



Oxfordshire Health & Wellbeing Board

Thursday, 18 March 2021

ADDENDA

6. COVID-19 System Update (Pages 1 - 30)

A presentation on the latest situation from the system partners.

7. Community Services Strategy (Pages 31 - 36)

A presentation to update the Board on the development of a strategy.

**11. Healthwatch Oxfordshire and Oxford Community Action report
"Community Wellbeing"**

The following is a link to a video shown at the start of his item.

['A problem shared..' - YouTube](#)

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COVID-19 UPDATE

**Oxfordshire Health &
Wellbeing Board**

18 March 2021

Health System Gold

Contents

Data and Intelligence

Health and Care Sector Update

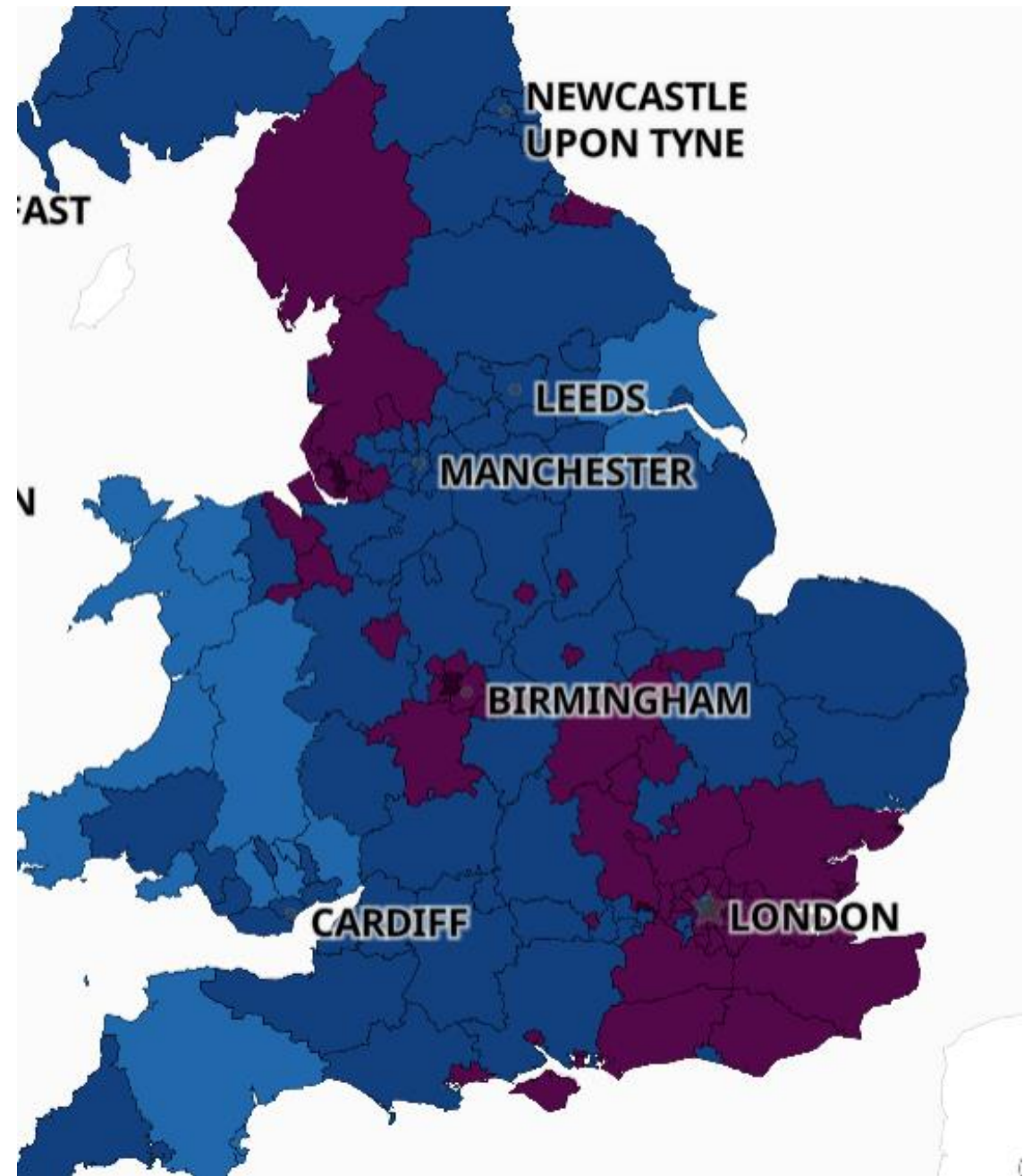
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Vaccination Programme

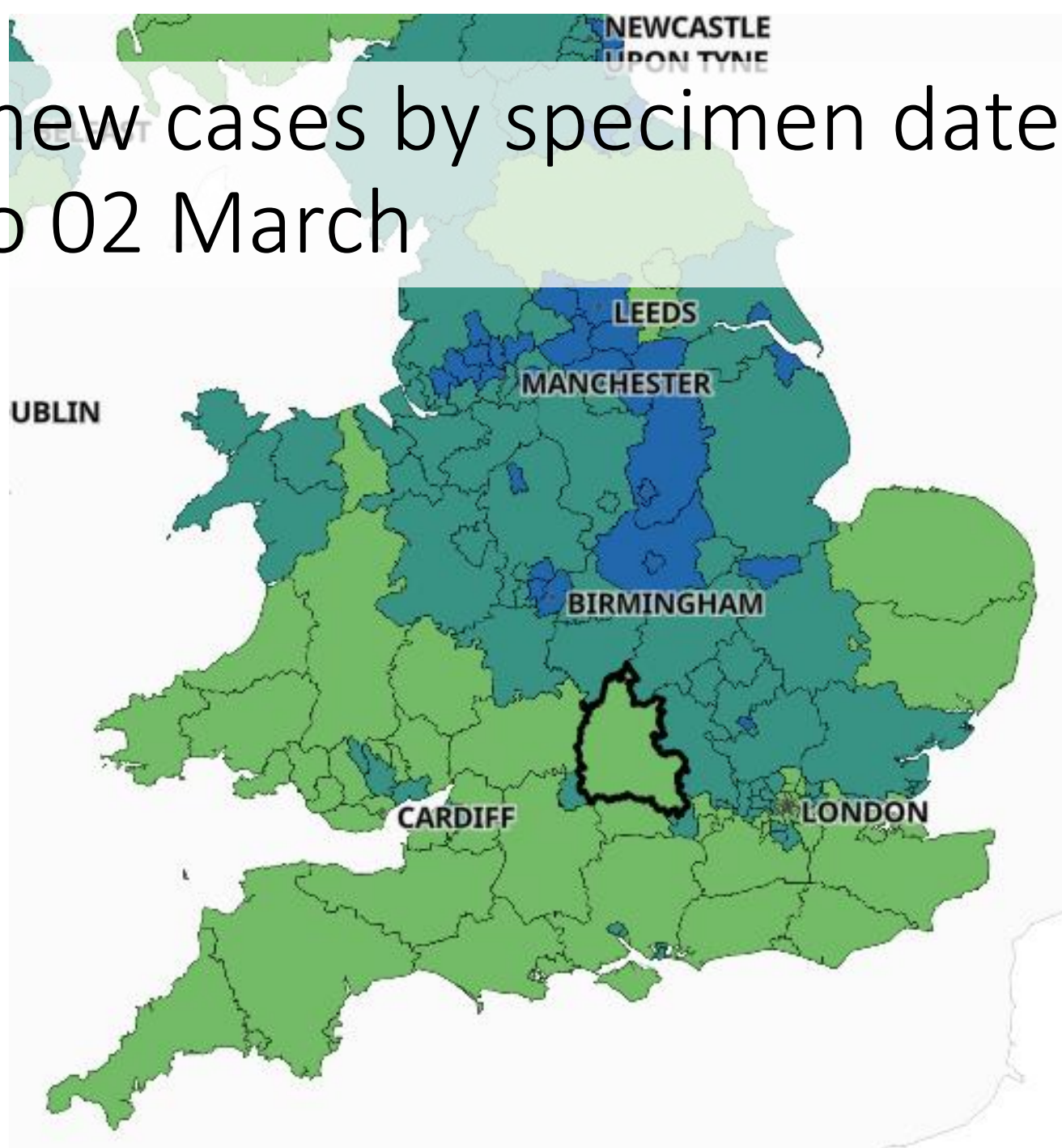
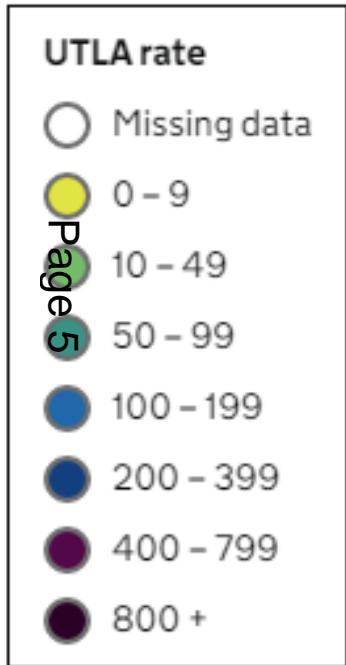
Community Testing

