OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 1 October 2020 commencing at 2.00 pm and finishing at 4.00 pm

Present:

Board Members: Councillor Ian Hudspeth – in the Chair

Dr Kiren Collison (Vice-Chairman)
Ansaf Azhar
Dr Nick Broughton
Stephen Chandler
Kevin Gordon
Councillor Steve Harrod
Councillor Andrew McHugh
Tracey Rees
Yvonne Rees
Councillor Lawrie Stratford
Councillor Louise Upton
Diane Hedges (In place of Dr James Kent)

Officers:

Whole of meeting — Eunan O'Neill, Consultant in Public Health; 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.)

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

	ACTION
1 Welcome by Chairman, Councillor Ian Hudspeth (Agenda No. 1)	
The Chairman welcomed participants to the meeting, in particular Kevin Gordon, Corporate Director for Children's Services, who was attending the first Board meeting since his appointment.	
2 Apologies for Absence and Temporary Appointments	

(Agenda No. 2)	
Apologies were received from James Kent (Diane Hedges substituting) and David Radbourne.	
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest.	
4 Note of Decisions of Last Meeting (Agenda No. 5)	
The notes of the meeting held on 18 June 2020 were approved with one amendment: Item 11, the second last paragraph, replace 'Patient' with 'Primary'.	
5 COVID-19 Update (Agenda No. 6)	
Ansaf Azhar gave a verbal update. Nationally, the number of new cases daily was higher than at the peak of the pandemic but this was due to there being much more testing now. However, there was definitely an upwards trajectory. While the rate of increase was low across Oxfordshire, Oxford City was at 44 per 100,000 which put it 99th of all local authority areas in England. The latest outbreaks have been in Brookes University and among young people in general. They have been contained but they show that everybody must take the precautionary measures seriously. Availability of testing was an issue. More kits were becoming available but demand was also rising. He had spoken to the Department of Health and managed to negotiate kits for the latest outbreak. Testing key-workers will be a national priority. It was likely that the threat will remain high for another six months. So it was important that measures taken were not disproportionate. A local contact tracing system is being set up to follow up in cases where the national system has failed to establish contact with individuals.	

Councillor Andrew McHugh expressed concern about people having to travel long distances to get a test but was aware that ordering tests online was working well. Kiren Collison asked how schools might be affected by an increased level of lockdown. Ansaf Azhar responded that there was a four-tier approach in schools. Infection rates were low in schoolchildren and under 17s in general. Closure would be a last resort. He said that he could reassure parents that the county was in a good place in this regard. The Chairman thanked the Public Health team for all their work throughout the pandemic.	
6 COVID-19 Recovery (Agenda No. 7)	
It was agreed to take this with Item 8.	
7 COVID-19 Restart, Recover, Renew NHS Update (Agenda No. 8)	
Diane Hedges summarised the report and the focus for the third phase of recovery: accelerating the return to near-normal; preparing for winter; and learning the lessons from the first COVID peak. People are less nervous now about attending hospitals and clinics but the message really needs to get out there that it is safe to return to services. Cancer services were greatly impacted with a dramatic drop in presentations. Resources were being prioritised to the greatest need. The Thames Valley Cancer Alliance was leading the recovery having developed a programme of high impact interventions. With elective care, capacity was reduced due to COVID measures but face-to-face consultations were available when needed. Not all services had re-opened – for example ENT (Ear, Nose, Throat). They were working with the independent sector to help ease the reduced capacity. Patients were offered alternatives that would mean they would have to travel further but would be seen sooner. It was expected that diagnostics, inpatients and day cases would be back to 100% going into December. Outpatients would be a challenge to recover to pre-pandemic levels. Sites must be kept	

safe to access. There were over one thousand people waiting more than 52 weeks and those numbers were likely to grow until about March. General practices had been excellent in moving to total triage. They were getting back close to normal numbers. Community services also adapted well and were operating to a new 'home first' model. It was being examined how community hospitals could support more outpatient services. Care homes were being supported to be prepared for a second wave. Mental Health services made great use of virtual consultation. The 24-hour helpline that was put in place will continue since it had proven to be very valuable. It was welcome that schools had reopened but there was a risk of more children and adults presenting with problems following the lockdown. Two key learning points were the use of digital and the highlighting of inequalities. Healthwatch helped greatly – particularly in getting information translated – and they continue to advise on the engagement process being planned. Members of the Board endorsed the message that it was safe to present to services – some having had recent personal experience. Ansaf Azhar expressed concern that there was a risk of the non-COVID mortality increasing if people did not access services. Any local lockdown measures did not prevent people from accessing, even for routine appointments. District Councillor Andrew McHugh noted that increasing breast screenings were already a red flag on the performance reports and asked how the backlog could be reduced when there was less capacity. Diane Hedges confirmed that they were working to reduce the backlog including Sunday working. City Councillor Louise Upton expressed concern that the lack of face-to-face contact would be particularly difficult for those with mental health problems and asked if there had been any increase in cases and how telephone services were coping with that. Nick Broughton responded that there had been a gradual increase in referrals since the end of lockdown. The numbers now were similar to one year ago. They were seeing more urgent cases, more people in crisis and more new patients presenting in crisis. Video consulting was a very efficient way of delivering care but they needed to be sure that it was delivering high quality care. This was being researched by the University of Oxford. It worked for some but others really miss the face-to-face, so they try to	

