Oxfordshire Joint Health Overview and Scrutiny Committee
November 2018

Progress Report Regarding the Oxfordshire Health and Wellbeing Board

1. Introduction

The Health Overview and Scrutiny Committee has requested a progress report from the Health and Wellbeing Board to cover the following questions:

1. How effective is the Health and Wellbeing Board (HAWB) at driving forward health, public health and social care integration?
2. Is there effective governance in place to deliver this?
3. How well is the HAWB preparing Oxfordshire's health and social care system for greater integration?

This paper includes:

- a report on the review of governance processes undertaken by the Health and Wellbeing Board.
- details of how the new arrangements are enabling integration across the health and social care system and a summary of how this will continue to develop.

The HAWB would also like to take this opportunity to engage with HOSC members about the refreshed Joint Health and Wellbeing Strategy so that their comments can be taken into account before the strategy is finalised.

2. New Governance Arrangements of the HAWB.

An extensive review of the governance arrangements for the HAWB was summarised in a paper to an extraordinary meeting in May 2018. The final arrangements were agreed at the HAWB on November 15th 2018.

The review process included a comprehensive series of evidence-gathering meetings when the Chairman, Cllr Ian Hudspeth, and the Vice Chairman, Dr Kiren Collison, met with a wide range of stakeholders in February and March 2018. These included current members of the HAWB, Chief Executives and Chairman of NHS Trusts and Federations, voluntary sector and contractual partners and representatives of the public. Other stakeholders, including District Councils and the Police and Crime Commissioner were invited to give their views in writing.

The findings from the review meetings and written submissions were collated in a discussion paper which was published for an extraordinary meeting of the HAWB in May 2018. The paper proposed changes to governance of the Board in the light of the comments and suggestions of the stakeholders. These ideas were debated and finalised. In statute, Health and Wellbeing Boards are sub-committees of upper tier Authorities and so the final arrangements were confirmed at a formal meeting of the County Council on May 15th 2018. The paper can be seen here:
http://mycouncil.oxfordshire.gov.uk/documents/s41674/HWB_MAY1018R01.pdf

The changes that have been confirmed have included revised membership of the HAWB which now includes:

- Leader of the County Council – Chairman;

- Clinical Chair of Oxfordshire Clinical Commissioning Group - Vice-Chair;
- 2 District/City Council representatives in their roles as the current Chairman and Vice Chairman of the Health Improvement Board;
- Cabinet Members of the County Council with responsibility for Adult Social Care, Children & Family Services and Public Health;
- Accountable Officer Oxfordshire Clinical Commissioning Group;
- C/E Oxford University Hospitals NHS Foundation Trust;
- C/E Oxford Health NHS Foundation Trust;
- C/E Oxfordshire County Council;
- A Healthwatch representative;
- The Lead District Council officer from the Health Improvement Board
- The Director for Children's Services;
- The Director for Adult Social Care;
- The Director of Public Health;
- An NHS England representative;
- Primary Care representation (under discussion).

2.1 Board Development

These changes effectively created a new Board, and so an Organisational Development approach has been taken to establishing the new HAWB and to create closer working practice as a team. This approach has so far included 3 workshops (on 19th July, 3rd October and 23rd October). The first and second workshops were externally facilitated by experienced LGA Associates who brought insights from other areas and challenge to members of the Board as they discussed priorities and principles for working together.

These workshops have enabled the HAWB members to

- Agree a shared vision for their work
- Devise and produce a new Joint Health and Wellbeing Strategy which will now be subject to engagement with the public and other stakeholders. This includes 4 priorities for the HAWB to deliver at strategic level and a life-course approach to health and service improvement across the whole system.
- Review the terms of reference for the HAWB and its 5 sub-groups to ensure they are aligned. These sub-groups are tasked with delivering a range of strategies and plans which align with the Joint HAWB Strategy
- Create the terms of reference for the new Integrated System Delivery Board to define its specific remit for integrating health and social care.
- Define reporting and monitoring arrangements so that all the sub-groups have a clear remit and responsibility for delivery.

As a result, the following outputs have been finalised:

- Clear and unified terms of reference for the HAWB and its 5 sub-groups which will enable delivery of priority work and reporting of outcomes.
- A shared vision - "*To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"*
- 4 strategic priorities for the HAWB:
    - Agreeing a coordinated approach to prevention and healthy place-shaping.
    - Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
    - Agreeing an approach to working with the public so as to re-shape and transform services locality by locality.
    - Agreeing plans to tackle critical workforce shortages.

- A life-course approach which includes priorities to be delivered for
    - A good start in life
    - Living Well
    - Ageing Well
    - Tackling wider issues that determine health
- An approach to Prevention has been agreed which will be implemented through all the work of the Board and across the system. It is summarised as "Prevent, Reduce, Delay" and is set out as follows:
    - Live longer lives (**prevent** illness), by helping people keep themselves healthy
    - Live well for longer (**reduce** need for treatment) by identifying any health issues early and supporting people to manage their long-term conditions
    - Keep us independent for longer (**delay** need for care) by providing the right support at the right time
- Tackling Health Inequalities is the second cross cutting theme of the JHWBS and is to be implemented by addressing 2 main issues:
    - Inequalities in opportunity and / or outcome – some people don't get a good start in life, live shorter lives or have longer periods of ill health
    - Inequalities of access – some people cannot get to services, don't know about them or can't use them
- Some outstanding details of the new arrangements will be finalised soon. They include
    - final clarification of primary care representation arrangements on the HAWB
    - Performance reporting from the sub-groups, which will be finalised and operational by the meeting in March 2019
    - Developing a streamlined approach for reporting progress to the Boards by the constituent organisations

The Terms of Reference for the HAWB and its sub-groups are attached as Annex 1.

The Draft Joint HWB Strategy for engagement with the public and with HOSC through this meeting is attached as Annex 2. A final draft version will be presented to the HAWB for adoption in March 2019.

3. Action taken by the Health and Wellbeing Board to drive forward health, public health and social care integration.

The action taken can be summarised as follows:

3.1 The review of the HAWB arrangements and the new membership described above is the bedrock on which further integration rests. We are now confident that we have the right people sitting at the table to drive forward change.

The point of the HAWB is to act as a collective for the benefit of local people. The Board does not in itself have extensive decision-making powers, and so relies on the decision-making powers of the Board members as conferred on them by their own organisations. That is why we have taken a careful team development approach to the new Board over the last six months. We believe that getting these basic steps right will deliver more improvements for the benefit of the people of Oxfordshire faster in the medium and long term.

The immediate fruit of this approach can be seen in the draft Joint Health and Wellbeing Strategy and in the setting of a clear vision and priorities for the Board. We look forward to hearing HOSC's views on these proposals.

3.2 The creation of the Integrated System Delivery Board (ISDB) as a sub-group of the HAWB has led directly to an acceleration in activity to integrate services.
Some of the direct results of the having an ISDB in place are already well known to HOSC. The concrete improvements made to integration of services include:

- Creation of a Winter Director supported by a joint Winter Team resulting in an improved Winter Plan and an embedded approach to reviewing all patients in a hospital bed for 7 days to ensure timely discharges when the person is medically fit. This approach is known nationally as reviewing "stranded patients." This is one of a suite of key initiatives that has seen delayed transfers of care at their lowest in recent years. HOSC has already been in receipt of regular reports on these developments.

- Creation of an integrated approach to population health management across the County. This is a systematic way of making sure services offer treatment for the early stages of disease as well as treatment by looking in detail at what causes problems and what could be done to prevent them.

- The ISDB has also taken forward the delivery of the CQC action plan and this is one of the HAWB's major priorities. CQC were particularly concerned about the leadership of the health and care system and about our unified approach to the flow of patients through our health and care services. They visited Oxfordshire to check on progress on November 6th and 7th. The Chair of HOSC was interviewed as part of this process. We await the formal feedback from the visit, but received favourable comments through informal feedback about improvements in integrated leadership of health and care services, while CQC noted that there is still considerable work to done.

- System leaders are continuing to come together to take a joint approach to workforce building on the joint recruitment campaign last winter. Significant exploration is underway around how workforce fits together across health and care and what works best locally whilst building on best practice from wider Sustainability and Transformation Partnership (STP). This has included the creation of the Oxfordshire System Workforce Action Group to embed an integrated approach to our key workforce themes such as workforce planning, recruitment and retention, leadership and organisational development, key worker housing and career pathways. CQC felt we had some excellent examples of best practice in our response to their previous recommendations on workforce.

3.3 Strategic-level discussions with the Growth Board about healthy place-shaping. This takes the approach to Healthy New Towns as a starting point and seeks to generalise the lessons learned across wider areas of the County. This then begins to integrate the 'growth agenda' and the 'health and wellbeing agenda' and helps to put 'health' into planning.

