

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 26 September 2024 commencing at 2.00 pm and finishing at 4.45 pm

**Present:**

**Board Members:** Councillor Liz Leffman (Chair)  
Sam Hart (Vice-Chair)  
Ansaf Azhar  
Michelle Brennan  
Stephen Chandler  
Karen Fuller  
Caroline Green  
Councillor John Howson  
Dan Leveson  
Councillor Dr Nathan Ley  
Lisa Lyons  
Grant MacDonald  
Professor Sir Jonathan Montgomery  
Councillor Helen Pighills  
Councillor Chewe Edgar Munkonge

**Other Members in Attendance:** Councillor Jenny Hannaby

**Other Persons in Attendance:** Matthew Tait (ICB), Richard Smith (Cherwell District Council)

**Officers:** Jack Ahier (Democratic Services Officer), Ian Bottomley (Lead Commissioner – Age Well Support), Andrew Chequers (Deputy Director of Housing and Social Care Commissioning), Jenny Cummings (Commissioning Officer), Bethan MacDonald (Consultant in Public Health), Shilpa Manek (Democratic Services Officer), David Munday (Deputy Director of Public 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>72 Welcome by Chair</b> (Agenda No. 1)</p>	
<p>The Chair introduced everybody to the meeting. The Chair noted that there had been a turnover in membership since the last meeting in March and wished to thank the following Councillors for their service on the Health &amp; Wellbeing Board:</p> <ul style="list-style-type: none"> <li>- Cllr Joy Aitman (West Oxfordshire District Council).</li> <li>- Cllr Phil Chapman (Cherwell District Council).</li> <li>- Cllr Maggie Filipova-Rivers (South Oxfordshire District Council).</li> <li>- Cllr Louise Upton (Oxford City Council).</li> </ul> <p>The Chair warmly welcomed the following new members of the Health &amp; Wellbeing Board and stated that she looked forward to working with them:</p> <ul style="list-style-type: none"> <li>- Cllr Rob Pattenden (Cherwell District Council).</li> <li>- Cllr Georgina Heritage (South Oxfordshire District Council).</li> <li>- Cllr Chewe Munkonge (Oxford City Council).</li> </ul> <p>The Chair noted that the intended representative from West Oxfordshire District Council had resigned as a Councillor and thus, a new representative would be appointed for the next meeting.</p>	
<p><b>73 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)</p>	
<p>Apologies were received from Cllr Rob Pattenden and Cllr Rizvana Poole.</p>	
<p><b>74 Declarations of Interest - see guidance note below</b> (Agenda No. 3)</p>	
<p>Professor Sir Johathan Montgomery declared that he was employed by University College London (UCL) which related to item 7, Marmot Place Update, as the Institute of Health Equity was also based at UCL.</p>	
<p><b>75 Petitions and Public Address</b></p>	

(Agenda No. 4)	
There were none.	
<b>76 Note of Decisions of Last Meeting</b> (Agenda No. 5)	
<p>It was agreed that the Note of Decisions of the meeting on 14 March 2024 would be approved.</p> <p><b>RESOLVED: That the Board APPROVED the notes of the last meeting held on 14 March 2024 and the Chair be authorised to sign them as a correct record.</b></p>	
<b>77 ICB Update</b> (Agenda No. 6)	
<p>Matthew Tait (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board - BOBICB) provided an ICB update to the Board. He raised the following points:</p> <ul style="list-style-type: none"> <li>- An ICB Board meeting was held on 17 September which confirmed the consultation response on the Change Programme.</li> <li>- Noted an awareness of the Oxfordshire Joint Health and Overview Scrutiny Committee (OJHOSC) discussions and the referral to the Secretary of State for Health and Social Care.</li> <li>- Confirmed the substantive appointments of Nick Broughton as Chief Executive and of Dr Priya Singh as the Chair.</li> <li>- Noted the upcoming financial challenge of the ICB and that an investigation intervention regime was about to be embarked upon with NHS England to try and return to their deficit plan.</li> <li>- Recruitment processes were starting for the position of Chief Medical Officer.</li> <li>- Referenced the successes of the Acute Provider Collaborative.</li> <li>- Noted the challenges ongoing across the system in preparation for the Winter months.</li> </ul> <p>Stephen Chandler, Executive Director: People, questioned if, in relation to the Better Care Fund (BCF) and given the ICB restructure, that the ICB was clearly aware that the BCF was a pooled budget and that any change to budgets agreed upon could not be implemented without notifying this forum.</p>	

