NHS
Oxfordshire
Clinical Commissioning Group

OXFORDSHIRE
COUNTY COUNCIL

healthwatch
Oxfordshire

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 17 December 2020 at 2.00 pm
Virtual meeting

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually.

If you wish to view proceedings please click on this Live Stream Link

However, that will not allow you to participate in the meeting

Yvonne Rees
Chief Executive

December 2020

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

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

Board Members:

Ansaf Azhar *(Oxfordshire County Council)*	Corporate Director of Public Health & Wellbeing
Dr Nick Broughton	Chief Executive, Oxford Health Foundation Trust
Stephen Chandler *(Oxfordshire County Council)*	Corporate Director for Adults & Housing Services
Kevin Gordon *(Oxfordshire County Council)*	Corporate Director for Children's Services
Councillor 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
Dr James Kent	Chief Executive, Oxfordshire Clinical Commissioning Group
Councillor Andrew McHugh *(Cherwell District Council)*	Chairman, Health Improvement Partnership Board
Kerrin Masterson	GP Representative
David Radbourne *(NHS England)*	Director of Commissioning Operations (South Central)

Tracey Rees	Chairman, Healthwatch Oxfordshire
Yvonne Rees *(Oxfordshire County Council & Cherwell District Council)*	Chief Executive, Oxfordshire County Council & Cherwell District Council (District Representative)
Councillor Lawrie Stratford *(Oxfordshire County Council)*	Cabinet Member for Adult Social Care & Public Health and Chairman, Older People's Joint Management Group
Councillor Louise Upton *(Oxford City Council)*	Vice-Chairman, Health Improvement Partnership Board

Notes:• Date of next meeting: 18 March 2021

Declarations of Interest

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

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**
- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

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

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

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

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

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

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

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

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

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

AGENDA

1. **Welcome by Chairman, Councillor Ian Hudspeth**

2. **Apologies for Absence and Temporary Appointments**

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

4. **Petitions and Public Address**

    *This meeting will be held virtually in order to conform with current guidelines regarding social distancing. Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. **9 am on Friday 11 December 2020**. Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk together with a written statement of your presentation to ensure that if the technology fails then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting.*

    Where a meeting is held virtually and the addressee is unable to participate virtually their written submission will be accepted.

    Written submissions should be no longer than 1 A4 sheet.

5. **Note of Decisions of Last Meeting** (Pages 1 - 10)

    To approve the Note of Decisions of the meeting held on 1 October 2020 (**HWB5**) and to receive information arising from them.

6. **COVID-19 Update** (Verbal Report)

    2:05pm

    Verbal update from the Director for Public Health.

7. **BOB-ICS and COVID-19 Phase 3 Recovery Update** (Pages 11 - 24)

    2:15

    Updates from the Oxfordshire Clinical Commissioning Group on the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System and the COVID-19 Phase 3 Recovery.

8. Joint Commissioning Arrangements Review (Pages 25 - 32)

2:35

The purpose of the paper (**HWB8**) is to outline the proposed establishment of a new Joint Commissioning Executive (initially in shadow form) to provide the necessary oversight and accountability for the recently created Transformed Joint Commissioning Function across Health, Education and Social Care (HESC) for Oxfordshire. *It is important to note that the establishment of the JCE is subject to final agreement through the OCCG Governance Structure.*

The Health and Wellbeing Board is RECOMMENDED to

a)   **note the proposed review of the Section 75 Legal Agreement between Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) which governs the arrangements covering the Better Care Fund (BCF) and Adults with Care and Support Needs Pooled Budgets (ACSN) and the current Joint Management Groups (JMGs). (please see attached)**

b)   **approve the adoption of the new Joint Commissioning Executive (JCE), which has been developed to provide oversight and accountability for the recently transformed commissioning arrangements for Health, Education and Social Care (HESC) across OCC and OCCG. The transformed HESC Commissioning arrangements are laid out in this report and will be in place by the 1st March 2021.**

9. Strategic Vision for Oxfordshire (Pages 33 - 56)

2:55

The Growth Board partnership wishes to consider in a positive, open and transparent way what the ambition for Oxfordshire should look like and how it can be achieved. It has developed a Strategic Vision for Oxfordshire, which seeks to set out the shared ambitions of local councils and key organisations including those in the health and care system. The Vision focusses on social, economic and environmental well-being and prioritises climate change. It is centred on people's well-being, with Oxfordshire a place where current and future generations thrive. The Draft Vision is intended to be the start of a conversation with our communities to build consensus around a common set of goals for Oxfordshire, strengthening and improving the Vision.

The Health & Wellbeing Board is RECOMMENDED to request that its members provide feedback on the draft Strategic Vision for Oxfordshire which has been developed by the Oxfordshire Growth Board.

10. Break

3:15

11. Oxfordshire Safeguarding Adults Board Annual Report (Pages 57 - 84)

3:20

The OSAB is required by statute to report annually on the work of the Board and of its partners, assessing the position of the partnerships in relation to the safeguarding adults at risk within Oxfordshire.

The report outlines how the Safeguarding Adults Board works, the outcomes of the Annual Safeguarding Self-assessment, the deaths of adults with learning disabilities, the safeguarding training offered by the Board, the statistics around the abuse and neglect reported within Oxfordshire and what the priorities are for 2020-21.

The Health & Wellbeing Board is RECOMMENDED to

a) **note that the adult safeguarding partnership is working across Oxfordshire and the work undertaken by the Board and its partners.**

b) **note the priorities for 2020-21.**

12. Oxfordshire Safeguarding Children Annual Report (Pages 85 - 100)

3:40

The OSCB Annual Report sets out the challenges of the ongoing demand on the system with neglect being a key feature; the need to keep children safe in full-time education and the contextual safeguarding risks that exist for children outside of their home environment. The report acknowledges that, as 'system issues', they will need 'system leaders' e.g. political leaders, headteachers, senior managers to bring a collective focus on them to deliver change. The report also highlights a number of examples of good practice including the increase in support to families at an early stage; the multi-agency practice guides following case review and audits; the escalation of safeguarding issues to board level and the safeguarding training of approximately 10,000 local practitioners.

The Board is RECOMMENDED to note the report.

13. Community Services Update (Pages 101 - 108)

4:00

At the Oxfordshire Joint Health Oversight and Scrutiny Committee (JHOSC) meeting in September 2020, Dr Nick Broughton and Dr Ben Riley explained to the committee how Oxford Health Foundation Trust (OHFT) would be commencing the development of a Strategic Development and Quality Improvement Plan for the Community Services the Trust provides in Oxfordshire, in partnership with Oxfordshire Clinical Commissioning Group (OCCG) and other stakeholders.

This paper provides a short update on the progress of this work for the Oxfordshire Health and Wellbeing Board.

14. Healthwatch report (Pages 109 - 114)

4:10

Report on views of health care gathered by Healthwatch Oxfordshire.

15. Performance report (Pages 115 - 118)

4:20

To monitor progress on agreed outcome measures.

16. Updates from partnership boards (Pages 119 - 140)

4:30

To receive updates from partnership boards including details of performance issues rated red or amber in the performance report (above).

Reports from:
- Children's Trust (**HWB16a**)
- Better Care Fund Joint Management Group (**HWB16b**)
- Adults with Support and Care needs Joint Management Group (**HWB16c**)
- Health Improvement Board (**HWB16d**)

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 1 October 2020 commencing at 2.00 pm and finishing at 4.00 pm

Present:

Board Members:	Councillor Ian Hudspeth – in the Chair
	Dr Kiren Collison (Vice-Chairman) Ansaf Azhar Dr Nick Broughton Stephen Chandler Kevin Gordon Councillor Steve Harrod Councillor Andrew McHugh Tracey Rees Yvonne Rees Councillor Lawrie Stratford Councillor Louise Upton Diane Hedges (In place of Dr James Kent)

Officers:

Whole of meeting	Eunan O'Neill, Consultant in Public Health; Colm Ó Caomhánaigh, Committee Officer

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

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

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman welcomed participants to the meeting, in particular Kevin Gordon, Corporate Director for Children's Services, who was attending the first Board meeting since his appointment.	
2 Apologies for Absence and Temporary Appointments	

(Agenda No. 2)	
Apologies were received from James Kent (Diane Hedges substituting) and David Radbourne.	
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	
4 Note of Decisions of Last Meeting (Agenda No. 5)	
The notes of the meeting held on 18 June 2020 were approved with one amendment: Item 11, the second last paragraph, replace 'Patient' with 'Primary'.	
5 COVID-19 Update (Agenda No. 6)	
Ansaf Azhar gave a verbal update. Nationally, the number of new cases daily was higher than at the peak of the pandemic but this was due to there being much more testing now. However, there was definitely an upwards trajectory. While the rate of increase was low across Oxfordshire, Oxford City was at 44 per 100,000 which put it 99th of all local authority areas in England. The latest outbreaks have been in Brookes University and among young people in general. They have been contained but they show that everybody must take the precautionary measures seriously. Availability of testing was an issue. More kits were becoming available but demand was also rising. He had spoken to the Department of Health and managed to negotiate kits for the latest outbreak. Testing key-workers will be a national priority. It was likely that the threat will remain high for another six months. So it was important that measures taken were not disproportionate. A local contact tracing system is being set up to follow up in cases where the national system has failed to establish contact with individuals.	

Councillor Andrew McHugh expressed concern about people having to travel long distances to get a test but was aware that ordering tests online was working well. Kiren Collison asked how schools might be affected by an increased level of lockdown. Ansaf Azhar responded that there was a four-tier approach in schools. Infection rates were low in schoolchildren and under 17s in general. Closure would be a last resort. He said that he could reassure parents that the county was in a good place in this regard. The Chairman thanked the Public Health team for all their work throughout the pandemic.	
6 COVID-19 Recovery (Agenda No. 7)	
It was agreed to take this with Item 8.	
7 COVID-19 Restart, Recover, Renew NHS Update (Agenda No. 8)	
Diane Hedges summarised the report and the focus for the third phase of recovery: accelerating the return to near-normal; preparing for winter; and learning the lessons from the first COVID peak. People are less nervous now about attending hospitals and clinics but the message really needs to get out there that it is safe to return to services. Cancer services were greatly impacted with a dramatic drop in presentations. Resources were being prioritised to the greatest need. The Thames Valley Cancer Alliance was leading the recovery having developed a programme of high impact interventions. With elective care, capacity was reduced due to COVID measures but face-to-face consultations were available when needed. Not all services had re-opened – for example ENT (Ear, Nose, Throat). They were working with the independent sector to help ease the reduced capacity. Patients were offered alternatives that would mean they would have to travel further but would be seen sooner. It was expected that diagnostics, inpatients and day cases would be back to 100% going into December. Outpatients would be a challenge to recover to pre-pandemic levels. Sites must be kept	

safe to access. There were over one thousand people waiting more than 52 weeks and those numbers were likely to grow until about March.

General practices had been excellent in moving to total triage. They were getting back close to normal numbers. Community services also adapted well and were operating to a new 'home first' model. It was being examined how community hospitals could support more outpatient services. Care homes were being supported to be prepared for a second wave.

Mental Health services made great use of virtual consultation. The 24-hour helpline that was put in place will continue since it had proven to be very valuable. It was welcome that schools had reopened but there was a risk of more children and adults presenting with problems following the lockdown.

Two key learning points were the use of digital and the highlighting of inequalities. Healthwatch helped greatly – particularly in getting information translated – and they continue to advise on the engagement process being planned.

Members of the Board endorsed the message that it was safe to present to services – some having had recent personal experience. Ansaf Azhar expressed concern that there was a risk of the non-COVID mortality increasing if people did not access services. Any local lockdown measures did not prevent people from accessing, even for routine appointments.

District Councillor Andrew McHugh noted that increasing breast screenings were already a red flag on the performance reports and asked how the backlog could be reduced when there was less capacity. Diane Hedges confirmed that they were working to reduce the backlog including Sunday working.

City Councillor Louise Upton expressed concern that the lack of face-to-face contact would be particularly difficult for those with mental health problems and asked if there had been any increase in cases and how telephone services were coping with that.

Nick Broughton responded that there had been a gradual increase in referrals since the end of lockdown. The numbers now were similar to one year ago. They were seeing more urgent cases, more people in crisis and more new patients presenting in crisis.

Video consulting was a very efficient way of delivering care but they needed to be sure that it was delivering high quality care. This was being researched by the University of Oxford. It worked for some but others really miss the face-to-face, so they try to

facilitate them.

Due to the reduced occupancy of wards in order to keep patients safe, some have had to be placed out of area – about 15 to 20 patients across Oxon and Bucks.

Tracey Rees wanted to flag that the resumption of contact between Patient Participation Groups (PPGs) and GPs had been inconsistent and asked if some messages around this could be included in OCCG's engagement plan. In particular she believed that the PPGs run by GPs themselves had been slow to restart.

Diane Hedges agreed that the PPGs had an important role to play including helping the public to understand the way in which GPs were working now. OCCG had provided some resources to Healthwatch to help the PPGs to engage. While there was a requirement for GPs to engage with PPGs, she wanted to emphasise to them the benefits of doing so in terms of sharing best practice.

Councillor Upton asked if the long-term effects of COVID on patients was most likely to be handled at home or in hospital.

Diane Hedges responded that this was something that they were still learning about and said that she would come back to it at a future meeting. Kiren Collison added that there was a good website dealing with this https://www.yourcovidrecovery.nhs.uk/

Yvonne Rees praised the exemplar partnership approach in Oxfordshire. This was now driving the recovery. There was strong governance in place to ensure escalation when appropriate. The Health Protection Board had been a high performer supported by a multi-agency operational cell.

She urged caution that over enthusiasm might cause some duplication of effort. It was important that everyone kept to the structures that are there to ensure the appropriate responses to any outbreaks. She was proud of the system and believed that it bodes well for the partnerships going forward.

The Chairman reiterated the message that everyone had done very well so far but there was no room for complacency.

8 COVID-19 Healthwatch Report (Agenda No. 9)	
Rosalind Pearce summarised the Healthwatch report, which for this meeting focussed on COVID-19. She noted that it was much longer than their usual report because they wanted to include a	

wide range of experiences – both good and bad. During the lockdown everything was very quiet for Healthwatch so they decided to be more proactive. It was clear that there was a lack of information in easy-to-understand language and in other languages so they helped to tackle those problems. She noted that this, and the need to use different communication channels, had to be recognised as an on-going issue. Healthwatch took a snapshot survey of care homes in May. They reached out to Patient Participation Groups (PPGs) and GPs. They adapted many existing questionnaires to include COVID-related questions. They were currently talking to carers – paid and unpaid – to gather their views. She urged continuing to explore the barriers some people will experience as services go more digital and to ensure that all services are always accessible to all people. The Chairman thanked her for the report and in particular the impressive work with the care home sector. However, he noted the 30% response rate and that it seemed like a missed opportunity for many of the care homes to explain their situation. Rosalind Pearce responded that they were about to go back to care homes to understand where they were now and their plans and fears. In particular she was interested in the issues surrounding visiting. Now that infection control measures were in place it should be possible to allow more visiting. Councillor Lawrie Stratford welcomed the report and the opportunity to hear the voices of the people who the services are looking after. He supported in particular the points about use of language that everyone can understand and the work of the PPGs.	
9 Oxfordshire Winter Plan 2020-21 (Agenda No. 10)	
Stephen Chandler introduced the Winter Plan which was based on the previous year's experience plus the COVID experience. It needed to be updated for the government's recently published Adult Social Care Winter Plan and feedback from the discussion at the Oxfordshire Joint Health Overview and Scrutiny Committee last week. The 'home first' service, developed since the pandemic hit, was embedded in the Winter Plan. This helped people to get out of	

hospital quicker and more safely. It applied to community hospitals and mental health services as well.	
The plan ensured that there will be capacity during the winter, not just with acute beds but including community and hub beds and care homes should they be needed. A '111' triage service was being developed which will help direct people to the best option and hopefully reduce the numbers turning up at A&E who do not need to be there.	
The plan was also about ensuring that staff can maintain levels of commitment and is another example of the strong partnership working in Oxfordshire. There will be rigorous governance whether through the A&E Delivery Board, the Urgent Care Support Group or daily monitoring of flow in the system.	
The government had provided additional funding for infection control and prevention activities. This helped the sector in many ways including being able to pay staff who are awaiting test results. The government has also extended entitlement to the flu vaccine and locally this is being promoted as much as possible to reduce the numbers becoming ill this winter. There will inevitably be reports of difficulty in accessing vaccines but his experience was that these were very much the exception.	
The Chairman praised the home care approach and recounted experience of it in his family. He noted that it not only freed up beds but gave a better health outcome for the patient.	
Tracey Rees asked for an update on the Oxfordshire Alliance bid for funding and where the funding was coming from for the additional schemes listed on Agenda Page 63.	
Stephen Chandler responded that he did not have an update on the Oxfordshire Alliance to hand but would find out and pass it on. The funding for the additional scheme would come from the Oxfordshire pooled budgets for winter funding. Demand always exceeded the available money but extra government funds such as the infection control grant can free up money for these schemes.	Stephen Chandler
Councillor Steve Harrod asked if he was confident that the quantities of flu vaccine that have been ordered will be delivered and if there was a communications plan should supplies run out.	
Stephen Chandler responded that vaccines needed to be ordered 12 months in advance but at that time nobody knew there was going to be the pandemic or that the government would extend eligibility, for example to those aged between 50 and 60. It will be managed by scheduling the less vulnerable people later in the	

autumn – perhaps December. Diane Hedges added that NHS England had ordered as much vaccine as they could to top up the GPs' orders. While some GPs may run out, there will be another delivery in November. In cases where GP supplies run out they would communicate directly with the people booked in with them. Ansaf Azhar noted that community pharmacies in the Thames Valley area had 4,000 requests for vaccines at this time last year, whereas the figure for this year was 17,000. The resources needed to meet that demand was being addressed. Councillor Andrew McHugh added, as a former practice manager, that vaccines have to be delivered in tranches due to the limited availability of cold storage. Tracey Rees reported that the feedback coming to Healthwatch on vaccinations was really positive in terms of GP practices but less so in relation to the NHS App and pharmacies. She was hearing reports of appointments being repeatedly cancelled.	
10 Cardiovascular disease and inequalities (Agenda No. 11)	
Kiren Collison described how COVID had highlighted the health inequality gap, particularly in the way that it affected more greatly those with underlying health conditions. Given the finite resources available it was decided to take a targeted approach to inequality. They looked at the top 10 causes of premature death and illness in Oxfordshire. Cardiovascular disease (CVD) was one of the main causes and there was a higher incidence in areas of deprivation. It was not just a medical issue – a whole system approach was needed. It could be tackled 'upstream' through healthy place shaping, diet, exercising and reducing smoking. There was a shared goal and the different services could input their own expertise. The Chairman stressed the importance of shifting resources into the areas of most need to support ways of nudging people towards healthier habits. Ansaf Azhar noted that, while the overall Oxfordshire picture on premature deaths did not indicate any particular problems, when you drilled down to the local level you could see certain areas standing out in need of attention. He saw it as another example	

of partnership working across the system from healthy place shaping right through to managing blood pressure which can give some quick wins.

Councillor Andrew McHugh welcomed the approach but noted how council budgets had been cut back to the bone and he asked anyone with influence to try to bring it to bear on securing increases in funding.

The Chairman responded that there was a need to realise now the future savings that could be made by spending money on preventative measures.

Councillor Lawrie Stratford added that not all schemes needed a lot of money especially if other organisations such as sports clubs can be engaged.

Kiren Collison summed up by saying that, in the past, schemes have tended to be too piecemeal and too reactive. The strength of this new approach was in aligning the various organisations and services towards one goal. There were still difficult conversations to be had about reallocating funding.

The Chairman finished by noting that Public Health funding had been cut by £700m since 2013 and if that funding could be restored, it would make such a big difference.

11 Performance Report (Agenda No. 12)	
Councillor Lawrie Stratford asked that reports identify which targets are set locally or nationally, when the target was set and what was the previous one. Councillor Andrew McHugh noted that the report from the Health Improvement Board referred to only two red indicators but in fact there were three, with 3.18 on breast screening being missed. However, Diane Hedges had already updated the Board on this point at Agenda Item 8. Diane Hedges felt that the report was underselling the position somewhat. There was a need to link to actions that are being taken to improve. On the target of increasing the proportion seen by CAMHS within 12 weeks (1.3), it should be noted that Oxfordshire has a much higher rate of access to CAMHS than the national average. Additional resources are being applied and there is a need to ensure they have got the open door approach right and that	

young people are being directed to the correct resources.	
On access to psychological therapies (2.3), additional trainees were being recruited to bring that proportion up to 15%. On cervical screening (2.21), there was additional funding from the Thames Valley Cancer Alliance to provide some optimism that those levels can be improved.	
The Chairman asked if there was any difficulty finding trainees for psychological therapies. Diane Hedges responded that one of the knock-on effects of COVID was that there have been high numbers of applications.	
Ansaf Azhar stated that he was happy to take on board the comments about the format of the report and consider how it might reflect the targeted work on inequalities.	Ansaf Azhar
12 Reports from the Partnership Boards (Agenda No. 13)	
Councillor Andrew McHugh noted that on page 5 of the Health Improvement Board report it should state that there were 3 red indicators, not 2, the third being breast screening. The latest report that the HIB received on that contained some inconsistencies that they are still trying to resolve. Tracey Rees commented that the Children's Trust Board report was easier to follow because it better matched the KPIs and asked if the other reports could follow suit. Lawrie Stratford noted that on every area covered in this meeting appreciation was expressed at the great efforts of all staff throughout these difficult months. He asked that all Board members ensure that this appreciation is communicated back to staff in their organisations.	

.... in the Chair

Date of signing ....

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Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS) Priorities & COVID-19 Phase 3 Recovery in Oxfordshire

17 December 2020

As we progress through the second wave of the COVID-19 pandemic and embark on the largest immunisation programme in the history of the NHS, the following paper takes the Health & Wellbeing Board through our continued efforts to keep services open and our response to COVID-19.

This paper covers the following:
BOB ICS:
- Priorities of the BOB ICS
- COVID-19 Vaccine

Oxfordshire:
- Winter including the flu immunisation programme and NHS 111
- Primary Care
- Cancer
- Electives
- Mental Health, Learning disability and Autism Services

1. BOB ICS Priorities

To support the response to COVID-19 there has been a focus on prioritising the most essential areas to focus on. These are outlined below:

Priorities have been set out for the Integrated Care System	
Reset : maximise services for patients • Planned care, Mental Health, Learning disability and Autism, Cancer, Diagnostics, Primary Care, Community	Ensure CCGs are working jointly
Urgent care, winter and flu: prepare and build resilience • Place-based plans, building in resilience where possible, implement 111 First • Deliver on the largest ever flu vaccination programme / prepare for COVID vaccine	Live within agreed £ envelope
COVID: monitor, prepare, respond • Prepare for and set-up to manage 2nd Wave and balance COVID vs Urgent and Emergency Care vs planned care • Leverage lessons from Wave 1	Further develop system collaboration
Inequalities: create tangible wins • Focus on reducing inequalities for Black Asian and Minority Ethnic communities due to COVID	Progress CCG and Integrated Care System development and Senior Management Team
Workforce: well-being, flexibility, racial equality • Reinforce and extend well-being offers for staff • Support flexible working and use of common agency • Support Black Asian and Minority Ethnic colleagues – extend work on Workforce Race Equality Standard and racial equalities	

2. COVID-19 Vaccination Programme

On 2 December, we received the very welcome news that the Pfizer/BioNTech COVID-19 vaccine was approved for use in the UK by the MHRA (the Medicines and Healthcare products Regulatory Agency). This is a hugely significant moment in our pandemic response and offers hope at the end of an incredibly difficult year. The strict approval process it has gone through means that the approved vaccine, and any other vaccines approved in the future, will not only be safe, but will also be our best defence against the virus.

2

Detailed planning for the rollout of the COVID-19 vaccination programme is well underway both locally and nationally. The NHS is leading on this, building on their expertise and strong track record in delivering large-scale immunisation programmes, such as the annual flu programme. The plans will ensure that as many people as possible receive the vaccination in a timely way, and that the COVID-19 vaccination programme does not adversely affect other vital health services.

8 December saw the NHS embark on its largest ever immunisation programme as COVID-19 vaccinations started in 50 hub hospitals across England. The Churchill Hospital at Oxford University Hospitals (OUH) NHS Foundation Trust was selected as one of the hubs to roll out the vaccination programme in the initial wave. This hub will serve residents across Oxfordshire, Buckinghamshire and West Berkshire in the first instance.

In the coming weeks, more hospitals hubs across the country will start vaccinating as the programme ramps up. GPs and other primary care staff within their Primary Care Networks are also preparing to start delivering vaccinations, with planning underway for a number of local vaccination centres in Oxfordshire. Vaccination centres treating large numbers of people in sporting venues and conference centres will subsequently stand up across the country when further supplies of vaccine come on stream.

In Oxfordshire we have been working round the clock to put arrangements in place to start delivering the vaccination programme as soon as supplies of the vaccine become available. There will be a phased delivery of the programme, based on the priority groups set out nationally by the independent Joint Committee on Vaccination and Immunisation (JCVI). People aged 80 and over as well as care home workers will be first to receive the jab, along with health and care workers who are at higher risk.

We look forward to seeing the Oxfordshire community being vaccinated through the priority groups, starting in 2020 and continuing throughout the first few months of 2021. We will continue to update you as this programme progresses and signpost to information about how and when the different priority groups will be offered vaccinations.
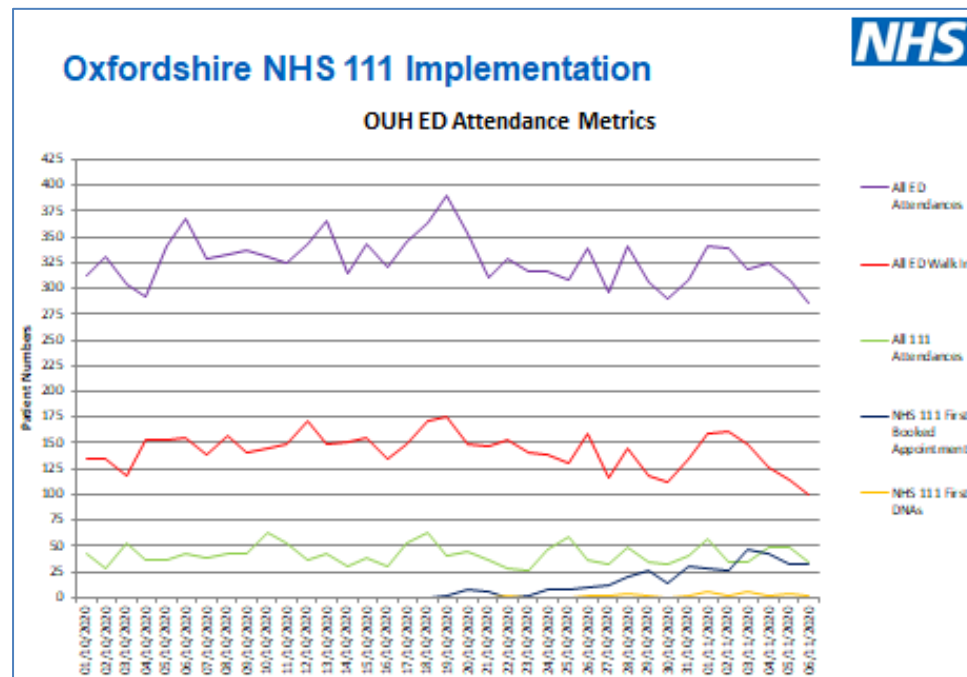
3. Winter

The Oxfordshire Winter Plan was shared with Health and Wellbeing Board members at its last meeting; the plan is a system plan setting out the approach for managing the additional pressures expected over the winter months. The continued pressures of the COVID-19 pandemic are also part of the context of the plan. Since its publication, Oxfordshire County Council has also published the Oxfordshire Adult Social Care Winter Plan. Implementation of the winter plan is well underway and significant deliverables include launch of the NHS111 First service, launch of the flu vaccination programme and associated communications campaigns.

3.1. NHS 111 First Service

NHS 111 First launched to the public, in Oxfordshire, on 2 November with the main objective being to ensure that patients receive the care they need in the most appropriate setting. This will be achieved by contacting NHS 111 if the patient needs urgent health care advice. The patient will then be assessed and directed to the most appropriate clinical setting which will include being given a timeslot to attend A&E if this is deemed appropriate.

By doing this, the risk of hospital aquired infection is minimised and the public can be assured that the NHS is open and that it is safe to seek help when needed.

From the 28 October the emergency departments at both the John Radcliffe and Horton General Hospital have been able to offer times to attend for both adults and children 24 hours a day, 7 days a week and has been very successful. The data below shows the attendance at an Oxfordshire A&E since NHS 111 First launched. NHS 111 First launched nationally on 1 December and we are supporting that national publicity campaign to continue to promote the service in Oxfordshire.

