

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 16 December 2021 commencing at 2.00 pm and finishing at 4.40 pm

**Present:**

**Board Members:**

Councillor Liz Leffman (Chair)

Dr David Chapman (Vice-Chair)

Ansaf Azhar

Councillor Liz Brighthouse OBE

Dr Nick Broughton

Sylvia Buckingham

Stephen Chandler

Councillor Maggie Filipova-Rivers

Kevin Gordon

Councillor Jenny Hannaby

Councillor Mark Lygo

Kerrin Masterman

Professor Sir Jonathan Montgomery

Yvonne Rees

Councillor Louise Upton

Diane Hedges (In place of Dr James Kent)

**Other Members in Attendance:**

Councillor Nick Leverton

**By Invitation:**

Rosalind Pearce, Executive Director, Healthwatch Oxfordshire

**Officers:**

Whole of meeting

David Munday, Consultant in Public Health; Colm Ó Caomhánaigh, Committee Officer; both Oxfordshire County Council (OCC)

Part of meeting

**Agenda Item**

**Officer Attending**

5

Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group (OCCG)

6

Catherine Mountford, Director of Governance, OCCG

7

Alison Chapman, Designated Nurse and Safeguarding Lead, OCCG; Karen Fuller, Deputy Director Adult Social Care, OCC

8	Derek Benson, the Independent Chair, Oxfordshire Safeguarding Children Board
9	Dr Ben Riley, Executive Managing Director - Primary Care and Community Services, Oxford Health
11	Caroline Kelly, Lead Commissioner Start Well, OCC
12	Kate Holburn, Head of Public Health Programmes, OCC
13	Ian Bottomley, Lead Commissioner for Age Well Support, OCC
15	Rosie Rowe, Head of Healthy Place Shaping, OCC

*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](http://www.oxfordshire.gov.uk).)*

*If you have a query please contact Colm Ó Caomhánaigh, Tel 07393 001096 ([colm.ocaomhanaigh@oxfordshire.gov.uk](mailto:colm.ocaomhanaigh@oxfordshire.gov.uk))*

	ACTION
<b>1 Welcome by Chair, Councillor Liz Leffman</b> (Agenda No. 1)	
The Chair welcomed participants and explained that it had been deemed better to hold this meeting virtually given the current wave of Covid infections.	
<b>2 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)	
Apologies had been received from Dr James Kent (substituted by Diane Hedges).	
<b>3 Declarations of Interest - see guidance note opposite</b> (Agenda No. 3)	
In relation to Item 10, Community Services Strategy, Councillor Jenny Hannaby stated that she had a non-pecuniary interest as Chair of the League of Friends of Wantage Hospital and Trustee of Wantage Community Nursing Home.	
<b>4 Note of Decisions of Last Meeting</b> (Agenda No. 5)	
The Notes of the meeting held on 7 October 2021 were approved as an accurate record.	
<b>5 Covid-19 briefing</b>	

(Agenda No. 6)

The Board received a presentation on the latest epidemiological and vaccination data that had been published in the Addenda on the morning of the meeting.

Ansaf Azhar, Director for Public Health, gave the presentation. He stated that case rates had already been high before the Omicron variant started to spread. The latest figures were higher than the last peak in January 2021. Rates were still highest among the young – particularly primary school children who had not been vaccinated yet. The rate among over 60s had remained reasonably stable in recent months. There was a peak among 40 to 49 year olds as they had yet to receive the booster vaccinations.

The Omicron variant was at least 2 to 3 times more transmissible than the Delta variant. Two doses of the vaccine were less effective but the booster had 70 to 75% efficacy against symptomatic infection. In the previous week the booster campaign had been expanded and a huge amount of work had been done to meet that challenge.

Ansaf Azhar cautioned that it was too early to say whether the Omicron variant was more or less severe and with the escalating number of cases even a lower rate of hospitalisation would put the health service under severe strain.

Dr David Chapman asked if any consideration was being given to the likely impact on health service workers of the Omicron peak, between infections and isolation requirements. Ansaf Azhar responded that this was being examined nationally. It was likely that health staff would be allowed to return to work after a clear PCR test. Yvonne Rees added that this was being discussed across the system but it was too early to have answers at this stage.

Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group, updated the Board on the vaccination programme. All eligible adults over 18 will be offered a booster vaccination by the end of the year. The daily number of vaccinations was being expanded by 2 or 3 times the previous rate. This required staff being redeployed from other services for a time.

