OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 17 June 2021 commencing at 2.00 pm and finishing at 4.10 pm

Present:

Board Members: Councillor Liz Leffman – in the Chair

Dr Kiren Collison (Vice-Chairman)
Ansaf Azhar
Councillor Liz Brighouse OBE
Sylvia Buckingham
Stephen Chandler
Kevin Gordon
Councillor Jenny Hannaby
Councillor Louise Upton
Kerrin Masterman
Diane Hedges (In place of Dr James Kent)
Professor Sir Jonathan Montgomery (In place of Dr Bruno Holthof)
Dr Ben Riley (In place of Dr Nick Broughton)

Officers:

Whole of meeting — Colm Ó Caomhánaigh

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 Chair, Councillor Liz Leffman (Agenda No. 1)	
The Chair, as the new Leader of Oxfordshire County Council, welcomed Members to the first meeting in-person for about 18 months.	

The Chair noted that this was to be the last Board meeting for Deputy Chair, Dr Kiren Collison, who was soon to step down from her position as Clinical Chair at Oxfordshire Clinical Commissioning Group. Dr Collison joined the Board on being appointed to that position in December 2017. She made a particular contribution to the development of the Prevention Framework and, as a GP, in prioritising the prevention and treatment of cardiovascular disease. The Chair thanked Dr Collison for all her work and wished her well in her new role as Deputy Medical Director of Primary Care at NHS England Improvement.	
2 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from: Dr Nick Broughton substituted by Dr Ben Riley Dr James Kent substituted by Diane Hedges Councillor Andrew McHugh Yvonne Rees	
3 Declarations of Interest - see guidance note opposite (Agenda No. 3)	
Councillor Jenny Hannaby is the Chairman of Wantage Hospital League of Friends and Chairman of the Trust of Wantage Nursing Home.	
4 Petitions and Public Address (Agenda No. 4)	
The Chairman had agreed to the following request to speak: Item 8 – Oxfordshire Community Services Strategy Update: Councillor Jane Hanna	
5 Note of Decisions of Last Meeting (Agenda No. 5)	
The minutes of the meeting held on 18 March 2021 were approved and signed.	
6 Covid-19 Update (Agenda No. 6)	

Ansaf Azhar gave a verbal update of the latest information on Covid-19 in Oxfordshire and nationally. Towards the end of May the delta variant, first identified in India, started to emerge here. It was estimated to be 40-60% more transmissible than the previous alpha variant which emerged around December last year. The difference this time was that the vaccine was being rolled out. The vaccine was showing up to 80% efficacy in preventing symptoms and up to 98% efficacy in reducing hospital admissions when two doses have been administered. The government had delayed the easing of the lockdown by four weeks in order to get more of the population vaccinated before opening up. In Oxfordshire case rates had dropped to 8 per 100,000 towards the end of May but then increased to 48 per 100,000 in two weeks with the new variant. The latest figures indicated that this was stabilising. Ansaf Azhar emphasised the importance of taking up the vaccine offer; continuing the other sensible measures around hands, face and space; and asymptomatic testing which all taken together will help to contain the pandemic. The Chair thanked all the people working across the system for their great efforts in containing the spread.	
7 NHS Recovery (Agenda No. 7)	
This Board had before it a report that had been presented to a meeting of the BOB Clinical Commissioning Groups (Buckinghamshire, Oxfordshire, and Berkshire West) giving an update on the current status of NHS recovery from the pandemic Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group (OCCG), emphasised that the key was in getting people's confidence back in services and also in getting people to use the services available in the right way. During the peaks of the pandemic those needing urgent care or who had cancer were prioritised over elective surgery. This had led to people with less urgent need having to wait longer than anyone would want. There has been a need to use all resources more efficiently, for example theatre productivity in Oxford University Hospitals the previous week had exceeded 90%. Although national funding was available, there were issues around staff resources especially in relation to breast screening.	

Very few specialties remained closed. Since the last Board meeting, Ophthalmology had reopened apart from for cataracts. They have worked with the independent sector too to increase capacity and people were encouraged to use other services if they could. The overall Oxfordshire waiting list had dropped by 2,300 and the number waiting over 52 weeks had reduced by 900 to 3,500. As outlined in the report, those on the waiting lists were reviewed regularly in case there was any need to be given higher priority. In relation to breast screening, people may wait longer at the front end but once they were in the system the expected timelines were being met and the one-stop-shop approach was supported by the Thames Valley Cancer Alliance. Urgent care was coming under a lot of pressure with increased demand and increased acuity. Partners were working well together to find ways to support people nearer to their home. In Mental Health, the system was really only seeing the start of the increase in demand that was expected. The helpline continued to provide support and the services were there but in some cases could only respond to urgent referrals. Sylvia Buckingham asked about communications with patients, especially those on waiting lists, and for acronyms to be avoided or explained in public documents. Diane Hedges accepted the point on acronyms and assured that those on waiting lists were contacted regularly and checked in case their condition had changed. Wider communications changed over time – for example, at one time they had to assure people that it was safe to present at the Emergency Department but now ED was under pressure and there was a need to ensure that the 111 service was sufficiently resourced before encouraging more people to go there. Kevin Gordon emphasised that children's mental health was not all about CAMHS (Child and Adolescent Mental Health Service) but there was very good work being done in schools and youth settings too. The traditional approach could not deal with the level of demand that was expected. A broader emotional, mental health and wellbeing strategy was needed. There was now an integrated commissioning structure for children's mental health. Kerrin Masterman asked about the stored-up problem with referrals being held by GP practices, if it was reasonable for some services to be still closed 18 months later and what strategy there was for the waiting lists for Ear, Nose and Throat in	