Oxfordshire NHS 111 Implementation — OUH ED Attendance Metrics

4

3.2. Flu Immunisation programme

OCCG has been working with GP practices and providers to plan and prepare for the second wave of the pandemic and any future surges as well as increases in activity that are expected this winter. For flu, there is also a strong system approach, support for risk stratification and vulnerable patient identification with good cross working with local authority partners.

The public flu campaign has been focussed on encouraging people who are at risk of suffering severe complications from the flu to get their vaccine. The national advertising campaign launched on 26 October and will run until December and we are supporting this locally. The staff flu vaccination campaign for healthcare workers is currently running across the system. There have been some shortages in vaccine supply but these have been rectified and staff are still being encouraged to get vaccinated.

Flu vaccination clinics have been extremely popular and GP practices have had to take extra precautions to ensure that the vaccinations are carried out safely and been creative in how they carry out their flu clinics to ensure that they maintain social distancing. For the week ending 29 November, OCCG has a flu vaccination uptake of 80.7% of those over 65 years old having had theirs (against a target of 75%). OCCG rates compare favourably with BOB uptake rates.

As part of the campaign to encourage people to have their flu vaccination we have been working with members of BAME communities in their roles as community champions to help us to reach more 'seldom heard groups' with our messaging, especially groups of people who don't tend to access healthcare services. This follows on from our work last year where these communities told us they didn't like to go to their GP so this year we are trying use this opportunity to break down barriers even more and encourage people who are at risk of complications from the flu to get their vaccination and also offer reassurance that it is safe to do so.

Various community and faith leaders have used our script to speak directly to their own communities in Urdu, Bengali, Pashto, Arabic, English and Filipino. They have also helped us to share this message throughout their own communication channels as well as those of the system. The videos have had thousands of views on social media and have been featured in articles in local print and broadcast media. The videos are available on to the flu page on OCCG's website here. They have also been shared with colleagues across Buckinghamshire and Berkshire West and with the NHS across the South-East. Work is ongoing to reach out to BAME and other potentially isolated communities with information about the wider winter campaign.

4. Primary Care
4.1. GP services

Activity in primary care across Oxfordshire continues to increase. National data sets and local feedback highlight that practices have reached their recovery trajectories and are delivering at pre-COVID levels and higher. We remain assured that face-to-face appointments are being provided when clinically appropriate. A number of approaches and mechanisms are in place to support practice resilience, including a regular sitrep that enables practices to highlight pressures and concerns.

In response to COVID-19 health organisations have made rapid changes to how services are accessed and delivered. Many of the changes have been intended to reduce the face-to-face contact which in turn reduces the risk of spreading the infection. Changes have included introducing telephone triage so that GP practices talk to all patients over the phone first; many are then provided with the advice and care they need without needing to visit the practice. Practices have also introduced *eConsult,* an advice and online appointment system which is a form-based online consultation platform that collects a patient's medical or administrative request and sends it through to their GP practice to triage and decide on the right care for the patient.

By necessity, these changes were introduced rapidly, following national guidelines, to best protect patients and health and care staff. The urgent need for action and new ways of working allowed little time or opportunity to engage with the people affected by the changes, as would be the case in 'normal' times.

OCCG has continued to seek feedback from patients on their experience of services and of accessing them in new ways during the pandemic. Most recently we have analysed feedback from patients in primary care who used eConsult. Overall the themes from the comments received in April 2020 were generally positive; reflecting the 84% of very satisfied or fairly satisfied responses. However, despite the high rate of satisfaction, concerns were raised about the accessibility of the system; ability to have a face-to-face contact and the responsiveness of the system.

4.2. CALM Clinics

GPs and NHS providers continue to care for patients affected by COVID-19 and this includes rehabilitation for those who were worst affected. In planning for winter, additional capacity has been put in place to support primary care with the second surge. The Oxfordshire CALM service is additional face-to-face capacity for primary care which will see the most infectious COVID-19 patients in a dedicated clinic or via a home visit. It is a whole county service, comprising three clinics across Oxfordshire: in Wallingford, Banbury and Oxford (Woodfarm), supported by a visiting service for those unable to travel. There are a maximum of 150 appointments per day made available. GP practices can book patients into a slot at any one of the three clinics or visiting service. NHS 111 can also book patients into the clinics; they are not a walk-in service.

5. Cancer waiting times

5.1. Background

In recognition of the COVID-19 pandemic, cancer systems have been under significant pressure to deliver treatment for all patients. Working to a prioritisation framework in line with the Phase 3 response to the pandemic, Oxford University Hospitals NHS Foundation Trust (OUH) has been working to the following priorities for cancer:

- Accelerating the return to near-normal levels of non-COVID-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter;
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally;
- Doing the above in a way that takes account of lessons learned during the first COVID-19 peak locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

In respect of Cancer services, OUH is working collegially with the Thames Valley Cancer Alliance (TVCA) in the development of the phase 3 recovery plan for cancer services with the aims of:

- Reducing unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels;
- Managing the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service;
- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for those waiting longer than 104 days.

5.2. Cancer waiting times OUH

Cancer waiting times October 2020 (Month 7) OUH achieved 3 out of 9 cancer waiting time (CWT) standards in October 2020. Below outlines those not met and action being put in place:

Two-week-wait (2ww) from GP referral: This standard was not achieved in October, reporting 79.4% against 93% threshold– since August this was primarily due the Breast and Lower GI pathways. Breast referrals were below target primarily due to capacity issues in both radiology and outpatients that have been further restricted due to Infection, Prevention and Control (IPC) guidance post COVID-19. The service has an action plan in place to address these issues

which are making an impact - improvement is expected through Q3 and achievement of target in Q4.

The Lower GI pathway continues to be challenged by the impact of faecal immunochemical tests (FIT) tests being sent to patients by OUHFT during the pandemic – performance was 51.2% in September. FIT testing in primary care resumed on 17th August but the service continues to have a backlog of patients requiring tele-med consultations for FIT negative patients. Discussions are now in place between service and OCCG – it is expected that actions from these will result in a return to compliance by the end of Q3/Q4.

2ww Breast Symptomatic: This standard was not met for the same reasons as those referred on the 2ww urgent breast pathway, and as per August – performance against standard was 14.1% this figure has more than doubled since last month. These patients are also included in the action plans for breast 2ww hence improved performance is expected through Q3/Q4.

31 day decision to treat: This target had remained static over the last three months (total of 33 patients breached) but there was an improvement to 94.7% in October — in most pathways it equates to one or two patients but the majority of the breaches are in the urology pathway which is challenged with surgical capacity for both diagnostics and treatments.

31 day subsequent treatment (surgery): The majority of breaches are a consequence of surgical capacity for both diagnostic investigations and treatment in the urology pathway.

62 Day from GP referral: The number of completed pathways rose to 224 from 204 in August with 52 breaches. This resulted in a 62 day CWT performance of 80.4%.

5.3. Steps taken during Covid-19 – first phase

The following were put in place as a result of national guidance and necessary clinical review of patients on cancer pathways to ensure the risk vs benefit of cancer treatments was considered for every patient prior to treatment.

Pathway Changes: As a result of the COVID-19 pandemic, many of the Cancer multidisciplinary teams (MDTs) made significant changes to their cancer pathways as a result of loss of capacity (particularly for surgery related to theatre, intensive care unit (ICU) and bed capacity) and also changes in the risk vs benefit balance of the treatments with the added risk of COVID-19 infection. These changes were necessary:

- To free up capacity to manage the pandemic
- To prioritise treatment when resources are scarce
- To take into account different risk vs benefit considerations
- All stages of the Cancer Pathway were reviewed, and changes made as appropriate

- There is significant clinical overview including:
  - Introduction of cancer surgery priority panel
  - Weekly senior clinical review including senior clinical review of all patients day 40 (and above) of a cancer pathway

Impact during COVID-19 on cancer performance

The referrals on the **2 week wait** pathway decreased during the pandemic but the total 2ww referral activity has now returned to baseline (2019) for OUHFT.

Treatments for patients on **62 day pathways** were sustained throughout the first phase of COVID-19 where at all possible, in line with the risk vs benefit for the patient. Further to aligning with national pathway changes and the outcome of surgical priority panel decisions, clinicians met with patients (and their relatives where appropriate) via virtual platforms or by telephone. They explained the reason for deferral/ change in original pathway and what the next steps would be in the best interest of the patient. The virtual appointment/ telephone call was then followed up by a letter to the patient.

The below table shows the number of treatments provided from April 19 to September 20 split between OUHFT and other referring providers – with exception of the three month dip at the height of the pandemic this reflects a sustainability of treatments for patients on cancer pathways.

Total cancer treatments April 19- Sept 20. The red line represents Oxfordshire patients and the blue line represents referrals from other trusts.
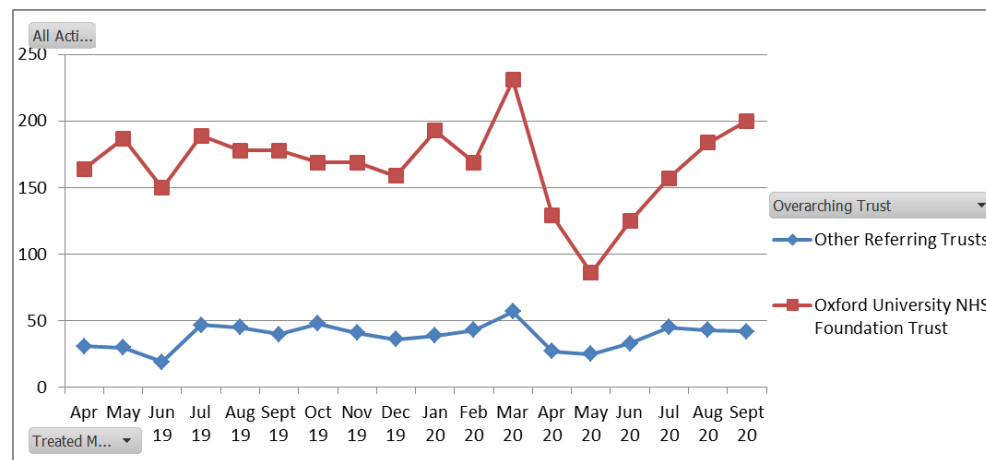
Patients waiting over 104 days for diagnosis and treatment: The impact on patients waiting over 104 days for diagnosis and treatment, as a result of the pandemic was significant as reported to the last Health and Wellbeing Board. This included a high proportion of patients with suspected cancer who had investigations deferred in accordance with national risk vs benefit guidance. OUH have worked hard to reduce these numbers as quickly as possible by adopting additional measures; for example the introduction of weekly clinical reviews of patients and this is reflected in the steady reduction. Whilst we will continue to work to improve 104 day waits are now returned to pre-pandemic levels.

Clinical harm reviews are completed for those confirmed with cancer once treatment has commenced by the treating consultant and signed off by the Cancer Clinical Lead. No evidence of harm has currently been identified in those patients reviewed during Quarter 1 and Quarter 2.

OUH in partnership with TVCA is focused on ensuring that the public continue to present with signs and symptoms of cancer, with a dedicated public awareness focus on harder to reach groups with prostate and lung cancer symptoms.

A TVCA system-wide plan to ensure cancer diagnostics and treatment can be maintained across Oxfordshire and the wider Thames Valley has been developed to ensure COVID-19 secure pathways are in place and, where necessary, mutual aid can be achieved across COVID-19 secure sites. The clinical and operational leadership of Oxfordshire health system has been instrumental in developing this plan with the Churchill site at OUH described as one of the South Easts' COVID-19 secure cancer hubs.

6. OUH Elective Position Update

6.1. Elective Position Update October 2020 (Month 7)

As discussed at the last Heath and Well Being Board, there are some very challenged specialties with longer waits. This is particularly so if they create aerosol generating procedures given the resultant infection risk. Safety and quality have had to be carefully weighed up given the longer waiting times found in reopening outpatient referrals. OUHFT, as the local provider, remains closed to GP routine referrals for 4 specialties – Gynaecology, Maxillofacial, ENT and Ophthalmology; these specialties have continued to accept urgent and cancer referrals throughout the pandemic. During this time, OUH and Commissioners have worked together to ensure GPs have access to alternative providers to refer patients to. A small group involving clinicians from each of the specialties and GPs are working together to review key information to help inform the options and timescales for when each specialty can re-open.

OUH has continued to recover its elective position since the onset of COVID-19 Wave 1. The charts below evidence an increase in activity during this period. SLAM[1] activity represented below is taken from a provisional Month 7 position.
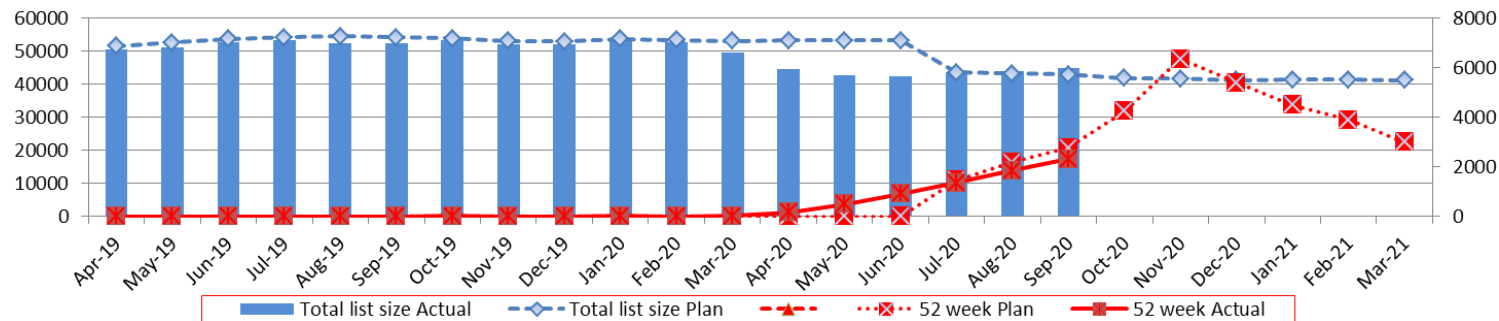
Elective & Day Case activity April to October 2020:   **Outpatient Activity April to October 2020:**
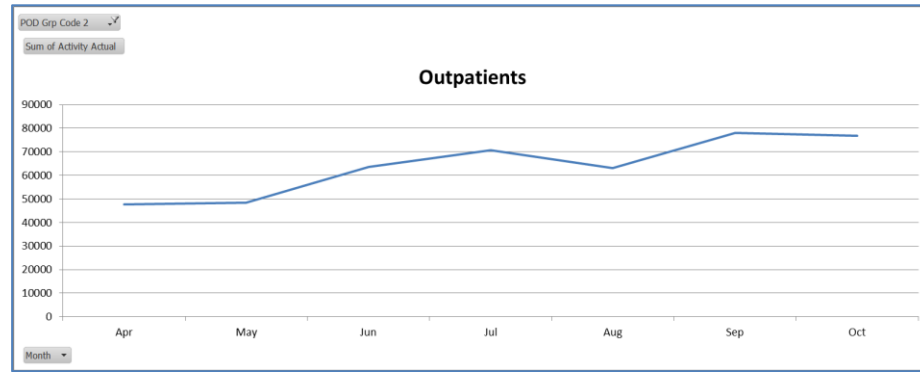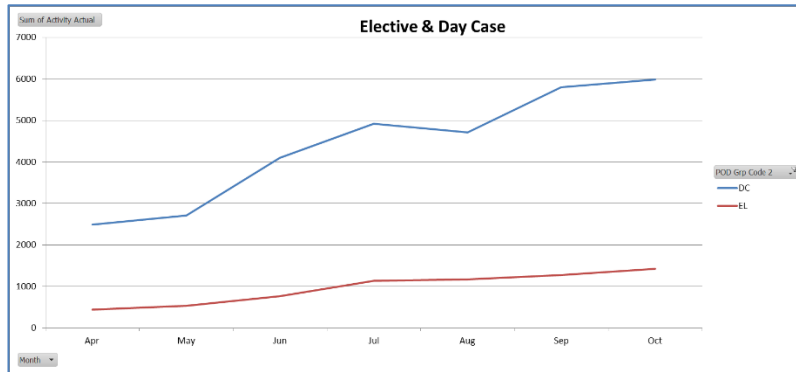
6.2   Elective Care September (Month 6)

Both Total Waiting List Size increased and the number of 52-week waiters continues to increase in September as the profile of the waiting list ages.

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[1] Service Level Agreement Monitoring (SLAM) data contains all activity data

Trust performance against the overall **18-week incomplete** Referral to Treatment (**RTT) standard** was **59.21%** in September**,** an improvement from the **50.43%** reported in August.

The **total waiting list for September is 44,900,** an increase of 827 pathways on the previous month.

52-week wait position month 6: There were **2,321** patients waiting over 52 weeks for first definitive treatment at the end of September 20; this represents an increase of **458** patients when compared to previous month's performance position. The Trust met its Phase 3 52-week waiting time trajectory for September (2,772), and s currently on track to meet 52-week trajectory in October 2020.

There are **7,169** patients waiting **over 40 weeks** in September 2020 which represents an **increase** of 826 patients when compared with the previous month. The number of patients waiting over 26 weeks reduced to 16,843 (a decrease of 1,044 patients compared to the previous month)

Clinical Harm Reviews: The Patient Safety team has oversight of the Clinical Harm Review process for which the clinical Divisions are responsible. The Harm Review process is being further reviewed alongside the requirement of the national clinical review programme to report against the clinical prioritisation cohorts.

COVID-19 pressures have impacted the OUHFT diagnostic waiting times, but an improving trend is seen.

% patients waiting over 6 weeks for a diagnostic procedure
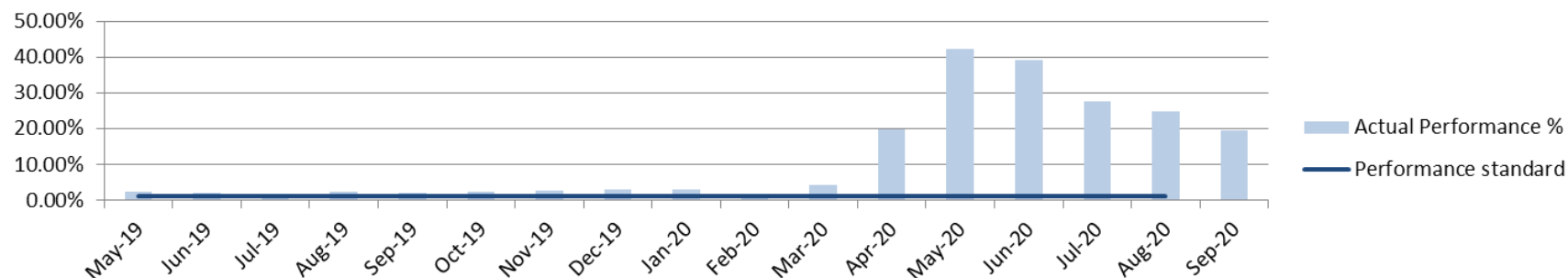
7. Mental Health, Learning Disability and Autism Services

As previously reported, Oxford Health NHS Foundation Trust (OHFT) has used digital solutions to safely maintain support for people with mental health conditions. Face-to-face contact is still being offered where clinically appropriate. Delivery of digital services has been positive and increased productivity. OHFT is undertaking a review of the impact on staff and patients which is informing the ongoing model of delivery. This approach has been reported as working well for many service users.

The mental health helpline has continued to offer round-the-clock support and rapid access to advice. OHFT continues to risk assess the current adult and older adult and supported housing caseload to ensure appropriate support/escalation. We continue to monitor and manage increased acuity in seriously mentally ill (SMI) referrals and increased acuity on mental health wards.

The system has submitted bids for investment proposals for suicide prevention, crisis alternatives and community mental health framework in line with the NHS Long Term Plan. We expect feedback in December from NHS England & Improvement. We are looking at how we can support GPs to restore a prioritised delivery of health checks for people with a serious mental illness.

There have been improvements in the delivery of our in Improving Access to Psychological Therapies (IAPT) programme with the access rate being above target. This team is also involved in Long Covid (Covid syndrome) response planning.

There was some concern our dementia diagnosis levels were falling; this has been linked to the reduction in memory clinics during the pandemic. These have reopened but they are generally undertaken face-to-face at the community mental health bases with only some in people's homes. There is still some reluctance and difficulty getting patients to attend the clinic. Reviews, if possible, once the patient has been seen face-to-face can then be done remotely. We need to continue to drive patient confidence in returning to health care venues.

There has been some very effective work between housing and mental health services to reduce inpatient delays. This work is ongoing to scope alternative options for service users.The work is led through the mental health housing review project that involves providers in co-design of future options.

In line with restoring all services, activities to support people with a learning disability and autism continue. There has been some in-depth review of how we can improve the numbers of people with a learning disability accessing a health check from their GP. The CCG is contacting all Practices to see what additional help can be offered. Actions taken to date include support for practices including practice level feedback; the promotion of the support offer to practices and training for practice staff and GPs. Also development of referral pathway for practices to refer patients not responding to invitations and links to good practice and easy read resources.

In child and adolescent mental health services the mental health support teams in both City and North (Banbury) continue to provide services online to support schools, parents and young people. The pilots are still meeting key milestones.

There continues to be focused work on reducing the waiting list. Referrals into single-point-of-access will be triaged to mental health support teams where clinically appropriate. The waiting lists in Getting Help and Getting More Help pathways are reducing. A Task and Finish Group has been established to improve the neurodevelopment pathway which still has the longest waiting times.

For Learning Disability and/or Autism, OCCG has been successful in the bid for the Keyworker pilot (£250K). This is a 12-month pilot to establish the keyworker function which is a Long Term Plan deliverable by 23/24.This will enable further developing of the Dynamic Support Register, review processes and unnecessary hospital admission for young people with a learning disability and /or autism. Project support and leads have been identified and first stakeholder meeting will be held in December.

Health and Wellbeing Board
17 December 2017

Joint Commissioning Arrangements Review

Report by Corporate Director of Adult and Housing Services Stephen Chandler and Chief Operating Officer and Deputy Chief Executive Diane Hedges

RECOMMENDATION

1. **The Health and Wellbeing Board is RECOMMENDED to**

    a) note the proposed review of the Section 75 Legal Agreement between Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) which governs the arrangements covering the Better Care Fund (BCF) and Adults with Care and Support Needs Pooled Budgets (ACSN) and the current Joint Management Groups (JMGs). (please see attached)

    b) approve the adoption of the new Joint Commissioning Executive (JCE), which has been developed to provide oversight and accountability for the recently transformed commissioning arrangements for Health, Education and Social Care (HESC) across OCC and OCCG. The transformed HESC Commissioning arrangements are laid out in this report and will be in place by the 1st March 2021.

2. **Executive Summary**

    The purpose of the paper is to outline the proposed establishment of a new Joint Commissioning Executive (initially in shadow form) to provide the necessary oversight and accountability for the recently created Transformed Joint Commissioning Function across Health, Education and Social Care (HESC) for Oxfordshire. ***It is important to note that the establishment of the JCE is subject to final agreement through the OCCG Governance Structure.***

    This redesign of the new commissioning model and structure was undertaken jointly by Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) with specific input and leadership provided by Directors from the Clinical Commissioning Group (CCG), Public Health, Children, Education and Families and Adult Services.

1

3. **Background**

The vision for Oxfordshire:

"Oxfordshire Joint Commissioning will place people and their carers at the heart of a joined-up health and social care system that is person centered, delivering needs focused outcomes and providing best value for public money."

This new joint approach will aim to:

Create the right size organisational design with the right people in the right place doing the right things and with the right support.

Develop stronger more connected commissioning and joint posts across the HESC system in Oxfordshire.

Make the best use of resources to deliver quality and improved value of services.

Develop stronger relationships between service users, providers and operational services.

Allow for commissioning to deliver more person-centred services.

Ensure that Oxfordshire services are shaped by working more closely with the market – across the health and social care system.

Achieve continuous improvement for both organisations, our communities and people and our staff.

A coherent and strong commissioning function is a pre-requisite for the effective commissioning of a transformed health and care system in Oxfordshire and is a key lever for the effective delivery of the ambitions contained in the local NHS and Social Care plans.

Our revised joint approach to commissioning will add capacity to jointly delivering the NHS long Term Plan and work towards supporting the Integrated Care Partnership (ICP) locally.

The new commissioning function will adopt an increasingly strategic and outcomes focused approach, thereby commissioning systems as opposed to individual services to ensure increased integration at the point of delivery and improving outcomes and experience for local people.

The team will exhibit new behaviours that will adopt a totally new way of working in order to help achieve the aims and goals of the new HESC commissioning function. These behaviours will include:

Putting people and communities at the core of all we do.

Building strong relationships and networks, takes a collaborative approach with colleagues and stakeholders.

Taking ownership and accountability for their personal performance.

Communicating and collaborating pro-actively.

Making the best use of the Oxfordshire resources – money, people, skills, estates, equipment etc – looking beyond organisational boundaries.

Role modelling a positive, can-do attitude with a continuous improvement mindset.

Demonstrating curiosity and actively seeking out emerging practices and development opportunities.

Supporting a strong team culture, empowering team members and supporting team member's learning and development.

Displaying informed decision making.

Promoting a blameless culture.

Respecting each partner organisation duties and responsibilities but acting for the best system outcome.

Be respectful that the two organisations involved have different languages and cultures, for example, what is meant by the term 'quality' within the CCG may mean something quite different in a council context. These differences will be explored further as we develop the mobilisation plan and consider the essential elements of a smooth transition to integrate the commissioning functions.

4. **Why is a new approach needed?**

With our revised transformed commissioning arrangements, we have set out our high ambitions to improve outcomes for the people and communities within Oxfordshire. It will be essential to have the right level of senior leaders and directors providing the appropriate oversight and accountability to govern, map and provide the strategic directions for the revised HESC Commissioning in Oxfordshire. The recently developed JCE will provide this required approach and current arrangements are not designed to provide the necessary strategic leadership and oversight of the extended joint arrangements in our transformed model and structure.

5. **Corporate Policies and Priorities**

Can put in the wider strategic priorities to be met here?

6. **Financial Implications**

The proposed arrangements build further on the existing joint working in Oxfordshire. Bringing together all decision making around the pooled budgets into the JCE should drive and enable service efficiencies and better value for money as well as improved outcomes across the services within the pooled budgets.

Joint posts that are a key part of the HESC structure will be funded through agreed contributions from the County Council and OCCG.

7. Arrangements for risk sharing will be considered ahead of 2021/22 and agreed through the governance process for each organisation.

Comments checked by Kathy Wilcox, Finance Business Partner (Adult Services and Public Health) kathy.wilcox@oxfordshire.gov.uk

8. **Legal Implications**

The initial term of the current S 75 agreement ended in 2016 and since that time has been extended annually by written agreement of the parties. Confirmation of a longer-term agreement (subject to annual agreement of budgets) would provide greater certainty going forward. It should be noted that the current s 75 agreement covers a few pooled fund arrangements with the scope to add others by agreement. Any new pooled fund arrangement or substantive change to the existing arrangements would be subject to the parties' statutory duty to consult those affected by the arrangements.

It is also worth noting that any commissioning activity whereby health and social services are procured by a lead commissioner using a S 75 pooled fund is subject to public procurement legislation which may change over the coming years.

Comments checked by Jonathan Pool, Solicitor
jonathan.pool@oxfordshire.gov.uk

Stephen Chandler

Contact Officer: Acting Deputy Director Commissioning Rachel Pirie and Head of Older People and Community Services Ian Bottomley

December 2020

S75 NHS Act 2006: proposals for review of current agreement

Purpose of this Paper

1. This paper sets out for the Better Care Fund [BCF] and Adults with Support Needs [ASN] joint management groups [JMG] a proposed route to review the current s75 NHS Act 2006 agreement between OCC and OCCG.

