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To: Members of the Shadow Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Shadow Oxfordshire Health & Wellbeing Board

Thursday, 22 November 2012 at 2.00 pm

Meeting Room 1& 2, County Hall, Oxford OX1 1ND

Peter G. Clark
County Solicitor

November 2012

Contact Officer: ***Julie Dean Tel: (01865) 815322***
Email: julie.dean@oxfordshire.gov.uk

Membership

Chairman – Councillor Ian Hudspeth
Vice Chairman - Dr Stephen Richards

Board Members:

Councillor Mark Booty *(West Oxfordshire District Council)*	Chairman of the Health Improvement Board
Sue Butterworth	Chair of Oxfordshire Local Involvement Network (LINk)
Councillor Louise Chapman *(Oxfordshire County Council)*	Chairman of the Children & Young People's Board
Councillor Arash Fatemian *(Oxfordshire County Council)*	Chairman of the Adult Health & Social Care Board
John Jackson	Director for Social & Community Services
Dr Mary Keenan	Vice Chairman of the Children & Young People's Board
Dr Joe McManners	Vice Chairman of the Adult Health & Social Care Board
Dr Jonathan McWilliam	Director of Public Health
Councillor Val Smith *(Oxford City Council)*	Vice Chairman of the Health Improvement Board
Jim Leivers	Director for Children's Services

Notes:

- ***Date of next meeting: 14 March 2013***

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 Rachel Dunn on (01865) 815279 or Rachel.dunn@oxfordshire.gov.uk for a hard copy of the document.

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

AGENDA

1. Welcome by Chairman, Councillor Ian Hudspeth

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note opposite

4. Petitions and Public Address

5. Note of Decisions of Last Meeting (Pages 1 - 6)

To approve the Note of Decisions of the meeting held on 26 July 2012 (**HBO3**) and to receive information arising from them.

6. Amendment to Terms of Reference

2:10
5 mins

Person(s) Responsible: Members of the Health & Wellbeing Board
Oral report presented by: Peter Clark, Head of Law & Culture

Action Required: to appoint the Local Area Team Director for Thames Valley, as the representative of the NHS Commissioning Board, to the membership of the Health & Wellbeing Board and to amend the Terms of Reference accordingly.

7. Performance Report (Pages 7 - 24)

2:15
25 mins

Person(s) Responsible: Members of the Health & Wellbeing Board
Person giving report: Director of Public Health

To:

(a) review current performance against all the outcomes set out in the Health & Wellbeing Strategy **(HWB7(a));**
(b) consider an in depth report on the Bowel Screening indicator which is not meeting target (**HWB7(b)).**

Action Required: Members of the Board are asked to note the reports and to consider any action required.

8. Public Involvement Network

2:40
15 mins

Person(s) Responsible: The Oxfordshire Health & Wellbeing Board
Person giving report: Chair of Oxfordshire Local Involvement Network (LINk)

Sue Butterworth, The Chair of LINk will update the Board on the range of communication methods the Public Involvement Network is using to ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board. Examples include the new PIN website, proposals for PIN briefing sessions, and a short film that reproduces the draft Older People's Commissioning Strategy in visual form and has helped people engage in its development.

Action Required: to note the work of the Public Involvement Network.

9. Frail Older People - Draft Action Plan (Pages 25 - 32)

2:55
50 mins

Person(s) Responsible: The Oxfordshire Health & Wellbeing Board
Reports presented by: The Director of Social and Community Services, Chief Clinical Officer, OCCG, Locality Clinical Director, OCCG

At the last meeting there was a themed discussion on the subject of Frail Old People. This joint paper, submitted by the John Jackson, Director for Social & Community Services, Dr Stephen Richards, Chief Clinical Officer, OCCG and Dr. Joe McManners, Locality Clinical Director, OCCG, identifies proposed actions to be taken in response to the discussion and continuing performance issues.

A background paper submitted by the Director for Social & Community Services is attached at **HWB9.**

Action Required: The Board is asked to endorse the draft action plan and agree to wider discussion with NHS providers, GP localities and representatives of older people and carers.

10. Reports from Partnership Boards

3:45
15 mins

Person(s) Responsible: The Oxfordshire Health & Wellbeing Board
Oral reports presented by: The Chairmen of the Children & Young People and Adult Health & Social Care Partnership Boards and the Health Improvement Board.

Action Required: To receive updates from each Partnership Board

PAPERS FOR INFORMATION ONLY

- Local Healthwatch – update on development (**attached**)

- Dates of Future Board Meetings 2013 - 14

Health Improvement Partnership Board
23 January 2013; all future meeting dates to be confirmed.

Children & Young People's Partnership Board
25 February 2013; 20 June 2013; 24 October 2013 and 13 February 2014

Adult Health & Social Care Partnership Board
26 February 2013; 13 June 2013; 10 October 2013 and 20 February 2014

Oxfordshire Health & Wellbeing Board
14 March 2013 (shadow); 25 July 2013; 21 November 2013; and 13 March 2014

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OXFORDSHIRE COUNTY COUNCIL
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SHADOW OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 26 July 2012 commencing at 2.00 pm and finishing at 4.15 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Stephen Richards (Vice-Chairman)
District Councillor Mark Booty
Dr Jonathan McWilliam
Councillor Arash Fatemian
John Jackson
Councillor Louise Chapman
Anita Higham OBE (in place of Sue Butterworth)
Dr Matthew Gaw (in place of Dr. Mary Keenan)
Dr Joe Santos (in place of Dr Joe McManners)
Jim Leivers

Officers:

Whole of meeting: Joanna Simons, Peter Clark and Julie Dean (Oxfordshire County Council);
Matthew Tait and Alan Webb (Buckinghamshire & Oxfordshire NHS Cluster;

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: (01865) 815322 (Email: julie.dean@oxfordshire.gov.uk)

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth	
2 Apologies for Absence and Temporary Appointments	
Councillor Val Smith gave her apologies. Anita Higham OBE attended for Sue Butterworth, Dr Matthew Gaw for Dr Mary Keenan and Dr Joe Santos for Dr Joe McManners.	

