**Trust Board Meeting: Thursday 5 July 2012**

**TB2012.62**

<table>
<thead>
<tr>
<th>Title</th>
<th>Response to Oxfordshire’s Joint Health &amp; Wellbeing Strategy Draft Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>This paper is presented for information.</td>
</tr>
<tr>
<td>History</td>
<td>A summary paper was presented at the Strategic Planning Committee of 14 June 2012 which Dr Jonathan McWilliam and John Jackson of the Health &amp; Wellbeing Board attended.</td>
</tr>
<tr>
<td>Board Lead(s)</td>
<td>Mr Andrew Stevens, Director of Planning and Information</td>
</tr>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
</tr>
</tbody>
</table>
# Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oxfordshire’s Health and Wellbeing Board is consulting formally on its strategy for Oxfordshire. The development of the Board and its strategy is a statutory requirement under the Health and Social Act (2012).</td>
</tr>
<tr>
<td>2</td>
<td>This paper outlines the proposed OUH response to the strategy consultation.</td>
</tr>
</tbody>
</table>
| 3 | The proposed response from the Trust recognises the interrelationship between the Health and Wellbeing Strategy and the Trust’s own strategic plans. It also recognises that to be successful, the Health and Wellbeing Strategy will need to:  
  - Be underpinned by robust and clearly articulated means to deliver these objectives  
  - Secure a direct engagement of key providers and partners who will share these priorities and goals. |
| 4 | The Trust Board is asked to consider and approve the proposed response. |
Response to Oxfordshire’s Joint Health and Wellbeing Strategy Consultation Draft

Introduction

1. Oxford University Hospitals NHS Trust (OUH) welcomes the opportunity to formally comment on the draft strategy for consultation as outlined by the Health and Wellbeing Board (JHWB). Dr Jonathan McWilliam and Mr John Jackson kindly presented the strategy and discussed it with our Strategic Planning Committee on Thursday 14th June 2012.

Overview

2. Much of the focus and aims stated within the Health and Wellbeing strategy are shared by our Trust. Specifically, we share the strategic objective of improved health and wellbeing for the people of Oxfordshire. The delivery of high quality healthcare to Oxfordshire’s local population remains a key focus and responsibility for OUH and requires an appropriate response to the increasing challenge of managing the escalating needs of elderly patients, those with long term conditions, and those with multiple comorbidities.

3. The Trust’s main points of response to the strategy are that it contains highly ambitious targets which, if achieved, would improve the health of the people of Oxfordshire. The strategy, to be successful, will need to be underpinned by robust and clearly articulated means to deliver these objectives. Additionally the strategy will need to secure a direct engagement of key providers and partners who will share these priorities and goals.

Trust strategy alignment with JHWB

4. The Trust is in the process of redesigning local services, especially in acute medicine, to ‘design out’ unnecessary extended stays in hospital and put in place a model of care that is clinically and financially sustainable. This effectively means changing the model of care in particular for vulnerable, older people by offering more integrated care closer to home, applying acute clinical expertise in the non-hospital setting and ‘right-sizing’ OUH’s inpatient capacity.

5. Such an approach will result in services that are more responsive to patients’ needs, as well as being more cost effective. This is consistent with the aims of the Health and Wellbeing Board’s Priority 2 and with NHS Operating Framework for 2012/13 which emphasises the need for more service delivery to be integrated and organised around the interests of patients.

6. The nature and scale of this challenge prompts some innovative approaches in order to provide the necessary expertise and care in out-of-hospital settings. This includes establishing out-of-hospital Emergency Medical Units (EMUs) and early Supported Discharge as part of a package of schemes to deliver acute medical care beyond the hospital site, to allow a safe and sustained reduction in the acute bed base. This out-of-hospital support will involve partnership with domiciliary social care to reduce transfers of care, remove fragmentation of care, and eliminate gaps between the boundaries of discrete services. The Trust’s increased partnership working with other
health, social and third sector providers matches the Health and Wellbeing Board’s *Priority 1* - Integration of health and social care.

