

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 18 June 2020 commencing at 2.00 pm and finishing at 4.00 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)
Ansaf Azhar
Dr Nick Broughton
Stephen Chandler
Councillor Steve Harrod
Dr James Kent (substituted by Diane Hedges for part)
Councillor Andrew McHugh
Dr Jonathan Montgomery (substituting for Dr Bruno Holthof)
Jane Portman
Tracey Rees
Yvonne Rees
Councillor Lawrie Stratford
Councillor Louise Upton

Officers:

Whole of meeting Eunan O'Neill, Consultant in Public Health; Colm Ó Caomhánaigh, 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 Colm Ó Caomhánaigh, Tel 07393 001096 (colm.ocaomhanaigh@oxfordshire.gov.uk)

	ACTION
<p>1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)</p>	
<p>The Chairman welcomed all to the virtual meeting. He noted that it was the first meeting of the Board since the outbreak of Covid-19 – the March meeting having been cancelled as a result.</p> <p>He stated that, if it was necessary to have a vote at any stage, it would be conducted by roll call.</p>	
<p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies were received from Dr Bruno Holthof (Dr Jonathan Montgomery substituting).</p> <p>Dr James Kent stated that he needed to leave the meeting at 3pm and Diane Hedges would substitute for him from that point.</p>	
<p>3 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>There were no declarations of interest.</p>	
<p>4 Petitions and Public Address (Agenda No. 4)</p>	
<p>There were no petitions or requests to speak.</p>	
<p>5 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>The notes of the meeting held on 30 January 2020 were approved with the addition of Dr Jonathan Montgomery to the attendance list.</p>	
<p>6 Covid-19 Update (Agenda No. 6)</p>	
<p>Ansaf Azhar gave a verbal update on Covid-19. These have been unprecedented times. Nobody knew exactly what the impact was going to be. Clearly it has had a severely adverse effect on communities – and on some communities more than</p>	

<p>others.</p> <p>What was encouraging was the way in which the different services came together to tackle the crisis. New governance structures had to be set up very quickly to coordinate the work.</p> <p>The peak had passed with the reproduction number (R) just below 1 in the South East Region. There is a real chance of a second peak. Local agencies will be key in managing it. In the absence of a vaccine or treatment, local authorities will play a role in the ‘test and trace’ system.</p> <p>Stephen Chandler added that leaders of the various services came together very quickly and operational leaders worked closely together. They fulfilled everything they were asked to by central government. The support had been fantastic across the systems from acute services to home help. The learning is being used to plan for the second wave.</p> <p>Dr Jonathan Montgomery stated that the number of offers of support was fantastic. He also noted that Oxford was having a global input through research in the universities.</p> <p>Councillor Andrew McHugh added that the Oxfordshire Tobacco Control Alliance had stepped up with the Quit for Covid campaign and promoting improving physical fitness.</p> <p>Dr Kiren Collison said that the barriers between organisations had been broken down in dealing with the crisis. The third sector had provided great support. She noted however that the prevention agenda needed to be brought back in, having been largely overlooked during the crisis.</p> <p>The Chairman thanked all for their contributions and echoed the determination to build on the experience.</p>	
<p>7 Test and Trace (Agenda No. 7)</p>	
<p>The report was introduced by Ansaf Azhar. In the absence of a vaccine, test and trace will play a massive role in easing out of the lockdown. The advice for the public will be to dial a new NHS number (119) if they are showing symptoms – or use the online 111 system. They will be assigned for a test and their contacts will be advised to self-isolate. Public Health England have operated the same system before for other notifiable diseases and in the containment phase of Covid-19.</p> <p>It may be necessary to take measures locally – most likely related</p>	

<p>to complex settings and vulnerable groups – and a plan is needed to respond to that. Cross-working between services will be even more important.</p> <p>There will be a local outbreak plan by the end of June which will cover prevention as well as management of outbreaks. This is unlikely to include local lockdowns but will be focus on avoiding that. The data and intelligence needed for an early warning system is being collected.</p> <p>Councillor Louise Upton noted that the City Council already had teams in place to handle outbreaks – for example of food poisoning – and they would like to be involved.</p> <p>Yvonne Rees added that all Oxfordshire leaders were being briefed. Central government asked for three things in regard to test and trace – that the local response be driven by the Director of Public Health, that the Chief Executive of the public health authority be involved and that it should include leaders of political and wider organisations such as the hospital trusts. Oxfordshire is in a good position with a collaborative style already in place. They are looking at cross-warranting and how to handle out-of-hours for example.</p> <p>Councillor Steve Harrod asked why the test and trace mobile phone App was not being renewed. Ansaf Azhar responded that technical issues have arisen with the pilot project. There will not be an App available for the foreseeable future.</p>	<p>Ansaf Azhar</p>
<p>8 Integrated Care Partnership development (Agenda No. 8)</p>	
<p>Diane Hedges, Chief Operating Officer and Deputy Chief Executive of Oxfordshire Clinical Commissioning Group, gave a presentation on the development of the Integrated Care Partnership. She noted that in previous discussions they had talked about the partnership as a way of working. The Covid-19 crisis showed that they could actually do that in a real situation.</p> <p>The task now is to capture the essence of how that worked – how decisions were made very quickly for example. There has been even more inclusiveness in recent months than had been even planned for and there is a need to look at the learning from that.</p> <p>The subgroups have worked very well. The ‘Gold’ group of leaders has been chaired by the Council Chief Executive and the ‘Silver’ group below that has focussed on problem solving and been chaired by Stuart Bell.</p>	

