

OXFORDSHIRE HEALTH & WELLBEING BOARD

Minutes of the meeting held on Thursday, 7 December 2023 commencing at 2.00 pm and finishing at 4.35 pm

Present:

Board Members:

Councillor Liz Leffman (Chair)
Sam Hart (Vice-Chair)
Councillor Joy Aitman
Ansaf Azhar
Stephen Chandler
Karen Fuller
Caroline Green
Dan Leveson
Councillor John Howson
Councillor Dr Nathan Ley
Grant MacDonald
Kerrin Masterman
Don O'Neal
District Councillor Helen Pighills
Councillor Louise Upton
Councillor David Rouane
District Councillor Andrew McHugh

Other Members in Attendance:

Councillor Kate Gregory

Other Persons in Attendance:

Veronica Barry (Healthwatch Oxfordshire), Mish Tullar, David Lunt and Clare Keen,

By Invitation:

Officers:

Agenda Item	Officer Attending
Item 6	Lily O'Connor
Item 7	Imogen Coningsby
Item 7	Tamanna Rahimi
Item 7	Jamie Slagel
Item 8	Anne Lankester
Item 9	Laura Gajdus
Item 9	Senay Nidai
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.)

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	ACTION
44 Welcome by Chair (Agenda No. 1)	
The Chair welcomed attendees to the meeting and in particular Councillor Dr Nathan Ley, who was attending his first meeting as Cabinet Member for Public Health, Inequalities and Community Safety.	
45 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Councillor Tim Bearder (Oxfordshire County Council), Councillor Maggie Filipova-Rivers (South Oxfordshire District Council) and Councillor David Rouane was substituting and Councillor Phil Chapman (Cherwell District Council) and Councillor Andrew McHugh was substituting.	
46 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
There were no declarations of interest received.	
47 Petitions and Public Address (Agenda No. 4)	
There were no petitions or requests for public address received.	
48 Note of Decisions of Last Meeting (Agenda No. 5)	
It was agreed that the Note of Decisions of the previous meeting held on 5 October 2023 would be approved. RESOLVED: that the Board APPROVED the notes of the last meeting held on 5 October 2023 and the Chair be authorised to sign them as a correct record.	
49 Update on the Oxfordshire Winter Plan and Vaccinations	

The report and tables were introduced by Dan Leveson, Place Director for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West ICB, before he handed over to Lily O'Connor, Programme Director Urgent and Emergency Care for Oxfordshire, to go into the detail. It was reported that the dashboard provided the statistics for the performance overview. Members commented that:

- It was great to see the performance against the targets. It would have been good to see them against the national performance. The Committee were informed that the national context would be shown in the next version of the report, there was a comparative but no like for like context.
- It was commented that outcomes are better for people have been assessed and cared in their own home than in hospital. According to national work it is a saving of at least £2000 per person.
- The definition of 'homes' was clarified as meaning the persons 'own bed' this could be in their own home or in a care home.
- It was important to raise that when there was reference to 105 people in inappropriate out of area inpatient beds referred to bed days so that would be maybe four or five people.
- Good progress was being made.
- A request was that urgent care centres be added to the next version of the dashboard. The Officer commented that data had only been received for two of the three urgent care centres, so data was incomplete hence had not been involved. The dashboard would be developed further going forward.
- It was highlighted that the situation was improving and reducing year on year if the middle of winter was compared for primary, secondary, and acute care which was an encouraging place to be. The Team was thanked by the Board.

The Corporate Director of Public Health and Community Safety updated the Board on the infections and vaccinations. There was a current increase in respiratory infections and covid cases. In terms of vaccinations, across Oxfordshire, in all age groups, this was above average and doing well regionally. For the over 65s for flu vaccinations, it was over 80% but Oxfordshire was currently lagging for the under 65 age group. Further outreach work needed to be done with groups such as pregnant women, asylum seekers, people with learning difficulties and the elderly, which had been commissioned by the ICB. Oxfordshire was

