

SHADOW OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 14 March 2013 commencing at 2.00 pm and finishing at 3.50 pm

Present:

Board Members:

Councillor Ian Hudspeth – in the Chair

Dr Stephen Richards (Vice-Chairman)

District Councillor Mark Booty

Dr Jonathan McWilliam

Sue Butterworth

Dr Joe McManners

John Jackson

Dr Mary Keenan

Jim Leivers

Councillor Steve Curran (In place of Councillor Val Smith)

Councillor Melinda Tilley (In place of Councillor Louise Chapman)

James Drury (In place of Matthew Tait)

Officers:

Whole of meeting

Joanna Simons, Peter Clark and Julie Dean (Oxfordshire County Council); Lorraine Foley (Oxfordshire Clinical Commissioning Group).

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Julie Dean Tel: (01865) 815322 (Email: julie.dean@oxfordshire.gov.uk)

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	

2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Councillor Arash Fatemian sent his apologies. Councillor Steve Curran attended for Councillor Val Smith, Councillor Melinda Tilley for Councillor Louise Chapman and James Drury attended in place of Matthew Tait.	Rachel Dunn
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no Declarations of Interest submitted.	
4 Petitions and Public Address (Agenda No. 4)	
There were no requests to petition or to address members of the Board.	
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The decision note of the meeting held on 22 November 2012 was approved and signed as a correct record.	Julie Dean
6 Order of Business (Agenda No.)	
It was AGREED that Agenda Items 9 and 11 be taken prior to Agenda Item 8.	
7 Terms of Reference for Statutory and Partnership Boards (Agenda No. 6)	
<p>Peter Clark advised on the process to set up and formally appoint to the statutory Health & Wellbeing Board in light of the Regulations and governance guidance now received. It would be as follows:</p> <ul style="list-style-type: none"> - The Board would be established by the 2 April 2013 County Council, and some Terms of Reference incorporated into the County Council Constitution as a specific requirement of the Regulations; - The 14 May 2013 County Council would formally appoint to the Board; and 	<p>))))) Peter Clark)</p>

<ul style="list-style-type: none"> - Some proposed detailed working arrangements would be submitted to the inaugural meeting of the Board on 25 July 2013 for consideration.)))
8 Performance Report (Agenda No. 7)	
<p>The Board had before them a performance report reviewing current performance against all the outcomes set out in the Health & Wellbeing Strategy (HWB7).</p> <p>A table showing the agreed measures under each priority in the Joint Health & Wellbeing Strategy, expected performance and current performance, was attached at Appendix A.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • Performance on 3 indicators had improved from amber to green (ie. 4:4 - schools rated outstanding by OFSTED; 4:5 - young people not in employment, education or training (NEETS); and 9:2 – 60% of babies are breastfed at 6 – 8 weeks of age). With regard to the latter target, the Board asked that their congratulations be conveyed to the Health Visitors; • Performance on 2 indicators had dropped from green to amber (ie. 5:2 – mental health service users in employment and 7:10 carer’s breaks). It was reported that appropriate action was being taken where performance did not meet expected levels. <p>With regard to:</p> <ul style="list-style-type: none"> • Priority 2:3 ‘Reduce persistent absence (15% lost school days or more) from school for children looked after to 4.9% for 2011/12 academic year (expected 4.9% - actual 7.7%) – the Director of Children’s Services reported that the County Council had been improving for a considerable period of time in comparison to statistical neighbours, and a range of resources had been put in place to address the rise; • Priority 5:2 ‘15% of adults on the care programme approach receiving secondary mental health services will be in paid employment at the time of their most recent assessment/review’ – Dr McManners pointed out that a piece of work to support these service users to remain in their employment was planned; 	Dr Jonathan McWilliam

