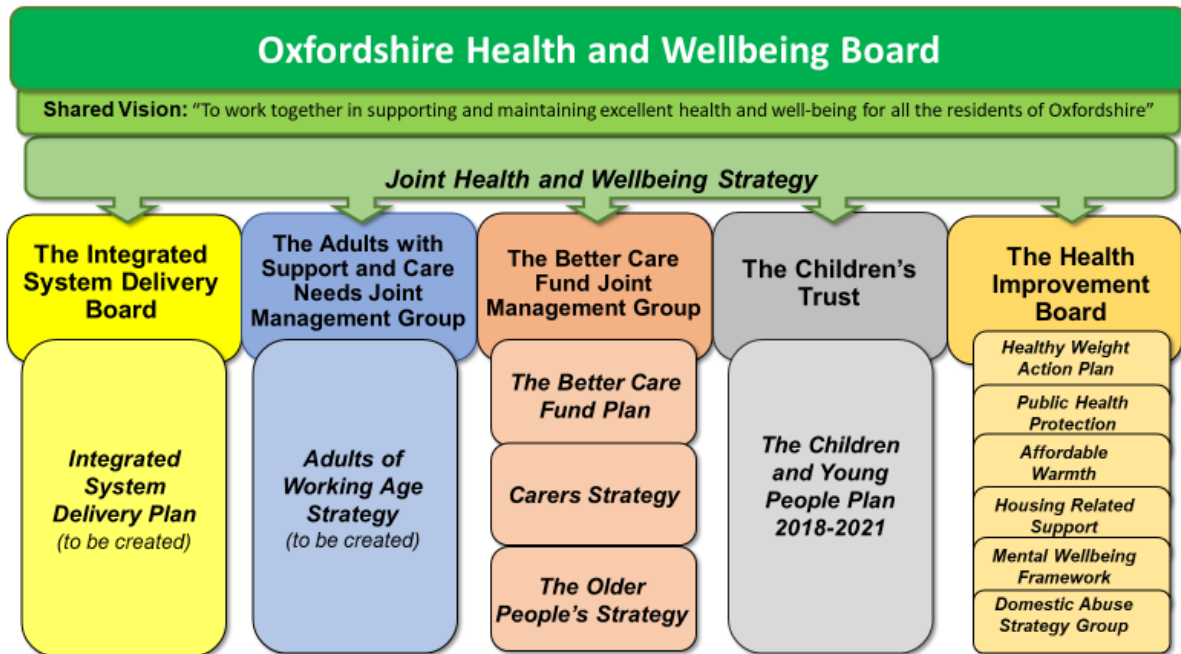**OXFORDSHIRE JOINT HEALTH OVERVIEW
AND SCRUTINY COMMITTEE - 20 JUNE 2019**

**AN ANNUAL REPORT ON THE WORK OF THE OXFORDSHIRE HEALTH AND
WELLBEING BOARD**

Report of the Chairman of the Health & Wellbeing Board

Introduction

1.   Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public heath responsibilities.

2.   The Oxfordshire Health and Wellbeing Board was established in shadow form in November 2011, building on strong existing partnership work. It was constituted as a sub-committee of the County Council when it became a statutory board in April 2013.

3.   This report gives information on the activity and development of the Oxfordshire Health and Wellbeing Board in 2018-19. During this year there were changes to the membership and governance of the Board which reflected changes in the health and care system. The renewed Board has produced and approved a new Joint Health and Wellbeing Strategy and refreshed Joint Strategic Needs Assessment, therefore fulfilling its statutory duty. This report will highlight the value added to delivery of health and care services in the County as a result of this partnership work.

4.   The structure of the HWB in Oxfordshire shows how the strategic priorities are delivered across the system and is summarised in Figure 1, below

Oxfordshire Health and Wellbeing Board

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

Joint Health and Wellbeing Strategy

The Integrated System Delivery Board	The Adults with Support and Care Needs Joint Management Group	The Better Care Fund Joint Management Group	The Children's Trust	The Health Improvement Board
Integrated System Delivery Plan (to be created)	Adults of Working Age Strategy (to be created)	The Better Care Fund Plan / Carers Strategy / The Older People's Strategy	The Children and Young People Plan 2018-2021	Healthy Weight Action Plan / Public Health Protection / Affordable Warmth / Housing Related Support / Mental Wellbeing Framework / Domestic Abuse Strategy Group

Summary of the work of the Board in 2018-19

5. Meetings of the HWB were held in public on the following dates:
   10th May 2018
   15th November 2018
   29th January 2019 (additional public meeting with CQC)
   14th March 2019

6. In addition, members of the newly formed Board met for 3 workshops. These were used to develop working relationships, to agree principles for how the members of the Board will work together and to set out the framework for the new Joint Health and Wellbeing Strategy.