<p>Matthew Tait (BOBICB) agreed with the point raised and noted the joint governance and oversight of the BCF.</p> <p>The Chair noted that, for the benefit of the Board, that the OJHOSC asked the Secretary of State for Health and Social Care to call-in the decision relating to the BOBICB restructuring.</p>	
<p><b>78 Marmot Place</b> (Agenda No. 7)</p>	
<p>The Chair introduced David Munday, Deputy Director of Public Health, to provide an update on the Marmot Place initiative. He raised the following points:</p> <ul style="list-style-type: none"> <li>- Noted that ill health was not geographically spread across Oxfordshire, but clearly evident in areas of higher proportion of ethnic minorities, people in vulnerable housing and homeless people and people living in rural areas who may be more isolated.</li> <li>- It was made clear that the drivers to improve ill health were known as the building blocks of health, such as education, housing, employment, access to green spaces and clean air.</li> <li>- It was clear that there were good opportunities in partnership with the Marmot Institute in a two-year programme of work to provide an overarching framework for different local initiatives, particularly noting the challenge of rural inequality that is faced within Oxfordshire.</li> <li>- Helping with research with academic colleagues and innovation to try and address inequalities.</li> <li>- Seeing the Marmot Place initiative as a new methodology to wrap together different initiatives together.</li> <li>- The work will be looking at how the 8 ‘Marmot Principles’ can be best applied locally for greatest impact.</li> </ul> <p>Cllr John Howson, Cabinet Member for Children, Education and Young People’s Services, commented that it was important to not work in silos and to work with the education sector to see how it could be developed.</p> <p>Cllr Dr Nathan Ley, Cabinet Member for Public Health, Inequalities and Community Safety, noted the importance of addressing rural health inequalities and referenced the launch event in November as an opportunity to work with community leaders. He also noted that the Marmot principles were overlapping and thus, it was difficult to choose two to initially focus on.</p>	

David Munday agreed that it was difficult to disagree with any of the Marmot principles, but that advice from the Marmot team was that work would be too thinly spread if you were initially across all eight principles at the same time.

Ansaf Ahzar, Director of Public Health and Communities, noted that this was an exciting opportunity for Oxfordshire as Michael Marmot was an international expert in tackling inequality and used Coventry as an example of this working over a period of time, despite national trends being in the opposite direction.

Don O'Neal, Chair – Healthwatch Oxfordshire, stated that Healthwatch had recently completed a report into rural and health inequalities and that he would be happy to share that.

The Vice Chair asked about the scope of the project beyond the initial two years. Ansaf Ahzar noted that two years was the just the start of the project.

The Chair noted that Oxfordshire would be different to Coventry due to the rural nature of the county and pointed out the work that had been taking place in deprived urban areas, but that finding pockets of rural inequality would be crucial to this body of work.

Cllr Dr Nathan Ley raised concerns about metrics in Cornwall going in the opposite direction having become a Marmot Place. Ansaf Ahzar responded that it is important to allow time for work to develop and that Coventry was a good example to judge as it was one of the first areas that became a Marmot Place.

The Chair asked about where the priorities would be determined and how often the Health & Wellbeing Board should be updated about progress. David Munday confirmed that the Steering Group would take forward the mapping out of priorities and expected that frequency of updates would be decided upon over time.

Cllr Chewe Munkonge, Oxford City Council, asked if funding arrangements over the next 3 years were sufficient and if there were plans for future funding arrangements beyond that time period. David Munday responded that the money was to facilitate partnership working, but that more would be needed to take forward the programmes of work.

**RESOLVED to:**

**Endorse the proposed partnership with the Institute of Health Equity to develop Oxfordshire as a Marmot Place to advance our local programmes of work to tackle health inequalities in Oxfordshire, noting the rationale for this work and its**

**connection into the new Oxfordshire Health and Wellbeing Strategy.**

**Agree to act as the existing system partnership board that has oversight of the developing Marmot Place work programme, and receive updates on progress at future Board meetings.**

## **79 Prevention of Homelessness Directors Group**

(Agenda No. 8)

The Chair invited Karen Fuller, Director of Adult Social Care, Richard Smith, Head of Housing – Cherwell District Council, and Andrew Chequers, Deputy Director of Housing and Social Care Commissioning, to present the report. The following points were raised:

- The piece of work originated in 2020 following a number of Adult Reviews, which made clear that work needed to be done across Oxfordshire to improve these services.
- There were challenges around data-sharing and that work was ongoing to provide digital solutions.
- Direction as to the frequency of updates that the Health & Wellbeing Board wanted going forward.
- Prevention of Homelessness Director's Group was comprised of colleagues from the district councils, the Police and from the probation services.
- The three strands of work were: supported accommodation, outreach services (such as rough sleeper engagement) and homelessness prevention.
- Challenges surrounding homelessness were faced across County and District boundaries.

