

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 25 February 2021 at 2.00 pm

Virtual Meeting

Link to the live stream <https://oxon.cc/HIB250221>



Yvonne Rees
Chief Executive

Date Not Specified

Contact Officer: **Julieta Estremadoyro, Partnership Board Officer**
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Membership

Chairman – Councillor Andrew McHugh
Vice Chairman - District Councillor Louise Upton

Board Members:

Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Det Chief Insp Jonathan Capps	Thames Valley Police
Dr Kiren Collison	Clinical Chair of Oxfordshire Clinical Commissioning Group
Cllr Suzi Coul	West Oxfordshire District Council
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Daniella Granito	District Partnership Liaison
Diane Hedges	Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Amier Al Agab	Healthwatch Oxfordshire Ambassador
Eunan O'Neill	Consultant in Public Health, Oxfordshire County Council
Cllr Helen Pighills	Vale of White Horse District Council
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health, Oxfordshire County Council
Vacant	District Council Director Representative

Date of next meeting: 13th May 2021

County Hall, New Road, Oxford, OX1 1ND

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Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines.

<http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

- 1. Welcome by Chairman**
- 2. Apologies for Absence and Temporary Appointments**
- 3. Declaration of Interest - see guidance note opposite**
- 4. Petitions and Public Address**
- 5. Notice of Any Other Business**

2:05pm
5 minutes

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting.

- 6. Note of Decision of Last Meeting (Pages 1 - 10)**

2:10pm
10 minutes

To approve the Note of Decisions of the meeting held on 19th November 2020 and to receive information arising from them.

- 7. Director of Public Health Update on COVID 19**

2:20pm
15 minutes

Presented by the Ansaf Azhar, Director of Public Health, Oxfordshire County Council

To update members of the public on the COVID 19 situation in the county.

- 8. Performance Report (Pages 11 - 16)**

2:35pm
15 minutes

Presented by Ansaf Azhar, Director of Public Health, Oxfordshire County Council

To receive an update on performance and discuss any Red or Amber rated indicators in the context of COVID 19.

9. Cardiovascular disease (CVD) Prevention Update

2:50pm
10 minutes

Presented by Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group and Ansaf Azhar, Director of Public Health, Oxfordshire County Council

To outline the rationale for this system wide priority to tackle health inequalities and discuss actions for implementation.

10. Report from Healthwatch Oxfordshire Ambassador (Pages 17 - 20)

3:00pm
10 minutes

Presented by Amier Al Agab, Healthwatch Oxfordshire Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board.

BREAK

3:10
10 minutes

11. Community Activation for Wellbeing (Pages 21 - 34)

3:15
30 minutes

Presented by Pat Coomber-Wood, Chief Executive, Citizens Advice North Oxon and South, Vicky Galvin, Sport & Physical Activity Manager, Oxford City Council and Kate Austen, Health Improvement Practitioner, Oxfordshire County Council

To present different programmes working with communities on improving wellbeing, healthy behaviours, wider determinants of health and discuss how these can be further expanded to empower more communities.

12. Health Improvement Board Priorities (Pages 35 - 36)

3:45pm
10 minutes

Presented by Cllr Andrew McHugh, Chair of the Health Improvement Board

To outline the HIB priorities in the frame of health inequalities and COVID 19.

13. Any Other Business

3:55pm
5 minutes

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on commencing at 19th November at 14:00

- Present:** Cllr Andrew McHugh, Cherwell District Council
- Board members** Cllr Louise Upton, Oxford City Council,
Ansaf Azhar, Director of Public Health, Oxfordshire County Council
Cllr Lawrie Stratford, Oxfordshire County Council
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Suzy Coul, West Oxfordshire District Council
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Jonathan Capps, Detective Chief Inspector, Thames Valley Police
Eunan O’Neill, Consultant in Public Health, Oxfordshire County Council
- In attendance** Rosie Rowe, Healthy Place Shaping lead, Cherwell District Council
Rosie Wright, OUH
Veronica Barry, Senior Community Involvement Officer, Healthwatch Oxfordshire
Adam Briggs, Consultant in Public Health, OCC
Sarah Carter, Strategic Lead on Domestic Abuse, OCC
Katie Badger, Oxford City Council
- Officer:** Julieta Estremadoyro, Oxfordshire County Council
- Apologies:** Val Messenger, Deputy Director of Public Health, Oxfordshire County Council
Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group
Daniella Granito, District Partnership Liaison, Oxford City Council

ITEM	ACTION
1. Welcome Cllr McHugh welcomed Cllr Suzy Coul in representation of West Oxfordshire District Council	
2. Apologies for Absence and Temporary Appointments Apologies received as per above.	

<p>3. Declaration of Interest</p> <p>Cllr McHugh let everybody knows that he is the Chair of the Oxfordshire Tobacco Control Alliance</p>	
<p>4. Petitions and Public Address</p> <p>There were none</p>	
<p>5. Notice of Any Other Business</p> <p>Cllr Upton would like to comment on the AccessAble paper (in the agenda pack as Information Only item, page 57)</p>	
<p>6. Note of Decisions of Last Meeting</p> <p>The notes of the meeting held on 10th September 2020 were signed off as a true and accurate record.</p> <p>Page 6 – Healthwatch Oxfordshire – would like to make amendments to Andy McLellan’s report that will be included in the next minutes.</p> <p><u>Actions Update:</u></p> <ol style="list-style-type: none"> 1. Members of the Board to discuss what can be done about high rates for pre-payment meters and how HIB can lobby the electricity companies to change this situation. <i>Update: Cllr McHugh has drafted a letter and will be circulated for approval/comments among members. Action Closed</i> 2. Active Oxfordshire will send more details about the recommendations. A group of members of the Board will come together to look at the recommendations and their implications and report back to the Health Improvement Board and Active Oxfordshire. <i>Update: Active Oxfordshire sent the information via email and group of members met to discuss. Cllr McHugh sent a replied letter to Active Oxfordshire. Action Closed</i> 3. Cllr McHugh, Cllr Upton, Ansaf Azhar, Eunan O’Neill and Dani Granito to meet to discuss these proposals as part of a wider discussion on the Forward Plan. <i>Update: This meeting happened on 20th October and it was decided a workshop for the HIB voting members on 13th January. Action closed.</i> <p>Update on the situation of COVID 19 in Oxfordshire by the Director of Public Health, Ansaf Azhar</p> <p>The spread of the virus has been escalating rapidly in Oxfordshire. The increase was built into the second week of the lock down due to the incubation period. The impact of the lock down was noticeable by the end of November.</p> <p>https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures</p>	

<p>The highest driver for the increase in Oxford was younger people. This trend has started to stabilise, however, it has caused and spread of the disease into the older age group. Cases among over 60s are rapidly raising. It is a vertical transmission. Unfortunately, hospital admissions have raised though nowhere near during the first peak.</p> <p>There are less COVID-19 deaths related this time round. There is a more advance treatment and better understanding of how to manage patients. However, it is important to recognise the rising trajectory among older people and the risks involved.</p> <p>Local contact tracing – It was implemented as complementary to the national system. It has proved to be very effective to trace those hard to reach. 30 cases were traced, and the experience have been very positive.</p> <p>Mass testing. - Implementing several testing pilots using the lateral flow device within the local area. These are useful for asymptomatic cases and gives a result in half an hour, though not as accurate as a lab test.</p> <p>Mass vaccination. - The plan is to roll this out in December and colleagues has worked hard in implement this. It will start with high priority groups over 80 and health/care staff. The Churchill Hospital will be one of the hubs. This place higher demands on the workforce, challenging times ahead.</p> <p><u>Comments/questions:</u></p> <p>Lateral flows device – There have been several versions of this kit. Pilots are starting in high prevalence areas. Colleagues are waiting for further guidance on how to best roll out to the wider communities. (Cllr Phillipova-River/Ansaf Azhar)</p>	
<p>7. Performance Report – Effect of COVID 19</p> <p>Ansaf Azhar referred to the document <i>Performance Report</i> in the agenda pack (page 13)</p> <p>For first time we are getting data that reflects the impact of COVID. In the first quarter everything stopped and explained the current results regarding preventive services.</p> <p>There has been a difference during the second lockdown in which an effort to continue with business as usual (BAU) has been in place. Hospital appointments are been carried out and running smoothly so far.</p> <p>From the Public Health point of view at the moment is BAU but this could change when the mass vaccination starts.</p> <p><u>Comments/questions:</u></p> <p>Diane Hedge clarified that we did not go into COVID 19 with perfect results. However, the lockdown made things worse for health screening such as cervical</p>	

