OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 9 November 2017 commencing at 2.00 pm and finishing at 6.10 pm

Present:

Board Members:	Councillor Ian Hudspeth – in the Chair Dr Joe McManners (Vice-Chairman) District Councillor Anna Badcock Lucy Butler Councillor Hilary Hibbert-Biles Dr Jonathan McWilliam Councillor Lawrie Stratford Prof George Smith Kate Terroni Cllr Marie Tidball
Other Persons in Attendance:	Dr Tony Berendt, (OUH); Stuart Bell (Oxford Health Foundation Trust & Oxfordshire Transformation Board; Peter Clark, OCC and David Smith, 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.)

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

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman welcomed all to the meeting. He took this opportunity to thank David Smith and Dr Joe McManners, this being their last meeting, for all their hard and very valuable work in support of the Board in their roles as Chief Executive and Chair of Oxfordshire Clinical Commissioning Group, respectively.	

2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
An apology had been received from Cllr Steve Harrod, Dr Barbara Batty (OCCG) attended in place of Dr Paul Park and Dr Tony Berendt (Oxford University Hospitals NHS Foundation Trust (OUH) and Stuart Bell CBE (Oxford Health Foundation Trust and Oxfordshire Transformation Board) were in attendance. NHS England's representation has not yet been confirmed.	Julie Dean
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	Andrea Newman
4 Petitions and Public Address (Agenda No. 4)	
No requests to present a petition or address the meeting had been received.	Andrea Newman
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The note of the last meeting, which took place on 13 July 2017, was approved and signed as a correct record. <u>Matters Arising</u> <u>In relation to 6/17 – Update on Delayed Transfers of Care and Better Care Fund Planning</u> – in response to a question, Kate Terroni confirmed that, as far as possible, the rise in the hourly care worker rate had been passed on to those frontline workers where Adult Social Care had commissioned the service, given the fact that under contractual rules this could not be insisted on. However, there were a variety of means to ensure that the money had been paid to frontline workers through audit and informal channels. However it was not possible to enforce it and there was no means of control over the 'self - funder' market.	Julie Dean
6 Performance Reports (Agenda No. 6)	
The Board received an update on performance against the outcomes agreed for 2017-2018, quarter 2, in the Joint Health &	

Wellbeing Strategy, in the following categories:

(a) progress against the Outcome Measures agreed for 2017-18;
(b) accident and Emergency Delivery Board Targets; and
(c) Adult Social Care Outcomes Framework Published Results for 2016-17.

(a) <u>Progress against the Outcome Measures agreed for 2017 – 18</u>

<u>Target indicator 1(1:1) – Priority 1 – 'Ensuring children have a healthy start in life and stay healthy into adulthood' – 'Waiting Times for first appointment with Child & Adolescent Health Services (CAMHS)'</u>

In response to a challenge regarding performance in this area, Stuart Bell, Oxford Health Foundation Trust (OH), reported that a new model of working with a consortium had just commenced based on work with Buckinghamshire. Barnado's had also given significant assistance with the planning of this. He added that demand for this service had risen significantly for a variety of reasons and users should see a difference over the next few months in terms of access.

<u>Target indicator 2(2:3) – Priority 2 – 'Ensure that the attainment of pupils with SEN & Disability (SEND) but no Statement of Education Health & Care Plan is in line with the national average'</u>

In relation to the challenge posed by a Board member relating to the extent that school exclusion and home school schooling could be a factor in non-attainment, Lucy Butler commented that this area was a major focus and the Children's Services Directorate had key plans and initiatives for this area which she outlined.

<u>Target indicator 3(3:5) – Priority 3: 'Keeping children and young people safe' – 'Reduce the number of hospital admissions caused by unintentional and deliberate injuries in young people aged 0-14 to the national level'</u> -

In response to a challenge that the Board understand the reasons behind the sharp rise in children self-harming, non-accidental or deliberate injuries, the Board requested that a more detailed analysis be submitted to a future meeting.

<u>Target indicator 3(3:6) – Priority 3: 'Keeping children & young people safe – maintain the current number of looked after children'</u>

In response to a challenge by the Board about the rise in the

number of Looked After Children (LAC) which was above the national average, Lucy Butler stated that the past four years had seen a rise in child protection statistics. However this year was the first in which the trend was moving downwards. She voiced her uncertainty as to when this trend would affect the LAC statistics, but more work was taking place in this trajectory to ensure all that was possible was being carried out to keep them out of care.

