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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 8 February 2024 commencing at 10.00 am and finishing at 4.00 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair District Councillor Elizabeth Poskitt (Deputy Chair) Councillor Jenny Hannaby Councillor Nick Leverton Councillor Mark Lygo Councillor Michael O'Connor District Councillor Paul Barrow City Councillor Sandy Douglas District Councillor Katharine Keats-Rohan Councillor Roz Smith
Co-opted Members:	Barbara Shaw
Other Members in Attendance:	
By Invitation:	Dan Leveson (Place Director, BOB HOSC) Daryl Lutchmaya (Chief Governance Officer, SCAS) Kirsten Willis- Drewett (Assistant Director of Operations, SCAS) Dai Tamplin (Senior Transformation Programme Manager, SCAS) John Dunn (Head of Risk and Security, SCAS) Eileen Walsh (Chief Assurance Officer, Oxford University Hospitals NHS Foundation Trust) Andrew Grant (Chief Medical Officer, Oxford University Hospitals NHS Foundation Trust) Lisa Glynn (Director of Clinical Services, Oxford University Hospitals NHS Foundation Trust) Veronica Barry (Executive Director of Healthwatch Oxfordshire)
Officers:	Ansaf Azhar (Director of Public Health, OCC) Dr Rosie Rowe (Head of Healthy Place Shaping, OCC) Dr Louisa Chenciner (Public Health Registrar and Academic Clinical Fellow, OCC)

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and

schedule/additional documents] are attached to the signed Minutes.

11/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies had been received from Freddie Van Mierlo, Nigel Champken-Woods, and Lesley Mclean.

12/24 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Cllr Sandy Douglas declared that he had an honorary contract with Oxford University Hospitals NHS Foundation Trust.

13/24 MINUTES

(Agenda No. 3)

The minutes of the committee's meeting on 16 January 2024 were assessed for their accuracy.

The Committee **AGREED** the minutes as an accurate record of proceedings, subject to a minor amendment to the spelling of Cllr Haywood's name.

14/24 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

No requests to speak had been received.

15/24 CHAIR'S UPDATE

(Agenda No. 5)

The Committee Chair outlined the following points to update the Committee on developments since the previous meeting:

1. The Committee had been strongly interested in developments around access to GP services, particularly in the Didcot area. The Committee had asked for urgent priority for GP provision to be enhanced in this area, and was pleased to hear of the promised GP newbuild at the Great Western Site. Didcot had a 30 percent population growth trend, and it was therefore critical that residents had access to General Practice.

2. The BOB Joint Health Overview Scrutiny Committee had met on 24 January, during which three items were discussed including the BOB ICB's Primary Care Strategy and the Digital and Data Strategy.

3. The Chair and the Health Scrutiny officer had attended a BOB HOSC Working Group meeting on 17 January to collate and submit written feedback to BOB ICB on its Digital and Data Strategy.

4. A report (containing recommendations from HOSC) had been submitted to the NHS regarding the future of Wantage Community Hospital. This could be found in the agenda papers. This report was also published in Oxford Health NHS Foundation Trust's board papers and was discussed at the Oxford Health NHS Foundation Trust board meeting on 31 January.

5. The Chair, Health Scrutiny Officer, Barbara Shaw, Elizabeth Poskitt, and Katharine Keats-Rohan, had attended a HOSC site visit on 30 January to the Warneford Hospital as part of the scrutiny of the Warneford hospital redevelopment project and the bids for government funding for this.

6. A report (containing recommendations from HOSC) had been submitted to the BOB ICB Director of Place in relation to the Place-Based Partnership. This could also be found in the agenda papers.

The Committee **NOTED** the Chair's Update.

16/24 SOUTH CENTRAL AMBULANCE SERVICE CQC IMPROVEMENT JOURNEY UPDATE
(Agenda No. 6)

Daryl Lutchmaya (Chief Governance Officer, SCAS); Kirsten Willis- Drewett (Assistant Director of Operations, SCAS); Dai Tamplin (Senior Transformation Programme Manager, SCAS); and John Dunn (Head of Risk and Security, SCAS) were invited to present a report providing an update on the South Central Ambulance Service's Care Quality Commission improvement journey.

