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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, 7 July 2022 at 10.00 am**
**Council Chamber - County Hall, New Road, Oxford OX1 1ND**

Stephen Chandler
Interim Chief Executive

June 2022

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

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**Membership**

Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)
Vice Chair – Dr David Chapman (Clinical Chair, Oxfordshire Clinical Commissioning Group)

*Board Members:*

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| Ansaf Azhar *(Oxfordshire County Council)* | Corporate Director of Public Health & Wellbeing |
| Councillor Tim Bearder *(Oxfordshire County Council)* | Cabinet Member for Adult Social Care |
| Councillor Liz Brighouse OBE *(Oxfordshire County Council)* | Deputy Leader and Cabinet Member for Children, Education & Young People's Services |
| Dr Nick Broughton | Chief Executive, Oxford Health Foundation Trust |
| Sylvia Buckingham | Chair, Healthwatch Oxfordshire |
| Stephen Chandler *(Oxfordshire County Council)* | Interim Chief Executive |
| Councillor Maggie Filipova-Rivers *(South Oxfordshire District Council)* | Vice-Chair, Health Improvement Partnership Board |
| Karen Fuller *(Oxfordshire County Council)* | Interim Corporate Director of Adult and Housing Services |
| Kevin Gordon *(Oxfordshire County Council)* | Corporate Director for Children's Services |
| Dr James Kent | Chief Executive, Oxfordshire Clinical Commissioning Group |
| Councillor Mark Lygo *(Oxfordshire County Council)* | Cabinet Member for Public Health & Equality |
| Kerrin Masterman *(Oxfordshire GP Federation)* | GP Representative |
| Professor Sir Jonathan Montgomery | Chair, Oxford University Hospitals NHS Foundation Trust |
| David Radbourne *(NHS England)* | Director of Commissioning Operations (South Central) |
| Yvonne Rees *(Cherwell District Council)* | Chief Executive, Cherwell District Council (District Representative) |
| Councillor Louise Upton *(Oxford City Council)* | Chair, Health Improvement Partnership Board |

***Notes: Date of next meeting: 6 October 2022***

# 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 Democratic Services democracy@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 Liz Leffman

## 2. Apologies for Absence and Temporary Appointments

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

## 4. Petitions and Public Address

*Members of the public who wish to speak at this meeting can attend the meeting in person or "virtually" through an online connection.*

*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 "hybrid" meetings, requests to speak must be submitted no later than 9 AM four working days before the meeting i.e., 9 AM on Friday, 1 July. Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk*

*If you are speaking "virtually", you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be considered. A written copy of your statement can be provided no later than 9 AM 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.*

## 5. Note of Decisions of Last Meeting (Pages 1 - 16)

To approve the Note of Decisions of the meeting held on Thursday, 17 March 2022 (**HBW5**) and to receive information arising from them.

## 6. Health Protection Update

10:05 AM to 10:15 AM (10 minutes)

Presentation on the latest Health Protection situation by the Director of Public Health.

## 7. Bucks, Oxfordshire, Berkshire West Integrated Care System (BOB ICS) Establishment (Pages 17 - 30)

10:15 AM to 10:45 AM (30 minutes)

Update on the establishment of the Integrated Care Board and associated partnerships structures.

## 8. Oxfordshire Integrated Improvement Programme - Update (Pages 31 - 46)

10:45 PM to 11 AM (15 minutes)

To update the Board on the development of the Oxfordshire Integrated Improvement Programme (the system-wide programme incorporating the Community Services Strategy and Urgent Care improvement work)

## 9. Update on the Local Area SEND Strategy (Pages 47 - 94)

11 AM to 11.15 AM (15 minutes)

System awareness and commitment to new SEND strategy

## 10. Children & Young People's Emotional Well-Being: Promotion & Mental Ill Health Prevention Draft Strategy (Pages 95 - 134)

11.15 AM to 11.30 AM (15 minutes)

Report by the Corporate Director for Children's Services and Corporate Director for Public Health, Oxfordshire County Council, on the *Children & Young People's Emotional Well-Being: promotion & mental ill health prevention* draft strategy.

## 11. Report from Healthwatch (Pages 135 - 142)

11.30 AM to 11.40 AM (10 minutes)

To receive an update from Healthwatch.

## 12. Update on Publication of Joint Strategic Needs Assessment (JSNA) (Pages 143 - 144)

11.40 AM to 11.50 AM (10 minutes)

To update the Board on changed timescales to incorporate census data.

## 13. FOP (Future Oxfordshire Partnership) and H&WB workshops (Pages 145 - 150)

11.50 AM to 12 Midday (10 minutes)

Report on the joint workshop earlier this year, and outline of possible topics for an autumn workshop.

## 14. Implementation of MECC Work Programme (Pages 151 - 154)

12 Midday to 12:10 PM (10 minutes)

To outline initial plans to develop the MECC work programme in Oxfordshire.

## 15. Performance Report (Pages 155 - 158)

12:10 PM to 12:20 PM (10 minutes)

To receive an update on latest performance against agreed HWB metrics.

## 16. Reports from Partnership Boards (Pages 159 - 176)

12:20 PM to 12:35 PM (15 minutes)

To receive updates from Partnership Boards. Reports from –

1. Health Improvement Board; and
2. Children's Trust

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# OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 17 March 2022 commencing at 2.00 pm and finishing at 4.45 pm

**Present:**

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| **Board Members:** | Councillor Liz Leffman (Chair)<br><br>Dr David Chapman (Vice-Chair)<br><br>Ansaf Azhar<br>Councillor Liz Brighouse OBE<br>Sylvia Buckingham<br>Stephen Chandler<br>Councillor Maggie Filipova-Rivers<br>Kevin Gordon<br>Councillor Jenny Hannaby<br>Councillor Mark Lygo<br>Professor Sir Jonathan Montgomery<br>Councillor Louise Upton |
| **Other Members in Attendance:** | None |
| **Other Persons in Attendance:** | None |
| **By Invitation:** | James Sheard and Kumudu Perera of My Life My Choice<br>Rosalind Pearce, Executive Director, Healthwatch Oxfordshire |
| **Officers:** | Robin Rogers, Programme Director, Covid Response, OCC<br>Bhavna Taank, Lead Commissioner, Live Well, OCC<br>Jo Cogswell, NHS Oxfordshire CCG<br>Karen Fuller, Deputy Director, Adult Social Care, OCC<br>Diane Hedges, NHS Oxfordshire CCG<br>Catherine Mountford, NHS Oxfordshire CCG<br>David Munday, Public Health OCC<br>Natasha Clark, Secretary, OCC<br>Cameron MacLean, Committee Officer, OCC |
| Whole of meeting | David Munday; Diane Hedges; Natasha Clark; and Cameron MacLean |

Part of meeting

| **Agenda Item** | **Officer Attending** |
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| Item 7: | Robin Rogers, Programme Director, Covid Response |

*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 Cameron Maclean Tel 07526 985 978 (cameron.maclean@oxfordshire.gov.uk)*

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| **20 Welcome by Chairman, Councillor Liz Leffman**<br>(Agenda No. 1) | |
| The Chair welcomed Members of the Board and other attendees noting that this was an "In-Person" meeting, but that Councillor Jenny Hannaby was attending "virtually" via Microsoft Teams. | |
| **21 Apologies for Absence and Temporary Appointments**<br>(Agenda No. 2) | |
| Apologies for absence were received from Dr James Kent, Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG). It was noted that Diane Hedges, Deputy Chief Executive, OCCG, was substituting for Dr Kent.<br>Apologies had also been received from Helen Shute, Programme Director, Community Services Strategy, and Yvonne Rees, Chief Executive, Cherwell District Council. | |
| **22 Declarations of Interest - see guidance note opposite**<br>(Agenda No. 3) | |
| There were no Declarations of Interest. | |
| **23 Petitions and Public Address**<br>(Agenda No. 4) | |
| There were no petitions or requests to make a public address. | |
| **24 Note of Decisions of Last Meeting**<br>(Agenda No. 5) | |
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| The Chair noted that the last meeting of the Health and Wellbeing Board had been a virtual meeting and, therefore, Members of the Board were unable to vote on any items on the agenda [as this would have required Members of the Board to be physically present at the meeting].<br><br>As there were two items on the agenda of the last meeting that required the Board's approval, the Chair proposed that, when it came to considering these items in the minutes of the last meeting, that the Board approve the recommendations as set out in the minutes.<br><br>The Chair invited Members of the Board to comment on the accuracy of the minutes as she went through the minutes page-by-page.<br><br>**RESOLVED:** to approve the minutes of the last meeting and to authorise the Chair to sign them as a correct record.<br><br>**FURTHER RESOLVED:** to approve the following recommendations –<br><br>**1. Item 14: Better Care Fund Plan 2021/22**<br><br>It was recommended that the Board approve –<br><br>(a) The Oxfordshire Better Care Fund Plan for 2021/22;<br><br>(b) The planned investment and schemes designed to deliver the metrics within the Plan; and<br><br>(c) The proposed trajectories for the metrics as set out in the Plan.<br><br>**2. Item 15: Joint Strategic Needs Assessment Plans for 2022/23**<br><br>It was recommended that the Board –<br><br>(a) Agree the proposed six-month delay to the release of Oxfordshire's 2022 Joint Strategic Needs Assessment (JSNA) to allow for inclusion of the Census 2021 results;<br><br>(b) Contribute information and intelligence to further the development of the JSNA (through the Steering Group); and<br><br>(c) Participate in making information more accessible to everyone. | |
| **25 Covid-19 Impact**<br>(Agenda No. 6) | |
| The Board received a presentation by the Ansaf Azhar, Director for Public Health, Oxfordshire County Council, apprising Board Members on the position of the coronavirus pandemic in Oxfordshire. | |

By way of introduction, Mr Azhar stated he wished to make three points, as follows:

(a) The pandemic was in a new phase and that, since January 2022, the number of coronavirus cases had come down and the number of hospital admissions and persons who were severely affected by the illness had started to stabilise because of the vaccination programme.

In learning to live with the virus, the priority would now be protecting vulnerable groups. Testing for coronavirus would continue in high-risk settings such as care homes and hospitals in accordance with national guidance.

(b) After 1 April 2022, the focus would be on symptoms instead of test results, the expectation being that anyone showing signs of having coronavirus, or a cold or flu, would not go to work, school etc.

Mr Azhar noted that there had been an increase in the numbers of coronavirus cases in recent weeks and he stated that such fluctuations in the number of cases was to be expected, and the possible reasons for these fluctuations.

(c) There would be no more weekly reporting of coronavirus numbers. Instead, the focus would be on reviewing the impact of Covid-19 in the last 18 to 24 months and how its impact could be reflected in the Recovery Plan, including measures to lessen the indirect effects of Covid-19 over the next 5 to 10 years.

The Board then received a presentation by David Munday, Deputy Director of Public Health, on "Cumulative Covid-19 Impact in Oxfordshire 2020 and 2021".

In the subsequent discussion, the following points were raised.

(a) Mr Azhar stated that the statistics in the presentation would have been a lot worse but for the work carried out by the various partnership bodies in addressing the pandemic. He noted that the measures to tackle the pandemic had been stepped down but could be quickly stepped up again, if necessary.

(b) In response to a question by the Chair, Mr Azhar stated that the current lockdowns in China were not in response to a new variant of coronavirus. However, BA.2 was a new, highly transmissible sub-variant of Omicron and there were several factors affecting its transmissibility around the world including how quickly countries had responded to the pandemic and the waning effectiveness of vaccinations in those countries that had been quick to roll out vaccination programmes.

(c) There was an increase in the number of re-infections, including persons who had previously contracted coronavirus

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| being reinfected by the BA.2 sub- variant.<br>**NOTED** | |
| **26 Covid-19 Recovery**<br>(Agenda No. 7) | |
| The Health and Wellbeing Board considered a report by the Corporate Director of Public Health, Oxfordshire County Council, in which it was RECOMMENDED that the Health and Wellbeing Board endorse the Oxfordshire System Recovery and Renewal Framework, as set out in Annex 1 to the report, as the key Partnership document guiding joint programme planning beyond the Covid-19 pandemic period.<br>The report noted that effective partnership working across Oxfordshire had been at the heart of the local system response to the Covid-19 pandemic. As the national and local picture improved, system partners had developed a shared framework for Recovery and Renewal to move operational partnership working beyond the immediate Covid response phase. The report set out overarching common ambitions for the issues and themes that would be worked on together as organisations as the community learned from the pandemic. It aimed to ensure that Oxfordshire was best placed to learn, and recover, from the immediate impacts of the pandemic, to support the long-term renewal of communities and places, and enhance Oxfordshire's joint impact on national and international challenges.<br>Robin Rogers, Programme Director, Covid Response, Oxfordshire County Council, presented the report. The Chair noted that the report had been presented to, and approved by, Oxfordshire County Council's (OCC) Cabinet at its meeting on Tuesday, 15 March 2022.<br>The Chair noted that she believed the various District authorities shared the same priorities, but it was important to ensure that, when implementing the Oxfordshire System Recovery and Renewal Framework, that OCC maintained the support of the district authorities and OxLEP (Oxfordshire Local Enterprise Partnership).<br>As there were no questions on the report, the Chair proposed that the Board approve the recommendation as set out in the report.<br>**RESOLVED:** to approve the report's recommendation. | |
| **27 Update on Establishment of Bucks Oxfordshire Berkshire West Integrated Care System (BOB-ICS)**<br>(Agenda No. 8) | |
| The Board considered a report entitled "Defining the BOB-ICS | |

Development Roadmap" by the ICS Development Board and Amanda Lyons, Interim Director of Strategy and Partnerships.

The report comprised an Executive Summary and slide presentation which was presented by Diane Hedges, Deputy Chief Executive, OCCG.

In the subsequent discussion, the following points were raised.

(a) In response to questions about democracy and delegated authority within the structure of the Integrated Care Board (ICB), and public consultation on the transition of the CCG functions and the way in which the NHS was changing the way in which it operated, Ms Hedges stated that –

(i) The role of the Health and Wellbeing Board and the Council's various scrutiny processes, Place-based Partnerships, and Provider Collaboratives were pivotal in the democratic and decision-making process. In addition, the governance structures of the OCCG would be incorporated into the structure of the ICB and delegated authority to the Place-based Partnerships and Provider Collaboratives would enable greater integration of the system.

(ii) Historically, unless there was an issue that fired the public imagination, engagement in public consultation exercises tended to be low and it was difficult to know how to engage the public on issues of governance. However, the development of the Integrated Care Strategy (ICS) and the assurances given in the roadmap may provide the opportunity for a meaningful consultation.

(b) Oxford Healthwatch noted they had recently had a webinar for Patient Participant Groups (PPG's) where Catherine Mountford, Director of Governance, OCCG, had participated. As the presentation contained many acronyms, it was difficult to gauge the level of comprehension and understanding of participants. However, Oxford Healthwatch would continue to engage with the public on the proposals.

(c) Stephen Chandler, Interim Chief Executive, OCC, noted that the creation of Integrated Care Systems (ICSs) presented opportunities as well as risks and that essential to the success of the ICS was the work undertaken by the Health and Wellbeing Board and others to engage with the ICS. In addition, he noted that –

- There were financial checks and balances which prevented the Council from arbitrarily changing the Council's agreed Health and Social Care budget;
- It was proposed that the vehicle for "Shared Outcomes", as

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| set out in the government White Paper, "Working together to improve health and social care for all"[1] would be the ICB and local authorities;<br>• That Shared Outcomes were critical to several OCC services and, therefore, it was essential that the Health and Wellbeing Board was kept updated by the ICS Development Board and was consulted on ICS Strategy Development and the System Development Plan (SDP).<br>• Keeping the Health and Wellbeing Board and OCC involved in the process, would allay some of the concerns expressed about democracy and delegated authority within the structure of the ICB.<br>(d) The Chair proposed that there should be an update report to the next meeting of the Board and that there was a requirement for more detailed discussions about matters such as the operation of the Integrated Care Partnership (ICP).<br>(e) Referring to the timeline on Page 63 of the agenda pack, Ms Hedges stated that many of the BOB-ICS Development Roadmap Key Outcomes were scheduled for July 2022. Consequently, it was uncertain how much detail could be provided in an update report to the Board at its next meeting on 7 July 2022.<br>(f) The Chair noted that there would be ongoing discussions between the ICS Development Board and Local Authorities. However, she stated it would be useful to have an update to the next meeting of the Board to reassure Members of the Board that things were progressing accordingly.<br>**NOTED** | |
| **28 Community Services Strategy**<br>(Agenda No. 9) | |
| The Board considered a report by Helen Shute, Programme Director, Community Services Strategy, and Dr Ben Riley, Executive Managing Director, Primary Care & Community Services, Oxford Health. The report provided a brief update on the Oxfordshire Community Services Strategy. It looked back over the past few months, setting out a framework for discussion which would strengthen conversations and provide an overview of what it was hoped to achieve, thereby providing a shared understanding of the programme and desired outcomes.<br>Diane Hedges, Deputy Chief Executive, OCCG presented the report. | |

[1] White Paper: Working Together to Improve Health and Social Care for All

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| **NOTED** | |
| **29 Pharmaceutical Needs Assessment**<br>(Agenda No. 10) | |
| The Board considered a report by the Deputy Director of Public Health, David Munday, RECOMMENDING that the Health and Wellbeing Board –<br>(i) Accept the draft Oxfordshire Pharmaceutical Needs Assessment (PNA) 2022 for publication as a report of the Health and Wellbeing Board, and as fulfilment of the Board's statutory duty to publish a PNA at least once every three years.<br>(ii) Note that the PNA [had] not identified any gaps in general access to community pharmacies in the present situation in Oxfordshire and in the expected situation in Oxfordshire to 2025, that is, during the lifetime of the current PNA.<br>(iii) Note that NHS Resolution [had] adjudicated that a new pharmacy could be opened in Upper Heyford in Cherwell.<br>(iv) [That] special note should be made of the situation in the centre of Oxford City, where there was, at present, one large pharmacy [and that] the public had identified a need for service improvement and extra choice [and that] a second pharmacy in central Oxford could provide this.<br>(v) Note that the Valley Park Housing development, west of Didcot, part of the Didcot conurbation and in Vale of White Horse, may have a future need after building [was] completed and as the community [matured], but beyond the lifetime of the current PNA.<br>(vi) Adopt all the Recommendations of the Oxfordshire Pharmaceutical Needs Assessment 2022.<br>Mr Munday presented the report.<br>In the subsequent discussion, the following points were raised.<br>(a) Referring to the Paragraph starting "**Oxford City: Special Note**" on page 78 of the agenda pack, it was noted there used to be two pharmacies in Central Oxford until the pharmacy in Boswell's closed in 2020. Given the large community served by the Boswell Pharmacy, and the high concentration of GPs in the area, it was proposed that the Board support Recommendation (iii)[2] on Page 243: Oxfordshire | |

[2] Recommendation (iii): "Special note should be made of the situation in the centre of Oxford city, where there is at present one large pharmacy and the public have identified a need for service improvement and extra choice. An additional pharmacy in the centre could meet this need. The steering group That recommends 48

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| Pharmaceutical Needs Assessment (PNA) 2022 – Recommendations.<br><br>It was noted that the recommendation would allow NHS England to consider applications to open a pharmacy in Central Oxford in accordance with the relevant section of the PNA.<br><br>(b) Regarding pharmacy opening hours, the Board was advised that all pharmacies were required to confirm their core opening hours, or any proposed variation to their core opening hours, with NHS England. It was not practicable to map the core hours of all 105 pharmacies in Oxfordshire but the requirement that pharmacies notify NHS England about their core hours was a means of ensuring that there was sufficient pharmacy provision at different times of the week.<br><br>(c) It was noted that, during the coronavirus pandemic, GP surgery hours and pharmacy opening hours did not always correspond, and it was for NHS England to set the guidelines on opening hours. It was noted that the Oxford Clinical Commissioning Group (OCCG), the Medicine Optimisation Team, and the NHS England Regional Teams would liaise on local issues and on how best to coordinate future working.<br><br>(d) If there were concerns about local opening hours, which was beyond the scope of the PNA, it would be appropriate to raise these concerns with NHS England and there were existing mechanisms for this.<br><br>(e) Under the Heading "Comments and Emerging Themes from the Consultation on the Draft PNA: General Issues" on Page 233 of the Agenda Pack, where it was stated that "Communication between GPs and pharmacists is often not good leading to greater misunderstandings about medicines and health problems", it was proposed that these issues were best dealt with at a local level and had been included in the PNA to provide a comprehensive overview of the issues relevant to the PNA.<br><br>(f) It was noted that the arrangement whereby Primary Care Networks (PCNs) were allocated a PCN Community Pharmacist had been disrupted because of the coronavirus pandemic.<br><br>(g) The production of the PNA was a statutory requirement with a defined remit. Issues beyond the remit of the PNA, such as access times and joint working with Primary Care, could be considered by the PCN.<br><br>**RESOLVED:** to approve the report's recommendations. | |

core hours and 15 supplementary hours for a second pharmacy, to include opening on Monday to Saturdays and six hours on Sundays…"

| **30 We Can't Wait Campaign and Learning Disabilities**<br>(Agenda No. 11) | |
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| The Chair welcomed the representatives of "My Life My Choice", a charity run by and for people with learning disabilities, who would be making a presentation to the Board.<br><br>The Board then considered a report by Pippa Corner, Deputy Director, Commissioning, Oxfordshire County Council in which it was RECOMMENDED that the Board note the Partnership approach that Oxfordshire was taking in tackling health inequalities for people with Learning Disabilities and how this aligned with the Joint Health and Wellbeing Board Strategy.<br><br>Bhavna Taank, Lead Commissioner, Live Well, Oxfordshire County Council (OCC), (supported by Helen Amura, Commissioning Officer, OCC) presented the report.<br><br>In the subsequent discussion, the following points were raised.<br><br>(a) Regarding the "We Can't Wait" campaign which sought support to reduce health inequalities by giving persons with a learning disability a priority on NHS waiting lists, Prof Sir Jonathan Montgomery, Chair of Oxford University Hospitals (OUH) NHS Foundation Trust, stated he would follow up the issues referred to in the report in relation to the "We Can't Wait" campaign.<br><br>(b) In response to a question about the inclusion of persons with autism in a report about people with learning disabilities, it was noted that a Learning Disabilities & Autism Improvement Board had been set up to address the issues of health inequalities raised by My Life My Choice and the "We Can't Wait" campaign, and that consideration was being given to adding to the membership of the Board.<br><br>(c) Stephen Chandler, Interim Chief Executive, OCC, stated that he would discuss with officers whether a single board was the most appropriate means of addressing the issues or whether there might be a better way of distinguishing between the needs and support for those with autism as distinct from those with learning disabilities<br><br>(d) That the Learning Disabilities & Autism Improvement Board consider the role and input of carers in supporting people with learning disabilities when coordinating and arranging medical appointments.<br><br>The Chair then invited James Sheard and Kumudu Perera of My Life My Choice to make a presentation to the Board on behalf of My Life My Choice, and in support of the "We Can't Wait" campaign.<br><br>At the conclusion of the presentation, the Chair thanked the My | |

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| Life My Choice representatives for their presentation.<br>**RESOLVED:** to approve the report's recommendations. | |
| **31 Workshop: Making Every Contact Count**<br>(Agenda No. 12) | |
| The Board received an oral report by David Munday, Public Health, Oxfordshire County Council (OCC), and Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group (OCCG), on two workshops that had occurred in the last fortnight.<br>(a) **Health and Wellbeing Board workshop "Making Every Contact Count" (MECC).**<br>This had focused on how to embed behaviour change in day-to-day interactions that residents may have with a range of support services. Members of the Board commented on how they had found the workshop to be helpful and informative and it was agreed that future work should be undertaken to ensure that the potential of MECC was fully utilised to improve health and address health inequalities. A small fund had been identified that could support this work and the Board would be kept informed as to how plans develop in the coming months.<br>(b) **Joint Workshop: Oxford Health and Wellbeing Board and Future Oxfordshire Partnership**<br>David Munday presented an oral report on the joint Oxford Health and Wellbeing Board (HWB) and Future Oxfordshire Partnership workshop. He stated that discussions had taken place concerning –<br>(i) Climate Change;<br>(ii) Promoting Behaviour Change among OCC Residents; and<br>(iii) Obesity and the Challenges Presented Coming Out OfCovid-19<br>The Chair stated that, if Members of the Board found these workshops to be helpful, then it may be possible to arrange a further programme of workshops for Members.<br>**NOTED** | |
| **32 Report from Healthwatch Oxfordshire**<br>(Agenda No. 13) | |
| The Board considered a report by Healthwatch Oxfordshire setting out its activities since its last report to the Board. Sylvia Buckingham, Chair Healthwatch Oxfordshire, presented the report. | |

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| As there were no questions, the Chair thanked Healthwatch Oxfordshire for its report.<br><br>**NOTED** | |
| **33 Performance Report**<br>(Agenda No. 14) | |
| The Board considered the Health & Wellbeing Performance Framework 2021/22 September 2021 Performance report.<br><br>David Munday, Public Health, Oxfordshire County Council (OCC), presented the report which was divided into the following sections:<br><br>1) A Good Start in Life<br><br>2) Living Well<br><br>3) Ageing Well<br><br>In addition, there was an appendix setting out statistics of flu vaccination targets and performance to address questions previously raised at the Board. In the subsequent discussion, the following points were raised.<br><br>(a) Regarding the mean and median waiting days for CAMHS[3], Mr Munday clarified the waiting times presented in the table that was before the Board. He noted that Board had received a detailed update at the last meeting about a work programme to address the issue and that work to improve waiting times was ongoing.<br><br>It was noted that specific targets had not yet been set because of the ongoing work on the Children & Young People Emotional Wellbeing and Mental Health Strategy. In addition, there were national waiting time targets for CAMHS.<br><br>(b) Kevin Gordon, Corporate Director for Children's Services, informed the Board that he had met with other Directors of Children's Services who were part of the Bucks Oxfordshire Berkshire West Integrated Care System (BOB-ICS), and the lead personnel on CAMHS and Emotional Mental Health Wellbeing Development across BOB. He stated that BOB-ICS presented opportunities to address concerns in relation to CAMHS, which could not be addressed by OCC on its own.<br><br>(c) Cllr Brighouse stated she was putting a lot of faith in BOB-ICS progressing. Referring to the number of children presenting at hospital Accident & Emergency Departments because of self-harming, Cllr Brighouse noted that many had been assessed as autistic or presenting with neural diverse tendencies, and that the greatest risk was the risk they presented to | |

[3] Children and Adolescent Mental Health Service

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| themselves. Therefore, early intervention was essential to mitigate the risk, but such intervention was stymied by a lack of resources while awaiting a government report on how to address this issue.<br>(d) Given the demands that were made upon CAMHS, it was necessary to adopt a whole system approach, including how resources were managed; adopting a proactive approach to supporting young peoples' emotional wellbeing; and ensuring schools valued the Wellbeing of pupils as well their academic attainment. To this end, the Health and Wellbeing Board had an essential role in the proactive support of the emotional wellbeing of children and young persons.<br>(e) It was noted that the Children & Young People Emotional & Mental Health Wellbeing Strategy had recently been discussed at the Board and would be a regular Item before the Board.<br>(f) It was proposed that working with, and supporting schools, was essential if the concerns about children and young person's mental health were to be addressed.<br>(g) The Children & Young People Emotional Wellbeing and Mental Health Strategy had been discussed at the Health Improvement Board and there would be a progress report to a future meeting of the Health and Wellbeing Board.<br>**NOTED** | |
| **34 Reports from Partnership Boards: Health Improvement Board & Children's Trust**<br>(Agenda No. 15) | |
| The Health and Wellbeing Board considered reports of the Health Improvement Partnership Board and The Children's Trust.<br><u>Health Improvement Partnership Board Report</u><br>The report of the Health Improvement Partnership Board addressed the following Health and Wellbeing Board priorities –<br>1) A Good Start in Life<br>2) Living Well<br>3) Ageing Well<br>4) Tackling Wider Issues that Determine Health<br>Cllr Louise Upton, Chair of the Health Improvement Partnership Board, presented the report.<br>It was noted that, emerging from the coronavirus pandemic and entering the recovery stage, obesity and physical activity were some of the most challenging issues that had to be addressed, particularly in areas of deprivation where the figures were | |

probably worse than the national average.

A lot had been learned from the tobacco control strategy implemented before the coronavirus pandemic and this whole system approach could be used as a blueprint for a strategy for obesity and physical activity. In so doing, the focus should be on a single aspiration, say, reducing childhood obesity by 50 percent, with a principled approach to achieving that aspiration.

This was a key priority and would be the subject of a further report to the Health and Wellbeing Board. In addition, there would be a government White Paper on tackling obesity and the Director of Public Health Annual Report would address the theme.

Children's Trust Report

The report set out the Children & Young People's Plan 2018-23 priorities for 2021-22; progress reports on priority work to deliver the Joint Health and Wellbeing Strategy; a summary of the work being done in areas rated Red or Amber in the Performance Framework; and a summary of other items discussed by the Oxfordshire Safeguarding Children's Board.

Cllr Brighouse presented the report. In the subsequent discussion, the following points were raised.

(a) School attendance had been affected by the coronavirus pandemic and a significant effort had been made to encourage parents to send their children to school, including training workers in strategies and approaches to ensure school attendance. In addition, school attendance was monitored every two weeks with a particular focus on any child who had not returned to school since the start of term.

(b) There had been an increase in the number of children electing to be home educated. There had also been an increase in the number of home visits by Attendance Team officers who engaged with parents in "brokerage conversations" to make them aware of the opportunities afforded by local schools and to encourage parents to send their children to local schools.

**NOTED**

**35 National Adult Social Care Workers Remembrance Day**
(Agenda No. 16)

Stephen Chandler, Interim Chief Executive, Oxfordshire County Council (OCC) noted that this was the Remembrance Day for National Adult Social Care Workers. He stated that nearly 950 adult social care workers had died during the coronavirus pandemic.

There followed a moment of brief reflection by those persons

| | |
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| present. | |

..... in the Chair

Date of signing .....

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BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

# ICS Development

## Update for Health and Wellbeing Boards May/June

May 2022

Version 1.0

# ICS Development update

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Update on ICS development following 2022 Health & Care Act receiving Royal Assent



- Update on System delivery plan

- Preparatory phase – pre establishment for ICP strategy development

# Key ICS development activities completed in April & May

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- ICB Constitution submitted to NHS England in line with pre-establishment timelines
- ICB working with people and communities strategy
- ICP working group led by ICB Chair Designate Javed Khan meeting
- Readiness to Operate Statement – Internal Audit and Regional Office review completed
- CCG Staff TUPE transition consultation closed and interim ICB executive team in place

# System delivery plan

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- System delivery plan submitted to NHS England as part of the ICS establishment development work sets out the year 1 establishment plans whilst ICP strategy in development

- The Plan focuses on ICB architecture and ICS development

- Published on the ICS development microsite https://bobics.uk.engagementhq.com/strategic-delivery-plan

- Understandably following the granting of Royal Assent on 28 April 2022 the focus is the establishment of the ICB  1 July.

# Integration as a driver to deliver better outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

In February 2021, NHSE&I set out legislative proposals for the Government in its White Paper, 'harnessing integration and driving innovation to improve health and social care for all', were central themes and key to establishing ICSs on a statutory footing with strengthened provisions to ensure that local government could play a full part in relevant ICS decision making. A second White paper published in February 2022 has extended proposals in relation to local governments role in place.

Key **aims of an effective ICS** are as follows:

- To improve population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development

For us this means **creating an ICS that enables us to**:

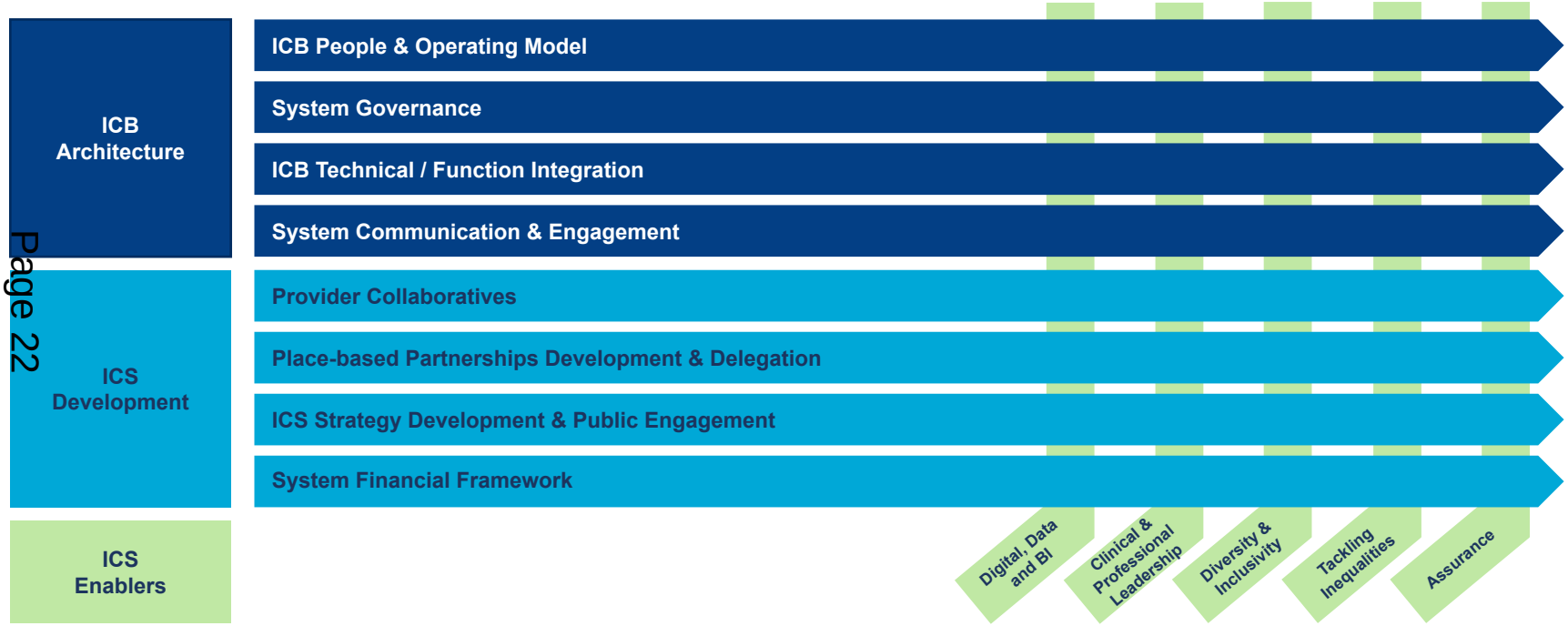
1. Deliver the NHS Long Term Plan – Go further and faster
2. Improve collaboration between providers and commissioners
3. Deliver agreed outcomes for the population by providers coming together around pathways
4. Make better use of our collective but finite resources

This SDP and associated activities lay the groundwork for us to transition CCG functions into an effective ICB from 1st July 2022 following receipt of Royal Assent in April and work with the ICP to transform services across our geography.

