

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 15 November 2018 commencing at 2.00 pm and finishing at 5.05 pm

Present:

Board Members: Dr Kiren Collison (Vice-Chairman) – in the Chair

Stuart Bell
Dr Bruno Holthof
District Councillor Andrew McHugh
Dr Jonathan McWilliam
Ben Riley
Councillor Lawrie Stratford
Prof George Smith
Kate Terroni
City Councillor Louise Upton
Councillor Ian Corkin (In place of Councillor Steve Harrod)
Councillor Mrs Judith Heathcoat (In place of Councillor Ian Hudspeth)

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
<p>1 Welcome by Deputy Chairman, Dr Kiren Collison (Agenda No. 1)</p>	
<p>The Vice-Chairman welcomed all to the meeting, in particular she welcomed new members Stuart Bell, Dr Bruno Holthof, Louise Patten, Yvonne Rees and Dr Ben Riley.</p>	
<p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies for absence and substitutions were as follows:</p> <p>Cllr Ian Corkin for Cllr Steve Harrod Maria Godfrey for Lucy Butler Cllr Judith Heathcoat for Cllr Ian Hudspeth Diane Hedges for Louise Patten Bev Hindle for Yvonne Rees David Radbourne sent his apologies.</p>	<p>OCC(Andrea Newman)</p>
<p>3 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>Dr Ben Riley declared an interest on account of his paid employment as:</p> <p>(a) a GP partner at 19 Beaumont Street Surgery, Oxford, and, as such holds a contract to provide NHS General Medical Services; and the Surgery was a provider of some public health services commissioned by Oxfordshire County Council;</p> <p>(b) Director and Chief Clinical Officer of OxFed Health & Care Ltd which provides a range of NHS and non-NHS healthcare services in Oxford city's population and works in partnership with other healthcare providers in the county; and</p> <p>(c) Medical Director of Curriculum and GP Education at the Royal College of GPs, London.</p>	<p>))))) OCC(Andrea Newman))))))))</p>
<p>4 Petitions and Public Address (Agenda No. 4)</p>	
<p>A request to address the Committee from Cllr Cathy Augustine, Didcot Town Council, at Agenda Item 7 had been agreed.</p>	<p>OCC(Andrea Newman)</p>

<p>5 Note of Decisions of 22 March 2018 and 10 May 2018 meetings (Agenda No. 5)</p>	
<p>The Notes of Decisions of the meetings held on 22 March 2018 and 10 May 2018 (HWB5) were approved and signed.</p>	<p>OCC(Julie Dean)</p>
<p>6 Re-launch of the Health & Wellbeing Board (Agenda No. 6)</p>	
<p>Dr Collison reported verbally on progress in relation to the development of the Oxfordshire Health & Wellbeing Board since the changes were agreed at the special meeting of the Board on 10 May 2018. She stated that the Board comprised of a broader membership which reflected the more strategic, more visible, high-level Health & Wellbeing Board Strategy which extended across the whole system.</p> <p>A member of the Board commented on the encouraging and positive progress that had been made in relation to the different bodies working together, to which Dr Collison agreed.</p>	
<p>7 Draft Joint Health & Wellbeing Strategy and New Priorities for the Health & Wellbeing Board (Agenda No. 7)</p>	
<p>Prior to consideration of this item, the Board was addressed by Cllr Augustine. She expressed her concern at the perceived 'lack of transparency' in respect of the workshops held in private to establish the Board's ways of working together in the future. She also pointed out her concern that the venue for this meeting was the Clinical Commissioning Group's offices and not County Hall as was usual; which, in her view, reflected the fact that the CCG were increasingly in control. It was also Cllr Augustine's view that the CCG's policy of engagement with the public was unacceptable and 'opaque', thus making valued scrutiny impossible.</p> <p><u>Draft Health & Wellbeing (HWB) Strategy (HWB7(a))</u></p> <p>Dr McWilliam presented the draft Health & Wellbeing Strategy (HWB7(a)) for discussion and seeking approval for engagement with the public. He stated that this was an example of true collaboration of organisations working together for the people of Oxfordshire. He added that the Strategy covered a wide number of topics which concerned all the wider determinants of Health, that in turn influenced housing, green spaces, highways etc,</p>	

thus giving a clear direction for all.