<p>The Social Care leads have been looking at getting people out of hospitals when they no longer require acute care. They have been working with Berkshire and Buckinghamshire on the long-term issues of people waiting for care. The whole system has stood up well under the test of the Covid-19 crisis. The Gold Recovery group needs to look at how this is bedded in for the long term.</p> <p>Councillor Lawrie Stratford stated that he had been concerned that it would take a long time to get cross-working up and running but one of the plus points of Covid-19 is that it made it all happen and has provided a springboard going forward.</p> <p>Tracey Rees asked about the expectations for patient engagement in the ICP. Diane Hedges responded that there are a number of possible approaches. There has been an enormous uptake in IT – for example video conference appointments with GPs. There is a need to consider how this has been experienced by patients.</p> <p>The Gold group has commissioned the OCCG to look at the patient and provider experiences and she has already discussed with Healthwatch how they might support that. In regard to ICP, she would expect each workstream to develop how they would get patient input in their area. It has been done before, for example patient involvement in MSK co-design.</p> <p>Tracey Rees stated that the messaging around changes to primary care had been inconsistent. The central message not to visit your GP was very clear but local messaging around what to do instead was inconsistent and confusing.</p>	<p>All</p> <p>Diane Hedges</p>
<p>9 Director of Public Health Annual Report (Agenda No. 9)</p>	
<p>Ansaf Azhar introduced the annual report. He stated that it traditionally contains an overview of public health in the county. This year he has sought to do something different and put the spotlight on one area – inequality in health.</p> <p>The health statistics for Oxfordshire as a whole are good but they hide pockets of inequality. The county has 10 wards which are among the 20% most deprived in the country. The gap in life expectancy can be up to 15 years.</p> <p>Demand for health services is not universal across the county. This report is designed to start a conversation on how to focus on disadvantaged communities. Covid-19 has highlighted the disparities. Prevention will be massively important in the</p>	

<p>aftermath of Covid. Healthy behaviour needs to become the norm.</p> <p>It will not be down to any one organisation. It is everyone's business. This report is a call to come together on health inequality.</p> <p>Councillor Lawrie Stratford stated that he had felt that the 'public' has been lost in public health. It is everyone's responsibility and includes housing, education and employment. More active health solutions were needed. He congratulated the Director on his report.</p> <p>Councillor Louise Upton welcomed the provision of statistics including breakdown by gender. She was surprised that there was to breakdown on ethnicity.</p> <p>Diane Hedges welcomed the fact that Ansaf Azhar will be meeting the OCCG Executive Group later this month. The commissioning group is always faced with the question of how much they should target resources as opposed to spreading them across all issues and areas.</p> <p>Dr Kiren Collison referred to the hard work done on the prevention framework and noted how it also showed the need for a particular focus on deprived areas. The challenge in the next step is to translate it into action on the ground.</p> <p>The Board noted the report. The Chairman added that there was clearly agreement on the direction outlined.</p>	<p>All</p> <p>All</p>
<p>10 Joint Strategic Needs Assessment (JSNA) (Agenda No. 10)</p>	
<p>Ansaf Azhar introduced the report. He stated that the information on needs had been made more accessible than ever before. It can be viewed on iPads or Kindles. The main findings are related to the gap in life expectancy and an increasing gap in early years development for low income families. Another headline figure is that about two thirds of adults are overweight. The next project is to produce subchapters focussing on deprived communities.</p> <p>Councillor Lawrie Stratford commented that the report looked interesting but was rather intimidating at 300 pages. Councillor Louise Upton welcomed the accessibility of the report and recommended looking at the byte-size reports.</p> <p>Ansaf Azhar emphasised that it was designed to be browsed online and should not be printed out. It was difficult to reduce the</p>	<p>Ansaf Azhar</p>

