

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 13 July 2017 commencing at 2.00 pm and finishing at 4.15 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Joe McManners (Vice-Chairman)
District Councillor Anna Badcock
Dr Jonathan McWilliam
Councillor Lawrie Stratford
Prof George Smith
Kate Terroni
Cllr Marie Tidball
Hannah Farncombe (In place of Lucy Butler)

Other Persons in Attendance: Peter Clark, OCC and David Smith, OCCG

Officers:

Whole of meeting Julie Dean, OCC

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: 07393 001089 (julie.dean@oxfordshire.gov.uk)

	ACTION
1/17 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman welcomed all to the meeting, in particular to new members Cllr Steve Harrod in his absence, Professor George Smith, Cllr Lawrie Stratford and Cllr Marie Tidball. Cllr Hudspeth thanked Val Johnson for her invaluable work over the years in her role as partnership development manager, and wished her well in her retirement. He also thanked District Cllr Ed	

<p>Turner, on behalf of the Board, for his hard work as Chairman and Deputy Chairman of the Health Improvement Partnership Board.</p> <p>He announced an item of urgent business 'Update on DTOC and Better Care Fund Planning', to be included after Agenda Item 5. Cllr Hudspeth stated that the reason for urgency was because sign off was required before the next meeting of this Board in November.</p>	
<p>2/17 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>An apology had been received from Cllr Steve Harrod and Cllr Hilary Hibbert-Biles and Hannah Farncombe attended for Lucy Butler.</p>	<p>Andrea Newman</p>
<p>3/17 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>There were no declarations of interest submitted.</p>	<p>Andrea Newman</p>
<p>4/17 Petitions and Public Address (Agenda No. 4)</p>	
<p>No requests to present a petition or address the meeting had been received.</p>	
<p>5/17 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>The note of the last meeting, which took place on 23 March 2017, was approved and signed as a correct record.</p> <p>There were no matters arising.</p>	<p>Julie Dean</p>
<p>6/17 Urgent Business - Update on Delayed Transfers of Care and Better Care Fund Planning (Agenda No. 5a)</p>	
<p>David Smith gave a brief introduction stating that the OCCG had worked together with Adult Social Care on the previous allocation of £350m, which was already in place. He pointed out that the theme of the additional provision was to assist with the reduction of the county's Delayed Transfers of Care (DTOC) statistics which remained high, with the problems sitting with the Oxford</p>	

University Hospitals NHS Foundation Trust (OUP) and OCC's Adult Social Care. He stressed the importance of reducing the DTOC figures as a joint venture.

Kate Terroni proposed the recommendations contained in the report citing the Secretary of State for Health's statement on 3 July 2017 that urged both Health and Local Authorities to be well prepared for the coming winter, asking that they renew efforts in respect of DTOC and to refocus on priorities. She also made reference to his intention to undertake twelve Care Quality Commission (CQC) reviews, of which Oxfordshire would be one. She welcomed the external challenge that this would bring, along with a focus on learning from good practice elsewhere.

Professor Smith, Chair of Healthwatch Oxfordshire, conveyed a message to the Board from Dr Bruno Holthof, Chief Executive of the OUH who had been invited along for this item alongside Stewart Bell, Chief Executive of Oxford Health (OH), both of whom were unable to attend due to a previous engagement. Dr Holthof had agreed with HWO that joint teams comprising OUH care workers and ASC teams for home care delivery was a good idea and he looked forward to an invitation from the County Council to discuss this. Professor Smith suggested that a joint objective could be the upskilling of care workers via 'on the job' training with the support of mentors. It was his view that a high level approach was required within a climate of increasingly complex health problems. He also raised the need for more support to be given to carers in order that they may be supported in giving acute care to patients in their own home. He also stressed the requirement for good respite care.

Kate Terroni highlighted the proposals contained in the report relating to how the additional Better Care Fund monies would be spent. She cited the following provision:

- Raising the hourly rate again for care workers;
- Exit interviews to be given to people leaving their post, thus ensuring that workforce issues were cited on a constant, ongoing basis;
- The use of shared care practitioners employed by Oxford Health to upskill domiciliary care workers; and
- The use of locality-based providers – to which Dr Holthof's views would be welcomed.