<p>above average for 2–3-year-olds.</p> <p>Caroline Green, Chief Executive of Oxford City Council asked if there was variation of uptake in different areas of Oxfordshire and was informed that the under 65's had dropped and that there was a lower uptake in areas of deprivation and within certain communities such as the Pakistani community and the BAME community. It was asked if there was an evaluation on how the vaccine champion schemes were being effective in the areas. It was reported that it was too early to evaluate this, but a significant piece of work was being evaluated on how networking was done in the community. This would give useful insight to use for targeting vaccinations. Councillor Howson suggested targeting the under 65's at the school gates where young mums could be reached. This could be investigated. The Chair thanked all for their updates.</p>	
<p>50 Health and Wellbeing Strategy (Agenda No. 7)</p>	
<p>David Munday, Deputy Director of Public Health, OCC, thanked all Members of the Health and Wellbeing Board (HWB) for their attendance at the workshop and the really helpful engagement and time to steer the task and finish group. The engagement for the Strategy had been really positive.</p> <p>The Board were reminded that the new Health and Wellbeing Strategy had been structured around four areas. The principles of prevention, tackling inequalities and working in closer collaboration. Secondly, there were priorities across the life course, thirdly, there were the fundamental building blocks of health that everyone needed to have in place to lead healthy and happy lives and finally, the three enablers listed that helped to move from the Strategy to delivery. The Strategy had been heavily influenced by the Joint Strategic Needs Assessment (JSNA), this was the assessment of residents needs in Oxfordshire and the early engagement and public consultation in this strategy work. This then connected into the Integrated Care System Strategy and the NHS 5-year forward plan and Primary Care Strategy. This was the Primary Place Strategy for Oxfordshire. The two main reflections had been a real desire and willingness to joined up working to have a new Strategy and good collaboration to improve health and wellbeing locally and a real appetite to move this from a Strategy to delivery and making a difference. The Board was introduced to Imogen Coningsby, Health Improvement Practitioner and Tamanna Rahimi, Paediatric Public Health Fellow.</p>	

Imogen Coningsby reported on the consultation. From mid-October to mid-November, the draft Health and Wellbeing Strategy went out for consultation, parts of the consultation had been informed by the engagement work carried out by Healthwatch and Public Health with over 1000 residents over summer. The aim of the public consultation was to gather further insights from residents and stakeholders on the final draft version of the Strategy to ensure that the voices of the residents and stakeholders were incorporated into the Strategy. The consultation had been conducted through an online survey that had been developed and agreed by the Health and Wellbeing Strategy Task and Finish Group. An easy read survey was also carried out with the sector organisations and community groups. A variety of different channels were used to engage respondents including key networks and partnerships, social media, staff communications, E newsletters, councillors, parish councils and other council teams such as housing social care and children's services. In order to capture people that could not access the online survey, Healthwatch hosted a webinar that 68 people attended. The online survey received 435 responses, many of which were from organisations that represented many people. There was high support for the priorities and the enablers in the draft, the three principles in the draft received high support at 93%, overall people thought the Strategy was well written, well structured and easy to read.

Tamanna Rahimi added that there were some cross-cutting themes included how the Strategy would be delivered including what kind of workforce would be required to deliver the ambitions, concern around access to health services and respondents felt that by improving access to healthcare was vital to improving health and wellbeing. Mental Health had been through integrating the concerns in every life course section of the Strategy highlighting the building blocks of health on mental health. Residents felt that parental wellbeing, bettering home environment, family relationships and their importance had not been addressed before school readiness and mental resilience in children and young people. This had been reflected in the ambitions.

David Munday informed the Board that the next steps after the meeting were to create a final, attractive version that would be published in January 2024 with extensive comms and promotion, including some easy read versions. Then this would move into the delivery and action plan which would be presented to the Board at the March 2024 meeting along with the outcome's framework.

The Chair thanked the Officers and the Board Members for all the

hard work that had gone into producing the Strategy.

The Board highlighted the following points:

- It was interesting to see the support in the education phase in a child's life and recognise change going forward.
- It was good to be involved and to see the immediate actions in the report. It had been noted that many responses had commented on the difficulties in getting GP and dentist appointments and this had been a barrier for residents.
- It was a good Strategy, but it was important to see how it was important to see how it would be delivered in such difficult financial times, asking if the activity was necessary.
- It was asked if the Strategy and Delivery Plan would be better launched together in March 2024.
- It was a good to have a single Place-based approach and direction that everybody had been involved in with so much positive collaboration.
- The Board were reminded of the agreed principles of tackling inequalities, prevention of ill health and working in collaboration.
- The point was raised that it was mainly women who had responded to the survey and if this needed to be addressed. Approach was an important point and where the consultations were carried out.
- There was a link to the Drug Combat Partnership, and this would be included in the delivery plan.

