

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 5 November 2015 commencing at 2.00 pm and finishing at 4.30 pm.

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Joe McManners (Vice-Chairman)
 Councillor Anna Badcock
 Eddie Duller OBE
 Councillor Mrs Judith Heathcoat
 Councillor Hilary Hibbert-Biles
 John Jackson
 Jim Leivers
 Dr Jonathan McWilliam
 Rachel Pearce
 Councillor Melinda Tilley
 City Councillor Ed Turner

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

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: (01865) 815322 (julie.dean@oxfordshire.gov.uk)

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| 1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1) | |
| The Chairman extended a welcome to members of the Board. He also welcomed Rachel Coney for Agenda Item 8; Sarah Breton for Agenda Item 9; Sarah Mitchell and Seona Douglas (for Agenda Item 10); and Maggie Blyth (for Agenda Item 11). | |

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| <p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p> | |
| <p>An apology was received from Dr Matthew Gaw (Oxfordshire Clinical Commissioning Group).</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.</p> | <p>Andrea Newman</p> |
| <p>4 Petitions and Public Address (Agenda No. 4)</p> | |
| <p>Paul Cann, Chief Executive, Age UK, Oxfordshire addressed the Board with reference to Agenda Item 16, 'OCC Budget Savings Options 2016/17'.</p> <p>Mr Cann urged the Board and Oxfordshire County Council (OCC) not to ignore the needs of an estimated 40 – 50k older people living in the County. His view was that the savings options that had been put out to consultation, if implemented, would prove economically counter – productive to good outcomes. He made reference specifically to problems such as social isolation, more hospital admissions and the health risks associated with weak social care connections. He urged the Board and OCC to stop and reflect before making the cuts and to commission an analysis of evidence and likely impact of change. Mr Cann also asked the Board to consider creating a community fund from reserves to support communities when dealing with the realities of reduced money.</p> <p>The Chairman thanked Mr Cann for his address, noting that the budget savings options were, in effect, part of a pre-consultation prior to the finalisation of the budget proposals which depended primarily on the Government's settlement.</p> | |
| <p>5 Note of Decisions of Last Meeting (Agenda No. 5)</p> | |
| <p>The note of the meeting held on 16 July 2015 was approved and signed as a correct record.</p> <p>Cllr Anna Badcock asked for clarification on the Board's agreement that organisations should take collective responsibility</p> | <p>Julie Dean</p> |

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| <p>to ensure that appropriate Health provision was included into housing developments where possible and appropriate (Item 7, page 4). Dr McWilliam explained that, in his independent Annual Report, he had felt it important to highlight the need to adopt the principle of collective responsibility but had not intended that this be interpreted as creating additional bureaucracy. He expressed also his understanding of how difficult that was to achieve in practice but nevertheless required attention.</p> <p>Cllr Hilary Hibbert informed the Board that a National Childhood Obesity Strategy is expected to be published in January 2016. Also, that an announcement has been made that the Public Health Grant to local authorities is to be reduced.</p> | |
| <p>6 Performance Report for Quarters 1 & 2 2015/16 (Agenda No. 6)</p> | |
| <p>The Board reviewed current performance during quarters 1 and 2, 2015/16 against the outcomes as set out in the Oxfordshire Health & Wellbeing Strategy (HWB6).</p> <p>Cllr Ed Turner commented that hospital admission statistics generally continued to be of concern despite strong interventions being put in place to try to reduce them and wondered if there was a need to have less rigorous targets in this area. Dr McWilliam responded that more challenging targets can be a way of focusing in on the problems inherent in that particular area. Cllr Hilary Biles added that aspirational targets could be achieved as evidenced by past success in meeting some very challenging breast feeding targets.</p> <p>Cllr Mrs Judith Heathcoat drew the Board's attention to a reduction in performance in relation to the reablement targets, commenting that they had been noted by the Older People Joint Management Group.</p> <p>It was AGREED to note the report.</p> | <p>Dr Jonathan McWilliam/Ben Threadgold</p> |
| <p>7 Health Inequalities Commission (Agenda No. 7)</p> | |
| <p>Earlier this year the Board had endorsed the intention of Dr Joe McManners, Deputy Chair of the Board and OCCG Clinical Chair to launch a multi-agency Health Inequalities Commission for Oxfordshire to answer the question 'what does Oxfordshire need to do over the next five years to reduce health inequalities?' The Board now had before them an update (HWB7) on progress</p> | |

