

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 22 March 2018 commencing at 2.00 pm and finishing at 16:20

**Present:**

**Board Members:** Dr Kiren Collinson (Vice – Chairman) – in the Chair

District Councillor Anna Badcock  
Lucy Butler  
Councillor Steve Harrod  
Councillor Hilary Hibbert-Biles  
Dr Jonathan McWilliam  
Councillor Lawrie Stratford  
David Radbourne  
Prof George Smith  
Kate Terroni  
Cllr Marie Tidball  
Councillor Mrs Judith Heathcoat (In place of Councillor Ian Hudspeth)

**Other Persons in Attendance:**

Stuart Bell (Oxford Health Foundation Trust (OH)); Dr Tony Berendt (Oxford University Hospitals Foundation Trust) (OUH); Peter Clark, Oxfordshire County Council (OCC) and Lou Patten, Oxfordshire Clinical Commissioning Group (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](http://www.oxfordshire.gov.uk).)*

*If you have a query please contact Julie Dean, Tel: 07393 001089 ([julie.dean@oxfordshire.gov.uk](mailto:julie.dean@oxfordshire.gov.uk))*

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| <b>1 Welcome by Vice Chair, Dr Kiren Collison</b><br>(Agenda No. 1)  |                             |
| Dr McWilliam extended a welcome to Dr Kiren Collison, Clinical Chair of the Oxfordshire Clinical Commissioning Group (OCCG) and new Deputy Chair of this Board. He also welcomed new members of the Board, David Radbourne, Director of Commissioning Operations (South Central), NHS England, and Louise (Lou) Patten, Chief Executive of the OCCG who was in attendance. |                             |
| <b>2 Apologies for Absence and Temporary Appointments</b><br>(Agenda No. 2)  |                             |
| There were no apologies for absence received.  | Julie Dean                  |
| <b>3 Declarations of Interest - see guidance note opposite</b><br>(Agenda No. 3)   |                             |
| There were no declarations of interest submitted.  | Andrea Newman               |
| <b>4 Petitions and Public Address</b><br>(Agenda No. 4)  |                             |
| There were no requests to submit a petition or to address the meeting.   | Andrea Newman               |
| <b>5 Note of Decisions of Last Meeting</b><br>(Agenda No. 5)   |                             |
| The note of the last meeting which took place on 9 November 2017 was approved and signed as a correct record, subject to the correction of the word 'if' to 'of' on page 15, paragraph 2, second sentence.   | Julie Dean                  |
| <u>Matters Arising</u>   |                             |
| The following responses to queries were received:  |                             |
| <ul style="list-style-type: none"> <li>- Page 3, priority 3 – the request made by the Board for a more detailed analysis had been added to the Forward Plan;</li> <li>- Page 8, Item 7 – Kate Terroni agreed to circulate responses relating to the provision of an Adult Social</li> </ul>  | Director for Adult Services |

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| <p>Care Outcome Framework (ASCOF) measure for mental health to members of the Board.</p>  | <p>(OCC)</p>                  |
| <p><b>6 Performance Report</b><br/>(Agenda No. 6)</p>   |                               |
| <p>The Board received an update on performance against the outcomes agreed for 2017/18 in the Joint Health &amp; Wellbeing Strategy (HWB6).</p> <p>In relation to a query about when a performance measure would be available in relation to 6.2 'Reduce the numbers of people with severe mental illness accessing Emergency Departments in acute hospital for treatment for their mental illness – Lou Patten undertook to bring a report to the next meeting on how the CCG was measuring against the targets, given there was no baseline.</p>  | <p>Chief Executive (OCCG)</p> |
| <p><b>7 Joint Strategic Needs Assessment (JSNA)</b><br/>(Agenda No. 7)</p>  |                               |
| <p>Dr McWilliam introduced the annual refreshed Joint Strategic Needs Assessment for the Board's consideration and approval (HWB7).</p> <p>Members of the Board commended the officers who had been involved in the production of the JSNA for their very thorough and extensive work, in particular, Jackie Wilderspin and Margaret Melling in the Public Health and Research &amp; Intelligence Teams, respectively.</p> <p>Issues raised by Board members were as follows:</p> <ul style="list-style-type: none"> <li>• The need for a smaller group of officers to align the JSNA with the various housing and infrastructure plans, which tended to have longer lead in times, in order to model what was required in 10 years' time;</li> <li>• The executive summary needed to be circulated on a much wider basis, for example to parish councils;</li> <li>• To undertake 'deep dives' into certain areas, or to conduct regular reviews into specified areas targeting certain areas of need in Oxfordshire which the JSNA had found to be below the national average; for example, physical activity for children, children with special educational needs from ethnic backgrounds and the increase in child referrals to the children looked after team.</li> </ul> |                               |

