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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 17 March 2022 commencing at 2.00 pm and finishing at 4.45 pm

Present:

Board Members: Councillor Liz Leffman (Chair)
Dr David Chapman (Vice-Chair)
Ansaf Azhar
Councillor Liz Brighthouse OBE
Sylvia Buckingham
Stephen Chandler
Councillor Maggie Filipova-Rivers
Kevin Gordon
Councillor Jenny Hannaby
Councillor Mark Lygo
Professor Sir Jonathan Montgomery
Councillor Louise Upton

Other Members in Attendance: None

Other Persons in Attendance: None

By Invitation: James Sheard and Kumudu Perera of My Life My Choice
Rosalind Pearce, Executive Director, Healthwatch Oxfordshire

Officers: Robin Rogers, Programme Director, Covid Response, OCC
Bhavna Taank, Lead Commissioner, Live Well, OCC
Jo Cogswell, NHS Oxfordshire CCG
Karen Fuller, Deputy Director, Adult Social Care, OCC
Diane Hedges, NHS Oxfordshire CCG
Catherine Mountford, NHS Oxfordshire CCG
David Munday, Public Health OCC
Natasha Clark, Secretary, OCC
Cameron MacLean, Committee Officer, OCC

Whole of meeting David Munday; Diane Hedges; Natasha Clark; and Cameron MacLean

Part of meeting

Agenda Item

Officer Attending

Item 7:

Robin Rogers, Programme Director, Covid Response

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 Cameron Maclean Tel 07526 985 978 (cameron.maclean@oxfordshire.gov.uk)

	ACTION
20 Welcome by Chairman, Councillor Liz Leffman (Agenda No. 1)	
The Chair welcomed Members of the Board and other attendees noting that this was an "In-Person" meeting, but that Councillor Jenny Hannaby was attending "virtually" via Microsoft Teams.	
21 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies for absence were received from Dr James Kent, Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG). It was noted that Diane Hedges, Deputy Chief Executive, OCCG, was substituting for Dr Kent. Apologies had also been received from Helen Shute, Programme Director, Community Services Strategy, and Yvonne Rees, Chief Executive, Cherwell District Council.	
22 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no Declarations of Interest.	
23 Petitions and Public Address (Agenda No. 4)	
There were no petitions or requests to make a public address.	
24 Note of Decisions of Last Meeting (Agenda No. 5)	

<p>The Chair noted that the last meeting of the Health and Wellbeing Board had been a virtual meeting and, therefore, Members of the Board were unable to vote on any items on the agenda [as this would have required Members of the Board to be physically present at the meeting].</p> <p>As there were two items on the agenda of the last meeting that required the Board’s approval, the Chair proposed that, when it came to considering these items in the minutes of the last meeting, that the Board approve the recommendations as set out in the minutes.</p> <p>The Chair invited Members of the Board to comment on the accuracy of the minutes as she went through the minutes page-by-page.</p> <p>RESOLVED: to approve the minutes of the last meeting and to authorise the Chair to sign them as a correct record.</p> <p>FURTHER RESOLVED: to approve the following recommendations –</p> <p>1. Item 14: Better Care Fund Plan 2021/22</p> <p>It was recommended that the Board approve –</p> <ul style="list-style-type: none"> (a) The Oxfordshire Better Care Fund Plan for 2021/22; (b) The planned investment and schemes designed to deliver the metrics within the Plan; and (c) The proposed trajectories for the metrics as set out in the Plan. <p>2. Item 15: Joint Strategic Needs Assessment Plans for 2022/23</p> <p>It was recommended that the Board –</p> <ul style="list-style-type: none"> (a) Agree the proposed six-month delay to the release of Oxfordshire’s 2022 Joint Strategic Needs Assessment (JSNA) to allow for inclusion of the Census 2021 results; (b) Contribute information and intelligence to further the development of the JSNA (through the Steering Group); and (c) Participate in making information more accessible to everyone. 	
<p>25 Covid-19 Impact (Agenda No. 6)</p>	
<p>The Board received a presentation by the Ansaf Azhar, Director for Public Health, Oxfordshire County Council, apprising Board Members on the position of the coronavirus pandemic in Oxfordshire.</p>	

By way of introduction, Mr Azhar stated he wished to make three points, as follows:

- (a) The pandemic was in a new phase and that, since January 2022, the number of coronavirus cases had come down and the number of hospital admissions and persons who were severely affected by the illness had started to stabilise because of the vaccination programme.