Target Indicator 5(5:3) – Priority 5 – 'Working together to improve quality and value for money in the Health and Social Care system'- 'Reduce the average length of 'days delay' for people discharged from hospital to care homes'

A Board member challenged whether the recent reduction shown was sustainable. Kate Terroni responded that it was a challenge, but the collaborative working in Oxfordshire was helping it to move in the right direction, adding that there was a need to keep up all efforts. It was pointed out that the average length of stay per treatment was also better than most areas.

Target Indicator 6(6:9) – Priority 6 – 'Living and working well: Adults with long term conditions , physical or learning disability or mental health problems living independently and achieving their full potential' - 'Reduce the number of people with Learning Disability and/or autism placed/living out of county'

The Board **AGREED** that it needed to keep track on those people choosing to stay out of county and to request Kate Terroni to report back to the Board.

(b) Accident and Emergency Delivery Board (AEDB)Targets

The Board considered the Accident & Emergency Board Targets performance report (October 2017) and reviewed the areas where performance was below target.

David Smith informed the Board of the following:

- AEDB was chaired by the Chief Executive of the Oxford University Hospitals NHS Foundation Trust (OUH) , Dr Bruno Holthof;
- All agencies were represented on it;
- It was tasked with ensuring the whole of emergency and the urgent care systems, which were under significant pressure, were working well;
- Actions to date from the team had included the introduction of GP streaming into A & E; an investigation into demand for A&E services and tracking patient users of the service;
- Emergency admissions were benchmarked very well to

accord with their peer group; • A paramount issue for the team was how not to admit people into hospital who did not need to be admitted. Finance and staffing factors were critical to this; • The Team was trying to do as well as it could in relation to these targets. Currently it was not achieving the 4 hour wait target but expected it to reach 95% by March 2018. Dr Tony Berendt (OUH) stated his support for the inclusion of these targets within this report in order alongside the other partners in order to show the overall shape of the system. He believed the process was not yet configured properly, for example, in relation to the difficulties experienced with patient discharge. He reassured the Board that the OUH Trust Board took it very seriously and was in discussion with their Regulator on the matter. Dr Berendt further stated that the 'breaking the cycle' meetings had proved to be very useful and illuminating, adding that work was still in progress to beat the DTOC problem. He highlighted the following problems current in the system: - DTOC; - The closure of a number of beds due to staffing issues, significantly the inability to recruit as highlighted may times. However, a constant for the Trust was a paramount commitment by the Trust to patient safety; - Staffing pressures encountered by Social Care; - Problems admitting patients as quickly as the Trust would like. He stated the strong commitment of the Trust to a hospital protocol with all systems working as one. David Smith cited the problems encountered with high numbers of people attending Accident & Emergency at the Horton Hospital and John Radcliffe Hospital, which was currently being addressed by the OCCG via the 'Admission Avoidance Workshop'. Positive and concrete actions being considered to help all across the system were: - How to improve access to GPs - More flexible use of community nurses - How to support care homes better. Dr Berendt added to this by stating that the acute ambulatory Unit which assisted with scans had increased its activity over the last 2 years and it was proving to be very successful. The Trust was also working closely with community nursing. In brief the Trust was looking at both internal and external processes to make improvements in acute patient care. All were looking at changing	

systems and looking to different ways of prioritising. He added that combined working looking at the dynamics of patient flow in different situations in order to understand better ways of understanding it, leading to better means of intervening, would assist enormously.

Professor Smith stated that HWO, who had a seat on the A & E Delivery Board, had looked at peaks of demand for A & E services and had concluded that, in order to mitigate this, the following was required:

- Meal breaks for ambulance staff needed to be staggered to take account of peaks and surges;
- Many patients could be dealt with in the primary sector – thus later opening hours in GP surgeries would assist;
- Hour by hour data changes in arrivals need to be tracked to ascertain what proportion could be dealt with in the primary sector, particularly in the early evening from 7pm onwards.

The A & E Delivery Board was endeavouring to understand a combination of factors, such as those below, which could serve to improve the current system.

