

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 7 July 2022 commencing at 10.00 am and finishing at 12.40 pm

Present:

Board Members: Councillor Liz Leffman (Chair)

Dr David Chapman (Vice-Chair)
Ansaf Azhar
Councillor Liz Brighthouse OBE
Sylvia Buckingham
Karen Fuller
Dr James Kent
Councillor Mark Lygo
Councillor Louise Upton

Stephen Chandler (virtually)
Dr Nick Broughton (virtually)

Other Members in Attendance: Councillor Nick Leverton

Officers:

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

Part of meeting

Agenda Item

	Officer Attending
7	Amanda Lyons, Interim Director of Strategic Delivery and Partnerships BOB ICS
8	Helen Shute, Programme Director, Community Services Strategy, Oxford Health; Lily O'Connor, Oxford University Hospitals
9	Hayley Good, Deputy Director for Education, Oxfordshire County Council
10	Jack Gooding, Senior Public Health Principal, Oxfordshire County Council
13	Rosie Rowe, Head of Healthy Place Shaping, Oxfordshire County Council
14	Kate Austin, Health Improvement Principal, Oxfordshire County Council

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)

	ACTION
<p>1 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies were received from Kevin Gordon, Jonathan Montgomery and Yvonne Rees.</p>	
<p>2 Declarations of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>There were no declarations of interest.</p>	
<p>3 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>The notes of the meeting held on 17 March 2022 were agreed as an accurate record.</p>	
<p>4 Health Protection Update (Agenda No. 6)</p>	
<p>Ansaf Azhar, Corporate Director of Public Health & Wellbeing, gave a verbal update. Regarding Covid, case rates had been rising significantly since April but it was still not at the winter peak levels. We were likely to continue to see such fluctuations for a few years as new variants and sub-variants arise. There were unlikely to be mandated measures as before because of the disruption that they cause. It will need to become part of business contingency planning.</p> <p>Vaccination remains the most effective form of protection. It was never too late to get vaccinated. There will be a new campaign in the autumn. The surveillance unit remained in place and will continue to monitor Covid and other infectious diseases.</p>	
<p>5 Bucks, Oxfordshire, Berkshire West Integrated Care System (BOB ICS) Establishment (Agenda No. 7)</p>	

A presentation on the establishment of BOB ICS had been included in the agenda pack. Amanda Lyons, Interim Director of Strategic Delivery and Partnerships BOB ICS, focussed on the slides around the preparatory phase.

Members raised a number of issues which James Kent and Amanda Lyons responded to as follows:

- They were working closely with Jane O'Grady, Director of Public Health with Buckinghamshire Council, in developing the approach.
- The Health and Wellbeing Board's strategy included Start Well which together with the involvement of Kevin Gordon, OCC Corporate Director for Children's Services, will ensure that needs of children will be a core component. They have not met with the Chairs of the Children's Trust Boards yet but will take that on board.
- The Integrated Care Board was about one third of the way through the appointments to the Executive. Javid Khan as Chair of the Board was overseeing appointments to it. Stephen Chandler was partner representative for local government.
- The Integrated Care Partnership (ICP) was being designed and that needed to conclude soon as there was likely to be a complex governance aspect to it.
- Many of the staff transferring from the dissolved Oxfordshire Clinical Commissioning Group were clinicians. The OCCG was weighted towards primary care whereas the ICB would be expected to expand into the broader clinical community including paediatricians.
- The ICB was not starting with a blank canvass. There were strategies such as those of the Health & Wellbeing Boards in place. The question now was if the new structures provided opportunities to go further or if any course correction was needed.

Members also made the following points:

- The design of the ICP needed to take into account that Oxfordshire was the only non-unitary council involved, with city and district councils that had to be taken into consideration.
- A philosophical change was involved here as all needed to act like one organisation.
- Prevention, early intervention and education would be key aspects of the partnership.
- The whole needed to be greater than the sum of the parts. Bringing the public health budget into the pool for the optimum benefit of the public would be an important part.

