

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 23 March 2017 commencing at 2.00 pm and finishing at 4.10pm

Present:

Board Members: Dr Joe McManners – in the Chair

Dr Joe McManners (Vice-Chairman)
District Councillor Anna Badcock
Eddie Duller OBE
Councillor Hilary Hibbert-Biles
Dr Jonathan McWilliam
Councillor Melinda Tilley
Roy Leach (In place of Lucy Butler)
Councillor David Nimmo Smith (In place of Councillor Mrs Judith Heathcoat)
Councillor Lawrie Stratford (In place of Councillor Ian Hudspeth)
District Councillor Dee Sinclair (in place of District Councillor Ed Turner)

Other Persons in Attendance: Peter Clark, OCC and David Smith, OCCG

Officers:

Whole 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 Deputy Chairman, who was chairing the meeting in Cllr Ian	

<p>Hudspeth's absence, welcomed all to the meeting, in particular extending a welcome to Kate Terroni, Director for Adult Services, who was attending her first meeting as a member of the Board.</p> <p>He announced an item of urgent business on the Better Care Fund Plan 2017 – 19 to be included on the Agenda after Agenda Item 5. The Chairman had agreed that it be considered at this meeting because sign off was required prior to the next meeting on 13 July.</p>	
<p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Cllr Lawrie Stratford attended in place of Cllr Ian Hudspeth, Cllr David Nimmo-Smith for Cllr Mrs Judith Heathcoat, Cllr Dee Sinclair for Cllr Ed Turner and Roy Leach for Lucy Butler.</p>	<p>Andrea Newman</p>
<p>3 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>There were no declarations of interest submitted.</p>	<p>Andrea Newman</p>
<p>4 Petitions and Public Address (Agenda No. 4)</p>	
<p>There had been no requests to present a petition or to address the meeting.</p>	<p>Andrea Newman</p>
<p>5 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>The note of the last meeting which took place on 10 November 2016, was approved and signed as a correct record.</p> <p><u>Matters Arising</u> In relation to item 4 in the Note, 'Petitions & Public Address', Mr David Hartley's address, Cllr Dee Sinclair asked what action had been taken with regard to the requests that Mr Hartley made to the meeting. David Smith reported that:</p> <ul style="list-style-type: none"> • a special meeting of HOSC had taken place on 7 March at which there had been a good discussion on the STP footprint; • the NHS Delivery Plan was to be published the following week. This would set the tone about what services would be decided at local level; 	<p>Julie Dean</p>

<ul style="list-style-type: none"> • this would lead to the delivery of Oxfordshire’s own local plan. <p>Dr McManners commented also that the contracts with the two existing major NHS providers had been set up and agreed as part of the Health wider programme and a Risk Share Agreement had also been agreed.</p>	
<p>6 Item of Urgent Business - Better Care Fund Plan 2017 - 19 (Agenda No.)</p>	
<p>The Board considered a report of the OCCG (attached to Addenda) which requested agreement for delegated authority sign off by the Chairman and Vice-Chairman of Oxfordshire’s 2017 – 19 Better Care Fund Plans once the technical guidance/templates had been released. This would allow for the final Better Care Fund allocations and funding contributions to be announced alongside the release of the policy framework and planning guidance.</p> <p>The Board AGREED that a special meeting of the Board be arranged, if necessary, to sign off the Plans.</p>	<p>Cllr Hudspeth/Dr McManners</p>
<p>7 Performance Report (Agenda No. 6)</p>	
<p>The Board received an update on performance against the outcomes in the Joint Health & Wellbeing Strategy set for 2016/17 and also considered the new outcomes for Quarters 2 - 3 (HWBB6).</p> <p><u>In relation to priority 4 – ‘Raising Achievement for all Children & Young People’</u> – Roy Leach advised that only one set of data was available per annum.</p> <p><u>In relation to 5:2 – ‘Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages’</u> – when asked if there was any statistical breakdown of who was presenting inappropriately, David Smith responded that this level of detail was not known. However, he referred to a detailed report on the Oxfordshire Joint Health & Overview Scrutiny Committee (HOSC), to national research and to a piece of work done in the West Midlands which had indicated that 20% of people had made the decision to go to Accident & Emergency (A & E) on the previous day. He added that a set of national directives were coming out the following week. Mr Smith also pointed out GP Streaming needed to be put in place in A & E departments to improve triage and give a better</p>	

