

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 26 September 2019 commencing at 10.00 am and finishing at 12.35 pm

**Present:**

**Board Members:** Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)  
Stuart Bell  
Lucy Butler  
District Councillor Andrew McHugh  
Louise Patten  
Yvonne Rees  
Ben Riley  
Councillor Lawrie Stratford  
City Councillor Louise Upton  
Rosalind Pearce (in place of Prof. George Smith)

Whole of meeting Deborah Miller (Law & Governance); Jackie Wilderspin (Public Health).

*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](http://www.oxfordshire.gov.uk).)*

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	ACTION
<b>13 Welcome by Chairman, Councillor Ian Hudspeth</b> (Agenda No. 1)	
The Chairman welcomed all to the Meeting and in particular Stephen Chandler, the Director for Adult Services and Ansaf Azhar, the Director for Public Health.	
<b>14 Apologies for absence and Temporary Appointments</b>	

(Agenda No. 2)	
With the consent of the Chairman, Rosalind Pearce attended for Professor George Smith. Apologies for absence were received from David Radbourne and Councillor Steve Harrod.	
<b>15 Declarations of Interest</b> (Agenda No. 3)	
There were no declarations of interest at the Meeting.	
<b>16 Petitions and Public Address</b> (Agenda No. 4)	
There were no requests to address the Board or to receive a petition.	
<b>17 Note of Decisions of Last Meeting</b> (Agenda No. 5)	
The Minutes of the Meeting held on 13 June 2019 were approved and signed as an accurate record of the Meeting.	
<b>18 Integrated Care System Plan for Delivery of NHS Long Term Plan</b> (Agenda No. 6)	
<p>The Integrated Care System 5 Year Plan was before the Board for discussion on priorities for Oxfordshire (HWB6).</p> <p>Louise Pattern in introducing the report, explained that most work took place within Oxfordshire and would continue to do so, but that there were areas of commonality where it made sense to come together at scale and do work, such as key areas around prevention and significant workforce issues (such as how housing could be influenced or a Oxfordshire weighting). The plan was very strategic looking at areas of commonality between places when planning care that would be fit for the 21<sup>st</sup> Century.</p> <p>Ian Hudspeth reported that there had been some concern around the Buckinghamshire, Oxfordshire and Berkshire West (BOB) plan, in particular everything being decided at a very strategic level. He asked if Louise could give the Board some assurances around whether there would be three different workings, whether sovereignty would remain with Oxfordshire, and that, although the timetable appeared to be very tight and driven; whether there</p>	

would be the ability for everyone to be engaged and have an input?

Louise explained that the aim was to get the local Oxfordshire Place sorted by developing an Integrated Care Partnership. This would not be a different organisation, but a way to facilitate through system leadership to get integration going. The current thinking was that they would pick some key areas including Mental Health and Primary Care and Community Services, with oversight at the Health & Wellbeing Board.

Ros Pearce spoke in support of the comments around the need to keep decision making retained at Oxfordshire level. She pointed out that Healthwatch had not been mentioned in the documentation. She further commented that as the five Health watches in the BOB areas would not be signing it off at the moment. She questioned what the long-term impact on the overview roles of Health & Wellbeing Boards and Scrutiny would be and how scrutiny would work at BOB level, together with how strategies could be aligned across the Health & Wellbeing Boards to integrate with BOB.

Louise explained that there was a commitment to align with the local authority boundaries across BOB, as that was where there was shared accountability for safeguarding and shared ways of working and overview & scrutiny and that there were no plans to change that.

Ros Pearce expressed concern that there was very little about Social Care in the plan and that it was very focused on Health and therefore did not address many of the issues around integration.

Steven Chandler explained that detailed conversations around inclusion had taken place. The Wellbeing component was very important, and the work being undertaken with communities that placed best focus was crucial. He would expect to see a much more obvious place for social care and broader wellbeing in the next draft.

Louise Upton expressed the importance of recognising the work of voluntary sector groups such as the Archway Foundation (which carried out a lot of work with lonely or isolated people) and queried whether there could be provision to support them. She further questioned, in relation to value for money, whether getting rid of the internal market Had been considered.