7. All papers for public meetings are published a week in advance and can be found by searching for the appropriate date through this link:
   http://mycouncil.oxfordshire.gov.uk/mgCalendarMonthView.aspx?GL=1&bcr=1

8. Specific pieces of work that were carried out during the year are described more fully below:

The review of Governance

9. In early 2018 a wide range of stakeholders were invited to meet the Chairman (Cllr Ian Hudspeth) and Vice Chairman (Dr Kiren Collison) to discuss how the HWB should be shaped for the future. These stakeholders included the existing members of the Board, representatives from NHS Trusts and commissioning organisations, voluntary sector partners, social care providers and others. The views expressed were collated into a discussion paper and set of recommendations that were presented to the HWB in May 2018.

10. At this meeting various changes to the membership and terms of reference of the Board were agreed. These changes were then discussed and ratified at the Oxfordshire County Council meeting later in May.

11. The changes include:
   - Additions to membership, with Chief Executives of the NHS Trusts, CCG and the County Council becoming full members of the Board along with a primary care representative.
   - Meetings are now quarterly (whereas they had been 3 times a year)
   - The meetings alternate between County Hall and Jubilee House.

12. In addition, the sub-groups of the HWB (shown in the Figure above) were asked to review their ways of working to ensure they are fully aligned to the work of the board in order to deliver the Joint HWB Strategy. This would be through a suite of related strategies and action plans owned by the sub-groups and monitored at the HWB.

13. The HWB also agreed to establish wider stakeholder involvement in its work (and that of the sub-groups) through a Reference Group. This idea has been discussed and developed since May 2019 and plans are now being implemented to work through a Stakeholder Network, coordinated by Healthwatch Oxfordshire and resourced by all partners.

14. The current membership of HWB is set out in the box below:

Cllr Ian Hudspeth (Chairman)	Leader, Oxfordshire County Council
Dr Kiren Collison (Vice Chairman)	Clinical Chair, Oxfordshire CCG
Val Messenger	Interim Director of Public Health
Lucy Butler	Director, Children's Services and acting Director, Adult Social Care
Director of Adult Social Care	Vacant
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care and Public Health, County Council
Cllr Steve Harrod	Cabinet Member for Children, County Council
Cllr Andrew McHugh	Chair of Health Improvement Board, Cherwell District Council
Cllr Louise Upton	Vice Chair of Health Improvement Board, Oxford City Council
Prof George Smith	Chairman, Oxfordshire Healthwatch
Bruno Holthof	Chief Executive, Oxford University Hospitals F Trust
Stuart Bell	Chief Executive, Oxford Health F Trust
Ben Riley	Primary Care representative
Yvonne Rees	Chief Executive, County Council and District Council representative
Lou Patten	Chief Executive, CCG
David Radbourne, NHSE	Director of Commissioning Operations, S Central

Response to the Care Quality Commission report

15.   During 2018-19 the HWB ensured delivery of the action plan which had been devised following the Care Quality Commission (CQC) whole system review in November 2017.

16.   The Health and Wellbeing Board received the report of the CQC in January 2018 and has monitored progress on delivery of the action plan at every meeting since. In addition, the CQC made a follow up visit in January 2019 and discussed progress at an additional public meeting with the HWB. It was noted that this marked the half way point in the implementation period.

17.   The minutes of the meeting in January 2019[1] recorded the following:

   At the conclusion of their presentation the Inspectors briefly summarised their findings as a significant amount of work had been done, but there was more to do. This, they could say with confidence, would be conducted with the same strong commitment already shown.

