

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 30 January 2020 commencing at 2.00 pm and finishing at 4.45 pm

**Present:**

**Board Members:** Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)  
Stuart Bell CBE  
Councillor Steve Harrod  
Councillor Andrew McHugh  
Louise Patten  
Yvonne Rees  
Dr Ben Riley  
Councillor Lawrie Stratford  
City Councillor Louise Upton  
Tracey Rees  
Stephen Chandler

**Officers:**

Whole of meeting Jackie Wilderspin, Public Health Specialist; Colm Ó Caomhánaigh, Committee Officer

*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))*

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	ACTION
<p><b>1 Welcome by Chairman, Councillor Ian Hudspeth</b> (Agenda No. 1)</p>	
<p>The Chairman welcomed all to the Meeting.</p> <p>He suggested taking Item13, Healthwatch Report before Item 9, Health and Care Planning Framework – outputs from the work in OX12. This was agreed.</p>	
<p><b>2 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)</p>	
<p>With the consent of the Chairman, Professor Jonathan Montgomery attended for Dr Bruno Holthof. Apologies for absence were received from Lucy Butler.</p>	
<p><b>3 Declarations of Interest - see guidance note opposite</b> (Agenda No. 3)</p>	
<p>There were no declarations of interest.</p>	
<p><b>4 Petitions and Public Address</b> (Agenda No. 4)</p>	
<p>The following requests to speak on Item 9 were received:</p> <p>Maggie Swain, Save Wantage Hospital Campaign Group            Bill Falkenau, Clerk, Wantage Town Council            Bernard Connolly, Wantage &amp; Grove Campaign Group            Terry Knight, Save Wantage Hospital Campaign Group            Julie Maberley, Chair of the Stakeholders' Reference Group            Councillor Jenny Hannaby, Grove and Wantage</p> <p>The Chairman decided to take the speakers at the start of Item 9.</p>	
<p><b>5 Note of Decisions of Last Meeting</b> (Agenda No. 5)</p>	
<p>The Notes of the Meeting held on 26 September 2019 were approved and signed.</p> <p>Ansaf Azhar gave an update on the coronavirus. As of the previous day, 130 people had been tested in the UK and all were clear. The current advice is that anyone who has travelled to</p>	

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<p>Wuhan should self-isolate for 14 days and if any symptoms emerge, they should dial 111.</p> <p>There is no specific regional communication on this. It is all being handled at a national level and all systems are in place. Specialist centres have been identified to deal with any cases.</p>	
<p><b>6 Annual reports from Adult Safeguarding Board and Children Safeguarding Board</b> (Agenda No. 6)</p>	
<p>Dr Sue Ross, Independent Chair of the Oxfordshire Safeguarding Adults Board, introduced its Annual Report. The number of concerns raised was just under 5,000. Around one quarter were assessed as requiring follow-up under safeguarding procedures while the rest were followed up in other ways. She noted that the Board only meets four times a year.</p> <p>Where death or serious harm occurs a Safeguarding Adult Review takes place. There are several in train at the moment as well as a review of deaths related to homelessness.</p> <p>Councillor Andrew McHugh asked if she could summarise the 65 cases where 'risk remains'. Sue Ross responded that the cases were all very individual, many were very complex. Her main concern was with cases that might be 'under the radar'. She accepted the criticism that cases could be dealt with more quickly but reminded the Board that only she and one other board member were dedicated to this.</p> <p>Stephen Chandler added that the local authority monitors themes and learns from the cases, drawing thematic examples. Having looked closely at cases where there has not been reduced risk, he is assured that all that could be done has been done.</p> <p>Stuart Bell asked about the three areas outlined on Agenda Page 22 where governance falls to other partnerships. Sue Ross responded that there needs to be some creative thinking about how to challenge overlapping interests.</p> <p>The Chairman thanked the Independent Chair for the report and for her work.</p> <p>Richard Simpson, Independent Chair of the Oxfordshire Safeguarding Children Board, summarised the Annual Report – the last report under the old guidance. The new guidance will reflect the multi-agency safeguarding arrangements led by an Executive Group involving the County Council, Clinical Commissioning Group and Police.</p>	

