



**Health and Wellbeing Partnership Board  
Notes of meeting Tuesday 11<sup>th</sup> December 2007**

No	Item	Notes	Action
1.	<b>Welcome and Apologies</b>	<p><b>Apologies were received from:</b> Joanna Simons (Oxfordshire County Council), Steve Vinnicombe (Oxfordshire Council of Disabled People), Dr Chris Hood and Sue Reid (South Oxfordshire District Council)</p> <p><b>Members present are listed at Annex A (including substitutes)</b></p> <p><b>Officers in attendance: ?</b></p>	
2.	<b>Notes and actions from previous meeting</b>	<p>Minutes of the last meeting of the Health and Wellbeing Partnership Board on 13<sup>th</sup> September were agreed as an accurate record.</p> <p><b>Matters Arising</b></p> <ol style="list-style-type: none"> <li>1. The updated Terms of Reference were circulated to Board members and the following amendments were again recommended: <ul style="list-style-type: none"> <li>• Change the word “implement” to “recommend “as the purpose of the Board is to recommend rather make decisions.</li> <li>• In objectives 5 &amp; 6 the word enable has been used. More clarity to be provided about what is meant by the word enable.</li> </ul> </li> <li>2. The PCT Board signed off the PCT strategy at the meeting on the 29 November 2007. It was also agreed at the meeting that the Mental Health strategy will be formally reviewed in March.</li> <li>3. Work on PBC is still ongoing at the moment and SR will give an update on it at the next Board meeting.</li> <li>4. NW was to prepare a briefing note for the Board on the number of people that the budgets are supporting in relation to his presentation at the last meeting on Joint Partnership Arrangements in Oxfordshire and the Learning Disabilities Joint Management Group. This is an</li> </ol>	<p>Jackie Wilderspin</p> <p>Stephen Richards</p>

		<p>outstanding action for the next meeting</p> <p>5. A breakdown of Learning Disability pooled budgets was circulated at the meeting</p>	<p>Nick Welch</p>
<p>3.</p>	<p><b>Recommendations for Local Area Agreement</b></p>	<p>Jackie Wilderspin introduced the new Local Area Agreement (LAA2) which is currently being developed between Central Government and the Oxfordshire Partnerships. Agreements are to be based on up to 35 indicators which are to be decided locally to reflect local priorities. The paper set out recommendations for indicators to be included in LAA2 which have been chosen from national guidance from the government.</p> <p>The Board was asked to confirm, amend or delete the indicators recommended.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> <li>• Indictors 139, 138, 141, 8, 55, 56 should all be incorporated.</li> <li>• Indicator 135 (first bullet point) - concerns expressed over joined up working with the PCT – are the PCT being assessed?</li> <li>• Indicator 131 – concerns with the co-ordination of the care pathways and that potential gaps must be avoided. JJ explained to the group that the ‘Whole systems group’ currently looks for potential blockages in the system. It was also suggested that a fifth bullet point should read “Carers capacity and willingness to provide care and support at home”.</li> <li>• There is no reflection of supporting children from chaotic families – this needs to be addressed.</li> <li>• Indicator 53 was confirmed as being suitable for inclusion in the Children and Young Peoples section.</li> <li>• The format should be consistent throughout showing work streams and possible metrics for all indicators.</li> <li>• It was expressed that accountability and responsibility need to be clearly addressed in LAA2. Identification of who is to be held to account is essential if targets are not being delivered and targets must be measurable to ensure that this is possible. AY explained that</li> </ul>	

