

**To:** Council  
**Date:** 23 July 2018  
**Report of:** Assistant Chief Executive  
**Title of Report:** Oxfordshire Health and Well-being Board Partnership Report

<b>Summary and recommendations</b>	
<b>Purpose of report:</b>	To provide the annual report on the work of the Oxfordshire Health and Wellbeing Board and to update on its recent review
<b>Key decision:</b>	No
<b>Executive Board Member with responsibility:</b>	Cllr Louise Upton. Healthy Oxford
<b>Corporate Priority:</b>	Strong and Active Communities
<b>Policy Framework:</b>	No
<b>Recommendation(s): That the Committee resolves to:</b>	
1. Note the receipt of the report	

<b>Appendices</b>	
Appendix 1	Oxford City Council Response to Health and Wellbeing Board Consultation.
Appendix 2	Health and Wellbeing Board membership
Appendix 3	Health Inequalities Commissioning Group update Report
Appendix 4	Summary of work health improvement board 17/18

## 1 Introduction

- 1.1 Health and wellbeing boards 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 health responsibilities.

- 1.2 The Oxfordshire Health and Wellbeing Board is a partnership between local government, the NHS and the people of Oxfordshire. It includes local GPs, councillors, Healthwatch Oxfordshire, and senior local government officers. The board provides strategic leadership for health and wellbeing across the county and ensures that plans are in place and action is taken to realise those plans. The City Council have been an active member of the board since its inception in 2013.
- 1.3 Council last received a report on the Health and Wellbeing Board in June 2016. There have been significant changes to the strategic landscape in the last two years. Some of the drivers for our partner organisations have changed.
- 1.4 The Five Year Forward View for the NHS includes an imperative to include prevention in NHS plans: **“If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness”**
- 1.5 A system wide Care Quality Commission inspection of health and social care in Oxfordshire concluded with a report in November 2017.
- 1.1 In response to the report findings, a full review of the current Health and Wellbeing board arrangement was undertaken to ensure it was fit for purpose moving forward. The Care Quality Commission published the report in to its findings. Here are links to the [CQC report \(PDF\)](#) and [press release](#).
- 1.6 In summary the report said:
 

**‘In Oxfordshire we found that there was a lack of whole system strategic planning and commissioning with little collaboration between system partners’**

**“Although there was increased ambition to work together system leaders continued to face significant challenges in coming together to formalise their ambitions through a joint strategic approach.”**
- 1.7 The system wide inspection provided a timely opportunity to review the existing board arrangements and ensure the board was fit for purpose moving forward.
- 1.8 It still remains a statutory requirement of the social and health care act 2012 to have a Health and well-being Board.

## **2 Background and Review Process**

- 2.1 Oxford City Council actively participated in the Health and Wellbeing board review and provided a written response to the formal consultation, see **Appendix 1**.
- 2.2 The proposed new board structure was agreed by the majority of voting members in May 2018. The City council requested more clarity on the decision making process and more detail on how the Board will work to make progress on priority issues that are highlighted as needing improvement.
- 2.3 This has resulted in a workshop taking place on 19th July to explore this further and develop the future board priorities
- 2.4 The first public meeting of the full board will be on September 13th 2018.

### **3 The new role of the Oxfordshire Health and Wellbeing Board (HAWB)**

- 3.1 The HAWB has extended its membership and will include the following agencies. County Council, Clinical Commissioning Group, District and City Councils, Oxford University Hospitals, Oxford NHS Foundation Trust, Health Watch, Public Health NHS England and Oxfordshire's General Practice Federations.
- 3.2 The full detail of the membership can be found in **Appendix 2**.

