

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 17 July 2014 commencing at 2.00 pm and finishing at 4.20 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Joe McManners (Vice-Chairman)
District Councillor Mark Booty
Councillor Mrs Judith Heathcoat
Councillor Hilary Hibbert-Biles
John Jackson
Dr Jonathan McWilliam
City Councillor Ed Turner
Lucy Butler (In place of Jim Leivers)
James Drury (In place of Matthew Tait)
Jean Nunn-Price

Other Persons in Attendance: David Smith, Chief Executive, OCCG; Joanna Simons, Chief Executive, OCC

Officers:

Whole of meeting 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
16/14 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman extended a welcome to:	

<ul style="list-style-type: none"> • David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG) who is 'in attendance' to the Board alongside Joanna Simons; • Jean Nunn – Price in her role as Chair of Healthwatch Oxfordshire (HWO). <p>The Chairman took the opportunity to thank Larry Sanders, the outgoing Chair of HWO on behalf of all the members of the Board for his contribution to the work of the Board.</p>	
<p>17/14 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>James Drury attended for Matthew Tait, Lucy Butler for Jim Leivers and apologies were received from Councillor Melinda Tilley.</p>	<p>Julie Dean</p>
<p>18/14 Declarations of Interest (Agenda No. 3)</p>	
<p>There were no declarations of interest submitted.</p>	
<p>19/14 Petitions and Public Address (Agenda No. 4)</p>	
<p><u>Tracey Taylor</u>, Trustee, 'My Life My Choice' charity addressed the meeting expressing, on behalf of the charity, its major concerns about the Board's failure to again meet the health check target for people with a learning disability. She added that people with a learning disability tended to suffer the worst health and were thus one of the most vulnerable groups in society. For this reason she called for a fresh look to be taken as a matter of priority to address how the targets could be met.</p> <p><u>District Councillor Anna Badcock</u>, addressed the Board in relation to the proposal at agenda item 11 to dissolve the Adult Health & Social Care Partnership, of which she was a member. She agreed that an important factor behind the proposal to dissolve the Board was that of replication with the work of the Older People's Joint Management Group, but commented that the JMG, a decision making body, comprised mainly of officers (and insufficient external members) who were held to account by other officers. In light of this she asked that her proposal that the district council's should each identify one member to sit on one of the JMGs be considered at item 11. She added that the City Council would be happy to take the lead to assist in the co-ordination of this.</p>	

<p>20/14 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>The Note of Decisions of the meeting held on 13 March 2014 (HWB5) was approved and signed as a correct record.</p>	<p>Julie Dean</p>
<p>21/14 Amendment to Order of Business</p>	
<p>It was AGREED that Agenda Item 8, the 'Refreshed Joint Health & Wellbeing Strategy', would follow Agenda Item 11 'Reports from Partnership Boards' – 'Future of the Adult Health & Social Care Board' - in order to avoid any unnecessary delegations to officers to make any consequential changes to the Health & Wellbeing Strategy.</p>	
<p>22/14 Performance Report (Agenda No. 6)</p>	
<p>The Board reviewed the end of year Performance Report (HWB6) against all the outcomes set out in the Health & Wellbeing Strategy. Current performance had been generally good, with just over half (51%) of targets being met and exceeded for the year. Appropriate action was being taken where performance did not meet expected levels.</p> <p>The Board noted that end of year performance information had not yet been received for 6 indicators, nor had it been possible to RAG (red, amber, green) rate a further four indicators (listed in report).</p> <p>With regard to indicator 6.8 – 60% of the expected population (4251 of 7086) people) with dementia will have a recorded diagnosis (currently 49.6% or 3516 people), Dr McManners commented on the disappointingly slow progress in respect of this challenging target in spite of some improvement. He undertook to submit a report to a future meeting on the initiatives that had been put in place to reach the targets set for this year.</p> <p>With regard to indicator 5.4 – At least 60% of people with learning disability will have an annual physical health check by their GP (currently 45.7% for 2012/13) - James Drury reported an end of year (2013/14) figure of 58.6% (target of 60%) which was a significant improvement. Dr McManners commented that the OCCG looked forward to future joint working with the NHS England Community Service Team focusing in particular on the variation in different parts of the county.</p>	<p>Dr McManners/David Smith</p>