# Defining our ICS development roadmap

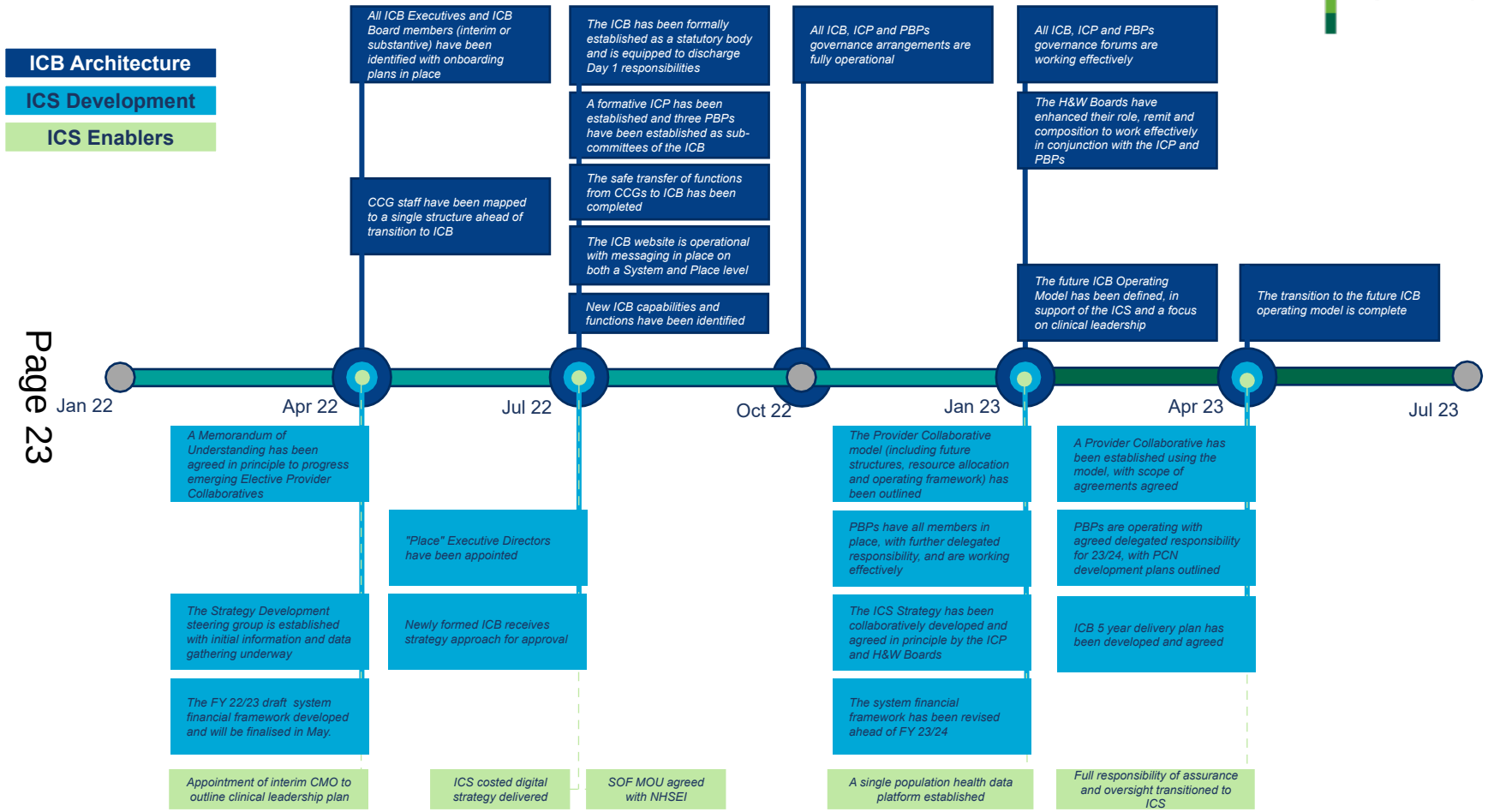
## Key streams of work

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System



# Key outcomes over time

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System



# Managing our ICS development programme

## Delivery structures

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

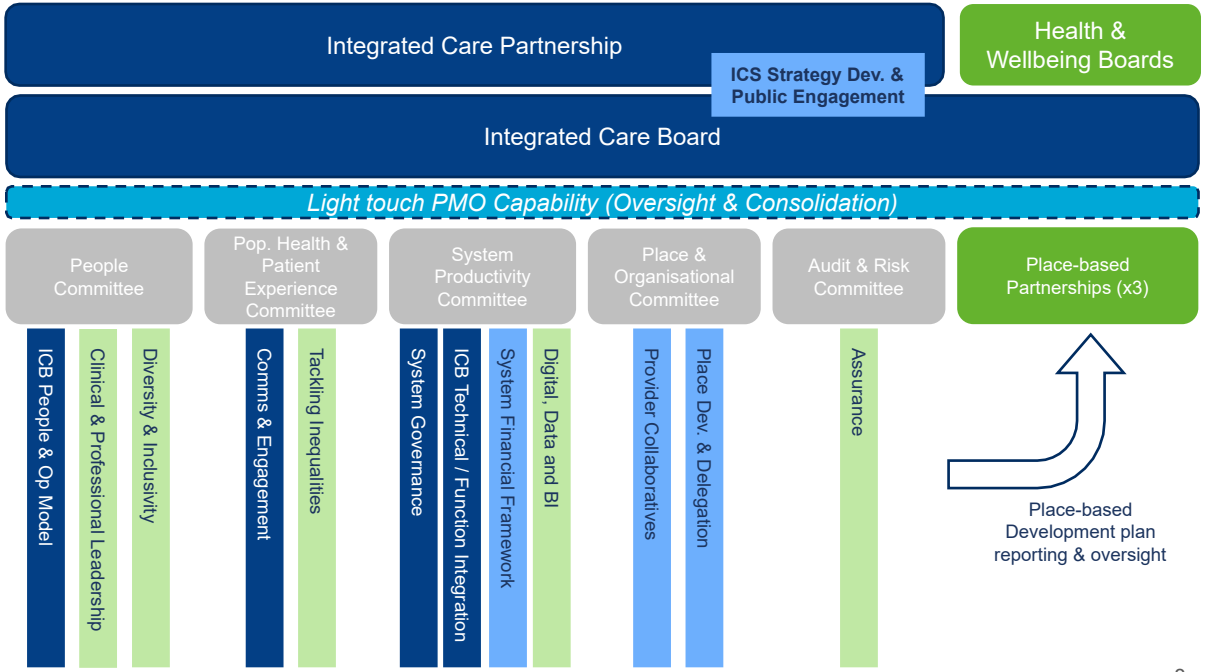
We will **continue with our established System Development programme to ensure the transition activity is suitably organised and resourced to deliver all aspects of the implementation plan** ahead of 1 July.

From 1 July, we will **utilise the newly formed governance groups and committees to drive the delivery of the System Development Plan.**



**Key considerations**

- Governance outside of the newly formed committees will be considered only by exception
- Broader system representatives will be engaged through the workstreams and not solely through the governance forums
- The importance of "Place" will be retained and progress reported against individual "Place" development plans
- The ICB will nominate the right Accountable Executives to drive the workstreams forward and chair the committees
- The ICP Strategy will be owned by the ICP and the Act is clear that the HWB strategies and Joint needs assessments need to inform ICP strategy



# ICP strategy – pre ICP establishment preparatory phase

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Review of  5 Health and Wellbeing Board strategies to inform ICP strategy development and Core 20 plus 5 analysis of health inequalities
- Establishing close working relationships with ICS Directors of Public Health
- Understanding and apply the requirements for the ICP strategy as set out in the 2022 Health & Care Act
- Develop an ICS level fact base including Joint Needs Assessments which can inform the ICP strategic direction.

# System Delivery Plan March 2022 -BOB ICS emerging vision

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The vision for the ICS will be developed in collaboration with our system health and care partners, as part of the ICP 5-year Strategy development in 2022. Although preparatory work* will start from April 2022, the core vision and strategy development will coincide with the formation of the ICP board on 1 July 2022.

Our thinking will mature and develop however we have a view of some of the BOB ICS characteristics we will incorporate as the ICS strategy is defined. These are aligned to the ICS objectives and the Long Term plan, and include the following:

**Health and Care Providers will work in a strategic and collaborative manner** to deliver better, **more integrated and more consistent Health and Wellbeing outcomes** at scale to its population

**Tackling inequalities will be at the heart of the ICS**, ensuring that the full population can **access the Health and Social care they require in a timely and consistent way**

**The level of delegated responsibility at "Place" will grow**, with the delegated budget to support. **System partners, inc. local government, primary care and VCSE organisations, will work closely** to deliver the outcomes that really matter to each "place", in support of the local H&W Board strategies

A high **level of engagement with the systems' wider partners and public will be fundamental** as the ICS sets out its strategy and develops over time. Deliberative engagement, to **allow these groups a voice when outlining the system needs and making trade offs**, will be a critical throughout

The **ability to understand and measure the impact of our services on Population Health** will help drive an outcomes focused mindset across the system. A suitable **digital platform, which links to National Guidance and enables the System and Places to deliver**, will crucial to the system's success

The **ICS changes introduced need to enable the system to accelerate the delivery of the ICS priorities**, particularly in regard to Elective Care Recovery, the provision of Urgent and Emergency Care and Child and Adolescent Mental Health Services and Temporary Staffing

**Clinical leadership, system partners and ICB Executives are required to set a joined up vision** for the system. They will have the **responsibility to set the tone, the system culture and a development path for the whole system**, aligning and balancing clinical risk, working as a collaborative group

The ICS, and its system partners, will work **within the confines of the finite resources available**, with **resource allocation based upon clear and justified clinical need**

** Preparatory work includes the creation of a strategy development team, collation of existing Strategy materials, forming a consolidated baseline data set (including JSNAs, population health, financial, performance data) - all with a view to create a baseline for the ICP to be effective from 1 July onwards.*

# ICP Strategy Development- preparatory phase

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

## April & May

- ✓ *Q4 System Delivery Plan (SDP) submission completed, in line with NHS E/I guidance, including an outline approach to developing the ICS strategy over the coming 12 months and emerging vision for BOB ICS*
- ✓ *3 month plan outlined with (1) short term resources in place and (2) longer term resources identified to support from June/July*
- *Long Term Plan requirements mapped to data*
- ✓ *Intial engagement with wider system partners underway including Directors of Public Health (DPH's)*
- ✓ *Desk top review of HWB strategies, NHS provider strategies and alignment to NHS Long Term Plan underway*
- ✓ *Intial data "fact pack" underway*
- ✓ *Mobilised governance forum supported by strategy development terms of reference*

## Preparation in June

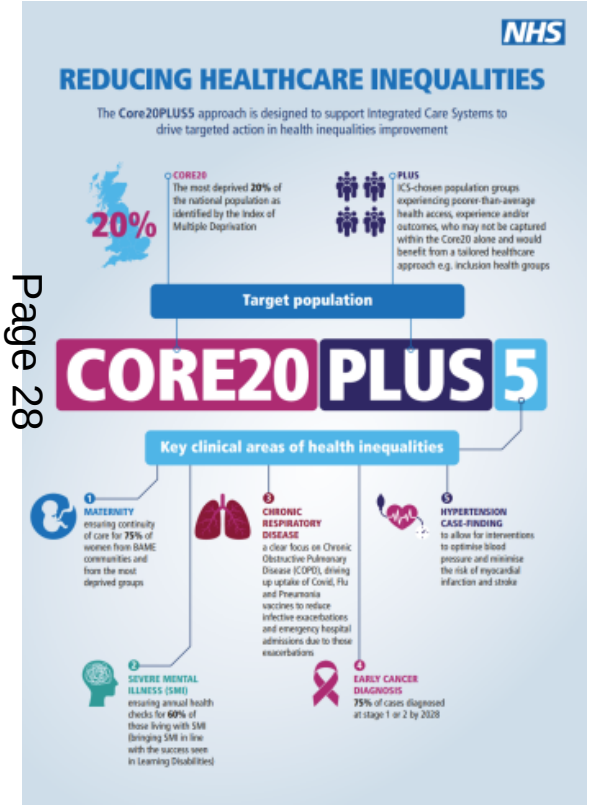
- *Conduct Thematic review of HWB Strategies and inequalities to inform ICP strategy*
- *Co-design proposals for engagement with Directors of Public Health for input by HWB Chairs.*
- *Align data fact pack to Long Term Plan and thematic review of HWB strategies and assess where there are gaps in the data*
- *Mobilise key governance forums supported by a strategy development Terms of Reference and agree engagement approach with Health & Wellbeing Boards*
- *Complete the data "fact pack" including an initial review with leadership*
- *Initiate the Clinical Framework development activity*
- *Conduct initial alignment to ICB Communications and Engagement Strategy, particularly with a view on future citizen and patient engagements*

## July ICB & ICP establishment

- *ICB and ICP established and Boards to consider outline proposals to approach to strategy development in particular approach to future engagement and clinical risk*
- *Hold ICP strategy away day to consider emerging hypothesis from:*
  - *HWB strategy thematic review*
  - *Long Term Plan alignment*
  - *Fact pack*
- *Understand requirements for strategy development as set out in 2022 Act and DHSC guidance where necessary adapt approach*
- *Iterate emerging hypothesis following input from ICP strategy away day to inform engagement phase with public, Healthwatch and retest alignment with HWB strategies.*

# Equitable Outcomes
## Core20Plus5








BOB have c58k in the most deprived 20% nationally

- **36k Oxfordshire** (mainly Oxford City & Banbury)
- **20k Berkshire West** (mainly Reading)
- **2k Buckinghamshire** (mainly Aylesbury)

Specific examples of where interventions have been made:

- **Nepalese Diabetes community** – Large population group in Reading, higher prevalence of Type2 Diabetes and worse health outcomes. Disparities included language challenges and cultural factors. A tailored intervention was co-produced with the Nepalese population and community leaders to improve diabetes outcomes.
- Oxfordshire did targeted work with **Bowel Screening in 65-74yo men** in Wantage who had not taking up offers from Primary Care
- Royal Berkshire Hospital have been focused on **inequalities in Did Not Attend/Outpatient** looking at drivers (ethnicity/deprivation/employment type etc), running sessions with specific population groups and have developed an AI/Tool to risk assess likely DNA to target calls with those most at risk of not attending.

# Health index and actions by BOB ICS Local Authority

## Summary

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Berkshire West

*Rank out of 149*

| | Buckingham-shire | Oxfordshire | Reading | West Berkshire | Wokingham |
|---|---|---|---|---|---|
| **Health Index** | 7 | 11 | 58 | 5 | 1 |
| **Healthy people** | 24 | 41 | 43 | 31 | 8 |
| **Healthy lives** | 10 | 11 | 55 | 5 | 1 |
| **Healthy places** | 99 | 102 | 118 | 93 | 56 |
| **5 lowest scores** | MSK<br>cancer<br>depression<br>housing affordability<br>green spaces | MSK,<br>cancer<br>depression<br>housing affordability<br>homelessness | Air pollution<br>MSK<br>Young people's education, employment & training<br>homelessness<br>crime | MSK<br>cancer<br>distance to pharmacy<br>distance to GP<br>green spaces | MSK<br>housing affordability<br>air pollution<br>cancer<br>transport noise |

Four out of five local authorities are in the highest ranks out of 149 in England in the overall health index

The good position continues in the healthy lives domain but deteriorates in the healthy places domain where all but one are in the lowest third

MSK and cancer score low across BOB

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# Health and Wellbeing Board
# 07 July 2022

## Oxfordshire Integrated Improvement Programme - Update


| | |
|---|---|
| Programme Directors: | Helen Shute (Programme Director, Oxfordshire Community Services)<br>Lily O'Connor (Oxfordshire Director for Urgent Care) |
| System Execs / SROs: | Sam Foster (Chief Nurse, OUHFT)<br>Dr Ben Riley (Exec Managing Director, Oxford Health FT)<br>Karen Fuller (Interim Corporate Director of Adult Social Care, OCC)<br>Matt Powls (Executive Place Director, BOB ICS) |


**RECOMMENDATION**

**The Board is RECOMMENDED to**

Note the content of this report, the progress made since the December Board meeting to develop a detailed programme of work with identified priority projects.

Board members are asked to consider the opportunities this work presents to improve the health and wellbeing of people across Oxfordshire; how they might communicate this shared vision within their organisations; and to commit their organisation's support and an appropriate amount of staff time and resource to the work.

**Contents**

## Executive Summary

- The Health and Wellbeing Board has approved a mandate for the Oxfordshire health and care system to develop a strategy to improve the health, wellbeing and independence of Oxfordshire residents and to optimise the use of our community-based workforce, buildings and resources. To inform and shape this work, eleven principles were developed through public engagement last autumn and ratified by the Board at its December 2021 meeting.

- This report outlines the progress made on the programme of work to deliver these objectives and principles. Recognising the overlaps and synergies that existed across multiple community-based projects and services, the system partners have agreed to bring together the Community Services Strategy work and Urgent and Emergency Care work into a single Integrated Improvement Programme for Oxfordshire. This report details the programme's priorities and scope, governance arrangements and sets out the next steps for delivery.

- The need for transformation in both Community Services and Urgent and Emergency Care is widely accepted and much work is already underway to develop and deliver this, based on local and national priorities. As teams across Oxfordshire have come together over the course of the last 18 months, it has become increasingly clear:

    - That the scale of transformation we need, across the spectrum of health and social care providers, requires a single, dedicated Programme Management Office at place level to act as 'air traffic control' and support the successful delivery of a diverse yet interconnected set of transformative programmes
    - That the historical separation of 'Routine Community Care', 'Urgent and Emergency Care' and 'Preventive Care' is artificial and increasingly unhelpful, especially when we consider them through the eyes of the local population, and that we need to consider their development and integration in the round to achieve the best outcomes for our citizens, our workforce and from our resources. This is key to deliver the principles the public strongly support to improve the experience of care, provide more joined-up services, and to deliver more resilient care closer to home.

Following detailed consideration and design, a new, integrated strategy, the Integrated Improvement Programme, has been developed with key strategic priorities, priority programmes and a focused set of projects for the coming 12-18 months. More detailed work is now underway to map existing workstreams and resources into the programme.

## Defining the Services and Activities in scope

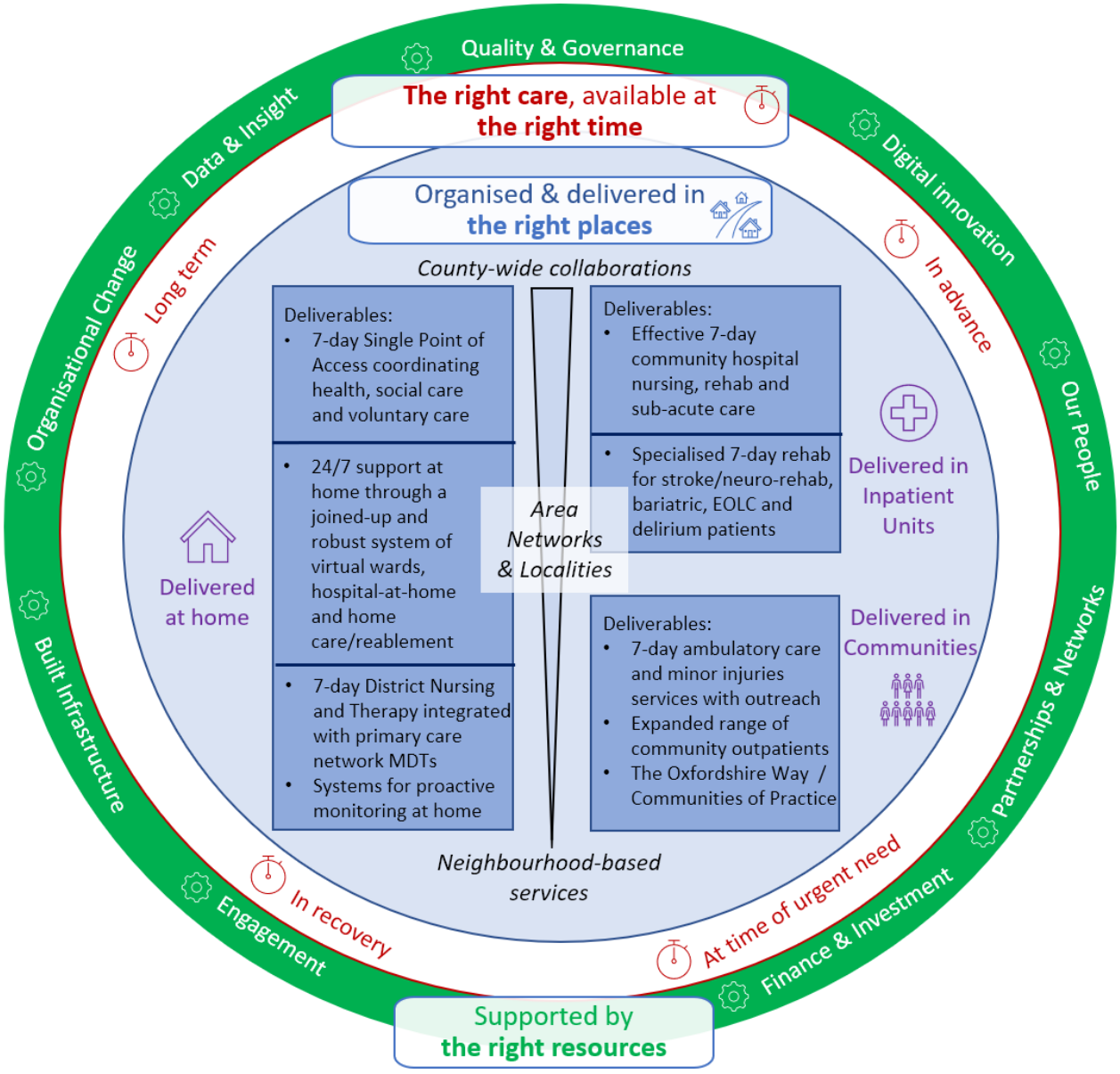
It is important that, as system partners, we have a common understanding of the scope and purpose of the Community Services and Urgent & Emergency Care (UEC) pathways. When we talk about the scope of work of the Integrated Improvement Programme, we are considering a range of health, social care and voluntary sector services across Oxfordshire, which include:

- Services that deliver preventative and proactive care and support in home and community settings, which aim collectively to maintain health and wellbeing, optimise the management of long-term health conditions and prolong independent living
- Urgent care delivered in homes and community settings that reduces the need for ED attendance and ambulance conveyance, including (not exhaustively) urgent 'first contact' assessment and triage 24 hours a day for people experiencing a health or care crisis; this includes urgent assessment and responses (health and social care), ambulatory care, minor illness and injuries, virtual wards and hospital at home services
- The services we traditionally associate with the care of older people in the community, such as district nursing and therapy, care home support, community hospital care and care during the last phase of life
- The integrated leadership, management, coordination and enabling resources and infrastructure for all these services, in order to deliver a more effective, personalised and joined-up experience of care for residents and families.
- Although many of these services cater predominantly for older people, including those with frailty or multiple health conditions, primary care and many community-based urgent care services take a population-based approach and provide care for people of all ages, including children and young people.

**Our Strategic Priorities**

Although our ambition for Oxfordshire is broad, it can be distilled into four high level, essential strategic themes:

***The right care, at the right time, in the right places, supported by the right resources***



**A. The Right Care at the Right Time – 'keeping people safe at home'**

- We need to work in a more integrated way to deliver care interventions which are more efficient and effective. This means thinking more clearly in service design about the benefits of the interventions our services provide and what current evidence and technology enables us to do and not do - as well as the enablers (processes, structures) they require
- We need to develop our skill mix and working practices to ensure that our workforce has the skills and experience required to deliver evidence-based care interventions at the point of need, reducing delays or the need for ED attendance or onward referral
- We need to focus on delivering interventions that lead to measurable improvements in outcomes not process-based numbers
- We need to provide more proactive and preventative care 'upstream', shifting focus and resources into this area to delay and reduce health crises for patients and improve system sustainability
- We need to find ways to reduce time spent in bed-based rehabilitation pathways to improve independence.

***What this programme will involve:***

- This programme focuses on the design, modelling and implementation of more integrated, joined up and cost-effective professional and clinical care pathways delivering improved health outcomes relevant to UEC and community care. It considers this aspect of service transformation through the lens of *when* patients need support:
    - **1. In Advance**
        - Preventive and planned care pathway (including the Oxfordshire Way, health improvement and wellbeing, social prescribing, long-term condition care, proactive care for complex patients, and voluntary sector support)
    - **2. At Times of Need**
        - **First contact and navigation** - including initial assessment, triage and signposting through 111, single point of access, OOH GP services, Urgent Care Centres, minor injuries units, triggering a coordinated response
        - **Intensive community support** – provision of a coordinated and effective response in the community, including **acute Virtual Wards**, integrated hospital at home services, ambulatory care units, urgent community response, End-of-Life care (e.g. RIPEL)
    - **3. During Recovery**
        - Community rehabilitation and recovery pathway (including community inpatient and bed-based care, home reablement and 7-day-a-week rehabilitation). Patients who require support to return home either with reablement or long-term care are discharged on Pathway 1. Pathway 2 is for those requiring 'stepdown' bed-based rehabilitation.

- We are bringing <u>all three of the above workstreams</u> under a single programme due to their interdependency; better preventative care will reduce health crises and the corresponding demand. Better deployment will support this shift to proactive and preventative care.

- A reduction of lengths of hospital stay across pathway 1 (reablement at home) or pathway 2 (bed-based rehabilitation) will result in greater capacity to reduce the number of people ready to leave bed-based care who are either in acute or rehabilitation beds.
- This programme of work starts with a population-based approach to prevention and self-care, to target support for people with long term physical and mental health conditions and finally supporting people with complex care requirements and/or at higher risk of deterioration. While services for older people will naturally be favoured through this approach, the services and the proposals will apply across adult services
- The local Multidisciplinary team can access the available population-based data to identify the people who would benefit from an initial intensive assessment followed by interventions to promote wellbeing and improved independence.
- The new integrated pathway includes same day emergency care, short term and anticipatory care planning for the local population, including those in care homes. It is based on the development of teams across primary care, community nursing, specialist nursing, social care, therapists, pharmacists, RIPEL (EOL), and access to acute specialists, all working as an MDT to support Primary Care Network populations.
- A central **transfer of care team** will also be developed where patient transfers are coordinated to increase the number of people returning home who require either no ongoing care or a discharge to assess pathway home. A focused approach to discharge to assess at home will start with the general medical and trauma wards at the JR and HGH sites. This will continue to be developed across all beds bases in Oxfordshire.
- The combined digital and physical Single Point of Access (SPA) is a key enabler.

**B. The Right Places – enabling people to be assessed and treated in their own home**

- We need to shift care closer to home – it's better for the patient and more deliverable for the system – with knock-on benefits for, for example, staff, morale and efficiency. This means both care in people's homes and where we offer services across the county
- In the urgent and emergency care (UEC) pathway, staff currently work in a fragmented way across the three Oxon Hospital @ Home teams and an Urgent Community Response team with medical oversight and daily MDT from the acute physicians, plus complex referral systems with social care and primary care colleagues
- This programme focuses on re-imagining *where* services should be delivered, turning the concept of North, City and South Area Networks into reality and considering the projects and support PCNs need to take on the role envisioned in the NHS Long Term Plan
- In addition, the creation of a truly integrated Single Point of Access (SPA) team will be scoped and developed to support the Right Care, Right Time programme across the county
- To reduce the need for hospital-based UEC, assessments using diagnostics and treatment that would normally take place in secondary care are carried out in the patient's own home

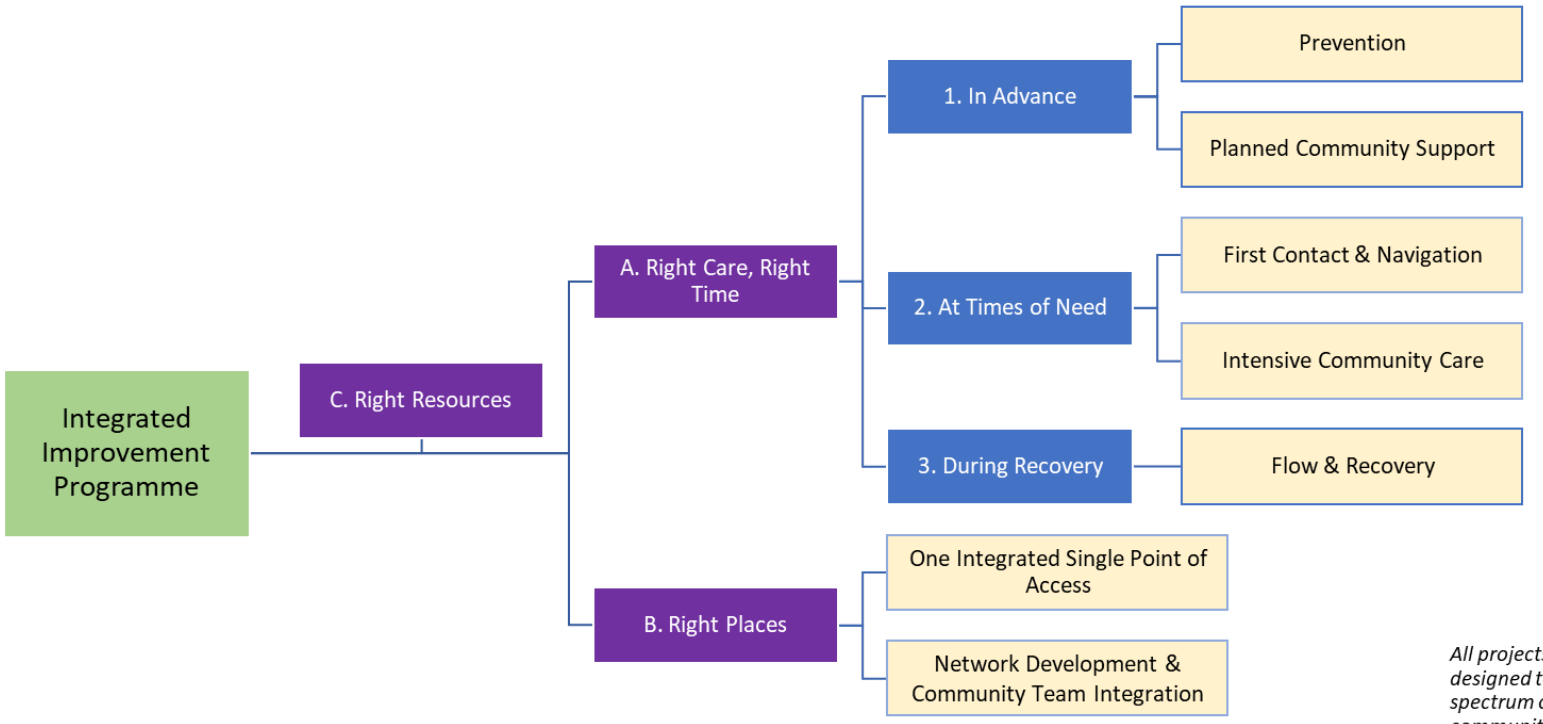
- An integrated team bringing together hospital at home and the acute virtual ward will support and treat the person in their own home until they are ready to be transferred to their primary care team and Neighbourhood-based preventive care
- Oxfordshire has acute digital virtual wards being set up but requires an SOP for admitting / discharging patients with responsibility to ensure it is maintained and kept up to date. It will hold a central list of all those on the virtual ward
- Examples of the care that can be delivered in the person's own home range from point of care testing, 24-hour infusions to lung/cardiac ultrasound. If a person requires further diagnostics, they can have these carried out either on the day or the following day in a Same Day Emergency Care unit (SDEC)
- To develop this at pace it requires further integration of all the teams working in a collaborative way and for 999 crews and the control room to be able to refer directly to the virtual ward pathway(s)

**C. The Right Resources – making Oxfordshire 'ICS-ready'**

- This is an overarching facilitation programme focused on enablers under the principle of 'do once', whether that is providing information to support decision making or aggregating needs from each of the workstreams to consider (and deliver) them in the round
- We need to support this work holistically to provide teams with the right input and support to design and deliver integrated, transformation in community services, whether that's a need for data, engagement, workforce, technology, estates or myriad other interdependent activities necessary to meet our goals
- Part of this programme is the need for a full, funded *organisational change* programme. We cannot achieve transformation without it. This needs to be properly funded and everyone needs to understand this goes far beyond the legal requirements into a hearts and minds transformation.