Communication

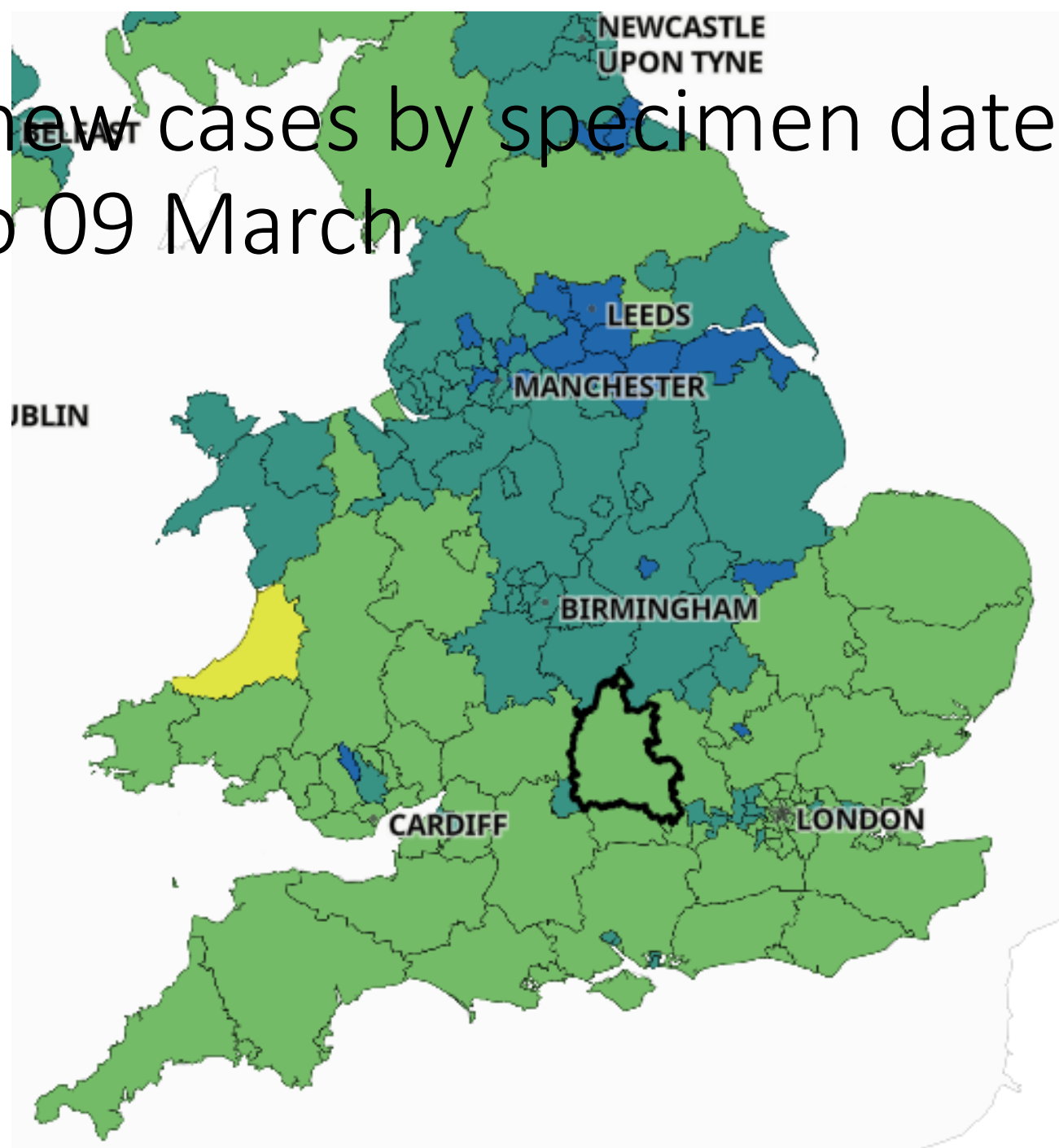
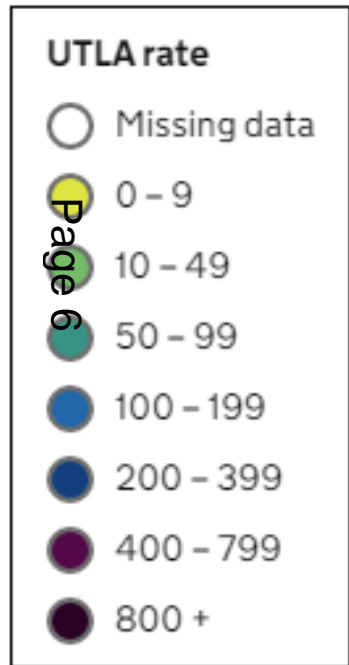
Data and Intelligence



Rate of new cases by specimen date, 7 days to 02 March



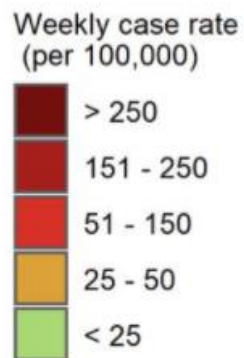
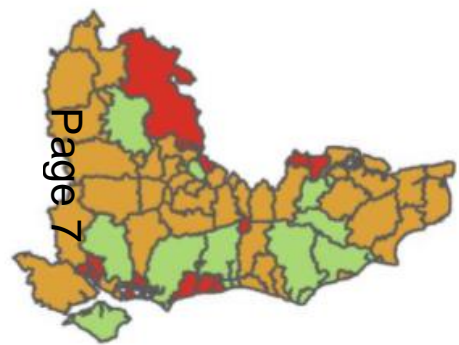
Rate of new cases by specimen date, 7 days to 09 March



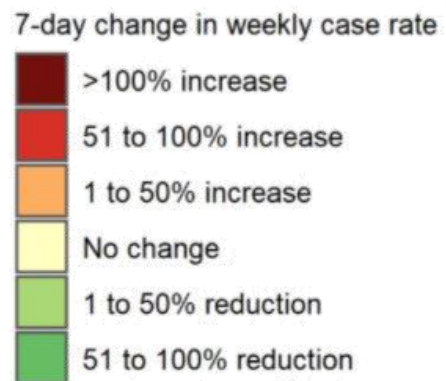
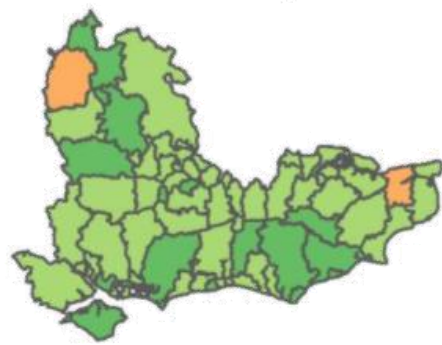
South East Region

