

To: Council
Date: 25 November 2019
Report of: Assistant Chief Executive
Title of Report: Oxfordshire Health and Well-being Board Partnership Report

Summary and recommendations	
Purpose of report:	To provide the annual report on the work of the Oxfordshire Health and Wellbeing Board
Key decision:	No
Cabinet Member with responsibility:	Cllr Louise Upton. Healthy Oxford
Corporate Priority:	Strong and Active Communities
Policy Framework:	No
Recommendation: That Council resolves to:	
1. Note the report	

Appendices	
Appendix 1	Summary of work Health Improvement Board 18/19
Appendix 2	Prevention Concordat for Better Mental Health Programme

Introduction

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.
2. The Oxfordshire Health and Wellbeing Board (“the HAWB”) is a partnership between local government, the NHS and the people of Oxfordshire. It includes local GPs, councillors, representatives from Healthwatch Oxfordshire, and senior local government officers. The HAWB provides strategic leadership for health and wellbeing across Oxfordshire and ensures that plans are in place and action is

taken to realise those plans. The Oxford City Council has been an active member of the HAWB since its inception in 2013.

3. The Council last received a report on the activities of the Health and Wellbeing Board in July 2018 which included details of the system wide Care Quality Commission inspection of health and social care in Oxfordshire for which a report was published in in November 2017.
4. In response to the Care Quality Commission report findings, a full review of the current HAWB arrangement was undertaken to ensure it was fit for purpose moving forward. The Care Quality Commission published the report in to its findings. This is the link to the [CQC report](#) (52 page PDF)
5. The Care Quality Commission revisited Oxfordshire in November 2018 to review the progress in relation to its initial findings. Here is the link to the [Oxfordshire local systems review progress report](#).

In summary the Care Quality Commission report in November 2018 said:

6. After an initial review by the CQC in November 2017 the Care Quality Commission (CQC) found key improvements had been made eight months into an 18-month action plan that was agreed by Oxfordshire health and social care organisations.
7. Health and care organisations have also been working together to improve patient flow through the system to reduce 'delayed transfers of care', so that patients who are physically well enough to leave hospital do so at the appropriate time.
8. The CQC report stated: "We saw some practical examples where the improved cross-system relationships had improved outcomes for people. For example, work had been undertaken to successfully reduce the numbers of people who remained in hospital unnecessarily."
9. The HAWB, which is responsible for overall health and care strategy in Oxfordshire, had also been expanded to include district councils and chief executives from the NHS Foundation Trusts and the Clinical Commissioning Group.
10. The follow-up review noted a sense of shared purpose between these organisations, and a willingness to take a system-based approach to resolving challenges and planning for the future. It also noted good involvement with older people in the Older People's Strategy.

Oxford City Councils contribution

11. Oxford City has been a major contributor to the good progress examples published in the report as set out below.

Trail Blazer Programme

12. The Trailblazer Programme ran from April 2018 until August 2019
13. The programme embedded housing workers in a number of systems, including health. The workers provided specialist housing knowledge to support and/or upskill health professionals in order to speed up the discharge process for stranded patients, where housing issues were the cause. They also acted as connectors between the health and housing services across Oxfordshire
14. The embedded housing workers' interventions led to 217 positive housing outcomes over the course of the programme.

15. The Adult Mental Health Team attribute much of the reduction in the time taken to be discharged to the role played by the embedded worker based with them who gave the team the knowledge and confidence to resolve housing issues for their clients.
16. The programme ended in August; however oxford university hospitals NHS trust has funded embedded housing worker intervention until the end of March 2020. Recognising the value of the city council's initiative both to patients and to the smooth running of the hospital
17. Discharge protocols are now in place for the effective management of patients with housing issues.

