

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 18 March 2021 commencing at 2.00 pm and finishing at 4.15 pm

**Present:**

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

Dr Kiren Collison (Vice-Chairman)  
Ansaf Azhar  
Dr Nick Broughton  
Sylvia Buckingham  
Stephen Chandler  
Councillor Steve Harrod  
Councillor Andrew McHugh  
Yvonne Rees  
Councillor Lawrie Stratford  
Councillor Louise Upton  
Michelle Brennan (In place of Kerrin Masterman)  
Diane Hedges (In place of Dr James Kent)  
Hayley Good (In place of Kevin Gordon)  
Prof Jonathan Montgomery (In place of Dr Bruno Holthof)

**By Invitation:** Dr Sue Ross, Independent Chair, Oxfordshire Safeguarding Adults Board.  
Mujahid Hamidi and Omotunde Coker, Oxford Community Action

**Officers:**

Whole of meeting Rosie Rowe, Assistant Director, Healthy Place Shaping;  
Colm Ó Caomhánaigh, Committee Officer

Part of meeting

<b>Agenda Item</b>	<b>Officer Attending</b>
6	Sam Foster, Chief Nurse, Oxford University Hospitals
13	Tehmeena Ajmal, Oxford Health

*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).)*

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	ACTION
<p><b>1 Welcome by Chairman, Councillor Ian Hudspeth</b> (Agenda No. 1)</p>	
<p>The Chairman welcomed the new Chair of Healthwatch Oxfordshire Sylvia Buckingham.</p>	
<p><b>2 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)</p>	
<p>Apologies were received from: Kevin Gordon (substituted by Hayley Good) Dr Bruno Holthof (substituted by Prof Jonathan Montgomery) Dr James Kent (substituted by Diane Hedges)</p> <p>Dr Michelle Brennan was the GP representative for this meeting.</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 Chairman had agreed to the following request to speak:  Item 7, JSNA: Julie Maberley, Chairman of the Newbury Street Practice Patient Group</p>	
<p><b>5 Note of Decisions of Last Meeting</b> (Agenda No. 5)</p>	
<p>The notes of the meeting held on 17 December 2021 were approved.</p>	
<p><b>6 COVID-19 System Update</b> (Agenda No. 6)</p>	
<p>The Board was given a presentation updating the data and system-wide developments regarding COVID-19.</p> <p>Ansaf Azhar, Director for Public Health, gave an update on the</p>	

data around COVID-19. The case rate in Oxfordshire in the week ending 5 March had dropped by almost 50% to 31.8 per 100,000. However, there had been a small increase to 34.4 in the most recent week. This reflected the national picture of a plateauing of case rates.

In further analysis of the figures, a drop of 50% in the case rates among over 60s can be seen in the most recent week. This is likely to be a combination of the lockdown and vaccination. The number in hospital had reduced to 22 from a peak of 327. It should be remembered though, that as people get discharged, it puts more pressure on community and primary care.

In response to questions about future prospects of reducing the case rates, Ansaf Azhar noted that restrictions were about to be eased and this would be the first easing since the much more transmissible UK variant became dominant. It was vital to continue to push case rates down as it also reduced the chances of further mutations.

Sam Foster, Chief Nurse, Oxford University Hospitals (OUH), described how treatments had improved since the first wave, helping to reduce the number of deaths. Thresholds for ventilating were higher, new research had come out and treatments were more advanced.

Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG), described how some practice had to change during the peaks in the pandemic, for example the use of a hotel to facilitate hospital discharge. If there were further surges, then these approaches might need to be used again. Strong partnership working was essential in providing the resources needed across the system.

Staffing levels were now returning to normal levels. Cancer and urgent cases were being prioritised. The numbers waiting over 52 weeks for care were up. However, the signs were that the worst was past.

Sam Foster added that there was a focus now on the recovery of staff and the needs of people whose treatment was postponed. She echoed the comments on integrated working across the partners to reduce length of hospital stay. She was pleased to say that visiting was going to be allowed again at OUH from the following Monday.