<p>screening. They are running campaign to make people come back to the general practice maybe through phone or online consultation but there are also face to face appointments when necessary. There is higher activity now.</p> <p>MRR vaccinations – This rate is green for first time in a long time. This is a successful story against a very serious childhood disease. There have been lots of work and effort put into this and the results are there to be seen (Cllr Upton/Ansaf Azhar)</p> <p>Performance issues – There is a need to come back to those areas where the intake of screening is low. Improve the health of residents in disadvantaged areas. This will have an impact in the long term and provide better outcomes for residents (Ansaf Azhar)</p> <p>Data report – There should be more explanatory notes about the results, why they are red, why they are amber. Not enough information for people reading the report for first time (Veronica Barry)</p>	
<p>8. Tobacco Control Alliance Report</p> <p>Adam Briggs, Consultant in Public Health, OCC referred to the <i>Oxfordshire Tobacco Control Alliance</i> report in the agenda pack (page 17)</p> <p>Oxfordshire is the first local authority that has set as ambition to be smoke free by 2025. The Tobacco Control Alliance has done a really good job undertaking assessments to identify the areas of work.</p> <p>Performance ratings – There has been a huge shift on how smoking cessation services have been delivered during COVID 19. These have mainly moved online and affected the results of the first quarter.</p> <p>The smoking in pregnancy – Adam provided a verbal report with some interim data available after the written report. This relates to the period 2019/2020 There has been an increase of women smoking at time of delivery in Q2, The majority in the top 10 most deprived wards. It is going down in Q3.</p> <p>Regarding mental health the data coming from Oxford Health revealed that 34% of service users are smoking which is lower than the national target of 42% but higher than expected to reach Oxfordshire ambition by 2025.</p> <p>Rosalie Wright (OUH) explained that this has been a challenging year for maternity services. They had hoped to drive the smoking cessation programme in maternity units but because of COVID 19 this was not possible. There is, however, a slight reduction of smokers as a result of more intervention during pregnancy. Moving forward, they would like to carry on with the CO2 monitoring levels to help women to reduce smoking. The success at that level influence the rate of still births and save babies lives. They are working with Public Health on how to introduce the monitoring of CO2 levels. Rosalie reassured the Board that they are working hard in reducing women who smoke during pregnancy.</p>	

Comments/questions:

Smoking prevalence and the LGBT+ community – There is more prevalence among this community and the causes needs to be looked at as well that with other groups such as manual workers that are overrepresented among smokers. (Cllr McHugh/Kate Eveleigh)

Smoking is the single greatest cause of premature death and disease – this is illustrated in the graphic in page 17 and put in evidence how important is to concentrate on this. The granularity of the data show also that this is a problem concentrating in particular areas where efforts needs to be focused. It is important to focus in a bigger picture supporting individual people to quit smoking and preventing others for starting but looking into the overall environment. There are certain pockets where prevalence of smoking is stubbornly high. Strategies should target those groups, mental health patients, manual workers. Targeting those there will be a significant impact in the overall numbers. However, as important as this, it is the more upstream work through the tobacco control and this is not a one-person job. Every organisation can make a difference looking at what it can be done using the 4 pillars described in the document. What everybody can do regarding each of these pillars. (Cllr Upton/Adam Briggs/Ansaf Azhar)

Smoking and poverty – There are 447,000 families living in poverty as a result of smoking. (Cllr McHugh)

Vaping control - The penalties for business selling vaping products to underage kids are lower in comparison to alcohol and tobacco. Cllr McHugh has prepared a letter to send to every MP in Oxfordshire asking for the normalisation of the penalties to sell vaping products. He asked members to the HIB a mandate to send this letter on behalf of the Board. Ansaf clarified that vaping is a valid strategy to support smoke cessation because vaping is less harmful than smoking. The problem is related to young people who are thinking of start smoking taking on vaping.

Action: Cllr McHugh to circulate the letter among the HIB members for approval/comments

9. Report from Healthwatch Oxfordshire Ambassador

Veronica Barry referred to the document *Healthwatch Oxfordshire*

It provides an overview of the work they are doing bringing people’s voices regarding their experiences about health and social care services.

A survey on NHS dentistry and access to dentistry during COVID will be launched soon.

A survey reaching family and residents of care homes will be carried out soon to hear about their experiences. The results of this survey will be share with care managers.

A report is coming out in January based on the work with the Oxford Community Action around mental wellbeing. They are gathering the community views on wellbeing and the barriers to access services. They would like to understand the underlying social determinants and barriers to getting support. They hope to create a dialogue with preventive services. There will be a round table event in the new year with that purpose.

Comments/questions:

Page 26 - *Some IT equipment and systems used by staff can hinder efficient working, and impact on partnership working.* Cllr McHugh expressed his concern regarding this as this is something that came to his knowledge 5 years ago at GP surgeries. Rosalind Pearce clarified that as a result of COVID 10 responses, IT services have been upgraded and they are more efficient now.

Cllr Upton praised the report regarding the attention to unpaid carers and good practices within care homes (re: visits from relatives). She also highlighted the cultural tailored support around sexual health and would like to hear more in the future.

10. Domestic Abuse Strategy Group report

Sarah Carter and Jonathan Capp referred to the documents *Domestic Abuse Strategic Delivery for Oxfordshire* (page 29), *Thames Valley BAMER Report Recommendations* (page 35) and *Domestic Abuse Data Report* (page 37) in the agenda pack.

Referrals - Sarah commented that there was an increase on referrals over the first two quarters. It is difficult to unpick at the moment how much of this is COVID 19 related.

Communication – Lot of work dedicated to communicating information to victims and community members on how they can look for help. Thames Valley Police are carried out another social media campaign during the second lockdown targeting also potential victims of domestic abuse.

Recovery pilots' projects – The Oxfordshire Partnership commissioned a number of recovery pilots, some of them very innovative, including models use by veterans of war in the US (*as described in the project and circulated by email*). There has been projects focusing on recovery for BAED victims. There are also community-based projects focused on children. They wanted to have a real flavour of how to meet the needs of different section of the population and what different support may be in place.

Working proactively – They are working very proactively as a partnership. E.g. They are funding a BAED worker to reach people whose English is not the first language. Also supporting people who does not have access to IT among other initiatives.

Thames Valley BAMER Project – (BAMER = Black, Asian, minority ethnic and refugees) – The project worked in relation to the following strands of abuse Honour-based abuse (HBA); Forced marriage (FM); Female genital mutilation (FGM); Stalking and harassment; Domestic abuse (DA); Sexual violence

The aims of the project were to better coordinate the agencies responses to these problems and informed future commissioning, among others.

The project's full report can be found here:

[https://thamesvalley.s3.amazonaws.com/Documents/Victims/BAMER%20Report%20-%20Oct%202020%20FINAL%20\(003\).pdf](https://thamesvalley.s3.amazonaws.com/Documents/Victims/BAMER%20Report%20-%20Oct%202020%20FINAL%20(003).pdf)

This is the link to the executive summary:

<https://thamesvalley.s3.amazonaws.com/Documents/Victims/BAMER%20Report%20-%20Exec%20Summary%20-%20Oct%202020%20-%20FINAL.pdf>

The report provides recommendations such as how to change bias and implement changes through the core agencies in Oxfordshire. One of the tools is the delivery of training.

Thames Valley Police data - John Capps presented this data and pointed out on the difference between domestic abuse (DA) crimes and domestic abuse incidents (all occurrences, including non-crime) that police is called to.

The DA crime rate has been going up for some time, 50% in 2017 to 2018. This reflects increased victim confidence to report, increase confidence in members of the public and additional crime recording obligations by the police.

The impact of the pandemic was shown in March and April with the drop of DA incidents. This was due to two main factors: lack of opportunities for victims to report and the reduction in contacts between partners because the lockdown. May 2020 shows the second highest month in record in terms of DA incidents. There will pass sometime until understand the full impact of pandemic in the data.

There was a proactive attitude in the agencies and the police calling on previous victims of DA to check if they were alright. They appreciated the work and the police received a very good feedback from them.

There are differences of recording of DA incidents among districts councils with South and Vale presenting as having the largest increase. This will be looked at and addressed in terms of safeguarding.

The HIB was requested to agree with the proposed change in governance detailed in section 4 of the Domestic Abuse Strategic Delivery for Oxfordshire (page 31).

