

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 13 June 2019 commencing at 2.00 pm and finishing at 4.05 pm

Present:

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

Stuart Bell
Lucy Butler
District Councillor Andrew McHugh
Kathy Hall (in place of Dr Bruno Holthof)
Councillor Mrs Judith Heathcoat (in place of Councillor Ian Hudspeth)
Val Messenger
Louise Patten
Yvonne Rees
Ben Riley
Professor George Smith
City Councillor Louise Upton

Officers:

Whole of meeting Julie Dean, Committee Officer

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 Vice - Chair, Dr Kiren Collison (Agenda No. 1)	
The Vice-Chair welcomed all to the meeting. She thanked Christine Gore for her services to the Board, as she had stood down from her membership. Yvonne Rees was now representing both Oxfordshire County Council and all the District Councils.	

<p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Kathy Hall attended for Dr Bruno Holthof and Councillor Mrs Judith Heathcoat for Councillor Ian Hudspeth. Apologies were received from Councillor Steve Harrod, Councillor Lawrie Stratford and David Radbourne.</p>	<p>Andrea Newman</p>
<p>3 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>Dr Ben Riley declared a personal interest on account of his position as Director of OXFED and as a GP in Oxford.</p>	<p>Andrea Newman</p>
<p>4 Petitions and Public Address (Agenda No. 4)</p>	
<p>There were no requests to address the Board or to receive a petition.</p>	
<p>5 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>The Note of Decisions of the last Meeting held on 14 March 2019 was approved and signed.</p> <p>Professor George Smith listed a number of issues which he had raised over a number of meetings where no decision had been made. The following issues were referred on to the appropriate body to consider:</p> <ul style="list-style-type: none"> • Safeguarding of Children receiving home education – Children’s Trust Board • Safeguarding of children excluded from school – Children’s Trust Board • More facilities needed to enable new homes to become Lifetime Homes and to ensure care could be provided, if needed, such as stronger ceiling joists to withstand hoists; – this was an issue for the new joint Housing Officer • Initiatives and practical solutions which could be implemented at local level, for example, ensuring podiatry service was available to encourage older people to become more active. Also, local shops to be encouraged to provide chairs for older people to be seated – Older People Strategy Implementation 	<p>))Children’s Trust Board) Joint Housing Officer Older People Strategy Implementation Group</p>

<p>With regard to Matters Arising from the Decisions List, the Board welcomed the idea of an Action Log to be provided to each meeting of this Board, in order to report back outcomes. Professor Smith was reminded that it had been decided at the last meeting that his proposal for a long-term, strategic vision of a five-year rolling plan would be taken to a future Board workshop for consideration.</p>	<p>Jackie Wilderspin</p>
<p>6 Oxfordshire Healthwatch Report (Agenda No. 6)</p>	
<p>Professor Smith presented the latest update from Healthwatch Oxfordshire (HWO) (HWB6).</p> <p>He highlighted a number of additional issues not contained within the report:</p> <ul style="list-style-type: none"> • Further to Healthwatch Oxfordshire’s support to Patient Participation Groups (PPG’s), it was his view that these should be developed at Primary Care Network (PCN) level to enable discussion on any issues they had in common; • Healthwatch Oxfordshire was calling for a systematic review of Community Hospital provision across the county; • He concurred with the Oxfordshire Joint Health Overview & Scrutiny Committee’s (HOSC) and OUH’s concern regarding the PET/CT scanner at the Churchill Hospital. <p>It was noted that as the issue of the PET/CT scanner was being addressed elsewhere, these were not matters for discussion at this Board.</p> <p>On the topic of work with the armed forces community, Councillor Mrs Heathcoat suggested that Healthwatch officers could contact SSAFA or the County Council Officer who led work on the Armed Forces Covenant.</p> <p>Louise Patten, in response to Professor Smith’s comments, stated that the CCG had agreed with the Oxfordshire Joint Health Overview & Scrutiny Committee and OCC Performance Scrutiny Committee to look to scoping ‘out of hospital’ services, physical assets (buildings), bed-day equivalents and challenges to the workforce.</p> <p>The Board AGREED to thank Healthwatch Oxfordshire for the report.</p>	<p>Healthwatch Oxfordshire</p>