3 Declarations of Interest - see guidance note opposite	
There were no declarations of interest.	
4 Petitions and Public Address	
Mr Michael Hugh –Jones, Item 11, on behalf of the Oxfordshire Pensioners Action Group.	
5 Note of Decisions of Last Meeting	
The decision note (HWB5) of the meeting held on 22 March 2012 was approved and signed as a correct record.	Julie Dean
6 Amendment to Terms of Reference for the Health & Wellbeing Board	
. It was **AGREED** that the Shadow Oxfordshire Health & Wellbeing Board's Terms of Reference, as agreed at the 24 November 2011 meeting be amended to include a proposal that a senior officer of the Oxfordshire Clinical Commissioning Group (OCCG) be added to the list of officers in attendance at Health & Wellbeing meetings. Alan Webb, Director of Commissioning, OCCG, was invited up to the table to take up this role for this meeting.	Peter Clark/Glenn Watson
7 Joint Strategic Needs Assessment	
The Board noted the following as background to the ensuing discussion: (a) the detailed plans for a thorough revision of the JSNA during 2012 – 13 (HWB7(a)); and (b) a highlight report on the 2010 – 11 JSNA data refresh (HWB7(b)). Members of the Board were asked to consider the following questions: (a) whether they were content with the vision and governance of the JSNA? (b) were there any amendments or changes in emphasis that they would like to see?	

Whilst the Board declared themselves content with the vision and governance of the JSNA, they were keen to see evidence (where possible) of loneliness and isolation amongst the young and the elderly placed higher on the agenda and built into the thinking which drives all areas of work. This kind of emphasis would be a good example of the will for the Strategy to become a fluid and living document.	Jonathan McWilliam/Alexandra Bailey
8 Joint Health & Wellbeing Strategy	
The Board considered a report which gave an overview of the findings of the consultation undertaken, the implications for the Health & Wellbeing Board, and how these would be taken forward. A summary of recommended changes to the targets had also been incorporated for the Board to debate and decide upon (HWB8(a)). Following this, the Board were asked to approve the post-consultation draft Joint Health & Wellbeing Strategy. As part of the discussion, the Board were advised to be mindful of the potential impact on individuals, communities and organisations, including those that share protected characteristics under the Equality Act 2010. To this end, the Service and Community Impact Assessment was attached at HWB(b)(ii) for information. Following debate, it was **AGREED:** (a) to approve the detailed changes to the targets, as set out in paragraph 9 of the report; (b) with regard to paragraphs 9.5 and 9.7, to confirm that '50% of people with learning disabilities will have an annual physical health check by their GP (currently 45%)' and '50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)' in year 1, with a preparation for the target to be stretched in year 2; (c) to support the expectation that issues such as disadvantage, helping communities help themselves and encouraging locality working should be found in all the Board's plans where appropriate; (d) subject to the above, to approve the final draft of the Health & Wellbeing Strategy 2012 – 2016 and to request the Steering Group to arrange for its publication into the wider environment.	)))))))))))) Jonathan McWilliam and members of the Health & Wellbeing Steering Group

9 Reports from Partnership Boards	
The Director of Children's Services and Councillors Mark Booty and Arash Fatemian, respectively, gave oral progress reports on the recent activity of each of the three Partnership Boards. Each had agreed their priorities, for which action plans would be drawn up in the near future, to give detail on how the outcomes will be delivered. Arrangements for performance monitoring were in the process of being set up for each Board. <u>Children & Young People</u> • Working arrangements around the priorities had been set up, with the aim of avoiding duplication of effort amongst the stakeholders; • Two workshops were being organised, the first exploring proposals to bring about joint arrangements with Mental Health and Adult Services and the second on child sexual exploitation. <u>Health Improvement Board</u> • The Board were pleased to welcome Anita Higham OBE as their Public Involvement Network representative; • A meeting in public had been held in May to discuss a range of health and housing issues and it had been agreed to focus on - Housing quality and fuel poverty; - Preventing homelessness; and - Supporting vulnerable groups. Specific outcomes for these were under consideration. • The May meeting also heard an overview of current work to reduce alcohol related harm which is overseen by the Oxfordshire Safer Communities Partnership, with a view to influencing work from a health awareness point of view; • A stakeholder workshop was held in July to discuss the HIB priorities. <u>Adult Health & Social Care</u> • An Action Planning Board has been set up to receive regular monitoring reports and to agree standards; • OCCG and OCC will agree joint opportunities, to include stakeholders, as required; • Workforce development was the next subject to address; and • An Older People's Joint Steering Group had been set up involving representatives from OCCG, the County and District Councils, Carer's associations, users and from the voluntary sector.	All to note

10 Performance Reports from Partnership Boards	
The Board had before them a summary performance report (HWB 10(a)). The Board also discussed two reports on performance issues in relation to: (a) NHS Health Checks (HWB 10 (b)(i)) – presented by Val Messenger, Deputy Director of Public Health; and (b) Young People not in Education, Employment and Training (NEETs) (HWB (b)(ii)). Members of the Board noted all the reports submitted and congratulated the Deputy Director of Public Health and her colleagues for the considerable progress made with health checks in the County.	Val Messenger
11 Themed Discussion - Frail, Older People	
Prior to debate, the Board were addressed by Mr Michael Hugh-Jones, Honorary Secretary of the Oxfordshire Pensioners Action Group. He raised a number of points and questions which related to the report HWB 11 which concerned: • The accuracy of the statistical estimates of the numbers of older people in the county and their condition; • Questioning the term 'pooled budget'; • The approach taken by Health and Adult Services in relation to financial resources. The Director for Social & Community Services responded to the questions and points raised, commenting that the statistical information was correct and explaining that the budgets were not 'pooled', but 'aligned. He added that the Strategy was based on an analysis of the facts. Further, that both Health and Social Care were endeavouring to respond to the challenges of demographic pressures and limited financial resource by taking measures which improved outcomes for older people and thus limit the demand for health and social care. Members of the Board discussed a number of points raised in the report HWB11. Issues debated centred around: • the relatively high number of people going into care homes in Oxfordshire; and • the merits of Extra Care Housing and the need to encourage more individual schemes/planning applications.	