In relation to the procurement of services such as cleaners or care workers, Cllr Upton requested that officers made sure that

<p>paying the Living Wage was taken into consideration.</p> <p>Louise responded that they needed to get more organised about how they worked with voluntary organisations in the integrated care system. Integration was about a cost-based model where people were open and honest about what was available and what it was being spent on. Procurement and low wages would be monitored very carefully.</p> <p>Lawrie Stratford felt that prevention and communications with the public was missing from the report, and that it was very important to get the public involved and behind the strategy.</p> <p>Dr Kiren Collinson welcomed the report and commented that the Primary Care Network would be where a lot of our comments would go and where we would see most work being done on the ground. She didn't want people to view the integrated care system as a big unwieldy system but the best way to share resources and that the H&amp;WBB focus should be what was happening at the Oxfordshire level.</p> <p>Louise thanked everyone for their comments and undertook to take back the points made.</p>	<p>Louise Patten</p>
<p><b>19 Family Safeguarding Service</b> (Agenda No. 7)</p>	
<p>Hannah Farncombe, Deputy Director Children's Social Care, gave a presentation, (a copy of which is attached to the signed copy of the minutes), which informed the Board on the ambitions of the Family Safeguarding Plus model, which was based on best practice and would increase engagement with families by working with multi-agency teams to increase the help families receive (specifically around parental domestic abuse, parental mental health &amp; parental substance/alcohol abuse). Comments were then sought from Board Members.</p> <p>In response to comments from Councillor Hudspeth, Hannah Farncombe confirmed that having secure tenure and good quality stable affordable housing for everyone, was essential to reduce the cycle and for any family to thrive and was a very important aspiration for the future.</p> <p>Ansaf Azhar welcomed the project and in particular the focus on prevention and working across organisational boundaries. In relation to drug and alcohol abuse, public health currently had around 1,000 to 2,000 people in treatment currently, which meant there may be many others in the county who are not known to services. The project would help pick those up and presented a</p>	

fantastic opportunity to tap into that population group. He stressed the importance of having a strong evaluation thread on the project.

Councillor Andrew McHugh spoke in support of the project. He expressed the importance of tapping into schemes such as the scheme by Thames Valley Police had just received money to reduce knife crime and were going to use the money to look into tactical problem solving to divert the children who were likely to offend or be the victim of knife crime and the importance of tapping into such projects.

Councillor Ian Hudspeth pointed out that the Fire Service also presented an excellent opportunity for reporting back to the Council through their community work.

Stuart Bell welcomed the initiative and drew attention to the Kingfisher Team who worked with a sub-set of children, showing how working between agencies and across disciplines could be very powerful and effective. Other important work was being done by other agencies such as the police, the Family Nurse Partnership (who work with teenage families) and general adult mental health services. He cautioned that there would be a need to align our investment decisions.

Yvonne Rees, speaking as the district council's representative welcomed the pilot as a fantastic opportunity to join up services and supported the points made by Councillor Hudspeth on the issues around housing. She expressed the importance of proving the concept through the pilot to be able to make it a County-wide offer. She indicated that she would be changing her services to reflect what needed to be delivered in the future.

Councillor Stratford endorsed the scheme and in particular that it supported the prevention programme but felt that the impact on educational opportunities for young people was not covered in the document and the role the school nurses could play in being the first contact to pick up that something is not right in the family.

Ben Riley welcomed the scheme, noting the similarities in the model with the work they were carrying out with end of Life and frailty, with similar themes focusing around prevention, multi-disciplinary, the importance around home and local teams developing a core skills set to build up flexibility and resilience, focusing on building up the resilience of the family to reduce the need for statutory services to take over. He questioned whether there was an opportunity share learning between the projects.

Stuart Bell requested that officers take the presentation out more widely and that it was considered in any long-term planning.

