



**Health and Well-Being Partnership Board
Notes of meeting Thursday 20 March 2008**

No	Item	Notes	Action
1.	Welcome and Apologies	<p>Apologies were received from: Steve Vinnicombe (Oxfordshire Council of Disabled People), Cllr Chris Hood (South Oxfordshire District Council), Sue Reid (South Oxfordshire District Council), Joanna Simons (Oxfordshire County Council), Cath James (West Oxfordshire District Council), Cllr Hilary Hibbert-Biles (West Oxfordshire District Council), Gwen Hunt (Patient & Public Involvement Forum), Val Johnson (Oxford City Council), Andrea Young (Oxfordshire PCT), Alan Webb (Oxfordshire PCT)</p> <p>Members present are listed at Annex A</p> <p>Officers in attendance: Claire Evans, Paul James, Suzanne Jones, Varsha Raja, Wendy Kingsbeer, Maggie Dent and Angela Baker all attended part of the meeting to give presentations</p>	
2.	Notes and actions from previous meeting	<p>Accuracy Minutes of the last meeting of the Health and Well-Being Partnership Board on 11th December were agreed as an accurate record.</p> <p>Matters Arising</p> <ol style="list-style-type: none"> 1. JW confirmed that the Board's Terms of Reference had been updated to reflect previous amendments made at the last two meetings. Revised copies are circulated to Board members with these minutes. 2. SR informed the Board that work on PBC is still ongoing and suggested it as a possible workshop topic for fuller consideration on 19 June 2008. 3. JJ drew attention to two aspects of relevance to the Board arising from Spatial Planning: <ol style="list-style-type: none"> i. JJ, SL and Rachel Martin had a useful meeting with a county-wide Chief Planning Officers group – future discussion regarding the Local Development Framework may be useful. ii. Age Concern and local authorities are finding a lot of useful information in a CLG publication "Housing in an Ageing Society". 4. No further information regarding Learning Disability pooled budgets was circulated – a fuller Review is to be undertaken in approx three months time and more information can be supplied then. 	<p>Matt Bramall</p> <p>n/a</p> <p>n/a</p> <p>Nick Welch</p>

		<p>5. AY and AW were not present to provide an update regarding Care Outside Hospital</p> <p>6. Public Health Strategy deferred to Item N^o.7</p> <p>7. JMcW reported that he had included a chapter on Mental Health in the Director of Public Health's 2nd Annual Report, which was being presented to the PCT Trust Board and county council Cabinet in the next few weeks.</p> <p>8. SL reported that a process has been agreed for securing a LINKs host with a view to awarding a contract in May 2008 and offered to provide more detailed information to any Board members on request.</p> <p>9. SR confirmed that further information on the Darzi Review is available via the PCT Trust Board papers on the web and suggested it as a possible workshop topic for fuller consideration on 19 June 2008</p>	<p>Andrea Young/ Alan Webb</p> <p>n/a</p> <p>n/a</p> <p>Sara Livadeas</p> <p>n/a</p>
<p>3.</p>	<p>Update on the Sustainable Community Strategy</p>	<p>Claire Evans and Paul James presented the updated timetable for development of the Sustainable Community Strategy (SCS) highlighting that the consultation period has been extended to 22-Sep-08 in response to feedback. The SCS is known as "Oxfordshire 2030" because unlike the new Local Area Agreement (LAA2) (which only looks forward three years) it is focussed on looking ahead to the long-term future objectives for the area.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> • It is important that partners ensure minimal duplication between SCS and this Board's activity by contributing to the development of the Delivery Plan. This entails identifying a small number of important things that can only be tackled successfully together, rather than the 'business-as-usual' aspects of their organisations. • This Board has had a role in identifying priorities which will need to be resourced by the partners. Monitoring progress and reviewing progress will be part of this Board's ongoing role. 	

		<ul style="list-style-type: none"> • Targets not related to the National Indicator set determined by government can be put forward – important to look at what matters in Oxfordshire and ensure even government targets serve our purposes. • Board members must play their part in helping to ensure that the Practice Based Commissioning consortia are not only aware of this activity but are enthused by it and encouraged to be involved. <p>The Board was asked to:</p> <ul style="list-style-type: none"> • note the position and new timetable • note that the real priority is now to press forward via the Delivery Plan on delivering real outcomes. • consider attending briefing events at 3pm on 08, 09 and 10-Apr 2008. Details and booking on www.oxfordshirepartnership.org.uk 	
4.	<p>Health and social care related targets in the Local Area Agreement</p>	<p>JW circulated an additional paper showing how the Dept of Health’s recently published set of NHS indicators, called ‘Vital Signs’, correlate to the 198 indicators in the ‘National Indicator Set’ for local authorities and the recently agreed 35 indicators comprising LAA2. It was highlighted that in addition to the four specific health and well-being indicators many of the LAA2 indicators have a health or well-being dimension to them.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> • LAA2 priorities ought to have an impact within three years and progress should be made within the first year. There is a financial incentive in the form of reward grant for hitting targets. • A national indicator for Learning Disabilities is awaited from government. • National indicator set is still overly focused on <i>inputs</i> and <i>outputs</i>. It is important that local performance measures concentrate on <i>outcomes</i> where improvements can be achieved, where there are current weaknesses and where there is unmet need. • Important to remember that LAA2 does not represent the totality of any organisations work on any given area. For example more is being done on carers than is measured by the target and plenty is being done on Mental Health despite it not featuring in the 35 specific LAA2 targets. 	