A background paper, submitted by the Director for Social & Community Services (OCC) and the Interim Director of Planning & Development (OCCG) was attached at HWB11. Members of the Board concluded that although it was useful to hear the views/standpoints from all the representatives around the table, they felt that resulting action was required if a themed discussion was to be an item of business in the future.	Health & Wellbeing Board Steering Group
12 Briefing on the White Paper on Adult Social Care	
Members of the Board thanked the Director for Social & Community Services for his presentation on the recently published White Paper on Adult Social Care, highlighting its implications for the work of the Board.	All to note

..... in the Chair

Date of signing .....

Oxfordshire Shadow Health and Wellbeing Board
22 November 2012

Performance Reporting and Action Planning

Current Performance

1. A table showing the agreed measures under each priority in the Joint Health and Wellbeing Strategy, expected performance and current performance is attached as appendix A.

2. It is worth noting that although the most up to date figures possible have been included, in many cases this relates to quarter 1 (April – June) as quarter 2 (July – September) is still being verified. Where possible, interim performance has been indicated in the notes column.

3. There are also a number of targets that will not be reported on a quarterly basis. This may be where data is collected or released less frequently (as the result of an annual survey for example), or because work this year is focused on establishing baselines for new measures.

4. Current performance can be summarised as follows:

   11 indicators are Green
   3 indicators are Amber (defined as within 5% of target)
   5 indicators are Red
   5 indicators expected to report in Q2 do not have information available yet
   27 indicators were not expected to report this quarter.

5. Current performance is varied, and appropriate action is being taken where it does not meet expected levels to improve this. This has been summarised in the notes column of the appendix. More detailed explanation of some areas of under-performance, including what is being done to improve, will be reported at each meeting to allow the Board to focus attention where performance does not meet expected levels.

6. For this meeting, the Board are invited to consider an in-depth report card that has been produced for the bowel screening target (indicator 8.2). There is also a themed discussion on the response to the continuing increase in demand affecting adult social care, reablement services and delayed transfers of care. This relates closely to indicators 6.1, 6.2 and 6.4 in particular.

Action Planning

7. Each of the priorities and measures in the Joint Health and Wellbeing Strategy has a clear owner, an organisation or partnership that is responsible for reporting progress.
8. However, it is important to capture the wide range of activity happening across the county that contributes to each of them. The workshops are

proving to be important in understanding the work of partner organisations, how this contributes to meeting the priorities and measures in the strategy, and the opportunities they present for further joint working.

Ben Threadgold
Strategy Manager, Joint Commissioning Tel: (01865) 328219

November 2012

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes

Oxfordshire Health and Wellbeing Board
Performance Report

No.	Indicator	Q1 report Apr-Jun		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
	Priority 1: All children have a healthy start in life and stay healthy into adulthood									
1.1	Reduce emergency admissions to hospital for episodes of self-harm by 5% year on year. This means reducing admissions by 8 young people in 2012/13 (currently 155)	Expected 37 admissions **Actual 36 admissions**	G	Expected 74 admissions **Actual 66 admissions**	G	Expected 111 admissions Actual		Expected 148 admissions Actual		
1.2	Reduce emergency admissions to hospital with infections by 10% year on year. This means reducing emergency admissions by 145 in 2012/13	Expected 327 admissions **Actual 413 admissions**	R	Expected 653 admissions **Actual 805 admissions**	R	Expected 979 admissions Actual		Expected 1306 admissions Actual		This is a challenging target set against a national trend of increased admissions, but is part of the NHS outcomes framework. A project board with primary and secondary clinical buy-in has been established, and a clinical decision unit will be introduced in Q3 which should have a positive impact. Q3 may also see an increase in admissions as a result of seasonal pressures.
1.3	Review and redesign transition services for young people with mental health problems. This would mean there would be a new service in place from 1st April 2013							Expected New service to be in place		A project group led by the Director of Children Education and Families has been established to take this forward, following a successful workshop held by the Children and Young People's Board
	Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups									

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
2.1	Maintain the recently improved rate of teenage conceptions (currently at 22 women aged 15-17 per 1000 - in 2010 this was 251 conceptions)	Expected 62 **Actual 62**	G	Expected 125 **Actual 123**	G	Expected 187 Actual		Expected 251 Actual		Latest data Apr-June 2011. Published Sept 2012
2.2	The 'Thriving Families' project will have begun work with the first 100 families by April 2013							Expected 100 families Actual		250 families have been identified so far, and a number of workers have been appointed. A triage process is underway to allocate families to workers
	Reduce persistent absence (15% lost school days or more) from school for children looked after to 4.9% for 2011/12 academic year (currently 11.7%)			Expected 4.9% **Actual 7.7%**	R					This figure is for those children continually looked after for at least 12 months as of 31 March. The figure for the whole cohort rises to 12%
	Priority 3: Keeping all children and young people safer									
3.1	Collect information to establish a baseline of prevalence and trends of child sexual exploitation in Oxfordshire by March 2013							Expected Baseline established and targets set		This work is being undertaken by the Child Sexual Exploitation sub group of the Safeguarding Children's Board