In learning to live with the virus, the priority would now be protecting vulnerable groups. Testing for coronavirus would continue in high-risk settings such as care homes and hospitals in accordance with national guidance.

- (b) After 1 April 2022, the focus would be on symptoms instead of test results, the expectation being that anyone showing signs of having coronavirus, or a cold or flu, would not go to work, school etc.

Mr Azhar noted that there had been an increase in the numbers of coronavirus cases in recent weeks and he stated that such fluctuations in the number of cases was to be expected, and the possible reasons for these fluctuations.

- (c) There would be no more weekly reporting of coronavirus numbers. Instead, the focus would be on reviewing the impact of Covid-19 in the last 18 to 24 months and how its impact could be reflected in the Recovery Plan, including measures to lessen the indirect effects of Covid-19 over the next 5 to 10 years.

The Board then received a presentation by David Munday, Deputy Director of Public Health, on "Cumulative Covid-19 Impact in Oxfordshire 2020 and 2021".

In the subsequent discussion, the following points were raised.

- (a) Mr Azhar stated that the statistics in the presentation would have been a lot worse but for the work carried out by the various partnership bodies in addressing the pandemic. He noted that the measures to tackle the pandemic had been stepped down but could be quickly stepped up again, if necessary.

- (b) In response to a question by the Chair, Mr Azhar stated that the current lockdowns in China were not in response to a new variant of coronavirus. However, BA.2 was a new, highly transmissible sub-variant of Omicron and there were several factors affecting its transmissibility around the world including how quickly countries had responded to the pandemic and the waning effectiveness of vaccinations in those countries that had been quick to roll out vaccination programmes.

- (c) There was an increase in the number of re-infections, including persons who had previously contracted coronavirus

<p>being reinfected by the BA.2 sub- variant.</p> <p>NOTED</p>	
<p>26 Covid-19 Recovery (Agenda No. 7)</p>	
<p>The Health and Wellbeing Board considered a report by the Corporate Director of Public Health, Oxfordshire County Council, in which it was RECOMMENDED that the Health and Wellbeing Board endorse the Oxfordshire System Recovery and Renewal Framework, as set out in Annex 1 to the report, as the key Partnership document guiding joint programme planning beyond the Covid-19 pandemic period.</p> <p>The report noted that effective partnership working across Oxfordshire had been at the heart of the local system response to the Covid-19 pandemic. As the national and local picture improved, system partners had developed a shared framework for Recovery and Renewal to move operational partnership working beyond the immediate Covid response phase. The report set out overarching common ambitions for the issues and themes that would be worked on together as organisations as the community learned from the pandemic. It aimed to ensure that Oxfordshire was best placed to learn, and recover, from the immediate impacts of the pandemic, to support the long-term renewal of communities and places, and enhance Oxfordshire’s joint impact on national and international challenges.</p> <p>Robin Rogers, Programme Director, Covid Response, Oxfordshire County Council, presented the report. The Chair noted that the report had been presented to, and approved by, Oxfordshire County Council’s (OCC) Cabinet at its meeting on Tuesday, 15 March 2022.</p> <p>The Chair noted that she believed the various District authorities shared the same priorities, but it was important to ensure that, when implementing the Oxfordshire System Recovery and Renewal Framework, that OCC maintained the support of the district authorities and OxLEP (Oxfordshire Local Enterprise Partnership).</p> <p>As there were no questions on the report, the Chair proposed that the Board approve the recommendation as set out in the report.</p> <p>RESOLVED: to approve the report’s recommendation.</p>	
<p>27 Update on Establishment of Bucks Oxfordshire Berkshire West Integrated Care System (BOB-ICS) (Agenda No. 8)</p>	
<p>The Board considered a report entitled “Defining the BOB-ICS</p>	

Development Roadmap” by the ICS Development Board and Amanda Lyons, Interim Director of Strategy and Partnerships.

The report comprised an Executive Summary and slide presentation which was presented by Diane Hedges, Deputy Chief Executive, OCCG.

In the subsequent discussion, the following points were raised.