In presenting the Strategy he highlighted four priorities at Board level:

- Prevention;
- Emphasis on place-shaping;
- The vital importance of the residents' journey; and
- The workforce.

Comments from Board members relating to the challenges and goals for the Board in the future included:

- The Board should continue to promote DToC;
- The Board should promote specifics in relation to its goals in order to ensure accountability, a strategic vision and measures of success. For example, engagement with staff who were as important as engagement with the public and the establishment of a five - year plan and action logs in order to enable the setting and monitoring of achievable targets and goals;
- The emphasis on prevention was welcomed, but more work needed by the sub-groups to come up with targets on how to promote personal responsibility in people for their own health;
- To welcome the focus in the Strategy on the workforce challenges, despite the available resources, on health inequalities and on mental health.

Diane Hedges asked to what extent should the Board set out what it wanted to do in detail, pointing out that this could be treading a difficult line. The Board was doing well in its endeavours to set the middle ground and it was already very sighted on achieving the children and adolescent targets. There was still an opportunity to shape the Strategy for further engagement.

The Board AGREED to approve the draft Health & Wellbeing Strategy for wider engagement with the public.

Engagement Plan for the Joint Health & Wellbeing Strategy (HWB7(b))

Catherine Mountford (OCCG) introduced the outline engagement plan from the updated Health & Wellbeing Board (HWB7(b)).

Cllr Stratford asked how could it be ensured that sufficient people engage with the Plan in order to be confident that the people spoken to was a fair representation. Catherine Mountford

All members of the Board

responded that all the organisations represented on the Board would utilise all the networks available to them for publishing purposes. Staff members would be engaged with, together with staff members from the communities.

Professor Smith made reference to the Healthwatch Oxfordshire website which featured a 'Trip Adviser' style facility which collected comments and views from the public for GP surgeries, community hospitals etc.

The Board **AGREED** to approve the Engagement Plan.

Priorities for the Health & Wellbeing Strategy (HWB7(c))

Improving the resident's journey through the health and social care system (HWB7(c)(1))

The Board had before them a Highlight report and Evaluation Framework from the Integrated System Delivery Board (ISDB). The Director of Adult Social Services, Kate Terroni, gave a verbal feedback report from the recent CQC follow-up inspection which had been provided to the system leaders verbally. Observations included:

- relationships at senior level were much improved;
- the evaluation of winter pressure schemes was good;
- positive work in respect of the workforce had taken place with good examples of best providers;
- there was recognition of the current work around the implementation of service provision for 'stranded patients'
- there were still a few confusing pathways and some duplications if service
- insufficient work to date on the integration of Health and Social Care;
- the work required on self - funders had not as yet been concluded – advice on the website was in place but there had been no brokerage on this function;
- further work was required with carers;
- Oxfordshire had the best and most vibrant voluntary service provision, but there was no coherent way established for working with them.

Dr Holthof suggested that there be an amendment to the presentation of the indicators to the effect that there had been a significant amount of progress made and much ground – work done in building trust in respect of patients leaving hospital in a timely way.

The Board **AGREED** to:

- (a) (unanimously) endorse the evaluation framework and the

OCCG(Louise Patten)

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suite of indicators listed on page 48 of the report, as amended above; and
(b) note that the CQC would be returning to a meeting of the Board on 29 January 2019 in order to deliver formal feedback on the inspection.

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OCC(Kate Terroni
and
Julie Dean)

Planning for future population Health and Care needs – proposed framework approach (HWB7(c)(2)

Diane Hedges presented the approach to meeting current and future population needs, as set out in the report 7(c)(2).

She reported that the proposed framework approach had been tested with the Oxfordshire Joint Health Overview & Scrutiny Committee who had been supportive of the way forward. One of its observations had been to recommend the Board to draw together innovative and best practice in order to deliver care locally.

