

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 25 July 2013 commencing at 2.00 pm and finishing at 16:25

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Stephen Richards (Vice-Chairman)
Councillor Mrs Judith Heathcoat
Councillor Hilary Hibbert-Biles
John Jackson
Dr Mary Keenan
Jim Leivers
Dr Joe McManners
Dr Jonathan McWilliam
Councillor Melinda Tilley
City Councillor Ed Turner
James Drury (in place of Matthew Tait)

Other Persons in Attendance: Joanna Simons (Chief Executive, Oxfordshire County Council); Lorraine Foley, (Director of Commissioning & Partnerships, Oxfordshire Clinical Commissioning Group); Gareth Kenworthy, (Director of Finance, Oxfordshire Clinical Commissioning Group)

By Invitation:

Officers:

Whole of meeting Peter Clark and 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
1/13 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
Councillor Ian Hudspeth welcomed all to the meeting, in particular the new members of the Board, Councillors Hilary Hibbert - Biles, Melinda Tilley and Mrs Judith Heathcoat.	
2/13 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Councillor Mark Booty sent his apologies. James Drury attended in place of Matthew Tait.	
3/13 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations submitted.	
4/13 Petitions and Public Address (Agenda No. 4)	
There had been no requests to address to petition members of the Board.	
5/13 Note of Decisions of Last Meeting (Agenda No. 5)	
The decision note of the meeting held on 14 March 2013 was approved and signed as a correct record.	Julie Dean
6/13 Terms of Reference (Agenda No. 6)	
On 2 April 2013, the County Council formally established a Health & Wellbeing Board for Oxfordshire under the Health & Social Care Act 2012. In so doing the Council formally adopted terms of reference for the Board and confirmed its membership. Since then, the Leader of the Council and Chairman of the Board had used his legislative powers to add the newly constituted Cabinet post of Cabinet member for Public Health & the Voluntary sector to the Board's membership.	

<p>The Board were asked to formally adopt terms of reference for each of the three partnership boards, which included additional district council membership on the Health Improvement Partnership Board and to endorse their 'base membership'.</p> <p>The Board AGREED to:</p> <p>(a) note the terms of reference for the main Oxfordshire Health & Wellbeing Board, as determined by the County Council on 2 April 2013 (as set down at Annex 1 of report HWB6), subject to the inclusion of the following clause:</p> <p style="padding-left: 40px;">‘ To agree and monitor the use of the Health Transfer to Social Care funding from NHS England to Oxfordshire County Council pursuant to section 256 of the 2006 NHS Act’; and</p> <p>(b) consider and adopt terms of reference for each of the Partnership Boards, having regard to the drafts included as Annexes 2 – 4 of this report, respectively;</p> <p style="padding-left: 40px;">(i) Children & Young People’s Partnership Board;</p> <p style="padding-left: 40px;">(ii) Adult Health & Social Care Partnership Board;</p> <p style="padding-left: 40px;">(iii) Health Improvement Partnership Board</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>Peter Clark/ Glenn Watson</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>
<p>7/13 Performance Report (Agenda No. 7)</p>	
<p>The Board had before them a Performance Report reviewing current performance against all the outcomes set out in the Health & Wellbeing Strategy (HWB7).</p> <p>A table showing the agreed measures under each priority in the Joint Health & Wellbeing Strategy, expected performance and current performance was attached at Appendix A.</p> <p>The Board discussed the question of whether the report should provide further background information on any reported statistical variations within the indicators, to include locality variations. It was generally agreed that it was within the province of, and indeed a duty of, each of the Partnership Boards to execute this and to bring this information to the attention of this Board in the form of a written report.</p>	