The system will be streamlined to achieve this, for example, people will no longer be required to wait 15 minutes after receiving the injection. Walk-in clinics had been discontinued as it had become too difficult to manage the numbers. This will be

<p>revisited after Christmas.</p> <p>Sylvia Buckingham asked if those not registered with a GP were able to get the booster. Jo Cogswell responded that they had been able to get the first two vaccinations but a problem had been spotted in the booster booking system which was being rectified so they will be able to book it.</p> <p>The Chair thanked all those working across the system for all they were doing to manage the pandemic.</p>	
<p><b>6 Update on establishment of BOB Integrated Care System</b> (Agenda No. 7)</p>	
<p>The Board had received an update on the development of the Buckinghamshire, Oxfordshire, Berkshire West – Integrated Care System. Catherine Mountford, Director of Governance, Oxfordshire Clinical Commissioning Group, gave apologies from Dr James Kent who had hoped to present this item but was unavailable due to the latest Covid surge.</p> <p>They were very much at the start of the conversation. While there were a number of things that had to be done by 1 April 2022, the system would continue to evolve after that with the involvement of all the partners. The Integrated Care Systems were proposed to build on the NHS Long Term Plan. There will be an Integrated Care Board which will be a statutory body and will replace the Clinical Commissioning Groups. An Integrated Care Partnership will involve the provider trusts.</p> <p>BOB-ICS was different from other ICSs in covering more than one county or hospital catchment. Place-based Partnerships between the NHS and local authority will exist at county level. Local authorities across the BOB area were arranging to have a joint health scrutiny committee to scrutinise the ICS’s work.</p> <p>Yvonne Rees reiterated that this was very much a collaborative conversation and that it was just the start of the process.</p>	
<p><b>7 Oxfordshire Safeguarding Adults Board Annual Report</b> (Agenda No. 8)</p>	
<p>The Board had been asked to note the OSAB Annual Report for 2020/21. Councillor Jenny Hannaby introduced Alison Chapman, Designated Nurse and Safeguarding Lead, Oxfordshire Clinical Commissioning Group, and Karen Fuller, Deputy Director Adult Social Care, Oxfordshire County Council, who highlighted the following points:</p>	

- The Board maintained all of its activities through the pandemic despite being advised by the government that it did not have to. They ensured that they did not lose sight of the individuals and families who were at the centre of their work.
- The partnership was nationally recognised for its work with Making Safeguarding Personal. They always asked for feedback from everyone who came in contact with them.
- Through their continuing work on deaths of people with learning disabilities, they were able to confirm that there had been no increase in deaths due to Covid in Oxfordshire despite the fact that an increase was observed nationally.
- There had been a spike on deaths of people who were homeless. The individual cases were reviewed and the learning has been fed into the new strategy on homelessness.
- As a response to increased complexity of cases a Multi Agency Risk Management Plan has been implemented to ensure that a joint view can be taken where an individual's case crosses over a number of organisations or teams.

Diane Hedges noted the report's reference to the need to agree the governance and senior strategic leadership on homelessness across the county and asked if there was anything further this Board could do to help that. Karen Fuller responded that it had moved on at pace since the period of this report and they were satisfied with the progress made.

The Chair thanked all those involved for a well-presented report which spoke to the work done across the partnership in very difficult circumstances.

**8 Oxfordshire Safeguarding Children Board Annual Report**  
(Agenda No. 9)

The Board had before it the Annual Report of the OSCB for noting. Councillor Liz Brighthouse introduced Derek Benson, the Independent Chair of OSCB, noting that recent deaths of children around the country highlighted the importance of this work.

Derek Benson highlighted the following:

- Thanks to Kay Bishop, Business Manager, and her colleagues for producing a report that was succinct and to the point.
- He had taken up the position in November 2020 when the Board had been operating under the pandemic for several months and found that everything was well organised and systems were very agile.
- It was hoped that the transfer from the Oxfordshire Clinical Commissioning Group to the Integrated Care System would happen seamlessly.