Dr Michelle Brennan, GP at the Hart Surgery in Henley, gave a presentation on the progress of the vaccination programme. In Oxfordshire over 275,000 vaccinations had been delivered. All care homes had been visited and all frontline health and social

<p>care staff had been offered the vaccine.</p> <p>There was an outreach programme to include groups that were often hard to reach such as the homeless and those not registered with GPs. She noted the news that vaccine supplies would be reduced for the following four weeks but stated that all people in priority groups 1 to 9 were still being encouraged to come forward for the vaccine.</p> <p>Ansaf Azhar added that the number of cases of blood clots among those who had received the AstraZenica vaccine was lower than amongst the general population. The MHRA and WHO had confirmed that the vaccine is the best way to reduce risk of serious ill health or death from the virus.</p> <p>Asked if there had been an increase in questions about the vaccines following the EU concerns surrounding the AstraZenica vaccine, Dr Brennan responded that there hadn't been many questions asked at her most recent surgery. More elderly people were very pleased to get the vaccine and for many of them it had been their first trip out in a year.</p> <p>Dr Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group, emphasised that people did not have a choice of vaccine when they presented for vaccination. They were all effective vaccines. She noted that many of the outreach methods could be used in the future for other conditions to help reduce health inequalities.</p> <p>Asked if any special efforts were being made to support those with learning difficulties or mental health issues to get the vaccine, Dr Brennan responded that calls were being made to reassure people, those who had issues with long queues were being invited to smaller vaccination sessions and local taxi drivers were being very helpful.</p> <p>The item was concluded with an NHS video addressing myths circulating about the vaccines.</p>	
<p><b>7 Community Services Strategy</b> (Agenda No. 7)</p>	
<p>The Board was invited to hear of developments to produce a new strategy for community services. Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG), introduced a presentation outlining its focus on maximising independence for Oxfordshire residents. She emphasised that this was the time to build on the whole system approach that had worked so well in dealing with the pandemic.</p>	

The strategy for older people previously adopted by the board had identified that people wanted independence. Research had shown that only about 20% of the factors that support people's wellbeing were related to NHS activities. This strategy was aimed at tapping into the whole 100%.

Generally, people in Oxfordshire were having to stay too long in hospital, though this had improved greatly thanks to the partnership working under COVID. The benchmark figures showed that we were not where we needed to be, particularly in the area of reablement.

The Primary Care Networks were a way for GPs to work well together and they provided an opportunity to plan together across the county. The community hospitals and other assets could play a greater role in promoting independence. The focus will be on intensive community care, rehabilitation and recovery, and care towards the end of life.

Work still needed to be done on the governance structure for this piece of work and ensuring that the appropriate resources were made available. Diane Hedges asked members the Board to endorse the approach outlined.

Stephen Chandler, Corporate Director for Adult and Housing Services, described this as the most exciting opportunity to maximise all the resources available in Oxfordshire. He was fully supportive of this piece of work.

Prof Jonathan Montgomery, Chair, Oxford University Hospitals NHS Foundation Trust, added that people do not just want to get 'patched up'. They want to be active – go swimming, use libraries, go shopping. The health and care systems needed to be able to help them achieve this. It required a holistic approach including psychological and mental health support. He asked if data sharing had been considered at this stage as that would be an important element. He supported the direction of travel.

Councillor Lawrie Stratford emphasised the importance of outcomes and giving people a sense of being in control of their lives which was an essential part of wellbeing.

Councillor Andrew McHugh referred to research that showed the detrimental effects of long hospital stays on loss of muscle mass. He noted the red and amber flags on reablement measures 3.13 and 3.14 on Agenda Page 121 and asked if this strategy would help address those weaknesses.

Stephen Chandler responded that there was already work going

<p>on in this area. A year ago, 120 people were waiting for discharge from hospital and now that had been reduced to 20. Reablement support was being re-procured but this strategy would look beyond the providers and ensure that the whole system was supporting people to be as independent as possible.</p> <p>Ansaf Azhar, Director for Public Health, added that the conversation was not just about service users but about the whole population and included issues such as leisure and growth. The aim was to reduce the need for health and care services but also to ensure that the right services were there for people when they needed them.</p> <p>Sylvia Buckingham, Chair of Healthwatch Oxfordshire, noted that one of the biggest issues for elderly and disabled people was public transport. She gave the example that people in Botley needed to get to Kennington for their vaccination and many had no way of getting there and were reliant on volunteers to transport them.</p> <p>The Chairman concluded by stressing the need for all of the organisations across the county to work together on the strategy. The mandate to work together as an Oxfordshire wide system on Ageing Well: increasing independence and health and wellbeing outcomes for our population, working with our population to make best use of our people, our systems and our assets was supported.</p>	
<p><b>8 Joint Strategic Needs Assessment 2021</b> (Agenda No. 8)</p>	
<p>The Board was asked to note the Joint Strategic Needs Assessment for 2021 and consider how member organisations could contribute to the further development of the JSNA.</p> <p>The Chairman had agreed to the following request to speak:</p> <p>Julie Mabberley, Chairman of the Newbury Street Practice Patient Group, stated that the demand for health services was increasing at a faster rate in the Vale of White Horse district than in most of the County yet she believed that the Clinical Commissioning Group appeared to be doing very little to increase the quantity and quality of local health services in the area. She only knew of £35,000 being obtained by the NHS from developer levies in the last 10 years even though outline planning consent had been granted for approximately 4,000 new homes. She asked that, when considering the recommendation on the agenda today, the members of the Board request that the needs assessment be used immediately to secure increases in health funding across</p>	