Change in governance:

*Covid-19 DA Cell – a multi-agency response to the pandemic as a weekly then fortnightly online meeting and a mix of operational and strategic membership. **The Strategic Board for Domestic Abuse is now proposing to continue this as the Oxfordshire Domestic Abuse Partnership (OXDAP) and the following new governance model will be put to the Health Improvement Partnership Board for sign off.***

- Oxfordshire Domestic Abuse Partnership monthly, reporting to
 - Oxfordshire Domestic Abuse Strategic Board quarterly, reporting to
 - Health Improvement Partnership Board (with a DA report twice a year)
- This model fits with the new statutory duty that will be imposed on tier 1 Local Authorities to have a statutory local partnership board that will fulfil certain statutory functions being proposed by the Domestic Abuse Bill currently making its way through Parliament.*

The HIB members agreed with the change of governance as requested by the speakers.

Comments/questions:

Multiagency cell was implemented within two weeks from the start of the lockdown. Remarkably quick and effective (Cllr Upton/Sarah Carter)

Were the contacts made to people recorded as an incident? These were not recorded as such but as occurrences in the same file of the previous incident, in this way it did not inflate the data. (Cllr Pighills/Jonathan Capp)

Increase in South and Vale DC – is this reflecting a different level of engagement e.g. regarding Oxford? Oxford figures has remained stable, but it is difficult to say exactly why figures have increased in other areas, the devil is in the detail. DA cases has historically been underreported and an increase in cases reflects an increase in public confidence. Additionally, different areas had different starting points. (Veronica Barry/Jonathan Capp/Sarah Carter/Cllr Fillipova-River)

Ways of people to reach out for help – Silent solution app, safe places in pharmacies are all of these being used? People are using all of these and other ways of contacting (e.g. website, agencies) The wider the range of ways that people can use the better. All routes are welcomed (Cllr Upton/Jonathan Capp)

Role of courts – Court availability during the pandemic was reduced but the police are working to close the gap. The sooner the case reaches the court the best chance for victim engagement. There is now a specialist DA court in Oxfordshire. It is hoped that things will be caught quickly and smoothly (Cllr McHugh, Jonathan Capp, Sarah Carter)

Communications – There is a White Ribbon campaign for 16 days of action against gender-based abuse starting 25th November. The intention is to have a common comms strategy with all district to take advantage of opportunistic shared messages (Cllr Fillipova-River/Cllr McHugh/Sarah Carter)

11. Healthy Place Shaping agenda report

Rosie Rowe referred to the document *Update on Healthy Place Shaping* in the agenda pack (page 43)

Rosie reported on the progress that will be made regarding the Healthy Place Shaping agenda in terms of scaling and embedding the projects that were initially piloted in Barton and Bicester.

Work with planning colleagues/Growth Board – Embedding the notion of health and wellbeing into the housing infrastructure with a resilient and sustainable model for all Oxfordshire.

The Growth Board is developing a vision for Oxfordshire, placing people, communities and the planet in all that they do.

Oxfordshire 2050 Plan - Healthy Place policy described the key principle that should be applied when developing healthy communities and embedded health and wellbeing in the design of our places. This policy has been drafted and will go out for consultation as part of the Oxfordshire 2050 Plan. This policy has had input from all districts and also from Public Health and the Oxfordshire Clinical Commissioning Group (OCCG). This policy is available and being used by district councils' colleagues already to include the healthy place agenda in their plans, informing the key strategy of how the infrastructure will look in the future. This included local transport, infrastructure such as road and rail but also active, sustainable travel.

Oxfordshire 2050 Plan website: <https://oxfordshireplan.org/>

Health Impact Assessments – this is a practical tool to ensure that health and wellbeing are considered when developers are developing master plans of significant dimensions to show potential harm and how to minimise it.

Impact of COVID 19 – There has been some delays because of the pandemic in some aspect of the work but at the same time the pandemic has accelerated some actions regarding active traveling with improvement on walking and cycling routes and public engagement with these, discovering of the local area and major interaction among neighbours. Many colleagues in health and social care across the district councils have been hugely involved in supporting communities in a wide range of ways, testament of the resilient of the emergency responses during COVID 19.

Active travel - Oxfordshire has secured funds from the Department of Transport to promote active travel. These monies are not just for infrastructure but for community activation, to support and enable people to use the walking and cycling routes particularly in areas where people are less active. They have also received funding from Sport England.

Data – They are assessing very early data received from Bicester on the impact on health from the programmes, particularly in reducing obesity, social isolation and promoting a sense of community cohesion. The data received indicates it is moving in the right direction.

Rosie thanks and recognised all the district councils, NHS, other agencies, communities' reps and colleagues who have provided their time and support in developing the Healthy Place Shaping Agenda in Oxfordshire.

<p><u>Comments/Questions</u></p> <p>Funding of the Healthy Place Shaping agenda in times of crisis - Cllr McHugh mentioned the drastic reduction of funding to the local authorities and how it is possible to defend projects whose benefits will be seen in 10 or 15 years. Rosie pointed out that we cannot afford not to do it and there are some short-term benefits, results that can be seen in one year (e.g. diabetes). The idea is to close the inequality gap, if we do nothing it will just grow wider and this will be felt by whole communities.</p>	
<p>12. Forward Plan</p> <p>There is a workshop scheduled for the 13th January 2020. Cllr McHugh and Eunan highlighted the importance of setting the priorities of the Board, while addressing the challenges from COVID 19 and focussing on the work targeting health inequalities in the ten most deprived areas in the county. The aim is also to have a less congested agenda where these themes can be discussed with more time. Having a workshop will facilitate a time out to discuss all these issues.</p> <p>The HIB meeting on February will be focused on Prevention.</p>	
<p>13. AOB</p> <p>Cllr Upton wanted the Board members to notice the report from AccessAble in the agenda as an Information Only item (page 57). She commented that when people visit a new city, they take for granted a visit to a restaurant or cinema, however, many people with a disability cannot have that level of spontaneity. They need to know where the best access is, if there is a lift etc. AccessAble website and app is surveying hundreds of publicly accessible venues and providing huge amount of information about it allowing people with disabilities to be more spontaneous by finding the information right away.</p> <p>The City Council supported the project with £35,000 that helped with the gathering of information of hundreds of places in Oxford making it a welcoming city for everybody.</p> <p>For more information and engagement with the project contact: David Livermore – Director Email: David.livermore@AccessAble.co.uk</p>	

Health Improvement Board 25th February 2021

Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.
2. The indicators are grouped into the overarching priorities of:
 - A good start in life
 - Living well
 - Ageing well
 - Tackling Wider Issues that determine health

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.
5. Some areas of work will be monitored through achievement of milestones. These are set out on page 5 of this report. For Q3 achievement progress is shown for Whole Systems Approach to Obesity and Mental Wellbeing.
6. The latest update for some indicators relates to 2019/20; therefore, RAG rating for those indicators refers to 2019/20 targets. Performance for indicators included in this report can be summarised as follows:

Of the 21 indicators reported in this paper:

Three indicators are **green**

Eight indicators are **amber**

Four indicators are **red**:

- **2.17** Increase the number of smoking quitters per 100,000 smokers in the adult population
- **2.18** Increase the level of flu immunisation for at risk groups under 65 years
- **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
- **3.18** Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

Health Improvement Board Performance Indicators 2020/21

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
A good start for life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target <6% by 2022)	Q2 20/21	6.9%	A	Oxfordshire CCG level, Year to date
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q2 20/21	94.0%	A	
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q2 20/21	91.5%	A	
	1.15 Maintain the levels of children obese in reception year	7.8% (17/18)	7%	L	2019/20	6.7%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution as 32.5% reduction (comparing 2019/20 to 2018/19) Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2019/20	16.2%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution as 34.1% reduction (comparing 2019/20 to 2018/19) Cherwell 19.9% Oxford 16.4% South Oxfordshire 14.7% Vale of White Horse 15.6% West Oxfordshire 13.6%

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
3.1 Ageing Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	May-20	17.7%	A	Cherwell 24.7% Oxford 13.4% South Oxfordshire 15.0% Vale of White Horse 16.5% West Oxfordshire 19.5%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	2,919 per 100,000	L	Q2 20/21	2,423	R	
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	75%	N	Sep to Dec 2020	57.2%	R	
	2.19 % of the eligible population aged 40-74 years invited for a NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	N/A	L	Q2 20/21	80.2%		No targets set for 2020/21 as Programme primarily paused due to COVID-19
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	N/A	L	Q2 20/21	39.5%		
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)	68.2% (all ages) Q4 2017/18	80%	N	Q1 20/21	66.9%	R	
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years		80%	N	Q1 20/21	76.1%	A	
3.2 Ageing Well	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sep to Dec 2020	83.8%	G	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q4 19/20	54.8%	A	
	3.18 Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q4 19/20	55.4%	R	