# The Integrated Improvement Programme in detail

## Programme Structure




*All projects and teams will be designed to incorporate the full spectrum of health, social, community and voluntary sector inputs and outputs*

## Summary of programmes, projects and objectives

| Strategic Aim | Programme | Programme Objective | Project | Project Objective |
|---|---|---|---|---|
| The Right Care at the Right Time | A. Prevention | A targeted population health programme to enable people and families to stay healthy and live as well as possible in their own homes. We will achieve this by strengthening preventative services and activities to ensure we are providing earlier support to people, carers and families closer to where they live, through stronger community networks | A1. Extending the LiveWell online resources | To develop, promote and maintain a centralised, easily accessible online resource to support self-help and signposting to relevant community services across Oxfordshire. |
| | | | A2. Activating our communities to improve health (including the Oxfordshire Way) | To promote wellbeing and independence for the people of Oxfordshire by improving co-production, establishing local communities of practice and healthy, active communities. Will enable identification, assessment and delivery of support and other interventions for higher risk people and families |
| | | | A3. Integrated population health and vaccination service | To integrate multiple existing community child/adult vaccination and health promotion services into a single, integrated vaccination and population health service that will deliver at-scale programmes for population immunisation, reduction of health inequalities and improving the health of cohorts with outlying clinical outcomes |
| | B. Planned Community Care & Support | A programme to support patients, carers and families to live more independently at home for longer. We will do this by delivering planned care and support to individuals in a more integrated and personalised way, mobilising the full range of formal and community networks to prevent health crises and reduce demand on formal healthcare services | B1. Extending Enhanced Healthcare in Care Homes | To build on existing care home support to deliver a comprehensive care and support package for care home residents, including 24/7 urgent and emergency care, intensive community care, preventive, planned and End of Life care. |
| | | | B2. Delivering sustainable 7-day planned community care | To design and implement the new process and costed plans for commissioning and delivery of sustainable planned community care, including the wraparound enablers for effective 7-day working and resilient staffing |
| | C. First Contact & Navigation | To deliver more streamlined access to health advice, assessment and services when they are needed, 24 / 7 | C1. A 24/7 integrated first contact and navigation pathway for Oxfordshire | To deliver a 24-hour, 7-day first contact care and navigation pathway for the Oxfordshire population (all ages) that is able to provide effective triage, assessment and initial treatment/support and consistently. This will safely navigate people with further needs to the right care, at the right time, in the right places. |

| | | | | |
|---|---|---|---|---|
| | D. Intensive Community Care | To manage acute deterioration by providing a period of stepped-up care and monitoring at home and / or in the community, providing treatments that would traditionally take place in hospital where it is in the patient's best interest to do so. | D1. Implementing a 24/7 integrated intensive community care and support pathway for Oxfordshire (including Acute Virtual and Virtual Care Wards) | To deliver an integrated system of inter-connected services that provide the care that enables a person experiencing an urgent health or care need to remain at home (with a more intensive level of support for a period of time), when they are at risk of being admitted to a hospital bed unnecessarily. |
| | | | D2. Implementing an integrated, multi-provider End of Life Care pathway that dovetails with First contact, ICC and planned care pathways | To deliver an integrated approach to the planning, provision and management of EOLC in Oxfordshire |
| | E. Flow & Recovery | | E1. Developing a new Discharge to Assess (D2A) pathway, bed base and MDT | To redevelop the Hub beds into a D2A service with a larger MDT inputting into them to keep LOS at a minimum, leading to reduced time in secondary care and supporting the person to be assessed in a more appropriate setting, dovetailing with the CH rehab pathways |
| | | | E2. Optimising Community Hospital In-patient rehabilitation and nursing care | To develop costed plans and options for Community Hospital inpatient pathways that address changing population needs, best practice, workforce and financial sustainability challenges |
| | | | E3. Developing a system-wide Transfer of Care Hub | To create a single integrated Transfer of Care Hub Team across the partner organisations / different inpatient settings to streamline flow, discharges and provide a joined-up view on the best use of available beds and resources |
| | | | E4. Implementing a Reablement Task Force | To reduce the duration of the reablement journey (in both P1 and P2), by creating a task force to increase capacity in the pathways and focus on reducing time in and dependency on reablement services. |
| | F. One Integrated Single Point of Access (iSPA) | To develop a unified, integrated Single Point of Access for Oxfordshire, providing residents and | F1. Development of a phased and costed programme plan for | To work with partners to identify the access priorities for each organisation and residents - and the opportunities to consolidate |

| | | | | |
|---|---|---|---|---|
| The Right Care in the Right Places | | professions with 7-day access to and coordination of the full range of health, social and voluntary sector services, whenever they need them, and serving as a virtual and physical hub for an integrated, multi-disciplinary workforce | the development of a unified, integrated Single Point of Access for Oxfordshire | resources and deliver services more effectively through a new SPA, to develop a PID/delivery plan. |
| | G. Network Development and Community Team Integration | To establish the networks, structures and resources required for partner organisations, residents and other stakeholders to engage, plan and work together successfully at appropriate levels of scale and deliver their objectives to improve the health and wellbeing of the population | G1. Area Network Development (North / Central / South) | To develop Network Areas as an organised grouping of local health and care services, voluntary and community groups, Primary Care Networks, Community Hubs, secondary care and Local Authority teams, who work closely together to improve the health and wellbeing of their population. |
| | | | G2. Developing the integrated Neighbourhood Team | To develop the local multi-professional and multi-agency community team with responsibility for planning and delivering the care of older, frail or LTC patients within a defined population or geography (e.g. the residents of one or more PCNs). |
| The Right Resources | H. Cultural and Organisational Change | To deliver a comprehensive organisational change programme across organisations and teams to facilitate and embed place level transformation | H1. System Level Change Management | To provide joined-up, practical support tailored to teams across all levels of organisations to break down barriers and transition to new, shared ways of working |
| | | | H2. Extended Programme Teams | To change ways of working to integrate wider support teams into the programme to deliver specialist practical support and prioritisation and ensure the enablers to delivery are proactively planned for and in place |

*This is a summary of a working document and may be updated in response to local and national priorities.*

**Delivering the change**

Much of the work that sits under our priority projects is already underway and delivery of our key national priorities (such as the Urgent and Emergency Care priorities) have not been lost. Rather, we are taking this opportunity to work across system partners to map existing projects and to consider what we need to:

- Start – what are our gaps – or where do we need to think differently / more strategically now we are focused on our key priorities
- Stop – what doesn't fit within our programme, needs to be done differently, or duplicates other work / services
- Continue – what is already underway, in the right way, that delivers our programme and national priorities?

As part of this process, we are mapping the resources already dedicated to these projects so we can consider how best to use / redeploy what we already have and where our gaps in expertise, capacity or experience lie. This is a complex piece of work across all partners and work is already underway to complete the exercise. Once we have finalised this work we intend to 'lift and shift' the work that forms part of the programme under the leadership of the PMO. Engagement around this will be key and it is important we give these teams the right experience as we ask them to work differently. This is a key focus of our work to get the governance (see below) and processes right before we make the change.

In future, many of the projects that have been reported separately will be reported through the lens of the Integrated Improvement Programme. We will have a single reporting structure, including highlight reports, that ensure teams can focus more of their efforts on delivery of the projects, spending less time duplicating work for different Boards.

This structure and process is a key marker of our approach in future. The work we capture in this programme determines our scope, our priorities and our work plan. This does not prevent improvement work taking place within individual organisations, rather it ensures a clear and deliverable plan for integrated improvements across partners. Over time, new priorities (national and local) will emerge. To be included in this programme, the Board will review both fit with our strategic priorities and whether they can be integrated into existing projects and programmes. This will ensure we minimise duplication and maximise resources.

**Dedicated resources**

In addition to existing project resources that are being mapped and redeployed as part of the exercise outlined above, the Oxfordshire Integrated Improvement Board (OIIB) have approved the appointment of a small, core team of specialists to resource the System Programme Management Office (PMO). Recruitment processes are now underway. These are not roles that have existed before and they are crucial to the success of this new structure and approach.

The remaining resource gap we need to fill is from our support teams. The new approach requires us to fully integrate the specialist teams who support our services (not exhaustively, finance, HR, estates, quality, data, IT). The scale of transformation

we need to deliver means new ways of working not just for our clinical teams but those who will need to adapt to everything from pooled budgets, to shared HR contracting, cross-organisation estates, aligned QC systems and robust 24/7 IT support). We need to identify system representatives (with ringfenced time) for each of these functions who play the following key roles:

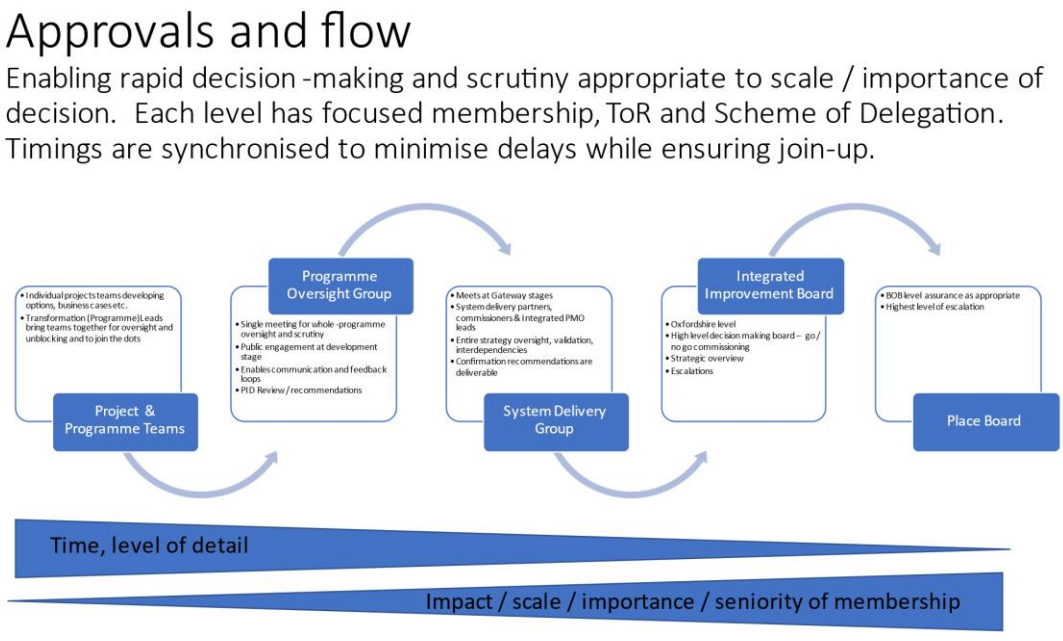
- System representative and decision maker on key groups and Boards. (This will require a mandate from, and robust communication and feedback loops with, their peers)
- Deployment of specialist support into project teams
- Aggregation of project and programme asks for validation, prioritisation and approval

The Oxford Health / Oxford University Hospitals Provider Collaborative has identified helping unblock some of these conversations and sticking points to be a key role they can play in helping drive the outcomes we need.

**Programme governance**

Across Oxfordshire we are agreed we need to better empower teams and enable them to take decisions more quickly. As a team of system partners we have identified a number of ways to do this:

1) Act in concert:
    a. 'Team Oxfordshire'. Agreement across system partners that we commit to this shared process and act as one
    b. Joint communications to our organisations and teams to ensure there's no room for dilution or confusion
2) A new approvals and flow process




(A larger scale copy is available at Appendix 1)

For each group, between the project and programme teams to OIIB, we are defining:

- **Why:** Clear purpose and accountabilities
- **When:** Meetings will be synchronised to ensure enough time for each stage to consider proposals and make amendments before paper deadlines for escalation. We will work back from established Place Board dates
- **What:** Clearly defined delegation that is consistent and everyone understands – spanning both that in PIDs (Project Initiation Documents) and parameters for improvement projects for existing services. Not every decision needs to go to every stage.
- **Who:** Membership that is appropriate to the stage in the process and the expertise / input we need. This includes fuller engagement with PCNs and earlier stage involvement for citizens and representatives of groups such as Healthwatch

**Engagement**

We are mindful of the need to begin more detailed public engagement. We believe the foundational work we are doing now to finalise the detail, put in place the scaffolding roles for the PMO (Programme Management Office) and set up the governance to create a single line of sight will stand us in good stead to create the narrative and specifics we need to gain meaningful input into our work. This single programme and narrative will enable a much more cohesive and powerful conversation with our citizens than the fragmentation we previously saw.

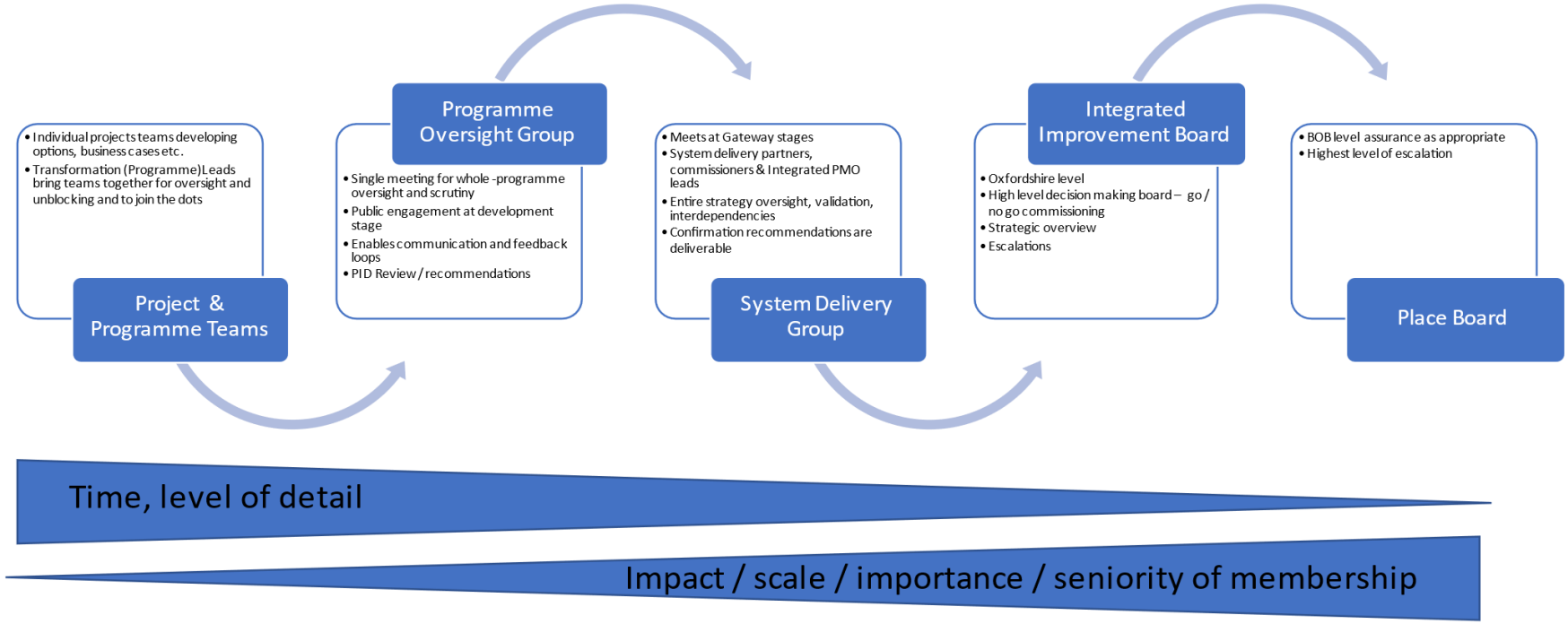
**Conclusion**

Much has been achieved over the last few months and while there is still much to do we have a clear plan to achieve it. The pace of progress will depend on how quickly we can fill the core PMO roles. Once it is in place, monthly reporting will be streamlined and we will be able to present regular, clear and comprehensive reports on progress.

**Appendix 1**

# Approvals and flow

Enabling rapid decision -making and scrutiny appropriate to scale / importance of decision. Each level has focused membership, ToR and Scheme of Delegation. Timings are synchronised to minimise delays while ensuring join-up.



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# HEALTH AND WELL-BEING BOARD

## 7 July 2022

## Update on The Local Area SEND Strategy

**Report by Hayley Good, Deputy Director of Children's Services/ Education, Oxfordshire County Council**

## Recommendation

The Health and Wellbeing committee members are asked to note the Local Area SEND strategy, particularly in relation to its support on delivering the Board's Joint Health and Wellbeing Strategy. Members of the Board are asked to support the implementation of the SEND strategy within the work-programmes of their respective organisations

## Executive Summary

1. The Local Area consists of social care (children's and adult's) health (including CCG), education settings, families and education within the Local Authority. All partners including parent and cares, children and young people have worked together to co-produce the Local Area SEND strategy over a four month period.

2. The Local Area SEND strategy is a key document to shape how services are delivered and how we all work together to meet the needs of children with Special Educational Needs and Disabilities (SEND) in Oxfordshire. The Local Area SEND Strategy is published on a dedicated page of the Oxfordshire County Council website.

3. A public consultation on the Local Area SEND strategy including the proposed changes to improve outcomes children and young people with Special Educational Needs and Disabilities (SEND) in Oxfordshire ran 10th January to 10th March 2022 and on the 24th May 2022, the Local Area SEND Strategy was approved by Oxfordshire County Council Cabinet and by Oxfordshire Clinical Commissioning Group Board.

### Background

4. A Local Area SEND Strategy was co-drafted over a period of 4 months by a governance group of representatives from Local Authority Education, Social Care (Children's and Adult), Health, Education Setting and Parent/Carers.

5. Version 15 of the Local Area SEND Strategy was agreed by the governance group and an EasyRead version created for consultation.

6. Public consultation ran from 10th January to 10th March 2022.

7. In order to widely publicise the consultation, a range of online and offline communications channels (including a dedicated SEND consultation website, publicity emails to key stakeholders, Council newsletters and social media and a media release) with further targeted communication at four weeks and two weeks to go to ensure awareness among under-represented groups.

8. A series of five online roadshows were planned, one of which was specifically for children and young people. In response to demand, an additional two online roadshows were held (one for adults, one for children and young people). Over 200 people attended the seven independently chaired events.

9. On specialist legal advice, the consultation was a single survey with two distinct, inter-related elements:

    - The Oxfordshire Local Area SEND Strategy 2022-27 – developed collaboratively with and governed by Local Authority Education, Social Care (Children's and Adult), Health, education settings and parent carers representatives
    - Oxfordshire County Council's proposals for system reform for SEND – these proposals relate solely to education

10. With the consultation complete, the two inter-related elements will be uncoupled; this update accordingly relates solely to the Local Area SEND Strategy.

11. There were 866 consultation responses with 90+% of respondents agreeing with the five strategic objectives:
    - Improving outcomes for children with SEND
    - Developing a continuum of local provision to meet the requirements of children and young people with SEND
    - Good physical and mental health and wellbeing
    - Improving post-16 education, learning, employment and training
    - Positive move into adulthood for young people with SEND

12. Post consultation thematic analysis indicated overwhelming (90+%) support for the five strategic objectives set out in the draft document. No amendments were suggested to the five strategic objectives and no additional objectives were proposed.

    Commonly occurring responses to the consultation included:

- "Difficult to comment without detail/implementation plans"
- "This will need to be adequately funded"
- "There will need to be training for staff"

13. The Local Area SEND Strategy did not include details of implementation by design. Implementation plans will be developed aligning with the agreed strategic objectives; these will be, by necessity, multi-agency, dual agency and single agency.

14. The implementation plans will need to be delivered within a sustainable financial envelope, including taking into account the pressures on the High Needs Block.

15. A comprehensive programme of continuous professional development will be required across education, health and social care.

**16. Aligning with the Start Well Health and Wellbeing priorities**

- Priority '*A - A reform of the 0-5 offer to ensure a best start in life and improvements in school readiness'*
- Priority '*B - Early help and early intervention including SEND support and those with neurodiversity'*. The Local Area SEND strategy supports the prevention framework whereby the key priorities in the strategy to support this priority in the H&WB Strategy include:
    - '*Developing a continuum of local provision to meet the requirements of children and young people with SEND'*.
    - Good physical and mental health and wellbeing

  These priorities support the need to meet needs earlier in mainstream services to prevent escalation of children's needs and prevent the need for more specialist interventions from services such as independent special schools and specialist health services such as CAMHS, NHSE T4 provision and therapy services.

- Priority ' C - *Mental health and wellbeing of children and parents'.* The '*Good physical and mental health and wellbeing'* priority in the SEND strategy supports this H&WB priority. Implementation of the SEND strategy will link with programmes to support meeting this priority such as the Emotional Mental Health and Wellbeing strategy and the Early Help strategy which are both in development currently.
- The SEND strategy features two specific priorities to support the 16-24 age group:
    - Improving post-16 education, learning, employment and training
    - Positive move into adulthood for young people with SEND

  There are several workstreams to better support young people aged 16-24 to better support their mental health and wellbeing through the Emotional Mental Health and Wellbeing strategy and through the 'Preparation to Adulthood' commissioning workstream to better support transition and access to accommodation and education for young people aged 16-25 and

## Risk Management

17. The Local Area SEND Strategy was subject to monitoring by the DfE/NHS England as part of the local area's Written Statement of Action. It was the only outstanding action on the Accelerated Progress Plan. The Monitoring Visit was on 6th June 2022 with feedback awaited.

18. The Local Area SEND Strategy is a high level, overarching document that was given strong support via the public consultation (90+% of responses were Strongly Agree/Tend to Agree). The key risk is not delivering against the agreed strategic objectives.

## Financial Implications

19. There is no immediate financial impact from the Strategy but there will be financial
20. implications as each element of the Strategy is implemented. Part of that implementation will be the development of a business plan. Each business plan will need to set out the financial impact.

## Legal Implications

21. Legal Services provided support and advice prior to the consultation, during the period that the consultation was live and subsequently. In addition, specialist legal advice was sought and provided through the consultation process, from initial development through to consideration of any potential issues post consultation

22. The Equality Act confers an overarching duty on public bodies not to discriminate against individuals with protected characteristics. A change in procedure and policies such as the one which is being proposed is susceptible to challenges under this legislation and therefore it is necessary for the Local Area SEND Strategy partners to ensure that they have carried out the necessary Equality Impact Assessment giving consideration to all of the relevant factors in reaching its decision about the proposed policy change.

23. Legitimate expectation - a change in policy or introducing a new policy could give rise to a legitimate expectation. The wording of the policies and procedures should be carefully prepared and whilst it should be clear and unequivocal such wording needs to be honourable so that the Local Area SEND Strategy partners deliver what the policy and procedures contain otherwise this would give rise to a legal challenge for breach of a legitimate expectation.

24. Fettering of discretion and exercise of power is another factor which should be taken into consideration in conjunction with the relevant and relatable legislation/s to the issues involved in the policy and procedural changes. Where a duty is conferred on the public bodies by any relevant legislation the policy and procedure should endorse that and be written, followed and delivered in the

spirit of that. The policy cannot depart from the statutory provision which governs any specific rule. Where a duty is not expressly stated in legislation the policy and procedure should be applied under the doctrines of natural justice ensuring that it is fair, reasonable, proportionate and rational.

## Equality & Inclusion Implications

25. An Equality and Climate Impact Assessment (ECIA) has been prepared for the Local Area SEND Strategy.

## Sustainability Implications

26. As above, an ECIA has been prepared for the Local Area SEND Strategy.

## Consultations

27. Public consultation on the Local Area SEND Strategy was open from 10th January to 10th March 2022.

28. There were 866 responses to the consultation, 37% of which were from parent carers.

29. Each of the five strategic objectives received over 90+% support. No amendments to these objectives were suggested not additional objectives proposed.

30. A detailed report of the consultation responses has been drafted with the expectation that it will be published to sit alongside the Local Area SEND Strategy.

Hayley Good, Deputy Director of Children's Services/ Education

7 July 2022

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# Oxfordshire Local Area Special Educational Needs and Disability (SEND) **Strategy 2022-2027**

# Foreword

This strategy is for Oxfordshire children and young people aged 0 – 25 years who have Special Educational Needs or/and Disability (SEND), their families and the professionals who work together with them.

This document sits alongside our Health and Wellbeing Strategy, which in turn is informed by our Joint Strategic Needs Assessment (JSNA). It was produced by the SEND Strategy Development Group, with representatives from Oxfordshire County Council (education and social care), NHS Oxfordshire Clinical Commissioning Group, education settings and Oxfordshire Parent Carers Forum.

This strategy is set within the national context and our statutory requirement to meet the needs of children and young people with SEND under the requirements of the Children and

Families Act 2014. It is also informed by our local context, which sees rising numbers of children who have a range of complex needs and the requirement to provide high quality, ambitious and responsive services within the national funding provided.

We consulted on the draft strategy from 10th January to 10th March 2022 with published materials, Easy Read versions and some adapted materials prepared by sixth form students at one of our Oxfordshire special schools. The consultation focused on the five strategic objectives set out in the draft:

- **Improving outcomes for children with SEND**
- **Developing a continuum of local provision to meet the requirements of children and young people with SEND**
- **Good physical and mental health and wellbeing**
- **Improving post-16 education, learning, employment and training**
- **Positive move into adulthood for young people with SEND**

During the consultation period, seven independently chaired roadshows were held, two of which were adapted specifically for children and young people. Given the restrictions resulting from the pandemic, the events were held online with over 200 people attending.

There were 866 responses to the consultation with over 90% support from parents and professionals for the new SEND Strategy objectives, resulting in no changes proposed to the five strategic objectives.

We recognise that we did not explicitly state within the Strategy that co-production is at the heart of everything we do and central to moving forward with the implementation of this strategy. As a result, the Strategy has been amended to include reference to co-production.

The local area recognises that it still has work to do to ensure that children, young people and their families have confidence in the robustness of proposals to implement and embed positive change. This will best be achieved with full involvement of children, young people and their families/carers.

Feedback confirmed the objectives as a positive framework for improving SEND provision and outcomes for children. There was significant interest in the implementation plans. Other themes included lack of resources and the need for staff training. These issues will inform the implementation plans.

Implementation plans will take into account parental feedback, will be developed in co-production, and remain consistent with the strategic objectives. In addition, impact measures for the Local Area SEND Strategy are in development in order to help us to monitor our progress.

This is our shared Local Area SEND Strategy and it will require meaningful commitment from commissioners and service providers to work co-productively and in equal partnership with families, children and young people. We are committed to building those partnerships and ensuring that Oxfordshire becomes a beacon of SEND success.

# Contents



**Appendices**

# 1) Underpinning Principles

**Welcome to Oxfordshire's Local Area SEND Strategy.**

Oxfordshire's ambition is for those with SEND to have rich and fulfilling lives at the heart of their communities.

This strategy sets out how Oxfordshire will work towards that ambition by developing high quality services across education, health and social care to support children and young people with SEND and their families. This is to ensure that they can access high quality services across education, health and social care.

To do this, we have had to rethink the ways in which we work. This strategy reflects the need to build strong partnerships using the principles of co-production, including our plan for securing this long-term change and how we will know it is working.

When we use co-production, we involve all the relevant people in the design, delivery and evaluation of services and in decisions that affect them. This gives people control over their own lives and can provide the community with a sense of collective ownership. It helps people thrive and feel a sense of place and belonging and ultimately leads to better lives for everyone.

This strategy will be reviewed annually so that we can be sure that it is addressing current needs, and identifying where the focus should be.

# 2) Executive Summary

Oxfordshire's strategy outlines the vision and key priorities for improving the outcomes achieved and lived experiences of children and young people aged 0-25 with SEND from 2022 to 2027.

Our ambition is for all children and young people with SEND to have the right support and opportunities at the right time so that they go on to live rich and fulfilling lives at the heart of their communities.

To achieve that ambition, we will publish detailed and specific implementation plans that sit beneath this strategy and that focus on taking actions to reduce inequalities.

**Our four priority areas:**

**Develop a continuum of local high-quality provision and enable all services to be inclusive and deliver excellent outcomes for children with SEND, including building on existing good practice**

**Enable children and young people with SEND to access opportunities that are important to them and for them**

**To provide timely and equitable access to high quality services before, during and beyond statutory school age including education, health and social care**

**To ensure that there is seamless and effective transition at all points for young people with SEND to access opportunities that are important to them and for them**

# 3) Introduction

By placing children and families at the heart of our thinking and our actions, this strategy sets out how we will work collaboratively to ensure the Oxfordshire Local Area acts within both the spirit and the letter of the 2014 Children and Families Act.

The Local Area receives funding from government to meet the needs of children and young people with SEND. Our collective view is that this funding is insufficient to meet the requirements of the Local Area. That said, the Local Area is responsible for using the available funding wisely and effectively. As such, some hard choices have to be made about what services/provision can be supported, and these choices will be made in ways that are transparent, consistent and fair.

Our strategy will be guided and informed by the views of families, children and young people. Parents, carers, children and young people will also be central to developing and reviewing our strategy and measuring its success.

Achieving the aims of this strategy will take collective effort and responsibility from statutory and non-statutory services (including the private and third sector) working in close partnership with families, children and young people to reflect their views and ideas.

Critical to the development of this strategy will be ensuring that co-responsibility across agencies is built into the implementation process leading to co-production with all stakeholders, including families. This is so that the challenges to service delivery for Education, Health and Care are fully reflected, and that there is a joint strategic approach to overcoming them.

The success of this strategy will be defined by whether Oxfordshire will be a place where children and young people with SEND have every opportunity to:

- **Learn and achieve as a result of inclusive, effective, timely and joined-up support from a range of services**
- **Be educated in the most effective setting as close to their home as possible**
- **Belong and feel safe within a community, taking into account their aspirations, choices and individual requirements**
- **Find meaning and purpose within a community, including paid employment that meets their individual aspirations and skills**

# 4) Context - Setting the Scene in Oxfordshire

The following diagrams provide some high-level information about children and young people in Oxfordshire with SEND. Further detailed sources of available data can be found in the Appendices to this document.

## Oxfordshire SEND in numbers

**6,965** Aged 0-25 claiming disability benefits[1]

**4,049** Aged 0-24 on Oxfordshire disability register[3]

**4,017** Aged 0-25 with EHCP supported by Oxfordshire County Council[2]

**12,938** Pupils at Oxfordshire schools with SEN support[2]

**2,799** Pupils at Oxfordshire schools with EHCPs[2]

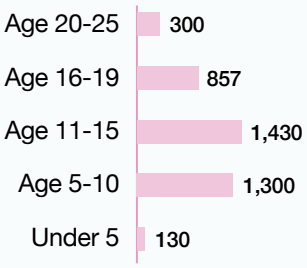
**379** Children in need with EHCP[3]

**129** Children we care for with EHCP[3]

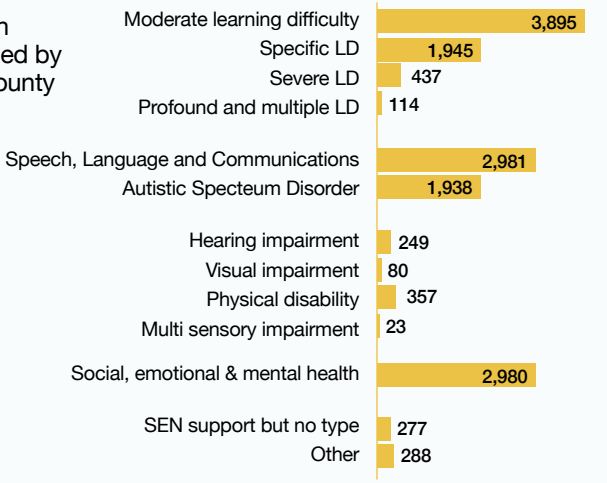
**40** Child protection with EHCP[3]

**13** Young people in Youth Justice System with SEND[4]

### EHCPs by age




### EHCP and SEN support pupils by need




*EHCP = Education, Health and Care plan*
*SEND = Special Educational Needs and Disabilities*

*[1] DWP February 2020, DLA and PIP*
*[2] DfE SEN2 and school census January 2020 (all ages)*
*[3] Oxfordshire County Council March 2020*
*[4] Oxfordshire County Council August 2020*

## GROUPS: Vulnerable groups

As of March 2020, Children and Young People with an Education, Health and Care Plan in Oxfordshire made up:

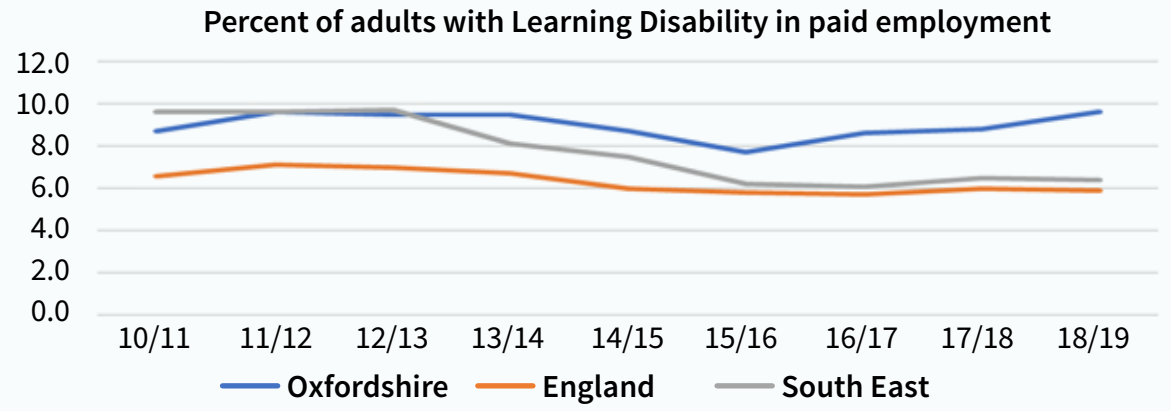
- **379** EHCPs of 1,430 children with a Children in Need plan (27%)
- **40** EHCPs of 530 children with a Child Protection plan (8%)
- **129** EHCPs of 788 Children we care for (16%)
- **13** EHCPs of 92 young people in the youth justice system (14%)

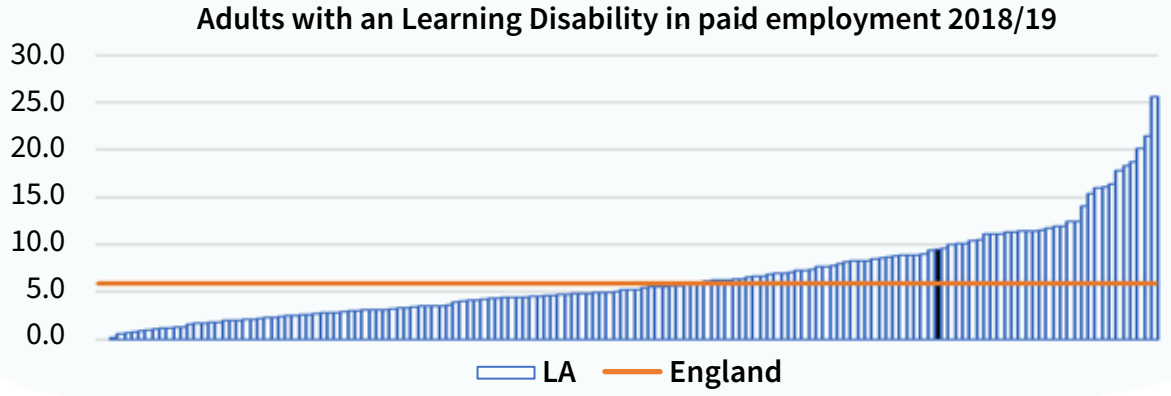
## OUTCOMES: Attainment and progress of pupils with SEN support

- Pupils with Special Educational Needs in Oxfordshire do less well than nationally at each stage from Early Years to GCSE
- This is a very different picture to attainment by the cohort of pupils without SEN, where Oxfordshire pupils do better than average at each stage

| 2018/19 | SEN support Oxfordshire | SEN Support England | No SEN Oxfordshire | No SEN England |
|---|---|---|---|---|
| Early years: % good level of development | 25 | 29 | 78 | 77 |
| Key Stage 2: % expected level in reading/ writing/ maths | 22.2 | 25.4 | 75.5 | 74.9 |
| Key Stage 2: progress in reading | -1.71 | -1.01 | 0.45 | 0.35 |
| Key Stage 4: average attainment 8 score | 29.3 | 32.6 | 51.4 | 50.1 |
| Key Stage 4: average progress 8 score | -0.56 | -0.43 | 0.22 | 0.08 |

## Access to work by Learning Disabled adults




People with learning disabilities have a lower than average life expectancy/higher mortality.

The strategy will need to be informed by further analysis of life outcome data to ensure that there is a detailed understanding of the circumstances people with disabilities are living in within Oxfordshire.

# 5) Reasons to Change

There are compelling reasons why the Local Area needs to improve SEND services, and therefore outcomes for children and young people with SEND. These reasons include:

- **The need for clarity about what support is available for children and young people with SEND in all mainstream schools and settings from 0-25**
- **A lack of understanding around parental confidence in the support for children with SEND**
- **Insufficient understanding around children and young people with special educational needs who are not consistently accessing full time education, including children with EHC Plans without a school place**
- **Insufficient capacity within local specialist education provision, leading to the use of independent non-maintained special schools**

Stakeholders have clearly told us about the lack of trust and confidence families have in the ability and willingness of the Local Area to consistently deliver what has been promised.