<ul style="list-style-type: none"> <li>• There has been a surge in demand underlining the need to continue to improve how partners work together.</li> <li>• Child exploitation will continue to be a major focus.</li> <li>• Post-pandemic everything will need to operate at scale and pace.</li> <li>• The education system is front and centre to children’s safeguarding work.</li> </ul> <p>Kevin Gordon added that wholesale reform of the workforce and business-as-usual would be required to scale up preventive measures. Currently there were three times more children’s social care assessments than early help assessments and this needed to be reversed. Schools would be central to this but they were already under significant pressures. The key was to work out how early assessment could become part of the business as usual.</p> <p>Nick Broughton, referring to the statistics on Agenda Page 65, asked if it was possible to compare these over the years. Kevin Gordon responded that there was definitely an increase in numbers presenting. School attainment figures were difficult to compare because of the impact of the pandemic on exams. In terms of post-16 destinations, the outcomes were flat or deteriorating.</p> <p>Councillor Brighouse stressed the importance of building up mental strength and resilience in young people. Derek Benson concluded by praising the level of partnership working and sharing information across the system.</p> <p>Ansaf Azhar added that many of the outcomes would take a long time to come through and that we should take a wider view, considering outcomes for families not just children.</p>	
<p><b>9 Community Services Strategy</b> (Agenda No. 10)</p>	
<p>The Board considered an update report on the Community Services Strategy. Dr Ben Riley, Executive Managing Director - Primary Care and Community Services, Oxford Health, summarised the report:</p> <ul style="list-style-type: none"> <li>• Amendments to the principles were proposed in the report based on feedback from the public, staff and partners.</li> <li>• There has been support for the general direction of travel in terms of more joined up services and providing care closer to where people live.</li> <li>• Other themes that emerged included ensuring consistency across the county, the workforce challenge and concerns</li> </ul>	

around digital exclusion.

- The next stage was to produce a draft clinical model. It was hoped to be produced by early next year but that could be thrown off by the need to redeploy staff in response to the Omicron variant.

Diane Hedges added that they had been asked to frame choices in the proposals. Resources were limited and there was a need to be certain that we were achieving the best outcomes. They wanted to be ambitious. There were things that could be done better but would require challenging choices to be made.

Professor Jonathan Montgomery expressed support for the principles but was concerned that there might be a tension between the desire to provide services consistently across the county and the need to take action on health inequalities. It might not be possible to do both. He also asked if the principles should reference the fact that they should assist the 'Net Zero' ambitions.

Councillor Jenny Hannaby supported the principles and looked forward to seeing how the community and voluntary sector would be incorporated into plans as they developed. She was pleased to see that GPs were being involved. She felt that they needed more support with communications with patients.

Councillor Liz Brighouse welcomed the fact that equity and equality were central to the principles. She added that equitable funding was needed to ensure that the most vulnerable were lifted out of health inequalities.

Sylvia Buckingham asked where the service users would be involved. Dr Riley responded that they had a patient engagement team that would be well placed to ensure that the voices of patients and their families were included.

Members of the Board agreed to support for the principles.

## **10 Making Every Contact Count (MECC) to Support Health and Wellbeing Strategy Priorities**

(Agenda No. 11)

David Munday, Consultant in Public Health, Oxfordshire County Council, introduced the report. He shared slides reminding the Board of the Health & Wellbeing Strategy and the priorities that had been identified following the pandemic. Making Every Contact Count could help deliver the strategy. It was suggested that a training workshop be held for Board members to enable them to champion the approach.

<p>Ansaf Azhar added that it was not possible to provide a specific service for every problem but by promoting a culture of professional curiosity it would be possible to provide more upstream early help. It was not about intrusive questioning but some training would help give people the confidence to advocate and promote this approach.</p> <p>Diane Hedges reported that GPs were excited to pursue this approach but cautioned that they did not always have the time. They suggested that it needed to come from a broader spectrum of people.</p> <p>Professor Jonathan Montgomery asked if the training could address how this will help counter inequalities. He was concerned that it might only help those who we were already in contact with.</p> <p>Councillor Liz Brighthouse suggested that training on Making Every Contact Count would be useful for councillors because they meet large numbers of people every month. She believed that this could help in tackling inequalities because councillors often met people who were not aware of their entitlements.</p> <p>Sylvia Buckingham asked for an example of successful outcomes with a hard-to-reach community. Ansaf Azhar gave the example of a campaign to raise awareness among men of NHS Health Checks through barbers and hair salons.</p> <p>It was agreed to organise training for the Board.</p>	<p>David Munday</p>
<p><b>11 Children and Young People Emotional and mental wellbeing</b> (Agenda No. 12)</p>	
<p>The Board had before it an update on the strategic approach which was summarised by Kevin Gordon. There had been a huge increase in needs and this was overwhelming acute services. It was not clear if we were getting value from the services in place. There was a need for more upstream work. The question was how to achieve the best outcomes from the resources available.</p> <p>The Chair noted that the figures in Appendix 2 were for 2020. She asked if figures would become available for 2021. Officers responded that the figures came from a Public Health survey that they believed was annual but they would confirm that.</p> <p>Sylvia Buckingham asked if the pilot to have a mental health</p>	<p>David Munday</p>