The South Central Ambulance Service (SCAS) Chief Governance Officer informed the Committee that the Trust had an ambition to be an outstanding team, and to deliver good outcomes through innovation and partnership. The SCAS mission was that 'the right care is delivered as best as it can'. In order to achieve these ambitions, the Trust had 4 key values which are to be:

- Caring.
- Innovative.
- Professional.
- A teamworking organisation.

The Chief Governance Officer highlighted that in order to achieve the results that the Trust was striving toward, it had formulated six strategic objectives:

- High quality care and patient experience.
- Partnership and stakeholder engagement.
- Sustainability.
- People and Organisation.
- Technology Transformation.

- Being well-led.

The Committee were informed that SCAS had received some assistance from the NHS National Improvement Team, who had put together an improvement plan for SCAS to work to.

The Assistant Director for Operations explained that SCAS was in a challenging position in relation to the increase in volume of workload coming through, particularly category 1 and category 2 calls (immediately life-threatening calls). The service had to declare a critical incident on the 23 January, which occurred due to the sudden increase in category 1 and 2 calls. Over the course of two or three days, these had constituted 72 percent of calls; which was an incredibly high number. Such high levels of category 1 and 2 calls would have a knock-on effect on the system, particularly the acute Trusts, as most of those patients who were calling in would require hospital admission. This also had knock-on effects in creating ambulance service handover delays.

The Committee were informed that there was good work within the system to try to keep patients away from Emergency Departments. There had been an increase, on average, in 8 patients a day who were able to be referred into other areas or departments. SCAS were grateful for the good partnership working that existed within the Oxfordshire system.

The Committee enquired as to whether there was any progress in improving structures of governance within SCAS. The Chief Governance Officer outlined that the recent CQC inspection and report rightly highlighted that there were a number of issues that were not operating appropriately. Whilst trying to address the issues of the improvement programme, a governance team was being established. The service also received support from the governance institute, which had helped the service with its risk management solutions.

The Committee also queried whether there were independent members on the SCAS governance board. It was explained to the Committee that initially, the board was comprised of executive as well as non-executive directors, which felt top heavy. The service sought to make the improvement programme a ‘business as usual’ practice, which meant that the improvement programme board was led by the chief executive. There was representation from a national improvement director, who provided direct challenge to the chief executive. There was also membership from Hampshire and Isle of Wight Integrated Care Board (ICB).

The Committee enquired as to whether SCAS would look to other authorities or areas for the purposes of identifying and learning best practice. The Chief Governance Officer outlined that having previously worked in a number of public Trusts, he had brought insights of good practice alongside him when he initiated his role at SCAS. There was also regular communication with other ambulance services nationwide, where comparisons as well as identifications of best practice were made in that context. The Trust’s terms of reference were also being reviewed.

The Committee queried as to how well resourced the internal audit function of the Trust was, and how this had fit in the broader context of the structures of governance

in general. It was responded that the Trust had experienced some delays in completing internal audit functions. The Trust had a risk insurance compliance group, which oversaw audit functions and brought executive directors into direct contact with internal auditors, where the auditors could speak directly to directors.

In response to a query regarding patient experience and how this was imputed into the Trust's ways of working, it was explained that patient experience did not actually formulate one of the Trust's improvement workstreams, but was swept up under the patient safety workstream. A system director was leading on this, and the Trust was implementing a number of new measures to ensure that the patient voice was heard all the way up to the executive level. There was a patient panel, and various members were recruited to this. There was also work within the Trust's communications department to ensure that there was effective communication regarding an honest picture of the services and the experience of patients from the ground upwards. An observation from the CQC found that less positive stories regarding patient experiences had not been heard at the executive level; the Trust was actively seeking to address this.

The Committee emphasised that one concern identified by the CQC was that the service did not consistently control infection risk very well. The Committee enquired as to the measures the Trust were taking to address this, and how confident SCAS was that equipment, vehicles and premises were kept clean and that there was consistent monitoring of this throughout the service. It was responded that the Trust were actively monitoring infection risk and control, which was also a crucial element of the CQC improvement journey. The Trust's IPC service was working closely with operational colleagues to minimise risks of infection and to ensure cleanliness. A company named Churchill had been contracted to provide a rolling rota of cleaning on the Trust's vehicles; including deep cleans. The Assistant Director of Operations confirmed that every frontline vehicle was required to be cleaned once every 24 hours as part of a standard clean and restock service. Additionally, vehicles received a deep clean every 6 weeks. There had also been an observed process of handwashing for frontline staff, and staff were being trained and educated in cleanliness and infection control.