7. The Trust will work in partnership with a number of agencies in the local health and social care system, including the third sector, and will contribute to a multi-agency action plan in relation to these shared issues.

8. Internally, OUH will examine the options to redesign the organisation of its secondary care services, including the introduction of systems that rapidly move patients to relevant speciality care, once their immediate emergency admission needs have been met. The Trust also needs to ensure an on-going emphasis on national and other relevant performance standards for all its services. With significant progress having been made to meet these, the Trust will now need to focus on sustaining performance within the available resources.

9. People are living longer with long-term conditions and require a different pattern of care – often sporadic acute episodes needing intensive hospital support interspersed with much longer episodes of low-intensity supportive care. In line with the JHWB’s *Priority 3* – Living and working well, the Trust’s strategic response to growth in demand for these services is to work with partners to develop an integrated approach to delivering care for older patients and those with long-term conditions. This will enable patients to receive the care they need at different stages of their illness, whilst ensuring that OUH’s contribution is focused on the specialist aspect of care which it is best placed to deliver and that investment and resources are targeted accordingly.

10. The potential for self-care will also impact on this group of patients and OUH will work closely with researchers developing new and innovative ways of monitoring care and providing advice directly to patients.

**Partnership working and engagement**

11. The Health and Wellbeing Strategy outlines 11 priorities – many of which directly relate to the OUH and its role in the health and social care system. Much of the required change can be achieved through improved working relationships and partnerships between primary care GPs, health and social providers, third sector providers and public and patients.

12. The Trust welcomes the inclusion of clear targets in the JHWB strategy and seeks to work together with the JHWB and other partners to further define the objectives and develop supporting action plans.

13. The Strategy mentions the three Partnership Boards and the Public Involvement Network. However, none of these boards include any providers or local delivery partners. As a Trust, we strongly believe that the inclusion of health and social providers in some or all of boards would strengthen the representation of provider interests in the Health and Wellbeing Board. Without representation, or at a minimum attendance, by providers the JHWB lacks a clear means to communicate its evolving objectives and to receive feedback from those bodies delivering the needed priorities.

14. At the heart of the draft strategy is a desire to improve the health of the people of Oxfordshire. The detail of the Public Involvement Network is limited. This makes it difficult for this Trust to see how the public will be directly engaged in this strategy.
Much of the change in health and social care in Oxfordshire requires the direct support and active participation of public and patients. Therefore, the Trust recommends a clearer and more detailed description of the JHWB’s engagement with the public and patients in the county.

15. The strategy recognises the need to support carers. The Trust believes that the strategy could further recognise the largely underfunded ranks of carers and third sector health and social care bodies. Support and development for these two areas would support all of the priorities in the strategy and contribute to overall improved health and wellbeing – particularly in a period of limited financial investment opportunities.

**Defining and measuring success**

16. The Trust measures its success through benchmarking to demonstrate that the Trust achieves outcomes with costs that compare well to available comparators. The Trust suggests that the JHWB strategy similarly links its priorities and targets to national indicators and explains where and why it may choose to differ from those national standards.

17. It will also be important to ensure that the targets do genuinely support the achievement of the desired goals and not introduce perverse behaviours into the operation of the local health and social care system. For example, the strategic thinking behind the proposed reduction in the number of older people permanently admitted to a care home needs to be shared by all relevant partners. The target needs to inform the development of models of care but must not be applied in a manner that leads to inappropriate decisions being made in an operational setting.

**Conclusion**

18. The OUH is committed to partnership working across Oxfordshire and the wider catchment for its services. As the largest acute provider for Oxfordshire, the OUH welcomes the challenges set by the Health and Wellbeing Board.

**Mr Andrew Stevens, Director of Planning and Information**

**June 2012**
Oxfordshire’s Draft Joint Health & Wellbeing Strategy

Oxfordshire’s draft Joint Health & Wellbeing Strategy aims to say what we want to do to improve the health and wellbeing of children, young people, families, adults and older people in the county. It explains how the Health & Wellbeing Board plans to do this by working with people in different organisations, like health services and local authorities. We have chosen 11 of the most important issues because we think that if all organisations work together on these, as a priority, we can make a real difference.

