

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 14 March 2019 commencing at 2.00 pm and finishing at 4.20 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)
Lucy Butler
Jo Cogswell (in place of Louise Patten)
Christine Gore
Dominic Hardisty (in place of Stuart Bell)
Councillor Steve Harrod
District Councillor Andrew McHugh
Val Messenger
Yvonne Rees
Dr Ben Riley
Prof George Smith
Kate Terroni
City Councillor Louise Upton

Officers:

Whole of meeting Julie Dean (Committee Officer, 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 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman welcomed all to the meeting.	

<p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Jo Cogswell attended for Louise Patten, Dominic Hardisty for Stuart Bell and apologies were received from Dr Bruno Holthof, David Radbourne and Councillor Lawrie Stratford.</p>	<p>Andrea Newman, OCC</p>
<p>3 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>There were no declarations of interest submitted.</p>	
<p>4 Petitions and Public Address (Agenda No. 4)</p>	
<p>There were no requests to present a petition or to address the Board.</p>	
<p>5 Notes of Decisions of Last Meetings (Agenda No. 5)</p>	
<p>The Note of Decisions for the meetings held on 15 November 2018 and 29 January 2019 were approved and signed. There were no matters arising.</p> <p><u>The Work of the Board</u></p>	<p>Julie Dean, OCC</p>
<p>6 Draft Joint HWB Strategy 2019-2023 and Performance Framework (Agenda No. 6)</p>	
<p>Members of the Board had before them for approval the draft Health & Wellbeing Strategy for 2019-2023 and Performance Framework (HWB6). The Board was also asked to note the views of stakeholders and to agree the Performance Framework.</p> <p>Kate Terroni introduced the draft Strategy pointing out the positive, but challenging feedback received from the public which included a request from the public for involvement in its implementation. (Please note, the full report on engagement activity was published immediately following this meeting).</p> <p>Comments, questions and responses received from members of the Board included the following:</p> <ul style="list-style-type: none"> - Professor Smith reiterated his wish for a strategic, long 	

<p>term vision in the form of a rolling five - year plan, together with an action log to report back outcomes. The Chairman responded that this could be considered at a future Board workshop, though the nature of local government funding did not hold long-term certainty or a vision; and</p> <ul style="list-style-type: none"> - Councillor Louise Upton commented on the importance in every day activity for children in order to give them a good start in life, and the need for this to be stronger within the Strategy (to be added to 1.5/1.6 – reducing obesity). Councillor McHugh reported that Active Oxfordshire had released a report on the levels on inactivity which he agreed to circulate to the Board. <p>The Board AGREED to:</p> <ul style="list-style-type: none"> (a) note the themes and comments in the report on engagement activity; and (b) approve the Joint Health & Wellbeing Strategy 2019 – 2023 and Performance Framework for publication, subject to the amendment above suggested by Councillor Louise Upton. 	<p>)) All Members of the Board))</p>
<p>7 Joint Strategic Needs Assessment (JSNA) - Annual Report for 2019 (Agenda No. 7)</p>	
<p>The Board was asked to note the content of the JSNA annual report and its implications for future work (HWB7).</p> <p>Val Messenger introduced the report acknowledging the hard work of the OCC officers, Margaret Melling, Sue Lygo and Philippa Dent, and the many organisations who had contributed to the data and commentary. She added that the JSNA required true collaboration with many organisations which served to unite them in their understanding of the values which underpinned the Health & Wellbeing Strategy. It also reinforced and tackled the priorities of the Strategy such as prevention, unemployment, education, air quality, whilst also contributing to reducing health inequalities in Oxfordshire.</p> <p>Comments and responses received were as follows:</p> <ul style="list-style-type: none"> - Councillor Louise Upton highlighted to the Board the stark fact that healthy eating was less affordable for low income families (Chapter 4: Wider Determinants, page 92); and 	

