



To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 14 March 2019 at 2.00 pm Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Yvonne Rees Chief Executive

March 2019

Contact Officer: Julie Dean, Tel: 07393 001089

julie.dean@oxfordshire.gov.uk

Membership

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

Board Members:

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
Kate Terroni (Oxfordshire County Council)	Director for Adult Services
Louise Upton (Oxford City Council)	Vice-Chairman, Health Improvement Partnership Board

Notes: • Date of next meeting: 13 June 2019

County Hall, New Road, Oxford, OX1 1ND

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Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

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

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

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

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

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

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

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

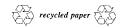
Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

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

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

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



AGENDA

- 1. Welcome by Chairman, Councillor lan Hudspeth
- 2. Apologies for Absence and Temporary Appointments
- 3. Declarations of Interest see guidance note opposite
- 4. Petitions and Public Address
- 5. Notes of Decisions of Last Meetings (Pages 1 22)

To approve the Note of Decisions of the meetings held on 15 November 2018 and 29 January 2019 (**HWB5**) and to receive information arising from them.

The Work of the Board

6. **Draft Joint HWB Strategy and performance framework** (Pages 23 - 46)

2:05

20 minutes

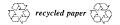
To approve the draft Joint Health & Wellbeing Strategy for implementation, note the views of stakeholders and agree the performance framework (**HWB6**).

The full report on engagement activity will follow for information.

The Board is RECOMMENDED to:

- (a) review the proposed performance framework and suggest any changes or additions to enable the Board to monitor the delivery of the Joint Health and Wellbeing Strategy;
- (b) note the themes and comments in the reports on engagement activity and consider what changes to make to the draft Joint HWB Strategy or other actions to implement in the light of these comments; and
- (c) task officers to complete the suggested revisions to the Joint Health and Wellbeing Strategy and the performance framework and to publish the final version.
- 7. Joint Strategic Needs Assessment (JSNA) Annual Report for 2019 (Pages 47 186)

2:25 15 minutes



To note the content of the JSNA report and the implications for future work (HWB7).

8. Older People Strategy - A Joint Strategy for the Future (Pages 187 - 208)

2:40

10 Minutes

To approve the Strategy for implementation, note the views of stakeholders and agree the proposals for implementation (**HWB8**).

The Board is RECOMMENDED to approve the proposed approach in relation to:

- (a) the scope of the Strategy and the questions it must address;
- (b) the developmental approach; and
- (c) the role of external support in delivering this Strategy.
- **9. NHS Long Term Plan** (Pages 209 212)

2:50

10 Minutes

The Board is asked to note the content of the NHS Long Term Plan report and its implications for the work of the Board (**HWB9**).

10. Care Quality Commission (CQC) Action Plan - Update (Pages 213 - 216)

3:00

5 Minutes

This paper (**HWB10**) provides the Board with an update on recent progress and next steps following receipt of the CQC Progress Report in January 2019.

11. Prevention Framework - update

3:05

10 Minutes

To receive a verbal update on progress in developing a Prevention Framework for all partners.

12. **Workforce - Report from the Workforce Group** (Pages 217 - 228)

3:15

15 Minutes

To note the update from the Workforce Group and to discuss its implications (HWB12).

The Board is RECOMMENDED to note the range of work that is taking place and the progress made through working in partnership on key workforce issues.

13. The Oxfordshire Health & Wellbeing Board Stakeholder Network Proposal (Pages 229 - 230)

3:30

15 Minutes

To discuss the role and forward plan for this Group (HWB13).

Business

14. Oxfordshire Healthwatch Report (Pages 231 - 232)

3:45

10 Minutes

To receive the regular update from Oxfordshire Healthwatch. There will also be a short video presented of work undertaken by East Oxford Utd FC (**HWB14**).

15. Oxfordshire Multi-Agency Safeguarding Arrangements for Children (Pages 233 - 256)

3:55

15 Minutes

To receive information on new arrangements in accordance with 'Working Together 2018'. This will be presented by Richard Simpson, Independent Chair of the Oxfordshire Safeguarding Children's Board (OSCB) (HWB15).

This document is to be presented for approval by Oxfordshire County Council and then to the three safeguarding leads (ie. Chief Executive Officers of Oxfordshire County Council, of the Oxfordshire Clinical Commissioning Group and of Thames Valley Police) for publication later in April.

16. Reports from Partnership Boards (Pages 257 - 278)

4:10

10 Minutes

To receive updates from the Children's Trust, the Health Improvement Partnership Board, the Joint Management Groups and the Integration Strategic Delivery Board (**HWB16**).

17. Domestic Abuse Annual Report (Pages 279 - 282)

4:20pm

10 Minutes

To receive the Domestic Abuse Annual Report (HWB17).

18. Dates, times and venues for future meetings

Please note the following dates, times and venues for future meetings (please note in particular the change of time for the September 2019 meeting to the morning):

Thursday 13 June 2019 (2pm – 5pm) County Hall, Oxford

Thursday 26 September 2019 (10am - 1pm) Jubilee House, Oxford Business Park

Thursday 5 December 2019 (2pm - 5pm) County Hall, Oxford

Thursday 19 March 2020 (2pm – 5pm) Jubilee House, Oxford Business Park

Close of meeting - 4:30pm







OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 15 November 2018 commencing at 2.00 pm and finishing at 5.05 pm

Present:

Board Members: Dr Kiren Collison (Vice-Chairman) – in the Chair

Stuart Bell

Dr Bruno Holthof

District Councillor Andrew McHugh

Dr Jonathan McWilliam

Ben Riley

Councillor Lawrie Stratford

Prof George Smith

Kate Terroni

City Councillor Louise Upton

Councillor Ian Corkin (In place of Councillor Steve

Harrod)

Councillor Mrs Judith Heathcoat (In place of Councillor

Ian Hudspeth)

Officers:

Whole of meeting Julie Dean (OCC)

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

If you have a query please contact Julie Dean, Tel: 07393 001089 (julie.dean@oxfordshire.gov.uk)

	ACTION
1 Welcome by Deputy Chairman, Dr Kiren Collison (Agenda No. 1)	
The Vice-Chairman welcomed all to the meeting, in particular she welcomed new members Stuart Bell, Dr Bruno Holthof, Louise Patten, Yvonne Rees and Dr Ben Riley.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies for absence and substitutions were as follows: Cllr Ian Corkin for Cllr Steve Harrod Maria Godfrey for Lucy Butler Cllr Judith Heathcoat for Cllr Ian Hudspeth Diane Hedges for Louise Patten Bev Hindle for Yvonne Rees David Radbourne sent his apologies.	OCC(Andrea Newman)
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
Dr Ben Riley declared an interest on account of his paid employment as: (a) a GP partner at 19 Beaumont Street Surgery, Oxford, and, as such holds a contract to provide NHS General Medical Services; and the Surgery was a provider of some public health services commissioned by Oxfordshire County Council; (b) Director and Chief Clinical Officer of OxFed Health & Care Ltd which provides a range of NHS and non-NHS healthcare services in Oxford city's population and works in partnership with other healthcare providers in the county; and (c) Medical Director of Curriculum and GP Education at the Royal College of GPs, London.))) OCC(Andrea Newman))))))
A request to address the Committee from Cllr Cathy Augustine, Didcot Town Council, at Agenda Item 7 had been agreed.	OCC(Andrea Newman)

5 Note of Decisions of 22 March 2018 and 10 May 2018 meetings (Agenda No. 5)	
The Notes of Decisions of the meetings held on 22 March 2018 and 10 May 2018 (HWB5) were approved and signed.	OCC(Julie Dean)
6 Re-launch of the Health & Wellbeing Board (Agenda No. 6)	
Dr Collison reported verbally on progress in relation to the development of the Oxfordshire Health & Wellbeing Board since the changes were agreed at the special meeting of the Board on 10 May 2018. She stated that the Board comprised of a broader membership which reflected the more strategic, more visible, high-level Health & Wellbeing Board Strategy which extended across the whole system.	
A member of the Board commented on the encouraging and positive progress that had been made in relation to the different bodies working together, to which Dr Collison agreed.	
7 Draft Joint Health & Wellbeing Strategy and New Priorities for the Health & Wellbeing Board (Agenda No. 7)	
Prior to consideration of this item, the Board was addressed by Cllr Augustine. She expressed her concern at the perceived 'lack of transparency' in respect of the workshops held in private to establish the Board's ways of working together in the future. She also pointed out her concern that the venue for this meeting was the Clinical Commissioning Group's offices and not County Hall as was usual; which, in her view, reflected the fact that the CCG were increasingly in control. It was also Cllr Augustine's view that the CCG's policy of engagement with the public was unacceptable and 'opaque', thus making valued scrutiny impossible.	
Draft Health & Wellbeing (HWB) Strategy (HWB7(a))	
Dr McWilliam presented the draft Health & Wellbeing Strategy (HWB7(a)) for discussion and seeking approval for engagement with the public. He stated that this was an example of true collaboration of organisations working together for the people of Oxfordshire. He added that the Strategy covered a wide number of topics which concerned all the wider determinants of Health, that in turn influenced housing, green spaces, highways etc,	

thus giving a clear direction for all.

In presenting the Strategy he highlighted four priorities at Board level:

- Prevention;
- Emphasis on place-shaping;
- The vital importance of the residents' journey; and
- The workforce.

Comments from Board members relating to the challenges and goals for the Board in the future included:

- The Board should continue to promote DToC;
- The Board should promote specifics in relation to its goals in order to ensure accountability, a strategic vision and measures of success. For example, engagement with staff who were as important as engagement with the public and the establishment of a five - year plan and action logs in order to enable the setting and monitoring of achievable targets and goals;
- The emphasis on prevention was welcomed, but more work needed by the sub-groups to come up with targets on how to promote personal responsibility in people for their own health;
- To welcome the focus in the Strategy on the workforce challenges, despite the available resources, on health inequalities and on mental health.

Diane Hedges asked to what extent should the Board set out what it wanted to do in detail, pointing out that this could be treading a difficult line. The Board was doing well in its endeavours to set the middle ground and it was already very sighted on achieving the children and adolescent targets. There was still an opportunity to shape the Strategy for further engagement.

The Board AGREED to approve the draft Health & Wellbeing Strategy for wider engagement with the public.

All members of the Board

Engagement Plan for the Joint Health & Wellbeing Strategy (HWB7(b))

Catherine Mountford (OCCG) introduced the outline engagement plan from the updated Health & Wellbeing Board (HWB7(b)).

Cllr Stratford asked how could it be ensured that sufficient people engage with the Plan in order to be confident that the people spoken to was a fair representation. Catherine Mountford responded that all the organisations represented on the Board would utilise all the networks available to them for publishing purposes. Staff members would be engaged with, together with staff members from the communities.

Professor Smith made reference to the Healthwatch Oxfordshire website which featured a 'Trip Adviser' style facility which collected comments and views from the public for GP surgeries, community hospitals etc.

The Board **AGREED** to approve the Engagement Plan.

OCCG(Louise Patten)

Priorities for the Health & Wellbeing Strategy (HWB7(c)

Improving the resident's journey through the health and social care system (HWB7(c)(1)

The Board had before them a Highlight report and Evaluation Framework from the Integrated System Delivery Board (ISDB). The Director of Adult Social Services, Kate Terroni, gave a verbal feedback report from the recent CQC follow-up inspection which had been provided to the system leaders verbally. Observations included:

- relationships at senior level were much improved;
- the evaluation of winter pressure schemes was good;
- positive work in respect of the workforce had taken place with good examples of best providers;
- there was recognition of the current work around the implementation of service provision for 'stranded patients'
- there were still a few confusing pathways and some duplications if service
- insufficient work to date on the integration of Health and Social Care;
- the work required on self funders had not as yet been concluded – advice on the website was in place but there had been no brokerage on this function;
- further work was required with carers;
- Oxfordshire had the best and most vibrant voluntary service provision, but there was no coherent way established for working with them.

Dr Holthof suggested that there be an amendment to the presentation of the indicators to the effect that there had been a significant amount of progress made and much ground – work done in building trust in respect of patients leaving hospital in a timely way.

The Board **AGREED** to:

(a) (unanimously) endorse the evaluation framework and the

suite of indicators listed on page 48 of the report, as amended above; and

(b) note that the CQC would be returning to a meeting of the Board on 29 January 2019 in order to deliver formal feedback on the inspection.

OCC(Kate Terroni and Julie Dean)

<u>Planning for future population Health and Care needs – proposed framework approach (HWB7(c)(2)</u>

Diane Hedges presented the approach to meeting current and future population needs, as set out in the report 7(c)(2).

She reported that the proposed framework approach had been tested with the Oxfordshire Joint Health Overview & Scrutiny Committee who had been supportive of the way forward. One of its observations had been to recommend the Board to draw together innovative and best practice in order to deliver care locally.

Suggestions made by members of the Board included the following:

- there was a need to include timings in order to ensure parity;
- there needed to be meetings held with the public, particularly with those living in the rural communities, and parish, district and county councillors needed to have an involvement in these. Diane Hedges responded that decisions had yet to be made on how many meetings should be held and where;
- demographic data was required in respect of who was moving into developing areas, such as Bicester and Didcot, together with future needs. The latter could be gleaned from surveys undertaken by university students, for example. This was a strategic framework involving many partners, it required a co-production based on demographics and involving place;
- more evidence based work was required on complicated issues such as migrations and the splitting up of households; and
- any decisions in relation to health and care needs would require some work across the borders on patient flows.

The Board **AGREED** to approve the framework approach to meeting current and future population needs, as set out in the report.

OCCG(Louise Patten)

Agreeing plans to tackle critical workforce strategies (HWB7(c)(3)

The Director for Adult Social Services reported that a large amount of work was taking place with providers, in a much more co-ordinated way, to tackle the recruitment and retention of staff in Oxfordshire. There had also been developments in nurses training, including apprentice training in a co-ordinated way as a means of attracting people to come to Oxfordshire. In addition, a strand of the work was to look at affordable housing in relation to Homeshare. She added that the workforce group would be requested to come along to the March 2019 meeting of the Board to give a presentation on work so far.

Current and future opportunities for prevention (HWB7(c)(4)

Dr Collison and Dr McWilliam presented an outline of the crosscutting theme of prevention, including population health management, healthy place-shaping and alignment of prevention initiatives across the system.

Councillor Ian Corkin explained his newly-gained portfolio as a Cabinet member of Oxfordshire County Council, to deliver the Cherwell District Council/Oxfordshire County Council partnership. He highlighted healthy place-shaping in particular as a very important priority, where the most benefit for residents could be realised. For this to be successful there needed to be the right people in the same room in order to break down silos; and also the profile of projects which had proved beneficial for residents to be raised at these meetings, for example, the blue walking lines in new developments in Bicester and the inclusion of sports pitches etc in plans.

The Board **AGREED** to note these initiatives.

OCCG(Dr Collison)/OCC(Val Messenger)

8 Oxfordshire Health & Wellbeing Board Performance Report

(Agenda No. 8)

The report on progress against outcomes agreed for 2017-18 in the Joint Health & Wellbeing Board Strategy was before the Board at HWB8 for consideration and for the Board members to be held to account.

Board Members were reminded that this performance report represented the performance of the previous Board and would be superseded by an updated version. The appropriate framework process would be a topic for discussion at the next Board workshop, to be followed through at the next meeting.

Questions from the Board and responses received were as follows:

- With regard to a question relating to 3.2 'Number of Children missing from home', Maria Godfrey reported that officers were working with the Police to address the increase last year. However, this area was the subject of ever-growing complexity due to drug/sexual exploitation. There was a very clear policy of intervention when children go missing and a large amount of work takes place. She also pointed out that there was large amount of preventative work which was beginning to come to fruition in this area, though still much work to do;
- In relation to 1:1 Waiting times for first appointment with the Child & Adolescent Health Services (CAMHS)'. a Board member asked how it would be possible to unblock unmet demand. Maria Godfrey responded that a significant amount of work had taken place to try to prevent escalation into the CAMHS service. Single access had been very much welcomed by services needing advice, support and referral into the service. Professor Smith added that there was a very important interface between CAMHS and young carers, and his wish to see a specific focus on supporting young carers in this respect. Dr Collison responded that there was a need for the Board to decide what approach it wished to take with regard to evaluation and what the key issues were. Maria Godfrey added that a performance dashboard would also be looked at by the Children's Trust who could then pick out the key issues.

The Board **AGREED** to receive the report.

OCC(Steve Thomas)

9 Terms of Reference of Health & Wellbeing Board (Agenda No. 9)

The draft Terms of Reference for the refreshed Health & Wellbeing Board, and all of its sub-groups and Partnership Board were before the Board for approval.

Professor Smith suggested that consideration could be given, once the Board and its groups had embedded in more, a rolling 5 year Forward Plan for the Board and its sub-groups be drawn up and kept under regular review; and a more immediate action log,

similar to that which is submitted to each meeting of the Oxfordshire Joint Health Overview & Scrutiny Committee, be set up to identify what actions have been taken and what is still to be done

The Board **AGREED** to approve the refreshed Terms of Reference for the Board and its sub-groups.

OCC (Julie Dean)/All subgroups and Partnership Board

10 Older People Joint Strategic Needs Assessment (JSNA) & Older People Strategy

(Agenda No. 10)

The Older People JSNA and Older People Strategy for 2019 – 24 was presented to the Board by Kate Terroni, Director for Adult Social Services, and Dr Kiren Collison, Chair, Oxfordshire Clinical Commissioning Group for discussion prior to wider engagement.

Kate Terroni reported that conversations had taken place with older people and carers on what was required to support them in the community, prior to consultation. Dr Collison stated that this had been in a very refreshing process and that, whilst Oxfordshire was a thriving community, it also harboured issues such as loneliness, isolation, access to care and independence. She added that there were also many other pathways relevant to the Strategy and the Older People Strategy was underpinned by those. She reminded the Board that there were plans to go out to further engagement.

Professor Smith stated his view that more of a focus could be given by housing authorities to the adaptations of housing stock to aid older people. In response to this, Councillor Corkin reported that Cherwell District Council and Oxfordshire County Council had recently appointed a joint officer to work with the commissioning teams. Cllr Stratford agreed that there was insufficient longer life housing which was affordable for older people within developments, because developers deemed them as not economical. He agreed that there was a need for more shared housing, such as McCarthy Stone developments, which was both affordable and served two persons. He added that this could lead to larger family homes being freed up for larger households. Cllr Judith Heathcoat added her view that conversely, we all age differently and some older people wished to remain in their own homes, living independently where their

memories were. She added that it would be interesting to see if there was a commonality with work across the piste.	
The Board AGREED to:	
 (a) approve the new Oxfordshire Older People's Strategy for 2019 – 24 and its supporting documents to go forward for online consultation; (b) request a report for submission to the March 2019 meeting on what all the agencies were doing in respect of extra care housing, supported living, domiciliary care, to include also information on the housing agendas and efficiency; (c) thank all the organisations involved in preparing the Strategy.)) OCC(Kate Terroni))
11 Reports from Health & Wellbeing Board Sub-Groups (Agenda No. 11)	
The Board considered each of the reports from the Sub-Groups and Partnership Board, in order to assess progress in the delivery of the Joint Health & Wellbeing Strategy's priorities (HWB11):	
Children's Trust Board	
Tan Lea delivered the update from the Children's Trust Board, in Cllr Steve Harrod's absence. She highlighted the following:	
 The Children & Young People's Plan had now been launched; The multi-agency Safeguarding Hub had highlighted two strategic issues for further work. These were in relation to social media and the delivery of a Lesbian/Gay/Transgender Strategy in the future. The Programme Board would ensure that all was in place and progressing. 	
Joint Management Groups for Adults	
Councillor Lawrie Stratford, Chairman, commended the reports to the Board.	
Health Improvement Partnership Board	
Councillor Andrew McHugh, Chairman, stated that this was a Board which worked together with partners to enable good health for all; for instance, to tackle smoking, encouraging people to drink less, to keep themselves healthy etc. Its principle duty was to introduce reasonable targets into the 5 - year programme to	

achieve improvements for the population of Oxfordshire.

Integrated Delivery Board

Dr Holthof pointed out that this Board was the driver to support the integration of Health and Social Care, focusing on tangible objectives and deliverables. To date it had achieved a significant amount, such as this year's whole system delivery of the Winter Plan. The Board had developed a new tool which delivered all the required data on demand, together with capability around the system which included that of the Ambulance Trust, the provider Trusts (available beds), GP availability etc. He pointed out that the recent success of the DTOC statistics in relation to 'superstranded' patients had all been due to the open and direct approach given from this Board. It aimed to achieve good results to show to the benefit of all patients.

Cllr Stratford concurred pointing out that the integrated team's delivery of improved DTOC statistics was a good example of whole team working.

The Board **AGREED** to receive the reports.

All to note

12 Oxfordshire Safeguarding Children & Adult Boards - Annual Reports

(Agenda No. 12)

Pam Marsden, Chair, Adult Safeguarding Board and Melanie Pearce (Service Manager, Safeguarding) and Superintendent Joe Kidman (Deputy Chair, Children Safeguarding Board) and Tan Lea (Strategic Safeguarding Partnerships Manager) attended to present the above annual reports for 2017/18.

Pam Marsden highlighted the following:

- The report itself had been re-designed with the aim of increasing the engagement from the public. Much of the information contained within it had been written by partner agencies and utilised to explain the Board's activities;
- Service users had been asked what they had needed and what they had received, thus personalising the detail of the work undertaken;
- Joint priorities had been worked through with the Children's Safeguarding Board and training given, with, for example, Housing providers. This had led to safeguarding leads being identified amongst each of the housing providers;

A challenge for the Board, which was also welcomed, was the increased demand made on Health and Social Care as a result of the Mental Capacity Act.

The Board thanked Pam Marsden for her excellent report and particularly for the move towards further accessibility to the public.

<u>Joe Kidman</u>, presented the report of the Children's Safeguarding Board on behalf of its Chair, Richard Simpson. He gave credit to Tan Lea and the Business Unit for a very good piece of work which had also delivered a sense of challenge. Some of the challenges highlighted were as follows:

- The Board had sought to partner with Barnados for the purposes of independent scrutiny, which had proved both innovative and testing as a result;
- The increase of home education for children and the lack of legislative structure which accompanied it. A Team on learner engagement had been established for children not in education:
- There had been an increasing demand on the statutory system with more focus on the Child Protection Plans and on neglect. The heavy demand on CAMHS was a matter for concern;
- More work was required to respond to domestic abuse. to ensure a more joined up and child focused response.

He informed the Board that there had been a move into a new statutory structure to include the local authority, Health and Police partners, where a Board would not be necessary. However, there had been a wish amongst partners to retain the Board structure, with the community structure sitting above it.

In response to a question asking how effective male role models were in the children in care system, Tan Lea responded that there was a significant

amount of attention paid to achieving a good balance of role models. Training was also delivered on this subject.

The Board AGREED to receive the reports and to thank Pam Marsden and Superintendent Joe Kidman for their presentations.

All to note

13 Healthwatch Oxfordshire (HWO) - Update (Agenda No. 13)

Professor Smith gave an update (HWB13) on the activities of

Healthwatch Oxfordshire highlighting its interventions which contributed to the commissioning by NHS England of a further

dental practice in Bicester and improvements to the MSK Physiotherapy Service. He also directed the Board's attention to HWO'S aspirations to establish a 'Young Healthwatchers' service in a similar vein to that of Buckinghamshire's.	
The Board AGREED to note the report.	All to note
14 Improved Better Care Fund Allocation (Agenda No. 14)	
The Director for Adult Social Care presented the Improved Better Care Fund Allocation Plan which also included the performance measures that were proposed to be used to ensure confidence in the effectiveness of the spend(HWB14).	
The Board AGREED to:	
(a) endorse the Improved Better Care Allocation Plan; and(b) endorse the performance measures to be used, as contained in the report.	OCC(Kate Terroni)
15 Director of Public Health Annual Report 2017-18 (Agenda No. 15)	
The Board had before them the Director of Public Health's Annual Report for 2017-18, for consideration (HWB15).	
Dr McWilliam directed the Board's attention to the comments of the Oxfordshire Joint Health & Overview Committee (HOSC) at its meeting on 20 September 2018, Cabinet on 16 October 2018 and County Council on 6 November 2018, in particular to that of HOSC's recommendations in relation to alcohol pricing and fast food advertising. In this regard, a draft letter from the Secretary of State for Health from the Chairmen of HOSC and this Board was before the Board for approval. which were attached also at HWB15.	
At this point Cllr Andrew McHugh declared a personal interest on account of his membership of the South - East Combat Stress: Mental Health Support for Veterans and as a trustee of Help the Heroes Campaign.	
The Board AGREED to:	
(a) receive the Director of Public Health's report; and(b) approve the above-mentioned letter to the Secretary of State for Health for despatch.) DPH(Val Messenger

16 Health Inequalities Commission Implementation Group - Update (Agenda No. 16)	
Two years on since the Commission first initiated the report, Dr Collison (CCG) and Jackie Wilderspin (Public Health Consultant) presented an update report on how each area highlighted had progressed and also outlined future plans for the work of the Commission.	
Dr McWilliam stated his view, to which Dr Collison agreed, that now was the appropriate time to take a look at where the health inequalities work had manifested itself, and then to formulate some decisions as to whether the health inequality principles had 'baked in' sufficiently or whether more work was required. In essence, there was a need for a more searching and strategic look at the way this work had progressed, and then to take it forward for use within the new Board's inter-generational approach to its Strategy.	
Professor Smith added his full support, stating his view that a more structured plan was required, perhaps over 5 years, in order to achieve a clearer long-term vision for the Board to drive forward.	
The Board AGREED :	
 (a) to endorse the decisions of the Implementation Group to work in a more strategic way to make further progress with this work; (b) that the sharing of good practice on addressing health inequalities should be facilitated across the system; (c) to ensure that the 5 principles for addressing health inequalities as set out by the Health Inequalities Commission were embedded in the Joint Health & Wellbeing Board Strategy and all other associated strategies and plans; and (d) (unanimously) convene a workshop for the Board to engage in a more in-depth discussion of where this could be taken.)))) OCCG(Dr Collison/OCC (Jackie Wilderspin)))
17 Mental Wellbeing in Oxfordshire: Public Health England Prevention Concordat for Better Mental Health (2017) (Agenda No. 17)	
The Prevention Concordat for Better Mental Health and the associated guidance was published by Public Health England in 2017. The Concordat aimed to galvanise local cross-sector action	

to support the prevention of mental health problems and the promotion of good mental health across the whole system. It will guide effective prevention and planning arrangements which could be achieved locally through the development of an Oxfordshire Mental Wellbeing Framework.

The consensus statements of the Prevention Concordat for Better Mental Health describe the shared commitment of partner organisations to work together via the concordat to prevent mental health problems and promote good mental health.

The Mental Wellbeing Prevention Concordat was before the Board for discussion and approval (HWB17).

Cllr Lawrie Stratford presented the report. He expressed his hope that each organisation would sign up to the Concordat and each would then focus their attention to what could be achieved in their local environment.

The Board **AGREED** to:

Date of signing

- (a) endorse the consensus statements of the Prevention Concordat for Better Mental Health; and
- (b) support a call for action to all partners to develop an Oxfordshire Mental Wellbeing Framework for local cross-sector action.

All partners

in the Chair









OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Tuesday, 29 January 2019 commencing at 10.00 am and finishing at 11.30 am

Present:		
Board Members:	Councillor Ian Hudspeth – in the Chair	
	Dr Kiren Collison (Vice-Chairman) Stuart Bell Lucy Butler Christine Gore Councillor Steve Harrod Dr Bruno Holthof District Councillor Andrew McHugh Val Messenger Louise Patten Yvonne Rees Ben Riley Councillor Lawrie Stratford Prof George Smith Kate Terroni City Councillor Louise Upton	
Officers:		
Whole of meeting	Julie Dean (Resources)	
agreed action. For backgro papers available on the Co	outcomes of this meeting and those respond ound documentation please refer to the agen ouncil's web site (<u>www.oxfordshire.gov.uk</u> .) ry please contact Julie Dean, Tel: ov.uk)	nda and supporting
		ACTION
1 Welcome by Chairma (Agenda No. 1)	nn, Councillor lan Hudspeth	
The Chairman welcomed	all to the meeting in particular Ann	

Ford, Deanna Westwood and Nick Warren, Care Quality

Commission.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
An apology for absence was received from David Radbourne.	Andrea Newman (Resources)
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
Kate Terroni, Director for Adult Services, declared a personal interest in the business of the Board for this meeting, on account of her future new appointment as a chief inspector of Adult Social Care in the Care Quality Commission. The Chairman took this opportunity to thank her on behalf of all members of the Board for her valuable input into the Board's work and wished her well for the future.	
4 Petitions and Public Address (Agenda No. 4)	
No requests had been received to submit a petition or address the meeting.	
5 Welcome and Context (Agenda No. 5)	
Prior to the presentation to be given by the CQC, the Chairman gave a brief contextual summary of the current scene. He pointed out that nothing contained within the Action Plan had held any surprise and indeed had given a platform for the Board to take forward its plans for a full review of the Board's governance. The Board had asked itself what rationale for strategic leadership was required from the point of view of patients/residents who required a smooth flow across the system and joined-up care.	All to note
6 CQC Local System Review Progress Report (Agenda No. 6)	
At the conclusion of their presentation the Inspectors briefly summarised their findings as a significant amount of work had been done, but there was more to do. This, they could say with confidence, would be conducted with the same strong commitment already shown. The Board was advised not to place	All to note

too much emphasis on chasing the performance indicators, but to embed good practice which would in turn deliver good performance.

The Chairman thanked the CQC inspectors for their presentation stating that the review had given the Board some welcome impetus and challenge. He pointed out that he had visited the John Radcliffe Hospital to observe how the teams were working and was impressed by the lack of demarcation between Health and Social Services.

Stuart Bell added his agreement with the helpful advice given by the CQC which was not to become too led by performance indicators. Using the example of DToC, he commented that there was a need to think more about the need to focus on hospital avoidance, adding that progress had been made on this. The CQC's first report had been very helpful in advocating this. Ann Ford commented that a solution to problems such as DToC was to tackle the broader symptoms, rather than the performance indicators. However, it had to be said that performance indicators were important and served to inform the conversation. A longer, more strategic outcome - focused approach was more beneficial.

Kate Terroni thanked the CQC for a very balanced report which had given recognition to the progress made. However, she expressed her surprise that the CQC had challenged the pace of the review, stating that there had been a keenness on the part of the Board to do things correctly and in the right order, which, in all, had taken some time. Deanna Westwood stated that the Board's whole 'joint vision' approach had been very helpful and showed shared endeavour. Indeed, the CQC would like to see this approach to be rolled out across the country.

A member of the Board asked how to embed the changes across the whole of the workforce, asking also for examples of systems which had successfully changed. Deanna Westwood, in her reply, recognised that this was also the biggest challenge for Stoke – on - Trent, which was one of the other authorities reviewed. During the review, the CQC had seen relationships much repaired, and collaborative working in place across the system. Top leaders at Stoke had empowered staff to get engaged and run with the changes, so that they could personally identify the wins and thus believe in the vision and make it their own. At management level there was clear, visible leadership and good strategic direction. Louise Patten added that this gave her a cross-cutting challenge and was key learning for her - as it was for all staff. The key issue was how the Board could keep hold of the methods used. In response to this, Ann Ford undertook to share any methodology which the CQC had utilised, for example, relational audit, key lines of enquiry and reduced data set. She suggested that this could be used with peers in order to give a good indication of the direction of travel.

The Stakeholder Reference Group had been formed as a key mechanism for other groups to have their say in the work of the Health and Wellbeing Board.

The Chairman added his recognition of the importance of working with district council colleagues on housing for the workforce, which was a primary issue facing the system. There was considerable discussion by the Board in relation to housing issues and a number of issues raised. There were as follows:

- There were very ambitious targets associated with the number of housing to be delivered by 2031 and it was important to ensure that some developments contained homes which were designed as homes for life. Extra care housing appeared to be seen often as an 'extra' to the economy. There was a call amongst members of the Board for the process to be integrated to ensure residents had the best quality facilities. Affordable housing set the scene for a caring Oxfordshire. A member called for a joint approach from decision makers around the Board table to follow Cherwell District Council's bid to endeavour to influence developers. It was recognised that the biggest challenge was money and how to spend it in relation to the engagement in and delivery of front-line services;
- It was pointed out that there was a need to make affordable housing available to workers already living in Oxfordshire to ensure opportunities were available for Health and Social Care employees. There were many jobs unfortunately being lost in retail which could afford opportunities for a change of career in Health and Social Care;
- A member pointed out that there was a need to take a step back and reassess the district councils' approach to the green belt and make a step change in policy approach. There were signs of a less stringent approach to this, which would open up opportunities for housing; and
- A member of the Board wondered if the Board ought to be lobbying for Oxford weighting on salaries.

Yvonne Rees commented that being a recent appointment, she had arrived into a system which was both collaborative and which put patients and residents at the heart of the issue. She added

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	That, together with partners, there was the ability no Board to take it to the next level. She added that recognised the need to push forward. Stoke was exactly oxfordshire needed to be in terms of aspirational lead visibility.	the Board actly where	
	The Chairman concluded the meeting by thanking Westwood, Ann Ford and Nick Warren for attending a very valuable presentation and looked forward to a fur of where Oxfordshire had got to next summer.	nd for their	
		in the Chair	
	Date of signing	2019	



Oxfordshire Health and Wellbeing Board – 14 March 2019

The Joint Health and Wellbeing Strategy 2019 – 2023

Cover sheet

A draft Joint Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in November 2018 for wider engagement.

The following papers comprise

- 1. **Paper 6a** The final draft Joint Health and Wellbeing Strategy. Some minor changes have been made as a result of feedback received from stakeholders.
- Paper 6b A draft performance framework which can be used at every meeting of the Health and Wellbeing Board to monitor progress in delivery. This is a set of performance and process indicators which will be reported by each of the sub-groups of the Board.
- 3. **Paper 6c** A brief report on the engagement activity undertaken on the content of the Joint Health and Wellbeing Strategy. A more detailed report will be tabled at the Board meeting.

Recommendations: The members of the Board are asked to:

- 1. Review the proposed performance framework and suggest any changes or additions to enable the Board to monitor the delivery of the Joint Health and Wellbeing Strategy.
- 2. Note the themes and comments in the reports on engagement activity and consider what changes to make to the draft Joint HWB Strategy or other actions to implement in the light of these comments.
- 3. Task officers to complete the suggested revisions to the Joint Health and Wellbeing Strategy and the performance framework and to publish the final version.



Oxfordshire Joint Health and Wellbeing Strategy (2018-2023)

Amended draft for discussion at the Health and Wellbeing Board 14th March 2019

To the people of Oxfordshire

This strategy is all about you, the people who live in, work in and visit Oxfordshire.

It tells the story of how the NHS, Local Government and Healthwatch work together to improve your health and wellbeing. We work together as the Oxfordshire Health and Wellbeing Board. The membership was reviewed in 2018, and so we see this as our chance to begin a fresh conversation with you.

The strategy paints a picture of the things we intend to do, but it needs input from you and so it is written to enable an ongoing conversation with you.

It paints a picture, but we don't start with a blank canvas – health in Oxfordshire is good compared with the national picture. Residents live longer here than elsewhere and remain healthy into older age for longer than the national average. Local people take more exercise than in neighbouring Counties and carry less excess weight. We consistently outperform other areas for measures such as breast feeding, teenage pregnancy and immunisation rates. These positive factors give us a solid foundation on which to build local services.

There is much already going on in our services and how they work together too. For example, we have some of the leading health services and academic organisations in the country on our doorstep, and many highly rated services. Levels of satisfaction from patients and users of our services consistently say that overall they are satisfied with the services they receive.

Yet we face challenging times. The population is growing and ageing. The number of people with chronic complex diseases is growing. Demand for all our services is increasing. House prices locally are high and this exacerbates staffing shortages. Money is very tight, and frankly we struggle to make ends meet and to achieve all of our national targets.

We know we can do better than this and know we have to work together to find our way through these challenges. We are confident that we can. Our major asset is our willingness to work together and to work with you to find new solutions to old problems.

That's what this strategy is all about.

We have agreed a vision to guide us on our journey forward, it is our touchstone and our compass.

Our Shared Vision is: "To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"

We have reviewed the current issues affecting us and have picked out the most urgent priorities for our renewed focus on delivery through partnership. We aim to: prevent ill health before it starts:

give patients and services users a high quality experience as they use our services;

work with you on re-shaping your local services and tackle our chronic workforce shortages.

The priorities can be summarised as:

- Agreeing a coordinated approach to prevention and "healthy placeshaping"*.
- Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
- Agreeing an approach to working with the public so as to re-shape and transform services locality by locality.
- Agreeing plans to tackle critical workforce shortages.

In addition to these priorities for the Board we will be developing our work together on a wide range of issues that affect different groups in the population. These are set out in the body of the strategy using an approach which covers all ages and stages of life—ensuring *A Good Start in Life*, enabling adults to continue *Living Well* and paving the way for *Ageing Well*. Many factors underpin our good health and we will work together to address these too under the heading *Tackling Wider Issues That Determine Health*.

And written through all these priorities is our absolute commitment to *tackling health inequalities* and *shifting the focus to prevention*.

We hope our approach piques your interest, and look forward to sharing our ideas with you in the pages that follow......

* "Healthy Place Shaping" means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing; learning from the Healthy New Towns in Bicester and Barton and applying this to other new and existing developments

The Health and Wellbeing Board will focus on:

- Agreeing 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).
- Agreeing an approach to working with the public so as to re-shape and transform services locality by locality.
- Agreeing plans to tackle critical workforce shortages.

The Health and Wellbeing Board and its sub-groups will deliver

Prevent, Reduce, Delay

- 1. A good start in life
- 2. Living well
- 3. Ageing well
- 4. Tacking wider issues that determine health

Why are these our priorities?

A Good Start in Life

Why is this important?

The best start in life starts with a baby's mother being healthy before and during pregnancy and childbirth. There is a lasting impact in future years from what happens in the early years of a child's life – influencing future physical and mental health, safety, educational achievement and a successful work life.

Schools, the influence of peers and social relationships are formative too. Brain development, attitudes to risk taking and controlling feelings and emotions develop in adolescence and have consequences for health.

What do we need to do to make a difference?

- Enable children and young people to be well educated and grow up to lead successful, happy, healthy and safe lives.
- Schools and universal services working together with local, targeted and specialist services is key to improving outcomes.
- Shift the focus to prevention and early help through real partnerships and using resources effectively.
- Support the most vulnerable, including children with Special Educational Needs and Disabilities, to make sure everyone has an equal opportunity to become everything they want to be – for too many of our children and young people outcomes are not good enough.
- Deliver responsive services that place children, young people and families at the heart of what we do.

The Joint Strategic Needs Assessment shows us that

- Children and young people aged 0 to 17 made up 21% of Oxfordshire's population as of mid-2016, a similar proportion to that in 2006. The greatest increases were in the age groups 0-4 and 5-9.
- Childhood obesity in Oxfordshire is lower than the national average and is remaining stable, unlike the national rising trend.
- 14,000 children in Oxfordshire were affected by income deprivation.
- In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people
- Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after.
- Care leavers in Oxfordshire are less likely than average to be in employment, education or training.
- The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard at Key Stage 2 was below the England average in 2017
- Oxfordshire has a relatively high rate of unauthorised absences from school

Living Well

Why is this important?

Oxfordshire is above the national average for many health outcomes, but many people still live with avoidable conditions such as heart disease, cancer and diabetes. Risk of contracting these illnesses can be reduced through adopting healthy lifestyles. Early detection of long term conditions leads to better outcomes.

People who are already diagnosed need to be supported to stay as well as possible and enjoy life.

There are some groups of people who are more at risk because of where they live their age, ethnicity, gender, mental health or other factors. Appropriate targeting of services is needed for them. There needs to be care closer to home an mooth flow between services.

What do we need to do to make a difference?

- Shift the focus to prevention, enabling people to get the information and support they need to make healthy choices.
- Nurture healthy communities where people are able to participate, contribute and be healthy.
- Identify disease early and help people to manage their long-term conditions
- Deliver effective and high-quality services which are efficient and joined up.
- Make sure people are involved in design and evaluation of services so that their experiences are valued.
- Ensure that adults with care and support needs can access the services they need for holistic care, valuing mental health equally with physical health.

The Joint Strategic Needs Assessment shows us that

- As of mid-2016, the estimated total population of Oxfordshire was 683,200.
 Oxfordshire County Council population forecasts, based on local plans for housing growth, predict an increase in the number of Oxfordshire residents of +187,500 people (+27%) between 2016 and 2031, taking the total population of the county from 687,900 to 874,400
- Life expectancy by ward data for Oxford shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15. Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.
- 89,800 people in Oxfordshire reported by the Census 2011 survey as having activities limited by health or disability
- The latest survey of carers shows that around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was a similar proportion in carers of all ages.
- For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396. Of these 1,959 (58%) were considered preventable
- The number and rate of GP-registered patients in Oxfordshire with depression or anxiety has increased significantly each year for the past 4 years.
- Rates of intentional self-harm in Oxfordshire are now statistically above the England average.
- In September 2017, there was a total of 644 advertised NHS vacancies (full time equivalents), 44% were for nurses/midwives and 22% were administrative and clerical.

Ageing Well

Why is this important?

The number of older people in the county is increasing and is projected to grow further, with the proportion of those aged over 85 increasing by 60-80% in the next 15 years. While people are living longer, many are spending more years at the end of life in poor health. The number of people with dementia is also growing.

The evidence shows that we should identify the people at risk, intervene earlier and deploy multi-disciplinary teams in new ways to support active ageing and prevent loneliness, ill health and disability 📆 among older people. There needs to be care closer to home and smooth flow between services.

What do we need to do to make a difference?

- Focus on prevention, reduce the need for treatment and delay the need for care by helping people to manage long term conditions
- Use innovative and appropriate aids, equipment and services
- Ensure services are effective, efficient and joined up and that the market for provider organisations is sustainable.
- Help people to maintain their independence and remain active in later life.
- Work in multi-speciality teams to ensure frail older people are cared for in the community
- Identify conditions early, including dementia, to enable people to manage their conditions and get the support they need from friends and family.
- Address seasonal and other pressures in the health and care system that can affect older people disproportionately

The Joint Strategic Needs Assessment shows us that

- As of mid-2016, the estimated total population of Oxfordshire was 683,2002.
 - Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).
 - The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.
 - By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+64%) and Vale of White Horse (+66%).
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as "high risk" for isolation and loneliness in Oxfordshire are mainly in urban centres.
- Oxfordshire's comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has recently improved, from statistically worse than average to similar to the South East average
- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care
- · Assuming the use of health and social care services remains at current levels for the oldest age group (85+) would mean the forecast population growth in Oxfordshire leading to an increase in demand of:
 - +7,000 additional hospital inpatient spells for people aged 85+: from 12,600 in 2016-17 to 19,600 in 2031-32.
 - +1,000 additional clients supported by long term social care services aged 85+: from 1,900 in 2016-17 to 2,900 in 2031-32.

Tackling Wider Issues that Determine Health

Why is this important?

We know that the physical environment, the quality of housing and opportunities for active travel have a big influence on health and wellbeing.

There will be a massive increase in new housing in Oxfordshire, creating new communities. The challenge is to find a better way to plan for and shape communities so that they actually promote health and wellbeing, learning from the Healthy New Towns in Bicester and Barton

The support of friends and neighbours in communities is also good for physical and mental health and gets more crucial as the population ages. We also want to protect people affected by difficult issues such as domestic abuse.

Health and care workers form a significant proportion of the local workforce. High house prices in Oxfordshire (Oxford is the least affordable place to live nationally) mean that we have chronic and enduring challenges recruiting and retaining health and care staff, without which our services cannot function

What do we need to do to make a difference?

- Learn from the experience of the Healthy New Towns in Barton, Bicester and further afield and work together to implement good practice.
- · Influence leaders of the Growth agenda in Oxfordshire to work with us on this agenda
- Protect vulnerable people from the risk of homelessness, threat of violence and the reality of cold homes
- Work together to reduce demand for reactive services and shift the focus to prevention. This will
 improve quality of life for residents and also contribute to the financial sustainability of public
 services.
- We need to work successfully together with the public in an effective dialogue about the need to reshape services across the County, building trust and collaboration.

The Joint Strategic Needs Assessment shows us that

- District Councils' plans for new housing in existing (adopted) and draft local plans set out an ambition for new housing in Oxfordshire of 34,300 by the end of March 2022 and a further 47,200 homes by end March 2031, a total of 81,500 new homes in the next 15 years
- House prices in Oxfordshire continue to increase at a higher rate than earnings
- Over the past 6 years there has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire, although the latest data for 2016-17 shows a decline. Loss of private rented accommodation is an increasing cause of homelessness.
- There has been an increase in the proportion of households defined as "fuel poor" in each district of Oxfordshire.
- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. The exception was the number of recorded victims of Child Sexual Exploitation which declined from 170 in Oxfordshire in 2016 to 106 in 2017

Prevent, Reduce, Delay

Prevent, Reduce, Delay. Prevention measures throughout the system will allow us to

- Live longer lives (prevent illness), by helping people keep themselves healthy
- Live well for longer (reduce need for treatment) by identifying any health issues early and supporting people to manage their long term conditions
- Keep us independent for longer (delay need for care) by providing the right support at the right time

What do we need to do to make a difference?

- To combat increasing chronic disease, we need to shift towards more preventative services. We need to join up NHS and County Council preventative services better with District Council preventative services.
- Funding preventative services is a challenge in the face of rising demand for treatment services but needs to be addressed

What the Joint Strategic Needs Assessment says

- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese.
- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- The rate of hospital admissions for alcohol-related conditions gives a mixed picture in different age groups. By and large the rates are reducing, except for women aged under 40. In addition the alcohol-specific admissions for females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.
- Oxford and Vale of White Horse were each better than the England average on the proportion of people who were inactive according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.
- The Joint Strategic Needs Assessment has no figures on numbers of people with high plasma glucose levels but does record In 2016-17 there were around 29,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of diabetes, up from 27,900 in 2015-16
- In 2016-17 there were around 89,900 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of Hypertension, up from 85,800 in 2015-16.

Tackle Inequalities

Why is this important?

Addressing health inequalities is essential because we know there are 2 main issues:

- Inequalities in opportunity and / or outcome some people don't get a good start in life, live shorter lives or have longer periods of ill health
- Inequalities of access some people cannot get to services, don't wknow about them or can't use them

What do we need to do to make a difference?

- We need to use information well to identify communities and groups who experience poorer outcomes and ensure the right services and support are available to them, measuring the impact of our work.
- We need to work together to build on the success of recent years in coordinating our approach to wellbeing challenges which are the responsibility of multiple agencies. Examples of this are coordinated work for homeless people and people suffering domestic abuse with City and District Councils
- We need to continue to develop the ways we work with the voluntary sector, carers and self-help groups.
- We have to address the challenge of funding in all areas and ensure that decisions on changing services do not adversely affect people with poor outcomes

What the Joint Strategic Needs Assessment says

- Earnings remain relatively high for Oxfordshire residents. Despite relative affluence, income deprivation is an issue in urban and rural areas.
- 14,000 children in Oxfordshire were affected by income deprivation.
- Snapshot HMRC data (Aug14) shows almost 1 in 5 children aged 0-15 in Oxford were living in low income families.
- 13,500 older people in Oxfordshire were affected by income deprivation, 68% of whom were living in urban areas and 32% in rural Oxfordshire.
- ONS analysis has demonstrated higher life expectancies and greater life expectancy gains for people in the higher socio-economic groups.
- Out of the 407 lower super output areas in Oxfordshire, the clear majority (80%) were ranked within the least deprived 50% in England on the income deprivation domain.
 The most deprived areas of Oxfordshire on income deprivation were 3 areas within Oxford (parts of Rose Hill & Iffley, Blackbird Leys and Northfield Brook wards).
- The Education and Skills domain of the Indices of Multiple Deprivation 2015 had 25 areas within Oxfordshire ranked in the top 10% most deprived nationally
- People diagnosed with severe and enduring mental disorders are at increased risk of deprivation due to the challenges of maintaining employment, housing and social connections.
- Common reasons for self-harm are: difficult personal circumstances; past trauma and social/economic deprivation together with some level of mental disorder. Self-harm can be associated with the misuse of drugs or alcohol.
- Out of the total of 407 Lower Super Output Areas135 (LSOAs) in Oxfordshire, 101 (31%) were 2 miles or more (3.2km) from the nearest GP surgery, covering a total population of 157,000 (25%) as of 2011.
- There were no areas of Oxford City classified as 2 miles or more from a GP surgery.
 Areas classified as 2 miles or more from a GP surgery in rural districts in Oxfordshire covered:
 - 3,700 households with no car (23% of total households in rural districts)
 - 30,300 people aged 0-15 (32% of the total in rural districts)
 - 28,800 people aged 65 and over (34% of the older population in rural districts).

How will we address these priorities?

