

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 14 July 2016 commencing at 2.00 pm and finishing at 3.50 pm

**Present:**

**Board Members:** Councillor Ian Hudspeth – in the Chair

Dr Joe McManners (Vice-Chairman)  
District Councillor Anna Badcock  
Eddie Duller OBE  
Councillor Hilary Hibbert-Biles  
John Jackson  
Dr Jonathan McWilliam  
Councillor Melinda Tilley  
James Drury (In place of Rachel Pearce)

**Other Persons in Attendance:** 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](http://www.oxfordshire.gov.uk).)*

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

	ACTION
<b>1 Welcome by Chairman, Councillor Ian Hudspeth</b> (Agenda No. 1)	
The Chairman extended a welcome to Members of the Board.	
<b>2 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)	

Apologies were received from Cllr Mrs Judith Heathcoat, Cllr Ed Turner and Peter Clark.	
<b>3 Declarations of Interest - see guidance note opposite</b> (Agenda No. 3)	
There were no declarations of interest submitted.	Andrea Newman
<b>4 Petitions and Public Address</b> (Agenda No. 4)	
There were no requests to submit a petition or to make an address.	
<b>5 Note of Decisions of Last Meeting</b> (Agenda No. 5)	
The note of the last meeting which took place on 3 March 2016, was approved and signed as a correct record.	Julie Dean
<b>6 Performance Report - end of year 2015/16</b> (Agenda No. 6)	
<p>The Board received an update on performance against the outcomes in the Joint Health &amp; Wellbeing Strategy set for 2015/16.</p> <p><u>In relation to Priority 7, Target 7.1 – ‘Reduce the number of people delayed in hospital from an average of 145 per day in 2014/15 to an average of 96 for 2015/16’</u>, David Smith reported that performance had increased considerably since the end of Quarter 4 (153) and at the end of June the figure was at 60. He added that this was the result of all in the system working together. In response to a question about the sustainability of this, John Jackson stated that the trend was continuing to be downwards. Moreover, Oxfordshire’s performance was being observed elsewhere, for example, Simon Stevens had cited it as an example of good practice at the Chairman’s Confederation and the Royal Berkshire Hospital, at a recent Board meeting, had expressed an interest in coming to Oxfordshire to observe practice.</p> <p><u>In relation to Priority 3, Targets 3.6 and 3.8 – ‘Reduce the assessed level of risk for high risk domestic violence victims managed through the MARAC (Multi-Agency Referral Risk</u></p>	

<p><u>Assessment Conference)</u> and <u>Monitor the proportion of MASH (Multi-Agency Safeguarding Hub) enquiries leading to a referral where information was shared with partner agencies.</u> – Cllr Melinda Tilley undertook to look into the possibility of raising the targets, stating that a review of MASH was underway and suggesting that it be taken to the Community Safety Partnership for discussion.</p> <p>It was <b>AGREED</b> to note the report.</p>	<p>Dr Jonathan McWilliam/Ben Threadgold/Cllr Melinda Tilley</p>
<p><b>7 Revised Joint Health &amp; Wellbeing Strategy for 2016/17</b> (Agenda No. 7)</p>	
<p>The Board had before them for approval the draft revised Joint Health &amp; Wellbeing Strategy for 2016/17, together with performance against outcomes in the 2015/16 Strategy.</p> <p>The Board addressed the comments on the draft Strategy made by the Oxfordshire Joint Health Overview &amp; Scrutiny Committee (HOSC) at its meeting on 30 June, with the following responses:</p> <ul style="list-style-type: none"> <li>• The Strategy covered a broad spectrum of services with diverse accountabilities. Its aim was to keep a broad view of the impact of the Board on the population. This was done by using measurement of population via population outcomes which were listed in the performance framework and monitored regularly. The Board was open to suggestions about how to improve this. In response to specific questions raised by members of the Oxfordshire Joint Health &amp; Overview Committee (HOSC) about the impact of service changes, the Board reminded HOSC that since the proposed Strategy had been compiled, the Comet Bus Service had been launched and discussions had taken place with Children’s Centres and Housing Related Support. In addition, it was reported that 35 outcome measures from last year’s Strategy were showing an improvement, which showed that it was making a difference and having an impact on the population;</li> <li>• Similarly, the STP, which did not exist as yet, would include NHS system-based plans covering 3 counties. The Joint HWB Strategy was solely Oxfordshire’s document and is a population-based approach. There would be opportunity to clarify the ongoing relationship between the two strategic plans as the STP was</li> </ul>	



<p><b>8 Oxfordshire's Sustainability and Transformation Plan 2016/17</b> (Agenda No. 8)</p>	
<p>David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group, gave a verbal update on the draft submission of the Oxfordshire's Sustainability &amp; Transformation Plan 2016/17 to NHS England. He gave the update in two parts, the first being ongoing work across the 'BOB' (Buckinghamshire, Oxfordshire and Berkshire) footprint and the second, ongoing work specifically in Oxfordshire.</p> <p>With regard to the ongoing work across the BOB footprint, he reported that the draft submission had now been submitted to NHS England and he was the lead. The main priorities at this level were:</p> <ul style="list-style-type: none"> <li>(a) prevention – including the promoting of physical activity and the prevention of obesity;</li> <li>(b) changes to Urgent Care across the system;</li> <li>(c) capacity issues in maternity services; and</li> <li>(d) specialised commissioning.</li> </ul> <p>The STP leaders, chief executives of various organisations had raised a number of issues about the proposals that needed to be worked up, one of which was of governance and how the new structures would sit with Health &amp; Wellbeing Boards across the BOB network. NHS allocation of new funding would be made across the BOB footprint and implications for local planning were unknown. A discussion then ensued about what the Board would aspire to in order to attain the most positive benefits and the merits of an enhanced prevention agenda was agreed.</p> <p>In relation to the ongoing work specifically in Oxfordshire, David Smith referred to the 'Big Conversation' which had just been launched, which comprised 6 public engagement events in various locations. In parallel to this, the NHS was in the process of working up detailed plans for care closer to home and how to link in community pharmacies, Social Care and the voluntary sector. Following clearance by NHS England and Central Government, the Oxfordshire Transformation Plan (the local part of the STP) would be out for consultation in the early Autumn.</p> <p>Dr McWilliam spoke about the merits of enhanced levels of a 'transformation shift to prevention across all NHS services. This needed to be a core part of the plans at both Oxfordshire and STP level if the pressures on the NHS were to be reduced and</p>	

