The Public Consultation Regarding the Draft Joint Health and Wellbeing Strategy (JHWS): A Report, Summary of Action taken and Decisions for the Board to Make

Introduction

1. Public consultation was undertaken on the Draft Joint Health and Wellbeing Strategy between May 15th and June 30th 2012. The consultation took many forms: public meetings, web-based surveys, and engagement with our many partners, scrutiny committees, Clinical Commissioning Group localities and NHS Trusts.

2. This paper aims to:
   - Give an overview of the findings
   - Say how the opinions expressed have been used
   - Set out the implications for the Health and Wellbeing Board for debate

Overview of the Findings and how the consultation comments are being used

3. A wealth of valuable information and opinion has emerged and this is set out in more detail at https://consult.oxfordshirepct.nhs.uk/consult.ti/hwb.strategy/listdocuments

4. The main themes arising can be summarised as follows:

   4.1 The consultation was very productive and valuable. Views came from a wide range of respondents including our many partners and individuals.

   4.2 There was strong support for the topics chosen as priorities for the County. The Health and Wellbeing Board can take this as confirmation that it has got the priority areas broadly right.

   4.3 The strongest support came for the following priorities:
   - Living & working well - supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential
   - Supporting older people to live independently with dignity whilst reducing the need for care and support
   - Narrowing the gap for our most disadvantaged and vulnerable groups

   4.4 A wide range of useful and detailed points were made which have been incorporated into the strategy before us today and will also be referred to other work across the County.

   4.5 Many of these points are on issues which are too 'fine-grained' for inclusion in an overarching strategy of this type, but these are welcomed by individual service managers. These points can also be considered and taken forward by the partnership boards.

   4.6 We will need to keep under close review the input of the voluntary sector, faith communities, carers and service users in the 3 Partnership Boards as this came across loud and clear as a major concern.

   4.7 A number of cross-cutting themes have emerged repeatedly in the consultation which are applicable to all priorities in the strategy, these are:
   - The need to focus on disadvantage in all priorities, whether due to rural issues, urban issues or through being a member of a specific disadvantaged group or an ethnic minority group.
   - The need to find ways to help communities help themselves to combat, for example, loneliness and social isolation
   - The need to make plans locality by locality where the needs of localities differ sharply.

5. These issues have been included in the revised Strategy and the Health and Wellbeing Board will expect them to be taken into account in all implementation plans. In summary

therefore the consultation has been an extremely rich source of useful information and a valuable step forward.

Implications of the Public Consultation for debate

6. The consultation has usefully raised a number of issues on which the Board's views are specifically sought:

   6.1 Does the board support the expectation that issues such as disadvantage, helping communities help themselves and encouraging locality working should be found in all of our plans where appropriate?.

   6.2 Have we got the balance right between debating general themes and setting priorities and targets?

7. So far the Board has been occupied with setting broad priorities and agreeing performance measures. However, many of the factors of major importance to the public are general themes on which general debate might strengthen our collective approach. For example, 'supporting older people to live independently with dignity whilst reducing the need for care and support' is a major public priority. It is easy to say but elusive to achieve. It may profitable to debate this issue formally at a forthcoming meeting, in which case, have we got the balance right between giving our organisations a clear steer on general issues and performance managing specific targets? Will this avoid a 'talking shop' or create one?

8. At today's meeting we are experimenting with our first 'themed discussion'. This experience should help us to get the balance right.

Specific Changes to targets

9. During the consultation, useful comments were made about specific targets or new data has been received which has prompted us to propose a number of detailed changes to the targets. These are:

   9.1 Agree the inclusion of two new targets in priority 2:
   - The ‘Thriving Families’ project will have begun work with the first 100 families by April 2013
   - Reduce persistent absence (15% lost school days or more) from school for children looked after to 4.9% (currently 11.7%)

   9.2 In priority 2 - maintain the recently improved teenage conception rate in the county rather than seeking ‘ a sustainable decrease’

   9.3 Include a third target in priority 3 - collect information to establish a baseline of prevalence and trends of child sexual exploitation in Oxfordshire by March 2013.

   9.4 The alignment of the targets in the ‘Raising Achievement’ Priority 4 have been amended to match the emerging County Education Strategy.

   9.5 The Board are asked to confirm the percentage increase of people with a Learning Disability who are offered a physical health check in priority 5, by choosing between the following options which need to balance ambition with practicality:
   - 50% of people with learning disabilities will have an annual physical health check by their GP (currently 46%)

   Or
   - 60% of people with learning disabilities will have an annual physical health check by their GP (currently 46%)

9.6 Agree the targets in priority 6

- a reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)
- No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)
- 50% (or more) of the expected population with dementia will have a recorded diagnosis (currently 37.8%) (*see 9.7 below regarding the need to make a decision on the level of ambition for this target*)

And 2 new targets as follows: -

- maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 91.6%).
- Review transport in the community to understand the best way of meeting community needs by June 2013

9.7 The Board are asked to confirm the percentage of people with dementia whose diagnosis is recorded by GPs at an appropriate level in Priority 6, thereby agreeing a target which will balance ambition and practicality:

- 50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)

Or

- More than 50% (*percentage to be agreed e.g. 55% or 60%)* of the expected population with dementia will have a recorded diagnosis (currently 37.8%)

9.9 Agree for priority 7

- A new title i.e. 'Working together to improve quality and value for money in the Health and Social Care System' which replaces 'Integrating health and social care'.
- Create two targets from one
    1) deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1st December 2012
    2) deliver fully functioning, locality based and integrated health and social care services by March 2013 .

9.10 Agree the inclusion of the targets below in priority 7

- Achieve above the national average of people satisfied with their experience of hospital care (when the nationally sourced information for Oxfordshire is available)
- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).

Action to be taken

10. The Health and Wellbeing Board are asked to discuss the public consultation results and to debate, decide on and agree on the specific issues raised in this paper.

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July 2012