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| <p>which included the appointment of an independent Chair to the Commission, Professor Sian Griffiths, a proposed framework for the Commission to work to and the appointment of a multi-agency support Group.</p> <p>The Board AGREED to note the report.</p> | <p>Dr Joe McManners</p> |
| <p>8 Healthwatch Oxfordshire - Update (Agenda No. 8)</p> | |
| <p>Eddie Duller, OBE, Chairman of Healthwatch Oxfordshire gave a general update on activities since the last meeting of the Board (HWB8).</p> <p>Rachel Coney, Chief Executive of HWO, reported on the previous night's event when they launched their newly published Dignity in Care report.</p> <p>Dr McManners, who had attended the event commented that this was a good report which was inspiring for carers both formal and informal. He added that he had taken away from the event the need to attain an open culture for users, carers, families and friends to feel comfortable about giving feedback about care given.</p> <p>The Board AGREED to note the report and its recommendations.</p> | <p>Eddie Duller</p> |
| <p>9 Children & Adolescent Mental Health Services (CAMHS) - Transformation Plan (Agenda No. 9)</p> | |
| <p>In August 2015 the Department of Health had announced new funding for CAMHS. This equated to £1.1m recurrently for Oxfordshire, including £320k for a dedicated Community Eating Disorder Team.</p> <p>Sarah Breton, Strategic Commissioner for Children & Young People, OCC, introduced the Oxfordshire Children & Adolescent Mental Services (CAMHS) five year Transformation Plan (HWB9) which had been submitted to NHS England in October.</p> <p>Peter Clark drew the Board's attention to paragraph 10.3 of the report which referred to the development by a multi-agency project team of a Sexual Abuse Pathway. The project was now entering the implementation phase and would be part of the CAMHS service. Recruitment was currently underway and the</p> | |

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| <p>service would be operational for all new referrals from 1 November 2015.</p> <p>The Board AGREED to endorse the report.</p> | <p>Jim Leivers/Sarah Breton</p> |
| <p>10 Oxfordshire Safeguarding Children Board (OSCB) - Annual Report 2014/15 (Agenda No. 11)</p> | |
| <p>Maggie Blyth, Chair of the Oxfordshire Safeguarding Children Board (OSCB), presented the Annual Report for 2014/15. The OSCB is required to report annually on the work of the Board and its partners, assessing the position of the partnerships in relation to the safeguarding of children at risk within Oxfordshire (HWB11).</p> <p>Maggie Blyth drew the Board's attention to the increased activity in every part of the system. There had also been an increase in the complexity of cases and activity in the overall system, examples of this being language schools entering into the system and the numbers of children accessing primary health care and child social care without there being any links into the child protection settings. There had been a 43% increase in the number of victims of child sexual abuse, a substantial number of older children entering into the system and also adolescents who were now part of the child protection system. The underlying theme was of neglect with a significant number of children on Child Protection Plans with links to mental illness, domestic abuse etc. There had also been a 100% increase in safeguarding self-assessments over the year, making this aspect very high on the agenda.</p> <p>With regard to page 18 of the report (page 139 of the Agenda) Cllr Mrs Heathcoat asked what working relationships/links had been made with the Safeguarding Vulnerable Adults Board. Maggie Blyth undertook to provide a response to this.</p> <p>It was noted that the MASH (Multi-Agency Safeguarding Hub) had the capacity to deal with referrals from family centres. Jim Leivers responded that this area required a reassessment and possible remodelling to ensure that all agencies were clearer about which cases requiring intervention needed to be supported by MASH.</p> <p>Maggie Blyth reported that the language school issue had been raised with the DoE as education guidance doesn't necessarily cover these arrangements.</p> | |

