

INFORMAL SHADOW OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 22 March 2012 commencing at 9.30 am and finishing at 11.30 am

Present:

Board Members: Councillor Keith R. Mitchell CBE – in the Chair

Dr Stephen Richards (Vice-Chairman)
District Councillor Mark Booty
Councillor Val Smith
Dr Jonathan McWilliam
Sue Butterworth
Dr Joe McManners
John Jackson
Councillor Louise Chapman
Dr Mary Keenan
Jim Leivers

Officers:

Whole of meeting Joanna Simons, Peter Clark and 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 (Email: julie.dean@oxfordshire.gov.uk)

	ACTION
1 Welcome by Chairman, Councillor Keith R. Mitchell CBE	
2 Apologies for Absence and Temporary Appointments	
Councillor Arash Fatemian, Chairman of the Adult Health & Social Care Board and Matthew Tait, Chief Executive, Buckinghamshire & Oxfordshire NHS Cluster, extended their apologies.	

3 Declarations of Interest - see guidance note opposite	
There were no declarations of interest.	
4 Petitions and Public Address	
There were no petitions or requests to speak submitted.	
5 Note of Decisions of Last Meeting	
<p>To approve the Note of Decisions of the meeting held on 24 November 2011 (HWB5) and to receive information arising from them.</p> <p>The Decision Note was approved and signed as a correct record.</p>	Julie Dean
6 Approval of Terms of Reference for the Partnership Boards	
<p>Peter Clark, County Solicitor & Monitoring Officer, presented the Board with the draft Terms of Reference for the Partnerships listed below, for consideration (HWB6).</p> <p>It was AGREED to approve the draft Terms of Reference for the:</p> <ul style="list-style-type: none"> • Adult Health & Social Care Partnership Board • Oxfordshire Children & Young People’s Partnership Board • Health Improvement Partnership Board <p>subject Mr Clark looking further into a possible revision to the Terms of Reference relating to the Children & Young People’s Partnership Board, with a view to encompassing a link with the Terms of Reference for the Oxfordshire Children Safeguarding Board.</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>Peter Clark/ Glenn Watson</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>
7 Overview of the new and emerging powers and duties of the Health & Wellbeing Board	
<p>Dr McWilliam gave an overview (HWB7) of new and emerging powers and duties in so far as they relate to member organisations and of the Board itself.</p> <p>It was AGREED to note the new powers and duties.</p>	All to note

<p>8 Priorities from the Joint Strategic Needs Assessment for Health and Wellbeing as summarised in the Director of Public Health Annual Report</p>	
<p>Dr McWilliam gave an overview from the fifth Director of Public Health Annual Report (HWB8) which reviewed the Joint Strategic Needs Assessment (JSNA) data from the last four years; with a view to reviewing County priorities for health and wellbeing and to make recommendations for the Health & Wellbeing Board.</p> <p>It was AGREED to note the overview and to thank Dr McWilliam for his presentation.</p>	<p>All to note</p>
<p>9 Proposed outcome measures and target indicators for the Adult Health & Social Care Partnership Board</p>	
<p>The Vice-Chairman of the Adult Health & Social Care Partnership Board, Councillor Joe McManners, presented proposals for tackling the highest priorities and outcomes for Adult Health and Social Care as set out in the report HWB9.</p> <p>During the course of the discussion, members of the Board suggested the following for inclusion into the draft Health & Wellbeing Strategy:</p> <ul style="list-style-type: none"> • The addition of an indicator relating to satisfaction with hospital based care; • A more ambitious target in relation to the identification of dementia; • The inclusion of an outcome on the availability of extra care housing; • When making final decisions on outcomes to be included within the Strategy, to conduct further discussions, as part of the public consultation, on whether outcomes on care home places and re-ablement are too ambitious; • Also in relation to the above, to consider whether the timescales for the Section 75 agreement are realistic; and • The need for signposting across the whole of Adult & Social Care services. <p>It was AGREED to APPROVE proposals for tackling the highest priorities and outcomes for Adult & Social Care contained within the report HWB9, in principle, and to request the officers to investigate the above for possible inclusion within the consultation paper for the Strategy.</p>	<p>Cllr Arash Fatemian/ Cllr Joe McManners/ John Jackson</p>

<p>10 Proposed outcome measures and target indicators for the Children & Young People's Partnership Board</p>	
<p>The Chairman and Vice - Chairman of the Children & Young People's Partnership Board, Councillor Louise Chapman and Dr Mary Keenan, presented proposals for tackling the highest priorities and outcomes for children and young people, as set out in report HWB10.</p> <p>During the course of the discussion, members of the Board suggested the following for inclusion into the draft Health & Wellbeing Strategy:</p> <ul style="list-style-type: none"> • The need to benchmark safeguarding outcomes with national comparators; • Geographical focus required for work on attainment, to raise horizons, not simply by deprivation; • The need to continue the County Council's success with regard to Teenage Pregnancy targets; and • The need to ensure that we focus on the gap between conception rates and educational attainment. <p>It was AGREED to APPROVE proposals for tackling the highest priorities and outcomes for Adult & Social Care contained within the report HWB10 and to request the officers to investigate the above for possible inclusion within the consultation paper for the Strategy.</p>	<p>Cllr Louise Chapman/Dr Mary Keenan/Jim Leivers</p>
<p>11 Proposed outcome measures and target indicators for the Health Improvement Partnership Board</p>	
<p>The Chairman and Vice-Chairman of the Health Improvement Board, Councillors Mark Booty and Val Smith, presented proposals for tackling the highest priorities and outcomes for health improvement, as set out in report HWB11.</p> <p>During the course of the discussion, members of the Board suggested the following for inclusion into the draft Health & Wellbeing Strategy:</p> <ul style="list-style-type: none"> • A communication programme with groups not accessing services is key; • A need to map key service providers, including large and small voluntary organisations, with a view to ascertain if there is a common approach to support systems; • To report to the Health Improvement Board and subsequently this body, on the work in progress to reduce alcohol related harm; 	

