

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 3 March 2016 commencing at 2.00 pm and finishing at 4.30 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Joe McManners (Vice-Chairman)
Councillor Anna Badcock
Eddie Duller OBE
Councillor Mrs Judith Heathcoat
Councillor Hilary Hibbert-Biles
John Jackson
Jim Leivers
Dr Jonathan McWilliam
Rachel Pearce
Councillor Melinda Tilley

Other Persons in Attendance: David Smith, OCCG; Peter Clark, OCC

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: (01865) 815322 (julie.dean@oxfordshire.gov.uk)

	ACTION
19 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman extended a welcome to members of the Board.	
20 Apologies for Absence and Temporary Appointments (Agenda No. 2)	

An apology was received from District Cllr Ed Turner.	Andrea Newman
21 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	Andrea Newman
22 Petitions and Public Address (Agenda No. 4)	
There were no requests to submit a petition or to make an address.	
23 Note of Decisions of Last Meeting (Agenda No. 5)	
The note of the last meeting was approved and signed as a correct record. With regard to Item 10, Oxfordshire Safeguarding Children Board (OSCB) – Annual Report – Peter Clark undertook to pursue with Maggie Blyth the information which Cllr Mrs Heathcoat had requested in relation to the working relationships/links which had been made with the Safeguarding Vulnerable Adults Board.	Julie Dean Peter Clark
24 Performance Report for 2015/16 Quarter 2 (Agenda No. 6)	
The Board reviewed current performance during Quarter 3, 2015/16 against the outcomes as set out in the Oxfordshire Health & Wellbeing Strategy (HWB6). It was AGREED to note the report.	Dr Jonathan McWilliam/Ben Threadgold
25 Joint Strategic Needs Assessment (JSNA) - Annual Report (Agenda No. 7)	
The Board considered this year's draft Joint Strategic Needs Assessment (JSNA) annual report which monitored trends in local data that impact on the Board's work. It also included recommendations for updating the Joint Health & Wellbeing Strategy (HWB7). John Courouble, the County's Research & Intelligence Manager, joined Dr McWilliam in introducing the draft	

JSNA.

During the discussion Dr McWilliam undertook to report back on the following questions/issues:

Dr Jonathan McWilliam

- to Councillor Mrs Judith Heathcoat on the question about whether the Defence Academy of the UK had been included within the Vale of White Horse's Armed Forces statistics;
- In light of the OCC funding cuts, from whom would future statistics on Air Quality be provided? Would they be provided by the District Councils?
- The availability of statistics giving a break- down of ages of patients suffering from diabetes within the county. In the event that it was not possible to produce this information with due accuracy, to study available research on the subject.

With regard to air quality, the Chairman made reference to the need for county and district to work more closely together in the creation of by-passes within Housing Development plans which would serve to alleviate problems with air quality in certain areas.

The Board **AGREED** to accept the JSNA as the basis for updating the Joint Health & Wellbeing Strategy and to thank the officers for their work in producing it.

Dr Jonathan McWilliam/John Courable

26 Devolution for Oxfordshire

(Agenda No. 8)

Peter Clark, Head of Paid Service, OCC, reported that since the last meeting, a formal response on devolution had yet to be received from the Department for Communities & Local Government (DCLG) for greater Health and Social Care integration within Oxfordshire. He reminded the Board that these proposals had been supported by the District Councils, the OCCG and a variety of other stakeholders.

He addressed the press statement made earlier that week from all Oxfordshire District Councils containing details of a proposed four unitary council model which would incorporate Cotswold District Council and South Northamptonshire Council. He stated that OCC, nor the affected CCGs outside of the current boundaries had been party to these proposals and that, as a consequence, OCC needed to think about how to take matters forward, following consideration of the full implications of this proposal. This would be with a view to conducting a separate

discussion with the DCLG about how a more 'joined up' approach could be taken which would be both open and transparent and in the best interests of the residents of Oxfordshire.

The Chairman invited the Cabinet portfolio members and their relevant Directors to give their early thoughts on the issues and implications of the above proposal (without detracting from the proposals). These included the following:

- one of the biggest challenges experienced by small unitary councils was that of scale, capacity and cost;
- placements for very specialist care for children were difficult to finance;
- having one large organisation meant an ability for all stakeholders to work in close partnership, and an ability to input real expertise and skill base;
- co-terminosity with organisations such as Thames Valley Police and the OCCG brought great strength – changes to county boundaries could weaken this. Working with three Clinical Commissioning Groups and a number of NHS regional boundaries could result in co-ordination difficulties and would cut across their 5 year planning footprints. For example, there would be questions concerning the direction of travel in relation to the recent regionalisation of adoption services with Berkshire. It was understood that there had been no discussion with Gloucestershire and Nene (which includes South Northamptonshire) CCGs;
- the management of infectious diseases and emergencies, which currently relied on arrangements with Public Health England, would need to co-ordinate with 3 teams, thus making it both more challenging and complex;
- the current JSNA indicated significant areas of disadvantage in the County – the creation of 4 unitary authorities would result in these areas receiving a smaller share of government grant than currently received;
- there was currently 1 adult safeguarding board serving the whole of the county – it was likely that new legislation would be required if there was a split over 4 authorities, which could lead to a poor service for the residents of Oxfordshire.