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<p>Oxfordshire combines with Buckinghamshire in reviewing child deaths. There is a reciprocal arrangement with Hampshire regarding scrutiny as well as Oxfordshire's own scrutiny process.</p> <p>Last year's annual conference was focussed on contextual safeguarding and a working party was formed between Barnardo's and the County Council. This year's conference will be on the voice of the child.</p> <p>Richard Simpson welcomed the engagement with Compass – only one school has not been involved. While access levels have been impressive, this puts pressure on the service. He believes that the increase in reports of domestic abuse shows that more people now believe that it is safe to report.</p> <p>Councillor Andrew McHugh asked the situation with regard to children who are home schooled. Richard Simpson responded that there is minimal scrutiny. This issue is related to the problem of school exclusions. The government needs to legislate.</p> <p>The Chairman confirmed that the County Council had lobbied the Minister on this issue. He asked if the police had a consistent representative on the new Executive Group. Richard Simpson said that it was relatively consistent, but the Thames Valley Police had to cover 14 safeguarding boards and there was no doubting their commitment. Yvonne Rees added that the police representative was always fully briefed and added a lot of value to the meetings.</p> <p>Jonathan Montgomery asked about placements for children with complex mental health needs. Richard Simpson noted that it was a national problem and a collective solution is needed.</p> <p>Members of the Board thanked the Independent Chair for a concise and easy to read report, welcomed the fact that the independent chair was from Barnardo's and was very accessible and looked forward to the positive impact that Family Safeguarding will have.</p> <p>The Board noted both safeguarding reports.</p>	
<p><b>7 Integrated Care Partnership development - an update</b> (Agenda No. 7)</p>	
<p>Louise Patten gave a presentation. The three CCGs (Bucks, Oxon and West Berks) have approved having a single accountable officer following an engagement process. This is separate to consultation on a possible merger of the CCGs. They</p>	

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<p>are still separate organisations.</p> <p>She outlined the structures operating at various population scales: the Integrated Care System (ICS) over the three counties; Integrated Care Partnerships (ICP) at county level; Area Networks, for example the Horton catchment; and Primary Care Networks (PCN) at community level.</p> <p>The ICP is a way of operating, not a new organisation. It includes four transformation programmes. All reports on transformation come to the Health and Wellbeing Board and therefore into the public domain.</p> <p>Tracey Rees asked where the patient voice will be heard, if it would be similar to the way the trusts operate. Louise Patten responded that it still needs to be worked out and this Board and Oxfordshire Wellbeing Network can help to shape it. The need for clear communication with the public on these changes was stated. There are different options including the use of social media.</p> <p>Jonathan Montgomery added that there have been discussions between the chairs in the NHS on this. He believed that governance and feedback should be separated. The Chairman added that feedback could also come through councillors.</p> <p>Councillor Lawrie Stratford commented that while PCNs sound good, he is concerned that in some cases decisions are being made primarily for the convenience of the GPs.</p> <p>Kiren Collison noted that PCNs only started operating in July in a contractual way. Some have been better than others with public engagement. The CCG is trying to support them.</p>	All
<p><b>8 Oxford Tobacco Control Strategy</b> (Agenda No. 8)</p>	
<p>Ansaf Azhar gave a verbal update on the proposed tobacco control strategy. Smoking is a major factor in health inequality. While the numbers smoking in the county fell from 83,000 in 2011 to 55,000 in 2018, those remaining – about 10% - are hard to reach. The aim is to bring it down to 5% by 2025.</p> <p>Proposed measures include more prevention – dissuading people from starting to smoke, more smoke-free areas such as parks and continuing to offer support for smoking cessation.</p> <p>Among those with mental health problems the smoking rate is over 35% and with routine manual workers it is 20%. It is</p>	

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<p>intended to take a more targeted approach with smoking cessation services going forward.</p> <p>Smoking is still the highest preventable cause of ill health. A draft strategy will be circulated.</p> <p>Councillor Andrew McHugh supported the strategy as outlined. He said that primary legislation is needed to ensure that tobacco licences are not returned when they are under appeal as happened recently in Banbury. Illicit tobacco is a major factor in organised crime.</p> <p>Councillors Steve Harrod and Lawrie Stratford raised the issue of e-cigarettes and what restrictions are appropriate. Ansaf Azhar noted the NHS England advice that e-cigarettes are 95% safer than tobacco. There have been isolated cases relating to certain unregulated brands. Authorities have to respect the evidence. e-cigarettes and vaping are not considered 'smoking'.</p> <p>He concluded by stating that upstream preventative measures require partnership. This strategy could be adapted for other issues.</p> <p>Kiren Collison said that the NHS was fully behind the strategy. The Chairman noted that there was clearly broad support from this Board.</p>	Ansaf Azhar
<p><b>9 Healthwatch report</b> (Agenda No. 13)</p>	
<p>Rosalind Pearce, Executive Director, introduced the Healthwatch report which focussed on observation of the process of using the Health and Care Planning Framework in the OX12 project. When the framework approach was established for OX12, the Trustees asked her to observe the process. She noted that it was difficult at the start but that trust was build up. There was a wide range of representation from the community.</p> <p>She expressed concern about capacity issues with Primary Care Networks. She could see no tangible change that came from the stakeholders' group work. They had been fortunate to have people with the time and skills – this will not always be the case. In summary, the biggest questions were around leadership and resources.</p>	
<p><b>10 Health and Care Planning Framework - outputs from the work in OX12</b> (Agenda No. 9)</p>	

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Maggie Swain, representing Save Wantage Hospital Campaign Group and a member of the Stakeholders' Reference Group, noted that the hospital had 18 beds before it was reduced to only 12. People from outside OX12 have difficulty accessing Wantage due to a lack of public transport. She said that the claim that re-opening the closed beds was not viable was not substantiated in the report.