<p>It was AGREED to note the report and to bring the above to the attention of each Partnership Board.</p>	<p>Ben Threadgold</p>
<p>8/13 Proposed Outcomes for the Joint Health & Wellbeing Strategy 2013/14 (Agenda No. 8)</p>	
<p>The Board considered a report (HWB8) which set out revisions to the current Joint Health & Wellbeing Strategy for Oxfordshire and which proposed outcome measures which would be used for performance management in the year ahead, based on responses to the recent public consultation.</p> <p>Cllr Ed Turner circulated a list of suggested amendments to a number of the targets contained in the Strategy, his rationale being that aggregate data might mask inequalities which may need to be addressed. This would allow the relevant Partnership Boards to move towards 'exception reporting', as agreed at Item 7.</p> <p>In response, the consensus was that the Joint Health & Wellbeing Strategy should remain as an overview of whole county performance at the Health & Wellbeing level. The individual partnership boards would be free to should 'drill down' into inequalities issues at sub-county level (whether geographical or affecting specific vulnerable groups).</p> <p>* amended as shown in bold and strikethrough at the meeting on 21 November 2013</p> <p>The Board AGREED to approve the revisions and proposed measures to the current 2013/14 Joint Health & Wellbeing Strategy, subject to the following:</p> <ul style="list-style-type: none"> • Priority 8.3 – 'At least 50% of those invited for NHS Health Checks will attend (ages 40 – 74)' – to request the Health Improvement Partnership Board to investigate the possibility of raising this target to 65% and to report back to this Board. • Priority 9.3 – '60% of babies are breastfed at 6-8 weeks of age (currently 59.1%) – to raise the target to 62%. <p>and subject to the delegation to the Chairman of any minor alterations to the text, following consultation with the Vice-Chairman and the three Chairmen of the Partnership Boards.</p>	<p>Jonathan McWilliam</p>

9/13 Themed Discussion - Financial Position of NHS and Social Care Commissioning Organisations

(Agenda No. 9)

Dr. Stephen Richards introduced the debate introducing Gareth Kenworthy, Chief Finance Officer, Oxfordshire Clinical Commissioning Group. Each of the following spoke in turn making reference to their submitted papers(**HWB9**) and highlighting the respective financial pressures and challenges in their field:

- John Jackson – Adult Social Care
- Gareth Kenworthy – Oxfordshire Clinical Commissioning Group
- James Drury - NHS England (Thames Valley Area Team and Specialist Commissioning in Oxfordshire)
- Dr. Jonathan McWilliam – Oxfordshire Public Health

Key pressure points and challenges highlighted by each were as follows:

John Jackson

- the challenges associated with demographic change affecting older people and children with a learning disability;
- the reduced central government financial settlement this year and focus now being on better integration of Health and Social Care and reducing demand via prevention and early intervention programmes;
- more people are requiring care this year than last year and there are also people still in the wrong bed-based setting;
- there is the possibility of transferring up to £20million in Oxfordshire from Health to Social Care as part of better integration and funding reform but there is currently only half this figure identified as available in the system to date.

Gareth Kenworthy

- the biggest risk and current pressure demand is continuing increases in demand;
- There is also pressure from limited flexibility in large acute and secondary care contracts
- Recently there has been a significant step up in demand for urgent care services, for example, in

- ambulance services;
the significant financial challenges for the NHS set by Central Government amounting to savings of £30billion nationally by 2020.

James Drury

- reiterated those issues highlighted by Gareth Kenworthy adding that there would be a consultation processes over the coming months with a view to reviewing the scope of Health services across the region. These would be brought to future meetings of the Board.

Dr Jonathan McWilliam

- Public Health were experiencing increasing demand including more sexually transmitted infections, obesity was on the increase and there are more immunisation programmes to support.

Points raised during the debate were:

- David Nicholson had stated that the NHS had to be radical about how health care was to be delivered and that NHS personnel would have to be 'brave' about it. Equally more money was now being spent on early intervention and less on expensive forms of care and this required a different mind-set for the people delivering it;
- Integration was about improving and simplifying pathways of care for patients, making for a smoother service delivery. There were still many challenges along the way to achieve this;
- High quality information and advice was critical for helping people to arrange and manage their own care and support and supporting them to live independent lives at home for as long as possible. More linkage was required into university research etc;
- Finally the Board, together with its Partnership Boards, would take a common sense of purpose in discussing, scrutinising, making relationships and working together at a strategic level.

<p>10/13 Approval of the use of NHS money for Adult Social Care (Agenda No. 10)</p>	
<p>The Department of Health had set out the terms of transferring money from the NHS to Social Care to achieve better outcomes for people in Oxfordshire, where it offered a more efficient use of the funds than if the funds were used for solely NHS purposes. This was the third year of a transfer of funds, and the Board considered a joint report (HWB10) from the County Council and the OCCG showing how the money was being used, the outcomes expected and the agreed monitoring arrangements. The draft Section 256 agreement covering the transfer of the funds and their use was attached at Appendix A.</p> <p>Dr Stephen Richards, John Jackson and Gareth Kenworthy presented the report.</p> <p>The Board AGREED the use of the Health Transfer to Social Care Funding as set out in the report HWB10 and the draft Section 256 agreement. This was subject to the inclusion of any necessary changes 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.</p>	<p>Dr Stephen Richards/John Jackson/ Cllr Mrs Judith Heathcoat</p>
<p>11/13 Winterbourne View Stocktake - July 2013 (Agenda No. 11)</p>	
<p>In May 2011, serious abuse was uncovered at Winterbourne View, a private specialist hospital for adults with a learning disability and mental health needs. Following the programme, a series of investigations took place. In December 2012 the Department of Health published 'Transforming Care: A national response to Winterbourne View Hospital' which set out key actions for organisations across the health and social care system. A national Joint Improvement Programme had been established to support and oversee the delivery of the actions.</p> <p>The Board considered a report by the Director for Social & Community Services (HWB11), together with the 'Stocktake Winterbourne View Joint Improvement Programme Oxfordshire' document setting out how Oxfordshire had responded to these actions.</p> <p>The Board AGREED to note the report HWB11 and the Stocktake</p>	