facilitate them. Due to the reduced occupancy of wards in order to keep patients safe, some have had to be placed out of area – about 15 to 20 patients across Oxon and Bucks. Tracey Rees wanted to flag that the resumption of contact between Patient Participation Groups (PPGs) and GPs had been inconsistent and asked if some messages around this could be included in OCCG's engagement plan. In particular she believed that the PPGs run by GPs themselves had been slow to restart. Diane Hedges agreed that the PPGs had an important role to play including helping the public to understand the way in which GPs were working now. OCCG had provided some resources to Healthwatch to help the PPGs to engage. While there was a requirement for GPs to engage with PPGs, she wanted to emphasise to them the benefits of doing so in terms of sharing best practice. Councillor Upton asked if the long-term effects of COVID on patients was most likely to be handled at home or in hospital. Diane Hedges responded that this was something that they were still learning about and said that she would come back to it at a future meeting. Kiren Collison added that there was a good website dealing with this https://www.yourcovidrecovery.nhs.uk/ Yvonne Rees praised the exemplar partnership approach in Oxfordshire. This was now driving the recovery. There was strong governance in place to ensure escalation when appropriate. The Health Protection Board had been a high performer supported by a multi-agency operational cell. She urged caution that over enthusiasm might cause some duplication of effort. It was important that everyone kept to the structures that are there to ensure the appropriate responses to any outbreaks. She was proud of the system and believed that it bodes well for the partnerships going forward. The Chairman reiterated the message that everyone had done very well so far but there was no room for complacency.	
8 COVID-19 Healthwatch Report (Agenda No. 9)	
Rosalind Pearce summarised the Healthwatch report, which for this meeting focussed on COVID-19. She noted that it was much longer than their usual report because they wanted to include a	

wide range of experiences – both good and bad. During the lockdown everything was very quiet for Healthwatch so they decided to be more proactive. It was clear that there was a lack of information in easy-to-understand language and in other languages so they helped to tackle those problems. She noted that this, and the need to use different communication channels, had to be recognised as an on-going issue. Healthwatch took a snapshot survey of care homes in May. They reached out to Patient Participation Groups (PPGs) and GPs. They adapted many existing questionnaires to include COVID-related questions. They were currently talking to carers – paid and unpaid – to gather their views. She urged continuing to explore the barriers some people will experience as services go more digital and to ensure that all services are always accessible to all people. The Chairman thanked her for the report and in particular the impressive work with the care home sector. However, he noted the 30% response rate and that it seemed like a missed opportunity for many of the care homes to explain their situation. Rosalind Pearce responded that they were about to go back to care homes to understand where they were now and their plans and fears. In particular she was interested in the issues surrounding visiting. Now that infection control measures were in place it should be possible to allow more visiting. Councillor Lawrie Stratford welcomed the report and the opportunity to hear the voices of the people who the services are looking after. He supported in particular the points about use of language that everyone can understand and the work of the PPGs.	
9 Oxfordshire Winter Plan 2020-21 (Agenda No. 10)	
Stephen Chandler introduced the Winter Plan which was based on the previous year's experience plus the COVID experience. It needed to be updated for the government's recently published Adult Social Care Winter Plan and feedback from the discussion at the Oxfordshire Joint Health Overview and Scrutiny Committee last week. The 'home first' service, developed since the pandemic hit, was embedded in the Winter Plan. This helped people to get out of	

hospital quicker and more safely. It applied to community hospitals and mental health services as well. The plan ensured that there will be capacity during the winter, not just with acute beds but including community and hub beds and care homes should they be needed. A '111' triage service was being developed which will help direct people to the best option and hopefully reduce the numbers turning up at A&E who do not need to be there. The plan was also about ensuring that staff can maintain levels of commitment and is another example of the strong partnership working in Oxfordshire. There will be rigorous governance whether through the A&E Delivery Board, the Urgent Care Support Group or daily monitoring of flow in the system. The government had provided additional funding for infection control and prevention activities. This helped the sector in many ways including being able to pay staff who are awaiting test results. The government has also extended entitlement to the flu vaccine and locally this is being promoted as much as possible to reduce the numbers becoming ill this winter. There will inevitably be reports of difficulty in accessing vaccines but his experience was that these were very much the exception. The Chairman praised the home care approach and recounted experience of it in his family. He noted that it not only freed up beds but gave a better health outcome for the patient. Tracey Rees asked for an update on the Oxfordshire Alliance bid for funding and where the funding was coming from for the additional schemes listed on Agenda Page 63. Stephen Chandler responded that he did not have an update on the Oxfordshire Alliance to hand but would find out and pass it on. The funding for the additional scheme would come from the Oxfordshire pooled budgets for winter funding. Demand always exceeded the available money but extra government funds such as the infection control grant can free up money for these schemes. Councillor Steve Harrod asked if he was confident that the quantities of flu vaccine that have been ordered will be delivered and if there was a communications plan should supplies run out. Stephen Chandler responded that vaccines needed to be ordered 12 months in advance but at that time nobody knew there was going to be the pandemic or that the government would extend eligibility, for example to those aged between 50 and 60. It will be managed by scheduling the less vulnerable people later in the	Stephen Chandler