The Committee referred to the importance of risk assessments, and queried how extensive and sophisticated the Trust's risk assessments were, as well as the level of frequency with which such assessments were undertaken. It was responded that the Trust carried out task based assessments in operations. The risk assessments had to legally identify all foreseeable hazards for patients. Therefore, some of the risk assessments could be relatively extensive in their nature and scope. In terms of how risk assessments were reviewed, it would be ideal to have annual reviews with some of the task-based risk assessments, although the Trust had not managed to undertake such a review in over two years. In terms of the display screen equipment work station assessments, these had to be - and had been - undertaken annually.

The Committee referred to page 142 of the report, which highlighted that the Information Technology supporting SCAS's operational function (including safeguarding) remained a significant concern, challenge and reputational risk. The Committee Chair therefore enquired as to what the enablers and barriers were in relation to resolving this area of risk. It was responded that one of the significant

challenges with safeguarding referrals was that there were server facilities on the premises that handled such data transmission. This had begun to fail, and in November 2023 the Trust had transitioned to a cloud-based server, which was designed to resolve many of the outages and delays to referrals experienced previously. However, since early December 2023, the Trust then suffered a number of outages not with the server, but with the actual transmission process. The Trust currently utilised a mailbox system, and had undertaken due diligence. The Committee were informed that the Trust had been actively exploring ways to improve the process around the above. There was a risk of patient harm if safeguarding referrals were delayed, but that significant enhancements in the safeguarding service had been made. The safeguarding service was operating smoothly and efficiently, and monitored the occurrence of outages to minimize harm to patients. All delayed referrals also received risk assessments. The Committee queried as to whether patients and their families who were affected by such IT challenges were clearly communicated with, and the Trust responded that any affected patients were clearly communicated with.

The Committee queried how effectively staff were being provided with training to equip them with the basic skills of how to deal with patients who may be mentally ill. All frontline clinicians were trained to support people experiencing a mental health crisis. Call handlers also had the ability to pass calls onto clinical staff within the control room. It was emphasised that the service would always act with immediacy in circumstances where it dealt deal with mentally ill patients. From a force negotiation perspective, the service would also engage and liaise with the Police force.

The Committee highlighted that the CQC inspection outcome outlined that some people were not given the necessary pain-relieving medicines. It was queried as to whether staff had been sufficiently trained in this regard, particularly given the importance of ambulance staff being able to provide pain-relieving medications promptly and appropriately. It was responded that paramedics were trained in what is known as a step-wide approach in the management of pain, and that the Service was ensuring that paramedics would be adequately trained in pain management and in the administering of pain relieving medications.

The Committee referred to how the report outlined the Trust's commitments to staff wellbeing, and enquired as to whether the Trust had sufficient resources to maintain or potentially enhance the support provided to staff. It was outlined to the Committee that there was a comprehensive support package for staff, and that there was a fully-staffed health and wellbeing team that supported staff; including staff who required additional interventions such as Occupational Health. Trauma risk management was also prevalently utilised to support staff members who may have had to deal with traumatic incidents. The Committee were also informed that the Trust had good access to psychological medicines, and that there was an unfortunately high uptake of these amongst some of the Trust's staff.

The Committee enquired as to how the Trust was performing in the realm of staff recruitment and retention. It was responded that the Trust was widening its recruitment drive in order to attract and recruit staff from oversees. There were a cohort of SCAS personnel who would be travelling to Australia in March to help facilitate further recruitment of staff from Australia and New Zealand. It was explained

to the Committee that in Australia in particular, there was a shortage of employment opportunities for ambulance service staff, and that SCAS were utilising this as an opportunity to enhance recruitment from that region.

The Committee **AGREED** to finalise a list of recommendations offline subsequent to the meeting, and to then issue these recommendations to SCAS.

17/24 JOHN RADCLIFFE HOSPITAL CQC IMPROVEMENT JOURNEY UPDATE
(Agenda No. 7)

Eileen Walsh (Chief Assurance Officer, Oxford University Hospitals NHS Foundation Trust); Andrew Grant (Chief Medical Officer, Oxford University Hospitals NHS Foundation Trust); and Lisa Glynn (Director of Clinical Services, Oxford University Hospitals NHS Foundation Trust) had been invited to present a report with an update on the John Radcliffe Hospital CQC Improvement Journey.