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
Tackling Wider Issues that determine health	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-19)	>208	L	Q2 20/21	-	-	Cherwell: 28 Oxford: 86 S. Oxon: 25 VoWH: 55 W. Oxon: not available at time of publication
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	<75%	L	Q2 19/20	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	>90	L	Q3 19/20	80	G	Cherwell: 11 Oxford: 62 South: VoWH: West:
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q2 20/21	247	-	Cherwell: 31 Oxford: 60 S. Oxon: 66 VoWH: 77 W. Oxon: 13
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q2 20/21	201	-	Cherwell: 33 Oxford: 75 S. Oxon: 14 VoWH: 25 W. Oxon: 54
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q2 20/21	7	-	

Health Improvement Board Process Measures 2020/21

Measure	Quarter 3			Quarter 4		
	Process	Progress	Rag	Process	Progress	Rag
Whole Systems Approach to Obesity	Expand the network group for the whole systems approach to healthy weight	<p>Network group expanded to represent all focus areas of the WSA (childhood obesity, physical activity, climate action and food).</p> <p>3 WSA virtual stakeholder events held for all focus areas with a system map for each theme created to inform the WSA action plan. Further consultation planned for working with schools.</p>	G			
Mental Wellbeing	<p>Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 1 action plan.</p> <p>Mental Wellbeing Prevention Framework development following the sign up to the Concordat for Better Mental Health</p>	<p>Next MAG meeting on 24th February 2021. Review of year 1 progress on strategy to be agreed in the meeting.</p> <p>Real time suicide surveillance continues and informs work of the MAG and action plan.</p> <p>Mental wellbeing health needs assessment in progress to inform further work – due Spring 2021.</p> <p>Review of progress of year 1 of the partnership in progress. Partnership comms group to support a joined-up approach is successful. Mental Health and Suicide First Aid training needs identified, and training rolled out to priority groups.</p>	G			

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Healthwatch Oxfordshire Report to Health Improvement Partnership Board February 2021

Since the last HIB meeting in November 2020 Healthwatch Oxfordshire continued to reach out and gather people's experiences of health and social care services in the county. We are pleased to welcome Amier Alagab as Healthwatch Ambassador to the Health Improvement Board, who brings both experience and expertise to the role.

The following gives an overview of our activity since the last meeting.

1. Outreach and communication

- We continue to engage using a range of methods including surveys (paper and online), and direct communications via local groups and media.
- We plan to carrying out focused work in Chipping Norton and surrounds from late March.
- Healthwatch Oxfordshire welcomed a new member of the team- community outreach worker - in early February. Their role will continue to support work in building relationships, links and reaching out to hear from seldom heard groups with a focus on Oxford City.

2. Recent reports

All reports available on: <https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/> We have recently published:

Wellbeing- views of Oxford's new and emerging communities- Jan 2021.

Joint action research during 2020 working with Oxford Community Action and community volunteers. 152 responses from East Oxford's diverse and multi-ethnic communities. People told us wellbeing is supported by family, friends, and faith- along with underlying factors including secure job, food, finances and sense of safety. Stress was caused by pressures in life, including cost of housing and food in Oxford, racism and discrimination, immigration worries and impact of Covid.

- 87% said they would turn to friends and family, 58% to faith leader or spiritual support and 30% to a GP for support when 'worries became too much'
- Only 4% said they would seek mental health support even though 60% said they would like help managing stress, 35% said they would like support with mental health and 18% would like help managing spiritual crises.
- People told us they faced challenges when seeking or using support for health and wellbeing including difficulty finding services that meet their cultural and spiritual needs, lack of accessible information in languages and formats, and concerns with confidentiality.
- There was a huge appetite to learn about prevention of ill health across a wide range of themes. People told us they favoured wellbeing support that was

practical, action based, and developed with input from communities themselves, and builds on and is delivered within trusted community settings.

- The report highlighted that to build responsive health and care services for diverse and multi-ethnic communities- with equity, trust, better access and cultural appropriateness-there needs to be a process of continuous and ongoing dialogue, involving better community engagement, more appropriate and responsive services, and improved information and access.
- Report available on Healthwatch Oxfordshire website including summaries in English, Swahili, Somali, Arabic and Tetum.
- Next steps include presentation of the report to the Health and Wellbeing Board in March, led by community volunteers and initiation of conversations with health and social care services to find action oriented solutions.

Adult unpaid carers- looking after someone you know (170 responses). Themes highlighted: impact of caring on physical and mental wellbeing, unmet needs for support (45% said they had not received any type of support in the last 12 months). Impact of COVID-19 had exacerbated need. Report available on website highlights need for more coordinated and accessible approach to support to carers in the county. Healthwatch Oxfordshire will hold an open **round table event on March 3rd** to discuss the report with carers, health and care providers and others and identify ways forward.

Employed Home Carers views (39 responses) report available on website. Revealed huge pride in work as carer, but that they want to be valued both in monetary terms and by other professionals, and value more time to provide quality care. Again we heard about the impact of COVID-19 on both carers and their clients wellbeing.

Current surveys and forthcoming reports:

We are currently running a number of surveys including:

- **Covid vaccines:** We have been focusing on this in a number of ways including an **Enter and View** visit to Kassam Stadium Covid Vaccine Centre. - Staff undertook an Enter and View visit to speak to staff and members of the public about how this is working.
- We have launched a county wide survey on vaccines <https://www.smartsurvey.co.uk/s/CovidVaccine-yourviews/> to hear people's views on the vaccine programme.
- We have continued to link into local communities around vaccine information, concerns, local awareness and myth busting events.
- Listening to **family members and residents of care homes** during Covid-19 using survey, zoom focus groups and other methods. <https://www.smartsurvey.co.uk/s/carehomefamilies/> This has highlighted the impact on families and residents from visiting restrictions during COVID-19, despite best efforts by care homes to support ongoing communication. This has included views from care settings other than elderly residential care.

Forthcoming reports: will be available on Healthwatch Oxfordshire website once published.

- **Support to parents in Oxfordshire** (114 responses to date) Emerging themes: Loneliness and isolation of parents, mental wellbeing, especially for new mothers- accentuated during Covid where peer and face to face support has stopped. Again, raised concern about limited Health Visitor support through Covid. A report will be presented at the Children's Trust Board in March via the Healthwatch Oxfordshire parent ambassador.
- **Listening to Care Homes during Covid**-follow up (October- Nov 2020) from previous report in June, heard from 33 care homes. Dentistry services and support rated as 'worse' or 'much worse' in just less than half of respondents, while access to both spiritual/pastoral care, and hospital appointments were rated as worse or much worse by 41% and 44% of respondents, respectively. Pharmacy and GP appointments rated the most improved since lockdown

Seeing a dentist during COVID-19 (Nov-Jan 228 responses). Overall people who responded said they had had access to timely emergency and routine care from dentists during COVID-19. However, ongoing communication from the public has continued to highlight challenges in accessing emergency care and NHS dentists at this time.

- **Listening to Didcot-** forthcoming

3. Wider Healthwatch Oxfordshire Activity

- Healthwatch Oxfordshire hosted an event on 18th December for Patient Participation Groups to hear from Oxfordshire Clinical Commissioning Group about the plans for Covid-19 vaccinations. 87 members attended from across the county. A questions and answers (Q&As) online document resulted from this and is constantly updated. The report and recording of the webinar can be found here <https://healthwatchoxfordshire.co.uk/what-we-do/ppgs/>