- Many GP surgeries did work on past 7pm as part of the GP Out of Hours services, to which attendance statistics was rising;
- The CCG considered it of the utmost importance for people to access the 111 services and for more clinicians to be present to deal with these calls. People could then be signed to other more appropriate services rather than to A & E;
- Part of the work to be done in the community was to look again at good examples in the use of EMU'S in Abingdon and Witney, for example for them to provide the necessary clinical advice. In addition to this, clinical advice could be made available to care homes to avoid A & E visits;
- Currently there was no continual access to MIU's in the county. There was a need to hold discussions on how to do this with a view to gaining agreement across all parties and an overall picture of what was to be done;

Views and challenges expressed by the Board were as follows:

- Comparable data was required and it was important for components to be separated within it rather than looking at global figures;
- Traffic flows to the new, larger Health centres would need to be looked at, together with the numbers of

people with no access to transport;
- Tracking the additional numbers of people who would be attending the JR Hospital for treatment was vital;
- Tracking the numbers of people attending A & E who were making use of facilities such as Out of Hours and MIU's was vital. Also it was important to track how many GPs were liaising with the hospital to measure activity;
- To ensure that there were targets measuring numbers of older people attending A & E and their pathway, including their waiting times.

Dr Berendt pointed out that OUH was in the process of developing Frailty Units at the JR. He warned, however, that every new service needed to be sustainable, safe and resilient and this brought with it a cost. Dr Batty also added that the CCG was doing more work around how to better manage frailty. Part of this was to quickly identify patients from care homes.

The Board **AGREED** to include the above performance data on all Agendas. Work on changes in the system could then be kept abreast of and critiqued in the same manner as the other performance data.

(c) <u>Adult Social Care Outcomes Framework Published Results for 2016/17</u>

The framework was presented and Kate Terroni, Karen Fuller and Benedict Leigh, Adult Social Care made themselves available for questions.

In response to a challenge about what action was being taken to ensure social interaction and support for older people in light of the decrease in the number of day centre places, Karen Fuller responded that Age UK were continuing to track all who had been offered an assessment. In addition, Age UK was working with 40 individuals who had not settled in their placements. Further assessment was also undertaken in 3 months to ensure that they were settled. A review was then to be completed after 6 months to assess the impact of this action. In addition, two social workers had been allocated to each of the remaining day centres.

Very positive stories, indicating good engagement had emerged, including the successful mixing of people with Learning and Physical Disability.

Benedict Leigh also highlighted the usefulness of the forthcoming round of Daytime Support Grants for older people. Kate Terroni added also that feedback regarding the new service at Abingdon Hospital had been very positive and encouraging.

In response to a comment on the success at Torbay of the integration of care works and qualified nurses into a Team which had led to a higher level of home support and a challenge for Oxfordshire to produce similar results, Kate Terroni stated that a Homecare Board, using Health, Domiciliary and Voluntary services had been set up in recognition of the importance of integrating the Health profession into Home Care. However, recruitment was a challenge, particularly in Oxfordshire, and the importance of encouraging people to value this work was of the utmost importance. She reminded the Board also that Social Care and Healthcare were already integrated in various localities. Dr McManners stressed the need to be very clear about what was meant by integration in a context of fragmented and duplicated services. He added that all aspired to tight integration and for those Teams to work in smaller, more local areas. Following a request, Kate Terroni undertook to come back to the Board with information regarding an Adult Social care Outcome Framework (ASCOF) measure for mental health. The Board was reminded that many of the issues discussed in relation to more general health and wellbeing performance had been considered at meetings of the Health Improvement Board.	Strategic Director for People/Director for Adult Services/Director for Children's Services/ Chief Executive and Chair, OCCG/Chief Executive, OUH/ Chief Executive OHFT
7 Care Quality Commission (CQC) Inspection (Agenda No. 7)	
Kate Terroni gave a presentation on the context, issues and plans for the forthcoming CQC inspection on behalf of the Chief Executives of OCCG, OH, OUH and OCC. She requested feedback from the Board on what it felt was missing, how the information given reflected Oxfordshire and the role of the Board in relation to the implementation of improved plans. Feedback from Members of the Board included: - To highlight two studies to illustrate how it looked from the patients point of view. This could be used to describe innovative services but also where there was a need to do better; - More information could be given in relation to the workforce situation in Oxfordshire; - More emphasis on what was prevention-led provision; - Slides could be distilled taking a SWOT analysis as there was a need to unpick the gap between assessment and delivery of a service and any problems	

