

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 14 March 2024 commencing at 2.00 pm and finishing at 4.30 pm

Present:

Board Members:

Councillor Liz Leffman – in the Chair
Sam Hart (Vice-Chair)
Councillor Joy Aitman
Ansaf Azhar
Michelle Brennan
Stephen Chandler
Councillor Phil Chapman
Councillor Maggie Filipova-Rivers
Karen Fuller
Councillor John Howson
Dan Leveson
Councillor Dr Nathan Ley
Lisa Lyons
Ben Riley (In place of Grant MacDonald)
District Councillor Helen Pighills
Councillor Louise Upton
Veronica Barry (In place of Don O'Neal)
Clare Keen (In place of Caroline Green)

Officers:

Whole of meeting Louisa Chencier
 Louise Smith
 Lily O'Connor
 Rosie Rowe
 Adam Briggs
 Tamanna Rahimi
 Fiona Ruck

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.)

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	ACTION
<p>58 Welcome by Chair (Agenda No. 1)</p>	
<p>The Chair welcomed all to the meeting and requested that introductions took place around the room.</p>	
<p>59 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies for absence were received from Don O'Neal, Chair of Healthwatch Oxfordshire and Veronica Barry, Executive Director, would be substituting.</p> <p>Apologies were also received from Caroline Green and Clare Keen was substituting, Grant MacDonald and Ben Riley was substituting and Professor Jonathan Montgomery.</p>	
<p>60 Declarations of Interest - see guidance note below (Agenda No. 3)</p>	
<p>There were no declarations of interest received.</p>	
<p>61 Petitions and Public Address (Agenda No. 4)</p>	
<p>There were no petitions or requests for public address received.</p>	
<p>62 Note of Decisions of Last Meeting (Agenda No. 5)</p>	
<p>It was agreed that the Note of Decisions of the previous meeting held on 7 December 2023 would be approved.</p> <p>RESOLVED: that the Board APPROVED the notes of the last meeting held on 7 December 2023 and the Chair be authorise to sign them as a correct record.</p>	
<p>63 DPH Annual Report (Agenda No. 6)</p>	
<p>The report informed the Health & Wellbeing Board on the structure and overview of content, including key messages, of the upcoming Oxfordshire County Council Director of Public Health's</p>	

Annual Report (2023/24) focussed on climate and health.

The Corporate Director of Public Health & Community Safety, Ansaf Azhar, highlighted that health was forgotten when it came to climate change, considering the immediate and positive health benefits for individuals, families and communities which could be delivered through climate action. Amidst mounting pressure in our NHS, tackling the impacts of the changing climate across Oxfordshire would save lives and money, and conserve resources for those most in need. It would also benefit the building blocks of our health: providing homes which can be heated and cooled affordably,

infrastructure for people to walk and cycle to keep communities active, connected, and healthy, and green spaces to boost mental health and store carbon. It would also support delivery of a range of plans that seek to support climate action in Oxfordshire.

Ansaf Azhar thanked everyone that had been involved.

The 2023/24 annual Director of Public Health report mandates accelerated and stronger action on many of the objectives set out in local 'green' plans. These actions have the potential to improve the health and wellbeing of residents in Oxfordshire immediately, and for future generations.

Rosie Rowe, Head of Healthy Place Shaping, gave a presentation to the Board on why there was an increased focus on climate and health. It was reported that there was a full day dedicated to health at the COP2023. The five key areas were Temperature, Air, Water, Food and Nature. There were many reasons for focussing on the impacts now such as higher temperatures, bettering air quality in Oxfordshire has improved health, increasing flood events, disruption to supply chains resulting in shortages, increased prices and increased food insecurity and greener neighbourhoods and more exposure to green space correspond to better general and mental health, reduced cardiovascular mortality, reduced stress, reduced incidence of low birth rate and maintaining a healthier weight.

Plenty of action was being undertaken such as supporting residents to increase the energy efficiency of their homes, the introduction of zero emission buses, reducing emissions of supply chains and reducing food waste. There was a call for everyone to do more.