A good start in life

Aim: 'Oxfordshire – a great place to grow up and have the opportunity to become everything you want to be'

Strategic Objectives

- **Be Successful** This looks to ensure children have the best start in life; have access to high quality education, employment and motivational training; go to school feeling inspired to stay and learn; and have good self-esteem and faith in themselves.
- **Be Happy and Healthy** Children can be confident that services are available to promote good health, and prevent ill health; learn the importance of healthy, secure relationships and having a support network; have access to services to improve overall well-being, and easy ways to get active.
- **Be Safe** This looks to ensure children are protected from all types of abuse and neglect; have a place to feel safe and a sense of belonging; access education and support about how to stay safe; and have access to appropriate housing.
 - **Be Supported** Children are empowered to know who to speak to when they need support, and know that they'll be listened to and believed; can access information in a way that suits them; have inspiring role models; and can talk to staff who are experienced and caring.

ωPrevention of illness through promoting

- Healthy living
- Healthy weight
- Physical activity
- Mental wellbeing
- Childhood immunisations

Inequalities issues to be addressed by targeting particular groups with worse outcomes

- childhood obesity
- Identify hotspots for children missing out on education
- Inequalities in opportunity and life chances

Areas of Focus for the Children's Trust (2018-2020)

- Focus on children missing out on education
- Focus on social and emotional wellbeing and mental health
- Focus on young people affected by domestic abuse

Areas of Focus for the Health Improvement Board (2018-2020)

- Childhood immunisations
- Preventing childhood obesity
- Promoting physical activity including active travel
- Mental wellbeing for all

Delivery Mechanisms include

- 1. Children's Plan The implementation plan, within the CYPP, focuses on one theme within each of the four areas of focus each year. These are updated on an annual basis and are continually monitored by the Children's Trust Board throughout the year
- 2. The Health Improvement Board which oversees work on immunisation, obesity, physical activity and mental wellbeing for all ages

Living Well

Aim: Adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services.

Strategic Objectives

- Prevent the development of long term conditions by helping people to live healthy lives, live in healthy places and avoid the need to go to hospital
- Identify ill health early, through comprehensive screening programmes, good access to services and targeting those least likely to attend.
- Value mental health equally with physical health
- **Deliver sustained and improved experience** for people who access services, by working together to deliver effective services and using the expertise of our customers and other key stakeholders to design, procure and evaluate services.
- Ensure services are effective, efficient and joined up, available when needed and that movement through the "system" is seamless
- Nurture healthy communities that enable people to participate, be active, give and receive support.

Pregent, Reduce, Delay

Keeping Yourself Healthy (Prevent)

- Promote healthy lifestyles including Reduce Physical Inactivity / Promote Physical Activity, Enable people to eat healthily, Reduce smoking prevalence, Promote Mental Wellbeing
- Ensure Immunisation coverage remains high

Reducing the impact of ill health (Reduce)

- Prevent chronic disease (e.g. diabetes) though tackling obesity
- Screening for early awareness of risk cancer & heart disease
- Alcohol advice and treatment

Inequalities issues to be addressed

- Identify those at risk of premature and preventable disease and deaths and working to reduce that risk
- Improving the physical health of people with Learning disabilities or mental illness

Areas of Focus for the Health Improvement Board (2018-2020)

- Healthy Weight Whole Systems approach
- Reduce physical inactivity
- Mental Wellbeing and Prevention Concordat
- Public Health, Health Protection immunisation and screening, air quality
- Housing and Homelessness

Areas of Focus for the Joint Management Groups /Integrated Service Delivery Board

- Identify risk groups and design integrated services to meet their needs
- Provide care close to, or at, home, reduce urgent admissions to hospital
- Improve the satisfaction of service users
- Increase the number of people supported at home
- Improve the quality and sustainability of care providers in Oxfordshire
- Involve more local people and organisations in the development of services

Delivery Mechanisms include

- 1. The Adults of Working Age Strategy to be developed
- 2. The Health Improvement Board which oversees work on social prescribing, mental wellbeing for all, public health protection and supporting healthy lifestyles.

Ageing Well

Aim: Oxfordshire is a place where individuals, whatever their age, are valued and empowered to live healthy, active and socially fulfilling lives, connected to their family and friends. Supported by thriving communities and locally provided universal services or through targeted and specialist services when the need arises

Strategic Objectives

- Increase independence, mobility and years of active life for those aged 75+ through healthy lifestyles as well as using digital aids, equipment and adaptations and making tools for self-management available and easily accessible.
- Ensure services are effective, efficient and joined up, available when needed and that movement through the "system" is seamless
- Support the care of frail older people by developing multi-speciality provider teams in the community
- Identify and diagnose dementia at an early stage and support people, their families, carers and communities to help them manage their condition.
- Support carers in their caring role and in looking after their own health
- Deliver preventative services in the community to reduce or delay the need for health and care services

Preyent, Reduce, Delay

- Prevent ill health by addressing the growing problems of loneliness and promoting mental wellbeing; Supporting carers; increasing coverage of mmunisations and screening
- Reduce the impact of ill health through Falls prevention; tools for selfmanagement
- Delay the need for services and care through services close to home;

Inequalities issues to be addressed

There are pockets of deprivation and significant numbers of ethnic minority groups within Oxfordshire. People in these groups often suffer the worst health and poorer health outcomes and need to be identified and targeted by appropriate services

Areas of Focus for the Joint Management Groups / Integrated Service Delivery Board

- The new Older People strategy reflects the needs of a changing demographic and the increase in the numbers of people who are growing older across the county, particularly those aged over 85 years.
- It also supports those over 65 years that are currently fit and healthy
 whom we need to support to remain well, for as long as possible,
 whilst promoting early intervention and access to health and care
 services when they are needed.
- The new strategy also addresses the needs of people suffering from dementia and people who are living into older age with a learning disability.

Delivery Mechanisms include

- Older People Strategy
- Carer's Strategy
- The Better Care Fund Plan

There are also links to the Oxfordshire's Adult strategy, and a range of Health Improvement strategies.

The Older People strategy also links to relevant pathways of care including Oxfordshire's Frailty, Mental Health (including Dementia), Learning Disability and End of Life pathways.

Improving Health by Tackling Wider Issues

Aim: To create healthy communities where people of all ages can maintain and improve their health as they live, learn, work, travel and socialise.

Strategic Objectives

- Healthy Place Making which means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing; learning from the Healthy New Towns in Bicester and Barton and applying this to other new and existing developments
- Housing and Homelessness preventing homelessness and reducing rough sleeping
- **Protect vulnerable people** from the impact of domestic abuse, cold homes and other factors
- Contribute to financial sustainability in the long term for public services by reducing demand

Prevent, Reduce, Delay

- Prevent poor health outcomes through good spatial planning for community interaction and active travel
 - Reduce the impact of Domestic abuse, poor air quality, fuel poverty and other factors which have a negative impact on health

Inequalities issues to be addressed

- Focus on particular groups or locations where people have worse health
- Housing and homelessness
- Domestic abuse

Areas of Focus for the Health Improvement Board

- Healthy Place Shaping Learn from the Healthy New Towns and influence policy
- Social Prescribing, including community and voluntary services
- Housing and homelessness prevention
- Health Protection
- Domestic Abuse services and training
- Affordable Warmth

Delivery Mechanisms include

- 1. Bicester and Barton Healthy New Towns
- 2. Housing Support Advisory Group
- 3. Domestic Abuse Strategy Group
- 4. Public Health, Health Protection Forum

Oxfordshire Health and Wellbeing Board

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

Joint Health and Wellbeing Strategy

The Integrated System Delivery Board

The Adults with Support and Care Needs Joint Management Group

The Better Care Fund Joint Management Group

The Children's Trust

The Health Improvement Board

Healthy Weight Action Plan

Public Health Protection

Affordable Warmth

Housing Related Support

Mental Wellbeing Framework

Domestic Abuse Strategy Group

Integrated
System
Delivery Plan

Adults of
Working Age
Strategy
(to be created)

The Better Care Fund Plan

Carers Strategy

The Older People's Strategy

The Children and Young People Plan 2018-2021

Page 4

Finding out about progress

The role and responsibilities of the Health and Wellbeing Board sub groups

Sub groups of the Health and Wellbeing Board are responsible for developing a suite of strategies and action plans to deliver this overarching Joint Health and Wellbeing Strategy.

The names of these groups and the areas they cover are shown on the previous page.

The groups all report their progress at every meeting of the Health and Wellbeing Board and keep up to date performance dashboards to monitor progress and hold partners to account. These performance indicators are published for every meeting of the Health and Wellbeing Board.

All papers published for meetings of the Health and Wellbeing Board and sub-group meetings held in public can be found here:

http://mycouncil.oxfordshire.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1

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Oxfordshire Health and Wellbeing Board – 14 March 2019

Joint Health and Wellbeing Strategy Engagement Activity Report on initial analysis

Context

The Joint Health and Wellbeing Strategy was presented to the Health and Wellbeing Board in November 2018. It was agreed that this version could be circulated for wider engagement and comment. This engagement activity comprised an on-line survey in January – February 2019 and a Reference Group event for a wide range of invited stakeholders held on 28th February 2019.

This paper outlines major themes identified in the responses given. A full report of the survey responses and the feedback given in a Reference Group event will be tabled at the Health and Wellbeing Board meeting on 14th March. It is hoped that these reports will enable the Board to decide whether any changes should be made to the strategy before it is signed off.

The on-line survey

The survey was launched on 25th January and closed on 20th February. Widespread promotion and encouragement for stakeholders and members of the public to participate was undertaken by Communications Teams from the CCG and County Council.

A total of 82 responses were received. Questions on whether people were in agreement with the aims of the strategy were overwhelmingly positive.

Initial analysis of the written responses to open questions in the survey has highlight several themes. These include:

- 1. <u>Delivery of the strategy</u> questions on how the strategy will be translated into action, how it will be funded and some concerns about workforce issues which could have a bearing on delivery.
- 2. <u>Endorsement of the emphasis on prevention</u> from many respondents, but also concern from a few people that this had been framed as a means of saving money.
- 3. <u>Measuring progress</u> was a concern for respondents who are keen to know how the Board will show that the strategy is being implemented.
- 4. <u>Communication</u> many respondents expressed their hopes for clear communication about the work of the HWB in delivering the strategy including through all the sub groups.
- 5. <u>Involvement of wider public</u>, voluntary sector and other stakeholders was mentioned by several respondents
- 6. There was lack of clarity over what is meant by "<u>Healthy Place Shaping</u>" and this was linked to several respondents thinking that there was no mention of air quality, active travel and healthy environments.
- 7. <u>Concerns</u> about the immediate problems in the local system were also recorded by several people, including local concern in Wantage and Banbury.
- 8. Design and layout of the document were commented on by a few people.

The Reference Group event

Invitations were sent out to approximately 200 stakeholders and organisations by Healthwatch, who organised the event. They also posted details of the event in several newsletters and websites. Approximately 36 people attended and a similar number sent their regrets that they couldn't attend due to other important events at the same time.

Group work discussion and feedback included the following themes:

- 1. <u>Cultural change</u> is needed to deliver this work a holistic approach to care, across age groups and including transitions; not universal one-size fits all; initiatives should include people not known to services.
- 2. <u>Communication</u> with the public and stakeholders is essential. Use parish councils and other stakeholders.
- 3. <u>Support for the emphasis on prevention</u> and early intervention; should be addressing root causes rather than symptoms; "holding your nerve" for the long-term investment on prevention agenda; ensure healthy workforce, ensure appropriate promotion of healthy lifestyles before people get old.
- 4. <u>Higher profile</u> could be given in the strategy for mental health and for dementia. Also need to mention the NHS Long Term Plan, Integrated Systems and other imminent changes.
- 5. <u>Translate the strategy</u> into specific, targeted, local plans; addressing inequalities is essential.
- 6. <u>Involve people</u> in implementation continue with stakeholder engagement, make sure there are young people and more men at these events. Many stakeholders benefit from networking with each other at these events too.
- 7. <u>Housing</u> issues should include availability of social housing, affordability, link to workforce issues, community development, transport to help people remain independent.

Next steps

- 1. A full report on this engagement activity will be tabled at the HWB meeting on 14th March and published so that all stakeholders can see it.
- 2. A response to the issues raised by participants in the engagement activity will be drafted, showing how the suggestions and comments have been implemented.

Recommendation

 The Health and Wellbeing Board is recommended to note the themes and comments in the reports on engagement activity and consider what changes to make to the draft Joint HWB Strategy and other actions to implement in the light of these comments.

Jackie Wilderspin, March 2019

Oxfordshire Health and Wellbeing Board – 14 March 2019

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Jackie Wilderspin, March 2019

Oxfordshire Joint Strategic Needs Assessment

Oxfordshire Joint Strategic Needs Assessment 2019

SUMMARY OF FINDINGS



Draft for discussion at the Oxfordshire Health and Wellbeing Board

14th March 2019

Introduction to the Oxfordshire Joint Strategic Needs Assessment: Health and Wellbeing facts and figures





The Oxfordshire Joint Strategic Needs Assessment identifies the current and future health and wellbeing needs of our local population.

The annual JSNA report is provided to the Oxfordshire Health and Wellbeing Board and underpins the Health and Wellbeing strategy



Other JSNA resources include:

Public Health Dashboards

Health Needs Assessments

Community Health and Wellbeing Profiles

JSNA Bitesize

This summary section is Chapter 1 of the 2019 update

Chapter 1: Summary

Chapter 2: Population overview

Chapter 3: Population groups

Chapter 4: Wider determinants of health

Chapter 5: Causes of death and health conditions

Chapter 6: Lifestyles

Chapter 7: Service use

Chapter 8: Local research

ANNEX: Inequalities indicators ward level data

EMAIL: jsna@oxfordshire.gov.uk

This pack summarises the main findings from a strategic review of evidence about the health and wellbeing of Oxfordshire's residents, based on research carried out between November 2018 and February 2019

Oxfordshire JSNA

We would like to thank the very many contributors of data and commentary from organisations across Oxfordshire including:

Oxfordshire County Council, Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council, Oxfordshire Clinical Commissioning Group, Oxford Health NHS FT, Thames Valley Police, Citizen's Advice Oxfordshire, Age UK Oxfordshire, Healthwatch Oxfordshire

Thanks also to members of the JSNA Steering Group for their oversight and guidance (Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, West Oxfordshire District Council for districts, Healthwatch Oxfordshire)

JSNA 2019 authors:

Philippa Dent, Public Health, Oxfordshire County Council
Sue Lygo, Public Health, Oxfordshire County Council
Margaret Melling, Research & Intelligence, Oxfordshire County Council

CONTENTS

Main findings

JSNA facts and figures

Summary slides
from individual
JSNA Chapters

Finding out more

Contact: jsna@oxfordshire.gov.uk

Date of publication: March 2019

Oxfordshire Joint Strategic Needs Assessment

Health and wellbeing in Oxfordshire - overall



- *
 - Oxfordshire's population is relatively healthy
 - Oxfordshire does better or similar to the national average on most Public Health indicators.
 - Healthy life expectancy in Oxfordshire is significantly higher than national and regional averages for both males and females.
- Page 50
- Earnings of Oxfordshire residents are increasing and above average
- House prices are continuing to increase and more people are renting privately
- The future growth of the population (especially the numbers of young people) is very dependent on levels of house building in future and will vary across the county
- Our population is ageing, a trend that is forecast to continue

- Inequalities remain
 - Household income varies significantly across the county
 - Life expectancy is lower in more deprived areas
- Cancer remains the leading cause of death in Oxfordshire and is the highest cause of preventable deaths in people aged under 75
- Over half of adults in Oxfordshire are overweight or obese, and three in ten adults are not meeting physical activity guidelines
- There has been an increase in A&E and unplanned admissions and a decline in planned admissions and outpatients
- Mental health diagnosis and referrals are continuing to increase
- Evidence is starting to emerge from the healthy new town programmes in Oxfordshire, showing people of all ages becoming more physically active and managing their health and wellbeing

Oxfordshire Joint Strategic Needs Assessment

Health and wellbeing in Oxfordshire - young people



- There has been a slight increase in rates of child poverty in Oxfordshire
- The ethnic diversity of Oxfordshire's school population is increasing
- Early years results (aged 5) for poorer pupils, for pupils with Special Educational Needs and for Asian pupils in Oxfordshire are each below average and have declined
 - The achievement of Oxfordshire's disadvantaged children aged 10-11 has remained below the national average
 - Unauthorised absence from secondary schools has increased at a faster rate than nationally
- There has been an increase in looked after children in Oxfordshire and in children placed outside the county
- The % of Oxfordshire's care leavers in employment, education or training remains below the national average

- Referrals to Oxford Health for mental health services in Oxfordshire in younger age groups have continued to increase
- The pressure on Child and Adolescent Mental Health Services in Oxfordshire has increased
- Self-harm admissions are increasing in young people (aged 10-24 years) in Oxfordshire and are above the national average
- Alcohol-specific admissions in under 18s in Oxfordshire were higher than national and regional averages
- Similar to previous years, excess weight in children in Oxfordshire has remained high. One in five children in Reception, and one in three children in Year 6 was overweight or obese.
- Children's participation in sport and physical activity is declining nationally, and most children in Oxfordshire are not meeting the daily physical activity guidelines

Health and wellbeing in Oxfordshire - older people



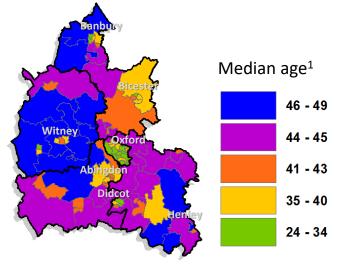
- Oxfordshire's population is ageing, with substantial recent and predicted growth in the number of people aged 85 and over.
- Dementia and Alzheimer's disease are increasing as leading cause of death in people over 75
 - Falls are the largest cause of emergency hospital admissions for older people (65+); Oxford City has a rate consistently significantly worse than England
 - There has been an increase in reablement (from a low base) and in the number of adults provided with long-term social care
- There has been an increase in the proportion of older social care clients supported at home
- Social care users in Oxfordshire less likely to feel socially isolated and more likely to believe their home meets their needs than average

- Older social care users worry most about falling over
- Almost two thirds of older people are estimated to be self-funding long term care in Oxfordshire
- Potential increase in demand for social care services by 2031, similar whether or not housing growth is included
- Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2015 Indices of Multiple Deprivation
- Use of the internet by older people is increasing, however a significant number of older or disabled people have never used the internet

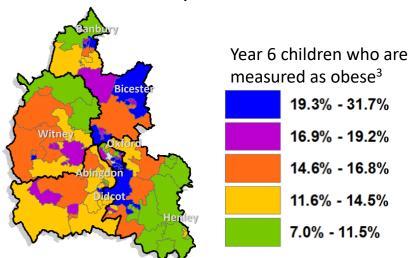
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Rural areas have an older age profile than urban areas

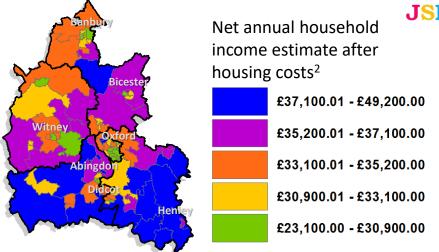


Child obesity rates are higher in Oxford and Banbury

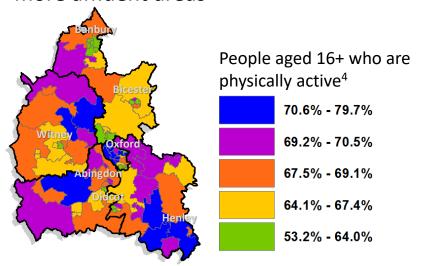


Rural and southern Oxfordshire are more affluent than other areas





Physical activity rates are higher in more affluent areas



Oxfordshire Joint Strategic Needs Assessment

Oxfordshire JSNA, health and wellbeing facts and figures 2019



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SUMMARY SLIDES FROM INDIVIDUAL JSNA CHAPTERS

Chapter 2: Population SUMMARY

- Oxfordshire's population is estimated at 682,400 (mid-2017) and the county is the most rural in the South East region
- The majority (60%) of Oxfordshire's residents are concentrated in Oxford City and the county's main towns, with almost 40% of people living in smaller towns and villages. Page 56

Oxfordshire's past population growth has been driven by natural change (as births outnumber deaths) and international migration.

- Pupil data indicates that Oxfordshire's ethnic minority population has increased since the last national census in 2011:
 - As of January 2018, just over a guarter (26%) of primary school pupils were from an ethnic minority background, up from 19% in 2011
 - Around 1 in 5 (22%) of secondary school pupils were from an ethnic minority background up from 15% in 2011

- Including Oxfordshire's planned housing growth in population forecasts results in a significant increase in the working age and younger populations
- Oxfordshire's population is ageing (with or without housing growth). The population aged 85+ is expected to increase by 63% (+10,900) by 2032
- Life Expectancy (LE) is continuing to increase and male LE is catching up with female LE.
- There are clear inequalities across Oxfordshire, with people in the more deprived areas having significantly lower Life Expectancy compared with the less deprived.
- The gap in Life Expectancy between more deprived and less deprived areas in Oxfordshire appears to have increased.
- Healthy life expectancy in Oxfordshire is significantly higher than national and regional averages for both males and females.

Chapter 3: Population Groups in Oxfordshire SUMMARY

Population group	count	source
Total population	682,400	ONS mid-2017
Aged 0-15	128,200	ONS mid-2017
Aged 16-64	431,000	ONS mid-2017
Aged 65+	123,200	ONS mid-2017
Full time students (Oxford Uni, Oxford Brookes)	36,600	HESA 2016-17,
Part time students (Oxford Uni,	9,000	HESA 2016-17
timated people with a disability	129,700	FRS 2016-17 and ONS pop
Claiming Personal Independent Payments	11,554	Oct 2018, DWP
Claiming Attendance Allowance (over state pension age)	11,775	May 2018, DWP
Adults with Learning Difficulties supported by Adult Social Care	1,800	Oxfordshire County Council 31Mar18
Pupils with Learning Difficulties in state primary, secondary and special schools	6,263	DfE January 2018
Pupils with Autism in state primary, secondary and special schools	1,548	DfE January 2018

Population group	count	source
Married households	128,400	ONS Census 2011
Households in registered same-sex civil partnership	682	ONS Census 2011
Live births	7,352	ONS 2017
Still births	25	ONS 2017
Low birth weight babies	131	ONS 2017
Ethnic minority	107,000	ONS Census 2011
Born outside UK	92,500	ONS Census 2011
Gypsy or Irish Traveller	623	ONS Census 2011
With a religion	422,576	ONS Census 2011
Estimated Lesbian, Gay or Bisexual	11,500	ONS UK est 2017
Carers registered with GP practices	17,340	OCCG 31Dec18
Adult carers receiving health and social care support	4,400	Oxfordshire County Council (pooled) 2018
Young carers receiving support	779	Oxfordshire County Council (Feb 2019)
Regular armed forces	9,350	MoD 1Apr18
Residents in receipt of an Armed Forces pension, War pension and Armed Forces compensation scheme	6,500	MoD 31Mar18

Chapter 4: Wider determinants of health SUMMARY (1)

Work, income and deprivation

- <u>Earnings</u> growth for Oxfordshire residents continues to outpace the South East region
- Household income varies significantly across Oxfordshire
- Oxfordshire's <u>economic activity</u> rate remains above the England average and the unemployment rate remains low

 The number of people from overseas
 - The number of people from overseas registering for a National Insurance number in Oxfordshire has declined
 - There has been a slight increase in rates of <u>child poverty</u> in Oxfordshire
 - The number of households in <u>fuel poverty</u> has declined
 - <u>Healthy eating</u> is less affordable for low income families and there has been a rise in the use of emergency food provision such as food banks.

Housing and homelessness

- The cheapest market <u>housing</u> is over 10 times the lower earnings in each district in Oxfordshire
- Tenure estimates suggest that 26% of private dwellings in Oxfordshire were <u>privately</u> rented in 2017, up from 22% in 2012.
- The <u>cost of renting privately</u> in Oxfordshire remains well above the South East and national averages
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas with the highest risk of loneliness are in Cherwell (Banbury, Bicester Town); Oxford (Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley) and South Oxfordshire (Didcot South)
- There has been a fall in the number of people in temporary accommodation
- The number of <u>people sleeping rough</u> has continued to rise

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Chapter 4: Wider determinants of health SUMMARY (2)

Education and qualifications

- Early years (aged 5) results for boys has improved. Early years results for free school meals pupils, for pupils with SEN and for Asian pupils in Oxfordshire are each below average. The gap between these disadvantaged pupils and other pupils has got wider
 - The % of pupils aged 5 achieving a good level of development in Early Learning Goals in Oxford city has improved each year since 2014
 - For children aged 10-11, achievement of Oxfordshire's disadvantaged children has remained below national average
- Pupils attaining "strong" passes in <u>GCSE</u> English and Maths was above average in Oxfordshire, below average in Cherwell
- Unauthorised absence from secondary schools has increased at a faster rate than nationally
- Fewer people in Oxfordshire have no qualifications (2017 compared with 2010)

Physical and social environment

- Active Travel through cycling and walking is increasing but there has been no change in people walking or cycling at least once a week.
- There is strong evidence linking the density of <u>fast food outlets</u> to the level of area deprivation
- Conditions exacerbated by <u>air pollution</u> include asthma, chronic bronchitis, chronic heart disease (CHD), and stroke.
- Health impacts of <u>climate change</u> will mainly be felt through changes in temperature, disease and pollution.
- Evaluation evidence is starting to emerge from the healthy new town programmes in Bicester and Barton, highlighting strong partnership working and people actively managing their health

Chapter 5: Causes of death and health conditions SUMMARY

- Cancer remains the <u>leading cause of</u> <u>death</u> in Oxfordshire
- Dementia and Alzheimer's disease are increasing as leading cause of death in people over 75
- Over half of deaths in those under 75 were considered preventable, and the highest cause of <u>preventable death</u> in those under 75 was cancer
 - The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire fairs well compared with the national average
- Cardiovascular, cancer, depression and osteoporosis have higher prevalence in Oxfordshire GP-recorded data than national average
- Cancer incidence rate is similar to national average

- Depression diagnosis among adults is increasing. The rate of social, emotional and mental health needs of school pupils in Oxfordshire is increasing and remains above the national average.
- Emergency hospital admissions for <u>self-harm</u> for all ages have decreased, but are increasing in young people (aged 10-24 years) in Oxfordshire and now significantly higher than England
- The rate of <u>deaths by suicide</u> remains similar to national and regional rates
- Falls are the largest cause of emergency hospital admissions for older people (65+); the rate of admissions due to falls in Oxford City has remained above the national average
- Oxfordshire estimated to have 430 <u>blind or partially sighted</u> children and young people.
- Over 40% of people 50+ years have <u>hearing loss</u>, rising to 71% in people 70+ years

Page 6

Public Health profile (from chapter 5)

The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire fairs well compared to national average.

Indicators that are worse than average are killed and serious injured on roads, hospital stays for self harm, diabetes diagnosis and alcoholspecific hospital stays in young people. The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 - 16	n/a	81.4	79.5	74.2	♦ 0	83.7
	2 Life expectancy at birth (Female)	2014 - 16	n/a	84.6	83.1	79.4	♦ 0	86.8
ecta nusc sath	3 Under 75 mortality rate: all causes	2014 - 16	4,402	262.5	333.8	545.7	♦ O	237.8
4 d 8	4 Under 75 mortality rate: cardiovascular	2014 - 16	855	51.7	73.5	141.3	• ○	45.6
e je	5 Under 75 mortality rate: cancer	2014 - 16	1,904	114.7	136.8	195.3	♦ 0	100.0
_	6 Suicide rate	2014 - 16	156	8.7	9.9	18.3	••	6.1
	7 Killed and seriously injured on roads	2014 - 16	1,096	53.9	39.7	71.3	••	13.5
P -	8 Hospital stays for self-harm	2016/17	1,465	206.1	185.3	578.9		50.6
a t	9 Hip fractures in older people (aged 65+)	2016/17	721	573.8	575.0	854.2	O	364.7
Injuries and ill health	10 Cancer diagnosed at early stage	2016	1,536	56.3	52.6	44.7	• 0	60.0
Ξ=	11 Diabetes diagnoses (aged 17+)	2017	n/a	67.8	77.1	54.3	• •	96.3
	12 Dementia diagnoses (aged 65+)	2017	5,331	66.7	67.9	53.8	∜ 0	90.8
×	13 Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	174	40.9	34.2	100.0	•	6.5
ie s	14 Alcohol-related harm hospital stays	2016/17	3,241	493.2	636.4	1,151.1	40	388.2
Behavioural risk factors	15 Smoking prevalence in adults (aged 18+)	2017	57,340	10.7	14.9	23.1	• 0	8.1
fa	16 Physically active adults (aged 19+)	2016/17	n/a	70.1	66.0	53.3	♦0	78.0
8	17 Excess weight in adults (aged 18+)	2016/17	n/a	56.0	61.3	74.9	• 0	40.5
	18 Under 18 conceptions	2016	131	11.6	18.8	36.5	♦ 0	4.6
	19 Smoking status at time of delivery	2016/17	559	7.7	10.7	28.1	00	2.3
Child	20 Breastfeeding initiation	2016/17	6,253	± 68	74.5	37.9	•	96.7
0 2	21 Infant mortality rate	2014 - 16	62	2.6	3.9	7.9	• • •	1.6
	22 Obese children (aged 10-11)	2016/17	1,085	16.9	20.0	29.2	0	11.3
ua-	23 Deprivation score (IMD 2015)	2015	n/a	11.5	21.8	42.0	0	5.7
Inequa- lities	24 Smoking prevalence: routine and manual occupations	2017	n/a	24.4	25.7	38.9	0	13.9
Wider determinants of health	25 Children in low income families (under 16s)	2015	11,825	10.0	16.8	30.5	♦ 0	6.1
	26 GCSEs achieved	2015/16	3,480	59.5	57.8	44.8	O	74.6
	27 Employment rate (aged 16-64)	2016/17	340,000	79.6	74.4	60.9	♦ 0	82.4
	28 Statutory homelessness	2016/17	80	0.3'86	0.8	9.6	•	0.0
	29 Violent crime (violence offences)	2016/17	7,706	11.4	20.0	42.2	0	7.0
£ 8	30 Excess winter deaths	Aug 2013 - Jul 2016	899	17.8	17.9	28.9	•	7.4
ealt	31 New sexually transmitted infections	2017	2,929	669.4	793.8	3,215.3	O	329.4
Health protection	32 New cases of tuberculosis	2014 - 16	163	8.0	10.9	69.0		1.3

Chapter 6: Lifestyles SUMMARY

- Smoking prevalence in Oxfordshire is lower than the England average and is decreasing, but prevalence remains high for adults in routine and manual occupation groups
- Alcohol-related hospital admissions in Oxfordshire adults were significantly lower than in England overall for males in all age groups, and females over age 40. Admissions for females under 40 were similar to England overall.

 Alcohol-specific admissions in under 18s were higher than national and regional averages
- The rate of <u>deaths from drug misuse</u> remains below the national and regional averages
- Over half of adults in Oxfordshire are <u>overweight</u> <u>or obese</u>, and three in ten adults are not meeting physical activity guidelines
- Similar to previous years, excess weight in children has remained high. One in five children in Reception, and one in three children in Year 6 was overweight or obese.

- Children's <u>participation in sport and</u>
 <u>physical activity</u> is declining nationally, and
 most children in Oxfordshire are not
 meeting the daily physical activity
 guidelines
- The percentage of babies with <u>low birth</u> <u>weight</u> in Oxfordshire remains lower than national levels, and <u>breastfeeding</u> <u>prevalence</u> stays high in the county, well above national levels
- Dental decay in 5 year olds is decreasing in the county, but one in five children is still affected
- New diagnoses of <u>sexually transmitted</u>
 <u>infections</u> have continued to decrease in
 Oxfordshire, and the rate is now similar to
 the South East average
- The rate of <u>teenage conceptions</u> in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends

Chapter 7: Service use SUMMARY (1)

Primary health care

- Oxfordshire has a higher GP to patient ratio than the national average and a lower ratio for nurses and admin staff
- The difference between the number of registered GP patients and the estimated population has increased and could affect comparisons of health outcomes
- A higher proportion of GP appointments were carried out by telephone in Oxfordshire than average

Secondary health care

- NHS job vacancies have increased in Oxfordshire
- There has been an increase in A&E and unplanned admissions and a decline in planned admissions and outpatients
- Outpatient (first attendances) rate per population has increased in the older age group
- Delayed transfers of care (out of hospital) in Oxfordshire has continued to fall

Mental health services

- Continued increase in referrals to Oxford Health for mental health services in Oxfordshire in younger age groups
- The pressure on Child and Adolescent Mental Health Services in Oxfordshire has increased

Children's social care

- Referrals to Children's social care in Oxfordshire have declined
- The number of children on child protection plans in Oxfordshire has increased and data shows rates above average. The most recent data held by Oxfordshire County Council (not published) shows the number has fallen.
- Increase in looked after children and in children placed outside Oxfordshire
- The % of Oxfordshire's care leavers in employment, education or training remains below the national average
- The rate of Troubled Families in Oxfordshire was highest in Oxford City and Cherwell
- Potential increase in demand for children's social care services by 2031, depends on level of housing growth

Chapter 7: Service use SUMMARY (2)

Adult social care

- Increase in reablement (from a low base) and in number of adults provided with long-term social care
- Increase in the proportion of older social care clients supported at home
- Social care users in Oxfordshire less likely to feel socially isolated and more likely to believe their home meets their needs than average
 - Older social care users worry most about falling over
 - Almost two thirds of older people estimated to be self-funding long term care in Oxfordshire
 - Potential increase in demand for social similar whether or not housing growth is included

Community safety services

- Domestic abuse crimes and incidents in Oxfordshire has remained at a similar level to the previous year. There have been increases in younger and older victims of domestic abuse and male victims
- Police have recorded a significant increase in the number of victims of rape, especially in Oxford City. There have been increases in victims of Child Sexual Exploitation and Modern Slavery in Oxfordshire.

The number of victims of doorstep crime or rogue traders in Oxfordshire has declined again

Health support and preventing ill-health

- Slight decline in number of adults in specialist drug treatment
- Since the introduction of Universal Credit, Citizens Advice Oxfordshire has seen a significant increase in clients seeking advice
- Mental health and wellbeing accounted for 20% of interventions by School Health Nurses and 14% of interventions by the College Nurse Service in Oxfordshire.

Access to services

- Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2015 Indices of Multiple Deprivation
- Use of the internet by older people is increasing, however a significant number of older or disabled people have never used the internet

Oxfordshire Joint Strategic Needs Assessment

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Finding out more



The latest JSNA giving health and wellbeing facts and figures for Oxfordshire is available on Oxfordshire Insight

Oxfordshire JSNA report

ANNEX: Inequalities indicators ward level data

Ward inequalities indicators excel pack including OCCG and District summaries

Public Health Dashboards

Health Needs Assessments

Community Health and Wellbeing Profiles

Public Health England provides a wide range of health indicators and profiles on <u>Fingertips</u>

ONS population estimates and population projections for county and districts, benefits claimants and the annual population survey are available from www.nomisweb.co.uk

Oxfordshire County Council population forecasts are published on Oxfordshire Insight (select "future population change")

http://insight.oxfordshire.gov.uk/cms/population-0

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2. Population overview

March 2019



Introduction to the Oxfordshire Joint Strategic Needs Assessment: Health and Wellbeing facts and figures



- The Oxfordshire Joint Strategic Needs Assessment identifies the current and future health and wellbeing needs of our local population.
- The annual JSNA report is provided to the Oxfordshire Health and Wellbeing Board and underpins the Health and Wellbeing strategy
- Other JSNA resources include:

 Public Health Dashboards

 Health Needs Assessments

 Community Health and Wellbeing

JSNA Bitesize

Profiles

This section is Chapter 2 of the 2019 update

Chapter 1: Summary

Chapter 2: Population overview

Chapter 3: Population groups
Chapter 4: Wider determinants of health

Chapter 5: Causes of death and health conditions

Chapter 6: Lifestyles Chapter 7: Service use Chapter 8: Local research

ANNEX: Inequalities indicators ward level data

EMAIL: <u>jsna@oxfordshire.gov.uk</u> **WEB:** <u>insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment</u>

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Chapter 2: Population CONTENTS

This chapter of the 2019 JSNA provides estimates of the total resident population of Oxfordshire.

It includes a comparison of the predicted growth in population based on (1) demographic assumptions plus growth in housing modelled by Oxfordshire County Council and (2) past trends from the Office for National Statistics.

Detailed data for the oldest age group is included as this group is (proportionately) the highest user of health and social care services.

SUMMARY

Population by age

Rural County

Births, deaths and migration

Ethnicity

Housing growth

<u>Population growth - housing-led vs ONS</u> trend-based

Life Expectancy

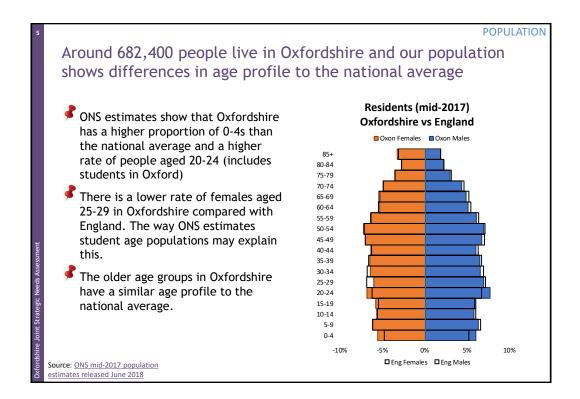
Finding out more

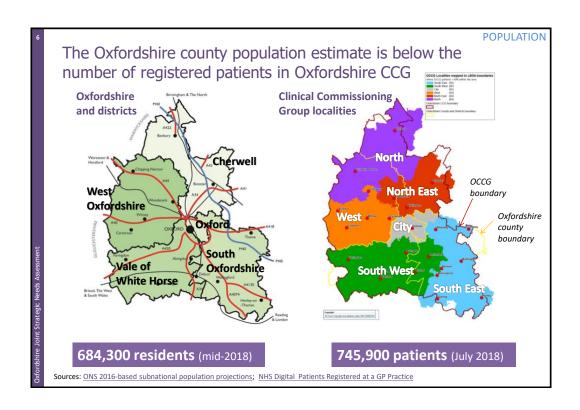
Chapter 2: Population SUMMARY

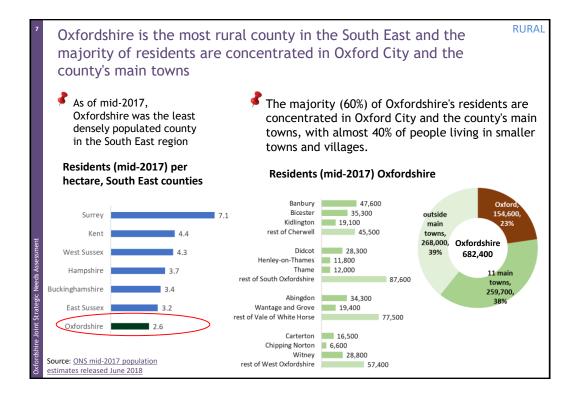
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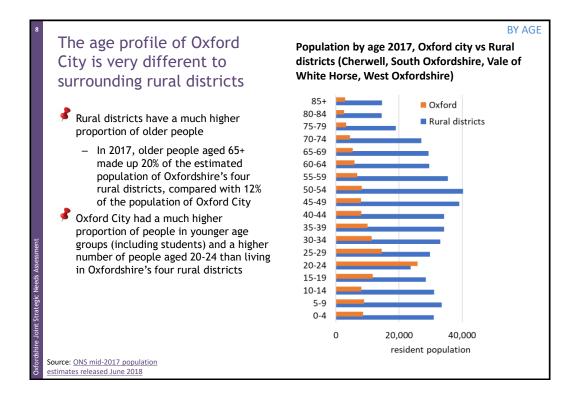
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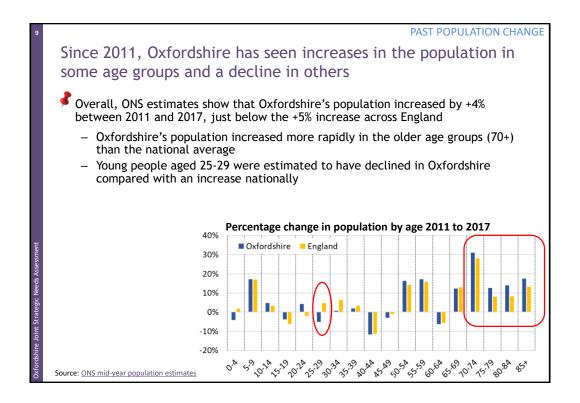
Oxfordshire Joint Strategic Needs Assessment

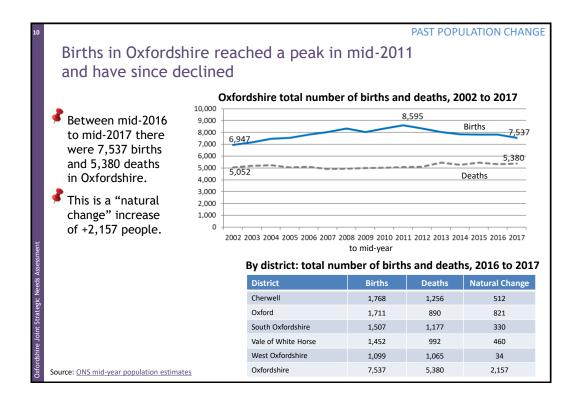


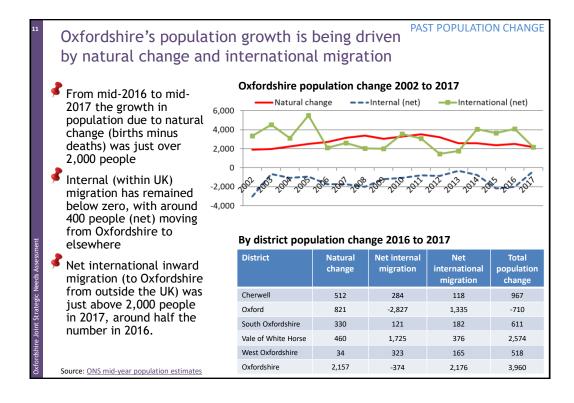




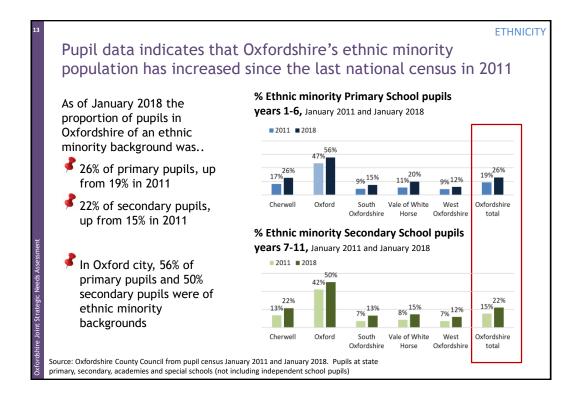


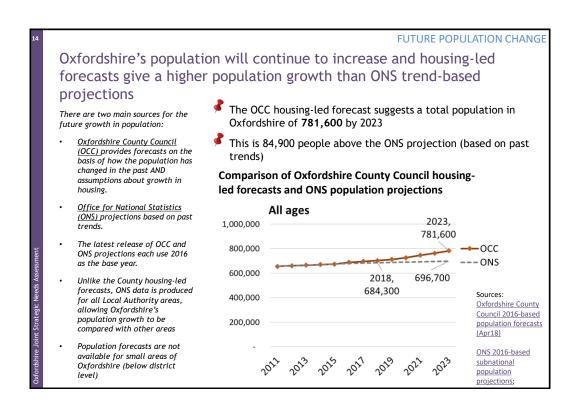


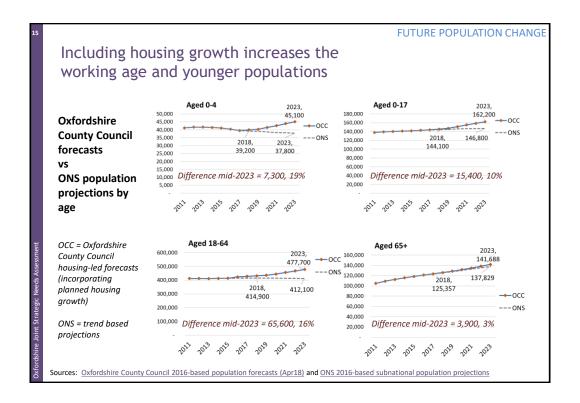


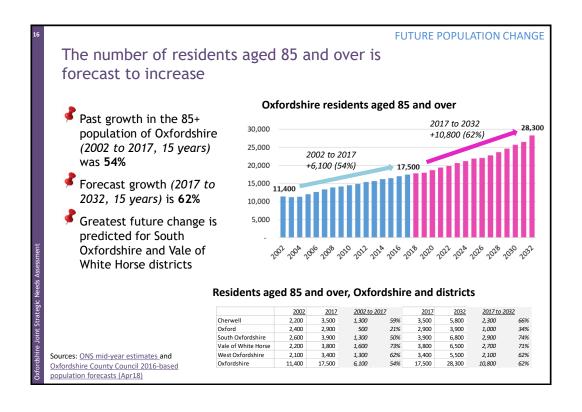


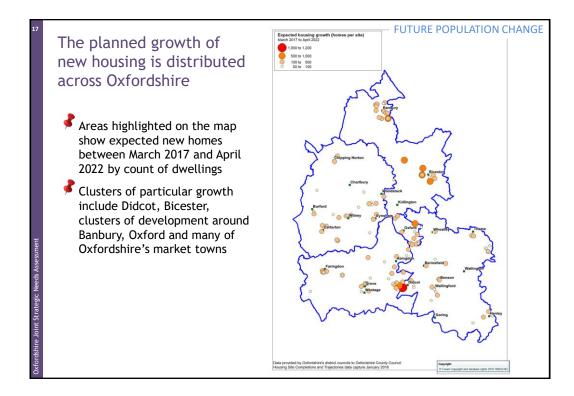
ETHNICIT Out of term time Ethnic Minority as % of population Ethnic minority populations mainly live in urban Oxfordshire The majority of the ethnic minority population in Oxfordshire is based in urban areas of Oxford and Banbury Oxford City has a very diverse range of ethnic minority groups The map shows the out of term time (i.e. excluding students) non white British population as % of all residents According to Public Health England¹.. Ethnic identity influences health outcomes via multiple routes. For example, experiences of discrimination and exclusion, as well as the fear of such negative incidents, have been shown to have a significant impact on mental and physical health. Health-related practices, including healthcareseeking behaviours, also vary importantly between ethnic groups. ethnic groups. Some minority ethnic groups appear to have much better health status than the White British population and some much worse. 1 Public Health England Local action on health inequalities Understanding and reducing ethnic inequalities in health

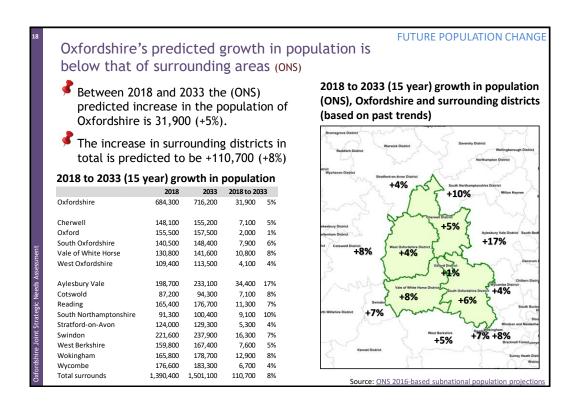


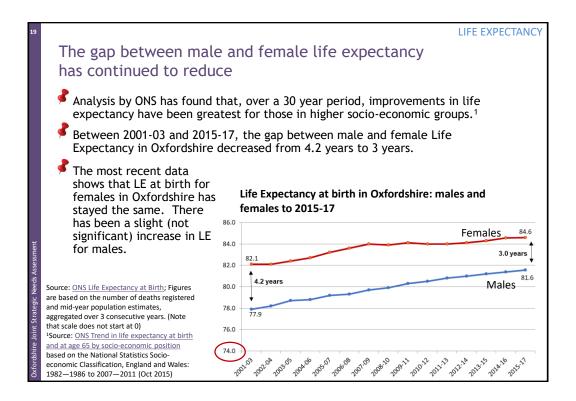


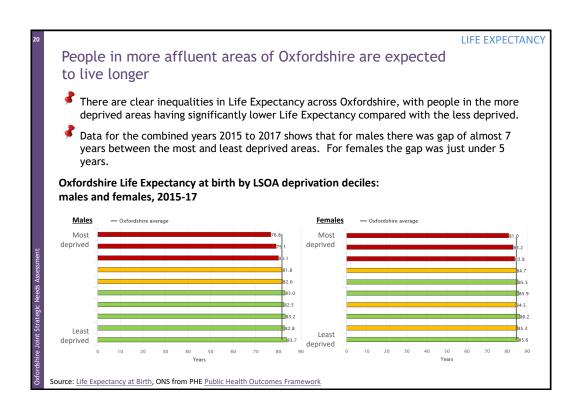


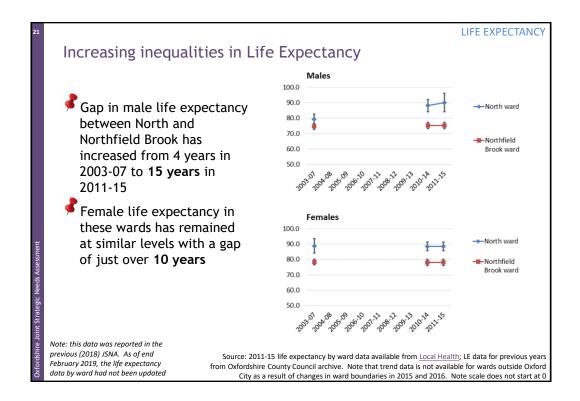


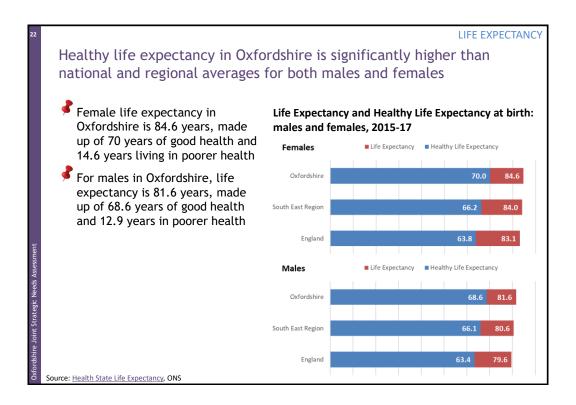












ANNEX: Finding out more

Oxfordshire County Council population forecasts are published on Oxfordshire Insight (select "future population change") $\frac{http://insight.oxfordshire.gov.uk/cms/population-0}{http://insight.oxfordshire.gov.uk/cms/population-0}$