# 6) Our Vision

We are ambitious for all children and young people with SEND. This vision is underpinned by our strategic principles:

- **That the perspective of families will inform the development of plans, services and policies**
- **Protecting and promoting the human rights of children and young people with SEND, ensuring that they are treated as individuals**
- **Promoting authentic inclusive behaviours in order to ensure high quality and impactful services for all**
- **Effective early identification, help and provision available across the Local Area**
- **Building meaningful and purposeful opportunities for a rich and fulfilling adulthood**
- **Ensuring that systems are transparent and fair**

By working together we will consistently secure good outcomes for children and young people aged 0-25 with SEND, and their families.

The implementation of our vision will be underpinned by the key principles of:

- **Effective communication**
- **Building trust and confidence though dignity, respect and understanding**
- **Working in partnership**
- **Maximising the impact of available resources**

**Strategic Objective 1** - **Improving outcomes for children with SEND**

We are committed to the Local Area effectively discharging their duties under the Children and Families Act. We want the Local Area to be equipped to effectively secure high quality outcomes for children with SEND. High quality services that are accessed in a timely manner and at the earliest opportunity have a significant impact on outcomes for children, and lay the foundations for better life chances.

The following priorities have been identified:

- **Timely identification and assessment across the Local Area that leads to earlier intervention**
- **Development of meaningfully joined-up services and approaches**
- **Improved outcomes for children with SEND**
- **Increased expertise, competence and confidence of staff working to meet the needs of children with SEND**

**Strategic Objective 2** - **Developing a continuum of local provision to meet the requirements of children and young people with SEND**

There is a range of provision for children with SEND in Oxfordshire. It is essential that we develop more local provision so that more children have their holistic needs met within their own communities.

The following priorities have been identified:

- **Identify any gaps in the continuum of provision**
- **Improve multi-agency early intervention for children and young people with a range of needs**
- **Develop more local provision that can effectively meet the range of identified needs and demand**

**Strategic Objective 3** - **Good physical and mental health and wellbeing**

We want healthy, happy children and young people who enjoy life. We will work in partnership with children and young people and their families to improve access to both the universal and specialised services they need.

The following priorities have been identified:

- **To empower children and young people with SEND and their families to share their lived experiences in order to better understand and support their health and wellbeing**
- **To provide meaningful, high quality support that meets the holistic needs of the whole family**
- **To ensure that all children and young people with SEND can access seamless, joined-up services at the right time and in the right place**

**Strategic Objective 4** - **Improving post-16 education, learning, employment and training**

All young people will have access to high quality provision in education, training, work experience, apprenticeships and study programmes that support them into meaningful, paid employment and provide them with skills for independent or supported living.

The following priorities have been identified:

- **Develop the range and choice of local post-16 SEND provision**
- **Develop a comprehensive range of aspirational pathways to sustainable, paid employment**
- **Improve the quality and accessibility of information about post-16 options for young people with SEND, and develop training and guidance for families, providers and employers**
- **Develop systems for collecting and monitoring outcomes data from post-16 education providers**

**Strategic Objective 5** - **Positive move into adulthood for young people with SEND**

All young people with SEND and their families should have a positive experience of moving into adulthood. We want young people with SEND to develop the skills, knowledge and confidence to have choice and control over their adult lives.

The following priorities have been identified:

- **Information, advice and guidance available at key transition points so young people and families have the information they need to plan as early as possible**
- **Earlier identification of young people with SEND with timely assessments and support planning**
- **Improved partnership working with young people and families, Children's and Adults Social Care, health, schools and colleges focusing on young people's strengths and aspirations**
- **Improved social care experience for young people and families**
- **Better outcomes for young people with SEND in adulthood**
- **More young people with SEND living closer to home**

# 7) What do we need to make this happen?

To ensure that we collectively deliver our vision, SEND will be a golden thread weaving through all provider services, with a clear and shared commitment to it from senior leaders.

Budgets will be aligned to our strategic priorities with team plans, individual performance and development targets consistent with the strategic objectives.

Carefully developed implementation plans will be co-produced in partnership with families and service providers. These should be reviewed regularly to ensure that the necessary pace of change is maintained, and action taken when key improvement markers are not met.

Professionals will require a comprehensive, holistic training offer to increase competence, confidence and effectively share good practice.

This will be overseen by joint strategic governance, accountability and challenge through the Oxfordshire SEND Strategic Partnership Board and the Oxfordshire Health and Wellbeing Board.

# 8) What does success look like?

**We will know we are successful when:**

- Children, young people and their families tell us that the services provided are meeting their needs
- Children and young people's needs are identified early, and partners communicate and coordinate services well, working together to meet these needs
- Early preventative services help parents to provide appropriate physical and emotional care to their children
- Families can access the right level of support when it is needed
- Reviews are thorough, and support providers to enable improvements in the outcomes for the child or young person
- Children and young people with SEND are fully involved in all aspects of education, and feel part of their community
- Children's needs are met in mainstream settings as appropriate, and when more specialist help is needed we are almost always able to provide this in Oxfordshire
- Services use effective interventions so children and young people with SEND make evidenced progress towards their outcomes
- There are well-coordinated transition for children and young people at all key points, through to adulthood and beyond
- All agencies have high aspirations for all children and young people with SEND and we are working effectively together to support them through key transitions to be independent and well-prepared for adult life
- Children and young people and their families are positive about their experiences of the SEND system in Oxfordshire
- Professionals are confident about meeting the needs of children with a broad range of SEND working closely with their parents
- Children and young people with SEND and their families are partners in designing and evaluating services

# 9) Governance, Monitoring and Review

SEND is a golden thread weaving through everything we do as a Local Area. The delivery of our Local Area strategy is a partnership responsibility which needs to be collectively owned by all stakeholders working with children, young people and families. Strong governance, accountability and challenge will be provided through the Oxfordshire SEND Strategic Partnership Board and the Oxfordshire Health and Wellbeing Board.

The SEND Strategic Partnership Board meets regularly and reports to the Council Executive. Partners grouped under thematic priorities will be the delivery vehicle for implementation of the strategy.

# Appendices

**1) The legal requirements underpinning the Local Area SEND Strategy.**

In relation to special educational needs and disabilities, statutory services are currently bound by three pieces of legislation and the associated statutory guidance:

(i) The Children and Families Act 2014, The Carers Act 2014 and the Equality Act 2010.

The Carers Act mirrors the Children and Families Act in relation to SEND as this legislation applies to young people with SEND from the age of 18, and wholly so from the age of 25. The Children and Families Act 2014 (Part 3 relates to SEN) and the SEND Code of Practice set out the following:

- **The strategic planning duties apply to all disabled children and young people and those with SEN;**
- **The individual duties generally apply to children and young people with special educational needs and disabilities. Individual duties related to children and young people with a disability are also contained in the Equality Act 2010.**

(ii) The Equality Act 2010 brought together a range of existing equality duties and requirements within one piece of legislation. The Act introduced a single Public Sector Equality Duty (PSED) or 'general duty'. This applies to public bodies, including maintained schools and academies, free schools etc. It covers all protected characteristics - race, disability, sex, age, religion or belief, sexual orientation, pregnancy and maternity, and gender reassignment. This combined equality duty came into effect in April 2011.

The duty has three main parts. In carrying out their functions, public bodies (including educational settings) are required to have due regard to the need to:

- **Eliminate discrimination and other conduct that is prohibited by the Act**
- **Advance equality of opportunity between people who share a protected characteristic and people who do not share it**
- **Foster good relations across all characteristics between people who share a protected characteristic and people who do not share it.**

Early years providers, schools/academies, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 all have duties under the Equality Act 2010.

All publicly funded early years providers must promote equality of opportunity for disabled children. Schools, academies and colleges have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations.

Local authorities are required to put in place an Accessibility Strategy as specified in Schedule 10 of the Act: Accessibility for Disabled Pupils.

All schools/academies are required to put in place an Accessibility Plan, covering the same responsibilities (see Schedule 10). They are also responsible for the provision of auxiliary aids and services to individual pupils. All schools/ academies must make reasonable adjustments to meet the individual needs of children and young people with SEND; this will address the needs of the majority. More specific local guidance about schools' responsibilities is available on the local Offer website.

Schedule 10 says: An accessibility strategy is a strategy for, over a prescribed period:

1) Increasing the extent to which disabled pupils can participate in the school curriculum;

2) Improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;

3) Improving the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled.

The delivery of information in 3) must be:

- **Within a reasonable time**
- **In ways which are determined after taking account of the pupils' disabilities and any preferences expressed by them or their parents**

### 2) How the Local Area SEND Strategy was developed

The review of SEND was overseen by the Oxfordshire SEND Performance Board, a multi-agency partnership, with parents and carers at its core and comprising stakeholders across education, health, public health, social care, voluntary and community sector partners, and the Oxfordshire Lead Member and Executive Portfolio Holder for Children, Education and Young People. Our review comprised:

**Phase 1:** Data and evidence gathering and analysis to answer:

- **Is our pattern of provision for children and young people with SEND suitable to meet changing needs?**
- **Do parents and young people find it attractive?**
- **Will it be affordable within future financial allocations?**

We gathered and analysed:

- **Data on the range of SEN in the area, recent trends and likely changes in the future**
- **Evidence on how effectively the current pattern of special educational provision meets needs in the area**
- **Evidence on how effectively the current pattern of special educational provision prepares children and young people for adult life**
- **The range of special education needs which would generally be met by mainstream providers**
- **The range of SEN and disabilities which would generally be met by specialist providers**
- **The range of SEN and disabilities which would be generally met by highly specialised providers**

A core element was to gather evidence about what works well across the current system, areas for improvement, and SEND provision mapping for the future across the whole life cycle from birth through to young adulthood.

**Phase 2:** Analysis and shaping of emerging themes

Our analysis identified a number of common issues, falling into five over-arching strategic themes. These themes were agreed by the SEND Performance Board as the five strategic themes needed to strengthen and improve current arrangements for SEND across Oxfordshire and the basis for the SEND Strategy:

- **Improving inclusion and education outcomes for children with SEND in Early Years settings and mainstream schools**
- **Developing a continuum of local provision to meet the needs of children with SEND**
- **Promoting good physical and mental health and wellbeing**
- **Improving post-16 education, learning, employment and training**
- **Facilitating positive transitions for young people with SEND to enable them to prepare for adulthood**

Parents and carers were involved in all strategic group discussions. Building on this work, through a series of visioning events a joint vision statement was developed.

**Phase 3:** Public Consultation

The Strategic SEND Performance Board has given agreement for the vision and priorities to be consulted on more widely through a public consultation exercise to run from January to March 2022. This will involve an online survey alongside a series of public engagement events, to seek views from a wide range of key stakeholders and to enable people to share their thoughts and ideas to help shape the final version of the document.

### 3) Data Sources

School Census

The School Census is collected every January and covers statutory school-aged children. Further information can be found on the government website through the following link: https://www.gov.uk/guidance/school-census

SEN2 Survey

The SEN2 survey takes place every January and covers those individuals for whom the Local Authority maintains an EHCP. Further information can be found on the government website through this link: https://www.gov.uk/guidance/special-educational-needs-survey

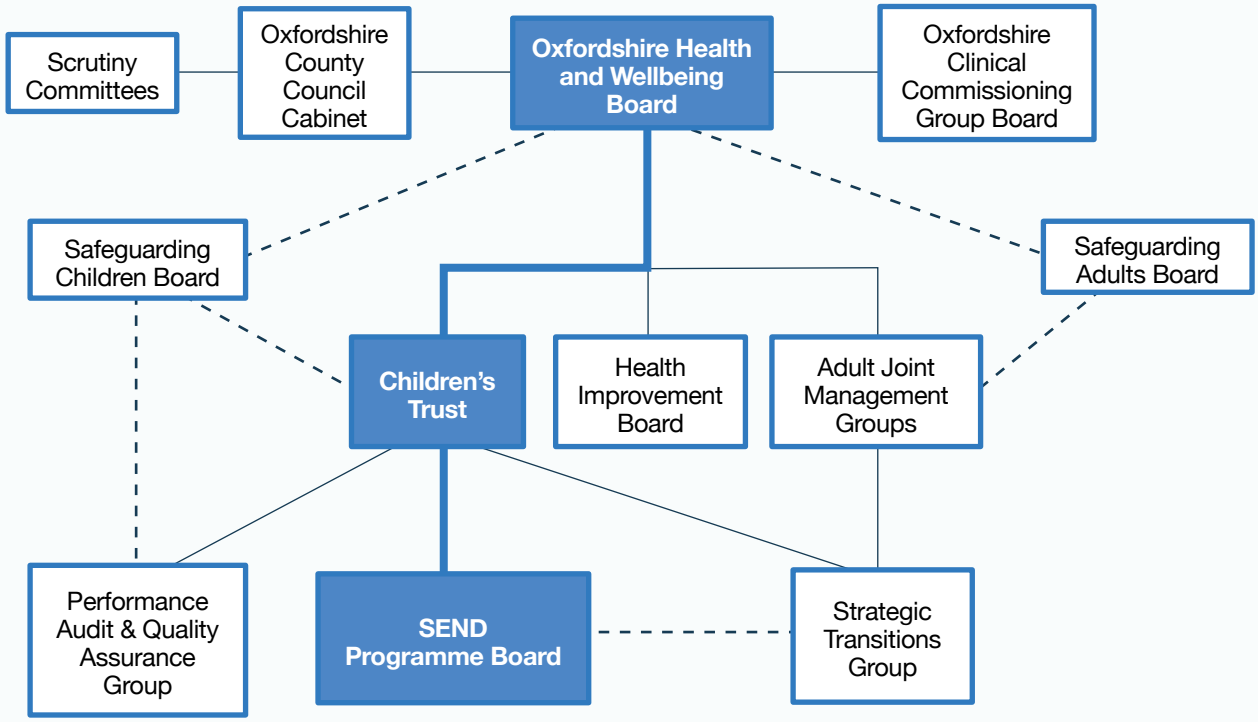
Oxfordshire County Council population forecasts

Office for National Statistics population estimates and projections

DWP StatXplore

Oxfordshire Joint Strategic Needs Assessment

### 4) Governance Structure



## 5) Glossary

**Age Weighted Pupil Unit (AWPU)**
The AWPU is the funding a maintained mainstream school receives for every pupil on roll. The AWPU amount varies by Key Stage.

**Alternative Provision (AP)**
Alternative provision is something a pupil participates in as part of their regular timetable away from the site of the school where they are enrolled.

**Annual Review**
Each Education Health and Care Plan must be formally reviewed at least every 12 months.

**Children and Families Act**
The Children and Families Act 2014 sets out the key SEND legislation.

**Compulsory School Age**
A child is of compulsory school age from the beginning of the term following their 5th birthday until the last Friday of June in the year in which they become 16, provided that their 16th birthday falls before the start of the next school year.

**CYP**
Children and young people. The Children and Families Act 2014 gives significant new rights directly to young people once they reach the end of compulsory school age (the end of the academic year in which they turn 16).

When a young person reaches the end of compulsory school age, local authorities and other agencies should normally engage directly with the young person rather than their parent, ensuring that as part of the planning process they identify the relevant people who should be involved, and how to involve them. A person is no longer of compulsory school age after the last day of the summer term during the year in which they become 16.

This distinction is important because once a child becomes a young person they are entitled to take decisions in relation to the Act on their own behalf, rather than have their parents take the decisions for them. This is subject to a young person 'having capacity' to take a decision under the Mental Capacity Act 2005.

**Education Heath and Care Needs Assessment (EHCNA)**
An assessment carried out by the Local Authority that determines whether a child or young person needs an EHC Plan.

**Education Health and Care plan (EHC Plan)**
An EHC plan describes the special educational needs that a child or young person has and the help that they will be given to meet them. It also includes the health and care provision that is needed. It is a legal document written by the Local Authority and is used for children and young people who have high support needs.

**The Graduated Approach**
Schools use the graduated approach of **Assess -> Plan -> Do -> Review** to remove barriers to learning and put effective special educational provision in place.

**High Needs Block**
The High Needs Block is used to fund specialist placements and top up funding for children and young people with an EHC Plan.

**Independent and Non-maintained Special Schools**
Independent schools are usually privately run for profit. Non-maintained schools are usually managed by charitable organisations and are not profit-making. Neither is maintained/ overseen by Local Authorities.

**Information, Advice and Support Service (IASS or SENDIAS)**
SENDIAS Services provides impartial advice on the special educational needs system to help children and their parents, and young people, to play an active and informed role in their education and care. Although funded by Local Authorities, SENDIAS Services is run at arm's length from the Local Authority.

**Key Stage**
There are 5 key stages of education:

| Key Stage | National Curriculum Year | Age |
|---|---|---|
| KS1 | 1 and 2 | 5 – 7 |
| KS2 | 3 to 6 | 7 – 11 |
| KS3 | 7 to 9 | 11 – 14 |
| KS4 | 10 and 11 | 14 – 16 |
| KS5 | 12 and 13 | 16 – 18 |

**Local Authority**
Local authorities are administrative offices that provide services within their local areas. There are 152 across England that have statutory SEND responsibilities.

**Local Offer**
The Local Offer is published by the Local Authority to give children and young people with special educational needs or disabilities and their families information about what education, health and care provision is available in their local area. It also gives information about training, employment and independent living for young people with special educational needs and/or disabilities.

**Mainstream Schools**
Schools that provide education for all children

**OCC**
Oxfordshire County Council

**OCCG**
Oxfordshire Clinical Commissioning Group

**Outcome**
An outcome is a benefit or difference made to an individual as a result of an intervention.

**Non-Statutory Services**
Non-statutory public services are not required by law.

**Parent Carer Forum**
The Parent Carer Forum is a representative local group of parents and carers of disabled children who work with local authorities, education, health and other providers to make sure the services they plan and deliver meet the needs of disabled children and families.

**Pupil Premium**
Publicly-funded schools in England get extra funding from the government to help them improve the attainment of their disadvantaged pupils.

**Pupil Referral Unit (PRU)**
PRUs teach children who aren't able to attend school and may not otherwise receive suitable education. This could be because they have a short- or long-term illness, have been excluded, or are a new starter waiting for a mainstream school place.

**Reasonable Adjustments**
Under the Equality Act 2010 public sector organisations have to make changes in their approach or provision to ensure that services are accessible to disabled people as well as to everybody else.

**Resource Base**
Resource Bases cater for pupils with EHC Plans who require a specialist environment within a mainstream school to support their access to the curriculum and activities offered by the school. A Resource Base usually has a specialist focus such as hearing impairment or Autism Spectrum Disorder.

**Special Educational Needs and Disabilities (SEND)**
Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.

Children of compulsory school age or a young person have a learning difficulty or disability if they:

- **Have a significantly greater difficulty in learning than the majority of children of the same age or**
- **Have a disability which prevents or hinders them from making use of educational facilities of any kind generally provided for**

**children of the same age in mainstream schools or mainstream post-16 institutions within the Local Education Authority area**

- **Are under compulsory school age and fall within the definition at a) or b) above or would so do if special educational provision were not made for them.**

For children aged two or over, special educational provision means educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

For a child under two years of age, special educational provision means educational provision of any kind.

**SEND Code of Practice**
The statutory guidance arising from the Children and Families Act 2014. A version for parents can be found here

**SENDIASS**
Special Educational Needs and Disabilities Information Advice and Support Service or SENDIASS provides free impartial and confidential information, advice and support about education, health and social care for children, young people and their parents on matters relating to special educational needs and disability.

**Special Educational Provision**
Special educational provision means any educational or training provision that is additional to, or different from, that made generally for other children or young people of the same age.

**Special School**
A school which specifically caters for children with SEND. To attend a special school, the child must have an EHC Plan.

**State School**
All children in England aged 5 to 16 are entitled to a free place at a state school. State schools receive funding through the Local Authority or directly from the government, and include community schools (sometimes called Local Authority maintained schools), foundation schools and voluntary schools, academies and free schools, and grammar schools. There are both mainstream and special state schools.

**Statutory guidance**
Statutory guidance sets out what schools and local authorities must do to comply with the law.

**Statutory Services**
Statutory public services are required by the law and there are legislations that government sets for them to be in place.

**Transition Planning**
Planning for moves between phases of education or preparation for adult life.



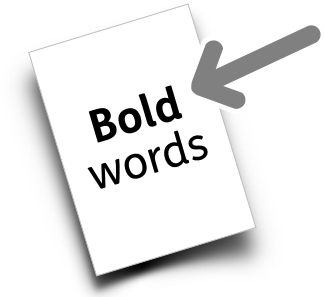
JB05524 / 22-0014

# Oxfordshire's plan for supporting children with SEND

2022 to 2027

easy read

# Contents



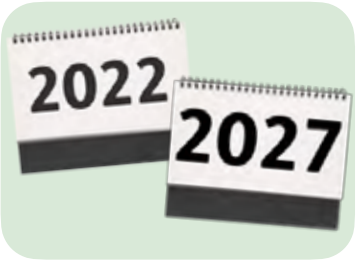

In this easy read document, difficult words are in **bold**. We explain what these words mean in the sentence after they have been used.


Some words are blue and underlined. These are links which will go to another website which has more information.

# Introduction

This plan has been written by people in Oxfordshire.

The plan is about how we will support children and young people with special educational needs and disabilities (SEND) in Oxfordshire.




The plan is for the years 2022 to 2027.

# Children with SEND in Oxfordshire

There are about 18,000 children with SEND who go to school in Oxfordshire.

On average, children with SEND do not do as well at school as other children.

Doing well at school means getting better at things that are important.

# Why do we need a plan?


We need a plan to help make SEND services in Oxfordshire better.

SEND services in Oxfordshire need to be better because:

- it is not clear to parents what support children with SEND can get.

- not enough children with SEND get what they need when they need it.

- there is not enough space in special schools for those who need them.

# How did we write our plan?

We wrote our plan by looking at lots of different information about SEND services in Oxfordshire.

We looked at:

- what needed to be better.

- how we support people with SEND.

We worked with lots of people, including:

- different professionals from education, health and social care.

- the parents and carers of children with SEND.

# Our vision

Our **vision** is what we would like life to be like for children and young people with SEND in Oxfordshire.

A **vision** is a plan for the future.

We would like to:

- include the families of children with SEND in the planning of SEND services.


- protect the lives of children with SEND and make sure they are treated well.

- make sure all services treat children with SEND fairly.

- help and support children with SEND from early on in their life.

We will work and communicate with lots of different people and services to make sure our vision happens.


We have written this plan to help us with our vision and make SEND services better.

# Our plan


To help make SEND services better we have come up with 5 **objectives**.

**Objectives** are the main things we want to try and do.

## Objective 1: Better chances for children with SEND

We want to make sure children with SEND have access to services early on in their life.

We want to make sure children with SEND have the same chances in life as others.

To help improve chances for children with SEND we will focus on:

- helping them early on in their life.

- making sure different services are working together.

- making sure staff have the right skills to support them.

## Objective 2: Better local services for children with SEND

We want to make sure local services meet the needs of children with SEND.

To help improve local services for children with SEND we will focus on:

- finding where the services need improving.

- making sure different services are working together.

- making sure the services are able to support those children who have lots of different needs.

## Objective 3: Good physical and mental health

We want all children with SEND and their families to be healthy and happy.

To help improve the physical and mental health of children with SEND we will focus on:

- helping children and their families to share their stories so we can learn from them.

- providing good support that meets the needs of the whole family.

- making sure children can always access the right services they need.

## Objective 4: Better chances after finishing school

We want all young people with SEND who are finishing school to have access to things that will help them, like:

- getting a paid job.

- learning new skills.

- living where they choose to live.

To help improve opportunities for young people with SEND who are finishing school we will focus on:

- making sure they have the opportunity to get a paid job.

- finding out what young people with SEND do as they get older.

# Objective 5: Support while becoming an adult

We want to support young people with SEND as they get older.

We want them to live successful lives as adults.

To help improve support for young people with SEND as they become adults we will focus on:

- making sure they have the information and advice they need.

- working together to support young people to reach their goals.

- making sure they have better chances in life.

- supporting young people to live how and where they choose.

# Making sure our plan happens

We will make sure our plan happens by:

- checking all services are following the plan and supporting children with SEND.

- making plans about how we will spend our money to help children with SEND.

- offering training to any staff who work with children with SEND that will help support them.

- having groups that will check the plan is working.

  These groups will meet to talk about the plan and any problems with it.

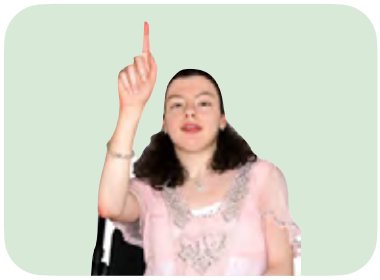
# How will we know our plan is working?

We will know our plan is working when:

- children with SEND and their families are having their needs met from early on in their life.

- children with SEND have the right care and support.

- children with SEND are getting the best education for them.



- children with SEND have access to the same chances in life as others.

- children with SEND are being supported at important moments of their life - like becoming an adult.

- services are working well together to support children with SEND.

- staff working with children with SEND have the right skills and training.


- children with SEND and their families tell us they are included in planning for services.

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**Divisions Affected – ALL**

# OXFORDSHIRE HEALTH AND WELLBEING BOARD

## 7 JULY 2022

# CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING PROMOTION AND MENTAL ILL HEALTH PREVENTION STRATEGY - DRAFT

## Report by Corporate Director for Children's Services and Corporate Director for Public Health, Oxfordshire County Council

## RECOMMENDATION

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

Approve the Children and Young People's Emotional Wellbeing Promotion and Mental Ill Health Prevention Strategy, subject to any feedback given during the Health and Wellbeing Board meeting and after fulfilling consultation requirements.

## Executive Summary

2. The emotional wellbeing and mental health of children and young people has been selected as a key priority by the Health and Wellbeing Board and Oxfordshire's Joint Commissioning Executive.

3. The main purpose of this report is to present an overview of, seek feedback on and approval of the first full draft of Oxfordshire's Children and Young People's Emotional Wellbeing Promotion and Mental Ill Health Prevention Strategy, including providing an overview of the stakeholder engagement in the development of the strategy.

4. The secondary purpose of the report is to engage the Health and Wellbeing Board in the development of the action plan of the strategy – i.e., the deliverables – that will support working towards the vision, aims, and objectives.

5. This report follows on from a previous one presented at the 16 December 2021 Health and Wellbeing Board meeting that set the strategic approach and provided an overview on the work to date. In that meeting the board endorsed the approach including the importance of applying the prevention principals adopted by the Health and Wellbeing Board in the Oxfordshire Prevention Framework (2019-24) to this area of work.

6. Since December 2021 a series of stakeholder engagement events have taken place that have continued to steer the development of the strategy:

- 18 January 2022 – scoping workshop to identify challenges and opportunities with wide stakeholder group, that generated draft vision, aims and objectives, and opportunity areas
- March 2022 – feedback on draft vision, aims, and objectives with stakeholders
- April to May 2022 – five focus groups with children, young people, and parent/cares to input on vision, aims, objectives, and opportunity areas generated by January workshop
- 19 May 2022 – prioritisation workshop of opportunity areas

## Overview of the strategy

7. The strategy focuses on both promoting emotional wellbeing, which can be understood as how people feel and function and deal with the ups and downs of everyday life, and on preventing mental ill health, which is defined clinically and includes depression and anxiety, for example. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people (aged 0 to 25 years old) which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

8. The vision, aims, and objectives have been developed with input from a wide range of stakeholders in Oxfordshire including children, young people, parents/carers, and professionals from across the local public sector partnership including NHS, local authority, and voluntary and community sector colleagues (see pages 5 to 7 in the draft strategy), and in response to a local gap and needs analysis.

9. The aims and objectives respond to specific challenges and opportunities in Oxfordshire in the context of increased demand for support for children and young people's wellbeing and mental health over the past five years, which was compounded by the COVID-19 pandemic. This is also mirrored nationally which shows an increase in prevalence over the last three years where one in six children and young people (5 to 16 year olds) have a probable mental disorder in 2020 compared to one in nine in 2017; additionally one in five 17 to 22 year olds have a probable mental disorder in 2020.[1] Applying this to the Oxfordshire population suggests there are 16,159 children aged 5 to 16 years old and 11,069 children and young people aged 17 to 22 years old with a probable mental disorder in the county.

10. Certain groups have been impacted more than others, such as those with a disability, those from less affluent backgrounds, those who identify as LGBTQI+, young carers, those from ethnic minority backgrounds, and young carers, and as an area we will focus resources to these groups to help tackle key local health inequalities.

11. The vision, aims and objectives are summarised below (further detail can be found in the strategy pages 5 to 7, in appendix 1).

[1] Mental Health of Children and Young People in England, 2020 - Wave 1 follow up to the 2017 survey

12. **Vision**

All children and young people in Oxfordshire can achieve good mental health and wellbeing with access to the right support at the earliest opportunity when they need it.

13. **Aim 1:** Provide early help and create supportive environments

**Objectives:**

- Improve the wellbeing and resilience of all children, young people, and families, including focusing on the wider determinants of health
- Targeted support to those with the most need to tackle local health inequalities
- Providing early support to everyone to prevent problems from getting worse

14. **Aim 2:** Develop a confident workforce

**Objectives:**

- Building capacity and confidence in the workforce to support children, young people, and families' wellbeing and mental health, and create supportive environments that are positive for wellbeing and mental health.
- Better understanding by the workforce of how and where to apply interventions and strategies to meet children and young people's needs and to ensure the workforce understand who to signpost and refer children and young people too to support their wellbeing and mental health.

15. **Aim 3:** Ensure positive transitions

**Objectives:**

- Building emotional wellbeing and resilience of young people aged 16 to 25 years old, including supporting recovery
- Children and young people have and are prepared for positive transitions between children and adult mental health services

16. **Aim 4:** Improve Access

**Objectives:**

- Increase the amount of support available across the County to children, young people, and families to promote positive wellbeing and support mental health problems
- Increase the range of options to include a mix of face-to-face, telephone, and digital support
- Support is easy to access via a single integrated pathway
- Children and young people get directed to the right place at the right time

17. We will measure impact by:

- using the Office for Health Improvement and Disparities' (OHID) Children and Young People's Mental Health and Wellbeing Profiling Tool,

- developing a new set of system key performance indicators, that track outcomes, spend, referral pathways, service outputs, and inequalities data
- asking children and young people, by using qualitative evaluation methods such as storytelling, case studies, and 'mystery shopping'.

## Developing the strategy

18. We have taken a partnership approach to the development of this strategy working with children, young people, and parents/carers, and closely with key stakeholders across the public sector partnership from the NHS (including commissioners and providers), local authority (including county and district councils), and the voluntary and community sector.

19. Since December 2021 a series of stakeholder engagement events have taken place that have continued to steer the development of the strategy:
    - 18 January 2022 – scoping workshop to identify challenges and opportunities with wide stakeholder group that generated draft vision, aims and objectives, and longlist of opportunity areas
    - March 2022 – feedback on draft vision, aims, and objectives with stakeholders
    - April to May 2022 – five focus groups with children, young people, and parent/cares to input on vision, aims, objectives, and opportunity areas generated by January workshop
    - 19 May 2022 – prioritisation workshop of opportunity areas

20. Further detail on the content and outputs of the engagement events can be found in pages 22 to 28 in the strategy in annex 1.

## List of opportunity areas shortlisted

21. A summary of the opportunity areas considered to be taken forward in the strategy are listed below. For some of these areas further work is required on the detail of the project or intervention, including costs, target groups, and timelines. This will happen in the next phase of 'action planning' (see next steps section below). As well as the proposed interventions below, other system actions such as access to green spaces will be considered in the development of the plan.

22. **Figure 1:** longlist of opportunity areas, overall score from prioritisation exercise and commentary

**Key**

| | |
|---|---|
| Funding agreed and option prioritised to be taken forward | |
| Funding not yet agreed, option prioritised to be taken forward | |
| Funding not agreed, option not prioritised to be taken forward at this stage | |

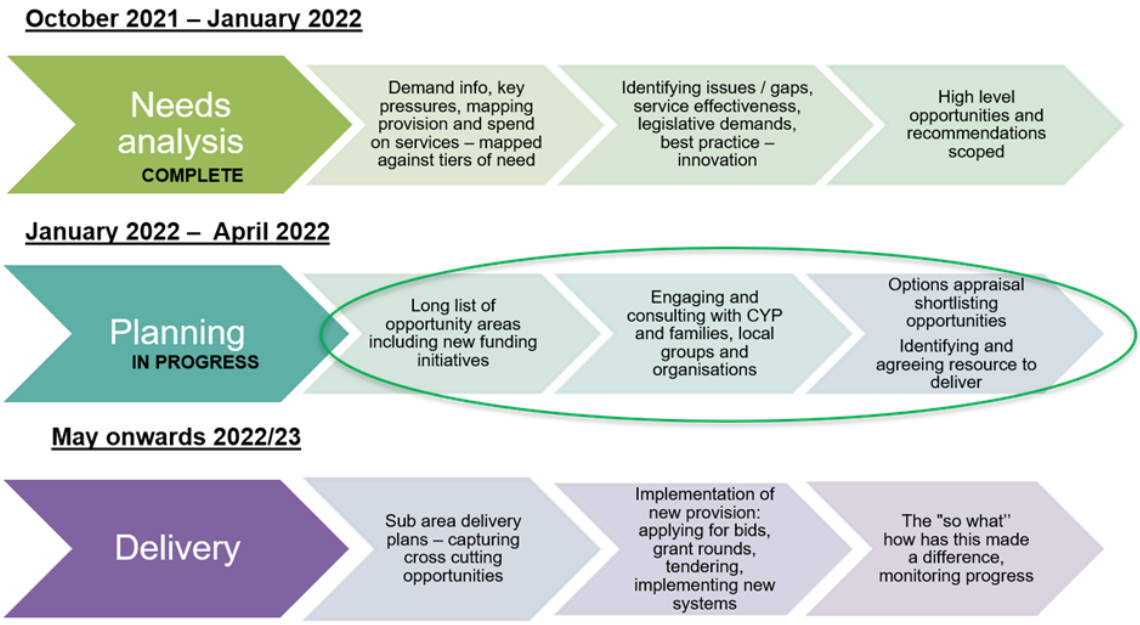
| Number | Option | Overall score | Option taken forward? | Commentary |
|---|---|---|---|---|
| 1 | Digital platform | | Yes | • Need further evaluation on the product we wish to purchase/recommend/endorse – Digital evaluation conducted by OHFT<br>• Need to secure funding |
| 2 | Enhanced integrated Single Point of Access (SPA) | | No | • Felt this needs to be wider than just a CAMHS SPA<br>• Needs to be looked wider across all CYP services e.g. Family Hub (Early Help) |
| 3 | Interactive directory of services | | No | • This needs to be part of the Local Offer work across CSC, ASC, Health and SEND so the directory across al CYP services is in one place |
| 4 | Whole-school wellbeing and resilience programme | | Merge with option 7 | • Felt this has overlaps with MHST's and school in reach, health visitors, lots of duplication<br>• Could form part of the training with workforce |
| 5 | 16-25 transition service(s) | | Yes | • Could be joined up with option 8<br>• Need to source funding from April 2023 |
| 6 | Family learning and support programme(s) | | Yes | • Need to understand how this fits in with existing parenting programme delivered by the SENDS team to understand what is lacking<br>• Possible research study with NIHR |
| 7 | Training programme(s) for children and young people workforce | | Yes | • Need to map out the existing training offer, take up, engage with schools about the Impact and delivery<br>• Overlaps with VRU possibly<br>• Need to be specific about training – Trauma informed etc |
| 8 | Young person's preventative mental health and wellbeing support – community Youth Offer | | Yes | • Funding assigned<br>• Possibly look at a joint service with option 5<br>• Need to agree next steps |

## Next steps

23. The action plan and implementation of the strategy will be overseen by the Oxfordshire Children and Young People's Emotional Wellbeing and Mental Health Board, alongside other key system partnerships and will report progress to the Joint Commissioning Executive and Health and Wellbeing Board.