The three key messages from the presentation were that health impacts of climate action were immediate, actions taken to improve climate health, also immediately improve our health and the health of others and every climate action, policy and strategy should identify the impacts and maximise the benefit for our

<p>health and wellbeing and by the same token, every health action, policy and strategy should mitigate for and prevent negative health impacts of the changing climate.</p> <p>Points discussed by the Board included:</p> <ul style="list-style-type: none"> • Organisations working in silo with separate agendas and the need to work together. • Birth rate decline in Oxfordshire and closure of small village community schools. • The Director of Public Health had already looked at inequalities and then healthy weight and both had been very successful. • Collaborative working with anchor organisations. • Focussing on what could be done now that showed results to show people results and then engage. • It was a great time for joined up working. • The Community would be engaged by appropriate comms, inclusion of lived experiences and by reaching out to residents and stakeholders. <p>RESOLVED: that the Board endorsed the call to action for system partners to ensure that every health action, policy and strategy should mitigate for and prevent negative health impacts of our changing climate, and similarly every climate action, policy and strategy should identify the impacts and maximise the benefit for our health and wellbeing.</p>	
<p>64 Health and Wellbeing Strategy Outcomes Framework & Delivery Plan (Agenda No. 7)</p>	
<p>The Board were introduced to the Health and Wellbeing Strategy update by David Munday, Consultant in Public Health OCC. The update included the following points:</p> <ul style="list-style-type: none"> • The Joint Health and Wellbeing Strategy for Oxfordshire was published in January 2024 after it had been approved by the Board. • The Outcomes Framework would show the Strategy in actions showing impacts and local results. This would be a strategic view of all the actions across the new strategy and the shared ambitions. • The Strategy has three principles: Preventing ill health, Tackling health inequalities and Closer collaboration. There are two priorities per each life course and then four building blocks of health. • The idea was not to create new meetings and new boards as these structures were already in place such as the 	

<p>Health Improvement Board, the Children’s Trust Board and many others, already in place. These would oversee the activity of the work taking place.</p> <p>Tamanna Rahimi, Paediatric Public Health Fellow, gave some examples of how the Outcomes Frames was constructed and the key features. The indicators were explained by Tamanna too.</p> <p>David Munday added that the Board would see on a quarterly basis, each life course, Start Well, Live Well, Age Well and Building Blocks, ensuring that the Board sees the overall view over a year and looking at things at the right timeline.</p> <p>The Board Members made the following comments:</p> <ul style="list-style-type: none"> • Some of the measures in the healthy homes area were not measurable such as household incomes, social housing as it meant different things to different people. • It was suggested that any moving targets were recorded with reasons as the scope for targets could change depending on external circumstances. • The children’s area seemed to be very focussed on physical side and not much on mental side. It would be interesting to see more about younger children, before school. <p>Resolved: That the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Agreed the Health and Wellbeing Strategy Outcomes Framework (Annex 1) which contained the Shared Outcomes under each of the Strategy’s priorities as well as the Outcome Indicators and key programmes/ partnerships relevant to each. • Agreed the reporting arrangements of relevant partnership forums into the Health and Wellbeing Board, with one strategy domain per quarterly meeting, so that over the course of a 1-year period the board reviews progress against the whole strategy. • Commented on the draft performance report (Annex 2) as the proposed way of visualising data against specific priorities. 	
<p>65 Community Profiles Update (Agenda No. 8)</p>	
<p>The report was presented to the Board by Fiona Ruck, Health Improvement Practitioner. It was highlighted that The Director of Public Health Annual Report in 2019 had highlighted ten wards in Oxfordshire that had small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index</p>	

of Multiple Deprivation update (published November 2019) and were most likely to experience inequalities in health. Community profiles for Littlemore and Central Oxford (Phase 3) were published in December 2023 which completed the creation of community profiles for all ten areas. These profiles provided an in-depth understanding of the enablers and challengers to the health and wellbeing of communities. The profiles linked to the Joint Strategic Needs Assessment (JSNA) and contributed to the local evidence base to inform service delivery, as well as being a resource for local communities to support their work.

The Board received brief summaries from the Community Officers as below:

Jon Hyslop, Community Glue, Engagement process in City Centre reported the following points:

- There were high pockets of deprivation with mainly blue-collar area within a working-class area. There is a high concentration of social housing. The project started in July 2023 with many wanting to be a part of it from local organisations and partner organisations. This was an important area for local homelessness services. The information gathering took place through individual and group contact and through an online survey. Reaching the homeless and people in social housing was good but it was poor in terms of access to young adults and local minority ethnic communities.
- The findings included that people had good access to primary and secondary healthcare although transport was sometimes an issue. And there was a lack of physical and social spaces.

May Elamin, Community Health Development Officer, Oxford City Council reported the following points:

- Since the publication of the Central Oxfordshire Inside Gathering Report in December 2023, focus had been given to making meaningful connections to meet the recommendations. The connections were vital for a coordinated effort to deliver the actions. An action plan had been developed with identified improvements and activities to improve the health and wellbeing in the area. Connections had been made with partners to improve activities for residents. The information was shared with residents using the community notice boards, local primary schools and medical centres to try and get the information to as many people as possible.
- Looking into transport, funding and other initiatives.

