

Health Improvement Partnership Board

Outcomes of the meeting held on Thursday, 10th February at 2.00 pm

As a Virtual Meeting

Board Members Present:	Amier Al Agab	<i>Healthwatch Oxfordshire Ambassador</i>
	Ansaf Azhar	<i>Director of Public Health, Oxfordshire County Council</i>
	Dr David Chapman	<i>Clinical Chair of Oxfordshire Clinical Commissioning Group</i>
	Cllr Louise Upton	<i>Oxford City Council (Chair)</i>
	Cllr Maggie Filipova-River	<i>South Oxfordshire District Council (Vice-chair)</i>
	Cllr Merilyn Davies	<i>Councillor for West Oxfordshire District Council</i>
	Daniella Granito	<i>District Partnership Liaison</i>
	Diane Hedges	<i>Chief Operating Officer, Oxfordshire Clinical Commissioning Group</i>
	Cllr Mark Lygo	<i>Cabinet Member for Public Health & Equalities, Oxfordshire County Council</i>
	Cllr Helen Pighills	<i>Vale of White Horse District Council</i>
	David Munday	<i>Consultant in Public Health/ Deputy Director, Oxfordshire County Council</i>
In Attendance:	Adam Briggs Claire Gray Derys Pragnell Veronica Barry Fiona Steel Katherine Eveleigh Sally Culmer Lauren Rushen Janette Smith Rosie Rowe	<i>Head of Healthy Place Shaping, Public Health, Oxfordshire County Council</i>
Officer:	<i>Marie Murphy</i>	<i>Oxfordshire County Council</i>
Apologies:	Cllr Andrew McHugh	<i>Cherwell District Council</i>
Absent:	Det Chief Insp Jonathan Capps	<i>Thames Valley Police</i>

- 1. Welcome by Chairman**
- 2. Apologies for Absence and Temporary Appointments:**
As noted above
- 3. Declaration of Interest:**
There were no declarations of interest in any agenda item.
- 4. Petitions and Public Address:**
There had been no notifications of any
- 5. Notice of Any Other Business:**
None
- 6. Note of Decision of Last Meeting**
The Note of Decisions of the meeting held on 18th November were approved. Oxfordshire Mind were unable to attend the meeting, but details of the project were included in the minutes.
- 7. COVID - 19 update**
Ansaf Azhar, Director of Public Health, provided an update. The current situation was that there were 1200 cases per 100,000 in Oxfordshire. In terms of age range it is largely driven by children of a young age.

Key message: we are at a point of transition but will have high COVID rates for some time to come. Good news story is that people are not getting seriously ill with it with some exceptions. Hospital admissions have started to stabilise and have not seen deaths increase significantly. What we are likely to see in the coming weeks is the ramping down of COVID measures including legal requirements around isolation but expecting it to be a recommendation to continue to do so. Key thinking is that we will be living with this for some time to come and we can't continue to have regulations impacting on our 'business as usual' but will ask people to use their own personal judgement around mask wearing for example.

We will see cases fluctuate in the coming weeks and there may be a need to strengthen messaging around those times. Going forward, COVID has had a direct impact on people through deaths and serious illness. Looking at the learning from longer term impacts and challenges being faced.

David Munday, Deputy Director of Public Health provide a summary of the cumulative impacts of COVID – learning used for COVID recovery.

Cases over time – second wave clear in January 2021 and third wave in December 2021. First wave doesn't really show as testing was not established then. Overall Oxfordshire's cumulative rate has sat slightly below South East and England cases. Some of this will be affected by demographics, populations and deprivation. There is no significant difference between genders. Ethnicity – white British is the dominant ethnic group in Oxfordshire, count in the data will be updated once the recent census numbers are released. Deprivation – graph shows that 50% more cases are in the most deprived areas.

Hospital admissions – the graph compared the number of cases to hospital admissions. It shows that with this winter wave, despite higher cases of COVID hospital admissions have been much lower since getting a good vaccine uptake and has remained more constant since June; demonstrating the control the vaccine has provided.

Mortality – In Oxfordshire is lower than seen in the South East and overall Nationally. The most common location of death in first wave was in care homes followed by hospital. This was addressed through a range of measures and then became much lower in the care homes once infection control was brought in and vaccination programme took hold for the second wave. Over a two-year period the deaths have been about 8% higher.

Indirect impact of COVID is likely to be around employment and education for which data is still being gathered. Likely to see a prevalence of obesity, physical inactivity, risk of alcohol intake and mental well-being. *Will this include those that would have been treated if hospitals had taken them?* Yes, it will be part of what is being looked at. If we have another pandemic this would be important to capture.

Wider impacts; educational, isolation/loneliness, employment changes, wider economic impact

This was a once in a lifetime pandemic from which a lot of learning has occurred. Really important that the learning from this is used in the recovery. This pandemic has had a massive impact on families but thanks to the system as a whole, without whose hard work, would have seen much higher numbers.

Comments/ Questions

Data around re-infections, can we tell if it is the same variance? It is hard to get this accurately, but it was decided that if the reinfection was within 90 days of each other, it is likely to be the same variant. Data also shows that we need to address the inequalities in the different wards.