The Chief Assurance Officer informed the Committee that the report provided an insight into how the organisation addressed the specific areas of improvements listed in the CQC report and placed them in the context of the wider strategic and operational developments that had been made.

The Committee enquired as to the level of staff and patient involvement in the development of the Trust strategy. The Chief Medical Officer informed the Committee that the strategy was developed with extensive staff and patient engagement. Staff engagement continued beyond the point of publication and adoption of the strategy in the form of regular staff listening events that included members of the leadership team, and were an opportunity to hear staff concerns.

Patient engagement had contributed to service development work in the form of patient partners and experts by experience, and individual work streams had involved patient recommendations where possible.

The Chief Assurance Officer added that the patient’s voice was kept at the heart of the strategy, and that Listening Events were held involving patients and stakeholders that had influenced the development of the strategy, as co-creation was the key platform for developing future strategies.

The Chair queried what opportunities there were for the strategic ambition of the Trust to integrate with the wider prevention agenda. The Director of Clinical Services explained that one of the Trust’s key priorities was the part that key acute providers could play in prevention. The Trust was heavily involved with early detection of cancer through the Targeted Lung Health Check Programme, that would be initiating in April 2024. The Trust worked closely with the community and partners in relation to Wantage Community hospital, and were looking to expand additional services that would meet the needs of local populations and support the demand seen in local hospitals for acute services. In order to address the demand on urgent care services, the Trust had been involved with the Integrated Neighbourhood Teams as well as the Primary Care Strategy. The Trust had also been looking at admission and attendance avoidance, and the development of same day emergency care services.

The BOB ICB Place Director for Oxfordshire explained that the Trust was trying to strike a balance between treatment and prevention. Oxford University Hospitals NHS Foundation Trust (OUH) was involved in many prevention projects, such as co-location of maternity services within ‘Flos in the Park’, the Early Lives Project, and the Hospital at Home service to support acutely sick people at home. The BOB ICB Place Director emphasised that the greatest long-term impact on prevention was to focus on children and young people, and the Community Paediatrics service was fundamental to this.

The Chief Medical Officer also highlighted the Oxfordshire Rapid Intervention for Palliative and End of Life Care (RIPEL) service for palliative care at home, and that the service had made a fundamental difference to the patients it had served.

The Committee queried whether resources would be increased for the Hospital at Home Service to ensure coverage in rural areas, and whether RIPEL would include Primary Care Networks (PCNs). The Director of Clinical Services informed the Committee that OUH were looking at what services were having the most effect to reduce attendance to acute hospitals, including the Hospital at Home service, which was a key programme to manage demand and to support patients to be at home. RIPEL was a service that the Trust was committed to and wanted to evolve further and would build into PCNs and integrated neighbourhood teams. The challenge would lie in the reorganisation of resources and the allocation of funding, and the Trust was assessing this for next year to determine how resources could be used to the best effect.

The Committee enquired about how technology was being used to improve patient safety. The Chief Medical Officer informed the Committee that a lot had happened in the last five years to develop the Trust digitally. The Trust invested in the electronic incident reporting service Ulysses that provided a digital architecture for a greatly strengthened patient safety response framework. Electronic patient records provided electronic observations so that teams could view vital signs on patients remotely. Another important change was the introduction of daily Patient Safety Response meetings where senior leaders from across the organisation reviewed every incident from the last 24 hours with moderate harm or above, which allowed close oversight of patient safety in the organisation, and ensured the Trust was responsive to incidents and had the right learning response. The new national framework for responses (PSIRF) focused on changing the culture from one of blame to one of learning and improvement, and offered a range of different incident learning responses such as After-Action Review, Multi-Disciplinary Team Learning Reponses and Patient Safety Incident Responses (PSIIs).The framework introduced thematic responses, so that when incidents occurred, they fed into the broader longer term improvement plan rather than being taken independently. The work was supported by patient safety partners, service users who were part of the safety response framework and contributed to reviews of cases, and some committees that oversee these workstreams. Alongside this, there had been significant safety retraining for all staff, from basic training for all staff to more detailed levels for patient safety experts.