Tom McCulloch, Community First Oxfordshire, reported the following points:

- Looking at the Littlemore area. Reached out to 200 people using different methods such as focus groups, one to one interviews and a community survey. This was over a 10-week period between September and November 2023. This allowed engagement with many groups and reached a good number of children and young people, 60% females were consulted and 80% British and other ethnicities. Additional research would be useful as many assets were available but some of these could be improved such as improving communications and the youth council. The challenges identified included the lack of local available healthcare services and facilities and access to healthcare causing an isolation in the community. There was a lack of public transport and a lack of safe walking connections. There was lots of excellent community support, but the volunteers were very stretched in time, funds, facilities and resource.

Tony Eaude, Littlemore Resident, reported the following points:

- Littlemore had for many years been overlooked for its primary care services. There is no GP surgery, no dentist, no pharmacy and had many elderly and disabled residents have to travel distances to services. The access to public transport was not good, especially from certain areas. The population in Littlemore and surrounding areas had risen significantly and would continue to do so due to the substantial development in the area. The study's had shown that Littlemore was an area of deprivation that was not recognised.

David Munday thanked all for attending and for all the work carried out. The Community Profiles were all complete now but there was still work to complete. From the profiles that had been generated, it was now time to move from insight to actions on the recommendations. There were community health development officers in each area to take the work forward. The engagement to see how the health and wellbeing was improving was still in place. Phase 4 work was ongoing to see how the community profile work could be replicated. The Board would be kept updated.

Councillor Howson commented that he had lived in and around Oxford for over 40 years and had noticed that the large number of people that had moved into the area were still using the GPs from other areas causing the transport issues.

Ben Riley, Oxford Health, thanked the speakers and commented that their comments were very helpful to evolve and for the planning and local engagement. In the City Centre area, an important asset highlighted, the medical centre that specially

provided primary care for the homeless. It was good to hear that the level of service was very good, but the building was not in a good state. There was refurbishment work ongoing on the entire reception and waiting area at the site. It was the fifth year of the five-year contract, so these comments were helpful to start conversations to develop the service going forward. In the Littlemore area, the Trust have a large premises in the Littlemore Health Centre and hospital but agreed with the comments that there was very little access to primary care in the area and that public transport was a challenge, especially at the weekends for people to get to the service.

Councillor Louise Upton commented that it was very important to have positive interactions between children and their care givers and to have social and community spaces and youth councils.

The Chair would take away the public transport point raised by many. The Council had no direct responsibility for public transport but had good links with bus companies.

Others from the Board agreed that the transport issues had been raised previously and in other work being carried out and reassurance was given that work was being done for access to primary care sites.

Resolved: That the Oxfordshire Health and Wellbeing Board

Noted the findings and rich insight contained within the Community Profiles for Littlemore and Central Oxford.

Support the promotion and sharing of the community profiles with partners and colleagues across the system.

Use the insight from the community profiles to inform service delivery plans of partner organisations on the Board.

66 Place based Research Collaboration in Oxfordshire

(Agenda No. 9)

The Board received a presentation from Adam Briggs, Deputy Director of Public Health. This paper and presentation summarised why research was crucial to the work of local government to improve health and tackle inequalities in Oxfordshire. The paper asked for the HWB to comment on the development of a place-based approach to research across the county.

The comments from the Board included:

<ul style="list-style-type: none"> • This was welcomed by the Place-Base Partnership Director. Lots of conversations were taking place and it was important to engage all NHS primary, secondary and commissioners, especially as the resources were being used differently in the county to engage all NHS areas. • The Local Policy Lab was a win-win situation for the County. <p>Resolved: That the Health and Wellbeing Board discussed and commented on the development of a place-based approach to research across Oxfordshire, including how to best involve and work with HWB members and to support the delivery of the Health and Wellbeing Strategy. The item would be added to a future agenda for an update to the Board.</p>	
<p>67 Primary Care Strategy (Agenda No. 10)</p>	
<p>Louise Smith, Deputy Director Primary Care BOB ICB, commented that it was very interesting to attend the Board and to note that sustainability had not been included in the Primary Care Strategy but after listening to the discussions, it would now be included. The Health and Wellbeing Strategy and the Primary Care Strategy had to work alongside each other, the access was an issue that was queried lots but that was being addressed and the research element was very important in healthcare.</p> <p>The consultation had ended on 29 February 2024, but any further feedback would still be welcome.</p> <p>Louise Smith presented the presentation to the Board.</p> <p>Some of the points raised included:</p> <ul style="list-style-type: none"> • Where in the county would this be run, would the districts and parishes be included. The best aspects from each county would be taken and that best practice would be shared with other areas. • The primary care estates sat under the wider care estates strategy that was being formulated. The S106 was used in different ways and the aim was to build on existing practices and work alongside the local plans and people moving into the areas using the GP data. • The prevention and CVD prevention would reduce the demand on primary care but also improve the outcomes. • It was important to know that prevention alone did not reduce the GP workload, so the workforce was still required. 	