2. The current agreement was signed in 2013 and has been agreed and/or varied annually by agreement since that time. In the light of the development of the new Health, Education and Social Care [HESC] Joint Commissioning model across OCC and OCCG it seems to be an appropriate point for a substantial review of the current arrangements to
    a. Agree the scope, objectives, and planned outcomes to be delivered by the s75 agreement going forward from April 2021
    b. Agree the financial contributions and approach to risk share between OCC and OCCG
    c. Agree the governance structure to manage these arrangements and provide assurance to both organizations

3. There are a number of key dependencies that impact on this proposed process
    a. The impact of the covid-19 pandemic; specifically the revised financial regimes for both NHS and County Council mean that the contributions and budgets for 2020/21 are only now to be confirmed in the current cycle of JMG meetings
    b. The HESC Joint Commissioning model is to be delivered by a revised organizational structure. This is currently subject to formal consultation with staff and which will not confirm those arrangements until 30 November 2020.
    c. As part of the new HESC structure, a new Joint Commissioning Executive will be formed in shadow through until March 2021.
    d. The Oxfordshire Health & Wellbeing Board in December will be asked to endorse the development and implementation of the HESC Joint Commissioning model and, by implication endorse this review of the current s75 arrangements

4. In view of these dependencies JMG is asked at this point to
    a. approve a approach to the review of the current s75 agreement
    b. agree the process to be followed to report back to JMG
    c. endorse the direction of travel set out in the HESC Joint Commissioning Structure for Oxfordshire Health & Wellbeing Board
    d. to delegate responsibility to proceed with this review as set out below

Background: current s75 arrangements and HESC Joint Commissioning Proposal

5. The current s75 arrangements date from April 2013 with the establishment of OCCG in succession to the Primary Care Trust. The previous several agreements were consolidated into one s75 agreement with two pooled budgets
    a. The Better Care Fund designed to support predominantly with older people and people with long-term physical disability
    b. Adults with Support Needs supporting people with mental health problems (Children and adults up to the age of 65), people with learning disability and/or autism and people living with acquired brain injury

6. The two pools have reported to the Oxfordshire Health & Wellbeing Board on a suite of measures required by the Better Care Fund, the Adult Social Care Framework, the Transforming Care programme for people living with learning disability and/or autism and the Five Year Forward View for Mental Health and other national and local policies.

7. The pooled budget approach has been successful in supporting strong relationships across NHS and social care in Oxfordshire, and during the lifetime of this project there have been a number of key improvements such as
    a. The expansion of the governance of the pools to include Clinical Leads
    b. The creation of a number of joint officer posts. These have in turn supported such initiatives as
        i. Reduction of delayed transfers of care from hospital with the creation of integrated step down beds and the integrated team that oversees them
        ii. a joint approach to the assessment and support for carers;
        iii. a jointly funded dementia support service;
        iv. the development of alternatives to hospital for people with learning disability and/or autism and with severe mental illness;
        v. increased support to people living with autism in the community.
    c. Overall these joint approaches have enabled Oxfordshire to address many of the operational and commissioning interface challenges that face other systems (eg around Continuing Healthcare or responsibility for hospital discharge). It is probably true to say that this contributed significantly to our local response to the covid pandemic.

8. That said, there have been a number of challenges that the current pooled budgets have not been able to address fully: for instance
    a. we still do not always and routinely build care around the individual first and resolve funding afterwards;
    b. we have not been able fully to integrate spend to mitigate system risks;
    c. we have not managed to combine commissioning leverage to manage and develop the market to provide what is needed;
    d. when working in an integrated way with provider partners we have more work to do to integrate the benefits of effective commissioning in provider delivery
    e. we do not yet achieve a consistently enabling, preventative approach to care delivery through our commissioning.

9. OCC has undertaken a review of its Provisioning Cycle and together with the CCG has developed the new HESC Joint Commissioning model across Public Health, Health, Education and Social Care. This model will deliver
    a. A more strategic approach to commissioning
    b. Greater integration of joint commissioning via a life course and tiers of need approach to provide co-produced personalised care
    c. A more preventative approach
    d. Greater market shaping
    e. An end to silos and duplication

10. This model is set out at Appendix 1. This approach offers an opportunity and a context for the review of the current s75 agreement. **It is recommended therefore that the review of the s75 agreement should proceed with a view to supporting the establishment of this new model.**

Review of the s75: scope and process

11. It is proposed that the review of the s75 runs in parallel to the development and implementation of the HESC joint commissioning model to deliver
    a. An interim report to JMG in January 21 covering scope, delegations, governance and draft plan for 2020/21 for recommendation to OCC Cabinet and OCCG Board
    b. A final report with draft s75 agreement and schedule of financial contributions and risk management approach in March 21
12. There are a number of key areas that will need to be addressed in the interim report
    a. The scope of the revised joint arrangements and in particular those national and local strategic priorities that will be delegated to the joint commissioning structure
    b. The resources that will need either to be pooled and/or otherwise aligned to support delivery of these priorities
    c. The governance arrangements to assure delivery of the plan and the oversight of the resources
    d. The opportunities to expand these joint arrangements in the future, and a roadmap that positions the joint commissioning arrangements in terms of the local and regional architecture (eg development of Integrated Care Partnership)
    e. The relationship of the JCE to the developing Integrated Care Partnership
13. A key deliverable of the joint commissioning plan is the establishment of a *Joint Commissioning Executive* [JCE] to set the strategic approach and provide assurance to OCC and OCCG for the investment and delivery of the plan. The JCE is proposed to include
    a. the Directors of Adults and Housing Services; Public Health and Wellbeing; Children; Finance from OCC
    b. the Deputy CEO, Director of Finance and two Clinical Directors from OCCG
    c. The JCE will be set up in shadow to oversee the new structures and develop the system plan during the period to March 2021. From April 2021 it could become the JMG for the future s75 agreement. This should be evaluated as an option as part of this process.
14. **It is recommended that an interim report is brought to JMG in Jan 2021**

Oxfordshire Health & Wellbeing Board [HWB]

15. The proposal to proceed with the new HESC joint commissioning structure is to be considered by the Oxfordshire HWB at its meeting in December 2020. **JMG is asked to approve the direction of travel set out in the HESC Joint Commissioning plan and confirm for HWB that the review of the current s75 will be carried out to support the implementation of the new structure.**

Delegated authority

16. As noted above the JCE will be set up in shadow form to oversee the development and implementation of the HESC joint commissioning structure ahead of formal commencement. There is also a HESC steering group that is managing the detail of the development.

17. Both the Director of Housing and Adults (OCC) the Deputy Chief Executive Officer (OCCG) will sit on the shadow JCE and are part of the Steering Group. **It is recommended that JMG delegates authority to these Directors to proceed with the review on behalf of JMG and provide the interim and final reports as indicated at para 11 above.** JMG is asked to confirm any specific parameters to this delegation.

Summary of recommendations for decision

18. It is recommended therefore that the review of the s75 agreement should proceed with a view to supporting the establishment of this new model

19. It is recommended that an interim report is brought to JMG in Jan 2021

20. JMG is asked to approve the direction of travel set out in the HESC joint commissioning plan and confirm for HWB that the review of the current s75 will be carried out with a view to supporting the implementation of the new structure.

21. It is recommended that JMG delegates authority to the DASS OCC and DCEO OCCG to proceed with the review on behalf of JMG and provide the interim and final reports as indicated at para 11 above.

Ian Bottomley

OCCG 13/11/2020

Oxfordshire's Health & Wellbeing Board

17 December 2020

A Draft Strategic Vision for Oxfordshire

Report by Andrew Down, Director of the Growth Board

RECOMMENDATION

1. **The Health & Wellbeing Board is RECOMMENDED to request that its members provide feedback on the draft Strategic Vision for Oxfordshire which has been developed by the Oxfordshire Growth Board**.

Executive Summary

2. The Growth Board partnership wishes to consider in a positive, open and transparent way what the ambition for Oxfordshire should look like and how it can be achieved. It has developed a Strategic Vision for Oxfordshire, which seeks to set out the shared ambitions of local councils and key organisations including those in the health and care system. The Vision focusses on social, economic and environmental well-being and prioritises climate change. It is centred on people's well-being, with Oxfordshire a place where current and future generations thrive. The Draft Vision is intended to be the start of a conversation with our communities to build consensus around a common set of goals for Oxfordshire, strengthening and improving the Vision.

   This wider engagement process needs to include members of Oxfordshire's health and care system as the objectives and proposed outcomes of the draft Vision will only be achieved by working together based on shared strategic priorities and by embracing innovation to develop solutions. Members of the Health & Wellbeing Board are therefore asked to consider the objectives, principles and outcomes set out in the draft Strategic Vision and to provide feedback on them using the online response form, found here: https://www.oxfordshireopenthought.org/strategic-vision#respond-now

Background

3. The Oxfordshire Growth Board ('the Board) was established in 2014 as a Joint Committee[1] of the six councils of Oxfordshire, together with key strategic partners. Following a recent review, the Board's aim is to help coordinate economic, housing and infrastructure development in a way that is inclusive and maximises local social and environmental benefits. The Board's establishment

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[1] *Under s101 (5), 102 Local Government Act 1972 (LGA 1972) and s9EB Local Government Act 2000 (LGA 2000) and pursuant to the Local Authorities (Arrangement for the Discharge of Functions) (England) Regulations 2012.*

was premised on strengthening partnership arrangements across Oxfordshire for pragmatic working on key strategic issues. It has successfully done this by overseeing the delivery of cross-county projects that the councils of Oxfordshire were seeking to deliver in a collaborative way – between local authorities, the Local Enterprise Partnership and wider partners and stakeholders[2].

4.   Oxfordshire has considerable and diverse strengths. It is also facing significant change, but with change comes the opportunity for progress based on new ways of thinking. Conversations between Growth Board partners and the public, and innovative work on economic inclusivity, have shown that there is a desire to see a different approach to place-shaping in Oxfordshire. For example, the public's responses to the consultation on the Oxfordshire Plan 2050 Regulation 18 document gave us a clear steer that there is an appetite for an approach that:

- is ambitious, radical, innovative and creative

- is Oxfordshire-specific and reflects the views of local people

- prioritises climate change

- focusses on social, economic and environmental well-being, not solely on a narrow definition of growth.

5.   Through the Growth Board, the councils have collectively expressed their desire for plans, strategies, programmes and investment priorities for Oxfordshire to be ambition-led and outcome-focussed. Achieving these ambitions will require all those who make future decisions about investment, and those planning for and delivering place-making across Oxfordshire, to maximise impact by working together based on shared strategic priorities and by embracing innovation to develop solutions. Developing a Strategic Vision for Oxfordshire is a unique opportunity to respond to this challenge, through the Growth Board, on behalf of local councils and partners.

Purpose & Status of the Draft Strategic Vision

6.   Building on the success of recent engagements and consultations, the Growth Board partnership wishes to consider in a positive, open and transparent way what the ambition for Oxfordshire should look like and how it can be achieved by drawing on new ways of thinking about sustainable development. The Draft Vision is intended to be the start of a conversation with our communities to build consensus around a common set of goals for Oxfordshire, strengthening and improving the Vision.

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[2] *As a Joint Committee, the Board may discharge executive functions if delegated to it by each constituent local authority, but each constituent authority retains the ability to exercise all executive and non-executive functions generally and specifically in relation to economic development including where applicable provision of housing, strategic spatial planning and strategic transport planning.*

7.   In doing so, the Strategic Vision is not intended to replace or set the specific vision for any of our individual communities or partner organisations. It is crucial to not lose sight of the rich variety of places that make up Oxfordshire and all that is valued about the character of our city, towns and villages and our natural and historic environments. It is recognised that delivering the Strategic Vision will require place-focussed responses to specific challenges and opportunities that reflect particular circumstances. That happens best through a detailed understanding of places and communities to arrive at solutions that work for them. Delivering the Vision will require long-term collective commitment and investment by the partners that make up the Growth Board but also, crucially, by a wider set of strategic stakeholders and partnerships.

8.   The Strategic Vision is part of the existing portfolio approach to plan and strategy development in Oxfordshire. The Vision has a specific role and a clearly defined non-statutory status. While it is similarly looking to 2050 and is intended to support the development of the Oxfordshire Plan indirectly, it is not part of the Oxfordshire Plan 2050 itself. It explicitly does not deal with the quantum of housing or economic growth for Oxfordshire, nor direct where it should go. Those are matters more appropriately dealt with through other plans (Oxfordshire Plan 2050 and Local Plans). The Vision can however play an important role in seeking to drive improvements to environmental, social and economic well-being which may be reflected in emerging plans, strategies and programmes.

9.   The Oxfordshire Plan will deliver parts of the Vision, but not all the ambitions and outcomes are within its sphere of influence. The Strategic Vision cuts across many sectors and is designed to inform a range of plans, strategies and programmes. Local plans, infrastructure plans, economic strategies and health and wellbeing plans and programmes will all have important roles to play. For example, having a set of long-term, strategic, economic, infrastructure and environment investment priorities aligned to shared outcomes will help ensure Oxfordshire is investing in the right infrastructure and other assets in a timely way, maximising the benefits of that investment, avoiding unnecessary expenditure and helping ensure it is better placed to influence the priorities of other relevant organisations. Having a 'whole system' agreed vision of where we are heading, and our expected outcomes would go a very long way to help align our work and our infrastructure programmes.

10.   The Vision should also be read by partners beyond Oxfordshire as a statement of intent by the partnership that has prepared it. Of particular significance is the Government's announcement in March 2020 of its backing for a spatial framework for the Oxford-Cambridge Arc. Oxfordshire can help achieve its collective ambition by looking to influence any framework for the Arc based on its Strategic Vision.

Scope of the Draft Strategic Vision

11.   The Draft Strategic Vision is high-level, overarching and long-term. It is positive, optimistic and aims high in its ambition for Oxfordshire. The Vision sets out how the plans, strategies and programmes for Oxfordshire, including the Oxfordshire Plan 2050, can be ambition-led and outcome focussed, facilitating a step-change in the approach to delivering sustainable development in Oxfordshire. In much the same way that local councils adopt corporate plans to guide their work, the Vision will help guide the approach to joint working and joint programmes between those councils and their partners.

12.   The Strategic Vision is centred on people's well-being, with Oxfordshire a place where current and future generations thrive. Well-being of individuals is important, but the Strategic Vision also addresses well-being in the round in ways that make important connections because there are well-recognised intrinsic links between the environmental, social and economic dimensions of well-being and how these need to be underpinned by improved resilience. The ambition is to utilise the unique opportunities and assets in Oxfordshire to shape healthy, sustainable, resilient communities.

13.   The Strategic Vision defines the ambition for Oxfordshire as a set of outcomes, which if we are successful, will have been achieved by 2050. To help achieve the ambition the Vision defines what is meant by 'good growth', with the approach based on improvements in quality and circumstances for individuals and society. The aim is that growth in Oxfordshire will be inclusive, focussing on progress in improving health and well-being, transitioning to a low carbon future, addressing inequalities and prioritising the natural environment, alongside greater resilience to climate and economic change. The Vision also includes a set of Guiding Principles (or inter-related ground rules) which together articulate how Oxfordshire will change as a place over the next 30 years.

14.   Delivery against a 30-year vision will require pragmatism and realism as the tools of our innovation and ambition develop. However, the Strategic Vision recognises that decisions, actions and investments are required now to place Oxfordshire on the pathway to delivery by 2050.

15.   It is very likely that achieving the final, agreed outcomes by 2050 will require some trends to be reversed, while for some other trends, where progress is already being made, there will need to be an increase in the pace of change, making the most of the vital role place-making plays in delivering positive outcomes. Measuring progress, so that we know what responses are needed,

will be an important part of the approach to delivering the Strategic Vision. It also provides a robust basis on which Oxfordshire's communities and stakeholders may hold the Growth Board to account. At this stage we have not attempted to define or agree targets or the indicators for monitoring delivery. Development of a robust framework for monitoring progress and continual improvement will form a key part of the next phase of work on the Strategic Vision, drawing on public and stakeholder engagement.

Timescales & Next Steps

16.   Work on the Strategic Vision is time-critical. It is intended to indirectly support the development of the Oxfordshire Plan 2050, as well as the Government's planned spatial framework for the Oxford-Cambridge Arc. Work on a spatial framework is now gathering momentum and is expected to progress at pace; having an agreed Strategic Vision in place will provide Oxfordshire with a firm basis to influence any framework for the Arc.

17.   Preparation of the Draft Strategic Vision is the beginning of a process. Because the Growth Board wants to be open about what it is trying to achieve, it is carrying out bespoke and wide public and stakeholder engagement, providing an early opportunity for people to share and shape its thinking through public discussion and debate. The programme of public and stakeholder engagement will run from 16 November 2020 to 3 January 2021.

18.   Due to COVID-19, the Growth Board is using the Oxfordshire Open Thought digital engagement platform which has already proved very helpful in engaging on wide-ranging topics and long-term thinking. Engagement on the Strategic Vision will respond to that earlier conversation, and use Open Thought to seek support, build consensus and make improvements.

19.   The Growth Board partners have important linkages with communities and grassroots networks in Oxfordshire. The views of the Growth Board partners including those in the health and care system will therefore be crucial in shaping the Strategic Vision as it evolves. The more consensus that can be built, the more it will be possible to develop and implement effective plans and programmes for Oxfordshire. The Growth Board is therefore asking that the Strategic Vision is considered by the Health & Wellbeing Board during the engagement period.

20.   The Vision will be refined by the Growth Board taking account of the engagement and further work (informal sustainability advice for example). Early, pre-engagement comments made through the Growth Board Scrutiny

Panel and Growth Board process will be picked up as part of the post-engagement re-drafting.

21.   Subject to the feedback received and support generated, the Growth Board will seek endorsement of a revised Strategic Vision at its meeting scheduled for 23 March 2021.

Conclusion

22.   The development of a Strategic Vision for Oxfordshire, which encompasses the shared ambitions of local councils and key organisations including those in the health and care system, provides a unique opportunity to bring together a clear and unambiguous statement about what it is we want to achieve in Oxfordshire. This bold and striving approach is being developed as part of a wider engagement process with Growth Board partners, councillors and residents. Members of the Health & Wellbeing Board are asked to provide feedback on the draft Strategic Vision using the online response form, found here: https://www.oxfordshireopenthought.org/strategic-vision#respond-now

Financial Implications

23.   The preparation and development of the Strategic Vision will be covered within existing budget and resource allocations. No additional financial commitments are required as part of this report.

Legal implications

24.   The Strategic Vision for Oxfordshire has a clearly defined non-statutory status. Nevertheless, it may be prudent to seek legal advice following engagement but prior to agreement of the Vision, to ensure the agreed language of the Vision moving forward is helpful to, rather than in conflict with, the emerging next stage of the Oxfordshire Plan 2050.

Staff Implications

25.   No new or additional implications for staff resources.

Corporate Policies and Priorities

26. The Strategic Vision for Oxfordshire is fully aligned with Oxfordshire County Council's vision for thriving communities for everyone in Oxfordshire, a great place to live and work, with more people enjoying a higher quality of life.

Equality & Inclusion Implications

27. The Strategic Vision for Oxfordshire has as one of its key objectives the reduction of health inequalities; delivering this ambition will be central to delivery of the Vision.

Sustainability Implications

28. The Strategic Vision prioritises climate change; one of its key objectives is that by 2050 Oxfordshire will already be carbon neutral, and will be moving towards a carbon negative future, in which the County is removing more carbon than it emits each year.

Andrew Down, Director of the Growth Board

Annex: Oxfordshire's Strategic Vision for Long-Term Sustainable Development - Engagement Draft

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December 2020

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Appendix 1: Oxfordshire's Strategic Vision for Long-Term Sustainable Development - Engagement Draft

Our Vision Statement for Oxfordshire

Enhanced well-being sits at the heart of our ambition.

We want Oxfordshire to thrive so that the lives of current and future generations are improved. To achieve this will require bold, innovative, collaborative and inclusive thinking with decisions and actions that deliver real and lasting change in ways that build resilience and enhance well-being.

To be well, we need the right environmental, social and economic conditions, underpinned by improved resilience, and built on a clear understanding that the different dimensions of well-being are intrinsically linked. By resilience we mean de-carbonisation, tackling climate change and mitigating its impacts, securing a biodiverse natural environment, building community connectedness, better health, and improved educational attainment and skills that will support the jobs of the future. Our ambition is to utilise the unique opportunities and assets in Oxfordshire to accommodate growth sustainably, and shape healthy, resilient communities in which it is possible for all residents to thrive.

If we are successful, these are the outcomes that will have been achieved in Oxfordshire by 2050:

- *We will be the first generation to leave Oxfordshire's natural environment in a better state than that in which we found it. The natural environment will be more biodiverse, supporting social, economic and ecological resilience and the capacity to adapt to change.*

- *Oxfordshire will already be carbon neutral, and will be moving towards a carbon negative future, in which the County is removing more carbon than it emits each year.*

- *The population will be healthier and happier, inequalities will have been reduced, young people will feel excited about their future and the overall well-being of the population will have improved.*

- *The economy of Oxfordshire will be successful and sustainable, making the most of all our people and with quality places where people want to live and work.*

- *We will have energy efficient, well-designed homes, sufficient in numbers, location, type, size, tenure and affordability to meet the needs of our residents.*

- *Movement around Oxfordshire will be transformed, with greater connectivity and mobility in and between places in ways that enhance environmental, social and economic well-being.*

- *Our communities will be rooted and flourishing, with enhanced and lasting connectedness driven by individual and community action.*

1. Introduction

1.1 Oxfordshire has considerable and diverse strengths. Its beautiful countryside, from the Chilterns to the Cotswolds, with high quality landscapes and areas important for nature conservation, its rich and diverse built and historic environment formed from the fabric of its market towns and villages and the vibrant, diverse cultural offer and urban environment in the City of Oxford, and its proximity and connections with other places, are key reasons why people choose to live, work, visit and invest here. These strengths have formed the foundation of Oxfordshire's economic success. But there are also challenges. Oxfordshire is one of the fastest growing economies in the country, but it is also among the least equal, with significant and stubborn economic and social inequalities. And there are problems linked to congestion, housing affordability and the well-being of the natural and built environments. All these impact on Oxfordshire's residents and businesses.

1.2 Oxfordshire is facing significant changes. Some of these – such as climate change and the unprecedented impacts of the COVID-19 pandemic – are the result of trends that are being experienced by the global community. Other changes reflect Oxfordshire's status as an international centre of pioneering research and innovation based on a hive of knowledge-intensive economic activity at the universities and science, technology and business parks. Changes are being influenced by Oxfordshire's links with neighbouring areas such as the Thames Valley and Swindon, and more widely with the Oxford-Cambridge Arc which is now a key national economic priority for the Government.

1.3 Change is inevitable, but change is not inevitably detrimental. With change comes the opportunity for progress based on new ways of thinking. We have seen an important increase in emphasis on climate change internationally, nationally and locally, with legislation in 2019 to eradicate the UK contribution to climate change by 2050, and with climate change emergencies declared by all the Oxfordshire Councils. We now have a better understanding that every decision made as a result of emerging plans and strategies for Oxfordshire has the potential to, and very probably will, impact (positively or negatively) on local, national and global emissions in the short, medium and long-term, to way beyond plan end dates.

1.4 Most recently, the COVID-19 crisis has generated considerable uncertainty and brought into sharp focus important, complex and sometimes uncomfortable questions about the impact of the pandemic. But we have also seen how, although physically apart, people have come together to give care, support and friendship within their communities. It has also given us a glimpse of a world less dependent on personal travel and more reliant on digital connectivity. How can we capture the positive aspects of these changes as we move forward? The pandemic has forced us to think about how we should frame our choices as the country moves towards recovery, what our priorities should be and how to deliver positive outcomes.

1.5 We need to be pragmatic in responding to current circumstances, whilst recognising the importance of taking this opportunity to think strategically about how best to tackle long-term problems as we re-build and secure the future of our local economies. Others have referred to this process as 'building back better', in which traditional models of growth are re-thought, re-set and replaced with a more balanced approach based on a broader range of objectives. We should not avoid tackling issues now, but it is also important to establish a pathway for long-term change.

1.6   We know that within Oxfordshire there is a desire to see a different approach to place-shaping. Early in 2019 the partnership preparing the Oxfordshire Plan 2050 started a formal conversation with the public and stakeholders about planning for Oxfordshire's long-term future. The public's response to that consultation gave us a very clear steer that there is an appetite for an approach that:

- is more ambitious, radical, innovative and creative
- is more Oxfordshire-specific and reflective of local people's views
- prioritises climate change, and
- focusses on social, economic and environmental well-being, and not solely on a narrow definition of growth.

1.7   Similar thoughts were also reflected in the One Planet Living Oxfordshire Shared Vision[1]. Developed for a broadly-based Oxfordshire partnership, and drawing on input from some 100 stakeholders from across Oxfordshire, the One Planet approach sets out the sorts of big thinking and action that is required to achieve sustainable living based on a happier, healthier, greener future. And, the Oxfordshire Growth Board's Open Thought initiative[2] has added to the debate and pool of ideas by tapping into the wealth of knowledge to help find solutions to accommodate changes in how we will live and work, how we will connect with each other and how we will manage and respond to climate change.

1.8   Our bold economic ambitions[3] have been brought to life in an investment plan[4]. We can see from this how Oxfordshire is uniquely placed to embrace the dynamic potential of world-leading innovation and research and development to support economic recovery and growth for the benefit of local residents.

1.9   Innovative work on inclusive growth[5] has brought relevance and visibility to a need for us to actively recognise and address the inequalities in our success. It has highlighted a wide range of issues, including the need to tackle deprivation and disadvantage in Oxford and our other urban areas, improve educational attainment and to develop the skills required to access new employment opportunities and to improve physical and digital connectivity in our rural areas. If we are to deliver our vision and ambitions, these inequalities will need to be addressed so that growth is genuinely inclusive.

1.10   These conversations and thinking have shown that if we frame our ambition based on what is demonstrably achievable over the next thirty years, we could fall well short of what those who have contributed are looking to achieve. That would be a missed opportunity that fails to capitalise on Oxfordshire's scope for innovation over the longer-term. We therefore wish to determine in a positive, open and transparent way what our ambition for Oxfordshire should look like and how we can achieve it by drawing on new ways of thinking about sustainable development.

1.11   In doing so, we should not lose sight of the rich variety of places that make up Oxfordshire. We value the character of these different settings – our city, towns and villages and our natural and historic environments – and recognise that delivering our shared Strategic Vision will require place-focussed responses to specific challenges and opportunities that reflect particular circumstances. For example, activity to achieve ambitions for zero carbon and increased biodiversity will need different design solutions

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[1] One Planet Oxfordshire: Our Shared Vision, Bioregional, 2019

[2] See: https://www.oxfordshireopenthought.org

[3] Oxfordshire's Local Industrial Strategy, 2019

[4] Oxfordshire's Local Industrial Strategy Investment Plan, 2020

[5] Led by Oxfordshire's Local Enterprise Partnership under Oxfordshire's 'Social Contract' and by the City of Oxford

in the high-density environments of the city and urban areas than in rural settings. This happens best through inclusive processes and a detailed understanding of places and communities to arrive at solutions that work for them.

1.12 We also recognise that positive change will evolve and take time: it is not linear and not smooth. This Vision sets our ambition high: while we are realistic in understanding this will evolve over time and must be couched against dynamic economic, political and social forces beyond our direct control, we want to challenge the norm and the lowest common denominator to provide the best possible future for our residents.

2. Purpose & Status of the Strategic Vision

2.1 This Strategic Vision has been prepared by the collective leadership of the Oxfordshire Growth Board. The Growth Board comprises the six councils of Oxfordshire[6] and key strategic partners[7]. It facilitates collaborative working on economic development, strategic planning and growth, and oversees the projects agreed in the Oxfordshire Housing and Growth Deal, seeking agreement on local priorities.

2.2 The Strategic Vision cuts across many sectors and is designed to inform a range of strategies, plans and programmes. It represents our common and shared ambition but is not intended to replace or set the vision for any of our communities or partner organisations.

2.3 Not all the ambitions and outcomes will be within the sphere of influence of the Oxfordshire Plan 2050. That plan will deliver parts of the Vision, but as a statutory planning document, it cannot address all aspects involved in delivering this Vision. Local plans, infrastructure plans, economic strategies and associated plans and programmes will also have important roles to play. There is also a role for the individual to help deliver our ambitions, as our own actions can support or detract from delivering the Vision.

2.4 We want our plans, strategies and programmes, including the Oxfordshire Plan 2050, to be ambition-led and outcome focussed. Our Strategic Vision will be transformative, centred on people's well-being, addressing climate change, as well as on the health and quality of our natural environment. The Strategic Vision is intended to facilitate a step-change in our approach to planning for and delivering sustainable development for Oxfordshire.

2.5 The Strategic Vision is high-level, overarching and long-term. While the outcomes and priorities are unlikely to alter over the short to medium-term, our approach needs to be resilient to change over time. Our Strategic Vision is positive and optimistic. It recognises that although there is a high level of uncertainty over a 30-year period, particularly around external factors including climate and technological change, new opportunities to balance environmental, social and economic needs to deliver sustainable development in different and better ways will emerge. This will position Oxfordshire to challenge and capitalise on the scope for innovation over the longer-term.

2.6 Delivery against a 30-year vision will require pragmatism and realism as the tools of our innovation and ambition develop. However, this pragmatism should be seen to support delivery against our vision and not as an excuse to under-perform.

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[6] Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council and Oxfordshire County Council

[7] Oxfordshire LEP, Oxfordshire Skills Board, Oxford Brookes University, University of Oxford, Homes England, DEFRA, Oxfordshire Clinical Commissioning Group, Environment Agency, Network Rail and Highways England

2.7 Our Vision should be read by partners within and beyond Oxfordshire as a statement of intent by the partnership that has prepared it. Of particular significance is the Government's announcement in March 2020 of its backing for a spatial framework for the Oxford-Cambridge Arc. Oxfordshire will look to influence any framework for the Arc based on this Strategic Vision to help achieve our collective ambition.