encountered; - The importance of ensuring that staff were told they must be frank in giving evidence; - The importance of showing that there was a consistent vision and to explain that Oxfordshire had a plethora of plans; and - To ensure that any new technical facilities introduced were highlighted as a means of cutting down numbers going to Accident & Emergency.	Strategic Director for People/Director for Adult Services/Director for Children's Services/ Chief Executive and Chair, OCCG/Chief Executive, OUH/ Chief Executive OHFT
8 Early Lessons from the CQC reviews of Health and Social Care Systems (Agenda No. 8)	
The Board considered a report (HWB8) which set out the outcomes of the two completed CQC reviews of Health & Social Care systems and what lessons might be learned from the Oxfordshire system in general and the review of Health & Wellbeing Governance in particular. These were considered to be both useful and helpful. The comments on the functioning of Health and Wellbeing Boards were apposite and would help the debate on the review of Health & Wellbeing governance further down the Agenda. The Board emphasised that the Health & Wellbeing Board should be seen as a composite of the main board plus its sub-groups to get the whole picture of its activities.	All to note
9 Improved Better Care Fund and Delayed Transfers of Care (Agenda No. 9)	
Dr Barbara Batty, OCCG and Benedict Leigh, OCC gave an update (HWB9) on the development of the improved Better Care Fund (BCF) implementation and delayed Delayed Transfers of Care (DTOC) measurements. The Board was asked to review and endorse the Improved Better Care Fund Plan. Dr Batty reported that all agencies had worked together and plans had now been finalised for delivery. Professor Smith challenged that, in HWO's view, the best conceivable value for money was to provide more help and support for carers in a climate where the availability of respite had	

declined, together with interaction with carers. Dr McManners gave the view that, in his view, the HART service was too focused on hospital discharge, in a situation where a patient required a high level of hospital intervention. Dr Batty agreed adding that GPs spent a lot of time trying to avoid patient admission to hospital and therefore failing to access the HART service for them. However it was understood that people could self – refer. In reality, GPs would refer if there was no support at home. In response to a query about how the HART service will work with the rising complexity of cases to deal with, given that patients would be sicker and suffering from more complicated illnesses. Kate Terroni responded that it was about ensuring that there was sufficient scrutiny in place in this area to ensure people have the correct level of care. Dr Batty added that one of the risks will be that people will be receiving earlier and bigger care packages and more care at home. In response to a challenge that there should be more notional savings given that an expensive acute bed would be freed up and that money should be identified for staffing and retained within the system, David Smith responded that this would be part of the work around the workforce strategy within the acute Trust. The Trust Board would be re-gearing the system to look at where the best value was and the best benefit for patients. The Board **AGREED** to: (a) endorse the Improved Better Care Fund Plan; (b) note and confirm the planned DTOC trajectory as set out in paragraph 8 , endorsed by the Leader of the Council with the agreement of OCCG and system partners on 26 September 2017; (c) endorse the planned investment of the iBCF and to note the risk to the future funding from the Government if the schemes that have been identified do not deliver a reduction in delayed discharges in line with the agreed trajectory; (d) critically appraise and endorse the performance measures that are proposed to be used to assure the delivery of the agreed trajectory; (e) to request that this item be brought to each future meeting, together with information on the situation with regard to the questions posed regarding the HART service, as set out above; and the trajectory numbers; and	)))))))) Action for all, as above))))))))))))

(f) request the Director of Adult Social Care to ensure where possible that any extra payments of care to agencies are passed down to care workers.	) Director for Adult Services
10 The Oxfordshire Transformation Board (Agenda No. 10)	
Stuart Bell, Chief Executive, Oxford Health NHS Foundation Trust, gave an update on the work of Oxfordshire's Transformation Board (TB). The Board had been in existence for 3 years. It has no statutory responsibility. To date it has looked at changes in demography and the effect on Health and Social Care services across Oxfordshire, and what changes are necessary to address the sets of demands, resource availability and the shape of future services. Numbers had increased on the Board over time from organisations such as the South Central Ambulance Trust and it had grown in its range and depth of coverage. There had been very good representation from OCC at member/officer level, the Local Medical Council, and clinical and GP representatives. For the last 18 months there had been a focus on the following areas of work: - Work on the case for change and the message for change for services such as Mental Health services; - The need to manage better care out of hospitals. This was all aligned with work with Older People's services; - More recently there had been much focus on the first phase of the Oxfordshire Transformation Plan in areas such as workforce pressures etc. This has not yet been resolved due to referral to the Secretary of State by HOSC; - Use of the TB to bring together all organisations regarding the CQC inspection; - The TB was looking at updates from ambulatory services; - The TB was currently doing a stock-take on how it was working and there would be discussions taking place with others with regard to this; - The Board was looking at STP issues in the Oxfordshire context and is a sub-group of the BOB STP was serving as a forum for this. Stuart Bell was also a member of the STP Executive Group. It was envisaged that the role of the TB may become more important in light of David Smith's imminent retirement as leader of the STP Executive Group; - An important task for the TB would be to contribute to	