ONS population estimates and population projections for county and districts are available from ${\it www.nomisweb.co.uk}$

ONS population estimates for wards are available from the ONS website https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental

ONS Life Expectancy data is available from:

- ONS National Life Tables
- Public Health England Fingertips

Contact: jsna@oxfordshire.gov.uk

Date of publication: March 2019

Health & Wellbeing Performance Framework: 2019/20

		Measure	Responsible Board	Baseline	Target 2019/20	Notes
		1.1 Reduce the number of looked after children by 50 in 2019/20	Children's Trust	789 (Jan 19)	tbc based on year end	
		1.2 Maintain the number of children who are the subject of a child protection plan	Children's Trust	602 (Jan 19)	tbc based on year end	
e-mail		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%	
		1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Children's Trust	1083 (Apr-Jan 2019)	1,500	
e-mail		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	
At the mee		1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths ¹	Children's Trust	65% (17/18)	73%	
At the mee		1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	Children's Trust	52% (17/18)	50%	Targets are for the 18/19 academic year
		1.8 Reduce the persistent absence rate from secondary schools	Children's Trust	13.7% (T2 18/19)	12.2%	Targets are for the 18/19 academic year
	life	1.9 Reduce the number of permanent exclusions	Children's Trust	26 (T2 18/19)	44	Targets are for the 18/19 academic year
At the mee	tart in	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	Targets are for the 18/19 academic year
At the mee	S	1.11 Reduce the persistent absence of children subject to a Child Protection plan	Children's Trust	32.8% (16/17)	tbc	Targets are for the 18/19 academic year
	poo	1.12 Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	
	A g	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	Health Improvement Board	94.3% (Q2 18/19)	95%	
		1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	Health Improvement Board	92.7% (Q2 18/19)	95%	
		1.15 Maintain the levels of children obese in reception class	Health Improvement Board	7.8% (17/18)	7%	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%	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	
		Monitor the number of children missing from home	Children's Trust	1494 (Apr-Dec 2018)	Monitor only	
		Monitor the number of Domestic incidents involving children reported to the police.	Children's Trust	4807 (Apr-Dec 2018)	Monitor only	
		Monitor the crime harm index as it relates to children	Children's Trust	Set in Q1	Monitor only	

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	This is a nationally set target. The measure is used to monitor the CQC action plan
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%	The measure is used to monitor the CQC action plan
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%	This is a nationally set target.
2.4 The proportion of people who complete psychological treatment who are moving to recovery.	Joint Management Groups	51% (Apr - Nov)	50%	This is a nationally set target.
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%	This is a nationally set target.
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	Joint Management Groups	99% (Apr - Nov)	75%	This is a nationally set target.
2.7 The proportion of people on General Practice Seriously Mentally III 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%	
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%	
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	Joint Management Groups	96% (Apr - Dec)	95%	
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%	This is a nationally set target.
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%	
2.12 The number of people with severe mental illness in employment	Joint Management Groups	18% Dec 2018	18%	The target is as set in existing contracts
2.13 The number of people with severe mental illness in settled accommodation	Joint Management Groups	96% Dec 2018	80%	The target is as set in existing contracts
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	
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	
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) ⁶	Health Improvement Board	19.1%	18.6%	The national PH Outcome framework figure reports on the age group 19+. The latest figure is Nov 2017: 18.6%, but the local agreed measure is for 16+
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*	Target relates 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%	

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	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%	Target relates to 2018/19. The 2019/20 target will be set in 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%	Target relates to 2018/19. The 2019/20 target will be set in once baseline is known. Data always a quarter in arrears
	2.19 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%	
,	3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036 (Apr-Dec 18)	2000	The measure is used to monitor the CQC action plan
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	Joint Management Groups	8596 (Dec 2018)	8920	The measure is used to monitor the CQC action plan
,	3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	The measure is used to monitor the CQC action plan
	3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	Joint Management Groups	20.8% (2016/17)	>18.8%	The measure is used to monitor the CQC action plan. The measure is reported in the NHS interface dashboard. The target is for 18/19 and will be revised once the NHS comparator data is released
	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%	
	3.6 Maintain the number of home care hours purchased per week	Joint Management Groups	21,353 Dec 2018	21,779	
,	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	The measure is used to monitor the CQC action plan. The measure is reported in the NHS interface dashboard. The target is for 18/19 and will be revised once the NHS comparator data is released
) - 	3.8 90th percentile of length of stay for emergency admissions (65+)	Joint Management Groups	16 (2017-18)	18 or below	The measure is used to monitor the CQC action plan. The measure is reported in the NHS interface dashboard. The target is for 18/19 and will be revised once the NHS comparator data is released
	3.9 Reduce the average number of people who are delayed in hospital ²	Joint Management Groups	85 (Dec 2018)	TBC	The measure is used to monitor the CQC action plan
	3.10 Reduce the average length of "days delay" for people discharged from hospital to care homes	Joint Management Groups	248 (Dec 2018)	TBC	The measure is used to monitor the CQC action plan
	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	
	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	The measure is used to monitor the CQC action plan
	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	The measure is used to monitor the CQC action plan
	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	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%	
[3.16 Maintain the level of flu immunisations for the over 65s	Health Improvement Board	75.9% (2017/18)	75%	
	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%	
	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%	

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	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	
ies that th ²	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	Health Improvement Board	tbc	<75%	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	Health Improvement Board	90 (2018-19)	>90	
g Wider ermine	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Health Improvement Board	no baseline	Monitor only	
Tackling deter	4.5 Monitor the number where a "relief duty is owed" (already homeless)	Health Improvement Board	no baseline	Monitor only	
-	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Health Improvement Board	no baseline	Monitor only	

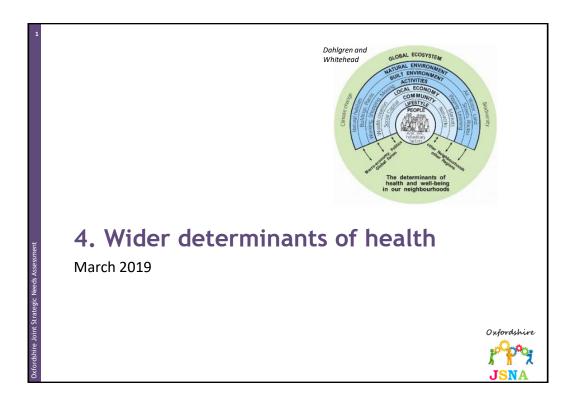
These measures will be revised in the year, once the older People's Strategy is finalised
 These are placeholders - actual measures and targets to be confirmed later in the quarter

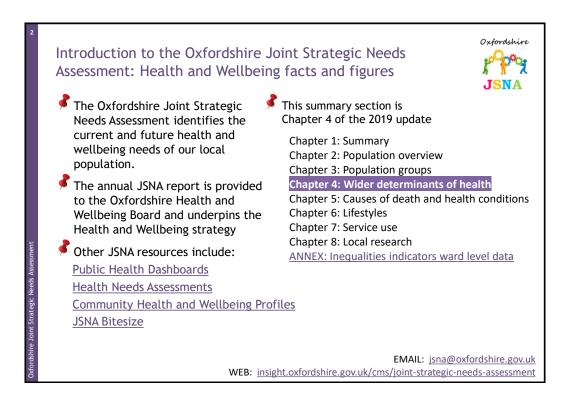
Health and Wellbeing Process Measures 2019-20

Γ		Responsible Q1 Q2 Q3 Q4									
I	Measure	Board		RAG	No No	RAG		RAG	No No	RAG	Notes
	Whole Systems Approach to Obesity		Review the National guidance appropriate to Oxon and the NHS Long Term Plan		Identify and engage stakeholders		Establish a working group		Develop a joint action plan		
	Making Every Contact Count		Transformation of Oxfordshire MECC Systems Implementation Group;		Promoting MECC approach and training within stakeholder organisations		Support BOB STP with 1. the development & implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model		Engagement with local/regional MECC networks to contribute updates and share learning Test/shadow BOB STP MECC Metrics		
	Mental Wellbeing	Health Improvement Board	Sign Mental Wellbeing Prevention Concordat		Establish a working group for mental wellbeing		Identify wider stakeholders Suicide Prevention Multi- Agency Group active in May and Dec		Develop Mental wellbeing framework		
D-	Diabetes Transformation	Health Improvement Board							1.National Diabetes prevention programme - increase uptake from baseline; 2.Increase percentage of patients achieving all three NICE treatment targets; 3.Attendance at diabetes structured education - increase numbers from baseline; 4.Increase percentage of patients with 8 care processes completed from baseline		
ונו	Domestic Abuse	Health Improvement Board	tbc		tbc		tbc		tbc		
83	Healthy Place Shaping	Health Improvement Board			Co-design and delivery of place based activities with local stakeholders Healthy place shaping activities are delivering collectively agreed objectives and outcomes Healthy place shaping is encouraging resident engagement in activities that promote health, wellbeing and social cohesion				Co-design and delivery of place based activities with local stakeholders Healthy place shaping activities are delivering collectively agreed objectives and outcomes Healthy place shaping is acting as a system connector Learning is used as a mechanism to continuously improve Activities increase the connectivity between local stakeholders Investment seeks to increase the capacity of the system Healthy place shaping is encouraging resident engagement in activities that promote health, wellbeing and social cohesion The built environment is enabling healthy living		
	Social Prescribing	Health	1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey 2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators		Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.						

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Chapter 4: Wider Determinants CONTENTS

This chapter of the 2019 JSNA presents data on a range of economic, social and environmental factors which impact on people's health.

Summary

Work, income and deprivation

Earnings and economic activity

Unemployment

National Insurance number registrations

to overseas nationals

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Fuel poverty

Affordability of healthy food

Housing and homelessness

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Adults without qualifications

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Active travel

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Air pollution

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Healthy place shaping

Annex: Finding out more

Chapter 4: Wider determinants of health SUMMARY (1)

Work, income and deprivation

- <u>Earnings</u> growth for Oxfordshire residents continues to outpace the South East region
- Household income varies significantly across Oxfordshire
- Oxfordshire's <u>economic activity</u> rate remains above the England average and the unemployment rate remains low
- The number of people from overseas registering for a National Insurance number in Oxfordshire has declined
- There has been a slight increase in rates of child poverty in Oxfordshire
- The number of households in <u>fuel poverty</u> has declined
- Healthy eating is less affordable for low income families and there has been a rise in the use of emergency food provision such as food banks.

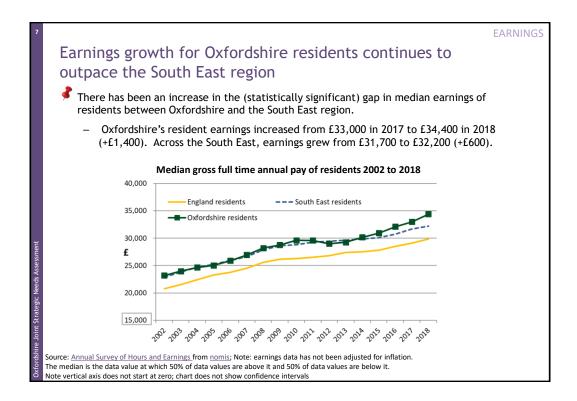
Housing and homelessness

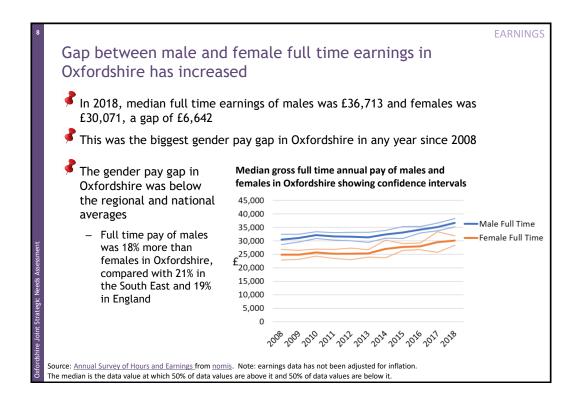
- The cheapest market <u>housing</u> is over 10 times the lower earnings in each district in Oxfordshire
- Tenure estimates suggest that 26% of private dwellings in Oxfordshire were <u>privately</u> <u>rented</u> in 2017, up from 22% in 2012.
- The cost of renting privately in Oxfordshire remains well above the South East and national averages
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas with the highest risk of loneliness are in Cherwell (Banbury, Bicester Town); Oxford (Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley) and South Oxfordshire (Didcot South)
- There has been a fall in the number of people in temporary accommodation
- The number of <u>people sleeping rough</u> has continued to rise

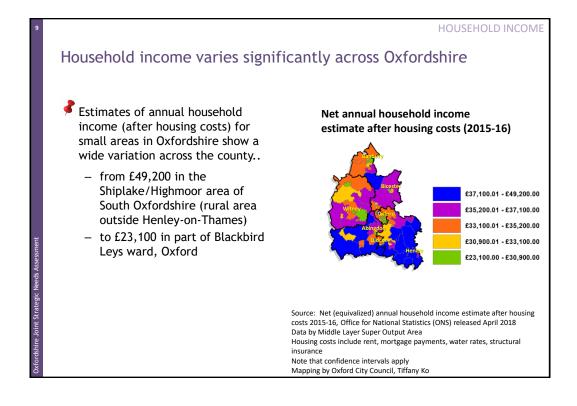
Oxfordshire Joint Strategic Needs Asses

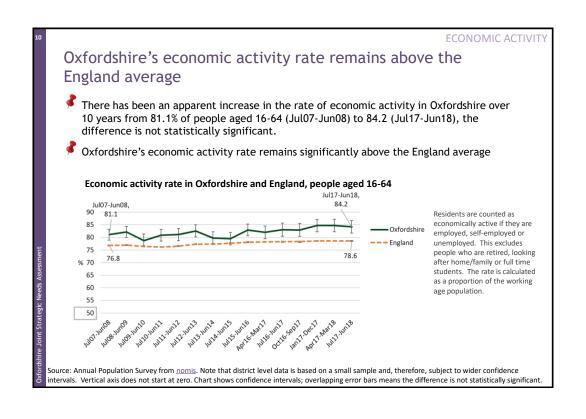
Chapter 4: Wider determinants of health SUMMARY (2) Education and qualifications Physical and social environment Early years (aged 5) results for boys has Active Travel through cycling and walking improved. Early years results for free school is increasing but there has been no meals pupils, for pupils with SEN and for Asian change in people walking or cycling at pupils in Oxfordshire are each below average. least once a week. The gap between these disadvantaged pupils There is strong evidence linking the and other pupils has got wider density of fast food outlets to the level The % of pupils aged 5 achieving a good level of of area deprivation development in Early Learning Goals in Oxford Conditions exacerbated by air pollution city has improved each year since 2014 include asthma, chronic bronchitis, For children aged 10-11, achievement of chronic heart disease (CHD), and stroke. Oxfordshire's disadvantaged children has Health impacts of climate change will remained below national average mainly be felt through changes in Pupils attaining "strong" passes in GCSE English temperature, disease and pollution. and Maths was above average in Oxfordshire, Evaluation evidence is starting to below average in Cherwell emerge from the healthy new town Unauthorised absence from secondary schools programmes in Bicester and Barton, has increased at a faster rate than nationally highlighting strong partnership working and people actively managing their Fewer people in Oxfordshire have no health qualifications (2017 compared with 2010)

Work, income and deprivation









UNEMPLOYMENT

Unemployment rate remains relatively low in Oxfordshire

- The estimated total number of people unemployed in Oxfordshire (Oct17-Sep18) was **7,800**, down from an estimated 12,100 in the previous year
- The comparative rate of unemployment for Oct17-Sep18 remains relatively low in Oxfordshire at 2.1% (+/- 1.0), lower than the South East region (3.4% +/- 0.3) and lower than the England rate (4.2% +/- 0.1)
- Model-based estimates for districts show that the lowest rates were in South and West Oxfordshire (2.5% +/-0.8) and the highest rate was Oxford City (3.4% +/-1.2)

Unemployment count and rate (model-based estimates for districts)

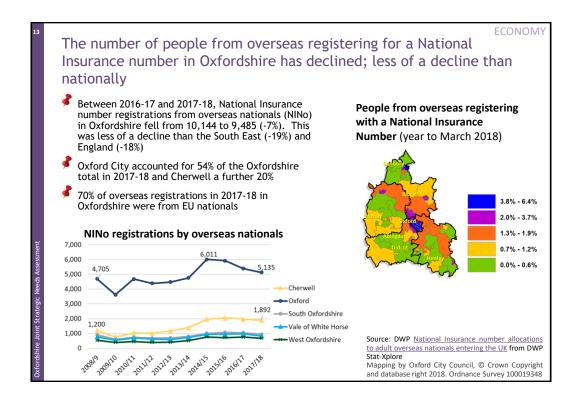
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	Oct16- Sep17	Oct17- Sep18	Change 16-	17 to 17-18	Rate Oct17- Sep18			
Cherwell	2,100	2,300	200	10%	2.8			
Oxford	3,000	3,300	300	10%	3.4			
South Oxfordshire	1,800	1,800	-	0%	2.5			
Vale of White Horse	1,800	1,800	-	0%	2.9			
West Oxfordshire	1,400	1,500	100	7%	2.5			
Oxfordshire	12,100	7,800	- 4,300	-36%	2.1			
South East			1,900	1%	3.4			
England			-79,100	-6%	4.2			

Unemployment count: all people aged 16+ without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job they had already obtained.

Unemployment rate: the unemployment count as a percentage of the economically active population aged 16+.

Source: ONS Annual Population Survey for Oxfordshire, South East and England; DWP Model-Based estimates of unemployment for districts from nomis. This dataset gives the official unemployment figures for local authorities. The model-based estimate improves on the Annual Population Survey estimate by borrowing strength from the claimant count to produce an estimate that is more precise.

UNEMPLOYMEN³ Fall in claimants of Employment and Support Allowance, linked to the introduction of Universal Credit Universal Credit is gradually replacing income-related Employment and Support Allowance (ESA) as the main benefit for people who can't work because of sickness or disability. Universal Credit was introduced in Oxfordshire in October 2017. As of May 2018 there were 12,320 claimants of Employment and Support Allowance (for people where illness and disability affects ability to work) in Oxfordshire. This was down from 14,140 in May 2017 (-1,820, -13%) Count of claimants of Employment and Support allowance Just over half (6,430, 52%) of Employment and **12,320** _{2,500,000} Support Allowance 14,140 16,000 claimants in Oxfordshire 14,000 12,000 2,000,000 have a primary condition of a mental and 10,000 Oxfordshire 1,500,000 behavioural disorder 8.000 - England 1.000.000 6,000 4.000 500.000 2,000 ource: Department for Work and Pensions from nomis, claimants aged 16-64



Latest HMRC data shows a slight increase in Child Poverty in Oxfordshire

- The proportion of children in poverty in Oxfordshire according to HMRC data increased slightly from 9.8% in 2015 to 10.1% in 2016 (as of 31 August)
 - Oxford City saw a slight decline in child poverty rates to 16.2% and Cherwell remained the same.
 - Other districts had a slight increase, but there has been no consistent trend since 2013.
- These rates were below alternative estimates from End Child Poverty which show 1 in 4 children in Oxford City living in poverty after housing costs

Children in low income families (local measure) 2013 to 2016 (snapshot as of 31 August) and End Child Poverty estimates before and after housing costs

CHILD POVERTY

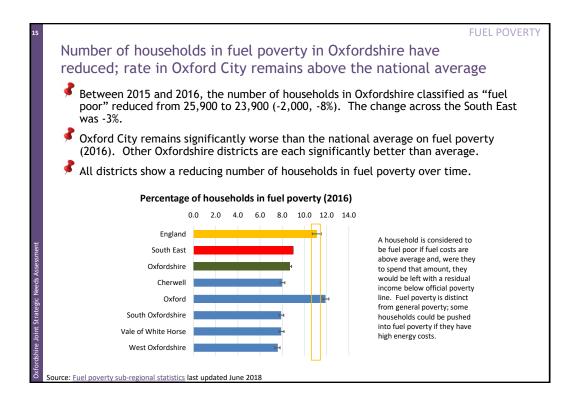
Source: Personal tax credits: Children in low-income families local measure: 2016 snapshot, HMRC [1]
The Children in Low-income Families Local Measure shows the proportion of children

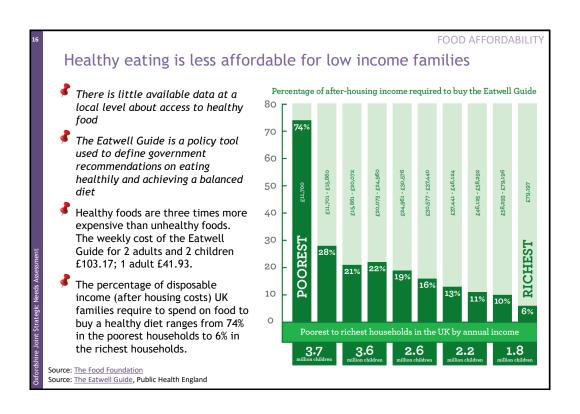
The Children in Low-income Families Local Measure shows the proportion of children living in families in receipt of out-of-work (means tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income.

Source: End Child Poverty local estimates [2] take into account housing costs, based on tax credit data and trends using Labour Force Survey data

						[2] End Child Poverty		
	[1] HMRC Children in low income families local measure						ly-Sept 2017	
					2015 to 2016	before	after	
					Percentage	housing	housing	
	31-Aug-13	31-Aug-14	31-Aug-15	31-Aug-16	point change	costs	costs	
Cherwell	10.4%	11.3%	9.9%	9.9%	0	10.5%	17.0%	
Oxford	18.9%	19.2%	16.4%	16.2%	-0.2	16.8%	26.4%	
South Oxfordshire	7.4%	8.1%	7.2%	7.6%	0.4	7.6%	12.5%	
Vale of White Horse	8.4%	9.1%	7.6%	8.2%	0.6	8.8%	14.4%	
West Oxfordshire	7.6%	8.6%	7.4%	7.9%	0.5	8.2%	13.4%	
Oxfordshire	10.7%	11.3%	9.8%	10.1%	0.3			
England	18.0%	19.9%	16.6%	17.0%	0.4			

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FOOD AFFORDABILITY

Healthy Start Vouchers and Free School Meals

Pregnant women and children under four years old may be entitled to Healthy Start vouchers to help buy some healthy foods. This important means-tested scheme provides vouchers to spend with local retailers.

- There has been a decrease in the number of beneficiaries entitled to Healthy Start Vouchers. For the most recent "wave" (month of Nov 2018) there was 68% uptake nationally.
- Healthy Start uptake among eligible beneficiaries in Oxfordshire districts was:
 - 56% in South Oxfordshire (171 of 288);
 - 61% in Cherwell (301 / 492) and West Oxfordshire (159 / 248);
 - 62% in Vale of White Horse (196 / 301) and
 - 71% in Oxford City (432 / 586).

Free school meals are offered to children whose parents receive benefits such as Income Support, Income-based Employment & Support Allowance, Income-based Job-seekers allowance etc.

- As of January 2018, the proportion of state-funded pupils known to be eligible for and claiming free school meals in Oxfordshire was:
 - 8.4% of nursery and primary pupils (9.8% in South East and 13.7% England)
 - 6.7% of secondary pupils (8.1% in South East and 12.4% England).

Sources: Healthy Start, NHS; Mapped data available here; DfE Free School Meals from Schools, pupils and their characteristics: January 2018

FOOD AFFORDABILITY

Growth in emergency food provision

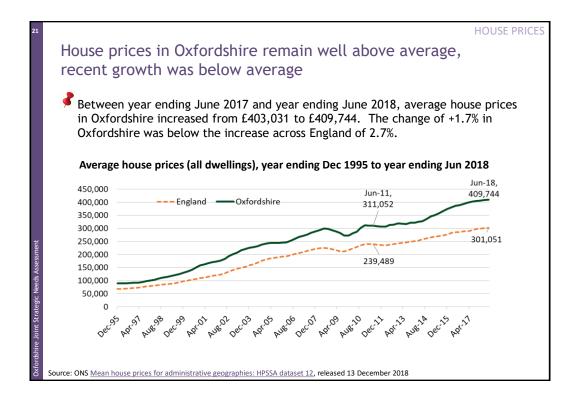
- 🗲 A publication by the Church of England notes in the last two or three years there has been a rapid growth in emergency food provision across the Thames Valley region.
- A diverse range of projects are in operation, most commonly food banks, covering towns, cities and rural areas.
- No data is available on the use of food banks in Oxfordshire.
- Oxfordshire projects include Abingdon, Banbury, Bicester, Chipping Norton (North Oxfordshire Food Bank), Didcot, Henley upon Thames, Oxford City (Oxford Food Bank, Oxford Emergency Food, Iffley Community Cupboard), Thame, Wantage and Grove and Witney (Oxfordshire West Food Bank).
- Good Food Oxford was launched in 2013 to help support existing work of organisations in and around Oxford City to improve the food system with new initiatives and collaborations.

Source: 999 Food - Emergency food aid in the Thames Valley Source: Good Food Oxford

FOOD AFFORDABILITY Key drivers for people using food banks $m{arepsilon}$ The profile of people receiving emergency food assistance from The Trussell Trust Foodbank Network in Britain (2017) showed that: Households using food banks face extreme financial vulnerability. All food bank users had, in the last month, an income well-below the threshold of low income in the whole population. The people using food banks are groups who have been most affected by recent welfare reforms: people with disabilities, lone parents, and large family households. These groups are seeing further reductions in their entitlements from April 2017 forward. 28% of those who had experienced rising expenses said this was due to housing costs, such as rent or energy, going up. Tenants in private housing were more likely to find it difficult to keep up with rents than socially rented properties. Over 50% of households included a disabled person, consistent with the definition used in national surveys. 75% experienced ill health in their household. Mental health conditions affected people in 1/3 of households. To find out more about affordable and healthy food, see Annex: Affordable and healthy food data resources Source: Financial insecurity, food insecurity, and disability, The Trussell Trust

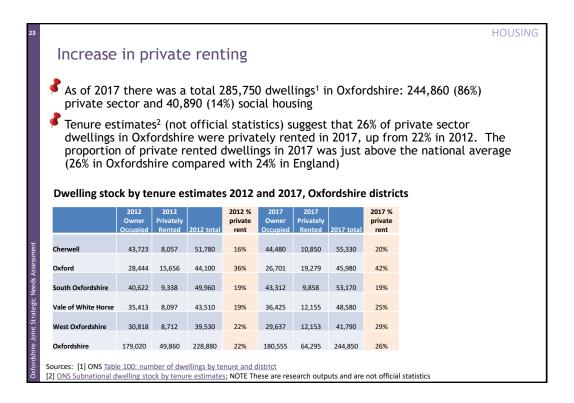
Housing and homelessness

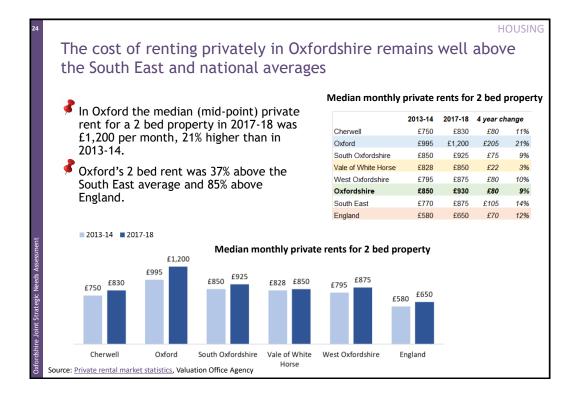
Housing and homelessness

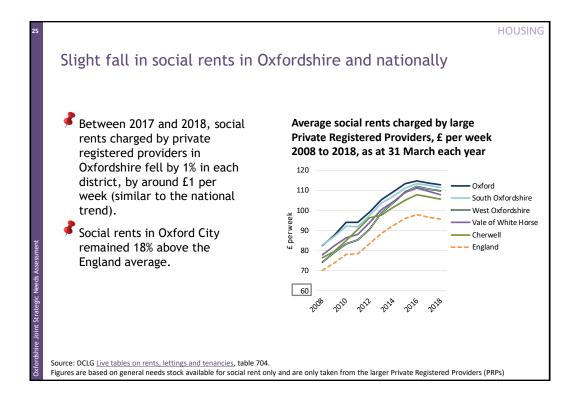


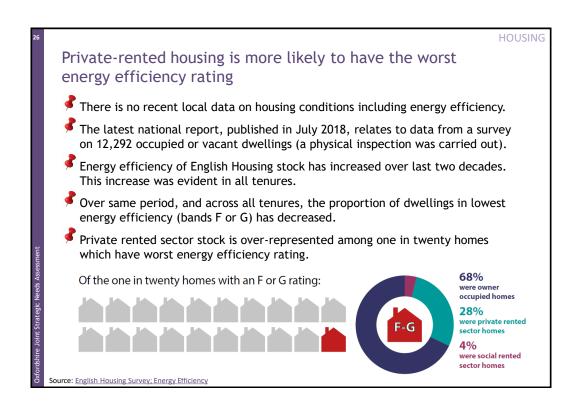
HOUSE PRICES The cheapest market housing is over 10 times the lower earnings in each district in Oxfordshire The ratio of lower quartile house prices to lower quartile earnings in Oxfordshire was 11.28 in 2017, remaining well above the ratio for England (7.26) All districts were above 10 times lower earnings Ratio of lower quartile house price to lower quartile gross 1. House price data are taken from ONS House Price Statistics for Small Areas for annual (where available) workplace-based earnings 2014 the year ending September to 2017 2. Earnings data are taken from the Annual Survey of Hours and Earnings. These 2014 2015 2016 2017 figures are estimates of gross workplace-Cherwell 9.45 10.21 11.13 10.47 based individual full-time annual earnings where available. Oxford 10.42 11.36 12.23 12.18 3. Data for annual earnings are not available for some areas since 1999. For South Oxfordshire 10.97 11.00 12.69 13.13 these areas the ratio of house prices to Vale of White Horse 8.83 9.45 10.27 10.69 earnings has been calculated using annualised weekly earnings. These are West Oxfordshire 9.97 10.15 12.52 12.92 recorded in bold grey italics. Annualised weekly earnings are not produced on an Oxfordshire 10.15 11.28 9.64 11.11 identical basis to annual earnings and are England 6.91 7.11 7.16 7.26 therefore not directly comparable.

Source: ONS House prices to workplace earnings ratio









LONELINESS

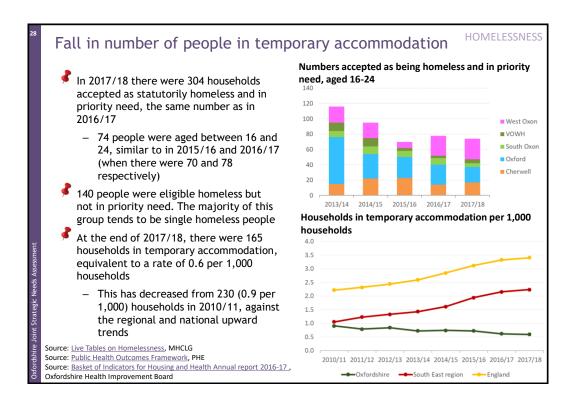
Isolation and loneliness is a significant health risk

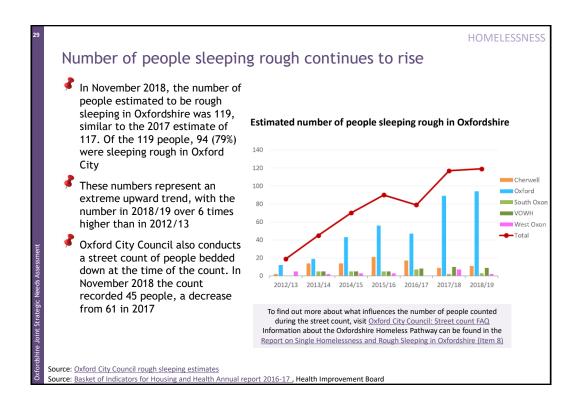
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services.
 - Loneliness can be as harmful for our health as smoking 15 cigarettes a day¹.
 - Lonely individuals more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care².
- Analysis by Age UK3 showed that factors more associated with a higher prevalence of loneliness were health and household type.
- Age UK has published heat maps showing the variation in the risk of loneliness within local authority districts. These maps highlight the following areas as being in the highest risk quintile of all neighbourhoods in England:
 - Cherwell: Banbury, Bicester Town
 - Oxford: Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley
 - South Oxfordshire: Didcot South
- ONS has recently (December 2018) developed recommended indicators of loneliness and aims to implement a harmonised approach to measuring loneliness across government

¹Source: Social relationships and mortality risk: a meta-analytic review PLoS Med 2010;7(7)

²Source: The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults, The

Gerontologist 46 (6)







EDUCATION

LANGUAGE

Between 2017 and 2018 there was a small increase in the number of pupils attending schools in Oxfordshire

- There was a total of 111,291 pupils in schools in Oxfordshire (January 2018), up from 111,049 in January 2017 (+242,+0.2%)
- Of these, 84.6% were attending state-funded schools (nursery, primary, secondary, special)
- 15.3% of pupils in Oxfordshire attended independent schools as of January 2018, over double the national average and a similar proportion to January 2011 (15.1%)

Count and % of pupils at schools in Oxfordshire

		Oxford	shire	2018 % of total		
	2017	2018	2017 to	2018	Oxfordshire	England
State-funded nursery	551	488	-63	-11%	0.4%	0.5%
State-funded primary	54,103	54,319	216	0%	48.8%	54.0%
State-funded secondary	38,119	38,290	171	0%	34.4%	37.3%
Special - state	1,034	1,098	64	6%	1.0%	1.3%
Special - non maintained	72	68	-4	-6%	0.1%	0.0%
Pupil referral units	46	53	7	15%	0.0%	0.2%
Independent	17,124	16,975	-149	-1%	15.3%	6.7%
All schools	111,049	111,291	242	0.2%	100%	100%

Source: Department for Education: Schools, Pupils and their Characteristics: January 2018 – Local Authority Tables

The top first languages (other than English) in Oxfordshire schools were Polish and Urdu

- As of January 2018, English was (known or believed to be) the first language of 85% of Oxfordshire primary school pupils (years 1-6) and 88% of Oxfordshire secondary school pupils (years 7-11)
- There were 128 different first languages spoken by pupils in Oxford City
- The top languages in Oxfordshire's schools were Polish, Urdu, Panjabi, Portuguese, Arabic, French, Spanish and Bengali

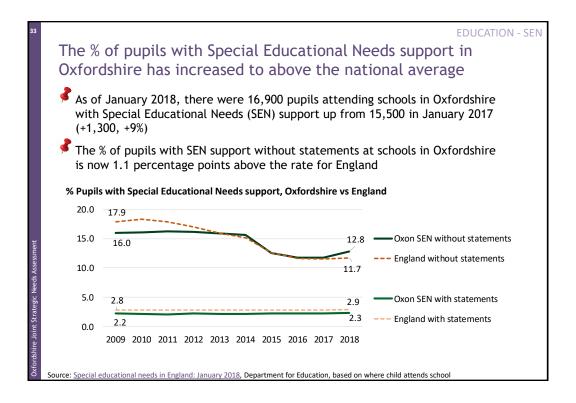
Primary School pupils years 1-6 by first language January 2018

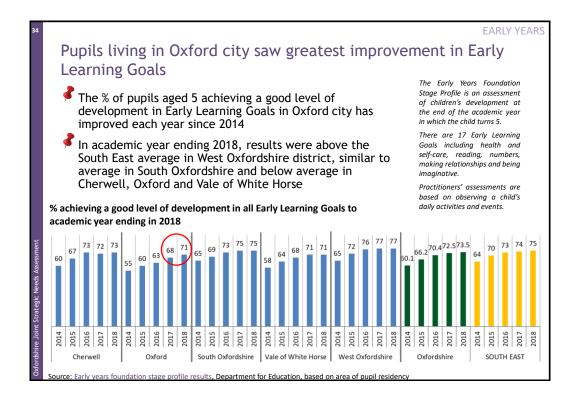
			South	Vale of	West	Grand
	Cherwell	Oxford	Oxon	WH	Oxon	Total
English	8,846	5,936	8,292	7,730	6,952	38,361
Polish	458	235	181	116	123	1,122
Urdu	202	296	17	30	2	549
Panjabi	128	220	8	13	4	373
Portuguese	74	170	29	49	34	360
Arabic	30	226	15	72	16	359
Spanish	46	113	39	67	22	290
French	33	91	49	98	15	289
Bengali	17	153	15	16	17	219
TOTAL	10,542	8,974	8,970	8,695	7,396	45,226
English as % of total	84%	66%	92%	89%	94%	85%

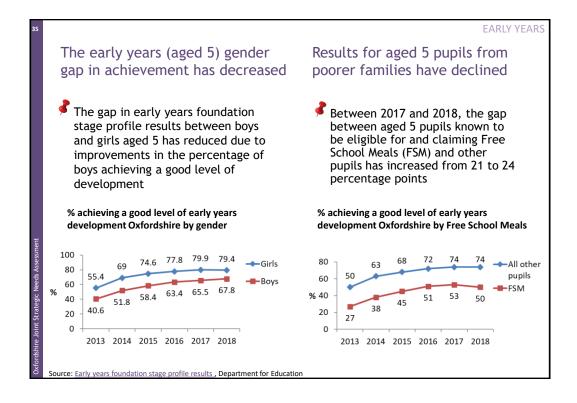
Secondary School pupils years 7-11 by first language January 2018

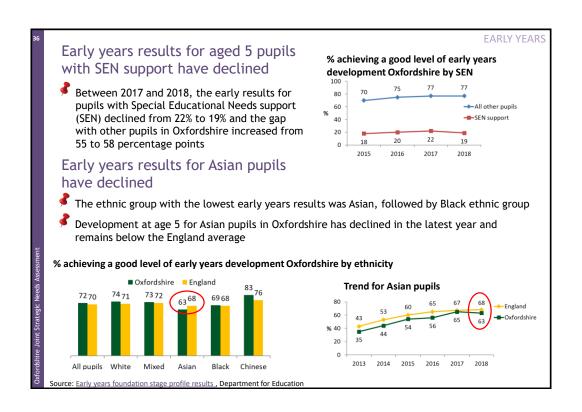
			South	Vale of	West	Grand
	Cherwell	Oxford	Oxon	WH	Oxon	Total
English	6,271	4,231	5,901	5,499	4,899	28,362
Polish	185	86	53	34	59	429
Urdu	123	194	11	15	2	347
Panjabi	74	161	1	10	1	252
Portuguese	59	96	30	25	32	250
French	8	56	54	56	11	190
Arabic	20	126	6	26	7	186
Spanish	24	57	26	23	26	162
Bengali	9	119	12	7	13	161
TOTAL	7,091	5,996	6,287	5,928	5,184	32,125
English as % of total	88%	71%	94%	93%	95%	88%

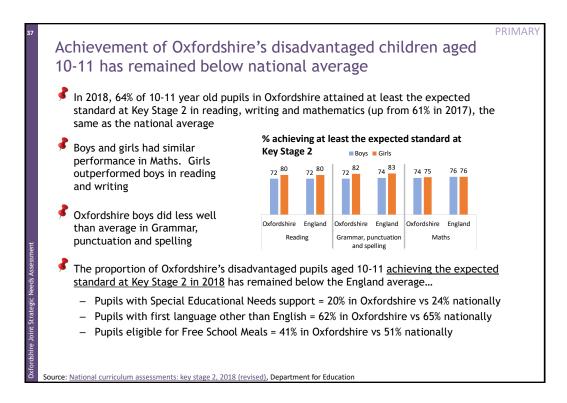
Source: Oxfordshire County Council from pupil census January 2018. By first language "known or believed to be". Pupils at state primary, secondary, academies and special schools (not including independent school pupils)











Pupils attaining "strong" passes in GCSE English and Maths was above average in Oxfordshire, below average in Cherwell

SECONDARY

- In 2018, the proportion of pupils attaining a "strong" pass in English and Maths (grade 9 to 5) in Oxfordshire was 46.6%. This was above the national average (43.2%)
- The proportion was lowest in Cherwell and below the national average (41.6%) and highest in Vale of White Horse (52%)
- Between 2017 and 2018, the proportion with a strong pass declined in Oxfordshire and in each district with the exception of Vale of White Horse

% of pupils attaining "strong" pass (9-5) in English and Maths, by pupil residence

	Grade 9-5	pass	2018
	2017	2018	compared with England
Oxfordshire	48.1	46.6	Above
Cherwell	44.4	41.6	Below
Oxford	46.5	43.5	Above
South Oxfordshire	53.3	51.5	Above
Vale of White Horse	46.2	52.0	Above
West Oxfordshire	54.0	48.9	Above
England	42.9	43.5	-

NOTE: In 2017, pupils sat reformed GCSEs in English language, English literature and maths for the first time, graded on a 9 to 1 scale. In March 2017, the Department for Education announced that the 'strong' pass would be used in headline attainment accountability measures. The headline English and Maths measure is, therefore, the percentage of pupils achieving a grade 5 or above in English and maths. There is also an additional measure showing the percentage of pupils achieving a grade 4 or above in English and maths in performance tables (not shown here). Source: Key stage 4 and multi-academy trust performance 2018 (revised), Department for Education

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SECONDARY

SECONDARY

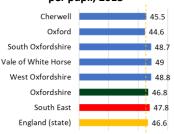
Average Attainment 8 score for GCSE pupils in Oxfordshire in 2018 was similar to the national average

- In 2018, the Attainment 8 score for Oxfordshire was 46.8. This was similar to the national average for the state-funded sector of 46.6.
- Cherwell and Oxford City were below average, South Oxfordshire, Vale of White Horse and West Oxfordshire were each above average.

Average Attainment 8 score per pupil, 2016 to 2018

	2016	2017	2018
Oxfordshire	50.4	47.6	46.8
National	50.1	46.4	46.6
Oxon ranking	Joint	44th	Joint
(national)	61st		58th
	2nd	2nd	2nd
	Quartile	Quartile	Quartile

Average Attainment 8 score per pupil, 2018 Cherwell 4



Source: Key stage 4 and multi-academy trust performance 2018 (revised), Department for Education Pupil residency based tables and LA tables; ranking analysis by Oxfordshire County Council

Notes: district data is based on where pupils live. A pupil's Attainment 8 score is calculated by adding up the points for their 8 subjects (with English and Maths counted twice), and dividing by 10. A Local Authority Attainment 8 score is the average of all of its eligible pupils' scores.

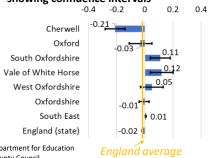
GCSE pupils in Oxfordshire making similar progress to pupils nationally

- In 2018, the Progress 8 score for Oxfordshire was -0.01. This means that, on average, pupils in Oxfordshire make 0.01 of a grade less progress than pupils with the same starting point nationally, however the difference is not statistically significant.
- Cherwell was significantly below the national, regional and county averages. Oxford was below average but not significantly. South Oxfordshire and Vale of White Horse were each significantly above average.

Average Progress 8 score per pupil, 2016 to 2018

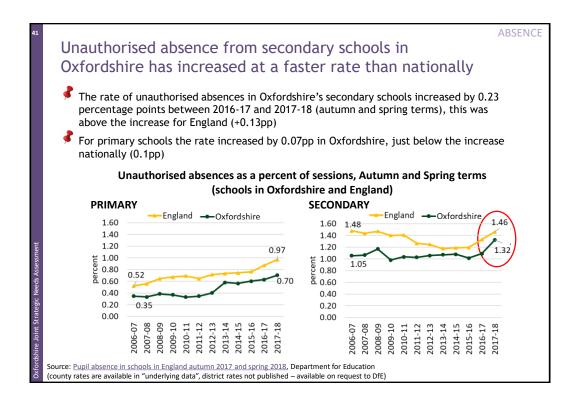
2016	2017	2018
0.01	0	-0.01
-0.03	-0.03	-0.02
Joint	Joint	64th
59th	61st	
2nd	2nd	2nd
Quartile	Quartile	Quartile
	0.01 -0.03 Joint 59th 2nd	0.01 0 -0.03 -0.03 Joint Joint 59th 61st 2nd 2nd

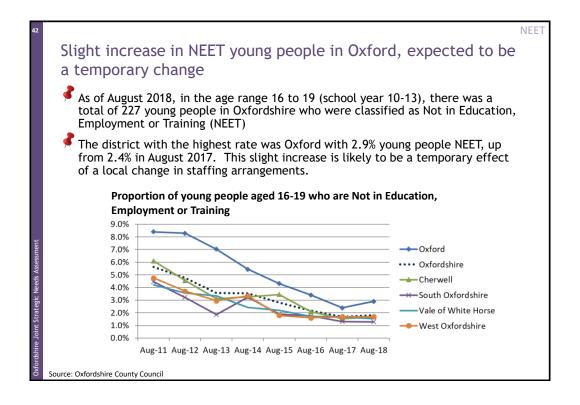
Average Progress 8 score per pupil, 2018, showing confidence intervals



Source: $\underline{\text{Key stage 4 and multi-academy trust performance 2018 (revised)}}$, Department for Education Pupil residency based tables and LA tables; ranking analysis by Oxfordshire County Council

Notes: district data is based on where pupils live. Progress 8 was introduced in 2016. A score of +1 means pupils are achieving an average of 1 grade more than similar pupils elsewhere. A score of -1 means pupils are achieving an average of 1 grade less. -0.5 is the minimum standard expected.





APPRENTICESHIPS

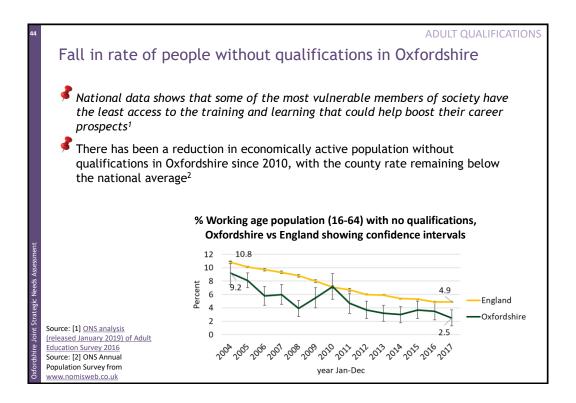
The number of apprenticeship starts in Oxfordshire has continued to fall, less of a decline than regionally or nationally

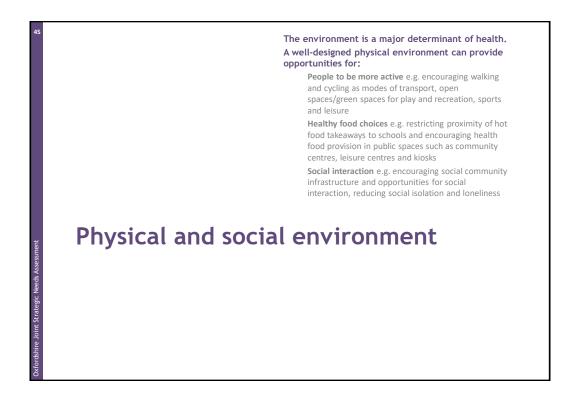
- In 2017-18 there was a total of 6,830 apprenticeships started in Oxfordshire and 4,640 apprenticeships completed
- The number of apprenticeship starts in Oxfordshire has fallen from 7,940 in 2016-17 to 6,830 in 2017-18 (a difference of -1,110, -14%). This was less of a decline than the South East (-17%) and England (-24%).