Suggestions made by members of the Board included the following:

- there was a need to include timings in order to ensure parity;
- there needed to be meetings held with the public, particularly with those living in the rural communities, and parish, district and county councillors needed to have an involvement in these. Diane Hedges responded that decisions had yet to be made on how many meetings should be held and where;
- demographic data was required in respect of who was moving into developing areas, such as Bicester and Didcot, together with future needs. The latter could be gleaned from surveys undertaken by university students, for example. This was a strategic framework involving many partners, it required a co-production based on demographics and involving place;
- more evidence – based work was required on complicated issues such as migrations and the splitting up of households; and
- any decisions in relation to health and care needs would require some work across the borders on patient flows.

The Board **AGREED** to approve the framework approach to meeting current and future population needs, as set out in the report.

OCCG(Louise
Patten)

Agreeing plans to tackle critical workforce strategies (HWB7(c)(3)

<p>The Director for Adult Social Services reported that a large amount of work was taking place with providers, in a much more co-ordinated way, to tackle the recruitment and retention of staff in Oxfordshire. There had also been developments in nurses training, including apprentice training in a co-ordinated way as a means of attracting people to come to Oxfordshire. In addition, a strand of the work was to look at affordable housing in relation to Homeshare. She added that the workforce group would be requested to come along to the March 2019 meeting of the Board to give a presentation on work so far.</p> <p><u>Current and future opportunities for prevention (HWB7(c)(4))</u></p> <p>Dr Collison and Dr McWilliam presented an outline of the cross-cutting theme of prevention, including population health management, healthy place-shaping and alignment of prevention initiatives across the system.</p> <p>Councillor Ian Corkin explained his newly-gained portfolio as a Cabinet member of Oxfordshire County Council, to deliver the Cherwell District Council/Oxfordshire County Council partnership. He highlighted healthy place-shaping in particular as a very important priority, where the most benefit for residents could be realised. For this to be successful there needed to be the right people in the same room in order to break down silos; and also the profile of projects which had proved beneficial for residents to be raised at these meetings, for example, the blue walking lines in new developments in Bicester and the inclusion of sports pitches etc in plans.</p> <p>The Board AGREED to note these initiatives.</p>	<p>OCCG(Dr Collison)/OCC(Val Messenger)</p>
<p>8 Oxfordshire Health & Wellbeing Board Performance Report (Agenda No. 8)</p>	
<p>The report on progress against outcomes agreed for 2017-18 in the Joint Health & Wellbeing Board Strategy was before the Board at HWB8 for consideration and for the Board members to be held to account.</p> <p>Board Members were reminded that this performance report represented the performance of the previous Board and would be superseded by an updated version. The appropriate framework process would be a topic for discussion at the next Board workshop, to be followed through at the next meeting.</p>	

<p>Questions from the Board and responses received were as follows:</p> <ul style="list-style-type: none"> - With regard to a question relating to 3.2 'Number of Children missing from home', Maria Godfrey reported that officers were working with the Police to address the increase last year. However, this area was the subject of ever-growing complexity due to drug/sexual exploitation. There was a very clear policy of intervention when children go missing and a large amount of work takes place. She also pointed out that there was large amount of preventative work which was beginning to come to fruition in this area, though still much work to do; - In relation to 1:1 – 'Waiting times for first appointment with the Child & Adolescent Health Services (CAMHS)', a Board member asked how it would be possible to unblock unmet demand. Maria Godfrey responded that a significant amount of work had taken place to try to prevent escalation into the CAMHS service. Single access had been very much welcomed by services needing advice, support and referral into the service. Professor Smith added that there was a very important interface between CAMHS and young carers, and his wish to see a specific focus on supporting young carers in this respect. Dr Collison responded that there was a need for the Board to decide what approach it wished to take with regard to evaluation and what the key issues were. Maria Godfrey added that a performance dashboard would also be looked at by the Children's Trust who could then pick out the key issues. <p>The Board AGREED to receive the report.</p>	<p>OCC(Steve Thomas)</p>
<p>9 Terms of Reference of Health & Wellbeing Board (Agenda No. 9)</p>	
<p>The draft Terms of Reference for the refreshed Health & Wellbeing Board, and all of its sub-groups and Partnership Board were before the Board for approval.</p> <p>Professor Smith suggested that consideration could be given, once the Board and its groups had embedded in more, a rolling 5 year Forward Plan for the Board and its sub-groups be drawn up and kept under regular review; and a more immediate action log,</p>	

