





OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 13 March 2014 commencing at 2.00 pm and finishing at 4.20 pm

Present:			
Board Members:	Councillor Ian Hudspeth – in the Chair		
	Dr Joe McManners (Vice-Chairman) District Councillor Mark Booty Councillor Mrs Judith Heathcoat Councillor Hilary Hibbert-Biles John Jackson Dr Jonathan McWilliam Councillor Melinda Tilley City Councillor Ed Turner Larry Sanders James Drury (In place of Matthew Tait) Frances Craven (In place of Jim Leivers)		
Other Persons in Attendance:	Ian Wilson CBE (Interim Chief Executive, Oxfordshire Clinical Commissioning Board)		
Officers:			
Whole of meeting	Peter Clark and Julie Dean (Oxfordshire County		

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 (<u>www.oxfordshire.gov.uk</u>.)

Council)

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

	ACTION
1/14 Welcome by Chairman, Councillor lan Hudspeth (Agenda No. 1)	
The Chairman extended a welcome to:	
Dr Joe McManners in his role as the Oxfordshire Clinical	

 Commissioning Group's (OCCG) Clinical Chair and Vice - Chairman of the Board; Ian Wilson, interim Chief Executive, OCCG, who is 'in attendance' to the Board alongside Joanna Simons; Larry Sanders in his new formal role as Chairman of Healthwatch Oxfordshire and member of the Board. 	
The Chairman took this opportunity to thank Dr Stephen Richards on behalf of all the members of the Board for the considerable part he has played in developing the partnership aspect to clinical commissioning within the County via the Shadow and the statutory Health & Wellbeing Board and for all his valuable hard work and dedication to this.	Julie Dean
2/14 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
James Drury attended for Matthew Tait, Frances Craven for Jim Leivers, and apologies were received from Dr Mary Keenan and Joanna Simons.	
3/14 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest submitted.	
4/14 Petitions and Public Address (Agenda No. 4)	
There were no petitions submitted or any requests to address the meeting.	
5/14 Note of Decisions of Last Meeting (Agenda No. 5)	
The Note of Decisions of the meeting held on 21 November 2013 (HWB5) was approved and signed as a correct record.	
6/14 Terms of Reference (Agenda No. 6)	
The Board were asked to approve an amendment to the Oxfordshire County Council Constitution (Health & Wellbeing Membership) to reflect the changes which had recently occurred within the Oxfordshire Clinical Commissioning Group.	

GREED that in order to reflect these changes: to amend the current wording of the Terms of Reference for the Board from (amendments)
Reference for the Board from (amendments)
underlined):)
'Meetings of the Board will be chaired by the Leader of the Council and the Vice-Chairman will be the Chief Executive of the Clinical Commissioning Group' to:	
'Meetings of the Board will be chaired by the Leader of the Council and the Vice-Chairman will be ' <u>either the</u> <u>Chief Executive of the Oxfordshire Clinical</u> <u>Commissioning Group or its Clinical Chair as notified to</u> <u>the Monitoring Officer of Oxfordshire County Council</u> ') Head of Law & Culture (Glenn Watson)))
that a nomination be sought from the OCCG for a GP representative to join the Adult Health & Social Care Partnership Board.) Interim Chief Executive (OCCG)
int Strategic Needs Assessment a No. 7)	
The Board considered the Joint Strategic Needs Assessment report (HWB7) on trends in local data which impact on health & wellbeing. The report also included recommendations for updating the Joint Health & Wellbeing Strategy.	
response to a question on population, John Jackson ghlighted the work the County Council were doing with ford City Council looking at projections of housing owth, which had informed the strategic housing market sessments.	
ere was general support amongst the Board for the ed in the future to analyse all data at a local level in der to produce a clearer picture of how service needs uld be met in local areas.	
e Board AGREED that:	
the findings highlighted in this report are used in the process of updating and revising the Joint Health & Wellbeing Strategy (JHWBS);)))
	the Council and the Vice-Chairman will be the Chief Executive of the Clinical Commissioning Group' to: 'Meetings of the Board will be chaired by the Leader of the Council and the Vice-Chairman will be ' <u>either the</u> <u>Chief Executive of the Oxfordshire Clinical</u> <u>Commissioning Group or its Clinical Chair as notified to</u> the Monitoring Officer of Oxfordshire County Council' that a nomination be sought from the OCCG for a GP representative to join the Adult Health & Social Care Partnership Board. int Strategic Needs Assessment a No. 7) e Board considered the Joint Strategic Needs sessment report (HWB7) on trends in local data which bact on health & wellbeing. The report also included commendations for updating the Joint Health & ellbeing Strategy. response to a question on population, John Jackson hlighted the work the County Council were doing with ford City Council looking at projections of housing with, which had informed the strategic housing market sessments. ere was general support amongst the Board for the ed in the future to analyse all data at a local level in ler to produce a clearer picture of how service needs uld be met in local areas. e Board AGREED that: the findings highlighted in this report are used in the process of updating and revising the Joint Health &