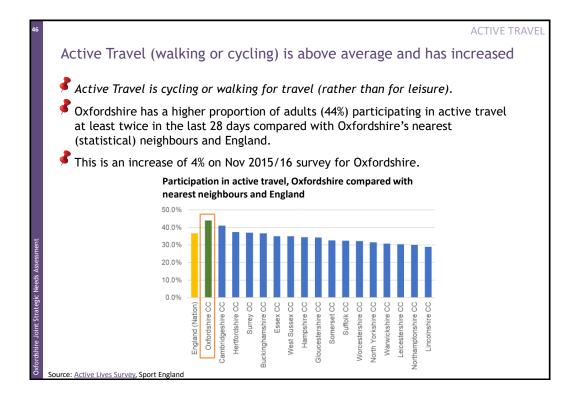
Number of apprenticeships started in Oxfordshire and districts (2017-18) and change since previous year

2017-18 Apprenticeship starts							
	Intermediate Advanced Higher Total						
	Apprenticeship	Apprenticeship	Apprenticeship	2017-18	2016-17	2016-17 to 2	017-18
Cherwell	720	840	160	1,740	2,080	-340	-16%
Oxford	440	520	120	1,080	1,340	-260	-19%
South Oxfordshire	540	680	180	1,380	1,500	-120	-8%
Vale of White Horse	620	740	140	1,500	1,520	-20	-1%
West Oxfordshire	480	520	160	1,140	1,500	-360	-24%
Oxfordshire	2,790	3,290	760	6,830	7,940	-1,110	-14%

Source: Apprenticeships and traineeships data, Department for Education

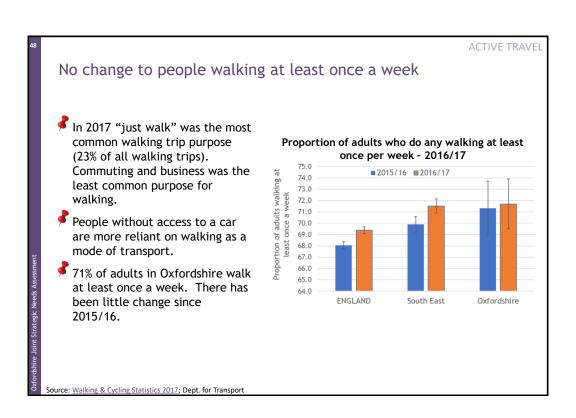


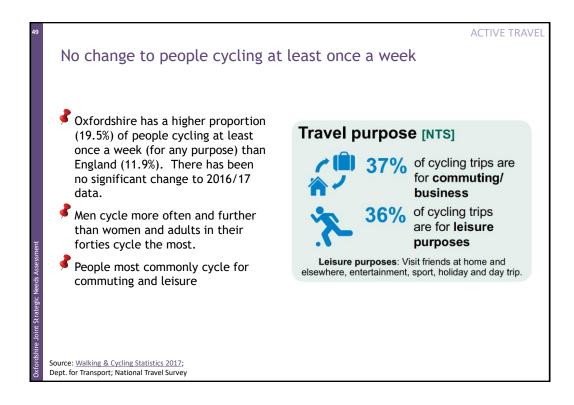


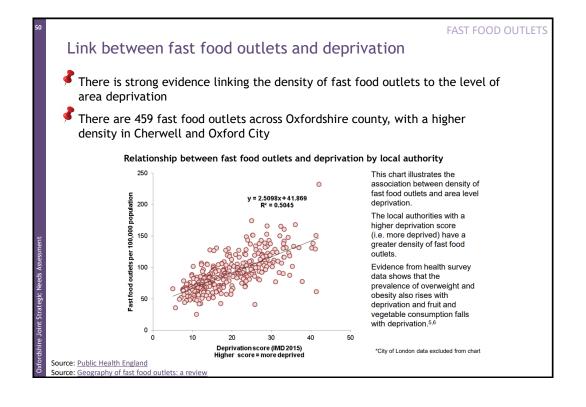


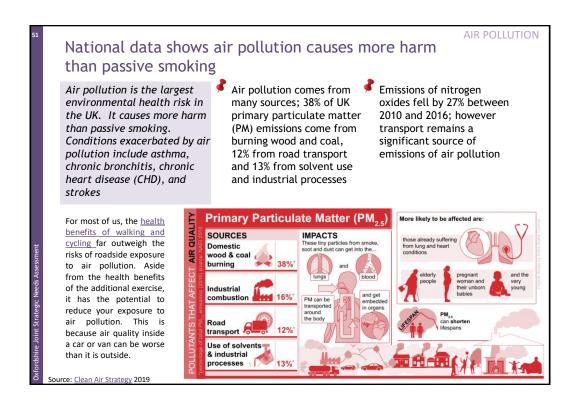
Source: Living Streets UK

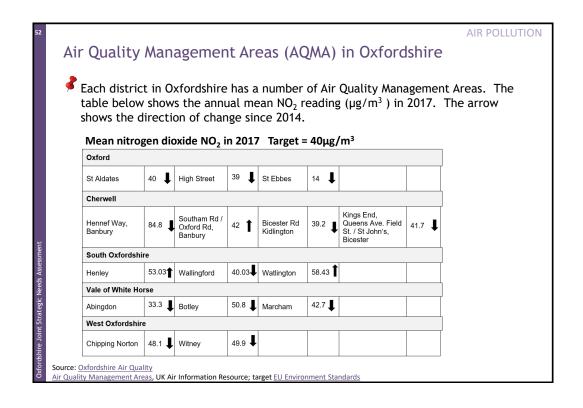
ACTIVE TRAVEL Active travel to school programme continues in Oxfordshire Living Streets, the UK charity for everyday walking, has the ambition "Every child that can, walks to school". 14 of the 18 schools signed up in Oxfordshire in 2017-18 have remained in the programme (78% retention) and continue to maintain and record their active travelling in 2018-19. A further four schools signed up for the Public Health programme in 2018/19. 6,683 pupils from the 18 schools record how they get to school on the WOW Travel Tracker. 88% of children taking part in the programme are travelling actively all or part of the way to school (Autumn Term 2018-19). This is an increase of 1% from 2017/18. Total active trips = 94,077 and inactive trips = 12,881 (4 Sept to 21 Dec 2018) - 61% walk (trips = 65,517) - 5% cycle (trips = 5,550) - 4% scooter (trips = 4,604) – 16% park and stride (trips = 17,359)











CLIMATE CHANGE Heat-related Morbidity and Mortality expected to England's climate is changing and will continue to change as a result of greenhouse gas emissions (Environment Agency). England temperatures show the 21st century has so far been warmer than previous three centuries. Summer of 2018 was the joint hottest ever recorded in England. Many people will experience climate change through its effects on water (floods and droughts). Heat related morbidity and mortality in the population are also expected to increase. Health impacts will mainly be felt through changes in temperature, disease and pollution (Health Climate Change Impacts). Outdoor activities could become more attractive, with an increase in active transport, such as cycling, and walking leading to benefits for health and wellbeing, as well as climate change mitigation from reductions in car use (Climate Change Risk Assessment.)

Source: Climate Change Impacts and Adaptation, Environment Agency, November 2018 Source: Living with Environmental Change; Report Card 2015

Source: UK Climate Change Risk Assessment 2017, Defra

Creating healthy communities NHS England is working with ten housing developments NHS England's Healthy New Towns Programme across England to shape the The ten sites health of communities, and to Barking Riverside, London Halton Lea, Runcorn rethink how health and care 10,800 homes being built on brownfield land alongside the River Thames. 800 new homes and a health and wellbeing campus on a brownfield site services can be delivered. Barton, Oxford Northstowe, Cambridgeshire 10,000 homes being built on the former 885 homes on a site next to John Two of the 10 developments Radcliffe Hospital. RAF Oakington base and surrounding land. are in Oxfordshire - in Bicester Bicester, Oxfordshire Whitehill & Bordon, Hampshire and in Barton. 13,000 homes being built over 20 years. 3.350 homes and commercial space being built on former Ministry of Defence land Cranbrook, Devon The programme aims to unite 8,000 homes being built on greenfield land. Whyndyke Garden Village, Lancashire A 1,400 home development on a 91ha site planned for the Fylde coast. public health, NHS providers Darlington, County Durham 3,600 homes being built on three sites and commissioners, planning between 2018 and 2025. and housing development to Ebbsfleet Garden City, Kent plan and build healthier Up to 15,000 homes being built on brownfield sites by 2026. places. Source: NHS England: Putting Health into Place: Introducing NHS England's Healthy New Towns programme (updated December 2018)

Barton Healthy New Town programme -'One Barton'



All Barton residents (Barton and Barton Park) to have an equal opportunity to achieve good physical and mental health outcomes

NHS-funded health and wellbeing programme in Barton, Oxford.

<u>Built environment:</u> major refurbishment of local Neighbourhood Centre; expanded GP surgery; way-finding project including dementiafriendly trails.

New Models of Care: Population health focus; integrating Primary Care with local communities and voluntary sector, expanding local Primary Care Network with Community and Council teams linking people with long term health conditions with community activities; maximising social prescribing; Trialling a new Team Around the Patient (TAP) model for patients with complex needs; identifying gaps in services.

Community Activation: community involvement in the Healthy New Town programme; supporting local health & wellbeing projects; food projects including children's breakfast club and community cupboard; training local stakeholders on mental health awareness, food poverty and conversations about healthy lifestyles.

Find out more about Barton Healthy New Town

Initial impact...

Influencing wider planning policy: inclusion of a new requirement by Oxford City Council within the draft Oxford Local Plan 2036 stipulating that for development proposals of more than 9 dwellings or 1000m2 the Council will require a health impact assessment to be submitted.

A wide range of service providers working as a team to support people with chronic, complex medical and mental health conditions.

Early case study findings show local people benefitting from linking with appropriate services (health, benefits advice, housing and voluntary services) and improving in confidence.

<u>Strong Partnership working</u> for the delivery of the programme.

→ Informing Oxfordshire's Health & Wellbeing Board and Oxfordshire's Growth Board

Bicester Healthy New Town programme



To create a healthy community by making it easy, attractive and affordable for people of all ages to live healthy sustainable lifestyles

NHS-funded health and wellbeing programme launched in Bicester Town Centre May 2017

Walking and cycling: 3X 5km blue marked health routes; discovery walk; cycling and walking wayfinding; outdoor gym equipment; promoting active travel

Community activation: building the capacity of the voluntary sector; involvement of schools; Facebook page; cookery skills; health & wellbeing at work with small businesses; increasing parenting skills; increasing intergenerational activities

New model of care: integrated training for carers; improving diabetes self-care; coordinating care of people with complex needs; social prescribing; promoting health conversations

Initial impact...

More people physically active: increasing participation in health walks, more children active in lunchtimes, doing the 'Daily Mile' and attending active holiday hubs; new man vs Fat league; 2 new clubs to encourage people back into exercise, 2 new running groups

More people trying to prevent poor health or manage their health condition: new users of self care Apps; increasing uptake of Go Active for Diabetes scheme

Early evidence that programme is increasing third sector capacity and is reaching a wide range of residents, including those in more deprived areas

→ Informing Oxfordshire's Health & Wellbeing Board and Oxfordshire's Growth Board

Find out more about Bicester Healthy New Town

Annex: Finding out more (1)

- Wider Determinants of Health Public Health England profiles https://fingertips.phe.org.uk/profile/wider-determinants
 - Wider Determinants Oxfordshire PHE profile
- Healthy place shaping
 - The economic benefits of creating healthy built environments: Moving Health Upstream In Urban Development [UPSTREAM] https://urban-health-upstream.info/info/
 - Bicester Healthy New Town
 - Barton Healthy New Town

Contact: jsna@oxfordshire.gov.uk

Date of publication: March 2019

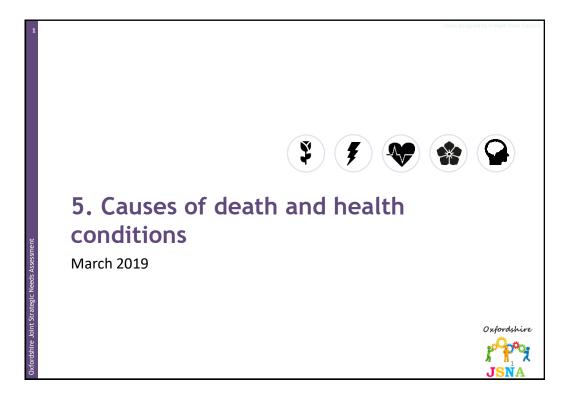
Annex: Finding out more (2)

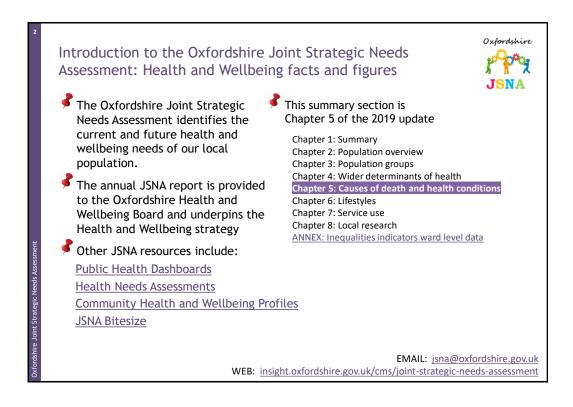
Affordable Healthy Food

- Community Fridges are a way to redistribute surplus food and save it from going to waste.
- Having a balanced diet is about getting the right types of foods and drinks in the right amounts. An easy guide to finding the right balance. British Nutrition Foundation
- Breakfast Club in schools or community centres. There are a number of places that run a breakfast club with varying prices (no direct weblink).
- All about Allotments a single website that provides hundreds of links to anything and everything to do with allotment gardening
- The cost of malnutrition in the UK economic report Malnourishment
- Healthy high street This campaign offers practical guidance for local authorities and members of the public who want to make their high streets more health-promoting
- Family spending in UK An insight into the spending habits of UK households, broken down by household characteristics and types of spending.
- Garden City standards Guide from Town & County Planning Association on creating health-promoting environments

Oxfordshire Joint Strategic Needs Asse







Chapter 5: Causes of death and health conditions CONTENTS

This chapter of the 2019 JSNA provides information on leading causes of death and some health conditions.

It includes information on the main causes of death overall in Oxfordshire and the main causes of death in older people.

Further information is provided on premature deaths in people under 75 years which are considered to be preventable.

More information on causes of death and prevalence of health conditions can be found in the <u>Public Health Surveillance Dashboard</u> - Mortality and Preventing Ill Health sections.

Summary

Leading causes of mortality in Oxfordshire

<u>Avoidable deaths</u> including <u>deaths considered</u> preventable

Road Casualties

Excess winter deaths

Home deaths

Oxfordshire Health Profile

Health conditions recorded at GP practices

New cancer cases

Mental health and wellbeing

Self-harm and Suicide

Musculoskeletal conditions

Emergency hospital admissions due to falls

Sight loss

Hearing loss

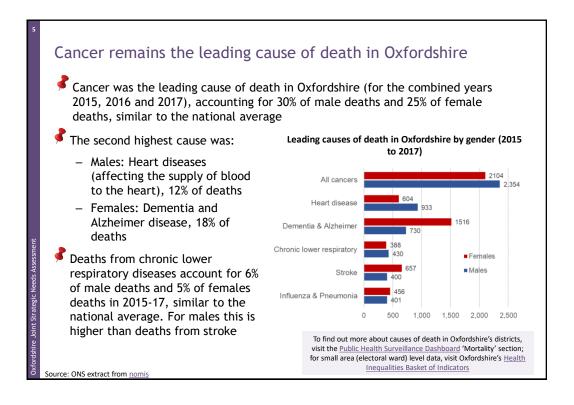
Annex: Finding out more

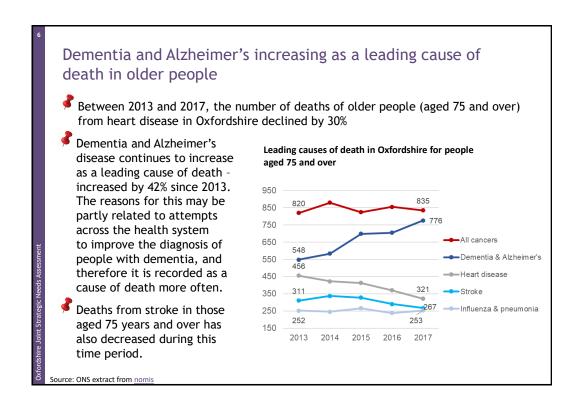
Chapter 5: Causes of death and health conditions SUMMARY

- Cancer remains the <u>leading cause of</u> death in Oxfordshire
- Dementia and Alzheimer's disease are increasing as leading cause of death in people over 75
- Over half of deaths in those under 75 were considered preventable, and the highest cause of <u>preventable death</u> in those under 75 was cancer
- The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire fairs well compared with the national average
- Cardiovascular, cancer, depression and osteoporosis have higher prevalence in Oxfordshire GP-recorded data than national average
- Cancer incidence rate is similar to national average

- <u>Depression diagnosis</u> among adults is increasing. The rate of social, emotional and mental health needs of school pupils in Oxfordshire is increasing and remains above the national average.
- Emergency hospital admissions for self-harm for all ages have decreased, but are increasing in young people (aged 10-24 years) in Oxfordshire and now significantly higher than England
- The rate of <u>deaths by suicide</u> remains similar to national and regional rates
- Falls are the largest cause of emergency hospital admissions for older people (65+); the rate of admissions due to falls in Oxford City has remained above the national average
- Oxfordshire estimated to have 430 <u>blind or partially sighted</u> children and young people.
- Over 40% of people 50+ years have <u>hearing loss</u>, rising to 71% in people 70+ years

fordshire Joint Strategic Needs Assessme





Avoidable mortality - an introduction

How the Office for National Statistics (ONS) define avoidable mortality:

Amenable mortality:

a death is amenable (treatable) if, in the light of medical knowledge and technology available at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare.

Preventable mortality:

a death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.

Avoidable mortality:

avoidable deaths are all those defined as preventable, amenable (treatable) or both, where each death is counted only once; where a cause of death is both preventable and amenable, all deaths from that cause are counted in both categories when they are presented separately.

Source: Avoidable mortality in the UK 2016, ONS

Cancer is the highest cause of preventable deaths in Oxfordshire in people under 75 years

These deaths could be prevented by reducing associated risk factors, such as obesity, inactivity, smoking and alcohol consumption

Overall, preventable mortality in all ages is decreasing nationally as well as locally

Preventable deaths continue to make up almost half of all deaths in those under 75 years of age and there is a higher proportion of these deaths in areas of deprivation

Between 2015 and 2017 there were a total of 3,474 deaths from cardiovascular disease, cancer, respiratory or liver disease, 2,011 (58%) of which were considered preventable

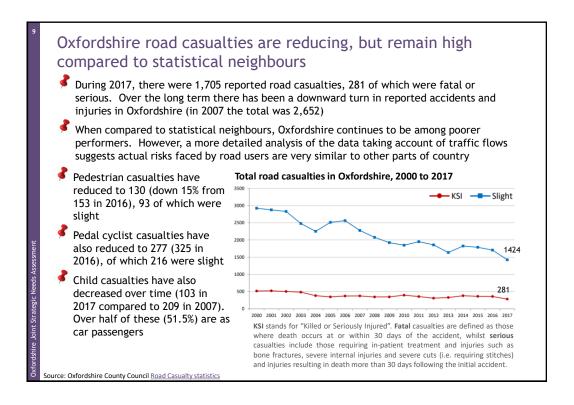
There was a gender difference, with 59% male deaths under 75 from these causes considered preventable and 56% of female deaths

The highest cause of preventable deaths for people aged under 75 in Oxfordshire was cancer, with just over 1,000 deaths from 2015 to 2017

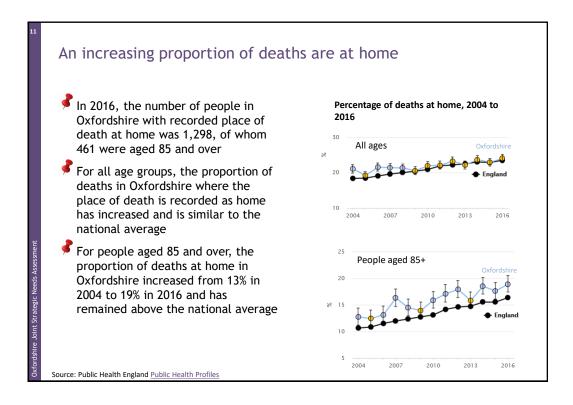
Deaths under the age of 75 from four causes considered preventable, Oxfordshire 2015-2017

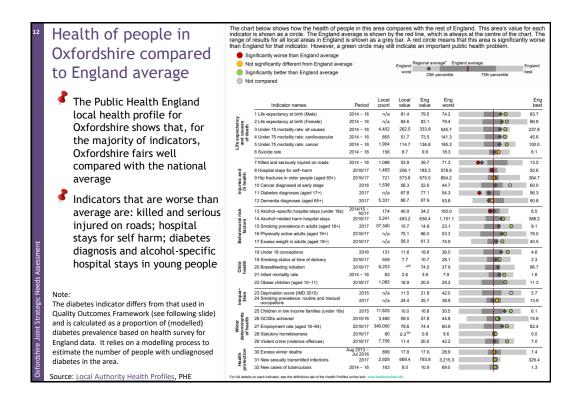
Deaths aged under 75 by cause	All deaths aged under 75			Deaths considered preventable			
Deaths aged under 75 by cause	Males	Females	Total	Males	Females	Total	
Cardiovascular diseases	590	280	870	398	136	534	
Cancer	1,024	920	1,944	527	513	1,040	
Liver disease	153	84	237	127	69	196	
Respiratory disease	240	183	423	135	106	241	
Total of these four disease groups	2,007	1,467	3,474	1,187	824	2,011	
% of total considered preventable				59%	56%	58%	

Source: Public Health Outcomes Framework, PHE



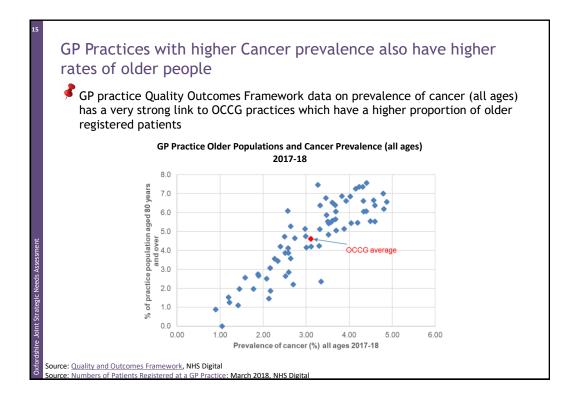
Excess winter deaths Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those age groups. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Excess winter deaths index (single year, age In Oxfordshire, there were 179 excess 85+ years), Oxfordshire compared to England deaths during the winter 2016 - 2017, in those aged 85 and over (on top of the England 756 expected deaths in the age group Oxfordshire for this time period) Of the 179 excess deaths, 126 were female and 53 were male To find out more about excess winter deaths in Oxfordshire's districts, visit the Public Health Surveillance Dashboard 'Wider determinants' section Source: Public Health Outcomes Framework, PHE

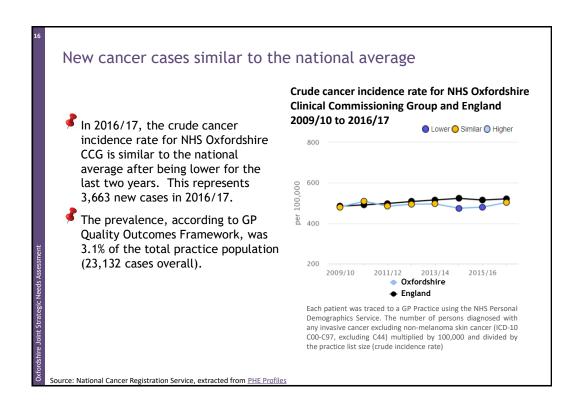




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13			201	6-17		2017	'-18	
	Health conditions -		Count	Rate	Count	Rate	pp	Eng
	Health Conditions -						change	average rate
	Oxfordshire CCG and	Cardiovascular group						
	Oxfordshire ccd and	Atrial fibrilation	13,049	1.81	14,025	1.89	+0.08pp	1.91
	England	Cardiovascular disease	4,670	1.19	4,848	1.20	+0.01pp	1.14
	Lingtana	Coronary heart disease	17,515	2.42	17,737	2.39	-0.04pp	3.13
		Heart failure	4,776	0.65	5,223	0.70	+0.06pp	0.83
	₹ = 0 10 10 10 1	Hypertension	88,733	12.28	92,220	12.40	+0.13pp	13.94
	The Quality and Outcomes	Peripheral arterial disease	3,624	0.5	3,657	0.49	-0.01pp	0.59
	framework provides a count of GP-registered patients by	Stroke and transient ischaemic attack	12,313	1.70	12,862	1.73	+0.03pp	1.77
		Respiratory group				•		
	health condition.	Asthma	41,811	5.78	42,558	5.72	-0.06рр	5.93
	The table shows change	Chronic obstructive pulmonary disease	9,752	1.35	10,243	1.38	+0.03pp	1.91
		Lifestyle group						
	between 2016-17 and 2017-18	Obesity	45,631	7.88	50,559	8.47	+0.59pp	9.76
	for NHS Oxfordshire Clinical Commissioning Group (CCG)	High dependency and other long term conditions group						
		Cancer	20,965	2.90	23,132	3.11	+0.21pp	2.73
	and highlights conditions that	Chronic kidney disease	19,605	3.39	19,708	3.30	-0.09pp	4.11
달	were above the England	Diabetes mellitus	29,153	4.96	30,108	4.97	+0.01pp	6.79
me	average in the most recent	Pallative care	1,841	0.25	1,786	0.24	-0.01pp	0.39
ssess	year of data	Mental health and neurology group						
ds /	- cardiovascular disease	Dementia	5,389	0.75	5,579	0.75	0.00	0.76
<u>ee</u>	ca. a.o raboata. a.boabo	Depression	56,131	9.69	61,874	10.36	+0.67pp	9.88
<u>2</u>	- cancer	Epilepsy	4,091	0.71	4,140	0.69	-0.01pp	0.80
teg	- depression and	Learning disabilities	2,693	0.37	2,765	0.37	0.00	0.49
tra	- osteoporosis	Mental health	6,093	0.83 6-17	6,341	0.85 2017	+0.02pp	0.94
nt S	O3CEOPOLO3I3		Count	Bate	Count	Rate	-18 pp	Eng
Oxfordshire Joint Strategic Needs Assessment	To find out more about GP recorded health conditions		Count	Nate	Count	Nate	change	average rate
shir	in Oxfordshire's districts, visit the Public Health	Musculoskeletal group						
ord	Surveillance Dashboard 'Preventing Ill Health' section	Osteoporosis	2,053	0.82	2,978	1.15	+0.33pp	0.62
Oxf	Source: Quality and Outcomes Framework, NHS Digital	Rheumatoid arthritis	3,748	0.63	3,949	0.64	+0.01pp	0.75

Coronary Heart Disease, Stroke and Diabetes prevalence are similar or lower to national average There were 17,737 people (all ages) registered with coronary heart disease (CHD) among Oxfordshire GP practices in 2017-18 (2.4% of all patients, compared to 3.1% nationally) - In the same year, there were 2,140 hospital admissions (all ages) with a primary diagnosis of CHD (344.9 per 100,000 - significantly lower than 502.4 per 100,000 in England) 12,862 patients at Oxfordshire GP practices had recorded stroke or transient ischaemic attach (TIA). This is 1.7% of all Oxfordshire patients, similar to national average (1.8%) - There were 927 hospital admissions for stroke in Oxfordshire for all ages in 2017/18; this is a rate of 146.5 per 100,000 population, significantly below the national average (169.1 per 100,000) There are 30,108 patients aged 17 years and over registered with Diabetes in Oxfordshire GP practices (2017/18) - The estimated prevalence (including undiagnosed) for 2017 was 42,755 - This includes both Type 1 and Type 2 diabetes mellitus To find out more about GP recorded health conditions in Oxfordshire's districts, visit the $\underline{\textit{Public Health Surveillance Dashboard}}$ 'Preventing III Health' section Source: Cardiovascular Disease Profile, PHE





Mental health: depression, social and emotional needs are increasing In 2017/18 there were 62,214 adult patients recorded with a diagnosis of depression in Oxfordshire. Since 2013/14, prevalence of depression has increased from 6.6% to 10.3% among the adult population (18+ years) - see Page 12 The proportion of all school pupils with social, emotional and mental health needs has increased over recent years in Oxfordshire and in England. In 2018 there were 2,512 children with identified social, emotional and mental health needs at schools in Oxfordshire It is possible that increases in mental health diagnoses are partly due to increased awareness and reduced stigma. It remains likely that a significant proportion of people with depression are undiagnosed School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (all school ages) - Oxfordshire and England This indicator shows the number of pupils with Special Educational Needs (SEN) where the primary need is social, emotional and mental health, expressed as a Oxfordshire percentage of all school pupils. It England is likely that there are pupils with mental health need that are not identified in this dataset. To find out more about GP recorded dementia in 2015 2016 2017 2018 Oxfordshire's districts, visit the Public Health Source: Quality and Outcomes Framework, NHS Digital Surveillance Dashboard 'Preventing III Health' section Source: Special educational needs in England, Department for Education

Mental health - Adult Psychiatric Morbidity Survey 2014 The 2014 Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing (national survey, published Sept 2016) found that: One adult in six had a common mental disorder (CMD): about one woman in five and one man in eight. Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men. Reported rates of self-harming increased in men and women and across age groups since 2007. However, much of this increase in reporting may have been due to greater awareness about the behaviour. Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder. The gap between young women and young men increased. In 1993, 16 to 24 year old women (19.2%) were twice as likely as 16 to 24 year old men (8.4%) to have symptoms of CMD. In 2014, CMD symptoms were about three times more common in women of that age (26.0%) than men (9.1%). Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.

Prevalence of Mental Health disorders in Children has increased in England

In November 2018, the NHS released the results of the 2017 survey of mental health in children and young people in England. This is the first major survey on this topic since 2004 and for the first time it has included 2-4 year olds and 17-19 year olds.

- The proportion of children with a mental health disorder has increased over time (10.1% in 2004 to 11.2% in 2017 for ages 5-15). This is mainly an increase in emotional disorders and is below what we might expect, given the significant increase in the number of young people referred for mental health services in Oxfordshire in recent years
- Young people who identified as lesbian, gay, bisexual or with another sexual identity were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%)
- Mental disorders tended to be more common in children living in lower income households. This was evident for emotional, behavioural and autism spectrum disorders, but not for hyperactivity or eating disorders

Source: Mental Health of Children and Young People in England, NHS Digital

To find out more about referrals to mental health services, visit JSNA Chapter 7: Service Use

...and Children with Mental Health disorders see professionals as helpful

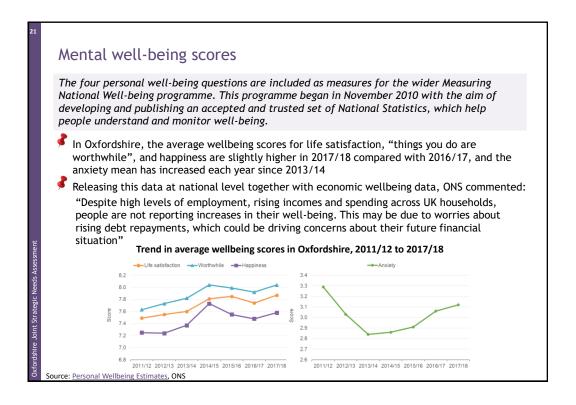
- Nationally, more than two thirds who accessed professional services waited less than 10 weeks
 - One in five children with a disorder waited more than six months before their contact with a mental health specialist, physical health specialist, or educational support services
 - Waiting times were longest for children with neurodevelopmental disorders like hyperactivity and autism spectrum disorder, with one third waiting six months to be seen by a mental health specialist or educational support services
- Professionals were seen as helpful by children and young people with mental disorders. The group seen as <u>least</u> helpful was primary care professionals (17% of 5-19 with a disorder who had contact said unhelpful or very unhelpful). For Social care professionals this was 12.4%. Educational support workers were the best rated (9.1% seeing them as unhelpful.
- About 1 in 6 children (16%) with a mental disorder were taking medication (around 15% with a behavioural or emotional disorder, and just under half with hyperactivity disorder)

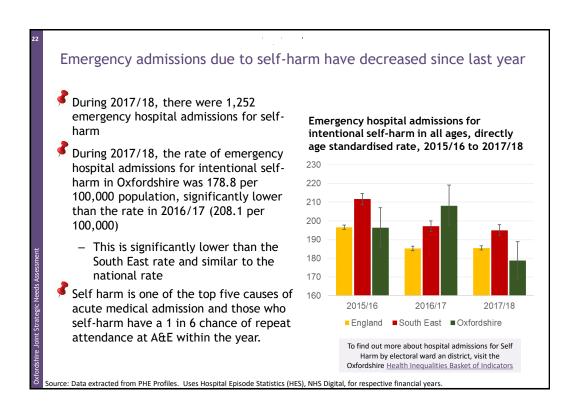
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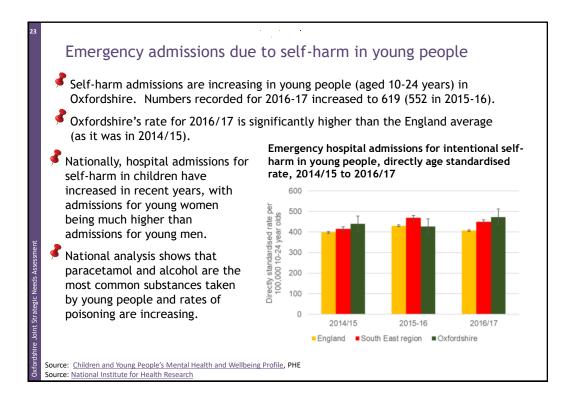
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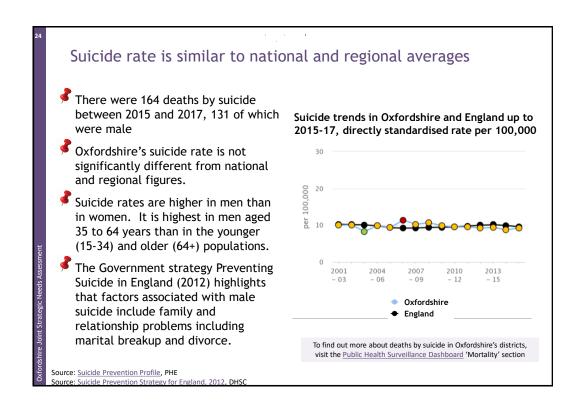
Source: Mental Health of Children and Young People in England, NHS Digital

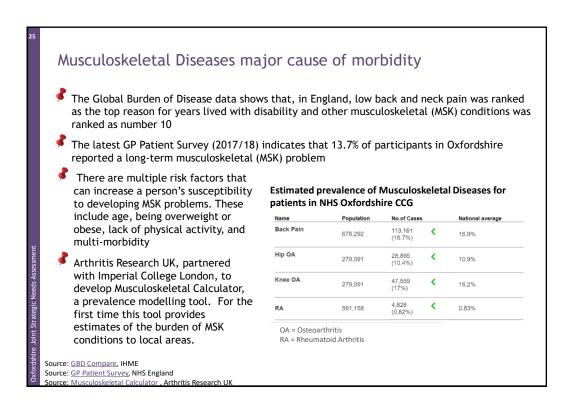
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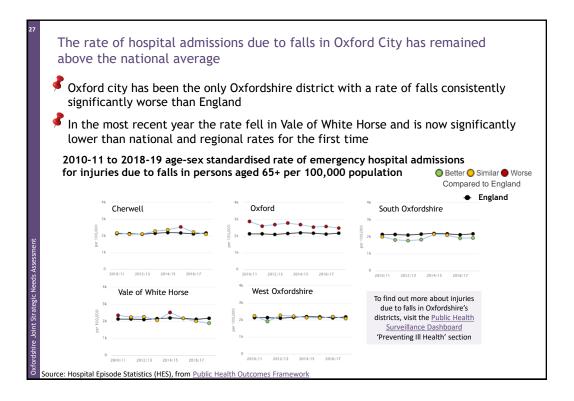








Emergency admissions due to falls similar to national average Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes Age-sex standardised rate of emergency hospital It is estimated that about 30% people admissions for injuries due to falls in persons aged (2.5 million) aged 65 and above living at 65+ per 100,000 population - trends - Oxfordshire vs home and about 50% of people aged 80 **England** and above living at home or in residential care will experience an episode of fall at Oxfordshire England least once a year 🗲 In 2015-16, Oxfordshire's rate of emergency hospital admissions due to falls was above the England average Since then, the rate has fallen and is now significantly lower than national and regional rates 2010/11 2012/13 2014/15 2016/17 In 2017-18, there were 2,642 falls, Better O Similar Worse equivalent to a rate of 2,059 falls per Compared to England 100,000 people aged 65+ Source: Public Health Outcomes Framework, PHE To find out more about injuries due to falls in Oxfordshire's districts, visit the Source: Improving outcomes and supporting transparency, DHSC $\underline{\hbox{Public Health Surveillance Dashboard}} \ \hbox{'Preventing III Health' section}$ Source: Falls in Older People, NICE



Sight loss has a significant impact on daily lives

For 2016/17 in Oxfordshire:

- 21,900 people (3.2% of total population) living with sight loss (that has a significant impact on daily lives, at any one point in time)
- 201 Certificates of Vision Impairment* were issued (29 per 100,000 people compared with 42 per 100,000 in England)
- 2,360 people are registered blind or partially sighted; this varies by age group (see table)
- 1,780 of the people registered as blind or partially sighted in Oxfordshire have also been recorded as having an additional disability by the local authority
- £291,300,000 is the estimated cost of sight loss each year (includes direct and indirect costs)

Numbers of registered blind and partially sighted in Oxfordshire by age, 2016/17

Age band	Registered blind	Registered partially sighted	Total
0-17	10	30	40
18-49	180	140	320
50-64	165	115	280
65-74	125	100	225
75+	815	675	1,490
Total	1,300	1,060	2,360

*A Certification of Vision Impairment (CVI) certifies a person as either sight impaired (partially sighted) or severely sight impaired (blind). The CVI enables local government to then offer registration as blind or partially sighted and other relevant advice and support. Registers are maintained by local authorities.

Source: Sight Loss Data Tool, RNIB

Conditions that cause sight loss

- Thames Valley Eye Health Needs Assessment 2017 serves as a reference point for commissioning of eye health and sight loss services as well as future service development and will form the underlying evidence for the Thames Valley Eye Health Strategy
- **Definitions** within the document:
 - Vision Impairment this refers to people with significant loss of vision that has reached a level that can be certified. This covers "sight impaired (partially sighted)" and "severely sight impaired (blind)"
 - Sight Loss We have used the RNIB definition for this where it refers to people with loss of sight that is having a significant impact on their daily lives. This will include both permanent and correctable loss
- Conditions that cause sight loss:
 - Age Related Macular degeneration: Macular disease is the most common cause of vision impairment in the UK in the population over the age of 50.
 - Glaucoma: RNIB estimates that in Thames Valley the number of people with glaucoma in 2016 was 19,300
 - Diabetes: Using the 2011 Census and sub-national population projections, RNIB estimates that the numbers of people with background diabetic retinopathy in the Thames Valley was 40,440 people in 2015
- NHS expenditure on problems of vision has increased over the last decade from £1.21 billion in 2003/04 to £2.3 billion in 2012/13

irce: Thames Valley Eye Health Needs Assessment 2017, NHS England

Sight loss in children

- There are over 25,000 visually impaired children aged 0-16 in the UK, and around 15,000 aged 17 to 25
- Around half of these children will have additional disabilities and special educational needs
- There are 204 children and young with visual impairment in contact with Oxfordshire's Sensory Impairment Team
- The Royal National Institute of Blind People (RNIB) estimates that there is a much higher number of children and young people with visual impairment in the county
- Figures from the latest Disability Register for Children and Young People aged 0-25 years in Oxfordshire (at end September
 - Number with hearing loss = 116
 - Number with sight loss = 140
 - Number with hearing AND sight loss = 27
 - Number with hearing loss OR sight loss = 229

Number of blind and partially sighted children by age group; Oxfordshire

Age group	Blind	Partially sighted	Total
0-16 years	28	153	181
17-25 years	5	18	23

RNIB Estimated number of blind and partially sighted children by age group; Oxfordshire

Age group	Blind	Partially sighted	Total
0-16 years	70	200	270
17-25 years	40	120	160

may not sum to total number of people living with sight loss

Source: Oxfordshire County Council Sensory Impairment Team

Source: RNIB Sight Loss Data

One in six in the UK have some hearing loss

There is little data available about hearing loss at a local level. Action on Hearing Loss (a national charity) publish some useful statistics that highlight the prevalence of hearing loss:

- There are 11 million people with hearing loss across the UK, that's around one in six of us.
- By 2035, we estimate there'll be around 15.6 million people with hearing loss across the UK that's one in five.
- There are 50,000 children with hearing loss in the UK. Around half are born with hearing loss while the other half lose their hearing during childhood.
- An estimated 900,000 people in the UK have severe or profound hearing loss.
- We estimate that there are at least 24,000 people across the UK who use British Sign Language (BSL) as their main language (although there are likely to be more that we don't know about).
- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.
- Around one in 10 UK adults has tinnitus, hearing noises that aren't caused by an outside source

Source: Action on Hearing Loss

Annex: Finding out more

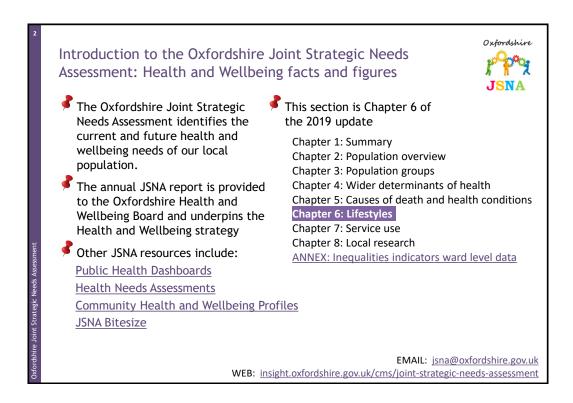
- More information on many of these topics is available from Oxfordshire's Public Health Surveillance Dashboard
- Mortality data are available from the Office for National Statistics
- Ward level data are available from the Inequalities Indicators Packs 2018 (PowerPoint and Excel)
- For some topics it may be useful to refer to other JSNA chapters. For example, it may be useful to look at the *Health Support and Preventing Ill-health* section of Chapter 7: Service Use
- Further useful sources include the Public Health England Fingertips tool and the Health Survey for England

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Chapter 6: Lifestyles CONTENTS

This chapter of the 2019 JSNA presents data on lifestyle factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and alcohol, and sexual and reproductive health.

For some topics it may be useful to refer to other JSNA chapters. For example, for healthy weight and physical activity, it may be useful to look at the *Physical and Social Environment* section of <u>Chapter 4: Wider Determinants of Health</u>. For other topics in this chapter it may be useful to look at the *Health Support and Preventing Ill-health* section of <u>Chapter 7:</u> Service Use.

Summary

Smoking prevalence

Alcohol-related hospital admissions

Drug use and drug-related deaths

Adult overweight and obesity

Adult physical activity

Child overweight and obesity

Child physical activity

Breastfeeding and low birth weight

Oral Health

Sexually transmitted infections

Teenage conceptions

Volunteering

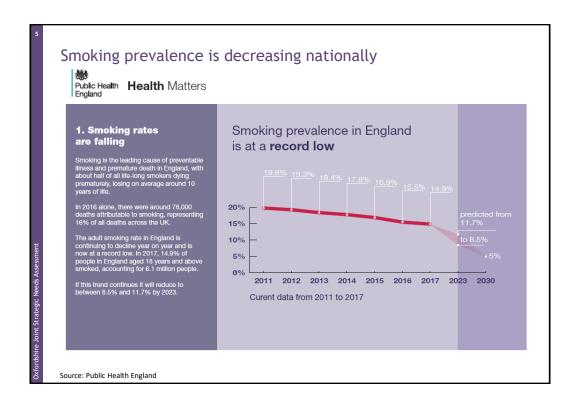
Annex: Finding out more

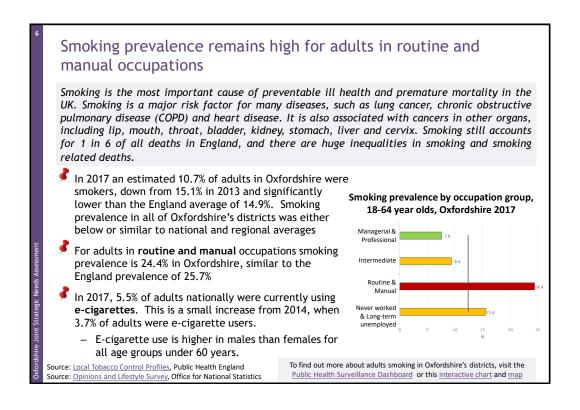
Chapter 6: Lifestyles SUMMARY

- Smoking prevalence in Oxfordshire is lower than the England average and is decreasing, but prevalence remains high for adults in routine and manual occupation groups
- Alcohol-related hospital admissions in Oxfordshire adults were significantly lower than in England overall for males in all age groups, and females over age 40. Admissions for females under 40 were similar to England overall. Alcohol-specific admissions in under 18s were higher than national and regional averages
- The rate of <u>deaths from drug misuse</u> remains below the national and regional averages
- Over half of adults in Oxfordshire are <u>overweight</u> <u>or obese</u>, and three in ten adults are not meeting physical activity guidelines
- Similar to previous years, excess weight in children has remained high. One in five children in Reception, and one in three children in Year 6 was overweight or obese.

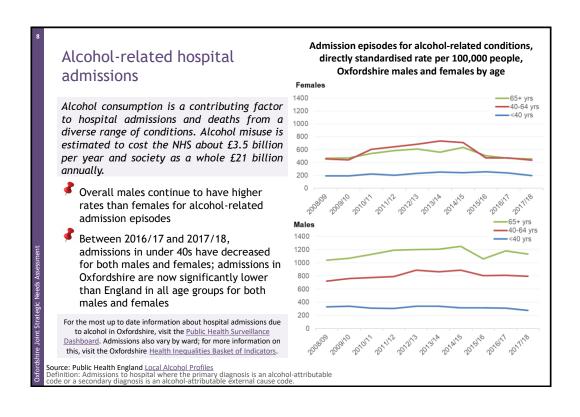
- Children's participation in sport and physical activity is declining nationally, and most children in Oxfordshire are not meeting the daily physical activity guidelines
- The percentage of babies with <u>low birth</u> weight in Oxfordshire remains lower than national levels, and <u>breastfeeding</u> <u>prevalence</u> stays high in the county, well above national levels
- Dental decay in 5 year olds is decreasing in the county, but one in five children is still affected
- New diagnoses of <u>sexually transmitted</u> <u>infections</u> have continued to decrease in Oxfordshire, and the rate is now similar to the South East average
- The rate of <u>teenage conceptions</u> in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends

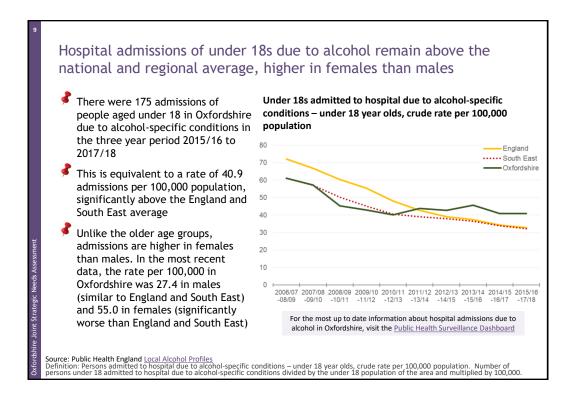
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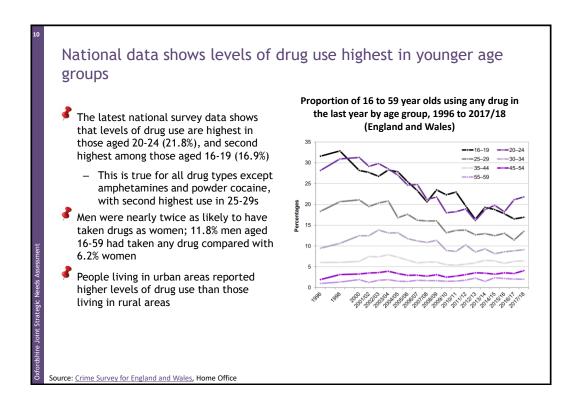


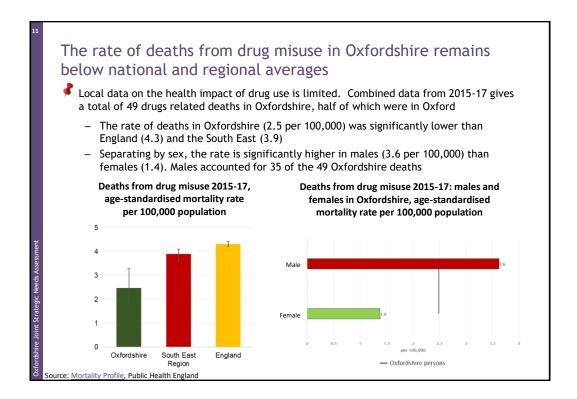


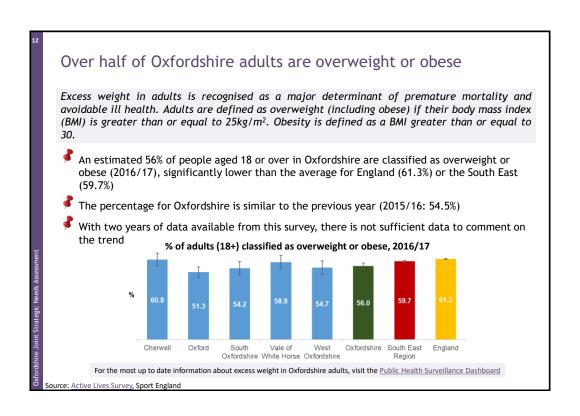
National data show a decline in children smoking Smoking remains an addiction which is largely taken up in Smoking in pregnancy childhood, with the majority of smokers starting as teenagers. increases the risk of Analysis of Health Survey for England has shown that 77% of miscarriage, complications smokers aged 16 to 24 in 2014 began smoking before the age of 18. during pregnancy, low birth weight, congenital Health Survey for England data for 2017 shows a national defects, stillbirth, or decline in proportion of children smoking. The proportion of death within the first children aged 8 to 15 who had ever smoked has decreased week of life. overall, from 18% of boys and 20% of girls in 1997 to 5% of boys and 4% of girls in 2017. Levels have been similar since 2013. The latest data (2017/18) shows that Proportion of children aged 8-15 who have ever smoked, 1997-2017 smoking prevalence at time of delivery in Age 8-10 — Age 11-12 — Age 13-15 — All Children Oxfordshire is 7.8%. 40 This remains lower than England (10.8%) 30 but indicates there were over 510 women smoking throughout 10 pregnancy that year. 0 Source: Tobacco Control Plan for England, DHSC Source: Health Survey for England 2017, NHS Digital Source: Local Tobacco Control Profiles, Public Health England











7 out of 10 Oxfordshire adults get enough physical activity

UK physical activity guidelines for adults (age 19-64 years) recommend at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity. Adults should also undertake physical activity to improve muscle strength on at least two days a week. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

A slightly higher percentage of Oxfordshire adults meets the physical activity guideline than national and regional figures, but three in ten do not. Trends are not yet available for this data.