Development of a new Joint Health and Wellbeing Strategy

18.   The newly reformed HWB started work on the new Joint HWB Strategy in their workshop in July, agreeing a framework set out in the "Life Course Approach" with the main headings
   - A good start in life
   - Living Well
   - Ageing Well
   - Tackling wider issues that determine health

19.   The Board also agreed cross cutting themes of Prevention and Tackling Health Inequalities. This work is to be implemented by the sub-groups of the Board and progress is monitored at every meeting.

20.   Further discussions by members of the Board identified 4 top level priorities to be addressed by the HWB members themselves. These priorities form the "business" section at each HWB meeting in public. They 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.

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[1] http://mycouncil.oxfordshire.gov.uk/documents/s45135/HWB_MAR1419R01%20-%20Note%20of%20Decisions%20-%2029%20January%202019%20special%20meeting.pdf

21. The draft strategy, including information from the Joint Strategic Needs Assessment and rationale for these priorities, was discussed at the HWB in November 2019 and then used as a focus for wider engagement. This included an on line survey, a stakeholder event and engagement with members of HOSC.

22. A report on this engagement activity was presented with a revised draft of the Joint HWB Strategy for approval in March 2019. A performance monitoring framework was also set out and is now in use at each meeting to enable the HWB to keep up to date with progress.

Developing an Integrated Care System (ICS)

23. The Health and Wellbeing Board is the key body for developing arrangements for an Integrated Care System in the county. The establishment of the Integrated System Delivery Board (ISDB) in the last year has driven this work forward. The priorities for the ISDB are
   - Support the delivery of the Health and Wellbeing Board's vision for integrated health and social care in Oxfordshire
   - Keep up to date with contemporary thinking from health and care systems elsewhere including new commissioning and delivery systems to incentivise change and fresh thinking to tackle system challenges
   - Ensure the Oxfordshire health and social care system maintains a consistent approach that remains aligned with wider and at-scale system working such as the BOB STP and other footprints (Ca Alliance, specialist commissioning)
   - Work with the other Health and Wellbeing Board Sub-Groups and Sub-Committees to ensure that its vision is fully delivered.

24. An update on Health and Care System Strategy Development was jointly presented to the HWB on 13th June and can be found here: http://mycouncil.oxfordshire.gov.uk/documents/s47365/HWB_JUN1319R03%20-%20Health%20Care%20System%20Strategy%20Development.pdf

Monitoring progress

25. The agenda for each HWB meeting in public includes several elements by which progress on delivering the strategic priorities is reported. These are
   - The performance framework which includes outcome measures delivered by the sub-groups. These are set out in sections which reflect the Life Course approach described above. There are also process measures for some areas of work which are being developed and are not yet able to set numerical targets. The performance report published for the last meeting of the HWB in June 2019 is included as **Annex 1**. As there is little to report so far in 2019-20 (the report was compiled within Q1) it should be noted that it therefore includes information on progress at the end of 2018-19. This report is set out to show delivery by the HWB sub-groups

- Reports from each sub-group at each HWB meeting. These are now written in an agreed template so that the links to priority areas of work are clear. It is expected that the sub-groups steer this work and therefore their reports enable the HWB to keep up to date with progress. Another new feature of these reports is that the sub-groups give written reports on any performance indicators that are rated Amber or Red. This enables the HWB to receive more detail on areas of concern.

Plans for 2019-20

26. The Health and Wellbeing Board has now begun its second year in its new form. The work that it will undertake this year is likely to include

- Progress the delivery of the 4 strategic priorities for the Board. In particular
  - Publication of the Prevention Framework which will give more detail on the role and joint ambition of all partners in delivering this priority.
  - Learning from the use of the new approach to Planning for Population Health and Care Needs. This approach is being used with a wide range of stakeholders and services in the OX12 area currently.
  - Completing the work set out in the CQC action plan.
  - Monitoring and contributing to the implementation of the BOB workforce strategy.
- Establishing the reporting and monitoring arrangements to ensure a robust overview of the delivery of the Joint HWB Strategy.
- Ensuring that new strategies being developed and implemented are also aligned to the Joint HWB Strategy and that their progress is reported. This includes the newly approved Older People Strategy, for example.
- Dialogue with a wider group of stakeholders in themed discussions as the Stakeholder Network is established.
- Agreeing a joined up approach to tackling health inequalities across the partnership.
- Deliver a revised Joint Strategic Needs Assessment by the end of 2019-20

Recommendations to HOSC

27. Members of the Health Overview and Scrutiny Committee are asked to note the content of this report and the systems in place to monitor progress in delivering the Joint Health and Wellbeing Strategy and improving health outcomes for our population.

