

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 7 October 2021 commencing at 2.00 pm and finishing at 3.50 pm

Present:

Board Members: Councillor Mark Lygo (in the Chair)

Ansaf Azhar
Sylvia Buckingham
Kevin Gordon
Councillor Jenny Hannaby
Councillor Louise Upton
Michelle Brennan (In place of Kerrin Masterman)
Diane Hedges (In place of Dr James Kent)

Participating remotely:

Councillor Liz Leffman (Chair)
Dr David Chapman (Deputy Chair)
Councillor Liz Brighthouse OBE
Stephen Chandler
Councillor Maggie Filipova-Rivers
Dr Ben Riley (In place of Dr Nick Broughton)
Yvonne Rees

By Invitation: Rosalind Pearce, Executive Director, Healthwatch Oxfordshire

Officers:

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

Part of meeting

Agenda Item

Officer Attending
6 Lily O'Connor, Deputy Director of Urgent Care, Oxford
8 University Hospitals
Dr Katherine Arbuthnot, Public Health Team

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)

1 Welcome by the Chair, Councillor Liz Leffman

(Agenda No. 1)

As neither the Chair nor Vice Chair were able to be present in the meeting room, Members of the Board were invited to nominate a Chair for the meeting.

Councillor Jenny Hannaby nominated Councillor Mark Lygo. City Councillor Louise Upton seconded. Councillor Lygo was elected Chair nem con.

Councillor Liz Leffman explained that she was unable to attend in person as she was awaiting the result of a PCR test. She welcomed David Chapman, Councillor Mark Lygo and District Councillor Maggie Filipova-Rivers to their first meeting, noting that they had already attended a recent Board workshop.

2 Apologies for Absence and Temporary Appointments

(Agenda No. 2)

Apologies were received from Dr Nick Broughton (substituted by Dr Ben Riley), Dr James Kent (substituted by Diane Hedges) and Professor Sir Jonathan Montgomery.

3 Declarations of Interest - see guidance note opposite

(Agenda No. 3)

In relation to item 9, Oxfordshire Community Services, Councillor Jenny Hannaby declared a non-pecuniary interest as Chairman of Wantage Community Hospital League of Friends.

4 Note of Decisions of Last Meeting

(Agenda No. 5)

The notes of the meeting held on 17 June 2021 were approved and signed with one amendment:

Item 8, Oxfordshire Community Services Strategy Update, agenda page 6 in the paragraph commencing "Diane Hedges added", insert after "a higher usage of hospital beds" the words "on acute hospital discharge".

City Councillor Louise Upton noted that under Item 7, NHS Recovery, in the final paragraph it was recorded that it had been agreed that children's mental health services should be a full agenda item at the next meeting. It was not on the agenda for this meeting and she asked that it still be considered for a future meeting.

Ansaf Azhar in agreeing added that the Mental Wellbeing Health Needs Assessment was on the agenda for this meeting and an item on children's mental health services would flow naturally after that.

5 Covid-19 System Recovery and Resilience

(Agenda No. 6)

A presentation updating on the vaccination programme and Health & Care had been circulated in the Agenda and further slides with the latest Covid-19 case rates had been circulated on the eve of the meeting.

Ansaf Azhar, Corporate Director for Public Health, noted how case rates were higher than one year ago during the lockdown. However, the difference was the successful vaccination programme which greatly reduced the proportion of cases requiring hospital treatment. The future for case rates remained uncertain and continued vigilance and precautions against infection were still required. There was more focus now on the Health and Care system as more people were dying of other causes than Covid.

Asked if a spike in RSV (Respiratory syncytial virus) cases indicated that there could be a problem this winter, Ansaf Azhar responded that it was too early to say. The precautions that people take against Covid will reduce the chances of other infections as well.

Lily O'Connor, Deputy Director of Urgent Care, Oxford University Hospitals (OUH), presented the slides on Health and Care.

Councillor Liz Brighthouse noted the high rates of eating disorders and self-harm among children and young people. She believed this was linked to the problems in responding to child and mental health needs and would like to see these issues brought together in a piece of work. Otherwise, there was a danger we would fail our young people.

Lily O'Connor responded that eating disorders were a problem across the county and there was a need to identify cases earlier. They were working with schools on this. People who self-harm were only admitted to secondary care in the case of significant overdoses requiring treatment. OUH worked very closely with Oxford Health and CAMHS Crisis and tried to get patients out of acute hospital as soon as possible.

Diane Hedges, Deputy Chief Executive, OCCG, presented the slides on elective care. She noted that the Chief Executives across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) had agreed to work to open all specialities to referral so that the emerging waiting lists numbers could be seen and patient risk managed. The reopening needed to be achieved through collaboration across the BOB ICS. There were processes to be gone through to achieve that and she did not have a date yet as to when the remaining services would reopen. The plan required the system to balance waiting lists with Buckinghamshire and Berkshire West with a single point of entry to manage patients. This meant that although referred into the system, the patient would not always be able to have their appointment with the Oxfordshire provider as the waiting times needed to be balanced.