		<p>governance issues are the next stage level of detail and whilst this must be addressed, at this meeting it was only the indicators that needed to be agreed. SR added that this point would be revisited and clarified by June 2008.</p> <p><b>There was general agreement of the current indicators. The suggested recommendations and governance issues are to be explored further.</b></p>	<p>Jackie Wilderspin</p>
<p>4.</p>	<p><b>Spatial planning</b></p>	<p>JJ introduced this paper and explained that the County Council and PCT are working together to address key issues around the development and provision of services to meet the growing financial, land use and spatial planning issues facing local government and the NHS. RM then went on to discuss how in order to promote healthy communities and develop services, the County Council and PCT will need to become actively engaged with the District and City Councils. This would ensure that land use planning would be developed in a way suitable for growing health needs.</p> <p>The Board were asked to support the closer joint working of groups and agree to a number of requests including the continuation of meetings between officers and that the PCT ensures regular spatial planning partnership meetings.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> <li>• Whilst joined up working was thought sensible and widely supported, there are existing mechanisms in place to ensue spatial planning issues which are suitable for what is trying to be achieved here.</li> <li>• Cllr HH-B stated there hadn't been time to explore this with colleagues in West Oxfordshire and whilst this couldn't be agreed to at the present time, she was happy to come back to it at a later date.</li> <li>• It was stated that in more rural parts of Oxfordshire, older people want to continue living in their current communities where transport links are not good. Therefore there are concerns over where new facilities will be placed if emphasis is on being located in more populated areas with good transport. A one size fits all approach is not realistic in trying to</li> </ul>	

		<p>create viable communities.</p> <ul style="list-style-type: none"> <li>• There was a request to have more inclusion of the voluntary sector.</li> <li>• NW explained that whilst there was current work being done in this area, that it was not working as well as it should. The aim of the paper was therefore to explore pragmatic ways of developing the process.</li> </ul> <p><b>Whilst recommendation 1 was supported, it was advised that the Board revisit this issue once drivers and benefits of this work are clearer. The timing of this has yet to be agreed.</b></p>	<p>Rachel Martin/John Jackson</p>
<p>5.</p>	<p><b>Care Outside Hospital</b></p>	<p>AW gave a presentation updating the Board on progress with the Care Outside Hospital programme. The aim of the programme is to review, redesign and commission community based health services to ensure a fair, responsive and personalised services to meet the changing expectations of service users. Currently, this work is in various stages of enactment. To date, the programme is moving into planning and implementation for Chipping Norton and a Care Outside Hospital Group has been established as well as project groups for Bicester, Henley and Oxford City. An external agency has been approached to drive public engagement and a number of commissioning principles have been identified.</p> <p>The Board were asked to suggest any other key players to be involved with this work, to identify any more key links and to suggest any other commissioning principles that need to be considered.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> <li>• The system is based on carers available and there were concerns that this has not been fully appreciated by the PCT.</li> <li>• Vale has not yet been included because it was not an area of priority but will be looked addressed at a later date.</li> <li>• “Task and finish” groups will maintain momentum and assess potential impacts within communities. They will report to the Project Board as necessary.</li> <li>• Plans to re-educate the community to understand the concept of care at home were questioned. HW stated that there were Self Care and Expert</li> </ul>	<p>Alan Webb/ Tony Purkis</p>

		<p>Patient programmes set up to address this issue.</p> <ul style="list-style-type: none"> <li>• It was suggested that elected members should be included in local working groups as local knowledge was key but this should not be in place of other public involvement.</li> <li>• More staff in the community would be needed to ensure change and build trust.</li> <li>• It was asked that homeless people or those with Mental Health problems were not forgotten as different care provisions would be needed. It was suggested that Housing Officers should also be involved.</li> <li>• SR warned that the Darzi review may bring extensive change and this may have implications to this work. SR agreed to update the Board on the Darzi review at a later date.</li> </ul>	Stephen Richards
6.	<b>Public Health Strategy</b>	<p>JW gave an update on the Public Health Strategy for Oxfordshire which has been written as a requirement in the Oxfordshire Local Area Agreement (LAA) 2005 – 08. It is the product of extensive work through the Healthier Communities and Older People Programme Board of the LAA and has been discussed by all the major partnerships in the County and endorsed by the Oxfordshire Partnership Steering Group. Since this was introduced to the Board, recommendations have been incorporated and there has been wide consultation. The separate district public health strategies are still at various stages but will be ready by March.</p> <p><b>There was general agreement that District public health priorities should be brought to the Board in March.</b></p>	Jackie Wilderspin
7.	<b>Director of Public Health six month report</b>	<p>JMcW gave an update on the DPH Annual Report to the Board. JMcW noted the four key challenges for the public health of Oxfordshire as priorities for action in the six month report:</p> <ul style="list-style-type: none"> <li>• An ageing population: tackling the demographic timebomb.</li> <li>• Breaking the cycles of deprivation in children and families.</li> <li>• Preventing obesity, a major cause of chronic disease.</li> <li>• Fighting infectious disease.</li> </ul>	