The Committee enquired as to who monitored the databases created by the collection of data. The Chief Medical Officer explained that there was a Governance

team that overlooked the databases and provided monthly reports with breakdowns of all incidents by harm level and type of incident. For example, there had been an increase in incidents of violence and aggression against staff over the last year that had been tracked, and which the Trust had provided staff support for. The database allowed the Trust to track specific incidents such as hospital-acquired pressure ulcers and this had been the focus of integrated quality improvement work, the result of which there had been a third reduction in these incidents. The data was important in helping the Trust to understand what the incident risk profile was, and to target learning and improvement responses accordingly.

The Committee queried whether the Trust had programmes for staff wellbeing, such as self-harm diversions built into search engines. The Chief Medical Officer informed the Committee that there were numerous internal and external supports for staff clearly signposted on their intranet, and a staff support service had been created, although he was not aware of wellbeing programmes built into the Trust's search engines. The Chief Assurance Officer added that there was an employee assistance programme available 24/7 to provide counselling to staff for both personal and professional issues.

The Chair queried whether significant learning was communicated to patients and families affected, and whether they were involved in the learning journey. The Chief Medical Officer informed the Committee that communication with families was essential and would always occur after these incidents under the Trust's duty of candour. Patients were always invited to share their questions after serious incidents, and outcome reports were shared with them. The Trust had sought to triangulate the learning from complaints, so if a complaint had been received it would be examined to see whether an incident needed to be created to learn from it, and a weekly meeting aimed to derive learning from this.

The Chief Assurance Officer highlighted that the Trust board and non-executive members took a strong interest in patient safety, and the Chief Executive implemented a direct feedback mechanism with clinical teams who were involved with serious incidents to present their reflections to the executive team. Several key committees had been introduced; including the Risk Committee to discuss proactive risks and thematic risks; the Productivity Committee to focus how to progress performance in the organisation; and the Delivery Committee to ensure large programmes of work had been implemented. The Trust had ensured that patients had been involved in the aftermath of incidents, and had been provided with both clear explanations to understand what went wrong as well as a swift apology when the Trust was at fault.

The Committee queried how the values of kindness and caring were taught in the organisation and how this was evaluated. The Chief Medical Officer responded that the organisation prioritised kindness, and kindness interaction training was provided to all senior leaders. The success of this was measured by examining metrics produced from staff surveys and by looking at sickness and turnover rates.

The Committee asked if data could be provided to show how improvements had been made. The Chief Assurance Officer informed the Committee that the Trust could provide metrics that demonstrated the improvement trajectory over the last few years.

This data could be supplemented by staff and patient surveys that provided anecdotal and human experiences. The Chief Medical Officer added that the board adopted a nationally recommended approach of presenting data, using Statistical Process Control (SPC) charts that helped focused discussions and identified improvement areas.

The Committee enquired as to how strong the internal audit function was and how the sharing of patient stories was imbedded in the organisation. The Chief Medical Officer explained that not all incidents generated patient stories that go to the board, but the patient experience team supported stories that generated different learning to help the board gain insight into the range of issues faced by the organisation.

The Chief Assurance Officer added that although patient stories were not heard at every committee, stories were sometimes made into videos that could be shown before conferences. The Trust had a very strong internal audit function that developed a comprehensive audit plan every year, which was formed with cooperation from all the executive directors and the areas of examination were stress-tested. The audit committee, chaired by non-executives, received this plan, and examined it with auditors to determine key risk and concerns.

The Committee **AGREED** to submit further questions to OUH around the specific service areas of gynaecology, Surgery, Maternity, and urgent & emergency care, and to request written responses to these questions subsequent to the meeting.

The Committee **AGREED** to issue the following recommendations to OUH:

1. For the Trust to continue to take improved measures to improve patient safety at the John Radcliffe. It is recommended that staff are sufficiently supported and trained in being able to maximise patient safety.

2. For ongoing stakeholder engagement and coproduction to be at the heart of the John Radcliffe Hospital's efforts to address the concerns identified by the CQC, and for there to be clear transparency around this, with further evidence of this to be provided.

3. For clear transparency around the Trust's efforts to address the CQCs concerns around the John Radcliffe. It is recommended that there are clear indicators that could help determine how improvements in the John Radcliffe are being driven overall as well as in the specific service areas of Gynaecology, Maternity, Surgery, and Urgent & Emergency Care.

4. For sufficient resources to be secured for the purposes of delivering and potentially expanding the Hospital at Home Service.

5. For a site visit to be orchestrated for the purposes of providing the Committee with insights into the measures taken by the Trust to improve patient safety at the John Radcliffe.