<ul style="list-style-type: none"> - Professor Smith commented on his concerns about the limited research into certain trends in population growth which were often not included in demographic trends; - Councillor McHugh reported that the CCG had produced a document for a recent stakeholders' workshop depicting the likely growth in the birth rate; - Val Messenger also pointed out that there were experts working on figures produced by the Office for national Statistics and Local Plans and reporting the best available projections. <p>The Board AGREED to note the content of the report and its implications for future work.</p>	<p>All members of the Board</p>
<p>8 Older People Strategy - A Joint Strategy for the Future (Agenda No. 8)</p>	
<p>The Board was asked to approve the proposed approach of the draft Older People Strategy, its scope, the developmental approach and the role of external support in its delivery (HWB8).</p> <p>Kate Terroni introduced the proposed Strategy reporting that it had been subject to formal consultation with the public about its vision and priorities. She added that some people who responded to the consultation had wanted to know about funding for services and how it would be measured, which would be via the implementation plan, with measurable outcomes.</p> <p>The Board AGREED to approve the proposed approach of the draft Older People Strategy.</p>	<p>OCC/OCCG/OH/OUH</p>
<p>9 NHS Long Term Plan (Agenda No. 9)</p>	
<p>Members of the Board considered a report which summarised the key points of the NHS Long Term Plan and its implications for the work of the Board (HWB9).</p> <p>Dr Collison introduced the report making reference to the term 'stretched NHS' used within the Plan, which synchronised very well with how the Board had developed recently with its prioritisation of integration, prevention and tackling health inequalities. Comments from other Board members were as</p>	

follows:

- Jo Cogswell commented on the emphasis in ensuring the different parts of the NHS worked seamlessly together. She agreed with Dr Collison that this Board was now in a very strong position to initiate this, and the content of its work to date had resonated with the Plan;
- The Chairman stated his view that this was a good long - term plan in that it was primarily concerned with how all organisations worked together as a system. As yet, the Green Paper on Social Care, which had been promised last year, had yet to emerge and the Green Paper on Prevention, due out in the summer of this year could well be delayed. He added that the Plan was a good opportunity to implement care systems the way Oxfordshire wanted it to be done. He expressed a hope that the Plan would be accompanied by the appropriate funding;
- Councillor McHugh commented that there were many mentions of improved GP provision and digital initiatives, but no mention of improvements from the point of view of patients and nursing care in the community;
- Professor Smith warmly welcomed the development of primary care networks, stating also that virtual care would be a large step forward for diagnostics and for the care home/ nursing care home sectors. It would also ease the pressure on acute care. He advocated the strengthening of the domiciliary nursing workforce to create teams of nursing professionals and care staff to help the more fragile patients to remain in their own home for longer;
- Val Messenger welcomed the strong prevention theme throughout, since it had only been on the periphery before, and agreed that the Plan would be an enabler to the Board's goals. She also welcomed the proposed investment in mental health as a very positive move;
- Councillor Louise Upton commented that there was a need to work towards recruitment and training of staff before any plans could be brought to fruition, perhaps via Government funding. The Chairman responded that the Growth Board was working on the creation of more affordable houses for staff;