Dr McManners commented that the OCCG Board had discussed and had decided to explore both the financial risks and governance issues behind the principle of a wholesale integration of Health and Social Care with a single budget and single accountability. The GP Locality Forums had also given reasonable support to the proposals. He added that, although the

Board felt there was much merit in the proposals, it did not wish to be drawn into the politics behind them. David Smith concurred with the comments made by Dr McManners, pointing out that the District Councils had also included the integration of Health and Social Care within their proposals, as well as the county.

On being asked about whether any discussions had taken place with the Department of Health about the alternative proposals being put forward by the District Councils, Rachel Pearce clarified that she had not entered into any discussion with the Department of Health on this latest proposal as nothing had been put forward to NHS England about which to support or not to support. She further pointed out that NHS England had no direct relation with the Department for Communities & Local Government, only the Department of Health. She added her view that, to date, there had been good integration working at a strategic level and local level on the Transformation Plan and discussions would be undertaken with the CCGs involved looking at the merit of bringing Health and Social Care together in light of the new proposal.

Peter Clark, on summing up the discussion, recognised that there had been no official backing of a particular model at this stage and that all parties had agreed that unification in some form would take place; and there had been an expectation that a model would be produced. However, OCC believed that the people of Oxfordshire required services that were jointly provided and this provision must continue, adding that Health and NHS England were keen on the principle of integration of Health and Social Care. He stated that OCC needed to adopt its own view on a model which was fit for purpose for Oxfordshire residents; and needed to be given an opportunity to air some of the concerns a four unitary proposal would have in relation to services for the people of Oxfordshire.

27 Health Inequalities Commission - Update and Plan

(Agenda No. 9)

Dr Joe McManners gave an overview of the first, very successful, evidence session that had been held in Exeter Hall, Kidlington in February. Amongst those that had attended were GP representatives and those from the mental health, psychology, midwifery, paediatric services and Children's Centres. The theme of this first session entitled 'Beginning Well' was the first 5 years to teenage years. Much of the discussion concerned 'joined up' working within the community, basing services together on the ground, and the need for better links between schools and the Health services.

<p>Dr McManners stated that verbatim notes would be available for each of the 4 events and they would also be filmed. He confirmed that the Programme was receiving sufficient technical support.</p> <p>The Board thanked Dr McManners for his update and looked forward to receiving the final report in the Autumn.</p>	<p>Dr Joe McManners</p>
<p>28 Personal Health Budget Local Offer and Roll-Out Plan (Agenda No. 10)</p>	
<p>The Board had before them a report from OCCG which informed them of NHS England guidance which required CCGs to develop and make public a Local Offer for a major expansion of Personal Health Budgets (PHB) and seeking approval of the Oxfordshire Local Offer to be included within the Health & Wellbeing Strategy.</p> <p>Dr McManners informed the Board that the budgets had worked well for people with continuing care needs and confirmed that they were not for emergency use.</p> <p>The Board AGREED to:</p> <ul style="list-style-type: none"> (a) note NHS England Guidance on the roll out of PHB beyond Continuing Health Care and work undertaken to date in Oxfordshire; (b) approve a Local Offer outlining groups who would potentially benefit from PHB and could receive them from April 2016, to be publicised and included in the Health & Wellbeing Strategy; and (c) note the next steps and governance process going forward. 	<p>)))))) David Smith))))</p>
<p>29 Oxfordshire's Sustainability Transformation Plan 2016/17, Better Care Fund and OCCG's 2016/17 Operational Plan (Agenda No. 11)</p>	
<p>The Board received a presentation from Stuart Bell CBE, Chief Executive of Oxford Health, and David Smith, Chief Executive of OCCG, on the Oxfordshire Transformation Plan and received information on progress in respect of the OCCG's 2016/17 Operational Plans. The Board was also requested to delegate the signing off of the Better Care Fund Plan 2016/17 and to agree to its endorsement at the next meeting of this Board in July.</p>	

Mr Bell reported that public involvement had already begun on the Transformation Plan in the form of feedback given by GP locality groups. He was keen to continue with further community involvement work. The Board acknowledged that work involving Children, Education and Families was an essential part of the Programme. It was recognised there would always have to be cross boundary unity, together with associated issues relating to the NHS England (South) boundaries. Essentially it was about patient flow, not organisational boundaries.

