

# Public Document Pack



To: Members of the Oxfordshire Health & Wellbeing Board

## ***Notice of a Meeting of the Oxfordshire Health & Wellbeing Board***

**Tuesday, 16 September 2014 at 4.30 pm**

**County Hall, New Road, Oxford**

Peter G. Clark  
County Solicitor

September 2014

Contact Officer: **Julie Dean, Tel: (01865) 815322**  
[julie.dean@oxfordshire.gov.uk](mailto:julie.dean@oxfordshire.gov.uk)

### **Membership**

Chairman – Councillor Ian Hudspeth (Leader, Oxfordshire County Council (OCC))  
Vice Chairman - Dr Joe McManners (Clinical Chair, Oxfordshire Clinical Commissioning Group (OCCG))

### **Board Members:**

Councillor Mark Booty (West Oxfordshire District Council)	Chairman of the Health Improvement Partnership Board
Councillor Mrs Judith Heathcoat (Oxfordshire County Council)	Chairman of the Older People's Joint Management Group
Councillor Hilary Hibbert-Biles	Cabinet Member for Public Health & Voluntary Sector
John Jackson	Director for Social & Community Services
Dr Matthew Gaw	Vice-Chairman of the Children's Trust
Jim Leivers	Director for Children, Education & Families
Dr Jonathan McWilliam	Director of Public Health
Matthew Tait	Area Director, Thames Valley NHS Commissioning Board
Councillor Melinda Tilley (Oxfordshire County Council)	Chairman of the Children's Trust
Councillor Ed Turner (Oxford City Council)	Vice Chairman of the Health Improvement Partnership Board
Jean Nunn-Price	Chair of Healthwatch Oxfordshire

**In Attendance:** Joanna Simons, Chief Executive, OCC  
David Smith, Chief Executive, OCCG

**Notes:** • **Date of next meeting: 13 November 2014**

County Hall, New Road, Oxford, OX1 1ND

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## Declarations of Interest

### The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

### Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

### What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

### List of Disclosable Pecuniary Interests:

**Employment** (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on (01865) 815270 or [glenn.watson@oxfordshire.gov.uk](mailto:glenn.watson@oxfordshire.gov.uk) for a hard copy of the document.

**If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.**

# AGENDA

1. **Welcome by Chairman, Councillor Ian Hudspeth**
2. **Apologies for Absence and Temporary Appointments**
3. **Declarations of Interest - see guidance note opposite**
4. **Petitions and Public Address**
5. **Note of Decisions of Last Meeting (Pages 1 - 12)**

To approve the Note of Decisions of the meeting held on 17 July 2014 (**HBW5**) and to receive information arising from them.

6. **Better Care Fund 2014/15 and 2015/16 (Pages 13 - 16)**

The purpose of this paper is to seek agreement on the proposed use of the Better Care Fund in Oxfordshire, prior to submission to NHS England by 19 September 2014. This is an update to the plan previously agreed by Cabinet and the Health and Wellbeing Board in March 2014, to reflect updated Government guidance and requirements issued in July and August 2014.

It is a Government requirement that plans are agreed by the Health and Wellbeing Board prior to submission, as well as the County Council and Oxfordshire Clinical Commissioning Group. A report is attached at **HWB6**.

***The Board is RECOMMENDED to:***

***Agree the Better Care Fund Plan for Oxfordshire for submission to NHS England by 19th September 2014, subject to the inclusion of any necessary changes which may be required following consideration by the County Council Cabinet and Clinical Commissioning Group Governing Body as agreed by Chairman and Vice Chairman of the Health and Wellbeing Board.***

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## 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](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>16/14 Welcome by Chairman, Councillor Ian Hudspeth</b> (Agenda No. 1)	
The Chairman extended a welcome to:	