Older peoples work

18. Oxford City Council recognises the need to work across cabinet portfolios and with County and District council partners on a system wide approach to deliver the best possible outcomes for older people in Oxford
19. The Council's Policy and Partnership Team is leading on a collaborative piece of work in relation to older people, alongside Councillor Louise Upton Cabinet Member for Heathy Oxford, Councillor Marie Tidball - Cabinet Member for Supporting Local Communities and Councillor Pat Kennedy – Older Peoples' Champion.
20. Over the last 12 months work has been focused on 4 key areas related to older people which link to the Council's Corporate Plan priority 16-20.
21. Safeguard and support vulnerable people including improving quality of life for older people and protecting children, families and adults at risk of exploitation or crime. *Safeguard and support vulnerable people including improving quality of life for older people and protecting children, families and adults at risk of exploitation or crime.*
22. The Council's aims:-
 - To raise the profile of work that the Council delivers (around older people)
 - To broaden accessibility and take up of service by older people
 - Embed the Council's work relating to older people in social prescribing pathways
 - Add value to Oxfordshire County Council's Older People Strategy delivery framework

The Council is part of the Oxfordshire County Council's strategic delivery group and is co-leading one area of the group's delivery plan, which enables it to influence and shape the direction of the older people's strategy.

Strategic Partnership Working

23. Councillor Upton, the Council's Healthy Oxford Cabinet Member continues to have a seat on the Health Improvement Partnership Board and the HAWB with support from the Council's Policy and Partnership Team Manager. In addition by attending workshops with members of those two boards relations with the boards are strengthened and collaborative working is improved.

The role of the Oxfordshire Health and Wellbeing Board (HAWB)

The new vision

24. The NHS Five Year Forward View includes an imperative to include prevention in all 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”***
25. The HAWB has created a single unifying vision for the improvement of the health and wellbeing of Oxfordshire residents.
‘To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire’
26. The HAWB will delegate the operational delivery of its strategy to a sub-group of various sub-committees/partnership boards which will each then report back directly to the Health and Wellbeing Board:
 - 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
27. The new arrangements continue to mean that the chair and vice chair of the health improvement board will automatically get a voting seat on HAWB. The new arrangements continue to mean that for each of those boards the chair and vice chair of the health improvement board will automatically get a voting seat on HAWB.
28. Councillor Louise Upton, Cabinet Member for Healthy Oxford, took up the role as Vice Chair for the Health Improvement Partnership Board (“the HIB”). In June and Councillor Andrew McHugh, Cherwell District Council has taken the role as Chair of HIB
29. The Oxford City Council also now has a member seat on the Children’s Trust which is held by Councillor Marie Tidball and a City /district officer seat, currently held by Daniella Granito, the Council’s Policy and Partnership Team Manager.

Oxfordshire Health and Wellbeing Board structure



30. The HAWB has created and will monitor its, own comprehensive high-level health and wellbeing strategy for the improvement of the health and wellbeing of Oxfordshire residents.
31. The vision of HWAB will provide a framework for partners in the voluntary, community sector and business to recognise their part. It will also give a clear focus for funding and commissioning decisions.
32. The HAWB has agreed a suite of strategies which have been created and are owned by its sub-committees. These will flow from its overarching Joint Health and Wellbeing Strategy which has been informed by the Joint Strategic Needs assessment.
33. The HAWB will monitor the implementation of its strategies and the partner organisations will hold one another to account for delivery. The HAWB has received regular reports from its sub-committees based on outcome measures set by each.
34. There is a clear role and remit for all local authorities in the health and wellbeing of local communities. The HAWB has recognised that councils make a major contribution across the wider determinants of health such as housing, homelessness, leisure, economic development, air quality, direct work to Areas of deprivation across the Oxfordshire. These activities are increasingly recognised as playing an important role in 'prevention'.