document.	
12/13 Director of Public Health - Annual Report (Agenda No. 12)	
<p>Dr Jonathan McWilliam, Director of Public Health for Oxfordshire presented his sixth Annual Report 2012/13. The full report was attached at HWB12, together with a summary report.</p> <p>The Board AGREED to adopt the relevant recommendations as set out in the attached summary report.</p>	Dr Jonathan McWilliam
13/13 Local Healthwatch (Agenda No. 13)	
<p>Sue Butterworth introduced the newly appointed Director of Healthwatch Oxfordshire, Rosalind Pearce. The Board welcomed her.</p> <p>A new staff team had now been appointed and were based at the Oxfordshire Rural Community Council offices. Currently elections to the new Board were in progress and the first Board meeting had been arranged to take place on 8 August.</p> <p>The Board noted the report.</p>	
14/13 Reports from Partnership Boards (Agenda No. 14)	
<p>Dr Mary Keenan, Councillor Mrs Judith Heathcoat and Cllr Ed Turner each gave oral progress reports on recent activity of each of the three Partnership Boards.</p> <p><u>Children & Young People's Partnership Board</u> Dr Keenan reported that two workshops had been held since the Board's last meeting, both of which had been well received. The first looked at how to put children at the centre of decisions across the system. A blueprint had been created advising organisations working with children on what could and must be done when making decisions involving children. The second was a conference held for providers of Children & Young People's services.</p> <p><u>Adult Health & Social Care Partnership Board</u></p> <p>Councillor Heathcoat reported the following:</p>	

- The Board had looked at and made recommendations on revisions to the Health & Wellbeing Strategy which had then been taken forward to this meeting;
- The Older People's Joint Commissioning Strategy and significantly expanded Pooled Budget for Older People had now been agreed and she thanked all contributors for their hard work in its production;
- A report had been received on the maintenance and improvement of quality assurance in relation to Health & Social Care. The County Council and the Clinical Commissioning Group were now sharing monitoring procedures;
- A report had also been discussed which addressed the potential to join up information and advice provision across the County, including those of the voluntary sector;
- In June a Carer's Strategy Implementation workshop had been held, and was well received, looking at available help and support for carers; and
- A workshop was planned to take place in September on implementing commissioning intentions in 2013/14.

Health Improvement Partnership Board

Cllr Ed Turner reported the following:

- A workshop had been held looking at the re-commissioning of homeless pathways. The conversation was going well with the various agencies;
- A Public Health Protection Forum had been established, organised by Public Health;
- The Board had been monitoring performance;
- District Council membership on the Board was to be expanded to include representation from all Oxfordshire District Councils.
- The next meeting would focus on prevention of obesity.

All were thanked for their reports.

15/13 Integration Pioneer Bid (Agenda No. 15)

Dr Stephen Richards reported on an expression of interest to the Department of Health to be an 'Integration Pioneer', addressing an aspect of integration, which had been submitted by health and social care leaders in Oxfordshire (HWB15).

Dr Stephen Richards added that colleagues would be attending a future meeting to speak about the work which was in progress to

<p>build integrated care around the patient.</p> <p>James Drury reported that social care funding would increase in 2015/16 as part of the integration programme, adding that there may be additional funding for this in 2014/15.</p> <p>The Board noted the report.</p>	<p>Dr Stephen Richards/John Jackson</p>
<p>16/13 Approval of procedure regarding pathway for information received from partner organisations (Agenda No. 16)</p>	
<p>The Board had before them for approval a statement of procedure which clarified a pathway for information received from partner organisations (HWB16).</p> <p>The Board AGREED the statement of procedure and requested that members of the Board be informed of the decisions made.</p>	<p>Jackie Wilderspin</p>

..... in the Chair

Date of signing