- (a) In response to questions about democracy and delegated authority within the structure of the Integrated Care Board (ICB), and public consultation on the transition of the CCG functions and the way in which the NHS was changing the way in which it operated, Ms Hedges stated that –
- (i) The role of the Health and Wellbeing Board and the Council’s various scrutiny processes, Place-based Partnerships, and Provider Collaboratives were pivotal in the democratic and decision-making process. In addition, the governance structures of the OCCG would be incorporated into the structure of the ICB and delegated authority to the Place-based Partnerships and Provider Collaboratives would enable greater integration of the system.
- (ii) Historically, unless there was an issue that fired the public imagination, engagement in public consultation exercises tended to be low and it was difficult to know how to engage the public on issues of governance. However, the development of the Integrated Care Strategy (ICS) and the assurances given in the roadmap may provide the opportunity for a meaningful consultation.
- (b) Oxford Healthwatch noted they had recently had a webinar for Patient Participant Groups (PPG’s) where Catherine Mountford, Director of Governance, OCCG, had participated. As the presentation contained many acronyms, it was difficult to gauge the level of comprehension and understanding of participants. However, Oxford Healthwatch would continue to engage with the public on the proposals.
- (c) Stephen Chandler, Interim Chief Executive, OCC, noted that the creation of Integrated Care Systems (ICSs) presented opportunities as well as risks and that essential to the success of the ICS was the work undertaken by the Health and Wellbeing Board and others to engage with the ICS. In addition, he noted that –
- There were financial checks and balances which prevented the Council from arbitrarily changing the Council’s agreed Health and Social Care budget;
 - It was proposed that the vehicle for “Shared Outcomes”, as

<p>set out in the government White Paper, “Working together to improve health and social care for all”¹ would be the ICB and local authorities;</p> <ul style="list-style-type: none"> • That Shared Outcomes were critical to several OCC services and, therefore, it was essential that the Health and Wellbeing Board was kept updated by the ICS Development Board and was consulted on ICS Strategy Development and the System Development Plan (SDP). • Keeping the Health and Wellbeing Board and OCC involved in the process, would allay some of the concerns expressed about democracy and delegated authority within the structure of the ICB. <p>(d) The Chair proposed that there should be an update report to the next meeting of the Board and that there was a requirement for more detailed discussions about matters such as the operation of the Integrated Care Partnership (ICP).</p> <p>(e) Referring to the timeline on Page 63 of the agenda pack, Ms Hedges stated that many of the BOB-ICS Development Roadmap Key Outcomes were scheduled for July 2022. Consequently, it was uncertain how much detail could be provided in an update report to the Board at its next meeting on 7 July 2022.</p> <p>(f) The Chair noted that there would be ongoing discussions between the ICS Development Board and Local Authorities. However, she stated it would be useful to have an update to the next meeting of the Board to reassure Members of the Board that things were progressing accordingly.</p> <p>NOTED</p>	
<p>28 Community Services Strategy (Agenda No. 9)</p>	
<p>The Board considered a report by Helen Shute, Programme Director, Community Services Strategy, and Dr Ben Riley, Executive Managing Director, Primary Care & Community Services, Oxford Health. The report provided a brief update on the Oxfordshire Community Services Strategy. It looked back over the past few months, setting out a framework for discussion which would strengthen conversations and provide an overview of what it was hoped to achieve, thereby providing a shared understanding of the programme and desired outcomes.</p> <p>Diane Hedges, Deputy Chief Executive, OCCG presented the report.</p>	

¹ White Paper: [Working Together to Improve Health and Social Care for All](#)