3.4 There has been considerable progress in embedding approaches to prevention across the system and the ambition to do more is set out in the JHWBS as noted above. The scope of the work to "Prevent, Reduce, Delay" has been well-received as all partners can easily see where their contribution fits into a system-wide ambition. The foundations for this work have been laid in the Health Improvement Board over several years, as County and District Councils have been working with NHS and other partners to establish strong preventive initiatives. These have included enabling and supporting healthy lifestyles, ensuring good uptake of screening services and pooling budgets to tackle housing issues and domestic abuse, for example. The approach is now being rolled out through clinical pathways and place-based initiatives, using Population Health Management methodology. This gives a clear, evidence based approach and enables a wide range of partners to contribute across the system. Learning from the Healthy New Towns is also crucial in the development of Healthy Place Shaping – addressing physical and social aspects of development across the county to **Prevent** ill-health, **Reduce** the need for treatment and **Delay** the need for care.

4. Summary

In summary, the HAWB has carried out a substantial body of work regarding its governance, membership and development as a Board.

A vision, priorities and strategy have been produced and sub-groups have been reviewed.

New initiatives around winter planning, system flow and prevention outlined in this paper show the early fruit of this approach.

Further improvements are to be expected over the coming year. It is too early to expect these to be reflected in performance figures across the Board, but the reduction in delayed transfers demonstrates the improvements made.
We await the views of CQC and will take these into account alongside HOSC's comments as we move into the New Year.

Jonathan McWilliam, Jackie Wilderspin, Catherine Mountford, Kate Terroni

Annex 1a- Terms of Reference (Health and Wellbeing Board)

Health & Wellbeing Board
Terms of Reference

1. Health & Wellbeing Board

The Council has a duty to establish a Health & Wellbeing Board[1]. The Board is the principal structure in Oxfordshire with responsibility for promoting the health and wellbeing of the people of the county.

2. Role and Function

The Health & Wellbeing Board will have the following responsibilities:

(1) The Health & Wellbeing Board will create and own a single unifying vision for the improvement of the Health and Wellbeing of Oxfordshire residents.

(2) The Health & Wellbeing Board will create, own and monitor a comprehensive high-level health and wellbeing strategy[2] for the improvement of the Health and Wellbeing of Oxfordshire residents.

(3) The Health & Wellbeing Board will agree endorse a suite of strategies which will be created and also owned by its sub-committees and sub-groups. These will flow from the overarching Joint Health and Wellbeing Strategy.

(4) The Health & Wellbeing Board will monitor the implementation of its strategies and the member organisations will hold one another to account for delivery. The Board will receive regular reports from its sub-committees and sub-groups based on outcome measures set by each.

The Health and Wellbeing Board will
(5) Prepare a Joint Strategic Needs Assessment[3] to help determine the priorities and objectives for health and social care services across Oxfordshire and a Pharmaceutical Needs Assessment[4] to assess and set out how the provision of pharmaceutical services can meet the health needs of the population for a period of up to three years, linking closely to the Joint Strategic Needs Assessment.

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[1] The Board is a committee of the Council by virtue of the Health & Social Care Act 2012 and the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013

[2] In accordance with sections 116 and 116A of the Local Government and Public Involvement of Health Act 2007

[3] In accordance with sections 116 and 116A of the Local Government and Public Involvement of Health Act 2007

[4] National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

(6) Oversee the joint commissioning arrangements for health & social care across the county

(7) Maintain oversight of the commissioning intentions of both the Oxfordshire Clinical Commissioning Group and the Council;

(8) Generally exercise the functions of the Council and its partner clinical commissioning groups under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act");

(9) Exercise any other functions of the Council which may be delegated to the Board (other than the functions of the authority by virtue of section 244 of the National Health Service Act 2006);

(10) Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in its area.

(11) Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

(12) Establish and monitor Partnership Boards as required to help deliver required service change and improved outcomes.

Additionally the Board may:

(13) Encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health & Wellbeing Board.

(14) Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.

(15) Give the Council its opinion on whether the authority is discharging its duty under section 116B of the 2007 Act.

3. **Membership**

The rules on political proportionality do not apply to the Health & Wellbeing Board nor to any sub-committees set up by it. The membership[5] of the Health & Wellbeing Board will be:
(1) Leader of the County Council – Chairman;

(2) Clinical Chair of Oxfordshire Clinical Commissioning Group - Vice-Chair;

(3) 2 District/City Council representatives in their roles as the current Chairman and Vice Chairman of the Health Improvement Board ;

[5] *The membership is to be interpreted as the membership specified by Section 194 of the Health and Social Care Act 2012*.

(4) Cabinet Members of the County Council with responsibility for Adult Social Care, Children & Family Services and Public Health;

(5) Accountable Officer Oxfordshire Clinical Commissioning Group;

(6) C/E Oxford University Hospitals NHS Foundation Trust;

(7) C/E Oxford Health NHS Foundation Trust;

(8) C/E Oxfordshire County Council;

(9) A Healthwatch representative;

(10) The Lead District Council officer from the Health Improvement Board

(11) The Director for Children's Services;

(12) The Director for Adult Social Care;

(13) The Director of Public Health;

(14) An NHS England representative;

(15) Primary Care representation (under discussion).

(16) Such other persons, or representatives of such other persons, as the local authority thinks appropriate with the proviso that once the Board is established, the Board will be consulted before such appointments are made;

(17) Such additional persons as the Health & Wellbeing Board may determine.

4. Chairing of Meetings

Meetings of the Board will be chaired by the Leader of the County Council and the Vice-Chair will be the Clinical Chair of the Oxfordshire Clinical Commissioning Group as notified to the Monitoring Officer. In the absence of either of these persons, the Board will elect a chairman for the duration of the meeting unless or until the Chairman or Vice-Chairman arrive, in which case the Chairman or Vice-Chairman will preside as appropriate.

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5. Voting Rights

All members of the Board or of any sub-committee or sub-group (or of any joint sub- committee of two or more such boards) shall be treated as voting members of the Board or sub-committee or sub-group, unless the Council decides otherwise in any particular circumstance. In which case, before making such a direction, the Council must consult the Board.

Decisions will be taken by the majority of those present and voting and the
Chairman of the Board (or sub-committee or sub-group) will have a second or casting vote.

Notwithstanding the voting rights of members of the Board (or any sub- committee or sub-group), the meeting will reach its decisions by consensus where possible.

6. Validity of Proceedings

The Health & Wellbeing Board (and any sub-committees or sub groups) will operate according to this Constitution and also according to the Terms of Reference for the Board itself.

A meeting of the Health & Wellbeing Board shall not be quorate unless at least a quarter of the voting members are present for the duration of the meeting.

As a committee of the Council, the convening and conduct of meetings will be in accordance with the Council Procedure Rules approved by Council.

7. Cabinet and Scrutiny

The Cabinet may delegate functions to the Health & Wellbeing Boards and may receive recommendations from the Board.

The Health & Wellbeing Board is subject to scrutiny (but not to call-in except in respect of any functions delegated by the Cabinet) by the Council's Joint Health Overview & Scrutiny Committee and, as appropriate, the Council's Performance and Education Scrutiny Committees.

The Board may also ask a Scrutiny Committee or, with the relevant Portfolio Holder's permission, a Cabinet Advisory Group, to investigate issues relevant to both the Board and the committee or group.

The Board will make an annual report on its work to both the Council, to Cabinet and to the Joint Health Overview & Scrutiny Committee.

8. Code of Conduct

All voting members of the Board (and its sub-committees or sub-groups) are subject to the County Council's Members' Code of Conduct. This includes the requirement to register Disclosable Pecuniary Interests and to declare them, as appropriate at meetings. Should a member have a Disclosable Pecuniary Interest in a matter before the Board (or sub-committee or sub-group), then the member (unless a dispensation has been received) should declare it and withdraw from the meeting, taking no part in the discussion or voting upon that item.

9. Substitution

Members of the Board may arrange for a named substitute to attend on their behalf. However, any substitutes should reflect the seniority and status of the member making the substitution.

Decisions should not be taken other than by the properly constituted Board; this means that at least a quarter of the original voting membership of the Board should be present when decisions are made.

10. Transparency and Openness

The Health & Wellbeing Board will meet in public at least four times a year. The Board may meet informally, and not in public, at other times e.g. for purposes of brainstorming, board learning & development and workshops.

The public's rights of access to the Board's public meetings will be subject to the Access to Information Procedure Rules (Part 8.1 of the Council's Constitution). These make provisions for the giving of public notice of meetings, access to agendas, reports and minutes, the supply of copies of such papers, the inspection and purchase of background papers and the circumstances in which the public may be excluded from meetings by virtue of the consideration of confidential or exempt information.

In addition, the Freedom of Information Act 2000 gives a general right of access to information held by public authorities and will extend to information generated by, or for, the Board and held by any public authority.

11. Sub-Committees Sub Groups and Informal Working Groups

The Health & Wellbeing Board will be mindful of its powers to appoint one or more sub -groups or sub-committees to discharge of any of its functions, with certain conditions. The Board may also appoint advisory groups, working groups or informal 'task and finish groups' to make recommendations to it on any of its functions.