<p>similar to that which is submitted to each meeting of the Oxfordshire Joint Health Overview & Scrutiny Committee, be set up to identify what actions have been taken and what is still to be done</p> <p>The Board AGREED to approve the refreshed Terms of Reference for the Board and its sub-groups.</p>	<p>OCC (Julie Dean)/All sub-groups and Partnership Board</p>
<p>10 Older People Joint Strategic Needs Assessment (JSNA) & Older People Strategy (Agenda No. 10)</p>	
<p>The Older People JSNA and Older People Strategy for 2019 – 24 was presented to the Board by Kate Terroni, Director for Adult Social Services, and Dr Kiren Collison, Chair, Oxfordshire Clinical Commissioning Group for discussion prior to wider engagement.</p> <p>Kate Terroni reported that conversations had taken place with older people and carers on what was required to support them in the community, prior to consultation. Dr Collison stated that this had been in a very refreshing process and that, whilst Oxfordshire was a thriving community, it also harboured issues such as loneliness, isolation, access to care and independence. She added that there were also many other pathways relevant to the Strategy and the Older People Strategy was underpinned by those. She reminded the Board that there were plans to go out to further engagement.</p> <p>Professor Smith stated his view that more of a focus could be given by housing authorities to the adaptations of housing stock to aid older people. In response to this, Councillor Corkin reported that Cherwell District Council and Oxfordshire County Council had recently appointed a joint officer to work with the commissioning teams. Cllr Stratford agreed that there was insufficient longer life housing which was affordable for older people within developments, because developers deemed them as not economical. He agreed that there was a need for more shared housing, such as McCarthy Stone developments, which was both affordable and served two persons. He added that this could lead to larger family homes being freed up for larger households. Cllr Judith Heathcoat added her view that conversely, we all age differently and some older people wished to remain in their own homes, living independently where their</p>	

<p>memories were. She added that it would be interesting to see if there was a commonality with work across the piste.</p> <p>The Board AGREED to:</p> <ul style="list-style-type: none"> (a) approve the new Oxfordshire Older People’s Strategy for 2019 – 24 and its supporting documents to go forward for online consultation; (b) request a report for submission to the March 2019 meeting on what all the agencies were doing in respect of extra care housing, supported living, domiciliary care, to include also information on the housing agendas and efficiency; (c) thank all the organisations involved in preparing the Strategy. 	<p>))) OCC(Kate Terroni))))</p>
<p>11 Reports from Health & Wellbeing Board Sub-Groups (Agenda No. 11)</p>	
<p>The Board considered each of the reports from the Sub-Groups and Partnership Board, in order to assess progress in the delivery of the Joint Health & Wellbeing Strategy’s priorities (HWB11):</p> <p><u>Children’s Trust Board</u></p> <p>Tan Lea delivered the update from the Children’s Trust Board, in Cllr Steve Harrod’s absence. She highlighted the following:</p> <ul style="list-style-type: none"> - The Children & Young People’s Plan had now been launched; - The multi-agency Safeguarding Hub had highlighted two strategic issues for further work. These were in relation to social media and the delivery of a Lesbian/Gay/Transgender Strategy in the future. The Programme Board would ensure that all was in place and progressing. <p><u>Joint Management Groups for Adults</u></p> <p>Councillor Lawrie Stratford, Chairman, commended the reports to the Board.</p> <p><u>Health Improvement Partnership Board</u></p> <p>Councillor Andrew McHugh, Chairman, stated that this was a Board which worked together with partners to enable good health for all; for instance, to tackle smoking, encouraging people to drink less, to keep themselves healthy etc. Its principle duty was to introduce reasonable targets into the 5 - year programme to</p>	

