

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 8 January 2015 commencing at 1.30 pm and finishing at 2.35 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Joe McManners (Vice-Chairman)
 District Councillor Mark Booty
 Councillor Mrs Judith Heathcoat
 John Jackson
 Dr Jonathan McWilliam
 Councillor Melinda Tilley
 City Councillor Ed Turner
 Jean Nunn-Price
 James Drury (representing the Thames Valley NHS
 Commissioning Board)

By Invitation: Stuart Bell (Oxford Health Foundation Trust); Andrew
 Stevens (Oxford University Hospitals NHS Trust)

In Attendance: Joanna Simons (Oxfordshire County Council); David
 Smith (Oxfordshire Clinical Commissioning Group)

Officers:

Whole of meeting Julie Dean (Oxfordshire County Council)

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 (julie.dean@oxfordshire.gov.uk)

| | ACTION |
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| 1/15 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1) | |
| The Chairman welcomed all to the meeting. In particular he welcomed Stuart Bell, Chief Executive, Oxford Health (OH) and Andrew Stevens, Director of Planning & Information, Oxford University Hospitals NHS Trust (OUHT) to the meeting, both of whom had been invited to participate in the discussion at Agenda Item 5. | |

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| <p>2/15 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p> | |
| <p>Apologies were received from Councillor Hilary Hibbert-Biles, Dr Matthew Gaw, Jim Leivers and Peter Clark. James Drury attended as a representative from the Thames Valley NHS Commissioning Board.</p> <p>James Drury reported that from Monday 5 January 2015, as a result of an organisational alignment and capability programme, the structure of NHS England had been reviewed and the seven area teams had now become four. He was now Director of Finance for the South Central Team over which Rachel Pearce had been appointed interim Director of Communications and Operations. Further appointments would be made over the next three month period.</p> | <p>Julie Dean</p> |
| <p>3/15 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p> | |
| <p>There were no declarations of interest submitted.</p> | |
| <p>4/15 Petitions and Public Address (Agenda No. 4)</p> | |
| <p>The Chairman had agreed to Paul Cann, Chief Executive, Age UK, Oxfordshire addressing the meeting in relation to Agenda Item 5.</p> <p>Paul Cann expressed Age UK's support for the Oxfordshire Better Care Fund Plan 2014/15 and 2015/16. He pointed out, however, that the £9.3m funding allotted to social care as a result of this initiative was the minimum of what was needed and that the needs of 9,000 adults with social care needs were not being met, due to underfunding. He added that since 2005/6, Social Care funding had been reduced by £1.4b, which had amounted to an 18% reduction. Moreover, this was an area where the local community and voluntary services, if they were to be embedded more into the system, could work together with all involved to further the prevention or integration aspect of the Plan, ie, to help older people stay mentally alert, to stay mobile and with a sense of purpose. He asked therefore that prevention be not disabled, due to lack of funding, but that the local community and voluntary services be integrated into the system as an equal party in the delivery of services.</p> | |

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| <p>The Chairman welcomed the support of Age UK. David Smith added that implicit within the report was the ongoing work towards a future single Health & Social Care Plan for Oxfordshire and the resource required for that. Reliance on the contribution of the non-statutory voluntary sector and the communities would be of paramount importance.</p> | |
| <p>5/15 Better Care Fund 2014/15 and 2015/16 (Agenda No. 5)</p> | |
| <p>John Jackson, David Smith and Cllr Mrs Judith Heathcoat introduced the Plan, all commenting on the excellent progress made on the Plan between the four organisations (OCC, OCCG, OH and OUHT) since the Board's September meeting. The Board was reminded that the £37.5m funding was not new money and that there remained financial pressures on the NHS and on Social Care but that that this was a different way of using the funding available and of using it more efficiently.</p> <p>David Smith reported significant changes to the overall resources for NHS since the Board had last met in November. Instead of the expected £18m funding for 2015/16 for growth purposes (which had already been committed for routine pressures), the Chancellor had given the south east £41m for 2015/16 and a further £20m for 2016/17.</p> <p>During the course of the debate areas of discussion and views expressed comprised the following:</p> <ul style="list-style-type: none"> • The requirement for the patient and public involvement input to be worked out in the light of the large numbers of people using the services, so that any concerns and experiences could be fed into the process; • From a Public Health point of view, the Plan addressed the symptoms of the problems, and not the causes. A plan for prevention was also needed. For example, problems such as the demographic challenge, loneliness and isolation or chronic illness arising from obesity all needed to be addressed; • The mental health budget must not be eroded and the service needed to be treated as an equal service to others - a new set of standards were to be introduced; • The intention was that Integrated Centres for patients would cover the whole county and work had already started on them. • Work was in train on the Outcome Based Contracting programme for Mental Health/Older People/ Community Nursing Services. Stuart Bell warned that the | |

transformational change should not take too long, or the benefits would not be realised;

- Elected members needed to think about how to communicate with constituents on issues such as the correct use of Health and Social Care services.

In response to a question, David Smith commented that the targets relating to reductions in Accident & Emergency visits were indeed a challenge but achievable as long as all organisations could deliver. Andrew Stevens paid tribute to staff from all agencies and carers for the way they were managing the pressures, adding that if there was operational equilibrium, it would follow that the financial element would also ease. He declared that the Better Care Fund Plan was a good start towards this and pledged the support of the OUHT. He agreed that a single plan was required in order to give a reference point with which to measure the contribution and effectiveness of individual schemes. Furthermore, that monitoring was of paramount importance in order to redirect resources if there was a need to.

Stuart Bell pointed out that the changes would serve to create a strong forum for strategic discussion on how to combat risk, such as the ability to recruit staff. The Chairman agreed, adding that a key function of the Growth Board, for example, was for District Councils and the County Council to consider all issues relating to infrastructure delivery to schemes such as to extra care housing developments.

The Board **AGREED** (unanimously) the Better Care Fund Plan 2014/15 and 2015/16 for submission to NHS England by 9 January 2015, subject to the inclusion of any changes following the meeting, as agreed by the Chairman and Vice-Chairman of the Board.

Dr Joe McManners/John Jackson

..... in the Chair

Date of signing