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| <p>The Board <b>AGREED</b> to approve the JSNA for 2018-19.</p>   | <p>Strategic Director for People (OCC)</p> |
| <p><b>8 Pharmaceutical Needs Assessment</b><br/>(Agenda No. 8)</p>  |  |
| <p>The updated Pharmaceutical Needs Assessment (PNA) was before the Board for review and approval (HWB8).</p> <p>Board members discussed the possible need for incentives to encourage pharmacies to work more evenings and weekends, which could potentially relieve the emergency sector. They also discussed the importance of pharmacies situated in GP rural practices remaining, particularly for older patients. Dr McWilliam, in response, stated that the JSNA had found there to be a reasonable spread across the county, including those situated in the rural areas; adding also that the requirement to work longer hours would serve as a disincentive to those working in the pharmacies themselves. Lou Patten added that the use of the internet delivery services for medicines tended to be used by the younger population.</p> <p>The Board <b>AGREED</b> to approve the updated PNA and thanked officers from NHSE, the County Council, OCCG and the Local Pharmaceutical Committee for their work on this.</p> | <p>Strategic Director for People (OCC)</p> |
| <p><b>9 Special Educational Needs &amp; Disability (SEND) Policy Review</b><br/>(Agenda No. 9)</p>  |  |
| <p>The Board considered the outcomes of the SEND inspection report and its responsibility in relation to the joint area accountability for the delivery of the Local Area Written Statement of Action (HWB9).</p> <p>Lucy Butler, Director for Children’s Services and Janet Johnson, Strategic Lead for Vulnerable Learners introduced the SEND Policy Review and outlined the progress made on the Written Statement of Action, which had been shared with the Department of Education. Lucy Butler highlighted in particular, the progress made on concerns regarding the number of school exclusions, which was also of concern nationally. A concentrated piece of work with two thirds of Oxfordshire headteachers on the Behavioural Support Strategy which aimed for nil exclusions by 2020. Cllr Hilary Hibbert-Biles reported that the County’s Education Scrutiny Committee was undertaking ‘deep dive’ work on exclusions also.</p>   |  |

Responses to questions from the Board on the variety of work which was in train to change the red rag rating and to reflect it forwards were as follows:

- Janet Johnson confirmed that teachers were in receipt of a significant amount of support and also services were available for schools to buy into. Many had done so. Attention was also being given to schools who most needed help and support from the next level of services, which comprised of information and expert guidance for schools to access;
- Children of primary school age were also being supported and enabled in other material ways, for example, in conjunction with Social Care teams, in particular, the Early Help Teams;
- In relation to those excluded who were in care out of county, officers were working with parents and were also working on a programme and procedure with key indicators;
- Following significant efforts to build strong relationships with the multi-academy trusts, OCC had received a very good response from headteachers to attend workshops. Regular agenda sharing meetings had also been set up to discuss what was happening for these young people;
- Janet Johnson confirmed that there was a synergy between this programme and the social care programme which supported young carers;
- The Virtual School supported the fielding of different responses to consultations from excluded groups who were out of county. Janet Johnson explained that this was not the same situation in the case of looked after children out of county as they had to await receipt of a school place within county. The Directorate was lobbying the Government believing this to be fundamentally wrong.

The Board **AGREED** to:

- (a) note the outcomes of Oxfordshire's inspection and its responsibilities in relation to the joint area accountability and the delivery of the written Statement of Action; and
- (b) request the Director for Children's Services to come back to a future meeting with progress on the Statement, giving a clear sense of how Oxfordshire will improve, with reference also to the work with the multi-academy trusts and their role in helping to change the exclusions culture.