<p>worker in every school was finished or continuing. Kevin Gordon responded that expansion of this was one of the options being looked at. Caroline Kelly, Lead Commissioner Start Well, added that it was an NHS England priority and transformation funding was available to deliver it.</p> <p>Councillor Liz Brighouse noted that CAMHS was underfunded for the number of referrals it was receiving. However, in many cases children did not need such a linear clinical approach and an earlier appropriate intervention could avoid problems becoming much worse.</p>	
<p><b>12 Update on Delivery of Duties Under the Domestic Abuse Act</b> (Agenda No. 13)</p>	
<p>The Board had been asked to note this paper summarising the actions being taken in Oxfordshire to meet the requirements of the Act, including the production of both a Safe Accommodation Strategy and an overarching Domestic Abuse Strategy.</p> <p>Kate Holburn, Head of Public Health Programmes, summarised the report. The Act came into force in April 2021 and required the setting up of a Strategic Partnership Board which must include Tier 1 and Tier 2 local authorities, the police, other partners and the voice of lived experience.</p> <p>The statutory guidance took effect from 1 October 2021 and funding of £1.1m has been allocated by the government for the responsibilities under the Act. Oxfordshire already had a Partnership Board but its membership was refreshed in line with the requirements of the Act.</p> <p>An external agency was commissioned to conduct a needs assessment for the Safe Accommodation Strategy. This informed the draft strategy which was then put out for consultation. The strategy was in the process of being finalised and must be published before 5 January 2022.</p> <p>One of the recommendations from the strategy will be to form a Working Group to develop the delivery plan and ensure the funding is spent in line with priorities.</p> <p>Oxfordshire was also working towards a broader strategy starting with a needs assessment. It was expected to have a draft for consultation at the start of February with a final version being published by the end of the financial year.</p>	

<p>It was agreed to note the report.</p>	
<p><b>13 Better Care Fund Plan 2021/22</b> (Agenda No. 14)</p>	
<p>The Better Care Fund planning round for 2021/22 commenced on 30 September for submission 16 November. Given the brevity of the planning and submission cycle for 2021/22 the national conditions allowed for the plan to be submitted by the deadline and ratified at the next available meeting of the Health &amp; Wellbeing Board.</p> <p>Ian Bottomley, Lead Commissioner for Age Well Support, Oxfordshire County Council, summarised the report. The NHS regional team had recommended acceptance of this plan to their national team.</p> <p>The proposed investment was set out in paragraphs 14 and 15 of the report. It exceeded the minimum requirement by £8m. Some new metrics have been introduced to reflect the move away from Delayed Transfers of Care to a focus on long length of hospital stay (whether or not due to delay). The national target is to have 95% discharged to home. Oxfordshire's current performance is 91% and it has been agreed with the national team to set a target of 93% for 2021/22.</p> <p>There was insufficient time this year for public consultation on the Fund but there was a clear expectation that this would happen in future years. It was acknowledged that schemes aimed at reducing health inequalities had not been a key planning assumption but these were being prioritised this year.</p> <p>Professor Jonathan Montgomery added that Oxford Health was doing a lot of work on those schemes aimed at reducing inequalities and Oxford University Hospitals were supporting them in that. He was pleased that this was happening but concerned that we should be able to demonstrate what was being achieved.</p> <p>Diane Hedges noted that one of the new metrics indicated that we were not doing well on ambulatory sensitive conditions with too many people having to go to hospital for treatment that could be delivered in their own home. She offered to examine that and come back with a better understanding of the issues.</p> <p>Councillor Jenny Hannaby welcomed the Plan adding that decisions on allocating the funds were made after real discussion in the partnership and the funds enabled us to ensure that people were Home First and Living Well.</p>	<p>Diane Hedges</p>