Hannah  
Farncombe

<p>The Board thanked Ms Farncombe for the presentation and <b>AGREED</b> the recommendations as follows:</p> <ul style="list-style-type: none"> <li>• The Health and Wellbeing Board to endorse and support the Family Safeguarding Plus project</li> <li>• The Health and Wellbeing Board to note the governance structure and accept regular update reports on the progress toward implementation and go-live.</li> <li>• Support the creation of the system-wide (adult-focused) posts; secure agreements with suitable employing organisations and identify the long-term funding of the posts.</li> <li>• Support the creation of a partnership performance framework to measure and monitor the impact of the new services across a range of outcomes (that cut across traditional service boundaries).</li> </ul>	
<p><b>20 Better Care Fund Plan 2019-20</b> (Agenda No. 8)</p>	
<p>Stephen Chandler, Corporate Director of Adults Services, introduced the report (HWB8) which updated the Board on the Better Care Fund which was a programme spanning the NHS and local government, seeking to join up health and care services, so that people could manage their own health &amp; wellbeing and live independently in their communities for as long as possible. This included the Improved Better Care Fund which was paid to local government for funding of local care services and reducing pressures on the NHS</p> <p>The Better Care Fund had invested £50,361,088 in the Oxfordshire System in 2018-19 to improve health and social care outcomes for local people. In 2017 local systems were asked to produce two-year plans outlining their intentions for delivering outcomes from the Better Care Fund; the Oxfordshire plan was approved by the Health &amp; Wellbeing Board on 11 September 2017.</p> <p>On 27 July 2019, the planning template for Better Care Fund plans was issued to local areas. The report before the Board provided an update regarding the planning process and future opportunities for the Better Care Fund going forward. He reported that from next year onwards, he would be returning to the transformation agenda and would be using the better care fund as part of the support for some quite radical transformation</p>	

<p>work, including focusing energy on the prevention agenda, district housing, voluntary working with community groups, work with the Primary Care Network and recommissioning the home care system, which would be managed and evaluated through the joint management boards.</p> <p>Louise Patten agreed there was a need to drastically think how we could do this as a whole system and move the agenda forward.</p> <p>Ros Pearce welcomed the proposal to look at the community as a whole and supported the work with the voluntary sector, as they were aware of the needs within their communities. She queried whether Stephen Chandler had agreed to fund the work with the voluntary sector and made a plea to ensure that it was not just focused on one or two organisations but support the whole sector. Stephen Chandler confirmed that he had given a commitment to funding.</p> <p>The Board thanked the Corporate Director for his report and <b>RESOLVED:</b> to:</p> <p>(a) delegate approval regarding the national submission of the Better Care Fund Planning template to the Director for Adult Services, Oxfordshire County Council and the Chief Executive, Oxfordshire Clinical Commissioning Group;</p> <p>(b) ask officers to bring a report outlining this plan, and trajectory against the performance measures to the next meeting of the Health &amp; Wellbeing Board.</p>	<p>Stephen Chandler, Lou Patten</p> <p>Stephen Chandler</p>
<p><b>21 Prevention Framework</b> (Agenda No. 9)</p>	
<p>Ansaf Azhar, Dr Kiren Collison and Jackie Wilderspin presented a working draft of the Oxfordshire Prevention Framework (HWB9) which had been drawn together by assessing what the local prevention priorities were; what was being done already; how the gaps could be filled and what resources were available to achieve it.</p> <p>In introducing the report, Ansaf Azhar explained that there was a fantastic opportunity to carry out prevention at a high level that was unique to the place. This could include pooling and prioritising resources towards prevention and asking what can be</p>	

done upstream. The prevention framework would look across the whole spectrum from Healthy Place Shaping to preventative services.

Dr Collison explained that the Prevention Framework presented an opportunity to get prevention moving. The framework had pulled together what the local need was, what the nationally recommendations were, what was already being done locally and what the gaps were. Prevention was everyone's business and needed to run through every work stream. The framework could also help to solve health inequalities in the County. The next steps were to work out what the priorities were and how to tackle them.

Jackie Wilderspin took the Board through the checklists that would enable the board to navigate through the evidence. The check lists drew together all the elements that could be worked on for prevention, such as healthy life styles, socio economic factors or how services were designed and delivered to help people see how they could contribute. She asked the Board to consider whether they would wish to see anything else added to the check lists.