Current work of Oxford City Council

35. The Council has focused on tackling health inequalities, improving outcomes for people in the most deprived communities, supporting work in relation to mental health wellbeing and loneliness, influencing the older people strategy and supporting the strategic direction of Active Oxfordshire. This work has been realised though the following Oxford City Council work programmes:-

Joint Strategic Needs Assessment (JSNA)

36. The Council is an on-going member of the Oxfordshire wide JSNA Steering Group offering an opportunity to influence its development. Information is available at ward level wherever possible and other key agencies have added to the data set, including Public Health and Thames Valley Police. In addition the Indices of multiple deprivation (IMD) has released its latest set of Oxfordshire 2019 data, resulting in a more data rich picture of Oxfordshire and Oxford than ever before. The information for Oxford is in the report [here](#)
37. This enables the Council as a local authority, and as a member of strategic level boards, to focus on and prioritise need for its services, with a particular focus on health inequalities. It also allows the HAWB and its sub committees/groups to have a clear set of performance indicators alongside service delivery to enable the HAWB to hold its sub committees and commissioned agencies to account. The Council is also, very importantly, able to measure impact of service delivery on the local picture.
38. The Joint Strategic Needs Assessment can be found [here](#)
39. The City Council Data Research Officers meet monthly with the County and District data analysts. We directly support elements of the JSNA bitesize providing statistical evidence to ensure that the needs of the city are adequately represented. We lead the good practice group for the data teams across county and districts to share good practice and use skills to further develop the JSNA and the Council's internal skill sets.
40. The Council is 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 the Council's work within the Children and Young Person Strategy and the Community Impact Zone, a partnership between different organisations who were willing to pull together their data and resources, in order to work together for the benefit of the community.

Health Inequalities

41. The JSNA has been particularly helpful with joint partnership work on tackling health inequalities. For example the Council has used the data to support the work of the health inequalities commissioning group, which focuses on delivering outcomes against the 60 recommendations from the Clinical Commissioning Group 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 HAWB in March 2017 outlining the role of the HAWB in overseeing the implementation of recommendations.
42. Following publication of the Oxfordshire Health Inequalities Commission report in 2017, the Council committed £100k, subsequently match funded by Oxfordshire Clinical Commissioning Group, to tackle health inequalities in Oxford.
43. The subsequent project that developed with this £200k funding aims to support residents in targeted deprived localities to access support to improve or maintain their physical and mental wellbeing.

The objectives of the project 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 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 was launched in September 2018 and is making good progress.