Bill Faulkner, Clerk, Wantage Town Council, had circulated a letter to members of the Board in advance. He said that the report had failed to identify the needs of the area. The process failed and the Town Council called for the report to be withdrawn. It was supported by Grove Parish Council in this. The Town Council wished to work with the project team on solutions.

Bernard Connolly, representing Wantage and Grove Campaign Group and a member of the Stakeholders' Reference Group, said that the report ignored the views from the consultation process that people wanted the beds reopened. He believed that the process was driven by the desire to save money. There was nothing to help with the shortfall of GPs in the area. He asked for the report to be withdrawn.

Julie Maberley, Chair of the Stakeholders' Reference Group, was unhappy that she was only able to see the report on 22 January and had no opportunity to comment before publication. The report only includes plans for Wantage Community Hospital and yet people were told on several occasions that it was not part of the project. She criticised the lack of evidence behind the proposals and supported the Town Council request to withdraw the report.

Terry Knight, representing Save Wantage Hospital Campaign Group, said that he had been involved in all the discussions since the closure but did not recognise some of the issues in the report as ever being discussed. He believed that the report was a top-down exercise and the decision had been made to close the hospital. The process was deeply flawed and the report should be rejected.

Councillor Jenny Hannaby, Grove and Wantage, said that despite her reservations about the process she decided to participate. It was very disappointing that there was only one question about the hospital on the questionnaire. One thousand people marched and ten thousand signed a petition to say that they wanted the hospital back. She believed that the report was not fit for purpose but she wanted to work with the team towards solutions.

Jo Cogswell, Director of Transformation, OCCG and Senior

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Responsible Officer for the OX12 project, introduced the report. The Board had approved the Framework. The premise was to understand the needs now and in the future, assess gaps and identify strengths. She was grateful for the hard work and insight of the stakeholders' group.

A parallel report was going to the Joint Oxfordshire Health and Overview Scrutiny Committee (HOSC) the following week. There will be a need for consultation on specific issues and no decisions have been made yet.

They would have liked to do more modelling of future population health need but this wasn't possible. Colleagues in Public Health provided information on trends. The report is just 35 pages but it includes links to background information and data which can be explored in full.

Tehmeena Ajmal, Oxford Health, who worked with the Information and Data Group, described how work started in June on structuring the data. Information from other sources was added in October. The group did not have the specialist skills available for data modelling.

Councillor Louise Upton asked if the stakeholders' group would have a chance to input before the HOSC meeting. Jo Cogswell responded that the report was from the project team, but the Stakeholder group had played an important role in the project. She commented that maybe they could have done a better job of explaining where the group had influence. The report was previewed for the stakeholders' group a couple of weeks ago.

Councillor Lawrie Stratford said that, while the report looked good, it will not satisfy the needs of local people. Louise Patten responded that it was important to look at the hospital in terms of services rather than beds.

Jonathan Montgomery noted that the report was supposed to include future health needs but was mostly about current needs. Jo Cogswell responded that the team did not have access to projection tools but they had used the national trends. One trend is a reduction in use of community beds with more focus on home services. This report focuses on services including the use of the hospital as a venue. The in-patient beds are a separate issue that needs more work.

Tracey Rees expressed concern that the perception of the stakeholders' group was that they had not been listened to. She asked if there was clarity on what they were being engaged about.



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<p>Stuart Bell commented that the report included a more thorough examination of health needs than he had seen anywhere else. Some issues emerged that might not have been expected, such as public transport and young people’s mental health. Important work is needed to link the issues of beds and needs. He stated that there seem to be two processes – a decision on in-patient beds and further work on the range of services needed for local health needs, taking the ideas from the report and developing a clear plan.</p> <p>The Chairman asked if the Board agreed to the recommendations. He noted that the third part of the recommendation was that the Board would consider the findings when completed.</p> <p>The Board thanked Jo Cogswell for report and <b>AGREED</b> the recommendations as follows:</p> <p>Oxfordshire Health and Wellbeing Board</p> <ul style="list-style-type: none"> <li>• Reviews and notes the findings of the OX12 Project Summary Report</li> <li>• Extends thanks to those members of the public and representatives of community groups within OX12 who volunteered their time and expertise to support delivery of the project</li> <li>• Considers the findings of the formal evaluation of the health and care needs framework when completed</li> </ul>	All
<p><b>11 Health and Care Planning Framework - project scope for North Oxfordshire</b> (Agenda No. 10)</p>	
<p>Catherine Mountford, Director of Governance, OCCG introduced the report on the proposed approach in applying the Health and Care Needs Framework in Banbury and asked for the formal endorsement of the Board.</p> <p>Jonathan Horbury, Programme Director, Oxfordshire Integrated Care Partnership, stated that there was a conjunction of opportunities at this time with work on healthy place shaping, a projected increase in the town’s population by 23% by 2027 and the establishment of the Banbury Primary Care Network. Cherwell District Council is fully committed to working with the project.</p> <p>Ansaf Azhar added that one of the ten most deprived wards in the County is Banbury-Ruscote and it has been chosen to be the first to have a ward profile completed and that will feed into the Banbury work. He referred to research that indicated that health</p>	