<p>7 Performance Report (Agenda No. 7)</p>	
<p>The Board agreed to move this item to Agenda Item 12 in order to consider it prior to discussion on the reports from the Partnership Boards.</p>	
<p>8 Presentation: Health and Care System Strategy Development (Agenda No. 8)</p>	
<p>Kathy Hall, Director of Strategy, OUH, gave a presentation which informed the Board about strategic developments across the county and at a wider level, inviting requests from the Board for in-depth reports on specific elements. Comments were then invited from Board members.</p> <ul style="list-style-type: none"> - In response to comments from Professor Smith, Kathy Hall confirmed that strategic, annual planning was the intention. He stated that he would await specified targets for each successive year, together with target indicators and an annual review to take account of the rapid changes occurring in Health and Social Care; - Professor Smith raised his concern about travel into Oxford's John Radcliffe Hospital, and the parking problem, which in his view, was aligned with the centralisation of services in Oxford, as against that of care closer to home. Kathy Hall explained that a variety of ways of solving the parking situation were being considered including digital means and parking for those attending planned visits around appointments. She stated that the option of a multi – storey car park had not been included. It was also noted that moving care into the community, away from the hospitals and the work of Primary Care Networks would also eventually be part of the solution; - The Board considered the pros and cons of seeking an Oxford weighting for NHS staff, which was raised by Councillor Louise Upton. Board members were generally positive about this but felt that there were mitigating factors aligned with it, for instance, a weighting could pull staff way from other public services if salaries could not then be matched. 	

<p>The Chair thanked Kathy Hall for the presentation commending all organisations for working together on its development.</p>	<p>Dr Holthof (Kathy Hall)</p>
<p>9 Developing Our Primary Networks in Oxfordshire (Agenda No. 9)</p>	
<p>Dr Collison introduced the report (HWB9) which updated the Board on recent developments in forming Primary Care Networks (PCN) in Oxfordshire. Dr Riley gave a presentation which provided an overview of the key points; how the network would be set up in Oxfordshire; and how it would evolve.</p> <p>Members of the Board were asked to receive the report for information and for their consideration. Comments and input from Board members to steer the direction of travel at this very early stage were invited.</p> <p>Councillor Andrew McHugh declared an interest on account of his past employment as a GP primary care manager and also in relation to his involvement in setting up a NOxMed network (PML Federation – a collaborative group of GPs in north Oxfordshire). It was his view that contractual arrangements were needed to reduce barriers to GPs working together, for example in delivering services to nursing homes.</p> <p>Louise Patten stated that each individual GP practice would retain their own contract. Groups of GPs within the PCNs would then hold additional contracts for the network. She added that the result would look almost like the healthy towns concept, with a much wider social cohesion. Dr Collison concurred, adding that the PCN had the potential to be very local in nature and to become a natural community, aligned with local leisure centres, schools, libraries etc. Moreover, patient engagement would be sought and community groups would be empowered to develop their own groups.</p> <p>Stuart Bell reported that he had attended a workshop that morning on the future of integration of PCNs. The speed of developing PCNs to date had tended to focus attention on contracts, but now the emphasis could be on contributions from as many different organisations as possible, as these may have very valuable contributions to make. He likened this to the Healthy Abingdon work. Yvonne Rees added that it could also join/link up with Health Place-shaping, and with the Growth Board, taking Oxfordshire as one large locality, with joined-up working. It was her view that proactive conversations needed to take place with members of this Health & Wellbeing Board, who had a significant part to play</p>	