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
3.2	Reduce the number of children who need a subsequent Child Protection Plan (following a previous completed plan) to no more than 15%, which will require full multi-agency commitment (in 2011/12 15.3%)	Expected 15% rolling year 15% year to date **Actual** **11.5% rolling year 2.6% year to date**	**G**	Expected 15% rolling year 15% year to date **Actual** **10.3% rolling year (44/429) 10.2% year to date (22/216)**	**G**	Expected 15% rolling year 15% year to date Actual		Expected 15% rolling year 15% year to date Actual		The measure is the proportion of children who became subject to a child protection plan who had previously been subject to a plan (the national definition is within 2 years, this report is all children) Figure reported monthly October figure: 10.4% rolling year (46/441) 11.4% year to date (29/254)
3.3	A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact (baseline to be confirmed in 2012/13)							Expected Programme of audits in place and baseline established Actual		The Quality Assurance and Audit sub-group of OSCB have set up a working group to develop this measure fully, to report by March 2013.
	Priority 4: Raising achievement for all children and young people									
4.1	76% (5,000) children achieve Level 2b or above in reading at the end of Key Stage 1 of the			Expected 76%	**G**					Performance is now above national average (76%). Oxfordshire still ranks below its statistical neighbour average

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	academic year 2011/12 (currently 74.3% for the academic year 2010/11)			**Actual** **78%**						
4.2	80% (4,880) of children achieve Level 4 or above in English and Maths at the end of Key Stage 2 of the academic year 2011/12 (currently 75% for the academic year 2010/11)			Expected 80% **Actual** **82%**	G					Oxfordshire now performs above national average (79%) and in line with the statistical neighbour average
4.3	59% (3,500 out of 6,000) of young people achieve 5 GCSEs at A*-C including English and Maths at the end of the academic year 2011/12 (currently 57.4% for the academic year 2010/11)			Expected 59% **Actual** **57.2%**	R					This is a slight decrease on 2011, national and statistical neighbour figures remained constant. Validated figures will be published in January, including any English re-sit figures.
4.4	66% (153) primary schools and 70% (24) secondary schools will be judged by Ofsted to be good or outstanding in 2012/13 (currently 61% (142) of primary schools and 65% (21) of secondary schools)	Expected 62% (Primary) 66% (Secondary) Actual **60% primary** **65% secondary**	A	Expected 63% (Primary) 67% (Secondary) **Actual** **62% primary** **65% secondary**	A	Expected 64% (Primary) 68% (Secondary) Actual		Expected 66% (Primary) 70% (Secondary) Actual		Figure reported monthly (but not during school holidays).
4.5	Reduce the number of young people not in education, employment or training to 5% or 864 young people (currently 5.7% in the financial year 2012/13)	Expected 5.6%	G	Expected 8.3% (NB figures always peak in September)	A	Expected 6.6%		Expected 5.0%		Figure reported monthly. The 2012/13 targets (including interim measures) are lower than the same period in the previous year. Similar peaks in September occurred in previous years and also in national data

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
		Actual **5.2%**		**Actual** **8.4%**		Actual		Actual		– the NEET figure is at highest in Sept each year because the destination of young people in education has lapsed. This figure will settle down in the next few months and will continue to be addressed by hub workers. The figures for July and August were reducing and were just over the annual target.
	Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential									
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 72.4%)							Expected 75% Actual		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
5.2	15% of adults on the care programme approach receiving secondary mental health services will be in paid employment at the time of their most recent assessment / review (currently 10.7%)	Expected 11.8% **Actual** **11%**	**A**	Expected 12.9% **Actual** **13.4%**	**G**	Expected 13.9% Actual		Expected 15% Actual		The wording of this indicator has been changed slightly to more accurately reflect the targeted individuals, although the baseline and targets remain the same
5.3	86% of people with a long-term condition feel supported to manage their condition (currently 84%)							Expected 86% Actual		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
5.4	95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)							Expected 95% Actual		This indicator is no longer part of the national outcomes framework, however it remains a priority locally and will be reported on an annual basis
5.5	50% of people with learning disabilities will have an annual physical health check by their GP (currently 45%)							Expected 50% Actual		The data for this indicator is only collected at the end of the financial year and so will be available in Q4.
	Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support									
6.1	A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)	Expected 146 **Actual 151**	R	Expected 103 **Actual 144**	R	Expected 72 Actual		Expected 72 Actual		Figure published monthly by Department of Health.
6.2	No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)					Expected 100 Actual		Expected 200 Actual		Figure reported monthly. Year to date from April-Sept is 323.
6.3	50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)			Expected 43.9% **Actual 46.6%**	G	Expected 46.95% Actual		Expected 50% Actual		Data being collected from Q2 due to changes in collection methods
6.4	3,140 people will receive a reablement service (currently 1,812)	Expected 654	R	Expected 1526	R	Expected 2420		Expected 3140		Figure reported monthly. July figure is 672 actual against a trajectory of 933.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
		Actual **492**		**Actual** **1020**		Actual		Actual		August figure is 873 against a trajectory of 1235.
6.5	Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 91.6%).							Expected 91.6% Actual		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
6.6	By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930			Expected 130 **Actual** **130**	**G**					Target for this year has been achieved – 40 new ECH places have opened at Thame, 70 at Banbury (Stanbridge) and 20 at Bicester.
6.7	75% of older people who use adult social care say that they find information very or fairly easy to find (currently 73.8%)							Expected 75% Actual		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
6.8	Review transport in the community to understand the best way of meeting community needs by June 2013							Expected Review complete and action plan in place Actual		A programme has been established and is on track to complete this review by June 2013.
	Priority 7: Working together to improve quality and value for money in the Health and Social Care System									
7.1	Deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1st December 2012					Expected Single point of access in place Actual				A single point of access for health and social care services already exists provided though Oxford Health Foundation Trust. This is open on a daily basis, further refinement is needed and will be in place by 1st December 2012
7.2	Deliver fully functioning, locality based and integrated health and social care services by March 2013							Expected Integrated health and social care services operational in localities Actual		A detailed plan to achieve this will be complete by the end of November
7.3	A single Section 75 agreement to cover all the pooled budget arrangements by April 2013							Expected Single section 75 agreement in		A joint County Council and Clinical Commissioning Group working group has been set up to oversee this work, and is on track to deliver by end March 2013