Annex 1 sets out the provisions relating to the appointment of sub-committees, sub-groups and informal working groups and therefore to the appointment of a Reference Group.

Annex1

1. Appointment of Sub-Committees etc

The Health & Wellbeing Board may appoint sub-committees or sub-groups. The Board may appoint one or more sub-committees or sub-groups to discharge of any of its functions, with the following conditions:

(1) Where any functions may be discharged by the Board under 3(2) above, by virtue of section 196(2) of the Health & Social Care Act 2012, (i.e. functions that are exercisable by the authority), then unless the Council otherwise directs, the Board may arrange for the discharge of those functions by a sub-committee or sub-group of the Board, or an officer, or both.

(2) Where the Board discharges functions by virtue of any other enactment that section 196(2) of the 2012 Act, then unless the Council directs otherwise, the Board may arrange for the functions to be discharged by a sub-committee or sub-group of the Board.

In addition, the Board may appoint one or more sub-committees or sub-groups, reference groups or informal working groups to advise the Board with respect to any matter relating to the discharge of the Board's functions.

The membership of any sub-committees or sub-groups will be for the Board to determine. The sub-committees and sub-groups will operate according to this Constitution and also according to their Terms of Reference as established by the Board.

A meeting of the any sub-committee or sub-group shall not be quorate unless at least a quarter of its voting members are present for the duration of the meeting.

As a sub-committee of the Council, the convening and conduct of meetings will be in accordance with the Council Procedure Rules approved by Council.

Annex 1b- Terms of Reference (Children's Trust Board)

Children's Trust Board

Terms of Reference (2018 - 19)

FINAL

		Date
Prepared by	Nina Bhakri	October 2016
Reviewed by:	Children's Trust Board	23 November2016
Reviewed by:	Children's Trust Board	14 December 2017
Approved by:	Children's Trust Board	
Review Date:		March 2019

THE CHILDREN'S TRUST BOARD

TERMS OF REFERENCE

1. Introduction

1.1 The Children's Trust Board brings together the public, private and voluntary sectors to improve outcomes for all children and young people who live in the county.

1.2 This document sets out the strategic, decision making and operational structure of the Children's Trust Board and sets out the roles and responsibilities of partners.

1.3 This document will be reviewed and updated annually.

2. Objectives

2.1 The Children's Trust Board primary objectives are to ensure that effective multi agency working is in place at a strategic level across children's services and that the voice of children, young people and their families contributes to these arrangements and to decision making.

3. Purpose

3.1 The purpose of the Trust is to:

1. Oversee key areas of multi-agency strategic planning for children and young people.
2. Improve outcomes for children in relation to being successful, keeping safe, staying healthy, and being supported in relation to the agreed priority areas.
3. Drive the integration agenda where there is evidence that integrated working will improve outcomes for children and young people.
4. Champion the involvement of children, young people, parents and carers in partnership working with senior managers and politicians.
5. Ensure the Health and Wellbeing Board and other partnerships are sighted on the key challenges facing children and young people in Oxfordshire.

4. Role

4.1 The Role of the Children's Trust Board is to:

1. To identify and agree its shared priorities for children and young people
2. Agree actions for improvement
3. Agree systems and procedures for effective information sharing and collaboration
4. Implement an agreed approach to involving children and young people.

5. Values

5.1 The Children's Trust Board will be:

1. Strategic - members of the Trust are in a position to take a strategic overview and to influence decision making and delivery within their organisation.
2. Inclusive – the Trust will be a partnership of equals, actively involving all the key players in the public, private, voluntary and community sectors and children and young people.
3. Outcome focused – The Trust will establish common priorities together with agreed actions and milestones that lead to demonstrable improvements against measurable baselines.
4. A body that promotes equality – the Trust will serve the needs of all children and young people regardless of age, sex, disability, race, religion, belief or sexual orientation.

6. Responsibilities

6.1 The responsibilities of the Trust are to:

1. Produce an annual Business Plan setting out the Trust's strategic vision, mission, priorities and goals.
2. Oversee and refresh the Children and Young Peoples Plan which commissioners must have regard to when carrying out their functions.
3. Review performance via the Children's Trust dataset which is overseen by the Performance, Audit and Quality Assurance Sub Group of both the Trust and OSCB.
4. Encourage and promote integrated working between children's services, health and social care and other local services including voluntary and public sector services and commissioners.

7. Structure

7.1 Membership:

7.1.1 Members of the Trust are required to be of sufficient seniority to be able to:

- Speak for their organisation;
- Commit their organisation on policy and practice matters;
- Hold their organisation to account.

7.1.2 The Trust membership is drawn from each of the agencies or organisations set out below:

1. Oxfordshire County Council: Education and Learning, Children's Social Care, Adult Social Care, Public Health, Joint Commissioning, Cabinet member for Children and Families, Cabinet member for Education and Public Health

2. Oxfordshire Clinical Commissioning Group

3. The City and District Council Members
4. Thames Valley Police
5. Oxfordshire Safeguarding Children Board
6. Oxford Health NHS Foundation Trust
7. Safer Oxfordshire Partnership
8. Oxford University Hospitals NHS Trust
9. Representation from schools and colleges
10. Representation from the local Voluntary and Community Sector
11. Parents/carers appointed by Healthwatch Oxfordshire as Healthwatch ambassadors
12. Voice of Oxfordshire Youth (VoXY)

7.1.2 Membership will be reviewed and agreed annually

7.1.3 The meetings will require attendance by 7 of the 12 organisations listed above to be considered quorate.

7.2 The Chairman:
The Trust will be chaired by the Cabinet Member for Children and Family Services, Oxfordshire County Council.

7.3 Vice Chairman:
The Vice Chairman will be a representative from Oxfordshire Clinical Commissioning Group.

8. Accountability

8.1 How the Trust is held to account:
The Trust will present regular reports to the Oxfordshire Health and Wellbeing Board, Oxfordshire Safeguarding Children Board and the Voice of Oxfordshire Youth.

8.2 How the trust holds others to account:
The Trust is not a formal decision making body in the commitment of resources. The Trust does, however, hold partners to account by the way in which it operates to build influence with partners.

9 How the Trust will Operate

9.1 The Trust will focus its resources on the following three areas where it has identified it can make a difference:

1. Early Help and Early Intervention
2. Educational Attainment for vulnerable children and young people
3. Managing transitions into adulthood

9.2 Forward Plan

The Trust will produce an annual Forward Plan to ensure clearer oversight of key risks and issues across the system. The Forward Plan will support the overall strategic direction of service delivery and escalation of issues as appropriate.

9.3 Time limited task and finish groups:

9.3.1 The Trust may, from time to time, establish working groups to pursue particular projects. These groups will be set up on a "task and finish" basis and will be dissolved once the project has been completed.

9.3.2 These groups are responsible to the Trust for delivering against agreed objectives. They will be expected to report their achievements against priorities to the Trust on a regular basis.

9.4 Meetings:

9.4.1 The Trust will meet four times a year and publish an annual plan for its meetings.

9.4.2 The agenda for three of the meetings will include a focus on at least one of the priorities listed above and also include time to consider emerging and core business.

9.4.3 Core business includes:

1. Performance monitoring and management
2. Updates from the Trust's Task and Finish Groups
3. New and emerging national, regional and local developments which impact on the business of the Trust.

9.4.4 Agendas will be presented using the "standing agenda" template in **Appendix 1.**

9.4.5 Annual Business Planning Meeting:

The Trust will review and update its business plan and terms of reference at its annual business planning meeting.

10 Communication, Consultation and Engagement

10.1 The Trust is responsible for engaging and involving children, young people, their families, carers and other local stakeholders to help shape plans and decisions about children's services.

10.2 To achieve this, the Trust will work with the Voice of Oxfordshire Youth to ensure that the voice of children, young people and families influence and inform the business of the Trust.

10.3 Responsibility for communications for the Trust will be delegated to the Policy Team of Oxfordshire County Council.

11. Code of Conduct

11.1 A code of conduct is designed to promote public confidence in the actions of the Children's Trust Board.

11.2 Members of the Trust must comply with this code whenever they:

1. Conduct Trust business
2. Act as representative of the Children's Trust Board

(This code is available in **Appendix 2).**

12. Decision making arrangements

12.1 Where an item is placed for decision, that decision will be taken by agreement of the Trust members, by vote if necessary.

12.2 The Chairman of the Trust may initiate and coordinate out of session decision making, via written (electronic or hardcopy) communication with all Trust members.

13. Performance Management

13.1 The Trust has an agreed performance management framework that details how performance against the Children and Young People's Plan will be managed and monitored throughout the year. This is reviewed and updated annually.

14. Confidentiality and Information Sharing

14.1 Information used by the Children's Trust Board and provided to external bodies will be accurate, timely and fit for purpose.

14.2 Members of the Trust are encouraged to share information as required for the purpose of planning, developing and monitoring partnership projects and services by ensuring all data is in line with the Data Protection Act 1998.

14.3 All members of the Trust are responsible for communicating any relevant information to their organisation, unless that information is deemed confidential to a particular meeting.