<p>in this. To this end she proposed that this matter be brought to a future Board workshop.</p> <p>Professor Smith added HWO's support to this also, asking however that participants should ensure that it delivered benefits for the patients themselves. He believed that there was a need to understand how social prescribing could be delivered, and how it could be joined up with voluntary organisations, as practically as possible. Professor Smith also suggested that good use of the in-services training between GP and consultant level in the teaching hospital could be made.</p> <p>Louise Patten responded that, to date there had been a registration process for PCNs, which had been very light touch, to ensure full coverage. She added that there was a need at the present time to concentrate on the delivery of all the outcomes that were currently being required to be delivered.</p> <p>Val Messenger also reported that the Health Improvement Board was planning a social prescribing workshop, with the aim of learning from best practice.</p> <p>Dr Riley was thanked for the presentation.</p>	<p>All Board Members to note</p>
<p>10 Care Quality Commission (CQC) Action Plan (Agenda No. 10)</p>	
<p>Lucy Butler gave a presentation (HWB10(a), on the CQC Action Plan whilst highlighting the report from the CQC (HWB 10(b).</p> <p>Following a discussion, the Board AGREED that good progress had been made and that the remaining actions needed to be regarded as business as usual, embedded in the work of the whole system. This was because they had become a way of working and therefore did not need to be in a separate action plan. This way of working would be possible due to strong relationships between the partners represented on the Board with open processes and accountability.</p>	<p>Lucy Butler (Darren Moore/Robert Winkfield)</p>

11 Prevention Framework

(Agenda No. 11)

Dr Collison presented a summary of the draft Prevention Framework and also gave an update on progress (HWB11). She spoke of the large overlap between prevention and health inequalities and reported that she had been seeking the views of various people about what the next steps should be and what the approach and focus(s) could be. She sought the views of the Board members in relation to this.

Views expressed by members of the Board were as follows:

- Yvonne Rees – expressed the view that prevention was fundamental to the way forward and it should therefore be embedded in all thinking across local authorities. She invited Dr Collison to the next Chief Executive’s meeting to discuss this. She also stated that there was a fundamental and very important core link in relation to health inequalities with housing support and leisure. She believed that this could be achieved in Oxfordshire given the power and strength of relationships within Oxfordshire;
- Councillor McHugh offered some case studies which had been prepared at Cherwell District Council on their ‘Families Active, Sporty Together’ programme. Val Messenger responded that joining up with district councils was very positive, adding that everyone around the table was a champion for prevention in some manner or another; Kathy Hall stated that, as part of the OUH Strategy, there was a focus on prevention within the population. She also stated that she would welcome prioritisation to enable the whole system to work on common issues for prevention simultaneously;
- Professor Smith highlighted the importance and practicality of what could be achieved within available resources. He gave loneliness as an example of a preventable condition and the value of voluntary groups and community groups in helping with specific initiatives to combat it. In addition, he highlighted the cost-effectiveness of the treatment of toenails, corns and bunions to aid mobility in older people; and respite support for carers; and
- Dr Riley commented that lists of registered patients at each GP practice could be used to identify groups of

Yvonne
Rees/Dr
Collison

Councillor
McHugh

Health Improvement Board

Councillor Andrew McHugh, Chairman, highlighted the following:

- Significant progress had been made on the production of a Domestic Violence Strategy;
- There was concern over a drop in the take up of MMR vaccinations. As a result, the HIB had requested a performance report from NHSE;
- In relation to social prescribing, the Board was in the process of scoping a workshop on this subject.

Integrated System Delivery Board (ISDB)

Louise Patten reported that the key priorities of this officer group was to both oversee and enable any issue that prevented Chief Executives from developing an integrated agenda. She reported that it was now viewed as having an integrated agenda and also seen as an equal partner with Berkshire and Buckinghamshire. Progress had been speedy towards getting everything aligned. The next step was to develop it into an Integrated Care Partnership Board whilst encouraging the involvement of other people.

Professor Smith re-iterated an issue voiced by some which was that the ISDB was a 'closed shop'. In response to this, Yvonne Rees defined it as a place where conversations took place which then enabled decisions to be made in the public domain. Officer conversations were required as part of the process, without this informed decision-making would suffer. She suggested that perhaps 'network' was a better description than 'Board'.

Professor Smith suggested that engagement with staff had not been visible – and real engagement with the grass roots was required. Louise Patten responded that this took place at individual, organisational level. There was agreement that there was still more to be done, as plans were developed. Yvonne Rees agreed, adding that in order for chief executives to deliver strategies and performance indicators, buy in from staff was needed to provide assurance to those doing the work. This was part of the business as usual' strategy.

All were thanked for their updates.

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..... in the Chair

Date of signing