

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 6 October 2022 commencing at 2.00 pm and finishing at 4.50 pm

Present:

Board Members: Councillor Liz Leffman (Chair)

Ansaf Azhar
Councillor Liz Brighthouse OBE
Sylvia Buckingham
Stephen Chandler
Daniel Leveson (In place of Dr James Kent)
Professor Sir Jonathan Montgomery
Councillor Louise Upton

Dr David Chapman (Vice-Chair) (virtually)
Michelle Brennan (virtually)
Councillor Mark Lygo (virtually)
Dr Ben Riley (In place of Dr Nick Broughton) (virtually)

Other Members in Attendance: None

Officers:

Whole of meeting David Munday, Consultant in Public Health; Colm Ó Caomhánaigh, Committee Officer; Simon Wright, Interim Committee Support Officer

Part of meeting

| Agenda Item | Officer Attending |
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| 8 | Rob Beasley – Interim Director of Communications and Engagement |
| 10 | Ros Jones – Trainee Health Improvement Practitioner |
| 11 & 12 | Pippa Corner - Deputy Director Commissioning - Provision Cycle HESC – Spoke (virtually) |

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 Simon Wright, Interim Committee Support Officer (Tel: 07928 655123 email: simon.wright@oxfordshire.gov.uk)

| | ACTION |
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| <p>1 Welcome by the Chair, Councillor Liz Leffman (Agenda No. 1)</p> | |
| <p>The Chair welcomed Members of the Board and other attendees noting that this was an “In-Person” meeting, but that Members and participants were also attending “virtually” via Microsoft Teams.</p> <p>The Chair introduced Dan Leveson, Executive Director Oxfordshire Place for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board (ICB), who would be attending future meetings.</p> | |
| <p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p> | |
| <p>Apologies for absence were received from Dr Nick Broughton and Dr James Kent.</p> <p>Dan Leveson attended for Dr James Kent Dr Ben Riley attended for Dr Nick Broughton</p> | |
| <p>3 Declarations of Interest (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 presented or requests to address the committee.</p> | |
| <p>5 Note of Decisions of Last Meeting (Agenda No. 5)</p> | |
| <p>The Chair invited Members of the Board to comment on the accuracy of the notes of the meeting held on 7 July 2022 as she went through the notes page by-page.</p> <p>Min No. 7 – Update on the Local Area SEND Strategy</p> <p>Confirmation was given that the feedback letter from the monitoring visit would be circulated in due course.</p> | |

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| <p>Min No. 11 – Future Oxfordshire Partnership (FOP) and H & WB Workshops</p> <p>The Chair indicated that a workshop was still planned and any ideas from members on the topics to be covered were welcome.</p> <p>RESOLVED: to approve the notes of the last meeting and to authorise the Chair to sign them as a correct record.</p> | |
| <p>6 Covid-19 / Health Protection Update (Agenda No. 6)</p> | |
| <p>Ansaf Azhar, Corporate Director of Public Health & Wellbeing, gave a verbal update.</p> <p>Regarding Covid and flu it was emphasised that many scenarios were possible and that flu rates in the southern hemisphere had been high which could be an indicator of a bad flu season. Covid rates were also increasing but fluctuations were to be expected.</p> <p>It was emphasised that vaccinations were key and campaigns would be put in place to encourage uptake.</p> <p>The update was noted.</p> | |
| <p>7 Terms of Reference of the Board and of the Integrated Care Partnership (Agenda No. 7)</p> | |
| <p>Consideration was given to the report of the Corporate Director of Public Health & Wellbeing updating the Terms of Reference of the Oxfordshire Health & Wellbeing Board (HWB) reflecting NHS changes and the Terms of Reference of the Integrated Care Partnership (ICP).</p> <p>In respect of the HWB Members noted the links between various health partnerships and welcomed the expansion of representation from the City & District Councils. It was suggested, and agreed, that these nominations should be the Leader or relevant Cabinet Member from each authority.</p> <p>Discussion ensued regarding the new Integrated Care Partnership and it was noted that the Terms of Reference were scheduled to be approved at the first ICP meeting. The issue of Oxfordshire being a two-tier area and the implications of this were highlighted together with the need for engagement events to be organised and for there to be clarity on how organisations access</p> | |