18/24 HEALTHWATCH OXFORDSHIRE UPDATE REPORT
(Agenda No. 8)

The Executive Director of Healthwatch Oxfordshire explained to the Committee that Healthwatch had received feedback from patients at the John Radcliffe Hospital through online feedback reviews from October to December 2023. The online reviews provided an average of 4 stars (Good) for services at the John Radcliffe

The Executive Director also informed the Committee that between October and December 2022, Healthwatch England undertook national research to understand the extent to which mental health support had improved during and subsequent to pregnancy, and to explore whether new mental health checks were taking place at postnatal consultations. Healthwatch England had provided Healthwatch Oxfordshire with the anonymous responses of the 45 women from Oxfordshire who participated in the survey so we could analyse these responses separately. The Committee were informed that this information could be found in the report submitted by Healthwatch Oxfordshire for this item.

It was explained to the Committee that Healthwatch Oxfordshire had published reports on Community Research in Oxfordshire. These were a series of in-depth reports on both community members, system and organisational views on community research. What Healthwatch Oxfordshire heard was directly relevant to all organisations which worked with communities throughout the county, with insights as to how to meaningfully engage, listen and learn and to support development and design of services.

The Committee thanked Healthwatch Oxfordshire for their work and **NOTED** the report.

19/24 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT
(Agenda No. 9)

Ansaf Azhar (Director of Public Health); Dr Rosie Rowe (Head of Healthy Place Shaping); and Dr Louisa Chenciner (Public Health Registrar and Academic Clinical Fellow) were invited to present the Director of Public Health's (DPH) Annual Report.

The Committee Chair outlined that the Committee would return to this item again in the near future for the purposes of scrutinising the full DPH annual report subsequent to its publication.

It was explained to the Committee that this particular DPH annual report and its focus on climate action and health did not emerge from a vacuum, and that in late 2023, over 120 countries backed the COP28 climate and health declaration. Additionally, the United Kingdom's (UK) Health Security Agency published reports in 2023 which outlined some of the health effects of climate change on the UK. The Committee were also informed that major journals such as the Lancet and the British Medical Journal had also highlighted the impacts of the climate crisis on health.

The DPH annual report emphasised that health was the untold story of the climate emergency, but that this was surprising given the immediate and positive health benefits for individuals, families and communities which could be delivered through climate action. Climate action could be a means for achieving better health for all people and for all ages.

It was highlighted to the Committee that the DPH report explained the reasoning behind the focus on climate change and health; and that an elemental approach was adopted which included five domains including temperature, air, water, food, and nature. Local evidence and data would be drawn on to outline what the impact was in Oxfordshire in all the aforementioned areas.

Steps were already being taken as part of climate action which could produce health benefits for Oxfordshire's residents. These related to the following:

1. Creating energy efficient homes and buildings.
2. Sustainable travel and clean air.
3. Green Health and Social Care.
4. Healthy and sustainable diets.
5. Accessible green and blue spaces and nature.

The Committee were also informed that the DPH Annual Report included a set of recommended actions that revolved around two key areas including:

Actions that the Oxfordshire System could embark on including: working together for cleaner indoor and outdoor air; improving access for all residents to safe and inclusive green and blue spaces; adapting and upgrading buildings, estates and facilities; working with suppliers and the supply chain to reduce carbon emissions; support the establishment of an Oxfordshire Climate Mitigation and Adaptation Healthcare Network; build and continuously bolster community resilience.

A call to actions around national policy and funding including: reducing air pollution by investing in low-carbon and climate-resilient infrastructure; creating good, secure employment and reduce inequalities; improving resident's health and wellbeing by upgrading peoples' homes, healthcare facilities and schools; and boosting our physical and mental health by making it easy for people to walk and cycle.

The Committee enquired as to whether the DPH report would be explicit around the balance between any national directives around climate action and health on the one hand, and local concerns, nuances, or sensitivities on the other. The Director of Public Health responded that broadly speaking, the work around climate action and health was something that had to be undertaken locally within, as well as with the support of the community. It was imperative to understand what the specific benefits and needs of the local population of Oxfordshire were when embarking on climate action. The overall reframing of health was ultimately of significant benefit to the local community in Oxfordshire. This approach was not stemming from a purely climate angle, but was one that emanated from a local health and wellbeing perspective also.