<p>- Professor Smith commented that more could be done to assist people to live in their own homes for longer, suggesting that there was scope for more dialogue with the district councils – for example, to build homes with stronger ceiling joists to withstand hoists so that people could remain at home to be cared for. Kate Terroni added that the newly appointed Joint Housing Officer, Gillian Douglas, was finalising her work plan and would be reporting on housing related issues in due course.</p> <p>The Board AGREED to note the NHS Long Term Plan report.</p>	<p>All Members of the Board</p>
<p>10 Care Quality Commission (CQC) Action Plan - Update (Agenda No. 10)</p>	
<p>The Board had before them an update on recent progress and the next steps following receipt of the CQC Progress Report in January 2019 (HWB10). Dominic Hardisty (Oxford Health), Karen Fuller and Benedict Leigh (OCC) attended to present the report (HWB10) and to respond to questions.</p> <p>Benedict Leigh reported that that officers were pleased with the progress report, saying that there was evidence of improved relationships and, at the same time, some need to work on the unfinished actions such as support for self - funders and on a comprehensive plan to support carers. This work was ongoing and would be reported to the Board on a regular basis.</p> <p>Karen Fuller added that the CQC inspectors had given system leaders the commitment and drive to take forward joint working, which was instrumental in achieving some of the Action Plan.</p> <p>Dominic Hardisty pointed out that the work of the new Director of the Winter Planning Team was worthy of note, which was one example of good organisational and delivery of care for both patients and residents. An outcome of this was good, seamless support for service users and patients.</p> <p>Benedict Leigh confirmed that a plan was in place to deliver all actions by the end of the defined period.</p> <p>The Board AGREED to note the report.</p>	<p>OCC/OH/OUH/ OCCG</p>

<p>11 Prevention Framework - update (Agenda No. 11)</p>	
<p>Dr Collison gave a verbal update on the progress made in the development of a Prevention Framework. She stated that this was cross-cutting work with Public Health, to look at preventable causes of premature death from disease such as cardio-vascular and strokes. The Framework looked at key factors such as smoking, diet, alcohol and inactivity and started to identify the groups of people at greater risk of disease or early death. Moreover, this was not entirely about individual efforts to tackle the problem, it was about what each organisation could provide to tackle the priority issues together. Examples included the creation of cycle paths in local environments to promote active travel and what the NHS could provide to encourage people to stop smoking or to reduce their blood pressure. She reported that this would be very much a working document to which views were invited on how to shape it, how to make it more meaningful and how to go wider in order to gain greater input.</p> <p>She concluded that there would be further updates on progress and system leaders would be contacted for their views on how to take it forward.</p> <p>Professor Smith suggested that there could were certain initiatives and practical solutions which could be implemented at a local level. For example, the prohibitive costs of podiatry services could be subsidised to encourage older people to become more active. Also, local shops could be encouraged to provide chairs for older people to rest in.</p> <p>Dr Collison was thanked for her report.</p>	<p>All Members of the Board</p>
<p>12 Workforce - Report from the Workforce Group (Agenda No. 12)</p>	
<p>The Board noted a report describing the range of work that the Workforce Group was undertaking and progress made through working in partnership on key workforce issues (HWB12).</p> <p>Dominic Hardisty listed the key priorities for action, as contained in the report, asking the Board to note the approach being taken. He paid tribute to the very hard work undertaken by the provider organisations in what was a very changing context.</p> <p>In response to a question from the Board about the bid to introduce Oxfordshire weighting to assist with recruitment and retention, Dominic Hardisty explained that there was a set</p>	

national formula in place. However, multi agencies in the Thames Valley and Cambridgeshire regions were keen for changes to be made, in line with London weighting. He added that Trade Unions were also working to support that approach. There was, however, challenge to this from the rest of the country.

Mr Hardisty was also asked if all national and provincial partnerships were working together on common challenges and to champion opportunities. He responded that all was being done to grow multi-agency turn out to challenge, though some aspects of it were beyond the control of the system.

A question was asked about what was being done to provide a career pathway for such people as nurses who may want more career development or the flexibility to return after leaving the role. Jo Cogswell responded that one of the ambitions of OUH was how we, as a system, involved educational institutions, the communities and providers to build a caring and career development pathway between organisations. She added that the system was seeing a shift towards people who entered a registered pathway in an unregistered environment and underwent training in order to step into a registered pathway. There was also support for people to follow a career pathway to become care- registered managers in social care, and also to move between organisations.

