

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 5 October 2023 commencing at 2.00 pm and finishing at 4.00 pm

Present:

Board Members: Sam Hart (Vice-Chair)
Ansaf Azhar
Councillor John Howson
Grant Macdonald
Don O'Neil
Stephen Chandler
Councillor Andrew McHugh
Councillor David Rouane
Karen Fuller
Dan Leveson
Michelle Brennan
Professor Sir Jonathan Montgomery
Councillor Helen Pighills
Councillor Louise Upton
Veronica Barry

Other Members in Attendance: Councillors Kate Gregory and Jenny Hannaby

By Invitation:

Officers:

Agenda Item Officer Attending

Item 6	Jamie Slagel
Item 7	Lily O'Connor
Item 9	Anne Coyle
Item 11	Steven Bow

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 Democratic Services (Email: committees.democraticservices@oxfordshire.gov.uk)

	ACTION
--	--------

<p>30 Welcome by Chair (Agenda No. 1)</p>	
<p>The Chair welcomed attendees to the meeting and in particular, Members who had joined the Board since the previous meeting, Don O’Neal, Chair of Healthwatch Oxfordshire and Chris Wright, Head of Place Based Partnership for Oxfordshire.</p>	
<p>31 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies were received from Councillor Ley, Cabinet Member for Public Health, Inequalities and Community Safety, Councillor Phil Chapman, Cherwell District Council, Councillor Maggie Filipova-Rivers, South Oxfordshire District Council, Councillor Joy Aitman, West Oxfordshire District Council, Yvonne Rees, Chief Executive, Cherwell District Council. Councillor Andrew McHugh and Councillor David Rouane were substituting at the Board Meeting.</p>	
<p>32 Declarations of Interest - see guidance note below (Agenda No. 3)</p>	
<p>Councillor Andrew McHugh declared a personal interest that he was a Governor at a special school in Banbury.</p>	
<p>33 Petitions and Public Address (Agenda No. 4)</p>	
<p>There were no petitions and public addresses received.</p>	
<p>34 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>It was agreed that the Note of Decisions of the previous meeting would be approved.</p> <p>RESOLVED: That the Board APPROVED the notes of the last meeting held on 29 June 2023 and the Chair be authorised to sign them as a correct record.</p>	
<p>35 Development of New Joint Local Health and Wellbeing Strategy (Agenda No. 6)</p>	

The Director of Public Health, Ansaf Azhar, updated the Board on the developments of the new Joint Health and Wellbeing Strategy. The work on the Strategy had been great partnership working. The Strategy offered a strong, unified vision for improved health and wellbeing and would act as the primary Place Strategy for the Health and Wellbeing Board (HWB) and final sign off in December 2023. The Task and Finish Group would then develop a delivery plan and outcomes framework in consultation with the HWB for publication by the Board in March 2024.

Jamie Slagel, National Management Trainee, covered the following points:

- This was a new Strategy after five years which takes into consideration the new world, Covid-19, health inequalities, cost of living crisis and preventing poor health, integrated care system and collaborative working.
- Every organisation on the HWB had been a part of the task and finish group and had assisted to develop the list of priorities and the structure.
- Spoken to over 1200 residents across Oxfordshire and ensuring their voices were at the heart of the Strategy.
- Healthwatch Oxfordshire were thanked for their assistance in contacting over 1100 residents. In-depth focus groups were also carried out with 13 seldom heard communities.
- On 7th September a workshop looked at all the information that had been collated and reflected in the current version of the draft Strategy.
- The Strategy presented was not the final version. The focus of the Strategy that came out of the workshop was about creating good health such as good jobs, clean air and healthy homes.
- The mental health involvement was very important for the residents. The Strategy considered mental health throughout, looking at the drivers of good mental health and preventing poor mental health.

The consultation would be launched after the HWB endorsed at the meeting, for five weeks giving residents as long as possible to feedback and continue to engage. All the comments at the end of the consultation would be integrated and a final Strategy would be brought to the HWM on 7 December 2023.

The outcomes framework that would measure the outcomes over the following six months would be reported to the HWM at the March 2024 meeting.

Councillor McHugh, Cherwell District Council, made the following points:

- Cherwell District Council was very supportive of the Strategy and commented that the stakeholder engagement had been excellent.
- It was essential to better articulate the collaborative working and all the connections to emphasize prevention and work carried out with the local NHS Trust.
- The links to other strategies and local plans were key in determining land use and creating healthy communities.
- And finally, was there sufficient challenge on the mental health services and improving the experience of the service users.