<p>understanding of reasons for attendance at A & E. He stressed the importance of looking at the whole pathway, including the Minor Injuries Units which would be included in Phase 2 of the Big Health & Care consultation. Mr Smith undertook to pick it up as an issue.</p> <p>It was AGREED to note the report.</p>	<p>David Smith</p>
<p>8 Joint Strategic Needs Assessment (JSNA) - Annual Report (Agenda No. 7)</p>	
<p>The Board considered the outcomes contained in the Joint Needs Assessment (JSNA) Annual Report (HWB7).</p> <p>Dr McWilliam (OCC) and Diane Hedges (OCCG) had signed off this final version. Dr McWilliam, when introducing the item began by thanking Margaret Melling and colleagues for all their hard work in putting much of the resource together. Board observation and discussion centred on the following areas:</p> <ul style="list-style-type: none"> • Reasons for excess weight in children which was being monitored by the Health Improvement Board; • Reasons why rough sleeping in Oxford City was on the increase but not reflected in the statistics. This was also being monitored by the Health Improvement Board; • The number of women breast feeding was on the increase – however it was emphasised that this should not disguise numbers in areas of health inequalities; • Smoking prevalence had not been included as a specific cause of some cancers – Dr McWilliam undertook to ensure that this was picked up, stating however that it may also be included in the STP in relation to its inclusion in all clinical interventions; • Over 40's take-up of Health Checks had improved; and • Possible incorporation of additional screening tests for cancer in the over 40's Health Checks. Dr McWilliam explained that most tests were required by NHS England and a national screening committee had recommended them as cost effective and robust. The Director of Public Health acted as a watchdog of the local uptake of tests. <p>The Board AGREED to receive the report.</p>	<p>Dr McWilliam/Diane Hedges</p>

<p>9 Improving Activity Levels in Oxfordshire - Oxfordshire Sport & Physical Activity (Agenda No. 8)</p>	
<p>Chris Freeman and Keith Johnston, Chief Executive and Chairman, respectively, of Oxfordshire Sport & Physical Activity, sought endorsement of an expression of interest being submitted to Sports England for funding for physical activity initiatives in Oxfordshire. If successful this would be one of 10 pilots that Sports England would run nationally. The proposal was set out at HWB8. The pilots were a whole systems approach to inactivity in England, looking at policy, the physical environment, the organisation and the individual. Locally, it would select particular places in Oxfordshire. It also looked to build on the work of the Health Inequalities Commission to justify need and rationale.</p> <p>Cllr Anna Badcock declared an interest in the proposal on account of her involvement as Chairman of the Health Improvement Board (HIB), in view of HIB's concerns in relation to child obesity.</p> <p>Responses from the Board were favourable in light of the opportunities it could bring for parents to link into activities in the new ECO towns in Bicester and New Barton. It was stipulated, however, that the offer had to be across all age groups. Oxford City Council had looked at the pilot and had been very supportive of it, stressing the importance of building into it spaces and places where a variety of activity could take place, adding the need to be adventurous and thoughtful about what was being provided. The Board also felt there was a need to address the needs of those who were inactive and what prevented them from taking part. It was reported that the barriers to taking part in exercise would be evaluated by Oxford Brookes University and Sports England was also undertaking research in a number of areas, such as body image.</p> <p>In conclusion, the Board AGREED that the pilot should receive general support and to encourage work with the new Healthy New Towns which it was hoped would in turn lead to the encouragement of more activity more widely.</p>	<p>Bev Hindle (Strategic Director for Communities) Dr McWilliam</p>
<p>10 Health Inequalities Commission - Update (Agenda No. 9)</p>	
<p>Jackie Wilderspin, Public Health Specialist, OCC, reported on the process for implementation of the recommendations from the Health Inequalities Commission report published in November 2016 (HWB9).</p>	