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| <p>the ICP. Members were advised that the budget was still to be finalised and thanked officers for their work in briefing interested parties on the changes.</p> <p>RESOLVED to:</p> <p>a) Approve the updated Terms of Reference for the Oxfordshire Health and Wellbeing Board subject to the City and District Council representatives being either the leader or relevant Cabinet Member; and</p> <p>b) Note the draft Terms of Reference for the newly establishment Integrated Care Partnership</p> | |
| <p>8 Integrated Care Partnership Strategy Development and Engagement Strategy (Agenda No. 8)</p> | |
| <p>The report of the Interim Director of Communications and Engagement Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB-ICB) was received including updates on ICP/ICB Governance, ICP interim strategy development and ICB engagement strategy.</p> <p>The Board was updated on the key priorities in the strategy, lead officers and engagement proposals around the priorities. Members noted links to other strategies such as Oxfordshire Place and the need for the document to be flexible to meet changing themes. It was reported that resources were limited and this needed to be borne in mind in respect of the consultation and engagement process.</p> <p>The update report was noted</p> | |
| <p>9 Joint Strategic Needs Assessment 2022 (Agenda No. 9)</p> | |
| <p>The report of the Corporate Director of Public Health & Community Safety giving an overview of the key findings from the 2022 Oxfordshire Joint Strategic Needs Assessment (JSNA) and plans for the continued development of JSNA resources was received.</p> <p>The key findings from the report were outlined and it was highlighted that approval was sought for the document and more detailed information would be disseminated in 'bite size' pieces. It was noted that the 2023 JSNA would include the 2021 Census data.</p> | |

Members raised a number of issues and responses were given as follows:

- In respect of data/performance indicators regarding young people the JSNA provided information to feed in to other strategies and policies as was the case with other areas identified in the document.
- It was clarified that the document provided information for a wide range of organisations and partners needed to use it as part of their reviews and planning of services.
- The issue of loneliness in young adults was highlighted and that this was cross cutting topic impacting on a number of organisations. Members highlighted the role of schools and colleges in this regard.
- In respect of young people's Mental Health it was confirmed that the Child and Adolescent Mental Health Service (CAMHS) were represented on the new ICP as this was considered imperative.
- It was suggested that community resilience was important and the inclusion of District Representatives could help with preventative initiatives.

RESOLVED to:

- a) Note the content of the Joint Strategic Needs Assessment for 2022 and encourage widespread use of this information in planning, developing and evaluating services across the county; and**
- b) Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years, and to participate in making information more accessible to everyone.**

10 Community Profiles: The Leys and Abingdon Caldecott
(Agenda No. 10)

The Chair and Ros Jones introduced the report providing feedback on the Community Profiles for Abingdon Caldecott and The Leys wards and welcomed representatives from Community First Oxfordshire and Oxford Hub who had been involved in the compilation of the reports.

Abingdon Caldecott

It was reported that a number of focus groups, surveys and case studies had been used to collate the information and it was noted

that residents had been very receptive to the project.

Key findings had included access to health services and other facilities, the built environment, use of the community centre, support networks in place, perception of others about the estate and resource issues.

The recommendations contained in the report were outlined and that it was imperative that seed funding was used to start projects and address the issues raised.

The Leys

It was reported that there were a number of similar issues to those in Abingdon and it was advised that surveys had been undertaken with residents.

The main findings were that there was a strong sense of community, and whilst there were good facilities available they were often difficult to access for local people. In addition facilities for young people were needed and community safety and social opportunities needed to be enhanced. Other concerns included support for residents, access to housing and jobs, discrimination and better public transport.

The recommendations from the profile were clarified and the need for resources to meet the identified needs was imperative.

Action: Ros Jones to circulate background data map for The Leys profile

Ros Jones

Members thanked the representatives for their reports and raised the following:

- The need for partners to identify where they may have responsibility and to follow up on concerns.
- The importance of good town planning to develop communities, the role of green/open spaces and access to health services.
- Links to the JSNA and other strategies were key in allocating resources and outlining approaches to the issues.
- It was requested that background data regarding The Leys should be made available to members.
- The importance of District Representatives in delivering responses at a local level.