26 Feb – 4 Mar

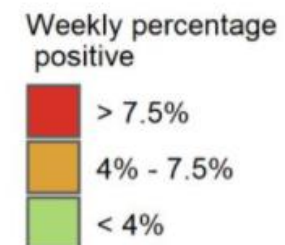
Case rate



Case rate change



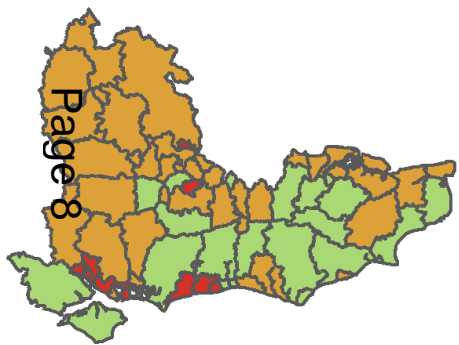
Positivity



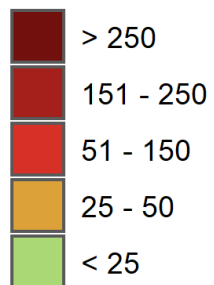
South East Region

05 – 11 March

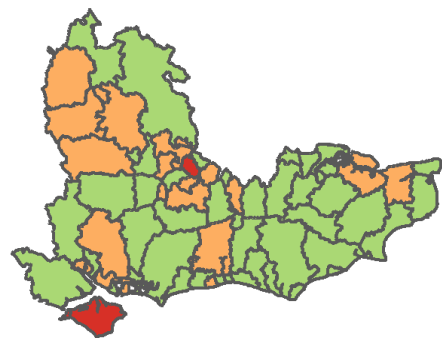
Case rate



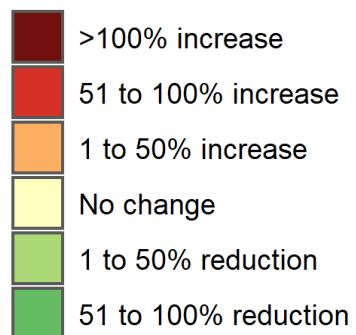
Weekly case rate
(per 100,000)



Case rate change



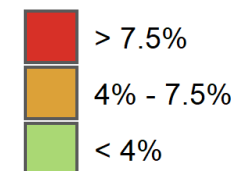
7-day change in weekly case rate



Positivity



Weekly percentage
positive



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COVID-19 Cases in Oxfordshire Source: coronavirus.data.gov.uk

In the 7 days up to 5 March there has been a total of **220** confirmed COVID-19 cases in Oxfordshire.

This is equivalent to a weekly rate of new cases of **31.8** per 100,000 residents.

Area name	Cases in 7 days up to 26/02	Rate per 100,000 population	Cases in 7 days up to 05/03	Rate per 100,000 population	Change from previous week
Cherwell	108	71.8	56	37.2	-48%
Oxford	125	82.0	46	30.2	-63%
South Oxfordshire	65	45.8	41	28.9	-37%
Vale of White Horse	79	58.1	48	35.3	-39%
West Oxfordshire	28	25.3	29	26.2	4%
Oxfordshire	405	58.6	220	31.8	-46%

Data correct as at 7pm on 9 March

COVID-19 Cases in Oxfordshire

In the 7 days up to 12 March there has been a total of **238** confirmed COVID-19 cases in Oxfordshire.

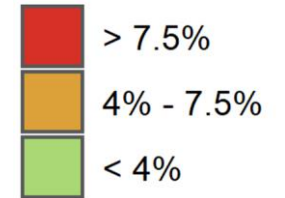
This is equivalent to a weekly rate of new cases of **34.4** per 100,000 residents.

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Area name	Cases in 7 days up to 05 Mar	Cases in 7 days up to 12 Mar	Weekly rate per 100,000 population	% Change
Cherwell	58	35	23.3	-40%
Oxford	46	77	50.5	67%
South Oxfordshire	41	37	26.0	-10%
Vale of White Horse	50	52	38.2	4%
West Oxfordshire	29	37	33.4	28%
Oxfordshire	224	238	34.4	6%