<p>The Board AGREED to note the report and to bring a further report back to the next meeting of the Board on 13 July 2017.</p>	<p>Dr McWilliam</p>
<p>11 The Big Health & Care Consultation, Phase 1 - Oxfordshire Clinical Commissioning Group (OCCG) (Agenda No. 10)</p>	
<p>David Smith gave a brief update on the issues which had been identified from the 15 public meetings held around the County, the last one being that evening. Attendance at meetings had been good and all manner of communication had also been utilised to seek people's views. Issues arising from the meetings included:</p> <ul style="list-style-type: none"> • Quality and safety of a number of services; • Recruitment and retention of workforce to carry out the proposals; • Challenges had been made relating to building costs; • Concerns about whether Adult Social Care was able to meet the changes; and • Concerns around the two phase consultation. <p>Mr Smith stressed that if people came forward with alternative proposals then the OCCG would look into them with an open mind.</p> <p>When questioned about the future of Accident & Emergency at the Horton General Hospital, Mr Smith stated that there were no plans for the Hospital to close, but there needed to be changes to services provided to ensure the hospital was viable in the long term. Accident & Emergency would be considered within Phase 2 of the consultation. Currently the OCCG was looking at a long list of options to go forward to a Phase 2, pre-consultation discussion with the public, and thence to full consultation probably in the Autumn of this year. Discussions would be held with HOSC regarding the timetabling of Phase 2.</p> <p>Board members raised the questions of parking given the increased numbers of people coming into the City to OUH hospitals and the challenges for lower paid NHS staff of living in the City. Mr Smith responded that Phase 2 would be considering where the balance lay best between providing support services remotely and providing specialist services that could only be provided in the Oxford hospitals.</p> <p>When asked if there was a sufficiency of beds in the system to carry out the proposals, David Smith referred to the rise again in DTOC statistics. The real issue was to try to get patients, when</p>	

<p>medically fit for discharge, back to their home or into supported care. If this could be achieved then the number of beds in the system would be reduced even further which would then serve to reduce the DTOC figures.</p> <p>A member asked if Phase 2 would go hand in hand with the Social Care element. David Smith responded that he had written to the Leader of the County Council asking OCC to consider working jointly in Phase 2.</p> <p>Dr McWilliam clarified that the new Council would need to consider all matters at the appropriate time.</p> <p>The Board AGREED to note the update.</p>	<p>Dr McManners/David Smith</p>
<p>12 Healthwatch Oxfordshire (HWO) - Update (Agenda No. 11)</p>	
<p>Eddie Duller OBE, Chair of Healthwatch Oxfordshire, gave a general update on Healthwatch Oxfordshire activities since the last meeting (HWB11).</p> <p>With regard to paragraph 2.2 of the report Eddie Duller reported on continued difficulties experienced in gleaning information about the extent of STP responsibilities in the future. When asked how the STP could make plans if they were not a statutory body, Mr Smith stated that it was not an organisation and could best be described as a partnership of 44 bodies coming together to develop plans, in a bid to find a more efficient process than NHS England working with 200 CCGs. He referred to the NHS Delivery Plan, to be published the following week, which might shine a light on how the NHS will move forward. He stressed that this did not stop the thinking about how to deliver services locally.</p> <p>In response to questions about the re-registration of patients following the Deer Park Surgery closure, Mr Smith reported that the Secretary of State had asked the OCCG to continue to transfer patients to other surgeries, and to continue to help and support those that had not yet re-registered, whilst the IRP looked at the referral made by the HOSC Committee.</p> <p>The Board AGREED to note the report.</p>	<p>Eddie Duller</p>

<p>13 Reports from Children's Trust, Joint Management Group & Health Improvement Partnership Board (Agenda No. 12)</p>	
<p>The Chairmen of the Children's Trust Board and the Health Improvement Board, together with Kate Terroni (for the Joint Management Group for Adults), presented the written reports on activities since the last Health & Wellbeing Board meeting.</p> <p>The Board AGREED to note the reports.</p>	<p>Cllr Melinda Tilley/District Cllr Anna Badcock/Cllr Mrs Judith Heathcoat</p>
<p>14 PAPERS FOR INFORMATION ONLY (Agenda No. 13)</p>	
<p>Noted.</p> <p>CLLR MELINDA TILLEY</p> <p>There was a vote of thanks for Cllr Melinda Tilley for all her hard work and commitment to the Board over the time the Board had been meeting. She was wished all the very best for the future.</p>	

..... in the Chair

Date of signing