particular. Professor Jonathan Montgomery responded that there were referral options other than Oxford University Hospitals (OUH) as they managed the demand across the Integrated Care System. If a harm review identified that a patient may have experienced harm, then this information was shared with them under a duty of candour. They do not want to have a situation where they re-open a pathway but patients have to wait so long that they would be better off being managed within the system. Diane Hedges added that they were aware of a built-up latent demand especially for Ophthalmology. OCCG were working with OUH and Primary Care on a new model involving optometrists, triage and additional diagnostics to increase capacity. Those services that remained closed were reviewed every two weeks and they were working as fast as they could to re-open safely. They were looking at the learning from other counties to adopt methods that work there. Councillor Jenny Hannaby asked in relation to staff shortages if there was any evidence that staff were leaving to work for private contractors that we contract to. She also asked about the situation with dementia services and CAMHS where she was aware of a child waiting for 2 years to be seen. Diane Hedges responded that she was not aware of any evidence of staff moving to private contractors. Dementia services had reopened but the demand was very high. The number of referrals to CAMHS was well above national expectations but waiting times were coming down. There was a particular problem with waits for autism diagnoses. Councillor Liz Brighouse expressed concern about the long-term effects of Covid-19 on a whole generation of young people. There was a problem with CAMHS across the country which made one question whether the model was right. She believed that GPs must be dealing with a lot of the mental health issues. Sylvia Buckingham asked for more information on the key worker pilot mentioned on Agenda Page 27 and on screening for people with disabilities. Diane Hedges offered to find the information and circulate afterwards. It was agreed that children's mental health services should be a full agenda item at the next meeting.	Diane Hedges Colm Ó Caomhánaigh
8 Oxfordshire Community Services Strategy Update (Agenda No. 8)	

The Board had received a presentation on the development of a Community Services Strategy. Councillor Jane Hanna stated that she was a member of a Task and Finish Group on a pilot in the OX12 area set up by Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) and approved by this Board in November 2018. The pilot involved a huge amount of work engaging the public and she was very disappointed to see no reference in the papers to the process and findings of the Task and Finish Group despite the fact that the paper had clear actions. She asked that the Board decide that it cannot give proper consideration to this paper without the evidence that is the background to this paper and without the input of OJHOSC. Dr Ben Riley responded that they had taken on board a lot of the actions from the last OJHOSC meeting including providing more detail on the engagement process. The strategy will cover a wide range of services many of them aimed at increasing independence for older people, including a 2-hour crisis response system and the 'home first' reablement policy. The delivery of community bed-based care will also be an important part – not just the number and location but the nature of those beds, including the question of whether to re-open the in-patient beds at Wantage Hospital or provide alternative community services there. Councillor Jenny Hannaby noted that Wantage Hospital will have been closed for five years which could not be considered temporary. She said that the closure was due to Oxford Health's failure to maintain the hospital properly. She asked if any other community hospitals were being engaged in the process. Dr Riley confirmed that they will be talking to others as it was a county-wide process. He noted that there had been a number of services operating from Wantage Hospital for some time. They were still discussing outpatient options and many of those that they were pursuing had come from the engagement with the community. Diane Hedges added that Oxfordshire had a higher usage of hospital beds on acute hospital discharge than the national average and needed to support more people in their homes to give a greater level of independence. A step change was needed utilising the partnership working developed through the pandemic. Councillor Hannaby agreed with the approach of supporting more people in their homes but believed that Wantage Hospital could play a valuable role in reablement, especially for those with no	

family. She asked why Wantage Hospital was being singled out rather than having a county-wide picture. Diane Hedges responded that the chief executives of the hospital trusts were visiting community hospitals across the county to consider the whole bed-based picture and how we could make the best use of resources. The Chair asked when it was expected that a final decision on the beds at Wantage Hospital would be made. Diane Hedges outlined the procedures to be followed which would include a public consultation process if it was proposed not to re-open the in-patient beds. She stated that the final decision would be reached in November 2022. In the meantime, work was active in ensuring that services were being provided. On Stephen Chandler's suggestion it was agreed to discuss the reform of Adult Social Care at the next meeting as it had many resonances with this discussion. Sylvia Buckingham recommended consulting a series of books written by Alan Pearson in the 1980s on community care. She asked about the 100 positions to be recruited and the specialities involved. Dr Kerrin Masterman responded that as part of the new GP contract, additional roles could be recruited to support general practices such as physiotherapists, pharmacists, mental health workers. These had been linked to training programmes to avoid destabilising other services. Funding has been agreed up to 2024. Diane Hedges noted that the strategy was also going before OJHOSC the following week. Councillor Hannaby asked if it should not have gone to scrutiny first. The Chair undertook to look at the sequencing of the meetings of the Board and the Committee going forward and reiterated the intention to take a wider view of adult social care across the county at the next meeting.	Colm Ó Caomhánaigh Cllr Leffman
9 Domestic Abuse Act 2021 and implications for Oxfordshire (Agenda No. 9)	
The Board had been asked to consider a report on the new duties for Local Authorities enacted by the Domestic Abuse Act 2021 and the current context for the implementation of these.	