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| <p>Peter Clark commented on the thorough nature of the report and the work underway to publicise the report particularly with respective agencies to ensure that they had regard of it, owned and were aware of its expectations.</p> <p>The Board thanked Maggie Blyth for her very good report and AGREED to:</p> <p>(a) note that the child protection partnership was working effectively across Oxfordshire, but that there were severe pressure points in relation to the increased complexity of cases and activity in the system; and</p> <p>(b) ensure that the OSCB Annual Report is submitted to all governing bodies of member organisations represented on the Health & Wellbeing Board.</p> | <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>Maggie Blyth</p> <p>)</p> <p>)</p> |
| <p>11 Increase in Child Protection Cases - Report Card (Agenda No. 12)</p> | |
| <p>The Board considered a report card (HWB12) which set out the growth in activity in the Child Protection system and its impact across the partnership. This issue had been previously discussed at the Children’s Trust and the Oxfordshire Safeguarding Children Board in September. The Board was asked to consider any additional measures to mitigate against the risks set out in the report card.</p> <p>Jim Leivers introduced the report and stressed that in order to meet issues relating to safeguarding children, there was a need to configure services in a different way and talks to address this were underway.</p> <p>Cllr Hudspeth spoke of the impact that the recent child sexual exploitation inquiry and the multi-agency approach with Health, Thames Valley Police and other bodies had had on the public consciousness. This in turn has had a significant impact on available resource. He stressed that Oxfordshire was a very safe place to live in for a child, as evidenced by the statistics, which were well below the national average. Maggie Blyth agreed that the recent annual OSCB report had showed that the system was working in Oxfordshire.</p> <p>Discussion amongst members of the Board raised the following points:</p> <ul style="list-style-type: none"> • Oxfordshire was doing well in this sphere. However, child neglect tended to be a ‘hidden’ in society as a whole. The new CAMHS services should have a positive effect on the | |

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| <p>situation;</p> <ul style="list-style-type: none"> the number of repeat Child Protection Plans was rising, despite Oxfordshire operating a larger than average term in which to carry them out. This was due to work on raising awareness; the 'joining up' of Children's Services would continue to be developed. There was a need to address the transitional arrangements for vulnerable children moving into adulthood. In addition, OCC was looking to join up the assessment process undertaken with MASH in order to make it a totally integrated service with 'one front door'; and awareness raising sessions, conducted by the Oxfordshire Fire & Rescue Service took place with primary school aged children and were repeated a year or so later. Parents were encouraged to be aware of, and to give notification of any changes in their child's behaviour. <p>IT was AGREED to note the report.</p> | <p>Jim Leivers</p> |
| <p>12 Oxfordshire Safeguarding Adult Board (OSAB) Annual Report 2014/15 and OSAB Peer Review (June 2015) (Agenda No. 10)</p> | |
| <p>Sarah Mitchell, Chair of Oxfordshire Safeguarding Adult Board (OSAB) and Seona Douglas, Deputy Chair, gave a presentation which highlighted the establishment of the new Board, the key actions from the recent Peer Review and priorities from the Annual Report.</p> <p>Councillor Mrs Heathcoat thanked Sarah Mitchell and Seona Douglas for the presentation which highlighted where some of the gaps were and gave a template of action to be taken. She pointed out that she had been a little disappointed that the signing up to action by partners serving on the Board had not been as strong as it could have been. Sarah Mitchell commented that, she had been quite impressed with the ambition, enthusiasm and discipline of the partners. Arrangements were good for delivery and she was confident that there would be results in a year's time.</p> <p>Dr McManners commented that it was important to get the prevention measures correct in order to combat neglect in older people living alone, asking what had been put in place. Sarah Mitchell, responding to a question about combatting neglect by saying that it was important that all agencies had visibility; the geographical patches where these people might be living were known; that all services were put in place and properly implemented and that the metrics and performance indicators</p> | |

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| <p>were also in place; and there are easy referral routes. She added that it was crucial for the Board to ensure that professionals, families and communities were aware of the risks.</p> <p>It was AGREED to note the report and to:</p> <ul style="list-style-type: none"> (a) ensure the report is discussed within member agency Governance meetings; (b) note the increased pressure on Adult Social Care with the rising number of safeguarding alerts; (c) challenge the progress of the Care Act implementation within the member agencies; and (d) consider how the Health & Wellbeing Board can satisfy itself that members agencies are carrying out their duties with due regard for the safeguarding of vulnerable people. <p>and, in respect of the Peer Review (June 2015), to note the Action Plan currently being implemented as a result of the recommendations of the Peer Review.</p> | <p>))))) Sarah Mitchell/Seona Douglas))))))))</p> |
| <p>13 Reports from Sub-Groups (Agenda No. 13)</p> | |
| <p>The Chair/men of the Children’s Trust, the Older People Joint Management Group and the Health Improvement Partnership Board briefly presented their written reports on activities since the last full Board meeting (HWB13).</p> <p>It was AGREED to note the reports.</p> | <p>All to note</p> |
| <p>14 Oxfordshire's Health & Social Care Transformation Plan (Agenda No. 14)</p> | |
| <p>David Smith, Chief Executive, OCCG, gave a presentation on the emerging system-wide plans for transformation of the way in which Oxfordshire’s Health and Social care system will be delivered to address population growth, demographic demands and pressures on available resources now and in future years. The paper (HWB14) also provided an overview of the governance arrangements for the programme and indicative development and implementation timescales. If this dialogue with key stakeholders proved to be possible, there would be a consultation on the proposals next year.</p> | |

