

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 21 November 2013 commencing at 2.00 pm and finishing at 4.10 pm

**Present:**

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

Dr Stephen Richards (Vice-Chairman)  
District Councillor Mark Booty  
Councillor Mrs Judith Heathcoat  
John Jackson  
Jim Leivers  
Dr Joe McManners  
Dr Jonathan McWilliam  
Matthew Tait  
Councillor Melinda Tilley  
City Councillor Ed Turner  
Larry Sanders  
Dr Matthew Gaw (In place of Dr Mary Keenan)

**Other Persons in Attendance:** Joanna Simons (Chief Executive, Oxfordshire County Council); James Drury (Director of Finance, Thames Valley NHS Commissioning Board)

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

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

	ACTION
<b>1/13 Welcome by Chairman, Councillor Ian Hudspeth</b> (Agenda No. 1)	

<p><b>2/13 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)</p>	
<p>Cllr Hilary Hibbert-Biles Dr Matthew Gaw attended for Dr Mary Keenan</p>	<p>Julie Dean</p>
<p><b>3/13 Declarations of Interest - see guidance note opposite</b> (Agenda No. 3)</p>	
<p>There were no declarations submitted.</p>	
<p><b>4/13 Petitions and Public Address</b> (Agenda No. 4)</p>	
<p>No requests to address or to petition members of the Board had been received.</p>	
<p><b>5/13 Note of Decisions of Last Meeting</b> (Agenda No. 5)</p>	
<p>The Note of Decisions of the meeting held on 25 July 2013 (HWB5) was approved subject to an amendment to the phrase 'would be free to ' in page 4, paragraph 4, line 4 with the word 'should' to read as follows:  'The individual partnership boards <b>should</b> 'drill down' into inequalities issues at sub county level (whether geographical or affecting specific vulnerable groups.'</p>	<p>) ) ) ) ) Julie Dean ) ) )</p>
<p><b>6/13 Performance Report</b> (Agenda No. 6)</p>	
<p>The Board had before them a Performance Report reviewing current performance against all the outcomes set out in the Health &amp; Wellbeing Strategy (HWB 6).  This was the first report against the new measures agreed at the last meeting as part of the refreshed strategy. A table showing the</p>	

<p>agreed measures under each priority in the Joint Health &amp; Wellbeing Strategy, expected performance and current performance was attached at Appendix A.</p> <p>With regard to target 6.2, Members of the Board discussed the various measures being taken by the NHS organisations and the County Council to tackle the number of delayed transfers of care within the County. The Oxfordshire Joint Health Overview &amp; Scrutiny Committee were due to scrutinise this issue at their 5 December meeting at which all organisations were to be represented.</p> <p>It was requested that section 256 arrangements feed into the Performance Report.</p> <p>It was <b>AGREED</b> to note the report.</p>	<p>Ben Threadgold</p>
<p><b>7/13 Quality in Health and Social Care Services</b> (Agenda No. 7)</p>	
<p>Following public consultation and discussion at the Health &amp; Wellbeing Board it had been agreed that the revised Joint Health &amp; Wellbeing Strategy should include some specific work on assurance of quality in service.</p> <p>Dr. McWilliam introduced the joint report HWB7 which gave an overview of current quality assurance systems operated by partners in the Health &amp; Wellbeing network on a local, regional and national basis in Oxfordshire. Current working arrangements and systems of reporting should continue as they were. The report set out for discussion and ratification a number of proposals for how the Board could develop its responsibility to provide a strategic focus on quality.</p> <p>The Board <b>AGREED</b>:</p> <p>(a) quality leads from partner organisations to produce annual summary reports from the local and regional quality assurance groups listed in the report: to include an overview of common issues and concerns raised in the groups and a summary of issues reported by regulators;</p> <p>(b) to continue to receive reports on national issues of concern as they arise, with information on the situation in Oxfordshire as reported by the Quality leads from partner</p>	<p>All</p> <p>All</p>

<p>organisations; and</p> <p>(c) that the role of Oxfordshire Healthwatch will develop alongside the operational quality assurance systems providing a strong and independent network to raise issues of concern across health and social care both directly to this Board and in other forums.</p>	<p>Larry Sanders</p>
<p><b>8/13 Financial Challenge</b> (Agenda No. 8)</p>	
<p>Dr Stephen Richards introduced, and the Board discussed the report HWB8 which provided a briefing on the financial performance of the OCCG for the 2013 – 14 financial year to September 2013 and the ongoing financial challenge now faced. A deficit situation had been declared at present with a forecast of an outturn around 6m in deficit. This was being addressed internally via the OCCG’s Financial Challenge Programme Board and external support had also been commissioned. These initiatives aimed to ensure sufficient capacity and capability to address the challenges of the current financial position for the current year and in planning for future years.</p> <p>Dr Richards stated that OCCG were doing everything they could to diminish the deficit. Patient and public views were being sought as part of this effort. Matthew Tait reported that the Area Team were working closely with the CCG and had accepted that a deficit was the most likely outcome for Oxfordshire.</p> <p>The Board <b>AGREED</b> to note the report.</p>	
<p><b>9/13 Integration Transformation Fund</b> (Agenda No. 9)</p>	
<p>The Board considered a joint report of the OCCG and OCC (HWB9) seeking to establish the process by which the Health &amp; Wellbeing Board could agree a plan to use the resources allocated to Oxfordshire via the Integration Transformation Fund by April 2014.</p> <p>The Board <b>AGREED</b></p> <p>(a) to approve the proposed process as set out in</p>	<p>)</p> <p>)</p>