Dr Kiren Collison stressed that targeting inequalities was at the heart of the framework, defining priorities and bringing it down to the small level where they could really start to make tangible change and that the leadership of the prevention framework would need to come from each organisation. She asked the Board for input on what the priorities should be and moved the following recommendations:

The Health & Wellbeing Board is RECOMMENDED to:

Ensure that the implementation of the Joint Health and Wellbeing Strategy (2019-24) in Oxfordshire delivers a wide-ranging prevention agenda so that each individual, organisation and partnership can play their part;

Set priorities for each year for the whole system to address, while also implementing business as usual and new initiatives at organisational level.

Councillor Hudspeth welcomed the framework and noted that the new Local Transport Plan 5 would be a good basis for delivering for clean air and reducing the need for people to be in their cars. There were many schemes with segregated cycle and pedestrian facilities, making it safer for people to walk and cycle.

Lucy Butler welcomed the framework which made a huge area of work achievable. She noted that there was some overlap with

All

Ansaf Azhar,  
Kiren Collison



other priorities and expressed the need to look into how work in other areas could be aligned.

Lawrie Stratford welcomed the proposals and noted that the challenge would be monitoring outcomes and the length of time the it would take for the proposals to make an impact.

Andrew McHugh welcomed the proposals. He reported that he had spoken to the local police area commander with a view to footage from cycle dashcams being used to generate a warning letter to aggressive drivers. In addition, he expressed the view that we should give notice to taxi drivers that in 5 years-time diesel vehicles would not be given a license. .

Ansaf Azhar expressed the need to look at the cultures and values around prevention. Ultimately there was a need to move way from doing things to people, to doing things with people. Reaching the most deprived areas of the county would require a culture shift and would be very difficult.

Louise Pattern agreed for the need to measure some things differently, but felt that there were some key metrics out there that could change quite quickly and could be used now and that by measuring some of those things it could give people the faith that it was working and the enthusiasm to do more.

Roz Pearce welcomed the proposals and particularly the emphasis on health and equalities. She agreed that there were some metrics that could be measured but cautioned that it was long term and there was a need to earn the trust of communities and working with communities to find out what works for them.

Louise Upton endorsed the framework as an excellent approach and suggested that childhood obesity and diabetes would be the top issues to focus on as they were intrinsically linked in that they were caused by physical inactivity, which led into health place shaping.

Stuart Bell welcomed the project and paid tribute to the design of the framework. He noted the links to the ICS project in helping to understand populations and pulling together health and care. There was a need to define populations in Oxfordshire, using this inequalities method.

Yvonne Rees welcomed the proposals as an excellent opportunity for progressing the partnership agenda with tangible joint working, enabling conversations and connectivity about what could be done better and joining up agendas.

Ian Hudspeth welcomed the high level look at addressing health inequalities in Oxfordshire, particularly within the City and the

<p>momentum to start addressing those issues.</p> <p>The Board thanked the officers for their report and <b>AGREED</b> the recommendations.</p>	
<p><b>22 Healthy Place Shaping</b> (Agenda No. 10)</p>	
<p>Rosie Rowe and Bev Hindle gave a presentation (a copy of which is attached to the signed copy of the minutes) which informed the Board about the Healthy Place Shaping Work in the County.</p> <p>The Presentation provided an update on the strategic priorities set by the Board the previous year and took a look ahead at how they were going to scale things further. Rosie Rowe reported that, despite the NHS funding stopping in March last year, the Healthy Shaping work continued in Barton and Bicester and Cherwell District Council had given additional funding to extend it to Kidlington and Banbury. The presentation further detailed external funding received from Sport England and the work being undertaken to influence the work on the Growth Deal to ensure it reflected some of the ambitions of Healthy Place Shaping. She gave assurances that the work being undertaken on Healthy Place shaping aligned with the strategic priorities, approach and framework that sits with the Health &amp; Wellbeing Board around prevention, early intervention and local support to promote independence and that they were trying to deliver some of the Board's Strategic Priorities.</p> <p>She highlighted the work being undertaken around increasing the built environment as an enabler, including influencing the Local Plan, Local Industrial Strategy and Local Transport Plan (LTCP5), providing outdoor gyms, green routes, communities' facilities and walking routes and the work of bringing different sectors together and community activation – daily mile, breakfast clubs, tackling food and eating habits, digital and online community activation and evening courses with communities. She outlined the monitoring being undertaken and the work around the Primary Care Network prevention work and the new post of a Healthy Place Officer.</p> <p>She detailed planning a number of district and county workshops to look at operational detail.</p> <p>Bev Hindle talked about how to do the work at scale, looking at what could be done at policy level, national context Regional and Sub-Regional context to take some of this learning and embed it</p>	