NOTED	
29 Pharmaceutical Needs Assessment (Agenda No. 10)	
<p>The Board considered a report by the Deputy Director of Public Health, David Munday, RECOMMENDING that the Health and Wellbeing Board –</p> <ul style="list-style-type: none"> (i) Accept the draft Oxfordshire Pharmaceutical Needs Assessment (PNA) 2022 for publication as a report of the Health and Wellbeing Board, and as fulfilment of the Board’s statutory duty to publish a PNA at least once every three years. (ii) Note that the PNA [had] not identified any gaps in general access to community pharmacies in the present situation in Oxfordshire and in the expected situation in Oxfordshire to 2025, that is, during the lifetime of the current PNA. (iii) Note that NHS Resolution [had] adjudicated that a new pharmacy could be opened in Upper Heyford in Cherwell. (iv) [That] special note should be made of the situation in the centre of Oxford City, where there was, at present, one large pharmacy [and that] the public had identified a need for service improvement and extra choice [and that] a second pharmacy in central Oxford could provide this. (v) Note that the Valley Park Housing development, west of Didcot, part of the Didcot conurbation and in Vale of White Horse, may have a future need after building [was] completed and as the community [matured], but beyond the lifetime of the current PNA. (vi) Adopt all the Recommendations of the Oxfordshire Pharmaceutical Needs Assessment 2022. <p>Mr Munday presented the report.</p> <p>In the subsequent discussion, the following points were raised.</p> <ul style="list-style-type: none"> (a) Referring to the Paragraph starting “Oxford City: Special Note” on page 78 of the agenda pack, it was noted there used to be two pharmacies in Central Oxford until the pharmacy in Boswell’s closed in 2020. Given the large community served by the Boswell Pharmacy, and the high concentration of GPs in the area, it was proposed that the Board support Recommendation (iii)² on Page 243: Oxfordshire 	

² Recommendation (iii): "Special note should be made of the situation in the centre of Oxford city, where there is at present one large pharmacy and the public have identified a need for service improvement and extra choice. An additional pharmacy in the centre could meet this need. The steering group That recommends 48

Pharmaceutical Needs Assessment (PNA) 2022 – Recommendations.

It was noted that the recommendation would allow NHS England to consider applications to open a pharmacy in Central Oxford in accordance with the relevant section of the PNA.

- (b) Regarding pharmacy opening hours, the Board was advised that all pharmacies were required to confirm their core opening hours, or any proposed variation to their core opening hours, with NHS England. It was not practicable to map the core hours of all 105 pharmacies in Oxfordshire but the requirement that pharmacies notify NHS England about their core hours was a means of ensuring that there was sufficient pharmacy provision at different times of the week.
- (c) It was noted that, during the coronavirus pandemic, GP surgery hours and pharmacy opening hours did not always correspond, and it was for NHS England to set the guidelines on opening hours. It was noted that the Oxford Clinical Commissioning Group (OCCG), the Medicine Optimisation Team, and the NHS England Regional Teams would liaise on local issues and on how best to coordinate future working.
- (d) If there were concerns about local opening hours, which was beyond the scope of the PNA, it would be appropriate to raise these concerns with NHS England and there were existing mechanisms for this.
- (e) Under the Heading “Comments and Emerging Themes from the Consultation on the Draft PNA: General Issues” on Page 233 of the Agenda Pack, where it was stated that “Communication between GPs and pharmacists is often not good leading to greater misunderstandings about medicines and health problems”, it was proposed that these issues were best dealt with at a local level and had been included in the PNA to provide a comprehensive overview of the issues relevant to the PNA.
- (f) It was noted that the arrangement whereby Primary Care Networks (PCNs) were allocated a PCN Community Pharmacist had been disrupted because of the coronavirus pandemic.
- (g) The production of the PNA was a statutory requirement with a defined remit. Issues beyond the remit of the PNA, such as access times and joint working with Primary Care, could be considered by the PCN.

RESOLVED: to approve the report’s recommendations.

30 We Can't Wait Campaign and Learning Disabilities

(Agenda No. 11)

The Chair welcomed the representatives of “My Life My Choice”, a charity run by and for people with learning disabilities, who would be making a presentation to the Board.

The Board then considered a report by Pippa Corner, Deputy Director, Commissioning, Oxfordshire County Council in which it was RECOMMENDED that the Board note the Partnership approach that Oxfordshire was taking in tackling health inequalities for people with Learning Disabilities and how this aligned with the Joint Health and Wellbeing Board Strategy.

Bhavna Taank, Lead Commissioner, Live Well, Oxfordshire County Council (OCC), (supported by Helen Amura, Commissioning Officer, OCC) presented the report.

In the subsequent discussion, the following points were raised.