the development of an ACS within the County. Stuart Bell was thanked for his update and for the useful information it gave the Health & Wellbeing Board in considering the next agenda items on accountable care systems and its own governance review.	All to note
11 Accountable Care Systems - Update (Agenda No. 11)	
The Board considered an update report on the development of Accountable Care Systems (ACS) including how this Board should be involved in its development. David Smith and Dr Joe McManners, who were leading on this issue, presented the report. They raised the following points: • At present there was no agreed line signed off from all organisations involved; • The work was about getting organisations properly aligned and working together as an organisation. It was important to be very focused on the purposes of each particular system before taking the system as a whole, and then for this Board to make the final decisions on systems to be included; • Key pieces of work would be required, for example, to ensure Health Inequalities work was aligned and all systems were pushing in a particular way; • In relation to the endeavour to work out what was best for Oxfordshire, the following questions were put to aid discussion; - What are the best outcomes for the residents of Oxfordshire? - What is the pool of money available? - What are the risks for each organisation? Suggestions, views and comments during the discussion included the following: • To take a number of patient studies to discuss the patient flow and to look at the strengths/weaknesses of the flow and if it could improve; • There was a need to have one accountable body; • Experience from Buckinghamshire was that there was a need to test the values of an ACS via individual care histories. However, this was not sufficient in itself and much could be built upon what had already taken place. Factors that Buckinghamshire found that made a	

difference was: - Proper co-ordination of primary care and community services helped to progress the ACS; - Integration with Social Care was also required not necessarily organisationally, but via the effective co-ordination of patient resources; - Thought would be required on how resources were used via a shared control function and a move away from contractual resources – development of a means of allocation to elected, urgent, mental health care etc; and - Preparedness for the alignment of Local Government and Health and to see through the change. The Board **AGREED** that it was willing, in principle, to move in the direction of an accountable care system as described, pending a future report.	Action for all as above
12 Health & Wellbeing Governance Review Proposal (Agenda No. 12)	
The Board was asked to discuss and agree to review the governance of this Board, taking into account the emerging findings of the CQC reviews, current measures, the report on the Better Care Fund, the work of the Transformation Board and the emergence of Accountable Care Systems, as set out in the preceding papers. Dr McWilliam suggested that it was timely for a review of governance to be done by March 2018, and that travel towards Accountable Care Systems should be an explicit part of that process. Views expressed by the Board members included: • The future report should be informed by the Health Inequalities work, including more reflection on inequalities and the raising of standards; • Representation should be from the following groups: the older people's population, the voluntary sector, care groups, the older age and the working age social care user groups, plus some of the key service users that are monitored via this Board; • Some Board members felt that a discussion needed to take place about representation on the Board. It was feared that the Board would become too unwieldy if there was a significant rise in membership. They were assured that this was the point of the governance review.	

Peter Clark, OCC, stated that if the Board agreed that it was timely to conduct a review on governance, then some proposed terms of reference could be considered at the next meeting. If agreement was reached, than some fully formed proposals could then be brought back to the following meeting. This would also allow time for discussion of the proposals with the Chairman and Vice Chairman of the Board. The Board **AGREED** to conduct a governance review and would consider terms of reference at its next meeting.	Strategic Director for People/Julie Dean
13 Development of a new Older People's Strategy (Agenda No. 13)	
The Board considered a proposed approach to developing an Older People's Strategy (HWB13) as a refreshed version of the existing strategy. This is timely in light of the focus on older people's issues arising in the rest of the agenda. The Board **AGREED** to the proposed approach to developing the Older People's Strategy, including the broader focus as set out in the report.	All for Action as above
14 Healthwatch Oxfordshire (HWO) - Update (Agenda No. 14)	
Professor Smith, Chairman of Healthwatch Oxfordshire (HWO) presented the regular update report on activities (HWB14). In relation to paragraph 6.2 of the report - Schools – Drug and alcohol sessions, Professor Smith undertook to follow up whether the school health nurses could have a useful role in delivering drug and alcohol sessions in schools, with an emphasis on harm reduction, as preferred by HWO. Professor Smith was thanked for his report. The Board **AGREED** to receive the report.	Chairman of Healthwatch Oxfordshire All to note
15 Annual Reports from Adult and Children Safeguarding Boards (Agenda No. 15)	
Pamela Marsden and Paul Burnett, Chairs of the Adult Safeguarding Board the Children Safeguarding Board attended	