<p>content because there was a need to have all of this information in one place.</p> <p>The Board agreed to accept the report.</p>	
<p>11 Ward Profile (Agenda No. 11)</p>	
<p>Ansaf Azhar presented for feedback an early stage draft of what a ward profile might look like as applied to Banbury Ruscote. There are three main aspects to it: the statistical breakdown for the ward, the community voices and a mapping of assets available.</p> <p>The community feedback drew attention to the lack of accessible opportunity in the area but the profile also notes some good programmes already in place such as Brighter Futures and FAST (Families Active Sporting Together).</p> <p>There are eight next steps identified. The priorities will be much the same in any area but how to tackle them will depend on the assets available locally. He asked for the Board's feedback and support for the concept before applying it to the other nine most deprived wards.</p> <p>Councillor Andrew McHugh echoed the Director's comments. As Chairman of Brighter Futures he welcomed the positive mention of that programme. He noted the proposed closure of a surgery in the Ruscote area and that there would need to be a discussion on how to maintain a primary care presence in the property which is owned by Cherwell District Council.</p> <p>Tracey Rees welcomed the profile and stated that it would be really useful for those, such as Primary Care Networks, who are required to look at the issue of inequality.</p> <p>Diane Hedges said that the profile would be very useful in helping the OCCG to think about primary care in the ward in general while deciding what to do about the closure of a specific surgery.</p>	
<p>12 Family Safeguarding Update (Agenda No. 12)</p>	
<p>Hannah Farncombe, Deputy Director of Children's Social Care at Oxfordshire County Council, gave a presentation updating the Board on progress regarding Family Safeguarding. Significant progress had been made but development had been slightly delayed by the Covid-19 crisis. It is expected that the system will go live on 28 September 2020.</p>	

<p>Contracts are being put in place for three specialised adult services: Turning Point for drug and alcohol services; Oxford Mind supported by Elmore Community Services and Oxford Health; and a process is in train for appointing a provider on domestic abuse.</p> <p>The new system is called Family Safeguarding Plus because a number of additional aspects are being introduced on top of the model adopted in Hertfordshire. For example, the Council is taking advantage of the partnership with Cherwell District Council to tackle problems for families on the brink of homelessness.</p> <p>Domestic abuse is behind two-thirds of the work in children's social care. It is hoped that the whole system approach will see a reduction in serious harm and repeat cases. She asked for feedback in particular on the measures for evaluation.</p> <p>Tracey Rees asked if the system will go live across the county from the start. Hannah Farncombe responded that coverage will be county-wide when it goes live at the end of September. Some of the more sophisticated elements of ICT will come on stream later.</p> <p>Jane Portman added that they will be looking at quantitative measures but will also seek feedback from families and children on their experience.</p> <p>Diane Hedges suggested looking at preventative measures, for example relating to maternal smoking, immunisation, screening uptake. Hannah Farncombe welcomed that suggestion. She reported good engagement with Oxford Health on adult measures. There was a lot that GPs could feed into the system and they are exploring the involvement of school nurses.</p> <p>The Chairman noted that the attention on Covid-19 and the hopes for a vaccine provide an opportunity to remind the public of the importance of vaccines in general. Ansaf Azhar added that it was particularly important that people get the flu vaccine to reduce stress on health services next winter as they will probably be still dealing with Covid-19.</p>	<p>All</p>
<p>13 Healthwatch Report (Agenda No. 13)</p>	
<p>Rosalind Pearce, Executive Director, introduced the report. She added that she had written the previous day to the Chairman and the Director of Public Health regarding the Public Health England report on the effects of Covid-19 on the BAME (Black, Asian and</p>	

<p>Minority Ethnic) communities. She urged them to support the points that PHE have made to the Minister but asked that they not wait for a national response and instead take a collective approach locally to understanding the effects and committing to action.</p> <p>Councillor Louise Upton welcomed Healthwatch's provision of information on Covid-19 in different languages. This may have helped reduce some of the inequalities that were experienced. She welcomed the idea of learning from the experience but expressed a concern that there might be a replication of other work being done. She hoped that the work could be aimed at making a meaningful addition to the information available.</p> <p>Rosalind Pearce responded that the local communities came to Healthwatch explaining that they did not have the necessary information and that some people were going without food. Healthwatch played a brokerage role in making translations available. She felt it was an indictment of the system that these were not already available. It needs to be recognised that not everyone has access to the internet and not everyone can understand what is produced.</p> <p>The Chairman accepted the point about duplication of work and stated there was an opportunity now to develop mechanisms to deliver on the findings of the inequality report.</p>	<p>Cllr Ian Hudspeth; Ansaf Azhar</p>
<p>14 Performance Report (Agenda No. 14)</p>	
<p>Councillor Andrew McHugh asked about plans to improve access to CAMHS appointments (measure 1.3) which shows that almost half do not get their first appointment within 12 weeks.</p> <p>Diane Hedges responded that this had been discussed by the OCCG board who shared the concern. Oxfordshire has a very high rate of referrals because there has been a policy to be as open as possible to referrals. This has raised the problems with capacity.</p> <p>Jane Portman added that she had concerns about the whole children's mental health area and it can be seen from the report of the Children's Trust Board that this is still a priority. She was particularly concerned that post-lockdown there are likely to be problems coping with the number of children who have been unable to access services or trusted adults at school for example.</p>	

15 Reports from the Partnership Board

(Agenda No. 15)

Councillor Steve Harrod noted, in relation to CAMHS waiting times, that an online service has been commissioned that should, by the end of December, have assessed 600 children. There is enough capacity there now but the problem is in clearing the backlog and they are doing everything they can to deal with that. He also took the point that there will be a surge in demand as the lockdown is lifted.

The Chairman thanked everyone for their participation in the meeting. He expressed a hope that they would soon be able to have a normal meeting again.

..... in the Chair

Date of signing