- (a) Regarding the “We Can’t Wait” campaign which sought support to reduce health inequalities by giving persons with a learning disability a priority on NHS waiting lists, Prof Sir Jonathan Montgomery, Chair of Oxford University Hospitals (OUH) NHS Foundation Trust, stated he would follow up the issues referred to in the report in relation to the “We Can’t Wait” campaign.
- (b) In response to a question about the inclusion of persons with autism in a report about people with learning disabilities, it was noted that a Learning Disabilities & Autism Improvement Board had been set up to address the issues of health inequalities raised by My Life My Choice and the “We Can’t Wait” campaign, and that consideration was being given to adding to the membership of the Board.
- (c) Stephen Chandler, Interim Chief Executive, OCC, stated that he would discuss with officers whether a single board was the most appropriate means of addressing the issues or whether there might be a better way of distinguishing between the needs and support for those with autism as distinct from those with learning disabilities
- (d) That the Learning Disabilities & Autism Improvement Board consider the role and input of carers in supporting people with learning disabilities when coordinating and arranging medical appointments.

The Chair then invited James Sheard and Kumudu Perera of My Life My Choice to make a presentation to the Board on behalf of My Life My Choice, and in support of the “We Can’t Wait” campaign.

At the conclusion of the presentation, the Chair thanked the My

<p>Life My Choice representatives for their presentation.</p> <p>RESOLVED: to approve the report's recommendations.</p>	
<p>31 Workshop: Making Every Contact Count (Agenda No. 12)</p>	
<p>The Board received an oral report by David Munday, Public Health, Oxfordshire County Council (OCC), and Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group (OCCG), on two workshops that had occurred in the last fortnight.</p> <p>(a) Health and Wellbeing Board workshop “Making Every Contact Count” (MECC).</p> <p>This had focused on how to embed behaviour change in day-to-day interactions that residents may have with a range of support services. Members of the Board commented on how they had found the workshop to be helpful and informative and it was agreed that future work should be undertaken to ensure that the potential of MECC was fully utilised to improve health and address health inequalities. A small fund had been identified that could support this work and the Board would be kept informed as to how plans develop in the coming months.</p> <p>(b) Joint Workshop: Oxford Health and Wellbeing Board and Future Oxfordshire Partnership</p> <p>David Munday presented an oral report on the joint Oxford Health and Wellbeing Board (HWB) and Future Oxfordshire Partnership workshop. He stated that discussions had taken place concerning –</p> <p>(i) Climate Change;</p> <p>(ii) Promoting Behaviour Change among OCC Residents; and</p> <p>(iii) Obesity and the Challenges Presented Coming Out Of Covid-19</p> <p>The Chair stated that, if Members of the Board found these workshops to be helpful, then it may be possible to arrange a further programme of workshops for Members.</p> <p>NOTED</p>	
<p>32 Report from Healthwatch Oxfordshire (Agenda No. 13)</p>	
<p>The Board considered a report by Healthwatch Oxfordshire setting out its activities since its last report to the Board. Sylvia Buckingham, Chair Healthwatch Oxfordshire, presented the report.</p>	

<p>As there were no questions, the Chair thanked Healthwatch Oxfordshire for its report.</p> <p>NOTED</p>	
<p>33 Performance Report (Agenda No. 14)</p>	
<p>The Board considered the Health & Wellbeing Performance Framework 2021/22 September 2021 Performance report.</p> <p>David Munday, Public Health, Oxfordshire County Council (OCC), presented the report which was divided into the following sections:</p> <ol style="list-style-type: none"> 1) A Good Start in Life 2) Living Well 3) Ageing Well <p>In addition, there was an appendix setting out statistics of flu vaccination targets and performance to address questions previously raised at the Board. In the subsequent discussion, the following points were raised.</p> <p>(a) Regarding the mean and median waiting days for CAMHS³, Mr Munday clarified the waiting times presented in the table that was before the Board. He noted that Board had received a detailed update at the last meeting about a work programme to address the issue and that work to improve waiting times was ongoing.</p> <p>It was noted that specific targets had not yet been set because of the ongoing work on the Children & Young People Emotional Wellbeing and Mental Health Strategy. In addition, there were national waiting time targets for CAMHS.</p> <p>(b) Kevin Gordon, Corporate Director for Children’s Services, informed the Board that he had met with other Directors of Children’s Services who were part of the Bucks Oxfordshire Berkshire West Integrated Care System (BOB-ICS), and the lead personnel on CAMHS and Emotional Mental Health Wellbeing Development across BOB. He stated that BOB-ICS presented opportunities to address concerns in relation to CAMHS, which could not be addressed by OCC on its own.</p> <p>(c) Cllr Brighthouse stated she was putting a lot of faith in BOB-ICS progressing. Referring to the number of children presenting at hospital Accident & Emergency Departments because of self-harming, Cllr Brighthouse noted that many had been assessed as autistic or presenting with neural diverse tendencies, and that the greatest risk was the risk they presented to</p>	