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
								place Actual		
7.4	A joint older people's commissioning strategy covering both health and social care by April 2013							Expected Joint strategy agreed and delivery plans in place Actual		The draft strategy has been developed by a multi-agency working group, and discussed at a stakeholder workshop with over 90 attendees. Consultation is planned for Dec – Feb (subject to agreement of AH&SC Board), and strategy to be signed off by end-March.
7.5	Oxfordshire's Clinical Commissioning Group will be authorised by April 2013							Expected CCG to be authorised Actual		Authorisation submitted in wave 1. 110/119 criteria met following desktop review and site visit. Conditions Panel sits on 2 Nov, expected to be authorised with minimal conditions that can be discharged before taking responsibility on 1 April 2013. Action plan is in place to deliver this.
7.6	More than 60% of people who use social care services in Oxfordshire will say they are very satisfied with their care and support (currently 59.4%)							Expected 60% Actual		This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be available by May with benchmarking information in August.
7.7	Achieve above the national average of people satisfied with their experience of hospital care					Expected Above national				Published as NHS National Outcomes Framework 4b. Since it is for experience of hospital care the data is given for

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
	(when the nationally sourced information for Oxfordshire is available)					average England 2011/12 = 75.6% **Actual** **78.7%**	G			individual hospitals, performance is then averaged to give an overall figure. NOC and OUHT were separate in 2011/12 and so they are reported individually. The values are reported as values out of 100. OUHT 75.1/100 NOC 82.3 / 100 Oxford Mental Health Trust is not included.
7.8	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).							Expected Above national average Actual		Data for this indicator comes from the GP Patient Survey. 2011/12 data for the survey was collected in two waves. (NHS National Outcomes indicator 4a) 1st wave published (July-Sept) – 88.28% 2nd wave to be published March 2013
7.9	Establish a baseline for measuring carer satisfaction of services by May 2013							Expected Baseline established and targets set Actual		A survey is taking place in November to establish current performance, the outcomes of which will be used to identify priorities and targets. Comparative data with other areas expected to be available in early 2013/14
7.10	800 carers' breaks jointly funded and accessed via GPs	Expected 200 **Actual** **213**	G	Expected 400 **Actual** **427**	G	Expected 600 Actual		Expected 800 Actual		Achieved Q1 and Q2 targets
	Priority 8: Preventing early death and improving quality of life in later years									

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
8.1	100 smoking quitters above the national target (the nationally set target for Oxfordshire is 3,576)	Expected 840 **Actual 852**	G	Expected 1617 Actual		Expected 2490 Actual		Expected 3676 Actual		Target has been amended slightly to reflect higher national target for Oxfordshire. Performance is monitored weekly with an 8 week lag in reporting. Q2 data therefore expected early Dec. Actual as at 04/11/12 is 1255 against a trajectory of 1235.
8.2	2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years)	Expected 500 **Actual 406**	R	Expected 1000 Actual		Expected 1500 Actual		Expected 2000 Actual		Not achieved Q1 target as number of people invited fluctuates quarterly. Plans are in place to ensure the annual target is met
8.3	30,000 people invited for Health Checks for the first time (currently 25,000)	Expected 7500 **Actual 8848**	G	Expected 15000 **Actual 20707**	G	Expected 22500 Actual		Expected 30000 Actual		
Priority 9: Preventing chronic disease through tackling obesity										
9.1	Ensure that the obesity level in Year 6 children is held at no more than 15% (in 2011 this was 14.9%)					Expected 14.9% or less Actual				Provisional data expected end of Q3 and final in Q4

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
9.2	60% of babies are breastfed at 6-8 weeks of age (currently 58.4%)	Expected 60% **Actual 59.8%**	A	Expected 60% Actual **59.3%**	A	Expected 60% Actual		Expected 60% Actual		
9.3	5,000 additional physically active adults (Data available twice per year) Baseline: 125,500 Adults Annual target: 130,500 Adults			Expected 128,000 Adults **Actual 136,000 Adults**	G			Expected 130,500 Adults Actual		Numbers fluctuate as Active People Survey is based on a sample of approximately 2,500 people
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness										
10.1	A reduction in the number of households at risk of fuel poverty through use of improvement grants and enforcement activity							Expected Basket of relevant indicators to be agreed to enable monitoring and setting of outcomes Actual		The HIB is establishing a working group is being established to report back to meeting in January

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
10.2	Action to prevent homelessness and ensure a joint approach in times of change.							Expected Review in the light of information on best practice Actual		Report on proactive work in all districts and pilot work on direct payments in the City will be brought to January meeting
10.3	New arrangements for partnership work to ensure vulnerable people are supported to remain in appropriate accommodation e.g. young people, victims of domestic violence, offenders and other adults with complex needs.							Expected New partnership arrangements to be in place Actual		New Terms of Reference for the Supporting People Core Strategy Group are being agreed
Priority 11: **Preventing infectious disease through immunisation**										
11.1	8,000 children immunised at 12 months, maintaining the high coverage (this means we will meet the challenging national target of 96.5%)	Expected 2000 **Actual** **2038**	**G**	Expected 4000 Actual		Expected 6000 Actual		Expected 8000 Actual		
11.2	7,700 children vaccinated against Measles Mumps and Rubella (MMR) by age 2	Expected 1925	**A**	Expected 3850		Expected 5775		Expected 7700		