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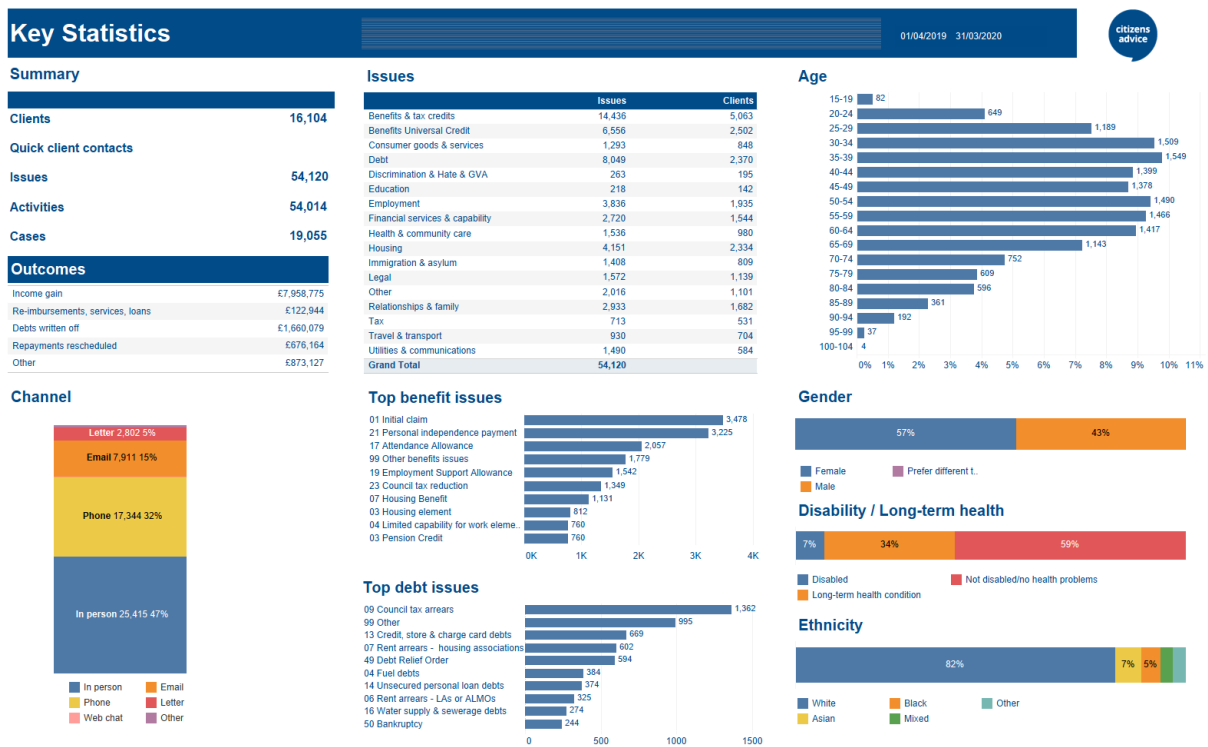


Citizens Advice - Addressing Health Issues and Inequalities in Oxfordshire

Oxfordshire benefits from 4 Citizens Advice charities working collaboratively to provide local residents with free, independent and impartial advice and information on a range of issues identified as social determinants of ill health. Whilst people can self-help with up to date information on the [Citizens Advice website](#), many need additional support to address social problems. This additional support is provided by local Citizens Advice – people can self-refer or be referred by other agencies.

Our specialist advisors provide a spectrum of interventions ranging from coaching a client to self-help, to providing intensive casework on behalf of a client to address social issues that often have great detriment to the client’s health and wellbeing. In particular debt, benefits, housing, family problems and employment issues.

Nearly half of the people we support are from areas of deprivation and have disabilities or chronic health conditions. The table below shows service provision in 2019/2020:

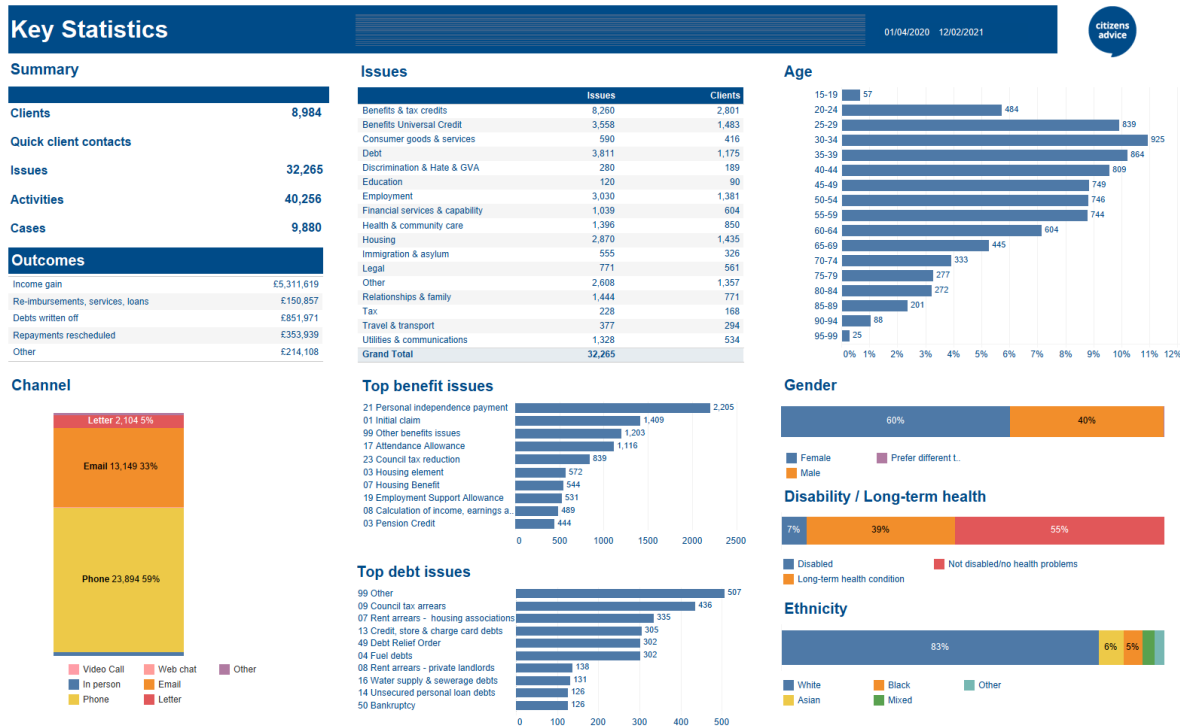


Between April 2019 and March 2020, 47% of all clients were supported in the face to face services by attending a drop in session in our venues with some requiring additional appointments. 32% chose to make contact by phone, 15% by email/webchat and 5% by letter. However, even when the initial contact was on the phone, by email/webchat or letter, the person would most likely attend a follow up face to face appointment or be offered a home visit, particularly when client paperwork needed to be reviewed by the advisor.

Whilst we have adapted the delivery of the advice services over the last number of years to give clients more choice with how to access the service, Covid resulted in a rapid and significant shift to support on the telephone, by email and using online meetings. We did however maintain a limited face to face provision where digital channels just would not suffice. We implemented Covid

precautions (limited numbers of people in the venue, use of face masks, ventilation and additional cleaning processes between client appointments).

Advice service provision has continued however uptake has changed both in the way people access the service, the client cohort and the issues presenting. We have found that client numbers have dropped but complexity of issues and the means to address them has increased.



3 of the 4 Citizens Advice were commissioned to distribute the government Hardship Funds and the Winter Support Funds which provide funds for the purchase of shopping, and support with the payment of utility bills for people who are severely financially impacted due to the pandemic.

Benefits in Place

3 of the 4 local Citizens Advice (Oxford, North Oxfordshire and West Oxfordshire) have been in receipt of OCC Public Health grants to deliver the **Benefits In Practice** service providing specialist benefits advice in specific GP practices in their area. This service enabled the GPs in these practices to directly refer patients to a Benefits Advisor based in their practice for a session each week. This service has been of great value to the patients who have been referred however there have been two key delivery issues; access to space for the benefits advisor to deliver the session in the surgery, and inconsistency in referring patients which has resulted in the service often being under utilised in one area and over utilised in another.

Although each local Citizens Advice had an individual grant with OCC to deliver the service, we reported on the service outcomes collectively. We recognised that we were not getting the fullest benefit from the opportunity both for Oxfordshire GP surgeries, and for people needing benefits advice, particularly when lockdown impacted the service delivery.

OCC Public Health have now commissioned a pilot to adapt the existing provision from Benefits in Practice to Benefits in Place. This will widen the referral base to ensure fuller uptake as well as make the service countywide to include people in South Oxfordshire and Vale of White Horse, resulting in greater use of funding and parity of provision. It will also make accessing the service much easier for clients and referrers.