Ansaf Azhar stated that, while domestic abuse had become the responsibility of Public Health, it was still very much a partnership approach. The new focus on domestic violence was very timely given the impact of the pandemic. £125m had been allocated nationally. Oxfordshire's share would be about £1.1m A governance partnership board was already in place. A renewed needs assessment and strategy will be part of the process. A wider partnership will be involved and there will be more focus on the preventative approach. Ansaf Azhar was quite keen to link this with public health services such as drug and alcohol services and youth services for a more holistic approach. All Members of the Board and councillors will be part of the more comprehensive needs assessment. Some improvements had already been identified such as the need for more safe houses, particularly outside the city. There were also clear links to the recovery agenda. Councillor Jenny Hannaby asked if housing providers and district councils would be among the partners involved. Ansaf Azhar responded that the governing board was already in place and he certainly saw a role for district councils. He could see that there were some quick tangible actions that could be achieved but that the preventative approach would take some time.	
10 Healthwatch Report (Agenda No. 10)	
The Board received a report from Healthwatch Oxfordshire on the views that they gathered from members of the public. Sylvia Buckingham noted that the work they had done with pharmacists had raised some concerns in relation to the NHS Long-term Plan. Some of the resources they have had were being withdrawn – for example free delivery of medications because in some cases they can no longer afford to maintain this. Further support was needed for pharmacists in their communities. Sylvia Buckingham referred to the report on their review of GP websites. There was concern that some practices looked for proof of identification, utility bills for example, while the NHS does not require that. Dr Kerrin Masterman noted that, while it may not be necessary for GP practices to require an address from somebody to register, there are circumstances where it was very helpful to have their	

address and it was also a precaution against drug-seeking activities, where somebody tries to get prescriptions from a number of practices. Councillor Louise Upton suggested that more communications were needed in relation to encouraging members of the public to make more use of their pharmacies. She was aware that many people were not clear on what they can ask a pharmacist to do.	
11 Performance report (Agenda No. 11)	
Ansaf Azhar introduced the report which also goes to the Health Improvement Board. He noted that the metrics were owned by the partners rather than any one organisation. Preventative functions had been particularly impacted by the pandemic and that could be seen in this report. There would be a significant challenge in getting those services up and running again given how hard staff have had to work over the last 18 months. Diane Hedges noted that some data was out of date due to the pandemic and may give a misleading picture. She asked if it would be better not to include data rather than report something that is out of date. Ansaf Azhar agreed to consider that point in future reports. The Chair suggested that it was a good time to review the future direction of the Board as the country emerged from the pandemic and asked for members to consider that. Dr Kiren Collison noted that the pandemic had further emphasised the health inequalities that this Board was already focussed on. She suggested that the Board should look at everything through an inequality lens going forward. Professor Jonathan Montgomery stated that a report was expected shortly from the Health Foundation on the effects of Covid-19 on inequalities. He was very concerned about the long tail of Covid and impacts on certain sectors such as young people who have missed a lot of face-to-face education. He believed that they needed to give some space to consider this. Kevin Gordon said that there would be a need to escalate early help for children. Ansaf Azhar noted that the Joint Strategic Needs Assessment would capture a lot of relevant data and should be utilized. It was agreed that the Chair organise some workshops to consider the issues.	Ansaf Azhar Cllr Leffman

12 Reports from Partnership Boards (Agenda No. 12)	
Children's Trust Board Kevin Gordon noted that much of the discussion at this meeting had reflected the issues being escalated by the Trust. The return to schools had been managed well thanks to a lot of hard work by those involved. There were concerns around increases in elective home education. There was a lot of work being done, for example brokering reintroduction to school, while understanding the concerns around issues like shielding. Kevin Gordon also flagged high demand at the front door of Children's Social Care with the Multi-Agency Safeguarding Hub seeing a 35% increase in enquiries. This will increase pressures across the system over the coming months and years. He also recommended looking at the link in the papers to the OXME website for young people experiencing anxiety. **Health Improvement Board** Councillor Louise Upton reported on the Board's focus on prevention and inequalities. Their three priorities were mental wellbeing, obesity and smoking. She noted that smoking was still killing more people than Covid. The key was to discourage people from taking up smoking. Ansaf Azhar welcomed the focus on the three priorities and emphasised that they should not be seen in isolation but that there were connections between mental health, obesity and smoking. The Chair thanked everyone for their attendance and input into the discussions. She hoped that the next meeting would be held in-person again.	

..... in the Chair

Date of signing .....