No.	Indicator	Q1 report Apr-Jun	RAG	Q2 report Jul-Sept	RAG	Q3 report Oct-Dec	RAG	Q4 report Jan-Mar	RAG	Notes
		Actual **1883**		Actual		Actual		Actual		
11.3	7,300 children receiving MMR booster by age 5 (meeting the ambitious national target of 95%)	Expected 1825 **Actual** **1958**	**G**	Expected 3650 Actual		Expected 5475 Actual		Expected 7300 Actual		
11.4	3,000 girls receiving Human Papilloma Virus vaccination to protect them from cervical cancer (meeting the national target of 90% of 12-13 year old girls)					Expected 3000 **Actual** **3189**	**G**	Expected 3000 Actual		3 doses required to achieve target - final data as at 08/10/2012 Dose 1 = 3259 Dose 2 = 3238 Dose 3 = 3189
11.5	80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+)							Expected 80,000 Actual		Data expected in Q4

Oxfordshire Shadow Health and Wellbeing Board – 22 November 2012
Detailed Performance Report

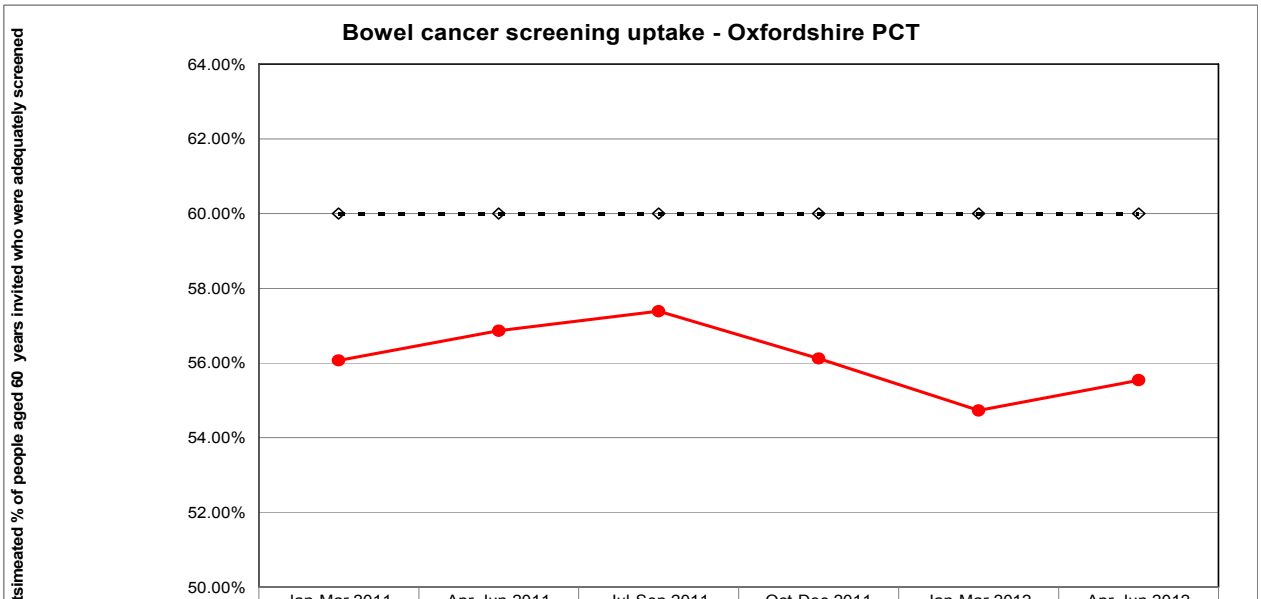
1. Details

Strategic Priority: Preventing early death and improving quality of life in later years
Strategic Lead: Paula Jackson, Locum Consultant in Public Health **Last updated**: 2 Nov 2012

PROGRESS MEASURE: 2000 adults receiving bowel screening for the first time during 2012-13

Current indicator RAG Rating RED

2. Trend Data



	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012
Uptake	56.07%	56.86%	57.38%	56.12%	54.73%	55.54%
Invited	922	881	779	816	749	731
Adequately screened	517	501	447	458	410	406
National target	60%	60%	60%	60%	60%	60%

3. What is the story behind this trend? - Analysis of Performance

- Bowel cancer screening for people aged 60-69 yrs old was launched in Oxfordshire in April 2010.
- Eligible people receive a postal testing kit every two years which they complete and return free of charge. This target counts those people who have returned their postal kits for screening.
- In Q1 2012/13, 406 people took up the offer of screening which is below the 500 expected by the end of June. There are three main factors for this.
- Firstly the number of new people in the 60-69 age group invited for screening this quarter was lower than expected. If invites were spread evenly over the year around 825 invites would have been sent to these people. Instead 731 were sent. We are investigating the reasons, with the regional bowel screening hub, but it may in part be due to the increased number of bank holidays in the 1st quarter of 2012/13.
- Secondly the proportion of people who take up the offer of screening in Oxfordshire has declined. The latest data indicates that 55.54% of those invited for bowel screening take up the offer, below the national target of 60%. This is a cause for concern because bowel cancer is a leading cause of cancer deaths and early detection through screening can significantly improve survival rates.
- Thirdly we had planned to extend the bowel screening programme to people aged 70-74 in 2012/13, but this has not yet happened. Oxfordshire's service was eligible to extend its screening programme in April 2012 however this has been delayed because the OUH Trust is undertaking a programme of work to reduce long symptomatic colonoscopy waits. National awareness campaigns have increased these waiting lists which need to be shorter to ensure a safe service when screening is age extended.
- National awareness campaigns about bowel cancer have also resulted in people eligible for screening visiting their GP instead of following the screening pathway.
- National data indicates that when programmes are extended to invite 70-74 year olds, uptake of a programme exceeds 60% because older people are more likely to take up the offer of screening.