Annex 1c- Terms of Reference (Health Improvement Partnership Board)

Oxfordshire Health and Wellbeing Board

Health Improvement Partnership Board

Terms of Reference

Purpose

The Oxfordshire Health and Wellbeing Board is the principal structure in Oxfordshire with responsibility for promoting the health and wellbeing of the people of the county.

The Health Improvement Partnership Board exists to support the Health and Wellbeing Board in this purpose by delivering service change and improved outcomes through partnership working.

Responsibilities

To achieve its purpose, the Health Improvement Partnership Board has the following responsibilities:

- To demonstrate effective partnership working across Oxfordshire to meet peoples' health and social care needs and to achieve effective use of resources.
- To drive the development and delivery of services across Oxfordshire that meet agreed priorities and objectives, as determined from the Joint Strategic Needs Assessment (JSNA).
- In particular to:
    - *Bring a coordinated and coherent approach to influencing a broad range of determinants of health to bring about health improvement,*
    - *Work together to recommend priority areas to improve health in order to make a real and measurable difference to outcomes,*
    - *Recommend actions and responsibilities to make that improvement a reality,*
    - *Hold each other to account for making the agreed change and for reporting progress.*
- To meet the performance measures agreed by the Oxfordshire Health and Wellbeing Board.

Membership

The core membership of the Health Improvement Partnership Board is:

- Five district/city councillors – one of whom will be Chairman and another Vice-Chairman
- County Council Cabinet Member for Public Health
- Two Clinical Commissioning Group representatives (one clinical representative and one commissioner representative)
- Director of Public Health for Oxfordshire

- Public Health Specialist
- District Council officer representative
- Healthwatch Ambassador

In attendance

- District Councils' officer for Partnership Development

Representatives from Thames Valley Policy and Oxfordshire County Council Children's Services will also be invited to relevant Board meetings to participate in discussions around Domestic Abuse.

It is proposed that a wide range of stakeholders can be invited to Board meetings at the discretion of the Chairman. They may attend as expert witnesses and to report on implementation of plans.

Governance

The meetings of the Health Improvement Partnership Board and its decision-making will be subject to the provisions of the County Council's Constitution including the Council Procedure Rules and the Access to Information Procedure Rules, insofar as these are applicable to the Partnership Board.

The Health Improvement Partnership Board will also be subject to existing scrutiny arrangements with the Oxfordshire Joint Health Overview and Scrutiny Committee providing the lead role.

Members of the Board will be subject to the Code of Conduct applicable to the body which they represent.

The Partnership Board will meet at least once a year in public. Dates, times and places of meeting will be determined by the Chairman of the Partnership Board.

Officers from the County Council will service meetings of the Partnership Board including the preparation and circulation of agendas and minutes.

The Health and Wellbeing Board will agree terms of reference and membership for the Partnership Board. It will also agree its priorities, proposed outcomes and performance measures. The Partnership Board will review the terms of reference on an annual basis.

These terms of reference were accepted by the Oxfordshire Health and Wellbeing Board at their meeting in March 2018

Annex 1d- Terms of Reference (Adults JMG & Better Care Fund JMG)

Terms of Reference for Adults JMG & Better Care Fund JMG

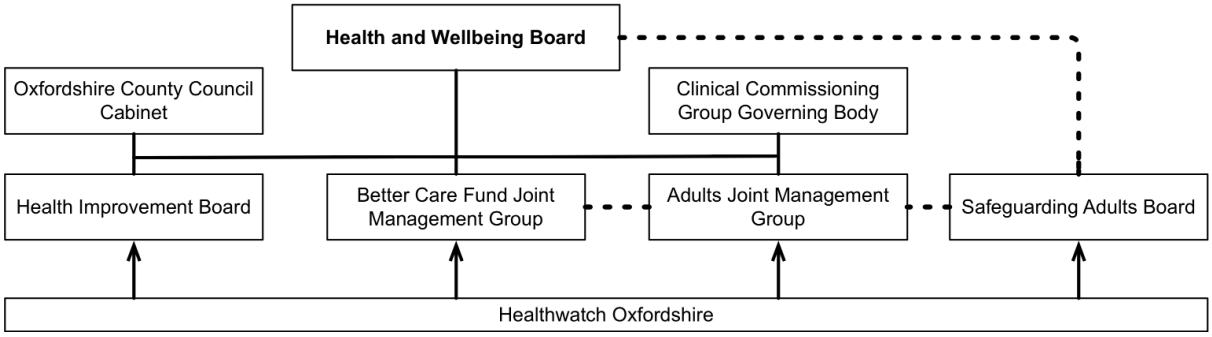
Section 1 – Provisions common to all JMGs

1. Role of JMG

The role of the JMG is to monitor strategy, governance, finance, performance and risk regarding the management of funding resource.

Strategy and Governance

a) Deliver the commissioning strategies through the Commissioning Intentions agreed annually by the Partners
b) Managing and overseeing progress against key outcomes for adults within the Oxfordshire Health and Wellbeing Strategy, including reporting to each meeting of the Health and Wellbeing Board.
c) Work with Healthwatch Oxfordshire to ensure the involvement of service users and carers in the development and delivery of commissioning strategies and intentions.
d) Review the operation of this Agreement and consider its renewal subject to the terms of any existing contractual commitments
e) Review and consult on commissioning strategies and intentions, and revise this agreement as appropriate
f) Annually and formally agree the annual contribution made by each Partner.
g) Annually and formally agree Commissioning Intentions for the Pooled Fund.



Finance

h) Be responsible for the allocation of budget to cost centres. Budget holders are responsible for delivering the agreed strategy within their allocated budget.
i) Be responsible for ensuring that spending is contained within the resources available and maximising the use of the resources.
a) Receive monthly finance reports from the Pool Manager as set out in this Schedule.

b) Agree such variations to this Agreement from time to time as it sees fit.
c) Review and agree annually revisions to this agreement as required.
d) Agree a scheme of financial management with the Pool Manager.
e) Set such protocols and guidance as it may consider necessary to enable the Pool Manager to approve expenditure from the Pooled Funds.

Performance

f) Receive monthly performance reports from the Pool Manager
g) Consider progress on key objectives as outlined in this agreement and consult further where necessary.
h) Approve the monthly, quarterly and annual reports on outcomes as appropriate from the Pool Manager to be submitted by the JMG to the Partners for information.
i) report on progress to stakeholders through the relevant programme or partnership board

Risk

j) Monitor the appropriate reports quarterly to assess any risk that expenditure might exceed the contributions to the Pooled Fund and that where there is such a risk ensure actions are put in place to address the overspend.
k) Review risks quarterly in relation to delivery of objectives, performance of commissioned services, and reputation of the Partners in relation to the Pooled Budget
s) Review any other risks quarterly relating to the performance of this agreement
t) Review annually the overspend and underspend provisions of Clause 8 and Schedule 3 of the Agreement.

2. Role of Pool Manager

The Pool Manager shall retain oversight of the pool as a whole and retain responsibility for the:

2.1 Submission of monthly finance and performance reports to the JMG;
2.2 Submission of monthly, quarterly and annual reports on finance and performance to JMG for approval and submission to the Partners;
2.3 Preparation of an annual budget and commissioning intentions for approval by JMG;
2.4 Management of the Pooled Fund on a day-to-day basis; and
2.5 Reporting to the JMG immediately any forecast overspend / underspend on Pooled Funds and submit an action plan to bring the budget back into balance or seek guidance from JMG on actions to achieve balance.

3. JMG Support

The JMG will be supported by officers from the Council and the OCCG. From time to time and they may be involved in assisting the JMG in implementation of the aims, objectives and intended

outcomes set out at Clause 3 and as specified in Schedule 1 and performance targets as agreed by the JMG.

The Pooled Budget Officers Group will report to the JMG and offer a level of integration to both the Council and OCCG regarding the level of activity, management of financial risk and the delivery of the strategic objectives. They will be responsible for reporting to the Joint Management Group on activity, spending and performance that standardises the approach across the pooled budgets.

4. Meetings

4.1 The JMG will meet bi-monthly with at least one meeting annually held in public and used to review the overall pool position

4.2 The Joint Management Groups will be supported by a Pooled Budget Officers Group that will meet on the alternating months.

4.3 JMG members will receive an agenda and accompanying reports and papers at least 5 working days before each meeting.

4.4 However, it is recognised that on occasions and dependent on dates of meetings it may not always be possible to produce financial reports this far in advance, in which case they will be circulated as far in advance of the meeting as possible.

5. Decision Making

5.1 Decision making in relation to the pooled budgets will rest with the Joint Management Groups unless delegated appropriately.

5.2 Decisions of the JMG shall be made by those JMG voting members present and shall require the unanimous consent of all voting members. Where there is disagreement between the Partners the Lead Commissioner shall have discretion to take such action or inaction as it decides in accordance with its obligations under this Agreement. All decisions shall be recorded in writing. Minutes of the meetings to include all decisions made shall be kept and copied to the JMG members by the Pool Manager within 14 days of every meeting.