The Chair added that the inclusion of District Council Members on the Board was really important as it was at district level that local plans were being written. It was essential to work in partnership with District Councils. Oxfordshire was a two-tier county and the step change on the HWB was very positive. The Director of Public Health added that despite the limitations in funding and investment, there was some really good practice on the ground such as the domestic abuse strategy work and the weight management alliance and the close working with Place base partnerships and building further on that.

Councillor Howson, Cabinet Member for Children, Education and Young People's Services, commented that schooling and education was an important part of this and the difficulties in finding PE teachers at primary level. There were so many small schools with no specialised PE teachers, and this was increasing with multi-academy trusts were mandating further to this approach. Obesity in the young was an increasing concern. There was also a campaign through school areas of having 20mph speed limits, giving greater opportunity for active travel, walking or cycling to school.

Councillor Louise Upton, Oxford City Council, commented that they too were supportive of the Strategy and focus on inequality but was concerned about the measurement framework and its relevance as 'what got measured, got done', therefore it was very important to select the right things to measure. It was commented that there had been a good balance on quantitative and qualitative measures.

(Agenda No. 7)

Dan Leveson, Place Director for Oxfordshire and Karen Fuller, Interim Corporate Director of Adult and Housing Services presented the report. The main points included the following:

- Already had been working on an Urgent Emergency Care Programme over the last two years.
- This was presented as part of the Better Care buddies with a broad range of partners overseeing this and delivery groups.
- The focus was to support people as much as possible in their homes, in their communities, having a short stay in hospital and providing support for people to go home and live independently.
- Working with primary and community colleagues to achieve this and support people.

Councillor Rouane, South Oxfordshire District Council, commented that prevention was better than cure. The most important thing for preparedness had been the vaccination programme for flu and covid. However, the maps online for vaccination centres were very random. There were no vaccination centres in the Didcot area and it was difficult for the elderly and disabled to travel long distances for their vaccination which could have ramifications going forward.

The Director of Public Health gave a general update on the covid and flu vaccinations and that the sheer speed of delivery of the vaccinations had been good. The coverage had significantly improved considering it started on the 11 September 2023 and the national booking system went live on 18 September 2023.

The Chair of Healthwatch Oxfordshire commented that it was the same in Abingdon, there was limited coverage, and this was a difficulty for people with limited mobility or limited finances that had been asked to travel 20 miles which was not possible for many. The hubs were quite far apart and too difficult for some people to get to,

ACTION: To investigate further by speaking with the immunisation Team – Dan Leveson.

The Chair of Oxford University Hospitals NHS Foundation Trust commented that it was great to see all the work so far. However, if people were kept out of emergency departments, they could be back later in a worse situation so the transition of moving them out quickly would be delayed. It would be really helpful from a governance angle to have a dashboard that would enable all to

<p>see the total volume of people coming into the urgent care system and how well they were looked after.</p> <p>ACTION: Present a first draft of a dashboard at next meeting in December 2023 – Lily O'Connor & Dan Leveson</p> <p>Other comments made by the Board included:</p> <ul style="list-style-type: none"> • Better communication was required that hospitals were not the best place for frail people. • Better working with City and District Councils was essential. • Rural areas were covered too and there was no postcode in Oxfordshire where there was a delay in getting care for people waiting to get discharged from hospital, this had been a massive shift change. • There had been a magnitude of improvement in so many areas, the system, social care, hospitals, care homes and it was a well done to all that had brought about this change. 	
<p>37 ICB 2022/23 Annual Report (Agenda No. 8)</p>	
<p>The Place Director for Oxfordshire introduced the item and commented that it was for information only. This was a statutory responsibility to publish the annual report. The annual report covered only 9 months of 12 months because it had become an ICB in July 2022.</p> <p>Healthwatch Oxfordshire commented that the Patient Engagement section of the report still needed more work to engage with patients and the public and there was a need for clearer communication from ICB on concerns and answers to questions.</p> <p>Dan Leveson responded that there had been a real investment in time, effort and money in doing this and the benefits were opportunities of working closer with Healthwatch Oxfordshire.</p>	
<p>38 SEND Inspection Report (Agenda No. 9)</p>	
<p>The Executive Director (People), Stephen Chandler, presented the report to the Board and made the following points:</p> <ul style="list-style-type: none"> • Oxfordshire, as a system had a local area SEND Inspection in July 2023. It was an inspection under a new reg inspection framework. Oxfordshire was only the 7th 	

system in the country to undergo this so there was lots of learning in relation to the process.