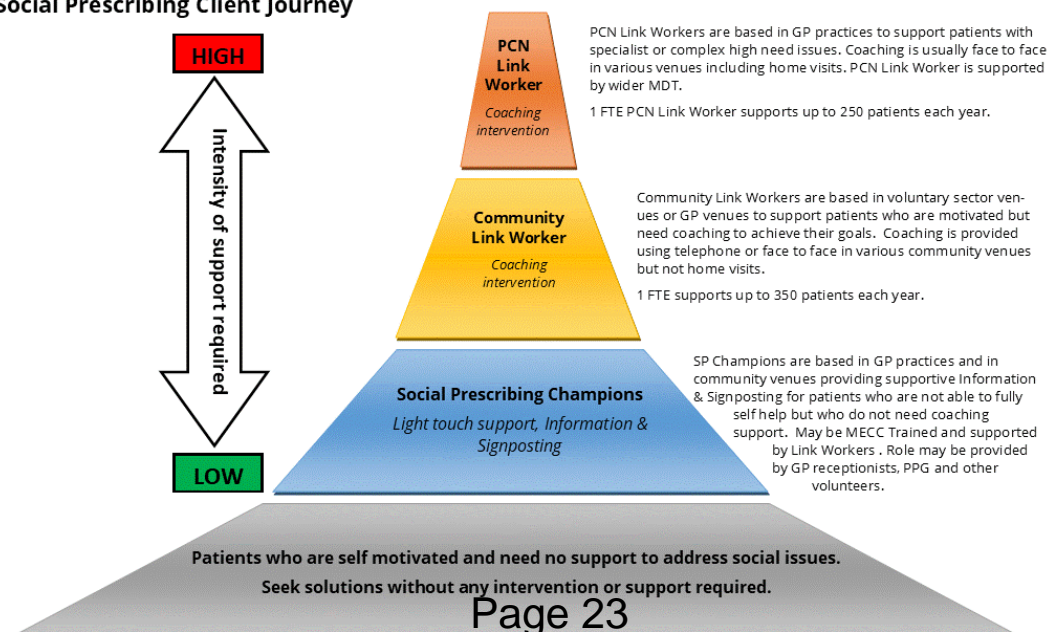
Benefits in Practice will have a county-wide digital referral system (telephone or online referral portal) connecting with GPs, food access services, social prescribers, pharmacies and supermarkets and other place based organisations so that advice can be accessed from wherever people are. To do this we are:

- Using our existing resources in a different way to create a virtual county team.
- Creating a single contact point for the county that health and other community partners can make referrals to, widening access to the service to all community health services, rather than the few GP surgeries that benefited from the historical Benefits in Practice provision.
- Exploring and piloting partnerships in different community settings to target those people that are in the most need.
- Targeting those areas with the highest need as indicated by the indices of multiple deprivation, but not excluding those isolated in rural Oxfordshire, whose deprivation and inequality issues are hidden by the relative affluence of the area.
- Learning what works best with a view to making longer term developments and changes to the service for the future
- We will provide a single quarterly county report with one client case study, and one case study demonstrating effective partnership working

Community Connect Social Prescribing

Citizens Advice North Oxfordshire and West Oxfordshire partnered to bid for funding from NHS England, with match funding from the district councils and OCCG to deliver a social prescribing service addressing the issues of loneliness, social isolation and inactivity. This service started in April 2018 and has funding until March 2022 delivering the Community Link Worker and Social Prescribing Champions elements of the social prescribing service provision in Oxfordshire as described below:

Social Prescribing Client Journey

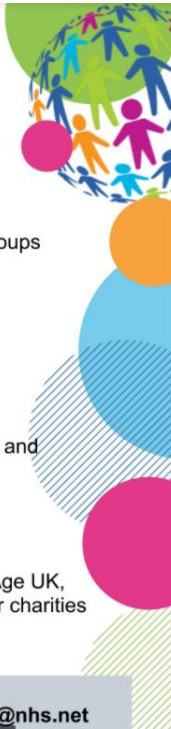


Community Connect

Social Prescribing Service
We can help with.....

- Social isolation and loneliness - befriending and finding social groups
- Lifestyle changes to help with depression and anxiety
- Benefits, debt and money advice
- Supporting carers
- Learning new skills, volunteering and looking for work
- Motivational support with making healthier choices eg. exercise
- Linking in with Citizens Advice, Age UK, Dementia Oxfordshire, and other charities that can support you

Tel : 0300 004 0401
Email : community.connect@nhs.net



The Community Connect service has also had to adapt due to lockdown. Initially the Community Link Workers provided wellbeing checks to patients and this has adapted to helping people make use of online and covid safe activities in their community as ways of achieving their social prescribing goals.

NOTE: Community Connect is only available for patients in **Cherwell and West Northamptonshire**.

Connect! A new partnership in Cherwell to bridge the digital divide



Citizens Advice NOSN has been working with Cherwell District Council, Age UK, RVS, Cornhill Companions, Dementia UK and the Banbury Mosque on the Age Friendly Banbury initiative. The purpose of this group is to make the town centre a place that is attractive and accommodating for older people. We were working on various themes – getting about, getting connected, feeling safe etc. These issues became even more important when lockdown occurred.

As 2020 progressed it became evident that access to online services over the internet were critical for many people who were self isolating or unable to get out but did not use online service either by choice or because they were not able to afford IT devices and internet connections.

However, the traditional approach to bringing people into in person training sessions was not possible.

From this Connect! was established. In Phase 1 we trained Digital Volunteers who can go to a client's homes to help them set up and use their digital devices. Phase 2 will involve accessing devices and/or internet connection for people who need them and support to set them up and use them.

This service is currently only available in Cherwell but can be scaled countywide.

Pat Coomber-Wood Chief Executive Officer Citizens Advice NOSN 14 Feb 2021 pat.coomber-wood@cano.org.uk

Supporting Community Activation around Wellbeing in the City

Sport & Physical Activity – Oxford City Council

The current landscape:

- The impact of COVID-19 on our community's wellbeing has been huge with the [latest data from the ONS](#) showing that '...the pandemic is taking its toll on people's mental health, with feelings of life satisfaction, happiness and feeling that things are worthwhile dropping with the early 2021 lockdown'.
- In the latest wave of the [Mental Health Foundation's UK-wide, long-term study of how the pandemic is affecting people's mental health](#); 'Over half (54%) of the adult UK population have felt anxious or worried in the previous two weeks because of the pandemic.' And 'Almost a quarter of people (23%) reported feeling lonely in the previous two weeks.'
- [A recent UK survey from University College London](#) also showed that 40% of people are doing less 'exercise' in this lockdown compared to previous lockdowns, 36% reported reduced involvement with arts and crafts, and 30% said they were less engaged with their hobbies.
- According to Sport England's most recent [Active Lives Survey](#) the negative impact of the pandemic over the initial phase of lockdown disproportionately impacted those from lower social groups (NS-SEC 6-8), the 55-74 and 75+ age groups, those living with a disability or long term health condition and those from BAME backgrounds; widening existing inequalities further.
- In Oxford there is already a life expectancy gap of as much as 15 years between the most and least deprived areas of the city. <https://www.thebureauinvestigates.com/stories/2019-08-06/dying-15-years-younger-the-difference-between-rich-and-poor-in-oxford>
- We know that sport and physical activity offers huge benefits to our physical and mental health; it can lower blood pressure, improve heart and lung health, strengthen muscles and bones, improve balance, help manage or lose weight, increase flexibility and mobility, reduce stress and anxiety and improve sleep.
- Factors that contribute towards a person's sense of wellbeing though are vast as highlighted in '[Oxford's new and emerging communities - views on wellbeing](#)' a report recently published by Healthwatch Oxfordshire and Oxford Community Action:

'Wellbeing is supported by:

People described many different sources of support for their wellbeing- and showed resilience, creativity, and huge desire to support those around them. Family, friends, faith and community were central in this.

- *Family and friends are a source of pride and support*
- *Faith is key-giving strength, refuge and support*
- *Community is central- value of being part of something, with huge energy towards giving, contributing, and improving community*
- *Other factors- including work, occupation, exercise, leisure all support sense of wellbeing- as well as having basic needs met including food, money, housing, and a sense of safety*

When feeling stressed or worried, most people first turn to friends and family, faith, and exercise to support themselves.'

A whole system approach:

- The stark health inequalities in Oxford cannot be addressed without an approach that looks across the sectors at all these factors that contribute towards a person's wellbeing and understands how these connect.
- 'Oxford's new and emerging communities - views on wellbeing' also highlights the importance of delivering this with Asset Based Community Development and Community Activation at the heart – designing and building solutions **with** the community rather than delivering to the community:

'The message is loud and clear- that to build access, trust and create culturally appropriate services- communities want to see support designed and delivered with their input, within community settings, and building on community networks.'

- Oxford City Council are currently developing with partners and residents a Thriving Communities Strategy; a discussion paper is currently being drafted:

'The purpose of our work on the Thriving Communities Strategy is to bring together leisure, culture and communities to tackle inequalities; this can be done by encouraging better design of neighbourhoods and spaces where healthy lifestyles are the norm (also called healthy place shaping), developing skills, ensuring growth is inclusive, strengthening communities and making access to services fairer.'

'Leisure, culture and community services can provide the most accessible and inclusive solutions for prevention and rehabilitation, as well as having a positive impact in many other ways, including educational attainment, economic productivity, crime reduction, loneliness, and engaging disadvantaged communities.'