Caroline Green, Chief Executive – Oxford City Council, emphasised the extreme situations surrounding homelessness faced across Oxfordshire and in the city itself and noted the outside drivers that contribute to homelessness.

Karen Fuller noted the difficult decisions around finances that may have to be taken in the future.

Dan Leveson, Place Director for Oxfordshire (BOBICB), noted that homeless people faced some of the most extreme inequality and that the challenge moving forward was to put different strands together to recognise that economic and health benefits are also social benefits.

<p>Professor Sir Jonathan Montgomery, Chair – Oxford University Hospitals NHS Foundation Trust, explained that it was difficult to get a sense of whether this was getting traction, noting the point about the difficulties due to external drivers. He stated that the next stage needed requires the Board to ask if the actions set had had the desired impact.</p> <p>Karen Fuller agreed and noted updates were needed on progress as the strategy was first agreed in 2020.</p> <p>The Health &amp; Wellbeing Board engaged in debate over the frequency of updates required. It was agreed that updates would be provided at each Health &amp; Wellbeing Board meeting.</p> <p>The Health &amp; Wellbeing Board thanked all partners working on the Prevention of Homelessness Directors Group.</p> <p><b>RESOLVED to:</b></p> <ul style="list-style-type: none"> <li><b>a) The Health and Wellbeing Board is RECOMMENDED to note the report.</b></li> <li><b>b) The Health and Wellbeing Board is RECOMMENDED to consider the frequency of further updates.</b></li> </ul>	
<p><b>80 Oxfordshire JSNA Update</b> (Agenda No. 9)</p>	
<p>The Chair invited Bethan MacDonald, Consultant in Public Health, to provide an update on the Oxfordshire Joint Needs Strategic Assessment (JSNA). The following points were raised:</p> <ul style="list-style-type: none"> <li>- The reports produced were focused on specific areas: inclusion health groups, mental health and wellbeing, SEND, healthy weight, gambling harms, local research and climate and health.</li> <li>- Noted the increasing levels of mental health issues in schools, which is above the national average across the UK.</li> <li>- High proportion of secondary school pupils recorded as persistent absentees.</li> <li>- Building blocks of health outlined in Health and Wellbeing Strategy takes a holistic approach in tackling mental health through financial support and building healthy homes, for example.</li> <li>- The next topic of the Director of Public Health’s Annual Report would be focused on children and young people’s mental health.</li> </ul>	

- There was improvement in the proportion of children measured as overweight or obese in Oxfordshire, but it was still slightly above pre-pandemic levels.
- Areas where children are more likely to be overweight or obese are areas with higher levels of inequality.
- Proportion of adults who are overweight or obese has improved based on previous years' data.
- Potential opportunities for work to be done on the commercial determinants of health, such as food and gambling.
- Proposals to align timings of Pharmaceutical Needs Assessment (PNA) with other Health & Wellbeing Boards within the BOBICB.

The Chair confirmed that the Health & Wellbeing Board had agreed to move the JNSA report to a digital format. Ansaf Ahzar noted that the JSNA was in a digital platform already.

Dan Leveson noted the impact of social media on children's mental health and felt the Director of Public Health's Annual Report would be a good way to explore these concerns.

Ansaf Azhar noted that the 'green' areas on the JNSA sometimes masked poorer outcomes in the most deprived areas of Oxfordshire and highlighted the significant inequalities that still exist. It was made clear that although demonstratable results may not be seen straight away, indicators can be useful in showing progress, such as more people getting involved in schemes surrounding physical activity, for example.

Veronica Barry, Executive Director – Healthwatch Oxfordshire, stressed the need for the PNA to include more qualitative comments and to engage and listen to patients.

The Chair noted that the JNSA would be a great resource when fully digitised to allow in-depth research into specific rural areas.

Professor Sir Jonathan Montgomery raised the question about trends in loneliness statistics travelling in the wrong direction post-pandemic.

Cllr John Howson pointed out that there were underlying factors that needed to be considered if the JNSA was to be used as a headline tool to track progress.

Cllr Dr Nathan Ley noted that whilst the data looked good in areas, there was lots of work to do, such as in reducing obesity levels in areas of the county.

Michelle Brennan, GP representative, reflected that data had



been gathered over a number of years, but it was now about how to use the data to inform develop integrated neighbourhood teams. David Munday welcomed this point and noted that the JNSA had to be a tool to inform actions.