<ul style="list-style-type: none"> <li>• David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG) who is 'in attendance' to the Board alongside Joanna Simons;</li> <li>• Jean Nunn – Price in her role as Chair of Healthwatch Oxfordshire (HWO).</li> </ul> <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><b>17/14 Apologies for Absence and Temporary Appointments</b> (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><b>18/14 Declarations of Interest</b> (Agenda No. 3)</p>	
<p>There were no declarations of interest submitted.</p>	
<p><b>19/14 Petitions and Public Address</b> (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 &amp; 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><b>20/14 Note of Decisions of Last Meeting</b> (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><b>21/14 Amendment to Order of Business</b></p>	
<p>It was <b>AGREED</b> that Agenda Item 8, the 'Refreshed Joint Health &amp; Wellbeing Strategy', would follow Agenda Item 11 'Reports from Partnership Boards' – 'Future of the Adult Health &amp; Social Care Board' - in order to avoid any unnecessary delegations to officers to make any consequential changes to the Health &amp; Wellbeing Strategy.</p>	
<p><b>22/14 Performance Report</b> (Agenda No. 6)</p>	
<p>The Board reviewed the end of year Performance Report (HWB6) against all the outcomes set out in the Health &amp; 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 <b>AGREED</b> to note the report.</p>	<p>David Smith</p> <p>Dr McWilliam/ James Drury</p>
<p><b>23/14 OCCG 5 Year Strategy and Plan 2014/15 - 2018/19</b> (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"> <li>• Revised financial situation</li> <li>• Parity of esteem in mental health</li> <li>• Provider market strategy</li> <li>• Better Care Fund</li> <li>• Organisational Development Plan</li> </ul> <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 <b>AGREED</b> to</p> <ul style="list-style-type: none"> <li>(a) agree the OCCG 5 Year Plan prior to its approval at the OCCG Board;</li> <li>(b) note the changes to the Better Care Fund and the implications for plans in Oxfordshire; and</li> <li>(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.</li> </ul>	<p>John Jackson/ Julie Dean</p>
<p><b>24/14 Reports on Quality Issues</b> (Agenda No. 9)</p>	
<p>Four reports were presented to the Board on quality issues:</p> <ul style="list-style-type: none"> <li>(a) <u>Review of Adult Learning Disability Health &amp; Social Care Services</u></li> </ul> <p>John Jackson presented the report outlining the review (HWB9).</p> <p>It was <b>AGREED</b> 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"> <li>(b) <u>Care Quality Commission (CQC)</u></li> </ul> <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 <b>AGREED</b> 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 <b>AGREED</b> 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><b>25/14 Healthwatch Oxfordshire - update</b> (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 <b>AGREED</b> 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 &amp; 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 <b>AGREED</b>:</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 &amp; Wellbeing Board and two Safeguarding Boards, and to delegate responsibility to the Director for Children’s Services and the Director for Social &amp; 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 &amp; 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><b>29/14 Pharmaceutical Needs Assessment</b> (Agenda No. 13)</p>	
<p>As reported in March 2014 the Health &amp; Social Care Act (2012) gave Health &amp; 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 <b>AGREED</b> 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><b>30/14 PAPERS FOR INFORMATION ONLY</b> (Agenda No. 14)</p>	
<p>Noted.</p>	

.....

..... in the Chair

Date of signing



## HEALTH AND WELLBEING BOARD – 16 SEPTEMBER 2014

### BETTER CARE FUND

#### Report by Director of Adult Social Services

#### Purpose

1. The purpose of this paper is to seek agreement on the proposed use of the Better Care Fund in Oxfordshire, prior to submission to NHS England by 19 September 2014. This is an update to the plan previously agreed by Cabinet and the Health and Wellbeing Board in March 2014, to reflect updated Government guidance and requirements issued in July and August 2014.
2. It is a Government requirement that plans are agreed by the Health and Wellbeing Board prior to submission, as well as the County Council and Oxfordshire Clinical Commissioning Group.