RESOLVED to:

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| <p>a) Note the findings and rich insight contained within the Community Profiles</p> <p>b) Support the promotion and sharing of the Abingdon Caldecott and ‘The Leys’ community profiles with partners and colleagues across the system; and</p> <p>c) Use the insight from the Abingdon Caldecott and ‘The Leys’ profiles to inform service delivery plans of partner organisations on the Board.</p> | |
| <p>11 Better Care Fund Plan 2022/23 (Agenda No. 11)</p> | |
| <p>The Board received details of the Better Care Fund Plan for 2022/2023. It was advised that the plan had been submitted by the deadline of 26 September 2022 and ratification was required from the Health & Wellbeing Board.</p> <p>Members raised a number of issues and responses were given as follows:</p> <ul style="list-style-type: none"> • It was clarified that the timing of the budget was in accordance with regulations meaning it was presented part way through the financial year but update reports could be provided. • The importance of work with partner organisations on developing plans. • The need for visibility of the governance arrangements and exchange of information. <p>Members expressed their support for the plan and the need for regular update reports.</p> <p>RESOLVED to:</p> <p>a) Approve the Oxfordshire Better Care Fund Plan for 2022/23;</p> <p>b) Approve the planned investment and schemes designed to deliver the metrics within the Plan;</p> <p>c) Approve the proposed trajectories for the metrics as set out in the Plan; and</p> <p>d) That regular update reports be presented to the Board</p> | |
| <p>12 Social prescribing In Oxfordshire</p> | |

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| (Agenda No. 12) | |
| <p>The Board received an update on the development and implementation of Social Prescribing in Oxfordshire.</p> <p>Members raised a number of issues and responses were given as follows:</p> <ul style="list-style-type: none"> • The importance of responding to local communities and linking to responsible organisations. • It was agreed that community activity as well as formal help for children and young people was important together with links to youth workers. • The budget was clarified and it was agreed that information reports on progress could be provided. • It was acknowledged that there was a need to support schemes where referrals are made from social prescribers. • The need to access services rather than just being signposted and the importance of training for all involved. <p>RESOLVED to:</p> <p>a) Note the report setting out:</p> <ul style="list-style-type: none"> • the current landscape of Social Prescribing in Oxfordshire • the opportunities to develop and extend reach and impact across public health, health, social care, and community priorities • next steps and a potential governance route to assure delivery <p>b) Approve the recommended approach to develop an implementation plan for Social Prescribing in Oxfordshire; and</p> <p>c) Note the proposed governance approach for this work</p> | |
| <p>13 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>Members were encouraged to watch the video referred to in the report.</p> | |

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| <p>The update was NOTED</p> | |
| <p>14 Performance Report (Agenda No. 14)</p> | |
| <p>David Munday, Consultant in Public Health, Oxfordshire County Council, highlighted a number of performance indicators under the three life course stages “Start Well”, “Live Well” and “Age Well” from the strategy.</p> <p>Members commented and responses were made as follows:</p> <ul style="list-style-type: none"> • Clarification was given that the age requirements for health checks was set nationally and was based on not being subject to other health issues. • The importance of vaccinations for at risk groups and communication to encourage uptake. • The need to present the report information to identify trends or anomalies in data to focus discussion. • The importance of identifying early help need and support for looked after children. It was noted that the numbers involved were relatively small and deep dives could look at trend data. • Clarification was given that attendance data for young people attending accident and emergency was available but admission data, as presented, covered the more serious incidents. <p>The Board noted the performance report.</p> | |
| <p>15 Reports from Partnership Boards (Agenda No. 15)</p> | |
| <p>Children’s Trust Board</p> <p>Councillor Liz Brighthouse presented the report of the Children’s Trust Board and updated on work being undertaken and that a statement of intent in conjunction with the Oxfordshire Safeguarding Children Board was to be released.</p> <p>Health Improvement Board (HIB)</p> <p>Councillor Louise Upton gave a verbal update on the recent meeting of the HIB.</p> <p>It was reported that new members had been appointed to the Board, a presentation had been received on stopping smoking</p> | |

and tobacco strategies. There had been a report on the 'Making Every Contact Count' initiative and the Domestic Abuse strategy.

There being no further questions Cllr Leffman thanked the chairs for the updates.

..... in the Chair

Date of signing