- As a system, it was already known that things were not going well in the support to special education needs children and their families because earlier in the year, the compliance with the 20-week standard for completing educational health and care plans was amongst the poorest in the country. In January 2023 it was 4% against the England average of 53%. This was already being addressed and good progress had been achieved by July. Also, it was known from conversations, comments, complaints and feedback from parents, young people and partners that things were not working well. It was taking too long to get answers to queries. The inspection did not identify anything new.
- The inspection concluded that Oxfordshire, as a system, made up of three components, the local authority, the NHS and the schools and education facilities, were systematically failing to meet the needs of the group of young people and their families.

Anne Coyle, Interim Director of Childrens Services, presented the five key areas of priority actions to the Board. The key finding was that it was essential to hear the voice of the young person and their family and the importance of their influence. There was a requirement to submit the action plan by 27 October 2023. This was a difficult task, but everyone would come together as a system and have three workshops in order to really identify how the priority action plan, which was part of the ongoing improvement plan. Besides the three workshops, a strategic assurance board meeting had also taken place. This would oversee the overall governance structure.

It was added that the Department of Education required really robust governance overseeing the action plan and improvement. Therefore, a governance structure had been designed that had an independent Chair, strategic steering group that would have all key partners represented in education, health, local authority and most importantly, the parents and carers. It was very important to be able to hold the partnership to account and to have the voices of parents and carers very strongly represented at every point. A lot of frustration and anger had been heard but also the desire of being involved as much as possible in better working.

The Chair commented that it was about the system and Councillor Kate Gregory was in attendance, as the new SEND Improvement Cabinet Holder and was working to improve the system, working collaborately with all partners and parents.

Councillor Howson commented that as a county, there were a

large number of primary schools and some had never come across needs assessments. As the small schools were joining larger Trusts, it would be easier to deal with a smaller number of groups to move things in the appropriate level.

Councillor McHugh commented that all political division needed to be put aside and everyone needed to work together, there needed to be good openness acting accordingly and together, it would be good to publish in advance what success would look like and report frequently on performance.

The Chair commented that there would be an all party approach and some detail of what success would look like and when it would be achieved by.

The Chair of Oxfordshire University Hospitals NHS Foundation Trust was very happy to hear about the effort that had gone into listening, but the report did not assist to understand the governance structure. It was not clear where the responsibility and accountability lied. Some went to health and some to the county council, but this was not clear.

The Board were asked for their thoughts and feedback. There was a meeting planned with DfE to discuss many areas including governance around this. Everyone was monitoring the Oxfordshire progress.

The Chair of Oxfordshire University Hospitals NHS Foundation Trust commented that if the Board were part of the governance structure, then it would be good to hear directly from those who had been poorly served. It was pointed out that the HWB were not a decision-making body. However, the Chair pointed out that even though the Board did not make decisions, it was part of the Board's remit to have oversight.

The GP representative didn't understand the framework, having supported many families over the years, they needed to be heard as this had been going on for a very long time and was exacerbated by covid and now schools had a difficulty understanding if the results were due to covid or the delayed health plan. Schools felt overwhelmed in SEND departments and a lot of mixed messaging about whether a diagnosis was required before getting a personalised educational plan, so messaging needed to be really clear for parents. It was essential to listen to people who had been affected by this.

Councillor McHugh offered to circulate a paper that he had written that may help with the way forward.