RESOLVED: that the Board noted the content of the public consultation report, approved the content of the full final Strategy as a final version of the Board's Health and Wellbeing Strategy for 2024-2030, supported plans to publicise the Strategy in January 2024 when it was fully launched and noted that Officers would bring a delivery plan and outcomes framework to support Strategy implementation to the March 2024 meeting.

51 Adults Safeguarding Annual Report
(Agenda No. 8)

Karen Fuller, Corporate Director of Adult and Housing and Anne Lankester, Head of Adult Safeguarding, presented the report to the Board. The key highlights from the report were presented. Further information was given to the Board on the Multi-Agency Risk management (MARM) process which was designed to support anyone working with an adult where there was a high level of risk and the circumstances sat outside the statutory adult safeguarding framework, but where a MARM process would be

<p>helpful.</p> <p>The Leader process was highlighted to the Board. This is a nationally set process to review the deaths of anyone with a learning disability in Oxfordshire. This review is carried out to understand what processes could have supported the individual more and to make improvements for others.</p> <p>Councillor McHugh requested that the District Councils continued to be included in the professional relationship's reviews. And with respect to learning disability health checks with the GP partners, the statistics did not look impressive at 24% when the target was 75%, could something further be done? There were different and better ways of doing this. David Munday informed the Board that there was an established work stream to improve this and that the figures reported are cumulative over the 23-24 year so by the end of the year (March 24), the annual check uptake would be much higher.</p> <p>RESOLVED: that the Board noted the contents of the report and its conclusions.</p>	
<p>52 Children's Safeguarding Annual Report (Agenda No. 9)</p>	
<p>Laura Gajdus, Business Manager, Oxfordshire Safeguarding Children Board (OSCB) presented the report to the Board. The report in the pack was reporting from April 2022 to March 2023. The Head of Safeguarding and QA for Oxfordshire Childrens Services, Senay Nidai was also in attendance at the meeting. The Business Manager shared a couple of slides with the Board explaining the Vision, the aims and the Safeguarding Partners including the Council, the ICB and Thames Valley Police. The three safeguarding issues that the partnership continue to review were the neglect of children in the family home, minimising the risks to children outside the home and that children were often safer in school. The audit of these issues was very important, and this was carried out by system-wide views on safeguarding work, assessments, audits, views from practitioners, families and children and through the data. The Board were informed about the ongoing training and how successful and useful it was.</p> <p>Councillor Pighills asked how closely the team worked with the Community Safety Partnership and was informed that they worked closely, they frequently did learn from the domestic homicide reviews in relation to a child and the impact for the child. There was also a subgroup that looked at exploitation but was always looking for new opportunities to connect. The Serious</p>	

<p>Incident Notifications were clarified to the Board, and they were carried out.</p> <p>RESOLVED: that the Board noted the annual report of the Oxfordshire Safeguarding Children Board, senior safeguarding partners and considered the key messages.</p>	
<p>53 Report from Healthwatch Oxfordshire (Agenda No. 10)</p>	
<p>Don O’Neal, Chair of Healthwatch Oxfordshire, presented the report to the Board. The main point to highlight was that the Community Research in Oxfordshire report had found that communities were tired of research ‘on them’ and not ‘with them’ and that this needed to change. From the work carried out, four key principles had been identified, these were that nothing about us, without us, commit to action, value the lived experience and time, and to be open, transparent and accountable. All of the Healthwatch Reports could be found on the website.</p> <p>Veronica Barry, Executive Director of Heathwatch Oxfordshire, informed the Board of the other reports including what people understood by joined up care and patient experience on discharge pathways. Dan Leveson added that the commitment as a system was to invest in the actions that were community driven and built from grassroots communities to make a difference to their health and wellbeing based on the assets from those communities.</p> <p>Ansaf Anwar added that if any Member of the Board was doing any community research, to engage with him so that the research was not repetitive.</p> <p>Councillor Upton added she had attended an event exploring how to be tapping into the Universities research students - an initiative called “policy lab” being developed between OCC and OU- that were looking at making people healthier and happier and it was essential to check with Public Health and Healthwatch to ensure that the same questions were not being asked.</p> <p>The Chair reiterated that people were happy to engage but also wanted feedback.</p> <p>RESOLVED: that the Board noted the report from Healthwatch Oxfordshire.</p>	
<p>54 Performance Report (Agenda No. 11)</p>	