5.3 The views of those in attendance will be taken into account for all of the work of the JMG including decision making. These views will be recorded in the minutes of the meeting. This will include agreement or disagreement to the decisions made by voting members.

6. Deputies and Quorums

6.1 All members of the JMG will have named deputies who may attend meetings on behalf of the JMG members. Such deputies will have authorisation from the respective Partners to take any actions that the member is authorised to take. Such deputies should be appropriately briefed

and with sufficient authority to fulfil the same role and be able to make similarly informed decisions on behalf of the organisation they represent as the member for whom they are deputising. In exceptional circumstances an alternative deputy will be allowed subject to this being confirmed in writing from the member to the Pool Manager prior to the meeting and being agreed by the other Partner. Such alternative deputies will have authorisation from the respective Partners to take any actions that the member is authorised to take.

6.2 Meetings will only be considered quorate if there are 2 members/deputies attending from each of the Partners.

7. Confidentiality

From time to time the JMG will be discussing both financially and commercially sensitive information and personal client and carer information. It is important that all members of the JMG and all other attendees are clear that they must treat the information as confidential and that they must discuss and use such information outside the JMG only where it is appropriate to do so in order for them to fulfil their obligations.

8. Openness and Transparency

8.1 The JMG will meet once yearly in public.

8.2 The public's rights of access to the JMG's public meetings will be subject to the Access to Information Procedure Rules (Part 8.1 of the Council's Constitution). These make provisions for the giving of public notice of meetings, access to agendas, reports and minutes, the supply of copies of such papers, the inspection and purchase of background papers and the circumstances in which the public may be excluded from meetings by virtue of the consideration of confidential or exempt information.

8.3 In addition, the Freedom of Information Act 2000 gives a general right of access to information held by public authorities and will extend to information generated by, or for, the Board and held by any public authority.

Section 2 – Pool-specific provisions for each JMG

A BETTER CARE FUND including services for older people and for adults with physical disabilities

A1 JMG Membership

A1.1 Oxfordshire County Council will act as the lead organisation for the Better Care Fund.

A1.2 The membership of the JMG with voting rights will be as follows:

The Council:	The OCCG:
Director of Adult Social Care	COO & Deputy Chief Executive
Director of Finance	Director of Finance

A1.3 Each named representative assigned to the roles specified above may be changed by the Partner which is being represented by written notification to the other Partner.

A1.4 In Attendance: (Non-Voting): Others may be invited where JMG consider this appropriate.

A2 Chair

The Better Care Fund Joint Management Group will be chaired by the Council Cabinet Member for Adult Social Care, or by his nominated deputy if absent, unless otherwise agreed by the Partners.

B. ADULTS WITH CARE AND SUPPORT NEEDS covering services for people with learning disabilities (of any age), autism, mental health needs and acquired brain injuries.

B1 JMG Membership

B 1.1 Oxfordshire County Council will act as the lead organisation for the Learning Disabilities and Acquired Brain Injury elements within the pool, and Oxfordshire Clinical Commissioning Group will act as the lead organisation for the Mental Health and autism elements.

B1.2 The membership of the JMG with voting rights will be as follows:

The Council:
Director of Adult Social Care
Director of Finance
The OCCG:
COO & Deputy Chief Executive
Director of Finance

B1.3 Each named representative assigned to the roles specified above may be changed by the Partner which is being represented by written notification to the other Partner.

A1.4 In Attendance: (Non-Voting): Others may be invited where JMG consider this appropriate.

B2 Chair

The Adults with Care and Support Needs Joint Management Group will be chaired by the Clinical Lead from Oxfordshire Clinical Commissioning Group, or by his nominated deputy if absent, unless otherwise agreed by the Partners.

Annex 1e- Terms of Reference (ISDB)

Oxfordshire
Integrated System Delivery Board

Terms of Reference

October 2018

Contents

Version History

Version	Prepared by	Reviewed by	Date	Action
0.1	Louise Patten	ISDB	15 May 2018	Work up further content with partners
0.2	Jo Cogswell	ISDB	16 October 2018	Request approval ahead of Health and Wellbeing Board
0.3	Jo Cogswell	ISDB	18 October 2018	Amended following ISDB feedback 16 October
0.4	Jo Cogswell	ISDB	24 October 2018	Amended following ISDB feedback on version 0.3 Presented for final ISDB sign off
1.0	Jo Cogswell	Health and Wellbeing Board	15 November 2018	To seek approval of final draft

Purpose

The key purpose of the Integrated System Delivery Board is to advance integration of health and social care in Oxfordshire as set out in the Health and Wellbeing Strategy. The vision of the Board is:

> **To work together in supporting and maintaining excellent health and wellbeing for all the residents of Oxfordshire**

This vision will enable ISDB partners to advance the triple aim for Oxfordshire:

- **Better Health and Wellbeing** – improved population health and wellbeing
- **Better Care** – transformed care delivery, improved quality and experience
- **Better Value** – sustainable finances and optimal use of the Oxfordshire Pound

There is strong consensus that greater levels of integrated working across health and social care is critical to a sustainable future that best meets the health and care needs of the population. All organisations are committed to making this happen. The ISDB will enable us to focus on specific workstreams that will advance this integration in Oxfordshire at pace.

Key Objectives and Deliverables

The main functions of the ISDB will be to:

- Deliver the Health and Wellbeing Board's vision for integrated health and social care in Oxfordshire
- Develop a single system plan and timescales for an integrated health and care system
- Maintain focus on implementing the plan, taking into account any factors that may impact its successful delivery
- Keep up to date with contemporary thinking from health and care systems elsewhere including new commissioning and delivery systems to incentivise change and fresh thinking to tackle system challenges
- Ensure the Oxfordshire health and social care system maintains a consistent approach that remains aligned with wider and at-scale system working such as the BOB STP and other footprints (Ca Alliance, specialist commissioning)
- Work with the other Health and Wellbeing Board Sub-Groups and Sub-Committees to ensure that its vision is fully delivered

Principles

ISDB members have developed and agreed the following principles:

- **Ensure our vision and values are known and aligned at all levels of our system**
- **Maintain a collective responsibility for our health and care system**
- **Keep governance simple, with clear lines of accountability**
- **Recognise and nurture leadership at all levels**
- **Strive for system- wide continuous quality improvement**
- **Communicate regularly with our system colleagues and stakeholders**

System partners across health and care are committed to working together to best meet the health and care needs of our populations now and in the future. ISDB will champion this approach and is committed to working with key stakeholders and our local communities to ensure a transparent and evidenced based approach to future service provision decisions. Solutions will be developed as a system; not as individual organisations.

The work of the ISDB will plan for both now and the future delivery of services. As system partners we will follow a model that will see us address issues at the most appropriate and effective geographical or population level – together with neighbouring Counties, across Oxfordshire, sub County and neighbourhood.

The impact of the Oxfordshire Growth deal and what we know about our population changes will be a significant factor in our planning and delivery.

Membership

The ISDB will be chaired by a Chief Executive Officer from the health and social care system as determined by the membership of the group. At the time of writing this is the Chief Executive of the Clinical Commissioning Group.

Membership of the ISDB spans health and social care; commissioners and providers. Mental and physical health commissioners and providers are included. As a member of the Board each individual CEO or member is responsible for ensuring delivery within their organisation. All members will be held to account for system delivery, system behaviours and system working.

As work to deliver an integrated health and care system advances the membership of the group will be reviewed to ensure effective and appropriate representation and delivery. The following table (Table 1) sets out membership as at October 2018, membership of the Board will be reviewed as appropriate as the progress towards the delivery of integrated care advances.

Clinical leadership in terms of insight, influence and expertise is critical throughout the delivery structure. In this context 'clinical' is used in an all-encompassing way and refers to social care experts, Drs, Nurses, Allied Health Professionals and those involved in both the design and delivery of the services. The Clinical Leadership Group will be established and clinical leadership representation will be confirmed throughout the ISDB delivery structure.

Organisation	ISDB Member	Comment
Oxfordshire County Council (OCC)	Chief Executive Director of Adult Services	Commissioner and Provider
Oxfordshire Clinical Commissioning Group (OCCG)	Chief Executive (Chair)	Commissioner
Oxford University Hospitals Foundation Trust (OUH)	Chief Executive	Provider
Oxford Health Foundation Trust (OH)	Chief Executive	Provider
South Central Ambulance Service	Deputy Chief Executive	Provider
GP Federations	GP Federation Chief Executives[6] • OxFed • PML • SEOx • Abingdon Healthcare	Providers
Clinical Leadership Group	OCCG Clinical Chair[7]	Commissioners and Providers
Buckinghamshire, Oxfordshire and Berkshire West STP (BOB)	STP Executive Lead	Strategic Partner

Table 1 ISDB Membership October 2018

Governance

The ISDB is a subgroup of the Health and Wellbeing Board. The ISDB will report progress to the Health and Wellbeing Board and to individual organisations' respective Boards/Cabinet as appropriate.