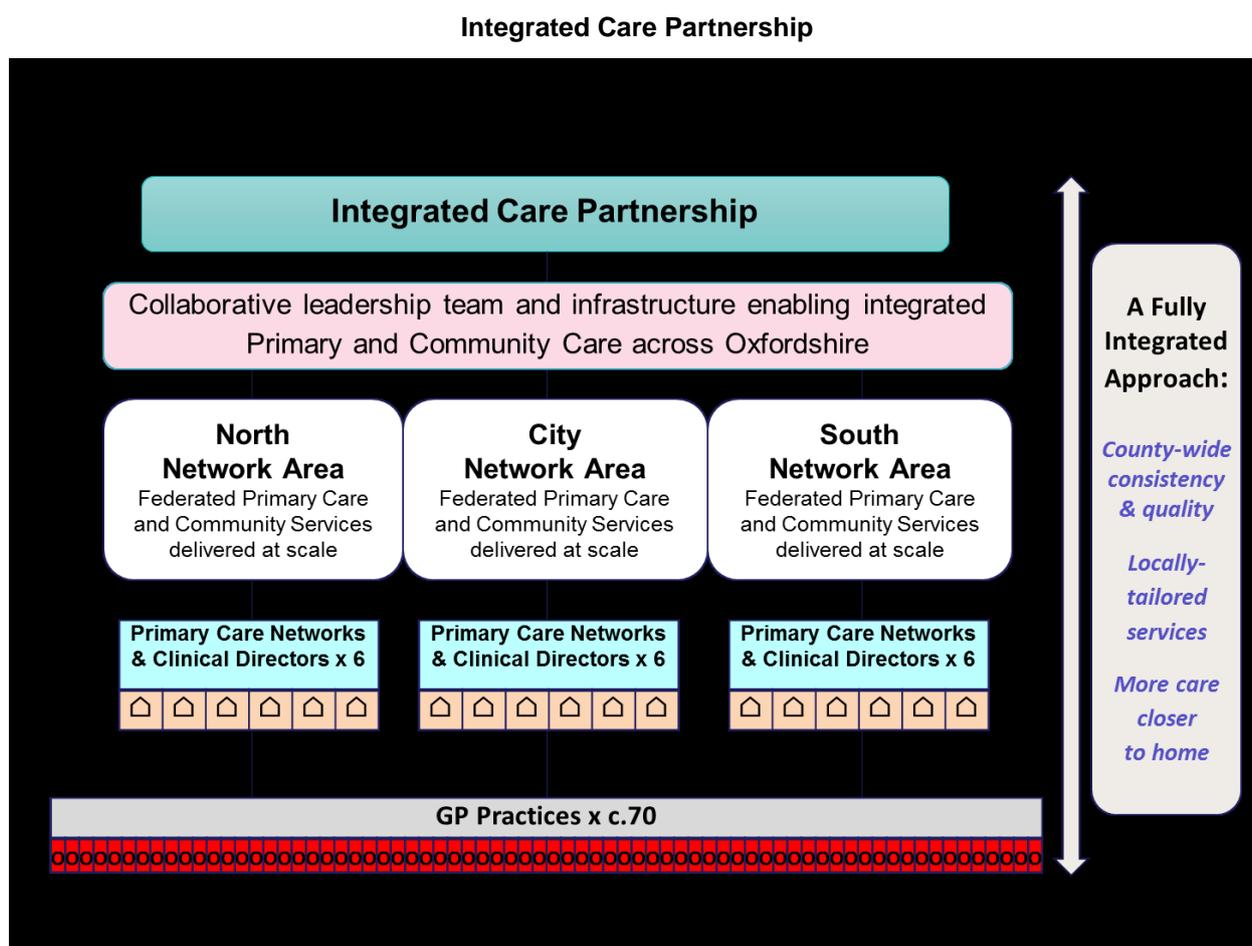
44. A formal evaluation of the project programme is underway with outcomes to be reported to the Council in March 2020. Informal feedback from the projects in the programme indicates positive outcomes in the following areas:-
45. Improved confidence and knowledge for the Council's Tenancy Sustainment Officers around tenants' mental health and the mental health system, ensuring early intervention and appropriate support for vulnerable tenants
46. Tenants within the project have improved tenancy sustainment, some have avoided eviction
 - 10 council properties accessed to carry out essential repairs
 - Reduction in rent arrears for tenants within the project
 - £3751.68 rent arrears cleared/reduced
 - Improvements in mental health outcomes, evidenced through the 'Recovery Stars Framework' self-assessment evaluation tool
 - Working relationship with the Oxfordshire County Council's Adult Mental Health Care team (AMHT) has improved
 - Tenants are engaging with primary services, for example by having health checks
 - 14 tenants have had a full health check by either their GP or the AMHT

Prevention Concordat for Better Mental Health

47. The Public Health England (PHE) Prevention Concordat for Better Mental Health aims to facilitate local and national action around preventing mental health problems and promoting good mental health. It provides a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches.
48. The Health and Wellbeing Board, Oxfordshire Mental Health Partnership and Active Oxfordshire signed the Prevention Concordat on 21st January 2019; the Concordat was publicly announced on 28th March 2019.
49. A briefing on the Council's current work programme can be viewed in Appendix 2 to this report.

Development of Primary Care Networks and Support to Social Prescribing

50. The NHS long term plan was published in January 2019 which set out the future direction of the NHS and introduced Primary Care Networks (PCNs) which
51. Should help to integrate primary care with secondary and community services, and bridge a gap between general practice and emerging Integrated Care Systems.
52. Since January 2019, GP practices have been organising themselves into local networks to provide care at greater scale by sharing staff and some of their funding.
53. Across Oxfordshire there is now 3 clusters and 19 PCNs are being developed as illustrated in the diagram below



54. The Council is actively engaged in the development and delivery model of the Primary Care networks, as it offers an opportunity to continue to deliver, support and scale up our social prescribing activity through our Physical activity and community teams.
55. The Council has been involved in the local PCN's development groups and continues to have conversations through steering groups, and workshops about how it can engage and influence this PCN programme locally to benefit local communities.