Members of the Board commended the positive attitude conveyed in the report and endorsed the validity of Professor Smith's comments recognising the need for more support for carers and the importance of respite care for carers, in particular for those caring for dementia patients.

Dr McManners stated that this was a good opportunity for the integration of Health and Social Care workers on a locality basis, and furthermore, to embed social workers and carers into the locality groups. The OCCG were actively encouraging proposals to integrate GPs and community teams, working in parallel with social workers. These 'locality teams' could be integrated into locality plans. Furthermore, the OCCG would encourage any reduction in costs or extra investment to be passed on to the care workers at the hourly rate; and for all this to be tied into the appropriate training for the job and recruitment in order to reduce staff turnover, as suggested.

Other comments made and views expressed from the Board included the following:

- That a sustainable plan must be made in terms of recruitment and retention of staff;
- It was hoped that the Government would be producing national advice on particular issues such as for areas in low employment, high growth and productivity, to support the plans;
- The plans for this could be used as an opportunity to re-visit the Mental Health Concordat and to scrutinise the extent to which it had been implemented;
- Adults of Working Age and child carers should not be overlooked in plans for respite; and
- Age UK and Oxfordshire Carers Forum could give valuable input.

Dr McManners and Kate Terroni reminded the Board that it had detailed oversight of services for older people, people with mental health problems or a physical disability and adults of working age via the Health Improvement Partnership Board.

David Smith suggested that a time-limited focus group comprising OCC and the OCCG representatives could be created to take a look at what needed to be done. He also undertook to spend time talking to colleagues in other locations and looking at other systems. Kate Terroni agreed with his suggestion stating also that she was working on a clear, shared narrative and diagnostics across the system.

The Board **AGREED** to:

- (a) approve the plans for spending the Improved Better Care Fund funding as described in the report;)
- (b) approve the governance arrangements as described in the report, including delegating responsibility for)

<p>implementing these plans to the Better Care Fund Joint Management Group; and (c) create an informal, time-limited focus group comprising OCC and OCCG representatives to look at the work that was required to be undertaken.</p>	<p>Director for Adult Services)))</p>
<p>7/17 Performance Report - Final Outcomes for 2016-2017 year end (Agenda No. 6)</p>	
<p>The Board received an update on performance against the outcomes in the Joint Health & Wellbeing Strategy set for 2016/17 and also considered the new outcomes for quarters 2 to 3 (HWB6).</p> <p>Dr McWilliam highlighted the good work undertaken by the Health Improvement Partnership Board (HIB) who typically used a workshop format together with a usual stance of ‘critical friend’ when a problem had been identified. This method had realised some good solutions.</p> <p>The Board AGREED to note the report.</p>	<p>Strategic Director for People</p>
<p>8/17 Revised Joint Health & Wellbeing Board Strategy for 2017-18 (Agenda No. 7)</p>	
<p>The Board considered the draft, revised Joint Health & Wellbeing Strategy (JHWBS) for 2017/18. The cover report to this document set out the process for revision and also contained the views of the Oxfordshire Joint Health Overview & Scrutiny Committee (OHOSC) put forward at its meeting on 22 June 2017.</p> <p>The Chairman stated that the comments of OHOSC had been noted and would be considered at the time when the Plan was implemented. He added that it had benefited greatly by the report of the Health Inequalities Commission which was an impressive testament to identifying problems and going forward.</p> <p>The Board AGREED to approve the outcome measures proposed in the draft Strategy and to monitor performance against those outcomes at each meeting in 2017 – 18.</p>	<p>Strategic Director for People</p>

9/17 Local Digital Roadmap

(Agenda No. 8)

Stuart Bell CBE, Oxford Health and Gareth Kenworthy and Lucasz Bohman, OCCG, gave a slide presentation on action planning for digital platforms within the NHS. A cover paper was attached at HWB8, together with a copy of the presentation slides.