24. The planning phase is nearing completion and system partners, children and young people and parents and carers have made recommendations to short list options to take forward to business case stage to implement the strategy and address the gaps in the system (see original key milestone plan in figure 2 below).

25. **Figure 2:** original key milestone project plan




26. The next phase will be the delivery/implementation of the strategy, and the table below shows the indicative next steps.

27. **Table 1:** Oxfordshire Children and Young People's Emotional Wellbeing and Mental Ill Health Prevention strategy implementation and delivery plan

| Activity | Timeline |
|---|---|
| Present the draft strategy at the Health and Wellbeing board | 7 July 2022 |
| Informal consultation of the draft strategy | August 2022 |
| Publish strategy | September 2022 |
| Finalise the action plan and deliverables for the strategy | Mid-August 2022 |
| Create business cases for the opportunities to be taken forward | End of August 2022 |
| Identify funding source for opportunities and final decision making | August – September 2022 |
| Develop evaluation and impact measures | September 2022 |
| Deliver actions in the strategy including starting procurement activity | From September 2022 |
| Implementation and mobilisation of new services | From December 2022-23 |
| Review impact and progress against priorities | Six monthly and on an annual basis |

## Corporate Policies and Priorities

28. The strategy will support on delivering a number of objectives and strategic priorities outlined in Oxfordshire's Strategic Plan 2022 – 2025, as well as supporting the overall vision to lead positive change by working in partnership to make Oxfordshire a greener, fairer, and healthier county. These include:

- Tackle health inequalities in Oxfordshire
- Prioritise the health and wellbeing of residents
- Create opportunities for children and young people to reach their full potential

## Financial Implications

29. There are no new financial implications at this stage. However, the next stage of planning will include identifying viable resources and funding streams from across the public sector partnership to support the delivery of the strategy whilst achieving value for money.

Comments checked by: Stephen Rowles, Assistant Finance Business Partner, stephen.rowles@oxfordshire.gov.uk

## Legal Implications

30. There are no specific legal implications at this stage.

Comments checked by: Lindy Stephens, Principal Childcare Solicitor, lindy.stephens@oxfordshire.gov.uk

## Staff Implications

31. There are no additional staffing implications at this stage. As above, the next stage of planning will include identifying resources and funding streams from across the public sector partnership to support the delivery of the strategy.

## Equality & Inclusion Implications

32. The subject of the report – the draft Oxfordshire Children and Young People's Emotional Wellbeing and Mental Ill Health Prevention Strategy – outlines key local health inequalities and these have been considered throughout the planning of the strategy. The delivery of the strategy will target resources at children and young people who need it most considering protected characteristics such as age, sex, sexual orientation, gender reassignment, race, and religion or belief. We will continue to work with children and young people in the design and delivery of the strategy.

## Sustainability Implications

33. Sustainability implications will be considered during the action planning phase of the strategy.

## Risk Management

34. Risk management will be considered during the action planning phase of the strategy. Risks to consider are finances, workforce, and the capacity to deliver to agreed timescales.

## Consultations

35. Engagement with the main beneficiaries of the subject of the report, children and young people, and parents/carers, took place during the development of the strategy and a summary of the activity and their input can be found in pages 22 to 28 in annex 1.

KEVIN GORDON
CORPORATE DIRECTOR FOR CHILDREN'S SERVICES

&

ANSAF AZHAR
CORPORATE DIRECTOR FOR PUBLIC HEALTH

| | |
|---|---|
| Annex: | Annex 1: Oxfordshire Children and Young People's Emotional Wellbeing and Mental Ill Health Prevention Strategy – DRAFT |
| Background papers: | Nil |
| Other Documents: | Report to the 16 December 2021 meeting of the Oxfordshire Health and Wellbeing Board – 'Children and Young People Emotional Wellbeing and Mental Health – Strategic Approach' available here. |
| Contact Officer: | Jack Gooding<br>Senior Public Health Principal<br>jack.gooding@oxfordshire.gov.uk<br><br>Caroline Kelly<br>Lead Commissioner – Start Well<br>caroline.kelly@oxfordshire.gov.uk |

June 2022

## Annex 1:

# OXFORDSHIRE CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING PROMOTION AND MENTAL ILL HEALTH PREVENTION STRATEGY

## 2022 to 2025

## Foreword

To be completed

## 1. Executive Summary

This vision for this strategy is to ensure that all children and young people in Oxfordshire can achieve good mental health and wellbeing. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

The strategy focuses on both promoting emotional wellbeing, which can be understood as how people feel and function and deal with the ups and downs of everyday life, and on preventing mental ill health, which is defined clinically and includes depression and anxiety, for example.

In developing the strategy, an analysis of local need has demonstrated that children and young people's emotional wellbeing and mental health needs has been increasing over the past five years, which was compounded by the COVID-19 pandemic.

From our recently published Mental Wellbeing Needs Assessment we know that things such as body image and appearance, loneliness, bullying, social media, struggling to concentrate, worries around money, and sleep, are all issues that our children and young people are concerned about and are experiencing and that impact on their wellbeing.[1]

Nationally, one in six children and young people (5 to 16 year olds) have a probable mental disorder in 2020 compared to one in nine in 2017.[2] Our local needs assessment shows us that this has impacted certain groups more than others, such as those with a disability, those from less affluent backgrounds, those who identify as LGBTQI+, those from ethnic minority backgrounds, and young carers, and as an area we will focus resources to these groups. The strategy will take a data-driven proportionate universalism approach working to improve the health of all children and young people while targeting resources at the most disadvantaged groups, to help tackle key local health inequalities.

[1] Oxfordshire Mental Wellbeing Needs Assessment

[2] Mental Health of Children and Young People in England, 2020 - Wave 1 follow up to the 2017 survey

The pandemic restricted children and young people's access to many services in person that support wellbeing and mental health and restricted positive social activities that they would usually build into their everyday lives. This has contributed to an increase on demand for statutory and non-statutory services, often during times of crisis. Services are still in recovery from the pandemic and some services in the voluntary and community sector have sadly not survived leaving gaps in provision and an inability to meet needs earlier and prevent crisis.

However, the pandemic has also bought about new opportunities to support children and young people's wellbeing and mental health in different ways, such as receiving services and support digitally.

The strategy will seek to build on the success of innovative and creative ways of working and work together to ensure that Oxfordshire is a positive place for wellbeing and mental health – addressing the wider determinants of health which create the conditions for good mental health and wellbeing, such as access to green spaces, poverty, or housing – and children and young people can access support easily to meet their needs in a timely way. The strategy will be used to invest in projects and services to meet needs earlier to empower families, children and young people to improve their resilience and wellbeing and to help prevent the onset of mental ill health.

## 2. Introduction

The World Health Organization defines mental well-being as relating to an individuals' ability to cope with everyday stressors of life, contribute to their local community, work productively and achieve their full potential.[3]

The terms mental health and mental wellbeing are used interchangeably. However, it is important to realise that the two terms are not necessarily always referring to the same thing. A "two continua" model suggests that mental wellbeing and mental illness exist with each on a separate continuum. For example, it is possible to have no mental illness, but have low mental wellbeing, and it is possible to have a diagnosed mental illness, but positive mental wellbeing.

Mental health is profoundly important to growth, development, learning and resilience. Mental wellbeing protects the body from the impact of life's stresses and traumatic events and enables the adoption of healthy lifestyles and the management of long-term illness. Mental wellbeing is a valuable resource for individuals, families, and communities. It is associated with better physical health, positive interpersonal relationships, and socially healthier societies. It helps people to achieve their potential, realise ambitions, cope with adversity, work productively and contribute to their community and society.[4]

[3] WHO. Strengthening mental health promotion. Geneva, World Health Organization, 2001: Fact sheet, No. 220

[4] Better Mental Health For All: A public health approach to mental health improvement, Mental Health Foundation, 2016

As with other health outcomes, our mental health and wellbeing is determined by a complex mix and interaction between our biology, which includes our genes and the ways they are expressed, our environment, such as the places where we are born, live, work and age, and our personal experiences.[5]

Inequalities in health are largely due to inequalities in society. It is the unequal distribution of the social determinants of health, such as education, housing, and employment, which drives inequalities in physical and mental health, although the mechanisms by which this happens can be complex and inter-related. Disadvantage can start even before a child is born and can accumulate over time and impact on future generations. Factors include:

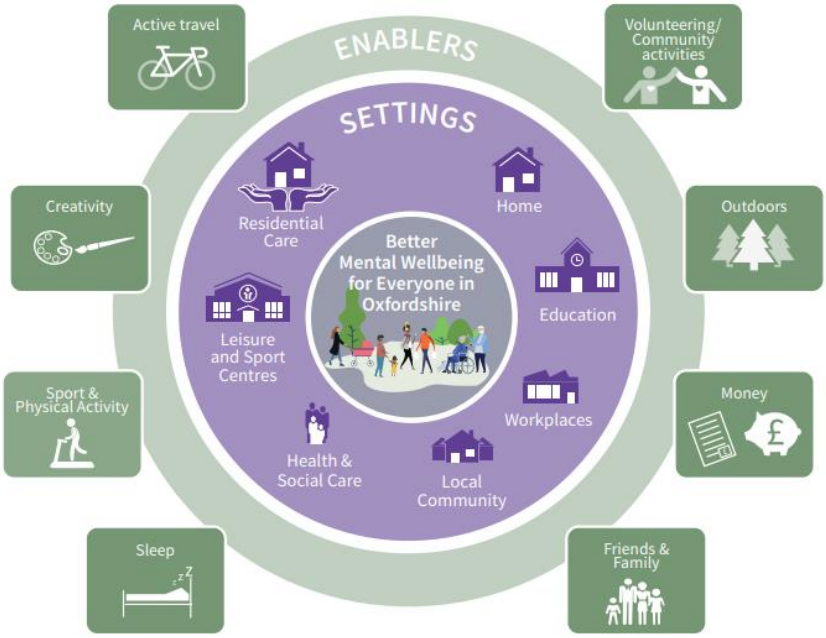
- adverse childhood events such as being a victim of abuse
- insecure or poor-quality housing
- poverty
- traumatic events
- insecure, poor working conditions and unemployment
- children facing multiple risks have a heightened risk of multiple and sustained childhood mental health difficulties.[6]

Our approach recognises that there are a number of social, environmental, physical and economic enablers that promote better mental wellbeing and mental health, and these take place in a variety of settings across the life course (this is illustrated in figure 1 below).

**Figure 1**: Enablers and settings that can help support good wellbeing and mental health in Oxfordshire[7]



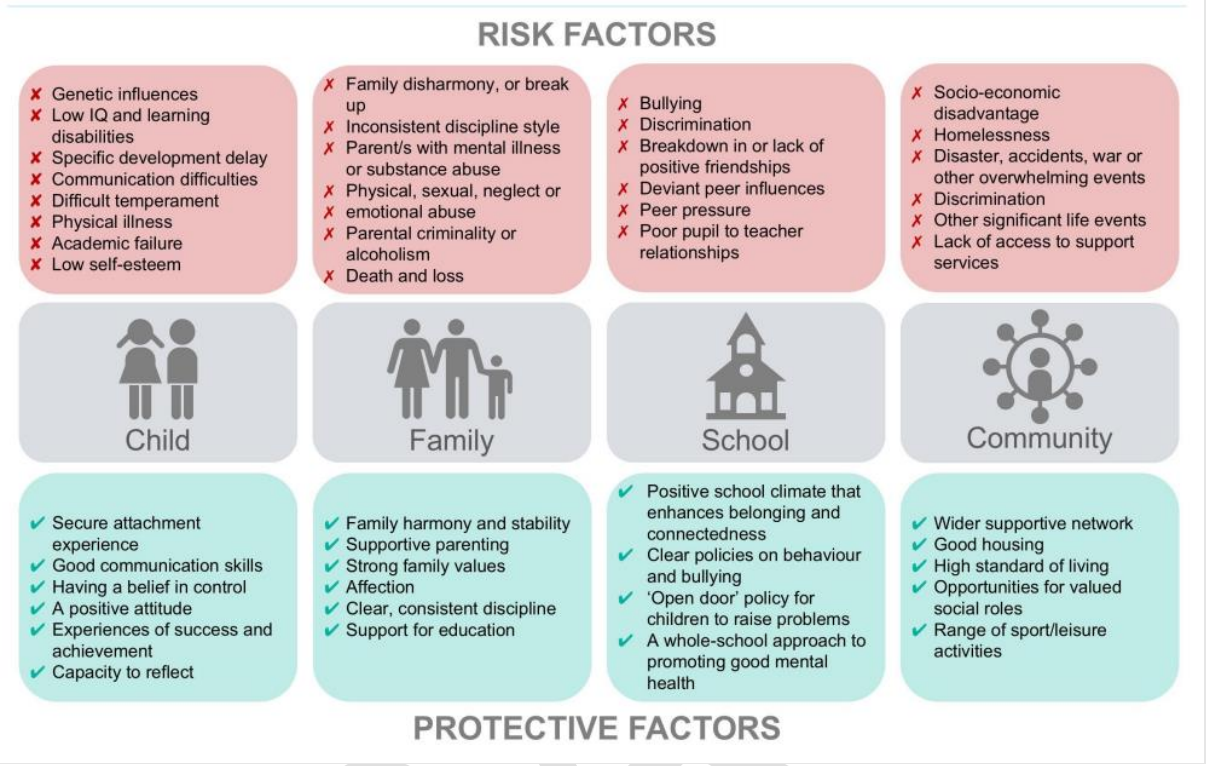
[5] MHF_Prevention_Report_ONLINE-VERSION.pdf (mentalhealth.org.uk)
[6] PHE: Health matters: reducing health inequalities in mental illness, December 2018
[7] Oxfordshire Mental Health Prevention Framework 2022-2023




Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to people themselves, to their family, or to their community or life events. Research suggests that there is a complex interplay between the risk factors in people's lives, and the protective factors which can promote their resilience. The key protective factors which build resilience to mental health problems in children and young people specifically, are shown alongside the risk factors in figure 2, below.[8]

**Figure 2:** risk and protective factors for children and young people's resilience, wellbeing and mental health

[8] PHE: Mental health of children in England, December 2016




Mental health illnesses are a leading cause of health-related disabilities in children and young people and can have adverse long-lasting effects. Those who experience mental ill health as children and young people are more likely to experience poor mental health into adulthood.[9] Those who experience mental ill health are more likely to practice health risk behaviours such as smoking, alcohol and substance misuse, and less likely to practice positive health behaviours such as being physically active and eating well. They are also less likely to do well at school, build positive social relationships, and will have reduced employment prospects.[10]

As well as the distress on individuals and families, mental health problems have a significant cost to the health and care system and to wider society. Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child (across a variety of agencies, e.g., education, social services and youth justice).[11] Taking a wider societal viewpoint, it has been estimated that the overall lifetime costs associated with a moderate behavioural problem amount to £85,000 per child and with a severe behavioural problem £260,000 per child.[12]

In England in 2020 rates of probable mental disorders have increased compared to 2017. One in six children aged 5 to 16 years have a probable mental disorder in 2020

[9] Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU). http://dunedinstudy.otago.ac.nz/
[10] Mental health of children in England (publishing.service.gov.uk)
[11] 2901304_CMO_complete_low_res_accessible.pdf (publishing.service.gov.uk)
[12] Parsonage M, Khan L, Saunders A (2014). Building a better future: the lifetime costs of childhood behavioural problems and the benefits of early intervention. London: Centre for Mental Health.

compared to one in nine children in 2017. The likelihood of a probable mental disorder increases with age; one in five young people aged 17 to 22 years were identified as having a probable mental disorder in England in 2020.[13]

Investing in preventing children and young people's mental ill health and promoting wellbeing and resilience and meeting needs earlier will have wide long-term benefits, avoiding children and young people falling into crisis and avoiding higher cost and longer-term interventions in adulthood. Other measured benefits include reductions in the use of public services (e.g., adult mental health services, adult social care, and the criminal justice system) because of better mental health and increases in adult employment and earnings associated with the impact of improved mental health on educational attainment.[14]

The coronavirus pandemic has resulted in fundamental changes to the lives of children and young people. While some studies show that children and young people have coped relatively well, other evidence suggests that some, especially those with certain characteristics, such as those who are disadvantaged economically, females, and those with pre-existing mental health needs and special educational needs and disabilities (SEND), appear to have experienced greater negative impacts on their mental health and wellbeing.[15]

## 3. Vision

All children and young people in Oxfordshire can achieve good mental health and wellbeing with access to the right support at the earliest opportunity when they need it.

## 3.1 Aims and Objectives

The following aims and objectives were created in response to a local gap and needs analysis and stakeholder engagement including with Oxfordshire children, young people, and families.

### Aim 1: Provide early help and create supportive environments

Providing support at the earliest opportunity was a key aspiration voiced during stakeholder engagement. This also chimes with what we know about how taking a prevention approach to health can help reduce the need for care and resolve issues early on before they may escalate. This includes considering how we can work together on the wider determinants of health, including for example access to green spaces and nature, making Oxfordshire a place that is positive for wellbeing and mental health. We want to ensure that all children, young people, and families have

[13] Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital

[14] Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing (publishing.service.gov.uk)

[15] Public Health England. 'COVID-19 mental health and wellbeing surveillance report, Chapter 7: Children and young people' London: 2021

access to positive wellbeing and preventative mental health support to improve their resilience, while targeting support at those that need it most.

**Objectives:**

- Improve the wellbeing and resilience of all children, young people, and families, including focusing on the wider determinants of health
- Targeted support to those with the most need to tackle local health inequalities
- Providing early support to everyone to prevent problems from getting worse

**Aim 2: Develop a confident workforce**

There are many passionate people in Oxfordshire who care for and want the best for the children, young people, and families that they work with. We want to ensure that staff in schools, education, early years, healthcare, youth clubs, and wherever staff work with children, young people, and families, are confident and understand how to support them with wellbeing and mental health needs, including knowing where to go should they require additional support.

**Objectives:**

- Building capacity and confidence in the workforce to support children, young people, and families' wellbeing and mental health, and create supportive environments that are positive for wellbeing and mental health.
- Better understanding by the workforce of how and where to apply interventions and strategies to meet children and young people's needs and to ensure the workforce understand who to signpost and refer children and young people too to support their wellbeing and mental health.

**Aim 3: Ensure Positive transitions**

The recent coronavirus pandemic impacted us all and this was keenly felt by those aged between 16 to 25 years old locally, a key age where children transition into adulthood, either leave or continue education and training and start to find their feet in employment. We want to focus on providing children and young adults a positive transition into adulthood, and, where applicable, a smooth transition between services so that they can access the support that they need and stay well.

**Objectives:**

- Building emotional wellbeing and resilience of young people aged 16 to 25 years old, including supporting recovery
- Children and young people have and are prepared for positive transitions between children and adult mental health services

**Aim 4: Improve Access**

Having access to the right support and services at the right time and in the right place was routinely cited in stakeholder engagement as a key aim for the local system. A lack of coordination between the current support available, a limitation based on geography, and at times confusing pathways were all raised as issues to be resolved. The objectives below, subsequent action plan and applying the iTHRIVE needs-based model will seek to ensure that there is a fuller range of options that are easy to access

and navigate and can support children, young people, and families in a timely and effective way.

**Objectives:**

- Increase the amount of support available across the County to children, young people, and families to promote positive wellbeing and support mental health problems
- Increase the range of options to include a mix of face-to-face, telephone, and digital support
- Children and young people get directed to the right place at the right time

## 4. Scope and governance

The scope of this strategy is on promoting the wellbeing and resilience of all children and young people (aged 0 to 25 years old) and families and supporting mental health problems with a specific focus on prevention. It aims to take a public health approach to the emotional wellbeing and mental health of children and young people which includes considering where people live, work, and play – the wider determinants of health – as well as access to services that provide support when needed.

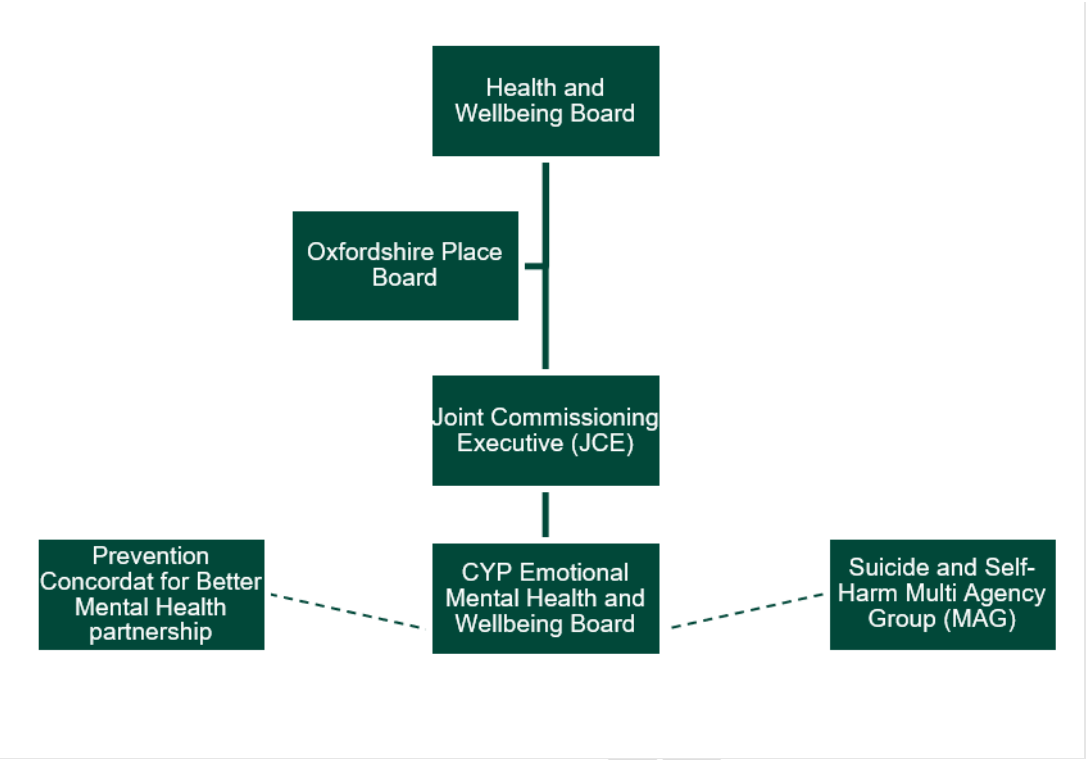
Centred around children and young people's needs using the THRIVE framework (see below), the new strategic approach will seek to address local gaps and issues relating to increased prevalence and acuity of poor wellbeing and mental ill health in Oxfordshire over the last few years alongside the added impact of COVID-19.

The deliverables within the recently published Oxfordshire Child and Adolescent Mental Health Services (CAMHS) Transformation Plan (2020-22) will be brought together with the new deliverables generated during the development of this strategy and be delivered through Oxfordshire's Children and Young People's Emotional Wellbeing and Mental Health Board and other local system partnerships.

The strategy will report progress on deliverables to the Joint Commissioning Executive (JCE) and Health and Wellbeing Board, with updates to other strategic partnership boards as requested, such as the Children's Trust Board, or Oxfordshire Place Board.

New local commissioning arrangements under an Integrated Care Systems (ICS) give fresh opportunities to consider a more integrated approach to how provision is delivered within Oxfordshire from 2022 onwards.

**Figure 3:** Governance, delivery, and partnership boards for children and young people's wellbeing and mental health in Oxfordshire




# 5. Strategic Context

## 5.1 National strategies

NHS Long Term Plan aims to expand mental health services for children and young people, reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them (this includes the NHS-funded school-based Mental Health Support Teams).

Future in Mind (2015) highlighted the need to build resilience, promote good mental health, and promote prevention, and to provide early identification and co-ordinated support.

The Five Year Forward View for Mental Health (2016) set out an ambition for transforming mental health services to achieve greater parity of esteem between mental and physical health for children, young people, adults and older people.

In 2017 The Department for Health and Social Care (DHSC) and the Department for Education (DfE) jointly published 'Transforming children and young people's mental health provision':

- designated mental health leads in all schools,
- new mental health support teams prioritised in working with children experiencing mild to moderate mental health problems
- trialling reduced waiting times for specialist mental health services.

## 5.2 Local Strategies

The emotional wellbeing and mental health of children and young people is a key cross-cutting public health priority in Oxfordshire covering the health, education, and care system. It is a key priority of the local Health and Wellbeing Board.

This strategy dovetails with and complements key priorities and deliverables within Oxfordshire's Mental Health Prevention Framework 2020-23, Suicide and Self-Harm Prevention Strategy 2020-24, the recently updated CAMHS Local Transformation Plan (LTP) Refresh 2020-22, and Oxfordshire's Healthy Place Shaping programme.

There are several other key local strategies and plans that support children and young people's emotional wellbeing and mental health:

- Joint Health and Wellbeing Strategy 2018-23
- Prevention Framework 2019-24
- Children and Young People's Plan 2018-23
- Early Help Strategy – in development
- Oxfordshire Local Area Special Educational Needs and Disability (SEND) Strategy (0-25) 2022-2025

There are also a number of local strategies and partnerships across the county that impact on the wider determinants of emotional wellbeing and mental health.

## 6. Prevention approach

We will apply a prevention approach across the children and young people emotional wellbeing and mental health system with the aim of promoting wellbeing and supporting the prevention of mental ill health. The prevention principals adopted by the Health and Wellbeing Board in the Oxfordshire Prevention Framework (2019-24) will be applied in order to:

- prevent illness – preventing illness and keeping people physically and mentally well (primary prevention)
- reduce the need for treatment – reducing impact of an illness by early detection (secondary prevention)
- and delay the need for care – soften the impact of an ongoing illness and keep people independent for longer (tertiary prevention).

As well as improving health outcomes in the short and long term for children and young people there is a compelling economic argument to invest in early prevention activity. In addition to mental health and wellbeing improvements, investing in prevention interventions will likely see young people use public services less and be in education, training and employment into adulthood.[16]

## i-THRIVE framework

**Figure 4:** *The i-THRIVE framework*

[16] Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing (publishing.service.gov.uk)


The i-THRIVE framework was developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families (see figure 3 above). The framework has been adopted by the local CAMHS in Oxfordshire and is a set of principles built on child and young person need, moving away from defining the system in terms of the services organisations provide in a 'tiered' model.

It can also be used to present information about the range and diversity of services and interventions already in place in Oxfordshire, and how they link together. Using the i-THRIVE framework in this way will give us a broad overview of the gaps in need and inform recommendations on what our local offer should be.

The framework includes the following segments:

- **Thriving:** Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They are considered to be in the Thriving group. Universal promotion and prevention interventions support this group such as School Based Health Nursing Services and some VCS services, as well as broader wellbeing promoting activities such as access to green spaces.

- **Getting advice:** This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing. The best interventions here are within the community with the possible addition of self-support, such as the Five Ways to Wellbeing.

- **Getting help:** This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility directly with a specified individual or group.

- **Getting more help:** This is not conceptually different from Getting Help. It is a separate needs-based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality. Young people and families in here benefit from extensive intervention. It might include children and young people with a range of overlapping needs, such as the coexistence of major trauma, autistic spectrum disorder (ASD), or broken attachments.

- **Getting risk support**: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders or ongoing issues that have not yet responded to interventions. Children and young people in this grouping are likely to have contact with multiple-agency inputs such as social services or youth justice.[17]

One of the fundamental principles is that children and young people are at the centre of the decision making around their own mental wellbeing and mental health and may be accessing more than one intervention or service at any given time.

# 7. Needs

## 7.1 Local intelligence and needs assessments

### Oxfordshire Mental Wellbeing Needs Assessment

A full wellbeing needs assessment for Oxfordshire was completed in 2021 and the recommendations have been used to steer the development of this strategy including to:

[17] THRIVE framework for system change

- Take a systems approach to mental wellbeing, given the broad range of enablers and environments that impact mental wellbeing across the life course
- Better understand the mental wellbeing of our communities
- Ensure that wellbeing is considered in all policies
- Reduce inequalities in wellbeing, by using inclusive language, reducing stigma, and making sure services are inclusive and accessible
- Focus on areas of most need
- Take forward lessons learnt and build back fairer from COVID-19.

The needs assessment includes chapters on:

- Mental wellbeing and background data on common mental illness
- Impact of COVID-19 on mental health and wellbeing
- Wider determinants of mental wellbeing
- Recommendations

The report is available here: Mental Wellbeing Needs Assessment for Oxfordshire | Oxfordshire Insight.

**Oxfordshire Mental Health Needs Assessment**

A full Mental Health Needs Assessment was completed in February 2018, including chapters on:

- Mental Health Conditions
- Use of Mental Health Services
- Work, affluence and deprivation
- Adult wellbeing and lifestyles
- Maternity, children and young people
- Population groups
- Housing and homelessness
- Physical and social environment
- Population changes and implications for future demand.

The report is available here: Mental Health JSNA February 2018 | Oxfordshire Insight.

**OxWell School Survey 2021**

The OxWell School survey 2021 collected data from over 30,000 children and young people aged between 8 and 18 years across Oxfordshire, Berkshire, Liverpool and Buckinghamshire. The survey asks questions on general wellbeing, highlights risk groups and populations of concern.

OxWell School survey 2021 key highlights:

- Self-reported wellbeing (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score) gets worse with age with 49% and 44% of those in

years 12 and 13 (16 to 18 year olds) reporting low wellbeing compared to 20% in year 5 (9 to 10 year olds)

- Revised Children's Anxiety and Depression Scale (RCADS) – a clinical measure for depressions and anxiety – is closer across age groups (years 8 to 13), with a range of those with a more serious outcome from 18% in year 8 to 26% in year 13.
- As with WEMWBS, loneliness scores generally get worse with age. From year 5, where 13% often feel lonely, to year 12 and 13, where 24% and 20% often feel lonely, respectively. Over half feel lonely sometimes or often across all age groups.
- ~75% of females across all ages were worried/extremely worried about appearance and ~50%+ of males across all ages were worried/extremely worried about appearance.
- Of the respondents from year 8 to 13 (ages 12 to 18) 6.7% reported as having self-harmed within a month of the survey, further analysis of the data needs to be completed to before conclusions can be made on intention and ongoing risk.
- Students across most age ranges are doing more exercise compared to before the first lockdown
- 48% are playing computer games for four hours a day / 37% on social media for four hours a day
- Range across ages between 22% and 37% that are too worried to sleep often and for year 12s (16 to 17 year olds) 37% are too worried to sleep often
- Bullying decreases with age from 9% in year 5 to less than ~5% in year 12.[18]

## 7.2 Prevalence data

NHS digital ran a survey on the mental health of children and young people in 2020 in follow up to a similar survey in 2017. Applying national prevalence rates of children and young people who have a probable mental disorder from 2020 (16% of 5 to 16 year olds and 20% of 17 to 22 year olds) to the mid 2020 estimated Oxfordshire population suggests there are 16,159 children aged 5 to 16 years old and 11,069 children and young people aged 17 to 22 years old with a probable mental disorder in Oxfordshire (see figure 5).[19]

**Figure 5:** Estimated populations and prevalence of children and young people with a probable mental disorder, 5 to 16 year olds and 17 to 22 year olds in Oxfordshire, 2020

[18] OxWell School Survey 2021 – preliminary summary report – University of Oxfordshire

[19] National data applied to Oxfordshire mid 2020 population. Nationally, rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital


**Source:** Office for National Statistics (ONS) and NHS Digital

Emotional, anxiety and behavioural disorders are the three most common probable mental disorders in children and young people across aged 5 to 19 years old in Oxfordshire (see table 1 below).[20]

**Table 1:** *Estimated count of probable mental disorders in Oxfordshire, across age ranges, 2017 prevalence applied to mid-2020 population*

| | 5-10 years | 11-16 years | 17-19 years | All |
|---|---|---|---|---|
| Emotional disorders | 2,124 | 4,435 | 3,711 | 10,163 |
| Anxiety disorders | 2,022 | 3,922 | 3,250 | 9,104 |
| Behavioural disorders | 2,579 | 3,087 | 197 | 5,848 |
| Depressive disorders | 156 | 1,347 | 1,198 | 2,649 |
| Hyperactivity disorders | 887 | 987 | 198 | 2,069 |
| Pervasive Developmental Disorder (PDD)/Autism Spectrum Disorder (ASD) | 761 | 605 | 122 | 1,493 |
| Tics/other less common disorders | 588 | 311 | 154 | 1,062 |
| Eating disorders | 28 | 292 | 194 | 502 |

[20] National data 2017 survey applied to Oxfordshire mid 2020 population, Mental health of children and young people 2017 - key facts. Given that overall probable prevalence has increased in 2020 it is likely that all disorders have increased. 2020 data was not broken down by type of disorder.