<ul style="list-style-type: none"> • To make the forthcoming workshop on housing issues inclusive of all issues including extra care housing, sheltered housing, housing for the Military and to link it to Supporting People; • To devise a form of reporting on support for homeless people, together with support for their families; and • To increase the target to reflect uptake of bowel screening. <p>It was AGREED to APPROVE proposals for tackling the highest priorities and outcomes for health improvement contained within the report HWB11 and to request the officers to investigate the above for possible inclusion within the consultation paper for the Strategy.</p>	<p>Cllr Mark Booty/ Cllr Val Smith/ Jonathan McWilliam</p>
<p>12 Progress report on establishment of the Public Involvement Board</p>	
<p>Sue Butterworth briefed members of the Board on the recent national developments with regard to HealthWatch, together with the arrangements for taking it forward locally. The local HealthWatch was to be commissioned from April 2013 and it was hoped that the contract would be awarded by Autumn 2012 to enable arrangements to be put in place. These would be supported by a transition grant to be made available by the Department of Health to all authorities.</p> <p>She also reported orally on progress in relation to the establishment of the Public Involvement Board (PIB). The findings from the local HealthWatch consultation and the consultation undertaken by Oxfordshire Clinical Commissioning Group with regard to engagement in the new Health structures had informed the development of the PIB model. The Steering Group had developed this thinking in a workshop setting which took place on 2 March 2012 at which a wide plethora of organisations, carers and service users were represented.</p> <p>She added that whilst the aims of the PIB had been welcomed by people attending the workshop, there had been considerable confusion about the use of the term 'Board', it being regarded as 'misleading' in terms of its function and powers and its overlapping functions with HealthWatch in relation to public engagement. Accordingly, the Steering Group had met to review the model and now recommended to the Health & Wellbeing Board the following transitional model which included the following features:</p> <ul style="list-style-type: none"> • To rename the PIB to the Public Involvement Network (PIN); • To establish the PIN for 1 year to April 2013 initially, 	

<p>pending the establishment of the local HealthWatch and a review of its effectiveness. The PIN would ensure that the opinions and experiences of people in Oxfordshire would underpin the work of this Board and its Partnership Boards; and develop new engagement routes where gaps are identified via active and effective public engagement;</p> <ul style="list-style-type: none"> • To develop joint Quality Standards for engagement activity across the network as part of the Oxfordshire HealthWatch Kitemark plans; • A small PIN Advisory Group, to include representatives from the County, City and District Councils, OCCG, the voluntary sector, users and carers and the Oxfordshire LINK would manage the transitional year; and • Two expert witnesses, to be identified via the PIN, to attend the Partnerships and workshops. <p>Accountability for the PIN, and indeed the whole of the Health & Wellbeing structure remained with the Oxfordshire Joint Health Overview & Scrutiny Committee.</p> <p>The Vice-Chair brought to the Board’s attention the need for clarity of linkage of particular groups based on the six GP Commissioning locations.</p> <p>Members of the Health & Wellbeing Board AGREED to:</p> <ul style="list-style-type: none"> (a) thank Sue Butterworth for her report; (b) approve the above transitional model for the PIN; and (c) to request the officers to bring a report to the next meeting on 26 July on the linkage of particular groups based on the GP Commissioning locations. 	<p>) Sue Butterworth/ Dr Stephen Richards)</p>
<p>13 Joint Health & Wellbeing Strategy and Forward Plan</p>	
<p>The Director for Social & Community Services led a discussion on the process and timing for the production of the draft Joint Health & Wellbeing Strategy (HWB13).</p> <p>Members of the Board were reassured that work was underway to ensure that consultation would take place with all interested Groups within Oxfordshire.</p> <p>Members of the Board AGREED to note the process and timing for the production of the Strategy, as set out in the report HWB13.</p>	<p>All to note</p>

14 Implications of the Health & Wellbeing Board priorities for the work of partner organisations

Dr. Stephen Richards and Councillors Keith Mitchell and Mark Booty led some reflections on discussion during the meeting insofar as it related to the day to day work of the Clinical Commissioning Group and the County and District Councils. Points raised included the following:

Members of the Board commented that the promotion of the cross cutting nature and integration of different organisations was an exciting concept, albeit challenging; and it was felt that a strong starting point had been made towards the overall goal of improving health and social care outcomes for the population of Oxfordshire. This was a valuable opportunity to set a working model to deliver for the next decade. It was also an opportunity to begin to get upstream towards a prevention agenda – to this end a housing link was of particular importance.

Further, it was felt that this was an ideal opportunity to communicate with hard to reach groups and thus, a Communication Strategy was of the utmost importance to realise this. A practical endeavour to ensure that the language used in reports was meaningful to all interested people was therefore also crucial.

..... in the Chair

Date of signing