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<p>outcomes are more affected by socio-economic and environmental factors (80%) than health services (20%).</p> <p>Jonathan Montgomery expressed support for the project and noted that work on redevelopment is underway at the Horton and will progress alongside the is project.</p> <p>Councillor Lawrie Stratford welcomed the proposal. He had been asked if this was phase 2 of the Brighter Futures programme. He hoped that it would involve similar community engagement especially around lifestyles and that the framework would be rolled out elsewhere.</p> <p>Tracey Rees asked if there was a role for the voluntary sector or if it focused on statutory organisations.</p> <p>Jonathan Horbury responded that they were committed to making sure the voluntary sector was involved. There would be a series of workshops starting this summer. Catherine Mountford added that statutory organisations would be providing officers.</p> <p>Kiren Collison said that the project would be a key way of identifying health inequalities. Events were lined up already. The Thames Valley Police will be involved as well, providing important local intel. The Health and Wellbeing Board can ensure that the different strands of work are linking and not duplicating.</p> <p>The Chairman noted that it was important to include the built environment and better planning in the process.</p> <p>The Board thanked Catherine Mountford for the report and <b>AGREED</b> the recommendations as follows: to</p> <ul style="list-style-type: none"> <li>• endorse and support the Banbury Health and Care project; and</li> <li>• note the project's organisation and expect update reports on progress and resulting recommendations.</li> </ul>	<p>Jonathan Horbury</p> <p>All</p> <p>Ansaf Azhar</p>
<p><b>12 Report from the Oxfordshire Stakeholder Network event, 18 November</b> (Agenda No. 11)</p>	
<p>Rosalind Pearce, Executive Director, Healthwatch, presented the report on the first network event that they had organised. Over 100 attended from 75 organisations. This Board was well represented and some members responded to feedback from participants at the end of the session.</p> <p>The key themes identified that affect wellbeing were: isolation,</p>	

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<p>access, transport and services. The general feedback was positive. People could see that they were being listened to. Communication has continued after the event. It wasn't entirely successful at reaching organisations not traditionally engaged. It is hoped that the next event will be more rooted in the community – designed by community groups.</p> <p>There were two questions for the Board: to have a meeting with the Growth Board particularly on transport issues and report back; and to consider the sustainability, growth and development of community organisations.</p> <p>The Chairman confirmed that there would be an informal meeting between this Board and the Growth Board. The latter has been successful in attracting funding that will help delivery.</p> <p>Jonathan Montgomery observed that the first meeting was dominated by health and hoped that wellbeing would be the focus of the second meeting. Rosalind Pearce confirmed that.</p> <p>Stuart Bell stated that the Buckinghamshire Health and Wellbeing Board meeting had made the same point – housing and criminal justice were identified as key factors. He also hoped that other voluntary groups that are not providers be involved such as the Rotary Club for example.</p> <p>The Chairman thanked Healthwatch for the report.</p>	<p>Rosalind Pearce</p> <p>All</p> <p>Rosalind Pearce</p>
<p><b>13 CQC Plan update</b> (Agenda No. 12)</p>	
<p>Stephen Chandler summarised the report. The Action Plan was submitted to the Care Quality Commission in March 2018. This is the final report to the Board at the end of 18 months. Because some tasks went beyond the intention of the recommendation, they are running longer than the intended 18 month period. The Board is asked to sign off the plan with outstanding tasks to be completed and reported as part of the usual governance arrangements. He added that the system should be proud of the achievements.</p> <p>Louise Patten reported that the CCG will be using the CQC's evaluation website and patient experience will be a key factor.</p> <p>Jonathan Montgomery supported closing the Action Plan.</p> <p>The Board <b>AGREED</b> to the closure of the plan and for any outstanding tasks to be completed and reported as part of their existing governance arrangements.</p>	<p>Stephen Chandler</p>

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<b>14 Performance report</b> (Agenda No. 14)	
There were no issues raised on the Performance Report.	
<b>15 Reports from the Partnership Board</b> (Agenda No. 15)	
There were no questions. The reports were noted.	

..... in the Chair

Date of signing .....