8. Performance Report

Presented by David Munday, Consultant in Public Health, Oxfordshire County Council.

To monitor progress and agreed outcome measures:

Smoking was within target

Immunisation on MMR is on amber – has been a challenge around accessing routine vaccination during the pandemic

Smoking Cessation was amber

Cervical screening has been a challenge during the pandemic and is therefore on Red.

Bowel cancer screening is green as not affected by service capacity in same way as is primarily a postal service.

Healthy Weight performance in childhood weight is amber although Oxfordshire is lower than the England average. Green for obesity in pregnancy and green in overall adult weight. Physical activity is a mixed picture.

Adult overweight and Obesity:

Difference across city and other areas is probably down to demographics with the city having a much younger population. Tends to be higher in older age groups and deprived areas.

Excess weight in children:

The majority of children are at a healthy weight. The trend has changed to boys being more obese than girls by year 6, for both sexes it is significantly higher than in Reception age. There is also more of a tendency for obesity prevalence to be higher in the more deprived areas.

9. Developing a Whole Systems Approach to Obesity

Presented by Derys Pragnell

Presentation was shared with the meeting.

The whole system approach has 4 pillars to ensure breadth of activity to address unhealthy weight is included. The Adult population is more likely to be overweight or obese compared to children. Historically Oxfordshire have had lower rates of childhood obesity compared to nationally. COVID has prevented a full assessment/measurement programme but the county is looking to be more in line with the national average. There are clear links between obesity and food poverty. We are working up a support system for children. Focus work on take-away foods and advertising will be undertaken with the district councils. This interlinks with the food strategy. Once children get to obese it is very hard to reverse the trend. Doing a deep dive around children and looking at preventative early element.

Questions/comments

Vale of White Horse most deprived ward is Abingdon Caldecott Ward- will healthy weight work tie in with the ward profiling that is being undertaken and link in with inequalities? Yes and this profile will come to this board when ready

The things within the WSA will have the greatest impact – are they the weight management contracts? The is no single answer- we want to do more work around the preventative measures, also hoping to work with other areas of the country that have trailblazed some measures to understand what worked for them. Access to food is a key issue. Quick wins – changes to NCHP letter, better links into the services that are available. Also looking at how to pool the various resources. Looking at wards such as Littlemore that have brought obesity down. All present were happy to endorse.

10. Oxfordshire Food Strategy

Presented by Fiona Steel

This links to the levelling up white paper. Good Food Oxfordshire is lots of local organisations working as a multi-stakeholder partnership from producers to retailers to users. Food systems currently account for up to 37% of green house gases. Want a local food strategy, which pound for pound supports three times the number of jobs. Vision is for everyone in Oxfordshire to enjoy healthy and sustainable food they need every day. It's about improving health, environment, sustainability and linking people through food.

Questions/comments

The social aspect to eating food has changed so the food strategy needs to link to different lifestyles in homes such as teaching people to cook, this is in the food poverty and resilience strand. Pilots of cooking skills has been rolled out based on using up leftovers or whatever is to hand rather than following recipes but looking to develop that further. It would be good to have this available at Food Larders, Didcot Larder has started to do that; showing people what they could do with the food in their box.

11. Report from Healthwatch Ambassador

Presented by Amier Al Agab, Healthwatch Oxfordshire Ambassador

Since the last meeting, many calls being received are about access to Oxfordshire Dentistry and issues with Community Pharmacies which is being looked into. Report has

been done on health services with Albanian and Arabic communities and their understanding of the NHS system. Next one to look at will be Dentistry. There is a system wide oral health review. David and Amier will talk offline to pick up on the issues that are being raised and what influence we have on supporting local NHS dentistry access. At the moment Dentistry is commissioned by NHS England but the local ICS may be able to take on some specialised commissioning like this in 2023.

Action:

David and Amier to discuss offline the issues that are being raised.

12. Tobacco Control Update

Presented by Adam Briggs, Consultant in Public Health, Oxfordshire County Council

Update on the work around the Tobacco Control Strategy, more detail will be available at subsequent Health Improvement Board meeting later this year. Looking to be smoke free by 2025. This remains a priority for this board and county more widely. Beginning to get a picture of the impact of COVID on tobacco use. Smoking amongst people in manual work is high and those with mental health and those that are homeless can be up to 70%. Action plan, targets – prevention, support to quit, enforcement and environment
COVID response has prevented work in the community, visits to schools etc.
Smoking in pregnancy is a real driver of tobacco harm, there has been a significant reduction in this area and have now paired up to target vulnerable families to help reduce exposure to smoke in the home.

Questions/ comments

Range of data on using e-cigarettes is now available. Training being provided for those working with the homeless and to support them to find safe reliable e-cigarettes. Trading standards team have done good work on sales to underage users and with the removal of illegal e-cigarettes as the nicotine content is regulated. Exploring other pharmaceutical options to Varenicline as there is currently a national shortage of these.

14. Any other business

Change of date from 12 May to 19 May due to elections of some members.

Change of date in September to 15 September

No objections to the changes.

TBC if next meeting virtual or in Teams