<p>paragraphs 18-23 of the report, subject to the planning template being emailed around all members of the Board for comment in advance of its approval by the Chairman and Vice-Chairman; and</p> <p>(b) to consider the final Integration Transformation Fund plan at the 13 March 2014 meeting of this Board, alongside proposals for the Health to Social Care funding transfer for 2014/15.</p>	<p>) ) ) ) John Jackson ) ) ) )</p>
<p><b>10/13 Clinical Commissioning Group Strategy and Operating Plan</b> (Agenda No. 10)</p>	
<p>Dr Richards introduced, for discussion and questions, the OCCG's draft strategic overview document entitled 'Improving the Health of Oxfordshire' which was currently out for consultation (HWB10).</p> <p>This was aligned to views which were currently being sought on the NHS England 'Call for Action'. The Board also had before them at HWB10 a report which provided an outline of this forthcoming national consultation on priorities in the light of restricted funding. It was accompanied by a number of background documents which were for information only.</p> <p>Comments on the overview document from individual members of the Board included:</p> <ul style="list-style-type: none"> <li>• A suggestion by a district council representative that the OCCG may wish to work with the district councils on one of their priorities to reduce health inequalities by providing a strong locality focus to address local variation in health outcomes (page 58);</li> <li>• A suggestion that as the majority of Oxfordshire residents were in good health, this should be reflected more in the document with more of a focus on the prevention agenda;</li> <li>• More people would attend and engage with the consultation if further evening consultation meetings were to be planned into the process.</li> </ul> <p>The Chairman asked Board members to feed through to the OCCG any further comments they may have.</p>	<p>All members to note</p>
<p><b>11/13 Annual Reports from the Children's and Adults Safeguarding Boards</b></p>	

(Agenda No. 11)	
<p>Peter Clark, Vice-Chair of the Oxfordshire Safeguarding Children's Board presented their Annual Report in the interim Chair, Paul Burnett's absence and made himself available for questions.</p> <p>John Jackson presented the Annual report for the Oxfordshire Safeguarding Adults Board in Chair, Donald McPhail's, absence and made himself available for questions.</p> <p>Dr Richards made the Safeguarding Board aware that there were slide sets available from the Government to help explain their response on the Francis Inquiry.</p> <p>The Board <b>AGREED</b> to receive the reports.</p>	Peter Clark
<p><b>12/13 Oxfordshire Children &amp; Young People's Plan 2013/14</b> (Agenda No. 12)</p>	
<p>The Oxfordshire Children &amp; Young People's Plan 2013/14 had been considered by the Children &amp; Young People's Partnership Board on 24 October 2013. It was now before the Board for consideration and approval (HWB12).</p> <p>The Director of Children's Services explained that although there was no longer a statutory obligation to produce this three year plan, it was considered that an overarching strategic document should be put in place to give guidance and direction. If approved by the Board it would act as a sister document to the Health &amp; Wellbeing Strategy and other associated documents in order to keep work as streamlined as possible.</p> <p>It was <b>AGREED</b> to approve the Children &amp; Young People's Plan 2013/14.</p>	Jim Leivers
<p><b>13/13 Local Healthwatch</b> (Agenda No. 13)</p>	
<p>The Chairman of Healthwatch Oxfordshire, Larry Sanders, gave an oral report on activities and short-term priorities. These included:</p> <ul style="list-style-type: none"> <li>• An interim Director, David Roulston, had been recruited and had been able to start immediately;</li> <li>• The full Board had now been recruited;</li> <li>• 15 applications had been received for small projects</li> </ul>	