		<ul style="list-style-type: none"> • Work to date had emphasised the ‘process’ aspects. More now needs to be done to involve partners in identifying some potential cross-cutting areas offering quick wins. All partners should consider what they can add to the areas of work in LAA2. <p>The Board was asked to:</p> <ul style="list-style-type: none"> • comment on the proposals currently being negotiated with GOSE, and • ensure that priority work not included in LAA2 will be included in the Sustainable Community Strategy • consider the contribution of their organisations to the action needed to meet the targets. <p>There was general agreement with the selected 35 indicators but the Board requested more information on those indicators that had not made it from the long list to the short list.</p>	<p>Jackie Wilderspin</p>
<p>5.</p>	<p>Joint Strategic Needs Assessment (JSNA)</p>	<p>SL shared information with the Board to explain what had been happening locally to meet the government’s requirement for a needs analysis to be produced that can inform strategic decision-making. In future, commissioners need to demonstrate how they have used this information to deliver more person-centred services and to achieve a strategic reorientation towards investing in health promotion and prevent higher costs associated with later illness. Guidance was produced too late for such an analysis to inform current plans for future service planning. However, the county council and the PCT have jointly hired consultants to collate and analyse the required data, a narrative of which will be published on the PCT website by 31-Mar-08.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> • Data will be published at ward and practice level but will not be included if there is any risk of confidentiality being breached. • The issues that are highlighted by the JSNA will be the basis for discussion at this Board on how to improve matters by working together. • A perennial problem of how to measure actual need rather than simply counting the numbers to whom services are provided was raised. Where there are thought to be greater numbers than are presently 	

		<p>known to support agencies, the best solution to date has been to apply general prevalence data to Oxfordshire populations to provide truer estimates of need.</p> <p>The Board was asked to:</p> <ul style="list-style-type: none"> • offer views at a later date that would inform how findings from the JSNA are fed back to local communities, for example via Annual Reports, the PCT Prospectus and assorted websites, and • retain a watching brief over this area to ensure that JSNA analysis informs strategic decision-making for future service provision. <p>There was general agreement that the Board should exercise some influence over subsequent JSNA development and should monitor how it is contributing to decisions about future service provision.</p>	<p>Sara Livadeas</p>
<p>6.</p>	<p>Older People Strategy and public involvement</p>	<p>AH spoke about the necessity for all agencies to take Older People's issues seriously. PT stressed that 'older people' is an incredibly heterogeneous grouping; however, some key points had emerged from years of consultation – namely, that older people resent stereotypes and want their diversity recognised, that their needs are not all about health and social care, and that services must strive to demonstrate a more joined-up or seamless approach. Five key wishes were highlighted – (i) allow older people to influence services and give them a voice to shape future provision, (ii) improve information and access to services, (iii) help them to remain active and maintain well-being, (iv) locate community facilities in neighbourhoods, and (v) provide support when and where it is needed.</p> <p>Suzanne Jones and Varsha Raja gave a presentation on their work to develop a joint service model for older people that looks at services from the point of view of the patient rather than the providing organisation. This work is overseen by the Older People's Programme Board and is intended to inform all service developments and commissioning intentions across all sectors.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> • Needs in relation to Older People are well understood – the biggest gap being primary prevention – we all now need to 'get on with it'. 	

		<ul style="list-style-type: none"> • Concern raised over the extent of engagement of people with Learning Disabilities who are also ageing. This led to wider discussion on the issue that sometimes the needs associated with ageing of different client groups can be overlooked because they are thought of primarily as disabled, or drug using or carers, rather than as older people. • Success partly depends upon securing a change of attitude towards older people and ageing. • Life planning is missing from the draft model – the question was posed as to whether this needs to be broadened out to non-health, non-care services. • The role of informal carers must be recognised in all this work, as they need to be kept in good health too. • Partnership work on “Promoting Independence” is being led by John Jackson and has funding of almost £5m over the next 3 years. • The role of district councils was highlighted – they share a responsibility for prevention. In future, Oxfordshire will be judged on a whole area basis rather than inspected as separate agencies. <p>The Board was asked to:</p> <ul style="list-style-type: none"> • support the ongoing development of the model <p>There was general endorsement of the work being done.</p>	
7.	Cherwell Joint Public Health Strategy	<p>Wendy Kingsbeer and Maggie Dent gave a presentation outlining the public health priorities being tackled in the Cherwell district. Priorities were identified by translating the themes of the county-level Public Health Strategy into Cherwell activities, and numerous examples of such district-based projects were mentioned by way of illustration. This joint approach has ensured integration between PCT health activities and Cherwell’s community planning process.</p> <p>A statement was read out from SODC representatives unable to attend this meeting informing the board that they support the proposal to develop an annex to the Public Health Strategy to reflect SODC’s contribution to its goals. They will take a proposal to their next LSP meeting on 09-Apr-08 and organise</p>	