(b) (c)	the outcomes achieved in 2013-14 and set out in the performance report (agenda item 9) are also taken into consideration in affirming and setting a concise set of outcome measures for 2014-15; and a revised draft Joint Health & Wellbeing Strategy for 2014-15 is brought to the next meeting of the Health & Wellbeing Board on 17 July 2014 for discussion and adoption.) Director of Public Health (Jackie Wilderspin/Ben Threadgold)))
8/14 Phari (Agenda N	maceutical Needs Assessment for Oxfordshire	
progress to Oxfordshire The Board F (a) (b)	considered a report (HWB8) which advised on work in produce a Pharmaceutical Needs Assessment for on behalf of the Health & Wellbeing Board. ESOLVED to: agree to the process set out in this paper and delegate authority to the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health and Wellbeing Board, subject to financial and legal approvals, to procure and manage the service of a contractor to produce a Pharmaceutical Needs Assessment for Oxfordshire on behalf of the Health and Wellbeing Board; and consider a progress report on this work at the July 2014 meeting.)) Director of Public Health (Jackie Wilderspin)))
9/14 Perfo (Agenda N	ormance Report lo. 9)	
reviewed th performance Wellbeing S A table show	had before them a Performance Report (HWB9) which he third quarter (1 October – 31 December 2013) e against all the outcomes set out in the Health & trategy. wing the agreed measures under each priority in the h & Wellbeing Strategy, expected performance and	
Joint Health current perfo		

It was AGREED to note the report.	Director	of
		Health
	(Ben Threadgol	d)
10/14 Oxfordshire Clinical Commissioning Group 5 Year	Theauyor	u)
Plan		
(Agenda No. 10)		
Ian Wilson, interim Chief Executive of the Oxfordshire Clinical Commissioning Group (OCCG), gave a presentation on the draft OCCG 5 Year Plan. The Board were requested to comment on it and endorse it prior to its submission to the OCCG Governing Body and then to NHS England on 4 April.		
Mr Wilson reassured members of the Board on the robust nature of the Plan to eradicate the CCG's budget deficit adding that a rigorously tested project management approach had been adopted.		
Mr Wilson gave his reassurance that the OCCG was looking closely at where the areas of need were and how the public could best be served. The OCCG had initiated plans to help primary care to develop networks which would enable enhanced access. This included a variety of solutions suited to different areas in the localities.		
Members of the Board welcomed the ambition contained in the Plan to tackle inequalities, asking if there were similar ambitions to raise the quality of mental health services. Mr Wilson pointed out that the mental health area was leading the way in the new Outcome Based Commissioning method in contracting services, leading to a more integrated way of working with other mental health services.		
The Board noted that the outcomes of a recent survey of access to GP's by Healthwatch Oxfordshire was currently being analysed. In addition, a survey of Oxford University students had also been carried out by Oxfordshire Healthwatch on their experiences of the Accident & Emergency service during 2013. Information on these surveys would be passed to the appropriate people/organisations on completion.		
It was AGREED to:		
 (a) approve the OCCG Quality & Performance Committee's two possible measures for improving the quality of commissioned services which were: developing a measure to improve prescribing; developing a measure to improve electronic))))	