<p>In respect of indicators 6.1 and 6.2 relating to delayed transfers of care or discharge, David Smith pointed out that the numbers were decreasing as a result of a whole raft of actions, but not as speedily as he would like. He undertook to bring a report on what was causing some of the problems in the system to the next meeting in November. Councillor Turner welcomed this, commenting that district councils, in their capacity as housing authorities had a legitimate part to play in the work being done.</p> <p>With regard to 8.1 - At least 60% of those sent bowel screening packs will complete and return them (ages 60 – 74 years) – it was agreed that Public Health would work with NHS England and continue to work with GPs to improve performance.</p> <p>NHS England were congratulated on the targets met at priority 11 – Preventing infectious disease through immunisation.</p> <p>It was AGREED to note the report.</p>	<p>David Smith</p> <p>Dr McWilliam/ James Drury</p>
<p>23/14 OCCG 5 Year Strategy and Plan 2014/15 - 2018/19 (Agenda No. 7)</p>	
<p>David Smith introduced the refreshed Strategy and Plan for the Oxfordshire Clinical Commissioning Group (OCCG) for the period 2014/15 – 2018/19 (HWB7) which incorporated the OCCG's response to feedback from NHS England following its initial submission. The fundamentals of the Plan had not been changed but additional information had been added with regard to the following:</p> <ul style="list-style-type: none"> • Revised financial situation • Parity of esteem in mental health • Provider market strategy • Better Care Fund • Organisational Development Plan <p>John Jackson presented his position paper on the Better Care Fund Plan for Oxfordshire (HWB7). He pointed out that significant work would be needed between the County Council, the OCCG and NHS providers to develop robust schemes that would meet revised national conditions and this work was already underway. Guidance to assist with this was yet to be published.</p> <p>Jean Nunn-Price requested that a draft of the new Plan be submitted to Healthwatch Oxfordshire prior to the sign-off process.</p>	<p>John Jackson</p>

<p>It was AGREED to</p> <ul style="list-style-type: none"> (a) agree the OCCG 5 Year Plan prior to its approval at the OCCG Board; (b) note the changes to the Better Care Fund and the implications for plans in Oxfordshire; and (c) agree to hold a special, additional meeting at an appropriate time to consider an updated Better Care Fund Plan that reflects updated guidance prior to submission to Government. 	<p>John Jackson/ Julie Dean</p>
<p>24/14 Reports on Quality Issues (Agenda No. 9)</p>	
<p>Four reports were presented to the Board on quality issues:</p> <ul style="list-style-type: none"> (a) <u>Review of Adult Learning Disability Health & Social Care Services</u> <p>John Jackson presented the report outlining the review (HWB9).</p> <p>It was AGREED to note the background and reasons for proposing to review learning disability services in Oxfordshire and agree the approach being taken by Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group. The majority of learning disability health and social care services in Oxfordshire are currently provided by Southern Health NHS Foundation Trust (Southern Health).</p> <ul style="list-style-type: none"> (b) <u>Care Quality Commission (CQC)</u> <p>The Board noted the summary report (HWB9) of the recent CQC inspection of the Oxford University Hospitals NHS Trust which was presented by Sir Jonathan Michael, Chief Executive.</p> <p>Sir Jonathan assured the Board that there would be no complacency when addressing the actions required. He agreed to share with members of the Board the final version of the report stating what action would be taken to meet essential standards.</p> <p>Sir Jonathan was thanked for his presentation and congratulated on the 'good' inspection.</p>	<p>John Jackson</p>