³ Children and Adolescent Mental Health Service

<p>themselves. Therefore, early intervention was essential to mitigate the risk, but such intervention was stymied by a lack of resources while awaiting a government report on how to address this issue.</p> <p>(d) Given the demands that were made upon CAMHS, it was necessary to adopt a whole system approach, including how resources were managed; adopting a proactive approach to supporting young peoples' emotional wellbeing; and ensuring schools valued the Wellbeing of pupils as well their academic attainment. To this end, the Health and Wellbeing Board had an essential role in the proactive support of the emotional wellbeing of children and young persons.</p> <p>(e) It was noted that the Children & Young People Emotional & Mental Health Wellbeing Strategy had recently been discussed at the Board and would be a regular item before the Board.</p> <p>(f) It was proposed that working with, and supporting schools, was essential if the concerns about children and young person's mental health were to be addressed.</p> <p>(g) The Children & Young People Emotional Wellbeing and Mental Health Strategy had been discussed at the Health Improvement Board and there would be a progress report to a future meeting of the Health and Wellbeing Board.</p> <p>NOTED</p>	
<p>34 Reports from Partnership Boards: Health Improvement Board & Children's Trust (Agenda No. 15)</p>	
<p>The Health and Wellbeing Board considered reports of the Health Improvement Partnership Board and The Children's Trust.</p> <p><u>Health Improvement Partnership Board Report</u></p> <p>The report of the Health Improvement Partnership Board addressed the following Health and Wellbeing Board priorities –</p> <ol style="list-style-type: none"> 1) A Good Start in Life 2) Living Well 3) Ageing Well 4) Tackling Wider Issues that Determine Health <p>Cllr Louise Upton, Chair of the Health Improvement Partnership Board, presented the report.</p> <p>It was noted that, emerging from the coronavirus pandemic and entering the recovery stage, obesity and physical activity were some of the most challenging issues that had to be addressed, particularly in areas of deprivation where the figures were</p>	

<p>probably worse than the national average.</p> <p>A lot had been learned from the tobacco control strategy implemented before the coronavirus pandemic and this whole system approach could be used as a blueprint for a strategy for obesity and physical activity. In so doing, the focus should be on a single aspiration, say, reducing childhood obesity by 50 percent, with a principled approach to achieving that aspiration.</p> <p>This was a key priority and would be the subject of a further report to the Health and Wellbeing Board. In addition, there would be a government White Paper on tackling obesity and the Director of Public Health Annual Report would address the theme.</p> <p><u>Children’s Trust Report</u></p> <p>The report set out the Children & Young People’s Plan 2018-23 priorities for 2021-22; progress reports on priority work to deliver the Joint Health and Wellbeing Strategy; a summary of the work being done in areas rated Red or Amber in the Performance Framework; and a summary of other items discussed by the Oxfordshire Safeguarding Children’s Board.</p> <p>Cllr Brighthouse presented the report. In the subsequent discussion, the following points were raised.</p> <p>(a) School attendance had been affected by the coronavirus pandemic and a significant effort had been made to encourage parents to send their children to school, including training workers in strategies and approaches to ensure school attendance. In addition, school attendance was monitored every two weeks with a particular focus on any child who had not returned to school since the start of term.</p> <p>(b) There had been an increase in the number of children electing to be home educated. There had also been an increase in the number of home visits by Attendance Team officers who engaged with parents in “brokerage conversations” to make them aware of the opportunities afforded by local schools and to encourage parents to send their children to local schools.</p> <p>NOTED</p>	
<p>35 National Adult Social Care Workers Remembrance Day (Agenda No. 16)</p>	
<p>Stephen Chandler, Interim Chief Executive, Oxfordshire County Council (OCC) noted that this was the Remembrance Day for National Adult Social Care Workers. He stated that nearly 950 adult social care workers had died during the coronavirus pandemic.</p> <p>There followed a moment of brief reflection by those persons</p>	

present.	
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..... in the Chair

Date of signing

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