discussed by the group

- The Board received a presentation on the Joint Strategic Needs Assessment and were encouraged to use it and tell others about it.
- A report from the Healthwatch Ambassador was noted.
- It was agreed that the Health Improvement Board will convene a workshop on Social Prescribing. This is a priority of the Board and a workshop will help to coordinate and inform the development of this work, especially as Primary Care Networks will be given money to employ Link Workers this summer.
- Items for information were an Annual Report on Better Homes, Better Health work across the county (from the Affordable Warmth Network
- A letter has been sent by the Chairman and Vice Chair of the Health Improvement Board to all working groups asking them to pay particular attention to tackling health inequalities. This is appended below.

4. **Forward plan for next meeting**

July 2019	Workshop on Social Prescribing
12th September 2019	Items for this meeting may include: • Housing Support Advisory Group update • Making Every Contact Count • Mental Wellbeing working group update • Whole System Approach to Obesity • Affordable Warmth Network update • Healthy Place Shaping

Jackie Wilderspin, May 2019

Appendix 1
To all working groups of the Health Improvement Board and organisations delivering priority work

To: Officers / Managers leading working groups which report to the Health Improvement Board

From: Cllr Andrew McHugh, Chair of the Health Improvement Board and
Cllr Louise Upton, Vice Chair of the Health Improvement Board

May 2019

Dear Colleagues

Tackling Health Inequalities

We are writing to you in connection with your very valuable work in delivering the priorities set by the Health Improvement Board (HIB). We want to express our gratitude for your work and your reports to the Board on progress. All the members of the Board recognise that a multi-agency approach to Prevention, Protection and Promotion of health is crucial to improving the health of our population and appreciate the time and effort that goes into coordinating this work across a wide range of topics.

In the last few months we have set the priorities for the HIB and made sure they are embedded in the Joint Health and Wellbeing Strategy[1]. We have also discussed and approved a performance framework which we will use to monitor progress across all our priority topics. We want to thank you for agreeing to give us regular reports on performance through that framework.

At our last HIB meeting in February we discussed the importance of tackling health inequalities and demonstrating the impact of this work wherever possible. We are writing to you following that discussion because we want to urge you to continue to identify inequalities in your area of work and target your efforts accordingly.

The inequalities may be visible as differences in outcomes for different groups in the population. For example, there are many illustrations of where people living in relatively deprived areas have worse outcomes than the rest of the population. Alternatively, outcomes may be worse for people from particular ethnic groups, or for different ages, or between men and women. Barriers to accessing services may also result in unequal outcomes.

We would like to encourage all the working groups to continue to develop ways of finding out which people have worse outcomes, target these groups through your work and make sure services or projects are accessed by your target group. Please report back your initiatives to the HIB.

1 https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf

The Joint Strategic Needs Assessment is a good place to start in identifying inequalities and you will find a range of information, including a Basket of Inequalities Indicators on Oxfordshire Insight[2].

We and the other members of the Health Improvement Board will look forward to hearing from you at our meetings and will be especially interested in hearing how you are rising to the challenge of addressing health inequalities through your work.

Yours sincerely

[2] http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

Cllr Andrew McHugh
Chair, Health Improvement Board

Cllr Louise Upton
Vice Chair, Health Improvement Board

Annex: Groups or organisations responsible for delivery priority work for the Health Improvement Board

Oxfordshire Tobacco Control Alliance.
Affordable Warmth Network
Housing Support Advisory Group
Domestic Abuse Strategy Group
“Making Every Contact Count” Systems Implementation Group, Oxfordshire
Healthy Place Shaping Delivery

Active Oxfordshire

Public Health, Health Protection Forum

Public Health Team

- Mental Wellbeing Framework working group
- Whole Systems Approach to Obesity working group
- NHS Health Checks

Clinical Commissioning Group

- Cancer Screening
- Social Prescribing
- Diabetes Transformation

Report to the Health and Wellbeing Board - **Adults with Support and Care needs Joint Management Group**

Report from	**Adults with Support and Care needs Joint Management Group**
Report Date	24 May 2019
Dates of meetings held since the last report: 26th March 2019, 30th May 2019	
HWB Priorities addressed in this report ☐ A coordinated approach to prevention and healthy place-shaping. ☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). ☐ An approach to working with the public so as to re-shape and transform services locality by locality. ☐ Plans to tackle critical workforce shortages. ☐ A Healthy Start in Life ✓ Living Well ☐ Ageing Well ☐ Tackling Wider Issues that determine health	
Link to any published notes or reports: None	
Priorities for 2019-20	Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems will live independently and achieve their full potential. This includes: • Improving access to mental health support (including psychological therapies, the Emergency Department Psychiatric Service and packages of care following experiencing first episode psychosis or At Risk Mental State) • Reducing health inequalities for people with severe mental illness and people with learning disabilities • Increasing the number of people in employment who have severe mental illness or learning disabilities • Reducing the number of people with learning disabilities and/or autism admitted to specialist in-patient beds, or placed out of county

