

SHADOW OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 22 November 2012 commencing at 2.00 pm and finishing at 4.00 pm

Present:

Board Members: Councillor Ian Hudspeth – 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
 Dr Mary Keenan
 Jim Leivers
 Councillor Melinda Tilley (in place of Councillor Louise Chapman)

Officers:

Whole of meeting Joanna Simons, Peter Clark and Julie Dean
 (Oxfordshire County Council)

Part of meeting Jim Leivers (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 Ian Hudspeth (Agenda No. 1)	
2. Apologies for Absence and Temporary Appointments (Agenda No. 2)	

Councillor Arash Fatemian and Matthew Tait sent their apologies. Councillor Melinda Tilley attended in place of Councillor Louise Chapman.	
3. Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest submitted.	
4. Petitions and Public Address (Agenda No. 4)	
There were no requests to petition or to address members of the Board.	
5. Note of Decisions of Last Meeting (Agenda No. 5)	
The decision note (HWB5) of the meeting held on 26 July 2012 was approved and signed as a correct record.	Julie Dean
6. Amendment to Terms of Reference (Agenda No. 6)	
It was AGREED that the Terms of Reference, as agreed on 24 November 2011, be amended to include the post of National Commissioning Board Local Area Team Director for Thames Valley within the membership of the Health & Wellbeing Board.	Peter Clark
7. Performance Report (Agenda No. 7)	
<p>The Board had before them a performance report reviewing current performance against all the outcomes set out in the Health & Wellbeing Strategy (HWB7(a)).</p> <p>A table showing the agreed measures under each priority in the Strategy, expected performance and current performance was attached at HWB 7(a) Appendix A.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • 6.1 and 6.4 were the subject of discussion later in the Agenda (Item 9); • The targets relating to 4.4, 4.5, 9.2,11.2 would improve 	

<p>during the year/academic year.</p> <p>With regard to:</p> <p>Priority 1.2 - 'Reduce emergency admissions to hospital with infections by 10% year on year – it was agreed that the data should be investigated to see whether causes of infection could be identified, in order that current trends could be explained.</p> <p>Priority 6.2 - 'No more than 400 older people per year to be permanently admitted to a care home from October 2012' - Sue Butterworth directed the Board's attention to a recent report produced by the Oxfordshire LINK on Dignity & Quality of Care in Homes, particularly in Dementia care.</p> <p>Val Messenger, Deputy Director of Public Health, presented an in-depth report on the Bowel Screening indicator which was not meeting its target (HWB7(b)) asking why the target of 60% over the last 2 years had not been reached; what initiatives and actions were currently in place to improve the position; and what further initiatives and planned actions had been identified for the future.</p> <p>Members of the Board suggested the following actions which might be built into the campaign:</p> <ul style="list-style-type: none"> • GP's could promote the bowel screening programme to improve uptake; • To replicate the useful process of analysing the data collected from various GP practices (as has been the practice with immunisation data) to gain insight into who was not taking up the screening offer); • Distribute information at popular events attended by the target population such as football/rugby matches or training events etc; • To target people living in retired people's housing developments and with groups planning for retirement. <p>It was AGREED to note the reports and to note also that further information would be available as part of regular performance reports to the Board.</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>Jonathan McWilliam</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>
<p>8. Public Involvement Network (PIN) (Agenda No. 8)</p>	
<p>Sue Butterworth, Chair of Oxfordshire LINK gave an update on the activities undertaken by the Public Involvement Network to ensure that public engagement was embedded and to ensure that the genuine opinions and experiences of people in Oxfordshire</p>	

<p>underpin the work of the Health & Wellbeing Board. Examples included a new PIN website to allow two way engagement and proposals for PIN briefing sessions prior to future Board meetings.</p> <p>She welcomed a number of young people who were in the audience and who were contributing to public engagement. These were part of a dynamic, diverse group being formed which included faith groups, disability groups and the military, to name a few.</p> <p>The Board viewed a short film that had been produced by the PIN, which reproduced the draft Older People's Commissioning Strategy in visual form, helping people to engage in its development.</p> <p>The Board thanked Sue Butterworth for her report.</p>	
<p>9. Frail Older People - Draft Action Plan (Agenda No. 9)</p>	
<p>The Board were asked to endorse a covering report and draft Action Plan (HWB9) which related closely to several of the adults' indicators in the joint Health & Wellbeing Strategy, in particular around delayed transfers of care, reablement services and admission to care homes (indicators 6.1, 6.2 and 6.4). The Action Plan was prepared in response to the Themed Discussion on Frail Older People item of business at the last meeting, and also in response to continuing performance issues. The Plan focused on immediate priorities (by March 2013) as well as longer term actions that would link closely to action plans for the joint Health & Social Care older people's commissioning strategy, due for completion by April 2013.</p> <p>Dr Richards commented that much work was in progress to deliver a discharge pathway, covering a broad spectrum of activity. Some of this work had been escalated in order to deliver a reduction in delayed transfers of care. John Jackson endorsed this pointing out that an agreement with the Oxfordshire Clinical Commissioning Group had been reached on a Discharge Policy. Feedback on the Plan had been given by Age UK and the Older People's Panel and all that was required was a discussion with Oxfordshire Health and Oxford University Radcliffe NHS Trust.</p> <p>The Board gave the following responses:</p> <ul style="list-style-type: none"> • It was a good Plan with a multiplicity of initiatives, giving greater accountability and more of a sense of what the priorities were. It was hoped that it would initiate proactive 	