<p>including an application received from a group of carers of people with a learning disability to inform a possible project on how mental health difficulties are experienced by people with a learning disability. A questionnaire on health and social care amongst students had recently gone live. Also an application had been received from an Asian women's group;</p> <ul style="list-style-type: none"> <li>• Some priorities for review had been set. These included access to GP appointments; work with Oxfordshire relatives and residents associations on older people's experience in care homes; domiciliary care; and whistle blowing;</li> <li>• Oxfordshire Healthwatch also had an interest in fuel poverty and issues around the insulation of homes; working with the Oxford &amp; District Child Poverty Group; the Government's response to the Francis Report; and what are the issues for people who do not receive access to advocacy.</li> </ul> <p>Larry Sanders was thanked for his report.</p> <p>The Director of Social &amp; Community Services reported that officers were currently in the process of looking for expressions of interest to run Oxfordshire Healthwatch from 1 April 2014.</p>	
<p><b>14/13 Reports from Partnership Boards</b> (Agenda No. 14)</p>	
<p>Councillor Melinda Tilley, Councillor Judith Heathcoat and Dr Joe McManners each gave oral progress reports on recent activity of each of the three Partnership Boards.</p> <p><u>Children &amp; Young People's Partnership Board</u></p> <p>Councillor Tilley reported on a meeting to be held with members of the Partnership Board and the Chair and Vice-Chair of the Oxfordshire Safeguarding Children's Board to clarify roles. Further work was also underway to ensure the functions previously held by the Children's Trust were covered appropriately. Changes to the membership had also occurred to include new PIN and Young Persons representatives and a representative from the voluntary sector.</p> <p>The Board had considered the following:</p> <ul style="list-style-type: none"> <li>• A paper on outcomes based commissioning for maternity services in Oxfordshire which was now being taken forward;</li> <li>• The Children &amp; Young People's Plan for Oxfordshire 2013/14;</li> <li>• The Oxfordshire Safeguarding Children's Board Annual</li> </ul>	

Report 2012/13

- Integrated Pathway and Multi Agency Safeguarding Hub (MASH).

It had been proposed to hold an extended meeting of the Partnership Board shortly to drive forward the development of the new Children & Young People's Plan 2014-18. This would engage a wider range of partners.

#### Adult Health & Social Care Partnership Board

Councillor Mrs Heathcoat and Dr McManners reported on membership changes to include two new Public Involvement Network representatives.

The Partnership Board had considered the following:

- Work that Oxford City Council and Oxfordshire County Council were doing on welfare reform. It had been agreed that the Partnership Board had agreed to monitor the impact of welfare reform for vulnerable groups and a report would be brought back to a future meeting;
- The Older people's Housing Strategy – Needs Analysis, one of the indicators in the priorities for the Health & Wellbeing Board – the Partnership Board were keen to ensure that the work was being taken account of in other strategies, in particular the district council housing strategies and the work of the OCCG;
- The Joint Health & Wellbeing Strategy – Report on Performance Targets – highlighting the challenges raised by the increase in demand and the changes to services as a result. The Partnership Board had supported the multi-agency approaches and the work being carried out to address the indicators that were not meeting targets;
- The Oxfordshire Joint Older People's Commissioning Strategy – Programme Board update.

A Mental Health workshop had been jointly organised in October by the Partnership Board and the Better Health in Oxfordshire Programme Board and had been attended by over 60 professionals, service users and carers. It had focused on the links between mental health and physical and other conditions. A number of key actions had emerged from the event. These were:

- a need for better co-ordination of services, communication between professionals and integration of mental health and drug and alcohol services;
- Improving of information and setting up information management systems;
- Reviews about a person's mental health to be informed by physical health;
- A mental health lead to be in all GP practices;



- Consider pooling budgets for mental health and drugs and alcohol; and
- Closer working arrangements with organisations outside of health and social care, such as housing.

The workshop report would be taken to the OCCG GP Locality Groups and the Drug and Alcohol Action Team (DAAT).

A joint workshop for members of the Partnership Board and the Learning Disability Partnership Board was planned in December to begin the process to update the Big Plan for People with Learning Disabilities. The aim would be to identify the services and processes that were working well and the areas for development. People with learning disabilities, carers, providers and commissioners were to be invited.

#### Health Improvement Partnership Board

Councillor Mark Booty reported on membership changes to include representation of all the district councils and two PIN representatives.

He reported that the Partnership Board was looking closely on all the outcomes in the performance framework and ensuring that further work is focused on those areas with poorer outcomes.

Work had developed since the last report to the Health & Wellbeing Board on:

- producing a Healthy Weight Strategy;
- a joint Public Health Strategy between the Oxford University Hospitals NHS Trust and a draft strategy was expected in January 2014;
- sharing information on Health Improvement Campaigns – for example, working together on Flu Immunisation campaign and preparing messages on safe consumption of alcohol leading up to Christmas.

One of the Partnership Board's Working Groups, the Public Health Protection Forum was to meet in December to ensure that immunisations, screening and health protection issues in the county were proceeding well. Also the prevention of early death and promotion of healthy lifestyles would be a topic for discussion at a meeting of the Partnership Board in the new year.

The Partnership Boards were thanked for their reports.

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Date of signing