This will be through the Council's Physical Activity Manager and Community service plan.

Health Improvement Partnership Board

56. The Joint Health and Wellbeing Strategy is updated every year, the Health Improvement Partnership Board has always reviewed its priorities as part of that update. To do this the HIB members consider the needs set out in the Joint Strategic Needs Assessment and the performance of each body in delivering the priorities in the previous year.
57. The Council actively participates in the Health Improvement Partnership Board. Its current work has been setting priorities for the board for 19/20. The priorities for HIB will be:

<p>Agreed Priorities for 2019-20</p>	<p>1. Keeping Yourself Healthy (Prevent) Reduce Physical Inactivity / Promote Physical Activity Enable people to eat healthily</p> <ul style="list-style-type: none"> • Reduce smoking prevalence • Promote Mental Wellbeing • Tackle wider determinants of health - Housing and homelessness • Immunisation <p>2. Reducing the impact of ill health (Reduce)</p> <ul style="list-style-type: none"> • Prevent chronic disease through tackling obesity • Screening for early awareness of risk • Alcohol advice and treatment • Community Safety impact on health outcomes <p>3. Shaping Healthy Places and Communities</p> <ul style="list-style-type: none"> • Healthy Environment and Housing Development • Learn from the Healthy New Towns and influence policy • Social Prescribing • Making Every Contact Count • Campaigns and initiatives to inform the public
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58. A short briefing on the work of this sub-committee/ group over the last 12 months can be viewed in Appendix 1.
59. HIB most recently received a report on the countywide homelessness and Rough Sleeping Strategy, which was agreed by all of the Oxfordshire councils. The HAWB will continue to receive progress reports and monitor the performance framework against the strategy.
60. 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 HAWB meetings.

County Developments and Partnerships

61. Children and Young Person Plans

The Children's Trust launched its Children's Plan in 2018 and continues to work on, monitor and review the implementation plan for 19/20.

Older People National Developments

62. Oxfordshire County Council's Older People's Joint Commissioning Strategy draft was approved by HWB in November 2018. This strategy was developed in conjunction with Oxfordshire's residents and reflected their priorities and needs. .

Oxford City Council health related projects

63. Both the Cabinet and the Scrutiny Committee have expressed strong interest in Council involvement in health and engagement with the Oxfordshire and the Clinical Commissioning Group ("the CCG") (see Scrutiny recommendations to Council 24/04). Both have proposed a "Health in All Policies" approach.
64. There is also an appetite to increase the focus on tackling health inequalities across all areas of the Council's service delivery – from leisure centre activities to clean air, and to support social prescribing by GPs.
65. The 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.
66. The Council is working with the Oxfordshire County Council to develop proposals for improved network of cycle and pedestrian routes into Oxford as part of an integrated approach to transport.
67. The Council also seeks to influence wider decision-making on health through members' and the its 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.
68. The Council's Policy and Partnership Team (with input from service areas) has oversight of the health related activity and interaction taking place across the Council. As a result the team has been able to align other areas of work being delivered throughout the council to provide more effective services, share learning and take this forward into service development in the future. The team is 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.

Financial implications

69. No financial implications for this report.

Legal issues

70. There are no legal implications arising from this report

Conclusion

71. The review of the Health and Wellbeing Board was welcomed by all parties the outcomes of the review have been a driver to strengthen the partnership across Oxfordshire. The JSNA continues to offer opportunities to ensure that areas of Oxford that need services most, are identifiable and the outcomes and impact of services delivered can be effectively measured and monitored.
72. It should also be recognised that the Council is not the body with statutory responsibilities and budgets in the area of health and as a result it lacks many of

the levers for change. The Council's key role should therefore be in influencing through partnership and ensuring its services are aligned with those of other agencies around shared objectives. The Council also needs to focus on key priority interventions to maximise successful outcomes.

73. The Council is now a member of three key strategic partnerships within Oxfordshire and is in a position to contribute, influence and challenge.

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Background Papers: None

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