% of adults (19+) meeting physical activity recommendations, 2016/17

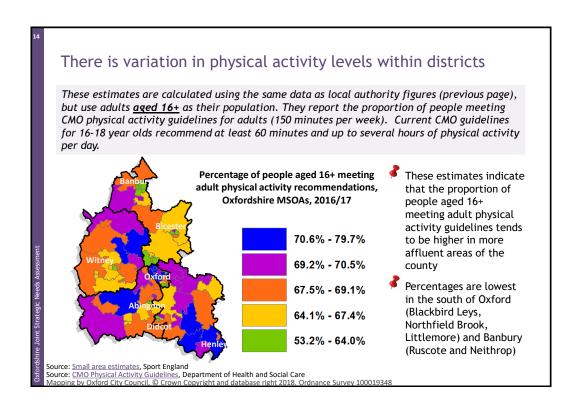
The property of the physical activity recommendations, 2016/17

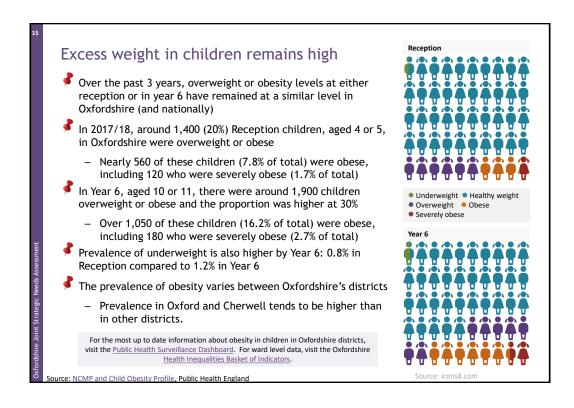
West Vale of South Oxford Cherwell Oxfordshire South East England region

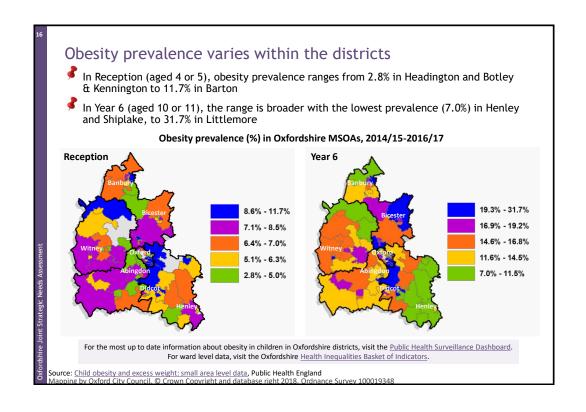
Nationally, the data show that participation in physical activity decreases with age, deprivation, unemployment or economic inactivity, and disability. White and mixed ethnic groups had higher proportions of active adults than Asian, Black and Chinese groups. A higher percentage of males were physically active than females.

Source: CMO Physical Activity Guidelines, Department of Health and Social Care Source: Physical Activity Profile, Public Health England

For more information about physical activity and inactivity in Oxfordshire adults, visit the Public Health Surveillance Dashboard Note: Individual physical and mental capabilities should be considered when interpreting the guidelines. <u>Separate guidelines</u> are available for older adults (65+), disabled adults and pregnant women.



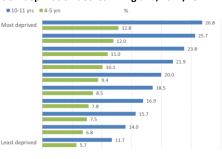




The burden of obesity falls hardest on children from more deprived areas

- The Marmot review highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese
- Data at national level shows that in both Reception and Year 6, obesity prevalence is considerably higher in children from more deprived areas
- National data have also shown that obesity prevalence varies by ethnic group, independent of deprivation. In Reception, obesity prevalence is higher in children from Black, Pakistani and Bangladeshi ethnic groups than White, Chinese and Indian groups. In Year 6, disparities are greater in than in Reception and prevalence in White British, White and Asian, and Chinese groups ethnic disparities in obesity prevalence is significantly lower than almost all other ethnic groups

Prevalence of obesity in Reception and Year 6 by LSOA deprivation deciles in England, 2017/18



Obesity is a complex problem with many drivers, including behaviour, environment, genetics and culture. To find out more about environmental factors, visit JSNA Chapter 4: Wider Determinants of Health.

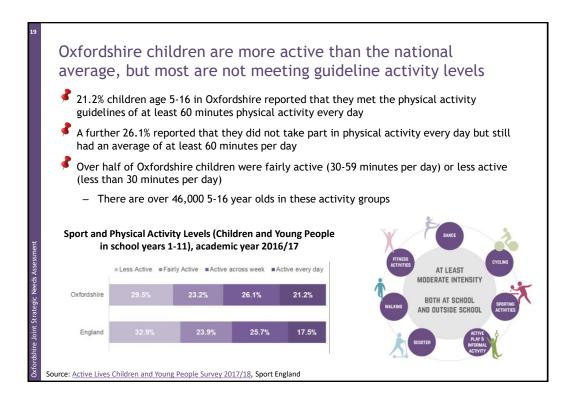
Source: NCMP and Child Obesity Profile, Public Health England Source: Differences in child obesity by ethnic group, Public Health England Source: Health Matters: Obesity and the food environment, Public Health England

National data shows a decline in physical activity by boys

UK physical activity guidelines for children and young people aged 5-18 recommend moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week. Separate guidelines are available for babies and children (birth-5 years).

- According to the 2015 Health survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day.
- There has been a decline in the proportion of boys meeting physical activity recommendations.
 - Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%.
 - Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015

Source: CMO Physical Activity Guidelines, Department of Health and Social Care Source: Health Survey for England 2017, NHS Digital



Low birth weight

Low birth weight increases the risk of childhood mortality and has an influence on future adult health status. Risk factors for low birth weight include the health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight. Ethnicity, genetics, socioeconomic status, age and multiple pregnancy are also factors.

In Oxfordshire, 2.2% of live births at full term (at least 37 weeks gestational age) had a recorded birth weight under 2500g. This is similar to the regional average (2.3%) and significantly lower than the national average (2.8%)

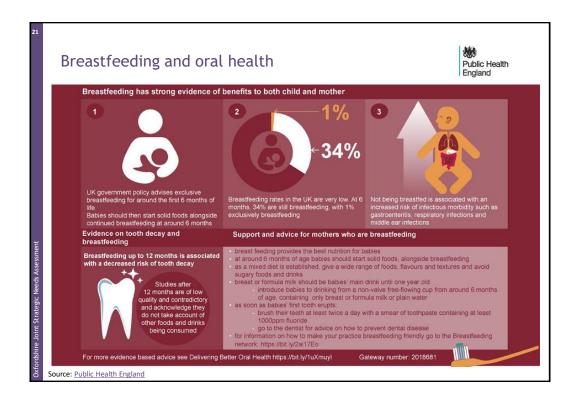
Breastfeeding

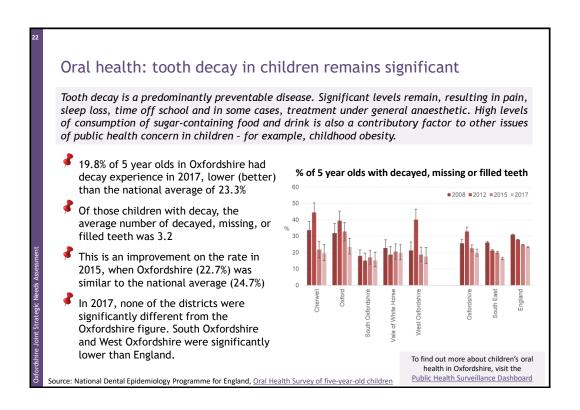
Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of infection and child obesity, as well as encouraging a strong bond between mother and baby.

- Breastfeeding initiation within 48 hours of delivery is recorded in hospital, and is recorded again at the Health Visitor check at 6-8 weeks after delivery
- In 2015/16, 82.5% Oxfordshire mothers initiated breastfeeding. More recent data were not published due to data quality issues.
- In 2017/18, prevalence of breastfeeding at 6-8 weeks in Oxfordshire was 61%, significantly higher than the prevalence in England overall (43%)

For more information about low birth weight and breastfeeding in Oxfordshire's districts, visit the <u>Public Health Surveillance Dashboard</u>; to find out more about births, population and demography in Oxfordshire, visit <u>ISNA Chapter 2: Population overview</u>

Source: Child and Maternal Health Profile, Public Health England





Sexually Transmitted Infections: new diagnoses are decreasing 🗾 In 2017, the rate of new STI New STI diagnoses per 100,000 people aged 15-64 (excluding diagnoses (excluding chlamydia in chlamydia in under 25 year olds) under 25s) in Oxfordshire was 669 diagnoses per 100,000 people 850 aged 15-64 - significantly lower than the England average, and 800 Oxfordshire similar to the rate in the South 750 East region England ····· South East Oxfordshire's rate has decreased 650 between 2012 and 2017. It has 600 consistently been significantly below the England average in this period 500 2012 2013 2014 2015 2016 2017 Oxfordshire's rate is equivalent to approximately 2,900 new diagnoses in 2017. The number of Chlamydia diagnoses in 15-24 year olds are measured separately. In 2017, the rate of these diagnoses was 1,312 per 100,000 in Oxfordshire, diagnoses is related to the number of tests taken - in the significantly lower than the South East (1,510) and same year, 67,751 tests were England (1,882) rates. This may be influenced by taken by people living in the uptake of chlamydia screening. Oxfordshire For more information about sexual and reproductive health in Oxfordshire, visit: Public Health Surveillance Dashboard, JSNA Bitesize on Sexual Health, Sexual Health Needs Assessment for Oxfordshire Source: Sexual and Reproductive Health Profile, Public Health England

Teenage conceptions continue to decrease

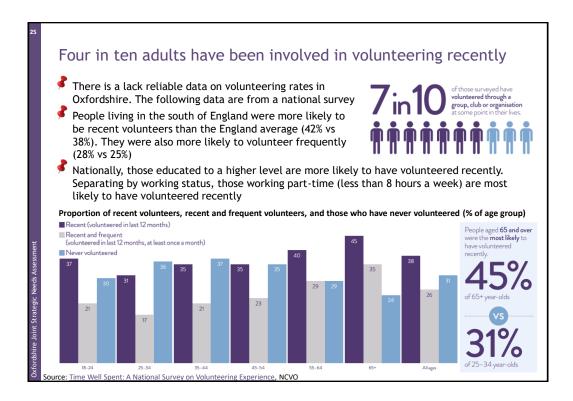
- The rate of teenage conceptions in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends
- Teenage conceptions has been declining since the early 2000s, particularly in Oxford city
- In 2016/17, 0.4% births were to mothers aged under 18.

Number and rate (per 1,000) of conceptions to women aged under 18 years

	2015		2016		
	Number	Rate	Number	Rate	Change
Cherwell	37	13.9	34	12.9	\downarrow
Oxford	38	17.4	25	11.5	\downarrow
South Oxfordshire	29	12.2	25	10.2	4
Vale of White Horse	20	9.3	27	12.5	1
West Oxfordshire	24	13.0	20	10.8	↓
Oxfordshire	148	13.2	131	11.6	Ψ
South East Region		17.1		15.0	4
England		20.8		18.8	↓

This indicator measures all conceptions in females under 18 years of age whether the pregnancy ends in birth or termination Source: Sexual and Reproductive Health Profile, Public Health England

For more information about trends in conceptions rates, visit $\underline{\text{this article from the ONS}} \text{ or the } \underline{\text{Public Health Surveillance Dashboard}}$



Annex: Finding out more

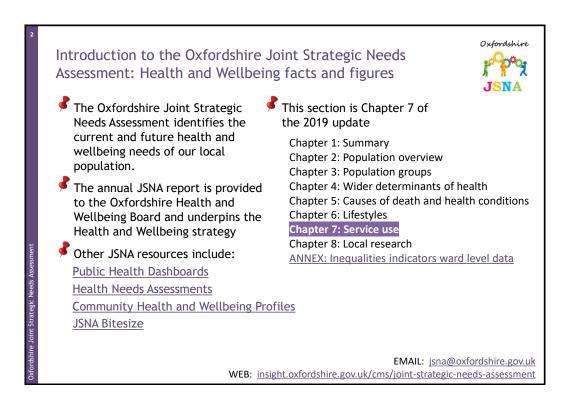
- More information on many of these topics is available from Oxfordshire's Public Health Surveillance Dashboard
- Ward level data are available from the Inequalities Indicators Packs 2018 (PowerPoint and Excel)
- For some topics it may be useful to refer to other JSNA chapters. For example, for healthy weight and physical activity, it may be useful to look at the *Physical and Social Environment* section of <u>Chapter 4: Wider Determinants of Health</u>. For other topics in this chapter it may be useful to look at the *Health Support and Preventing Ill-health* section of <u>Chapter 7: Service Use</u>
- Further useful sources include the Public Health England <u>Fingertips tool</u>; the <u>Office for National Statistics</u>; the <u>Health Survey for England</u>; and the Sport <u>England Active Lives Surveys</u>

Contact: <u>jsna@oxfordshire.gov.uk</u>

Date of publication: March 2019







Chapter 7: Service use CONTENTS

This chapter of the 2019 JSNA provides an overview of trends from data collected by providers of health, social care and related services in Oxfordshire including Local Authorities, Health service providers, Police and Voluntary sector organisations.

SUMMARY

Primary health care

Secondary health care

Mental health services

Register of disabled children

Children's social care

Adult social care

Community safety services

Health support and preventing illhealth

Access to services

Chapter 7: Service use SUMMARY (1)

Primary health care

- Oxfordshire has a higher GP to patient ratio than the national average and a lower ratio for nurses and admin staff
- The difference between the number of registered GP patients and the estimated population has increased and could affect comparisons of health outcomes
- A higher proportion of GP appointments were carried out by telephone in Oxfordshire than average

Secondary health care

- NHS job vacancies have increased in Oxfordshire
- There has been an increase in A&E and unplanned admissions and a decline in planned admissions and outpatients
- Outpatient (first attendances) rate per population has increased in the older age group
- Delayed transfers of care (out of hospital) in Oxfordshire has continued to fall

Mental health services

- Continued increase in referrals to Oxford Health for mental health services in Oxfordshire in younger age groups
- The pressure on Child and Adolescent Mental Health Services in Oxfordshire has increased

Children's social care

- Referrals to Children's social care in Oxfordshire have declined
- The number of children on child protection plans in Oxfordshire has increased and data shows rates above average. The most recent data held by Oxfordshire County Council (not published) shows the number has fallen.
- Increase in looked after children and in children placed outside Oxfordshire
- The % of Oxfordshire's care leavers in employment, education or training remains below the national average
- The rate of Troubled Families in Oxfordshire was highest in Oxford City and Cherwell
- Potential increase in demand for children's social care services by 2031, depends on level of housing growth

Adult social care supported at home meets their needs than average Community safety services

Chapter 7: Service use SUMMARY (2)

- Increase in reablement (from a low base) and in number of adults provided with long-term social care
- Increase in the proportion of older social care clients
- Social care users in Oxfordshire less likely to feel socially isolated and more likely to believe their home
- Older social care users worry most about falling over
- Almost two thirds of older people estimated to be self-funding long term care in Oxfordshire
- Potential increase in demand for social similar whether or not housing growth is included
- Domestic abuse crimes and incidents in Oxfordshire has remained at a similar level to the previous year. There have been increases in younger and older victims of domestic abuse and male victims
- Police have recorded a significant increase in the number of victims of rape, especially in Oxford City. There have been increases in victims of Child Sexual Exploitation and Modern Slavery in Oxfordshire.

The number of victims of doorstep crime or rogue traders in Oxfordshire has declined again

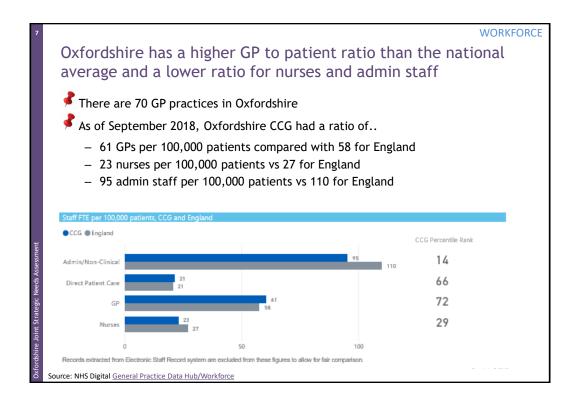
Health support and preventing ill-health

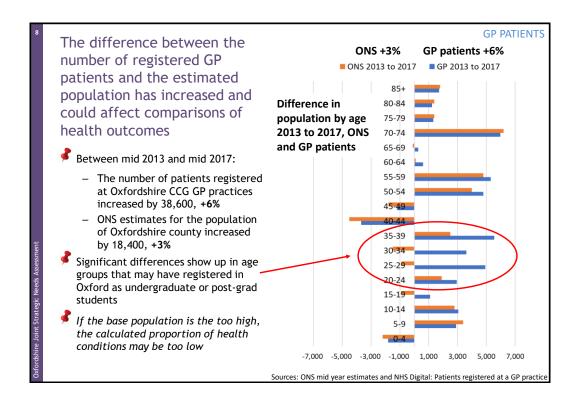
- Slight decline in number of adults in specialist drug treatment
- Since the introduction of Universal Credit, Citizens Advice Oxfordshire has seen a significant increase in clients seeking advice
- Mental health and wellbeing accounted for 20% of interventions by School Health Nurses and 14% of interventions by the College Nurse Service in Oxfordshire.

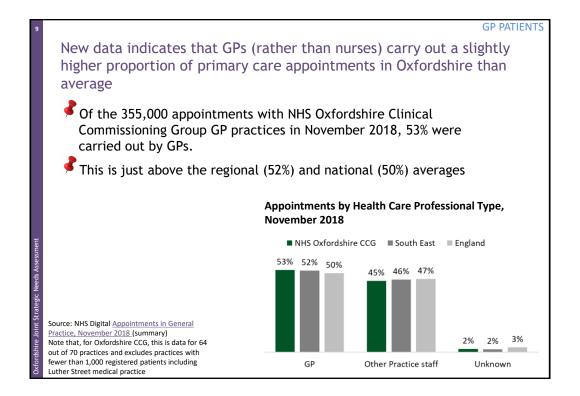
Access to services

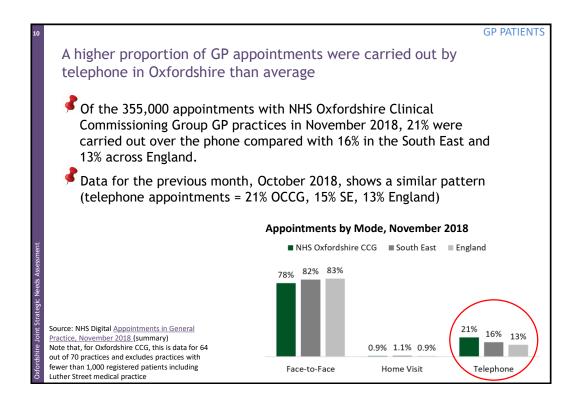
- Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2015 Indices of Multiple Deprivation
- Use of the internet by older people is increasing, however a significant number of older or disabled people have never used the internet

Primary health care









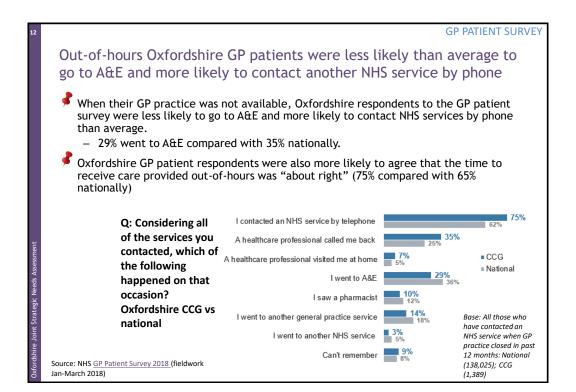
GP PATIENT SURVEY

Oxfordshire GP patients more satisfied with GP services than average

- According to the 2018 GP patient survey, Oxfordshire patients were (statistically) more likely to rate their GP practice healthcare professional as good (or very good) at...
 - Giving you enough time (89% vs 87% nationally),
 - Listening to you (91% vs 89%) and
 - Treating you with care and concern (90% vs 87%)
- Oxfordshire patients were also more likely to agree that they had enough support from local services or organisations to help manage their long term health condition (85% vs 79% nationally)
- 43% of Oxfordshire patients with long term health conditions had had a conversation with their GP practice about what is important when managing their health (40% nationally). Of these 60% had a plan. 94% of those with a plan found it useful.

Source: NHS GP Patient Survey 2018 (fieldwork Jan-March 2018)

NOTE: The 2018 questionnaire was significantly redeveloped ahead of fieldwork to reflect changes to primary care services in England as set out in the GP Forward View. Trends are not presented this year, even where question wording remains similar. This is because the changes to the questionnaire impacted not just the new or amended individual questions but the questions around them ('context effects'). Analysis has found that these changes, together with the inclusion of 16 and 17 year olds, mean that the results are not comparable for most questions.



Secondary health care

Medical provision in Oxfordshire

✓ Urgent medical care in Oxfordshire for the public is provided by:

— Accident and Emergency departments of the John Radcliffe Hospital in Oxford and Horton Hospital in Banbury (Oxford University Hospitals NHS Trust)

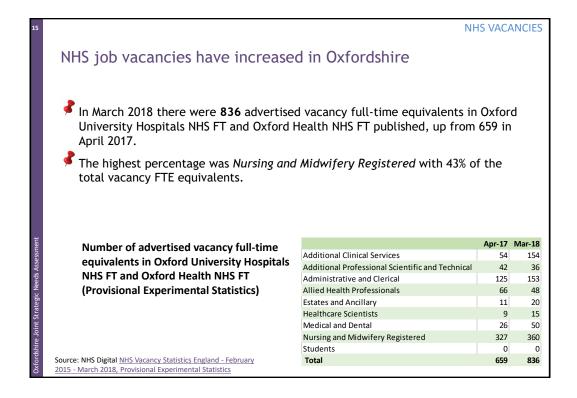
— Minor Injuries Unit (MIU) in Henley, Witney and Abingdon (Oxford Health NHS FT)

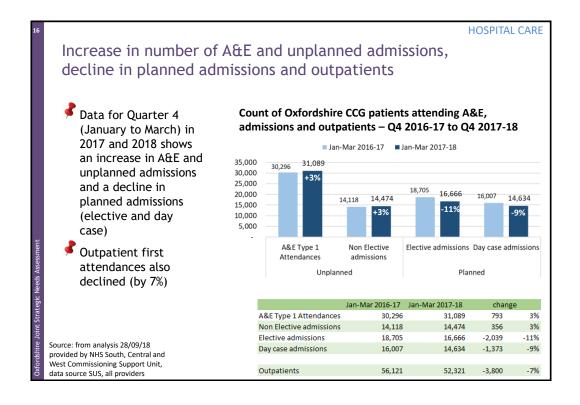
— First Aid Unit (FAU) Chipping Norton, Wallingford and Bicester (Oxford Health NHS FT)

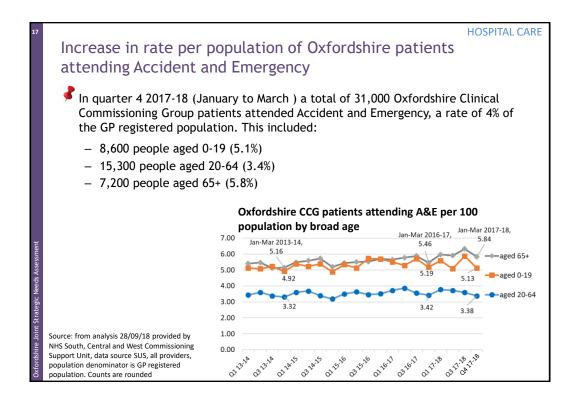
✓ In addition, GPs can refer Oxfordshire patients to:

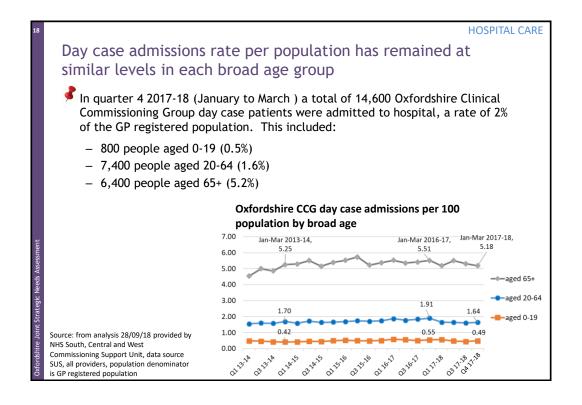
— Emergency Multidisciplinary Units (EMU) providing sub-acute care based at Abingdon and Witney community hospitals (Oxford Health NHS FT)

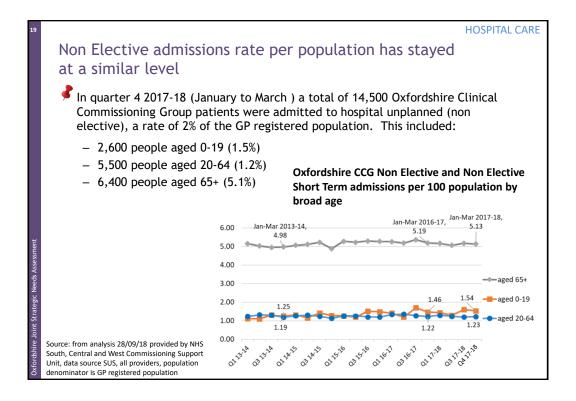
— Rapid Access Care Unit (RACU) for non bed-based care, Townlands Hospital Henley (Oxford Health NHS FT)

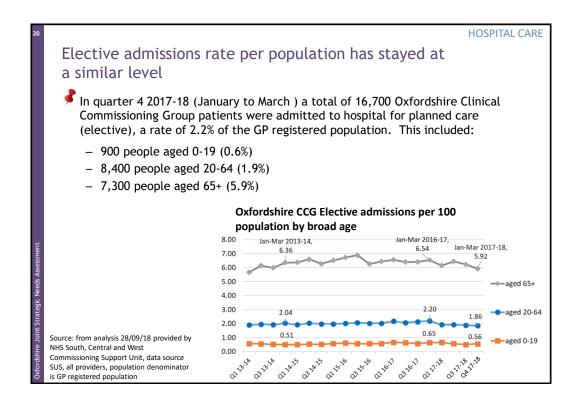


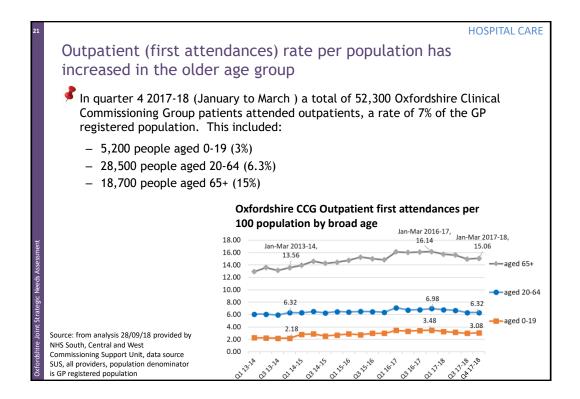


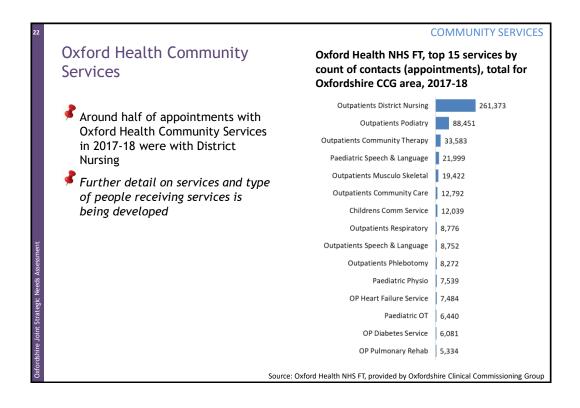


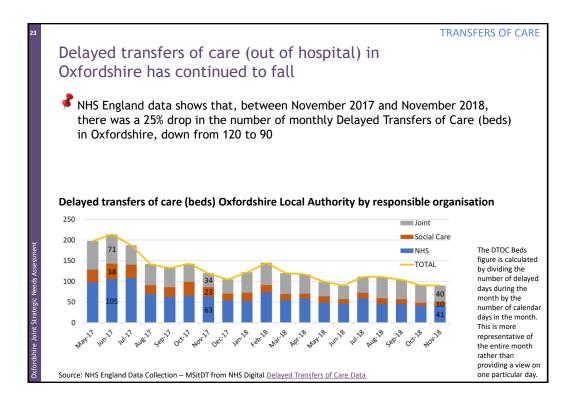




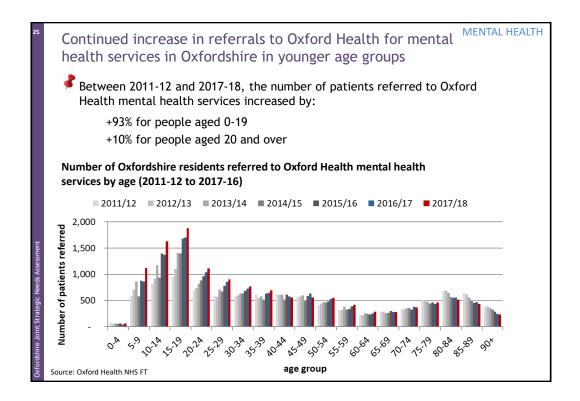


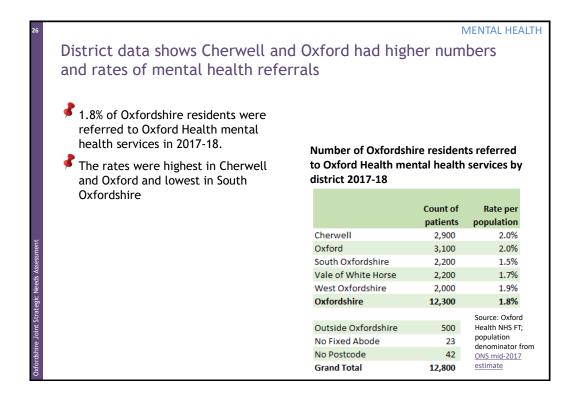


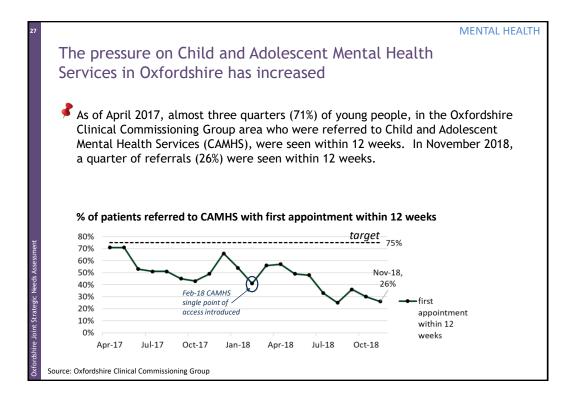


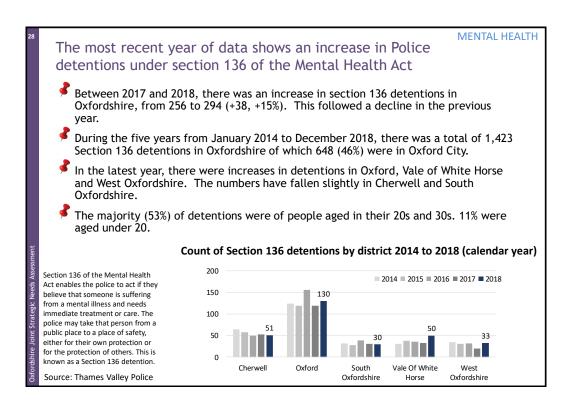




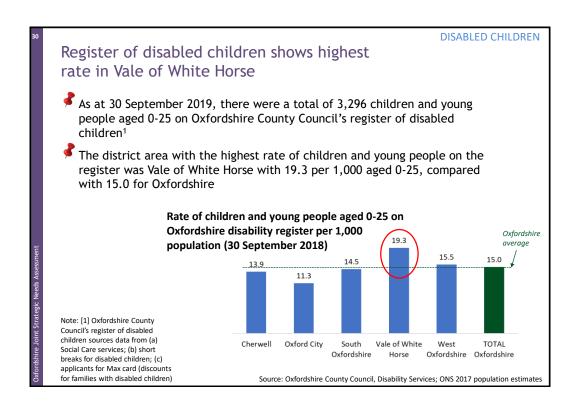


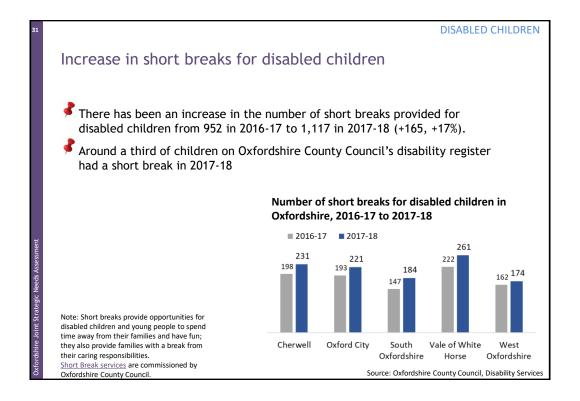




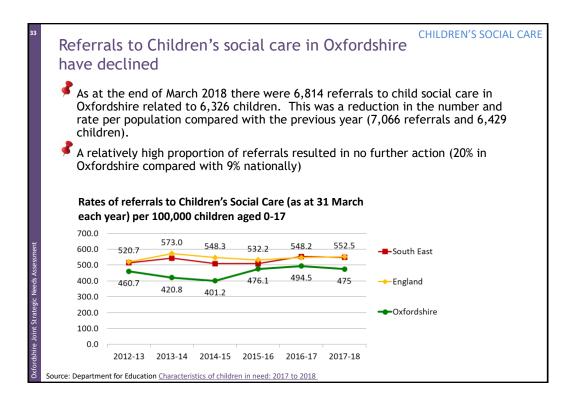


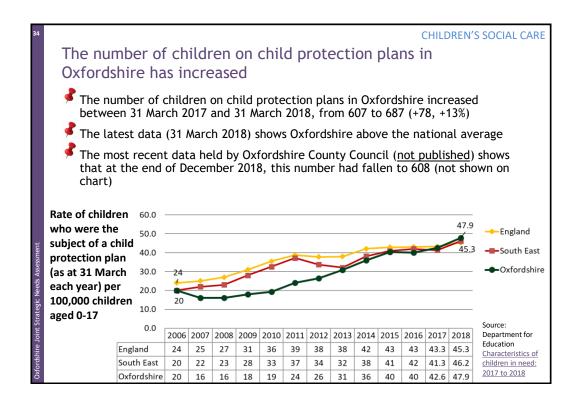


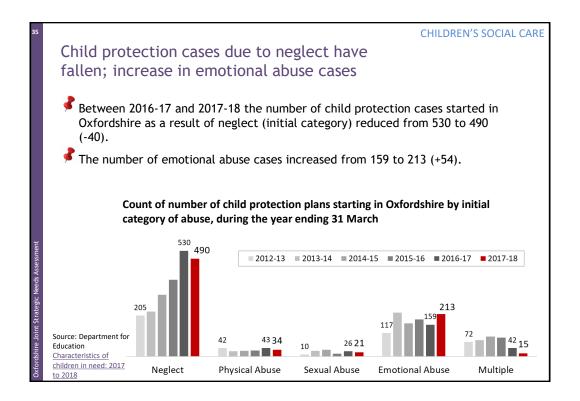


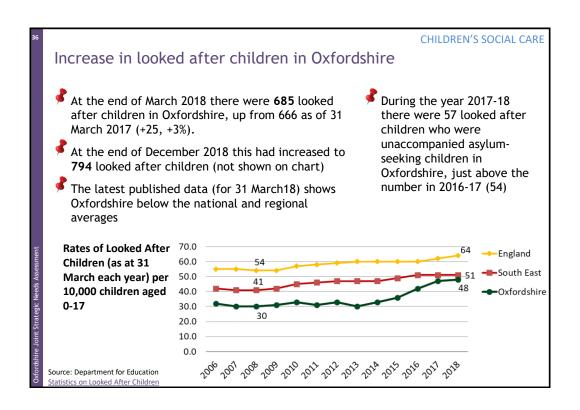


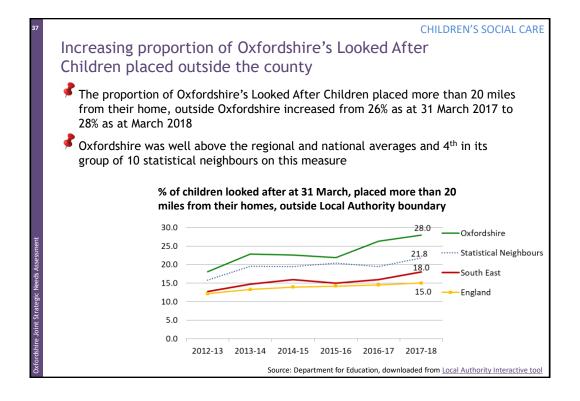


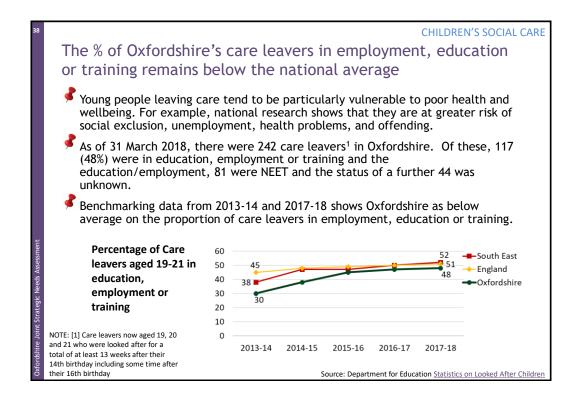


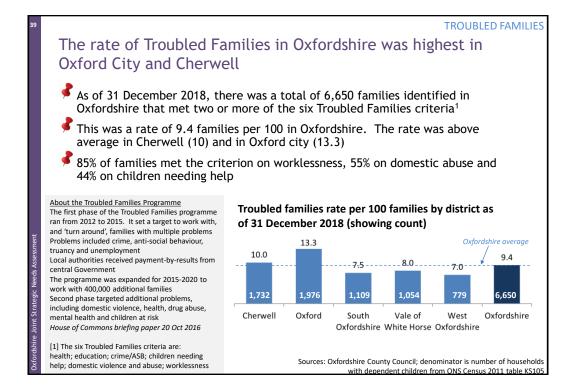












FUTURE DEMAND FOR CHILDREN'S SOCIAL CARE

Potential increase in demand for children's social care services by 2031, depends on level of housing growth

- There are two sources of predicted population growth for Oxfordshire:
 (1) Oxfordshire County Council forecasts which include assumptions on housing development (2) ONS projections based on past trends
- National ONS projections suggests a slight fall in the population of children aged 0-17, whereas Oxfordshire County Council's local forecasts predict an increase.
- Applying the current rate of <u>referrals to child social care</u> (i.e. assuming no change in prevalence) to population forecasts/projections gives a potential change by 2031 of:
 - **+1,500** (6,800 to 8,300) from 2018 to 2031 based on Oxfordshire County Council population forecasts including housing growth
 - **-200** (6,800 to 6,600) from 2018 to 2031 based on ONS trend-based population projections

Sources: REVISED Oxfordshire County Council 2016-based housing-led forecasts for districts released April 2018 Office for National Statistics 2016-based sub national population projections

Adult social care

Adult social care

Recent increase in short term adult social care (reablement) from a relatively low base

ADULT SOCIAL CARE

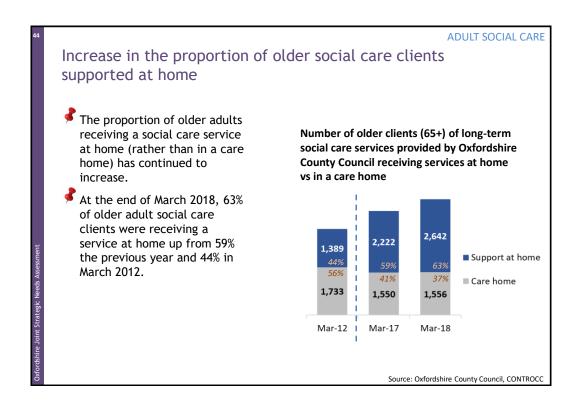
'Reablement' is a social care service aimed at supporting people to regain independence that may have been reduced or lost through illness or disability.

Reablement services are constrained by people receiving higher packages than originally expected, and having to stay with the service once the reablement period has finished due to difficulties in sourcing long term home care.

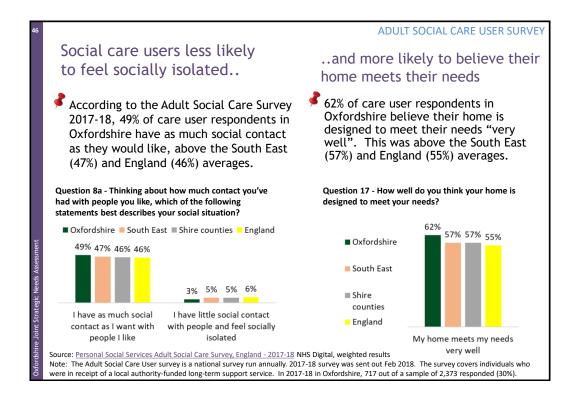
- The Department of Health has estimated that between 2% and 5% of the over 65 population should be offered reablement each year. This would equate to 2,500 to 6,200 people in Oxfordshire¹. Half would be supported to leave hospital and half to remain in their own home
- In 2017-18, 1.4% of older people in Oxfordshire who left hospital were supported via reablement, equivalent to 888 people². This compares to 2.9% nationally.
- In the first 8 months of 2018-19 (April to December), 1,915 people in Oxfordshire have received reablement. This is a 34% increase on the previous Apr-Dec 2017, but still below other areas.

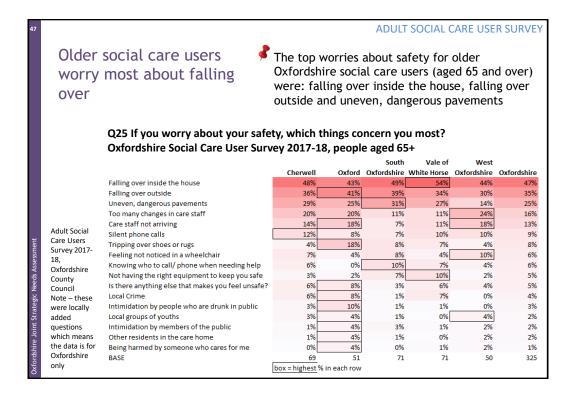
Sources and notes: [1] using ONS mid-2017 population estimate; [2] The national comparison is taken from the Adult Social Care Outcome Framework measure 2B(2) Proportion of older people (aged 65 and over) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home, including a place in extra care housing or an adult placement scheme setting (%). This is published by NHS Digital. The figure is for the period October to December only and is 222. It has been scaled up here for comparative purposes. Oxfordshire County Council

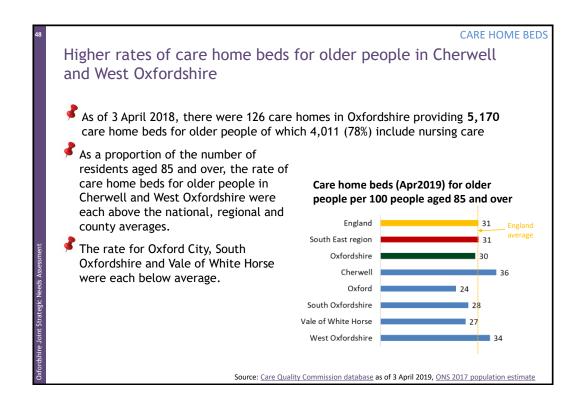
ADULT SOCIAL CARE Increase in adults provided with long-term social care At the end of March 2018 there were 7,010 adults in Oxfordshire receiving longterm social care from Oxfordshire County Council, up from 6,713 in March 2017 (+4%).The majority (59%) of Oxfordshire's long-term social care clients were older people aged 65 and over. 14% were aged 90 or over. Just over a quarter (26%) of people receiving social care support are people with learning disabilities. Learning Physical/ **Number of adults** aged 18 to 49 1,164 542 1,706 24% provided with long-term aged 50 to 59 773 11% social care services by aged 60 to 69 172 542 714 10% **Oxfordshire County** aged 70 to 79 95 1,018 1,113 16% aged 80 to 89 20 1.660 1.680 24% Council as of 31 March aged 90 and over 4 1,004 1,008 14% 2018 TOTAL 1,819 5,191 7,010 100% % of total 74% 100% 26% aged 65+ 3,973 4,147 59% 174 Source: Oxfordshire County Council, CONTROCC



ADULT SOCIAL CARE Rate of older people supported by social care services varies by district By district, the highest number of older people being supported with long-term social care services as of end March 2018 was Cherwell and the highest rate (per 1,000 population aged 65+) was Oxford city. South Oxfordshire had the lowest number and rates of people supported either in a care home or at home. Older clients (65+) of long-term social care services provided by Oxfordshire County Council by setting: count and rate per 1,000 population as of March 2018 Care home Supported at home Count Rate Count Rate Count Rate Cherwell 325 12.3 620 23.5 945 35.8 Oxford 267 14.4 548 29.6 815 44.1 South Oxfordshire 256 8.9 481 16.6 737 25.5 30.0 Vale of White Horse 270 10.3 520 19.8 790 Source: Oxfordshire County Council, West Oxfordshire 341 14.8 465 20.1 806 34.9 CONTROCC, excludes Oxfordshire 1,459 11.8 2,634 21.4 4,093 33.2 those supported outside Oxfordshire; Outside Oxfordshire 97 105 ONS mid-2017 population estimates TOTAL 2,642 4.198 1,556







SELF-FUNDING CARE

Almost two thirds of older people estimated to be self-funding long term care in Oxfordshire

- As of 31 March 2018 around 4,400* older people (aged 65+) are supported by Oxfordshire County Council (or NHS) either in care home beds or in their own home
- Using the latest information on numbers of care home beds and a national ratio of self-funders at home vs in care homes gives an estimate of 7,400 older people self-funding long term care in Oxfordshire (63% of the total)
 - *adults supported by social care aged 65+ only (i.e. not including people aged 18-64 with learning difficulties or other care needs)

Estimate of older people who are self-funding long term care in Oxfordshire (31 March 2018)

	Count
1. OCC and NHS funded care home beds	
1.1 People aged 65+ in Care homes* who are OCC funded (end March 2018)	1,556
1.2 Care home beds NHS funded (end March 2018)	197
2. Total care home beds	
2.1 Total Care home beds for older people (CQC as of 1 April 2017)	5,170
2.2 Estimate of total Care home beds in use (OCC estimate 90%)	4,653
Estimate of Care home beds occupied by self-funders	2,900
3. Care at home	
3.1 People aged 65+ receiving OCC funded care in own home (end March 2018)	2,642
3.2 Ratio of self-funders at home VS self-funders in care homes (data from national seminar on Funding Reform July 2013)	1.55
Estimate of people self-funding care at home	4,495
TOTAL self-funding (rounded)	7,400
TOTAL supported by OCC or NHS (rounded)	4,400

*excludes respite and temporary provision

Source: Oxfordshire County Council

Potential increase in demand for adult's social

FUTURE DEMAND FOR
ADULT SOCIAL CARE

care services by 2031, similar whether or not housing growth is included

- There are two sources of predicted population growth for Oxfordshire:
 (1) Oxfordshire County Council forecasts which include assumptions on housing development (2) ONS projections based on past trends
- Applying the current rate of <u>older people provided with long-term social care</u> (i.e. assuming no change in prevalence) to population forecasts/projections gives a potential change by 2031 of:
 - **+2,700** (7,000 to 9,700) from 2018 to 2031 based on Oxfordshire County Council population forecasts including housing growth
 - **+2,200** (7,000 to 9,200) from 2018 to 2031 based on ONS trend-based population projections

Sources: REVISED Oxfordshire County Council 2016-based housing-led forecasts for districts released April 2018 Office for National Statistics 2016-based sub national population projections



THAMES VALLEY POLICE

Domestic abuse crimes and incidents in Oxfordshire has remained at a similar level to the previous year

- Between January and December 2018, Thames Valley Police recorded a total of 5,592 domestic abuse crimes and 6,378 incidents (non crime) in Oxfordshire
- The overall total (DA crime plus non crime) was similar to that recorded in 2017
- **Note that changes in recording practice has contributed to the increase in the count of DA crimes

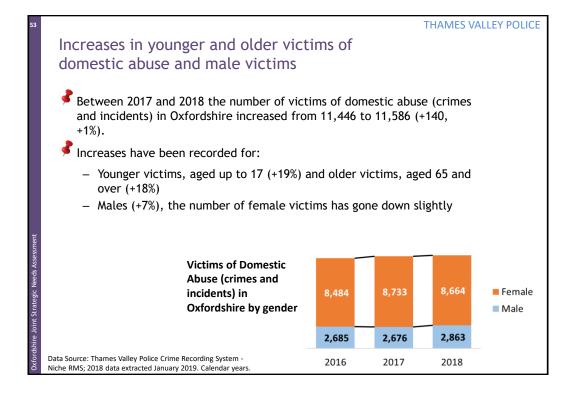
**NOTE: When compared to last year Oxfordshire has seen an 67% increase in the number of DA crimes recorded. This increase is across all the LPAs. This is following the HMIC inspection, which lead to various changes in recording practises. The Force Crime Registrars and now the supervisors in the control rooms carry out daily audits. The audit looks at crimes that have not had a DA flag attached to them but the Offence Enquiry Log includes words that indicate a domestic incident may have occurred. Another factor to the increase is the removal of the classification - Domestic Incident - Non Crime. All DA crimes now go on as a DA crimes, once assessed if it is deemed to be a non crime it will be made non valid. While the number of incidents are decreasing the number of crimes has increased because of the auditing and crime recording changes.