The scope of the Thriving Communities Strategy uses a framework which moves towards this whole systems approach:

- People – *the service, activities and grants that are provided*
- Pride – *celebrating heritage, encouraging trust and belonging, ensuring inclusivity*
- Place – *inclusive spaces and places*
- Progress – *we will demonstrate the impact of our work and continually learn*
- Examples of opportunities already being taken to influence the wider system and integrate wellbeing include:
 - Locality Hubs – Initially in terms of Emergency Response to COVID-19, but now ongoing as a new way of working through the integration of local services to improve service delivery, customer satisfaction and community partnership. Connections across sectors have been forged which allow a more holistic approach to be taken in responding to the needs of those being referred/self-referring into the Locality Hubs.
 - [Community Impact Zone](#) - A partnership of multiple organisations that have come together around a shared mission to 'make sure everyone in Oxford can benefit from opportunities to lead their best life. Through collaboration, early intervention initiatives and community activities, we will work to tackle intergenerational poverty and disadvantage.'

- **Healthy Place Shaping** – To support the broader healthy place shaping within Oxford, Oxford City Council have highlighted core work strands interconnected with a range of other activities across the council such as the locality hubs, regeneration and work within communities; to address inequalities. The works strands are not intended to encompass all the council’s activities, but to show the areas we are prioritising within the healthy place shaping programme. These are:
 - Insight led services
 - Leisure restart and renew
 - East Oxford’s back garden – healthy recreation for residents
 - Active travel
 - Active design – healthy places and spaces
 - GO Active Outdoors – see below for more information
 - GO Active Families – currently on pause due to COVID-19
- **Local Cycling and Walking Activation Plan (LCWAP)** – Collated by our Healthy Place Shaping Consultant and fed into by a broad range of local partners; this is currently being driven forward by the Active Travel in the City group, Chaired by Oxford City Councillor Louise Upton. The LCWAP highlights the known barriers to active travel facing our communities plus current and suggested interventions to help overcome these barriers.

Current Physical Activity provision in the city supporting resident’s wellbeing:

Using the [International Society for Physical Activity and Health’s \(ISPAH\) Eight Investments that work for physical activity](#) as a structure; we can see there is significant work going on across the city to decrease inactivity, reduce inequalities and improve health and wellbeing:

ISPAH’s Investment Area	Current interventions	Brief overview incl. lead organisation	Further information
Whole-of-School programmes	realPE/realPE at Home, realPlay and realFoundations	<p>Oxford City Council</p> <p>realPE - Upskilling Primary School Teachers around physical education so they can deliver high quality lessons that link to the curriculum and have a sustainable model for delivery.</p> <p>realPE at Home – Since March 2020 families have been given a login to access resources for the home.</p> <p>realPlay and realFoundations – an Early Years Foundation Stage programme that</p>	<p>https://www.oxford.gov.uk/info/20230/sport_and_physical_activity/1014/school_physical_activity</p> <p>14 Primary Schools in the city currently signed up to realPE</p> <p>Total no. of users for realPE at Home so far = 1013</p>

		uses physical activity as the driver for children’s learning.	
	Forest Schools	<p>Oxford City Council</p> <p>Outdoor classroom sessions delivered in parks and green spaces across the city for local schools.</p>	<p>https://www.oxford.gov.uk/info/20230/sport_and_physical_activity/1014/school_physical_activity</p> <p>“The children have really enjoyed Forest School this year and it feels more important than ever that they should get some quality playtime with their friends having missed out on so much in lockdown. We are very grateful for the opportunity to use Rock Edge to support this, so thank you to you and all the team...” <i>Kate Jaeger, Reception Teacher, Windmill Primary</i></p> <p>“I have heard such great things about forest school - from both pupils and staff alike!” <i>Matthew Watt, Head teacher Tyndale Primary</i></p>
	Street Tag	<p>Oxfordshire County Council</p> <p>A fun, free, smartphone app that turns physical activity into a game and converts walking, running and cycling into Street Tag points (tags). There is currently a County Schools Leaderboard and County Community Leaderboard.</p>	<p>https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/street-tag</p> <p>10 city schools engaged in the last season ending in January 2021.</p>
Active Transport	Walk Once a Week (WOW)	<p>Oxfordshire County Council – Public Health</p> <p>A pupil-led initiative where children self-report how they get to school every day – now using the interactive WOW Travel Tracker.</p>	<p>https://www.livingstreets.org.uk/products-and-services/projects/wow</p>
	School Streets		
	Park & Stride scheme		

	Street Tag	<p>Oxfordshire County Council</p> <p>A fun, free, smartphone app that turns physical activity into a game and converts walking, running and cycling into Street Tag points (tags). There is currently a County Schools Leaderboard and County Community Leaderboard.</p>	<p>https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/street-tag</p> <p>Oxfordshire community leaderboard latest data:</p> <ol style="list-style-type: none"> 1. Total Miles covered 25137.47 2. Total no. of players 647 3. Total no. of teams 580 4. Total no. of tags collected 110,387 5. Total no. of steps 25,593,254
	Bikes for Key Workers	<p>Active Oxfordshire/Cyclox</p> <p>A project providing bikes for key workers across Oxford city.</p>	<p>https://www.cyclox.org/index.php/2020/04/28/bikes-for-key-workers-project-launches-in-oxford-city/</p>
Active Urban Design	Regeneration projects	<p>Oxford City Council</p> <p>Oxford City Council are leading projects that support the vision of the Strategic Economic Plan for Oxfordshire and are supporting a variety of partner schemes being delivered in the city.</p> <p>Of particular relevance is the Community Centre regeneration programme which includes Blackbird Leys, Bullingdon and East Oxford Community Centres.</p>	<p>https://www.oxford.gov.uk/info/20182/regeneration-and-development/948/regeneration-and-development-in-oxford</p>
	Barton Healthy New Town (BHNT)	<p>Oxford City Council</p> <p>A new Community Health Development Officer started in post November 2020 to continue the work of the BHNT project to improve the health and</p>	<p>https://www.oxford.gov.uk/bartonhealthynewtown (Please note these webpages are currently being updated)</p>

		wellbeing of Barton residents.	
Healthcare	Social prescribing	Oxfed / Hedena Health Oxford City Council ensures activities are posted on the LiveWellOxfordshire webpage to be utilised by Social Prescribers in the city.	https://www.oxfed.uk/about-social-prescribing-service https://livewell.oxfordshire.gov.uk/
	GO Active Get Healthy – with Diabetes	Oxford City Council/Active Oxfordshire A programme designed to support people living with diabetes to increase their physical activity levels as a way to better manage their condition.	https://www.getoxfordshireactive.org/about-go-active-get-healthy From the November 2020 Evaluation Report: 'Statistically significant outcomes were seen in improvements in physical activity levels as well as perceived health related quality of life achieved by the participants in this programme.'
Public Education, including Mass Media	Make Every Contact Count (MECC) & Physical Activity Awareness Workshop	Oxfordshire County Council/Oxford City Council One of the Sport & Physical Activity Officers at Oxford City Council is training to be able to deliver the MECC and Physical Activity Awareness training free of charge to other Council Officers, Members and for local community/voluntary organisations.	https://www.makeeverycontactcount.co.uk/training/
	Walk Leader training	Oxford City Council Free training for local volunteers to become Walk Leaders and ongoing support to set up and lead regular Health Walks in the community	https://www.oxford.gov.uk/info/20278/sports_and_physical_activities/725/health_walks_in_oxford Hear from one of our Health Walk Leaders on why she enjoyed being a Health Walk Leader: https://www.youtube.com/watch?v=XuUMZatkRgc&t=1s
	#MoveWithMayorMark campaign	Oxford City Council Social media campaign with Oxford Lord Mayor	https://www.oxford.gov.uk/MoveWithMayorMark

		to encourage Oxford residents to move more through videos of the Lord Mayor trying various activities and sharing these and his journey on Facebook, Instagram and Twitter. Launched Jan 2021.	
Sport and Recreation for all	Local sports clubs	A variety of local sports clubs with teams for children, adults and people living with a disability.	https://www.oxford.gov.uk/info/20230/sport_and_physical_activity/1206/sports_clubs
	Local Leisure Centres, Pools and Ice Rink	Oxford City Council/Fusion Lifestyle	https://www.oxford.gov.uk/info/20230/sport_and_physical_activity/1206/sports_clubs
	Parks and green spaces	Oxford City Council	https://www.oxford.gov.uk/homepage/195/parks_and_open_spaces
	Ping! Oxford	Oxford City Council Annual festival of free table tennis at the outdoor community table tennis facilities across the city.	https://www.pingengland.co.uk/oxford/
Workplaces	Sport England's Active Employee Toolkit	Tips and tools employers can use to support the health and wellbeing of their employees through physical activity.	https://www.sportengland.org/campaigns-and-our-work/active-employee-toolkit
Community-wide Programmes	GO Active Outdoors	Oxford City Council New online resources created to bring together as much information as possible about where to get more active outdoors and the range of activities available in the city's parks, green spaces and on the waterways.	https://www.oxford.gov.uk/info/20315/go_active_outdoors Over 350,000 impressions made on social media during initial 6 week launch in summer 2020.
	Activity Hub	Oxford City Council Online directory of virtual activities – 'Ideas	https://www.oxford.gov.uk/activityhub

		to help you move, smile and stay well!	
	Youth Ambition	Oxford City Council Engaging with young people in positive youth work activities to help them to broaden their knowledge, skills and capabilities.	https://www.oxford.gov.uk/youthambition/
	Dancin' Oxford	Oxford City Council The leading dance organisation in Oxfordshire working with those involved in dance provision to enhance the profile, quality and variety of dance activity in the city.	https://www.dancinoxford.co.uk/
	Active Reach	Active Oxfordshire Partnership place based project in the Leys, Oxford.	https://www.activeoxfordshire.org/active-reach