Steven Bow, Consultant in Public Health, presented the performance report to the Board. The main points to highlight included:

- Measures 1.13 and 1.14 were showing modest increases in MMR vaccination coverage but were still short of the 95% target.
- Measures 1.15 and 1.16 showed the updated data was now available for data on reducing the levels of children overweight in reception class and Year 6 as per the National Child Measurement Program.
- Measure 2.17 showed that the number of smoker quitters had decreased and was now amber. This indicator was under review as the smoking prevalence had gone up.
- Measure 2.21 and 2.22, increased in the level of cervical screening had increased and was heading in the right direction but was still short of the target and this was similar for breast screening.

Members raised the following points:

- Councillor Upton asked how the estimated diagnosis rate for people with dementia was obtained and was informed that the national model was used which was linked to GP registrations, it was a national estimate which was subject to caveats.
- Councillor Howson raised a point on the two education indicators for children in care which were green, a current concern was that of unaccompanied young asylum seekers, currently there were 100 under the transfer scheme. Councillor Howson thanked the Interim Corporate Director for Childrens Services, Anne Coyle, who would be leaving at the end of 2023.
- Councillor McHugh commented that there were no targets for CAMHS, there was also no data for a year and yet the notes revealed that there had been a cyber-attack in July 2022, Councillor McHugh asked if there was any back up. He was not satisfied that there were no targets and no data for a year, it was not acceptable. The Chair agreed that there was a huge backlog. David Munday commented that this was one of the priorities of the Health and Wellbeing Strategy looking more at early intervention and then the provision. Grant MacDonald, Interim Chief Executive of Oxford Health NHS Foundation Trust, confirmed that there had been a cyber-attack and a whole new system had been put in, external reassurance had been taken and this was being done as quickly as possible, the data was available as this was being completed manually and emergency cases were being seen within 24 hours and urgent cases within a week. It

<p>was the routine care that took months to be seen for an assessment. There was a solid CAMHS service in place. Councillor Howson was concerned that no data was available and was reassured that trend data could be given. Dan Leveson confirmed that the metrics were being looked at as the regulator and commissioner.</p>	
<p>55 Reports from Partnership Boards (Agenda No. 12)</p>	
<p>A) Place Based Dan Leveson presented his report to the Board and stated that this was a consultative forum where leadership from health and social care come to identify priority populations that can be joined up. The biggest success was actually coming together as a leadership team overseeing the work. Over the next couple of years, it was going to be crucial, with the financial pressures to continue to agree to do the right things. As a system, we were really standing out in some areas.</p> <p>B) Health Improvement Board Councillor Pighills presented the report to the Board and commented that the Board had received a presentation on the new Oxonair webpage and its functionality about the air quality of Oxfordshire. The second part of the meeting was on tobacco control, presented in three parts, smoke-free pathways in NHS provider organisations, tobacco control Alliance action plan update and Stop for life targeted community outreach.</p> <p>C) Childrens Trust Board Councillor Howson commented on the recently held workshop that reflected on the impact the Board was having on the outcomes of children and young people and what was working well and what could be improved. There would be revised governance that would be introduced in January 2024.</p> <p>David Munday commented that going forward with the three standing regular updates and moving to the delivery of the Strategy, it was worth looking at mapping across the different actions and the different priorities and what sat within the different subgroups of the Health and Wellbeing Board. It would be good to see reports from the subgroups and how they were contributing to the Strategy delivery.</p>	
<p>56 Forward Work Programme (Agenda No. 13)</p>	

RESOLVED: The Board noted the Forward Work Programme.	
57 AOB (Agenda No. 14)	
None	

..... in the Chair

Date of signing