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

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

Priority	To work with people who receive services and their carers to understand what they want from services that support them over the next five years
Aim or Focus	The Adults' strategy will bring together the vision for services for people who have mental illness, a learning or physical disability, autism, a sensory impairment, a long-term health condition or brain injury. We are developing this in conjunction with people who use these services and their carers
Deliverable	Draft strategy to come to Health & Wellbeing Board in September before going out for public consultation
Progress report	• A reference group meeting was held on 26th April which which co-produced a user survey. This will run for four weeks from 27 May. • During June we will be attending meeting of groups who support people across the areas covered by the strategy to hear about what is most important about the help and support they receive and what is important in the future • The Performance team is working on data for the needs analysis section. This will combine demographic data which information from the Joint Strategic Needs Analysis and from other sources such as the Housing LIN work on housing needs for people with learning disabilities.

b. Market Position Statements

Priority	To inform providers of Adults & Older People's services about anticipated demand and commissioning intentions for care homes, home care, mental health services, learning disabilities & extra care housing
Aim or Focus	By sharing data about the needs of Oxfordshire residents and the Council's commissioning intentions, we help to develop a sustainable market who can provide the services people need.
Deliverable	Market Position Statement to come to the JMGs in July for publication in September
Progress report	• Leads for each sub-section have been identified • Work on the vision, data and service-specific sections has begun; due to be completed early July

c. Reviews of Outcome Based Contract (OBC) for mental health services and of social work staffing in Integrated Mental Health Teams (IMHTs)

Priority	To provide an independent evaluation of the effectiveness of the OBC to ensure they are fit for purpose, meeting the right needs, and that the voluntary sector is fairly funded. Alongside that, to ensure that we are meeting our statutory duties regarding social work delivery in the IMHTs and that this can be carried out within the budget available.
Aim or Focus	The OBC for mental health services runs from 1 October 2015 until 30 September 2020. The review will inform recommissioning of these services and will help determine whether the voluntary sector's contribution to the partnership is fairly funded.
Deliverable	A report of both reviews will go to the Council's Performance Scrutiny Committee and the Oxfordshire Joint Health Overview & Scrutiny Committee in November.
Progress report	• Terms of reference, including four areas of focus (workstreams) were agreed by the provider partnership and commissioners in April • The Centre for Mental Health have been commissioned to lead one of the workstreams to provide an independent evaluation of the OBC • Work to collect service user experience has begun and will be completed by the end of June. • An analysis of the data collected through the course of the contract has begun.

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

Indicator Number	RAG	What is being done to improve performance?
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe	Red	Emergency Department Psychiatric Service is under close scrutiny. Analysis shows the targets were only just missed and the reasons behind that are understood.
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	Red	OCCG is contacting practices to promote the Oxford Health Learning Disability primary care liaison service. This supports practices to engage with their Learning Disability populations, including encouraging eligible individuals to have annual health checks. OCC requires providers of supported living services to report on the number of people they support who have had their annual health checks.

Indicator Number	RAG	What is being done to improve performance?
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	Amber	There has been a small increase in the number of people with learning disability placed out of county, because the high complexity of these cases means that their needs can't be met by services in Oxfordshire. OCC and OCCG commissioners are reviewing what additional services could be put in place to support these people closer to home.

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

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

b. Extension to the section 75 agreement between Oxfordshire County Council and Oxfordshire Clinical Commissioning Group governing the pooled budgets: The section 75 agreement was extended for two years until 31 March 2021. Contributions for 2019/20 have been agreed and a proposal on the risk share for this year will be brought to the Group at the July meeting.

c. Learning Disability savings plans: There is a forecast budget pressure on the learning disability budget of £3.7m in 2019/20, mainly due to increased costs of residential care placements. The Council's service and resource planning process identified several areas where work can be done to reduce costs, but also support individuals receiving services to become more independent. These workstreams aim to save £2.37m this year to help offset that pressure.

d. Joint Strategic Needs Assessment: Steve Thomas presented the key findings from the latest JSNA which inform commissioning decisions.

e. Mental Health Social Work Team - impact assessment: Mel Pearce presented the results of the impact assessment looking at the move of the Older People's mental health social workers from Oxford Health to Oxfordshire County Council.