Annex

Health & Wellbeing Performance
Framework: 2019/20
June 2019 Performance report

	Measure	Responsible Board	Baseline	Target 2019/20	Update	Q1 Report		Notes
						No.	RAG	
A good start in life	1.1 Reduce the number of looked after children by 50 in 2019/20	Children's Trust	789 (Jan 19)	750	Q3 2018/19	794	R	
	1.2 Maintain the number of children who are the subject of a child protection plan	Children's Trust	602 (Jan 19)	620	Q3 2018/19	608	G	
	1.3 Increase the proportion of children that have their first CAMHS appointment within 12 weeks to 75%	Children's Trust	26% (Apr-Nov 2018)	75%	Nov 2018	26%	R	
	1.4 Increase the number of early help assessments to 1,500 during 2019/2020	Children's Trust	1083 (Apr-Jan 2019)	1,500	Q3 2018/19	923	A	
	1.5 Reduce the number of hospital admissions as a result of self-harm (15-19 year) to the national average (rate: 617 actual admissions 260 or fewer)	Children's Trust	312 (2016/17)	260	Q3 2018/19	nya		To be routinely reported from April 2019
	1.6 Increase the proportion of pupils reaching the expected standard in reading, writing and maths	Children's Trust	65% (17/18)	73%	Q3 2018/19	nya		Annual figure reported on academic year
	1.7 Maintain the proportion of pupils achieving a 5-9 pass in English and maths	Children's Trust	52% (17/18)	50%	Q3 2018/19	nya		Annual figure reported on academic year
	1.8 Reduce the persistent absence rate from secondary schools	Children's Trust	13.7% (T2 18/19)	12.2%	Q3 2018/19	nya		To be routinely reported via the Children's Trust from April 2019. Measured on academic year
	1.9 Reduce the number of permanent exclusions	Children's Trust	26 (T2 18/19)	tbc	Q3 2018/19	nya		To be routinely reported via the Children's Trust from April

							2019. Measured on academic year
1.10 Ensure that the attainment of pupils with SEND but no statement or EHCP is in line with the national average	Children's Trust	**KS2** 20% cf 24%: (17/18) **KS4** 28.5 c.f 31.9 (16/17)	tbc	Q3 2018/19	KS2 20% 17/18 ac yr KS4 NYA	A	KS2 fig (% SEN support pupils reaching at least the expected standard in reading writing and maths 17/18 academic year • Oxon =20% (17% 16/17), • National - 24% (21% 16/17). Joint 6th of our 12 statistical neighbours
1.11 Reduce the persistent absence of children subject to a Child Protection plan	Children's Trust	32.8% (16/17)	tbc	Q3 2018/19	32.8	R	Annual Figure National figure (17/18) =31.1%.
1.12 Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	Q3 2018/19	6.7%	G	Data incomplete for OCCG - no return from Great Western Hospital this quarter. RAG based on 18/19 targets
1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	Health Improvement Board	94.3% (Q2 18/19)	95%	Q3 2018/19	92.8%	A	RAG based on 18/19 targets
1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	Health Improvement Board	92.7% (Q2 18/19)	95%	Q3 2018/19	89.4%	R	RAG based on 18/19 targets
1.15 Maintain the levels of children obese in reception class	Health Improvement Board	7.8% (17/18)	7%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)
1.16 Reduce the levels of children obese in year 6	Health Improvement Board	16.2% (17/18)	16%		n/a		The baseline for children who are obese and does NOT include those overweight (but not obese)

Surveillance measures

Monitor the number of child victims of crime	Children's Trust	2238 (Apr-Dec 2018)	Monitor only	Q3 2018/19	2238	