[6] The GP Federation Chief Executives will each attend ISDB. Oxfordshire Care Alliance is expected to include OH and the 4 GP Federations in Oxfordshire. Representation will be reviewed when the OCA is formally established.

[7] The Clinical Leadership Group is a part of the governance and delivery structure providing a forum for 'clinicians' health and social care practitioner experts. The CCG Clinical Chair will lead work to develop the group and sit on the ISDB as representative.

The ISDB will operate in accordance with the governance arrangements delegated to it by its constituent partners within the scope of the health and care system plan.

The ISDB will be supported by a number of system wide delivery and enabling workstreams / delivery boards. A formal programme management structure will be developed to advance this.
All partners have committed to a consistent approach to the development, reporting and assurance in relation to the delivery of projects. This will enable a clear picture of progress and delivery, supporting a system view and assurance of delivery.

Existing delivery structures will be used, where possible to advance this system focussed work. As the new system approaches develop we will challenge 'old' structures to ensure that duplication or dilution of resources is avoided.

The scope and terms of reference of the workstream /delivery boards will be approved by ISDB. The workstream /delivery boards will be **accountable** for delivery; reporting through to the ISDB. The projects will be **responsible** for delivery and report through to the workstreams – at their delivery boards.

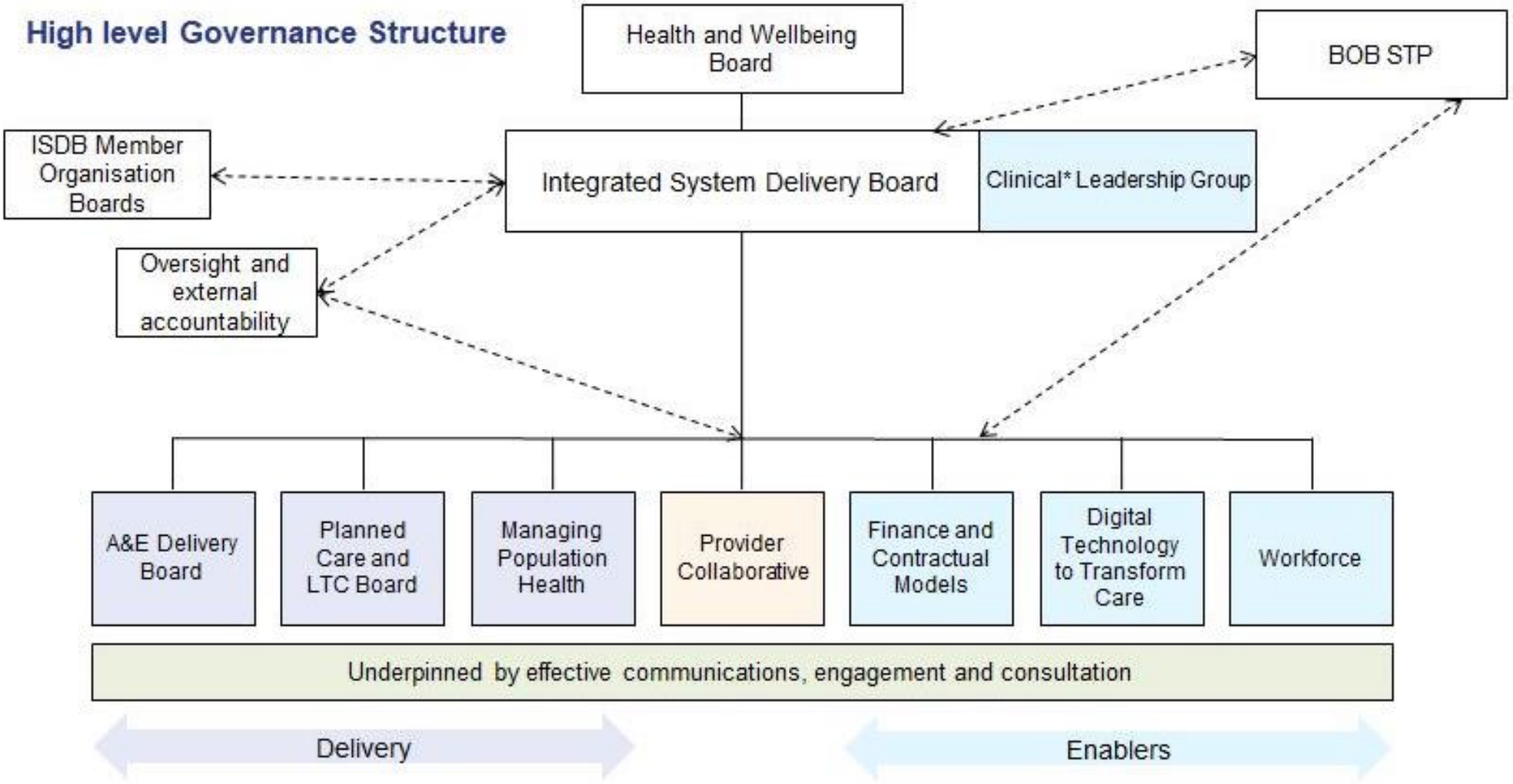
There are wider governance relationships with:

- the decision making bodies of each of the ISDB organisations
- external bodies with scrutiny, oversight, regulatory and / or external accountability functions including but not limited to the Health Overview and Scrutiny Committee, NHS England, NHS Improvement the CQC
- the STP and their delivery structure

It is not anticipated that the Integrated System Delivery Board will become the Integrated Care System or the Integrated Care Provider. Work to establish a provider collaborative or Integrated Care Provider will be the remit of the Provider Collaborative workstream. The terms of reference, membership and timescale for delivery for this aspect of the work will be overseen by the ISDB.

The ISDB is committed to effective communication, engagement and consultation throughout the delivery structure associated with the work towards integrated care. Resources will be specifically focussed to support and enable this; across all of the delivery and enabling workstreams / delivery boards.

High level Governance Structure



*Clinical Leadership in this context is used in an all-encompassing way and refers to leadership provided by social care experts, Drs, Nurses, Allied Health Professionals

Meetings

ISDB will meet on a monthly basis. In light of the fact that the content of the meeting will include items that will be 'commercial in confidence' these meetings will be open only to ISDB members and invited attendees.

The meetings will be action oriented and the ISDB will focus efforts on advancing work to support delivery of the Health and Wellbeing Strategy and the delivery of integrated health and care for Oxfordshire.

The ISDB meetings will be supported by the CCG who will provide meeting secretariat services. Elements of the agenda may be supported by a wider group of attendees; typically drawn from the represented organisations on ISDB. This wider group of attendees will join the meeting for only the invited section.

The ISDB is a CEO membership Board. ISDB members are listed in Table 1; where a member is unable to attend no substitution or delegation is supported. Representation of the organisation in question can be made only during the invited attendees section of the meeting.

The ISDB will report progress to the Health and Wellbeing Board and to individual organisations' respective Boards/Cabinet as appropriate. ISDB paperwork will not routinely be made available within the public domain. This is due to the content of the papers and the discussions.

The ISDB will operate in accordance with the governance arrangements delegated to it by its constituent partners within the scope of the health and care system plan. Key progress and decisions within that delegation will be regularly reported in the public domain through the Health and Wellbeing Board.

Delivery Structure

Existing delivery structures will be used, where possible to advance this system focussed work. As the new system approaches develop we will need to challenge 'old' structures to ensure that duplication or dilution of resources is avoided or minimised.

To facilitate effective working the system will adopt a number of roles that will work within the governance and delivery structure. The details of these are included in appendices to these Terms of Reference.

Sponsors and SROs will work to ensure that there are effective mechanisms to unlock barriers to delivery, to address interdependencies and provide clear links into organisations.