2.8 The Strategic Vision forms part of the informal interface between national and local policy, helping to deliver national objectives such as those for 'clean growth' which aim to make the most of low carbon opportunities locally while meeting national and international commitments to tackle climate change[8]. It also supports delivery of national health priorities[9]. These identify the importance of prevention and reducing health inequalities and recognise that embedding healthy place-shaping principles within plans ensures that future developments are designed to support prevention and physical and mental well-being.

2.9 This Strategic Vision is part of the existing portfolio approach to plan and strategy development in Oxfordshire. Its role is to establish an overarching ambition that informs the Oxfordshire Plan 2050 amongst other relevant plans, strategies and programmes that reflect wider considerations such as health and well-being and infrastructure that impact on place-making in Oxfordshire. By providing clear strategic leadership and direction, we aim to increase confidence in the delivery of long-term spatial priorities.

2.10 This is the beginning of a process. We want to be open about what we are trying to achieve so we are carrying out bespoke public and stakeholder engagement providing an early opportunity for people to share and shape our thinking through public discussion and debate.

3. Oxfordshire's Challenges & Opportunities

3.1 The starting point for developing ambition-led plans and strategies is agreement about what they are seeking to achieve or change and what strategic challenges will need to be addressed. We have identified six key strategic challenges facing Oxfordshire:

- Health & Social Inequalities
- Our Natural & Built Environment
- Climate Change & Energy
- Housing Affordability & Access to Affordable Housing
- Economic Growth
- Transport & Digital Connectivity.

3.2 Many factors impact on our lives and well-being, and there are strong and complex relationships between these challenges: from the links between the well-being of the natural and built environments and the well-being of individuals, communities and the economy; to the relationships between social and economic inequalities and health; to the linkages between connectivity and climate change, the natural environment, economic productivity, physical and mental health, and community connectedness.

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[8] The Clean Growth Strategy – Leading the way to a low carbon future, HM Government, 2018
[9] NHS Long Term Plan, 2019

4. Strategic Influencers

4.1 A key role for this Strategic Vision will be to help align long-term spatial, economic and infrastructure investment priorities across Oxfordshire. There are already other plans, strategies, policies and investment programmes (in existence or emerging), as well as legislative requirements, that will influence place-shaping in Oxfordshire, including where development in Oxfordshire should take place and where investment should be focussed. Oxfordshire will be shaped by these 'strategic influencers' to varying degrees over the next 30 years. We have 'mapped' the main strategic influencers and summarised their key messages for Oxfordshire. This information is set out in Annex 1.

4.2 The strategic influencers will continue to evolve – some will change, and other new influencers will emerge as plans and strategies for Oxfordshire are developed, national policy changes and sub-national frameworks take shape. Some parts of this evolving context of strategic influencers will be more within the control of the partnership organisations than others. But in most cases, the relationship is a two, rather than one-way, process and there is an opportunity to influence and shape the priorities, plans, strategies and investment decisions of others, particularly in the longer-term – a means of 'influencing the influencers'. Our Strategic Vision can help maximise the benefits of decisions made by others, as well as helping to mitigate the impact of decisions outside the partnership's control.

5. Defining Our Ambition

5.1 Enhanced well-being sits at the heart of our ambition. We want Oxfordshire to thrive so that the lives of current and future generations are improved. To achieve this will require bold, innovative, collaborative and inclusive thinking with decisions and actions that deliver real and lasting change in ways that build resilience and enhance well-being.

5.2 The well-being of individuals is important, and the actions we take to address our own well-being are key to cumulative and collective success. But we have also taken the opportunity to think about well-being in the round and in ways that make important connections, recognising that different dimensions of well-being are intrinsically linked. To be well physically and mentally, we need the right environmental, social and economic conditions underpinned by improved resilience. By resilience we mean de-carbonisation, tackling climate change and mitigating its impacts, securing a biodiverse natural environment, building community connectedness, better health, and improved educational attainment and skills that will support the jobs of the future. Our ambition is to **utilise the unique opportunities and assets in Oxfordshire** to shape healthy, sustainable, resilient communities in which it is possible for all residents to thrive.

5.3 If we are successful, these are the **outcomes** that will have been achieved in Oxfordshire by 2050 – this is what better will look like. Although the outcomes are long-term, decisions, actions and investment are required now to place Oxfordshire on the pathway to delivery by 2050.

Outcomes for Oxfordshire

- We will be the first generation to leave Oxfordshire's natural environment in a better state than that in which we found it. The natural environment will be more biodiverse, supporting social, economic and ecological resilience and the capacity to adapt to change.

- Oxfordshire will already be carbon neutral, and will be moving towards a carbon negative future, in which the County is removing more carbon than it emits each year.

- The population will be healthier and happier, inequalities will have been reduced, young people will feel excited about their future and the overall well-being of the population will have improved.

- The economy of Oxfordshire will be successful and sustainable, making the most of all our people and with quality places where people want to live and work.

- We will have energy efficient, well-designed homes, sufficient in numbers, location, type, size, tenure and affordability to meet the needs of our residents.

- Movement around Oxfordshire will be transformed, with greater connectivity and mobility in and between places in ways that enhance environmental, social and economic well-being.

- Our communities will be rooted and flourishing, with enhanced and lasting connectedness driven by individual and community action.

6. Achieving our Ambition

6.1 Our Strategic Vision for Oxfordshire's future is driven by improvements to people's well-being. This is reflected in our definition of what 'good growth' will look like in Oxfordshire.

6.2 National planning policies require Oxfordshire to plan positively for growth in ways that achieve the three overarching objectives of sustainable development: economic, social and environmental. Growth can be defined narrowly in terms of expansion in numbers of homes and jobs and economic output. But growth can also encompass progress based on improvements in quality and circumstances for individuals and society.

We want current and future generations in Oxfordshire to share in: improvements in health and well-being; better access to truly affordable and high-quality housing; cleaner air and water; better jobs and access to education and training; enhanced green space; and protection from extreme weather and other impacts of climate change.

6.3 We think this is a better approach to achieving transformative and long-term sustainable development. This is how Oxfordshire will approach growth. It will be inclusive, focussing on progress in improving health and well-being, transitioning to a low carbon future, addressing inequalities and prioritising our natural environment, alongside greater resilience to climate and economic change.

> **'Good growth' in Oxfordshire** will:
>
> - Be **sustainable**, focusing development in ways that enhance quality of place and at locations which enable people to live and work nearby, avoiding unnecessary travel in the first instance, but using opportunities to increase movement by sustainable and active modes of travel when needed.
>
> - Be **healthy and inclusive**, with all development addressing inequalities and contributing positively to the overall health and well-being of Oxfordshire's communities, environment and economy.
>
> - Be **clean and green**, placing the County at the leading edge of UK and global de-carbonisation efforts by maximising all opportunities to significantly reduce Oxfordshire's carbon footprint, and increasing natural capital across the County.
>
> - Embrace **innovation** based on our technology sectors and knowledge-intensive activity, and develop new innovative solutions for working, learning, mobility, health care, energy, sustainable design and improved public services.
>
> - Facilitate **efficient** use of Oxfordshire's natural resources and land, with priority given to supporting a high-productivity economy.
>
> - Build **resilience** to change, with growth planned in a way that can accommodate changes in technology, and in the way that people live and work, changing demographics, and global impacts, particularly climate and economic changes.
>
> - Expect **high-quality** development which will have a positive impact on communities in terms of design, energy efficiency and public realm, utilises low impact building and construction methods and materials, and is properly supported by the necessary infrastructure. Everything we build or design in Oxfordshire will be fit for purpose in the world of 2050.

6.4   Our definition of 'good growth' forms the basis for a set of **Guiding Principles**. Taken together, our outcomes, the definition of 'good growth' and the guiding principles, form the foundation for our overarching approach to sustainable development for Oxfordshire, and for developing our plans, strategies and programmes.

Guiding Principle 1: We will reduce the impacts of climate change

We will reduce the impacts of climate change by making climate action a top priority in our decisions. We will maximise opportunities through our plans, strategies and programmes, to build long-lasting resilience to climate change, demonstrating leadership in carbon reduction and supporting emerging transformative technologies and sectors. Our aim is that Oxfordshire will be carbon neutral by 2040, or earlier if possible, and by 2050 will be moving towards a carbon negative future.

Guiding Principle 2: We will improve our overall health and well-being and reduce inequalities

We will place overall health and physical and mental well-being at the forefront of our decision-making. We will seek to deliver a net increase in the health and well-being of our communities in all our place-shaping decisions and activities, reducing inequalities and helping to enhance the overall quality of life, health and happiness of existing and future residents. This will include providing homes to meet people's needs, jobs to support livelihoods, enhanced access to green spaces, better access to sustainable, inclusive and resilient active and low carbon transport and improvements in air quality. We have access to some of the greatest health care facilities and minds in the world in Oxfordshire and through working closely with the universities and health organisations, we will ensure we are leading on prevention and healthy place-shaping.

Guiding Principle 3: We will enhance our natural capital assets

We will enhance our natural capital assets through our plans, strategies and programmes, recognising the significant contribution natural capital makes to our quality of place, the health and well-being of our communities, and their value in building resilience to climate change, reducing flood risk, increasing biodiversity and boosting economic productivity. We will value Oxfordshire's countryside, our parks and open spaces, the River Thames and our other rivers, canals, reservoirs, lakes, ponds and wetlands. We will protect where necessary, and seek new opportunities to add to and enhance our highly valued countryside, landscape and the greenspaces and environmental assets within the urban areas that provide valued recreation space and vital green lungs. Natural capital is a key reason why many people choose to live here, many businesses choose to locate here, and tourists choose to visit here.

Guiding Principle 4: We will reflect our distinctive and diverse qualities

We will ensure that our plans, strategies and programmes reflect the unique and distinctive qualities of places within Oxfordshire, maximising opportunities to deliver the development needed, embracing innovation whilst enhancing our valuable assets and recognising the diversity of our city, towns and villages, the quality of the historic, natural and built environment and the importance of local identity. While we are the most rural county in the South East, the vast majority of our population lives in our city, towns and villages. The diversity of our settlements, the synergy between urban and rural and the benefits both bring are critical to our success.

Guiding Principle 5: We will deliver homes that meet the needs of current and future generations

New homes will add to the vitality and vibrancy of our communities whilst positively contributing to our collective well-being. We will tackle the significant challenge of housing affordability in Oxfordshire by delivering more truly affordable homes. And we will deliver homes that allow people to live healthily, happily and independently in their old age. The emphasis will be on place-shaping: new homes will be high quality and low carbon, resilient to the impacts of climate change, meet people's needs, form part of connected communities and improve the local environment.

Guiding Principle 6: We will embrace technological changes

We will ensure that our plans, strategies and programmes are sufficiently flexible to embrace the potential offered from new and evolving technology in creating better opportunities and outcomes for people, in addressing inequalities, and in its impact on mobility, communications, energy and water supply, models of construction and increasing economic productivity.

Guiding Principle 7: We will create the conditions to support an inclusive, successful and sustainable economy based on world-leading innovation

We will work collaboratively with economic partners to ensure that our spatial priorities and economic priorities are aligned to deliver good, inclusive economic growth that supports people's health and well-being. We will ensure there is improved physical and digital connectivity, and that the right type of premises, land and infrastructure are provided to facilitate a high productivity economy and to meet the needs of our priority sectors. Inequalities in employment opportunities, and in access to education, skills and training will be addressed, building a skilled population with better opportunities for all.

Guiding Principle 8: We will expect high-quality development

We will expect all new development to be of the highest quality and design standards, with particular support given to innovative building solutions and sustainable construction methods, and development that improves the overall built environment and promotes good physical and mental health.

Guiding Principle 9: We will maximise the benefits of strong collaboration

We will build stronger collaboration with our partners to secure a plan-led approach to good growth, delivering strategic development opportunities that are aligned with our shared ambition and long-term investment priorities, particularly where these provide opportunities to enhance our strategic connectivity. And, we will create the conditions where people feel involved and empowered, embedding a culture of meaningful involvement and enabling communities to inform and shape local decisions.

Guiding Principle 10: We will help people to help each other by supporting communities and individuals to achieve positive change for themselves

We will help communities to be more cohesive and better able to adapt to change, based on accessible and quality key services and infrastructure, good digital connectivity and strong community networks. Communities will be supported and empowered to do the things that matter to improve their health and well-being.

Guiding Principle 11: We will proactively and positively engage and collaborate beyond Oxfordshire

We will foster links with neighbouring areas to facilitate the delivery of good growth through mutually beneficial relationships. Key to this will be ensuring that the Oxfordshire Plan's strategic priorities are fully aligned and integrated with regional and sub-regional priorities including the emerging Oxford-Cambridge Arc.

6.5 All the Guiding Principles articulate how Oxfordshire will change as a place over the next 30 years and all will shape our overarching approach. Individual Guiding Principles have not been weighted. Rather, because we are seeking to drive improvements to environmental, social and economic well-being in ways which build resilience, and because most of our Guiding Principles are relevant to more than one of our goals, the Guiding Principles form an inter-related set of equally important ground rules.

7. Next Steps – Delivering the Strategic Vision

7.1 This Strategic Vision has been prepared by the collective leadership of the Oxfordshire Growth Board which is ultimately responsible for it. Delivering the Vision will require long-term collective commitment and investment by the partners that make up the Growth Board but also, crucially, by a wider set of strategic stakeholders and partnerships.

7.2 As a first step in delivering the Strategic Vision, it is proposed several work streams are taken forward:

- Engaging with partners and communities

- Measuring what matters

- Developing plans & strategies and investment priorities.

Engaging with Partners & Communities

7.3 Because we want to be open about what we are trying to achieve, one of the first actions will be to carry out bespoke public and stakeholder engagement late in 2020. This will provide partners and our communities with an early opportunity to challenge and shape the thinking we have done on our ambition, principles and shared outcomes. This engagement does not form part of any statutory process and is additional to consultations on other plans, strategies and programmes.

Measuring What Matters

7.4 The ambition, outcomes and priorities set out in the Strategic Vision have been explicitly designed for the long-term. They are unlikely to change over the short to medium-term and it is not anticipated that there will be a need for frequent reviews. To achieve the outcomes we have identified by 2050 will require some trends to be reversed, while for some other trends, where progress is already being made, there will need to be an increase in the pace of change. And, we will need to make the most of the vital role place-making plays in delivering positive outcomes.

7.5 Measuring progress, so that we know what responses are needed, will be an important part of our approach to delivering the Strategic Vision. It also provides a robust basis on which Oxfordshire's communities and stakeholders may hold the Growth Board to account. We will measure what matters, based on the strategic outcomes and the definition of Good Growth set out in the Strategic Vision. At this stage we have not attempted to define or agree targets or the indicators for monitoring delivery. Development of a robust monitoring framework, with agreed targets and indicators, will form a key part of the next phase of work on the Strategic Vision, drawing on the public and stakeholder engagement we will be carrying out.

Developing Plans, Strategies and Investment Priorities

7.6 Our well-being goals are ambitious. Achieving them will require all those who make future decisions about investment, and those planning for and delivering place-making across Oxfordshire, to maximise impact by working collaboratively based on shared strategic priorities and by embracing innovation to develop solutions.

7.7 The Strategic Vision for Oxfordshire will be delivered by a wide range of plans, strategies and programmes. The Oxfordshire Plan 2050 is one important example, but there are many others. At an Oxfordshire-wide level they include the Joint Health & Well-Being Strategy, the Infrastructure Strategy (OxIS), the Local Industrial Strategy, and the Local Transport and Connectivity Plan, while sub-nationally the spatial framework for the

Oxford-Cambridge Arc and England's Economic Heartland's Transport Strategy will have important roles to play.

7.8   It is vital that we have an agreed set of long-term, strategic economic, infrastructure and environment investment priorities aligned to the outcomes we are committed to. This will help us to ensure that we are investing in the right infrastructure and other assets in a timely way, maximising the benefits of that investment, and avoiding unnecessary expenditure. It will also better position Oxfordshire to influence the priorities of other relevant organisations.

7.9   Oxfordshire's Growth Board will seek that those preparing relevant strategic-level plans, strategies and programmes consider how their policies, proposals and investment decisions deliver against this Strategic Vision, and future responses to these plans, strategies and programmes from the Growth Board will take these into account.

Annex 1: Strategic Influencers

A1.1 The following graphic 'maps' the main strategic influencers. Most have been, or are being, developed at an Oxfordshire-wide level, or relate to sub-national geographic areas, or are UK-wide. Many have a direct relationship with government policy or legislative requirements. We have not attempted to present an exhaustive set of influencers. Rather, we have captured those which we consider to be the most significant and most relevant at the strategic level, whilst acknowledging that some of these will have a greater impact than others.

A1.2 They key messages from the strategic influencers are summarised in the following table.

Key Messages	Strategic Influencers
There is a commitment to maximise the potential of existing urban areas to 2031 to deliver 100,000 new homes.	▪ Housing & Growth Deal ▪ Local Plans ▪ National Planning Policy Framework (2019) ▪ Oxfordshire Local Transport & Connectivity Plan
Development should enhance the natural environment, improve access to the countryside and increase its natural capital, recognising its valuable role in supporting clean growth and improvements to health and well-being.	▪ Green Future: 25 Year Plan to Improve the Environment ▪ Local Plans ▪ Oxford-Cambridge Arc: Government Ambition ▪ Oxfordshire's Draft Nature Recovery Network ▪ Oxfordshire Local Industrial Strategy ▪ Oxfordshire Joint Health & Well-Being Strategy
Strategic transport investment priorities should aim to enhance Oxfordshire's strategic connectivity value.	▪ England's Economic Heartland Transport Strategy 2050 ▪ Oxford-Cambridge Arc: Government Ambition ▪ Oxfordshire Local Industrial Strategy ▪ Oxfordshire Local Transport & Connectivity Plan
Long-term strategic investment decisions should be responsive to climate, demographic and technological change, building resilience in the economy, transport infrastructure and the physical and natural environment.	▪ Clean Growth Strategy ▪ England's Economic Heartland Transport Strategy 2050 ▪ Oxfordshire Joint Health & Well-Being Strategy ▪ Oxfordshire Infrastructure Strategy ▪ Oxfordshire Local Industrial Strategy ▪ Oxfordshire Local Transport & Connectivity Plan ▪ UK Industrial Strategy

Key Messages	Strategic Influencers
The priority is to invest in strategic infrastructure that supports economic growth, particularly in the areas that have potential to support a transition to a low carbon economy, facilitate mobility changes away from the private car and where there is potential to support key sectors (especially in the science, technology and innovation sectors).	▪ Oxford-Cambridge Arc: Government Ambition ▪ England's Economic Heartland Transport Strategy 2050 ▪ Oxfordshire Infrastructure Strategy ▪ Oxfordshire Local Industrial Strategy ▪ Oxfordshire Local Transport & Connectivity Plan ▪ UK Industrial Strategy
Economic growth should be driven by innovation and higher productivity, should be 'clean', should focus on supporting clusters and corridors of economic activity and should reflect Oxfordshire's national and international role and profile. Economic growth should be more inclusive, with the benefits shared more equitably so that they reach all communities, including socially disadvantaged groups.	▪ Oxford-Cambridge Arc: Government Ambition ▪ England's Economic Heartland Transport Strategy 2050 ▪ Oxfordshire Infrastructure Strategy ▪ Oxfordshire Local Industrial Strategy ▪ Oxfordshire Local Transport & Connectivity Plan ▪ UK Industrial Strategy
Improvements to health and well-being should be at the heart of all decisions around place-making and infrastructure investment.	▪ Local Plans ▪ Oxfordshire Joint Health & Well-Being Strategy ▪ Oxfordshire Local Transport & Connectivity Plan
Delivering the right type of housing, which is built to a high quality and design and is affordable, is as important as increasing overall supply.	▪ Local Plans ▪ Oxfordshire Joint Health & Well-Being Strategy

Strategic Influencers
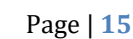
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Divisions Affected - All

HEALTH AND WELLBEING BOARD
17 DECEMBER 2020

OXFORDSHIRE SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2019-20

Report by Director for Adult & Housing Services

RECOMMENDATION

1. **The Health & Wellbeing Board is RECOMMENDED to**

    a)   note that the adult safeguarding partnership is working across Oxfordshire and the work undertaken by the Board and its partners.
    b)   note the priorities for 2020-21.

Executive Summary

2.   The OSAB is required by statute to report annually on the work of the Board and of its partners, assessing the position of the partnerships in relation to the safeguarding adults at risk within Oxfordshire.

3.   The recommendations in the report are drawn from the data analysed over the year 2019-20, the cases raised to the Board during the year and the perceived challenges for the year 2020-21.

Introduction

4.   The report outlines how the Safeguarding Adults Board works, the outcomes of the Annual Safeguarding Self-assessment, the deaths of adults with learning disabilities, the safeguarding training offered by the Board, the statistics around the abuse and neglect reported within Oxfordshire and what the priorities are for 2020-21.

5.   The full report is 12 pages and can be accessed on the Oxfordshire Safeguarding Adults Board website here: https://www.osab.co.uk/wp-content/uploads/2020/09/OSAB-Annual-Report-2020-21-v10.pdf

Corporate Policies and Priorities

6.   The Local Authority as a key statutory partner of the Oxfordshire Safeguarding Adults Board will have ensured that the strategies and policies of the Board are in alignment with the County Council's Vision, Values, Objectives and Strategic Priorities as detailed in the County Council's Corporate Plan (see Corporate Plan).

Financial Implications

7.   The Safeguarding Board operates under a pooled budget, with contributions from the County Council, the Oxfordshire Clinical Commissioning Group, Thames Valley Police, Oxford City Council, Cherwell District Council, West Oxfordshire District Council, South Oxfordshire District Council and the Vale of White Horse District Council. Oxfordshire County Council's contribution is 40% of the annual budget. There will be no request to increase this contribution in 2021-22.

    Comments checked by:
    Kathryn Wilcox, Finance Business Partner (Adult Services & Public Health)
    kathy.wilcox@oxfordshire.gov.uk

Legal Implications

8.   There are no legal implications for the Local Authority.

    Checked by:
    Sukdave Ghuman, Head of Legal Services & Deputy Monitoring Officer
    sukdave.ghuman@oxfordshire.gov.uk

STEPHEN CHANDLER

Annex:	The Vulnerable Adults Mortality Group annual report: https://www.osab.co.uk/wp-content/uploads/2020/08/VAM-annual-report-1920-final.pdf
Contact Officer:	Steven Turner, Board Manager, Oxfordshire Safeguarding Adults Board, steven.turner@oxfordshire.gov.uk, telephone 07917 534230

December 2020

Oxfordshire Safeguarding Adults Board

Annual Report 2019-20

www.osab.org.uk

Message from the Chair

I am pleased to present the seventh annual report of the Oxfordshire Safeguarding Adults Board. It is my second for Oxfordshire as I became Chair in April 2019 and I am delighted to report on all the good work that has been achieved during the period.

This report outlines the role and function of the Board, highlights the achievements of the Board and its partners during the year and shares lessons from our work that are vital for all organisations in Oxfordshire.

While it only affected us towards the end of the year, the current COVID-19 pandemic must be acknowledged. All agencies are experiencing unprecedented demands on their time and many support staff have been reassigned to frontline services. In response to this, I have made this annual report shorter and more focussed so as to take up as little time as possible when our focus, and that of our partners, must be on those vulnerable people of Oxfordshire.

Dr Sue Ross
Independent Chair
Oxfordshire Safeguarding Adults Board

Our Story
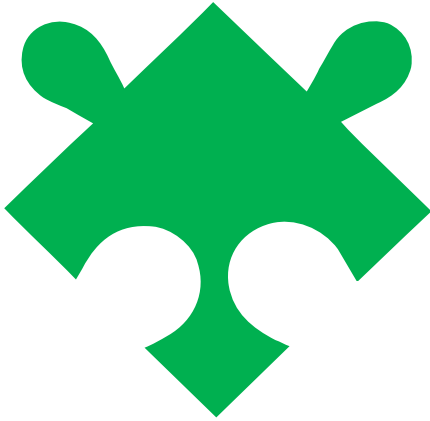
Safeguarding Adults Boards (SABs) were established under The Care Act 2014

An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective

The Objective of the SAB is to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each of its members does.

The three core duties on SABs are to:

1. Conduct Safeguarding Adult Reviews

2. Publish a strategic plan

3. Publish an annual report

Partnership

The Board is a strategic partnership group

Much like the Oxfordshire Safeguarding Children's Board, the Safer Oxfordshire Partnership and the Health & Wellbeing Board, the Safeguarding Adults Board is a partnership group made up of senior staff from member agencies.

The Board is facilitated by an Independent Chair and supported by a small team.

The partnership is made up of:

How the Board works

Full Board

- Multi-agency partnership group, bringing together member agencies to agree on strategic safeguarding work
- Provides direction to all subgroups

Executive Group

- Made up of partners who fund the Board
- Drives the work of the Full Board between meetings
- Discusses "emerging" issues or "stuck" issues

Safeguarding Adults Review Group

- Considers cases for a Safeguarding Adults Review
- Manages the reviews once they are commissioned
- Leads on sharing the lessons from reviews

Vulnerable Adults Mortality Group

- Oversees the Learning Disabilities Mortality Review (LeDeR) process
- Leads on sharing the lessons from LeDeR

Training Group

- Shared with the Children's Board
- Oversees the safeguarding training of the Board and its partners

Procedures Group

- Oversees the multi-agency procedures
- Offers advice & guidance on single agency procedures

Engagement Group

- Oversees how the Board interacts with the wider community of people working with adults
- Inputs on Board publications

Performance, Information & Quality Assurance Group

- Scrutinises performance information from across the partnership
- Manages the quality assurance processes such as the annual Safeguarding Self-assessment and the Supportive Learning Visits

Annual Safeguarding Self-assessment

The Safeguarding Adults Board, in partnership with the Children's Board, conduct an audit of safeguarding practice for all partner agencies.

Responses are also reviewed at a peer review event, which was held in February 2020.

The 2019-20 Return showed an improvement **across all audited areas**

95% of staff had undertaken safeguarding training in the last three years.

Over **1,700** frontline practitioners were involved in the survey that feeds into this process.

Partners identified **three key concerns** that impact on safeguarding:

❑ The support for people who do not meet the nationally defined threshold for social care support

❑ The information sharing, working agreements & communication between organisations

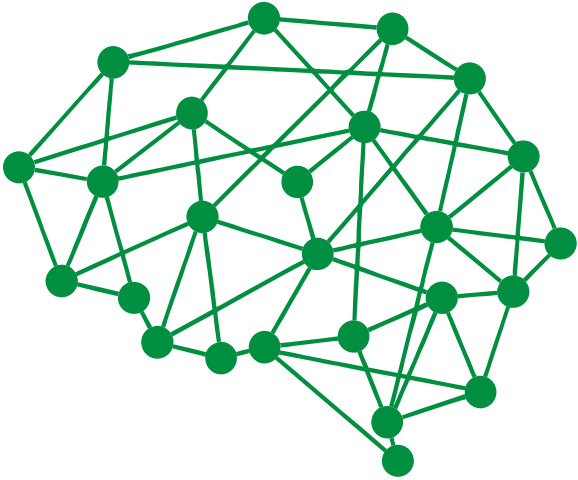❑ The increased complexity and the demand on services

Partners also identified **housing and homelessness** as an issue across both Adult and Children's Safeguarding.

The Board have agreed to make this a joint priority in 2020-21

Deaths of Adults with Learning Disabilities

In 2019/20, there were **35 deaths of adults with learning disabilities** reported to the Vulnerable Adults Mortality Subgroup (compared with 40 in 2018/19). All were reviewed and there were two recommendations from the annual analysis of these deaths.

A number of deaths were associated with the consequences of lifestyle choices where it appeared that the individuals did not have access to information that they could understand and use. Learning Disability teams will lead a piece of work developing lifestyle information for individuals and those supporting them. This will be shared at an Oxfordshire-wide learning event.

There was a lack of evidence that individuals had been able to access the same health screening as others in Oxfordshire. A project to enhance the information available to anyone with a learning disability, and to promote reasonable adjustments in the way testing can be accessed is being undertaken. The impact of this will be monitored by commissioners to ensure all individuals have equal access to health screening.

Safeguarding training we offer

Since 2017, the Oxfordshire Safeguarding Adults Board has worked with partners to offer a range of safeguarding courses. All these are bookable via the OSAB website.