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| <p><b>10 Healthwatch Oxfordshire (HWO) - Update</b><br/>(Agenda No. 10)</p>  |                    |
| <p>Professor George Smith presented an update on Healthwatch Oxfordshire's (HWO) activities (HWB10).</p> <p>Lou Patten commented that she had found the new HWO website very easy to navigate, it being a positive step forward. She also echoed how positive the work undertaken by HWO at an event in Bicester had been for all concerned. A member of the Board, as a participant in the event, agreed suggesting that HWO may wish to undertake a similar event in other large towns in Oxfordshire.</p> <p>The Board <b>AGREED</b> to note the report.</p>  | <p>All to note</p> |
| <p><b>11 Reports from Children's Trust, Joint Management Groups for Adults and Health Improvement Partnership Board</b><br/>(Agenda No. 11)</p>  |                    |
| <p>Lucy Butler, Cllr Anna Badcock and Kate Terroni in turn introduced the reports from the Children's Trust, the Health Improvement Partnership Board and the Joint Management Groups for Adults (HWB11).</p> <p><u>Children's Trust</u><br/>Lucy Butler highlighted the following activities:</p> <ul style="list-style-type: none"> <li>• The Trust was in the process of finalising a review of the Children &amp; Young People's Plan;</li> <li>• Discussion and action taken on children's mental health issues;</li> <li>• Work being undertaken around an early help strategy for children, young people and their families on how to support children at a much younger age;</li> <li>• Work on the SEND needs review as reported above;</li> <li>• Work on managing transitions for vulnerable children and young people;</li> <li>• Work on self - harm - Public Health was convening a county-wide event;</li> <li>• A workshop which was due to be held the following week with a focus on bringing together partners in order to undertake a piece of work on the synergy between mental health, health needs and attainment; and how to address mental health issues and to communicate them.</li> </ul> |                    |

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| <p>Lucy Butler also made reference to the newly refreshed Terms of Reference for the Trust which required Board approval.</p> <p>The Board <b>AGREED</b> to receive the report and to approve the refreshed Terms of Reference.</p> <p><u>Health Improvement Partnership Board</u></p> <p>Cllr Anna Badcock, when introducing the report highlighting the work the Board was doing on the Domestic Abuse Strategy.</p> <p>Cllr Hilary Biles also raised the work Public Health had done with MIND making reference to a leaflet which highlighted what depression was and where to go for help. The had also produced a leaflet on mental wellbeing for use in schools and distributed by the school nurses. Cllr Badcock agreed that the work with MIND was very valuable and that the leaflet referred to above was also being given to primary schools, as younger children could also present with problems.</p> <p>Reference was also made to the newly refreshed Terms of Reference which required the Board's approval.</p> <p>The Board <b>AGREED</b> to receive the report and to approve the refreshed Terms of Reference.</p> <p><u>Joint Management Groups (JMG) for Adults</u></p> <p>Kate Terroni introduced the work undertaken by the JMG for adults with care needs chaired by Dr David Chapman, and the JMG for adults with social care needs, chaired by Cllr Lawrie Stratford. Each examined performance, trends and finance issues and each had also highlighted a topic to focus on. For example, the JMG for adults with care needs was focusing on pathways into care homes.</p> <p>The Board <b>AGREED</b> to receive the report.</p> | <p>All to note/<br/>Strategic Director for Resources (OCC)</p> <p>All to note/<br/>Strategic Director for Resources</p> <p>All to note</p> |
| <p><b>12 Care Quality Commission (CQC) Inspection Report and Required Actions</b><br/>(Agenda No. 12)</p>  |  |
| <p>The Board discussed the report on the CQC inspection</p>  |  |

which had been carried out in December 2017, together with the Action Plan (HWB12).

Kate Terroni introduced the report describing it as 'galvanising' for the social and healthcare system as a whole. It highlighted a number of areas for concentration which contributed to a lack of single vision for the social and healthcare systems in Oxfordshire which involved OCC, OUH, OH, OCCG and the Primary Care Federations. A stronger, all-embracing approach was required to implement all that was required and the Board was asked to provide to act as the 'engine room' focus for the work.

Lou Patten added that the issues around the way the system worked were very important and the Action Plan had created a real sense of pace and sufficient clarity to secure a successful outcome delivery. Peter Clark echoed this stating that this review would be both welcome and timely and had been embraced by all the system leaders. He agreed that this Board could act as a check on action taken towards a successful delivery.