<p>people were to have better and longer lives. This had to include NHS initiatives to embed prevention in all patients contacts and would need changes in the system to enable GPs and others to have time to devote to talking to patients about preventing illness.</p> <p>Other proposals likely to be in the consultation document would include enhanced levels of primary and community care closer to home, to prevent hospital admissions, which would enable GP surgeries, working as groups in a locality, to have access to technology and specialists. This would be supported by an agenda leading to the integration of social care and primary care. Building this up to suit the requirements of each location would require building based designs.</p> <p>With regard to process, David Smith stated that as the above would be a significant change to services, the Oxfordshire Health Overview &amp; Scrutiny Committee (HOSC) would need to be formally consulted. Implementation would depend on the consultation process and the decisions coming out of it. Any formal decisions would be taken by the OCCG Board in February 2017 and implementation would take place after that in the next financial year and would take 3 to 4 years. He warned that change was required, otherwise there would be a very large deficit.</p> <p>In response to a question about plans for communication with residents in the localities, David Smith stated that every form of media communication would be used. District Councils would also be briefed. He added that HOSC was the only resposdee who had the power to refer proposals to the Secretary of State via the Independent Review Panel.</p> <p>Eddie Duller advised that the consultation should be in plain English, adding that the public tended to be concerned mainly with its own locality and family needs. Healthwatch Oxfordshire were doing their best to inform the public of the forthcoming consultation via their website.</p> <p>James Drury advised that NHS England would need to sign off, as part of their NHS Service Reconfiguration Policy, stages 1 and 2 of the review.</p> <p>The Board <b>AGREED</b> to note the report.</p>	<p>All to note</p>
<p><b>9 Oxfordshire's Better Care Fund Plan 2016-17</b> (Agenda No. 9)</p>	
<p>John Jackson updated the Board on the development and submission of Oxfordshire's Better Care Fund Plan for 2016/17.</p>	

<p>The cover report and plan was attached at HWB9.</p> <p>The Board <b>AGREED</b> to receive the Better Care Fund Plan for 2016/17.</p>	<p>John Jackson/ben Threadgold</p>
<p><b>10 Oxfordshire Transforming Care Plan 2016-2019</b> (Agenda No. 10)</p>	
<p>Sula Wiltshire, Director of Quality and Lead Nurse, OCCG, and Kate Terroni, Assistant Director for Adult Social Care introduced the planning template and Action Plan (HWB10).</p> <p>John Jackson acknowledged the work done by the District Councils in supporting the move to supported living in Oxfordshire. This had enabled the development of some very creative schemes that had proved very successful for the wellbeing of the users and their families.</p> <p>It was <b>AGREED</b> to note the Plan.</p>	<p>David Smith/John Jackson</p>
<p><b>11 Healthwatch Oxfordshire - Update</b> (Agenda No. 11)</p>	
<p>Eddie Duller gave a general update on Healthwatch Oxfordshire's (HWO) activities. He highlighted his concern about growing problems with patient accessibility to GPs and expressed a hope that this would be addressed as part of the Transformation Plan.</p> <p>The Board welcomed the HWO report on Female Genital Mutilation, which was due to be published in early September.</p> <p>In response to a request for information by a Board member on how much feedback had been received on the subject of repeat prescriptions and some reported incidences of a shortage of stock, Carol Moore, Chief Executive of HWO, stated that only two pharmacies in the south of the county had sent feedback and HWO had no additional concerns.</p> <p>James Drury explained that some of the large pharmacies who gathered in prescriptions had changed their business models thus causing some issues of availability. He added that a project was being rolled out to encourage the public to use the electronic facility open to them.</p> <p>The Board took the opportunity to thank Carol Moore, who was</p>	

<p>leaving the area, for all her hard work and wished her well in the future.</p> <p>The Board <b>AGREED</b> to note the report.</p>	All to note
<p><b>12 Reports from Children's Trust, Older People Joint Management Group and Health Improvement Partnership Board</b> (Agenda No. 12)</p>	
<p>The Chairmen of the Children's Trust and the Health Improvement Partnership Board, together with the Director for Adult Social Care, presented the written reports on activities since the last full Board meeting (HWB11).</p> <p>Cllr Tilley, Chairman of the Children's Trust, highlighted that there would be a review of the Children's Trust and its role at its next meeting. Also the new interim Chair of the Safeguarding Board was coming along.</p> <p>Cllr Anna Badcock, Chairman of the Health Improvement Partnership Board, highlighted its Healthy Weight Review which, she stated, had been very well run and had resulted in some very good solutions.</p> <p>The Board <b>AGREED</b> to note the reports.</p>	All to note
<p><b>13 SUMMARY OF COMMUNICATIONS RECEIVED BY THE CHAIRMAN - FOR INFORMATION ONLY</b> (Agenda No. 13)</p>	
<p>Noted.</p>	

..... in the Chair

Date of signing