Figures from 2019/20 can be found below:

Over 350 hours of face-to-face training offered by the Board

97% rated it as good or excellent

250+ e-learning course passes

102 sessions run
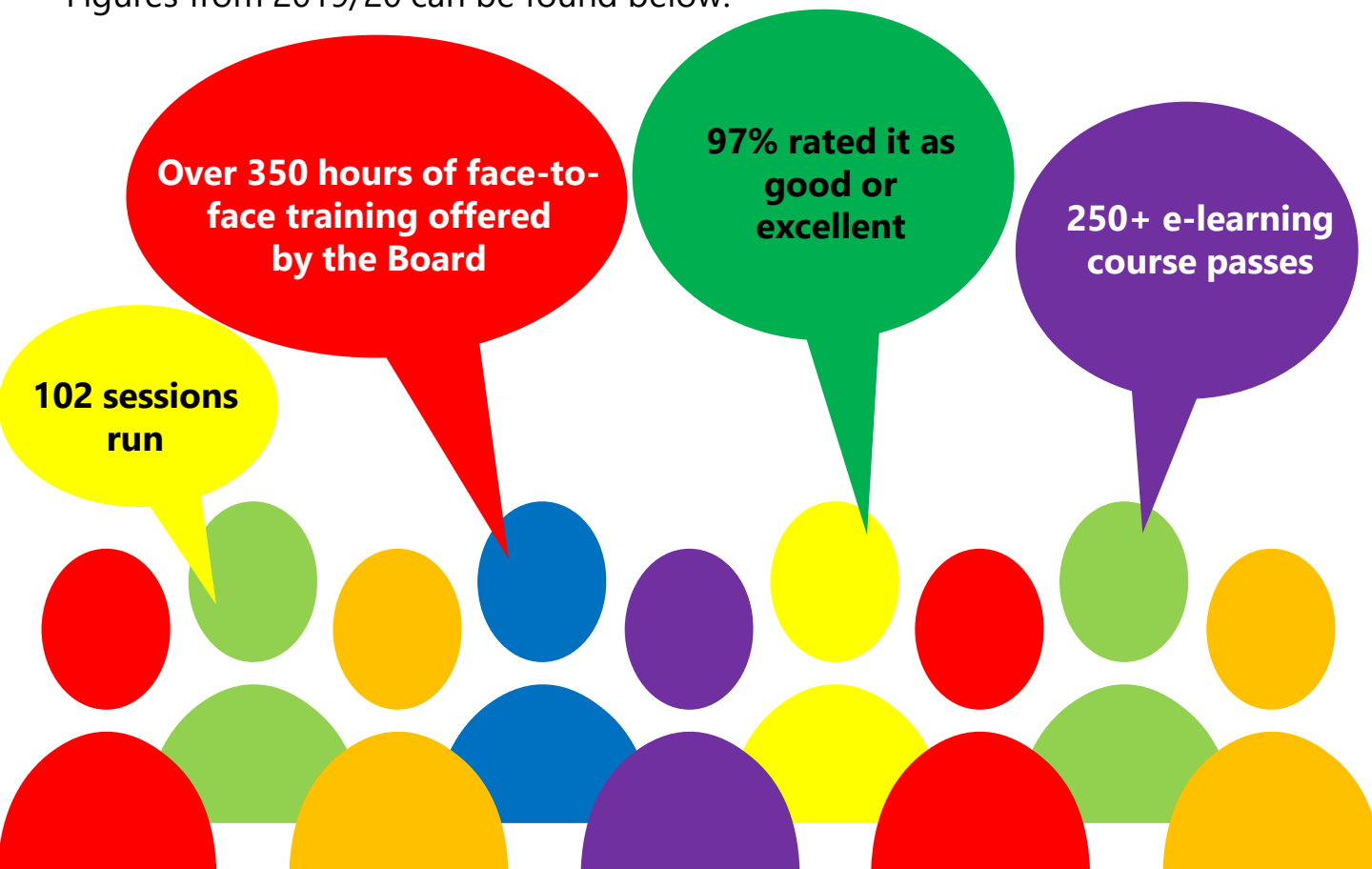
Social Isolation & Loneliness

On 8th October 2019, the OSAB supported and co-funded "Let's Talk About Loneliness", a large conference on social isolation and loneliness.

The event was attended by over 200 people from a vast range of community and voluntary groups as well as colleagues from the statutory services. Feedback from the conference was very encouraging, with a high level of satisfaction with the speakers, which included our Chair, Dr Sue Ross.

With 20 workshops as well as the keynote speakers, there was something for everyone interested in helping reduce the chronic issue of isolation in Oxfordshire. Further work will be undertaken next year.

Other work in 2019-20

Performance Information & Quality Assurance Subgroup

As well as the performance monitoring and managing the annual safeguarding self-assessment, PIQA started a new review process referred to as a **Supportive Learning Visit.**

These visits involve a team of peers from partner organisations coming together for half a day to focus on one partner and how safeguarding works within their organisation.

Two have been conducted in 2019/20 and valuable lessons have been learnt by both organisations who have participated. This process will be continued in 2020/21.

The Safeguarding Adults Review (SAR) subgroup has considered seven cases for review.

Several of these involved people in the homeless community. As there was already a review underway, these cases were added to that review to improve the thematic learning. The review into deaths within the homeless community is expected to be published in Autumn 2020.

The group has overseen two Safeguarding Adult Reviews, which will also be published in the Autumn of 2020.

Safeguarding Adults Review Subgroup

Engagement Group

The group, through Healthwatch, conducted secret shopper exercise, the learning of which fed into how Oxfordshire County Council's front door service operates.

The Engagement group also oversaw a review of the OSAB website, as well as created flyers for the general public and for professionals around safeguarding, all available on our website

What Abuse is happening?

This information comes from safeguarding enquiries and the types of abuse, neglect & self-neglect identified by the referrer and the safeguarding team

Neglect
41%

Financial Abuse
32%

Emotional Abuse
30%

Physical Abuse
23%

Self-Neglect
13%

11%
Domestic Abuse

Organisational Abuse
8%

8%
Sexual Abuse & Exploitation

1%
Modern Slavery

1%
Discriminatory Abuse

The numbers will add up to more than 100% as each case can have multiple forms of abuse present. Comparative data from previous years can be found by clicking on this link.
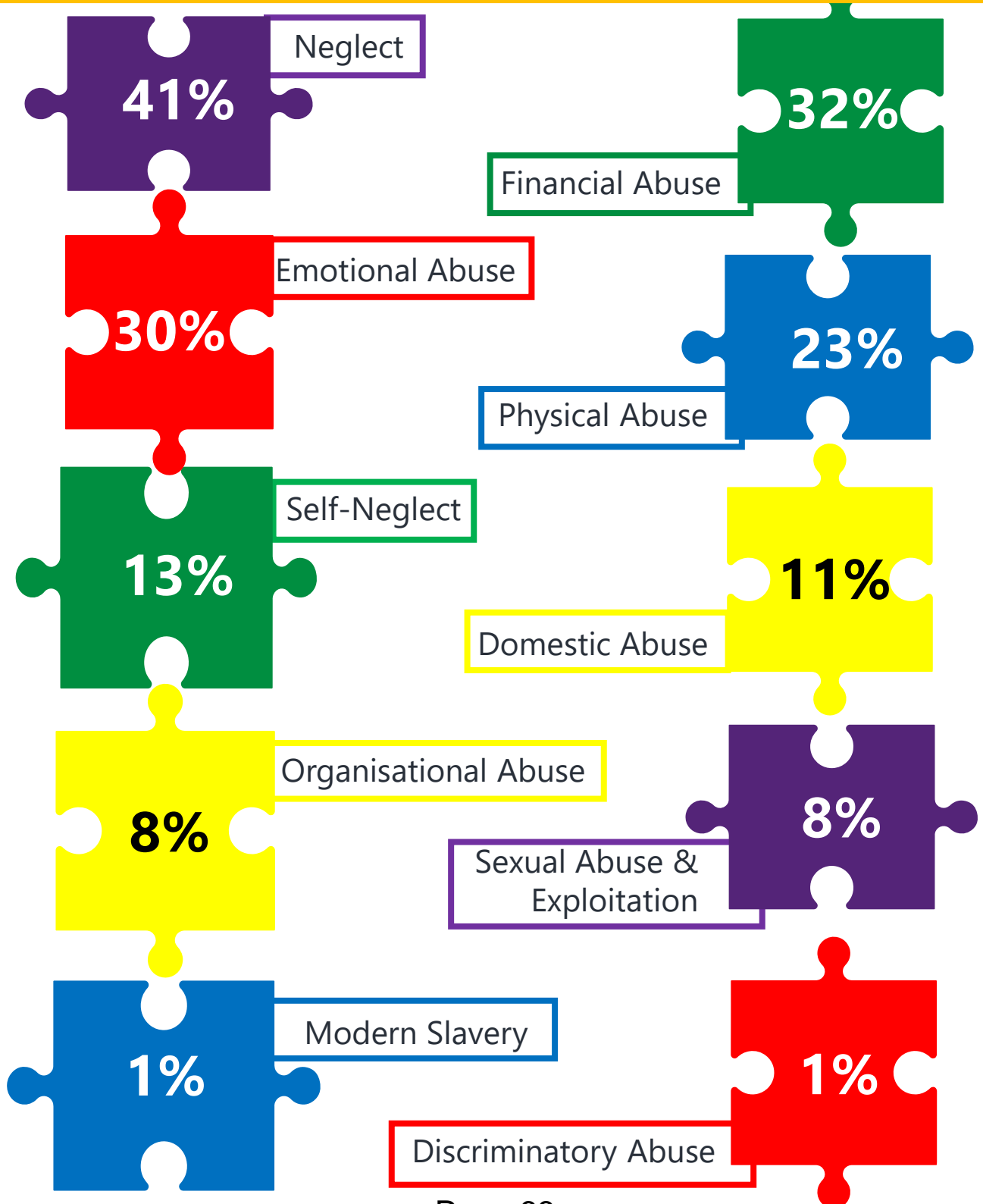
What the data says about our response to abuse

43,419

The estimated* number of adults in Oxfordshire with a care and support need

The number of consultation calls made about possible safeguarding concerns

1,530

5,116

The number of safeguarding concerns raised

The number of safeguarding enquiries, meaning 25% of concerns became enquiries I.E. they met the criteria for safeguarding as defined in The Care Act 2014

1,296

717

Of the enquiries, the number where risks were identified.

Of the risk identified, the number where the safeguarding work either removed or reduced the risk

660

57

The number where the risk remained after the safeguarding work

Adult Safeguarding is complex and people can make choices that we as professionals disagree with as it leaves them at risk. However, it is their basic human right to make these choices and while we can help them to understand possible consequences we cannot force them to live a safer life.

Of those where the risk remained, the number who said they weren't satisfied with the outcome of the safeguarding work. These three cases have been reviewed by the safeguarding service.

3

*based on mid-year 2018 projections

Journey for 2020-21

The start of 2020-21 saw the entire country plunged into a pandemic that is unprecedented in our lifetimes. COVID-19 has and will continue to have an effect on our services. Increasing levels of mental ill-health are anticipated as people struggle with higher levels of social isolation, loneliness and bereavement.

Care and healthcare services are having to develop innovative ways of reaching people in the current climate. People who would previously have got along without help are now relying on their community.

Our response to this during 2020-21 is to do what we can to innovate and broaden our reach. We plan to move more training online so that anyone, anywhere can access the vital training they need. We'll be sharing the lessons from reviews in new and exciting ways to reach those we haven't communicated with in the past.

Foremost, we will continue to monitor services to ensure they are protecting the most vulnerable in our society.

Priority One
Moving training to accessible e-learning and webinar formats
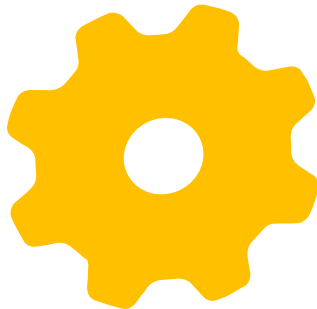
Priority Two
Improving our communication links with non-Board partners
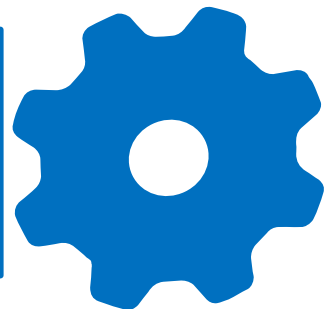
Priority Three
Sharing the learning from Safeguarding Adult Reviews
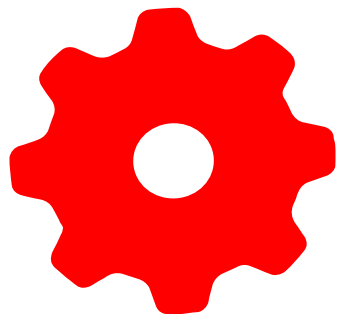
Priority Four
Maintaining high standards of strategic safeguarding work during COVID-19

Learning from 19/20 reviews

Oxfordshire Vulnerable Adults Death Review Process

Annual Report for 2019/20

Oxfordshire Vulnerable Adults Death Review Process (LeDeR)

Annual Report for 2019/20

1.0 Introduction from the Vulnerable Adults Mortality (VAM) Chair

This year has been my first year as Chair and it is a privilege to present the annual report. This report of the Oxfordshire Vulnerable Adult Mortality steering group (VAM) sets out the work carried out during 2019-2020. The report discusses activity, functions, processes and analysis of identified themes. It reviews the recommendations from 2018-2019's annual report and makes recommendations for 2020-2021.

The VAM steering group is made up of representatives from the agencies which make up the Oxfordshire Safeguarding Adults Board membership. The representation from agencies and professionals is consistently good. I am grateful for the commitment of all those who are involved in this process by attending panel meetings and contributing to the analysis of cases.

The Learning Disability Mortality Review Programme (also known as LeDeR) was established to drive improvement in the quality of health and social care service delivery for people with LD, by looking at why people with LD typically die much younger than average. The Oxfordshire VAM steering group have worked hard to ensure they incorporate this methodology into its review processes over the past 3 years. This work is supported and driven by NHS England and it is being incorporated into contractual requirements for all health services in 2020-2021. It is also anticipated that this will be part of partnership work stream within any Integrated Care Partnership (ICP)

This year has seen continued commitment to ensure effective communication and good working relationships. The panel has supported a review process that critically reviews and seeks to identify any local issues and learning. It is through this scrutiny and constructive challenge that we will continue to jointly work to improve services across Oxfordshire.

At the time of writing the country is on lock down as a result of the COVID -19 pandemic. Whilst not within the scope of this report I felt it was important to highlight that additional monitoring and review processes have been implemented and a full statement of findings can be found on the OSAB webpage (https://www.osab.co.uk/wp-content/uploads/LeDeR-comms-statement-v4.pdf).

Alison Chapman, VAM Chair

Designated Nurse and Safeguarding Lead

Oxfordshire Clinical Commissioning Group

1.0 Background

In 2016, Oxfordshire introduced a Vulnerable Adults Mortality steering group (VAM), which is a subgroup of the Oxfordshire Adult Safeguarding Board.

This VAM subgroup is following the LeDeR (learning disabilities mortality review programme) methodology, to ensure that all deaths are reviewed in a consistent manner. The group has widened the LeDeR system remit to include reviewing the death of anyone with a significant vulnerability, which has caused the professionals to be concerned about some aspect of care or treatment. Neither the confidential inquiry of 2010-2013 into premature deaths of people with learning disabilities (CIPOLD) report, nor the LeDeR process, define a Learning Disability. As such, the VAM steering group has chosen not to define it, or what is meant by a 'vulnerable adult'. Rather professionals should use their judgement and if they believe that an individual's vulnerability contributed to their death, they should make a referral to VAM.

The administration of the Oxfordshire Vulnerable Adults Mortality Process is hosted by Oxfordshire Clinical Commissioning Group (OCCG) and is chaired by the Designated Nurse and Safeguarding Lead, who is also the Local Area Contact (LAC) for Oxfordshire.

When the death of a person with learning disabilities occurs, mandatory review processes (such as Safeguarding Adult Reviews and Structured Judgement Reviews) need to take precedence. The LeDeR process aims ensure that a coordinated approach is taken to the review of the death, in order to minimise duplication and bring in the learning disabilities expertise. For children aged 4+ the Child Death Review Process (CDOP) will run concurrently with the LeDeR process, using the CDOP reports. This process is also hosted by OCCG.

OCCG has introduced an information gathering stage prior to assigning the review to a reviewer. This has improved efficient maintaining a robust and effective process. It has been possible using this process to triage cases and to improve the timeliness of completion. Reviewers have been able to use their clinical expertise to focus on family involvement and analysis of care and treatment.

2.0 Activity 2019/2020

2.1 Data

In 2019/20, 35 deaths of adults with learning disabilities were reported to the Oxfordshire VAM team (compared with 40 in 18/19). In addition, the deaths of 5 children age 4+ who had learning disabilities, were also notified as part of the LeDeR system, and were reviewed within the Child Death Review Process, with both processes running concurrently, using one set of data. These deaths are reviewed at the Child Death Overview Panel, with LeDeR expertise and support present on the panel. There are 8 open cases dating back to 2018, which are being managed by a Clinical Support Unit (CSU), funded by NHSE as part of a national review support programme.

The Oxfordshire VAM Steering group met on 3 separate occasions in 2019-20, to review the deaths of vulnerable adults. The deaths of 35 adults, whose usual residence was in Oxfordshire, were reviewed.

At the end of 2019-2020, excluding the 8 cases being managed by the CSU, there were 18 open cases. This is less than half the number at the end of 2018/19 (37). This significant progress is a result of additional project money from NHSE which has enabled some additional capacity within the OCCG, and the amended information gathering process described above. There is now a performance requirement monitored by NHS E/I to complete all reviews within 6 months of notification. At the end of March 2020 there were 7 cases that were over 6 months and remained open. All but one of these was completed in April. The remaining case is being delayed by other statutory processes.

Appendix 2 demonstrates Oxon's performance is significantly higher than both the SE and Nationally and confirms that 75% of cases have been completed and closed. 19 cases are in progress and 5 have yet to be commenced.

Open cases are discussed weekly by the LeDeR administration team and the Local Area Contact, to ensure that data collection and information sharing is up to date and progressing. Assurance is also sought to confirm any immediate learning and actions are being undertaken by practitioners and organisations. A summary of all activity, including information requests and current progress is presented at each panel meeting, to ensure the panel has clear oversight of the issues causing delays.

2.2 Analysis

2.2.1 Cause of death

An understanding of the cause of death helps inform the judgement of whether all appropriate care had been accessible and available to the patient and identify any potential modifiable factors.

- In 12 (34%) of cases, the certified cause of death was pneumonia compared with 14 (66%) cases in 17/18. The incidence in the whole population is 12% (Office of National Statistics, 2018). Whilst the incidence of pneumonia remains higher than the national average the number has reduced. It is not yet possible to assume this is a sustained improvement as a result of the changes made from VAM recommendations, but reviews this year have shown that all individuals had evidence of timely swallow assessments and had feeding plans in place. Two cases highlighted poor communication about changes in care plans, following a change in the individual's condition.

- 8 (23%) patients died of cancer (compared with two (10%) in 17/18. This is a higher number. In all cases the patients had accessed appropriate care and treatment, but there was lack of documented age appropriate cancer screening.

- There were 6 (17%) patients whose cause of death was documented as myocardial infarctions.

2.2.2 Age at time of death

The average age of the 35 cases reviewed by VAM was 71 (compared to 55 years of age in 2018/19). This is a positive improvement, but VAM will continue to monitor this to be assured it is a consistent trend.

2.2.3 Themes

As a result of previous work in all areas of services, the themes that are being seen are moving to a more proactive approach.

A number of deaths were associated with the consequences of lifestyle choices. Obesity and constipation were the two significant examples of this. Analysis of the care these individuals received suggests that further work is needed to ensure that individuals with learning disabilities have access to information that they can understand and use. Anecdotal evidence shows that in promoting an individual's choice over their diet, if not balanced with good advice about healthy eating, may have contributed to obesity. Similarly, promoting an individual's independence in self-care and toileting, whilst not equipping them with an understanding of what a 'normal' bowel habit is, has been a factor in a number of cases where significant chronic constipation has contributed to an individual's death.

A quarter of all deaths were from cancer. Whilst all individuals had access to appropriate treatment once diagnosed, it is unclear whether they had been able to access health screening as any other individual would. OCCG has developed an enhanced project to improve the information available to anyone with a learning disability, and to promote reasonable adjustments in the way testing can be accessed. For example, if an individual is not able to tolerate a mammogram, an ultrasound scan can be offered. Clinical teams are working closely to build knowledge and expertise around supporting health screening within this population.

3.0 Update on recommendations from 19/20

Appendix 3 contains the full action plan and associated updates.

Of note, considerable work has been undertaken by Oxford Health Foundation Trust (OHFT) and Oxford University Hospital Trust to better understand the challenges of coordinated end of life care and to develop cross organisational systems to improve this essential area of care planning. Ensuring all updated care plans are shared between everyone caring for the individual has also progressed, but remains an ongoing piece of work.

4.0 Recommendations for 20/21

I.   A number of deaths were associated with the consequences of lifestyle choices where it appeared that the individuals did not have access to information that they could understand and use. Learning Disability teams will lead a piece of work developing lifestyle information for individuals and those supporting them. This will be shared at an Oxfordshire-wide learning event.

II. There was a lack of evidence that individuals had been able to access the same health screening as others in Oxfordshire. A project to enhance the information available to anyone with a learning disability, and to promote reasonable adjustments in the way testing can be accessed is being undertaken. The impact of this will be monitored by commissioners to ensure all individuals have equal access to health screening.

5.0 Conclusion

The third year of the Vulnerable Adult Mortality process has further embedded the process. There is evidence of strong multi-agency working at all levels to support this process, which facilitates the quality of the overview the panel can take. The capacity of reviewers to complete the work has significantly improved as a result of the information gathering now conducted by OCCG, and is reflected in the improved performance to complete good quality reviews in a more timely manner.

Locally organisations and services have been active partners in the process. This has resulted in the quality of evidence provided improving. As a result, reviewers have had access to better information in order to identify good practice and learning points, which in turn is influencing positive system changes.

The level of understanding and awareness about care and support for individuals with learning disabilities has improved, and there are key multi-agency areas of work in progress. Over this year, we have developed better partnerships, which will facilitate joint learning and promote more coordinated care for the individuals.

Appendix 1

VAM Membership 2019-20

Name	Position	Agency
Alison Chapman	Chair: Head of Safeguarding and Designated Nurse	Oxfordshire Clinical Commissioning Group
Karen Brombley	Designated Nurse LAC and, Safeguarding in complex care	Oxfordshire Clinical Commissioning Group
Pauline Burke	VAM and Safeguarding Officer	Oxfordshire Clinical Commissioning Group
Steve Turner	OSAB Business Manager	Oxfordshire Safeguarding Adults Board
Stephanie Ross	Learning Disability Liaison Nurse	Oxford University Hospitals NHS Trust
Sandhya Chundhur	Clinical Outcomes Manager	Oxford University Hospitals NHS Trust
Robyn Noonan	Service Manager North	Oxfordshire County Council
Chris Ingram	Chief Executive	Style Acre
Matt Bick	Detective Inspector	TVP
Kirsten Prance	North Learning Disability Team and Oxfordshire Intensive support team	Oxford Health NHS Trust
Jane Kershaw	Head of Quality Governance	Oxford Health NHS Trust
Gail Hanrahan	Programme Manager	Oxfordshire Family Support Network

Appendix 2: Data from LeDeR system (19/20)

Oxfordshire
Monthly notifications and completed reviews (MAT)

Legend: ■ Notified this month ■ Completed this month
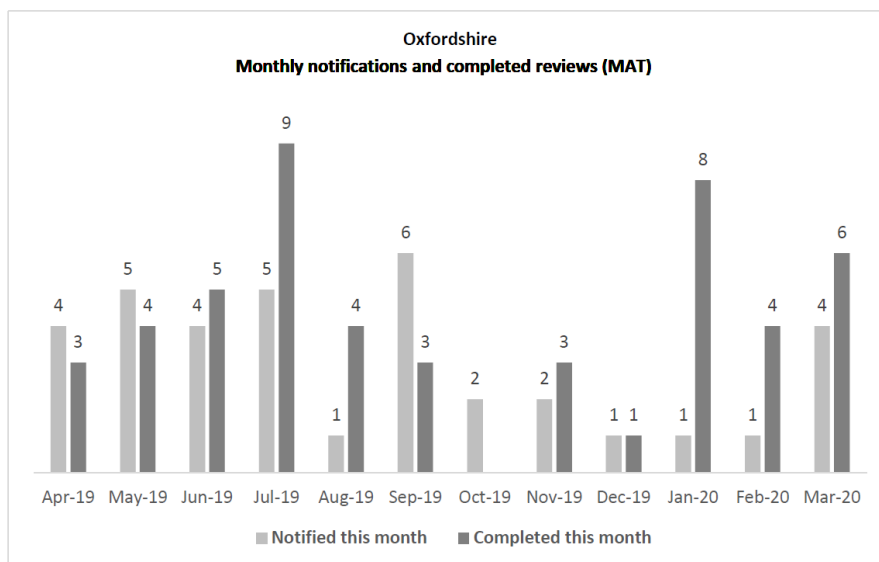
Progress: Oxfordshire compared to regional and national data (adult deaths)

	Oxon.		South East		England	
Status of in scope reviews at quarter end	No.	%	No.	%	No.	%
Reviews not yet allocated to a reviewer	5	5%	265	22%	1187	16%
Allocated - review in progress	18	18%	475	40%	2162	29%
Review complete, with LAC for approval	1	1%	48	4%	230	3%
Reviews completed this quarter	18	18%	68	6%	863	12%
Reviews completed previously	56	57%	339	28%	2949	40%
Total reviews	98	100%	1195	100%	7391	100%

Appendix 3: VAM Annual Report 2018/19 Action Log		
Recommendation	Action from Annual report and *additional Actions from VAM panel*	Timescales and updates
1. Multiagency work is needed to improve the use of EOLC plans as care planning at the end of life can affect the quality of the experience and whether or not the individual is supported to die in the place of their choice. Whilst there is evidence of where the individuals die, and that there are a higher number of hospital deaths than average, we do not know where the individuals would have wanted to die, as this information is not being sought, or recorded.	a. OHFT and OUH are working together to map a process that will support the identification of people with LD who are at the end of life. The aim is that this will enable proactive case management, including how and where clients would like to be supported at the end of their lives. b. Ongoing work is needed to enable support workers to advocate for the individuals in their care. This will aim to increase the number of End of Life care plans and the skills of the support workers to be able and confident to care for them in their normal place of residence. c. OCCG to share this learning with End of Life Collaborative Health Needs Project, including a consideration of the introduction of the national RESPECT document. d. *OUH to audit all LD deaths to identify barriers and leavers to LD patients receiving appropriate palliative care within OUH.(completed)* e. *OH LDT team to develop local networks with support workers (completed)*	Work undertaken by OHFT specialist LD services to reduce the number of avoidable deaths in the LD population. Process agreed between OUHFT and OHFT LD liaison nurses that ensures that any person known to services with complex health presentation has a completed comprehensive nursing assessment and that information from this and a hospital passport is shared. OUHFT LD Liaison nurses update the OHFT LDT's on admissions and discharges formally weekly and as required during the week. This is to facilitate Joint co-ordination and planning for those people open to the LDT's. OUHFT Liaison Nurses review those people with frequent admissions to ensure the appropriate management plans are in place Clients with complex health needs are fully case co-ordinated via the LD specialist teams to support with a reduction in diagnostic overshadowing and also to support with navigation of the health system.

		OHFT have improved access to end of life care planning for those with complex presentations to support with the most clinical effective care and to try and reduce the % of people dying in hospital.
2. Providers are developing improved systems for sharing of care plans in a timely manner, ensuring that these are available to family members and all members of the team supporting the individual. The impact of these changes will be monitored via VAM and LeDeR reviews.	All agencies to implement.	Analysis of cases 19/20 showed an improvement – difficulties were mentioned in only 2 cases
3. Further work is needed to enable support workers to respond to the changing needs of the individuals in their care and to empower them to have the confidence to challenge medical professionals when appropriate.	OCCG, OCC and OHFT Learning Disability Team to develop a. Developing a toolkit of resources for the workforce, b. Improving their access to training in key areas. c. Encouraging the development of local networks, so that the teams know who they can call on to assist them.	OHFT LD team have developed a suite of resources
4. Pneumonia was the most common cause of death. In all but 2 of the cases, there were comprehensive swallow assessments and feeding plans in place and that the reviewers	a. Although the infective cause is rarely identified, it was identified that where an individual had a needle phobia alternative arrangements to improve access to flu immunisations were not made. There is guidance from Public Health England that	a. Completed May 19 (Disseminated to primary care Aug 19)

could not identify any failure in care that had contributed to the individual's death. Further work is needed to understand why this continues to be higher than for the rest of the population	individuals with Learning Disabilities should be offered all reasonable adjustments, including being offered a nasal spray[1]. This guidance will be shared with Primary Care in this year's flu awareness information. b. OCCG to liaise with LeDeR National team	

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[1] https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities

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Division(s): All

Health and Wellbeing Board 17 December 2020

**The Oxfordshire Safeguarding Children's Board
Annual Report**

**Report by the Independent Chair of the
Oxfordshire Safeguarding Children Board**

RECOMMENDATION

1. **The Board is RECOMMENDED to note the report.**

Executive Summary

2. The Children and Social Work Act 2017 established collective responsibility of, and accountability for, local multi-agency safeguarding arrangements across chief officers in the county council, the NHS clinical commissioning group and the police.