<ul style="list-style-type: none"> • Priority 6:1 ‘A reduction in delayed transfers of care so that Oxfordshire’s performance is not in the bottom quartile’ – Dr McManners reported that there had been a steady improvement in the third quarter. However, since then, there had been a significant increase in the number of older people’s hospital admissions, adding that this was a national issue. This also coincided with the introduction of a new arrangement for the assessment of discharges. Dr Richards added his support for the new arrangements stating that a clear trajectory was awaited from the providers, together with clarification about whether any additional support was required to enable swift action. • 8:2 ‘2,000 adults receiving bowel screening for the first time (meeting the challenging national target of 60% of 60-69 year olds every 2 years’ – it was reported that screening was publicised on the front page of the Oxford Mail. Dr Richards highlighted the need to further publicise this with the public and with GPs. • 9:1 ‘Ensure that the obesity level in year 6 children is held at no more than 15%’ (expected 14.9%, actual 15.6%) – it was reported that although this was an ambitious target, the County was already bucking the national trend by 4%. It was, however, important to try to stem the tide and to continue to challenge the target. • 11:5 ‘80,000 flu vaccinations for people aged 65 or more (meeting the national target of 75% of people aged 65+) – it was reported that some late statistics had revealed that the expected target would be exceeded by 3,000 . The Board congratulated the medical staff and noted that the next step was to target groups of at – risk patients under 65 to receive flu jabs. <p>The Board recognised the need to include local variation within the indicators and to reflect it when revising both the children’s and the adult indicators.</p>	
9 Safeguarding Adults Board - Annual Report 2011-2012 (Agenda No. 9)	
Donald McPhail, Independent Chairman of the Oxfordshire Safeguarding Adults Board presented the 2011 – 12 Annual Report of the Board. There followed a question and answer period and discussion on the Board’s recommendations. The	

<p>Winterbourne Review Action Plan, as developed by Oxfordshire Commissioners , which was the outcome of a review of local commissioning arrangements, was also addressed.</p> <p>Donald McPhail listed the Board's current priorities as follows: to</p> <ul style="list-style-type: none"> • generalise the issues highlighted in the Winterbourne Review report to wider categories of vulnerable adults, to ensure that lessons could be learned earlier; • strengthen their communication strategy to find the most effective interface with agencies in Oxfordshire; • engage a work approach to the themes of the Mid-Staffordshire Review; • strengthen the focus on dignity and care for older people with the aim of ensuring that all agencies focus on this; • addressing hate crime insofar as it relates to vulnerable adults; • in the wake of the Savile case, to make changes to the vetting and barring system, reflecting the need to be assured that agencies are engaging in it with safety in mind. <p>The question and answer session centred mainly on the challenge for the Safeguarding Board to ensure that there existed in Oxfordshire a wide network of agencies which to give an effective safety net for vulnerable people. Examples of this highlighted by Mr McPhail was the work carried out with the Learning Disability Partnership Board giving advice on help and support networks; their work with service users publicising aspects of the Board's work and encouraging people to speak out if they have concerns; and their agreement with MARAC (Multi Agency Risk Assessment Conference) so that any local cases which they are involved in are reported to the Board.</p> <p>Mr McPhail was thanked for his attendance and for responding to questions.</p>	
<p>10 Reports from Partnership Boards (Agenda No. 11)</p>	
<p>Councillor Mark Booty, Dr Mary Keenan and Dr Joe McManners gave oral progress reports on recent activity of each of the three Partnership Boards. Sue Butterworth also gave the last LINK report before it ceased to exist on 1 April 2013.</p> <p><u>Health Improvement Board</u></p> <p>Councillor Mark Booty gave an update on activity since</p>	

November 2012. This included:

- A joint workshop with the Adult Health & Social Care Partnership Board had taken place in January, its theme being 'preventing early death and keeping people well'. This enabled the Board to contribute to the prevention elements of the Older People's Commissioning Strategy; gave an opportunity for members of the Adult Health & Social Care Board to learn about the ongoing work on primary prevention (for example, NHS health checks and promoting healthy lifestyles; and it gave an opportunity to hear from partner organisations. Gaps were identified and suggestions were put forward for the way ahead;
- The major issues to be discussed and addressed at the next meeting were:
 - Establishing arrangements on Housing Related Support – to agree the Terms of Reference for the Supported Housing Group and its role and remit;
 - Consideration of how best practice is being implemented with regard to preventing homelessness between District Councils and others;
 - Discussion of ideas of how the Board could help to raise the profile of important work being undertaken by initiatives such as 'The Affordable Warmth Network', 'Warm Homes, Healthy People' and the Green Deal;
 - A basket of indicators relating to housing and health would be put together to facilitate monitoring and plans would be put forward to improve outcomes.

He reported that Councillor Iain Brown had stepped down from his appointment due to other commitments and Councillor David Nimmo – Smith had taken his place as a Oxfordshire County Council representative..

Children & Young People's Partnership Board

Dr Keenan, Deputy Chairman, gave an update on the activity of the Children and Young People Partnership Board. She began by thanking Councillor Melinda Tilley for her work on the Board as a substitute for Cllr Louise Chapman. She highlighted the following:

- Discussion had taken place on governance arrangements for the Children & Young People's Board and on how;
- Discussion on how the Children's & Young People's Plan might be refreshed;
- The Board had looked at the improvement in Ofsted school ratings and the statistical reduction in NEETS (Young

People not in Education or Employment).

Dr Keenan reported on the workshop held to address issues affecting educational attainment. She spoke of how impressed she had been with the young people and the groups of parents from diverse backgrounds who had attended to speak of their own educational experiences and parenting of children in education. The Board was also planning a workshop on integrating care pathways.

Adult Health & Social Care Partnership Board

Dr McManners reported on the following:

- The Board had discussed, and reached agreed recommendations on pooled budgets between the CCG and Social Care and their implementation.
- The Board had measured feedback to date on the numbers accessing Health & Social Care and organised care;
- The consultation had ended in January for a joint commissioning strategy for older people. There had been good support and input into the consultation and implementation would commence in the Summer, 2013;
- A joint workshop with the Health Improvement Board was held on the subject of prevention (priority 1) and had been well attended. This has informed action planning on the Older People's Commissioning Strategy;
- A further joint workshop had been held in February looking at preventing hospital admissions.
-

Oxfordshire LINK

Sue Butterworth gave the final LINK report before it ceased to exist on 31 March 2013. She reported that, the County Council had offered Oxfordshire Rural Community Council (ORCC) a one year contract to run local Healthwatch. ORCC had two years experience in successfully delivering the County Local Involvement Network. It had also embedded a community network throughout the County and had a knowledge of public engagement.

She reported that a framework of best practice was in the process of being collated both locally and nationally, which was being utilised by Healthwatch England to build good communication channels. She added that the Oxfordshire LINK staff had been fully involved in the planning for the future, building relationships across the statutory and voluntary sector.

Sue Butterworth gave a resume of the activities of the LINK since

it began and changes to services it had influenced and submitted reports on. These included:

- Dentistry and Maternity service reports derived from client surveys;
- Discharge Planning at the Oxford University Hospitals NHS Trust;
- Involvement with JSNA workshops and had worked with the Public Involvement Network (PIN);
- Had conducted an independent consultation supporting users of self directed support;
- Work with the Patient Partnership Group (PPG) network for the Luther Street Medical Centre on best practice for homeless and vulnerable people;
- LINK had injected a small grant funding for OMEGA (Oxfordshire Myalgic Encephalomyelitis (ME) Group for Care Action) to review the early diagnosis of ME and Chronic Fatigue Syndrome;
- LINK had held a Hearsay! Event for Mental Health; and
- Had continued to 'Enter and View ' of Care Homes.