Dr Berendt stated that OUH accepted the findings of the inspection report and had been fully involved with the production of the Action Plan, recognising a need for the system to work better; adding that the report failed to conclude that system working and care provision were in the right places. Stewart Bell added that the report was helpful for pointing out the various issues that required attention.

All members of the Board voiced their intention to support the Action Plan and suggestions received to aid in a successful delivery were as follows:

- The need to use language which could be understood by the general public. Kate Terroni agreed with this stating however that the Action Plan had been put together in a very short time period and it mainly contained language used by the CQC;
- The need for public and external involvement in its implementation in order to give it a sense of co-production and tangible, identifiable outcomes that would give a source of measure to the public. Lou Patten agreed stating that whilst there would be a significant amount of performance language used in its measurement to apply professional credence, there needed to be more focus on providing a vision for the public;
- A commitment to staff engagement was also imperative and listening events provided to ensure



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| <p>clarity on the impact of the changes required;</p> <ul style="list-style-type: none"> <li>• In response to a suggestion that there should be input from local councillors and more input from the communities, Kate Terroni agreed highlighting the emphasis made on this in the co-production with older people of the Older People's Strategy;</li> <li>• The importance of working with people and their families who had experienced the challenges of transition;</li> <li>• The use of customer feedback as a focus for measurement and focus groups to act as critical friends, to ascertain their experience of good or bad change. The identification of objectives must be a non-static process in the face of customer experience which could be amended as it proceeded;</li> <li>• The integration of best practice as far as it suits Oxfordshire from other areas that had travelled through the process and an onward dialogue with the CQC after the new system had been created;</li> <li>• The use of i statements which were used by Public Health about what the broader public could expect of the system change to glean an accessible means of understanding the way forward with service provision; and</li> <li>• Use of a whole system review to offer carers another opportunity to state whether the system had got it right for them, or not. This could also be used to ascertain whether people had confidence about where the eligibility criteria was set and if it was being applied correctly by the people undertaking the assessments;</li> </ul> <p>Dr McWilliam thanked the Board for their input. The Board then <b>AGREED</b> the following proposals: to</p> <p>(a) appoint a sub-committee of the Health &amp; Wellbeing Board to meet the design principles set out in the paper HWB12; and</p> <p>(b) request the Chief Executives of the County Council and the Oxfordshire Clinical Commissioning Group to produce and finalise the sub-Committee's Terms of Reference, in consultation with the Chairman and Vice-Chairman of the Board, to convene meetings accordingly; and to report the Terms of Reference to the next meeting of the Board.</p> | <p>Strategic Director for People (OCC)/<br/>Strategic Director for Resources (OCC)</p> <p>Chief Executive(OCC)/Chief Executive (OCCG)/<br/>Cllr Ian Hudspeth/ Dr Kiren Collison</p> |
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| <p><b>13 Older People Strategy</b><br/>(Agenda No. 13)</p>   |   |
| <p>The Board considered a report which set out the process whereby the new Older People Strategy would be co-produced. This included timetables set in the light of the CQC report and the refreshed JSNA (HWB13).</p> <p>Kate Terroni stated her intention to forward the design strategy for older people to the OUH and OH Trusts.</p> <p>The Board <b>AGREED</b> to approve and support the process and timetable for approval.</p>  | <p>Director for Adult Services (OCC)</p>  |
| <p><b>14 Health &amp; Wellbeing Board Governance Review</b><br/>(Agenda No. 14)</p>  |   |
| <p>The views of the Board were sought to the prospective review of the Health &amp; Wellbeing Board's governance (HWB14).</p> <p>Dr McWilliam introduced a report which summed up the work to date that had stemmed from the CQC inspection in which it had been suggested that this Board could be a more of a vehicle in producing a satisfactory outcome to the move to an integrated care system.</p> <p>Lou Patten added that the vision was that the Board would set the overall strategy for the whole of the system effectively, holding all to account at a strategic level.</p> <p>Dr Berendt commented that there was a need to produce a governance system that was capable of setting a framework for strategies for the whole of the system. His view was that there would be no major difficulty in doing so in the manner outlined. This was an opportunity to strengthen Health and Social care and this Board provided that opportunity.</p> <p>The Board <b>AGREED</b> to note the emerging findings and approve the proposed next steps.</p> | <p>All to note/Strategic Director for People (OCC) &amp; Strategic Director for Resources (OCC)</p> |

..... in the Chair

Date of signing .....

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