<p>activity which would, in turn, lead to greater efficiency;</p> <ul style="list-style-type: none"> • It was imperative that all organisations work together in a coordinated and integrated manner ie. a single multi-disciplinary team to be in place to make the discharge and following this, a single point of access team to plan and co-ordinate services. Assessments to be undertaken at home following discharge. A monitoring group to be formed to ensure that the outcomes are good, together with a number of indicators to be recognised by commissioners within the public domain; • It is necessary for information to be in the system as a whole for GP's to access; • The reality was that the numbers of older people would increase, but the public purse would be tighter. However, locally progress had already been made to implement the recommendations in the Director of Public Health's Annual Report for more Plans to be joint and commissioners more united; • The three areas to be focussed on were firstly, the integration of clinical and social care teams; secondly, the prevention agenda; and thirdly, the need to give constructive help to villages and communities in order for them to help themselves. There is a requirement for more supporting volunteers and, in turn, for volunteers and carers to be supported in a more co-ordinated way; • There was still a need to keep the agreed shared finances in an uncomplicated, formalised pooled budget as part of the approach to outcomes based commissioning; • More liaison between the GP Locality Leads and the District Councils was required, in light of the latter's involvement with the Public Health portfolio and their contact with the voluntary sector; and • There was a need for a county wide specialist money management advice service to be provided for individuals managing their own care. <p>Following a lengthy debate, it was RESOLVED to endorse the draft Action Plan and to agree to wider discussion with NHS providers, GP localities and representatives of older people and carers.</p>	<p>John Jackson/ Dr Stephen Richards/ Dr Joe McManners</p>
<p>10. Reports from Partnership Boards (Agenda No. 10)</p>	
<p>Councillor Mark Booty, Dr Joe McManners and Dr Mary Keenan gave oral progress reports on the recent activity of each of the three Partnership Boards:</p>	

Health Improvement Board – Councillor Mark Booty reported that the Board was pleased with progress to date but recognised that there was a great deal of work to be done. Activity included:

- A workshop had been held in July where participation of the voluntary sector and other partners was welcomed. A range of affiliated projects were identified which would help to achieve the aims of the Health Improvement Board;
- Work was underway to identify priorities and targets for the Board in respect of housing/homelessness issues in the Strategy;
- The Board had recognised the value of joint working with Trading Standards on enforcement of under age sales legislation including alcohol and tobacco sales;
- The next steps included joint workshops with the Adult Health & Social Care and Children & Young People Partnership Boards; and
- A joint meeting had taken place between the district council members sitting on the Boards to initially open up discussion on housing, with the aim of sharing ideas across all stakeholders.

All acknowledged that Government changes to the Welfare Benefits system would be of crucial importance to service delivery. This will be a feature of the work of the Health Improvement Board in their priority of preventing homelessness. However, before issues could be tackled, the manner in which the Supporting People programme would move forward had to be dealt with.

Sue Butterworth pointed out positive signs of collaboration across agencies. Furthermore, the Oxfordshire Rural Community Council, the Oxfordshire Community & Voluntary Action and the Oxfordshire Wheel were encouraging organisations to work together and to look for different solutions.

Adult Health & Social Care Partnership Board – Dr Joe McManners gave a brief presentation on the work of the Board as follows:

- Universal credits had been the focus of discussion at the last meeting. Discussion was to continue at the next meeting;
- A successful workshop had been convened as a prequel to the consultation on the launch of the Older People Commissioning Strategy which was to take place during December and January;
- The Board had discussed the development of Capable Community Services;

- A flow chart of services was to be developed to assist people to access services;
- Links were being forged with the Safeguarding Adults Board.

Children & Young People Partnership Board – Dr Mary Keenan reported that the Board had been busy with the following activities:

- A workshop had been held in July to focus on the period of transition from the Child & Adolescent Mental Health Services (CAMHS) to the Adult Mental Health services;
- A joint workshop had been convened with the Children’s Board on child sexual exploitation, which was attended by 200+ people, with the aim of developing a Strategy and a toolkit for supporting staff. The event featured the drama production ‘Chelsea’s Choice’ which had proved highly innovative in tackling the issue nationally;
- The Board was also focusing on maternity services with the aim of providing a high quality service for all, particularly for vulnerable groups;
- Links for various vulnerable groups were being made with Safeguarding Children’s Board; and
- Good practice was being shared with partners on raising achievement in education.

Councillor Booty, Dr McManners and Dr Keenan were thanked for their updates.

..... in the Chair

Date of signing