**RESOLVED to:**

**1. Approve the content of the Joint Strategic Needs Assessment for 2024 and encourage widespread use of this information in planning, developing and evaluating services across the county.**

**2. Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years, and to participate in making information more accessible to everyone.**

**3. Note requirements and plans for publishing the update of the Pharmaceutical Needs Assessment.**

**4. Agree to the proposed approach and plan to align PNA workplan and steering group with ICS partners. Including a PNA publication date of 1st October 2025.**

**81 Oxfordshire Better Care Fund 2023-25 Update**  
(Agenda No. 10)

The Chair invited Karen Fuller and Ian Bottomley, Lead Commissioner – Age Well Support, to introduce the report to the meeting.

Karen Fuller noted that the Chair of the Health & Wellbeing Board signed off the Better Care Fund, and that this was being discussed retrospectively as it was scheduled for the July meeting, which was cancelled due to the General Election.

The following points were raised:

- The process tried to get best value for money across the system.
- The BCF plan had been signed off by the Chair on 2<sup>nd</sup> July 2024 to meet NHS England deadlines.
- The BCF plan has been approved by NHS England.
- Noted that there was a big focus on prevention and avoidance of people going into hospital, particularly in some of the winter schemes.
- The assumption was that there would be less money available.

<p>Dan Leveson paid tribute to the team for the planning round and for building consensus across the partnership with regards to the BCF plan.</p> <p>Professor Sir Jonathan Montgomery made the point that it would be useful to have a dashboard to indicate if good planning was translating to progress.</p> <p>The Chair confirmed she had signed this off via delegated authority in July.</p> <p><b>RESOLVED to:</b></p> <p><b>a) Note the Oxfordshire Better Care Fund Plan for 2024-25, as approved by the Health and Wellbeing Board Chair via delegated authority on 2 July 2024 and NHS England on 23 August 2024</b></p>	
<p><b>82 Outcomes Framework</b> (Agenda No. 11)</p>	
<p>The Chair invited Karen Fuller and Ian Bottomley to present the report. The following points were raised, and it was confirmed that 'Age Well' was the outcome framework being reported on:</p> <ul style="list-style-type: none"> <li>- Good progress was being made against measures set out.</li> <li>- Reductions in lengths of stay in hospital were apparent, which, on average was reducing patient stays from 7 and ½ days to 5 days.</li> <li>- Continuous learning is vital and work with Healthwatch Oxfordshire is extremely useful in identifying areas for improvement.</li> <li>- Stressed the importance of community input to avoid hospital admissions where possible.</li> <li>- One area that required improvement was on dementia diagnosis and that the 'Living Well with Dementia' strategy was being developed.</li> </ul> <p>Dan Leveson referred to Oxfordshire's top 3 national position regarding hospital discharges, which marked significant progress from a few years ago.</p> <p>The Chair thanked officers for their work on this improvement.</p> <p>Professor Sir Jonathan Montgomery noted that there was confidence that the position was also sustainable. Referencing dementia assessments, it was pointed out that incremental improvements can lead to improved performance.</p>	

Stephen Chandler expanded on the progress referenced previously and noted that the system had become more sustainable and resilient to challenges. The focus now needed to be on early stages as the diagnosis was only one step in a series of steps.

**RESOLVED to:**

**The Health and Wellbeing Board is RECOMMENDED to note the progress on the delivery of priorities 5 & 6 under the thematic domain of Age Well within the Health and Wellbeing Strategy.**

**83 Update on Unpaid Carers Strategy**

(Agenda No. 12)

The Chair invited Karen Fuller and Ian Bottomley to present the report. The following points were raised:

- Noted the co-production in developing the strategy and useful contributions from carers.
- There are 53,000 unpaid carers in Oxfordshire.
- The importance of combining NHS and social care data sets.
- The need for robust challenges from carers to improve delivery.
- Engagement between OUH, GP's and social care teams to improve delivery was critical.

Cllr Nathan Ley noted the important relationship between carers and GP's.

Michelle Brennan noted how important data was to improve the relationship with carers across the system and noted the challenges of navigating the healthcare system for carers. She also raised the importance of social prescribers.

The Vice Chair made the point that it was important to keep referring back to this strategy as carers situations were dynamic processes.

Karen Fuller noted the point that Carers Oxfordshire were fantastic partners to work with and reflected the issue about people knowing about their support service.

Cllr John Howson noted that there were 983 young carers and noted the challenge of getting all secondary schools to know where there were young carers and to understand the pressure they were under.