Donnestic Abuse Chines		
2016	2017	2018
775	889	1,363
1,006	1,008	1,603
501	539	950
516	517	907
353	399	769
3,151	3,352	5,592
	2016 775 1,006 501 516 353	2016 2017 775 889 1,006 1,008 501 539 516 517 353 399

	Domestic Abuse Non Crime		
	Occurrences		
	2016	2017	2018
Cherwell	2,254	2,220	1,639
Oxford	2,431	2,311	1,661
South Oxfordshire	1,329	1,480	1,086
Vale Of White Horse	1,443	1,333	1,013
West Oxfordshire	1,147	1,222	979
Grand Total	8,604	8,566	6,378

	Domestic Abuse All Occurrences		
	2016	2017	2018
Cherwell	3,029	3,109	3,002
Oxford	3,437	3,319	3,264
South Oxfordshire	1,830	2,019	2,036
Vale Of White Horse	1,959	1,850	1,920
West Oxfordshire	1,500	1,621	1,748
Grand Total	11,755	11,918	11,970

Data Source: Thames Valley Police Crime Recording System - Niche RMS; 2018 data extracted January 2019. Calendar years. Note: The above data is for all offences in Oxfordshire where either the Domestic Abuse Finalisation or the Domestic Abuse Latest qualifiers have been selected.



THAMES VALLEY POLICE Increase in recorded victims of rape offences Between 2017 and 2018, Thames Valley Police recorded an increase in the total number of victims of rape crimes and crime related occurrences in Oxfordshire from 611 in 2017 to 699 in 2018 (+14%) NOTE: that police recorded rape is at the time of reporting rather than time of offence. Crime Related Occurrence: This term is used to describe a record of an incident which has come to the attention of the police, which, on the Balance of Probabilities would normally amount to a notifiable Victims of Rape (Crime and Crime related occurrences) crime, but a resultant crime has not been recorded. The specific circumstances where this would change from happen are 2016 2017 2018 2017 to 2018 1. The incident is reported by a third Cherwell 128 136 144 party and either 222 293 71 Oxford 228 32% The alleged victim declines to confirm the crime or South Oxfordshire 70 98 88 -10 -10% The alleged victim cannot be traced Vale Of White Horse 69 82 102 20 24% 2. The incident is being dealt with West Oxfordshire 53 73 72 -1 -1% by another police force **Grand Total** 548 611 699 88 14% 3. The National Crime Recording Standard or Home Office Counting Source: Data Source: Thames Valley Police Crime Recording System - Niche RMS; 2018 data extracted Rules for Recording Crime direct January 2019. Note: The above data is for all victims of Rape offences. People who have been victims

multiple times during the period will be included in the dataset.

that a crime should not be recorded

THAMES VALLEY POLICE

Female genital mutilation, forced marriage and honour based violence

As of 2018 Thames Valley Police recorded a total of:

- 5 victims of Female Genital Mutilation in Oxfordshire (all in Oxford city);
- 3 victims of forced marriage in Oxfordshire (all in Oxford city);
- 34 victims of honour-based violence in Oxfordshire, mainly in Cherwell and Oxford (see table below). This was half the number recorded in 2017.

Victims of Honour Based Violence All Occurrences (Crime and Non Crime)

Note: According to the Crown Prosecution Service guidance:

There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

	2016	2017	2018
Cherwell	15	10	10
Oxford	36	47	20
South Oxfordshire	1	5	0
Vale Of White Horse	8	3	2
West Oxfordshire	0	4	2
Grand Total	60	69	34

Source: Data Source: Thames Valley Police Crime Recording System - Niche RMS; 2018 data extracted January 2019. Note: The above HBV data is for all victims of offences where either the HBV Latest or HBV Finalisation qualifier has been used or the Occurrence Type or Classification has been recorded as Honour Based Violence - Non Crime Occurrence.

THAMES VALLEY POLICE

Increase in recorded victims of Child Sexual Exploitation

The number of victims of Child Sexual Exploitation recorded by Thames Valley Police in Oxfordshire has increased, from 106 in 2017 to 138 in 2018 (+30%).

Increase in victims of Modern slavery

The number of victims of Modern Slavery recorded by Thames Valley Police in Oxfordshire has again increased significantly, from 106 in 2017 to 144 in 2018 (+36%).

Victims of Child Sexual Exploitation All Occurrences (Crime and Non Crime)

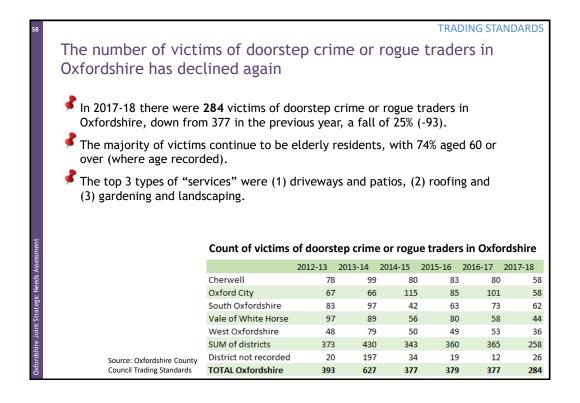
2018 2016 2017 Cherwell 41 36 31 Oxford 94 21 78 16 South Oxfordshire 24 Vale Of White Horse 10 16 18 West Oxfordshire **Grand Total** 170 106 138

Victims of Modern Slavery and Trafficking -All Occurrences (Crime and Non Crime)

	2016	2017	2018
Cherwell	12	30	51
Oxford	20	50	52
South Oxfordshire	1	6	13
Vale Of White Horse	2	15	24
West Oxfordshire	2	5	4
Grand Total	37	106	144

Source: Data Source: Thames Valley Police Crime Recording System - Niche RMS; 2018 data extracted January 2019

FIRE AND RESCUE Similar number of fires in Oxfordshire as previous year, but significant fall in number of fire-related injuries In 2017-18 there were **387** dwelling fires in Oxfordshire (386 in 2016-17) There were 23 recorded injuries due to fire, down from 44 in 2016-17 DWELLING FIRES 2011-12 2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 All injuries due to fire: Total Number of Dwelling Fires 490 499 471 416 387 Includes all Fire Cause motives: Accidental, Deliberate and Not Known Accidental or unknown Cause 461 480 450 401 447 359 359 Includes all severities of injury as per list below: Deliberate cause 29 19 21 15 17 27 28 (1) Victim went to hospital, injuries appear to 67 54 44 23 52 67 42 All Injuries due to fire be Serious Serious injuries due to fire (2) Victim went to hospital, injuries appear to be Slight Dwelling Fatalities due to fire (3) First Aid given at scene (4) Precautionary check recommended Includes all injuries either confirmed as fire Age Group 2011-12 2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 related or not known 0-10 Excludes Fatalities, and non-fire related injuries 11-20 Serious Injuries due to fire: 10 11 21-30 Includes all Fire Cause motives: Accidental, Deliberate and Not Known 31-40 11 Includes only 'Victim went to hospital, injuries appear to be Serious' Includes all Serious injuries either confirmed as fire related or not known 41-50 8 51-60 Excludes Serious Injuries that are non-fire related Excludes Fatalities, and all other non-serious injury types 61-70 All Dwelling Fatalities: 71-80 4 Includes all Fire Cause motives: Accidental, Deliberate and Not Known 81-90 Includes all fire related, not known & non-fire related dwelling fatalities Dwelling Fatalities due to fire: Unknown 13 21 17 Includes all Fire Cause motives: Accidental, Deliberate and Not Known 69 Totals Includes all Fatalities confirmed as fire related or not known Excludes Fatalities confirmed as non-fire related Source: Oxfordshire County Council, Fire and Rescue Services



Health support and preventing ill-health

DRUG AND ALCOHOL TREATMENT

Slight decline in number of adults in specialist drug treatment

- In 2017-18 there were **1,916** adults (aged 18 and over) in specialist drug treatment in Oxfordshire. This is down by 2% from last year.
- The majority of those in drug treatment were aged between 30 to 49 (72%)
- The number of adults in treatment for alcohol only in Oxfordshire in 2017-18 was 561, the majority of whom were aged 30 to 59. (78%)
- In 2017-18 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was 148.
 - 68 began using their main substance before they reached 15 years of age
 - 66 were using more than one substance
 - 32 reported being affected by others' substance misuse.
 - 41 Identified as having a mental health treatment need
 - 33 Receiving treatment for their mental health need(s)
- Referrals were predominantly from education services (29%) and children and family services (50%).

Source: Oxfordshire County Council

Since the introduction of Universal Credit, Citizens Advice Oxfordshire has seen a significant increase in clients seeking advice

- Universal Credit was introduced in Oxfordshire in October 2017
- Oxfordshire Citizens Advice agencies saw a 25% increase in benefits enquiries between October 2017 and March 2018 compared with same period in the previous year

Oxfordshire has open-door Citizens Advice services based in offices in Abingdon, Banbury, Bicester, Didcot, Henley, Thame, Oxford, and Witney. Citizens Advice also runs outreach services in Brackley, Carterton, Chipping Norton, Farringdon, Kidlington, RAF Benson, RAF Brize Norton, South Abingdon, Shipton-under-Wychwood, Wallingford, Watlington, and Woodcote.

CITIZENS ADVICE

A high proportion of Oxfordshire CA clients are disabled

- 🗲 In 2017-18, the proportion of Oxfordshire Citizens Advice clients who were disabled (37%) was more than double the proportion of disabled people in the population as a whole (14%, Census 2011)
- Of CA clients with disabilities, a third had a long term health condition, a quarter had a physical or sensory impairment and 22% had a mental health problem

Source: Citizens Advice agencies, Oxfordshire

AGE UK OXFORDSHIRE Almost half of enquiries to the general Age UK Oxfordshire helpline in 2018 were from people with long term illness, disabilities or memory issues of the 1,652 enquiries to the $^{f z}$ The top reasons for contacting the general Age UK Oxfordshire helpline were: benefits, including helpline from January to disability-related, community care, December 2018: housing and residential care 64% were female, 35% male 43% had a long term illness, Top reasons for contacting the Age UK disability or memory issues Oxfordshire general helpline Jan-Dec 2018 - 22% were recorded as living 200 400 600 800 1000 alone Benefits other than disability - 14% had an informal carer Disability benefits living with them Community care 11% were carers Residential care Source: Age UK Oxfordshire. Note that data relates to the general Age UK Health services Oxfordshire helpline and not the Oxfordshire Specialist Advice Service. Non-residential care Full demographic details are not always recorded from each enquirer, e.g. if the enquiry is unrelated to disability then the disability status of the Other Money caller may not be recorded. Enquiries may cover more than one topic

Family Nurse Partnership

The Family Nurse Partnership (FNP) supports first time mothers aged up to 19 years. It focuses on supporting young mothers for a healthy pregnancy, improving child's health and development and improving parents' economic self-sufficiency.

- Oxfordshire has 200 places. Once the child reaches 2 years they transition into the Health Visitor Service and receive ongoing advice and support.
- This service was embedded within 0-5 Public Health Service which started in April 2017.

PUBLIC HEALTH COMMISSIONED SERVICES

Health visiting

The Health Visiting service transitioned from NHS to Local Authority in October 2015. Public Health (Oxfordshire County Council) recommissioned the service for Oxfordshire in 2016; new contract started in April 2017.

- There were 7,161 birth deliveries in 2017-18.
- In 2017-18, health visitors had 128,943 direct contacts and 13,904 indirect contacts.
- Pregnant mothers are seen during the antenatal period, and again at 6-8 weeks to receive a maternal mood assessment.
- Babies are seen at least 10-14 days old, at 6-8 weeks and at 1 year and 2 years.

School health nursing

The School Health Nursing (SHN) Service is for children and young people aged 5-19 years. The contract started in April 2014 and the full service was delivered from September 2014.

- During 2017-18 there were 24,440 contacts with SHN and 38,381 interventions.
- The reasons for interventions varied:
 - Liaison (25%)
 - Mental Health & Wellbeing (20%)
 - Sexual Health (18%)
 - Safeguarding (18%)

PUBLIC HEALTH COMMISSIONED SERVICES

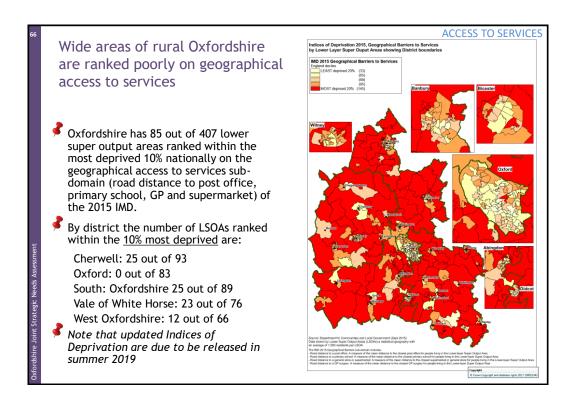
College Nurse Service

The College Nurse Service is for young people aged 14-25 years.

- 📝 Total contacts in 2017-18 were 1,528.
- There were 3,537 interventions as a result of these contacts.
- Reasons for interventions were predominantly sexual health (76%).
- Mental health accounted for a further 14% of interventions.

Oxfordshire Joint Strategic Needs Assess

Access to services



ACCESS TO SERVICES

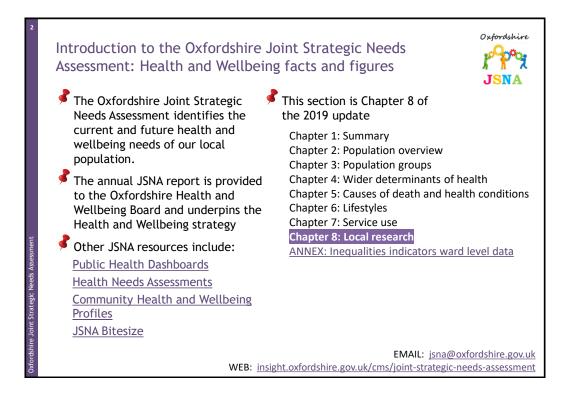
Use of the internet by older people is increasing, however a significant number of older or disabled people have never used the internet

- According to the latest (national) ONS data¹ on internet use:
 - The generation gap is closing, with recent internet use in the 65 to 74 age group increasing from 52% in 2011 to 80% in 2018 and in those aged 75+ increasing from 20% in 2011 to 44% in 2018
 - 20% of disabled adults had never used the internet in 2018, down from 22% in 2017.
- Based on these findings, it is estimated that almost 40,000 people aged 65+ living in Oxfordshire will have never used the internet.

Source: [1] Internet users, UK: 2018

ACCESS TO SERVICES Community transport **Location of Community Transport schemes** schemes operate throughout offering services in Oxfordshire (Nov2018) Oxfordshire The community transport directory as of November 2018, lists a total of 72 schemes in Oxfordshire offering a very wide range of services - some with limited availability and local to one parish and some operating a timetabled service over a wide Of these, there were: 10 in Cherwell 7 in Oxford 26 in South Oxfordshire 16 in Vale of White Horse - 13 in West Oxfordshire © Crown Copyright and database rights 2018 100023343 From CT directory, Oxfordshire County Council and Community First Oxfordshire





Chapter 8: Local Research CONTENTS

This chapter of the 2019 JSNA provides an overview of research carried out by organisations in Oxfordshire of relevance to the topics covered by the Joint Strategic Needs Assessment

These reports were gathered following the "call for evidence" for the 2019 JSNA.

Oxfordshire Sport and Physical Activity Needs Analysis 2018

Older family carers of people with a learning disability in Oxfordshire 2017

State of Nature in Oxfordshire 2017

Boat Dwellers Accommodation Needs Assessment 2018

Mapping food outlets in regeneration neighbourhoods 2015

Recent reports by Healthwatch Oxfordshire:

Rose Hill Primary School Healthy Eating Consultation Report 2018

Men's Health 2018

Who supports Young Carers in Oxfordshire? 2019

<u>Barriers to health and social care services</u> faced by people on low incomes in Oxford 2018

Other reports by Healthwatch Oxfordshire

Oxfordshire Sport and Physical Activity Needs Analysis 2018

- Summary of evidence on sport and physical activity.
- The demographic breakdown of participation data demonstrates there are clear differences in physical activity according to gender, age, disability and socio-economic status. Within Oxfordshire, the following groups have been identified as having lower levels of physical activity:
 - Females
 - Older adults
 - People with a limiting illness or disability
 - People on a lower income



Oxfordshire - Physical Activity and Sport Insight Pack 2018

Ed Nicholas

Source: https://www.activeoxfordshire.org/oxfordshire-insight





Boat Dwellers Accommodation Needs Assessment 2018

- Assessment to quantify the accommodation and housing related support needs of boat dwellers in Oxford. Both permanent residential and temporary moorings for boat dwellers.
- Included a review of secondary information and consultation with key stakeholders including housing and planning officers, boat yard owners and managers, the National Bargee Travellers Association and face-to-face surveys of boat dwellers.

Findings

- According to stakeholders, a lack of affordable housing in Oxford means that homeless people or people with mental health or substance misuse issues are more likely to seek alternative accommodation on Oxford's waterways.
- The conditions of boats such boat dwellers are residing on is frequently very poor and unfit for human habitation.
- The location of such boats means that occupiers are less likely to access help and support services.
- Boat dwellers may find it difficult to register with a GP or to find employment when they have to frequently move.

Oxford Boat Dwellers Accommodation Needs Assessment

Final Report July 2018

RRR Consultancy Ltd





Source: https://www.oxford.gov.uk/downloads/file/5133/oxford_boat_dwellers_accommodation_needs_assessment

Mapping food outlets in regeneration neighbourhoods 2015

- This 2015 project produced an interactive map of food outlets concentrated around 3 wards in Oxford on behalf of Good Food Oxford and its collaborators to inform the development of new provisions.
- Within the three wards, nearest fruit and vegetable retailer was usually small convenience store where cost of fruit and vegetables was significantly higher than large supermarkets. Chart below shows the average location within each ward tended to be over double distance to larger supermarkets where cheaper produce was available.

1400
1200

E 800

Distance to nearest outlet Distance to nearest supermarket

III Barton Rose Hill Blackbird Leys

Good Food Oxford – Oxford Student Consultancy Report

Mapping project of food outlets in Rose Hill, Blackbird Leys and Barton



Dan Bright, Tai Kah Hong, Arthur Yeung, James Walker

Average distances to outlets offering fresh fruit and vegetables (n = 10)

Source: Good Food Oxford

Recent reports published by Healthwatch Oxfordshire

Rose Hill Primary School Healthy Eating Consultation Report 2018 healthwetch Your voice on health and social care Highlights the role a Healthy Schools Rose Hill Primary School Coordinator can play in creating a **Healthy Eating Consultation:** focus on healthy eating and dental care at school and among parents/carers, such as by organising a Healthy Living week and setting up a tuck shop selling healthy snacks. Both proved very popular with children and many parents. The report points out that such a role requires dedicated funding. Frances Hansford, Emma Hood and Caitlin Prentice November 2018 Source: https://healthwatchoxfordshire.co.uk/the-project-fund-reports/

Men's Health 2018

The study in east Oxford by the football club East Oxford United, reached more than 300 men from over 22 different nationalities.



- Factors preventing men from accessing NHS health checks include shift work, long working hours, and family constraints.
- Involving communities and working with local networks is key in understanding barriers to health and finding solutions
- Men tend to use the GP as a source of information on health, closely followed by the internet, friends and family;
- Men are keen to have more tailor-made, targeted information about a range of health issues, including diabetes, heart disease, mental ill health among other issues.





Men's Health



Project Report. November 2018.

Source: https://healthwatchoxfordshire.co.uk/the-project-fund-reports/

Who supports Young Carers in Oxfordshire? 2019

The objective of this research by Be Free Young Carers was to assess the level of specialist support available to young carers living in Oxford City. Researching needs of young carers is difficult as many are "hidden". Responses were received from 25 young carers, 8 schools, 6 parents/ family members.

Findings (for Oxford):

- Identification of young carers by schools, and the extent of their role was not clearly known across the schools involved. Some schools were reliant on estimates to locate young carers, whereas others were unclear how many young carers attended their school:
- Young carers and families consistently said that there was no specialist support available to them in the city beyond the statutory service provided by the Oxfordshire County Council Young Carers Team;
- Responses identified a clear need for specialist support for young carers in the city, particularly for social activities and a chance to meet with other young carers;
- Whilst there was good practice for young carer support in some schools, others were struggling to resource support for young carers in school. This impacted on their ability to identify young carers but also to provide support in school;
- There were good examples of support for young carers at both primary and academy level. Sharing this good practice would be of wider benefit. There was limited evidence of clear routes for enabling this to happen.

Source: https://healthwatchoxfordshire.co.uk/the-project-fund-reports/



healthwatch Oxfordshire

Who Supports Young Carers in Oxford?



shire Joint Strategic Needs Assessme

ource. https://nearthwatchoxiorushii.e.co.uk/the-project-tunu-reports/

Barriers to health and social care services faced by people on low incomes in Oxford 2018

Report based on questionnaire responses from 206 Citizens Advice clients and 14 indepth interviews with people who indicated a poor experience of health services.

Findings "indicate that people who are vulnerable and on low incomes are struggling to access a 'one size fits all' service. However, many of the barriers to positive experiences of care raised by participants are not exclusive to those on low incomes. Addressing the causes of these poor experiences are therefore likely to improve satisfaction with NHS services as a whole not only for those in these groups."

healthwotch. Oxfordshire Your voice on health and social care

Barriers to health and social care services faced by people on low incomes in Oxford

Commissioned by Healthwatch Oxfordshire, written and researched by Clözens Advice Oxford December 2018



Source: https://healthwatchoxfordshire.co.uk/the-project-fund-reports/

Other reports by Healthwatch Oxfordshire

- In addition to the reports highlighted in this section, Healthwatch Oxfordshire has published reports on..
 - Places
 - Focus on OX4 2018
 - Wantage town report 2018
 - Dentistry
 - Filling the gaps; dentistry in Oxfordshire 2018
 - Dental Services for Care Home Residents 2018
 - Reports on service providers
 - report on Healthshare (MSK services) 2018
 - enter and view of care homes (various)

See <u>Healthwatch Oxfordshire reports</u>

Afordshire Joint Strategic Needs Assessr



Health & Wellbeing Board – 14 March 2019

Older People – A Joint Strategy for the Future

Report by the Director of Adult Services and Chief Executive of Oxfordshire Clinical Commissioning Group

Summary

- 1. Oxfordshire has an existing Older People's Joint Commissioning Strategy which ran from 2013-16. This strategy was developed in conjunction with Oxfordshire's residents and reflected their priorities and needs. Whilst we believe that many of the principles and values within this strategy remain relevant in 2018, it is right that our approach is reviewed and updated.
- 2. A review of Oxfordshire's Older People's strategy was one of a number of related recommendations made by the Care Quality Commission following the recent system review, listed as Annex 1 to this document. Reviewing this strategy is a key part in renewing and developing system partnerships, and agreeing a shared vision for Oxfordshire in the future.
- 3. Whilst we recognise that principles and values from our previous strategy remain relevant in 2018, this is a genuine opportunity to take a fresh look at our priorities and approach, taking into account the changing population and health & social care landscape.
- 4. This strategy will be developed by all system partners, it is not the intention of this paper to pre-suppose the outcome of this work, but to outline the proposed scope and approach.

Recommendations

- 5. This paper seeks approval from the Health & Wellbeing Board for the proposed approach in relation to
 - i. The scope of the strategy and the questions it must address
 - ii. Development approach
 - iii. The role of external support in delivering this strategy

Proposed Scope of the strategy

- 6. The Oxfordshire Older People's Strategy will form the policy document that describes the strategy and vision for meeting the needs of older people and the outcomes that we agree should be achieved. This will drive the system's response to the needs of our older population over the next 5 years.
- 7. The strategy must describe how the needs of our older population will develop and change over the next 5 years and must identify the challenges for commissioners, and health & social care providers. It needs to set out the outcomes we must deliver which will meet these challenges.

- 8. The Older People's Strategy will sit within the context of Oxfordshire's overarching Health & Wellbeing Strategy; and must reflect the emerging frailty pathway and acknowledge where these areas of work overlap.
- 9. In addition to describing the agreed vision and outcomes, the strategy must create a framework and identify priorities for implementation and how these outcomes will be delivered. These priorities will be agreed by system partners and stakeholders in more detail but will include:
 - i. How Oxfordshire supports older people to age well: maximising health and wellbeing; preventing limiting long term conditions; enabling older people to manage their own health; and supporting people and communities in a sustainable way. This will consider the provision of information and advice; formal care; community support; and the management of the diseases of aging until end of life.
 - ii. How we will help older people at times of urgent need: how we will build on current practice to design and mobilise services that can respond in a timely way to support people who are frail to help them remain at home and/or return home after a hospital episode.
 - iii. How people and communities can shape the design and delivery of their health and social care services.
 - iv. How people and communities can develop and maintain the resilience to help themselves.
 - v. How we will match resources to the delivery of outcomes both in health and social care for all older people, including those in receipt of financial support from Adult Social Care and those funding their own care.
 - vi. How we mobilise other resources such as planning, transport, employers, training providers, and the wider population in achieving the delivery of the strategy.
 - vii. How we will deploy new ways of working including an innovative approach to service design and the use of technology.
 - viii. How we will measure success.
 - ix. How we will agree key priorities for the next 5 years, and how the strategy and implementation plan will enable us to deliver against these priorities.

Development of the revised strategy

The strategy will be jointly led by Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, Oxford Health NHS FT, Oxford University Hospitals NHS FT and Oxfordshire's GP Federations with full involvement from other stakeholders in the statutory, voluntary and private sector. This aligns with the current work regarding reshaping the Health & Wellbeing Board.

10. Principles of co-production will be embedded in our approach to working together as system stakeholders. This approach is necessary to ensure that there is shared ownership of the vision, of the outcomes we need to achieve, the priorities for delivery and agreement around how we might address the system challenges.

- 11. We recognise the skills and willingness within our population to engage in a productive conversation about system challenges and it is therefore expected that the views of older people, carers and communities will be integral to this work. The co-production approach must deliver the requirements set out in paragraph 9 above. We need to set a high bar in terms of our ambition to assure that we develop the strategy that will be able to deliver the outcomes.
- 12. Our approach to co-production will follow the principles outline by the Social Care Institute of Excellence¹
 - ✓ Equality all stakeholders' contributions are considered equally
 - ✓ Diversity we will seek a range of contributions, including those from groups that are hard to reach
 - ✓ Accessibility we will engage with people using a range of means
 - ✓ Reciprocity people will feel supported in our approach and recognise the value in their contributions
- 13. An approach which follows these principles requires a thorough and at times patient approach. We need to invest time in reaching our stakeholders and hearing their views and find ways to reflect and accommodate differing perspectives. Both formal and informal structures will need to be established to assure the delivery of the strategy in the required time frame. We have engaged with the OCC Co-production Board in the development of this paper, and they have agreed to identify good practice in the delivery of co-produced strategy, and in principle to support the development of this work.
- 14. In the light of the vital importance of this strategy and the need to develop a clear and co-produced vision, the Health & Wellbeing Board is asked to consider potential external support for this work using one of the following models:
 - i. Support from an external agency with the expertise and credibility to drive our system towards an effective co-produced strategy
 - ii. Expert advice and support to internal leadership
 - iii. Dedicated programme support to appointed internal leadership

Timescales

- 15. Work has begun with Oxfordshire's co production board to plan our approach to the development of this strategy. This board is convened by the County Council and includes representation from service users. Conversations with this board are at an early stage but indicate that there is an enthusiasm to undertake this work in a co-produced way.
- 16. Going forward, we anticipate that this board can provide guidance regarding the approach, but wider networks of stakeholder representatives will be integral and work is required to map and plan the approach in more detail.

¹ https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/index.asp

- 17. It is anticipated that this work will take place in Spring and Summer 2018, with final production of this strategy in Autumn 2018. This timescale aligns with the key dates within the CQC system wide action plan.
- 18. An update will be brought to future Health & Wellbeing Board meetings with anticipated sign off of the strategy taking place in November 2018. More details regarding timescales will be presented once further work has been undertaken with stakeholders.

Rachel Pirie OCC Ian Bottomley OCCG

Annex 1 – Requirements from CQC System Review

- iv. System leaders must improve how they work together to plan and deliver health and social care services for older people in Oxfordshire. Whilst doing so a review of people's experiences must take place to target improvements needed to the delivery of health and social care services, bringing people back to the forefront of service delivery
- v. System leaders <u>must</u> address and create the required culture to support service interagency collaboration and service integration
- vi. The Older Person's strategy <u>must</u> be reviewed and the results implemented into an updated Joint Strategic Needs Assessment. As part of the Older Person's strategy, the draft frailty pathway should be implemented and evaluated to include those underrepresented in society.
- vii. System leaders <u>must</u> implement the STP's joint workforce strategy and work with the full range of care providers to support a competent, capable and sustainable workforce
- viii. System leaders <u>must</u> review how people flow through the health and social care system including a review of pathways so that there are not multiple and confusing points of access. Pathways should be well defined, communicated and understood across the system.
- ix. System leaders should ensure that housing support services are included within multidisciplinary working, especially in relation to admission to and discharge from hospital, to enable early identification of need and referrals.
- x. System leader should review methods used to identify carers' eligible for support so that they are assured that carers are receiving the necessary support and have access to services.
- xi. System leaders should ensure that better advice to access information and guidance is offered to people funding their own care.
- xii. System leaders <u>must</u> continue to engage with people who use services, families and carers when reviewing strategies and integrated systems and structures to ensure these are co-produced.
- **xiii.** Engagement and partnership working with the VCSE sector should be reviewed to improve utilisation.







Oxfordshire County Council and Oxfordshire Clinical Commissioning Group

Report on the Draft Older People's Strategy Consultation February 2019

Consultation Report

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Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG)

Report on the Older People's draft Strategy Consultation

1. Purpose

This Consultation Report outlines the process and findings of the public consultation on the OCC and OCCG's draft Older People's Strategy (referred to in this document as the "draft Strategy"). The consultation was open between 7th December 2018 and 1st February 2019. Feedback was gathered using a questionnaire which explored views on the draft Strategy's Vision, four Priorities and Outcomes for success. It was available online and in hard copy².

The draft Strategy is considered in the light of the feedback and, where appropriate, recommendations are made for refinements to the Strategy.

2. Background

The draft Strategy was developed following a period of engagement between July and September 2018 which resulted in extensive feedback from key stakeholders and the public. Over 300 survey responses were received, and meetings were held with 11 stakeholder groups (see Report on engagement to inform the development of an Older People's Strategy for Oxfordshire 2019-2024³).

The Vision and Priorities within the draft Strategy were co-produced at an event attended by members of the public, professionals and voluntary and community groups. Minority groups were represented including older people, carers and black and minority ethnic groups (BAME).

The aim of the subsequent consultation was to provide a further opportunity for the Strategy to be informed by the views of a wide range of people and communities. It was recognised that BAME groups were underrepresented during the Strategy development phase, and therefore visits were made to these communities in order to ensure the BAME voice is heard (see Section 3.4).

3. Responses

This section provides an outline of the number and profile of survey respondent and BAME community visits.

3.1 Number of responses

A total of 236 individuals participated in the consultation. There were 179 responses to the online consultation, with a further eight incomplete responses which were

¹ Questionnaire on the draft Older People's Strategy

² Community visits used a hard copy of the questionnaire

³ https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/985986/43823749.1/PDF/-/Final Engagement report 26.10.18 for HWB.pdf

excluded from the analysis. In addition, 56 individuals from BAME communities⁴ gave feedback, and a response was received from Oxford City Council.

Although a good level of feedback, it is less than to the engagement on the development of the draft Strategy. This could be explained by people feeling they had already had an opportunity to provide their views (this point was made by a survey respondent).

3.2 Category of respondent

The survey asked people to identify themselves according to pre-determined categories. The numbers below include those attending the focus groups. As some people identified in more than one category, the total (239) of the categories below is higher than number of individual responses (236).

Members of the public	196
Carers	12
Representing the voluntary sector (including Healthwatch)	20
GP/clinician/NHS staff member	7
Councillor	3
City/District Council	1

3.3 Demographics

Below outlines the demographic profile of those who responded to the online survey. Because full demographic information was not collected from the community groups, the available information is reported separately in 3.4.

Age: The older age group is the largest respondent with 65% from the "65"

and over" group and 22% from the "55-64" group.

Only 4% of responses are from people aged between 25-44.

Gender: 61% of respondents are women, 37% men.

Ethnicity: 95% identify as White British.

Disability: 16% say they have a disability, 83% say they do not.

Geography: All areas of Oxfordshire are represented.

3.4 BAME community visits

Visits were made to three community groups:

• Happy Place, Chinese Lunch Club: 35 Chinese men and women, all members of the public, aged over 55, with one person aged 95

⁴ The community groups reached a consensus on each question and gave one response per group. However, each individual who participated has been counted separately.

- Asian Older Women's Group, Banbury: 10 Asian/Asian British women, all members of the public, aged over 55, all without disabilities.
- BKLUWO, women's African community group: 8 Black African or African British women, all members of the public, aged over 65 and including at least one with a disability.
- Three Asian/Asian British men and women (who were not part of a group) were interviewed, including a carer, an NHS employee and a member of the public. Age categories were 45-54, 55-64 and 65+, including at least one with a disability.

4. Findings

This section outlines the extent of agreement with the draft Strategy's Vision, Priorities and Outcomes for success. The findings include the feedback from both the online survey and the focus groups. Comments have been explored and summarised into themes. The number of comments cited in each section relates only to the survey although the focus group feedback was analysed together with these comments.

4.1 Summary

Overall, there was strong agreement with the Vision, Priorities and Outcomes. Agreement with the Vision was lower (66%) than with Priorities (88.5% average over the four Priorities) and outcomes (82% average over all the Outcomes). See Appendix 2 for responses to questions on the Vision and Priorities.

There was an opportunity for comments on the Vision and each Priority and the key themes are explored below. In general, comments related to perceived gaps and suggestions for changes. This provides valuable information for the next stage which will be the formulation of an Implementation Plan.

Two general messages came through in the responses.

- **Implementation:** Respondents wanted a clearer sense of how the Strategy would be implemented and what funding implications there would be.
- Outcomes: Some respondents thought that the outcomes were more like aims or outputs and would be difficult to measure. People said they would like more clarity around what the baseline data would be and how improvements will be measured.

Recommendations:

- The outcomes are refined and are measurable.
- The Implementation Plan clearly maps against measurable outcomes and contains detail on what data will be collected and how.
- The Implementation Plan is publicly available and disseminated via partner organisations so those who participated are reassured that there is a clear plan behind the Strategy.

4.2 The Vision

198⁵ people responded to the question "To what extent do you agree with this Vision?".

Agreement: 66% "strongly agreed" or "agreed".

Disagreement: 13% "disagreed" or "strongly disagreed".

Key themes:

80 comments were made on the Vision. Key themes were:

- Access: Respondents agreed that the ability to access facilities is key for staying healthy and active. They felt all types of transport facilitated this and that it was difficult when, for example, driving was no longer possible. Some people thought the cost of activities could be a barrier to participating regularly. Interweaved with "access" was a message around individuality and that people (particularly those who may feel marginalised due to health or other factors) need different levels of support to access facilities. People agreed that accessing facilities and activities alleviated isolation and loneliness.
- Community: Respondents expressed concern about the perceived decline of local community facilities and raised closures of libraries, shops and wellbeing centres as examples. This was viewed as particularly affecting those who were not able to get out and about due to, for example, to lack of mobility or support.
- Joined up care and services: Respondents thought that good, prompt care
 helped them stay healthy. They wanted to be able to access services locally.
 Respondents wanted good communication between services and wanted to
 know there were enough well qualified staff. There was support for voluntary
 organisations being well funded as these are as valuable support to older
 people and statutory services.

4.2. Priority 1: Being Physically and Emotionally Healthy

223 people responded to the question "To what extent do you agree Priority 1?"

Agreement: 89% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed"

The Priority 1 outcomes for success had an average agreement of 85%.

Key themes:

168 comments were made on Priority 1, 66 comments on the Priority and 72 comments on the four Outcomes. Key themes were:

 Access: Respondents wanted to access local facilities and take control of their own wellbeing as far as was possible. As well as the need for transport to access services (as outlined above), other barriers identified were the cost

⁵ The number of responses to this question is lower than to other questions because one community group did not give a quantitative response to this question.

of activities and the need for more widespread advertising and promotion of activities.

- Targeted support: It was noted that those who may be more vulnerable due
 to lack of confidence, disability, rural isolation, lack of transport or other
 factors will find it harder to engage with activities, even if local. These
 individuals may need sustained support in order to take up opportunities.
- Range of activities: In order to engage a wide spectrum of people there needs to be a range of inclusive activities. People felt that the outcomes needed a greater emphasis on emotional health and the BAME groups wanted more culturally appropriate activities. Some people were against the idea of activities based upon age group and would prefer activities based on interest or ability rather than age.

Recommendations - Priority 1 and outcomes:

- Outcome 1 'health' is changed to 'physical and emotional health and wellbeing' so that all aspects of health are explicitly included.
- Age bands to be taken out of Outcome 2 as the feedback indicated a range of activities were needed based on interests and abilities.
- The targeted support outlined in Outcome 3 might be too specific and focusses only on physical health. The feedback suggests there are a range of reasons why a person's emotional or physical health are 'at risk' (not just "inactivity"). This outcome could recognise this complexity.
- Two responses thought that 'planning' and 'enjoying' should not be placed in the same outcomes and wanted reassurance that this outcome was measurable.

4.3. Priority 2: Being part of a Strong and Dynamic Community

234 people responded to the question "To what extent do you agree Priority 2?"

Agreement: 90% "strongly agreed" or "agreed".

Disagreement: 1.5% "disagreed" or "strongly disagreed".

The Priority 2 outcomes for success had an average agreement of 77%.

Key themes:

128 comments were made on Priority 2, with 60 comments on the Priority and 68 four Outcomes. Key themes were:

- Voluntary roles: Voluntary roles and being able to contribute to community
 are valued. People would like increased opportunities to use skills and
 experiences in a voluntary capacity. It was recognised that people working for
 longer (and receiving pensions later) may lessen the opportunity for voluntary
 work, and that increasing age and ill health can curtail voluntary work or mean
 more support is needed to continue. People would value increased support to
 transition from work to retirement and help in finding appropriate voluntary
 opportunities.
- Loneliness: People feel that loneliness is hard to define and to measure.
 Participating in activities does not mean someone is not lonely (for example

after a bereavement or those whose family live far away). It was also noted that for those who lack confidence or have higher needs, support as well as signposting is needed. For some people, (e.g. those on the autistic spectrum) support is needed to join activities that involve other people.

Access: The need was highlighted for the strategy to ensure that those who
do not live close to facilities or local activities are able to travel to a supportive
community easily.

Recommendations – Priority 2:

- There was some wariness about measuring loneliness and isolation by the number of activities people engage in. Outcome 1 could take "reducing isolation" and focus on safe communities only. Loneliness is picked up later in Outcome 3.
- People thought there is a need for support and education as well as signposting in order that people can make a smooth transition from work to retirement. People sometimes need support in order to find and access meaningful and interesting voluntary work. Outcome 2 could be changed to reflect this.

4.4. Priority 3: Housing, Homes and the Environment

232 people responded to the question "To what extent do you agree Priority 3?"

Agreement: 90% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed".

The Priority 3 outcomes for success had an average agreement of 80%.

Key themes:

139 comments were made on Priority 3, with 70 comments on the Priority and 69 comments on four Outcomes.

Key themes were:

- Smaller houses for downsizing: Respondents said they would like to be able to downsize but did not want to move to a small flat. They would like smaller houses (preferably bungalows) to enjoy their later years. Houses with 2-3 bedrooms, with a garden/shed and space for visitors to stay.
- **New builds are not near facilities:** Respondents thought that new housing should not be on the outskirts of villages and towns as it may result in access difficulties to facilities for non-car owners. There was concern about isolation for people moving to these areas which may not be close to transport options.
- Range of housing options: Respondents would like a range of housing options. Adaptations to existing homes can be beneficial as it allows people to remain in their existing communities. New builds should be well built and affordable. Sometimes people need support to move from their community in order to be closer to family or for another reason.

Recommendation - Priority 3:

• The issue of "easy access to local facilities" is included in Outcome 3.

4.5. Priority 4: Access to Information and Care

233 people responded to the question "To what extent do you agree Priority 4?"

Agreement: 85% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed".

The Priority 4 outcomes for success had an average agreement of 85%.

Key themes:

134 comments were made on Priority 4, with 67 on the Priority and 67 on the Outcomes. The key themes were:

- Signposting: People felt that GPs were too busy to take on responsibility for signposting and that this function should sit elsewhere. Voluntary organisations were valued for their signposting role and respondents would like there to be funding to increase capacity.
- Face to face support is valuable: It was felt that signposting is not always adequate especially for those with higher needs or lower confidence.
- Information format/medium: Concern that signposting will mean leaflets and
 posters or that the internet will be relied upon too heavily when most older
 people do not have access to it or cannot use it. There should be increased
 investment in teaching older people how to use computers. However, there
 was also caution about the quality of some internet information
- Multi-agency working: Recognition that this is already happening, the value of joined up working and desire for it to further embed.

Recommendation – Priority 4:

• The reference to GPs is removed from Outcome 2.

5. Conclusion

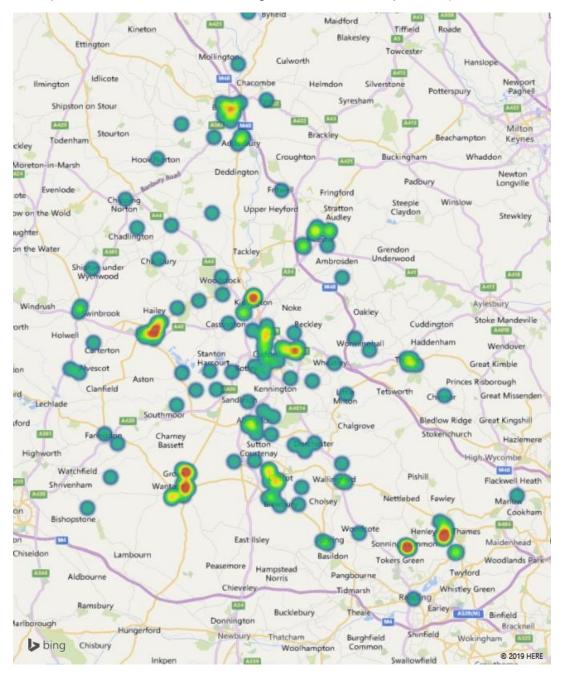
Agreement with the Vision, Priorities and Outcomes was high amongst the consultation respondents. The comments and queries reflect those of the preconsultation phase. Some refinements to the Strategy are recommended in order to reflect the gaps raised by respondents to this consultation. The implementation plan will provide an opportunity to ensure the outcomes are measurable and that improvements can be evidenced.

Rachel Taylor on behalf of Oxfordshire County Council's Engagement Team, 18 February 2019

Appendix 1

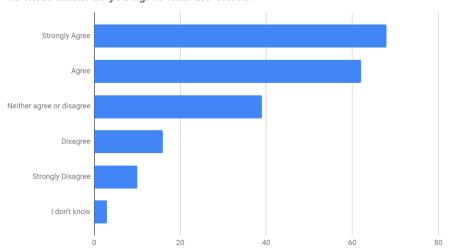
Map showing geographical spread of responses to the online survey and focus group participants

('Heat map', warmer colours indicate higher number of responses.)

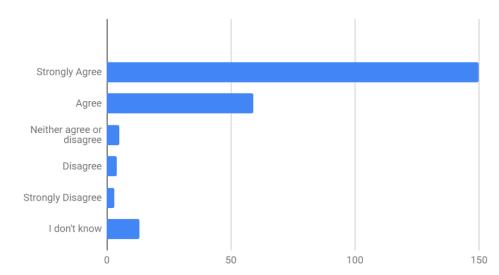


Appendix 2 Survey responses

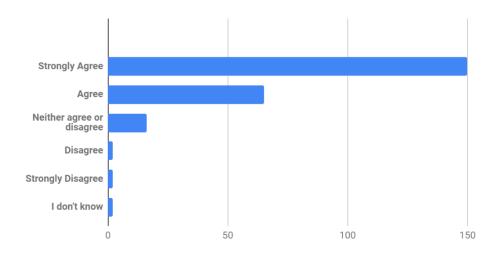
To what extent do you agree with the Vision?



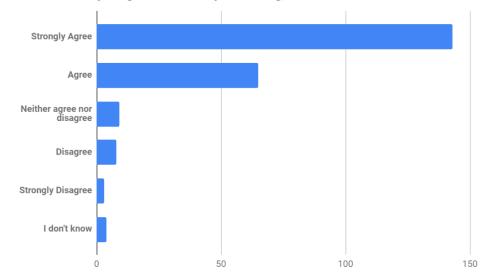
To what extent do you agree with Priority 1: Being Physically and Emotionally Healthy



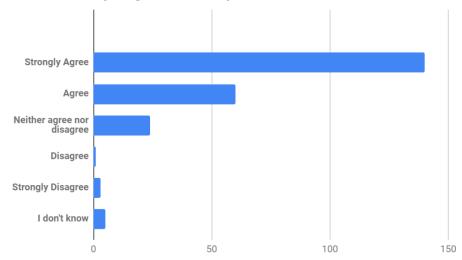
To what extent do you agree with Priority 2: Being part of a Strong and Dynamic Community?



To what extent do you agree with Priority 3: Housing, Homes and the Environment



To what extent do you agree with Priority 4: Access to Information and Care?





Oxfordshire Older People's Strategy – 19 March 2019

Living Longer, Living Better: Oxfordshire's Older People's Strategy

Report by Director for Adult Services

RECOMMENDATION

- 1. Health & Wellbeing Board are asked to support the final version of 'Living Longer, Living Better: Oxfordshire's Older People's Strategy", which has also been submitted for approval at Cabinet in March 2019.
- 2. Health & Wellbeing Board are also asked to support the 'Report of the Older People's Strategy Consultation' which has also been submitted to Cabinet.

Executive Summary

- 3. 'Living Longer, Living Better' was drafted in 2018 with system partners, third sector and voluntary organisations, and older people and their families & carers. A draft report was presented to the Health & Wellbeing Board in November 2018 following which consultation with the wider population was undertaken via the 'Talking Health' web portal.
- 4. The final strategy, submitted to Health & Wellbeing Board with this report, has also been submitted for approval to Cabinet in March 2019.

