

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 10 May 2018 commencing at 2.00 pm and finishing at 3.15 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)
District Councillor Anna Badcock
Lucy Butler
Councillor Steve Harrod
Councillor Hilary Hibbert-Biles
Dr Jonathan McWilliam
David Radbourne
Councillor Lawrie Stratford
Prof George Smith
Kate Terroni
Cllr Marie Tidball

Other Persons in Attendance: Stuart Bell MBE (OH); Peter Clark (OCC) and Lou Patten (OCCG)

Officers:

Whole of meeting

Part 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
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman, Cllr Ian Hudspeth, welcomed all to the meeting.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
There were no apologies and temporary appointments.	DLG(AN)
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	DLG(AN)
4 Petitions and Public Address (Agenda No. 4)	
The Chairman had agreed to an address by Liz Peretz, 'Keep our NHS Public.'	DLG(AN)
5 Oxfordshire Health and Wellbeing Board Function and Governance Review: Proposal for Consideration and Decision by the Board (Agenda No. 5)	
<p>The Board was addressed by Liz Peretz on behalf of 'Keep our NHS Public'.</p> <p>Liz Peretz expressed her concern at the 'deep fragmentation' and weakening of this Board and of the Oxfordshire Joint Health Overview & Scrutiny Committee, stating her view that there were too many closed, private meetings. By way of an example, she made reference to the Planning Group to be implemented by HOSC, which, in her view would be 'controlled by the Oxfordshire Clinical Commissioning Group.'</p> <p>A report HWB5 which set out proposals for strengthening the Board was considered. The proposals had taken account of the views of Board members themselves, a wide range of partners and the views expressed recently by the Care Quality Commission (CQC) following the inspection.</p> <p>The Director for Adult Services, Kate Terroni, when introducing the paper, reminded members of the Board of what the CQC had</p>	

stated in its report:

'We could not find a compelling shared vision for the design and delivery of services.' And

'System leaders recognised some organisational development work was required and agreed that a joint vision and strategy was a priority. It was anticipated that the restructure of the HWBB would provide the vision for integrated systems and structures.'

She opened discussion by posing a joint shared vision for Oxfordshire statement which was as follows:

'To work together in supporting and maintaining excellent health and wellbeing for all the residents of Oxfordshire'

During the ensuing discussion, some Board members felt that the paper did not adequately capture how the status quo would be altered, how decision making would change and, where the 'engine room' would be to bring about the vision for integrated systems and structure. Moreover, there was a need to have set out detailed recommendations in order to increase clarity on where it wanted to give priority to spending for example, and whether the Board would be delegating decision-making to other partners. It was proposed and agreed therefore, that, subject to agreement that day of the report's recommendations, a set framework could be considered in a workshop setting, looking primarily at how it could change people's lives. A member also suggested that a good way forward might be to 'road test' the governance, which would be an excellent means of proving to the CQC that the Board was working together in a thoughtful and collaborative manner.

Dr McWilliam, in response, welcomed the views expressed above, adding that the concept behind the vision was to establish a very powerful governance structure in which all partners would be brought together under one umbrella and with one vision. Under the current arrangements of the Board, he stated, system leaders were not accountable enough or sufficiently co-ordinated, with OCC, OH AND OUH Chief Executives not being members of the Board. He added that the concept behind the vision was the need for recognition that, in light of the CQCs comments, this was an opportune time to form positive relationships. Once the principle of the vision had been agreed at this meeting, together with the membership of the Board, then it would be able to define the detail and format of the apparatus, via workshops, under the leadership of the Integrated System Delivery Board and via the Board's sub-committees.

Kiren Collison, in support of Dr McWilliams' comments, stated that the paper was about putting the blocks in place for where the Board wanted to be. She urged members of the Board to approve the paper, alongside a caveat that it would be an evolving process.

Stuart Bell, in support of the vision, added his view that the Board had to decide to take this step for itself, not as a result of the CQC report. His perception was that the ethos of the Board had not obtruded sufficiently into the consciousness of the wider system and that this had to change. An example he gave of this was that discussions at the Oxfordshire Transformation Board needed to be had at this Board.

Peter Clark and Stuart Bell also urged the Board to consider the vision as a fundamental change to the nature of the way in which the Board had previously operated which was without the inclusion of the major system leaders as voting members.

In relation to paragraph 17 and recommendation (b) of the report, together with the comments made by Peter Clark and Stuart Bell above, Cllr Hilary Hibbert-Biles proposed, and Cllr Steve Harrod seconded, that all three decision making cabinet members for Adult Social Care, Children & Family Services and Public Health & Education remain on the Board's membership in order also to maintain the balance between members and officers present. This was carried by 5 votes to 2 out of the voting members present.

The Chairman then proposed recommendation (a) and amended recommendation (b), and was duly seconded. A vote was taken and this was carried by 9 votes to 2 (with 1 member of the Board abstaining). The Board **RESOLVED** to:

- (a) endorse the proposed changes and authorise the Director of Health and the Director of Law & Governance, in consultation with the Chairman and Vice-Chairman of the Health & Wellbeing Board to amend the Terms of Reference as necessary for approval by full Council: and)
 - (b) approve the revised membership, to include the Cabinet Members for Adult Social Care, Children & Family Services and Public Health & Education, to take effect at such time as the revised Terms of Reference are agreed by Council.)
- ALL)

..... in the Chair

Date of signing

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