**Source:** ONS and NHS Digital

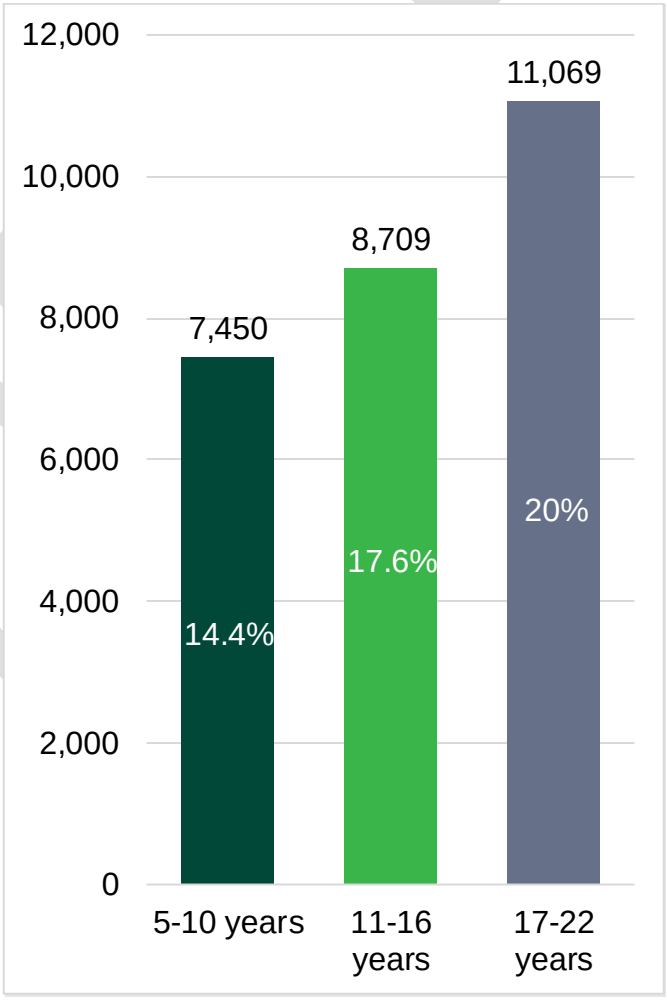
### 7.3 Inequalities

The following estimates have been made by applying the results from the recent national NHS digital Mental Health of Children and Young People surveys to local population datasets. This is a useful starting guide in identifying need and where resources will be targeted, with the caveat that the national data does not wholly reflect the specific experiences of children and young people in Oxfordshire.

### 7.4 Age

The number of children and young people with a probable mental disorder increases with age. Applying the national estimated prevalence to the Oxfordshire population shows that 11,069 young people aged 17 to 22 years old, 8,709 children aged 11 to 16 years old, and 7,450 children aged 5 to 10 years old have a probable mental disorder in Oxfordshire (see figure 6 below).

**Figure 6:** estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by age bands



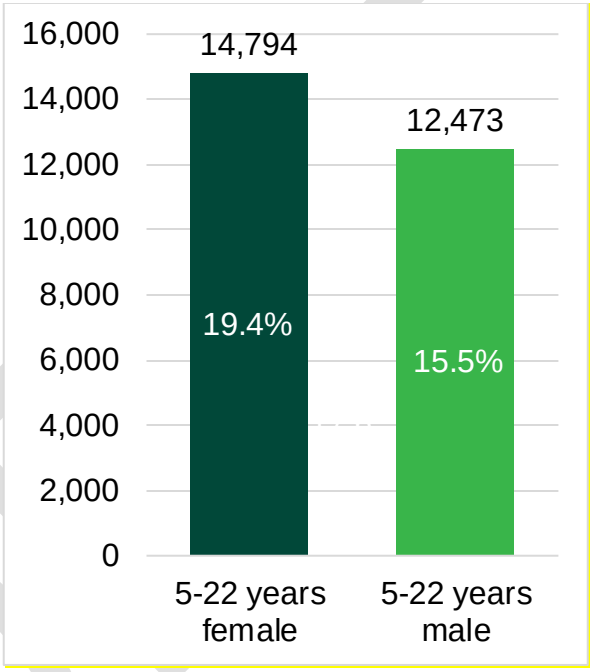

**Source:** ONS and NHS Digital

## 7.5 Sex[21]

Overall, more females aged 5 to 22 years old have a probable mental disorder compared to males of the same age, accounting for 19.4% of females (14,794) and 15.5% of males (12,743) in Oxfordshire (see figure 7 below).

When looking at the age bands by sex, probable mental disorders increase with age for females, but decrease with age for males (see figure 8). More females aged 17 to 22 years old have a probable mental disorder compared to any other age band and sex, totalling 7,319 (27.2%).

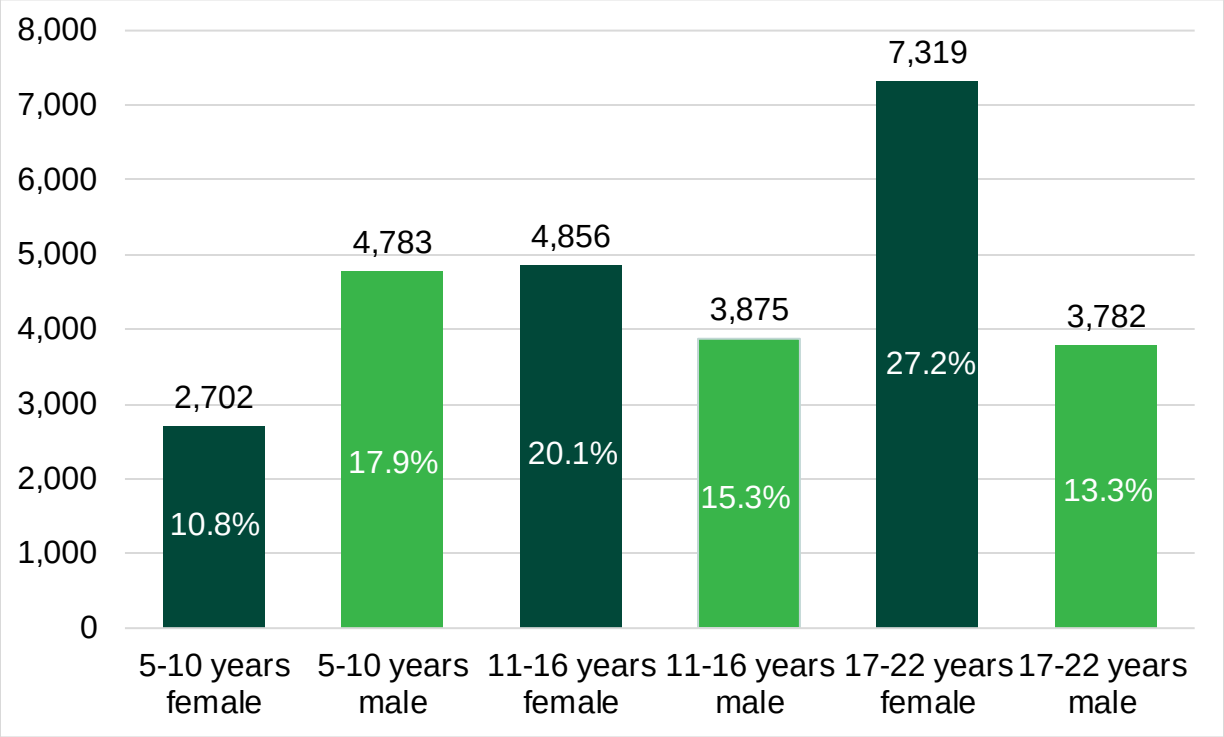
**Figure 7:** estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex




**Source:** ONS and NHS Digital

[21] Category of 'sex' and 'male/female' fields were determined by NHS Digital survey, a separate category of 'gender' or 'gender identity' was not available in the survey.

**Figure 8:** estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex and age bands



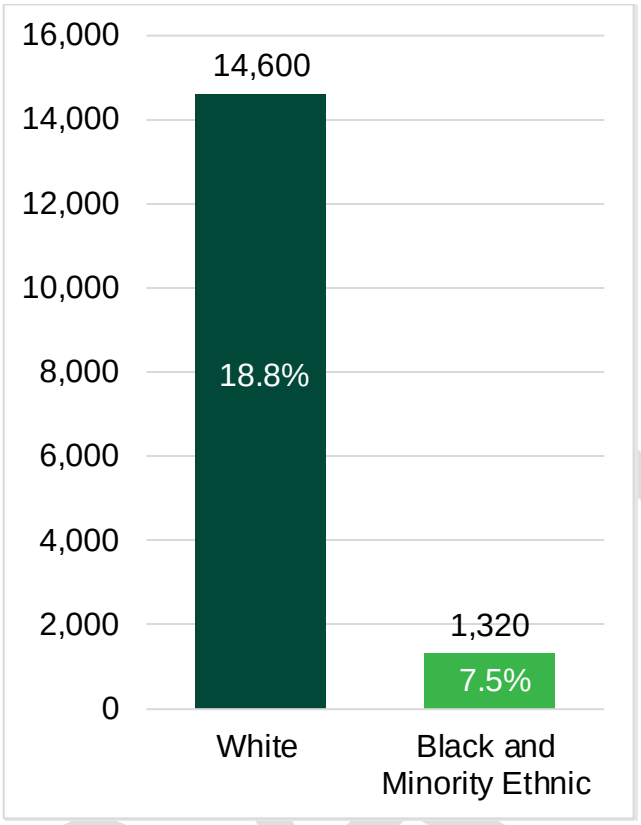

**Source:** ONS and NHS Digital

### 7.6 Ethnicity

For 5 to 16 year olds, 18.8% of children of White ethnic backgrounds had a probable mental disorder in 2020, compared with 7.5% of children of Black and Minority Ethnic backgrounds (see figure 9).[22] In Oxfordshire this equates to 14,600 children of White ethnic backgrounds and 1,320 children of Black and Minority Ethnic backgrounds.

[22] Ethnic groups were combined due to small sample sizes. 'White' refers to individuals who identified as 'White British' or 'White Other'. 'Black and Minority Ethnic' refers to individuals who identified as 'Black/Black British', 'Asian/Asian British', 'Mixed' and 'Other'.

**Figure 9:** estimated number and proportion of children aged 5 to 16 years old by broad ethnic group with a probable mental disorder, Oxfordshire 2020



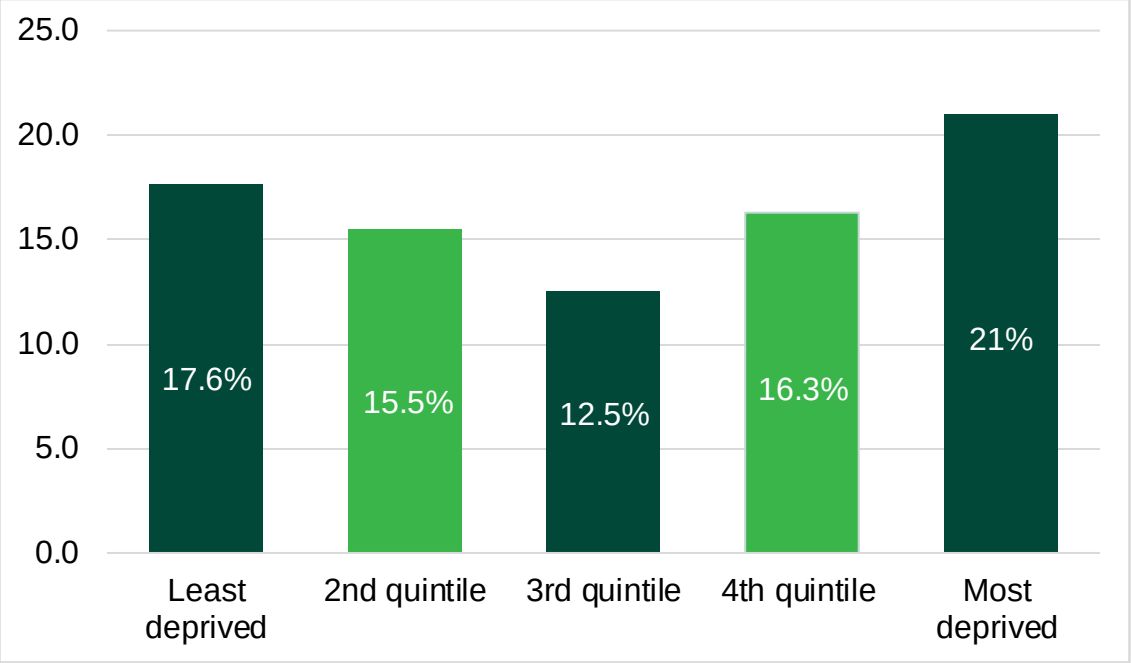

**Source:** Department for Education and NHS Digital

For 17 to 22 year olds, 20.8% of children and young people of White ethnic backgrounds had a probable mental disorder in 2020, compared with 17.3% of children and young people of Black and Minority Ethnic backgrounds. There is no data available by this specified age band and ethnicity locally.

### 7.7 Deprivation

For 5 to 16 year olds, 21% of children and young people who live in the most deprived neighbourhoods had a probable mental disorder, compared to 17.6% in the least deprived (see figure 10). Sample sizes from 17 to 22 year olds in the survey were too small to report on accurately.

**Figure 10:** Proportion of 5 to 16 year olds with a probable mental disorder by neighbourhood deprivation, England, 2020




Oxfordshire has relatively low levels of deprivation, it is the 10th least deprived of 151 upper-tier local authorities in England – up from 11th in 2015. However, Oxfordshire contains 17 (out of 407) Lower Super Output Areas (LSOAs) within the two most deprived IMD deciles. These are mostly contained within 10 wards, one in Abingdon, three in Banbury and six in Oxford.[23]

### 7.8 Disability

In 2021 in England more than half of 6 to 16 year old children with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND; this was an increase from 43.9% and 8.2% in 2017 for these respective groups.

Around 19,000 children and young people in Oxfordshire have identified Special Educational Needs (2015) which means that by applying the England levels above there approximately 11,000 of those have a probable mental disorder.

### 7.9 LGBTQI+

Data on mental health outcomes and LGBTQI+ status is not routinely available at a national or local level. Stonewall completed a survey in 2018 of 5,000 people aged 18 and over that can be used as a proxy estimate what might be the wellbeing and mental health experience for children and young people who identify as LGBTQI+ in the county. Over half of LGBT respondents (52%) to the survey reported that they had experienced depression in the last year. Two-thirds of trans people (67%) reported

[23] Oxfordshire's 10 most deprived wards 2020 - Oxfordshire insight bitesize JSNA

that they had experienced depression in the last year. Seven in ten non-binary people (70%), more than half of LGBT women (55%) and more than two in five GBT men (46%) had also experienced depression in the previous year.[24] For comparison in Oxfordshire in 2019/20 the prevalence of the total adult population diagnosed with depression was 11.86%.[25]

## 8. Emotional wellbeing and mental health indicators

### Office for Health Improvement and Disparities (OHID) – Children and Young People's Mental Health and Wellbeing health

The Office for Health Improvement and Disparities (OHID) publishes key data relating to children and young people's mental health and wellbeing from various sources. Key indicators for Oxfordshire are summarised below[26]:

- In 2020/21 in Oxfordshire 390.2 per 100,000 people aged 10 to 24 years old were admitted to hospital after a self-harm incident, lower than the England average of 421.9.
- In 2021, Oxfordshire had a higher proportion of all school age pupils with social emotional and mental health needs (3.25%) compared to the England average (2.79).
- In 2019/20 in Oxfordshire 37% of looked after children's emotional wellbeing was a concern, similar to the England average of 37.4%.

Also included in the profile are indicators under the following topic areas:

- Identification of need
- Protective factors (including school readiness and educational attainment)
- Primary prevention (including family income and children in need)
- Services
- Inequalities

## 9. Access and CAMHS

In the four year period from 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall and by:

- +83% for people aged 0 to 9 years
- +58% for people aged 10 to 19 years
- +36% for people aged 20 to 24 years
- +22% for people aged 25 years and over.[27]

[24] LGBT in Britain Health Report, Stonewall, 2018
[25] Oxfordshire Joint Strategic Needs Assessment 2021
[26] Children and Young People's Mental Health and Wellbeing – OHID Fingertips
[27] Joint Strategic Needs Assessment | Oxfordshire Insight

The median number of days of all children and young people waiting for CAMHS appointments peaked in August 2019 at 169 and had dropped to 36 by December 2020.[28]

In 2022, 48% of referrals made into the local single point of access (SPA) were not appropriate for the service, highlighting an increased level of demand for preventative services prior to CAMHS clinical intervention.[29]

In 2020/21 there was an increase in both demand and acuity – meaning an increase in the severity of the presenting illness. There was a 63% rise in referrals compared to the previous year. The rise in acuity was seen most for eating disorders, where there was a 41% increase in referrals to the Crisis Resolution Home and Treatment Teams for eating disorders, a 94% increase of emergency department presentations to paediatrics for eating disorders, a 77% increase in admissions, and a 112% increase in paediatric bed days (partly due to lack of specialist beds).[30]

## 10. Impact of COVID-19

Nationally, rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls. Children and young people with a probable mental disorder were more likely to experience anxieties about the pandemic than those unlikely to have a mental disorder.[31]

A series of reports by YoungMinds demonstrated that the pandemic has had a significant harmful effect on the wellbeing and mental health of children and young people with existing mental health needs.[32]

Locally, the 2020 OxWell survey conducted across the South-East during the first lockdown showed that for respondents in years 9 to 13 the highest proportion reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.[33] The recently completed Mental Wellbeing Needs Assessment for Oxfordshire gives greater detail about the impact of COVID-19 on the wellbeing of children and young people in Oxfordshire.

Since the pandemic there has been a continued rise in both the number and acuity of referrals into local services, including CAMHS (as above in section 9).

## 11. Services and gaps mapped against THRIVE framework

From October 2021 to February 2022 a survey was open to statutory and non-statutory providers of children and young people's emotional wellbeing and mental health

[28] As above.
[29] Oxford Health CAMHS
[30] As above.
[31] Mental Health of Children and Young People in England, 2020 - Wave 1 follow up to the 2017 survey
[32] Covid Impact On Young People With Mental Health Needs, YoungMinds
[33] OxWell school mental health summary report 2020

services. The Youth in Mind Guide was used to identify services and projects from the voluntary and community sector.

**Table 2:** Survey return results from provider engagement, Oxfordshire, 2021/22

| | |
|---|---|
| **Total returns** | 20 |
| **Total organisations contacted** | 55 |
| **% returned** | 36 |
| **Projects/services** | 47 |

In total, 55 services were identified and included. Of these, 20 responded to a survey and accounted for 47 different services or projects with an estimated annual cost of £16.4m from a combination of funding streams.

There were two main local commissioners: Oxfordshire Clinical Commissioning Group and Oxfordshire County Council, as well as district councils. Various services or projects were either funded nationally or self-funded.

The spend and number of projects in 'Getting Advice' is one of the lowest areas of spend – demonstrating a low level of early intervention and prevention interventions across Oxfordshire (see table 3 below). Oxford Health CAMHS provide services across different aspects of the iThrive model including the Single Point of Access.

It is important to note that the mapping exercise does not provide a complete picture of services or projects but only those that were known to commissioners or who were identified from local directories and those who responded to the survey. There are also many services or projects that were out of scope in this mapping exercise that support emotional wellbeing and mental health, especially those in the 'Thriving' category of the i-THRIVE framework. This includes prevention and promotion universal provision, such as the public health School Health Nursing and Health Visiting services, as well as work on the wider determinants of health. For this reason, the organisations that reported in the survey that they provide services at the 'Thriving' level have not been included in the table below.

**Table 3:** Survey returns – number of organisations and services and projects that support children and young people's emotional wellbeing and mental health in Oxfordshire, 2021/22, aggregated budget by i-THRIVE framework, 'Getting Advice' to 'Getting Risk' support category

| | Number of organisations | Number of projects or services | Annual aggregated budget (£)* |
|---|---|---|---|
| **Getting Advice** | 8 | 8 | 1,267,252 |
| **Getting Help** | 15 | 15 | 3,031,976 |

| | | | |
|---|---|---|---|
| **Getting More Help** | 1 | 6 | 10,264,492 |
| **Getting Risk Support** | 1 | 1 | 846,213 |
| **TOTAL** | **13**** | **30** | **15,409,933** |

**Source:** OCC Public Health

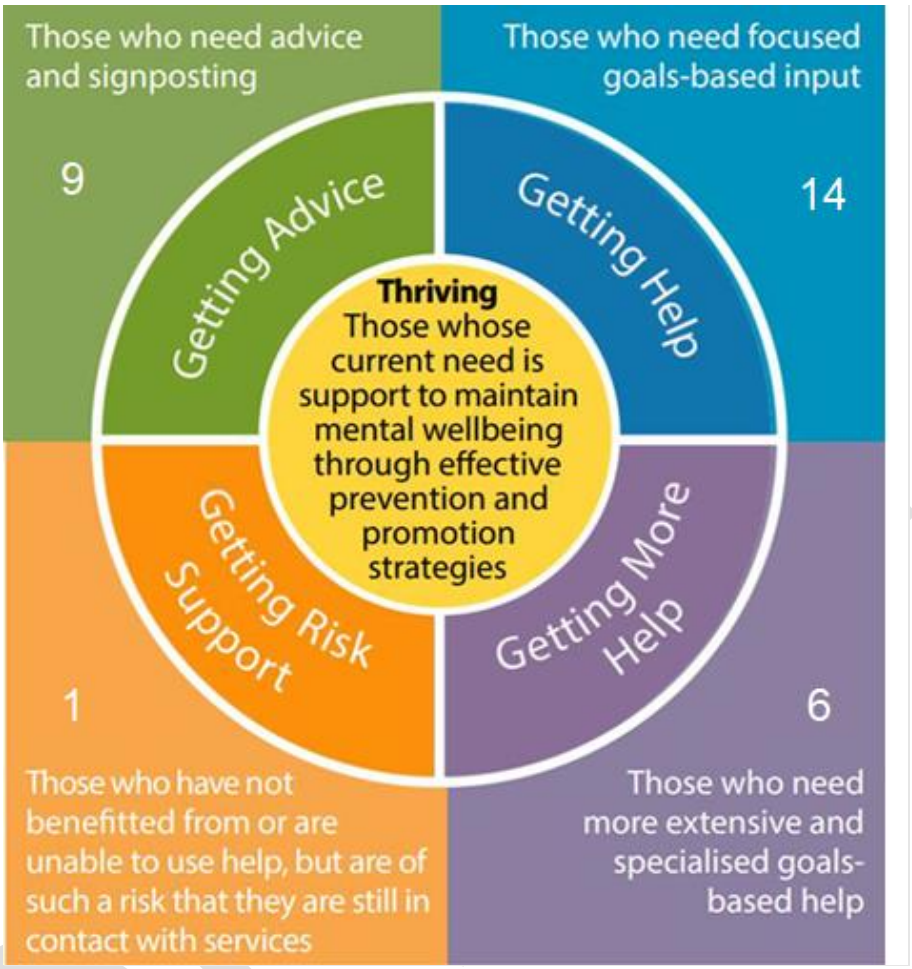
*N.B. not all organisations were able to provide budget information for each service or project.

**total number of organisations exceeds number in each i-THRIVE category as organisations provide services across different categories.

All statutory clinical children and young people mental health services – CAMHS – are commissioned by the CCG and delivered by Oxford Health. For more info on local CAMHS see the latest Oxfordshire CAMHS Transformation Plan 2020-22 Refresh.

Prominent voluntary and community sector (VCS) organisations include Response, Oxfordshire Mind, One-Eighty, Oxfordshire Youth, Ark-T, and SOFEA. There are also prominent VCS organisations that provide services at a more local level such as The Abingdon Bridge.

**Figure 11:** Survey returns – number of local services/projects mapped against the i-THRIVE framework – 'Getting Advice' to 'Getting Risk Support'




## 12. Stakeholder engagement

The below surveys and consultations were used as a starting point to inform the workshop and focus group topic areas below, and where applicable have been used to help inform the vision, aims and objectives of the strategy:

- 2021 'Be Supported' questionnaire engagement report
- Oxfordshire Youth 'Assessment of Youth Services Study' April 2021
- OxWell School Survey 2021

**Children, young people, and parent/carer focus groups, round 1**

A focus group was conducted in August 2021 with young people from the Sweatbox Youth Group in Wantage. This group gave an initial strategic steer to the engagement work that followed, covering what works for children and young people's emotional wellbeing and mental health, and things that didn't work so well. The group also

focused on some of the causes of poor mental health, stress and anxiety, and generated some potential solutions.

In this focus group, young people felt that exam stress, lack of sleep, social media, the COVID-19 lockdowns, and social relations could be the causes of poor wellbeing, mental health, stress and anxiety for young people in the county.

They felt that support from schools, including making adaptions for exams, online therapy and forums, positive social media profiles, peer support and face-to-face counselling, helped their wellbeing and mental health.

They felt that long waiting lists, unsupportive or stigmatising responses from adults – including teachers and parents, the lack of services available county-wide, and generic 'wellbeing advice', were not helpful to children and young people's wellbeing and mental health.

**Workshop 1: identifying challenges and opportunities**

In addition to the engagement with service providers via the survey exercise, a workshop meeting with provider organisations and other system partners took place on 18 January 2022. The aims of the workshop were to share what we know so far, to get input on system gaps, needs, target groups and conditions, and on what interventions or changes to current ways of working might better support children and young people in Oxfordshire. Additional engagement took place with stakeholders at various partnership meetings such as at the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board, and the VCS Children and Young People Mental Health Partnership. The main outputs of the workshop and stakeholder engagement at this stage were the generation of the overall strategic themes, aims and objectives of the strategy, and key opportunity areas listed below:

- **Digital platform for wellbeing and mental health** – access to an anonymous and confidential digital counselling platform that offers ad-hoc and scheduled therapeutic interventions provided by a qualified counsellor. The platform could also include a peer support function and self-help resources.
- **Enhanced or integrated single point of access** – expanding the SPA to integrate voluntary and community sector (VCS) organisations alongside statutory services, this could include a signposting helpline to support parents, and social prescribing.
- **Interactive directory of services** – digital, dynamic, and interactive directory of services with the full range of national and local wellbeing and mental health support and services available to children, young people and families, including signposting to self-help resources, from a single source.
- **Whole-school wellbeing and resilience programme** – whole-school approaches to wellbeing promotion to be rolled-out to primary and secondary schools. Interventions to focus on developing social, emotional and mental health literacy skills and instilling good behaviours in children and young people.
- **16 to 25 year old transition service(s)** – non-clinical service or intervention to support transitions between child and adult services for young adults who do not meet adult mental health service requirements, and/or those who are exiting

CAMHS and would benefit from support with their recovery. This could be a combination of non-clinical 1:1 CBT, group sessions, or co-produced 'lessons' on wellbeing/mental health topics.

- **Family learning and support programme(s)** – programmes support parents of children with or at risk of developing a conduct disorder (including children with ASD/ADHD pre/post diagnosis) and are designed to improve parenting styles and parent-child relationships.
- **Training programme(s) for the children and young people's workforce** – identify resources to ensure frontline staff across all our services (social care, health, education) are trained in the early identification of and can support mental health issues and provide appropriate support and signposting, informed by positive attachment, trauma informed and linked to the whole family. Scope and coordinate the existing offer to identify gaps.
- **Wellbeing and preventative mental health support within the OCC Youth Offer** – one trained mental health worker for each district within the new OCC Youth Offer. Six personalised sessions, delivering a programme of support on self-management tools and goals-based using a CBT-informed approach. Sessions led by young person need. Mild-moderate needs such as exam stress, low mood, or anxiety. Education of Youth Workers from the trained mental health worker to provide ongoing support.

**Children, young people, and parent/carer focus groups, round 2**

Five additional focus groups took place throughout April and May 2022 with the following groups:

- 22 April – a focus group with 15 young people from the Sweatbox Youth Group at the Buzz Café in Wantage.
- 5 May – an online focus group with 5 members of the Oxford Young People Advisory Group (YPAG) co-facilitated by the University of Oxford
- 11 May – two online focus groups with 10 members of the Oxfordshire Parent Carers Forum (OxPCF) co-facilitated by OxPCF
- 13 May – an in-person focus group with 3 Mental Health Ambassadors, part of the Mental Wealth Academy service, co-facilitated by Oxfordshire Youth
- Another focus group with has been organised for June 2022 with CYP who identify as LGBTQI+

All groups were asked for feedback on each opportunity area discussing both positives, negatives and any areas for improvement, and if they had any other suggestions.

Key feedback from the children and young people focus groups:

**General feedback**

- CYP did not feel that there was anything missing from the long list but emphasised that the services would need to have enough capacity to meet need, they did not want to be transferred from the CAMHS waiting list to another waiting list elsewhere.
- In general, young people use a number of strategies to maintain and improve their wellbeing from a wide range of sources, including solo activities (accessing

nature and green spaces, journaling), taking part in clubs/activities with others, and spending time with friends and family.

**Access**

- They wanted easy access to all services including any new services, felt that one place to access all provision was the right thing to do to reduce confusion and be triaged and referred to the right service according to their needs.
- Young people would like to see physical and/or digital signposting resources in schools and other places they go.
- Young people would seek support for their wellbeing and mental health from their trusted relationships with e.g., teachers, parents or peers, and would go to different people with different needs.
- Young people sometimes do not seek support because they do not think their issues are serious enough.
- Another barrier is long waiting lists.

**Schools**

- Support for mental health at school is essential, CYP gave examples of where they felt schools had failed them and were not putting in any strategies to support CYP mental health and were only listened too during a crisis or when doing something extreme such as self harm to an extent that needed medical treatment. They explained that any resilience programmes needed to be delivered by well trained people, not their teachers, and from those who have been through the same experience were valued e.g., other young people or adults who have learned to manage their mental health to give support and advice is valued.
- Young people would like distinct spaces for mental health that are confidential and good quality, separate from school, including online spaces. Schools and youth groups should be supportive and positive spaces for mental health, where staff, children and young people are empowered and have the skills to spot signs, give advice, and signpost to relevant services outside of the school environment.

**Family and learning support**

- Support should ideally be offered to parents for their own wellbeing and mental health, where they need it, and for parents of children who are experiencing mental ill health on specialist topics.
- Support for parents and families was well supported, some CYP reported that they felt that they were burdening their parents with issues that they knew they did not have any knowledge of or would not discuss their worries with their parents at all. If they knew their parents had training to support or could access joint training this would be of great benefit to help manage triggers and be given help support and strategies to better manage their mental health at home.

**Digital support**

- Digital support was seen as essential as that is a popular way that CYP like to communicate e.g., through phones or tablets. Young people felt that this should not replace face to face contact but be offered in addition to support those who prefer to communicate this way. CYP also offered a number of ways apps could

be designed and promoted. They felt that instant support would be of great benefit so CYP could access help when they needed it without the need for an assessment or wait.

- Young people would want to access an online platform that was anonymous, moderated, and safe, available 24 hours that provides both ad-hoc and scheduled counselling.
- The online platform ideally would provide bespoke support and content to its users, covering topics relevant to them, with safe peer support.
- Material should cover a broad age range, each age group seeing material appropriate to their age on the platform, and the platform should be welcoming, validating and of a good quality.

**16-25 transitions**

- Transition was very important and CYP felt there was a need for a 16 to 25 year old transition service, however, not many young people knew about the existing offer and felt it wasn't very well promoted. Some young people who turn 18 are not eligible for adult mental health services and we need to continue to fund and promote services for this age group to ensure all those exiting CAMHS at adulthood are offered support if they have on-going mental health requirements.

Key feedback from the parent/carer engagement focus groups:

**General**

- Services and support should be evidence-based and adapted to be welcoming and appropriate to support a wide range of needs, including children and young people who are neuro divergent.
- Language and terminology are important when trying to engage parents, e.g., mental health prevention should be mental ill health prevention or mental health protection, wellbeing promotion and resilience. E.g., support services at the prevention level could use terms like 'wellbeing' over 'mental health'. This might help reduce stigma and increase engagement.

**Access**

- Parent/carers are 'time-poor' and so want to be able to find relevant support and services quickly, ideally from a single source. They would ideally want a single point of access for wellbeing and mental health support services.
- In general parent/carers said that children and young people go to a wide range of sources for help or support for their emotional wellbeing and mental health, including their friends, parents, school staff, websites, and youth leaders. Parent/carers highlighted that children and young people would seek support from their trusted adult relationships.

**Schools**

- Parents/carers suggested that children and young people should be taught emotional wellbeing literacy in schools, and that schools should be a supportive environment for wellbeing and mental health, e.g., including evidence-based wellbeing interventions, such as forest schools, walks, nurture rooms, and staff dedicated to student wellbeing (e.g., Pastoral Support Workers).

- Parents/carers felt that school staff and youth workers should be trained to spot signs of poor wellbeing and mental health and given the confidence to help make adaptions, provide options for appropriate onward support – outside of school – and communicate this early to parents/carers.

**Digital support**

- Parent/carers were largely supportive of an online platform that could support children and young people's wellbeing and mental health, including peer support, a range of media content (including peer articles and podcasts), that was anonymous, available 24 hours, and with counselling sessions available via video or a chat function.
- Any digital platform would need to be embedded within the current health, care and safeguarding pathways to ensure it was safe and that appropriate onward referrals could be made.

**Family and learning support**

- Parents/carers said they would like to access a strengths-based programme of support that was expert-led either in a peer group or as a one-to-one, either online or in-person.
- Specific support should be made available to parent/carers of children/young people who are neuro-divergent or who are awaiting diagnosis.
- The language used in these programmes will be important in effectively engaging parents, e.g., use more positive language such as 'Family and Learning Support Programmes' rather than 'Parenting Programmes or Lessons', which can come across as stigmatising or condescending.

**Workshop 2: prioritisation exercise**

A wide-ranging stakeholder group met online on 19th May 2022 to take part in a prioritisation exercise, shortlisting a longer list of opportunities to be taken forward as part of the action plan for the strategy. The criteria for taking opportunities forward were those that best supported the aims and objectives in the strategy, would best meet the needs of our children and young people and families (using insight from the focus groups), be most feasible, and have the greatest impact.

The long list of opportunities considered were:

- A digital mental health platform for children and young people
- Enhanced integrated Single Point of Access (SPA)
- Interactive directory of mental health and wellbeing services
- Whole-school wellbeing and resilience programme
- 16-25 transition service(s) to support young people with their mental health who are being discharged from CAMHS and are not eligible for Adult Mental Health Services
- Family learning and support programme(s)
- Training programme(s) for children and young people workforce in how to better support CYP mental health and wellbeing
- Young person's preventative mental health and wellbeing support – community Youth Offer

The output of this workshop and the focus groups was the generation of a prioritised list of opportunity areas to identify funding and develop the deliverables for in the action plan of the first year of the strategy.

## 13. Target groups

There is a need to promote good mental health for all while targeting support to those who need it most to tackle health inequalities. Local data and stakeholder engagement highlighted specific target groups to include:

- CYP with autism/ADHD,
- CYP with disabilities,
- CYP who identify as LGBTQI+,
- CYP from low-income families,
- CYP with adverse childhood experiences (ACEs)[34],
- CYP and families from ethnic minority backgrounds,
- young carers.

## 14. Implementation

As outlined in the scope and governance section above, the action plan and implementation of the strategy will be overseen by the Oxfordshire Children and Young People's Emotional Wellbeing and Mental Health Board, alongside other key system partnerships and will report progress to the Joint Commissioning Executive and Health and Wellbeing Board.

The action plan will by key in producing the deliverables to realise the vision, aims and objectives of the strategy whilst addressing the key gaps in the system.