### **4 The new vision**

- 4.1 The HAWB will create and own a single unifying vision for the improvement of the health and wellbeing of Oxfordshire residents.
- 4.2 There is a clear role and remit for all local authorities in the health and wellbeing of local communities. Councils may not necessarily recognise this as "prevention" but make a major contribution across the wider determinants of health such as housing, homelessness, leisure, economic development, air quality etc.
- 4.3 The HAWB will create, own and monitor a comprehensive high-level health and wellbeing strategy for the improvement of the health and wellbeing of Oxfordshire residents.
- 4.4 It will also provide a framework for partners in the voluntary and community sector and business to recognise their part. It will also give a clear focus for funding and commissioning decisions.
- 4.5 The HAWB will agree a suite of strategies which will be created and owned by its sub-committees. These will flow from the overarching Joint Health and Wellbeing Strategy which will be informed by the Joint Strategic Needs assessment.
- 4.6 The HAWB will monitor the implementation of its strategy and the member organisations will hold one another to account for delivery. The Board will receive regular reports from its sub-committees based on outcome measures set by each.
- 4.7 The HAWB will fulfil its statutory duties. These currently include producing an authoritative Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment, and approving plans for the Better Care Fund and the Improved Better Care Fund. The Board already has decision-making powers with respect to these.
- 4.8 Decision making will also take place through the collective delegated authority of the individual members.
- 4.9 The HAWB will establish a reference group with wide membership including the voluntary sector and patient group representatives. The membership will be flexible depending on current topics of concern. The reference group will discuss these key issues and may propose topics for HAWB 'deep-dive' exercises. The HAWB will aim to approve two of these per year and agree how they will be taken forward.
- 4.10 The City Council will be focused on tackling health inequalities, improving outcomes for people in our most deprived communities. Supporting the work in relation to mental wellbeing and loneliness and influencing the older people strategy which is currently under review.
- 4.11 Functionality

4.12 The HAWB will delegate the operational delivery of its strategy to the following sub-committees: Each partnership board will report directly to the Health and Wellbeing Board regarding the priorities it is responsible for:

- The Children's Trust Board
- The Health Improvement Partnership Board
- The Adults with Support and Care Needs Joint Management Group
- The Better Care Fund Joint Management Group
- The Integrated System Delivery Board

4.13 The new board arrangement continues to mean the Chair and vice chair of the Health Improvement Board sub group automatically get a voting seat on HAWB.

4.14 Councillor Louise Upton, portfolio holder for Healthy Oxford, took up the role as Vice Chair for HIB in June and Councillor Andrew McHugh, Cherwell District Council has taken the role as Chair of HIB.

4.15 Oxford City Council also now has a member seat on the Children's Trust which is held by Councillor Marie Tidball and City /district officer seat, currently held by Daniella Granito Policy and Partnership Team Manager Oxford City Council.

## **5 Current work for Oxford City Council**

5.1.1 **Joint Strategic Needs Assessment (JSNA)** The City Council has participated in the JSNA Steering group this year, offering us an opportunity to influence its development . Information is now available at ward level wherever possible and other key agencies have added to the data set for the first time, including Public Health and Thames Valley Police resulting in a more data rich picture of Oxfordshire/city than ever before. This enables us as a local authority, and as members of strategic level boards, to focus on and prioritise need for services, with a particular focus on health inequalities. It also allows the board and sub groups to have a clear set of performance indicators alongside service delivery to enable to board to hold each other and commissioned agencies to account.

5.1.2 Oxford City Council supported and hosted the launch of the JSNA.

5.1.3 The Joint Strategic Needs Assessment can be found here: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

5.1.4 The City Council Data Research Officers meet monthly with the County JSNA team. We directly support elements of the work, providing statistical evidence to ensure that the needs of the city are adequately represented. We have led in setting up a good practice group for the data teams across county and districts to share good practice and use skills to further develop the JSNA.

5.1.5 Oxford City Council are using the data provided by the JSNA to inform service delivery, influence service development and commissioning of services across

the City. For example this has informed our work within the children and young person strategy and the impact zone initiative.

## 5.2 Health Inequalities

5.2.6 The JSNA has been particularly helpful with joint partnership work on tackling health inequalities. For example we have used this data to support the work of the health inequalities commissioning group, which focuses on delivering outcomes against the 60 recommendations from the CCG health inequalities report. The independent Health Inequalities Commission for Oxfordshire carried out its work throughout 2016. The report of the Commission was presented by the Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and a paper was presented to the Board in March 2017 outlining the role of the Board in overseeing the implementation of recommendations.

5.2.7 Following publication of the Oxfordshire Health Inequalities Commission report in 2017, Oxford City Council committed £100k, subsequently match funded by Oxfordshire Clinical Commissioning Group, which will be used to tackle Health Inequalities in Oxford City.

5.2.8 The subsequent project that developed with this £200k funding aims to support residents in the targeted deprived localities to access support to improve or maintain their physical and mental wellbeing. The objectives are:

- To provide health promotion/ prevention information in community settings (primary prevention);
- To identify patients with specific disease conditions in the city's most deprived areas for secondary prevention measures. (secondary prevention);
- To work with Oxford City Council tenants, focussing specifically on people with mental health issues.
- To actively participate in a knowledge exchange event with all local GP's. Sharing information about services, pathways and access and further strengthening relationships.