#### Background to the Fund

3. The Better Care Fund will total approximately £37.5 million in Oxfordshire from 2015/16 onwards, and is not new money as it will be reallocated from within the health and social care system.
4. However, a significant proportion may be newly accessible to adult social care, and can be used to protect services where it can also be demonstrated that there are benefits to health.
5. The remainder of the Better Care Fund includes existing funding for carers breaks, reablement and capital (including Disabled Facilities Grants), and these will be protected. It also includes some elements of funding to meet the impact of changes on adult social care proposed in the Care Bill (approx. £1.35m).
6. The Better Care Fund forms a key element of the Clinical Commissioning Group's planning framework, and links closely to the operational and strategic plan. The proposed plan also aligns closely to the Joint Health and Wellbeing Strategy 2012-2016, Joint Strategic Needs Assessment, Older People's Joint Commissioning Strategy 2013-2017 and the Directorate Business Strategy for Adult Social Care 2014/15-2017/18.
7. It is important to understand that the resources for the Fund have to come from existing spending on health and social care. This will be a significant challenge for the health and social care system in Oxfordshire given the current pressures it faces.
8. There is an element of the Better Care Fund for Oxfordshire that comes from other Clinical Commissioning Groups. This reflects differences in County and Clinical Commissioning Group boundaries, and includes £353,000 from Swindon Clinical Commissioning Group as Shrivenham is in their area and £424,000 from

Aylesbury Vale Clinical Commissioning Group as Thame is in their area. Discussions have been held with both Groups, and proposals in our plans have been aligned with their intentions to ensure that both areas benefit equally and are not adversely affected by falling across more than one Better Care Fund plan.

### **Updated Approach**

9. Oxfordshire previously submitted a proposed Better Care Fund Plan on 4<sup>th</sup> April 2014, following agreement by County Council Cabinet, Clinical Commissioning Group Governing Body, and the Health and Wellbeing Board.
10. Subsequently, there was much debate nationally about the likely impact of Better Care Fund plans on NHS providers of acute services, and in particular the extent to which they would reduce emergency admissions to hospital.
11. The Department of Health therefore requested updated plans be submitted to more fully address these concerns by 19 September 2014, and issued updated guidance and technical requirements in July and August 2014.
12. The most significant change is the requirement to include a performance-related funding element for achieving a reduction in emergency admissions to hospital during 2015/16. The guidance also retains an emphasis on the need to protect adult social care services, and how the increased costs of implementing the Care Act from April 2015 will be met.
13. The County Council, Clinical Commissioning Group, Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Trust have worked together to develop an updated Better Care Fund plan in response. This is still being finalised and will be submitted as an addenda in advance of the meeting.
14. We are proposing that the focus of the Better Care Fund is predominantly on meeting the needs of older people, given this is the most significant pressure facing both health and social care in Oxfordshire. However, some cross-cutting initiatives will benefit adults of all ages including people with mental health needs.
15. There are a number of key performance indicators already identified as priorities in Oxfordshire that are required to meet Government guidance on the outcomes the Fund should achieve, and that are included in the Oxfordshire Joint Health and Wellbeing Strategy:
  - Reduce the number of older people per year permanently admitted to a care home Increase proportion of people who complete reablement who need no on-going care
  - Reduce the number of patients delayed for transfer or discharge from hospital so that Oxfordshire's performance is out of the bottom quartile
  - Reduce the number of emergency admissions to hospital for older people aged 60+
  - Achieve above the national average of people very satisfied with the care and support they receive from adult social care

- Achieve above the national average of people satisfied with their experience of hospital care
- Achieve above the national average of people 'very satisfied' with their experience of their GP surgery

16. Further detailed work will be required throughout 2014/15 to develop the proposals within the plan further. The plan will also be reviewed and updated to reflect performance in the year, and any emerging pressures and priorities.

17. Progress in implementing the Better Care Fund Plan will be monitored through the outcomes reporting to Health and Wellbeing Board, and through the performance reports presented to the Older People's Joint Management Group on a regular basis. It is also proposed that the plan will be brought back to the Health and Wellbeing Board in March 2015 prior to implementation.

## **Recommendations**

**The Health and Wellbeing Board is RECOMMENDED to:**

**Agree the Better Care Fund Plan for Oxfordshire for submission to NHS England by 19th September 2014, subject to the inclusion of any necessary changes which may be required following consideration by the County Council Cabinet and Clinical Commissioning Group Governing Body as agreed by Chairman and Vice Chairman of the Health and Wellbeing Board.**

JOHN JACKSON  
Director of Adult Social Services  
Oxfordshire County Council

David Smith  
Chief Executive  
Oxfordshire Clinical Commissioning Group

Background papers: None

Contact Officer: Ben Threadgold, Policy and Performance Manager, 01865 328219

September 2014

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