4. **Forward plan for next meeting**

For 25th July 2019:

- Market Position Statement
- Mental Health OBC abated clients process
- Personal Health Budgets and Community Glue report

Report to the Health and Wellbeing Board - Integrated System Delivery Board

13 June 2019

Report from	Integrated System Delivery Board
Report Date	28 May 2019
Dates of meetings held since the last report: 19 March 2019 16 April 2019 21 May 2019	
HWB Priorities addressed in this report ✓ A coordinated approach to prevention and healthy place-shaping. ✓ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). ✓ An approach to working with the public so as to re-shape and transform services locality by locality ✓ Plans to tackle critical workforce shortages. ✓ A Healthy Start in Life ✓ Living Well ✓ Ageing Well ✓ Tackling Wider Issues that determine health	
Link to any published notes or reports: Approved ISDB notes and actions from 15 January 2019 meeting can be accessed here ISDB Notes and Actions	
Priorities for 2019-20	• Support the delivery of the Health and Wellbeing Board's vision for integrated health and social care in Oxfordshire • Keep up to date with contemporary thinking from health and care systems elsewhere including new commissioning and delivery systems to incentivise change and fresh thinking to tackle system challenges • Ensure the Oxfordshire health and social care system maintains a consistent approach that remains aligned with wider and at-scale system working such as the BOB STP and other footprints (Ca Alliance, specialist commissioning) • Work with the other Health and Wellbeing Board Sub-Groups and Sub-Committees to ensure that its vision is fully delivered

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

The members of the Integrated System Delivery Board (ISDB) are working together to advance the integration of health and social care as set out in the health and Wellbeing Strategy.

Since publication of the NHS Long Term Plan in January further details, guidance and contracts have been published that set out the future for primary care and specifically delivery of Primary Care Networks. These introduce and enable the building blocks for the integration of primary care community services.

Priority	**Support delivery of the Health and Wellbeing Board's vision for integrated health and social care in Oxfordshire**
Aim or Focus	Focus on collaborative approaches to maintaining a collective responsibility for our health and care system
Deliverable	• Develop a single system plan and timescales for the programme to advance system working and integrated care • Maintain focus on implementing the plan, taking into account any factors that may impact its successful delivery
Progress report	Oxfordshire will work towards an Integrated Care Partnership (ICP) – this will be an alliance of providers, commissioners, local authorities and third sector providers that will work by collaboration not competition, with: • An open book approach through a cost-based, system funding approach to managing the cost of care; • Local Authority colleagues as important partners who have agreed to work with transparent and aligned budgets; • A system Clinical and Care Forum to ensure we have coordinated, multidisciplinary clinical input into local decision making; • A system Stakeholder Group to ensure we have a coordinated and proactive approach to public engagement. The ICP is where providers work with commissioners using a population-based approach to ensure resources are targeted to the most appropriate need, aligned with our Health and Wellbeing Strategy. The ICP will be for Oxfordshire, this is sometimes referred to as at 'Place'.

Priority	**Keep up to date with contemporary thinking from health and care systems elsewhere including new commissioning and delivery systems to incentivise change and fresh thinking to tackle system challenges**
Aim or Focus	Ensure that clinical leadership drives forward positive progress and change in the Oxfordshire health and care system
Deliverable	• Establishment of a clinical leadership group to support the work of ISDB and the delivery workstreams
Progress report	Terms of reference have been developed for Clinical and Care Forum for Oxfordshire. The membership of this Forum spans health and social care. The Forum will provide key expertise across commissioners and providers and act in an advisory role as work to progress integration advances.

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

ISDB aims to ensure the Oxfordshire health and social care system maintains a consistent approach, aligned with wider and at-scale system working. As a part of this commitment discussions have taken place in relation to population health management approaches. That is to say how can partners work together informed by analysis of data and trends, informed by good practice and examples of successful improvements and interventions to best respond to health and care needs.

The Interim Director of Public Health shared the population health management flat pack approach designed to support the use of population health management approaches.

The following workstreams have provided updates on scope and progress

- Urgent Care
- Planned Care and Long Term Conditions
- Primary and Community Services Integration
- Managing Population Health
- Provider collaborative arrangements including Finance and Contractual Models
- Clinical Leadership Group/Forum
- Digital
- Workforce

As work progresses towards the establishment of an Integrated Care Partnership these workstreams and the role of the current ISDB is likely to evolve.

The population health and care needs framework adopted by this Board in November 2018 continues to be utilised in Wantage and the surrounding villages within the OX12 postcode area. Progress on this work is being reported regularly through the Joint Health Overview and Scrutiny Committee. The next report will be on the agenda for the 20 June 2019 meeting.

At the May ISDB meeting a project mandate was supported to work with local partners to develop a project that will see the population health and care needs work utilised in Banbury and the surrounding areas.

Elsewhere on this agenda is greater detail on the work to progress a Strategy across Buckinghamshire, Oxfordshire and Berkshire West and further detail on the introduction of Primary Care Networks.

3. **Forward plan for next meetings**

- Further work with Primary Care Networks and the start of work to advance Oxfordshire thinking with respect to the integration of primary and community services
- Implementation of an operating framework for system leaders to oversee integration and our roadmap to an Oxfordshire Integrated Care Partnership
- Consideration of the future structure and focus of ISDB in light of the Long Term Plan and the work to establish an Integrated Care Partnership
- Further utilisation of the population health and care needs framework approach

Jo Cogswell
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Oxfordshire CCG