3. These three safeguarding partners agree ways to co-ordinate their safeguarding services for children; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. They work with relevant partners through the Oxfordshire Safeguarding Children Board', under the leadership of an Independent Chair. The arrangement is referred to as the "Oxfordshire Safeguarding Children Board (OSCB)'.

4. The Oxfordshire Board is led by an independent chair and includes representation from all six local authorities in Oxfordshire, as well as the National Probation service, the Community Rehabilitation Company, Police, NHS Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Trust, Oxford Health NHS Foundation Trust, schools and Further Education colleges, the military, the voluntary sector and lay members.

5. This paper highlights findings from the Board's annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

6. The OSCB annual report is considered at Cabinet, the Health and Wellbeing Board and the full Council.

Introduction

7. The OSCB Annual Report sets out the challenges of the ongoing demand on the system with neglect being a key feature; the need to keep children safe in full-time education and the contextual safeguarding risks that exist for children

outside of their home environment. The report acknowledges that, as 'system issues', they will need 'system leaders' e.g. political leaders, headteachers, senior managers to bring a collective focus on them to deliver change. The report provides context, examples of work and feedback from practitioners, children and families. The report also highlights a number of examples of good practice including the increase in support to families at an early stage; the multi-agency practice guides following case review and audits; the escalation of safeguarding issues to board level and the safeguarding training of approximately 10,000 local practitioners. It concludes that the partnership is strong and areas for improvement are known. Priorities are set out in terms of leadership, practice improvement and learning.

8. The priorities for safeguarding leaders are to ensure that the multi-agency safeguarding arrangements are effective through independent scrutiny; to develop work on common areas of housing with the adults board and contextual safeguarding with Barnardo's; to communicate clear safeguarding messages to Oxfordshire's' community and to commend those who do an exceptional job with the safeguarding partnership.

9. The priorities in terms of practice improvement are keeping children safe from neglect; keeping children safe in education and keeping children safe from harm and exploitation outside the home (contextual safeguarding).

10. The priorities for learning and improvement are to check how well local agencies meet standards for safeguarding and to test that learning from our review work is embedded.

Financial and Staff Implications

11. The OSCB has a partnership budget which is agreed on an annual basis. The Annual report records spend for the last financial year.

Equalities Implications

12. The OSCB considers the needs of the most vulnerable children in the county and ensures that organisations are co-ordinating services to meet their need.

Name:
Derek Benson, OSCB Independent Chair
Lara Patel, Deputy Director for Children's Services
Tan Lea, Strategic Safeguarding Partnerships, Children, Education and Family Services
Background papers:
OSCB Annual Report
Contact Officer:
Tan Lea, Strategic Safeguarding Partnerships, Children, Education and Family Services

OSCB
Oxfordshire
Safeguarding
Children Board

Annual Report
2019/2020

Contents

1. Foreword from the Chair

It is once more my pleasure to offer a foreword to the Annual Report of the Oxfordshire Safeguarding Children Board. It has been my honour and privilege to Chair the Board for the last two years and while I have informed the Partnership of my plan to step down in September 2020, I will leave with a real sense of sadness and regret. I have loved my time chairing the Board, have had the joy of leading a strong and progressive Partnership, met and worked with some truly inspirational people and seen much evidence of joined-up and effective safeguarding practice.

Once again, the Business Unit have put together an excellent Annual Report that details the work of the OSCB over the past twelve months. It really does give a very real insight and outline of the work, the achievements, the challenges and the areas that will require sustained work to improve and address. I sincerely hope that you enjoy reading the report and that you find it an informing read about the vital work of the OSCB.

This is the first Annual Report that we have put together since the publication and implementation of Working Together 2018 which placed the leadership of the Safeguarding of children with Oxfordshire County Council, the Clinical Commissioning Group and Thames Valley Police. I am pleased to report that I have seen these agencies and the chief officers of these agencies grasp the leadership challenge and commit themselves to working ever closer together to offer the very best safeguarding partnership and consequent practice.

At the time of writing, we are still in the midst of the Covid 19 situation. All agencies are agreed that it has been a significant challenge to continue to offer services through the crisis and lockdown, but it will be as much if not an even bigger challenge to manage as we come out of the situation. It is anticipated that there will be significant pent up demand and it is ever more important that we re-commit ourselves to working in partnership and viewing the protection and safeguarding of children as everyone's business.

As ever, we are committed to the Annual Report being an impactful report. So if the report raises questions for you or you want to strongly agree or disagree with some or all of it or you would like to know more, we would love to hear from you. I will close by thanking you all for your unstinting efforts to protect and safeguard children in Oxfordshire – we have significant challenges to address both now and in the future but if we continue to believe in the collective, partnership approach I am utterly confident we will meet and overcome these challenges.

Richard Simpson,
OSCB Independent Chair

2. Introduction

This annual report looks at the work of OSCB partners in 2019/20. Over the last 12 months we have set up a **new way of working together** as 'safeguarding leaders' in Oxfordshire. This followed a change in the law and **guidance** which asked us to ensure that the police, the county council and the NHS clinical commissioning group are working more closely together to keep children safe. This new group provides leadership to the OSCB which still exists as a bigger partnership of all agencies delivering services to children. Our Independent Chair, Richard Simpson, has produced this report with the support of the Business Unit.

The aim of the report is to explain to you what we think are the most important strengths and challenges in the safeguarding partnership in Oxfordshire and to tell you what we have learnt about improving our services to keep children safer in future.

3. Structure and governance

3.1 Remit

The OSCB is a partnership set up to support local organisations to work together in a system where:

- Children are kept as safe as possible

- We (the local organisations) work to agree a shared vision for how to achieve improved outcomes for vulnerable children

- We challenge and hold one another to account

- There is early identification and analysis of new safeguarding issues and emerging threats

- Learning is shared so that local services for children and families can become more reflective and implement changes to practice

- Information is shared well and supports good decision making for children and families

3.2 Aims

The OSCB has three aims: to provide leadership for effective safeguarding practice; to drive forward practice improvement and to challenge in order to ensure that children are kept safe.

3.3 Structures and strategic links

The board is not responsible or accountable for delivering child protection services but it does need to know how well the safeguarding system is working.

The membership of the senior executive group and the board is set out in Appendix A. It has effective linkages to other strategic groups in Oxfordshire to ensure clear remit and cross partnership working. The board's structure (going forward) is set out in Appendix B and linkages are set out in Appendix C. The OSCB has a strong working relationship with the Safeguarding Adults Board with joint meetings twice a year. This year the two Boards have had the joint priorities of: housing, domestic abuse and transitions.

3.4 The OSCB Chair

The OSCB Independent Chair, Richard Simpson is from Barnardo's. Not only does he bring his independence – he has no links to any of our organisations – but he also brings the expertise and knowledge of a national charity with a long history of keeping children safe. We value his experience, perspective and his constant challenge to us to do the best for local children.

3.5 Funding

All board members contribute to the OSCB. The contributions for 2019/20 are attached at Appendix D.

3.6 How the OSCB works

The work of the OSCB is driven through a series of subgroups. The people on these groups are from organisations which deliver services to children in Oxfordshire. Each subgroup has a specific role. See Appendix B for details on what they do.

3.7 Listening to views of children and young people in Oxfordshire

This year groups such as 'Voice of Oxfordshire Youth', the 'Children in Care Council', 'Children Heard and Seen' and the 'Safer Together Youth Ambassadors' helped deliver the OSCB annual conference on 'Understanding my world'. They received lots of great feedback, *"The speakers, especially the young people were amazing, and I really liked that we had a young person sat with us on the table so that we had their opinion through the work that was being completed".*

Children have helped us consider equality issues for transgender young people, they have prompted us to consider the diversity of the young people in Oxfordshire and have proposed that we look at safeguarding risks in relation to housing and homelessness.

Children who have been involved in the reviews done on safeguarding practice have talked to us. These children have been at risk of serious harm and neglect.

We know it is not easy for them and we listen carefully. They have told us how small gestures of kindness made a big difference – that individuals can always make a difference. They have told us that sometimes they felt 'missed' or that they simply didn't feel heard. This was one of the reasons we ran the conference on 'Understanding my world'.

Family members have stressed to us the need for communities, not just workers, to recognise if a child is in need of help. The message that 'safeguarding is everyone's business' is still current and everyone needs to know how to raise a concern.

Following each review we feed back to the children in person. If they are too young to talk to we write letters to read when they are older. In this way they can find out what we have learnt and will do differently as organisations in future.

4.1 Priorities for 2019/20

The OSCB has three aims: to provide leadership for effective safeguarding practice; to drive forward practice improvement and to challenge in order to ensure that children are kept safe.

4.2 Reporting on progress against our three aims

AIM 1: PROVIDING LEADERSHIP FOR EFFECTIVE SAFEGUARDING PRACTICE.

We have set up a new way of working together in Oxfordshire which is going well. Follow the link to the 'About us' page on the website to see how we work. We can already see good progress:

- Strong links to other partnerships, where joint work makes sense e.g. to the Adult's board to check how workers can access interpreting services when supporting minority groups on safeguarding matters

- Productive links to share knowledge e.g. work with the children's charity Barnardo's to draw on their expertise with respect to the safeguarding risks faced by transgender young people

- Partnership links with the voluntary and community sector to reflect their views e.g. input on training, the annual conference, web-design and our subgroups

- Links to those who support children. A scheme has been set up to thank some of those who make a difference to the lives of families in our community e.g.

  – workers from the police and social care, who have created ways to support children where criminals are trying to exploit them

  – a young person who made 'mindfulness bags' for vulnerable young people to help them get through the covid-19 lockdown

AIM 1 IN SUMMARY:

We have set up our arrangements to lead the safeguarding partnership. We now need to make sure they stay strong and ask for an independent opinion on how well we are doing.

AIM 2: DRIVING FORWARD PRACTICE IMPROVEMENT IN NEGLECT, KEEPING CHILDREN SAFE IN EDUCATION AND CHILD EXPLOITATION.

Generally speaking these are 'system' issues, which means that a lot of organisations need to work on them to make a difference, they are not sorted easily and take time. Nevertheless, we can see progress.

Local organisations have developed resources for workers to promote healthy functioning families and to avoid neglectful childhoods. They can be found on the OSCB website. There are signs that there is more support for families at an early point of need. 'early help assessments' for children have increased significantly (1862 against a target of 1500). The number of 'troubled families' worked with has risen and stands at over 7000.

There is more monitoring and action to limit the number of school children being excluded, on 'part-time' timetables and for improving pupils' attendance at school. Partners understand that providing good alternatives to mainstream school provision is part of the solution and the OSCB makes the challenge to local organisations to work out how to do this.

The Child Exploitation 'screening tool' has been developed so that workers can identify those children most at risk from safeguarding risks like buying and selling drugs, being part of gangs or being exploited by criminals. Local organisations have set up network meetings so that they can plan how to best help those they are most worried about and panel meetings for those who most often go missing from home or from their schools. To be sure that we are on track the OSCB has begun an evaluation to check how well organisations are working together. The OSCB is also raising the concern that adolescents can get timely mental health support as we know that is often a problem for those being exploited by others.

AIM 2 IN SUMMARY:

Driving forward practice improvement in neglect, keeping children safe in education and child exploitation are big challenges and have to stay on our 'to-do list.

AIM 3: CHALLENGING TO ENSURE THAT CHILDREN ARE KEPT SAFE.

OSCB partners have made sure they understand the big picture with respect to keeping children safe in Oxfordshire. They do this all year long through a specific subgroup, which looks at how well our local services are supporting those children and families most in need. It is called the Performance, Audit and Quality Assurance subgroup.

The group has three tasks:

1. to look at performance data

2. to review what audits and assessments tell us – we call that 'quality assurance'

3. to let us know if there any safeguarding concerns that we need to deal with or organisations that need to be challenged – we call these 'escalated issues'

This is what we have found out:

(1) LOOKING AT PERFORMANCE DATA: OXFORDSHIRE'S SAFEGUARDING FACTS AND FIGURES

There is growing indication that work is being done to support families at an **early point of need** and that it is having an impact: 'early help assessments' for children have increased significantly. However, data indicates that **neglect** is still not being addressed early enough to prevent it being the main reason for children becoming subject to Child protection plans – over 60% at the end of March, compared with a latest national figure (March 2019) of 48%.

There has been a fall in the **number of children looked after by the local authority**, who are supported through child protection planning both locally and nationally. At the end of March 2020, the number was 20% lower than 2 years ago. Neglect remains the main reason for being on a plan in Oxfordshire – over 60% at the end of March, compared with a latest national figure (March 2019) of 48%. The Focused Visit also noted "partnership attendance at initial and review child protection conferences is too inconsistent and too many conferences are not quorate."

The **number of children looked after** stabilised last year; stayed at a similar number to the previous year. In the coming year the authority is to implement the family safeguarding model which should help keep more families out of the looked after system.

The data raises concern about **adverse childhood experiences** and the potential there then is for children to be vulnerable to exploitation by others e.g. 11% rise in the number of recorded children as victims of crime, a 14% rise in the numbers of domestic crimes involving children, and the rising number of permanent exclusions from school

The percentage of child **referrals to Child and Adolescent Mental Health Services** who are seen within 12 weeks continues to be a cause for concern. At the end of the year this was only 40% compared with a target of 75%.

(2) QUALITY ASSURANCE: WHAT AUDITS AND ASSESSMENTS HAVE TOLD US

Quality assurance audits on working together

Multi-agency audits covered the issues of housing, mental health support to young people and work to address neglectful parenting. All organisations ran safeguarding audits. They were reassuring and gave many examples of improved practice by organisations. Some are:

- positive work to support vulnerable young carers by 'Aquarius' and the county's Public Health service
- increased rigour when police are attending a domestic violence incident to make sure that children in the home are safe and spoken to
- successful work between schools, the county's Learner Engagement team and families to keep children in school when this is the safest option for them

Auditing pointed to the need to think about the needs of the whole family but not lose sight of individual children when doing so. Also, that we should improve how children's views are captured to inform decisions. Finally, that we should use shared 'multi-agency chronologies' to better understand a child's life and avoid drift when trying to help families improve their home environment.

Self-assessment by OSCB organisations

Information provided by board member organisations gave assurance that they have policies and procedures in place to safeguard children. Organisations were constructively challenged through a peer review. Organisations identified pressures as recruitment & retention as well as increasing demand for services.

They said that key safeguarding themes are (1) support for families who do not meet the threshold for social care support e.g. low-level neglect (2) information sharing, working agreements & communication (3) increase in volume and complexity of demand in relation to mental health, knife crime and exploitation in particular.

(3) ESCALATED ISSUES: WHAT WE HAVE BEEN MOST CONCERNED ABOUT

The most persistent issues that we have felt needed the full attention of all board members are:

- Case conferences. It has not been standard practice for workers from health, police and social care to be present and contribute to decision making at 'case conferences'. These are the meetings where the support to a child is reviewed and planned. Without everyone present work can drift
- Safeguarding in education. There has not been one shared vision across all partners in Oxfordshire with respect to keeping children safe in school e.g. limiting those excluded, improving those attending each day, ensuring full-time time-tables for all those who should be learning.
- Grades of disadvantaged school pupils. These are not as good as the national average of children in similar circumstances and long-term reporting of this data has evidenced this
- Waiting times for children wanting to access mental health services
- There are not enough places for children to go and stay when they no longer need to be in hospital but their needs are too complex to come home

These issues are not just persistent but need time to sort so they will remain as safeguarding concerns in the coming year.

AIM 3 IN SUMMARY:

The OSCB have made sure they understand the 'big picture' with respect to keeping children well and are challenging in the right places. The matrix at Appendix E is an example of this 'big picture'.

5. Child Safeguarding Practice Reviews

5.1. Cases considered for review

This work is led by the Case Review and Governance subgroup - see section 2. The group drives the review, learn and improve functions of the board.   Every time the local authority notifies Ofsted of a serious incident the subgroup will hold a Rapid Review of the circumstances. Five[1] Rapid Reviews concerning six children were held. The group considered that two of the five Rapid Review circumstances met the criteria for Child Safeguarding Practice Reviews and they have since been initiated.

Circular diagram with the following stages:
- What has happened?
- Review - what could have been done to prevent abuse or neglect?
- What can we learn?
- What changes can we put in place?
- Has practice improved as a result of learning?

5.2. Ongoing reviews

The OSCB has worked on ten reviews over the last year, which involved twelve children. A quarter of the reviews concerned children were aged under 5 years. The remaining children were aged between 10-15 years.

5.3. Safeguarding themes

Despite the small number of reviews the patterns and trends of maltreatment here do reflect national findings and trends:

- Responding to neglect and protecting children from its harmful effects is a perpetual and growing challenge for all those working to keep children safe

- Reviews frequently show difficult parental and family circumstances. Often there is not one single issue but a combination of different parental and environmental risk factors which built up over time including mental health, domestic abuse and drug and alcohol misuse

- The behaviour of vulnerable adolescents can detract from its underlying causes. Experiencing and perpetrating abuse are often closely related. Going missing is often a sign that there are other problems in their lives. Relationships are key to supporting adolescents. Most of the adolescents did not have good mental wellbeing

- Schools are key to noticing potential harm; to keeping children safe; to alerting other agencies for a child protection response and to challenging decisions. They do not always feel able to challenge decisions

5.4.Reviews published this year

In September 2019 the OSCB published a serious case review into the tragic death of a young boy, Child M, from injuries inflicted by his mother. Child M's mother pleaded guilty to causing his death by manslaughter on the grounds of diminished responsibility and was made the subject of an indefinite hospital order under the Mental Health Act.

A Mental Health Homicide Review into the care and treatment of the mother was commissioned by NHS England. Both independent reviews found that Child M's death could not have been predicted or prevented by professionals working with the family. More information and the learning from the review can be found on the OSCB website.

[1] This figure denotes serious incidents which occurred between 010419 and 310320

6. Improving practice through training and learning

The ten most common learning points from case reviews over the last year have been summarised in a poster for all to share. Learning documents have been produced, and are on the OSCB website on:

- Physical Abuse
- Parental Vulnerability
- Key points for strengthening working together in Oxfordshire poster
- Safeguarding Conversations / Supervision poster

At Appendix E we have attached a summary of safeguarding concerns which have come from case reviews and quality assurance work. These are things we want to improve our understanding of.

The OSCB has a wide-ranging training programme run by local practitioners free of charge. Their shared goal is to improve local practice and share local learning. Over the last year they have worked hard:

5,121 practitioners from across Oxfordshire attended **342** safeguarding courses. Of these **2414** were attending the **230** OSCB core courses.

OSCB courses are delivered by a team of over **80** volunteers drawn from a range of local voluntary and statutory organisations. They bring knowledge, experience and an insight into our partnership.

The OSCB runs **3** core courses and a programme of specialist courses covering **5** themes: sexual behaviour, substance misuse, mental health, e-safety and working with fathers and other male carers.

4801 delegates completed online training. All core courses are now available on-line as well as specialist topics. Many have been updated and webinars are being developed in response to the impact of the Covid-19.

Thank you to all those workers in Oxfordshire who give their time, energy and experience to train their colleagues and strengthen our safeguarding partnership.

As well as the annual conference on the 'child's world' the OSCB has run workshops for hundreds of workers on:

- gangs and violence
- child exploitation
- multi-agency chronologies (time-lines)

7. Strengths and Challenges

This report identifies areas of strength and challenge as follows:

7.1 Strengths

✓ The senior safeguarding partners have a high commitment to partnership working which is reflected across the broader board membership

✓ The OSCB is a well-functioning Board with a strong reputation

✓ The OSCB training and learning programme continues to be an example of excellent practice with local practitioners volunteering their time to deliver learning to thousands of colleagues across Oxfordshire each year

✓ The commitment of local practitioners to learn through review work

✓ The continued drive to address neglect through training, better resources and processes is positive and should continue

✓ The indication that more early help assessments are taking place and that the number of children on child protection plans has not risen is a good indication of change

✓ The nomination of workers across the safeguarding partnership for 'commendations' in safeguarding work

✓ The many examples of good practice in safeguarding work that see in audit work and assessment

✓ The involvement of children in case reviews and the life-letters written to help them understand our findings and learning

7.2 Challenges

● There is high demand on the statutory system, especially to help children, who need support from a range of services to help them

● Waiting times for children trying to get mental health support

● There are not enough places for children to go and stay when their needs are too complex for them to live at home

● The grades of disadvantaged school pupils are not as good as the national average of children in similar circumstances and long-term reporting of this data has evidenced this

● Our impact assessment tells us that local agencies are struggling from the financial pressures on resources and the capacity to retain staff to manage it

● We know that Covid-19 means that we need to be prepared to support children as lockdown restrictions ease and demand for help increases for vulnerable children and families

Challenges in terms of practice improvement remain the same. As 'system issues' they need leaders, headteachers, senior managers to maintain a collective focus on them.

● **Neglect:** We know that workers from police, health and social care all need to be part of decision making at 'case conferences'. Together they could make use of the 'multi-agency chronology' to better understand the family background, the sources of support and progress made in creating a safe home for their children

● **Safeguarding in (and out of) Education:** We know, as safeguarding leaders, that we need to develop a shared vision with all partners. This should include an improved understanding of education entitlement and provision. OSCB partners are in the early stages of delivering change and improving practice

● **Contextual safeguarding and child exploitation.** We know that the local arrangements need to be properly understood and better used. We also see increasing numbers of adolescent children who could benefit from more co-ordinated support for their mental health, emotional wellbeing and resilience

The OSCB will be taking these challenges forward into its business plan summarised on the next page.

Priorities going forward:

LEADERSHIP AND GOVERNANCE

We will make sure the plans for our safeguarding partnership are working well for us and our partners. This will include:

- Work with the adults' board to look at safeguarding risks in relation to housing and homelessness

- Work with Barnardo's to understand young people's experiences of significant harm beyond their families and keep them safe from it

- Work with Hampshire safeguarding partnership to get a second opinion on how well we are doing with our new set of arrangements led by the three partners of health, police and the county council

- Noting really good work and 'commending' those who do it

- Making sure we get our messages clear e.g. about listening to children at all times and that safeguarding is something we should all be doing

IMPROVING PRACTICE

Our learning says that we must focus on:

- Neglect

- Keeping children safe in and out of education

- Child exploitation

SCRUTINY AND QUALITY ASSURANCE

We will:

- Check how well organisations meet safeguarding standards and think about the needs of vulnerable children and families

- Learn from case reviews, audits and assessments

- Embed change

Appendix A. OSCB membership

Independent Chair, Barnardo's

Oxfordshire County Council: children's services, youth justice services, adult services, fire and rescue services, legal &public health

NHS Oxfordshire Clinical Commissioning Group

Thames Valley Police

Oxford University Hospitals NHS Foundation Trust

Oxford Health NHS Foundation Trust

West Oxfordshire District Council

Cherwell District Council

Oxford City Council

South Oxfordshire and Vale of White Horse District Council

Children and Family Courts Advisory and Support Service

Community Rehabilitation Company

National Probation Service

Lay Members

Representation from schools and colleges

Representation from the voluntary sector

Representation from the housing sector

Representation from local judiciary

Appendix B: The OSCB's structure

Appendix C: The OSCB's linkages

Appendix D: The Oxfordshire Safeguarding Children Board budget

	Expenditure 2019/20
Funding streams	
Public Health	-£30,000.00
Income	
Foster carer training	-£1,700.00
Non-attending delegates	-£16,150.00
Hosting of courses	-£1,687.00
Contributions	
OCC Children, Education & Families	-£201,100.00
OCC Dedicated schools grant	-£64,000.00
NHS Oxfordshire CCG*	-£60,000.00
Thames Valley Police	-£21,000.00
National Probation Service	-£1,410.00
CRC	-£2,500.00
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
Public Health (see above)	£0.00
TOTAL INCOME	**-£430,047.00**
Expenditure	
Independent Chair	£32,714.00
Business unit	£272,438.00
L & I work	£17,087.00
Training & learning	£69,065.00
Subgroups	£10,672.00
All case reviews	£43,357.00
TOTAL	**£445,333.00**
Available reserves	£78,299.00
Drawdown	£15,286.00
Reserves Balance	£63,013.00

* NHS Oxfordshire CCG also funds the Child Death Overview Process at a cost of £76,774 per annum

Appendix E: Matrix of safeguarding concerns

● Audits ● Data ● Assessments ● Escalated issues ● Case reviews

SAFEGUARDING CONCERNS

...that are about our systems and how we work together as a whole	
Shared vision across schools and partners to keeping children safe in school	Audits, Data, Escalated issues, Case reviews
Improve grades of disadvantaged school pupils in Oxfordshire to be as good as national averages	Data, Escalated issues
Managing demand for services especially in relation to mental health, knife crime and exploitation.	Data, Assessments, Escalated issues, Case reviews
Being clear about when and how to use early help assessments to identify low-level neglect	Data, Assessments, Case reviews
Improve our waiting times for children wanting to access mental health services	Data, Escalated issues
Improve attendance at case conferences by all partners in person or online	Audits, Data, Escalated issues, Case reviews

... that are about our practice	
Making the right decision, at right time with the right people	Audits, Escalated issues, Case reviews
Joint reflection by professionals on the progression of casework is valued	Audits
'Think family' but not losing sight of individual children within families	Audits, Case reviews
Capture children's views to inform decisions	Audits, Case reviews
Shared chronologies to better understand a child's life	Audits, Case reviews
Understand the 'lived experience' of the child in the family:	Audits, Case reviews
Curiosity about the family's past history and relationships	Audits, Case reviews
Good practice basics: better record, share information and use safeguarding policies	Audits, Case reviews
Rethinking did not attend to 'was not brought'	Audits, Assessments, Case reviews
Follow best practice when responding to physical abuse	Case reviews

... that are repeat themes	
Respond quickly to neglect	Audits, Data, Case reviews
Vulnerable adolescents: exploitation; difficult relationships; mental wellbeing; going missing	Audits, Data, Case reviews
Children's limited capacity to protect themselves as they move into adolescence	Audits, Data, Case reviews
Understanding safeguarding risks that exist in the child's environment	Audits, Case reviews
Schools are key to spotting potential harm; keeping children safe; alerting others	Audits, Data, Escalated issues, Case reviews
Parental well-being: mental health, domestic abuse and substance misuse	Audits, Case reviews
Focus on children's emotional wellbeing	Audits, Data, Case reviews

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Oxford Health NHS Foundation Trust

Community Services - Strategic Development and Quality Improvement Plan

Progress Report for Health and Wellbeing Board December 2020

Purpose of this paper

At the Oxfordshire Joint Health Oversight and Scrutiny Committee (JHOSC) meeting in September 2020, Dr Nick Broughton and Dr Ben Riley explained to the committee how Oxford Health Foundation Trust (OHFT) would be commencing the development of a Strategic Development and Quality Improvement Plan for the Community Services the Trust provides in Oxfordshire, in partnership with Oxfordshire Clinical Commissioning Group (OCCG) and other stakeholders.

This paper provides a short update on the progress of this work for the Oxfordshire Health and Wellbeing Board.

Although COVID-19 has presented many challenges and limited the resources available to deploy to this work, since September, we have:

- Established a strategy development team and secured funding for a new strategy development officer role to oversee the strategy work and its subsequent implementation (now recruited)
- Developed a new strategy framework for the Trust, which has now received Executive Team and Board approval
- Progressed the collation and review of a large volume of population health and public engagement data and reports produced over the past 5 years by a range of stakeholders in Oxfordshire
- Started an asset mapping and data collection exercise for all our existing community services and facilities
- Set out a proposed structure for the organisation of services based on population scale
- Identified key themes and priorities for inclusion in the strategy outcomes
- Progressed plans for a number of service pilots we believe will be suitable for development in OX12, for discussion with Wantage Town Council health subcommittee and the OX12 Task and Finish group in the coming weeks (meetings arranged)

More detail on each of the above points is given in the following report.

To inform the planning process, we are currently in the process of synthesing the information we have gathered to populate the Trust's newly adopted strategic framework with proposed outcomes for community services by the end of December 2020, with the intention of sharing it with partners for review in the new year.