Mr Smith addressed a number of comments and queries from the Board including the following:

- whether the plans would address health inequalities in the county, particularly in relation to Oxford City. Mr Smith responded that there was a need to address levels of inequality via the Health Inequalities Commission and the Oxford Federation for General Practice and Primary Care;
- the models of care would differ in each locality and a balance was required between what was required on a broad scale and at local level. There will be some services which could not be replicated across every service in Oxfordshire;
- in relation to the time-scale for providing more intermediate/home care, certain services had already shifted via merging multi-disciplinary units, for example in Abingdon. The time-scale for spreading this to all of Oxfordshire was at least five years, potentially longer;
- the level of ambition of primary care – it was envisaged that primary care would manage the whole pathway for, say, diabetes, with diabetes consultants based in primary care localities. From a prevention point of view this would enable the diabetes condition to be picked up earlier and would include care currently only provided in acute care;
- although broadband delivery was now better than before, and there is extensive use of technology in community care, it was still five years away from the receipt of a seamless reception across the county. Black spots needed to be considered in the proposals.
- it was hoped that the work of the Transformation Board would encompass rural areas fully, in particular those areas where there was no public transport to the hubs. Mr Smith responded that he and his colleagues in other agencies were very much focused on this issue and other issues such as how to obtain a better link with the City and District Councils about the whole panoply; particularly with regard to housing. In that context it would be better to address certain issues in the localities.

At the end of the discussion it was **AGREED** to thank David Smith for his presentation and to receive the report.

David Smith/Dr
Joe McManners

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| <p>15 OCCG 2016/17 Commissioning Intentions (Agenda No. 15)</p> | |
| <p>The Board noted the OCCG's Commissioning Intentions for 2016/17 (HWB 15).</p> <p>David Smith asked members of the Board to send him an email if they had any particular issues or queries with regard to the Intentions.</p> | <p>All to note</p> |
| <p>16 OCC Budget Savings Options 2016/17 - Consultation (Agenda No. 16)</p> | |
| <p>The Board considered a paper outlining the options being consulted upon to deliver savings plans in the County Council. Members of the Board were asked to consider the impact of the savings options and to make their comments as part of the consultation process.</p> <p>David Smith commented that the OCCG would form a response to OCC in their capacity as a statutory body. He pointed out that a difficulty with more integration and devolution was that OCC and OCCG's planning processes were not sufficiently integrated. The intention was for OCCG to have a conversation on some of the issues OCC was consulting on, in order to gain a better understanding of the risks, and a mitigation plan could follow. Talks with OCC had already begun.</p> <p>It was AGREED to note the report.</p> | <p>All to note</p> |
| <p>17 Devolution (Agenda No. 17)</p> | |
| <p>The Chairman gave a verbal update on the recently submitted expression of interest to the Government submitted by OCC, OCCG and the Local Enterprise Partnership, on the devolution of particular powers to Oxfordshire. The reaction had been a positive one. Since then there had been a dialogue about the possible integration of Health, Wellbeing and Social Care and looking at what that might mean. Further proposals were currently being considered about the direction of travel in relation to making improvements in the alignment of services. This included consideration of how to use the Board to work better with the District Councils and other planning bodies in order to provide better services by, for example, the avoidance of duplication and the promotion of preventative services.</p> | |

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| <p>.....</p> <p>In response to a question, Dr McWilliam reported that, in this particular situation, there were no formal proceedings to follow. Discussions were ongoing. A key factor was that each constituent body would need to consider the proposals.</p> <p>Dr McManners added that a key benefit to the proposals was the opportunity to share integrated plans and budgets, to enable a return on investment.</p> <p>It was AGREED to note the report.</p> | <p>All to note</p> |
| <p>18 PAPERS FOR INFORMATION ONLY (Agenda No. 18)</p> | |
| <p>Noted.</p> | |

..... in the Chair

Date of signing