**Table 4:** Oxfordshire Children and Young People's Emotional Wellbeing and Mental Ill Health Prevention strategy implementation plan

| Activity | Timeline |
|---|---|
| Present the draft strategy at the Health and Wellbeing board | 7 July 2022 |
| Informal consultation of the draft strategy | August 2022 |
| Publish strategy | September 2022 |
| Finalise the action plan and deliverables for the strategy | Mid-August 2022 |
| Create business cases for the opportunities to be taken forward | End of August 2022 |
| Identify funding source for opportunities and final decision making | August – September 2022 |
| Develop evaluation and impact measures | September 2022 |

[34] Practitioner Toolkit | Family Information Directory (oxfordshire.gov.uk)

| | |
|---|---|
| Deliver actions in the strategy including starting procurement activity | From September 2022 |
| Implementation and mobilisation of new services | From December 2022-23 |
| Review impact and progress against priorities | Six monthly and on an annual basis |

## 15. Impact

The Office for Health Improvement and Disparities' (OHID) Children and Young People's Mental Health and Wellbeing Profiling Tool (referenced above) provides commissioners, service providers, clinicians, services users and their families with the means to benchmark their area against England, region or similar populations. The indicators within the profile will provide a benchmark to track the long-term impact of the work that we do in delivering the strategy.

Additionally, we will develop a robust set of system KPI's to ensure that we know we are delivering the best outcomes for our children and young people, meeting the vision, aims and objectives of the strategy including tracking spend, referral pathways, service outputs, performance measures, and key inequalities so that we target resources as effectively as possible and to understand if our commissioned services are making a difference to children and young people's mental health and well being.

We will use qualitative evaluation methods with children and young people such as case studies and storytelling to paint a richer picture of wellbeing and mental health outcomes. We will work with children and young people to get ongoing feedback on the implementation of the strategy, including mystery shopping on new services taken forward.

# Healthwatch Oxfordshire Report to Oxfordshire Health and Wellbeing Board July 2022

## An overview of activity and outcomes January – March 2022

## CONTENTS

# Overview of Healthwatch Oxfordshire activity January – March 2022

## Healthwatch Oxfordshire Annual Impact Report 2021-22

Healthwatch Oxfordshire's Annual Impact Report 2021-22 will be available on our website from 5th July 2022. https://healthwatchoxfordshire.co.uk/our-work/annual-reports/

We are celebrating our work over the past year at an event on Tuesday 5th July 2022 4-5pm at The King's Centre, Oxford. All members of the Health and Wellbeing Board have been invited to attend.

## Healthwatch Oxfordshire reports to external bodies

During January to the end of March 2022 we published the following:

- Report to the Oxfordshire Health and Wellbeing Board in March 2022
- Report to the Health Improvement Board February 2022
- Reports to the Oxfordshire Joint Health Overview Scrutiny Committee in March 2022
- Oxfordshire Quality Committee January 2022.

All the above reports are available online at https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

## Healthwatch Oxfordshire research reports January-April 2022

We published 8 research reports, one in film media. Appendix A to this report details the responses to recommendations and current known outcomes.
https://healthwatchoxfordshire.co.uk/our-work/annual-reports/

Both the community research projects funded by Health Education England / Public Health England and led by our community researchers Omotunde Coker and Nagla Ahmed were completed during this time. We published a report on listening to Albanian communities completed by community researcher Rolanda Vullnetari. I would like to thank and applaud Rolanda, Omotunde and Nagla for their innovative and impactful work.

## Communications

Due to work pressures, mainly associated with the production of the Annual Report, I have delayed the in-depth communications report to the September 2022 Board meeting.

To date we have not been able to recruit to the post of Communications Assistant – social media. As a result we have kept our contractor to support our current level of social media activity.

Vicky, our communications lead, continues to produce a level of communication activity across all media – with the exception of Twitter – that exceeds targets and so increases our reach into communities.

## Work plan and Key Performance Indicators 2022-23

Healthwatch Oxfordshire's work plan and key performance indicators for 2022-23 reflect the agreed strategy and goals:

- Increase the voice of the "seldom heard communities"
- Increase the influence of Healthwatch Oxfordshire – in the design, delivery and review of health and social care services
- Ensure the voice of patients and public are heard by the health and social care system
- Play a leading role in making system engagement effective.

The Key Performance Indicators for 2022-23 have been revised to enable reporting to be more focused on outcomes.

## Key Performance Indicators January to end of March 2022

The last quarter performance of 2021-22 to a large extent reflects our planning throughout 2021 when we were uncertain about continued funding after the end of March 2022. In effect we did not plan to start any new activity after the end of 2021, just focused on completing our active projects. Despite this we managed to hear from/engage with 2,659 people.

Points of note include:

- 83 people (target was 50) received signposting support
- 108 Feedback Centre reviews (target was 55)
- 12,766 website hits (target 9,000)
- 1,740 people engaged on Facebook (target 1,440)
- 70 people heard from during three Enter & View visits.

## Outcomes from our work in Q4 2021-22

Appendix A to this report gives details on outcomes and impact of our reports published between January and March 2022. The following section focuses on our feedback centre and signposting activity.

### Feedback Centre

The Feedback Centre allows people to tell us about their experiences of using local services – including GP surgeries, hospitals, pharmacies, dentists, care homes and more. We publish the feedback on our website once we have checked it to make sure there is no personal information contained in it.

Once published we send the anonymous feedback to the service provider who may respond to the feedback via our website. Where appropriate we may investigate further, based on the feedback shared, to improve services locally. We may also use anonymous feedback as part of reports to health providers and commissioners.

Between January and the end of March 2022 we published 20 responses from providers to reviews – 12 from GP surgeries, 6 from Healthshare MSK service, 1 to COVID vaccination hub at Chipping Norton HC, and at the Minor Injuries Unit at Townlands Community Hospital.

Services tend to offer the reviewer the opportunity to contact them directly either by email or telephone. Their response is published on the Feedback Centre below the original review. Unless Healthwatch Oxfordshire (HWO) function as an intermediary in sharing the reviewer's contact details, or the reviewer contacts us, we do not know the outcome. The short time that services are taking to respond to reviews shows they value our Feedback Centre and are listening to patients.

What we hear through the reviews on the Feedback Centre acts as an intelligence source to inform our research activity. We also contact providers directly if a review is a safety concern or if we are hearing from many users of a particular service. An example of this is our Enter & View visits to both sites at Eynsham Medical Centre and the Lloyds pharmacy in Eynsham, both of which prompted by hearing from patients about these services. Enter & View reports are available on our website here https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/

### Signposting

Signposting is the generic term for offering advice and information to members of the public that contact us via email, telephone, letter or via our website. People also ask for information when we are in the community. The aim is to ensure that members of the public have information that helps them

access health and care services. We are often asked for advice and support on how to make complaints about a service and can direct them to the appropriate complaints procedure and advocacy services.

### Example of how signposting works at Healthwatch Oxfordshire

An elderly couple contacted us who were moving to near Bicester. They were unable to find a GP and dentist willing to accept them as new patients.

We searched online for the nearest GP practices and called a few but they were not taking new registrations. We contacted Oxfordshire Clinical Commissioning Group (OCCG) patient services for help and advice about registering with a GP. Patient services looked into it and spoke to the practice manager at the nearest GP practice. With permission from the person who enquired with HWO, we shared some personal details with the OCCG so that they could inform the practice that they would be contacting them to register.

As we know, finding an NHS dentist in the county who is taking new patients is very difficult at the moment, neigh on impossible! Healthwatch Oxfordshire colleagues were asked whether they had any information on dentists. By chance a member of staff had that day been informed of a dentist accepting NHS patients. This information was shared with the person who contacted us.

**Outcomes:**

Nearest GP practice manager agreed to register the couple. The dentist was able to register the couple.

We received the following email responses from the couple:

*"Thank you very much indeed for your help with this matter. It is much appreciated..."*
*"You provide a wonderful service! We have just signed up to the [name of dentist] in [xxx] and have appointments for early May."*
*"Success- we're all fixed up now with the doctor and a dentist. We are very grateful for your help and expertise in what was becoming a rather tricky situation."*

### Overview of signposting activity between January and March 2022.

83 people contacted us during this period, the majority were about two services – 30 contacts about GP services and 27 contacts about accessing NHS dentistry.

Most people contacted us via email (n=58) and a further 21 people telephoned the office. Of the 26 people who told us their age 17 were between 25-64 years old, a further 6 were between 65-79 years old.

- Of the 17 people who told us their ethnicity 13 (75%) were white British
- 68% (n=44) were women

## Appendix A Healthwatch Oxfordshire Reports

https://healthwatchoxfordshire.co.uk/our-work/research-reports/

We published eight research reports between January and March 2022 and produced one film. Five of these reports were published in March, as such we would not expect to be able to record impact and outcomes yet. We check and review outcomes and impact on recommendations at six and 12 months post publication. The table below gives the known outcomes and impact since publishing.

| Report | Response to recommendations | Impact / outcomes |
|---|---|---|
| Hearing from Albanian and Arabic speaking Communities Compilation report from findings of two community researchers<br>February 2022 | No recommendations made. | Brenda Kelly, OUHT Consultant Twitter Tweet "We need to read and learn from this latest @HealthwatchOxon report. Every contact counts. A positive experience reaps a multitude of unintended consequences #radicaladvocacy"<br>and another on 10222 "Feeling understood, listened to and respected and heard are important to people's sense of safety and satisfaction (n.b. a quote from report)" Put yourself in their shoes. You are pregnant in another country and do not speak a word of local language. What will you do differently today in clinic?"<br><br>LinkedIn response from Jaqui Gitau (AFRIUK and Pamoja) "That is why it is so important that we involve affected communities in their own intervention work to really hear their voice and to really address the 'real' needs. Thank you for this work"<br>Others also commented: "So important to understand the food of different cultures there is a new Afro Caribbean eatwell plate now which is great" (Thrive Tribe Uni Cambridge) and Mia Waldock of Achieve Oxon also commented.<br>Review September 2022 |
| People's Experiences of Home Blood Pressure Monitoring in Oxfordshire and Buckinghamshire<br>February 2022 | Buckinghamshire and Oxfordshire CCGs would like to thank Healthwatch for this very helpful report. The report covers areas we are working to expand so is an extremely timely and valuable addition to our knowledge base.<br>The report provides a valuable insight to the patient experience of home monitoring for BP, which will be highly valuable to this work and other home monitoring initiatives.<br>The Healthwatch feedback and recommendations will be extremely valuable to share with GP | Report sent to research participants, and we received the following feedback from two people:<br>"It is interesting and informative to have feedback and also helpful in my role as the coordinator of the Health & Wellbeing Project"<br><br>"A very well written and accurate report. I spotted my quote on page 25 and so glad people with disabilities were identified and the difficulties we face."<br><br>Review September 2022 |

| Report | Response to recommendations | Impact / outcomes |
|---|---|---|
| | practices as they develop more comprehensive programs to support home BP monitoring.<br>We welcome the insight into both the opportunities and difficulties in early experience of remote monitoring. We welcome the recommendations, have given initial responses and will continue to reflect on them. The recommendations will inform our work as we move forward. | |
| Women's Views on maternity care - Black women's experiences of maternity services in Oxfordshire – film produced to report on community research project led by Omotunde Coker March 2022 | No recommendations made – listen to us | Film shown to women who took part in the making of it, other women from the community, representatives of Oxford University NHS Foundation Trust (OUHT) maternity, Buckinghamshire Oxfordshire Berkshire West Integrated Care System (BOB ICS) maternity, CQC, Health Education England, Oxford Community Action. The film has had 155 views on YouTube since 12 March 2022 and has been shared on websites and social media extensively.<br><br>Email response from Joanne McEwan, HEE included:<br>'I found the film very moving Omo, and all the more so with the women involved present on at the event. I think you clearly presented the important questions and it is apparent you listened intently to the women. I could see from the group that there was a will to make change and the conversation has started. Your confidence in presenting will be a great advantage as you take your findings forward.'<br><br>Maternity Voices Partnership translated their leaflet immediately after the film showing – 'into one language but it's a start'. (MVP representative).<br><br>Omotunde attended the Maternity Health Inclusion Group at OUHT speaking from lived experience.<br>Agreement by Public Health Oxfordshire to include a midwifery representative in the co-production groups for Leys, Northfield Brook, and Abingdon Caldecott asset mapping within community health needs assessment.<br>Review September 2022 |
| Patient Experience of contacting GP surgeries in Oxfordshire | From Oxfordshire Clinical Commissioning Group: | Presented an overview of our findings to Oxfordshire's Health Overview and Scrutiny Committee in April 2022 and the Health and Wellbeing Board. |

| Report | Response to recommendations | Impact / outcomes |
|---|---|---|
| March 2022 | Thank you for sharing the survey on patient experiences of contacting GP surgeries in Oxfordshire. We are sorry to hear that some patients reported difficulty contacting their practice. We routinely review the results of the Patient Access survey – a national IPSOS Mori survey which also looks at patient experiences – this is carried out annually and the latest reports can be found here (GP Patient Survey gp-patient.co.uk) Information is available at practice and CCG level and it is possible to compare with national levels.<br>In order to improve access to patients the CCG is<br>• Currently reviewing our online consultation platform eConsult to ensure it meets the needs of both the patient and the practice<br>• Investing into an advanced telephony solution to make use of the telephone system more consistent and efficient. | We shared the report with local representatives of the General Medical Council, all local GP practices, Oxfordshire Primary Care Commissioning Committee, and the Oxfordshire Quality Committee.<br><br>We discussed the findings of the report in a Patient Participation Group online forum arranged in May 2022 with OCCG and Local Medical Council representatives.<br><br>Review September 2022. |
| Using Interpreters to access health and social care support in Oxfordshire<br>March 2022 | Round table discussion agreed action points:<br>1. Explore the production of a joint advertising / information campaign to raise awareness of rights to an interpreter.<br>2. Promote use of interpreter within all staff teams.<br>3. OUHT offered others to be part of the maternity pilot they are conducting.<br>4. Remind GPs that interpreting service is free. | Followed up an enquiry about provision of interpreters at community pharmacies with NHS England via the Oxfordshire Clinical Commissioning Group (OCCG). Response includes:<br>1. Ability for pharmacists to now access Language Line (NHS OCCG commissioned interpreter service) via a code under OCCG<br>2. In future to bring to attention to the BOB ICB commissioning process for interpreter services across BOB ICS area.<br><br>Report to be shared with Oxfordshire Quality Committee.<br>Review September 2022 |
| Food & Healthy lifestyles: What we heard from the Sudanese community in Oxfordshire<br>Report from community researcher Nagla Abdu El Rahman Sayed Ahmed<br>March 2022 | No recommendations made | Dialogue with Oxford Health NHS Foundation Trust Community Diabetic service to discuss cultural appropriate service and links with diverse communities. Invited to attend Type 2 Diabetes awareness courses as observers and give feedback to Oxford Health.<br><br>Review September 2022 |
| Living in Chipping Norton<br>March 2022 | No recommendations made | Report to be included as reference in Oxfordshire Joint Strategic Needs Assessment (OJSNA). |

| Report | Response to recommendations | Impact / outcomes |
|---|---|---|
| Rural Isolation in Oxfordshire Community First Oxfordshire research<br>March 2022 | No recommendations made | A member of the public who took part in the research volunteered to have their own story told – it can be found on our website https://healthwatchoxfordshire.co.uk/have-your-say/your-stories/ .<br>Report as a reference in OJSNA. |

**Divisions Affected - All**

# HEALTH AND WELLBEING BOARD
# 7 JULY 2022

# UPDATE ON THE PLAN FOR THE 2022 OXFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

**Report by Corporate Director of Public Health, Oxfordshire County Council**

## RECOMMENDATION

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

   a) Note that the JSNA 2022 report will be provided to the Health and Wellbeing Board as planned in early October 2022, but (other than total population counts by district) will not include Census 2021 results. This is a result of the delay in the publication of Census data by the Office for National Statistics.

   b) Approve the plan for future JSNA updates to be provided to the June H&WBB meeting (moved from the regular report to the March meeting).

   c) Note that there has been a "call out" for evidence for the 2022 JSNA report, publicised by Healthwatch, and partners are asked to continue to support this work with information and data and make use of this shared evidence base.

## Background

2. A revised plan for the 2022 JSNA was provided to the Health and Wellbeing Board meeting in December 2021. This recommended a 6 month delay to the update (from March to early October 2022) to allow for the inclusion of the Census 2021 results.

3. The latest timetable (as of May 2022) from the Office for National Statistics, is a further delay in Census publication, with limited data on topics such as health, caring and ethnic group not available until "Autumn/Winter 2022".

## Proposed approach

4. In the light of this delay (and the risk of further delays), the JSNA Steering group and the JSNA technical delivery team have considered the options of (a) not providing an update to the JSNA in 2022 (b) as full an update as possible for

the October meeting and (c) a different type of JSNA report in 2022, followed by a full update in 2023.

5. The JSNA report and related resources are used widely as part of service planning. Recent examples include providing benchmarking information on hospital admissions due to falls, data on the health and care workforce, supporting the review of care beds and the latest information on Mental Health and Wellbeing for the HESC Commissioning team.

6. From a technical delivery perspective, the delay to the Census results affects the two chapters on population and population groups (equalities), but the majority of the report does not rely on the Census and can be updated with the latest information from Local Authority data, NHS data and other sources.

7. It is, therefore, recommended that we continue with updating as much as possible in the report for sharing with the Board in October 2022, and clearly mark those sections which are waiting for new Census 2021 data (option b in para 4 above).

8. By the time of the proposed JSNA submission to the Health and Wellbeing Board in June 2023, we expect to be able to access detailed Census 2021 results and to incorporate new analysis showing differences in health and wellbeing for Oxfordshire's communities and by population group (including ethnicity, age, gender, carers, sexual orientation, veterans, employment and occupation).

9. Moving the regular report deadline from March to June will also allow future JSNAs to include more up-to-date data - from the previous financial year.

## Financial Implications

10. There are no financial implications relating to this report as the publishing of an annual JSNA is already accounted for within business as usual service planning.

## Legal Implications

11. The proposed plan for the JSNA in 2022 and the move to the June publication date from 2023 do not breach the Health and Wellbeing Board's statutory duty to publish a JSNA each year.

ANSAF AZHARD
CORPORATE DIRECTOR FOR PUBLIC HEALTH

Contact Officer: David Munday
Consultant in Public Health
david.munday@oxfordshire.gov.uk

July 2022

| | |
|---|---|
| **To:** | **Joint Future Oxfordshire Partnership and Health and Wellbeing Board** |
| **Title of Report:** | **Update following the Joint Workshop between the Health & Wellbeing Board and the Future Oxfordshire Partnership** |
| **Date:** | **26 July 2022** |
| **Report of:** | **Rosie Rowe, Healthy Place Shaping Lead, Oxfordshire County Council**<br>Rosie.rowe@oxfordshire.gov.uk |

**Executive Summary and Purpose:**
The purpose of this paper is to provide an update on action to address common areas of concern identified at the 9 March 2022 joint workshop between the Future Oxfordshire Board and the Health & Wellbeing Board. These common areas of concern comprise the following:

- obesity
- access to green space
- active travel
- air quality
- retrofit in housing and ongoing involvement of health partners in climate action
- promoting sustained behaviour change in support of climate action
- engagement with the ICS
- the Inclusive Economy Partnership
- Social prescribing

**How this report contributes to the Oxfordshire Strategic Vision Outcomes:**
These areas contribute towards the development of healthy communities.

Recommendations

- That the Future Oxfordshire Partnership and Oxfordshire's Health & Wellbeing Board note the action being taken to address common areas of concern.
- That the Boards note that they will continue to discuss common issues of concern either through specific joint workshops or through potential future Integrated Care System structures established to support place working in Oxfordshire.

1. **Introduction**

The Future Oxfordshire Partnership Board met with Oxfordshire's Health & Wellbeing Board on 9 March 2022 to discuss two key challenges for the county: climate action and obesity.

At the meeting, members identified a number of additional common areas of concern:

- Reducing obesity and promoting healthy weight
- access to green space
- active travel
- air quality
- retrofit in housing and ongoing involvement of health partners in climate action
- promoting sustained behaviour change in support of climate action
- engagement with the ICS
- the Inclusive Economy Partnership
- Social prescribing

The Board chairs requested that a report be presented to both Boards providing an update on action to address these challenges. The purpose of this paper is to provide that update and request that the Boards indicate which of these topics they would like to prioritise for discussion at their next workshop in autumn 2022.

**2. Update on Reducing Obesity and Promoting Healthy Weight**

Since the workshop in March the draft action plan for WSA Obesity has been finalised with actions focussed on prevention, support, healthy weight environment and system leadership. A clear focus needs to be on the healthy weight environment. A Health Needs Assessment (HNA) is underway which will provide a quantitative and qualitative description of the health needs and determinants relating to excess weight for the Oxfordshire population and make evidence based recommendations. This will enable us prioritise resources and actions. The HNA will be used to inform development of our local strategy and action plan for supporting healthy weight, reducing excess weight and reducing associated health inequalities. In addition, promoting healthy weight will be the focus of the 2022 Annual Report by the Director for Public Health.

**3. Update on Access to Green Spaces**

In January 2022 OCC published its report Making the Case for Investment in Green Infrastructure in Oxfordshire, providing robust evidence on the significant contribution Green Infrastructure can make to nature recovery, economic development, sustainable housing provision, and social wellbeing. It is currently working to test Natural England's new Green Infrastructure standards to (re)assess access to green spaces in Oxfordshire.

In May 2022 the Health Improvement Board approved a public health programme aiming to improve equity in access to greenspace and nature in Oxfordshire. Although this is a relatively new area of focus for public health, it will build on multiple examples of 'on the ground' of organisations working with communities to improve health and wellbeing through nature. The programme has five key priorities:

- Raise the profile of 'nature for health' across relevant sectors and advocate for equitable access as a key health and sustainability goal
- Ensure that local planning policy reflects national guidance and best practice in relation to green infrastructure standards
- Collaborate with all districts, the NHS and other partners to support delivery of targeted nature-based activities or interventions to address health inequalities, including through green social prescribing
- Work with a range of stakeholders to raise public awareness of opportunities to participate in nature-based activities, including facilitated sessions and 'self-care' through nature
- Identify and address local and national gaps in data, evidence and insight

At a strategic level the Local Nature Partnership has agreed to establish a Nature and Health subgroup which will support partnership working to progress this work as well as providing expert input into the Local Nature Recovery Strategy. It is hoped that health and care organisations will be well represented on this sub group.

## 4. Update on Active Travel

Progress has been made in terms of both policy and infrastructure delivery to increase active travel across the County. Oxfordshire County Council's Local Transport and Connectivity Plan 2022-2050 (LTCP) outlines a clear vision to deliver a net-zero Oxfordshire transport and travel system that enables the county to thrive whilst protecting the environment and making Oxfordshire a better place to live for all residents. It aims to achieve this by including policies that seek to reduce the need to travel, discourage unnecessary individual private vehicle journeys and make walking, cycling, public and shared transport the natural first choice. Following public consultation, further detail has been provided within policies as to how they provide for disabled residents' transport needs and it now includes a 'Vision zero' road safety policy to increase safety for cyclists. An active travel strategy with action plan has also been prepared which will go with the LTCP for approval in July.

An additional £10.4M has been secured from the Department for Transport to deliver five schemes that will enable active travel in Oxford, Bicester and Witney and to design or assess the feasibility of seven schemes in Abingdon, Eynsham, Oxford, Bicester and Berinsfield.

In 2022/2 the County's Cycling & Walking Activation Programme is taking forward a number of interventions to enable residents to walk and cycle more, with a particular focus on addressing the barriers to active travel experienced by people living in areas of greater deprivation. These seek to promote active

travel to school and work and to promote behaviour change when people move into a new development.

## 5. Update on Air Quality

District Council Air Quality leads are now meeting on a regular basis with public health and transport colleagues in Oxfordshire County Council. Current priorities are to complete the Annual Status Reports which provide an overview of air quality in each district; updating Air Quality Management Area action plans; and developing a new air quality website for Oxfordshire. The development of the website is funded by a DEFRA grant; it will provide publicly accessible information about air quality across the County, including an alert system on days when air quality is poor, and it will promote action to prevent poor air quality – linked to initiatives such as Clean Air Day.

## 6. Update on retrofit in housing and PAZCO

OCC has now employed a domestic retrofit lead to coordinate and convene work taking place with multiple stakeholders in county and regionally on retrofit.

In its follow up to the publication of the Pathways to a Zero Carbon Oxfordshire (PAZCO) report, scoping work is currently taking place on themes for joint workshops to be held with system partners including organisations in the health and care system.

## 7. Update on countywide communications and marketing strategy for climate action.

A joint project team is in place, which is led by OCC and which comprises representatives from all six local authorities and OxLEP. The team has developed a co-ordinated plan to encourage and support climate-action-related behaviour change among local residents and businesses, with activity being delivered from the start of May 2022. This activity stands independently of the individual messages and initiatives being developed by each organisation around climate action.

A simple-to-use online tool is being developed which will allow people to select, like and engage with climate action initiatives that interest them and explore and decide what they can do to reduce their carbon emissions. This provides a practical call to action for people to use.

A content calendar for social media campaigns has been developed, with monthly themes identified so that all partners can promote similar messages using similar graphics during the same period. The first campaign launched at the start of May with a biodiversity theme to tie in with No Mow May and the Queen's Platinum Jubilee (with its tree planting message). A wide range of partners are being engaged to promote these communications and encourage individual climate action including partners in the health and care system.

## 8. Update on the work of the Oxfordshire Inclusive Economy Partnership (OIEP)

The OIEP launched in March 2021 and is a formal strand of the wider Future Oxfordshire Partnership. It brings together over a hundred organisations - employers, business, education, community groups and local government - to tackle inequality in terms of income, housing affordability and life expectancy.

Its Mission is as follows:
'*The Oxfordshire Inclusive Economy Partnership is working together to create a more equal and sustainable region that creates opportunities and benefits for all people within the county. We are working to tackle some of our region's biggest problems to create a fairer environment where everyone can contribute and share in our success'*

The aim of the OIEP is to create an environment and communities that can adapt to change, a region that is resilient in the face of shocks to the economy and a workforce that responds to different needs and different kinds of work in the future.

The partnership is co-chaired by Baroness Jan Royall (Somerville College) and Jeremy Long (OxLEP) with input from countywide partners from the private, public (including district, city and county authorities) education and Voluntary and Community Sectors. The City Council has been supporting the partnership, providing secretariat and programme support; from June 2022 this will be funded by the Future Oxfordshire Partnership. The OIEP has set up four subgroups to address the following areas:

- Social Value and Procurement
- Inclusive Employers
- Educational attainment and
- Place-based interventions.

It is also developing a digital platform and an 'Oxfordshire Inclusive Economy Charter' and pledge scheme so that businesses and residents can pledge commitment and resource to the work. System partners across health, care and local government will be encouraged to sign up to the Charter when it is formally launched later this year.

## 9. Update on Social Prescribing

OCCG are currently Social Prescribing working across Health and Social Care to map the range of social prescribing initiatives; define the vision for social prescribing and develop a social prescribing strategy for Oxfordshire. This work will continue with the transition to the ICS.

## 10. Engagement with the ICS

A meeting is scheduled for 22 June 2022 with the ICS Interim Director Strategic Delivery & Partnerships to discuss representation from the local authorities on the ICS sustainability steering group.

In line with the transfer of responsibilities from OCCG to BOB ICS, it has been proposed that the Future Oxfordshire Partnership Board Terms of Reference are amended to include a representative from the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board to replace the CCG representative as a non-voting member of the Board.

11. **Recommendations**

- That the Future Oxfordshire Partnership and Oxfordshire's Health & Wellbeing Board note the action being taken to address common areas of concern.

- That the Boards note that they will continue to discuss common issues of concern either through specific joint workshops or through potential future Integrated Care System structures established to support place working in Oxfordshire.

**Divisions Affected - ALL**

# OXFORDSHIRE HEALTH AND WELLBEING BOARD
# 7th JULY 2022

## Implementation of the Making Every Contact Count (MECC) Work Programme

**Report by David Munday – Deputy Director of Public Health, Oxfordshire County Council**

## RECOMMENDATION

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

Support the approach being taken to expand the Making Every Contact Count (MECC) work programme in Oxfordshire as an enabler for delivery of the Joint Health and Wellbeing Strategy and to address local health inequalities.

## Executive Summary

**2.** Following a paper to the Health and Wellbeing Board in December 2021 and a subsequent MECC workshop session in March 2022, this report outlines the approach being taken to develop a more strategic approach to MECC, including the creation of a post to lead on the wider roll out of MECC in Oxfordshire, to ensure there is a more targeted approach to help address health inequalities.

## Background

**3.** MECC utilises opportunistic conversations in everyday life to talk about health and wellbeing. It involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing.

**4.** A paper was taken to the Oxfordshire Health and Wellbeing Board on 16th December 2021 to highlight the opportunities for MECC to contribute to the delivery of the Joint Health and Wellbeing Board Strategy. MECC is already captured as one of the "live well" priorities of the Health and Wellbeing Strategy and the paper explained the significant potential and broad scope of MECC and its application to any stage of the life course to help improve health outcomes. The paper recommended the arrangement of a workshop for members of the board which was subsequently delivered on 8th March 2022.

**5.** System partners who attended the workshop were very enthusiastic and keen to see MECC implemented further at scale across the system. It was identified that resource would be needed to strategically scale up MECC activity in Oxfordshire, with a targeted approach to help address health inequalities.

**6.** Currently in Oxfordshire there are many organisations who are involved in MECC in some way either as a trainer, champion, or member of the Oxfordshire MECC Partnership but there is no overall lead with capacity to strategically embed MECC within organisations across the county. Oxfordshire Clinical Commissioning Group have contributed £200,000 to enable this strategic roll out to be implemented. This funding is currently held within Oxfordshire County Council's grants and contributions reserve.

## Proposed Approach

**7.** The next steps for moving forward with this work are as follows.

(a) Mapping exercise of current MECC activity across the system
(b) Stakeholder review including statutory and non-statutory partners
(c) Identification of gaps in current provision focused on areas and population groups at greatest risk of health inequality
(d) The development of a system action plan to roll out MECC at scale into priority areas.

**8.** This planning work will identify the key partners and stakeholders to involve, priority areas to target and a plan for how MECC training will be made accessible to those who need it. There will also be a consideration of how this work can be aligned with the vaccine site MECC delivery which seeks to enable broader conversations around lifestyle issues when people attend for COVID-19 vaccination. It will also align with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) wide personalised care agenda and training delivery.

**9.** The funding will enable the creation of a post to focus on the co-ordination of this work and drive forward implementation. The post holder will be responsible for MECC engagement along with an associated operational budget. The post holder will focus on identifying opportunities for MECC to address inequalities within wards which have the greatest number of small areas ("Super Output Areas") that were listed in the 20% most deprived in England in the Index of Multiple Deprivation update (published November 2019) and specific cohort groups that are most likely to experience inequalities in health as identified in the 2019/20 Oxfordshire Director of Public Health Annual Report .

**10.** As well as widely promoting MECC they will also work with individual organisations to develop their own MECC implementation plans and support their roll out and sustainability through the train the trainer cascade model. This may include Voluntary and Community Sector (VCS) organisations,

businesses, educational establishments etc. Monitoring and evaluation of MECC activity will also be important.

**11.** This will be a fixed-term post which will be hosted, and line managed by the Oxfordshire County Council Public Health team, with strategic direction steered by the Oxfordshire MECC Partnership and the Oxfordshire Health Improvement Board. It is anticipated that the recruitment to this post will be complete by the Autumn of 2022.

**12.** A more strategic approach to MECC will mean that the foundations already in place for MECC delivery can be built on and scaled up, within a wider range of settings, to encourage people to be more comfortable to talk about health and wellbeing as part of everyday conversations.

## Governance

**13.** An Oxfordshire MECC partnership group is already in existence and they have supported the work to define the next steps in MECC implementation locally and the scope of the proposed role.

**14.** This group is chaired by a Public Health representative from Oxfordshire County Council and includes representation from the Oxfordshire Clinical Commissioning Group, The Training Hub, Oxford Health, The Thames Valley Local Pharmaceutical Committee, Here for Health (part of Oxford University Hospitals) and other partners.

**15.** It is proposed that this group continues to steer and support the MECC work with regular reporting into the Health Improvement Board on progress and delivery

## Financial Implications

**16.** The indicative utilisation of the MECC funds would be as follows:

| **Item/Activity** | **Estimated budget** |
|---|---|
| Staffing costs (including on-costs) | £120,000 |
| Training costs – venue/equipment/resources/incentives/refreshments etc | £20,000 |
| Promotional materials/marketing | £10,000 |
| Backfill costs for organisations undertaking training/champion activities | £50,000 |
| **TOTAL** | **£200,000** |

**17.** It is anticipated that the spending profile over the next financial years will be as follows:

| | |
|---|---|
| **FY 2022/23** | £30,000 |
| **FY 2023/24** | £110,000 |
| **FY 2024/25** | £60,000 |

**18.** The operational budget may include covering items such as room hire, training materials and incentives for attending training e.g. training being provided along with a shared meal for after work sessions etc with specific groups. The budget also allows for consideration of backfilling staff time for attendance at MECC training sessions.

**Comments checked by:** Stephen Rowles
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## Legal Implications

**19.** There are no legal implications associated with this report.

## Equality & Inclusion Implications

**20.** The outcomes of the funding would be engagement with not only statutory organisations but also the Voluntary and Community Sector, faith groups, businesses, and pharmacies etc to enable organisations to embed a MECC approach within communities to help address inequalities.

## Sustainability Implications

**21.** There are minimal sustainability implications associated with this report. However, where in person training is being delivered sustainable travel options will be encouraged to minimise climate impact.