<p>the County.</p> <p>Ansaf Azhar, Director for Public Health, introduced the report. It contained national and local statistics and research in a very accessible and interactive format. There had been added challenges in gathering the information during the pandemic and some data had been delayed.</p> <p>The Executive Summary included early indications on the impact of COVID-19 but there will be much more on that next year. COVID impacted disproportionately on certain communities and groups. The wider effects included increased unemployment, more victims of abuse and scams and an increase in mental health referrals. The positive impact of volunteers during the pandemic was also noted.</p> <p>Ansaf Azhar invited members of the Board to comment on the draft which was due to be published at the end of March.</p> <p>Councillor Lawrie Stratford suggested that the very valuable executive summary be circulated to all elected people. He asked if any statistics were available as to how many people viewed the online version and what sections were visited most often. Ansaf Azhar responded that he would check if statistics were available.</p> <p>Prof Jonathan Montgomery, Chair OUH, noted that while excess deaths were very significant in the first peak of COVID they had not been since then. He asked if it was the same in other areas. Ansaf Azhar confirmed that other areas continued to show excess deaths, indicating wider effects of COVID but that had not been the case in Oxfordshire. He said that it was too early to be sure of the reasons but he was confident that the application of the learning from the first wave and the strong partnership approach were positive factors.</p>	<p>Ansaf Azhar</p>
<p><b>9 Oxfordshire Adult Safeguarding Board Annual Report</b> (Agenda No. 10)</p>	
<p>The Board was asked to consider the OSAB Annual Report 2019/20. Dr Sue Ross, Independent Chair of OSAB, emphasised that the report covered the period up to the start of the COVID pandemic. In February 2020 it was decided that meetings should be virtual and the meetings of the Executive and the Board were merged. It was decided to focus on key deliverables in recognition of the pressures that the organisations were under during the pandemic.</p> <p>The groups listed on Agenda Page 33 had continued to function, as had self-assessment, the joint working with the children's</p>	

<p>board and training, which is now happening virtually.</p> <p>The work of the Vulnerable Adults Mortality Subgroup found that there was a lack of evidence that people with Learning Disabilities were able to access the same health services as others. They called for a greater focus on health screening for people with LD.</p> <p>OSAB had co-funded a conference on social isolation and loneliness in October 2019 and could not have foreseen at the time how much more relevant those issues were to become in 2020.</p> <p>Work had already started on the report for 2020/21 which will highlight the review on homelessness and the impact of COVID. It was expected to follow the example of the children’s board in providing more data and analysis in a second document to accompany the main report.</p> <p>In response to a question, Dr Ross clarified that organisational abuse occurred where regimes in organisations were overly strict or inhumane – usually unintentionally. It could also involve neglect rather than active abuse.</p> <p>Councillor Lawrie Stratford noted the high number of calls received, which indicated that the system was approachable, and the low number who were not satisfied with the outcome, which said a lot about the services across the system. He thought that many people would be surprised that neglect was such an issue among older people in a relatively affluent area. Dr Ross noted that self-neglect and hoarding had previously not been seen as safeguarding concerns but were added to the Care Act in 2014.</p> <p>Prof Jonathan Montgomery, Chair OUH, noted that many of the figures on Agenda Page 39 were down on previous years and wondered if the reason could be that we were not hearing about some cases. Dr Ross responded that some reviews into deaths had shown cases where people had fallen just under the threshold of safeguarding concern but nevertheless had serious problems. It was an issue that they constantly consider at the Board.</p> <p>The report was noted.</p>	
<p><b>10 Healthwatch Oxfordshire and Oxford Community Action report "Community Wellbeing"</b> (Agenda No. 11)</p>	
<p>The Board received a report and viewed a video on <i>Oxford’s new and emerging communities - views on wellbeing</i>, introduced by</p>	



Rosalind Pearce, Executive Director of Healthwatch Oxfordshire.

Mujahid Hamidi, Director, Oxford Community Action, added that the piece of work had taken two years to achieve. The main conclusion was that there was a huge dearth of communication between Oxford's new communities and the existing health services.