4. What is being done? - Current initiatives and actions

Actions	Commentary
Identifying variations in uptake Screening uptake is monitored at practice level and a health equity audit has been undertaken to identify groups less likely to take up the offer of screening	• Practices with low uptake have been identified. • Groups less likely to take up the offer of screening include men, those under the age of 65yr olds and those registered with practices in deprived localities
Practical support for practices Every GP practice has a Specialist Screening Practitioner (SSP) allocated to provide advice in maximising uptake	• Public health and SSPs provide uptake data to practices • SSPs offer practice visits, presentations and update sessions plus health promotion resources to raise awareness of screening with practice patients
Targeted work to increase uptake Programme of work led by Specialist Screening Practitioners to maximise uptake with groups less likely to take up the offer of screening	• SSPs delivering work to increase uptake among people living in deprived localities, BME populations, vulnerable people including those with learning disabilities and mental illness, plus outreach to community groups
Age extension OUH NHS Trust is implementing an age extension action plan, inclusive of work to reduce symptomatic colonoscopy waits, with a go live date of Feb/March 2013	• OUH Trust currently meet all national requirements to age extend with the exception of waiting times for symptomatic colonoscopies. Delivering plan to reduce waits by November 2012

. What needs to be done now? - New initiatives and actions

Action	By Whom & By When
¤ Continue to deliver targeted work to increase uptake with groups less likely to take up the offer of screening	Bowel screening service - ongoing
¤ Plan an awareness campaign to encourage all those who receive an invite for screening to take up the offer, particularly targeting men and those under the age of 65yrs old.	Public Health & Bowel screening service Jan 2013
¤ Continue to provide practical support to GP practices to assist them in maximising patient uptake and develop collaborative solutions with practices which have particularly low uptake	Bowel screening service & Public Health - ongoing
¤ Use existing contractual arrangements to ensure the OUH Trust successfully extends the age of the screening programme to enable more people to have the opportunity to participate in bowel cancer screening	Public Health November 2012

Health and Wellbeing Board - 22 November 2012
Frail older people: draft action plan

1. At your last meeting, there was a themed discussion on the subject of frail older people. That discussion reflected the importance of this issue for health and social care in Oxfordshire which is reflected in your agreed Health and Wellbeing Strategy.

2. One of the targets in the strategy is the publication by the end of March 2012 of a joint health and social care commissioning strategy for older people. Good progress is being made on that strategy. There was a very successful workshop of the Adults Health and Social Care Board in October which included significant input by older people and their carers. There was a further discussion at the last formal meeting of the Adults Board on 1st November. The draft strategy will be published for general consultation by the end of this month. Ultimately it will be supported by a detailed action plan.

3. That plan can not be finalised until the strategy is agreed. In the meantime it is clear that there are urgent and pressing issues that need to be resolved now. The performance report on your agenda shows that delayed transfers of care are above target, that reablement performance is below target and that the number of people going into care homes remains unacceptably high. Action needs to be taken now to address those issues.

4. Attached is a draft plan which starts to set out the work that is required before the end of March 2013. The purpose of the plan is to set out what needs to be achieved, by whom and by when so that individual organisations can be held to account in public. It focuses on specific actions and outcomes.

5. The draft plan also identifies longer term pieces of work. In due course all of this will be reflected in the action plan that supports the older people commissioning strategy so that there is a single action plan which is used to monitor performance.

6. We anticipate that there will be discussions with NHS providers, GP localities and representatives of older people and carers following this meeting.

7. Health and Wellbeing Board are recommended:

   a) To endorse the draft plan and
   b) Agree to wider discussion as set out above.

John Jackson
Director for Social & Community Services
Oxfordshire County Council

Dr. Stephen Richards
Chief Clinical Officer
Oxfordshire Clinical Commissioning Group

Dr. Joe McManners
Locality Clinical Director
Oxfordshire Clinical Commissioning Group

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Action	Organisation Responsible	Date	Outcome
Delayed Transfers of Care: This section summarises key actions to reduce the number of delays			
Implementation of Discharge Policy	Oxford University Hospitals Trust/Oxford Health/Oxfordshire County Council	Commence December 2012 To be completed by April 2013	All parties (including patients and families) to be clear about what happens when. Audit agreed by all organisations involved. Monitored at Chief Executive meetings.
Implementation of Discharge to Assess Service (Short-Term Fast-Response Domiciliary Care Service)	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	December 2013	Patients discharged home to be assessed in the home environment with appropriate care
Improve the performance of the reablement service	Oxford Health	March 2013	3,140 people will receive a reablement service during the year No Reablement delays by 1st January 2013 and kept to that level
Review of the effectiveness of the supported discharge service and similar services	Oxfordshire Clinical Commissioning Group/Oxfordshire County Council	March 2013	To understand the impact of these services compared with the resources required
Review of the effectiveness of the hospital at home service and its relationship with District Nursing	Oxfordshire Clinical Commissioning Group/Oxfordshire County Council	March 2013	To understand the impact of these services compared with the resources required