		<p>a workshop to identify what to include in the annex.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> • Public Health impacts are often long term – involve changing behaviours now that will produce benefits in 10 or 20 years time. Establishing criteria to measure this impact in the short-term can be difficult. • Local projects are based on national evaluations of what works, which have a good research base behind them. In other words they are replicating what has been known to succeed. • More information to produce clearer justifications regarding value for money was identified as desirable. <p>The Board was asked to:</p> <ul style="list-style-type: none"> • note the development of a joint public health strategy at district level, and • commend this approach elsewhere in Oxfordshire. <p>It was agreed that other district partnerships would be invited to present their joint public health strategies at future meetings.</p>	
8.	Obesity Strategy	<p>Angela Baker gave a presentation on the initial development of a county-wide obesity strategy, which is needed because the prevalence of obesity is rapidly increasing (projected to double in less than 20 years) which increases the risk of many health issues. The strategy focuses on different levels from the more general to the very specific, and includes (i) community programmes, (ii) self-help with support, (iii) intensive support, (iv) intensive support with drug input, and (v) surgery. The latter is only used in very extreme cases: 22 operations in 18 months.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> • More work needs to be undertaken to develop counselling and psychiatric services to address the psychological aspects of weight gain. <p>The Board was asked to:</p> <ul style="list-style-type: none"> • endorse the approach being taken to the Obesity Strategy's development 	

		The Obesity Strategy was accepted by the Board.	
9.	Planning future meetings and work of the Board.	<p>Feedback was sought from Board members as to whether an away-day format for the next meeting would be beneficial.</p> <p>Key points from the discussion:</p> <ul style="list-style-type: none"> • How we as a Board operate and deliver against its purpose was seen as key, including reporting and monitoring arrangements for LAA and SCS. • Other suggested topics included: a single point of access for services, the Director of Public Health's 2nd Annual Report, Joint Strategic Needs Assessment, PBC, the Darzi Review of the NHS, district level Public Health strategies, learning disabilities, marking the NHS 60th anniversary, the forthcoming national Primary and Community Care Strategy. • A vital overall goal is to "take hold of this forum and make it ours". • It was important not to try and tackle too many items, and to ensure the Board left with something at the end that they didn't have at the start. • The Public Service Board expects the Health & Well-Being Partnership Board to ensure the partnership fulfils a specific responsibility to track performance and thereby ensure agreed LAA targets are achieved. <p>The Board was asked to:</p> <ul style="list-style-type: none"> • ensure it has agreed at the outset what it wants to achieve from the day <p>There was support for a full day of workshops on 19-Jun-08. The Board asked the Partnership Officer to consult Board members as part of the process of devising the agenda for the day.</p>	Matt Bramall
10.	Any Other Business	TP wished to record his appreciation of the PCT's clarification of its commitment to carers via the implementation of an Action Plan consistent with the Oxfordshire Carers Strategy.	
11.	Next Meeting	Thursday 19-Jun-2008; 10am – 4pm, venue t.b.c.	

**Annex A:
20 March 2008**

Members present

Members present	Organisation
Cllr Jim Couchman	Oxfordshire County Council (CHAIR)
Cllr David Robertson	Oxfordshire County Council
John Jackson	Oxfordshire County Council
Dr Stephen Richards	Oxfordshire PCT
Jonathan McWilliam	Oxfordshire PCT
Cllr John Goddard	Oxford City Council
Cllr George Reynolds	Cherwell District Council
Cllr Angela Lawrence	Vale of White Horse District Council
Mary Judge	Patient and Public Involvement Forums
Patrick Taylor	Oxfordshire MIND
Lesley Dewhurst	Nightshelter
Tony Purkis	Carers Forum/ Alzheimers Society
Anita Highman	Age Concern Oxfordshire
Penny Thewlis	Age Concern Oxfordshire
Eddy McDowall	Learning Disability Partnership Board

Officers present

Officers present throughout	Organisation
Sara Livadeas	Oxfordshire County Council
Matt Bramall	Oxfordshire County Council
Jackie Wilderspin	Oxfordshire PCT
Ian Davies	Cherwell District Council
Officers present in part	Organisation
Claire Evans	Oxfordshire County Council
Paul James	Oxfordshire County Council
Suzanne Jones	Oxfordshire PCT
Varsha Raja	Oxfordshire County Council
Wendy Kingsbeer,	Cherwell District Council
Maggie Dent	Oxfordshire PCT
Angela Baker	Oxfordshire PCT

A full copy of the Obesity Strategy, flyers for the SCS April briefings, details of which officers are involved in the final LAA2 negotiations with GOSE for sign-off in Jun-08, a fuller 20-page LAA2 report, and copies of the slides used in the presentations today are all available from:

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