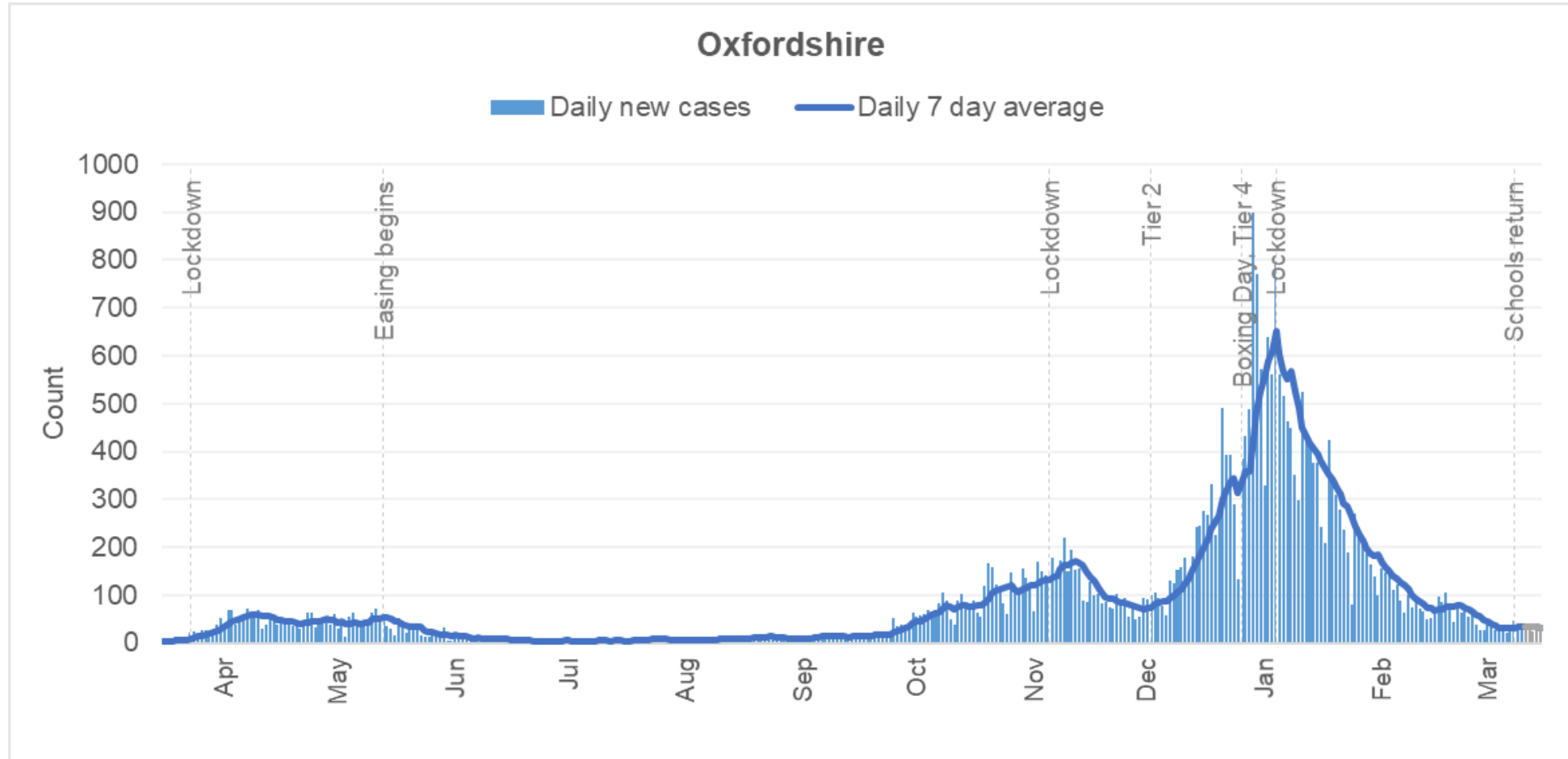
Covid-19 test positivity in Oxfordshire

Weekly percentage positive



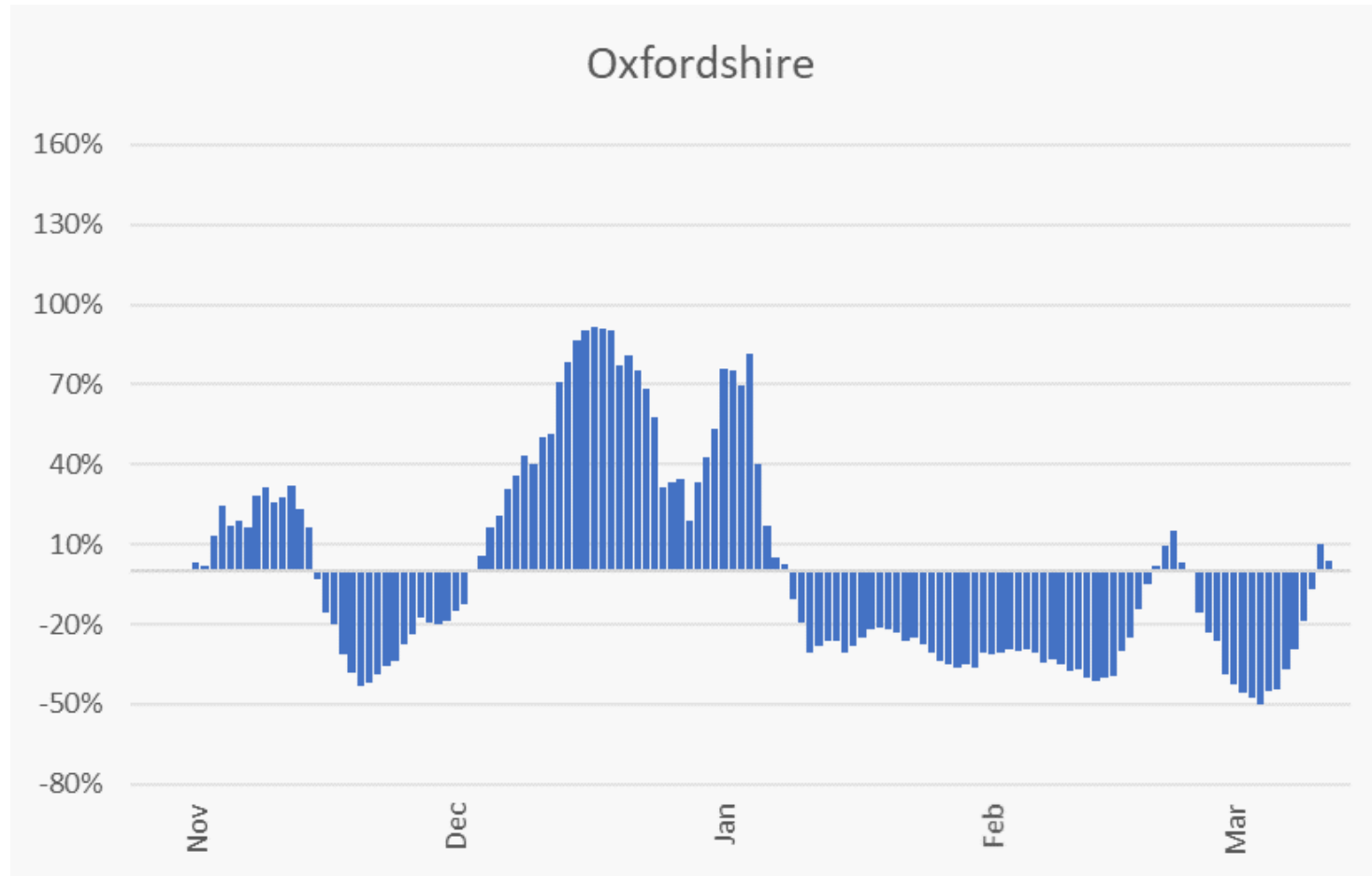
Area name	10 Mar 21	11 Mar 21	12 Mar 21	13 Mar 21	14 Mar 21	15 Mar 21	16 Mar 21
Cherwell	1.8	1.6	1.6	1.7	1.6	1.5	1.1
Oxford	1.5	1.6	1.3	1.3	1.4	1.5	1.7
South Oxfordshire	1.4	1.3	1.4	1.3	1.4	1.3	1.1
Vale of White Horse	1.9	1.9	2.0	1.9	1.9	1.8	1.8
West Oxfordshire	1.1	1.1	1.1	1.1	0.9	1.0	1.2

Oxfordshire daily cases



Percentage change in cases compared to previous 7 days

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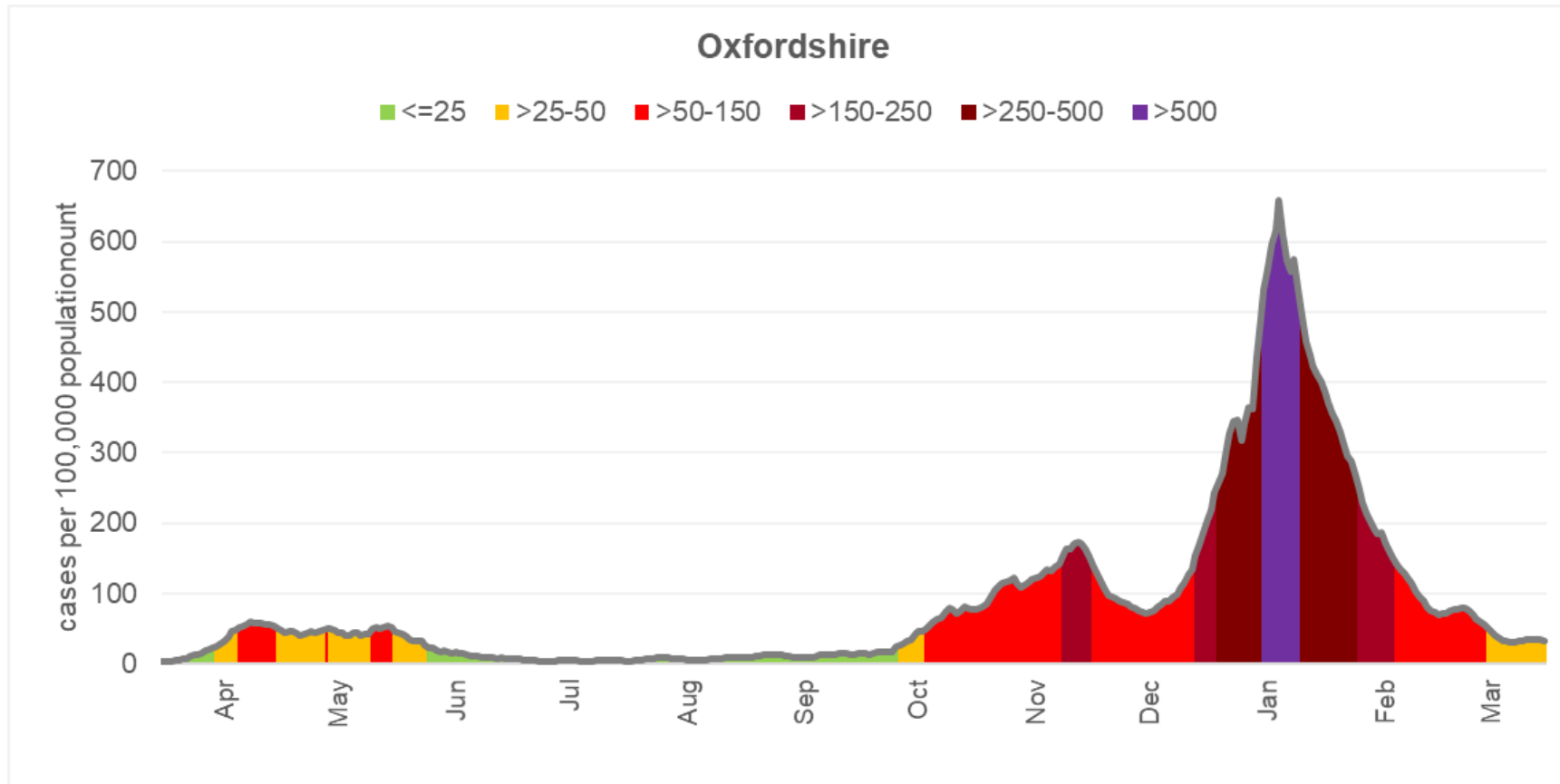


Last day:
3 Mar

Bar above the axis indicates an increase compared to the previous 7 days.
Bar below the axis indicates a decrease compared to the previous 7 days.