	Monitor the number of children missing from home	Children's Trust	1494 (Apr-Dec 2018)	Monitor only	Q3 2018/19	1494		
	Monitor the number of Domestic incidents involving children reported to the police.	Children's Trust	4807 (Apr-Dec 2018)	Monitor only	Q3 2018/19	4807		
	Monitor the crime harm index as it relates to children	Children's Trust	Set in Q1	Monitor only	Q3 2018/19	n/a		
Living Well	2.1 Number of people waiting a total time of less than 4 hours in A&E	Joint Management Groups	88%(Apr-Nov 18)	tbc	Feb-19	87%	R	Feb 2019 saw Oxford University Hospital Foundation Trust A&E fail to reach the 95% national and 90.2% NHS Improvement trajectory targets, achieving 81.4% overall. It is a slight improvement on 81.1%% for the same period last year.
	2.2 Proportion of all providers described as outstanding or good by CQC remains above the national average	Joint Management Groups	91% Oxon; 86% national. (Jan 2019)	86%	May-19	92%	G	May 2019; 92% of health & social care providers in Oxfordshire are good or outstanding compared with 86% nationally
	2.3 Improving access to psychological therapies: The % of people who have depression and/or anxiety disorders who receive psychological therapies	Joint Management Groups	18% (Apr - Nov)	22%	Feb-19	20%		This is a nationally set target. 18% is year to date figure to February. Actual Feb figure is 20%. Target last year 19%).
	2.4 The proportion of people who complete psychological treatment who are moving to recovery.	Joint Management Groups	51% (Apr - Nov)	50%	Jan-19	51%	G	Figure to January
	2.5 The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment	Joint Management Groups	100% (Apr - Nov)	95%	Jan-19	100%	G	Figure to January
	2.6 The % of people who received their first IAPT treatment appointment within 6 weeks of referral.	Joint Management Groups	99% (Apr - Nov)	75%	Jan-19	99%	G	Figure to January

2.7 The proportion of people on General Practice Seriously Mentally Ill registers who have received a full set of comprehensive physical health checks in a primary care setting in the last 12 months.	Joint Management Groups	23.6%	60%		nya		To be reported from April
2.8 Number of people referred to Emergency Department Psychiatric Service seen within agreed timeframe: JR (1 hour); HGH (1.5 hours)	Joint Management Groups	98% JR; 96% HGH (2017/18)	95%	Feb-19	87% JR; 72% HGH	R	
2.9 Proportion of people followed up within 7 days of discharge within the care programme approach	Joint Management Groups	96% (Apr - Dec)	95%	Dec-18	96%	G	Latest figure Dec 2018
2.10 The proportion of people experiencing first episode psychosis or ARMS (at risk mental state) that wait 2 weeks or less to start a NICE recommended package of care.	Joint Management Groups	75%	56%	Feb-19	89%	G	February 2019 figures
2.11 Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by March 2020	Joint Management Groups	57% (Sep 2018)	75%	Dec-18	41%	R	Figure to December
2.12 The number of people with severe mental illness in employment	Joint Management Groups	18% Dec 2018	18%	Feb-19	18%	G	February 2019 figures
2.13 The number of people with severe mental illness in settled accommodation	Joint Management Groups	96% Dec 2018	80%	Feb-19	96%	G	February 2019 figures
2.14 The number of people with learning disabilities and/or autism admitted to specialist in-patient beds by March 2020	Joint Management Groups	9	10		nya		To be reproted from April

	2.15 Reduce the number of people with learning disability and/or autism placed/living out of county	Joint Management Groups	177 (Dec 2018)	< 175	Mar-19	181	A	Figure has increased, but small numbers
	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	Health Improvement Board	19.1%	18.6%		n/a		
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	Health Improvement Board	>2,337 per 100,000 (2017/18)	> 2,337 per 100,000*	Q4 2018/19	2,929	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	Health Improvement Board	52.4 (2017/18)	55%	Sept 18 to Feb 19	51.40%	A	
	2.19 Maintain the % of people invited for a NHS Health Check (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	97% (2018/19)	97%	Q3 2018/19	94.90%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.20 Maintain the % of people receiving an NHS Health Checks (Q1 2014/15 to Q4 2019/20)	Health Improvement Board	49% (2018/19)	49%	Q3 2018/19	47.10%	G	Target and RAG relate to 2018/19. The 2019/20 target will be set in Q1 once baseline is known. Data always a quarter in arrears
	2.21 Increase the level of cervical Screening (Percentage of the eligible population women aged 25-64) screened in the last 3.5/5.5 years	Health Improvement Board	68.2% (Q4 2017/18)	80%	Q1 2018/19	71.20%	A	
Ageing Well[1]	3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036(Apr-Dec 18)	2000	Mar-19	123	A	102 people started reablement from hospital with HART; 21 from Oxford health. It would equate to 1476 for the year
	3.2 Increase the number of hours from the hospital discharge and reablement services per month	Joint Management Groups	8596 (Dec 2018)	8920	Mar-19	8842	A	Within 1 % of target for the month