		<p>It was previously agreed that these are the right topics but Mental Health should also be a focus for the forthcoming Annual Report in March 2008. There has currently been good progress in all areas but there is more work to be done and this will be reported back to the Board in more detail in March.</p>	<p>Jonathan McWilliam</p>
<p>8.</p>	<p><b>Local Involvement Networks (LINKS)</b></p>	<p>Mary Judge gave an update on the main facts about setting up LINKs and noted any principal concerns. A LINK will be a network of local people and organisations, with a Host Organisation funded by the government, to hold commissioners and providers of health and social care to account. LINKs will have a wide range of powers and give everyone the chance to say what they think about local health and social care services. The County Council will make arrangements to tender for the host organisation to be set up and LINKs will become fully operational after any necessary regulations go through Parliament. Examples of concerns include no fixed membership (a potential weakness), inadequate funding, large numbers of people involved making it harder to exercise influence in the NHS, appointment of the Host causes problems such as conflict of interest and some social care community areas have been excluded.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> <li>• The experience and expertise of the current PPIF will be valuable in the process of setting up the tendering process. A meeting will be convened by the County Council to take this forward.</li> <li>• Deadline for setting up the Host organisation has been extended to September 2008. A shadow organisation will be set up from April 2008.</li> <li>• SL stated that she believed there was adequate funding for this.</li> </ul> <p>Thanks were recorded to the PPIF for their continued work.</p>	

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<b>9.</b>	<b>Any Other Business</b>	<ul style="list-style-type: none"><li>• A position to support the Board is currently being advertised with a view to making an appointment soon.</li><li>• Future agenda items – a reminder that everyone is welcome to propose, suggest and request agenda items. For future meetings. Until the Partnership Officer is appointed please send proposals to <a href="mailto:jackie.wilderspin@oxfordshirepct.nhs.uk">jackie.wilderspin@oxfordshirepct.nhs.uk</a> or <a href="mailto:sara.livadeas@oxfordshire.gov.uk">sara.livadeas@oxfordshire.gov.uk</a></li></ul>	
<b>10.</b>	<b>Next Meeting</b>	Thursday 20 <sup>th</sup> March 2008; 14:00 – 17:00, County Hall	

**Annex A:  
21 February 2007**

**Members present**

<b>Organisation / sector</b>	<b>Members present</b>	<b>Officers present</b>	<b>Organisation</b>
County Council	Cllr Jim Couchman Cllr David Robertson John Jackson	Nick Welch Sara Livadeas	Oxfordshire County Council
Health	Dr Stephen Richards Andrea Young Alan Webb Jonathan McWilliam	Jackie Wilderspin Rachel Martin	Oxfordshire PCT <b>(CHAIR)</b>
District Councils	Cllr John Goddard Cllr George Reynolds Cllr Angela Lawrence  Cllr Hilary Hibbert-Biles	Val Johnson Ian Davies David Stevens	Oxford City Council Cherwell District Council Vale of White Horse District Council West Oxfordshire District Council
Patient Forums	Mary Judge Gwen Hunt		
Voluntary Sector	Patrick Taylor Lesley Dewhurst Tony Purkis Anita Highman  Eddy McDowall	Penny Thewlis	Oxfordshire MIND Nightshelter Carers Forum, Alzheimers Soc Age Concern Learning Disability Partnership Board