<p>The Chair explained that the Board was unable to formally approve the Plan as they were meeting virtually. However, it was agreed to note the Plan.</p>	
<p><b>14 Joint Strategic Needs Assessment Plans for 2022/23</b> (Agenda No. 15)</p>	
<p>David Munday, Consultant in Public Health, Oxfordshire County Council, explained that the Joint Strategic Needs Fund was usually published around March each year. However, this year it was suggested to delay it until later in the year to allow for census data which will become available in May or June. He emphasised that, although the JSNA was published once a year, work on assessing needs continued year-round.</p> <p>Ansaf Azhar added that the statutory requirement was to publish within a year and we would still be able to do that.</p> <p>David Chapman noted that JSNAs used to present data on the basis of GPs and neighbourhoods but this had not been provided in recent years. David Munday responded that it would be possible to include. The Steering Group would scope out what was needed and it was important that information was provided in a format useful to all the partners.</p> <p>The Chair stated again that it was not possible to formally agree the proposal when meeting virtually but the report was noted.</p>	<p>David Munday</p>
<p><b>15 Outcomes of joint workshop with Future Oxfordshire Partnership</b> (Agenda No. 16)</p>	
<p>The Board considered a report providing a summary of the discussion and feedback gathered as part of a recent workshop held between the Oxfordshire Health and Wellbeing Board and the Future Oxfordshire Partnership.</p> <p>Rosie Rowe, Head of Healthy Place Shaping, Oxfordshire County Council, summarised the report. It was agreed that the joint workshop had been very useful in identifying common issues where we can work together. It was intended to have a joint workshop roughly every six months. The next one was planned for March 2022 and one topic suggested so far was climate action.</p> <p>The Chair added that she found it to be a very useful workshop and was pleased that they were becoming a regular event. There</p>	

<p>were many issues around Health and Wellbeing, such as disability, housing etc., where the city and districts deliver and there was a real benefit in partnership working.</p>	
<p><b>16 Report from Healthwatch</b> (Agenda No. 17)</p>	
<p>The Board had received a report from Healthwatch Oxfordshire summarising views gathered from the public. Sylvia Buckingham introduced the report. She noted that Healthwatch's funding from Oxfordshire County Council for 2022/23 had been agreed but they will be seeking to have a longer funding agreement.</p> <p>They have recently had an outreach activity in Chipping Norton but that kind of activity was likely to be curtailed again with the latest surge in Covid. However, their communication strategy was working well and they were receiving more feedback from the public and service users.</p> <p>The Chair thanked Healthwatch for a very thorough report.</p>	
<p><b>17 Performance Report</b> (Agenda No. 18)</p>	
<p>The Board considered a report on agreed outcome measures. David Munday, Consultant in Public Health, Oxfordshire County Council, introduced the report and in particular noted the red ratings in the area of self-harm in young people – an issue that had been discussed earlier in the meeting.</p> <p>An extra appendix was added this time outlining the vaccination rates in children which was important in managing the spread of flu. The programme was more advanced in secondary schools because in many schools it was delivered at the same time as the Covid vaccine and secondary school children had been prioritised for that.</p>	
<p><b>18 Reports from Partnership Boards</b> (Agenda No. 19)</p>	
<p>The Board receive an update from the Health Improvement Board including details of performance issues rated red or amber in the performance report. City Councillor Louise Upton introduced the report. The Board was now getting indicators on direction of travel in their performance reports and were having a deep dive into one issue at each meeting.</p>	

<p>She highlighted efforts to tackle the issue of physical inactivity. She noted the decision earlier in the day to approve the Low Traffic Neighbourhood in East Oxford and emphasised that this needed to go hand in hand with efforts to remove obstacles to people being more active, such as not being able to afford to buy a bicycle.</p> <p>The Chair agreed that work needed to be done to reach a number of groups and specifically mentioned those who regularly drive their children to school and people in rural areas. She asked for more information about two of the aims under Active Travel that were indicated as 'delivered'.</p> <p>Councillor Upton responded that these were specific initiatives in particular areas that had been shown to work and could now be rolled out across the county.</p>	
<p><b>19 Meeting dates</b> (Agenda No. 20)</p>	
<p>It was agreed to move the meeting scheduled for 2pm on 30 June 2022 to 10am on 7 July 2022 as the original date clashed with the Local Government Association Annual Conference.</p>	<p>Colm Ó Caomhánaigh</p>

..... in the Chair

Date of signing .....