<p><b>RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the progress achieved in the first three quarters of the implementation of the All-age Unpaid Carers Strategy and the Action Plan.</b></li> <li>• <b>Approve the mechanisms established to monitor the progress against the Strategy’s agreed priorities and reporting progress to the Health and Wellbeing Board.</b></li> <li>• <b>Comment on the progress achieved to date and make recommendations for ensuring faster progress in the coming months.</b></li> <li>• <b>Note that the Place Based Partnership will be accountable for progress and ensuring all health partners are meeting their commitments under the Strategy.</b></li> </ul>	
<p><b>84 Report from Healthwatch Oxfordshire</b> (Agenda No. 13)</p>	
<p>The Chair invited Veronica Barry to present the report. The following points were raised:</p> <ul style="list-style-type: none"> <li>- The development of the community research approach to work on things important to the local communities.</li> <li>- Using community connectors in studying the challenges of oral health, particularly in the Banbury Ruscote area, but also extending to SEND parents to understand barriers in accessing oral health services.</li> <li>- Continued to feed into the community network initiatives.</li> <li>- Survey currently out for women’s health as part of government drive on women’s health strategy and looking at joined up services.</li> </ul> <p>Cllr John Howson stated that a focus on SEND access to oral health services was welcomed and noted that communication between GP’s and other health professionals could improve services.</p>	
<p><b>85 Reports from Partnership Boards</b> (Agenda No. 14)</p>	

### Place Base Partnerships

The Chair invited Dan Leveson to provide an update. The following points were raised:

- Works ongoing with focus on improving care and reducing inequality.
- Positive progress noted in the SEND 'stock take' in July, particularly on the timeliness of awarding ECHP's.
- Focus on adult mental health and breaking down system barriers to make improvements.
- Focus on upstream prevention and what can be done in communities.
- Shortlisted for two awards (Homelessness pathway project and the whole system approach to activity).

Caroline Green noted that the Place Base Partnerships work was long-term, and it was difficult to gain recognition. One of the challenges was to sustain meaningful change and to communicate it to the public.

Ansaf Ahzar also reflected upon the long-term nature of the partnership's work and that pooling funding was effective in seeing prolonged and structured change. It was noted that continuing funding was the most important thing, rather than awards.

The Chair praised the great partnership working across the system.

### Health Improvement Board

The Chair invited Cllr Helen Pighills, Vale of the White Horse District Council, to present the report. The following points were raised:

- There was a focus on mental health and the Board were updated on the refreshed Suicide Strategy.
- Interest in some digital solutions, such as the 'Tell Me' app to help with children's mental health.
- The involvement of the youth voice as critical to Berinsfield community profile, which was welcomed.

Cllr John Howson and Dan Leveson welcomed the youth voice being heard in Berinsfield's community profile.

Ansaf Ahzar noted that this demonstrated work beyond the 10 most deprived areas in Oxfordshire.

### Children's Trust Board

The Chair invited Lisa Lyons, Director of Children's Services, and Cllr John Howson to present the report. The following points were raised:

- The first meeting of the Children's Trust Board would be on the 24 October 2024, with Cllr Howson in the Chair.
- A revised set of terms of reference was noted.
- It was noted that children do well across Oxfordshire, but that more work could be done to improve those children who do well, as well as those who require extra support.
- The good performance of Oxfordshire in the Social Mobility Foundation's recent report was noted.

Caroline Green noted that it would be interesting to drill down under headline figures in different areas of Oxfordshire, as there were concerns within Oxford about whether it was a good place to bring children up, due to the cost of housing, for example. It was also referenced as to how to measure against outcomes. There was clear alignment with other strategies, and it was questioned whether there were resource implications as it was ambitious.

Lisa Lyons agreed that it was ambitious and that many ambitions were already outlined in other documents, but that this brought that into one place. Resources need to be better aligned towards goals. It was hoped that this was the beginning of a coherent Oxfordshire-wide approach.

Dan Leveson noted that the work on SEND demonstrated the need for inclusive settings, whether at work, school or at home. It was reinforced that it was a long-term piece of work. Michelle Brennan made the point that the referrals was a step in the entire process.

### **86 Forward Work Programme**

(Agenda No. 15)

#### **RESOLVED:**

**The Committee noted the Forward Work Programme.**

The Chair thanked Shilpa Manek, Democratic Services Officer,

<p>for her work supporting the Board over the last year and wished her well in her future endeavours as she was leaving the Council.</p> <p>David Munday noted the joint workshop planned with the Future Oxfordshire Partnership scheduled for November.</p>	
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..... in the Chair

Date of signing .....