Members raised issues and officers responded as follows:

- The staff shortages were largely related to Covid – household contacts, sickness

from Covid and children being off school needing parental care were all factors.

- The increase in evening referrals may be related to people who have contacted 999 earlier in the day but their condition was not as acute as others, so they were not brought in until evening.

Ansaf Azhar presented slides on vaccinations including the booster programme. He particularly noted how the vaccination roll-out to 16 and 17 year olds had really brought down the case rates in that age group and he congratulated the team on this work.

The programme with 12 to 15 year olds was challenging but the evidence was clear and the need to reduce the loss of school time was important.

The Chair concluded by reiterating the thanks to everyone in the health and care services including volunteers.

6 Health and Wellbeing Strategy Review

(Agenda No. 7)

The Board considered a report summarising a review of the current Health and Wellbeing Strategy for Oxfordshire in light of the Covid-19 pandemic. This was undertaken at a recent workshop held by Board members.

Councillor Liz Leffman, Leader of the Council, introduced the discussion. The workshop had looked at realigning strategic priorities in the light of the Covid pandemic. There had been agreement to focus on health inequalities and prevention.

David Munday, Consultant in Public Health, summarised the report. The three key points were that the strategy was right, the 'life course' approach was helpful but that everything had become more urgent because of the pandemic.

The cross-cutting themes identified were that inequalities had been exacerbated, the community capacity had been a crucial part of the pandemic response and there needed to be a particular focus on mental wellbeing.

The report asked partners to prioritize work in their organisations in accordance with the strategy and this Board to plan its work programme accordingly.

Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, agreed that the report was a good summary of the workshop. She had taken the report to their executive meeting where it was well received. The request from that was to identify a) clear actions that would make the difference and b) the communities that needed the focus.

Diane Hedges also reported that GPs had been very enthusiastic around the 'make every contact count' idea but were concerned that it would be a challenge given the short appointments that they had. We need to find other means to support this messaging in contacts. Again, the call was to identify actions to make it work. Perhaps taking different themes over quarters of the year might be a useful approach.

Members agreed that the report reflected the discussions at the workshop, noted the importance of the Joint Strategic Needs Assessment in providing impartial data across the system and in particular welcomed the inclusion of the consideration of 'dying well'.

Councillor Leffman thanked all for the positive response and looked forward to applying the priorities to the development of the work programme later in the meeting.

7 Mental Health & Wellbeing: Mental Wellbeing Needs Assessment

(Agenda No. 8)

The Board had before it a paper presenting the Mental Wellbeing Needs Assessment, which aimed to broadly understand the mental wellbeing needs of people living in Oxfordshire.

Dr Katherine Arbutnott of the Public Health Team introduced the report, acknowledging that a wide range of people had been involved in putting the assessment together. The full assessment will be made available on the Council website by the end of the month. She took the meeting through a presentation on the findings of the needs assessment.

Ansaf Azhar, Corporate Director for Public Health, added that the approach being taken was that mental health and wellbeing was everybody's business. This will help ensure that action is taken early. It was important to normalise talk about mental wellbeing. It was not all about intervention.

Councillor Liz Brighouse, Cabinet Member for Children, Education and Young People's Services, commented that data and monitoring was key. There was evidence that mental health issues were particularly increasing in girls. She believed that many women experiencing violence were more likely to talk about it at their sexual health clinic than go to the police.

Councillor Brighouse also observed that there were a lot of services available but often people just did not know about them. There needed to be more signposting of services.

City Councillor Louise Upton suggested that mass intervention was needed given the scale of the problem. Schools were one area where that might be possible but she asked what scope was there for the Council to promote that, now that so many schools were academies.

Kevin Gordon, Corporate Director for Children's Services, responded that Oxfordshire was fortunate in having a very good relationship with schools. There have been mental health support teams working in schools for some years. The key question was how to scale-up efforts. Schools would definitely be part of that but there was a need to identify other touchpoints.

Dr David Chapman, Clinical Lead, OCCG and a GP, estimated that about 60% of his patients had a mental health issue of some kind. Some practices had people trained in mental wellbeing available to spend time talking to people. Much of this was done over

the telephone. While telephone did not work so well with some older people, many younger people actually preferred it. Much of the improvement in CAMHS (Child and Adolescent Mental Health Service) had been achieved through greater use of remote access.

District Councillor Maggie Filipova-Rivers added that the Young Minds charity had proposed an idea for early intervention hubs.

The Chair concluded by encouraging councillors to do the mental health first aiders course so that they could all be mental health champions.

