

## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on 14<sup>th</sup> May 2020 commencing at 14:00 and finishing at 16:00

- 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 Michele Mead, West Oxfordshire District Council  
Eunan O'Neill, Consultant in Public Health, Oxfordshire County Council  
Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group  
Daniella Granito, District Partnership Liaison, Oxford City Council  
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
- In attendance** Rosalind Pearce, Chief Executive, Healthwatch Oxfordshire  
David Rouane, Cabinet Member for Housing and Environment, South Oxon DC  
Jeannette Smith, Health Improvement Principal, Oxfordshire County Council  
Jaffa Holland, Chair of the Housing Support Advisory Group  
Gillian Douglas, Assistant Director, Housing and Social Care Commissioning, Oxfordshire County Council and Cherwell District Council  
Sarah Carter, Domestic Abuse Lead, Oxfordshire County Council
- Officer:** Julieta Estremadoyro, Oxfordshire County Council
- Apologies:** Cllr Maggie Filipova-Rivers, South Oxfordshire District Council (David Rouane deputising)  
Andy McLellan, Healthwatch Oxfordshire Ambassador (Rosalind Pearce deputising)  
Jon Capps, Detective Chief Inspector, Thames Valley Police

ITEM	ACTION
1. <b>Welcome</b> Cllr McHugh welcomed	

<p>Cllr David Rouane, Cabinet member for Housing and Environment, South Oxon DC</p> <p>Rosalind Pearce, Chief Executive, Healthwatch</p>	
<p><b>2. Apologies for Absence and Temporary Appointments</b> Apologies received as per above.</p>	
<p><b>3. Declaration of Interest</b></p> <p>Cllr McHugh declared that he will be taking over as the Chair of the Tobacco Control Alliance (re: Item 9 in the agenda).</p> <p>The members did not find any conflict of interests regarding this.</p>	
<p><b>4. Petitions and Public Address</b> There were none</p>	
<p><b>5. Notice of Any Other Business</b> None</p>	
<p><b>6. Note of Decisions of Last Meeting</b></p> <p><b>The notes of the meeting held on 20<sup>th</sup> February 2020 were signed off as a true and accurate record.</b></p> <p><b>Cllr McHugh announced that the pending actions will be taken with officers offline as not to spend time going through at the meeting.</b></p> <p><u>Actions from 21<sup>st</sup> November meeting:</u></p> <p><u>Item 9 - Oxfordshire Prevention Framework</u></p> <p>All members of the HIB to use the Prevention Framework in their planning for prevention and review of how they tackle health inequalities. - <b>Ongoing</b></p> <p><u>Action 12 – Alcohol and Drugs Draft Strategy</u></p> <p><i>Kate will bring the finished strategy and action plan for 2020-21 to a future meeting for information and discussion. – For 10<sup>th</sup> September meeting.</i></p> <p><u>AOB</u></p> <p>Cllr Upton enquired on whether the HIB is ready to go ahead with a workshop on social prescribing. She had spoken with a GP about it and his opinion is that this is a really good time. Kiren thought that a more general view from GPs should be gathered. <i>Kiren and Jackie to progress discussions. Ongoing</i></p>	

Actions from 21<sup>st</sup> November meeting

*A report from Active Oxfordshire will be requested to illustrate current work to address inactivity across age span within the districts, but particularly in West Oxfordshire and Cherwell where current inactivity levels are higher. Ansaf Azhar further requested that the report should include details of work to target areas of deprivation and further breakdown within districts if possible. **For a future meeting - In the Forward Plan***

Actions from 20<sup>th</sup> February meeting:

Item 10 – Preventing Cardiovascular Disease

*Explore having a future agenda item on local Clean Air initiatives – **For a future meeting – In the Forward Plan***

Item 12. Priorities and targets for 2020-21

A draft proposal for performance monitoring, reflecting these comments, will be brought to the next meeting for discussion and approval – **For a future meeting**

**Ansaf Azhar, Director of Public Health (DoPH), provided an update on COVID 19 in the county:**

It has been an unprecedented task trying to deal with the worst pandemic of a lifetime.

The way of people, community, public services have rallied together have been phenomenal.

The government has now announced plans on how the lock down will be lifted as the number of infections and death have been reduced. A 5-system level is in operation. The levels rely on the R number (the rate of infection). UK started at an R figure of 4 with one person passing the virus to three others. We are now in level 3 with a rate of infection of 1 person to another one. This is a sign that we have started to come out of the peak.

The plan is a gradual lifting of the lockdown but if the rate of infection increase we will see a reversal of this.

We will live with the virus for the foreseeable future in the absence of a vaccine or antibody testing.

Oxfordshire numbers are coming down and is comparable to the national average. The only way to bring this infection down is to test and trace. The contact tracing programme is now introduced.

Community transmission is quite low, and the hot spots are in care homes. Testing measures have significantly increased in these settings and specifically care home plans have been introduced.

In the county, the testing programme put in place is coordinated with all the partners and aims to control any new outbreak in clusters as quickly as possible.