Source: gov.uk

Rate of cases per 100,000 population

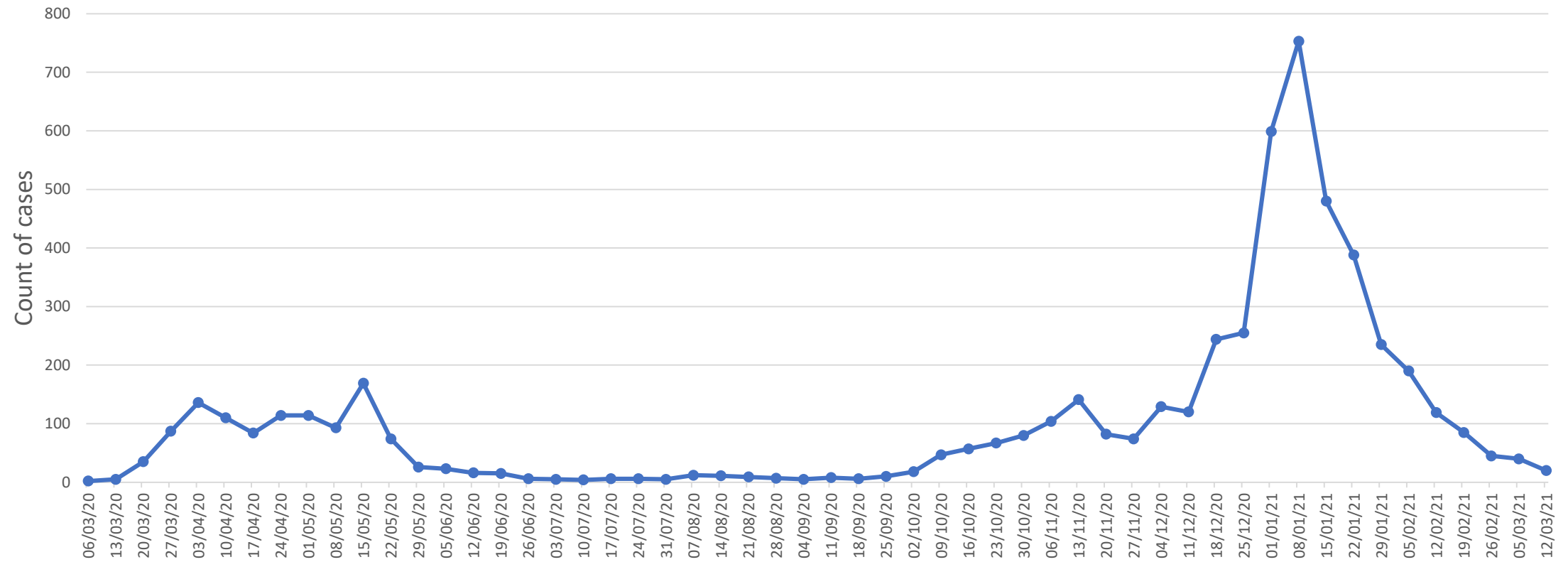


Cases in over 60s

Area name	Cases in 7 days up to 05 Mar	Cases in 7 days up to 12 Mar	Weekly rate per 100,000 population
Cherwell	9	5	13.9
Oxford	11	4	16.0
South Oxfordshire	2	3	7.8
Vale of White Horse	10	1	2.8
West Oxfordshire	8	7	22.7
Oxfordshire	40	20	12.1

Cases in over 60s by week

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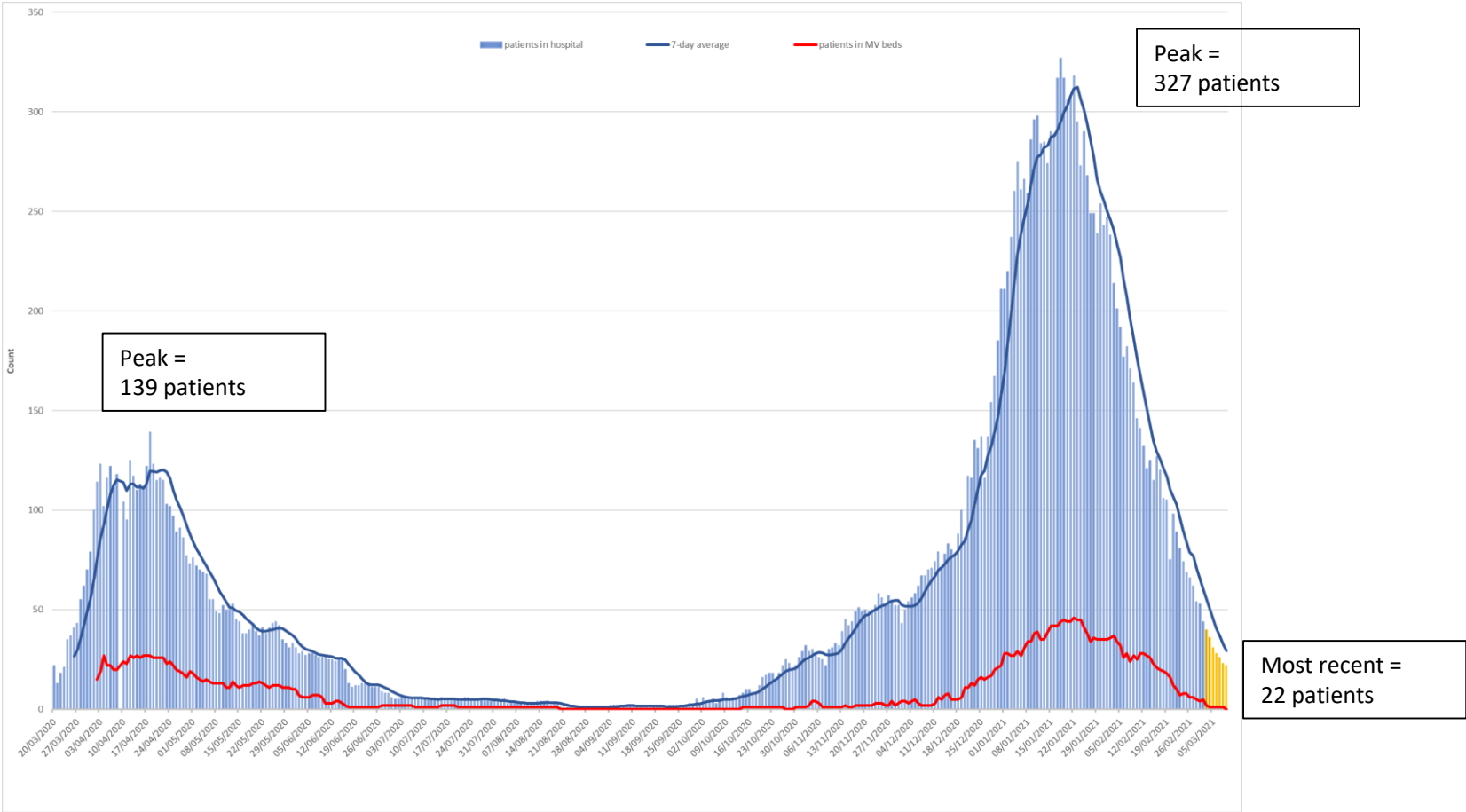
Heatmap: Oxfordshire