In parallel, we are developing proposals to pilot new services in OX12 and will share these with stakeholders, including the Commissioners and the Town Council Health Sub-committee and OX12 Task & Finish group shortly. We remain committed to developing services that will ensure a sustainable future for Wantage Community Hospital and this work will also inform the development of services more widely.

It is possible that a formal public consultation process may need to be undertaken if substantial service changes are proposed in the strategic development plan, once these are available for public discussion early next year. This work will clarify the Trust's view on the long-term future of the inpatient unit at Wantage Community Hospital in the context of a new service delivery model, which will be informed by the data analysis work now underway and by discussions with Wantage Town Council and other stakeholders in the forthcoming weeks.

We also recognise that residents and stakeholders have been requesting a resolution of the status of the inpatient unit at Wantage for a long time, for which the Trust has publicly apologised and agreed that the matter should be brought to a conclusion as soon as possible. At its November meeting, JHOSC asked for Oxford Health and OCCG to complete the Oxfordshire Substantial Service Change Framework with respect to the inpatient unit for discussion at its February 2021 meeting, on the understanding that OHFT's proposed strategic framework for developing county-wide community services will be produced for discussion in this timeframe, so that decisions on next steps can be taken as appropriate within this wider context.

We support the proposal that a future public consultation on the inpatient beds, should it be required, should not delay the piloting of other services in the hospital and surrounding areas, to enable local residents to benefit at the earliest opportunity from improved care.

What do we already know about the health needs and views of residents?

The Trust has taken on board the joint committee's comments that much work has been done in recent years to identify the health needs and views of Oxfordshire residents and much is already known about the main improvements to services that are required, leading many members to take the view that it was time to move to action.

A significant number of detailed public engagement reports, health needs analyses and strategies developed in Oxfordshire over the past few years provide an evidence-base on which the Trust can progress its community services plan.

Important examples are set out in the timeline below.

Recent health strategies, data analyses and engagement reports in Oxfordshire:

Townlands Community Hospital Proposals (2015)	Oxfordshire Healthcare Transformation Programme (2016-17)	CQC Oxfordshire Local System Review (2017)	Oxfordshire HWB Strategy (2018)	Older People's Strategy (2019)	OX12 Project (2019-)	Oxford University Hospitals Strategy (2020)	OCCG Primary Care Estates Strategy (2020)
Townlands CH Joint Health Needs Assessment	Oxfordshire Stakeholder Event Report	Review report (2017)	Oxfordshire Joint Health & Wellbeing Strategy (2018)	Needs Analysis for Older People in Oxfordshire (2018)	OX12 Stakeholder Events & Project Report	OUH Our Strategy 2020-25	Draft Strategy for Consultation (Nov 2020)
Public Consultation Report	The Big Health and Care Conversation	Action plan (2018)	Oxfordshire Prevention Framework (2019)	Engagement Report (Oct 2018)	OX12 Healthwatch Report		
	Phase 1 Consultation Report				OX12 Task & Finish Group Evaluation		

What are the information gaps we need to fill?

Although there is a large amount of information available to inform the strategy, it is inevitable that some important issues and gaps will need to be addressed. Issues we have currently identified in our plan include the need to:

- Meet with stakeholders in OX12, including the Wantage Town Council Health Sub-committee, to explore the issues they have raised with respect to some of the information presented in the OX12 Project report published in Jan 2020
- Check with partners whether any key reports, evidence packs or other sources of information relevant to community services have been missed from our review
- Review recent changes in activity data following changes introduced during the COVID-19 pandemic and identify which are temporary and which are likely to persist

Mapping the Community Services and Assets

Because these services are often provided in people's homes, community clinics, schools and GP surgeries, the value of Community Services can be overlooked compared to other more visible NHS services – although they are often highly valued by patients, carers and families.

With this in mind, the Trust is developing a 'data map' that will enable a clearer, county-wide understanding of the accessibility, purpose, usage and activity of these services. This will help to shape their development based on need and best use of local assets over the coming years. Although most Community Services are universally accessible, either directly or through primary care, they are mostly used by people living with frailty or chronic conditions, young children, adults with urgent needs, older people with long-term conditions and people near the end of their lives.

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Community Services comprise a wide range of services provided to residents of all ages in Oxfordshire. Community Hospitals are a vital resource and their development will be a key feature of the Trust's strategy.

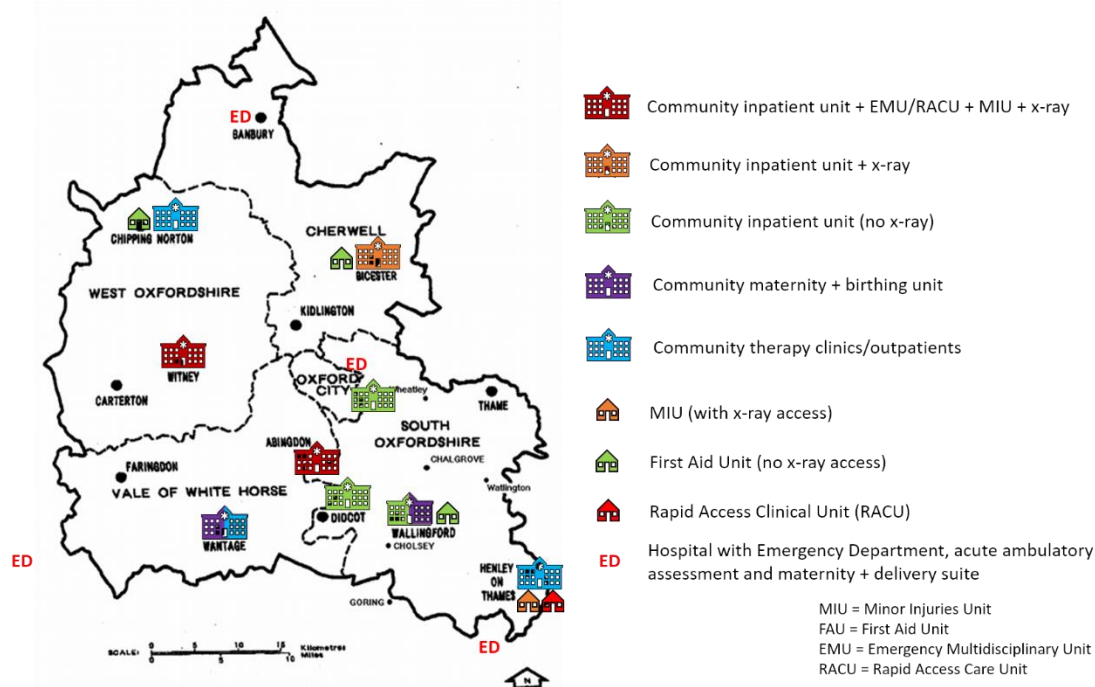Services in scope of OHFT's strategic development plan include:

Area of activity	Service
Primary Care	Urgent out-of-hours GP clinics and home visiting services
	Homeless GP services (Luther Street Medical Centre)
Urgent Ambulatory Care	Emergency Multidisciplinary Units (EMU) Abingdon & Witney
	First Aid Units (FAU) Bicester and Chipping Norton CHs (Wallingford FAU is provided by the GP surgery)
	Minor Injuries Units (MIU), Abingdon & Witney Hospitals
	Rapid Access Care Unit (RACU), Townlands Hospital, Henley
	Rapid Assessment Unit (RAU), Horton, Banbury
Urgent Care at Home	Hospital @ Home (South Oxfordshire)
	EMU outreach
	Ageing Well 2-hr urgent community response
Reablement and Rehabilitation	Discharge-to-assess pathway 2
	Complex Care Community Service (CH discharges)
	Home First pilot
EMU short-stay beds ('step-up')	Abingdon (Abbey)
	Witney (Wenrisc and Linfoot)
General community beds ('step-down')	Abingdon (Abbey)
	Bicester
	Oxford City
	Wallingford
	[Wantage - temporarily closed]
	Witney (Wenrisc and Linfoot)
Specialist rehabilitation Care Home support	Oxfordshire Stroke Rehabilitation Unit (OSRU), Abingdon
	Care Home Support Service (residential, nursing, LD, MH)
	Enhanced Health in Care Homes (weekly MDT)
Community – generalist nursing and therapy	Community & PCN MDTs
	District Nursing
	Community Therapy Services
	End of Life Care
	Falls Prevention (and post-covid rehab)
	Nutrition & Dietetics
	Safeguarding (adults)
Community – specialist nursing and therapy	Adult Speech & Language
	Bladder & Bowel
	Chronic Fatigue & ME service (and post-covid rehab)
	Dementia and Memory
	Diabetes Community Service
	Eating Disorders
	Heart Failure
	Physical Disability Physio
	Podiatry

	Respiratory (and post-covid rehab)
	Tissue Viability Service
Children's services	Children's Community Nursing
	Children's Therapy Services
	Family Nurse Partnership
	Health Visiting Service
	Phoenix Team (Looked After Children)
	Safeguarding (children)
	School Health Nursing Service
Other services	Continuing Healthcare (Oxfordshire)
	Community Health Promotion
	Outpatient nursing and admin support at Community Hospitals
	Single Point of Access

A small number of services in Community Hospitals are provided by other providers (e.g. Healthshare provides musculoskeletal (MSK) physiotherapy and Oxford University Hospitals (OUHFT) provides the maternity/midwife units and the consultants who work in the outpatient clinics). We will work with these providers to ensure good strategic alignment.

Community Services are provided at a wide range of sites, including many GP surgeries, clinic bases and nine Community Hospitals. The Community Hospitals providing ambulatory, inpatient and outpatient services are identified on the map below, as well as the first aid and minor injuries units:

Community Hospitals in November 2020 – Current Ambulatory & Inpatient Services

	Community inpatient unit + EMU/RACU + MIU + x-ray
	Community inpatient unit + x-ray
	Community inpatient unit (no x-ray)
	Community maternity + birthing unit
	Community therapy clinics/outpatients
	MIU (with x-ray access)
	First Aid Unit (no x-ray access)
	Rapid Access Clinical Unit (RACU)
	Hospital with Emergency Department, acute ambulatory assessment and maternity + delivery suite

MIU = Minor Injuries Unit
FAU = First Aid Unit
EMU = Emergency Multidisciplinary Unit
RACU = Rapid Access Care Unit

5

Balancing local needs with county-wide health outcomes

In recent years, the value of living independently for longer at home and having strong networks in the community has become better understood and a range of national programmes have been introduced to support this (e.g. Ageing Well and Home First). In this context, the role played by Community Hospitals needs to evolve to ensure that they play a greater role in improving disease prevention, increasing accessibility and personalisation of care, enabling independence and reducing health inequalities.

This objective will need to be effectively viewed from both local and countywide perspectives – there will inevitably be a requirement to balance the preferences of local populations with the requirement to deliver improved health outcomes agreed as county-wide priorities and this will be reflected in the role of specific sites in the provision of community services across Oxfordshire. As a community provider, we believe that the most effective services that best meet local needs are built in partnership with the local communities who use those services. Our services will need to be organised and managed, therefore, in a way that enables appropriate tailoring of services at community-level within a county-wide framework that provides consistency and quality.

As part of our strategic delivery plan, we propose to the use the population-based units of scale previously set out by Oxfordshire CCG and the Oxfordshire Health and Wellbeing Board as a framework to organise and inform the ongoing service user engagement, development and operational management of services that fall within the scope of the strategy. It is anticipated that the development of District Area Networks will be particularly relevant for planning integrated services across existing health, social care and voluntary sectors as well as larger scale services across clusters of PCNs – including progressing conversations on how Community Hospitals can be best developed as 'support hubs' for a wider range of services in their local vicinity.

Unit of scale	Supports	Best for services that…
Primary Care Networks (PCN) – Groups of GP practices working with their local community teams and partners	c.30,000-50,000 people	Support people with relatively common health conditions or multiple care needs, who will especially benefit from local access and continuity of care from their GP practice and community services in a joined-up 'neighbourhood team'
Community Hospital Hubs – Thriving local hospitals with outreach services that serve their nearby towns and rural communities	c.100,000-200,000 people	Require specialised equipment or facilities (such as therapy equipment, birthing units, gyms and rehabilitation centres); use diagnostic facilities (e.g. x-ray or blood gas analysis); need outpatient or urgent care facilities; provide inpatient facilities designed to support rehabilitation, reablement and supportive end-of-life care

District Area Networks – Linking clusters of Primary Care Networks with District Authorities, community services and other partners	c.250,000 people	Need to share resources and coordinate teams across health, social and voluntary sectors; serve people with less common conditions or less frequently encountered needs; require a larger scale to sustain quality, solve delivery challenges or develop the workforce while supporting locally-tailored delivery
County-level Services	c.680,000+ people	Require a centralised infrastructure to operate effectively; manage local peaks and troughs in demand; are specialised in nature or require special facilities and staff (e.g. stroke rehabilitation)

Next steps and timelines

The following section sets-out work starting and proposed for the coming months in the development of the Oxfordshire strategy for Community Services. The synthesis of this work will develop a picture of the future needs and options for Community Services, including the role and coordination of Community Hospital sites. Potential future requirements may be beyond the current capacity of some sites (e.g. age/condition of buildings in relation to local need or housing development, and practicalities around delivery or geography) meaning that redesign and redeployment of services, or physical development of the sites themselves may be required.

Due to the wide range of people they support and treat, Community Services need to work with a wide range of other NHS services (e.g. GPs, pharmacies, care homes and acute hospitals) as well as other public and voluntary sector health and care services (social care, housing, social prescribing, etc.) – and most importantly with patients, families and communities themselves. Because of all these interfaces, it will be particularly important to ensure a high level of local engagement with future plans.

Where we are now:

What	Detail	Progress
Recruitment	Establishing a team with skills and capacity to undertake the work	Complete
Scoping	Clarifying the scope of services and key stages of the process	Complete
Data gathering process	Data gathering and review to understand previous engagement work and to analyse recent demand and performance data and workforce details relating to provision of Community Services	In process – due end of 2020
Service and asset mapping	Service mapping description – countywide model overview built up from geographic information	In process – due end of 2020

Synthesis and gap analysis	Bringing together the wide range of available data, public and patient experience to formulate a new understanding and generate a set of effective solutions, identifying any gaps that might require additional research or targeted public engagement.	In process – due end of 2020
Agreeing engagement and initial pilot proposals	Making contact with key stakeholder groups (for example Healthwatch, OX12 and other local representatives, commissioners and key service providers) to design a fuller process for stakeholder engagement across the county to ensure that all views can be considered.	In process – contact by end Nov, meetings Dec-Jan
Developing strategic framework and outcomes	Developing a strategic development framework and populating this with proposed outcomes for community service development by the end of Dec 2020, to share at OHFT Board before partner review and discussion in early 2020	In process – due for sharing in Jan 2020

Work planned for 2021 (timelines to be confirmed with system partners)

What	Detail
Service re-modelling and pilots	Development and testing of the new models of care and operational delivery in OX12 and other areas (initial pilots to start by Jan 2021)
Stakeholder engagement	Engaging with partners and stakeholders (including patients and staff) to finalise asset mapping, resident and community engagement via established groups (e.g. Healthwatch) and new ones where required. Could be done via District Network Area footprints. North (2 Districts), Centre (City) and South (2 Districts), aligning with PCN/CCG geography model.
Options appraisals	Agreeing options for the future placement of services and specific use of sites, for assessment against a set of shared criteria by key stakeholders. Such a process would enable the required county-wide overview of the future provision of services and input the specific views of key local stakeholders (e.g. resident groups, commissioners, and partners services) and be viewed alongside population health data to rapidly generate a set of recommendations.
Consultation on recommendations	Consultation on recommendations for future provision of Community Services in Oxfordshire and specific significant service change proposals that required formal consultation / overview
System governance	Securing system agreement for the changes following public consultation from the relevant authorities
Implementation plan	Agreeing financial and contractual arrangements, timelines and milestones for full roll-out of the new model

Healthwatch Oxfordshire

Report to the Oxfordshire Health and Wellbeing Board

December 2020

1. 2020-21 Update July to November

The onset of the coronavirus pandemic and resulting 'lockdown' in the UK has had a significant impact on Healthwatch Oxfordshire's planned activity and work plan. This has had a major impact on our plans to work in local communities. We planned to resume outreach in Didcot in October but had to curtail this activity from 3rd November. However, we are back in Didcot in early December.

We also had to put on hold the recruitment of our Community Outreach Worker post, this will be completed in January 2020.

The projected impact on the number of people reached via outreach activity in 2020-21 is a reduction of 60%.

1.1. Didcot outreach

In November we held a virtual Didcot drop-in on Zoom. This was the first of its kind by Healthwatch Oxfordshire – two Patient Participation Group Chairs attended along with the Assistant Manager at Didcot Health Centre. In addition, we completed two outreach visits in the Didcot and surrounding villages during October – firstly at the Didcot Community Larder and then at East Hagbourne Village Hall (in their car park). We made direct contact with 156 people over the two days. To date we have received 220 responses to our questionnaire 'What is it like living in the Didcot area?'. We intend to complete the outreach before the Christmas period – subject to Covid-19 Tier rules and ensuring staff and residents are Covid secure. A report on what we heard will be available early February 2021.

1.2. July to September activity report

This is included in the Healthwatch Oxfordshire Board meeting papers (24th November 2020). To summarise:

1. We continued to move most of the outreach activity to later in the year due to Covid-19 external activity restrictions.

2. Enter & View activity is still on hold. We are exploring how this can be accomplished with minimal face-to-face contact.

3. We promoted an Oxfordshire Wellbeing Network planning meeting using the Zoom platform in July to focus on BAME community issues. An invitation sent out to 43 local groups using their public facing email addresses. Ten bounced back as undeliverable and we received 6 apologies, and one

booking to attend the event. Following up individually we were able to talk to interested parties. There is an appetite from local groups in the Black Asian and Minority Ethnic community to get involved in Oxfordshire Wellbeing Network events but fair to say that the pressures on these communities during the coronavirus pandemic is limiting their involvement in external activity. An up and coming report authored jointly by Healthwatch Oxfordshire and Community Action Oxford on community wellbeing again gives opportunity for OWN to support the discussion and learning from this work.

4. Online surveys supported by paper copies, translated copies and support over the telephone have continued to be utilised to reach the population during the Covid-19 restrictions. Between July and September, we closed 8 surveys that had generated 1137 responses. These surveys covered (number of responses):

- Mental health and wellbeing 0-5's (64)

- Working with 0-5s (16)

- Oxford Community wellbeing (152)

- Using your pharmacy (400 including 50 responses since Covid-19)

- Armed forces survey (87)

- Mental health survey (141)

- OCC financial contributions review (212)

- Practice managers Covid support (14)

5. During this period, we published 7 reports:

- 0-5's report written up and launched informally. Distributed via Early Years news and Homestart, plus Children's Trust

- Care Homes and Covid

- Let's Talk about Mental Health Sept 2020

- Patient Participation Group Activity during Covid-19 – July 2020

- GP Surgeries activity to support patients during Covid-19 – September 2020

- Mental health report finished, feedback received from OMHP and Oxford Health. Final report and exec summary published

- Oxfordshire County Council financial review report finished, and feedback received from OCC; final report & exec summary published

6. Our fortnightly news briefing continues to be well received. This together with the Healthwatch Oxfordshire column in Oxford Mail support our effort to reach as wide an audience as possible. During the same period, we had 24 'media hits' including requests for interviews or written comments, 11 articles in parish magazines / newsletters.

7. Social media and our web site continue to provide an invaluable source of information from the public, great way of communicating out to the public and targeted audiences. Website hits, twitter impressions and Facebook reach are continuously growing; there is more to be done here without forgetting that not everyone is digitally engaged.

8. Facebook proved an invaluable route to reach members of the public when we were recruiting to the Outreach Worker post. 3,900 people saw our advertisement through this route.

2. Healthwatch Oxfordshire Reports

Since October we have published one research report, our HOSC report to the October meeting, and Healthwatch Oxfordshire's quarterly Board meeting papers. We published the following reports since the last Board meeting:

I. Emotional wellbeing in 0-5year olds in Oxfordshire – September 2020.

II. Reports to the Oxfordshire Health and Wellbeing Board October 2020 and Oxfordshire Joint Health Overview Scrutiny Committee (HOSC) – November 2020

III. Healthwatch Oxfordshire Trustees Board meeting November 2020

All the above reports are available online www.healthwatchoxfordshire.co.uk/our-reports

3. New and ongoing work

Recognizing that the pandemic was having an impact on services and individual's access to services we:

1. Opened a general online survey of people's **experiences of care during Covid-19.**

2. More recently launched separate surveys of **unpaid carers** and **people employed in caring in people's homes**. Both these have questions that relate to the impact of Covid-19 on their lives.

3. Revisited the Care Homes to find out how it is now and plans for winter and 2nd Covid-19 wave

4. Seeking to hear from residents and families of people living in care homes

5. Dentistry after hearing much from patients and talking with NHS England Commissioner we launched survey to find out what it has been like to access dentist during Covid-19 and now

6. Following the Bruno Holthof's presentation to the Joint Overview and Scrutiny Committee (HOSC) about Covid-19 research in Oxfordshire in November – point 4 'PHOSP-COVID & C-MORE (investigating the long-term health impact of COVID-19)' of his report we are beginning to explore how to understand the experiences and impact on 'long COVID' on people living in Oxfordshire. We are interested to know what the health and care system have planned to support those people experiencing long COVID-19

4. External meetings

External meetings between July and November attended include:

- Oxfordshire Health and Wellbeing Board

- Oxfordshire Joint Health Overview Scrutiny Committee (HOSC)

- Oxfordshire Clinical Commissioning Group led Phase 2 Calm clinic Task and Finish Group

- Health Inequalities Commission Implementation Group

- Care Homes Bronze Cell re Care Homes Report

- Mental Health Prevention Concordat Partnership Group

- Oxfordshire Clinical Commissioning Group (OCCG)– Quality Committee, Primary Care Clinical Commissioning Committee (in attendance) presented our reports on PPGs and Practice Manager

- Quality Care Commission (CQC) six weekly meeting with managers

- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) meetings including:

  - Voluntary Community & Social Enterprise Partnership

  - Healthwatch Liaison Lead Management Group

  - Population Health Management Development Programme

- Dr Nick Broughton CEO Oxford Health NHS Foundation Trust

- Diane Hedges, Deputy Director OCCG re issues raised at Health Improvement Board re PPGs and GP engagement

- Didcot PPGs and Julie Dandridge, Head Primary Care OCCG re Didcot primary care estates – estate summit agreed for December 2020.

- Children's Trust Board Healthwatch Oxfordshire Ambassadors – survey of parents needs and concerns

- Oxfordshire Integrated Care Partnership – Population Health Management Action Learning Set

- Oxford University Hospitals NHS Foundation Trust – patient care liaison

- Virtual Wards Sats Stakeholder meeting – system wide

- Oxfordshire Covid oximetry at Home Stakeholder workshop – system wide

- Oxfordshire County Council re Voices of care home Residents and families project development

- National Voices AGM

- Patient Participation Groups – attended three virtual meetings

- Oxfordshire Analysts Networking meeting (Joint Strategic Needs Assessment)

- Oxfordshire Children and Young Peoples Forum

- Black and Ethnically Diverse Worlds Group

- 'Fit For the Future': Strategic development of Oxfordshire's VCS sector

- 'Innovation and Change in Social Care: Learning from the Pandemic' presenter at Green Templeton College, Oxford University

Health & Wellbeing Performance Framework: 2020/21
December 2020 Performance report

A good start in life

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
1.1 Reduce the number of looked after children to 750 by March 2021	750	Q2 2020/21	762	A	788	A					Figure is 3% lower than same time last year against a national increase
1.2 Maintain the number of children who are the subject of a child protection plan	550	Q2 2020/21	504	G	539	G					Figure is 19% lower than the same time last year.
1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	75%	Feb-20	35%	R	35%	R					Local and national reporting suspended in March 2020 to allow greater focus on managing Covid.
1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	260	Q2 2020/21	35	G	89	G					First 6 months performance better than target and last year. 21 fewer than target so far
1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	73%	19/20 ac yr	n/a		n/a						Test results not available for 19/20
1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	43%	19/20 ac yr	n/a		n/a						Test results not available for 19/20
1.8 Reduce the persistent absence rate from secondary schools	12.2%	Term 4: 19/20	15.9%		15.9%						At the end of term 4 we were at target level. The impact of lockdown meant traditional school attendance measures made no sense. We are still unclear on how the school system will reset
1.9 Reduce the number of permanent exclusions	66	Term 4: 19/20	66		66						See above
1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	tbc	19/20 ac yr	n/a		n/a						Test results not available for 19/20
1.11 Reduce the persistent absence of children subject to a Child Protection plan	tbc	Q3 2018/19	n/a		n/a						Data available annually only. This is for 2018/19 accademic year. Figure not expected for 19/20 due to lockdown
1.12 Reduce the level of smoking in pregnancy	7%	Q1 2020/21	7.1%	A	7.5%	R					Year to date figure
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	95%	Q1 2020/21	93.1%	A	95%	G					
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	95%	Q1 2020/21	92.5%	A	92.5%	R					
1.15 Maintain the levels of children obese in reception class	7%	2019/20	7.6%	G	6.7%	A					Measuring stopped in March 2020 by NHS/PHE – reporting on incomplete cohort
1.16 Reduce the levels of children obese in year 6	16%	2019/20	15.7%	G	16.2%	A					Measuring stopped in March 2020 by NHS/PHE – reporting on incomplete cohort
1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Monitor only	Q1 2020/21	222		569						Target removed because of the impact of lockdown. Figs in first 6 months 30% below the same period last year. Pre lockdown early help assessments were rising by 25% and it would be expected that without the virus this trajectory would continue.
1.17 Monitor the number of child victims of crime	Monitor only	Q1 2020/21	651		1503						3% reduction compared with first 6 months in 2019/20
1.18 Monitor the number of children missing from home	Monitor only	Q1 2020/21	292		639						45% reduction compared with first 6 months in 2019/20
1.19 Monitor the number of Domestic incidents involving children reported to the police.	Monitor only	Q1 2020/21	1669		3409						10% increase compared with first 6 months in 2019/20. In line with the rest of TVP area. Increase in part about increased confidence to report and improved recording

Living well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	86%	Q2 2020/21	92%	G	96%	G					Routine inspection on hold, inspecting only where a concern Is raised
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	22%	Jul-20	12%	R	21.7%	A					This is a nationally set target. 21.7% for Sept (latest figure). 17.3% for year to date. Figures affected by Covid; national figure is reported on last quarter
2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	75%	Q1 2020/21	98%	G	98%	G					
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	95%	Jul-20	98% (JR) 100% (ORH)	G	85% (JR) 88% (ORH)	R					Figure for July
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	95%	Dec-19	96%	G	96%	G					Reporting currently on hold due to Covid
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	56%	Dec-19	83%	G	83%	G					Reporting currently on hold due to Covid
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	75%	Q1 2020/21	17%		13%						Figure not rated till the end of the year
2.12 The number of people with severe mental illness in employment	18%	Oct-20	22%	G	18%	G					Reporting currently on hold due to Covid
2.13 Number of new permanent care home admissions for people aged 18-64	< 39	Oct-20			12	G					
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	10	Oct-20	0	G	8	A					Figure subseqently dropped to 6
2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	< 175	Oct-20	165	G	164	G					
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	18.6%	May-20	17.8%	A	17.7%	A					Cherwell 24.7%; Oxford 13.4%; South Oxfordshire 15.0%; Vale of White Horse 16.5%; West Oxfordshire 19.5%
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	> 2,337 per 100,000*	Q1 2020/21	3,562	G	1839	R					
2.18 Increase the level of flu immunisation for at risk groups under 65 years	55%	Sept 19 to Feb 20	53.2%	A	53.2%	A					
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97%	Q2 2020/21	no data		72.8%						GP Providers requesting their targets have received them. There is a mixed picture of NHS Health Check delivery across the county, but a return to BAU is not expected until April 2021 at the earliest date
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49%	Q2 2020/21	no data		35.9%						GP Providers requesting their targets have received them. There is a mixed picture of NHS Health Check delivery across the county, but a return to BAU is not expected until April 2021 at the earliest date
2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	80%	Q1 2020/21	68.6%	R	66.9%	R					
2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 5.5 years	80%	Q1 2020/21	76.6%	R	76.1%	R					

Aging Well

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
3.1 Increase the number of people supported to leave hospital via reablement in the year	Monitor only	Oct-20	139		145						Figures are the average number per month
3.2 Increase the number of hours from the hospital discharge and reablement services per month	Monitor only	Oct-20	7297		7405						Figures are the average number per month
3.3 Increase the number of hours of reablement provided per month	Monitor only	Oct-20	5090		5316						Figures are the average number per month
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	>18.8%	Aug-20	20%	G	21%	G					
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	> 69.9%	Feb-20	74%	G	74%	G					National social care user survey February 2020.3%pts increase in year
3.6 Maintain the number of home care hours purchased per week	21,779	Oct-20	22,480	G	24,153	G					
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	24,550 or fewer	Aug-20	23,640	G	23,640	G					23909 for August; 20569 year to date
3.8 90th percentile of length of stay for emergency admissions (65+)	18 or below	Aug-20	11	G	13	G					13 days for August; 12 for year to date
3.9 Reduce the average number of people who are delayed in hospital	< 38	Oct-20	20	G	32	G					National publication suspended in March. Local figure for end of October reported here
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	14	Q1 2020/21	5	G	9.4	G					290 admissions to the end of October.
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% or more	Oct - Dec 2019	67.2	R	67.2	R					Figure fell in year, possibly as people with higher needs were supported
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	3.3% or more	Oct - Dec 2019	1.75%	A	1.75%	A					Figure increased in the year from 1.7 to 1.75 but remains below the national average of 2.8%
3.15 Increase the estimated diagnosis rate for people with dementia	67.8%	Jul-20	61.3%	R	61.2%	R					
3.16 Maintain the level of flu immunisations for the over 65s	75%	Sept 19 to Feb 20	76.3%	G	76.3%	G					
3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	60% (Acceptable 52%)	Q4 2019/20	67.4%	G	54.80%	A					
3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	80% (Acceptable 70%)	Q4 2019/20	69.2%	R	55.4%	R					Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8%

Tackling Wider Issues that determine health

Measure	Target	Update	Q1 No.	Q1 RAG	Q2 No.	Q2 RAG	Q3 No.	Q3 RAG	Q4 No.	Q4 RAG	Notes
4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	>208	Q4 2019/20	198	G	198	G					Cherwell 41; Oxford 93; South Oxfordshire 19; Vale of White Horse 19; West Oxfordshire 26
4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	<75%	Q2 2019/20	87.9%	G	87.9%	G					
4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	>90	Q3 2019/20	80	G	80	G					Cherwell 11; Oxford 62; South Oxfordshire; Vale of White Horse; West Oxfordshire
4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Monitor only	Q4 2019/20	377		377						Cherwell 83; Oxford 56; South Oxfordshire 92; Vale of White Horse 72; West Oxfordshire 74
4.5 Monitor the number where a "relief duty is owed" (already homeless)	Monitor only	Q4 2019/20	159		159						Cherwell 41; Oxford 40; South Oxfordshire 17; Vale of White Horse 28; West Oxfordshire 33
4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Monitor only	Q4 2019/20	5		5						

HWB16a
Report to the Health and Wellbeing Board

Report from	Children's Trust Board (Chair – Cllr Steve Harrod)
Report Date	4th December 2020
Dates of meetings held since the last report	23rd September 2020 (Virtual meeting due to COVID-19 restrictions)
HWB Priorities addressed in this report	A Healthy Start in Life
Link to any published notes or reports	Children & Young People's Plan 2018 - 2022
Priorities for 2020-21	**Be Successful** 1. Have the best start in life. 2. Access high quality education, employment and training that is motivational. 3. Go to school and feel inspired to stay and learn. 4. Have good self-esteem and faith in themselves. **Priority focus for 2020/21: Focus on children not engaged in 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 2020/21: Focus on social, emotional, physical & mental well-being**
	Be Safe 9. Be protected from all types of abuse and neglect. 10. Have a place to feel safe and a sense of belonging. 11. Access education and support about how to stay safe. 12. Have access to appropriate housing. **Priority focus for 2020/21: 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

Priority	Be Successful
Focus	Children not engaged in education – update in September 2020 meeting
Deliverable	See updated Children and Young People Plan for list of deliverables
Progress report	The Deputy Director of Education, Hayley Good provided an update on the back to school situation. This was successful with effective communication and support in helping to relieve parental anxiety with the return of schools after lockdown. There were weekly conference calls with headteachers and the Director of Children's Services, Kevin Gordon circulated a letter to reassure parents encouraging them to send children back to school. Information was provided to schools in how to handle cases of COVID-19 in contacting a national helpline or Oxfordshire County Council for guidance. Oxfordshire data showed that there was: • 90% attendance which included primary and secondary schools. • High attendance for Children We Care For. • Drop in attendance for Special Schools, but only half of these schools provided information. • Low attendance for Children on Education, Health and Care Plan (EHCP). • 20% increase in parents deciding to home school their children – despite encouraging parents to send their children back.