3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	Mar-19	5944	G	The level of hours is not delivering the level of cases as the amount of care provided per person is higher than predicted.
3.4 Increase the proportion of discharges (following emergency admissions) which occur at the weekend	Joint Management Groups	20.8% (2016/17)	>18.8%	Feb-19	21%	G	Year to date to February
3.5 Ensure the proportion of people who use social care services who feel safe remains above the national average	Joint Management Groups	74% Feb 2018	> 69.9%	Feb-19	70.1	G	National social care user survey February 2019
3.6 Maintain the number of home care hours purchased per week	Joint Management Groups	21,353 Dec 2018	21,779	Mar-19	21,327	A	The number of home care hours increased substantially till 2 years ago. It has now stabilised despite increased need, due to workforce capacity
3.7 Reduce the rate of Emergency Admissions (65+) per 100,000 of the 65+ population	Joint Management Groups	22,822 (2017/18)	24,550 or fewer	Feb-19	19,677	G	Year to date to February
3.8 90th percentile of length of stay for emergency admissions (65+)	Joint Management Groups	16 (2017-18)	18 or below	Dec-18	13	G	Figure to December
3.9 Reduce the average number of people who are delayed in hospital [2]	Joint Management Groups	85 (Dec 2018)	TBC	Mar-19	95	A	Latest national published figure for March DTOC Bed days for Oxfordshire. Target and trajectory is not yet available

3.10 Reduce the average length of "days delay" for people discharged from hospital to care homes	Joint Management Groups	248 (Dec 2018)	TBC	Mar-19	188	G	Latest national published figure for March
3.11 Validated local position of CCG on average length of days delay for locally registered people discharged from hospital to care homes	Joint Management Groups	2.48 (17/18)	< 2.48	Dec-18	2	G	Latest figure December 2018
3.12 Reduce unnecessary care home admissions such that the number of older people placed in a care home each week remains below the national average	Joint Management Groups	13.0 (Apr-Dec 2018)	14	Mar-19	11.5	G	
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Joint Management Groups	77% (Oct-Dec 2017)	85% or more	Mar-19	73.7	R	This measure is a national measure of people leaving hospital with reablement between October and December and whether they are at home 91 days later. A lower figure could imply that cases picked up are more complicated.
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	Joint Management Groups	1.4% (Oct-Dec 2017)	3.3% or more	Mar-19	1.7	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. The latest national figure (2017) is 2.9%The measure is used to monitor the CQC action plan
3.15 Increase the estimated diagnosis rate for people with dementia	Joint Management Groups	67.8% (Apr-Dec)	67.8%	Feb-19	68.1%	G	Figure to February

	3.16 Maintain the level of flu immunisations for the over 65s	Health Improvement Board	75.9% (2017/18)	75%	Sept 18 to Feb 19	76.3%	G
	3.17 Increase the percentage of those sent bowel screening packs who will complete and return them (aged 60-74 years)	Health Improvement Board	58.1% (Q4 2017/18)	60%	Q1 2018/19	59.5%	A
	3.18 increase the level of Breast screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	Health Improvement Board	74.1% (Q4 2017/18)	80%	Q1 2018/19	73.9%	A
Tackling Wider Issues that determine health [2]	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	Health Improvement Board	208 (Q1 2018-29)	>208		n/a	
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	Health Improvement Board	tbc	<75%		n/a	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	Health Improvement Board	90 (2018-19)	>90		n/a	
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	Health Improvement Board	no baseline	Monitor only		n/a	
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	Health Improvement Board	no baseline	Monitor only		n/a	
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	Health Improvement Board	no baseline	Monitor only		n/a	