<p>achieve improvements for the population of Oxfordshire.</p> <p><u>Integrated Delivery Board</u></p> <p>Dr Holthof pointed out that this Board was the driver to support the integration of Health and Social Care, focusing on tangible objectives and deliverables. To date it had achieved a significant amount, such as this year's whole system delivery of the Winter Plan. The Board had developed a new tool which delivered all the required data on demand, together with capability around the system which included that of the Ambulance Trust, the provider Trusts (available beds), GP availability etc. He pointed out that the recent success of the DTOC statistics in relation to 'super-stranded' patients had all been due to the open and direct approach given from this Board. It aimed to achieve good results to show to the benefit of all patients.</p> <p>Cllr Stratford concurred pointing out that the integrated team's delivery of improved DTOC statistics was a good example of whole team working.</p> <p>The Board AGREED to receive the reports.</p>	<p>All to note</p>
<p>12 Oxfordshire Safeguarding Children & Adult Boards - Annual Reports (Agenda No. 12)</p>	
<p>Pam Marsden, Chair, Adult Safeguarding Board and Melanie Pearce (Service Manager, Safeguarding) and Superintendent Joe Kidman (Deputy Chair, Children Safeguarding Board) and Tan Lea (Strategic Safeguarding Partnerships Manager) attended to present the above annual reports for 2017/18.</p> <p><u>Pam Marsden</u> highlighted the following:</p> <ul style="list-style-type: none"> - The report itself had been re-designed with the aim of increasing the engagement from the public. Much of the information contained within it had been written by partner agencies and utilised to explain the Board's activities; - Service users had been asked what they had needed and what they had received, thus personalising the detail of the work undertaken; - Joint priorities had been worked through with the Children's Safeguarding Board and training given, with, for example, Housing providers. This had led to safeguarding leads being identified amongst each of the housing providers; 	

<ul style="list-style-type: none"> - A challenge for the Board, which was also welcomed, was the increased demand made on Health and Social Care as a result of the Mental Capacity Act. <p>The Board thanked Pam Marsden for her excellent report and particularly for the move towards further accessibility to the public.</p> <p><u>Joe Kidman</u>, presented the report of the Children’s Safeguarding Board on behalf of its Chair, Richard Simpson. He gave credit to Tan Lea and the Business Unit for a very good piece of work which had also delivered a sense of challenge. Some of the challenges highlighted were as follows:</p> <ul style="list-style-type: none"> - The Board had sought to partner with Barnados for the purposes of independent scrutiny, which had proved both innovative and testing as a result; - The increase of home education for children and the lack of legislative structure which accompanied it. A Team on learner engagement had been established for children not in education; - There had been an increasing demand on the statutory system with more focus on the Child Protection Plans and on neglect. The heavy demand on CAMHS was a matter for concern; - More work was required to respond to domestic abuse, to ensure a more joined up and child focused response. <p>He informed the Board that there had been a move into a new statutory structure to include the local authority, Health and Police partners, where a Board would not be necessary. However, there had been a wish amongst partners to retain the Board structure, with the community structure sitting above it.</p> <p>In response to a question asking how effective male role models were in the children in care system, Tan Lea responded that there was a significant amount of attention paid to achieving a good balance of role models. Training was also delivered on this subject.</p> <p>The Board AGREED to receive the reports and to thank Pam Marsden and Superintendent Joe Kidman for their presentations.</p>	<p>All to note</p>
<p>13 Healthwatch Oxfordshire (HWO) - Update (Agenda No. 13)</p>	
<p>Professor Smith gave an update (HWB13) on the activities of Healthwatch Oxfordshire highlighting its interventions which contributed to the commissioning by NHS England of a further</p>	