8 Oxfordshire Community Services

(Agenda No. 9)

The Board considered a report from the Oxfordshire Clinical Commissioning Group (OCCG) and Oxford Health NHS Foundation Trust updating on the Oxfordshire Community Services project. The report was summarised by Dr Ben Riley, Executive Managing Director for Community, Primary and Dental Care, Oxford Health. The project was on track. There had been two online public engagement events with another one to be held the following day.

A census of community hospitals was being carried out as well as a benchmarking exercise against other counties' systems. Most of the attention so far had been at county level but there would be more local focus going forward which may include open days at community hospitals.

Diane Hedges, Deputy Chief Executive OCCG, added that a lot of the discussion so far had centred around workforce issues and the increased use of digital and possible digital exclusion.

Councillor Jenny Hannaby, Cabinet Member for Adult Social Services, noted that maternity services in Wantage Community Hospital had been closed due to staff shortages only months after being reopened. Those in need of services had to go to Wallingford or the John Radcliffe in Oxford.

Diane Hedges responded that there was a shortage of midwives and other services had also been affected in the north of the county. The situation would be reviewed in mid-October but they had to put safety first.

Ansaf Azhar, Corporate Director for Public Health, emphasised that the review was about more than bed numbers but took a wider population perspective, including looking at preventive measures to reduce the demand for services in the first place.

9 Report from Healthwatch Oxfordshire

(Agenda No. 10)

The Board had before it a summary of the activities of Healthwatch Oxfordshire. Executive Director Rosalind Pearce highlighted in particular the changes to parking

recently introduced at Oxford University Hospitals sites. Healthwatch's report on this issue was published in 2017.

She believed that the example emphasised the importance of hearing from the service users and she hoped this would be taken on board in the Community Services Strategy.

The Chair thanked Healthwatch and its volunteers for the work they are doing especially with emerging communities.

10 Performance Report

(Agenda No. 11)

The Board considered the report which monitors progress on agreed outcome measures.

Councillor Liz Leffman, Leader of the Council, reported on issues that came up at a recent meeting of the Oxfordshire Joint Health Overview and Scrutiny Committee where she had been presenting the Board's annual report. It had been noted that women's services had been particularly impacted by the pandemic. She also noted Red ratings in relation to reablement and dementia diagnosis. She asked that gender and age be taken into account when looking at health inequalities.

Ansaf Azhar, Corporate Director for Public Health, agreed that preventive and screening programmes had been particularly hit during the pandemic. Most services had reopened but there was a backlog. This would need to be watched closely but he believed that the next report will show some improvement.

Councillor Liz Brighthouse, Cabinet Member for Children, Education and Young People's Services, noted that the increase in young people self-harming appeared to be more prevalent among girls. She added that there was a need for better data on CAMHS (Child and Adolescent Mental Health Service) waits for assessment.

Dr David Chapman, Clinical Lead, OCCG, reported that while figures for CAMHS were improving overall, there was a particular shortage of people qualified to assess for Autism Spectrum Disorder and ADHD.

Dr Chapman added that he believed that the figure in the report for annual health checks for those with Learning Disabilities (2.11) was out of date. His latest information indicated that it should be 82%.

Dr Chapman noted that the report monitored the proportion of those at risk and under 65 that have had the flu vaccine (1.18). He believed that the most important figure to watch was the proportion of children vaccinated as this was seen to be the most important factor in reducing transmission. The Board should consider including that figure in the reports.

11 Reports from Partnership Boards

(Agenda No. 12)

Children’s Trust Board

Councillor Liz Brighouse, Cabinet Member for Children, Education and Young People’s Services, thanked in particular Jodie Lloyd-Jones, Chief Executive, Oxfordshire Youth for stepping in to Chair the Board’s June meeting. We rely very heavily on voluntary youth services across the county.

Councillor Brighouse noted that many of the same issues had come up at the Children’s Trust meeting as had come up at this meeting. She would like to see more discussion around neuro-diversity and not just around assessments but on how people were supported when their assessment was known.

Kevin Gordon, Corporate Director for Children’s Services, agreed that there was a need to make mainstream services more aware and responsive with neuro-diversity.

Health Improvement Board

City Councillor Louise Upton, Chair, HIB, reported that they had set three priorities for 2021/22: obesity, smoking and mental wellbeing. They were looking at updating their dashboard to reflect current priorities. The red indicators were mainly due to Covid resulting in fewer screenings and lower physical activity.

The review board on domestic abuse has had its membership enlarged to add people who have experienced abuse themselves which she believed would strengthen it.

Ansaf Azhar, Corporate Director for Public Health, invited feedback on what would be the best indicators for the new priorities and noted that they wanted qualitative data as well.

The Chairman welcomed the removal of cigarette bins from outside council buildings as another measure to encourage people to smoke less. He thanked Councillors Brighouse and Upton for their work on the partner Boards.

..... in the Chair

Date of signing