<p>6 Oxfordshire Integrated Improvement Programme - Update (Agenda No. 8)</p>	
<p>Board members were asked to consider the opportunities this work presented to improve the health and wellbeing of people across Oxfordshire; how they might communicate this shared vision within their organisations; and to commit their organisation's support and an appropriate amount of staff time and resource to the work.</p> <p>Helen Shute, Programme Director, Community Services Strategy, Oxford Health, gave a presentation. Karen Fuller added that there had been a real shift in whole system working with much greater trust and transparency. The challenge now was to get on with the work.</p> <p>James Kent cautioned that the challenge would be in delivery capacity and constraints such as management bandwidth. There will be a need to align ambition with resources.</p> <p>Members raised a number of issues that Helen Shute, Karen Fuller and Lily O'Connor, Oxford University Hospitals, responded to:</p> <ul style="list-style-type: none"> • The principles developed for the Community Services Strategy were all embedded all the projects they were working on. • Aggregating the needs will be the next step and following that will be a workforce strategy across the system, not just the clinical areas. How the existing workforce was deployed will be part of the discussion. It was too early to say when people will see a difference on the ground. • Hospice at home was part of the Intensive Community Care project even though it was not mentioned in the paper. • There were opportunities to use online tools to get wider public feedback in addition to in-person events. 	
<p>7 Update on the Local Area SEND Strategy (Agenda No. 9)</p>	
<p>Board members were asked to note the Local Area SEND strategy, particularly in relation to its support on delivering the Board's Joint Health and Wellbeing Strategy and to support the implementation of the SEND strategy within the work-programmes of their respective organisations.</p> <p>Hayley Good, Deputy Director for Education, Oxfordshire County Council, highlighted the connections with the work of the Board. She added that, following the Monitoring Visit on 6 June, formal monitoring was no longer required. This had been taking place</p>	

<p>but realised that what was needed was more intervention ‘upstream’. It was a holistic strategy, the result of collaborative work across the system, designed to reduce the need for specialist intervention.</p> <p>Jack Gooding, Senior Public Health Principal, Oxfordshire County Council, described the processes followed in developing the partnership strategy. Demand had already been increasing and was exacerbated by the pandemic. The next step was to develop an action plan. The implementation of that will be overseen by the Children & Young People’s Wellbeing & Mental Health Board.</p> <p>Members commented as follows:</p> <ul style="list-style-type: none"> • Research had shown that reducing the gap in educational attainment had benefits for mental health outcomes. • It was important that equity was built into the system – for example, eliminating differences in the way professionals sometimes deal with people with low educational attainment. • There was significant evidence of increases in substance misuse among young people since the pandemic. • There appeared to be nothing in the strategy about support for mothers during pregnancy and after. • KPIs should be as simple and flexible as possible. • When looking at costs of services, we should also look at the costs of not providing them. • The term “anti-social behaviour” should not be used in relation to those with mental health issues. <p>Ansaf Azhar added that there was a sense of urgency around this but the strategy would evolve over time and as we learned from experience.</p> <p>It was agreed to move forward with the strategy.</p>	
<p>9 Report from Healthwatch (Agenda No. 11)</p>	
<p>The Board had received an overview of Healthwatch activity and outcomes January – March 2022 for noting. There were hardcopies of their Annual Impact Report available too.</p> <p>Members thanked Healthwatch for their attendance at all the health-related bodies and for the work they do in reaching all sectors of the community. The report was noted.</p>	
<p>10 Update on Publication of Joint Strategic Needs Assessment (JSNA) (Agenda No. 12)</p>	

<p>The Board had earlier this year agreed to delay the publication of the JSNA until October in order to be able to include data from the 2021 Census. David Munday, Consultant in Public Health, reported that the Office for National Statistics' timetable had slipped and it was now proposed to publish the JSNA in October without that census data which will instead be included in the 2023 report.</p> <p>The recommendations of the report were agreed.</p> <p>RESOLVED to:</p> <p>a) Note that the JSNA 2022 report will be provided to the Health and Wellbeing Board as planned in early October 2022, but (other than total population counts by district) will <u>not</u> include Census 2021 results. This is a result of the delay in the publication of Census data by the Office for National Statistics.</p> <p>b) Approve the plan for future JSNA updates to be provided to the June H&WBB meeting (moved from the regular report to the March meeting).</p> <p>c) Note that there has been a “call out” for evidence for the 2022 JSNA report, publicised by Healthwatch, and partners are asked to continue to support this work with information and data and make use of this shared evidence base.</p>	
<p>11 FOP (Future Oxfordshire Partnership) and H&WB workshops (Agenda No. 13)</p>	
<p>Rosie Rowe, Head of Healthy Place Shaping, Oxfordshire County Council, summarised the report on the workshop. These joint workshops were held twice annually to build on opportunities for joint working. Some examples were working with the Local Nature Partnership on providing access to green spaces, working in the Integrated Care System, development of a sustainability strategy on climate change involving local authorities and work by the Oxfordshire Inclusive Economy Partnership (OIEP) on reducing inequalities associated with employment.</p> <p>Action: It was planned to have an autumn workshop and any ideas on the topics to cover would be very welcome.</p> <p>Asked about the proposed Oxfordshire Inclusive Economy Charter from the OIEP, Rosie Rowe responded that the initial work was focused on measures that employers could take in recruitment to look in communities that would not normally seek jobs in particular sectors. There was also a Skills & Education</p>	<p>All</p>