This project will be launched in September.

5.2.9 A comprehensive overview of progress against each of the 60 recommendations can be viewed as **Appendix 3**

## 5.3 Health Improvement Board

5.3.1 The Joint Health and Wellbeing Strategy is updated every year, the Health Improvement Board has always reviewed its priorities as part of that update. To do this the Board members consider the needs set out in the Joint Strategic

Needs Assessment and the performance in delivering their priorities in the past year.

5.3.2 Oxford City Council actively participates in the Health Improvement board. Its current work has been setting priorities for the board for 18/19. The priorities for HIB will be

- Priority 8: Preventing early death and improving quality of life in later years
- Priority 9: Preventing chronic disease through tackling obesity
- Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness
- Priority 11: Preventing infectious disease through immunisation

5.3.3 A short briefing on the work of this sub group over the last 12 months can be viewed in **Appendix 4**

5.4 Details of progress measures and targets for each of the work streams are provided in the Joint Health and Wellbeing Strategy and are regularly reviewed at the Board meetings.

## **6 County developments and partnerships**

### **6.1 Children and Young Person Plans**

6.1.1 Other elements of the JHWBS are also being reviewed. The Children's Trust has recently revised the Children's Plan and is working on an Implementation Plan for 2018-19.

### **6.2 Older People National developments**

6.2.1 The Governments' [Green Paper on Adult Social Care](#) is due this autumn and is likely to have implication for how Oxfordshire responds to the needs of older people. This will in turn affect how Oxford City Council delivers its services

6.2.2 Oxfordshire has an existing Older People's Joint Commissioning Strategy which ran from 2013-16. This strategy was developed in conjunction with Oxfordshire's residents and reflected their priorities and needs. A [paper](#) was put to the Health & Wellbeing Board (HWB) in March this year proposing to review the strategy, and it is expected to still be based on the priorities of the previous strategy. A resource has now been identified and stakeholder mapping has taken place with a view to work starting soon.

## **7 City Council health related projects**

7.1 Both CEB and Scrutiny have expressed strong interest in City Council involvement in health and engagement with the County and the CCG (see Scrutiny recommendations to Council 24/04). Both have proposed a "Health in All Policies" approach

7.2 There is also an appetite to increase the focus on tackling health inequalities across all areas of service delivery – from leisure centre activities to clean air, and to support social prescribing by GPs.

7.3 The City Council is engaged in a number of health-specific projects including Barton Healthy New Town and the £200k jointly funded health inequalities and

innovation projects with the CCG. The portfolio holder is also seeking to secure significant additional external funding to support community-led children’s centres across priority areas of the city, with the focus on health as well as education benefits.

- 7.4 The City Council also seeks to influence wider decision-making on health through Members’ and the Policy & Partnerships team’s involvement with the Health & Wellbeing Board, Health Improvement Board, Health Inequalities Commission, Children’s Trust, Stronger Communities Partnership and Mental Health Panel – and through responding to wider consultations.
- 7.5 The Policy and Partnership Team (with input from service areas) have undertaken an analysis of the health related activity and interaction taking place across the council and as a result, have increased resources in the team to coordinate this activity and take forward health related projects. We are planning a review of the Councils’ health related activity to develop the Health in All Policies approach and to ensure focus on key priority interventions to maximise successful outcomes.

## 8 Financial implications

No financial implications for this report.

## 9 Legal issues

No legal implications identified within this report

## 10 Conclusion

- 10.1 The review of the Health and Wellbeing Board was welcomed throughout the partnership. Further strengthening of the joint strategic needs assessment will offer opportunity to ensure that areas of the City that need services most, are identifiable and the outcomes and impact of services delivered can be effectively measured and monitored.
- 10.2 It should also be recognised that the City Council is not the body with statutory responsibilities and budgets in the area of health and we therefore lack many of the levers for change. We are increasingly experiencing requests from other partners for funding contributions to deal with shortfalls arising from reductions in funding from the County Council and others. Our key role should therefore be in influencing through partnership and ensuring our services are aligned with those of other agencies around shared objectives. We also need to focus on key priority interventions to maximise successful outcomes.
- 10.3 Oxford City Council is now a member of two key strategic partnerships within Oxfordshire and is in a position to contribute, influence and challenge.

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**Background Papers:** None