ACTION: Circulate paper – Councillor McHugh

<p>Stephen Chandler commented that as part of the creation of the development action plan, an integrated dashboard would provide all the key measures of success, the systems view. There was a timeframe of 18 months before re-inspection. The action plan would set out the timeframes of what would be done and explicitly clear of the responsibilities of the different groups that had governance responsibility.</p> <p>ACTION: Further update to be provided at December meeting</p>	
<p>39 Report from Healthwatch Oxfordshire (Agenda No. 10)</p>	
<p>The item was presented by the Chair of Healthwatch Oxfordshire, Don O’Neil. The main point to highlight was that there was a long term issue about access to NHS dentists, GP services and Mental Health services. Healthwatch had recently heard of a surgery that had been closed and patients had been asked to go to surgeries in Farringdon which was 20 miles away. This would once again be an issue for people with mobility and financial problems. Healthwatch had produced a report on diet and footcare which was an interesting read.</p> <p>It was reported that the overall transfer had gone well and if patients had specific concerns, they could contact the Place Director to look into further. There was already work ongoing looking into dentistry, nationally and locally. A flexible commissioning scheme had been introduced in the county.</p> <p>ACTION: to bring a report to a future meeting – Dan Leveson</p>	
<p>40 Performance Report (Agenda No. 11)</p>	
<p>Steven Bow, Consultant in Public Health, presented the report and highlighted some of the points as follows:</p> <ul style="list-style-type: none"> • Within Good Start in Life, both indicators around the number of children that were cared for, unaccompanied young people and the number of children who were subject to a Child Protection Plan had come down in the last quarter. • Within the Live Well section, two of the NHS check measures had been amended since the last report. Previously there were 5-year averages which were massively impacted by covid, now there was a true 	

<p>quarterly indicator.</p> <ul style="list-style-type: none"> • The flu immunisations remained as the last quarter. • Within the Age Well section, there had been a further drop in the coverage for breast screening. This was below target but still above the regional and national averages and NHS England Southeast region were leading on the activities to improve the breast screening. • A new framework for measuring and reporting was being designed to align with the new Health and Wellbeing Strategy. <p>Councillor Louise Upton, Oxford City Council asked about the cervical screening targets and now that teenagers were being vaccinated against the virus, would the target be reduced. The Director of Public Health responded that this was being raised nationally and the view was that more work was still required so targets would stay as they were for the short term.</p> <p>Councillor McHugh asked if the mental health targets were ambitious enough and there was no target for CAMHS, only a mean waiting time of 18 weeks, how was this being addressed.</p> <p>ACTION: to investigate and provide response – Dan Leveson</p> <p>Grant Macdonald, Chief Executive of Oxford Health Foundation Trust, commented that triage did not take that long, it was the initial assessment or treatment that took longer. The Board discussed what was measured and what should be measured and how this should be presented. There was a huge amount of performance data that could be looked at. Early intervention was essentially to prevent long waiting times for CAMHS. It was added that waiting lists had also been discussed in the SEND inspection and some difficult and challenging conversations had taken place pointing to improving the experience, not necessarily the wait, with the Trust and the ICB.</p>	
<p>41 Reports from Partnership Boards (Agenda No. 12)</p>	
<p>Oxfordshire Place-base Partnership</p> <p>The Place Director for Oxfordshire informed the Board that he had been in post for one year and reported that he was very please that there now was a Place-base Partnership that met regularly, the membership had changed to include leaders from health and social care. It was a consultative Forum. The challenges over the next few years included using resources better or in a different way to better things further. The work that was currently progressing included progressing emergency</p>	

<p>access team with one voice, the work around prevention and health inequalities and finding different ways of working with those communities and building on the assets already in the communities, progressing the mental health work and the need to better the bringing together of the system partners.</p> <p>Health Improvement Partnership Board</p> <p>Councillor Pighills reported that there had been a presentation on mental health and new hubs and some very interesting conversations were had about working together and about services being relocated to high street locations. Work had been carried out on raising awareness on suicide prevention and the zero-suicide alliance. Activities over summer included improving mental and physical wellbeing. The City and County councils were working together on things.</p> <p>Childrens Trust Board</p> <p>The governance structures would be subject to review as part of the SEND Action Plan and the Improvement Plan and it was a great opportunity with new members assisting in looking at the governance structures and concentrating on children and young people and bring it back to the HWB.</p>	
<p>42 Forward Work Programme (Agenda No. 13)</p>	
<p>The Board noted the Forward Work Programme and asked for the addition of Flexible Commissioning in Dentistry at a future meeting.</p>	
<p>43 AOB (Agenda No.)</p>	
<p>The Director of Public Health commented on the Prime Ministers announcement on smoking, this was a powerful intervention to create a smoke-free generation, since 2007. It would be out for consultation soon and it would be great to wholeheartedly support and complete the consultation to make a real difference and it would assist the Oxfordshire ambition too. The Board had a slight concern about the announcement as where you could not buy something legally, a black market would form.</p> <p>More work needed to be done for preventing smoking working with sport centres, community hubs and institutions to become a smoke-free county.</p>	

--	--

..... in the Chair

Date of signing