<p>(c) <u>OFSTED Inspection of Services for Children in need of help and protection, children looked after, care leavers and the review of the effectiveness of the local safeguarding children board</u></p> <p>Lucy Butler, Deputy Director for Children’s Services gave a presentation on the findings of the Inspection (HWB9). She assured the Board that there would be no complacency and that the Council would be addressing all the required actions as cited in the report.</p> <p>It was AGREED to note the report.</p> <p>(d) <u>Winterbourne View</u></p> <p>John Jackson presented a summary of the shared Improvement Plan and covering report (HWB9).</p> <p>It was AGREED to note the strategic intentions of the Winterbourne Improvement Plan for Oxfordshire and monitor delivery of the action plan.</p>	<p>John Jackson</p>
<p>25/14 Healthwatch Oxfordshire - update (Agenda No. 10)</p>	
<p>Jean Nunn-Price presented the latest Healthwatch Oxfordshire (HWO) update which included findings from recent research and issues of concern. She reported that since the update had been published, it had been decided that there would be a public debate on the care data programme and that it would be chaired by Dame Fiona Caldicott, Chair of Governors of Oxford University Hospitals NHS Trust.</p> <p>She undertook to make the HWO Annual Report available to members.</p> <p>The Board enquired why reports published under the sponsorship of HWO were not submitted to this Board given the shared aspect of the recommended actions. Jean Nunn-Price undertook to report further on this issue.</p> <p>It was AGREED to note the update.</p>	<p>Jean Nunn-Price</p> <p>Jean Nunn-Price</p>

26/14 Reports from Partnership Boards

(Agenda No. 11)

Councillors Mark Booty and Mrs Judith Heathcoat and Lucy Butler each gave a brief oral progress report on recent activity of each of the Partnership Boards.

Health Improvement Board (HIB)

The Health Improvement Board had held three meetings since the last report to this Board. These were:

- A closed meeting was held in May 2014 to discuss proposals for changes in housing related support. The meeting was attended by HIB members and the housing portfolio holders/officers from all the districts and the County Council. The proposals were now out to consultation with stakeholders and the HIB would receive a report at their September meeting on the next steps in the process;
- At the May 2014 Board meeting there was a discussion on future priorities and a review of performance. The HIB now looks at performance at county level but also the best and worst outcomes. As a result of this greater understanding of variation across the county, many of the outcomes proposed for the year ahead would address equality issues which had been identified. For example, work was in progress to improve the uptake of NHS Health Checks across the county and also to ensure that there were no localities lagging behind the county average. It was agreed also at this meeting that the new Alcohol and Drugs Partnership would report to the Board as well as to the Safer Communities Partnership.
- A joint workshop with the Children & Young People Partnership Board was held in July 2014 to develop action plans for the Healthy Weight Strategy. The workshop was well attended and officers and councillors worked together on ideas for helping people maintain a healthy weight and prevent obesity. The action plan was due for discussion at the HIB in September.

Children & Young People Partnership Board (CYPPB)

Lucy Butler described the proposed changes to the Board which were currently under discussion to improve its effectiveness by clarifying its role, responsibilities and relationships with other Boards, with particular regard to the Oxfordshire Safeguarding

Children Board. The changes also linked in with comments made by the recent OFSTED inspection.

A workshop was held on 28 May 2014 to agree how to ensure the partnership arrangements overseeing the delivery of key outcomes for children and young people over the next 3 years were as effective as possible; and to secure clarity about the role of the of the CYPPB within these arrangements. A number of proposals were made for change to the CYPPB, for recommendation to the Health & Wellbeing Board at its November meeting. These included:

- that the Board be renamed the Children's Trust, to reinforce its broader remit and strategic role in driving the delivery and improvement of services for children and young people;
- Changes to be made to the working protocol between the Children's Trust and the Oxfordshire Safeguarding Children's Board (OSCB) to ensure clarity in responsibility and relationships; and
- There should be one multi-agency Quality Assurance Group and Performance Management sub-group supporting both the Children's Trust and the OSCB to avoid duplication and support shared learning/accountability that is responsible for performance reporting.

Older people's Joint Management Group (OPJMG)

Cllr Mrs Judith Heathcoat reported on the role of the Older People's Joint Management Group (OPJMG) which is to deliver the Older People's Commissioning Strategies and to report progress against key outcomes within the Oxfordshire Health & Wellbeing Strategy. To that aim the OPJMG received an Older People's Programme report, a performance report and a finance report on a bi – monthly basis. It had also been agreed that the OPJMG should hold overall responsibility for the implementation of the Better Care Fund Plan and the Older people's Joint Commissioning Strategy.