Appendix One – Key roles

ISDB Sponsor

- From the core ISDB membership
- **Accountable** for the workstream
- Provides ISDB representation and leadership to that workstream
- Leads and advocates for the workstream at ISDB
- Ensures the workstream delivers the required outputs and benefits
- May Chair the workstream delivery board
- Works with the workstream SRO to resolve risks and issues

Workstream SRO

- Likely to be from Exec level
- Works closely with the ISDB Sponsor and the Clinical lead to advance delivery of the workstream
- **Responsible** for the workstream - delivery of the outputs and benefits within it
- Provides leadership and oversight of the delivery projects
- May be involved with other workstreams
- Supported by Project Leads / Project SROs for the discrete project / delivery areas

Clinical Lead

- The term 'Clinical Lead' in this context is used in an all encompassing way and refers to leadership provided by social care experts, Drs, Nurses, Allied Health Professionals
- Brings insight, innovation and good practice examples
- Champions an integrated approach
- Works to provide a clinical voice and clinical leadership to a workstream
- Works closely with the ISDB Sponsor and the SRO to advance delivery of the workstream
- Provides a link to the Clinical Leadership Group

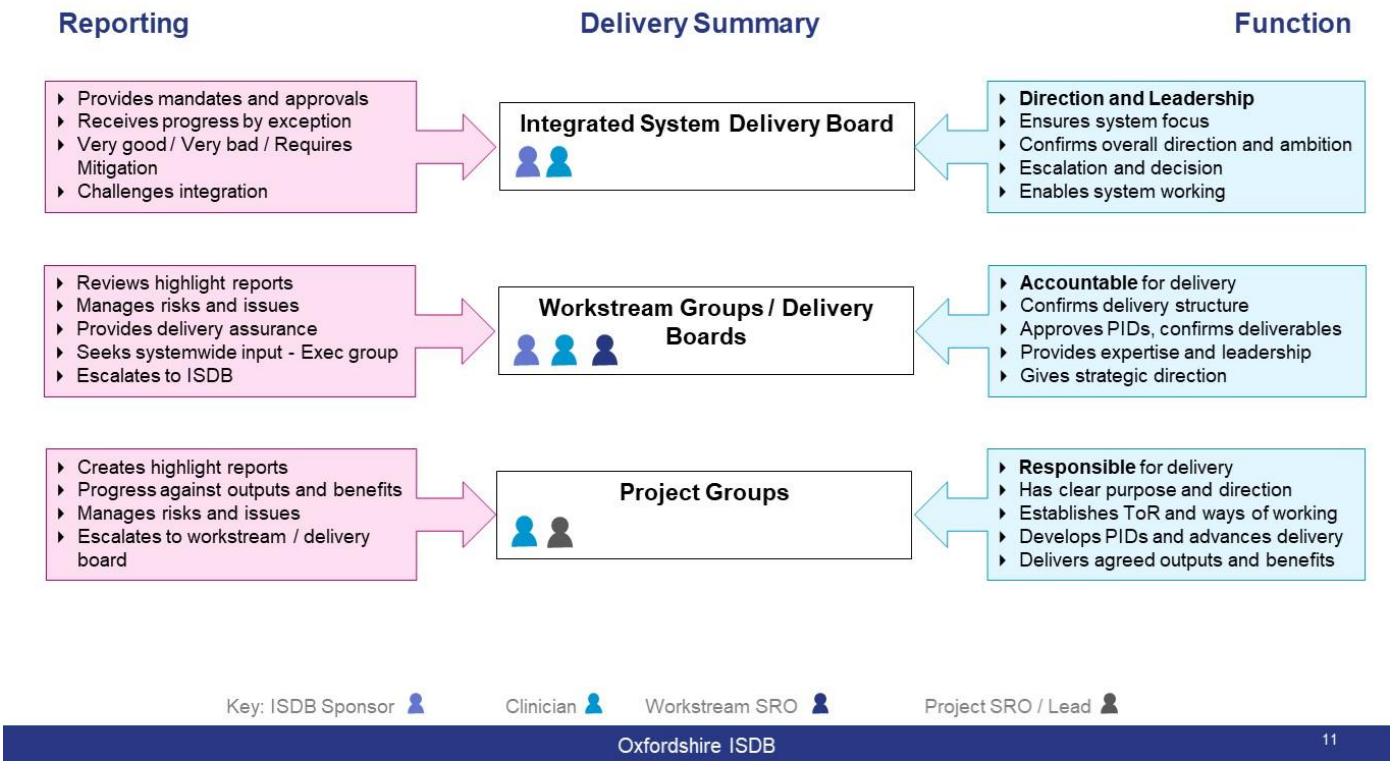
Consistent ways of working

- Workstreams will follow consistent approaches to the establishment of their delivery programmes
- All workstreams (and projects under them) will use the Verto support tool to drive common standards for Mandates. PIDs, Milestones, risks and issues, highlight reports etc
- Scope and terms of reference for each workstream to be approved by ISDB

Appendix Two – Summary of function

The ISDB will provide leadership in the programme structure to advance integration of health and social care in Oxfordshire as set out in the Health and Wellbeing Strategy.

The diagram below sets out the programme accountabilities and responsibilities that fit with the roles described in Appendix One.



In this context ‘clinician’ is used in an all-encompassing way and refers to social care experts, Drs, Nurses, Allied Health Professionals and those involved in both the design and delivery of the services.

Oxfordshire Joint Health and Wellbeing Strategy (2018-2023)

Draft for discussion at the Health and Wellbeing Board

15th November 2018

To the people of Oxfordshire,

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

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

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

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

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

Yet we face challenging times. The population is growing and ageing. The number of people with chronic complex diseases is growing. Demand for all our services is increasing. House prices locally are high and this exacerbates staffing shortages. Money is very tight, and frankly we struggle to consistently support people well and deliver good outcomes.

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

That's what this strategy is all about.

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

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

We have reviewed the current issues affecting us and have picked out the most urgent priorities for our renewed focus on delivery through partnership. We aim to: prevent ill health before it starts; give people a high quality experience as they use our services; work with you on re-shaping your local services and tackle our chronic workforce shortages.

The priorities can be summarised as:

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

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

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

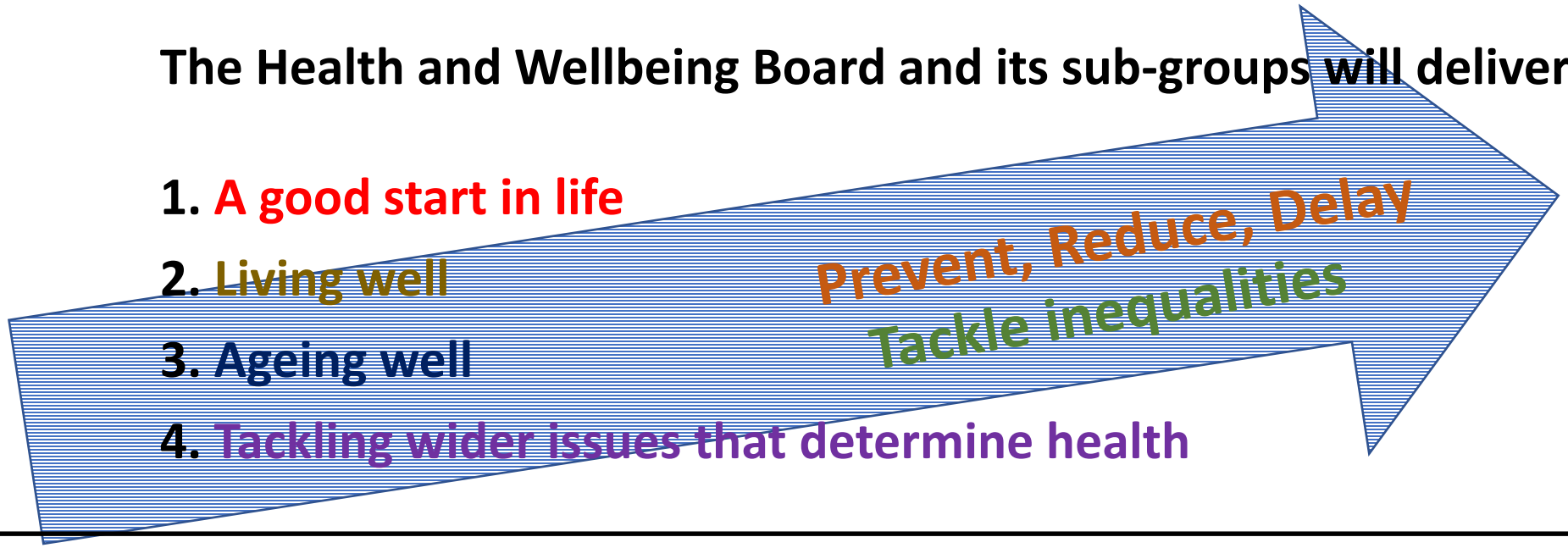
We hope our approach piques your interest, and look forward to sharing our ideas with you in the pages that follow…….

Overview of our priorities

The Health and Wellbeing Board's Priorities are:

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

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



The next few pages explain what we mean when we say we are focussing on
A good start in life, Living Well, Ageing Well and Tackling wider issues that determine health.

A Good Start in Life

Why is this important?

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

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

What do we need to do to make a difference?

- Enable children and young people to be well educated and grow up to lead successful, happy, healthy and safe lives.
- Schools and universal services working together with local, targeted and specialist services is key to improving outcomes.
- Shift the focus to prevention and early help through real partnerships and using resources effectively.
- Support the most vulnerable, including children with Special Educational Needs or Disabilities, to make sure everyone has an equal opportunity to become everything they want to be.
- Deliver responsive services that place children, young people and families at the heart of what we do.
- Work with all generations in families and communities.

The Joint Strategic Needs Assessment shows us that

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

Living Well

Why is this important?

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

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

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

What do we need to do to make a difference?

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

The Joint Strategic Needs Assessment shows us that

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

Ageing Well

Why is this important?

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

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

What do we need to do to make a difference?

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

The Joint Strategic Needs Assessment shows us that

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

Tackling Wider Issues that Determine Health

Why is this important?

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

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

We know that, overall, these factors play a huge role in shaping our overall health and hold the key to prevention.