Sue Butterworth also highlighted some bubbling issues for the PIN including:

- more advocates and specialist support in transition for children and BAME (Black, Asian and Minority Ethnic) community organisations;
- more information for self funding;
- the need for District Councils and Supported Housing to be aware of the impact of welfare benefit changes;
- engagement of the sensory impaired;
- identification of help needed by veterans – link with Criminal Justice; and
- insufficient links between Mental Health and Physical Health recognising that OCCG had commissioned a new Psychiatric Liaison Service in Oxford University Hospitals Trust..

All were thanked for their reports. Oxfordshire LINK were thanked for their work for the Shadow Board..

11 Themed Discussion - Implications for Oxfordshire of the Mid-Staffordshire Report

(Agenda No. 8)

Dr Richards introduced the debate highlighting the following two documents to aid discussion:

- The Mid-Staffordshire NHS Foundation Trust Public Inquiry Press Statement – delivered by Robert Francis QC; and
- A briefing produced by Sula Wiltshire, Director of Innovation, Quality & Information, OCCG, entitled ‘Considering the Implications for Oxfordshire of the Francis Report on the Mid Staffordshire NHS Foundation Trust Public Inquiry Current Clinical Assurance available in Oxfordshire.’

He reported that the Thames Valley Quality Surveillance Group, had the role of joining up various aspects of surveillance and there was no need to add more to the high quality initiatives that were already in place. Quality is a priority for the CCG to ensure the safety of Oxfordshire’s residents and for future planning purposes. He added that there was an ongoing need to develop quality surveillance including introducing the Friends and Family test and continued development of patient participation and involvement..

Members of the Board discussed a number of issues which centred around the following:

- The fact that the plethora of monitoring and outcome mechanisms available did not tend to capture what care felt like for friends and family in particular settings, such as in residential/nursing care. A route to real understanding needed to be found and the most to be made of ‘walking the floor’ and hearing from the staff in situ.
- Commissioning for quality outcomes and use of patient outcome measures is important in every contract;
- It was felt to be necessary for a rapid reporting system to be in place for patients to be able to convey any concerns as soon as possible and the means of doing this to be disseminated to patients, relatives, and carers with feedback given from GPs, carers etc;
- The situation had improved by means of the active encouragement of, and wider use of a very powerful tool called Datix, a web based incident reporting and risk management software.

<p>Members of the Board felt that there was scope for the Board to ensure that all organisations and groups were registering and collecting information and that Health and Social Care could act as one. The NHS England Area Team also had a role in its role as commissioner of primary care services.</p> <p>It was therefore RESOLVED to report on actions to further improve Quality Assurance to future meetings and indicate how NHS and social care services quality outcomes are monitored. It was also AGREED that quality outcomes should be included in the revised Joint Health & Wellbeing Strategy and be regularly monitored by the Board.</p>	All
<p>12 Planning processes and information on resources that can be influenced by the Health & Wellbeing Board (Agenda No. 10)</p>	
<p>The Board, led by the Director of Social & Community Services, the Director of Commissioning & Partnerships (OCCG), the Director of Public Health and the Director for Children's Services, discussed the integration of budgets for the OCCG and OCC and the arrangements for transparent governance in joint working.</p> <p>The Board had access to two background papers which were attached to the Agenda at HWB10. These were:</p> <ul style="list-style-type: none"> • 'The OCCG Planning process and Timelines'; and • 'An overview of resources that could be influenced by the Health & Wellbeing Board'. <p>The Board, informed by the attached reports and aided by a recent workshop, began by posing the question asking how could this significant amount of money be used to improve the health and wellbeing of the people of Oxfordshire. The pooled budget for adults with a learning disability was used as an example of good practice which had led to better outcomes for service users, with levels of spend which were relatively low. Proposals were to be brought for consideration to the OCCG and the Cabinet in late May/early June this year.</p> <p>The Board AGREED that, in principle, it had the capacity to influence how services were to be operated in Oxfordshire. It was also agreed that all relevant reports to the Board should include details of expenditure to enable understanding of value and cost of outcomes.</p>	All

..... in the Chair

Date of signing