At its 25 March 2014 meeting discussion focused on key areas which were off target, those being the delayed transfers of care, care home placements, dementia diagnosis rates and the numbers of people starting reablement, and actions being taken. Discussions on the performance and finance reports identified the level of demand as the main challenge that puts pressure on the whole system. The Group had asked for further analysis of the reasons for the rise in demand. The importance of primary care and engagement with GPs, the end of life project, how to improve the delivery of community services, and how to increase the

numbers of people using reablement services was also discussed.

At its 22 May meeting, in addition to the key areas off target and on-going work around the work streams, integration between health and social care was discussed. The key to integration is integrating services from service users' perspective and it was agreed that progress on integration be reported to the Joint Management Group regularly. The findings of the Integration Workshop held by the Older People's Partnership Board on 3rd July were reported to its next meeting on 24th July.

The OPJMG approved the proposal to increase the level of incentive payments to home support providers for starting packages within 72 hours at weekends and to introduce incentive payments for care homes to make placements within 72 hours. The aim of the incentive was to ensure that when the patient was ready to be discharged at the weekend, they would not have to wait for Monday and a smoother working week would be achieved.

The Joint Management Group has proposed the revised priorities, targets and measures in the Joint Health and Wellbeing Strategy which has been considered earlier on this agenda. These will form the basis for future performance reporting to the Joint Management Group.

The Board also considered a report (HWB11) on the future of the Adult Health & Social Care Board.

In response to a request put forward by Jean Nunn-Price for a place on the OPJMG for Healthwatch Oxfordshire, John Jackson responded that primarily direct service user representatives were sought. However, as it was a public meeting, Healthwatch Oxfordshire was always welcome to come along to address meetings.

Dr McManners commented that more thought was needed on how best to use the power of Health & Wellbeing Board to bring various bodies together, such as the voluntary sector and the acute sector in a bid to identify gaps which required addressing. Joanna Simons agreed but suggested that this could be realised by means of task & finish groups or away days etc. She emphasised that the changes to the structure of the Partnership Boards were not a dispersal of functions, but were merely an attempt at streamlining in order to avoid any duplication.

Cllr Mark Booty proposed the Chairman and Deputy Chairman of the Health Improvement Partnership Board be added to the membership of the Joint management Groups. John Jackson

<p>The Board considered a proposed framework and protocol within which to secure effective joint – working between the Health & Wellbeing Board, Oxfordshire Safeguarding Children Board and the Oxfordshire Safeguarding Adults Board. The proposed protocol also referred to the relationship between the Safeguarding Boards and other partnership forums in Oxfordshire.</p> <p>It was AGREED:</p> <p>(a) to agree the principles and further work required as set out in this paper to formalise and improve the relationships between the Oxfordshire Health & Wellbeing Board and two Safeguarding Boards, and to delegate responsibility to the Director for Children’s Services and the Director for Social & Community Services to work with the respective Chairs of the Safeguarding Boards to take this forward; and</p> <p>(b) in light of the decision made at Agenda Item 11 to dissolve the Adult Health & Social Care Partnership Board, to authorise the Director for Children’s Services to make any consequential changes to the Protocol, following consultation with the Chairman and Vice – Chair of this Board.</p>	<p>Jim Leivers/ John Jackson</p> <p>Jim Leivers</p>
<p>29/14 Pharmaceutical Needs Assessment (Agenda No. 13)</p>	
<p>As reported in March 2014 the Health & Social Care Act (2012) gave Health & Wellbeing Boards the statutory duty to develop and publish Pharmaceutical Needs Assessments (PNA) for their areas by 1 April 2015. The Board had before them a progress report (HWB13) on this work.</p> <p>It was AGREED to note progress with this work and to delegate the authority to approve the draft PNA document to the Director of Public Health, following consultation with the Chairman and Vice-Chairman of this Board.</p>	<p>Dr McWilliam</p>
<p>30/14 PAPERS FOR INFORMATION ONLY (Agenda No. 14)</p>	
<p>Noted.</p>	

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..... in the Chair

Date of signing