the meeting to present a synopsis of their reports and the main issues arising from them. Pamela Marsden, who was accompanied by Karen Fuller, Deputy Director, Adult Social Care, was asked whether the Team anticipated a rise in vulnerable adult referrals as a result of the rise in the numbers of people suffering from dementia. She responded that Oxfordshire had not seen much if a rise to date. Karen Fuller added that 2 or 3 people had come to the Team's attention but these were already known to the Children's Safeguarding Team and had received the right support. Paul Burnett, when presenting the synopsis, paid tribute to the partner agencies in Oxfordshire for their good support and input, which had made for the best decisions which could then be disseminated into agencies in a better way.. He pointed out that the recent Section 11 Audit had found that all organisations were fully compliant, or close to compliance (via a peer challenge). He believed that this was a robust compliment for the organisation. He also paid tribute to the training pool which had been short-listed for a training award. When asked about which age ranges gave the highest levels of safeguarding cases, Paul Burnett stated that the first was babies/infants in respect of physical abuse and neglect, and the other was teenagers. This latter age range was more complex and it was particularly important to focus on neglect in the early years as it had a profound effect later in the teenage years. Paul Burnett was also asked if there was any one factor, or factors affecting teenagers in the safeguarding arena. He responded that there were links to parenting skills and economic well-being, but neglect in early years was the most important element in the story. Pamela Marsden and Paul Burnett were thanked for their attendance. The Board **AGREED** to receive the reports.	All to note
16 Director of Public Health Annual Report 2016-2017 (Agenda No. 16)	
The Director of Public Health's annual independent report for 2016/17 was before the Board (**HWB16**). The comments of the Oxfordshire Joint Health Overview & Scrutiny Committee on 14 September 2017 and Oxfordshire County Council's Cabinet were also before the Board.	

The Board **AGREED** to receive the report and to advise the appropriate bodies of their responsibilities in considering its recommendations.	Strategic Director of People
17 Development of the Joint Strategic Needs Assessment (JSNA) for 2018-19 (Agenda No. 17)	
Dr McWilliam (OCC) gave a presentation on the proposals for the further development of the JSNA and its direction for 2018-19. David Smith (OCCG) spoke of the importance of the OCCG Locality Plans in its development given the good work that had been done throughout the year using the JSNA to inform these plans and asked that this information be included in further iterations of the JSNA. Members of the Board congratulated the officers on the JSNA and its use by the system and on a very good report. The Board appreciated the fact that, although it was an aspiration, in reality it would prove too expensive to give wholly accurate locality – based predictions on housing growth area by area collecting real-time data. However, current projections and housing growth statistics would continue to be used to give the best summary data for planning purposes. The Board **AGREED** to accept the proposals for further development of the JSNA and its direction for 2018-19.	Strategic Director for People
18 Health Inequalities Commission - Implementation Plan (Agenda No. 18)	
The Board had before them a report (**HWB18)** which set out updated action to implement the recommendations from the Commission. An Annex setting out the Health Inequalities indicators was also available on the County Council website. Dr McWilliam reported that a further report would be brought back to the Board on further developments. He added that the Board's sub-groups were keeping abreast of ongoing work in relation to the implementation of the Commission's report on a regular basis. The Board noted the report HWB18.	Strategic Director for People/Chair, OCCG

19 Reports from Children's Trust, Joint Management Group for Adults and Health Improvement Partnership Board (Agenda No. 19)	
The Board received the reports.	All to note
20 PAPERS FOR INFORMATION ONLY (Agenda No. 20)	
Noted.	

..... in the Chair

Date of signing .....