<p>Subgroup that was working with information provided by education colleagues to increase the aspirations of young people.</p> <p>Action: Rosie Rowe will ensure that the Council’s education services will be connected to these discussions.</p> <p>With regard to the social prescribing strategy, there was a clear desire to have one common strategy covering not just social prescribers in the NHS but also those in the community. There was agreement that there needed to be a flexible model that allowed for a range of roles. An existing strategy was being broadened to include the community element.</p> <p>David Chapman raised the issue of where such a strategy should sit in terms of governance. He believed that it could be translatable to BOB-ICS (Bucks, Oxon, Berkshire West – Integrated Care Strategy). Rosie Rowe responded that it will be an Oxfordshire strategy even if elements were also relevant to the BOB or national level.</p> <p>Action: It was agreed to take social prescribing as an item at the next Board meeting.</p> <p>It was agreed to note the report’s recommendations.</p>	<p>Rosie Rowe</p> <p>David Munday</p>
<p>12 Implementation of MECC Work Programme (Agenda No. 14)</p>	
<p>Following a paper to the Health and Wellbeing Board in December 2021 and a subsequent MECC (Make Every Contact Count) workshop session in March 2022, the Board received a report outlining the approach being taken to develop a more strategic approach to MECC.</p> <p>Kate Austin, Health Improvement Principal, Oxfordshire County Council, highlighted the creation of a post to lead on the wider roll out of MECC in Oxfordshire to ensure there was a more targeted approach to help address health inequalities. It was hoped to fill the fixed-term post in the autumn. There will be an operating budget and reports will go to the Health Improvement Board.</p> <p>The recommendation in the report was agreed.</p> <p>RESOLVED to support the approach being taken to expand the Making Every Contact Count (MECC) work programme in Oxfordshire as an enabler for delivery of the Joint Health and Wellbeing Strategy and to address local health inequalities.</p>	
<p>13 Performance Report (Agenda No. 15)</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>Asked about the unusually large increase in the numbers of Looked After Children, Councillor Liz Brighthouse responded that she discussed the situation every week with Kevin Gordon, the Corporate Director for Children’s Services. There was a problem with getting court dates which was causing a backlog in the system. A lot of work was being done through Family Solutions Plus to support families and help to avoid children being taken into care.</p> <p>David Munday explained that the mean and median figures were used for waiting times for CAMHS because the median figure eliminated the most extreme data at both ends and can give a more accurate picture of the typical wait. The targets were “to be confirmed” and would be decided as part of the implementation plan for the strategy.</p> <p>The Board noted the performance report.</p>	
<p>14 Reports from Partnership Boards (Agenda No. 16)</p>	
<p>Councillor Louise Upton reported that the most recent meeting of the Health Improvement Partnership Board focussed on Healthy Place Shaping which included, for example, 20-minute neighbourhoods, the access to nature programme and Active Oxfordshire’s physical activity strategy.</p> <p>Councillor Liz Brighthouse noted that most of the issues discussed at the Children’s Trust Board meeting had also been discussed at this meeting which indicated agreement on what the issues were. They had discussed CAMHS, unaccompanied asylum seekers and child refugees coming from Ukraine. She also drew attention to a ‘deep dive’ being conducted into the use of Tier 4 beds i.e. in-patient CAMHS services.</p>	

..... in the Chair

Date of signing