Cases: weekly rates per 100,000 population, 5 year age bands

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Age group	Week ending																																																				Age group				
	14/02/2020	06/03/2020	13/03/2020	20/03/2020	27/03/2020	03/04/2020	10/04/2020	17/04/2020	24/04/2020	01/05/2020	08/05/2020	15/05/2020	22/05/2020	29/05/2020	05/06/2020	12/06/2020	19/06/2020	26/06/2020	03/07/2020	10/07/2020	17/07/2020	24/07/2020	31/07/2020	07/08/2020	14/08/2020	21/08/2020	28/08/2020	04/09/2020	11/09/2020	18/09/2020	25/09/2020	02/10/2020	09/10/2020	16/10/2020	23/10/2020	30/10/2020	06/11/2020	13/11/2020	20/11/2020	27/11/2020	04/12/2020	11/12/2020	18/12/2020	25/12/2020	01/01/2021	08/01/2021	15/01/2021	22/01/2021	29/01/2021	05/02/2021	12/02/2021	19/02/2021		26/02/2021	05/03/2021	12/03/2021	
0-4	0	0	0	0	0	3	3	5	5	0	0	3	0	3	5	3	0	3	3	3	0	3	3	3	8	0	3	8	3	5	5	33	20	30	58	43	43	41	46	56	23	48	112	129	221	142	188	147	117	79	56	56	48	10	28	0-4	
5-9	0	0	0	0	0	0	5	2	0	2	2	0	9	2	2	0	0	2	0	0	0	7	7	0	2	2	0	2	12	9	2	0	5	21	68	61	44	91	28	47	23	63	77	93	156	158	107	105	91	40	47	16	30	9	16	5-9	
10-14	0	0	0	0	0	7	5	7	2	0	12	2	0	7	0	0	0	0	0	0	0	2	0	2	2	7	10	0	7	10	5	7	17	41	78	114	100	92	87	97	66	131	170	204	274	306	146	151	97	92	29	32	19	24	49	10-14	
15-19	0	0	5	0	5	2	15	25	20	15	12	17	15	12	5	5	0	2	5	2	0	12	2	2	7	55	40	22	22	45	80	262	379	309	272	147	292	394	212	159	107	135	264	386	556	586	324	254	172	130	72	97	77	52	55	15-19	
20-24	0	2	10	2	4	24	30	30	51	26	39	45	24	16	6	10	2	4	4	6	6	16	12	12	20	20	30	37	30	53	140	199	296	173	238	256	225	400	134	79	106	189	361	441	798	784	607	380	244	126	75	95	71	41	49	20-24	
25-29	0	2	4	0	7	49	102	73	49	53	58	46	71	22	27	20	9	11	2	2	11	13	7	9	20	31	20	15	29	13	29	42	84	117	157	206	215	263	153	75	155	151	434	551	974	897	646	463	290	201	115	106	73	51	40	25-29	
30-34	0	0	2	2	14	45	85	64	73	66	76	69	33	38	14	14	12	5	9	9	2	12	19	7	12	7	5	12	36	17	17	28	73	78	154	178	220	216	142	126	147	190	370	557	960	863	626	441	277	187	137	126	116	55	47	30-34	
35-39	0	0	0	2	13	44	44	40	44	40	49	42	33	40	11	11	18	4	9	16	7	13	11	4	13	9	9	31	11	11	31	62	64	133	149	126	195	115	93	106	224	319	435	725	734	503	404	231	200	124	146	124	27	47	35-39		
40-44	0	2	5	2	5	74	76	69	69	62	67	31	40	17	7	10	0	5	5	12	12	10	14	7	7	12	7	19	7	14	14	10	50	67	138	109	190	169	121	102	81	176	311	458	753	701	542	413	259	188	105	107	100	43	55	40-44	
45-49	0	2	4	2	9	59	87	79	57	50	44	77	24	26	20	11	13	2	11	2	7	11	4	9	4	7	13	13	20	9	13	28	52	55	116	155	175	146	98	96	83	166	308	415	687	649	409	317	262	160	87	85	39	42	39	45-49	
50-54	0	0	4	4	23	27	108	67	50	40	54	42	46	23	12	2	2	6	6	6	4	12	2	2	12	17	6	0	8	2	10	27	40	62	98	100	167	179	98	85	77	150	264	395	695	693	560	350	219	139	71	62	73	33	46	50-54	
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60-64	0	5	3	8	16	43	48	35	48	27	40	30	38	8	21	5	8	8	3	3	3	5	0	3	8	11	5	3	13	5	11	19	46	43	81	78	91	115	83	40	81	91	204	218	483	583	389	263	156	134	86	73	40	21	21	60-64	
65-69	0	0	3	9	24	39	30	18	24	24	21	15	15	3	0	6	3	3	3	0	3	0	3	9	3	3	3	6	3	3	9	9	12	30	48	57	87	105	42	45	39	69	135	154	385	391	241	205	154	102	63	48	30	12	18	65-69	
70-74	0	0	0	9	27	53	33	24	33	33	24	21	3	12	3	3	6	0	3	0	6	3	3	0	0	6	6	3	0	6	3	6	18	36	24	33	59	65	33	33	50	27	83	59	260	290	201	115	107	83	53	50	18	27	6	70-74	
75-79	0	0	4	29	45	111	53	37	45	41	29	49	41	12	8	8	8	0	4	0	0	0	0	0	0	0	0	0	0	0	4	21	33	16	25	41	57	33	33	57	70	115	119	283	295	180	185	98	90	57	25	8	16	4	75-79		
80-84	0	0	0	27	98	115	109	93	109	104	49	169	44	33	5	16	5	5	5	0	5	0	5	0	5	5	5	11	0	0	0	5	11	38	27	0	38	33	71	71	66	82	60	169	186	300	464	300	224	93	87	49	22	22	11	0	80-84
>85	0	0	11	76	190	223	206	168	250	304	255	559	195	49	60	33	33	5	0	16	11	11	16	38	33	5	0	5	11	5	11	16	43	33	49	43	33	81	33	87	217	141	239	299	483	869	483	521	266	223	141	81	43	71	16	>85	

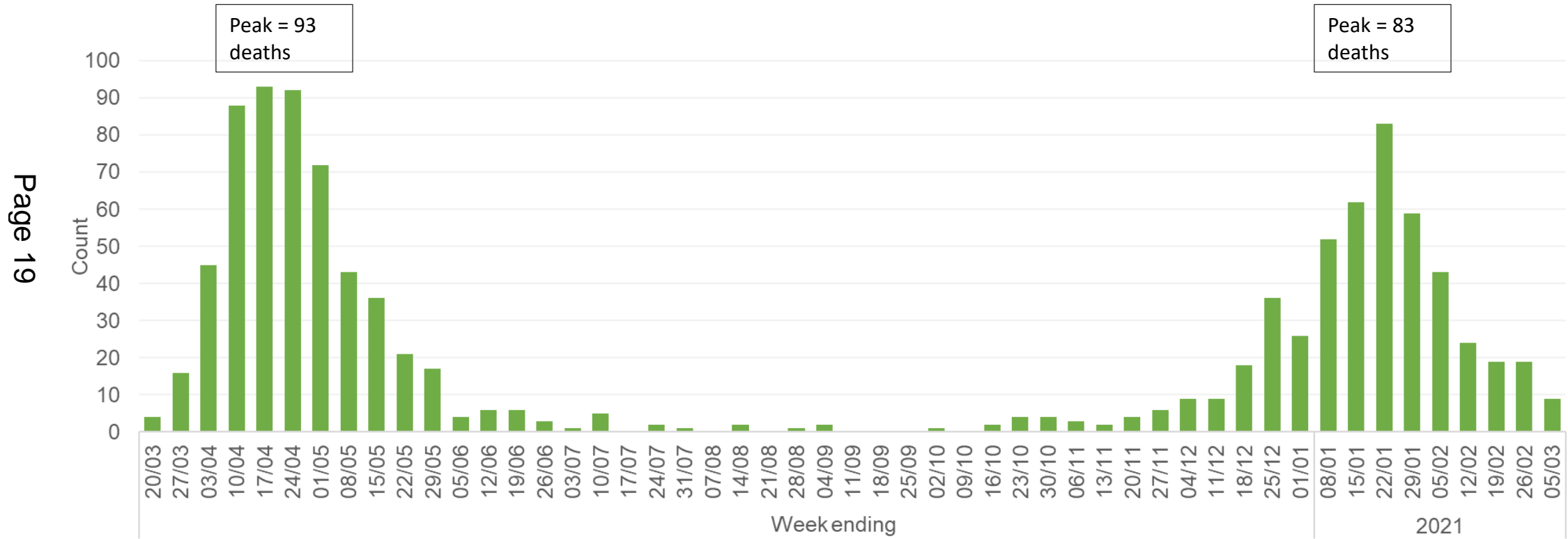
Patients at Oxford University Hospitals NHS FT testing positive