autumn – perhaps December. Diane Hedges added that NHS England had ordered as much vaccine as they could to top up the GPs' orders. While some GPs may run out, there will be another delivery in November. In cases where GP supplies run out they would communicate directly with the people booked in with them. Ansaf Azhar noted that community pharmacies in the Thames Valley area had 4,000 requests for vaccines at this time last year, whereas the figure for this year was 17,000. The resources needed to meet that demand was being addressed. Councillor Andrew McHugh added, as a former practice manager, that vaccines have to be delivered in tranches due to the limited availability of cold storage. Tracey Rees reported that the feedback coming to Healthwatch on vaccinations was really positive in terms of GP practices but less so in relation to the NHS App and pharmacies. She was hearing reports of appointments being repeatedly cancelled.	
10 Cardiovascular disease and inequalities (Agenda No. 11)	
Kiren Collison described how COVID had highlighted the health inequality gap, particularly in the way that it affected more greatly those with underlying health conditions. Given the finite resources available it was decided to take a targeted approach to inequality. They looked at the top 10 causes of premature death and illness in Oxfordshire. Cardiovascular disease (CVD) was one of the main causes and there was a higher incidence in areas of deprivation. It was not just a medical issue – a whole system approach was needed. It could be tackled 'upstream' through healthy place shaping, diet, exercising and reducing smoking. There was a shared goal and the different services could input their own expertise. The Chairman stressed the importance of shifting resources into the areas of most need to support ways of nudging people towards healthier habits. Ansaf Azhar noted that, while the overall Oxfordshire picture on premature deaths did not indicate any particular problems, when you drilled down to the local level you could see certain areas standing out in need of attention. He saw it as another example	

of partnership working across the system from healthy place shaping right through to managing blood pressure which can give some quick wins. Councillor Andrew McHugh welcomed the approach but noted how council budgets had been cut back to the bone and he asked anyone with influence to try to bring it to bear on securing increases in funding. The Chairman responded that there was a need to realise now the future savings that could be made by spending money on preventative measures. Councillor Lawrie Stratford added that not all schemes needed a lot of money especially if other organisations such as sports clubs can be engaged. Kiren Collison summed up by saying that, in the past, schemes have tended to be too piecemeal and too reactive. The strength of this new approach was in aligning the various organisations and services towards one goal. There were still difficult conversations to be had about reallocating funding. The Chairman finished by noting that Public Health funding had been cut by £700m since 2013 and if that funding could be restored, it would make such a big difference.	
11 Performance Report (Agenda No. 12)	
Councillor Lawrie Stratford asked that reports identify which targets are set locally or nationally, when the target was set and what was the previous one. Councillor Andrew McHugh noted that the report from the Health Improvement Board referred to only two red indicators but in fact there were three, with 3.18 on breast screening being missed. However, Diane Hedges had already updated the Board on this point at Agenda Item 8. Diane Hedges felt that the report was underselling the position somewhat. There was a need to link to actions that are being taken to improve. On the target of increasing the proportion seen by CAMHS within 12 weeks (1.3), it should be noted that Oxfordshire has a much higher rate of access to CAMHS than the national average. Additional resources are being applied and there is a need to ensure they have got the open door approach right and that	

young people are being directed to the correct resources. On access to psychological therapies (2.3), additional trainees were being recruited to bring that proportion up to 15%. On cervical screening (2.21), there was additional funding from the Thames Valley Cancer Alliance to provide some optimism that those levels can be improved. The Chairman asked if there was any difficulty finding trainees for psychological therapies. Diane Hedges responded that one of the knock-on effects of COVID was that there have been high numbers of applications. Ansaf Azhar stated that he was happy to take on board the comments about the format of the report and consider how it might reflect the targeted work on inequalities.	Ansaf Azhar
12 Reports from the Partnership Boards (Agenda No. 13)	
Councillor Andrew McHugh noted that on page 5 of the Health Improvement Board report it should state that there were 3 red indicators, not 2, the third being breast screening. The latest report that the HIB received on that contained some inconsistencies that they are still trying to resolve. Tracey Rees commented that the Children's Trust Board report was easier to follow because it better matched the KPIs and asked if the other reports could follow suit. Lawrie Stratford noted that on every area covered in this meeting appreciation was expressed at the great efforts of all staff throughout these difficult months. He asked that all Board members ensure that this appreciation is communicated back to staff in their organisations.	

..... in the Chair

Date of signing .....