clinical communication and to delegate to the OCCG Governing Body any final decision on which measure to adopt; and) Interim Chief Executive OCCG/
(b) approve the draft OCCG 5 Year Plan, taking the above comments of the Board into account and to delegate the sign off of the final document to the Chairman & Vice-Chairman of this Board.	Chairman of Health & Wellbeing Board
11/14 Better Care Fund Plan (Agenda No. 11)	
The Board had considered a background paper on the Better Care Fund Plan at its previous meeting. Formal approval was now sought on the proposed use of the Fund in Oxfordshire, prior to its submission to NHS England (as an integral part of the OCCG's Strategic and Operational Plans) by 4 April 2014.	
John Jackson introduced the Plan (HWB11) which had its focus on the pressures arising from the rising numbers of older people with complex conditions. It had been built on the existing Older People Joint Commissioning Strategy 2012 - 2016 and produced together with the Oxford University Hospitals NHS Trust and a number of users and carers.	
Larry Sanders commented that it had been found that there were better results from the reablement service when people were helped to connect with local networks. He added that he had been very encouraged by the community development work carried out by Age UK. He called for a greater emphasis on care for the carers via short breaks etc. John Jackson responded that discussions were ongoing with the OCCG with regard to the Community Health Service (Reablement) and a review of the community service interface with patient coming out of acute care was progressing. A report would be made to a future meeting. The County Council were also looking to carry out a review of information and advice. Its focus was also to reach more carers. The Care Bill would make it a legal requirement for carers to have an assessment and it was anticipated that this would be addressed through the Better Care Plan.	
A plea was made for GPs, Schools and Social Workers to give more help and support to young carers and also for patients to be discharged to facilities near to their families on leaving acute care.	
It was AGREED:	
(a) to agree the Better Care Fund Plan for Oxfordshire for)

 submission to NHS England by 4th April 2014, subject to the inclusion of any necessary changes which may be required following consideration by County Council Cabinet and Clinical Commissioning Group Governing Body as agreed by Chairman and Vice Chairman of the Health and Wellbeing Board; (b) in so doing, to agree the use of the Health Transfer to Social Care Funding in 2014/15 as set out in the financial template, and for this to form the basis of a section 256 agreement following legal review by the County Council and NHS England and as agreed by the Director for Social & Community Services following consultation with the Cabinet Member for Adult Services; and (c) to receive an updated plan in March 2015 prior to implementation, reflecting performance in 2014/15 and any emerging pressures and priorities.)))) Director for Social & Community Services/ Clinical Chair OCCG/Chairman Health & Wellbeing Board))))
12/14 Local Information Steering Group (Agenda No. 12)	
Dr Paul Park, OCCG, presented a proposal to set up a multi- agency group to enable collaboration on Information Management and Technology (HWB12).	
It was AGREED to endorse the proposal.	Interim Chief Executive OCCG (Dr Paul Park)
13/14 Local Healthwatch (Agenda No. 13)	
Larry Sanders, Chair of Healthwatch Oxfordshire presented an update on recent developments (HWB13). He undertook to take any comments and suggestions from the Board to the Healthwatch Board.))))
Members of the Board were very supportive of 10.2 – to encourage the Health & Wellbeing Board to take steps to monitor the impact of the changes taking place associated with social care cuts, Health efficiency savings and other changes (for example, to benefits) on homeless services. They were also supportive of the initiative to establish a pilot set of representation groups for relatives in four care homes with a view to compiling a subsequent best practice guide to promulgate the establishment of such groups more widely in care homes.))) Chair of Healthwatch Oxfordshire))

It was suggested that Healthwatch may wish to also work with groups who represent users and carers in various care networks, reporting on the patient and carer perception of services. Board members were very appreciative of the paper and wished Healthwatch all the very best in the future under his)))))
chairmanship.)
14/14 Reports from Partnership Boards (Agenda No. 14)	
Councillors Melinda Tilley, Mrs Judith Heathcoat and Mark Booty each gave an oral progress report on recent activity of each of the Partnership Boards.	
Children & Young People's Partnership Board Councillor Tilley, Vice Chairman, reported the following:	
 The February meeting had been cancelled due to sickness and adverse weather conditions; The new Terms of Reference for the Partnership Board had now been agreed and work was ongoing to clarify the relationship the Board had with the Oxfordshire Children's Safeguarding Board, their roles and responsibilities and how they differed, particularly with regard to performance management; Interviews had been held for a representative from the voluntary sector on the Partnership Board, the outcome of which was not yet known; The Partnership Board had held an extended meeting to begin development of the new Children & Young People's Plan 2014 – 18 which had been attended by over 20 representatives from the public and the voluntary sector, the outcomes of which were: a proposal to extend the existing Plan until November 2014 (to take account of a range of complex issues which would impact on its development in the next few months); to establish a multi-agency sub – group to develop a new Plan for 2014 – 18 to ensure that it had true 'buy – in' from a range of partners; and the Partnership Board had decided to look at methods of working in light of the extra social workers taken on to lessen social worker caseloads. This was explained by 	