Briefing Paper **'Making Every Contact Count' (MECC) in Oxfordshire**

To: Oxfordshire Health Improvement Board Partnership

From: Kate Austin, Oxfordshire County Council, Public Health

Date: 25th February 2021

Overview of Making Every Contact Count (MECC)

Making Every Contact Count is a programme which originally developed in the NHS. MECC utilises opportunistic conversations in everyday life to talk about health and wellbeing. It involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing. The recognition of the value of MECC in prevention is its inclusion in the prevention framework.

MECC is an 'upstream' intervention that can apply to a range of settings within the community, beyond the NHS. Conversations are based on a 'peer to peer' approach to encourage people to be more comfortable to talk about health as part of everyday conversations. More general information about MECC can be found here:

<http://www.makingeverycontactcount.co.uk/>

MECC in Oxfordshire

In Oxfordshire there is a MECC Systems Implementation Group (SIG) which is part of a wider MECC system in the region. The Oxfordshire MECC SIG reports into the BOB (Buckinghamshire, Oxfordshire, Berkshire West) MECC Oversight Group and into the South East MECC Network. The local group shares learning with other MECC groups which enables a consistent approach to MECC within the BOB region. A key strength of the Oxfordshire SIG is seen in the partnership working between the various organisations involved.

A range of organisations within Oxfordshire are already engaging with MECC but there is potential to scale this up and increase the reach to other organisations that have contact with public. The level and stage of engagement varies, but some examples of organisations engaged with so far include; the Oxfordshire Library Service, Carers Oxfordshire, Homestart, Restore, Refugee Resource, Oxfordshire Fire and Rescue Service, and colleagues from some of the District Councils and Primary Care. There has also been recent engagement with the Active Reach programme in Banbury.

There is an opportunity to develop the MECC approach with a deeper community focus, helping to contribute to addressing health inequalities, and developing community resilience by enabling a number of people who are skilled in engaging with local residents to be having conversations about wellbeing and health.

MECC Training

Training is available to enable people to gain the skills and confidence to have MECC conversations about health and wellbeing with others and to then to be able to follow up with signposting to support available. In Oxfordshire the BOB MECC training programme is available and we encourage people to signpost to the Oxfordshire Live Well website for further information and support.

<https://livewell.oxfordshire.gov.uk/> A virtual training model was developed and piloted in 2020. This virtual training can be delivered as a stand-alone training session with groups or for more sustainability, as a cascade training approach embedded within organisations.

Support for MECC

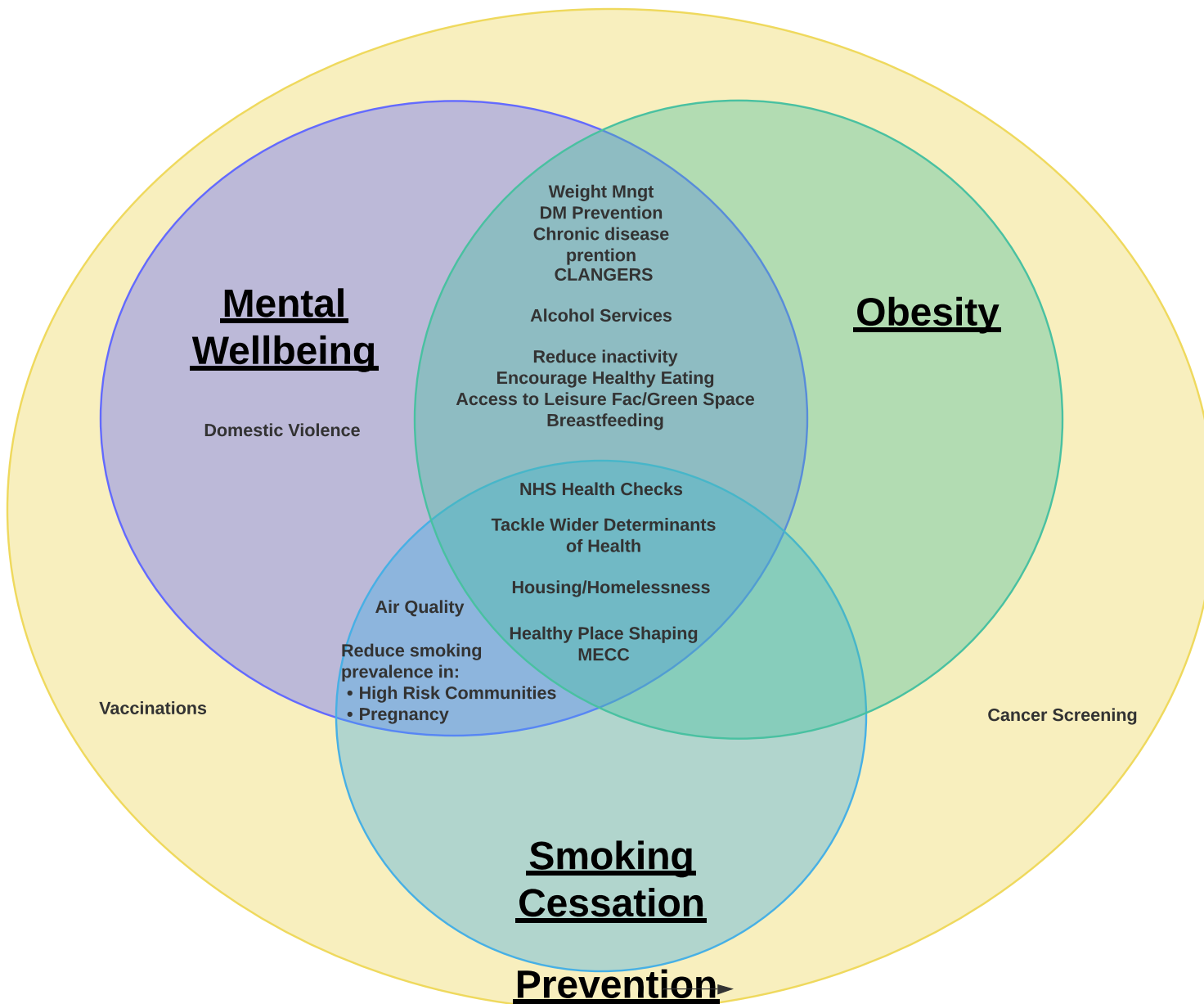
The SIG group has been considering priorities for 2021, which includes developing MECC as an approach to support reducing health inequalities through training and engagement within the Voluntary and Community Sector. Following the findings from the pilot, a sub-group of partners from the SIG has been formed to work on this, consisting of Carers Oxfordshire, Cherwell District Council, Oxfordshire Clinical Commissioning Group and Oxfordshire County Council Public Health.

The subgroup is scoping how a more community focussed MECC can be resourced and scaled up. To achieve an increased reach into communities, consideration of a more localised community approach to MECC is required. An essential element of this will be the continued support and endorsement from the Oxfordshire Health Improvement Board Partnership.

Recommendation

The Health Improvement Board are asked to discuss how partners could support the MECC approach. Issues that the Board are asked to reflect on include:

- How could the Board members take the MECC message back to their organisations and encourage the support of MECC?
- How can MECC become a prevention element to contribute to reducing inequalities?
- Could members identify champions to join the Systems Implementation Group to help drive this forward and be ambassadors for the approach?
- What opportunities can be capitalised upon as a result of the new ways of working and relationships that have developed, arising from the response to the COVID-19 pandemic?



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