Omotunde Coker added that for members of the BAME (Black Asian and Minority Ethnic) communities it was a question of trust in the health authorities and knowing that they were being listened to and that help was there; these were needed to address the problems identified in the report.

Councillor Lawrie Stratford described the report as probably the first real deep dive into the issues for the BAME communities. He believed that if a working group could be formed on this board or the Health Improvement Board it could distil it into actions – some could be easily deliverable. He noted that in many cases faith leaders were people's first port of call for advice. So perhaps more needed to be done to engage with faith leaders as had happened with the COVID vaccines.

Councillor Louise Upton noted that the report showed that only 4% would seek help with a mental health issue. More needed to be done that was culturally appropriate, perhaps taking place in community settings, to make this support more accessible.

Omotunde Coker agreed that OCA could help to bridge a gap between the communities and the health services. This work started before COVID and then the pandemic was like a balloon bursting over it. They intended to continue with this work.

Councillor Andrew McHugh noted that over 50% of the respondents were from the African community and asked if there were plans to reach out for a more comprehensive coverage. Mujahid Hamidi responded that they could only work with communities who approached OCA but they were slowly increasing their reach.

Diane Hedges, OCCG, referring to the section on what happens next, asked if conversations with providers was enough or if the net should be cast wider. Rosalind Pearce responded that they were aiming to hold an Oxford Wellbeing Network event in mid-April which would include other community organisations, voluntary groups and board members.

Mujahid Hamidi added that OCA had already been very active in translating health information and bringing community champions together to promote the idea of mental health first aiders. They

<p>were committed to continuing such work.</p> <p>The report was noted.</p>	
<p><b>11 Healthwatch report</b> (Agenda No. 12)</p>	
<p>The Board had before it the latest report from Healthwatch Oxfordshire on public views on the health and care services. Rosalind Pearce added that they had recently visited the Kassam vaccination centre and continued to support community organisations in a COVID-secure way.</p> <p>The report was noted and the Chairman thanked Healthwatch for all the work they were doing particular during this difficult time.</p>	
<p><b>12 Performance Report</b> (Agenda No. 13)</p>	
<p>The Board received health and wellbeing performance data for Quarter 3 of 2020/21. Ansaf Azhar, Director for Public Health, noted that the impact of COVID on preventative measures was coming through in this report.</p> <p>It was agreed that the title of measure 1.15 should be “Reduce” the levels of child obesity, rather than “Maintain”.</p> <p>Councillor Lawrie Stratford asked if in tackling childhood obesity there was any work done with parents or families. Ansaf Azhar confirmed that they took a whole system approach to obesity, working with families and schools.</p> <p>Prof Jonathan Montgomery, Chair OUH, noted that the figure under measure 2.8, people referred to emergency department psychiatric service, was from July 2020. Action had been taken, with help from Oxford Health, to resolve this problem and he was confident that the performance would be rated better in the next report.</p> <p>Councillor Steve Harrod referred to measure 1.3, CAMHS waiting times, and stated that the key to this was to reduce the need for CAMHS appointments through early intervention which was going to be the focus for the Children’s Trust. Ansaf Azhar added that a new group on health education involving Public Health, Social Care and health partners was aimed at enhancing mental wellbeing for young people.</p> <p>Councillor Lawrie Stratford was concerned that too many young</p>	<p>Ansaf Azhar</p>

<p>people get labelled as having a mental health problem when what they may really need were coping skills – especially with the added problems from COVID lockdown and the prevalence of social media.</p> <p>Tehmeena Ajmal, Oxford Health, responded that there were a number of different ways in which young people were supported that did not involve CAMHS, such as through the school nurse and other wellbeing support services in schools. She emphasised that Mental Health was a diagnosis and not a label and there was a lot of work being done to help people feel more comfortable about engaging with mental health services just as they would for any physical health issue.</p> <p>The report was noted.</p>	
<p><b>13 Reports from Partnership Boards</b> (Agenda No. 14)</p>	
<p>The Board received updated reports from the Children’s Trust Board and the Health Improvement Board and the Chairman invited questions.</p> <p>Councillor Steve Harrod, Chair of the CTB, welcomed the ‘call to arms’ from new Director for Children’s Services, Kevin Gordon at one of his first CTB meetings and his ideas on how to revitalise the board. He looked forward to some refreshing new initiatives.</p> <p>Councillor Andrew McHugh explained his reason for circulating a letter the previous day on Healthy Start. Data showed that the uptake was much lower in deprived areas and he felt that there was a role for local authorities to work together with health partners on that.</p>	

..... in the Chair

Date of signing .....