At the request of the Board, David Smith gave the latest update on the Delayed Transfers of Care (DTOC) statistics, which had fallen from 157 at the end of October 2015 to 122. Although disappointed that the figure had not fallen further, he highlighted the positive factors which had arisen from the joint working within between health and social care staff in the central Hub. Staff had formed a comprehensive team to facilitate patients' move out of hospital care into care homes or to their own home.

The Board discussed the problems peculiar to Oxfordshire which had resulted in the high DTOC statistics relative to other areas. David Smith pointed out that it was the CCG's view that this problem could not be fixed in a few months and there was a very real need to transform the system as a whole. He called for more preventative services and an increase in the management of patient assessments, in addition to the need for more home care, adding that, as part of the planning for Transformation, organisations had got to agree on priorities. He warned that if this did not happen, then DTOC numbers would rise again. Dr McManners pointed out that there were pressures across the board in Oxfordshire including a high rural population and a large, ageing population, half of which suffered from dementia and other complex problems, many of whom were not easy to place. He also cited problems around staff recruitment and retention in Oxfordshire, where housing and letting prices were high, a large increase in Accident & Emergency attendance this winter and an increased demand on the ambulance service.

John Jackson commented that the real problem was that the system as a whole was very close to capacity, including the acute, primary and private sectors and the ambulance system. He agreed that the principle of finding the right equilibrium in the system was of great importance and there was a need to come back to a future meeting to discuss this.

The Board **AGREED** to:

<p>(a) note the need for, and plans to develop a system-wide Sustainability & Transformation Plan by the end of June 2016, via the Transformation Board;</p> <p>(b) note progress with Oxfordshire CCG's 2016/17 Operational Plan; and</p> <p>(c) agree that the Oxfordshire's 2016/17 Better Care Fund Plan be signed off by the Chairman and Vice-Chairman in light of the fact that the Plan is likely to be submitted prior to the next meeting of the Board in July 2016; and that it be submitted for endorsement by the Board at its July meeting.</p>	<p>)</p> <p>)</p> <p>)</p> <p>))</p> <p>Stuart Bell/David Smith/John Jackson</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>
<p>30 Closer to Home - Health and Care Strategy and Transformation Board update (Agenda No. 12)</p>	
<p>Dr McManners and Rosie Rowe, OCCG, gave a slide presentation on the principles of the Closer to Home Health & Care Strategy as managed by the Transformation Board. An overview was given of some of the OCCG engagements which had already taken place with some of the commissioning group chairs to identify ideas for priority clinical needs in each locality. These would be then be rolled out to a much broader setting for further discussion and debate. Following this the Strategy would be taken to full public consultation, as the proposals would be defined as a significant service change. It was reported that the Health Improvement Partnership Board had welcomed such a well-thought out programme and to hear about how it would be supported. It was confirmed that the Community Safety Partnerships would also have an involvement.</p> <p>The Board thanked Eddie Duller for his suggestion that the consultation document be in plain English and should include both a summary of the Plan and links to individual websites to help give it a unified aspect. This would solve the complications involved in charting for the public the service models which were available.</p> <p>The Board thanked Dr McManners and Rosie Rowe for the presentation.</p>	<p>Dr McManners/Rosie Rowe</p>
<p>31 Healthwatch Oxfordshire - Update (Agenda No. 13)</p>	

<p>Eddie Duller, OBE, Chairman of Healthwatch Oxfordshire (HWO) and Carol Moore, Acting Chief Executive, gave a general update on activities since the last meeting of the Board.</p> <p>Mr Duller reported that HWO was close to approval of its work plan for 2016/17, adding that there would be an overlap in some 2015/16 areas which they were currently working on. He further reported that the Board had found ways of undertaking work in different ways, so ensuring that there would not be a reduction in their workload in light of the 30% reduction in funding next year.</p> <p>Mr Duller confirmed that the HWO Board were to discuss the possibility of the organisation adopting charitable status in the future.</p> <p>The Board AGREED to receive the report.</p>	<p>Eddie Duller</p>
<p>32 Shared Working Protocol with Safeguarding Boards (Agenda No. 14)</p>	
<p>The Board considered a report outlining proposed working arrangements between key partnerships and Boards in Oxfordshire.</p> <p>The Board AGREED to approve the proposals outlined in the report.</p>	<p>All to note</p>
<p>33 Reports from Children's Trust, Joint Management Group & Health Improvement Board (Agenda No. 15)</p>	
<p>The Chairmen of the Children's Trust and the Older People's Joint Management Group, together with the Deputy Chairman of the Health Improvement Partnership Board briefly presented their written reports on activities since the last full Board meeting.</p> <p>The Board AGREED to note the report.</p>	<p>Cllr Melinda Tilley/Cllr Mrs Judith Heathcoat/Cllr Ed Turner</p>
<p>34 PAPERS FOR INFORMATION ONLY (Agenda No. 16)</p>	
<p>Noted.</p>	

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Date of signing