<p>in policy. He talked about the need for developments to prevent the need for cars rather than mitigate the increase in cars. He further talked of the need for post monitoring of developments.</p> <p>He referred to OxCams and the ability to use the economic viability of a region to influence on a local and larger scale to create a real change in dynamics to support and sustain Oxfordshire through Healthy Place Shaping, so that the landscape becomes a way of life. Leaders were beginning to draw a plan together for the area bringing together four workstreams: productivity, place making, connectivity and environment, with a hope to add health in the near future.</p> <p>There was a need for the Growth Board and Health &amp; Wellbeing Board to come together to achieve Healthy Place Shaping.</p> <p>The Board thanked officers for their presentation.</p>	
<p><b>23 Healthwatch Report</b> (Agenda No. 11)</p>	
<p>Roz Pearce, on behalf of Professor George Smith, gave a verbal update on the latest from Healthwatch Oxfordshire (HWO).</p> <p>Further to the Health &amp; Wellbeing Board asking HWO to set up a Network, Healthwatch Oxfordshire would now be holding a meeting of the Oxfordshire Wellbeing Network on 18 November 2019 with a theme of ‘Healthy Living and what does this mean to our communities?’ HWO would be encouraging many different communities to attend the event to have their voice heard, either by attending or on-line or by writing in. At the end of the network meeting, they were hoping that 2 or 3 key messages would emerge for Health and Wellbeing Board to focus on. HWO would like members of the Board to attend the meeting to engage with participants and hear their views.</p> <p>Dr Collison welcomed the update and questioned how HWO were going to engage with hard to reach/other groups. In response, Ros Pearce acknowledged that it was a challenge, to reach those groups but that all the partners around the HWB table would share responsibility for inviting people to the event.</p> <p>The Board thanked Ms Pearce for the update.</p>	

<p><b>24 Performance Report</b> (Agenda No. 12)</p>	
<p>The Board agreed that this item would be covered under Agenda Item 13.</p>	
<p><b>25 Reports from the Partnership Board</b> (Agenda No. 13)</p>	
<p>The Board received updates from the Board's Partnership Board (HWB13). The following was drawn to the attention of the Board:</p> <p><u>Children's Trust</u> – Lucy Butler reported the following:</p> <ul style="list-style-type: none"> <li>- Following the Care Quality Commission (CQC) and Ofsted giving Oxfordshire a written Statement of Action, it seems likely that there would be a re-visit in October/November. There were five area for improvement and progress had been made on all of them.</li> <li>- Children missing out on Education - the Children's Trust and the Safeguarding Board monitor it in detail. They had recently received an annual report which showed progress within the area – attendance figures had improved from last year, for children missing education, there was a much more effective tracking process.</li> <li>- For children that are electively home educated, numbers had increased, but not to the extent of the National increase. This was a challenging area, but they had been carrying out a lot of work with parents and schools.</li> </ul> <p><u>Health Improvement Board</u></p> <p>Councillor Andrew McHugh, Chairman, highlighted the following:</p> <ul style="list-style-type: none"> <li>- He reported that progress in relation to the development in the Strategy on Domestic Violence was now on track and going well.</li> <li>- On the last dashboard MMR had been red and was now amber, but they were not being complacent.</li> <li>- Rough sleeping remained red, but they were awaiting an updated report and were keeping a close eye on the area.</li> </ul> <p>All were thanked for their updates.</p>	

..... in the Chair

Date of signing .....