Introduction

- 5. Oxfordshire's Older People's Strategy 'Living Longer, Living Better' was produced in 2018, following the redesign of the Health & Wellbeing Board. To draft the strategy, significant co-production with people, partners and organisations was undertaken to ensure that our strategy represents the views and aspirations of our population.
- 6. The draft strategy was presented to the Health & Wellbeing Board in November and includes the four themes which emerged during the coproduction phase:
 - 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
- 7. The draft strategy was published on the Talking Health webpage for wider public consultation between December 7th 2018 and 1st February 2019. 236 individuals responded to the consultation, a summary and analysis of these are included in the 'Report on the Draft Older People's Consultation'.

Key Issues

- 8. The initial drafting, engagement and consultation that has been undertaken throughout the preparation of this strategy has been invaluable. The breadth and richness of the conversations and comments that people have participated in have resulted in a strategy which represents our shared aspirations for Oxfordshire's older population.
- Detailed analysis of the feedback from the most recent consultation resulted in a series of recommendations for refining and enhancing the draft strategy.
 These are listed below:

Theme 1: Being Physically & Emotionally Healthy

- Outcome 1 'health' is changed to 'physical and emotional health and wellbeing' so that all aspects of health are explicitly included.
- Age bands to taken out of Outcome 2 as the feedback indicated a range of activities were needed based on interests and abilities.
- The targeted support outlined in Outcome 3 might be too specific and focusses only on physical health. The feedback suggests there are a range of reasons why a person's emotional or physical health are 'at risk' (not just "inactivity"). This outcome could recognise this complexity.
- Two responses thought that 'planning' and 'enjoying' should not be placed in the same outcomes and wanted reassurance that this outcome was measurable.

Theme 2: Being part of a strong and dynamic community

- There was some wariness about measuring loneliness and isolation by the number of activities people engage in. Outcome 1 could take "reducing isolation" and focus on safe communities only. Loneliness is picked up later in Outcome 3.
- People thought there is a need for support and education as well as signposting in order that people can make a smooth transition from work to retirement. People sometimes need support in order to find and access meaningful and interesting voluntary work. Outcome 2 could be changed to reflect this.

Theme 3: Housing, homes and the environment

• The issue of "easy access to local facilities" should be included in Outcome 3.

Theme 4: Access to information and care

- The reference to GPs is removed from Outcome 2.
- 10. In addition, updates have been made in reference to the NHS 10 year plan on page 8 which is now published, to include reference to the online consultation on page 16 and to strengthen links to the healthy place shaping approach
- 11. The above recommendations and amendments have been reflected in the draft strategy; which is recommended as the final version of 'Living Longer, Living Better: Oxfordshire's Older People's Strategy."

- 12. One of the main areas commented upon during the wider consultation, and indeed a theme than began during the drafting and engagement phase, is the deliverability of the vision and priorities. The following recommendations regarding this are made in the consultation report:
 - The outcomes are refined and are measurable.
 - The Implementation Plan clearly maps against measurable outcomes and contains detail on what data will be collected and how.
 - The Implementation Plan is publicly available and disseminated via partner organisations so those who participated are reassured that there is a clear plan behind the Strategy
- 13. To deliver vision and priorities, the County Council, Age UK and the Clinical Commissioning Groups will lead the production of implementation plans which will support the four themes. This work will be co-produced and build on the conversations and engagement that took place during the initial drafting phase.
- 14. A large number of people and organisations, including those involved or consulted as part of the initial drafting, have expressed interest in supporting the implementation phase for this strategy. Groups convened around the four themes will consider the aims proposed in the strategy, further aims that relate to each theme, and the measurable outcomes that can be achieved. This will include consideration of the work and initiatives already underway in the Oxfordshire system and the associated spend, and how these can best be used to support the strategy's vision and aims. Project planning to deliver the implementation plan is currently underway.

Financial and Staff Implications

15. The strategy does not in itself pose any direct budgetary implications, but as the implementation plan is produced budgetary changes may be proposed to deliver against the four themes. Should budgetary issues arise these will be managed by the Better Care Fund Joint Management Group within the overall funding available.

Equalities Implications

16. No specific equalities implications are identified linked to this strategy. In preparing the Implementation Plan, equalities implications will be assessed via an impact assessment.

Risk Management

17. No specific risks are identified linked to this strategy. In preparing the Implementation Plan, risks will be considered in more detail.

Communications

18. Engagement with system partners and members of the public was undertaken during the initial drafting phase, and a consultation on the draft report has also been completed. Analysis of the engagement and consultation responses is included as an appendix to this report.

Kate Terroni Director for Adult Services

Contact Officer: Rachel Pirie, Head of Older People's Commissioning 07917 534410 February 2019

REPORT TO THE HEALTH AND WELLBEING BOARD - 14 MARCH 2019 NHS LONG TERM PLAN

Report by the Clinical Chair and Chief Executive of Oxfordshire Clinical Commisioning Group.

Introduction

In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS: a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To unlock this funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS long-term plan, was published on 7 January 2019. The plan builds on the policy platform laid out in the NHS five year forward view (Forward View) which articulated the need to integrate care to meet the needs of a changing population.

The funding settlement applies to NHS England's budget only. This means that some important areas of NHS spending included in the Department of Health and Social Care's budget – such as capital and education and training – are not covered by it. Local authority public health spending and social care are also excluded. While it seeks to strengthen the NHS's contribution in areas such as prevention, population health and health inequalities, the plan is clear that real progress in these areas will also rely on action elsewhere. The Spending Review, which is due to be published later this year and will outline the funding settlement for local government including social care and public health, will therefore have an important impact on whether wider improvements in population health can be delivered, as will the Green Papers on social care and prevention when they are eventually published.

Overview

The plan covers the following areas:

Chapter 1: A new service model for the 21st century

- We will boost out of hospital care and finally dissolve the historic divide between primary and community health services
- The NHS will reduce pressures on emergency hospital services
- People will get more control over their own health and more personalised care when they need it
- Digitally-enabled primary and outpatient care will go mainstream across the NHS
- Local NHS organisations will increasingly focus on population health moving toe Integrated Care Systems everywhere

Chapter 2: More NHS action on prevention and health inequalities

- Smoking
- Obesity
- Alcohol
- Air population
- Antimicrobial resistance
- Stronger NHS action on health inequalities

Chapter 3: Further progress on care quality and outcomes

- A strong start in life for children and young people
 - Maternity and neonatal services
 - Children and young people's mental health services
 - o Learning disability and autism
 - Children and young people with cancer
 - o Redesigning other health services for children and young people
- Better care for major health conditions
 - Cancer
 - Cardiovascular disease
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services
 - Short waits for planned care
 - Research and innovation to drive future outcomes improvement
- Chapter 4: NHS staff will get the backing they needs
- Chapter 5: Digitally-enabled care will go mainstream across the NHS
- Chapter 6: Taxpayer's investment will be used to maximum effect

The full plan is available at NHS Long Term Plan

In addition the following organisations provide useful summaries and analysis:

The Kings Fund Kings Fund NHS Long Term Plan

NHS Providers NHS Providers Long Term Plan

Local Government Association LGA Long Term Plan

Alignment with the Oxfordshire Health and Wellbeing Strategy

It is clear that the proposed Health and Wellbeing Strategy has a strong alignment with the main themes of the NHS Long Term Plan. Of particular note are the emphasis on prevention and health inequalities and the strong focus on integration of services.

The local NHS and partner organisation needs more time to review the plan in full, understand the requirements being placed on the system. It is proposed that this is taken forward through the sub-groups of the Health and Wellbeing Board.

The Board is asked to note the content of the NHS Long Term Plan and the implications for the work of the Board.



Oxfordshire Health and Wellbeing Board 14 March 2019

Report Title	Update on CQC Action Plan following the Follow-Up Review	
Author(s)	Integrated System Delivery Board – System Leaders	
Presenter (s)	Kate Terroni	
Summary and Recommendations		
This paper provides	the board with an update on recent progress and next eipt of the CQC Progress Report in January 2019	
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	• •	
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		
	<u> </u>	

Update on CQC Action Plan following the Follow-Up Review

Update from the Integrated System Delivery Board

Background

The CQC returned to Oxfordshire in November 2018 to review the progress the system has made against the action plan which was created following the initial CQC Local Area Review of Oxfordshire's Health & Social Care System in November 2017.

The primary focus of the original review was to find out how well older people move between health and care in England. The findings were published in a report in February 2018, in response to which the Oxfordshire system leaders developed an action plan in response to the CQC's recommendations.

After visiting Oxfordshire in November 2018 to complete their follow-up review the CQC presented their findings at a specially arranged Health & Wellbeing Board in January 2019. The report was broadly positive, praising some good progress against key actions. It also contained a number of areas that the CQC request that system leaders pay particular attention to in the coming months.

The follow-up report

The report recognises the progress made by the system and it identifies many areas in which improvements have been made since the last local area review.

The report found that since the initial review system leaders have worked to change the culture within their organisations and develop better relationships. This had enabled a sense of shared purpose, and a willingness to take a system-based approach to resolving challenges and planning for the future.

Inspectors found solid, practical examples where improved relationships had led to better outcomes for people. For example, there had been a significant amount of joint working to deliver improvements in patient flow leading to a reduction in "delayed transfers of care" and they praised the joint approach to winter planning.

As the CQC note in their report, at the time of the review we were eight months into an 18-month action plan. It is to be expected that at this stage there is still work to do to deliver the remaining actions in the plan, these are highlighted in the report as areas for future focus.

Progress and Next Steps

The areas for future focus broadly fall into three categories; tasks that are already in the plan but haven't been fully completed yet, high-level themes to be considered across all workstreams and additional actions to be added to existing workstreams.

The CQC Steering Group (group which reports to ISDB and has responsibility for monitoring and documenting progress against the action plan) has reviewed the report and incorporated the areas for future focus into the action plan, to ensure they are taken forward. Alongside this work the Steering Group is continuing to review the whole action plan with workstream leads to ensure progress is being made and this is accurately reflected in the plan

The updated action plan will be presented to the ISDB in March for approval and agreement on how to take forward the work required in these areas. This will be followed by a highlight report documenting progress against all the workstreams in the plan.

A highlight report will also be brought to the next HWB which will describe the changes to the plan due to the follow-up review and the progress against all workstream.



Oxfordshire Health and Wellbeing Board Thursday 14 March 2019

Thursday 14 March 2019	
Report Title	Oxfordshire Health and Social Care Workforce
Author(s)	Sula Wiltshire, Director of Quality OCCG and Oxfordshire System Workforce Lead, Libby Furness, Head of Strategy and Transformation, OCCG, Benedict Leigh, Deputy Director Joint Commissioning, OCC
Presenter	Benedict Leigh, Deputy Director Joint Commissioning, OCC
Summary and Reco	ommendations
(Oxfordshire System system level to address for a future workforce	hip provided by the Oxfordshire System Workforce Group Workforce Group) our ambition is to work together at a ess key workforce issues and shortages as well as planning e that is able to deliver integrated care out of hospital in a bonds to shortages and demand.
set of system wide p	Workforce Group is driving forward and monitoring a discrete projects that compliments the work that is being led at BOB rovider organisations.
_	Oxfordshire System Workforce Group is supporting the BOB Workforce Strategy that is due to be signed off in March
	lbeing Board is asked to note the range of work that is taking ess made through working in partnership on key workforce
Is the work linked t sub-group of the H	- mogratou con viceo con vicing con a
	the following priorities set out in the Joint Health and
☐ A coordinated ☐ Improving the (as set out in ☐ An approach	d approach to prevention and healthy place-shaping. e resident's journey through the health and social care system the Care Quality Commission action plan). to working with the public so as to re-shape and transform ity by locality.
□ Plans to tack integrated ca	kle workforce shortages and prepare for delivery of are
☐ A Healthy Sta	rt in Life
☐ Ageing Well	or leaves that determine health
The purpose of this	er Issues that determine health
•	on and comment
FOI GISCUSSI	on and Comment

1. Introduction

- 1.1. Oxfordshire has a population of around 680,000 and this population is getting older. The older population of Oxfordshire has been increasing at above the South East and England rates. Life expectancy and healthy life expectancy for females at 65 in Oxfordshire are each (statistically) better than the England average.
- 1.2. An estimated 8.5 years for males and 8.2 years for females in Oxfordshire are expected to be spent in poor health. Over 7,000 people currently receive care and support services from Oxfordshire County Council and It is projected that by 2039 the number of people aged over 85 will increase by 80%.
- 1.3. In Oxfordshire our vision for adult social care is to deliver sustained and improved experiences for people who access our services by working with the NHS, private and voluntary sector providers whilst using the expertise of our customers and other key stakeholders to design, procure and evaluate services.
- 1.4. Our strategic ambitions are to;
 - 1.improve the satisfaction of service users
 - 2.increase the number of people supported at home
 - 3.improve the quality and sustainability of care providers in Oxfordshire
 - 4.involve more local people and organisations in the development of services.
- 1.5. It is widely accepted that we can only deliver these ambitions by providing a workforce that can provide the right type of care, in the most appropriate setting, based on an individual's health and care needs
- 1.6. The current challenges facing health and social care in Oxfordshire are well understood. A combination of an ageing population, an ageing workforce, workforce shortages in some specialities, the difficulties of attracting young people into health and social care and the cost of housing locally and the limitations of transport and parking arrangements all conspire to make workforce one of our greatest challenges in planning and delivering health and social care.
- 1.7. Meeting the challenges of today as well as delivering on Oxfordshire's ambition for integration delivered at the most appropriate level aligns well with the new NHS Long Term Plan. The Oxfordshire's ambition for integration, the specific workforce actions outlined in NHS Long Term Plan and the NHS Workforce Implementation Plan that will be published later this year will frame our priorities in the coming year.
- 1.8. Local policies regarding rural and transport can mean that working age adults who might enter the workforce often choose to drive their children to school meaning that they are unavailable at key care delivery times (morning and afternoon school runs). The increased traffic at these times also impacts on the schedules of home carers and their ability to travel between clients.
- 1.9. There is a distinct challenge for adult social care, specifically supported living services for adults with learning disability, primary home care providers on the Help to Live at Home Framework and charitable care home providers. There is a significant impact on

- those providers being able to compete in an increasingly competitive employment market creating significant risk.
- 1.10. Working together as a system has been identified as the best way to help us work efficiently to find solutions to these common problems, provide support and advice for specific workforce problems individual providers might be facing and together identify issues and gaps that might require new partnership working to resolve.
- 1.11. This paper provides an overview of how the establishment of the Oxfordshire System Workforce Group has been instrumental in the identification of the key workforce issues for Oxfordshire and describes how we intend to continue to work together as a system to meet our workforce challenges both now and into the future.

2. Oxfordshire System Workforce Group

- 2.1. The Oxfordshire System Workforce Group was established in April 2018 as a vision setting group and vehicle to develop and test the Oxfordshire Workforce Strategy and work programme with senior stakeholders.
- 2.2. To meet this aim, the purpose of the Oxfordshire System Workforce Group has been set up to;
 - ensure support and development of the Oxfordshire health and social care workforce in all care settings, promoting integrated care working across professional and organisational boundaries.
 - ensure workforce activity is aligned to, and supports our vision of sustainable quality care provision
 - allow for prioritisation of work in line with key Oxfordshire health and social care priorities
 - consider opportunities for funding and investment based on the need to increase the scale and pace of certain work
- 2.3. The membership of the Oxfordshire System Workforce Group includes all local provider and commissioning organisations and provides an opportunity to drive forward and monitoring a range of projects and initiatives that are taking place, aligning our efforts to achieve new solutions and ensure maximum impact from the work taking place.
- 2.4. Within the new Oxfordshire Governance structure and programme management approach workforce is seen as an enabling work stream and is accountable locally to the Oxfordshire Health and Wellbeing Board (HWB) reporting through Oxfordshire's Integrated Delivery Board (ISDB).
- 2.5. The Oxfordshire System Workforce Group also reports to the Buckinghamshire, Oxfordshire and West Berkshire Sustainability and Transformation Partnership through the Buckinghamshire, Oxfordshire and West Berkshire Local Workforce Action Board in its monthly updates.

3. Developing the Buckinghamshire, Oxfordshire and West Berkshire Workforce Strategy

- 3.1. A Buckinghamshire, Oxfordshire and West Berkshire Workforce Strategy which is aligned to NHS Long Term Plan is in the process of being finalised and validated with partner organisations in the Sustainability and Transformation Partnership and local Integrated Care Systems later this month. Following this validation an action plan will be put in place to address the priorities and gaps that will have been identified through this process.
- 3.2. The Buckinghamshire, Oxfordshire and West Berkshire Workforce Strategy identifies the four main workforce themes of:
 - · recruitment and resourcing
 - leadership and culture,
 - · engagement, retention and well-being;
 - workforce design, planning and productivity.
- 3.3. The Buckinghamshire, Oxfordshire and West Berkshire wide strategy will include an Oxfordshire place-based narrative that outlines our most pressing workforce issues and actions linking closely with our local individual provider workforce strategies.
- 3.4. A separate Transforming Care Partnerships Workforce Plan for Oxfordshire and a Primary Care Workforce Strategy are also in the process of being agreed and will be part of this overarching Buckinghamshire, Oxfordshire and West Berkshire Workforce Strategy

4. Developing Oxfordshire's Future Workforce

- 4.1. In Oxfordshire we are on a journey towards integrated care delivery and there is need to develop our local workforce to support this change. This means we need to develop, skill and/or re-skill our workforce as well as creating and training people in new roles to fill gaps or provide more effective care. It also means that we need to revise our HR and governance systems to enable health and social care staff to work in an integrated way to create a 'Workforce without Walls'.
- 4.2. Individually and collectively there is a lot of work in train across Oxfordshire to impact on current workforce issues as well as supporting the development of new ways of working and delivery of integrated care. Oxfordshire System Workforce Group has a place-based delivery plan that captures initiatives and projects that are best managed at a system level to addresses problems that are common across Oxfordshire
- 4.3. Over the last 12 months Oxfordshire System Workforce Group has successfully delivered against many of the actions in the workforce section of the Oxfordshire CQC Review action plan with its focus on System Task and Finish Groups aimed at using established best practice and collaboration to resolve some of our identified areas of agreed focus.
- 4.4. Examples of this approach include;

- Working in partnership to take forward a suite of Health and Social Care Support Workforce projects that aim to impact on workforce planning, recruitment and retention, leadership and organisational development and career pathways for this group of staff
- Agreeing on an allocation of funding from BOB LWAB for 2018/19 to include nursing development, development support for workforce development to support Oxfordshire's Winter Plan and Frailty Pathway that will enable greater flexibility and integration of care whilst facilitating our staff to work in multidisciplinary health and social care teams and a project to attract Young People into Health and Care.
- Funding support via Buckinghamshire, Oxfordshire and West Berkshire Support Workforce Board to focus on a Care Certificate Pilot and developing a career pathway tool linking health and social care.
- Agreed workstreams focusing on developing strategies and methodologies to consider how affordable key work housing can be made available to our health and social care support workforce.
- Using the learning from the acute trust success in recruiting from abroad to share this approach with social care providers and plan further joint overseas recruitment initiatives with Oxford Health Foundation Trust.
- The Community provider has a range of initiatives to facilitate routes into nursing to increase its workforce including promoting and supporting apprenticeships as a means of creating career pathways and increasing capacity and collaboration.
- Oxfordshire's local social care sector represented a significant proportion of the national social care intake to the December 2018 Nursing Associate cohort. This signifies a successful start to working in partnership across the county to recruit more nurses and is supported by Health Education England.
- 4.5. Creation of genuinely integrated teams of GP's, primary care, community health and social care staff to provide a flexible workforce that can react to shortages and demand is a key feature of the new NHS Long Term Plan. Facilitating working in this way also provides an enriched work experience for staff and new opportunities for career development across the system. It will help in retaining staff not just in individual organisations but within and across Oxfordshire's health and social care system. If we are successful it could also attract others to come and work in Oxfordshire.

5. Oxfordshire's 'Top 5 Workforce Issues and Actions'

5.1. There is a significant amount of activity around our focus on Workforce as an enabler. An outline of the 'Top 5 Oxfordshire Workforce Issues' and actions being taken are shown below. This outline is supplemented by the Provider Workforce Strategies, Activities and Plans that are summarised in Appendix 1.

5.2. A. Recruiting and Retaining well trained, experienced staff

Contributary factors that are pertinent to this issue include:

 High cost of living in Oxfordshire, London weighting and better employment packages for jobs over our borders

- Low level of unemployment locally and completion from other employers
- An aging workforce with high levels of actual and upcoming retirement
- National staff shortages in particular roles or groups of staff (including MH and Adult nurses, podiatrists, CAHMS consultants, psychological Wellbeing Practitioners (IAPT))
- · Need to reduce the reliance on agency staff
- The unknown impact of Brexit
- Attraction of paramedic skills for other parts of the healthcare sector
- Attracting Nurses to a call centre environment
- Pilot to develop individuals with social care needs to consider a career in social care.
- Poor rural transport

Actions being taken include:

- Development of Nursing Associates
- Increasing apprenticeships
- Working to reduce 'poaching' of trained staff
- More effective use of 'Retire and Return', further improving education and training provision with Health Education England (HEE) and education providers, develop a school of Nursing and Midwifery
- Taking targeted measures to improve retention, including achieving a 2% reduction at OUH and 1% reduction overall
- Undertaking Long Term workforce planning at directorate level
- Sharing learning and experience of recruitment software (TRAC)
- BOB LWAB funded project to 'Attract Young People into the Health and Care workforce' through apprenticeships and engagement with educational establishments
- Increased youth branding and work
- Diversification of work OT, Physio and other pilot work to support patient care and improve retention and job satisfaction
- Increased use of Specialist Practitioners to support GP practices and improve job/role satisfaction and improve patient experience
- Development of an adult social care career pathway to use with schools and colleges to create a future pipeline of young people – currently under represented in adult social care workforce.

5.3. B. Leadership and Organisational Development

Contributary factors that are pertinent to this issue include:

- High vacancy and turnover rates for Registered Managers and other leadership roles – fragmented leadership
- Staff leaving citing manager relationships as a problem
- Poor NHS staff survey results,
- Low or variable staff engagement scores,
- Limited leadership capability and confidence due to insufficient development opportunities and a lack of a joined-up 'ladder' of developmental interventions
- Ongoing high operational demands
- Reputational management and Commissioner's and public's expectations

- Feedback via exit interviews and complaints: -patients and staff
- Poor system co-ordination and shared understanding, with most leadership development occurring within single organisations and often within a professional group
- Need to improve the quality of care (in some areas or care)

Actions being taken include:

- Leadership training for Registered Managers and other leaders in Social Care providers, including nurses and deputy managers
- Developing 'leadership at every level' including a proposal to offer places on each-others' programmes – initially on a pilot basis
- Introduce a more structured approach to talent management in line with NHSI-led Regional Talent Boards
- Consider bids for NHS Graduate Management Trainee Scheme, including STP-wide placements
- Development of a 'high performance culture'
- Exploring a joint development programme for HR Business Partners
- Refreshing and extending Enhanced Leadership Skills programme
- Nursing Leadership pilot
- Ensuring staff have up to date appraisals and have completed statutory and mandatory training
- Registered Manager Network for adult social care managers including informal WhatsApp group to share and support

5.4. <u>C. Un-coordinated training</u>

Contributary factors that are pertinent to this issue include:

- Different working practices, processes and procedures across the system
- Different training priorities in individual organisations on issues that affect system working
- Focus on specific parts of the workforce to the detriment of others
- Insufficient joint planning within and intra- organisationally across Oxfordshire
- Lack of clarity and short timescales of available monies to bid for externally
- Absence of a strategic mandate from both Health and Social Care organisations to do this together

Actions being taken include:

- Strengthening links with education providers
- System wide commissioning of education including FE/HEI, NHS Trusts and Social care
- Agreeing a system wide training plan
- Establishing a single system-based training offer
- Pilot of a standardised Care Certificate across Health and Social Care
- Pilot of a cohort of Nursing Associates in Social Care
- STP streamlining work

5.5. <u>D. Development of a workforce that can deliver 'New Models of Care' and 'New Ways' of working</u>

Contributary factors that are pertinent to this issue include:

- Demographic changes and increased demand for care
- Changing needs of the population
- Workforce supply/Staff shortages
- Oxfordshire's journey towards becoming an 'Integrated Care System'
- Greater emphasis on prevention and self-care
- An expectation, by the public and commissioners, of seamless care delivery of care in a flexible and co-ordinated way

Actions being taken include:

- Developing and implementing new roles to fill gaps and increase skill mix
- Upskilling current staff
- BOB LWAB funded project to 'Develop integrated team working' to facilitate flexibility and improve capacity during surges in demand
- Continuing to provide more local outreach services closer to where the needs are
- Diversification of work OT, Physio and other pilot work to support patient care and improve retention and job satisfaction
- Increased use of Specialist Practitioners to support GP practices and improve job/role satisfaction and improve patient experience

5.6. E. Promoting Staff Health and Wellbeing

Contributary factors that are pertinent to this issue include:

- Increased sickness due to stress
- Poor staff engagement
- Staff leaving due to continually high workloads
- · The impact of long working hours and high patient demand
- High vacancy rates amongst clinical staff- particularly nurses and midwives
- Variable sickness rates and the need to provide cover for sickness

Actions being taken include:

- Developing and improving career pathways
- Improving the quality and quantity of appraisals
- Strengthening Occupational Health, Employee Assistance Programmes and Health and Wellbeing initiatives
- Making organisations 'a great place to work' including staff engagement, effective communication, reward and recognition
- Providing mindfulness, Yoga sessions and information on self-management of wellbeing
- Welfare support in Health and Wellbeing teams

 Identifying people as they look for alternative employment, incentivising them to stay within the wider health and care sector rather than leave to work for competitor employers

6. Summary and Recommendations

Oxfordshire Health and Wellbeing Board are asked to note:

- 6.1. The approach taken by the system to add value to projects that are being taken forward at Buckinghamshire, Oxfordshire and West Berkshire level and Provider level by focussing on a discrete set of system wide projects that will be reported to the Health and Wellbeing Board through Integrated System Delivery Board
- 6.2. The focus on Oxfordshire System Workforce Group's on both working in partnership to address key workforce issues whilst planning for a future workforce that can work in an integrated way
- 6.3. Oxfordshire System Workforce Group's role in aligning the strategic direction set out in the NHS Long Term Plan, the emerging strategic context within the Buckinghamshire, Oxfordshire and West Berkshire Workforce Strategy and the operational and strategic development plans within Provider workforce strategies.
- 6.4. The range of work that is being undertaken in partnership across the system as well as by individual organisation to impact on current issues whilst supporting the development of integrated care.

Appendix 1: Provider Workforce Strategies, Activities and Plans

In addition to the issues and actions being taken collectively and individually referenced in our 'Top 5 Oxfordshire Workforce Issues' individual provider organisations have summarised what is going well and what is challenging below to provide an overview of some of the issues they are currently working on.

Adult Social Care

What's going well?

- Retention in social care: turnover in Oxfordshire is now below the national and regional averages
- Higher levels of recruitment from outside the sector, bringing in new staff (37% in Oxfordshire compared with 32% nationally)
- Staffing increases in Adult Social Care, achieving progress in line with the estimated level of staffing increase required over this period according to the Adult Social Care Workforce Strategy (increase from approximately 14000 in 2015 to 16000 in 2018)
- Strong collaboration across health and social care, including providers and provider associations, across key themes: Recruitment, Valuing Staff and Retention, Leadership and OD, Career Pathways, and Key Worker Housing.

What is challenging?

- One of the least affordable places in the country to live
- Very low unemployment strong competition with other sectors and recruitment from a limited potential pool of staff
- Pay and other recruitment levers are not enough alone to attract staff, and the financial cost of low retention is significant
- Workforce being dispersed across a large number of providers and requirement for own transport in rural areas
- New ways of working / transformation
- Leadership, organisational and skills development
- Recruitment of key staff, including in the Support Workforce (care and support workers),
 Registered Managers, Social Workers, Occupational Therapists and Nurses

Oxford Health Foundation Trust

What's going well?

- Improved retention (1.5% improvement from 15% turnover to 13.5%)
- Significantly bigger internal bank.
- Focus on tackling Stress with good support from staff side.
- Progress on Equality, Diversity and Inclusion including better WRES data.
- Strong Apprenticeship Programmes
- Improved career path visibility for staff
- High volumes of recruitment, particularly into Healthcare Assistant (non-registered) roles

What is challenging?

- · Agency utilisation and spend remains very high.
- Staff Survey results static despite significant efforts to boost engagement and motivation.
- Housing costs remain an issue for many staff and impact recruitment and retention.
- Nurse shortages remain problematic, only partly offset by agency use.
- Gaps in many mental health teams.
- Increased workload and caseload putting huge strain on staff in many teams and professions.

Oxford University Hospitals Trust.

What's going well?

- Improved retention (1-2%)
- Increase in substantive staff (+2016 WTE since April 2018)
- Growth in international nurses (15-20 per month)
- Greater collaboration across organisations (ICS and STP)
- Good examples of improving patient flow and productivity
- Low sickness and absence (3.2%)
- Stronger and more creative and ambitious workforce planning

What is challenging?

- Ongoing shortfall of key staff, especially qualified nurses
- Affordability of living locally and day to day transport and parking
- Variable staff engagement, with a slight reduction in overall staff survey results
- Balancing reliance on bank staff with sustainability of workload
- Affordability of temporary staffing to create the capacity to meet access standards

SCAS

What is going well?

- A pay review that will be impactful for call centres creating increased attraction
- Employer branding developing new products, undertaking a web site refresh and remaining current
- Social media using Instagram, Facebook, twitter and Linked in
- Running events approx. 50 attended last year
- Widening participation Youth, young ambulance citizen programme, MOD maintaining traction, BAME/LGBT – partnership working with our networks and raising SCAS's profile
- Reviewing/improving practices including: lifting assessments and films to support assessments and interviews
- 82/100 UCAS paramedics have applied to SCAS supporting with C1, incentives and training and educational support
- EOC retention, repayment of training clause, transferees to internal posts regulated, talent management and progression planning



Oxfordshire Health and Wellbeing Board - stakeholder network

Background

The Oxfordshire Health and Wellbeing Board (OHAWB) a part of its review in 2018 identified their commitment to engaging with the wider communities of interest <u>for example</u> voluntary organisations, community groups, faith groups, local authorities, parish councils, umbrella bodies, professional organisations, patient groups, self-help groups, and social enterprises involved in delivery of service provision.

Healthwatch Oxfordshire has been asked to identify how this can be achieved with the remit to inform and influence the OHAWB strategy.

This is an opportunity for Oxfordshire to develop and support a network of communities of interest that can bring their experiences of supporting people, delivering services and knowledge of their community needs and experiences of health and wellbeing to the attention of the Health and Wellbeing Board to inform and influence the strategy and services in the county.

Approach

- A. To create an environment where all communities of interest can contribute to the development and evaluation of the OHWAB strategy.
- B. To be inclusive, so not create a 'closed' group.
- C. To enable organisations to contribute in a variety of ways including:
 - a. attending an annual forum
 - b. attending a themed network forum
 - c. online survey
 - d. email, letter
 - e. through existing and new partnerships with a focus on health and wellbeing.

Activity

- 1. An annual forum that will focus on the OHAWB strategy specifically the progress against objectives, impact on communities, and consider priorities for future years. The forum will be:
 - a. Open to all, inform and influence OHAWB strategy and plans
 - b. Supported by annual survey
- 2. Network forum meeting twice a year that will be theme based.
 - a. Themes to be agreed at the annual event; for 2019/20 to mirror those themes agreed at OHAWB.



- b. A themed forum will ensure that those community of interests can contribute to specific themes
- c. An electronic survey will support all three forum thus giving organisations that cannot attend an opportunity to contribute, local organisations will be encouraged to present at the events
- 3. Engage with district and local partnerships about the HAWB strategy, themed network forum, and annual forum meetings. Encourage participation in themed forum and annual network.
 - a. Focus on partnerships that include health and wellbeing on their agendas for example West Oxfordshire Health and Wellbeing Partnership, Healthy Abingdon, Carers Oxfordshire, AgeUK Oxfordshire, Mind Oxfordshire, Cherwell Partnership Network.

Resources

The proposed approach is resource intensive. The reality is that to establish a new wide-ranging network, be inclusive, and run three major events a year will require people and event budget. Relationships need to be established that, in the first instance will require attendance at local partnership meetings.

Communications

Communication of the OHAWB strategy and progress will be key to encouraging involvement in the network.

Reporting back to the HAWB on the outcomes and recommendations from the annual event and two themed network events.

Communicate with the wider community the influence and impact of the annual forum and themed forum have on the strategy and priorities.

Establishing a strong communications plan supported by board member organisations and existing networks will reduce the need to create a new (yet another!) data base at the outset. A data base of organisations attending and contributing to the network will be established, operating within General Data Protection Regulations (GDPR) compliance.

Staff and event costs

The costs of running three major events a year including staff costs, event costs and communications costs need to be covered if this approach is agreed by the board. We will explore options including a combination of seconded staff from Board member organisations on a sessional basis supported by a dedicated Healthwatch Oxfordshire staff resource thus maintaining the involvement of the Board member organisations in the process.



Your voice on health and social care

1 Men's Health Project film

Healthwatch Oxfordshire has made a film to showcase the Men's Health Project, which took place in 2018 with East Oxford United (EOU) to explore barriers to men's health and NHS checks. NHS England Celebrating Community Participation Grant funded this. The film was launched on 7 March by Healthwatch Oxfordshire and East Oxford United at the Health Inequalities Commission Good Practice Event. There will also be a social media clip highlighting importance of NHS Checks for men launched in May. Feedback from Public Health has been positive in that the report has supported evidence base. The men from East Oxford United also presented their report to the HIB on 14 February.

2 Update

HWO has signed the mental health concordat as member of JHWBB.

HWO commented on the Older People's Strategy.

Recent work by HWO for OCC has focused on Changes to Adult Daytime Services across Oxfordshire. The report was presented to the Oxfordshire County Council's Performance Scrutiny Committee 14th March. The report can be found on our web site https://healthwatchoxfordshire.co.uk/our-reports/

Healthwatch Oxfordshire HWBB Stakeholder Engagement

Healthwatch Oxfordshire facilitated a stakeholder engagement event on 28 February in support of the Health and Wellbeing Board partners action on CQC Local Authority Review recommendations to increase stakeholder engagement and input into the board's actions. A report on the online survey and outcomes from the stakeholder event will be presented at the Board meeting in March.

Future and ongoing activity:

Healthwatch Oxfordshire will be focusing in 2019 on gaining service users views of mental health services (community and other), and will be combining a questionnaire, with focused visits across the county to hear about adult experience of accessing and using mental health services.

Healthwatch Oxfordshire will be working with other Healthwatch organisations across the Buckinghamshire, Oxfordshire, and Berkshire West Sustainability Transformation Partnership (BOB STP) footprint to support stakeholder engagement around the NHS Ten Year Forward Plan. This exercise is part of a

national initiative from Healthwatch England, funded by NHS England. The outcomes will be compiled into a joint report presented in June.

HWO has just finished a focused piece of work exploring people's experiences of health and social care in Thame. Report forthcoming.

3 Reports published

Since we last reported to Health and Wellbeing Board in November 2018 we have published:

- 1. Two enter and view reports on visits to care homes in the county
- 2. The Daytime Support Review, February 2019
- 3. Four community research project report supported by Healthwatch Oxfordshire:
 - a. Rose Hill Primary School Healthy Eating
 - b. Barriers to health and social care services faced by people on low incomes in Oxford, Citizens Advice Oxford
 - c. Be Free Young Carers report on support for young carers in Oxford City
 - d. Oxford Community Aqua

All reports can be found on our web site https://healthwatchoxfordshire-co.uk/our-reports/

Oxfordshire Multi-Agency Safeguarding Arrangements for Children

Published April 2019

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Introduction to the Oxfordshire multi-agency safeguarding arrangements by the safeguarding partners

Yvonne Rees, Chief Executive of Oxfordshire County Council, Louise Patten, Accountable Officer, Oxfordshire Clinical Commissioning Group John Campbell, Chief Constable, Thames Valley Police. Photos?

We are delighted to publish our new multi-agency safeguarding arrangements on behalf of the children, young people and families in Oxfordshire and are fully committed to safeguarding children and promoting their welfare. The revised statutory guidance for Working Together 2018 requires local areas to publish their new multi-agency safeguarding arrangements by 29 June 2019 and we are well within this timeframe.

We believe that the new statutory requirement for the leadership of safeguarding arrangements to be at chief executive level across health, police and the local authority can only strengthen our collective approach to safeguarding children and young people.

We would like to summarise how we propose taking forward our new statutory responsibilities locally for the successful delivery of these arrangements.

We have decided to maintain and strengthen the Oxfordshire Safeguarding Children Board (OSCB) because it is already a high functioning, high challenge Board with a strong reputation and a long-standing commitment to partnership working. We will work together as an Executive Group by meeting on a quarterly basis with the Independent Chair of OSCB and we will work with our wider relevant partners through the OSCB under the leadership of the Independent Chair. The board will also meet quarterly shortly after the Executive Group meeting is held.

Performance management and accountability for the Independent Chair will be through the Executive Group and the challenging objectives we have set for him are outlined on P.7 of this report.

We need to ensure that new and emerging safeguarding issues are identified and addressed and that there is no duplication across our system. To that effect we have asked the Independent Chair to convene an annual meeting with the chairs of the Health and Well-Being Board, the Safeguarding Adults Board and the Safer Oxfordshire Oversight Committee.

The geographical area covered by these arrangements will be Oxfordshire, with the exception of the child death review processes, which will combine with Buckinghamshire in order to improve our learning from child deaths and to meet our statutory responsibilities.

We are very committed to ensuring we have wide representation from across the sector to deliver our safeguarding priorities and the relevant partners who are part of OSCB are listed in Appendix 2.

We have agreed that the Board will be supported by a new Business Group, which will comprise of the Independent Chair and members of the former OSCB Executive Group. The purpose of the sub-groups is outlined on P.8. In addition, key safeguarding messages will be disseminated to the wider workforce through existing local multi-agency groups focusing on a specific safeguarding theme.

We are keen to ensure that the Housing Network and close working with Oxfordshire Safeguarding Adult Board remain integral to the new arrangements.

We also recognise that the voice of children and young people should be at the heart of our work and the Independent Chair will work with existing children and young people's groups to establish a robust mechanism to effectively hear and respond to the voice of children and young people in the new arrangements.

We recognise that the involvement of schools, colleges and other education providers are key to the success of our local arrangements.

We will continue to take a lead role in ensuring our information sharing arrangements are clear and accessible to all and that our arrangements for dispute resolution are transparent.

We believe that independent scrutiny is crucial to the success of these arrangements and we will ensure this is in place through the role of the Independent Chair who is a senior manager with Barnardo's children's charity and via the role of our board lay members. Our arrangements will be strengthened by Barnardo's reviewing our annual report; by establishing a reciprocal Scrutiny Framework with an Independent Chair from another area; and through Oxfordshire County Council's Performance Scrutiny Committee and the equivalent functions in the Clinical Commissioning Group and Thames Valley Police.

We are reviewing our existing funding arrangements and in particular, whether our contributions are equitable and proportionate.

We will continue to report and implement local and national learning through the OSCB training, learning events and conferences.

One of our key roles is to commission and publish child safeguarding practice reviews and our new arrangements for this are outlined in section 2 and include the responsibilities of the new Child Safeguarding Review Panel and the criteria for decision making regarding local child safeguarding reviews. We will undertake a rapid review of serious incidents and the Independent Chair will report the outcome to the National Panel. A new aspect of these arrangements is that the National Panel can decide to undertake a national review if it considers that the serious child safeguarding case raises issues that are complex or of national importance. The responsibility for overseeing this work and disseminating the learning will remain with the Case Review and Governance Subgroup of OSCB.

The arrangements for child death reviews are outlined in section 3 of this report. We will ensure that every child death will be reviewed at a child death review meeting

4

and that each family will be provided with a key worker to offer support at this tragic time in their lives.

We take our responsibilities to safeguarding children very seriously and are fully committed to ensuring that children and young people in Oxfordshire are kept safe and that all partner agencies work together to achieve this. We believe our new arrangements will significantly strengthen our determination to address this priority.

Signatures

Yvonne Rees Chief Executive, Oxfordshire County Council Louise Patten Accountable Officer, Clinical Commissioning Group

John Campbell Chief Constable Thames Valley Police

Section 1: Multi-agency arrangements

1.1 Three safeguarding partners

The Children and Social Work Act 2017 gives the option to replace Local Safeguarding Children Boards (LSCBs) with new flexible local safeguarding arrangements. The revised statutory guidance underpinning the Act, Working Together, came into force on 29 June 2018 and can be read here guidance. A definition of safeguarding is included in Appendix 1.

The Act establishes collective responsibility and accountability of these arrangements across chief officers in the county council, the clinical commissioning group and the police.

For Oxfordshire the safeguarding partners are:

- Yvonne Rees, Chief Executive of Oxfordshire County Council;
- Louise Patten, Accountable Officer, Clinical Commissioning Group;
- John Campbell, Chief Constable, delegated to Timothy De Meyer, Assistant Chief Constable, Thames Valley Police

The three safeguarding partners have made arrangements to work together as an Executive Group with overall accountability for safeguarding and promoting the welfare of children in our area. They will work with relevant partners through the Oxfordshire Safeguarding Children Board (OSCB), under the leadership of an Independent Chair. The three safeguarding partners (Executive Group) have agreed on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.

1.2 The purpose of these arrangements

The purpose of these local arrangements is to support and enable local organisations and agencies to work together in a system where:

- Children are safeguarded and their welfare promoted;
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children;
- Organisations and agencies challenge appropriately and hold one another to account effectively;
- There is early identification and analysis of new safeguarding issues and emerging threats;
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice;
- Information is shared effectively to facilitate more accurate and timely decision making for children and families.

1.3 Strategic partnerships

The Independent Chair of OSCB will convene an annual meeting with the chairs of the Health and Well-being Board, the Oxfordshire Safeguarding Adults Board, the Safer Oxfordshire Partnership Oversight Committee and Community Safety

Partnerships to ensure new and emerging safeguarding issues are identified and addressed and to ensure there is no duplication across the system. This work will be supported by the Safer Oxfordshire Partnership Co-Ordination Group which already holds a role in relation to this responsibility and this will strengthen safeguarding arrangements established in the Partnerships Protocol attached below.



1.4 Accountability and leadership

The Executive Group will meet on a quarterly basis with the Director for Children's Services and the Independent Chair of the Board. Any of the three partners can meet with the Independent Chair for safeguarding briefings in between the quarterly meeting, as necessary.

The Executive Group has equal and joint responsibility for local safeguarding arrangements. In situations that require a clear, single point of leadership, the Executive Group will decide who will take the lead on issues that arise.

If the lead representatives delegate their functions they remain accountable for any actions or decisions taken on behalf of their agency. The representative or those with delegated authority will:

- Speak with authority for the safeguarding partner they represent;
- Take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters;
- Hold their own organisation or agency to account on how effectively they participate and implement the local arrangements.

The Independent Chair will lead and implement the local safeguarding arrangements through the local partnership of relevant agencies, on behalf of the Executive Group. In order to retain partnership engagement and the well-established credibility of the existing OSCB, it has been agreed that the OSCB name and branding will remain in place for this wider partnership. OSCB meetings will be quarterly, shortly after the Executive Group meeting is held, to ensure key messages and issues are communicated from the Executive Group.

Performance management and accountability for the Independent Chair will be through the Executive Group at their quarterly meetings. The objectives for the chair have been agreed as follows:

- Together with the Executive Group to lead the implementation of the new Multi-Agency Arrangements - September 2019.
- Work with the Local Authority and Oxfordshire Clinical Commissioning Group and Buckinghamshire Clinical Commissioning Group to implement the new CDOP arrangements - September 2019.

- Work with VOXY (Voice of Oxfordshire Youth), the Children in Care Council
 and other children and young people's groups to establish a robust
 mechanism to effectively hear and respond to the Voice of Children and
 Young People in the implementation and ongoing work of the new
 arrangements ongoing.
- Identify a Scrutiny Partner to work up a Scrutiny Framework and ensure reciprocal independent scrutiny of Oxfordshire and the other areas arrangements - June 2019.
- Ensure good communication around the development and implementation of the new arrangements to other partners ongoing.
- Deliver on the priorities for scrutiny and focus set by the statutory partners review on an annual basis.
- Ensure production and effective sharing of a Business Plan and Annual Report - March 2019 and July 2019.

1.5 Geographical area

The geographical area covered by these arrangements will be Oxfordshire, with the exception of the Child Death Review arrangements which will combine with Buckinghamshire. The Oxfordshire area will be based on the local authority boundary in accordance with current arrangements.

1.6 Co-ordination of services and relevant agencies

The oversight of the co-ordination of services will be through the OSCB comprising of key relevant agencies who will work together to safeguard and promote the welfare of children with regard to local need. Relevant partners are listed in Appendix 2 and have been chosen because of their key role in safeguarding children locally. The list of relevant agencies will be reviewed annually.

All relevant agencies are aware of the purpose of these arrangements and expectations and have been consulted with in their development to make sure they take into account each agency's structure and statutory obligations. Consultation has been managed through two board workshops in 2016 and 2018 and in accordance with the timetable outlined in Appendix 3.

The designated doctor and designated nurse for Oxfordshire will be board members to ensure clinical expertise of designated health professionals is secured.

The Board will be supported by a new Business Group which will comprise of the Independent Chair and the members of the former OSCB Executive Group, which will bring together the strategic leaders of operational services and chairs of subgroups, to problem solve, identify key emerging concerns, escalate issues as appropriate and inform the Board and Executive Group. This group will be reviewed after a year. Please see Structure Chart in Appendix 4.

The purpose of the sub-groups is outlined below:

 Performance, Audit and Quality Assurance – to review safeguarding data and intelligence to test the effectiveness of services including early help and complete multi-agency and single agency audits and the annual selfassessment by all agencies.

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- Case Review and Governance to undertake rapid reviews of serious incident notifications, oversee and supervise all child safeguarding practice reviews and identify themes, actions and learning from serious incidents (see section 2 for detailed arrangements).
- Training to commission, monitor and oversee the delivery of training and to provide an annual conference and learning summaries and events from key themes that are identified locally and nationally on behalf of the OSCB and the Oxfordshire Safeguarding Adults Board.
- Child Exploitation to ensure a co-ordinated multi-agency approach is in place for all child exploitation concerns and emerging issues.
- Safeguarding in Education to ensure staff in pre-schools, schools, colleges and other education providers are aware of key safeguarding issues and are also able to escalate their concerns to the Board and Executive Group and influence the strategic development of services.
- Procedures to ensure all practitioners and managers across the children's workforce have up-to-date guidance and procedures on all key safeguarding issues via the OSCB website.
- Local Child Death Review Panel/Joint Thematic Group with Buckinghamshire

 to ensure local oversight of all child deaths in the area and ensure that
 lessons are learnt and action taken as appropriate to the circumstances and
 any themes are identified and addressed (see section 3 for detailed
 arrangements).
- Disabled Children to ensure the safeguarding needs of disabled children are addressed and high quality services are delivered to this group.
- Health Advisory Group to bring together health partners and alert the Board and Executive Group to key safeguarding gaps and concerns from the health sector.

Thematic Task and Finish Groups are set up as required and the current example is the Neglect Strategy Group which has been established to ensure all services work together to identify neglect early and take effective action through a consistent approach.

Dissemination of key safeguarding messages to the wider workforce will be through individual relevant agencies and to existing multi-agency local groups e.g. self-harm networks, child exploitation networks, school groups, practitioner forums etc.

A dedicated Housing Network of providers and city and district councils has been set up with Oxfordshire Safeguarding Adults Board (OSAB) to ensure housing providers can raise issues and concerns, access training and support, understand pathways and thresholds and can hear key messages from the Board and the Executive Group.

The Independent Chair currently seeks the views of children and young people through the Voice of Oxfordshire Youth and Children in Care Council. The aspiration is to work with VOXY (Voice of Oxfordshire Youth), the Children in Care Council and other children and young people's groups to establish a robust mechanism to effectively understand and respond to current safeguarding issues so that the voice

of children and young people is at the heart of the implementation and ongoing work of the new arrangements.

Joint Board meetings with OSAB will remain a key focus and joint priorities will continue to be agreed so that we work together on the shared issues of concern. The current joint priorities are housing, domestic abuse and managing transitions between children and adult services.

Together with the OSAB, an annual self-assessment will continue to be undertaken to ensure each relevant agency has robust safeguarding policies and procedures in place in accordance with section 11 of the Children Act 2004.

Organisations and agencies who are not named in the relevant agency regulations see P.76 of the guidance), whilst not under a statutory duty, should nevertheless cooperate and collaborate with the safeguarding partners.

The Oxfordshire Threshold of Needs Matrix is being reissued in January 2019 and is used to ensure all local agencies have consistent criteria for action and understand how decisions are made, in accordance with Working Together 2018 Guidance.

1.7 How schools, colleges and other education providers will be included Schools, colleges and other education providers have a pivotal role to play in safeguarding children and promoting their welfare. All schools includes academies, independent and private schools as well as those that remain the responsibility of the local authority. A representative from primary, secondary and special schools have been identified as relevant agencies. In addition the Safeguarding in Education Sub Group of the board will continue to ensure wider representation from schools, colleges and other education providers. A termly Safeguarding Newsletter will continue to go out to all schools, colleges and other education providers to ensure engagement and inclusion in the new safeguarding arrangements.