 rising levels of children on care plans and increased referrals from schools; and The Partnership Board were looking forward to the establishment of a multi – agency Safeguarding Hub (MASH). 	
Adult Health & Social Care Partnership Board Councillor Mrs Judith Heathcoat, Chairman of the Partnership Board, reported the following:	
 The OCCG were in the process of finding representatives to sit on the Board following recent staffing changes; A refreshed Joint Commissioning Strategy would guide how OCC and the OCCG pooled budget for Adults with a Learning Disability was spent over 2015 – 18. A Learning Disability workshop had been held on 19 December 2013 on the next 'Big Plan' for the support of adults with a learning disability in Oxfordshire. A good mix of people had attended, including users carers, service providers, commissioners and other partners. Several areas of action were identified which included working with support provider employers and Councils to increase employment opportunities and more promotion of healthy lifestyles, for example through sporting opportunities and healthy eating education; 	
 In January the Board had held a joint workshop with the Health Improvement Partnership Board on prevention of premature death and enabling healthy older age. Loneliness was identified as a key issue which the Board agreed to take forward. Paul Cann (Age UK Oxfordshire and the Campaign to End Loneliness in Older Age) set the context for discussion and Ann Nursey, OCC, provided an overview of the situation in Oxfordshire and the various ways in which it was currently being addressed. Suggestions for moving forward included working with partners such as the Fire & Rescue Service, social landlords and GPs to identify individuals at risk. The importance of accessible transport, day service opportunities and luncheon clubs were also discussed. It was agreed that the new Community Information Networks would play a pivotal role in identifying individuals at risk of loneliness and signposting them to locally available opportunities and services. The Partnership Board undertook to ensure that the discussions were linked in with the work already underway and progress would be reviewed at a future meeting; 	
implementing the Joint End of Life Care strategy and the short and medium term plans for the care of people towards the end of their lives. Discussion led to the	

	identification of a key area for action which was to increase coordination amongst GP Champions for End of Life Care and ensuring their work feeds into the strategy. The Partnership Board endorsed the plans, agreed to monitor progress and proposed to hold a workshop on End of Life Care in the Autumn. This would provide an important opportunity to report back on these actions and identify further opportunities for improvement through partnership working.	
<u>Health</u>	n Improvement Partnership Board	
Cound	cillor Mark Booty reported the following:	
•	The Partnership Board had met in November 2013 but had cancelled its January meeting; At its November meeting it had received detailed reports on performance on two areas in particular:	
	 Health Checks – an ambitious target of 65% had been set. The Partnership Board heard about plans to target particular groups in the population to increase take-up; Breastfeeding at 6-8 weeks – another ambitious target of 62% had been set. The Partnership Board heard about targeted work to improve the current rate. 	
•	 Updates were received at the November meeting on fuel poverty and the work of the Affordable Warmth Network; and the impact of welfare reform and outcomes of the pilot work in the City' The agenda for the 27 March meeting included: the final draft of the Healthy Weight Strategy. The Partnership Board were planning a joint workshop with the Children & Young People's Partnership Board on this topic later in the year; the Joint Public Health Strategy between OCC and OUHT; An Annual report from the Public Health protection Forum (which would give an overview of performance on immunisation, screening and other health protection issues). 	
•	A workshop had been arranged for April 2014 which would include attendance from housing portfolio holders from District Councils and officers, OCCG and Probation representatives who were working on options for housing related support in the future. This meeting replaced the January workshop which was postponed.	

Councillors Tilley, Mrs Heathcoat and Booty were thanked for their reports.	

in the Chair

Date of signing