Source: [Covid-19 Gov.UK](https://www.gov.uk/covid-19) (and local SITREPs data)

COVID-19 deaths by week, Oxfordshire

Most recent data: Deaths occurred up to 5th, but registered up to 12th March





Health and Social Care Update

Responding to a pandemic; Balancing risk across the system

Level 4 Pandemic means Oxfordshire Health and Social care system is balancing greater levels of risk than would normally be tolerated:

- WK ending 12 March, Oxfordshire's weekly COVID rate 34.4 per 100k
- OUH was caring for more than 300 COVID positive patients at the peak in January, more than double the numbers at the peak of the first wave in Spring 2020, but this number has now declined and as of Wednesday 3 March there were 40 COVID positive patients in OUH hospitals
On average through January there were 14 assisted discharges per day from acute hospital settings, with an average of 15-20 each weekday.
- In addition Oxfordshire deployed additional beds in the supported hotel (10), designated covid site (18), additional community hospitals (14) and additional discharge to assess beds with nursing home partners (21 plus 5 specialist dementia) that were supported by OCC and community and acute nursing and therapy staff.
- Overall the number of people discharged home from all bed-based sites increased by 8%

Examples of changes from balancing risks

Acute and Community Hospitals; Creating additional capacity/beds by reducing staffing levels to below normal standards -- staffing levels in ITUs, wards and community hospitals all impacted

Staff redeployment; Staff undertaking care and flow critical functions, being rapidly trained in roles over usual work

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Threshold for discharge: discharging patients at the earliest opportunity managing higher level of risk in community

Operations being cancelled unless urgent or essential for cancer management

Ambulance off loading area; OUHFT establishing supervised designated areas near to ED so the ambulances can be released for new patients and to minimise patient time spent outside ED in an ambulance

COVID designated beds; Care homes designated and registered to admit and care for COVID positive residents. Exploring transfer of some short stay hub beds for those who are within 14 days of their first positive COVID polymerase chain reaction (PCR) test.

Community hospital beds; offering red and green pathways allowing COVID + patients to be admitted

Examples of changes from balancing risks

Exploring patients with dementia and COVID; Looking to establish a COVID + discharge route for patients with Dementia – a known higher infection risk through wandering & lack of capacity

Hotel beds; Using a Hotel as temporary accommodation for residents where a domiciliary care package is not available and their package is sought. Care agency on site.

Discharge to Assess beds (D2A); Individuals will be moved to D2A beds for assessment out of a hospital setting or to await for a care package which is not immediately available – this approach is now also potentially to be used whilst we wait for a suitable rehabilitation bed to be available or a reablement package - so not always placing the person in the optimal setting

Out of area residents care needs being met ; making assessments and placing out of area residents in our discharge pathways to ensure flow

Admission avoidance and virtual support; exploring all alternates to admissions and face to face contact – eg – admissions; pulse oximeters and other pathways -- appointments – using virtual means and telephone triage



COVID-19 Vaccination Programme

Covid-19: Vaccinations in numbers across Oxfordshire



Over 275,000 vaccinations delivered

Second doses now underway



95% take up

in over 80's, 75-79 and 70-74 year old population



Care homes

100% of care homes visited



Nearly 90%

of our over 65-69 and our CEV population vaccinated



Nearly 80%

of our over 60-64 year old population vaccinated



We are now offering the vaccine to those aged 55 and over, carers and adults with underlying health conditions aged between 18 and 64. All those eligible can book at www.nhs.uk/covid-vaccination or call 119 free of charge, between 7am and 11pm seven days a week.



All frontline Health & Social Care workers - offered the vaccine



Vaccination centres

- 1 Large vaccination centre
- 2 Hospital hubs
- 21 GP-led hubs
- 3 Pharmacy sites about to open



Projected vaccine programme delivery

Everybody in priority groups 1-4 offered a vaccine
On target for priority groups 1-9



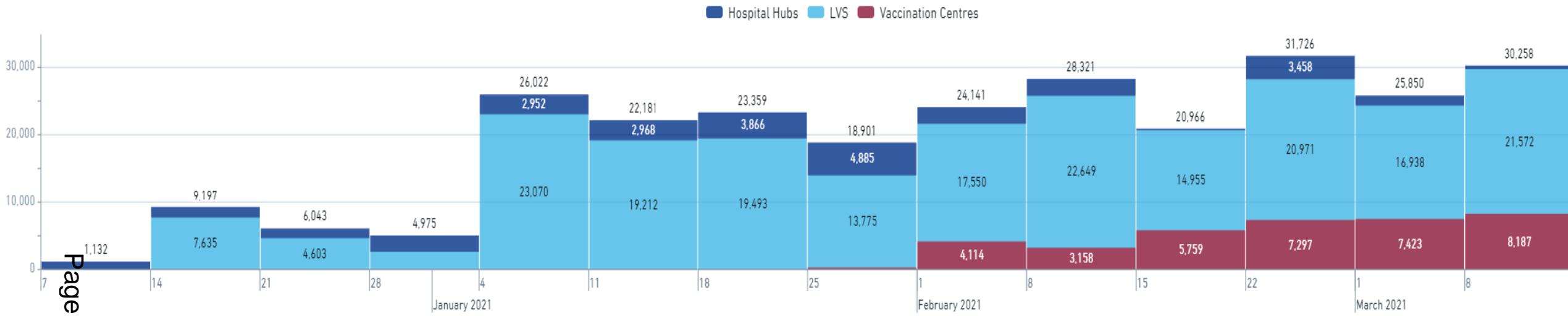
Hands Face Space

Remain important rules to follow even if you have been vaccinated, as you may still be able to spread COVID to others.