All schools and settings complete an annual S157 or S175 self-assessment which is reported to OSCB and arrangements are in place to review safeguarding arrangements in language schools.

1.8 Information sharing and information requests

All relevant agencies have signed up to the OSCB Information Sharing Protocol which has been updated in September 2018. Safeguarding partners may require any person or organisation or agency to provide them with specified information even if they are not a relevant agency. This will be information which enables and assists the Executive Group to perform its functions to safeguard and promote the welfare of children in Oxfordshire, including as related to local and national child safeguarding reviews and child death reviews. In accordance with Working Together the safeguarding partners may take legal action against an organisation or person that does not comply with such a request and will act in accordance with the guidance provided by the Information Commissioner's Office when issuing and responding to requests for information. https://ico.org.uk/for-organisations/guide-to-freedom-of-information/receiving-a-request/

1.9 Independent scrutiny

The role of independent scrutiny is to provide assurance in judging the effectiveness of the multi-agency arrangements in working for children and families as well as practitioners and how well the Executive Group is providing strong leadership.

The local independent scrutiny is fulfilled in a range of ways:

- Through the appointment of an Independent Chair, who is employed by a leading national children's charity, Barnardo's, to provide external scrutiny and challenge;
- The OSCB annual report will be reviewed by Barnardo's because of their national expertise and to benchmark it with reports from other areas;
- By establishing a reciprocal Scrutiny Framework with another Independent Chair from another area to ensure effective annual scrutiny of each other's arrangements;
- Through the two lay members who are independent members of the OSCB;
- As necessary to commission peer reviews on relevant safeguarding issues e.g. neglect;
- Through Oxfordshire County Council's Performance Scrutiny Committee
 which receives the OSCB Annual Report, the Performance, Audit and Quality
 Assurance Annual Report and the Case Review and Governance Annual
 Report. The Committee also scrutinises child safeguarding practice reviews at
 the point of publication;
- Alongside Thames Valley Police's Service Improvement Programme which undertakes thematic and geographic reviews, a Recommendations Panel is being established which will oversee the implementation of recommendations from child safeguarding practice reviews and other similar reviews.
- Through the Oxfordshire Clinical Commissioning's (OCCG) Quality Committee, Executive and Governing Body meetings where safeguarding board annual reports, child death review annual report and briefings on issues and emerging themes are presented for scrutiny and discussion. OCCG also provides a quarterly assurance report for NHS England as part of the external scrutiny and assurance framework for the NHS.
- As part of the wider system of independent inspection of individual agencies and Joint Targeted Area Inspections.

An evaluation of these independent scrutiny arrangements will be included in the OSCB annual report and any changes to the plans will be recommended on at least an annual basis.

1.10 Funding

Funding contributions from relevant agencies are included in Appendix 5 and are being reviewed by the Executive to ensure they are equitable and proportionate. Costs incurred by OSCB include training and development, administration of board business and local child safeguarding practice reviews. They do not include the commissioning or delivery of services, which is outside the remit of the board.

1.11 Dispute resolution

The Executive Group and relevant agencies will work together to resolve any disputes locally. Public bodies that fail to comply with their obligations under law are held to account through a variety of regulatory and inspection activity. In extremis, any non-compliance will be referred to the Secretary of State for the non-compliant organisation. OSCB procedures on escalating concerns and resolving disputes should be used by all partners and are available on the OSCB website.

1.12 Reporting and implementing local and national learning

The Executive Group will publish an annual report on the OSCB website outlining what they have done as a result of the arrangements, including child safeguarding practice reviews and how effective these arrangements have been in practice. The report will also include:

- Evidence of the impact of the work on outcomes for children and families from early help to looked after children and care leavers;
- An analysis of any areas where there has been little or no evidence of progress on agreed priorities;
- A record of decisions and actions taken by partners in the report period to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements;
- Ways in which partners have sought and utilised feedback from children and families to inform their work and influence service provision.
- Any updates to the published arrangements, including reviewing the list of relevant partners and the proposed timescale for implementation;
- The effectiveness of the arrangements for independent scrutiny.

The report will also be sent to the Child Safeguarding Practice Review Panel and What Works Centre for Children's Social Care within 7 days of being published. An Annual Business Plan will also be produced outlining key priorities and actions for the next year.

The Executive Group will hold an annual safeguarding conference and two learning events per year to promote key local and national themes and emerging issues in relation to safeguarding. They will also ensure that multi-agency training is delivered across the children's workforce in Oxfordshire.

Section 2: Arrangements for commissioning and publishing child safeguarding practice reviews

2.1 Purpose

The purpose of child safeguarding practice reviews at both local and national level is to identify improvements to be made to safeguard and promote the welfare of children.

2.2 Responsibility

Responsibility for learning lessons from serious incidents lies at a national level with the Child Safeguarding Practice Review Panel (National Panel) and with the Executive Group in Oxfordshire implemented through the Independent Chair and the 12

Case Review and Governance Group of OSCB. The National Panel will maintain oversight of the system of national and local reviews and judge how effectively it is operating.

2.3 Serious harm and notifications

16C (1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017) states:

Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if:

- (a) The child dies or is seriously harmed in the local authority's area, or
- (b) While normally resident in the local authority's area, the child dies or is seriously harmed outside England.

The notification must be within 5 days of becoming aware of the incident. The local authority should also report this to OSCB.

The local authority must also notify the Secretary of State and Ofsted where a looked after child has dies, whether or not abuse or neglect is suspected.

Serious harm includes (but is not limited to) serious and/or long-term impairment of a child's mental health or intellectual, emotional, social or behavioural development. It should also cover impairment of physical health. This is not an exhaustive list. When making decisions, judgment should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain.

Any notification of an incident referred to the Panel will also be referred to the Case Review and Governance Sub Group for a local decision on whether the case:

- meets the criteria for a Child Safeguarding Practice Review
- whether the case may raise issues which are complex or of national importance

2.4 Decisions regarding local child safeguarding practice reviews

The criteria below will be used by the Case Review and Governance Sub Group (CRAG) in order to determine whether to carry out a local child safeguarding practice review by considering whether the case:

- Highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified.
- Highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children.
- Highlights or may highlight concerns regarding two or more organisations or agencies working together effectively to safeguard and promote the welfare of children.
- Is one in which the Child Safeguarding Practice Review Panel have considered and concluded a local review may be more appropriate.

Further criteria cover concern about the actions of one agency; the lack of any agency information; cases which involve a number of authorities where families have moved around and concern about the welfare of children in institutional settings. Recommendations on whether to undertake reviews will be made by the CRAG and the final decision rests with the OSCB Independent Chair on behalf of the Executive Group. Child safeguarding practice reviews will be a standing item at the Executive Group's quarterly meetings. If it is considered that the case raises issues that are of national importance then the Executive Group will be informed in between the quarterly meetings. Decisions will be made transparently and the rationale communicated appropriately, including to families.

2.5 The rapid review

When a serious incident becomes known to the OSCB, the CRAG will promptly undertake a rapid review of the case. According to the guidance the Independent Chair should report the outcome to the National Panel within 15 working days and we will aim to comply with this wherever possible bearing in mind the importance of ensuring there is a thorough multi-agency investigation to inform decision making. The aim of the review is to enable the OSCB to:

- gather the facts about the case, as far as they can be readily established at the time:
- discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately;
- consider the potential for identifying improvements to safeguard and promote the welfare of children;
- decide what steps we should take next, including whether to commission a child safeguarding practice review.

As soon as the rapid review is complete, the OSCB will:

- Send a copy to the Child Safeguarding Practice Review Panel setting out the case for the decision made.
- Share with the Panel any thoughts we have had on whether the case may raise issues which are complex or of national importance such that a national review may be appropriate, and on whether we plan to carry out a child safeguarding practice review.
- Make the Child Safeguarding Practice Review Panel, the Department for Education and Ofsted aware of the decision to initiate/publish child safeguarding practice reviews.

It is anticipated that there will be a dialogue between the OSCB and the Panel to support the decision-making process and the OSCB may be required to share further information with the Panel.

If the Panel does decide to undertake a national child safeguarding practice review, the OSCB will take this into account when making a final decision on whether to undertake a local child safeguarding practice review of any case covered by a national review.

2.6 National Panel responsibilities for national reviews

The National Panel is responsible for identifying and overseeing the review of serious child safeguarding cases which, in its view, raise issues that are complex or of national importance.

The National Panel will consider if the case could highlight improvements, lead to legislative changes, highlight recurrent themes and have regard for children not educated in school; who die whilst in the care of the local authority or subject to a Child Protection Plan and for cases that involve a range of types of abuse or cover issues that relate to the welfare of children in institutional settings.

The National Panel will consider evidence from inspection reports (Ofsted, Her Majesty's Inspection of the Constabulary, Care Quality Commission, Joint Targeted Inspections, Ofsted thematic reviews).

If the Panel does determine to do a national review the OSCB and families will be contacted promptly.

2.7 Local reviews

On behalf of the safeguarding partners, CRAG will take responsibility for commissioning and supervising reviewers for local reviews. In each case CRAG will take into account whether the reviewer has the appropriate professional knowledge, understanding of relevant research, recognition of the complex circumstance in which practitioners work together, understanding of practice at the time rather than using hindsight, effective communication skills and whether there is a conflict of interest.

The CRAG will determine the methodology and ensure the review is proportionate and focuses on learning. The sub group will also take responsibility for overseeing the quality of the review, ensuring practitioners are fully involved and that families have the opportunity to contribute. The President of the Family Division's guidance (May 2017) covering the role of the judiciary in serious case reviews will also be noted. https://www.judiciary.uk/publications/presidents-guidance-judicial-cooperation-with-serious-case-reviews/

The final report will include a summary of recommended improvements and an analysis of any systemic or underlying reasons why actions were taken or not in respect of matters covered by the report. In addition, for surviving children a 'later-life' letter explaining the review and its findings and learning will be produced by the reviewer on behalf of the Independent Chair and put in the safe care of the child's non-abusive parent/carer, for all children who are subject to a review. This is currently being piloted by the CRAG.

Published reports will be available on the OSCB website for at least one year. In preparation for publication the CRAG will carefully consider how best to manage the impact of publication on children, family members, practitioners and those closely affected by the case.

A copy of the full report will be sent to the National Panel, Ofsted and the Secretary of State for Education no later than seven working days before the date of

publication. Where the safeguarding partners decide only to publish information relating to improvements to be made these will also be submitted within seven working days.

The report should be completed and published no later than six months from the date of the decision to initiate the review. Where other proceedings may have an impact on or delay publication the Independent Chair will inform the National Panel and the Secretary of State of the reasons for the delay. The justification for any decision not to publish the full report will be communicated to the Panel and the Secretary of State.

Learning will be disseminated and corrective action will be taken at the earliest point and not wait until publication or completion of the review.

2.8 National reviews

There is further guidance about how the National Panel should approach, complete and publish national reviews on P. 87/88 of the guidance.

Section 3: Arrangements for child death reviews

3.1 Context and statutory information

Child death review partners consist of local authorities and clinical commissioning groups. Oxfordshire and Buckinghamshire will be combining areas for the child death review process. The child death review partners will be:

- Yvonne Rees, Chief Executive for Oxfordshire County Council
- Louise Patten, Accountable Officer, Clinical Commissioning Group for both Oxfordshire and Buckinghamshire
- Rachael Shimmin, Chief Executive for Buckinghamshire County Council

The designated doctors for child deaths are:

- Alison Shefler, Designated Doctor for Child Death, Oxford University Hospitals
- Craig McDonald, Designated Doctor for Unexpected Child Deaths in Childhood, Buckinghamshire Healthcare NHS Trust

The purpose of the review and analysis is to identify any matters relating to the death that are relevant to the welfare of children in the area or to public health and safety and to consider what action should be taken. There is also a requirement to ensure coordinated care and support of the family and community is prioritised.

3.2 Responsibilities of child death review partners

In line with statutory requirements the child death review partners for Oxfordshire have agreed the following:

 A structure and process to review all child deaths of children normally resident in the area and if appropriate and agreed by the partners, the deaths of children not normally resident in the area but who have died here (see 3.4 below).

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- That the arrangements will include analysis of information from all deaths reviewed.
- That we will prepare and publish reports on what we have done as a result of the child death review arrangements in our area and how effective these arrangements have been in practice.
- Funding will be through the Clinical Commissioning Group (see Appendix 5).
- The core representation of the panel structures will include public health; the Oxfordshire Designated Doctor for child deaths; children's social care; Thames Valley Police; the designated doctor/nurse for safeguarding; GP/health visitor; nursing/midwifery; lay representative and any others relevant to the local area.
- The geographical area will be Oxfordshire and Buckinghamshire. This takes into account networks of NHS care, organisational boundaries and reflects the integrated care and social networks in the area, as the two counties increasingly work together. Oxfordshire has approximately 40 deaths a year and Buckinghamshire has approximately 30 deaths, which together exceeds the required minimum of 60 deaths in an area covering the child death review arrangements. Both areas already use the same electronic system.
- The designated doctor for child deaths is notified of each child death and is sent relevant information by the Child Death Overview Panel (CDOP) administrator using eCDOP.
- That the child death review arrangements will be reviewed after a year in operation.

3.3 Responsibilities of other organisations and agencies

All local organisations or individual practitioners that have had involvement in the case will co-operate in the child death review process and will have regard for the guidance issued.

Specific responsibilities for registrars and coroners including timescales for notifications are outlined on P.97 & 98 of the guidance.

3.4 Responding to the death of a child: the child death review

Immediate decision making and notifications and investigation and information gathering

Practitioners will work together to respond in a thorough, sensitive and supportive manner. The aims of the response are to:

- Establish, as far as possible, the cause of the child's death;
- Identify any modifiable contributory factors;
- Improve ongoing support to the family by identifying a key worker who would be the single, named point of contact and provide a leaflet to help understand the child death review process (see Appendix 6);
- Learn lessons to reduce risks to other children;
- Ensure that all statutory obligations are met;
- Identify whether the death meets the criteria for a Joint Agency Response (P.100 of guidance);

- Identify whether a Medical Certificate of Cause of Death can be issued, or whether a referral to the coroner is required;
- Identify whether the death meets the criteria for a serious incident investigation from any agency.

As an immediate response, practitioners in all agencies will notify the Oxfordshire CDOP administrator of the death of a child using the notification form. The CDOP administrator will notify the child's GP and other professionals via the 'Child death notification form' (formerly Form A) and the Child Health Information System, the relevant CDOP and the National Child Mortality Database, once established. This will be done automatically by eCDOP.

Allied to the child death review process, if there is a criminal investigation, the police are responsible for collecting and collating all relevant information and practitioners should consult the lead police investigator and Crown Prosecution Service to ensure their enquiries do not prejudice any criminal proceedings.

If the results of any investigations suggest evidence of abuse or neglect as a possible cause of death, the paediatrician will inform CDOP and the OSCB Business Manager and the National Panel immediately.

Child death review meeting

Every child's death should be discussed at a child death review meeting. This is the final multi-agency professional meeting that takes place prior to the CDOP meeting and involves practitioners who were directly involved in the care of the child and the investigation into their death and should not be limited to medical staff. A draft child death analysis form (formerly Form C) will be completed and uploaded onto the CDOP system.

For unexpected deaths, current arrangements will continue with some minor adjustments to the process.

For expected deaths, existing relevant health-led meetings will be expanded to ensure wider information is available and to include other agencies who may have had an involvement. Responsibility for convening the meetings will not change. An additional meeting will be required only in the unusual circumstances of the expected death of a child with a previous health issue, following a defined period of illness and where the death occurred at home.

Child death overview panel

This multi-agency panel at a senior level is the final, independent scrutiny of a child's death by professionals with no responsibility for the child during their life. The panel will meet on a quarterly basis. At this meeting the consolidated child death review form (formerly Form B) will be considered and the child death analysis form (formerly Form C) will be finalised and signed off. Oxfordshire and Buckinghamshire will continue to convene the CDOP for their own area to review the death of all children normally resident in their area and also where appropriate, the deaths of non-resident children. The panel will also identify modifiable factors that could be altered to prevent future deaths.

Oxfordshire and Buckinghamshire joint thematic child death review panel Oxfordshire and Buckinghamshire joint thematic panel will meet three times a year. These meetings involve professionals who have had no involvement in the cases under discussion and who can identify thematic system changes in order to learn lessons for the prevention of future child deaths. This panel will be chaired by Public Health.

3.5 Publishing a report

Child death review partners will publish an annual report that will form part of the OSCB Annual Report. The CDOP report will be produced jointly by Oxfordshire and Buckinghamshire based on the learning and analysis of the Joint Thematic Child Death Review Panel. The report will include:

- local patterns and trends in child deaths,
- any lessons learnt and actions taken;
- the effectiveness of the wider child death review process and any revisions to be made to the process.



Appendix 1: Definition of safeguarding

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means: protecting children from abuse and maltreatment, preventing harm to children's health or development, ensuring children grow up with the provision of safe and effective care. (NSPCC definition).

In addition in Oxfordshire we are taking into consideration contextual safeguarding (P. 23 of Guidance). This refers to extra-familial threats that might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or on line. These threats can take a variety of different forms and children can be vulnerable to multiple threats including exploitation by criminal gangs and organised crime groups such as county lines; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Appendix 2: Relevant agencies

Oxfordshire County Council

- Director of Children's Services
- Deputy Director Children's Social Care
- Deputy Director Safeguarding
- Deputy Director for Education
- Deputy Director Adult Social Care
- Director of Public Health
- Principal Solicitor
- Assistant Chief Fire & Rescue Service
- Cllr for Children and Family Services
- Cllr for Education

Thames Valley Police

- Nominated Local Police Area Commander* (currently deputy chair)
- Detective Chief Inspector, Protecting Vulnerable People

Clinical Commissioning Group

Director of Quality/Lead Nurse

Oxford Health NHS Foundation Trust

- Director of Nursing and Clinical Standards
- Service Director

Oxford University Hospitals

- Chief Nurse
- Safeguarding Children Lead and Patient Experience

Designated Health Professionals

- Designated Doctor, Safeguarding Consultant
- Designated Nurse

Oxford City Council

Assistant Chief Executive

South and Vale District Council

Head of Housing and Environment

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^{*}There are three Local Police Area Commanders in Oxfordshire and one commander represents all three, historically Oxford City commander.

West Oxfordshire District Council

Group Manager

Cherwell District Council

Assistant Director: Communities

Thames Valley Community Rehabilitation Company

Head of Operations

National Probation Service

• Senior Operational Support Manager

Schools

- Headteacher Warriner School
- Headteacher Windmill Junior School
- Headteacher Springfield School (special school)

SSAFA

Social Work Regional Manager

CAFCASS

Senior service Manager

Housing Representative

2 Voluntary Sector representatives

2 Lay Members

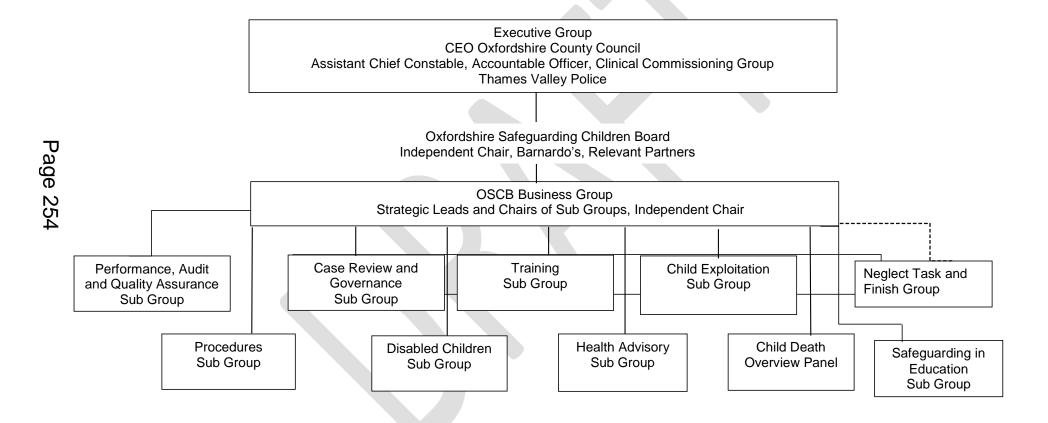
Appendix 3: Timetable for agreement to the arrangements

- September 2016 OSCB Full Board and Executive Sub Group workshop on Wood Review.
- June 2018 OSCB Full Board and Executive Sub Group workshop on Working Together arrangements.
- January 2019: OSCB Full Board overview of arrangements and proposed way forward with in principle approval from Executive Group in advance of the meeting.
- February 2019: OSCB Executive review detailed proposals.
- February 2019: CRAG review detailed proposals for child safeguarding practice reviews.
- February 2019: Oxfordshire Child Death Overview Panel review detailed proposals for child death review processes.
- February 2019 Buckinghamshire Child Death Overview Panel review detailed proposals for child death review processes.
- March 2019 OSCB Full Board recommend approval to arrangements.
- 14 March 2019: Health and Well-being Board report by Clinical Commissioning Group/Local Authority/Thames Valley Police/OSCB Independent Chair to ensure oversight of the arrangements.
- April 2019 Executive approval to arrangements
- April 2019: Publish and launch new arrangements

Appendix 4: Structure Chart

Oxfordshire Multi Agency Safeguarding Arrangements

Structure Chart



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April 2019 new logo

Appendix 5: Current funding arrangements for review

Funding streams

Public Health	-£30,000.00
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Contributions

OCC Children, Education & Families	-£196,610.00
OCC Dedicated schools grant	-£64,000.00
Oxfordshire OCCG	-£60,000.00
Thames Valley Police	-£21,000.00
National Probation Service	-£2,500.00
CRC	-£1,410.00
Oxford City Council	-£10,000.00
Cherwell DC	-£5,000.00
South Oxfordshire DC	-£5,000.00
West Oxfordshire DC	-£5,000.00
Vale of White Horse DC	-£5,000.00
Cafcass	-£500.00

Total income -£406,020.00

Expenditure

Total	£416,500.00
All case reviews	£40,000.00
Subgroups	£10,000.00
Training & learning	£60,000.00
Comms	£14,500.00
Business unit	£253,000.00
Independent Chair	£39,000.00

Other contributions (not including partner time to support ongoing board activity.)

 Oxfordshire County Council re accommodation and employment of staff in OSCB Business Unit.

 Premises
 16,000

 Employment
 26,110

 Total
 42,110

• Clinical Commissioning Group re child death review processes for Oxfordshire

eCDOP 11,650 Staffing including Designated Doctor time 88,920 **Total 100,57**

Appendix 6: Key worker role for child death reviews

Supporting and engaging the family who have lost a child is of prime importance throughout the whole child death review process. Recognising the complexity of the process, and the state of total shock that bereavement can bring, families should be given a single, named point of contact (key worker) who they can turn to for information on the processes following their child's death, and who can signpost them to sources of support. In addition, they should be provided with a leaflet for parents, families and carers to help understand and navigate the child death review process.

The introduction of the role of key worker will involve additional resources from a range of services. In the majority of cases this will be from a health team.



Report to the Health and Wellbeing Board

Report from	Children's Trust Board (Chair - Cllr Steve Harrod)
Damari Data	4St Marriel 2040
Report Date	1 st March 2019
Dates of mee	tings held since the last report: 13 th December 2019
HWB Prioritie	es addressed in this report:
	hy Start in Life
Link to any p	ublished notes or reports:
https://www.ox	fordshire.gov.uk/cms/content/children-and-young-peoples-plan-
<u>2018-2021</u>	
	t Children and Young People's Plan)
Priorities for	Be Successful
2019-20	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
	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
	Be Safe
	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
	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.

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.

a.

Priority	Be Successful
Focus	Children missing out on education (September 2018 CTB
	meeting focus)
Deliverable	\ \ \
	special educational needs with one or more fixed term exclusions in school year 18/19 (target 350)
Drogross roport	See section 2 below.
Progress report	See Section 2 Delow.

b.

Priority	Be Healthy
Focus	Social and Emotional Wellbeing and Mental Health (December
	2018 CTB meeting focus)
Deliverable	 Increase the number of early help assessments in the financial year 2018/19 to 2,100 or more 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	Priority Area 2 – Social & Emotional Wellbeing and Mental Health was reviewed at the December CTB meeting. A presentation was received on the work being undertaken by CAMHS. The CAMHS service has undergone a transformation in the last 18 months, making it easier to access the service. It has been redesigned so there is a single point of access, directing people into either a 'Getting Help' stream, where they will be given a clear diagnosis, or a 'Getting More Help' stream, where they will receive tailored support. The service is currently supporting around 6000 young people. In 2017/18 it provided over 38,000 interventions in schools. An offer for schools is being put together, to support schools that may have specific needs, and ensuring that every secondary school has a School In Reach Worker. Work will also be done to help promote 'good health' and ensure school readiness. The CAMHS improvement work will continue, with the intention to seek opinions from Oxfordshire's youth.
	A discussion was also held around Community Impact Zones (CIZ). Data has been collated from local partners (OCC, health, Oxford City Council and Thames Valley Police) and used to build a profile of a local area in East Oxford, to highlight potential areas of social deprivation. The intention is to conduct an initial test exercise on 2 sub-areas of the East Oxford CIZ. The idea behind the project is to target those experiencing, or at risk of, social deprivation. From that a Collective Impact programme can be built, based on the needs and insights of those families, to help improve their lives and create better connections within the community and public services that serve them. A small amount of funding has been obtained to help with the initial test exercise, which is scheduled to begin in early 2019.

c.

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	See section 2 below.

d.

Priority	Be Supported
Focus	(The CTB has agreed that this deliverable will be measured
	via a survey run by Voice of Oxfordshire Youth (VOXY))
Deliverable	TBC
Progress report	See section 2 below.

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

Be Successful Performance Information:

The percentage of placing permanently excluded pupils within the 6-day limit remains low. The remaining two measures are measured annually (Reduce the persistent absence of children subject to a Child in Need plan, and Ensure the attainment of pupils with SEND but no statement or Education Health and Care Plan is in line with the national average) and have been subject to deep dive reviews.

Be Healthy Performance Information:

The average number of referrals per month to CAMHS has been increasing year on year since 2015/16. Oxfordshire Health Foundation Trust is benchmarking well against CAMHS National Access Trajectory KPI, and is one of the few Trusts meeting the target of 32% of children who need a CAMHS service, being seen. However, there is still a challenge to see all children within 12 weeks. Currently only 25% of children are being seen within the required timeframe. This continues to be rigorously monitored by the Oxfordshire Clinical Commissioning Group.

Be Safe Performance Information:

The number of looked after children continues to rise. At the end of Q2 there was an increase to 764 children, compared to 690 at the beginning of April. This is caveated in that Oxfordshire has had historically low levels, additionally there has been a drop in the number of children leaving the care system, rather than a significant increase in the children becoming looked after. Increases have meant that Oxfordshire's numbers are higher than similar authorities, however they are still lower than the national average.

Be Supported Performance Information:

VOXY have launched a survey to the youth of Oxfordshire, which will help provide information and assurances around the 'Be Supported' area of focus in the Children and Young People's Plan. It was decided that seeking answers directly from Oxfordshire's youth would be the best way to measure this area

of focus. The wording for the questions was taken directly from the plan, to help provide as much information as possible. The survey launched near the end of January, and was live until mid-February, it was shared as widely as possible via members of the Children's Trust Board, to try and get a good response rate, from a range of demographics, across Oxfordshire's youth.

3. Summary of other items discussed by the board

Positive work has been taking place in relation to LGBT issues with young people. Training has been delivered by Topaz (an LGBT support group), and an Anti-Bullying Youth Conference, with a focus on LGBT bullying has taken place. This was a partnership event and excellent feedback was received from participants. Despite this good work, it has been identified that there is a lack of provision in LGBT support for young people in the west of Oxfordshire. Further funding is being sought, to be able to reach out further to the West Oxfordshire area and provide support where it is needed.

4. Forward plan for next meeting

The next meeting will be considering the 'Be Safe' area of focus, and will also consider the emerging findings from the 'Be Supported' survey carried out by VOXY.

A refresh of priority areas for 2019/20 will also be considered.

The needs of LGBT young people will be kept on the CTB agenda and considered again at future meetings.

The CTB will next meet on 21st March 2019.



Report to the Health and Wellbeing Board, 14th March 2019

Report from	Health Improvement Partnership Board
Report Date	22 February 2019
Dates of meet	ings held since the last report:
	ember 2018
	uary 2019
	s addresssed in this report
	ordinated approach to prevention and healthy place-shaping.
	oving the resident's journey through the health and social care
•	em (as set out in the Care Quality Commission action plan).
	pproach to working with the public so as to re-shape and transform ices locality by locality.
	s to tackle critical workforce shortages.
	ealthy Start in Life
✓ Livin	
	ng Well
□ Tack	kling Wider Issues that determine health
Link to any pu	ublished notes or reports:
-	for the November meeting can be found here:
	vcouncil.oxfordshire.gov.uk/ieListDocuments.aspx?Cld=899&Mld=5
<u>793</u>	
	for the February meeting can be found here:
	il.oxfordshire.gov.uk/ieListDocuments.aspx?Cld=899&Mld=5890
Priorities for 2019-20	 Keeping Yourself Healthy (Prevent) Reduce Physical Inactivity / Promote Physical Activity
2013-20	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 France Country
	Making Every Contact Count
	 Campaigns and initiatives to inform the public

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
Filolity	
A' F	partners in tobacco control work.
Aim or Focus	The Oxfordshire Tobacco Control Alliance (OCTA) provides focus and support to help stakeholders reduce tobacco usage in the county. Its aim is to raise the profile and impact of a broader tobacco control approach. This is achieved through the MPOWER model, which includes the following types of intervention: - Monitoring tobacco use and prevention policies - Protect people from tobacco smoke - Offer help to quit tobacco use - Warn about the dangers of tobacco - Enforce bans of tobacco - Raise taxes on tobacco.
Deliverable	The Oxfordshire Tobacco Control Alliance aims to
	Adopt best practices in reducing tobacco usage in
	Oxfordshire
	 Motivate local stakeholders to participate in local tobacco control activity.
	Support the work of the stop smoking service
	Create environments and norms that prevent smoking
	uptake and stimulate and facilitate quit attempts.
	 Work with a wide range of stakeholders whilst working on shared agendas and avoiding duplication
	 Make novel connections between different professions and organisations.
	Agree a shared approach on what stakeholders will do to
	reduce tobacco usage, particularly where there are
	inequalities, whether it be by geography or social
	demographic group.
	Share national and local information that helps local
	stakeholders act, effectively and efficiently on tobacco
Due anno estate d	Usage.
Progress report	Members of the Health Improvement Board welcomed the
	establishment of the Tobacco Control Alliance. Discussion focused on the collaborative work to reduce the supply of illicit
	tobacco and it was noted that the trade in illicit tobacco is
	steered by organised crime and dealt with by Trading
	Standards. There are powers for local authorities to take away
	licenses for those selling illicit tobacco and district council
	partners are being encouraged to explore those powers. A
	successful license review in West Oxfordshire has set a strong
	precedent for this.

b. Men's Health

Priority	To promote screening for early awareness of risk
Aim or Focus	Promotion of NHS Health Checks among men and Black, Minority Ethnic and Refugee Groups.
	A group of men from East Oxford Utd Football Club reported to the Health Improvement Board on research work they have done on Men's Health. A report of this work has been published in collaboration with Healthwatch Oxfordshire.
Deliverable	Recommendations to commissioners on improving accessibility of NHS Health Checks to men. Learning for all partners on cultural issues affecting access to services and the appropriateness of some health promotion materials.
Progress report	The members of the Health Improvement Board expressed their gratitude for this report and the presentation at the meeting by two leaders from the group – Mujaheed Hamid and Hassan Sabrie.
	Actions to be taken up as a result of the discussion included considering whether appointment for NHS Health Checks and other primary care appointments could be provided in locations and at times when men who have 2-3 jobs can attend.
	A request to provide training for the football coaches on Making Every Contact Count and Mental Health First Aid is also being taken forward.

c. Mental Wellbeing

Priority	Promote Mental Wellbeing
Aim or Focus	To complete the sign-up of partner organisations to the Mental Wellbeing Prevention Concordat and outline plans for
	developing a Mental Wellbeing Framework for Oxfordshire.
Deliverable	The Prevention Concordat for Better Mental Health and the associated guidance was published by Public Health England (PHE) in August 2017. It was agreed at the HIB in September 2018 and the Health and Wellbeing Board in November 2018 that all partners would be approached to sign up and an application be submitted by March 2019.
Progress report	The application for the Prevention Concordat has two key sections: 1. A summary of what is currently being done at a strategic level and 2. A plan of what will be achieved over the next 12 months. The plan includes two commitments, one for the creation and adoption of an Oxfordshire Mental Wellbeing Framework and the second to generate some local publicity about the sign up to the PHE Better Mental Health Prevention Concordat.

The application form was presented to the HIB and it was noted that everything is on track to make the submission at the end of February. PHE will respond to that application in April 2019 and there will be a press announcement at that time.

A mental wellbeing steering group will then be established to develop a Mental Wellbeing Framework for the County. This will set out additional and collaborative work to promote mental wellbeing across our partnerships.

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

Not applicable for this report as the new performance framework has just been agreed and will be reviewed from April 2019

- 2. Summary of other items discussed by the group
- a. The performance framework for the HIB. It was agreed by the members of the Board that they will monitor a range of outcome indicators and a set of process indicators at each meeting. These will also be reported to the HWB regularly. It has also been the practice of the HIB to request "report cards" on how any underperformance is being addressed by the relevant organisations or working groups.
- b. Public Health: Health Protection Forum Annual Report. A sub-group of the HIB meets regularly to review performance and issues related to immunisation, Cancer screening programmes, air quality and other health protection issues. Their annual report was discussed and accepted by the HIB at the November meeting and questions relating to Human Papilloma Virus immunisations were responded to via a briefing note.
- c. The NHS Long Term Plan. Kiren Collison and Val Messenger outlined the contents of the NHS Long Term plan and focused on the recommendations relating to Prevention and Health Inequalities. The Board members agreed that this fits well with the priorities they have discussed and agreed. Questions remain on how this work will be funded but it was agreed there are great opportunities ahead.

3. Forward plan for next meeting

16"' May 2019	Items for discussion may include:
	 Joint Strategic Needs Assessment
	 Final Joint Health and Wellbeing Strategy
	 Active Oxfordshire Update
	Whole System Approach to Obesity
	 Housing Support Advisory Group update

Jackie Wilderspin, February 2019

Report to the Health and Wellbeing Board, 14 March 2019

Report from	Adults with Support and Care needs Joint Management Group
Report Date	5 March 2019
27 th Novemb	dressed in this report ed approach to prevention and healthy place-shaping. he resident's journey through the health and social care system in the Care Quality Commission action plan). he to working with the public so as to re-shape and transform ality by locality. kle critical workforce shortages.
Link to any publis Papers for the Nove http://mycouncilpag-57&Ver=4	der Issues that determine health ched notes or reports: ember meeting can be found here: ges.oxfordshire.gov.uk/ieListDocuments.aspx?Cld=1071&Mld=58
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: • An increase in the number of people with mild to moderate mental illness accessing psychological therapies, with a focus on people with long-term physical health conditions • Reduction in number of people with severe mental illness accessing Emergency Departments in acute hospital for treatment for their mental illness • Reduction in use of Section 136 of the Mental Health Act 1983 so that fewer people are detained in police cells when they are unwell • Reduction in number of suicides • An increase in the number of people with severe mental illness in employment • An increase in the number of people with severe mental illness in settled accommodation • An increase in the number of people with learning disability having annual health checks in primary care • A reduction in the number of admissions to specialist learning disability in-patient beds • A reduction in the number of people with learning

	disability and/or autism placed/living out of county The proportion of people who use services who feel safe
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1. Progress reports on priority work to deliver the Joint HWB Strategy

a. Oxfordshire's Special Educational Needs Education, Health and Social Care Plans (SEN EHC plans)

	(OEN ENO Plans)
Priority	To ensure co-operation between children's and adults' services so that young adults are not left without care and support as they make the transition from children's to adult social care
Aim or Focus	A joint Ofsted/CQC Area inspection of Oxfordshire's SEN EHC plans highlighted both strengths and weaknesses. A reinspection of Oxfordshire's 'Written Statement of Action' is likely to be carried out in early 2019.
Deliverable	 Improved governance Improved quality of self-evaluation and monitoring Improved quality & timeliness of EHC plans Reduction in the level of fixed-term exclusion of SEN pupils in mainstream secondary schools
Progress report	 New SEND Programme Board chaired by a Cabinet Member Funding approved to increase capacity in adult social care and the SEND teams to respond to the statutory timescales and quality of plans E-learning module on EHCPs rolled out across the workforce and additional outcomes training delivered

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

Not applicable for this report as the new performance framework has just been agreed and will be reviewed from April 2019

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. Schedule to S75: contributions and risk share:** It was agreed that the Council will manage the overall position on Adults with Care & Support Needs Pool on a

one-off basis in 2018/19 (with clients agreed to be abated from the OBC split 50/50). The intention is to return to risk sharing in 2019/20.

c. OCC mental health budget proposals: Benedict Leigh updated the group on the Council's proposals for changes to funding for mental health services.

4. Forward plan for next meeting

26 March 2019:

- Health and Wellbeing Board strategic priorities & performance measures
- LD case studies of large care packages
- Older Peoples' Strategy
- Home support price review
- Plan for Adults Strategy
- Mental Health Outcomes Based contract review



Report to the Health and Wellbeing Board, 14 March 2019

Report from	Better Care Fund Joint Management Group
Report Date	5 March 2019
Dates of meet	ings held since the last report:
	ember 2018
	ary 2019
	s addresssed in this report
	ordinated approach to prevention and healthy place-shaping.
	oving the resident's journey through the health and social care
•	em (as set out in the Care Quality Commission action plan).
	pproach to working with the public so as to re-shape and transform ices locality by locality.
	s to tackle critical workforce shortages.
	ealthy Start in Life
	g Well
	ng Well
	kling Wider Issues that determine health
	ublished notes or reports:
	nd Joint Management Group is held in private with one public
meeting per ye	ear. A public meeting was held in November 2018:
http://mycounc	il.oxfordshire.gov.uk/ieListDocuments.aspx?Cld=1072&Mld=5859
intip://inycouric	iii.oxiorasiiiic.gov.aiviceistbocaments.aspx: ota=1072aivita=5000
Priorities for	The Better Care Fund Joint Management Group will deliver the
2019-20	priorities outlined in Living Longer, Living Better: Oxfordshire's
	Older People's Strategy (subject to sign off on the strategy from
	the Health & Wellbeing Board in March 2019).
	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

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

a. Community Equipment

Priority	Increase independence and mobility
Aim or Focus	Equipment provision in the community
Deliverable	Providing equipment is an essential component underpinning Oxfordshire's Health and Wellbeing Strategy and many of other joint Health and Social Care Core Strategies. Outcomes achieved are wide ranging and include: • Promoting independence and preventing long term care for children and adults. • Providing timely support to protect children and adults from harm and enhance quality of life. • Assisting and speeding up rehabilitation and return home. • Support children and adults with long and short-term disabilities or conditions
Progress report	Commissioners propose an enhanced management model for community equipment to support the service to deliver with maximum safety and efficiency.

b. Supporting people at home

	people at nome
Priority	Increase independence, and support the care of older people
Aim or Focus	Develop innovation within homecare provision
Deliverable	Several innovation pilots are running to support services that
	look after people at home. These pilots are testing whether
	new models of care, or technological solutions can enhance
	homecare provision and support people to live at home.
Progress report	The members of the Joint Management Group reviewed
	progress with these innovation pilots and were pleased to note
	the breadth of ideas these pilots are exploring.

c. Continuing Healthcare

Priority	Support the care of older people
Aim or Focus	To review 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. Increasing demography is leading to 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 spend and future proposals to manage this. It was noted that demography is likely to increasingly impact on this area in the future.

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

Not applicable for this report as the new performance framework has just been agreed and will be reviewed from April 2019

Summary of other items discussed by the group

- a. The performance framework. It was agreed by the members of the Board that performance indicators will be reviewed as part of the delivery plan for the older people strategy. Indicators that will be reviewed regularly by the Joint Management Group in the meantime were discussed.
- **b.** Price review mechanisms for contracted providers. A proposal was discussed for the approach that will be taken to review the prices paid to contracted providers for care home and home care placements. This involves consultation and discussion with providers.

2. Forward plan for next meeting

27 March 2019	Self-funding offer
	Improved Better Care Fund outcomes 2018-19 and proposals for 2019 – 20.

Rachel Pirie, March 2019



Report to the Health and Wellbeing Board 14 March 2019

Report from	Integrated System Delivery Board
Report Date	25 February 2019
Dates of mostly we hald almost the last year out.	

Dates of meetings held since the last report:

18 December 2018

15 January 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:

Update to the 7 February 2019 meeting of Oxfordshire Joint Health Overview and Scrutiny Committee can be accessed here

Approved ISDB notes and actions will be made public starting with the 15 January 2019 meeting

Priorities for
2019-20

- Deliver 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.

Publication of the NHS Long Term Plan reinforces many of the local ambitions that Oxfordshire has in relation to integrated care. Announcement of specific funding support to drive forward the delivery of these ambitions is welcomed, however the detail in relation to what support will provided and when is still emerging.

The ISDB is working to understand the full implications of the Long Term Plan and this work will influence the final set of deliverables and subsequent performance measures that ISDB and the delivery workstreams will adopt. These deliverables will form the basis of performance reporting to the Health and Wellbeing Board and be included in future iterations of the performance framework for the Health and Wellbeing Strategy.

Priority	Deliver 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	The workstream delivery approach has been agreed and system leaders have been nominated to provide sponsorship to specific delivery workstreams. Senior operations managers have been nominated as SROs for each workstream and clinical leadership – across health and social care is being identified and organised.

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

Commissioning and provider organisations are working together to identify and draw out good practice and innovation, locally, nationally and globally so that our work in Oxfordshire can benefit from insights and learning. This information will be made available to the clinical reference group as an evidence base to inform discussion and work to consider how innovation and good practice can inform future models of care, delivery and ways of working in Oxfordshire. This approach fits directly with the Health and Wellbeing Board adopted approach to identifying and managing population health and care needs.

2. Summary of other items discussed by the group

The Oxfordshire Joint Overview and Health Committee raised questions at the levels of transparency in relation to the work of the Integrated System Delivery Board. The points and questions raised were considered and reported back the Joint HOSC at the 7 February Meeting.

ISDB aims to ensure the Oxfordshire health and social care system maintains a consistent approach, aligned with wider and at-scale system working. ISDB will manage the programme of work to advance the integration of health and care in Oxfordshire. The meeting is an opportunity for system leaders to come together to discuss operational issues as well broader subjects such as Oxfordshire becoming an integrated care system.

It is important to note that any changes would be discussed in numerous public meetings such as Oxfordshire County Council's cabinet and full council, the CCG board and hospital trust boards; and would ultimately be discussed and signed off by the Health and Wellbeing Board - at a public meeting. This would provide the public with the opportunity to comment and in addition to this we would of course consider any other suitable opportunities for engagement with the public as we develop these plans.

Members of the ISDB understand that the integration of health and care is a subject that is of wider interest given the benefits to the people who use those services. Therefore, it was agreed that the approved actions and notes of the ISDB meetings will be made publicly available from the January 2019 meeting (these will be published after the next ISDB meeting that will be held in March).

The terms of reference for the ISDB have been revised accordingly.

3. Forward plan for next meetings

Distributing the Oxfordshire pound – progress on the system approach to 2019/20 operational planning

- Development of a strategy for the Buckinghamshire, Oxfordshire, Berkshire West STP
- Further implications of the Long Term Plan following publication of more detailed delivery aspects such as the reformed GP contract
- Delivering Integrated Care in Oxfordshire
- Further utilisation of the population health and care needs framework approach

Jo Cogswell
Director of Transformation
Oxfordshire CCG

Annual Report on Delivery of Domestic Abuse Strategic Recommendations

<u>Purpose</u>

This report is intended to provide Oxfordshire's Health and Wellbeing Board with an update on progress against the nine recommendations set out in Oxfordshire's Strategic Review of Domestic Abuse published late 2016.

Context

In 2016 a Strategic Review of Domestic Abuse was completed. This review took an in depth look at the occurrence of and services responding to domestic abuse in Oxfordshire. The Review recommendations focussed on working in partnership to provide the right services, taking steps to ensure robust measures are in place to protect and support victims and their families from the serious and significant harm and long-term impacts of abuse and ensuring that this work is informed by actual experiences of people affected.

Both the Strategic Board and Operational Domestic Abuse Boards meet on a quarterly basis and both have sub groups which lead on certain aspects of their work. A regular reporting cycle to the Health Improvement Board is in place. Since the Strategic Review was published at the end of 2016, domestic abuse has become a key area of focus for partnership boards. In addition to the focus on domestic abuse by the Community Safety Partnerships in Oxford City and each of the Districts, domestic abuse has during the last year been one of 3 key priorities for the Joint Safeguarding Boards and it is also a priority for the Children's Trust.

Progress update

Progress on the delivery of each of the nine recommendations is set out under each recommendation heading written in bold.

 Endorse and implement a pathway of domestic abuse services based on the identified needs set out in Oxfordshire's Strategic Review of Domestic Abuse

There is now an established Domestic Abuse Pathway for adult victims as well as a Domestic Abuse Pathway for Young People agreed and in place.

2. Implement a new governance structure for domestic abuse

The governance for this area was agreed at the Domestic Abuse Summit held in 2017 and formally signed off by the Health Improvement Board a few days later. In summary the governance structure is as follows:

- Domestic Abuse Operational Board, reporting to;
- > Domestic Abuse Strategic Board, reporting to;
- > Health improvement Board, reporting to;
- Health & Wellbeing Board

➤ Joint Safeguarding Boards hold Strategic Board to account taking the role of oversight and challenge

In addition to the above, over the past 12 months there have been reports (for information) to the Safer Oxfordshire Partnership, Housing Support Advisory Group and the Children's Trust. The Domestic Abuse Strategic Board has representation from all key strategic stakeholders whilst the Operational Board benefits from a broad range of operational lead officers from service delivery organisations and teams.

3. Set up task & finish groups to consider key issues including "hidden" domestic abuse, prevention, improvements to data capture, the viability and effectiveness of a range of perpetrator interventions

A "hidden abuse" task and finish group was established prior to the commissioning of new domestic abuse services and this work fed into the development of the new specification for services. Black Asian Minority Ethnic and Refugee (BAMER) community development work funded from a central government grant is currently addressing "hidden abuse" within these communities in Oxfordshire and across the Thames Valley.

4. Adopt a co-commissioning approach that identifies resources, agrees a range of outcomes and measures success and implementation.

At the Domestic Abuse Summit in July 2017 a co-commissioning approach was agreed following which funding from each of seven partners (Oxfordshire County Council, Oxford City Council, Cherwell District Council, West Oxfordshire District Council, Vale of White Horse District Council, South Oxfordshire District Council and the Office of the police and Crime Commissioner for the Thames Valley) was committed to commission a range of domestic abuse services.

A new contract delivering the new service model commenced 4 June 2018 and alongside this a partnership agreement was put in place with Oxfordshire County Council (OCC) as lead commissioner. Intensive support from OCC contract management team has been facilitating the service transition and monitoring services on how well they are delivering the outputs and outcomes agreed in the contract.

5. Service user voice to be included in all service development and commissioning work and ensure user voice included on both the domestic abuse Operational and Strategic Boards.

Experts by Experience (people who have used domestic abuse services) have been involved in a range of commissioning and service development activities including:

- Attending visits to gather information on good practice elsewhere in the country
- Involvement in the tender by being part of the interview panel for prospective bidders.

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- > Regular attendance on the Domestic Abuse Operational Board
- Development and delivery of multi-agency domestic abuse training
- > Involvement in conferences and awareness raising events
- 6. Strengthen connections both strategically and operationally between domestic abuse and sexual violence delivery.

We have strengthened connections by ensuring representation from sexual violence support agencies on our Operational Board, with the work of our Violence Against Women and Girls (VAWG) Co-ordinator linking with a broad range of agencies on gender violence issues and delivering training to raise awareness with key professionals. The Strategic Board is also exploring broadening our strategic approach towards inclusion of more aspects of the Violence Against Women and Girls agenda which includes sexual violence.

7. Training strategy for domestic abuse to be developed and co-funded to deliver multi-agency training

A broad range of multi and single agency domestic abuse training is available for agency staff across Oxfordshire. This includes training for professionals working with Young People. We have recently added to this by co-designing (with our voluntary sector specialist training provider) the following multi-agency training which is being delivered at low cost using a train the trainer approach:

- Domestic abuse awareness
- Domestic abuse, children and families
- > Risk assessment and safety planning
- > Champions role
- 8. Recommend the development of a 5-year strategic plan for domestic abuse considering the funding for the sustainability of service provision and the longer-term outcomes for victims across Oxfordshire.

The Domestic Abuse Strategic Board is currently developing a 5-year strategy – broad consultation with partners is in progress with 3 consultation events planned for the end of March.

9. Develop and implement an information strategy to ensure that appropriate and accessible information is accessible both to those affected and those responsible for responding to domestic abuse

The Strategic Board is also working on a new communications strategy to sit alongside the 5-year strategic plan.

Sarah Carter Strategic Lead for Domestic Abuse

27 February 2019