Why now?

The aim is to make sure we work better together to improve everyone’s health and wellbeing, especially those who have health problems or are in difficult circumstances. There has been a new Health and Social Care Act which says that everyone should be more involved in making these decisions – not just a few people or those that ‘shout loudest’! So we want your views and ideas about the priorities we’re suggesting.

What do we already know?

We have collected lots of useful information which tells us who lives in Oxfordshire, what we are doing well and what the problems are. This report, called the Joint Strategic Needs Assessment (JSNA), tells us what we need to be planning for. It tells us which parts of the population are growing the most, how we are doing compared to other parts of the country and where we need to improve. For instance, we know we need to plan for an increasing number of older people and their carers in Oxfordshire so we can make sure people are cared for well. The JSNA also tells us that some areas of the county and some people have poorer health and poorer opportunities in life and that there are some persistent problems which we need to tackle. We use this knowledge to improve how people who live in Oxfordshire get help with health, care and education.

Who decided that these were the priorities?

The new Health & Wellbeing Board has decided the priorities after lengthy discussions. The Board includes councillors, GPs, directors of services and the Chair of the Local Involvement Network (representing the views of the public in Oxfordshire). It is chaired by the Leader of the County Council, and the Vice Chair is the Lead GP for the Oxfordshire Clinical Commissioning Group (which plans and pays for health services). We have also used information from consultations which tell us what’s important for you, and what helps you most.

We want your views and ideas about the priorities we’re suggesting
So, what are the proposed priorities?

For adults . . .
1. Joining up of health and social care services to improve services for older people and their carers.
2. Supporting older people to live with dignity whilst reducing their need for care and support through, for instance, reablement services which increase independence and enable people to stay in their own homes.
3. Supporting adults with long-term health conditions, physical or learning difficulties or mental health problems to live independently and achieve their potential, for instance through independent living, self-management of their disability/illness, education opportunities etc.

For children and young people . . .
4. Keeping all children and young people safe.
5. Raising achievement for all children and young people – at primary, secondary and special schools, colleges and for school leavers.
6. Making sure our most disadvantaged and vulnerable children and young people, do as well as they can.
7. Making sure all children have a healthy start in life and stay healthy into adulthood, by, for instance, preventing self-harm and supporting those with mental health problems.

For health improvement . . .
8. Preventing early death and improving the quality of life in later years, e.g. by reducing the numbers of smokers, and increasing numbers of people having health checks.
9. Preventing chronic disease by tackling obesity, (unhealthy weight), for instance, by increasing the numbers of people who take regular exercise.
10. Improving housing as poor/overcrowded housing is linked with poor health.
11. Preventing infectious disease through immunisation.

There are also some issues that cut across all of our priorities such as mental health, housing and poverty.
To make sure we know whether we're improving, we have set ourselves some targets for each of the priorities. These can be seen in the Joint Health & Wellbeing Strategy consultation draft on pages 8 to 10 at the following link: http://bit.ly/health-wellbeing-strategy

So – we’d really like to hear your views on the following questions:

- a) Have we got our priorities right?
- b) Have we got our targets right?
- c) What else should we include?
- d) Are there any other comments that you would like to make?

To find out more and let us know your views …

Give us your feedback and have your say on the proposed Joint Health & Wellbeing Strategy by completing our survey, attending a workshop, or commenting on the full strategy document.

You can complete the questionnaire or find out more at: http://bit.ly/health-wellbeing-strategy or, by contacting us:

Email: talking.health@oxfordshirepct.nhs.uk
Phone: 01865 323625

You can also write to us with your views at:
Communications & Engagement
FREEPOST RRRKBZBTASKU
NHS Oxfordshire, Jubilee House, 5510 John Smith Drive
Oxford Business Park South, OXFORD OX4 2LH

Alternative formats of this publication can be made available. These include other languages, large print, Braille, Easy Read, audiocassette, computer disc or email. Please telephone 01865 323625

Draft Joint Health and Wellbeing Board Strategy 2012 - 2016 – Summary