For more advice

www.oxfordshireccg.nhs.uk

Oxfordshire Progress



Oxfordshire weekly vaccination events (by delivery model) to 14 March 2021

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- Vaccination delivery continues to progress well
- 275,000 of the 650,000 vaccinations across BOB have been in Oxfordshire
- Second doses have now begun, delivered to patients 11 weeks after first dose
- There is a significant increase in the levels of vaccine from 15 March, the pace of delivery will increase
- Sites will deliver a programme of first and second doses
- We are confident that we will offer vaccination to all patients in priority groups 1-9 by 15 April

Reaching all parts of the community

- We are keen to promote confidence in the vaccination programme and encourage take up in the population
- Communications materials being used to reach different groups include:
 - Short films in different languages being shared via social media, websites etc.
 - Translated written material being made available in different languages
 - Films and animations focussing on facts being shared widely
- Support provided to community groups for online events – including providing speakers and publicity
- Worked with local authority to vaccinate homeless people and patients of Luther Street practice
- Those not registered with a GP can be vaccinated. People will be encouraged to register with a GP but this is not a requirement
- Outreach teams supporting GP practices in calling on patients who have not responded to invitation for vaccine
- Outreach clinics and local delivery to enable access and support up take

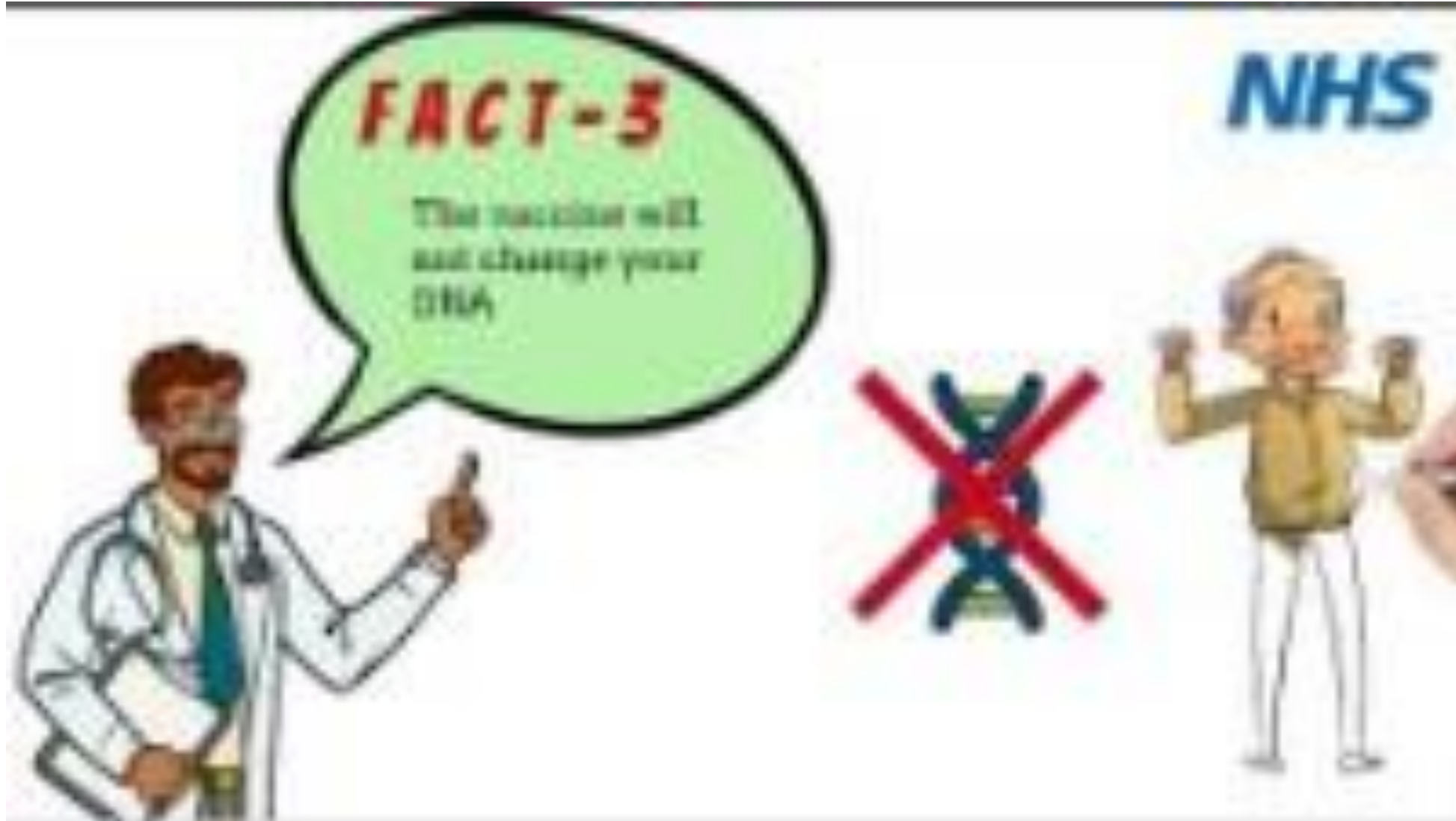


Community Testing

Communications

The Oxfordshire Health and Care System Communications Group (NHS and local authority) has been coordinating wide range of communications to support the response to the pandemic. This has included:

- Key messages shared widely about:
 - Staying safe and following restrictions
 - Recognising symptoms and getting tested
 - Accessing services and how services are working differently
 - Recognising the pressure on all health and care services during the pandemic
 - Encouraging people to come forward for their vaccination when its their turn
 - Asking people to wait to be contacted for their vaccination and not to call their GP
- Targeted communications addressing mis-information causing concern for some community groups.
- Supporting community on-line events with publicity and speakers
- Developing and sharing information in different languages including films and animations with local clinicians and myth-busting



Link: <https://youtu.be/ZchyCePwxIM>

Maximising Independence in Oxfordshire Residents

As part of our Community Services strategy, we are developing new approaches to improving community services in Oxfordshire for people at all stages of life – Starting Well, Living Well and Ageing Well.

The Health and Well Being Board Older Persons Strategy sought to support our older people in ***Living Longer, Living Better*** identifying some key actions to do this

Mandate is sought for action on the life stage of Ageing Well :

- Increasing independence and health and wellbeing outcomes for our population
- Working with our population to make best use of our people, our systems and our assets

Approval is sought from Oxfordshire Health & Wellbeing Board for a system-wide strategic approach to deliver these above outcomes



Independence & better outcomes

To improve the health, wellbeing, independence and care experiences of individual residents, while strengthening the interdependence of people, families and communities across all of Oxfordshire.

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What do we mean by independence?

Enabling individuals to strengthen and draw on their personal capabilities and resources, their social networks, services and communities to live healthier lives and, to the maximum extent possible, take informed actions to improve their health and care.

What do we mean by interdependence?

Interdependence recognises the importance and value of mutually supportive social connections, reciprocal relationships and the interactions between the determinants of health and wellbeing, in improving the long-term health of people, families and communities.



WEST OXFORDSHIRE
DISTRICT COUNCIL



Drivers and Opportunities

- Patient experience
 - When older people cannot access support with independence they are at risk of avoidable harm, whether at home (for example falls) or in beds, and risk deterioration or escalation
- National drivers
 - Hospital Discharge, Oxfordshire needs to increase the proportion of people discharged home with no support or with reablement support
 - Need to review resources to deliver integrated planned care closer to home and urgent community response when people are at risk of going to hospital
 - NHS Long term plan, more joined-up care and integration of primary and community services
- Opportunities
 - Learning from covid response: integrating community resources that extend the reach of health and social care to support independence
 - Redeploying sites to support more planned and preventative care delivery



Areas of focus

Quality

Achieve the best health outcomes and experiences

People

Be the best possible place to work in community care

Sustainability & Partnership

Enable people and communities to stay healthy and resilient

Research & Training

Continuously improve health in our communities

Population groups based on key life stages

STARTING WELL

Improved opportunities and outcomes for Children and Young People – and more effective support for vulnerable families

Healthy development

Preventative care and safeguarding

Children's nursing and therapy

LIVING WELL

A healthier life for people living with long-term conditions and improved outcomes for people who need unscheduled care

Health and wellbeing for people with long-term conditions

Anticipatory care and personalised care planning

Effective care for unexpected illness and injury

AGEING WELL

Healthier older people able to live independently for longer - with improved experiences for those who need care

Intensive community care (step-up / crisis response)

Rehabilitation and recovery (step-down / complex reablement)

Care towards the end of life

Approach

- Working with local communities and stakeholders across the system
- Building on learning from Covid and other community engagement
- Identifying opportunities to test and learn pilots that can support co-produced solutions e.g.
 - Rethinking bed-based models of care
 - Exploring which services can be offered from community sites
- For success and delivery in reasonable time frames we need this to be resourced and established within system governance structures



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