Priority	Be Healthy
Focus	Social, emotional, physical and mental well-being
Deliverable	See updated Children and Young People Plan for list of deliverables.
Progress report	To be reviewed at a future meeting (December 2020)

Priority	Be Safe
Focus	Domestic Abuse
Deliverable	See updated Children and Young People Plan for list of deliverables.
Progress report	To be reviewed at a future meeting (March 2021)

Priority	Be Supported
Focus	Listen to the feedback from young people in Oxfordshire
Deliverable	This deliverable is measured by a standing agenda item, to hear feedback from young people via VOXY. Additionally, via the "Be Supported Survey."

Progress report	Following on from the 'Be Supported' 2020 survey, it was suggested that members provide examples of how their organisations have responded to children and young people's views which emerged from the survey, such as having a voice and being listened to. In sharing and collating the feedback on key areas, a 'You Said, We Did' poster/flyer would be compiled to spread the message.

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

Performance remains affected by COVID-19. There were no educational results last academic year. Some health reporting was suspended included Children and Adolescent Mental Health Services (CAMHS) timeliness.

Be successful

- Education measures in the dashboard are reported 3 times a year at the end of the Christmas, Easter and summer terms. With COVID-19 there has been no update since Easter last academic year.
- However, schools are currently asked to report daily attendance to the Department for Education. This shows that overall attendance in Oxfordshire schools for all children, those with an Education, Health and Care Plan (EHCP) and those with a social worker are higher than the England average.
- In line with the rest of the country we are seeing an increase in families opting to electively home educate their children, with 878 electively home educated children at 20th November – a 33% increase in the number at the end of August.

Be healthy

- Performance on the 12-week wait for CAMHS has been suspended since February.
- Figures for referral to the Single Point of Access for CAMHS are increasing. In quarter 1 they averaged 219 per month, in quarter 2, 351 per month and in October 511.
- Activity levels rose on all the 'be healthy' measures in quarter 2 However, the fall in quarter 1 means that activity for the first 6 months remains below last year with the exception of pregnant women with a risk score of 3 or 4
- Early Help Assessments are 30% below the level of last year.

Be safe

- Quarter 2 saw a return to more expected levels of activity so the 50% increase in domestic crimes involving children in Q1 fell to 11% in Q2 and 15% increase in domestic abuse incidents fell to 6%.
- The first 6 months of the year have seen a 38% increase in contacts to the Multi Agency Safeguarding Hub (MASH). This could lead to a surge through the social care and other systems. Activity in September was in line with the four weeks before the school holidays, which is traditionally the busiest time of the year.
- Currently though the number of children the subject of a child protection plan is lower than less year and better than target and the number of cared for children is below last year's level albeit still higher than target.

Indicator Number	RAG	What is being done to improve performance?
1.1b Increase the proportion of children that have their first CAMHS appointment	R	Local and national reporting suspended in March 2020 to allow greater focus on managing COVID-19. 24/7 advice consultation line has been in place throughout.

Indicator Number	RAG	What is being done to improve performance?
within 12 weeks to 75%		
2.5 Reduce the persistent absence of children subject to a Child Protection plan	N/A	Figures released in March for the 18/19 academic year showed persistent absence of children the subject of a child protection plan to be 3 times more likely to be persistently absent than other pupils in Oxfordshire. Work is being undertaken across education and children's social care to address these issues. *(Following COVID-19 traditional measures of school attendance became redundant).*
3.14 Reduce the number of children we care (previously looked after children) for to 750 by March 2021	A	At the end of September, the number of children we cared for was 788 - 3% lower than same time last year against a national increase. As of early November, the council has introduced the new service, Family Solutions Plus (FSP) model, which will: • Rebalance the safeguarding system to help keep more families together where this can be achieved safely • Develop a system based on working with family's strengths • Encourage professional relationships that are empowering and help families to make positive changes • Ensure interventions are timely, focused and intense • Work in a holistic way supporting parents to address problems that impact on their ability to look after their children • Reduce demand safely and appropriately • Create whole system improvements (e.g. with our partners) • Leads to a safe reduction in the numbers we care for

3. Summary of other items discussed by the board

▪ <u>Introduction by new Director of Children's Services, Kevin Gordon</u>.
Kevin is impressed by the relationship across the partnership and the potential opportunity to develop services differently. He outlined his view of the key role of the Children's Trust:
- ≈ *Champion of early help and integrated working*
- ≈ *Progressive mind set, challenges the status quo*
- ≈ *Initiates and incubates new areas of work*
- ≈ *Realistically cannot provide governance for everything, so should be selective and tactical about areas of interest*
- ≈ *Adds value and does not duplicate*

- **Oxford Health NHS Foundation Trust & Performance - Children and Adolescent Mental Health Services (CAMHS)**

Data presentation provided. This looked at access rate, referrals, caseloads, waiting times over the past few years in comparison with the past few months of the impact of the pandemics. The 24/7 helpline received less phone calls during the beginning of the pandemic but have since risen again. There is a need for a whole system approach to look at the pathway with local authorities, carers and parents in coordinating this. Mental Health teams are back into schools now since opening after having also provided support during lockdown.

- **Update on the Oxfordshire Strategic Partnership**

The Board members discussed the attainment gap from deprived areas and those with free school meals. There are opportunities to develop new initiatives based on successful projects. The group is looking further at what is available as good practice and the opportunities to support teaching and continuing to narrow the attainment gap.

- **Children Education & Families – Recover Priorities: Outcomes and Performance**

Return to school has been the greatest challenge and provided a significant increase in the volume of work for Children's Services in Children's Social Care. The return to school means that children needing support can contact other adults which may have increased assessments and referrals to Children's Social Care and MASH (Multi Agency Safeguarding Hubs) services. The Children's Trust Board's role is to sight the potential increase in demand for all our services that the pandemic has caused and check on the impact on the whole system.

It was agreed that the impact of COVID-19 and how all members are dealing with that demand is to be kept as a standing item on the agenda.

- **COVID-19 Implications for Partnerships**

No feedback provided at this meeting but to be kept on agenda for future meetings with regards to progress, recovery and improvements.

4. Forward plan for next meeting

The following items are due to be considered in the forthcoming meeting:

- Children & Young People's Plan Focus Area – Social, emotional, physical and mental well-being
- CEF – Recovery Priorities – Outcomes & Performance
- Partnership updates – COVID-19 recovery priorities

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Report to the Health and Wellbeing Board, 17ᵗʰ December 2020

Report from	Better Care Fund Joint Management Group
Report Date	7ᵗʰ December 2020
Dates of meetings held since the last report:	23ʳᵈ September 2020 24ᵗʰ November 2020
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 ☐ <u>Ageing Well</u> ☐ Tackling Wider Issues that determine health
Link to any published notes or reports:	[Agenda for Better Care Fund Joint Management Group on Tuesday, 24 November 2020, 2.00 pm (oxfordshire.gov.uk)](#)
Priorities for 2020-21	The Better Care Fund Joint Management Group will deliver the priorities outlined in Living Longer, Living Better: Oxfordshire's Older People's Strategy. The priority themes identified in this strategy are: i. Being physically and emotionally healthy ii. Being part of a strong and dynamic community iii. Housing, homes and the environment iv. Access to information and care

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

1. **Update on COVID-19 spend hospital discharge arrangements**

Priority	N/a
Aim or Focus	The group received an update on the management of the hospital discharge processes and funding arrangements, in place during the Covid 19 period.
Deliverable	The processes for managing spend were agreed.
Progress report	Spend was noted; it was agreed that this will be a standing item on the agenda for 2020-21

2. **Proposals relating to Carers Spend**

Priority	Being part of a strong and dynamic community
Aim or Focus	The group received an update on work undertaken in partnership with carers to redesign the support offer for carers. This focuses on delivering support in localities, and offering a tailored support package to suit individual needs and situations.
Deliverable	This is a combined NHS and Adult Social Care model and will be delivered via refreshed contracting arrangements, funded via the pooled budget.
Progress report	The proposals were agreed.

3. **Proposed changes to the Section 75 – Update**

Priority	N/a
Aim or Focus	The group received an update on the a proposed route to review the current s75 NHS Act 2006 agreement between OCC and OCCG.
Deliverable	JMG was asked to confirm for HWB that the review of the current s75 will be carried out with a view to supporting new commissioning arrangements.
Progress report	The proposals were agreed.

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

Indicator Number	RAG	What is being done to improve performance?
3.1	A	This was discussed during the March meeting of the Better Care Fund Joint Management Group, with a system

		improvement plan in delivery. This measure has moved from Red in the previous period.
3.14	R	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement.
3.15	R	This measure has been impacted by Covid-19 due to temporary cessation of clinics. This measure is being closely monitored.

2. Summary of other items discussed by the group

N/a

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Report to the Health and Wellbeing Board, **17 December 2020**

Report from	**Adults with Support and Care needs Joint Management Group**
Report Date	1 December 2020
Dates of meetings held since the last report:	29 September 2020 26 November 2020
HWB Priorities addressed in this report	• Living Well
Link to any published notes or reports:	November meeting papers: here
Priorities for 2020-21	Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems will live independent, healthy lives and achieve their full potential. To do this we will: • Identify key groups and design integrated services to meet their needs • Improve the satisfaction of service users • Improve access to health screening programmes to reduce health inequalities • Improve access to mental health support • Increase the number of people supported at home • Increase the number of people taking part in meaningful activity • Improve the quality and sustainability of care providers in Oxfordshire • Involve more local people and organisations in the development of services

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

Priority 1	Identify key groups and design integrated services to meet their needs
Focus	Update draft Adults' strategy bringing together social care priorities with those in NHS ten year plan
Deliverable	Adults with Care & Support Needs Strategy & Implementation plans
Progress report	We are bringing together different plans, including the draft strategy for Adults with Care and Support Needs and the Oxfordshire response to the NHS Long Term Plan, to create one Oxfordshire strategy with implementation plans sitting under it for developing integrated services to meet the needs of vulnerable adults. The Adults' strategy was co-produced with individuals receiving services and other plans were produced with considerable

	engagement with people. Early in 2021, the draft integrated strategy will be shared with people who use the services to ensure that the new combined strategy still reflects what people are telling us.

Priority 2	Improve the satisfaction of service users
Focus	Deliver outcomes to improve satisfaction
Deliverable	See work on Priorities 3-7
Progress report	During the development of the draft Adults' strategy, people told us that they want: • Improved quality of care and support • Increased independence • To be part of communities and connected to people • To be well and healthy We are working to achieve these outcomes as part of the work on Priorities 3-7. By doing this we aim to improve the satisfaction of people who use services. The next annual survey which measures peoples' satisfaction will be run in February 2021 with results reported in May.

Priority 3	Improve access to health screening programmes
Focus	Reduce health inequalities: people with a learning disability have higher obesity rates and a lower life expectancy than the general population
Deliverable	Increased number of people who have a learning disability or a serious mental illness who receive an annual health
Progress report	This has been affected by COVID in several ways: GPs capacity to deliver health checks has reduced, and people, especially those shielding, are less likely to want to visit their GP surgery. The value of health checks, and financial incentives available for GPs to complete them (through a national LD DES and QOF QI for 2020-2021) has been extensively promoted to surgeries. Alternative ways of collecting data have been explored, for example sharing information with permission where people may have been in contact with other health services. We are working closely with GP surgeries to help increase the uptake of health checks and improve the accuracy of practice registers including communications checking on what the obstacles are for the surgeries. There is a QOF QI webpage with useful resources for practices and training is being offered across the county.

Priority 4	Improve access to mental health support
Focus	Psychological therapies, Emergency Department Psychiatric Service, people in homelessness supported housing accessing mental health services
Deliverable	Improvements in the number of people seen and speed of response
Progress report	The number of people using the TalkingSpace service dropped in April and May but access is now back to normal and exceeding current local target of 20.5%; rate for Sept was 21.7%. The Wellbeing service set up in response to the pandemic, Mind Mental Health information line, saw a marked increase in enquiries in September (912 in August, 1172 in September). **Current work streams:** Covid: • TalkingSpace working with Oxford Health community directorate; new service Getting Oxfordshire Back on It's Feet now accepting referrals • Long Covid service development plan – TalkingSpace part of working group, first meeting 18/11/20 • Covid training under taken by all TalkingSpace staff so they can adapt operational protocols. • TalkingSpace staff attending the national webinars and also contributing to some sessions • Data now recorded (via PCMIS) re Covid related cases. Staff wellbeing: • Working across the Buckinghamshire Oxfordshire Berkshire region to establish staff resilience hubs; staff will be directed for interventions to IAPT • TalkingSpace continue to prioritise NHS and care home staff Publicity: • National campaign promoting mental health launched 16/11 /20

Priority 5	Increase the number of people supported at home
Focus	Reduce the number of people in care homes and admitted to specialist in-patient beds
Deliverable	• Less than 200 people with learning disability and/or autism living in residential care by March 2021 (currently 226) • Less than 50 people with a serious mental illness living in residential care by March 2021 (currently 35) • 6 people or fewer with learning disabilities and/or autism admitted to specialist in-patient beds • % adults living at home is higher than national average 81% (currently 91%)

Progress report	The number of people with a learning disability has reduced from 245 in April to 226 in October.
	New supported living services for a total of 22 people are due to open in April 2021, aiming to increase supported living capacity for people who choose to move back to Oxfordshire from out of area care homes. The houses have been identified and support commissioned; reviews of people's support began in November.
	In November, the number of people with learning disabilities and/or autism admitted to specialist in-patient beds reduced from 8 to 6.

Priority 6	Increase the number of people taking part in meaningful activity
Focus	Increased number of people in employment
Deliverable	Targeted projects by services including Oxfordshire Employment Service programme focusing on people with autism
Progress report	Oxfordshire Employment Service's Autism programme: • 26 people on the programme; currently 17 people included • 11 have gained employment; 1 person referred to internship and 1 left through choice. 9.3% of people with a learning disability are in employment, compared to national average of 5.6%

Priority 7	Improve the quality and sustainability of care providers in Oxfordshire
Focus	Support providers to offer good quality care
Deliverable	• % of all providers described as outstanding or good by CQC is higher than national average • Providers feel supported through the pandemic to support people safely
Progress report	Considerable support has been offered to providers through the pandemic. A 10% uplift was paid to providers for council funded contracted services in April, May and June. The Infection Control Fund was then used to support care homes, domiciliary care and daytime support providers to fund infection control measures. The Service Sustainability Fund is also available for providers in exceptional circumstances, including where a provider is experiencing issues with on-going financial viability and can demonstrate on an open book basis that they are 'at risk' of failure. Providers have mostly been able to source their own PPE directly; the Council has a stock of PPE available if required.

Priority 8	Involve more local people and organisations in the development of services
Focus	Co-production of services
Deliverable	Adults' Strategy; redesigned wellbeing & employment offer; people who use services are part of procurement processes

Progress report	Adults' strategy:
	• The draft Adults' strategy was co-produced by the Council and the Clinical Commissioning Group. This gave us extremely valuable insight into what is important to people.
	• The draft strategy will be brought together with other plans, some of which were developed with considerable engagement with people
	• We will share this with people who use the services included in the plans to ensure that the new combined strategy still reflects what people are telling us
	
	Supported living tender:
	• In September we launched a tender for several large supported living contracts, to recontract existing services as well as expand the supported living provision
	• We contacted people currently receiving support and had over 60 responses from people who use services and their relatives
	• From this, 30 people expressed an interest to be on the panel, and 10 people evaluated providers' responses and provided feedback.
	• People's feedback was used to moderate scores given by officers so that people's views about the providers was used to help select which providers won the new support contracts.
	
	Wellbeing & employment:
	• Following co-production work in 2019, we held two stakeholder engagement events in early 2020 as part of the development of future wellbeing and employment support services for people with a disability.
	• In September, staff workshops were held with the Council's Community Support Service teams to explore continuous improvement ideas.
	• Key themes have been established from these events, which are being used to develop the Community Support Service, Community Connectors and Oxfordshire Employment Service to ensure:
	  o Well-being and community connecting will be embedded in the operation of the services, providing a single point of access to the right level of support for people, in line with their strengths and abilities at that point in time
	  o Services are aligned to provide a pathway to employment and volunteering support

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

Indicator	Current figure	RAG rating	Update for this Board
2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	16% (July 2020)	Red	National Target is 22%. Local system agreement is target of 19% due to prioritising current resources to support adult mental health teams' core services. Numbers had fallen due to reduction in staff capacity due to COVID-19 but the rate for Sept is significantly improved at 21.7% (this more recent figure isn't yet included in the HWB numbers).
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	85% (JR) 88% (ORH) (July 2020)	Red	In Q1 98% people were seen within agreed timeframes but this dropped in Q2 as numbers of people referred increased.
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	8 (Oct 2020)	Amber	The number of people in specialist in-patient beds increased slightly but in November this has dropped again to 6 which is the Oxfordshire target.

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

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

b. **Extension/new Section 75 agreement:** There was a discussion about the existing Section 75 agreement governing the pooled budgets which ends in March 2021.

4. **Forward plan for next meeting**

For 28th January 2021:
- Service & Resource Planning proposals
- Annual price review

Ele Crichton, Lead for Adults Commissioning & Markets

Report to the Health and Wellbeing Board, 17th December 2020

Report from	Health Improvement Partnership Board
Report Date	7th December 2020
Dates of meetings held since the last report:	19th November 2020
HWB Priorities addressed in this report	☐ A coordinated approach to prevention and healthy place-shaping. ☐ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). ☐ An approach to working with the public so as to re-shape and transform services locality by locality. ☐ Plans to tackle critical workforce shortages. ✓ A Healthy Start in Life ✓ Living Well ✓ Ageing Well ✓ Tackling Wider Issues that determine health
Link to any published notes or reports:	Papers for the November meeting were published and can be found here: Agenda for Health Improvement Partnership Board on Thursday, 19 November 2020, 2.00 pm (oxfordshire.gov.uk)
Priorities for 2020-21	**The priorities are subject to review when the impact of COVID-19 on the local population is better known** **1. Keeping Yourself Healthy (Prevent)** • Reduce Physical Inactivity / Promote Physical Activity • Enable people to eat healthily • Reduce smoking prevalence • Promote Mental Wellbeing • Tackle wider determinants of health - Housing and homelessness • Immunisation **2. Reducing the impact of ill health (Reduce)** • Prevent chronic disease though tackling obesity • Screening for early awareness of risk • Alcohol advice and treatment • Community Safety impact on health outcomes **3. Shaping Healthy Places and Communities** • Healthy Environment and Housing Development • Learn from the Healthy New Towns and influence policy • Social Prescribing • Making Every Contact Count • Campaigns and initiatives to inform the public

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

A. Tobacco Control- Oxfordshire Tobacco Control Alliance

Priority	Keeping yourself healthy – Reduce Smoking Prevalence
Aim or Focus	The Tobacco Control Alliance reported on the activity since the launch of the Tobacco Control Strategy in May 2020.
Deliverable	Partnership work and joint working to deliver a range of metrics which are monitored by a reporting dashboard developed by the Alliance.

Progress report	The full report on this item can be found here: https://mycouncil.oxfordshire.gov.uk/documents/s53768/Item%208%20-%20Oxon%20TCA%20HIB%20report%20Nov%20v4.pdf
	
	 • The Oxfordshire Tobacco Control Strategy was launched on the 31st May 2020. It has been well received and its ambition has been held up as an exemplar in the All Party Parliamentary Group on Smoking and Health in July 2020[1]
	 • The Strategy uses a "four pillar approach" to addressing the wide range of factors relating to tobacco control, which are
	     ○ Prevention
	     ○ Local Regulations and Enforcement
	     ○ Smokefree Environments
	     ○ Supporting Smokers to Quit
	 • The Oxfordshire Tobacco Control Alliance has during the pandemic met twice in July and November 2020 to discuss current activity and future options of the Oxfordshire Tobacco Control Alliance.
	 • An Action Plan for 2020/21 has been agreed and important progress has been made.
	 • A reporting dashboard capturing a range of process, activity, and outcomes measures has been agreed.

B. Domestic Abuse Strategy Group Report

Priority	Community Safety impact on health outcomes
Aim or Focus	Update the Health Improvement Partnership Board on key strands of strategic delivery in response to domestic abuse in Oxfordshire and request that the Board agrees to the proposed change in governance.
Deliverable	The report to the Board provided an update to members of the Health Improvement Partnership Board on domestic abuse work in Oxfordshire specifically • Covid-19 response and learning • A proposal on revision of domestic abuse governance • Delivery of Oxfordshire's Domestic Abuse Strategy 2019-2024

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[1] Meetings & Seminars - Action on Smoking and Health (ash.org.uk)

Progress report	Full report on this item can be accessed here: https://mycouncil.oxfordshire.gov.uk/documents/s53751/Item%2010.1%20-%20HIB%20Nov%202020_Domestic%20Abuse%20Strategic%20Delivery%20Update%20and%20Proposal.pdf
	
	Domestic abuse in the context of the Covid-19 pandemic
	• Increased risks for victims from restrictive measures put in place to avoid the spread of coronavirus announced on 23 March led to setting up a multi-agency "cell"
	• The focus of the multi-agency meetings has been
	   o Multi-agency sharing of practice and expertise
	   o Monitoring
	   o Communication
	   o Innovation
	• During the first few weeks of the first lockdown all services saw a reduction in referrals/ police call outs. This soon increased and there are increased levels of activity than before the lockdown.
	• A number of key learning points have been identified from the Covid-19 response work:
	   o Many activities both to support victims directly and to increase learning and skills amongst professionals and community members can be delivered successfully online.
	   o The system can work as a partnership to quickly develop and deliver key information and messaging to both those affected by domestic abuse and those who may be in contact with them.
	   o Having Experts by Experience co-producing key areas of work is essential to success.
	   o There is more work to do to support Black Asian and Ethnically Diverse (BAED) communities to get help and support.
	   o Anecdotal evidence suggests there is an increase in the complexity of cases being seen by professionals following lockdown easing.
	   o Feedback from survivors and professionals has highlighted an even greater need for Recovery Programmes for adults and children affected by domestic abuse.
	   o A multi-agency virtual meeting held more frequently helps partners to be more proactive and dynamic in responding to need.
	Change in Governance
	• The Strategic Board for Domestic Abuse is now proposing to continue operating as the Oxfordshire Domestic Abuse Partnership (OXDAP) and the following new governance model will be put to the Health Improvement Partnership Board for sign off.
	   o Oxfordshire Domestic Abuse Partnership monthly, reporting to
	   o Oxfordshire Domestic Abuse Strategic Board quarterly, reporting to

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o Health Improvement Partnership Board (with a DA report twice a year)
- This model fits with the new statutory duty that will be imposed on tier 1 Local Authorities to have a statutory local partnership board that will fulfil certain statutory functions being proposed by the Domestic Abuse Bill currently making its way through Parliament.

Domestic Abuse Strategic Delivery
- Over the first 2 quarters of 2020-21 delivery of the Oxfordshire Domestic Abuse Strategy 2019-24 under the four aims of
  o Prevention
  o Provision
  o Pursuing
  o Partnership

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The Board also received updates on
- **Healthy Place Shaping Agenda-** A report was presented updating the Board on the activities that have been undertaken at both a County wide and District level. These included
  o Initiatives to embed healthy place shaping into the work of the Growth Board – led by a county-wide Healthy Place Shaping (HPS) Task Group comprising planning officers from each District, Oxfordshire Clinical Commissioning Group, Public Health and the Oxford Plan Team. Oxfordshire's lead for Healthy Place Shaping also sits on the Executive Officer Group of the Growth Board to ensure that its principles are considered in strategic decision making.
  o Initiatives to address the response to Covid-19 which have focused on active travel, in addition to the place based support given to communities organised at the District level.
  o Initiatives to support scaling of healthy place shaping in each of the Districts – funded by Sport England investment and monitored by a steering group led by Active Oxfordshire

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

The performance framework published for this meeting showed that, of the 21 indicators reported:
> *5 indicators are **green***
> *5 indicators are **amber***
> *6 indicators are **red** (see below)*

- 1.12 Reduce the level of smoking in pregnancy
- 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2
- 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population
- 2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years

- 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years
- 3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

The impact of COVID 19 and the lockdown earlier in the year is reflected in the indicators, particularly on the uptake of health screenings, NHS health checks among others face to face services which were affected. Part of the recovery plan is to improve preventive services on the back of this. Critical working needs to be done.

3. Forward plan for next meeting

13th January 2021	The Full Board will have a workshop to look at the forward plan and priorities.
25th February 2021	The February meeting is proposed to have a focus on prevention, including: • CVD prevention update (inequalities wards strategy) • Diabetes Transformation and Prevention Data • Social Prescribing update.

Eunan O'Neill, December 2020

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