<p>dental practice in Bicester and improvements to the MSK Physiotherapy Service. He also directed the Board's attention to HWO'S aspirations to establish a 'Young Healthwatchers' service in a similar vein to that of Buckinghamshire's.</p> <p>The Board AGREED to note the report.</p>	<p>All to note</p>
<p>14 Improved Better Care Fund Allocation (Agenda No. 14)</p>	
<p>The Director for Adult Social Care presented the Improved Better Care Fund Allocation Plan which also included the performance measures that were proposed to be used to ensure confidence in the effectiveness of the spend(HWB14).</p> <p>The Board AGREED to:</p> <p>(a) endorse the Improved Better Care Allocation Plan; and (b) endorse the performance measures to be used, as contained in the report.</p>	<p>OCC(Kate Terroni)</p>
<p>15 Director of Public Health Annual Report 2017-18 (Agenda No. 15)</p>	
<p>The Board had before them the Director of Public Health's Annual Report for 2017-18, for consideration (HWB15).</p> <p>Dr McWilliam directed the Board's attention to the comments of the Oxfordshire Joint Health & Overview Committee (HOSC) at its meeting on 20 September 2018, Cabinet on 16 October 2018 and County Council on 6 November 2018, in particular to that of HOSC's recommendations in relation to alcohol pricing and fast food advertising. In this regard, a draft letter from the Secretary of State for Health from the Chairmen of HOSC and this Board was before the Board for approval. which were attached also at HWB15.</p> <p>At this point Cllr Andrew McHugh declared a personal interest on account of his membership of the South - East Combat Stress: Mental Health Support for Veterans and as a trustee of Help the Heroes Campaign.</p> <p>The Board AGREED to:</p> <p>(a) receive the Director of Public Health's report; and (b) approve the above-mentioned letter to the Secretary of State for Health for despatch.</p>	<p>) DPH(Val Messenger</p>

<p>16 Health Inequalities Commission Implementation Group - Update (Agenda No. 16)</p>	
<p>Two years on since the Commission first initiated the report, Dr Collison (CCG) and Jackie Wilderspin (Public Health Consultant) presented an update report on how each area highlighted had progressed and also outlined future plans for the work of the Commission.</p> <p>Dr McWilliam stated his view, to which Dr Collison agreed, that now was the appropriate time to take a look at where the health inequalities work had manifested itself, and then to formulate some decisions as to whether the health inequality principles had 'baked in' sufficiently or whether more work was required. In essence, there was a need for a more searching and strategic look at the way this work had progressed, and then to take it forward for use within the new Board's inter-generational approach to its Strategy.</p> <p>Professor Smith added his full support, stating his view that a more structured plan was required, perhaps over 5 years, in order to achieve a clearer long-term vision for the Board to drive forward.</p> <p>The Board AGREED:</p> <ul style="list-style-type: none"> (a) to endorse the decisions of the Implementation Group to work in a more strategic way to make further progress with this work; (b) that the sharing of good practice on addressing health inequalities should be facilitated across the system; (c) to ensure that the 5 principles for addressing health inequalities as set out by the Health Inequalities Commission were embedded in the Joint Health & Wellbeing Board Strategy and all other associated strategies and plans; and (d) (unanimously) convene a workshop for the Board to engage in a more in-depth discussion of where this could be taken. 	<p>))))) OCCG(Dr Collison/OCC (Jackie Wilderspin))))</p>
<p>17 Mental Wellbeing in Oxfordshire: Public Health England Prevention Concordat for Better Mental Health (2017) (Agenda No. 17)</p>	
<p>The Prevention Concordat for Better Mental Health and the associated guidance was published by Public Health England in 2017. The Concordat aimed to galvanise local cross-sector action</p>	

.....to support the prevention of mental health problems and the promotion of good mental health across the whole system. It will guide effective prevention and planning arrangements which could be achieved locally through the development of an Oxfordshire Mental Wellbeing Framework.

The consensus statements of the Prevention Concordat for Better Mental Health describe the shared commitment of partner organisations to work together via the concordat to prevent mental health problems and promote good mental health.

The Mental Wellbeing Prevention Concordat was before the Board for discussion and approval (HWB17).

Cllr Lawrie Stratford presented the report. He expressed his hope that each organisation would sign up to the Concordat and each would then focus their attention to what could be achieved in their local environment.

The Board **AGREED** to:

- (a) endorse the consensus statements of the Prevention Concordat for Better Mental Health; and
- (b) support a call for action to all partners to develop an Oxfordshire Mental Wellbeing Framework for local cross-sector action.

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All partners
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..... in the Chair

Date of signing