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

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

What do we need to do to make a difference?

- Learn from the experience of the Healthy New Towns in Barton, Bicester and further afield and work together to apply these ideas to all our planning.
- To work with the leaders of the 'Growth agenda' in Oxfordshire in partnership on this agenda
- Protect vulnerable people from the risk of homelessness, threat of violence and the reality of cold homes
- Work together to reduce demand for reactive services and shift the focus to prevention. This will improve quality of life for residents and also contribute to the financial sustainability of public services.
- We need to work successfully together with the public in an effective dialogue about the need to re-shape services across the County, building trust and collaboration.

The Joint Strategic Needs Assessment shows us that

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

Prevent, Reduce, Delay

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

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

What do we need to do to make a difference?

- To combat increasing chronic disease, we need to shift towards more preventative services. We need to join up NHS and County Council preventative services better with District Council preventative services, making it easy for people to choose healthy lifestyles.
- Funding preventative services is a challenge in the face of rising demand for treatment services but needs to be addressed
- Spread the learning from our Healthy New Towns through 'healthy place-shaping.

What the Joint Strategic Needs Assessment says

- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese.
- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- The rate of hospital admissions for alcohol-related conditions gives a mixed picture in different age groups. By and large the rates are reducing, except for women aged under 40. In addition the alcohol-specific admissions for females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.
- Oxford and Vale of White Horse were each better than the England average on the proportion of people who were inactive according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.
- The Joint Strategic Needs Assessment has no figures on numbers of people with high plasma glucose levels but does record In 2016-17 there were around 29,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of diabetes, up from 27,900 in 2015-16
- In 2016-17 there were around 89,900 GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of Hypertension, up from 85,800 in 2015-16. The prevalence increased from 12.29% of patients to 12.31%, remaining below the national and regional averages

Tackle Inequalities

Why is this important?

Addressing health inequalities is essential because we know there are 2 main issues:
Inequalities in opportunity and / or outcome – some people don't get a good start in life, live shorter lives or have longer periods of ill health
Inequalities of access – some people cannot get to services, don't know about them or can't use them

What do we need to do to make a difference?

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

What the Joint Strategic Needs Assessment says

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

What will we do to improve matters for local people?

1. A good start in life

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

Strategic Objectives

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

Prevention of illness through promoting

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

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

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

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

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

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

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

Delivery Mechanisms include

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

What will we do to improve matters for local people?

2. Living Well

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

Strategic Objectives

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

Prevent, Reduce, Delay

Keeping Yourself Healthy (Prevent)

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

Reducing the impact of ill health (Reduce)

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

Inequalities issues to be addressed

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

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

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

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

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

Delivery Mechanisms	1. The Adults of Working Age Strategy – to be developed 2. The Health Improvement Board -work on social prescribing, mental wellbeing, public health protection and healthy lifestyles.

What will we do to improve matters for local people?

3. Ageing Well

Aim: to ensure that Oxfordshire is a place where individuals, whatever their age, are valued and empowered to live healthy, active and socially fulfilling lives, connected to the communities they live in.

Strategic Objectives

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

Prevent, Reduce, Delay

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

Inequalities issues to be addressed

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

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

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

Delivery Mechanisms include

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

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

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

What will we do to improve matters for local people?

4. Improving Health by Tackling Wider Issues

Aim: to work together to ensure that living, working and environmental conditions enable good health for everyone

Strategic Objectives

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

Prevent, Reduce, Delay

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

Inequalities issues to be addressed

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

Areas of Focus for the Health Improvement Board

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

Delivery Mechanisms include

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

Oxfordshire Health and Wellbeing Board

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

Joint Health and Wellbeing Strategy & our 4 priorities:

1. ***Prevention and healthy place-shaping.***
2. ***Improving the resident's journey through the health and social care system.***
3. ***Agreeing an approach to working with the public so as to re-shape and transform services locality by locality.***
4. ***Agreeing plans to tackle critical workforce shortages***

The Integrated System Delivery Board

Integrated System Delivery Plan
(to be created)

The Adults with Support and Care Needs Joint Management Group

Adults of Working Age Strategy
(to be created)

The Better Care Fund Joint Management Group

The Better Care Fund Plan

Carers Strategy

The Older People's Strategy
(under review)

The Children's Trust

The Children and Young People Plan 2018-2021

The Health Improvement Board

- ***Healthy Weight Action Plan***
- ***Public Health Protection***
- ***Affordable Warmth***
- ***Housing Related Support***
- ***Mental Wellbeing Framework***
- ***Domestic Abuse Strategy Group***

Monitoring arrangements (1)

The role and responsibilities of the Health and Wellbeing Board sub groups
Sub groups of the Health and Wellbeing Board are responsible for developing a suite of strategies and action plans to deliver this overarching Joint Health and Wellbeing Board Strategy. They will report their progress at every meeting of the Health and Wellbeing Board and will keep up to date performance dashboards to enable the Health and Wellbeing Board to monitor progress and hold partners to account. The boxes below give details of the performance indicators to be included in these dashboards.

The Health Improvement Board

The Health Improvement Board will monitor progress in 4 priority areas at all their meetings. They will report a range of indicators and progress towards outcome targets to the Health and Wellbeing Board including:

1. Keeping Yourself Healthy (Prevent)
    - Percentage of the population who are inactive (less than 30 mins / week moderate intensity activity)
    - Smoking quitters per 100,000 population
    - Smoking in pregnancy – smoking at time of delivery
    - Households in temporary accommodation
    - Immunisations rates including MMR, Flu
2. Reducing the impact of ill health
    - Uptake of NHS health checks
    - Children overweight or obese in Reception Class and Year 6
    - Uptake of cancer screening programmes
    - Diabetes prevention
3. Shaping Healthy Places and Communities
    - Participation in active travel
    - Making Every Contact Count
    - Outcomes from social prescribing

The Children's Trust Board

A performance dashboard is monitored routinely at the Children's Trust. A sub-set of these indicators will be reported to the Health and Wellbeing Board along with a narrative report on performance and any concerns. The measures are under review and could include the following areas in line with the Children and Young People's Plan

1. Be Successful
    - Attainment
    - Absence
    - Exclusions
2. Be Happy and Healthy
    - Access to CAMHS
    - Early Help
    - Hospital admissions
3. Be Safe
    - Domestic abuse
    - Looked after children
    - Child Protection Plans
    - Children as victims of crime

If other areas are identified from the wider Children's Trust dataset and need escalating, these will be included in the report to the Heath & Wellbeing Board

Monitoring arrangements (2)

The role and responsibilities of the Health and Wellbeing Board sub groups
Sub groups of the Health and Wellbeing Board are responsible for developing a suite of strategies and action plans to deliver this overarching Joint Health and Wellbeing Board Strategy. They will report their progress at every meeting of the Health and Wellbeing Board and will keep up to date performance dashboards to enable the Health and Wellbeing Board to monitor progress and hold partners to account. The boxes below give details of the performance indicators that are likely to be included in these dashboards.

The Joint Management Groups (JMGs) and Integrated Service Delivery Board (Integrated Services Delivery Board)

The Joint Management Groups (JMGs) and Integrated Service Delivery Board (ISDB)
The JMGs and ISDB will continue to report on a group of indicators with outcome targets to be achieved. Three areas of work are outlined below, with a few examples of indicators for each:

1. Working together to improve quality and value for money in the Health and Social Care System
- Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission for people of all ages
- Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95 %.
- Proportion of all providers described as outstanding or good by CQC remains above the national average

2. Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential
- Increase the number of people with mild to moderate mental illness accessing psychological therapies
- Increase the proportion of people referred to Emergency Departments Emergency Department Psychiatric Service seen within agreed timeframe
- Reduce the number of deaths by suicides
- Increase the number of people with severe mental illness in employment / settled accommodation
- Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by 2019

3. **Support older people to live independently with dignity whilst reducing the need for care and support**
- Reduce the average number of people delayed in hospital to 83 or fewer
- Ensure the 90th percentile of length of stay for emergency admissions (65+) remain better than elsewhere
- Increase the proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services
- Increase the estimated diagnosis rate for people with dementia

Engagement approach for the Joint Health and Wellbeing Strategy

Engaging the public and key stakeholders on the renewed strategy will ensure its profile remains high and will help to indicate where further communications will be necessary to ensure all those with an interest are familiar with the challenges and priorities.

Have your say!

It is proposed that a short survey is developed that will be made available on the Oxfordshire Clinical Commissioning Group's "Talking Health" website and the Oxfordshire County Council website.

People from across Oxfordshire will be encouraged to respond to the survey.

Stakeholder event

An event will be organised for key stakeholders who together will have a role to play in delivering the strategy.

This event will provide an opportunity for participants to refresh their understanding of the issues and priorities set out in the strategy and how they relate to their community and organisation.

And finally…… following these engagement activities

The final draft Joint Health and Wellbeing Strategy will be discussed, finalised and approved at the Health and Wellbeing Board meeting in March 2019.