<ul style="list-style-type: none"> • GPs were working 60-70 hours a week, and this was not sustainable. • There seemed to be a real confusion between the GPs, general practice and primary care and understanding of what primary care meant and the difference was important and very necessary. • The roll-out of this would be very interesting to see and it was worth noting that different areas of Oxfordshire would differ from each other too. <p>Resolved: that the Oxfordshire Health & Wellbeing Board:</p> <ul style="list-style-type: none"> - Noted the work undertaken by the ICB and Partners to develop the Primary Care Strategy and - Discussed the content themes and any further points for consideration and/or of concern. 	
<p>68 Planning for next JSNA & PNA (Agenda No. 11)</p>	
<p>The Board were presented with a report on the Planning for the next JSNA and PNA by Steven Bow, Consultant in Public Health.</p> <p>The publication of a Joint Strategic Needs Assessment (JSNA) is a statutory duty of the Oxfordshire Health and Wellbeing Board. The JSNA is an assessment of the health and wellbeing needs of Oxfordshire residents which could be met jointly by the Health and Wellbeing Board (HWB) partners.</p> <p>In response to the evolving landscape of demographic, health and social care data dissemination and accessibility, a novel approach was being proposed for the development of the JSNA. This proposal aimed to transition the traditional static JSNA into a dynamic and interactive digital format. This transformation could be undertaken during 2024/2025, and was envisioned to enhance usability, accessibility, and data visualisation for stakeholders involved in public health planning and decision-making processes.</p> <p>The publication of a Pharmaceutical Needs Assessment (PNA) is a legal duty of the Oxfordshire Health and Wellbeing Board. It was a comprehensive assessment of the current and future pharmaceutical needs of the local population, and the extent to which current service provision meets these.</p> <p>There had been many changes in the pharmacy landscape since 2022, when the previous PNA was published.</p> <p>A number of recommendations were being suggested for the</p>	

<p>Board to agree.</p> <p>The Board agreed that Climate be added to sections to be updated in the JSNA during the summer as part of the “lighter touch” 2024 update.</p> <p>Resolved: that the Board:</p> <ol style="list-style-type: none"> 1. Agreed to transition the Joint Strategic Needs Assessment (JSNA) publication from 2025 onwards to an interactive digital format. 2. Approved the approach to 2024 JSNA publication to be focused on key thematic areas agreed by the Board. 3. Agreed to the establishment of a JSNA steering group made up of partners represented on the Board to take forward the work. 4. Noted the requirement to update the Oxfordshire Pharmaceutical Needs Assessment (PNA) by April 2025. 5. Agreed to the establishment of a PNA Task and Finish group made up of partners represented on the Board to take forward the work. 6. Agreed to the proposed timescale to undertake the work-including public consultation and for approval at the Health and Wellbeing Board in March 2025. 	
<p>69 Report from Healthwatch Oxfordshire (Agenda No. 12)</p>	
<p>Veronica Barry, Executive Director of Healthwatch Oxfordshire, informed the Board that Healthwatch Oxfordshire had been involved and represented throughout the agenda items including the Health and Wellbeing Strategy, the Primary Care Strategy and the Community research work too.</p> <p>It was reported that the oral health needs were being looked into as well as the oral health needs of children with special education needs. These would be reported on in April 2024. The rural health and deprivation were also being looked into.</p> <p>RESOLVED: that the Board noted the report from Healthwatch Oxfordshire.</p>	
<p>70 Reports from Partnership Boards (Agenda No. 13)</p>	
<p>A) Place Based</p> <p>Dan Leveson presented his report to the Board and stated that the focus was largely around the financial planning for the next</p>	

<p>years emerging care system. It was to support the urgent care centres, support the virtual wards, hospitals and homes, support the integrated neighbourhood teams, integrate the transfer of care team and the dischargeable access and to work with all the increase in demand of out of hours primary care. There was also an ICB consultation for revamping the structures.</p> <p>B) Health Improvement Board David Munday presented the report to the Board. The Board were informed about a received report on Healthy Weight Services and the importance of these in Oxfordshire.</p> <p>C) Children's Trust Board Lisa Lyons, Executive Director, Childrens Services, reported that she had just come into the post and was in the process of relaunching the children's trust arrangements. There had been a huge change in regulations which had completely changed the focus for the statutory services for partners in education and health. This was currently being worked on and something would be in place by late spring and reported at the next Board meeting.</p>	
<p>71 Forward Work Programme (Agenda No. 14)</p>	
<p>RESOLVED: The Board noted the Forward Work Programme and recommended to add the update to the Primary Care Strategy, later in the year.</p>	

..... in the Chair

Date of signing