Comments, suggestions and views were sought from the Board. These were as follows:

- Should consideration be given to its use, for example, to monitor a person's weight, at home in order to reduce the need for medication? 95% of homes had broadband, and a very high number had a smart phone (although not all), could the governance be sufficiently relaxed to allow this to happen? Stuart Bell responded that a big challenge would be in how to keep pace with the range of equipment, if ipads were given. However, Skype could be used to the benefit of the patient;
- Government advice regarding the planning process for designing data protection had yet to be given and there was a danger that systems would become obsolete before it was rolled out. A high level of protocol was required for the exchange of information. Oxfordshire had the potential to become a world class system, but it was being held back with the current 'siloes' system. Different organisations had different priorities and Government leadership was required to break down the siloes;
- There was a need for 'hospital at home' technology ie for data to be collected and transmitted from the home environment virtually, to be rolled out. Stuart Bell responded that there were basic national expectations and requirements, and much work still needed to be done as an extension to requirements. The potential for it to be used for research purposes was high;
- Whilst the principle was good, to be effective and glean results simplicity of use would be the key. There was now more IT literature for older people in existence. Furthermore, there were 'do-it-yourself advocacy organisations to assist with people if they require it;
- With regard to the slide on universal capability, it would be essential to include provision for people with conditions such as autism, to ensure that the patient voice was

<p>captured. Stuart Bell responded that people would be able to generate their own health data and would ultimately have a fundamental impact on people's ability to change their health care. He added that a significant amount of monitoring took place in relation to Diabetes and Bipolar with more to be done on Autism and ADHD. The aim was to develop it via the citizen's interface; and</p> <ul style="list-style-type: none"> • Thames Valley Police, particularly the Domestic Homicide Police, could be brought on board, together with the social workers. In addition, the Hampshire Orthopaedic Society had developed an app to ensure access for autistic patients. <p>Stuart Bell, Gareth Kenworthy and Lucasz Bohman thanked the Board for all the views and suggestions given. They were thanked by the Board for their presentation.</p>	<p>Chief Executive of Oxford Health</p>
<p>10/17 Safeguarding Boards - Impact Assessments (Agenda No. 9)</p>	
<p>Seona Douglas, Deputy Director, Adult Social care, and Tan Lea, Strategic Safeguarding Partnerships Manager, Oxfordshire County Council, attended for this item in place of the Chairs of the Safeguarding Boards who were unable to attend.</p> <p>They presented the report HWB9.</p> <p>The Board thanked Seona Douglas and Tan Lea for the report and AGREED to note the report.</p>	<p>Director for Adult Services; Director for Children's Services/Chairs of Safeguarding Boards</p>
<p>11/17 Health Inequalities Commission - update (Agenda No. 10)</p>	
<p>Dr Joe McManners, Chair, CCG and Jackie Wilderspin, Public Health Specialist, OCC presented a report on the process for implementing the recommendations from the Commission report, published in November 2016 (HWB10).</p> <p>The Board heard that the Commission report had been used by</p>	

<p>specific organisations, particularly in the voluntary sector, as evidence to support bids for work. It had also been used by the CCG for work planning and transformation purposes. The Public Health Team was working to develop an overview of indicators showing variation for different inequalities, which would be picked up as part of future planning.</p> <p>A further, more detailed update would be given at the Board's November meeting.</p> <p>The Board AGREED to note the report and to thank Dr McManners and Jackie Wilderspin for the update.</p>	<p>Chair, OCCG/Strategic Director for People</p>
<p>12/17 Healthwatch Oxfordshire (HWO) - Update (Agenda No. 11)</p>	
<p>Professor Smith, Chairman of Healthwatch Oxfordshire (HWO), gave an oral update on activities. He made reference to the annual report which had been circulated to all Board members. He raised the following issues:</p> <ul style="list-style-type: none"> • A cut in budget allocation had led to a number of challenges. The organisation had moved to smaller premises, staff reductions had taken place and some projects had been abandoned; • Three new directors had been appointed onto the HWO Board; • Further to the Witney project, a number of other county towns had requested HWO to undertake a similar project in their town. <p>He updated the Board on three activities in hand;</p> <ul style="list-style-type: none"> • HWO had provided secretarial and administrative support to one of the locality forums. A CCG contract had now been awarded to HWO to provide the same to all six forums. An additional member of staff was to be appointed to undertake this; • Discussions were underway with the Council of Governors of two Trusts for HWO to act as a source of information to them; • HWO was also looking into the possibility of using the more advanced students at local universities as an information resource, via the generation of projects which would in turn assist with their studies and qualification; • HWO was to challenge Health and Social Care authorities 	