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July 2022

**Health & Wellbeing Performance Framework: 2021/22**
**March 2022 Performance report**

## A good start in life

| Measure | Target | Update | Q4 20/21 | | Q1 21/22 | | Q2 21/22 | | Q3 21/22 | | Q4 22/23 | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | No. | RAG | No. | RAG | No. | RAG | No. | RAG | No. | RAG | |
| 1.1 Reduce the number of looked after children to 750 by March 2022 | 750 | Q4 2021/22 | 776 | A | 786 | A | 790 | A | 791 | A | 854 | R | Increase in unaccompanied young people. Also increase in other children and young people entering the cared for system and fewer children leaving |
| 1.2 Maintain the number of children who are the subject of a child protection plan | 500 | Q4 2021/22 | 475 | G | 510 | A | 548 | R | 530 | A | 559 | R | The number rose in Q4, but is still 200 below its highpoint in June 2018 |
| 1.3.1 Mean waiting days for CAMHS | tbc | Q4 2021/22 | | | 106 | | 132 | | 110 | | 86 | | Mean waiting time is 17% down on same time last year |
| 1.3.2 Median waiting days for CAMHS | tbc | Q4 2021/22 | | | 99 | | 97 | | 106 | | 48 | | Mean waiting time is 47% down on same time last year |
| 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 | Q4 2021/22 | 242 | G | 85 | R | 146 | R | 202 | A | 280 | A | 280 admissions in the year. 7.7% adrift of target |
| 1.12 Reduce the level of smoking in pregnancy | 7% | Q3 2021/22 | 6.7% | G | 6.9% | G | 6.9% | G | 5.7% | G | 5.8% | G | % below 6% for the first 3 quarters of 2021/22 compared with above 6% for the whole of 2020/21. Some fluctuation by quarter given the overall small numbers. |
| 1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 | 95% | Q3 2021/22 | 93.5% | A | 93.1% | A | 93.7% | A | 92.6% | A | 93.6% | A | Pandemic impact on routine immunisation programmes being monitored. The Improving Immunisation Uptake initiative supports GPs to improved uptake & reduce variation between practices. Focus on pre-school boosters. |
| 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 | 95% | Q4 2020/21 | 92.9% | A | 92.5% | A | 92.4% | A | 91.6% | A | 91.9% | A | See above. Ongoing work across the Thames Valley, focus on preschool. National campaign took place in Feb & March to encourage parents and carers of unvaccinated children to contact their GP practice. |
| 1.15 Reduce the levels of children obese in reception class | 7% | 2019/20 | 6.7% | A | 6.7% | A | 6.7% | A | 6.7% | A | 6.7% | A | 19/20 data; 21/22 data not realeased as Coivd meant sample size too low. However both locally and nationally data suggests an increase in obesity. Cherwell 7.1%; Oxford 6.5%; South Oxon 7.9%; Vale 5.5%; West Oxon 7.4% |
| 1.16 Reduce the levels of children obese in year 6 | 16% | 2019/20 | 16.2% | A | 16.2% | A | 16.2% | A | 16.2% | A | 16.2% | A | 19/20 data; 21/22/ data not realeased at local authority level. However both locally and nationally data suggests an increase in obesity. |
| Increase the number of early help assessments to 2000 in 2020/21 | 2000 | Q2 2021/22 | 1794 | | 801 | G | 1352 | G | 2188 | G | 2938 | G | Target of 2000 for year. Strategy to increase to 10,000. In Oxfordshire you are between 2 & 3 times more likely to have a social care than early help assessment |
| 1.18 Monitor the number of children missing from home | Monitor only | Q2 2021/22 | 1261 | | 464 | | 953 | | 1371 | | 1861 | | 47% increase on last year, but 8% reduction on 2 years ago (pre pandemic) |
| 1.19 Monitor the number of Domestic incidents involving children reported to the police. | Monitor only | Q2 2021/22 | 6619 | | 1782 | | 3577 | | 5166 | | 6742 | | 3% decrease on last year; 5% increase on 2 years ago (pre pandemic) |

**Living well**

| | Target | Update | Q4 20/21 | | Q1 21/22 | | Q2 21/22 | | Q3 21/22 | | Q4 22/23 | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | No. | RAG | No. | RAG | No. | RAG | No. | RAG | No. | RAG | |
| 2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average | 86% | Q4 2021/22 | 93% | G | 94% | G | 93% | G | 95% | G | 95% | G | Routine inspection on hold, inspecting only where a concern is raised. National average 91% |
| 2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies | 22% | Feb-22 | 19% | R | 27% | G | 24% | G | 24% | G | 23% | G | 23% for the year - 21% for the last month |
| 2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral. | 75% | Feb-22 | | | 99% | G | 99% | G | 99% | G | 99% | G | 99% in the year to date. 100% in the last month |
| 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 | 70% | Q4 2021/22 | 79% | G | 8% | | 20% | | 39% | | 71% | G | 70.8% for year |
| 2.12 The number of people with severe mental illness in employment | 18% | Feb-22 | 19% | G | 20% | G | 21% | G | 22% | G | 22% | G | 950/4274. |
| 2.13 Number of new permanent care home admissions for people aged 18-64 | < 39 | Q4 2021/22 | 17 | G | 6 | G | 10 | G | 20 | G | 33 | G | 33 people permanently admitted to care homes in the year. Peformance better than target and national average |
| 2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2022 | 10 | Q4 2021/22 | 5 | G | 5 | G | 10 | A | 10 | A | 8 | G | |
| 2.15 Reduce the number of people with learning disability and/or autism placed/living out of county | < 175 | Q4 2021/22 | 158 | G | 157 | G | 158 | G | 158 | G | 158 | G | Figures for adults supported by social care only |
| 2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) | 18.6% | Nov-21 | 21.3% | R | 21.3% | R | 22.4% | R | 22.4% | R | 21.0% | R | Decreased nationally (covid affect). New proojects (Move together & You move) expected to improve figures. Cherwell 24.4%; Oxford; 15.1%; South Oxon 21.4%; VoWH 23.7%; West Oxon 20.7% |
| 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population | > 1146 per 100,000* | Q3 2021/22 | | | | | 678 | R | 1042 | A | 1306 | G | |
| 2.18 Increase the level of flu immunisation for at risk groups under 65 years | 75% | Sep 21 to Feb 22 | 58.9% | R | 58.9% | R | 58.9% | R | 58.9% | R | 60.40% | R | The flu programme continued until 31st March 2022. Providers continued to vaccinate opportunistically where possible. |
| 2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20) | Monitor only | Q3 2021/22 | 81.4% | | 67.0% | | 69.6% | | 69.6% | | 72.6% | | Impacted by Covid (programme paused) with GP staff redeployed to vaccination clinics & national supply issue with blood tubes. Currently commissioning a supplementary method of Health Checks outside of GP settings. |
| 2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20) | Monitor only | Q3 2021/22 | 40.0% | | 31.7% | | 32.6% | | 32.6% | | 33.5% | | Impacted by Covid (programme paused) with GP staff redeployed to vaccination clinics & national supply issue with blood tubes. Currently commissioning a supplementary method of Health Checks outside of GP settings. |
| 2.21 Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5) | 80% | Q2 2021/22 | 65.9% | R | 65.9% | R | 67.1% | R | 67.6% | R | 67.1% | R | Programmes paused in 2020 due to the pandemic. Cervical screening programmes locally now recovered with targeted work to maximise uptake. Work now underway to support programme resilience during the winter period. |
| 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% | Q2 2021/22 | 75.7% | R | 75.7% | R | 75.3% | R | 75.4% | R | 75.3% | R | Programmes paused in 2020 due to the pandemic. Cervical screening programmes locally now recovered with targeted work to maximise uptake. Work now underway to support programme resilience during the winter period. |

**Aging Well**

| Measure | Target | Update | Q4 20/21 | | Q1 21/22 | | Q2 21/22 | | Q3 21/22 | | Q4 22/23 | | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | No. | RAG | No. | RAG | No. | RAG | No. | RAG | No. | RAG | |
| 3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend | >18.8% | Q4 2021/22 | 20% | G | 20% | G | 20% | G | 20% | G | 20% | G | 20% for the year 17% for latest month |
| 3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average | > 69.9% | Feb-22 | 72% | G | 72% | G | 72% | G | 72% | G | 73.7 | G | National social care user survey rin each February |
| 3.6 Maintain the number of home care hours purchased per week | 21,779 | Q4 2021/22 | 25,282 | G | 26,333 | G | 25,643 | G | 25,128 | G | 24,509 | G | |
| 3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population | 24,550 or fewer | Q4 2021/22 | 23,858 | G | 21,822 | G | 22,949 | G | 22,061 | G | 20,798 | G | 20798 year to date (23,857 for March) |
| 3.8 90th percentile of length of stay for emergency admissions (65+) | 18 or below | Q4 2021/22 | 13 | G | 13 | G | 14 | G | 14 | G | 15 | G | 15 days in year, 16 days in March |
| 3.19 (New measure): unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population | 705 | Q4 2021/22 | 621.3 | | 769.6 | R | 745 | R | 749.5 | R | 732.0 | R | 3.7% worse than the target |
| 3.20a (New measure) % of patients who have been an inpatient for 14 days or more | 7.4% | Q4 2021/22 | 8.5% | | 8.1% | R | 8.8% | R | 9.3% | R | 9.8% | R | 3.5% worse than the target |
| 3.20b (New measure) % of patients who have been an inpatient for 21 days or more | 3.4% | Q4 2021/22 | 4.0% | | 3.60% | A | 4.2% | R | 4.5% | R | 4.8% | R | 1.4% worse than the target |
| 3.21 (New measure) % of people discharged to their normal place of residence | 93.0% | Q4 2021/22 | 90.3% | | 91.0% | R | 90.9% | R | 90.6% | R | 90.6% | R | 2.4% worse than the target |
| 3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week (BCF measure) | 11 | Q4 2021/22 | 11 | G | 9.4 | G | 8.1 | G | 9 | G | 9.2 | G | 481 permanent placements funded by adult social care |
| 3.13 Increase the % of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (BCF measure) | 77% | Oct - Dec 2021 | 67.2 | R | 62 | R | 62 | R | 62 | R | 62 | R | Figure fell in year, possibly as people with higher needs were supported. Targeted amended in line with BCF |
| 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 2021 | 1.75% | A | 2.85% | A | 2.85% | A | 2.85% | A | 2.20% | A | Figure ndropped in year - measured at time of contract change which may have impacted performance |
| 3.15 Increase the estimated diagnosis rate for people with dementia | 67.8% | Q4 2021/22 | 61.2% | R | 63.0% | R | 63.0% | R | 61.0% | R | 60.9% | R | Below target, but above BoB and SE average |
| 3.16 Maintain the level of flu immunisations for the over 65s | 75% | Sep 21-Feb 22 | 84.4% | G | 84.4% | G | 84.4% | G | 84.4% | G | 86.4% | G | The flu programme continued until 31st March 2022. Providers continued to vaccinate opportunistically where possible. |
| 3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years) | 60% (Acceptable 52%) | Q2 2021/22 | 71.4% | G | 70.3% | G | 70.3% | G | 70.9% | G | 71.7 | G | Service is now restored and currently performs within national standards. |
| 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%) | Q2 2021/22 | 55.4% | R | 55.4% | R | 55.4% | R | 76.9% | R | 66.6% | R | COVID-19 impact including workforce sickness/self-isolation. Fewer women presented ; contributory factors may have included shielding and self-isolation. |

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**Divisions Affected - All**

# HEALTH AND WELLBEING BOARD

**7 July 2022**

## CHAIR'S REPORT OF THE HEALTH IMPROVEMENT PARTNERSHIP BOARD 19th MAY 2022

**Report by David Munday, Deputy Director of Public Health, Oxfordshire County Council**

## RECOMMENDATION

1. The Health and Wellbeing Board are asked to note the content of the most recent Health Improvement Partnership Board meeting on the 19th May and the Board's contribution to the implementation of Oxfordshire's Joint Health and Wellbeing Strategy.

## Background

2. The Health Improvement Partnership Board (HIB) has identified 3 priority topic areas to focus on;
   (a) Tobacco Control
   (b) Mental Wellbeing
   (c) Healthy Weight and Physical Activity

3. Action on these priority areas is supported by an approach which is focused at addressing health inequalities and taking a preventative approach in all we do.

4. The most recent meeting of the HIB was on 19th May 2022. The HIB receives updates on all of the priority areas at each meeting but selects one for a more in-depth look each time. At the May meeting there was a focus on Healthy Place Shaping which supports taking an "up-stream" approach to addressing health inequalities and is closely aligned to the health weight/ physical activity and mental wellbeing priority areas. Full agenda and papers are available at; https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=7040&Ver=4.

## Healthy Place Shaping

5. Healthy Place Shaping (HPS) involves local government working in partnership with a wide range of local stakeholders to create sustainable, well designed communities where healthy behaviours are the norm and which provide a sense of belonging and safety, a sense of identity and a sense of community.

6. HPS is a priority for the Health and Wellbeing Board and the Future Oxfordshire Partnership. As such it is important to gather evidence on the impact of work being undertaken across the county to embed this approach at a strategic and policy level and to deliver place based healthy place shaping activities. The HIB therefore welcomed the progress that was presented in developing a range of indicators that monitor the wider social determinants of health and that can report on the impact of healthy place shaping across the county. A summary of these indicators is included in Appendix 1.

7. The HIB also received a report on access to nature which is part of the HPS work programme. An increasing body of evidence suggests that access to greenspace and connection with nature are key determinants of physical and mental health and wellbeing. This includes a positive effect on a wide range of specific outcomes, such as overall mortality, self-assessed general health, healthy weight, mental wellbeing, common mental disorder, and emotional wellbeing and cognition in children.

8. The strategic objectives laid out in the paper were agreed upon and the examples of existing initiatives in this space were encouraging to see. The HIB agreed that this is an important area of work and that progress should be reported back in 6-9 months to ensure it continues to develop and utilise the opportunity to benefit residents health and wellbeing as much as possible.

## Healthy Weight and Physical Activity

9. The Board reviewed the data that shows that in Oxfordshire 21% of residents are considered physically inactive. Although an improved picture for the last data period, it is still worse than pre-pandemic levels. It was also noted that significant variation exists between different population groups.

10. Active Oxfordshire presented some of the challenges in improving physical activity rates, but also how some innovative partnership working, through programmes like You Move, is part of the solution. The Board agreed that actions focused on traditional ways of promoting physical activity were not sufficient and that stronger partnership working in this area was crucial.

## Mental Wellbeing

11. There was not a specific item on mental wellbeing at the 19th May meeting. However, as referred to in the section on Healthy Place Shaping, much of this work- especially the access to nature programme- has a positive impact on mental wellbeing and helps keep a focus at the preventative and non-medicalised end of the spectrum of interventions which is of great importance to a significant proportion of local residents.

## Tobacco Control

12. There was not a specific update on Tobacco Control at the HIB in May. The performance report demonstrated no change to the rate of smoking at the time of delivery and that the numbers of people quitting smoking exceeds the target set. At the next HIB there will be a "deep dive" into tobacco and review of current activity against the recently published Independent Khan Review https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete

## Additional items and Future meetings

13. NHS England's Thames Valley Screening and Immunisation team presented the HIB with information on the local programmes and how they had been impacted by the pandemic and recovery planning where needed. The programmes discussed where;
    (a) Measles Mumps and Rubella vaccination in 0-5s
    (b) Flu vaccination
    (c) Cervical Screening
    (d) Breast Screening
    (e) Bowel Screening

14. Overall, the programmes had either continued to run over the course of the pandemic, or where interrupted had now fully or partially caught up. There remain some challenges around the timeliness of Breast Screening. The uptake data compared well to benchmark but in some cases was below target. It was agreed that the data at an Oxfordshire level which looks good, often masks quite significant variation within the county. The Board agreed that further joint work between NHS England and partners on the HIB was needed to address this.

15. Healthwatch summarised reports on; people's experiences of using interpreting services to access healthcare, a report with Communities First Oxfordshire focused on rural isolation and the Community Participatory Action Research projects that have run locally. It was agreed that this is an invaluable contribution to the HIB as it provides a voice into the Board from groups seldom heard from.

16. The next meeting of the HIB will take place on 15th September 2022. The Board will continue to work on progressing delivery against its priorities through "deep dives" on performance on its priority areas and reviewing progress on partnership work.

DAVID MUNDAY
DEPUTY DIRECTOR FOR PUBLIC HEALTH

Appendix: Appendix 1- Health Place Shaping data indicator set

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June 2022

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# ANNEX B: Proposed Healthy Place Shaping Indicators

**Priority / phase is an overall score from the HPS data group evaluation. "Medium" priority (phase 2) indicators are those which require significant further development and scored lower on the assessment of relevance / validity / meaning / implications.*

| | **Indicator** | **Priority/ phase*** | ***Status / comment*** | **Trend data for districts?** | **Small area data?** |
|---|---|---|---|---|---|
| | **1. Built environment** | | | | |
| 1.1 and 1.2 | Reduce air pollution (NO2 and particulates) | **High / phase 1** | *Available for AQMA monitoring sites and grid squares* | Yes - from existing data | Yes |
| 1.3 | Restrict hot food takeaways around secondary schools | Medium / phase 2 | *Selected as this ambition is in National Planning Policy Guidance (para 6)* | Yes – needs further development | Yes |
| 1.4 | Restrict clusters of premises licenced to sell alcohol | Medium / phase 2 | *Work completed in 2020 to share and map lists held by Districts of alcohol premises* | Yes – needs further development | Yes – snapshot as of 2020 |
| 1.5 | Reduce the % of households experiencing fuel poverty | Medium / phase 2 | *Limited direct local data. Annual fuel poverty statistics published by the Department for Business, Energy & Industrial Strategy is used to model local results.* | Yes | Yes |
| 1.6 | Improve residents feeling of safety in their area (linked to perception of crime) | Medium / phase 2 | *Oxford City will include q in 2022 residents survey, Offices of PCC may jointly carry out a national survey TBC* | Not yet available | Not feasible from sample survey |

| | | | | | |
|---|---|---|---|---|---|
| | **2. Community activation** | | | | |
| 2.1 | Increase the proportion of people making use of outdoor spaces | **High / phase 1** | *Metric included in Natural England People and Nature survey, requested cost to boost sample in Oxfordshire* | Not yet available – cost requested | Not feasible from sample survey |
| 2.2 | Improve perceived sense of belonging, % of people reporting "great place to live" | Medium / phase 2 | *Measure was included in the (discontinued) "Place Survey" carried out by local authorities.* | Not yet available | Not feasible from sample survey |
| 2.3 | Increase the strength of the voluntary sector (number, type, location and resilience) | Medium / phase 2 | *Investigating linking with a subset of data hosted by Live Well Oxfordshire and other sources* | Not yet available | Not yet available |
| | **3. New Models of Care** | | | | |
| 3.1 | People supported by social prescribing | Medium / phase 2 | *GP practice patients referred to social prescribing and action taken*<br>*Lack of common data standards and limited data at present. Initial indicators will count activity, ambition to move to outcomes.*<br>*Significant partnership data work needed to progress* | Not yet available | Not yet available |
| 3.2 | People supported by community pharmacy services (as alternative to GP) | Medium / phase 2 | *Percentage of pharmacies delivering (out of 105). Number of consultations per 1,000 people (NHS England)*<br>*Initial indicators will count activity, ambition to move to outcomes* | Not yet available | Not yet available |

| | | | | | |
|---|---|---|---|---|---|
| 3.3 | People supported by community-based health and care services | Medium / phase 2 | *Linking with the Promoting Independence and Prevention Group to agree possible measures to show impact of transformation of social care and The Oxfordshire Way, e.g.*<br>*number (and proportion of) social care users who are supported with a personal budget*<br>*number (and proportion of) social care users who receive community based support by the voluntary sector instead of formal care packages* | Not yet available | Not yet available |
| 3.4 | People in contact with Make Every Contact Count programme | Medium / phase 2 | *Number of MECC champions*<br>*Number of MECC conversations Limited data at present - OCC Library Service collecting data on conversations* | Not yet available | Not yet available |
| 3.5 | Use of digital devices and extent of digital literacy | Medium / phase 2 | *Linking with Digital Inclusion Strategy under development*<br>*Availability of devices, ability to use.*<br>*Able to source one off data modelling (eg CACI Digital Inequalities data, free for a limited time). Not yet able to identify trend data for monitoring.* | No source identified | Yes – snapshot data from CACI |
| | **4. Process indicators** | | | | |
| 4.1 | Development of Local Cycling and Walking Infrastructure Plans (LCWIPs) | **High / phase 1** | *LCWIPs for Oxford (March 2020) and Bicester (Sept 2020)*<br>*Future plans for LCWIPs in Abingdon, Banbury, Didcot and Kidlington* | | |
| 4.2 | Local Cycling and Walking Activation Programmes | **High / phase 1** | *Incl. Active Travel to School interventions such as School Streets, Street Tag, Schools Park and Stride, Way Finding projects, Active Travel to Work activities* | | |
| 4.3 | Completion of Health Impact Assessments | **High / phase 1** | *Use of HIA assessment tools for new housing developments and new infrastructure schemes* | | |
| 4.4 | Inclusion of Healthy Place Shaping in District Local Plans | **High / phase 1** | *As reported by District Councils* | | |

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| 4.5 | Development of place-based partnerships | **High / phase 1** | *e.g. Brighter Futures Banbury, South Abingdon Health and Wellbeing Partnership, Oxford Health and Wellbeing Partnerships, Healthy Bicester and K5 Better Together Programme* | | |
| 4.6 | How Oxfordshire is doing on the development of 20-minute neighbourhoods | **High / phase 1** | *Incl. 20 minute neighbourhood policy and use of 20 minute neighbourhood tool in County strategies and Local Plans* | | |
| | **5. Wellbeing Outcome Measures** | | | | |
| 5.1 | ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile | **High / phase 1** | *From ONS Annual Population Survey* | Yes | No |
| 5.2 | Children physically active (from Sport England) | **High / phase 1** | *From Sport England C&YP* | Yes | No |
| 5.3 | Adults physically active (from Sport England) | **High / phase 1** | *From Active Lives, Sport England* | Yes | No |
| 5.4 | Active travel - percentage of adults walking for travel at least three days per week (age 16+) | **High / phase 1** | *From DfT (based on Active Lives Sport England)* | Yes | No |
| 5.5 | Active travel - percentage of adults cycling for travel at least three days per week (age 16+) | **High / phase 1** | *From DfT (based on Active Lives Sport England)* | Yes | No |
| 5.6 | Diet: 5 a day | **High / phase 1** | *From Active Lives, Sport England* | Yes | No |

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|---|---|---|---|---|---|
| 5.7 | Reception children overweight or obese | **High / phase 1** | *From NCMP from OHID fingertips tool* | Yes | Yes |
| 5.8 | Year 6 children overweight or obese | **High / phase 1** | *From NCMP from OHID fingertips tool* | Yes | Yes |
| 5.9 | Adults (age 18+) overweight or obese | **High / phase 1** | *From Sport England Active Lives* | Yes | No |
| 5.10 | Any volunteering in the last 12 months: any role | **High / phase 1** | *From Sport England Active Lives* | Yes | No |
| 5.11 | Percentage reporting "often or always" feeling lonely | **High / phase 1** | *From ONS Opinions and Lifestyle Survey* | Yes | No |

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# Report to Health and Wellbeing Board

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| **Report from:** Children's Trust Board Chair – Cllr Liz Brighouse |
| **Report Date:** 24th June 2022 |
| **Dates of meetings held since the last report:** 11th May 2022 – 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 - 2023 |
| **Priorities for 2022-23 – Focus on Early Help**<br><br>To ensure all partners on the board dedicate senior leaders to the Early Help (EH) agenda and review their agency's current resource. |
| **Priority focus for 2022/23:**<br>• **Early Help & Mental Health & Well-Being**<br>• **Early Help & 0–5-year old's**<br>• **Early Help & SEND (Special Educational Needs & Disabilities) Early Intervention**<br><br>**Objectives**<br>• To identify issues and concerns for children and families early so that they can be addressed promptly and without the need for statutory interventions if that is not necessary or appropriate.<br>• To ensure that Early Help support is at the least intrusive level and designed to support families continue to develop and thrive.<br>• To use an Early Help Assessment to develop a holistic, coordinated multi-agency intervention where an organization alone cannot fully support the problems a family is facing.<br><br>**Actions**<br>• Each agency to review their senior leadership and resource levels to early help and report to Children's Trust Board and report on targets for their agency Early Help Assessments.<br>• To increase the number of Early Help Assessments (EHAs) to 10,000 by 2024/25.<br>• To identify resource to ensure front-line staff/designated staff across all our services are trained in the early identification and support that can be offered in relation to mental health and well-being, attachment, trauma informed and whole family working by:<br>- scoping what is in place<br>- adapting existing resources and designing training<br>- planning delivery of training and/or train the trainers<br><br>**Outcomes**<br>• Senior strategic leadership and increased resourcing in place for early help so that fewer children are supported by statutory services. |

- Pooled resource for Early Help
- Increase in EHAs (Early Help Assessments) to 5,000 by April 2023; 250 more staff trained to deliver EHAs.
- Reduction in children needing assessments for Education Health Care Needs, Child & Adolescent Mental Health Service (CAMHS) or Children's Social Care statutory support and improvement in Good Level of Development because their needs have been addressed at the earliest opportunity.
- Staff are confident to deliver mental health and well-being interventions, promote whole family working, signpost on as appropriate.

**Priority focus for 2022/23: Be Supported**

- To ensure the partnership listens to and learns from the views and feedback from children and young people, aged 8-18yrs and up to 25yrs with additional needs, about how supported they feel by the services they access in Oxfordshire.

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

| | |
|---|---|
| **Priority Focus** | Early Help & Mental Health & Well-being |
| **Deliverable** | See updated Children and Young People Plan for list of deliverables |
| **Progress report** | TBC |

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|---|---|
| **Priority Focus** | Early Help & 0-5-year old's |
| **Deliverable** | See updated Children and Young People Plan for list of deliverables. |
| **Progress report** | TBC |

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|---|---|
| **Priority Focus** | Early Help & SEND Early Intervention |
| **Deliverable** | See updated Children and Young People Plan for list of deliverables. |
| **Progress report** | TBC |

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| **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.<br>Additionally, via the "Be Supported Survey." |
| **Progress report** | Be Supported Survey 2022 was launched on the 14th March and ran for 6 weeks – 4 weeks of school time and then extending into the Easter holidays giving 6 weeks in total to complete the survey and to boost engagement.<br>Verbal update provided at May meeting. Due to changes of timescales, the full report will be sent out in June. |

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

The data and information below are for Performance Report Quarter 4 2021/22.

Be successful

Attendance for terms 1-4 (i.e., September 2021 to Easter 2022) shows:

- The overall attendance rate at Oxfordshire schools for terms 1-4 was **92.1%**
- Approximately 1 in 4 children (24.5% - 20,007 children) were classed as being persistently absent during the term (missing 10% or more sessions – equivalent to 12 days)
- Persistent absence rates were highest in special schools (41.7%) and lowest in primary schools (20.7%)
- Persistent absence rates in both primary and secondary schools saw a slight improvement (decrease) since terms 3. However, rates for pupils with EHCP (Educational Health & Care Plans), SEN (Special Educational Needs) support or pupil premium all increased.
- The groups with the highest persistent absence continue to be:
    - Children with a child protection plan (57.0%) or child in need (53.5%)
    - Children with an EHCP – 41.9%

Be healthy

The average (mean) waiting time for core CAMHS (Child & Adolescent Mental Health Services) services is 12% lower than 12 months ago, but the median is higher. Median waiting times dropped till December last year but have since started to rise
To December, A&E (Accident & Emergencies) attendances for self-harm are 56% higher than last year and 58% more than 2019, though hospital admissions which for self-harm (15-19) are 1% lower than 2 years ago.
The number of early help assessments continues to be above target, but you remain 2½ more likely to have a social care than an early help assessment.
The number of under-age conceptions is falling, but the pregnant women scored with a risk of 3 or 4 continue to rise.

Be Safe

Last year MASH (Multi-Agency Safeguarding Hub) contacts rose by 33%, this year to January there has been a further 21% increase. Despite this timeliness remains better than target.
Child protection numbers have risen by nearly 100 in the year and stand at 561. This is still 200 less than the highpoint of June 2019 (769)
Over 800 children are cared for - nearly double that of March 2013. There is increasing pressure on placements.
Recorded domestic incidents involving children fell by 2% in the last year but is still 8% higher than the figure 2 years' ago. Recorded incidents of domestic crimes involving children has increased by 10% last year and 26% on two years ago.
The number of missing children is 42% higher than a year ago when we were in lockdown. It is still 16% lower than 2 years ago

| Indicator Number | RAG | What is being done to improve performance? |
|---|---|---|
| 1.3a Mean wait for Core CAMHS (days) | N/A | In January 2022 the number was 95 - 27% lower than January 2021 |
| 1.3b Median wait for Core CAMHS (days) | N/A | In January 2022 the number was 67 – 12% lower than January 2021 |
| 1.11 Reduce the persistent absence of children subject to a Child Protection Plan | N/A | Data available annually only. This is for 2018/19 academic year |
| 1.1 Reduce the number of children we care for to 750 by March 2022 | R | The number in January 2022 was 805 - partly due to housing of more unaccompanied asylum-seeking children |

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

3.1 Children's Strategies – Common Vision and Statement of Intent

The vision itself is familiar and has been agreed for several years within The Children's Trust. The Statement of Intent (*document below*) is new and has been developed initially through the Child Exploitation work in relation to the Jacob Child Safeguarding Practice Review. Organisations were asked to consider how it will impact on our behaviour in relation to children, principles and common language and discuss further at the next meeting with ideas of what they have done and will do.
The Statement of Intent links to another piece of work, which is the Vision Statement for Children. This is to develop a strapline across all services/partnerships that builds on the vision of the Children's Trust Board. There will be an agreed approach through a workshop, then a poll of suggested options for the strapline with stakeholders able to vote on the final version between July and September.

Statement of Intent

3.2 CAMHS (Child & Adolescent Mental Health Service) – waiting times performance data

Vicky Norman, Head of Service for CAMHS & Eating Disorders shared an internal document with regards to mitigations and the risks CAMHS are facing with the waits and pathways (*document below*):

Currents Waits & Mitigations

The Neuro Development Conditions Pathway is launching support for people waiting for services such as monthly parent evening groups, post diagnostic workshops, post diagnostic peer led groups for young people, support groups for parents waiting for diagnostic assessment. There is work with Helios to support with vacancies and to help with waits and dashboard is being completed to show the impact Helios is making and it's effects on waiting times.
With the increase in Accident & Emergency (A&E) admissions, a deep dive around admissions and Tier 4 beds is being undertaken by Health and Children's Social Care. This should show themes leading to admission and there is ongoing work around

admissions for self-harm and whether young people are known to services. Work is due to be completed by the end of May and this feedback will be provided to the Children's Trust.

3.3 Feedback from OSCB on emerging issues (Derek Benson)

The Multi-Agency Safeguarding Arrangements Executive Group are provided with a demand management dashboard which shows significant pressures in the system, such as:

- Concerns of number of referrals to Multi-Agency Safeguarding Hub (MASH)
- Need to complete Early Help Assessments and provide support via Team Around the Family rather than refer to Children's Social Care, as high number of referrals resulting in no further action
- Increase in attendance at A&E for self-harm, increase in young people who commit suicide and increase in safeguarding concerns in maternity services
- Work still on going around Jacob CSPR, pushing out communication messages, continuing with the 3 workstreams: education, working together and exploitation – event at the end of June
- Work ongoing following the Solihull JTAI (Joint Targeted Area Inspection) – 13/14 key learning points
- Ukraine – updates on people arriving, particularly children and consideration to be given for any unaccompanied children to ensure safeguarding

3.4 Voice of Oxfordshire's Youth (VOXY)

The VOXY representatives covered the work that VOXY are undertaking, such as Climate Action Heroes High Sheriffs awards and a VOXY representative was one of the six judges on the panel. There were awards to social enterprises, businesses and individuals for projects ranging from wildlife restoration work to renewable energy projects.
In March there were discussion groups and surveys for young people about the School and College Nursing Service on how their health and wellbeing could be best supported as part of ongoing work by Public Health linked to Healthy Child Programme. Results from both discussions and surveys were helpful in the future planning of the School and College Nursing Service.
In-depth interviews are happening with some children from the Children in Care Council taking place around the new digital inclusion strategy, to engage with different people who could potentially be excluded and to understand the challenges and barriers.
VOXY feel there needs to be more progress made around outreach and communication from Oxfordshire County Council (OCC).

3.5 Update on Be Supported Survey 2022 (Rosie Boyes)

The survey was running until the end of April. Rosie Boyes provided a verbal update (*document below*) on the headline points from the 2022 Be Supported questionnaire responses and the full report will be shared with board members in June.

Be Supported Survey (update)

There were concerns around the low number of young people who participated, which was 64 compared to last year at 159, despite undertaking the same level of promotional activity as in previous years. Kevin Gordon and Rosie Boyes and other consultation and communication colleagues within the Council are discussing future direction and looking to approach consultation differently on a thematic basis in the future, instead of doing a repeat Be Supported Survey in 2023.

3.6 Update from parent representatives – Healthwatch Oxfordshire (Lisa Hughes)

Healthwatch ambassadors have met regularly with Oxfordshire Wellbeing Network and Parents Carers Forum.
Dan Knowles welcomed the consultation for children and young people at the Mental Health and Wellbeing Strategy and the consensus was that the consultation has gone well.
What happens next and moving forward with the implementation of the SEND Strategy. This was going to cabinet on the 24th May and that once the strategy is agreed, consideration will be given to implementation.

3.7 Update from the Children and Young People Forum - Voluntary Sector (Jodie Lloyd-Jones, Emma Anderson & Charlotte Pearson-Miles

An annual report written to OSCB (Oxfordshire Safeguarding Children's Board) around relationship between OSCB and voluntary sector but also feeding in key priorities and what's happening around the voluntary sector. The communication via OSCB Newsletter reaching the voluntary sector has been positive.
There is ongoing concern from the voluntary sector on lack of funding for core costs now that emergency funding from pandemic has stopped.
There are several voluntary sector organisations that are struggling financially so Oxfordshire Youth and other organisations are discussing with those organisations, bringing them together, reviewing resources, operating models, and trying to think about how work can be done differently to continue that work. This also links to discussions about Early Years and new Family Hubs and a plea for voluntary sector engagement on this large piece of work.
There are conversations around challenges of workforce, recruitment and development, national issue across all sectors and having capacity to continue work.
There is a discussion around the reduction of LCSS (Locality & Community Support Service) and rise in complex safeguarding and mental health concerns that the voluntary sector were managing and this being an increase in pressure on the voluntary sector.

Training is being delivered through OCVA (Oxfordshire Community & Voluntary Action) in areas that have been requested, e.g., Family Links, speech, and language.
Signal in OX4 which is a meaningful measurement experiment trying to get data from up to a 100 parents in OX4 to see what the issues are and what it looks like for them.

3.8 Children's Trust Board Priorities from the Children and Young People's Plan (CYPP) 2018-2023

- Children & Young People's Year 4 Plan Progress (2021/2022) – has been published on the public website.

CYPP Year 4
COVID-19 Recovery I

- Children & Young People's Year 5 Plan (2022/2023) – Focus on Early Help.

The priorities are around Early Help & Mental Health and Wellbeing, Early Help & 0–5-year-olds, and Early Help & SEND (Special Educational Needs & Disabilities) Early Intervention.

CYPP 22-23
Presentation

An action was to send out the slide set with the 'ask' to each organisation to sign up to the plan at a senior level and taking this through their individual governance arrangements and give feedback on how they are implementing the actions within their agency so that responses can be collated and reviewed at the next Children's Trust Board meeting.

CYPP Year 5 Plan
Priorities 22-23

3.9 Forward plan for the next meeting

The following items are due to be considered in forthcoming meetings:

- CAMHS - Accident & Emergency (A&E) admissions/Tier 4 Beds – deep dive feedback – managing demand
- Child poverty
- Children & Young People's Year 5 Plan - Focus on Early Help – feedback from organisations on implementation actions

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