Review End of Life Services to include the experience of : ➢ People in care homes ➢ People dying in hospital ➢ People with dementia So as to ensure a more anticipatory approach is adopted	Oxfordshire Clinical Commissioning Group/Oxfordshire County Council	June 2013	To ensure that people in care homes or in hospital, who are reaching the end of their lives have their specific needs and wishes planned for and taken in to account.
Review of the effectiveness of RISE (the end of life service)	Oxfordshire Clinical Commissioning Group/Oxfordshire County Council	March 2013	To understand the impact of these services compared with the resources required
Deliver targets	Oxfordshire County Council	January 2013	Adult social care delays to be kept to less than 20 from 1st January 2013
Deliver targets	Oxford Health	January 2013	Delays for community hospital beds and intermediate care less than 20 from 1st January
Deliver targets	Oxford University Hospitals Trust	January 2013	Choice delays less than 5
Deliver targets	Oxford Health	January 2013	Choice delays less than 5

Early Intervention: This section describes the key actions to improve the services that aim to reduce the need for care			
Improving information and advice that is available for older people (including those funding their own care)	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group/GPs	June 2013	To improve the ability of older people and their families to obtain information about the range of services that they might use
Review the provision of equipment so that equipment is being used in the most efficient and effective way	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	March 2013	To ensure that resources are used in the most effective and efficient way
Increase use of assistive technology (and review the effectiveness of the ALERT service)	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	July 2013	Identify the possible ways that assistive technology could be used more widely to reduce the need for social and health care
Major audit of the waiting lists for health and social care services provided to older people to identify and implement actions which should be taken to reduce them to as low a level as possible	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	March 2013	Waiting lists low so that needs can be met as soon as possible to avoid them becoming more serious. Regular monitoring of the waiting lists to ensure that they remain low.

Dementia: This section describes key actions which need to be taken to support people with dementia to improve their experience of living with the condition and to reduce the demand for care			
Improve diagnosis rates	GPs	March 2013 March 2014	50% people diagnosed 60% people diagnosed
Further actions required and to be outlined in the dementia plan or could be delivery of dementia plan	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	March 2013	Improved services and support for people with dementia and their carers/families

Infrastructure to enable this to happen: This section identifies changes that are required to support the service developments detailed above			
Single point of access for health and social care professionals	Oxfordshire County Council/Oxford Health/Oxfordshire Clinical Commissioning Group	December 2012	1.To advise professionals on the most appropriate services to meet care needs and to avoid the use of inappropriate services 2. To ensure a multidisciplinary integrated response to assessment and care provision.
Single strategy supported by integrated commissioning	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	March 2013	Jointly agreed statement of what services should be in place to meet the needs of older people
Pooled budget for older people	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	March 2013 March 2014	Pooled budget in place for community services Pooled budget in place for all older people services including those within the acute hospitals
Joint view on outcome based commissioning	Oxfordshire Clinical Commissioning Group/Oxfordshire County Council	March 2013	There is a widespread view that providers should be paid on the basis of outcomes rather than activities. However, we need to decide what the best way to achieve that goal is.
Joint Management Group oversight of all service developments	Oxfordshire County Council/Oxfordshire Clinical Commissioning Group	January 2013	To ensure that all service developments are considered in a consistent way and at the same forum

Key actions for 2013/14 onwards for inclusion in the action plan to support the Joint Older People Commissioning Strategy
Review of the effectiveness of the Discharge to Assess Service (Short-Term Fast-Response Domiciliary Care Service) and crisis response service by July 2013
Focus on services changing to anticipate and avoid crises
Commission services that address loneliness and isolation
Review of services that provide sub acute care so as to prevent people from being admitted to acute hospitals
Proposals for the commissioning of Reablement and Rehabilitation from October 2014
Reduce unnecessary admissions to acute hospitals by working closely with primary care and improve medical capability to support people at home
Develop housing options for older people
Integrated Locality Teams

Health and Wellbeing Board Briefing: 22 November 2012

Healthwatch Oxfordshire

Background
Under the Health and Social Care Act 2012, all (top tier) Local Authorities are responsible for commissioning a local Healthwatch by April 2013. Healthwatch Oxfordshire will be the new independent 'consumer champion' for people of all ages using social care, and patients using health services. It replaces the Local Involvement Network (LINKs) and will have a number of extended and statutory functions. A member of Healthwatch Oxfordshire will have a seat on the Health and Wellbeing Board.

Healthwatch England was launched on 1st October 2012. It is hosted by the Care Quality Commission (CQC), but has independent statutory powers to act outside of Government influence. It will provide national co-ordination of local issues of concern and a strong policy influence at a national level.

Healthwatch Oxfordshire will be responsible for:

- Provision of signposting, information and advice to the public regarding access to health and social care services, and making choices in relation to those services
- Obtaining the views of people about their needs, views and experience of local health and social care services and making these known to commissioners, providers and scrutiny committees, through its statutory seat on the Health and Wellbeing Board and through other routes
- Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local care services
- Ensuring the views and experiences of local people are made known to Healthwatch England and making recommendations regarding special reviews or investigations into areas of concern

LA's will additionally take responsibility for commissioning an NHS Complaints Advocacy Service from April 2013 (currently ICAS). In Oxfordshire this is being commissioned regionally for one year initially.

Commissioning and procurement
In Oxfordshire, we have:

- carried out a widescale consultation which has shaped the service specification. It has been developed co-productively in collaboration with a diverse Steering Group
- worked closely with the LINk to ensure we take forward a rich legacy
- developed the local market by offering small grants and support through Co-operative Futures, encouraging partners to work together to seek local solutions.

Timeline for Procurement:

- Invitation to tender: November 2012
- Tender shortlist and final interviews: January 2013
- Transitional set-up period for the new Healthwatch Oxfordshire: (supported by a Department of Health Transition Grant) Feb/March 2013

Funding allocation:
The funding allocation for Healthwatch Oxfordshire has not been confirmed and will not be ring-fenced, but the indicative allocation is between £300k - 400k p/a.

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