A Board member referred to the 22,000 extra staff required nationally within the NHS and Social Care and asked, from a local perspective, given the high cost of living in the Oxfordshire area, how they could be attracted into the service. Benedict Leigh responded that Oxfordshire was running very hard to stand still, notwithstanding that it was a good place to work in and had many opportunities incumbent in it. However, there was a need for more and better affordable housing in order to attract more people. The Chairman, in his capacity as a member of the Growth Board, stated that funding to the amount of £911m had been made available for Oxfordshire to assist in the delivery of homes and community links.

The Board **AGREED** to note the range of work that was taking place and the progress made through working in partnership on key workforce issues.

All Members of the Board

<p>13 The Oxfordshire Health & Wellbeing Board Stakeholder Network Proposal (Agenda No. 13)</p>	
<p>Rosalind Pearce, Chief Executive Officer, Healthwatch Oxfordshire (HWO) introduced her report (HWB13) which presented proposals for the formation of the Board's Stakeholder Network Group. She asked for views from Board members.</p> <p>The Chairman asked how it would engage with the greatest number of people and achieve wider representation of its themes. Ros Pearce responded that it would be crucial not to replicate what was taking place elsewhere – the idea was to build on it and to build a network rather than convene a group.</p> <p>Yvonne liked and applauded the ambition behind the proposed approach and questioned how resource intensive it was likely to be. Rosalind Pearce responded that its concept was that it was on all partners to work together to make it happen.</p> <p>Mixed views were expressed by the Board, including the following:</p> <ul style="list-style-type: none"> - There were already networks/organisations/groups who could be part of the network, rather than starting from the beginning. Good examples were the Cherwell Partnership Network, Health Abingdon; - If running themed events, there was a need to spend time in hearing from people whom we do not usually engage with; - A conversation was needed with the district councils and the City Council to discuss how this could develop; - HWO was a prime mover and part of the system. If it was done well then HWO could be approached to run particular consultations. Money could be spent in a better way – but it should not be new money. <p>The Board AGREED to thank Rosalind Pearce for the report.</p> <p>Business</p>	<p>HWO</p>
<p>14 Oxfordshire Healthwatch Report (Agenda No. 14)</p>	
<p>The Board again welcomed Rosalind Pearce to the table to</p>	

<p>present the regular update report from HWO (HWB14).</p> <p>She began by showing a video featuring men from East Oxford United Football Club speaking about men’s health. The aim of their work with their members was to raise awareness of NHS health checks. A questionnaire was also utilised to gather views. She added that this was a different and valuable means of reporting any barriers to receiving views from hard to reach groups on important issues.</p> <p>Val Messenger thanked Rosalind for the video and also for the manner in which HWO had engaged with Public Health in such a helpful way. Dr Collison also informed the Board that Rosalind had spoken at the Health Improvement Board, who were keen to consider how else the information gleaned on health checks could be used.</p> <p>The Board AGREED to thank Rosalind Pearce for the report and for the video.</p>	<p>HWO</p>
<p>15 Oxfordshire Multi-Agency Safeguarding Arrangements for Children (Agenda No. 15)</p>	
<p>Richard Simpson, Independent Chair of the Oxfordshire Safeguarding Children’s Board, presented a report (HWB15) in accordance with ‘Working Together 2018’ which was a new arrangement for multi-agency safeguarding arrangements for children.</p> <p>Following approval by Oxfordshire County Council, the document was to be presented to the three safeguarding leads, who are the chief executive officers of OCC, the OCCG and Thames Valley Police, prior to publication later in April. He paid tribute to Tan Lea for the report presented which gave proposals which were proportionate and also compliant with the Board’s new way of working together.</p> <p>Yvonne Rees stated that the Oxfordshire Safeguarding Board was a well - functioning body which had shown itself to be both pragmatic, sensible and workable and which met the guidelines for working with other agencies.</p> <p>In response to a question asking if the remit of the changes covered children receiving home education, Richard Simpson stated that the education system was very focused on encouraging school attendance, particularly in the event that home education was masking problems at home.</p>	

Date of signing