It was also explained to the Committee that there was also work around anchor institutions, where all system leaders were being brought together. Within this

context, an outcomes framework around climate action and health would also be developed.

In response to a query from the Committee around the level of stakeholder engagement taking place around climate action and health, it was confirmed that there was stakeholder collaboration with healthcare partners as well as with District Councils in order to gain their input and views. There was also input from the City and District Councils into the development of the report as well as its recommendations.

The Committee enquired as to what the end-product would be of the DPH report as well as its overall direction of travel around climate action and health. The Director of Public Health responded that the overarching message within this report was one that would be conveyed not only at the local level, but that it would also be adopted as a national lobbying effort to encourage further conversations and actions around climate and health. It was reiterated to the Committee that there was a strong commitment to close the gap between the two conventionally separate topics of climate on the one hand, and health on the other. The rationale of this report was to merge these two considerations into a more holistic understanding and approach toward climate and health in a manner that recognised the interconnections between the two areas.

The Committee enquired as to whether there was any work with schools to help educate and raise awareness amongst children at an early age around the importance of climate action and health. It was confirmed that there was an outreach officer who would work with schools around climate action. However, there was no explicit work with schools that involved raising awareness of the interconnectivities between climate action and health. The purpose of this year's DPH report again was to therefore to raise awareness of this disconnect.

The Committee queried as to whether the pressures in the NHS were having an impact on the wider system and the objectives and measures being taken by the Council's Public Health team. The BOB ICB Place Director responded that each NHS organisation exercised transparency over their net zero plans, which could be found on each Trust's website. It was also explained to the Committee that the Director of Place had worked closely with the Director of Public Health to focus on reducing health inequalities countywide.

The Committee enquired as to what was new about the message in the DPH report on climate action and health, and how such commitments and recommendations outlined therein would differ from some of the work that was already being undertaken by the Oxfordshire system. It was responded that the County and District Councils as well as the NHS had already been making existing efforts and arrangements in an attempt to reach climate action targets. However, what the DPH report emphasised was the need for further integration of these efforts to accelerate the reaching of climate action targets but to also improve how the system understands the impact of climate on health. The Council's Public Health Team were also having conversations with Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust around encouraging active forms of travel for NHS staff.

The Committee **AGREED** to issue the following recommendations to the Director of Public Health:

1. For the fully published DPH Annual report to come to a future HOSC meeting, with a view to further scrutinise the report and the deliverability of the commitments around climate action and health.

2. For the full DPH report to incorporate a section with insights into Population Health, and to include an update on progress on recommendations from the previous DPH Annual report.

3. For there to be clear and thorough engagement and coproduction with key stakeholders around the commitments to climate action and health after the publication of the report. It is recommended that the local contexts and sensitivities are taken into account, with a view to balance these with national directives around climate action and health.

4. For there to be clear transparency and indications as to the barriers and enablers surrounding commitments to climate action and health. It is recommended that sufficient avenues of funding and resources are secured for the purposes of delivering these ambitions, and for collaboration with key system partners for the purposes of this.

5. For there to be clarity around any governance structures or processes around climate action and health. It is recommended that there is transparency around any key leads responsible for relevant policy areas around climate and health to understand individual/organisational commitments, as well as to understand any associated regulatory or legislative barriers to these commitments.

6. To ensure that clear processes are in place for monitoring and evaluating the measures taken as part of climate action, with specific attention to the implications that such measures may have on residents' health and wellbeing.

7. To raise educational awareness and understanding of the importance of climate action and its implications on health.

8. For next year's DPH Annual report to be brought as a full draft to the Committee's spring meeting, with a view to scrutinise the draft and provide feedback in a public meeting ahead of its official publication.

20/24 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 10)

The Chair outlined that the Committee had received Acceptances and Responses to its recommendations on the following two items:

1. Children's Emotional Wellbeing and Mental Health Strategy.
2. CAMHS Services.

It was explained to the Committee that one particular recommendation that was issued to CAMHS around training had been rejected. The reason behind the rejection was outlined in the response form which was within the agenda papers.

The Committee **NOTED** the responses.

21/24 FORWARD WORK PROGRAMME
(Agenda No. 11)

The Committee **AGREED** the forward work plan.

22/24 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 12)

The Committee **NOTED** the progress made against agreed actions and recommendations.

.... in the Chair

Date of signing ....

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