All

Questions and commentaries:

*Is there a local modelling response for when the second peak occurs (Kiren Collison)?*

There are predictions that the second peak could occur in August/September time. It all depends on the effects of the ease off. There are model figures until the end of June. They are purposely stopping there to evaluate next step in the light of what could happen with the easiness of the lockdown. Otherwise the modelling will have very low predictability and will be dangerous to inform decisions based on this (Ansaf Azhar).

*Care Homes: Reassurance that OCC is taking all the necessary step to support residents and staff (Rosalind Pearce)*

COVID 19 have been a real issue in Care Homes. Measures have been put in place to manage this. There is a local provision of testing for staff and residents and direct support to care homes in terms of infection prevention, PPE and training.

*Oxfordshire are well placed supporting care homes with a local commission service that link GPs to nursing homes and clinical leadership to care homes. There is medication reviews and care planning. OCCG have regular meetings with providers that provide feedback on what they are needing in terms of support (Diane Hedge)*

**7. Performance Framework**

Ansaf Azhar DoPH, referred to the paper *Performance Report* (page 11 in the agenda pack).

He clarified that COVID 19 has had an impact on these measures, but the results won't show until the next quarter. For example, the number of people going to hospital has reduced and has led to an increase in non-related COVID 19 deaths, which is concerning.

There are reductions in immunisation/vaccinations, cancer screening uptakes, smoking cessation and more. The NHS Health Check programme has stopped during this time.

They are having conversations and messages developed on how to get people to attend hospitals and also on how to resume preventative services to reduce the wider negative health effects of people not accessing care for non-COVID health issues.

The next quarter report will be expected to show a reduction on performance. There are key indicators that need to be part of a conversation on recovery with our health colleagues. This is going to be really important.

Questions and commentaries:

<p><i>Does smoking increase the risk to have a serious illness from COVID 19? (Cllr McHugh)</i></p> <p>Yes, it does hence the importance to highlight this to smokers. This could be an opportunity to convince people to stop smoking and achieve a smoke free Oxfordshire by 2025 (Ansaf Azhar)</p> <p><i>On social prescribing and COVID 19 – The current crisis has revealed the importance of the community. How we can liberate that social capital. There is a need to define a range of schemes and approaches as part of the recovery programmes. What it has worked and how this could be influence the way going forward (Diane Hedge)</i></p> <p>This is a really important point, different kind of working during COVID 19 can have a positive impact in the community. How we can mobilise some of these things into a wider agenda. There is a need to review the performance metrics on the back of that (Ansaf Azhar)</p> <p><i>Social Prescribing measure: “In year 1, from 19 PCNs in Oxfordshire, eight PCNs have commissioned a voluntary sector provider to employ a Link Worker post per PCN and five PCNs have employed a Link Worker post in house. Other PCNs have not yet taken up”. - Cllr Upton suggested to write to those PCNs who has not appointed a link worker since they are going to be really important in helping people to combat social isolation. Kiren Collison added that the OCCG is aware of the challenges with the PCNs.</i></p> <p>Board members suggested that Kiren uses OCCG contacts to bring this concern to the PCNs or get further information.</p>	
<p><b>8. Joint Strategic Needs Assessment</b></p> <p>Ansaf Azhar DoPH, referred to the <i>Joint Strategic Needs Assessment 2020 – Draft 26<sup>th</sup> March 2020</i> (link to the online version in the agenda)</p> <p>The JSNA was going to be launched at the Health and Wellbeing Board meeting on 19<sup>th</sup> March but that meeting was cancelled. The document available is the final draft version.</p> <p>Key points:</p> <p>The JSNA has taken a different approach and the information is very much presented in an interactive style. It is easier to search through, much more user friendly.</p> <p>There is a mix of national and local statistics and links to research carried out by organisations in Oxfordshire. There are more inequalities maps. Oxfordshire is relative healthy but there are areas that has significant health inequalities in comparison with the rest of the country. These areas present higher rate of mortality and effects of COVID 19.</p> <p>The gaps in early development between lower income people and other sector of the population has increases, a significant indicator from the attainment point of view.</p>	

There are large numbers of preventable deaths caused by illness related to overweight or obesity.

The key message is that Oxfordshire as a whole is one of the most affluent areas in the country but when digging down areas of poorer health communities with significant rates of premature mortality stand out.

Ansaf will prepare his annual report on inequalities. Public Health is aiming to produce a profile for the 10 wards that features as the 20% most deprived in the country.

At the moment, a profile of Banbury Ruscote is being produced. In this profile, they are looking at how the data of this ward compares with the rest of Oxfordshire and which community organisations and other assesses are available to address the level of inequalities. Specific solutions will be proposed. The same work will be replicated to the other deprived wards.

The data they are looking at is hospital admissions, premature mortality, substances misuses. There is a need for a targeted approach This is the main objective the wards profile is trying to achieve.

Ansaf thanks the whole team who put together the JSNA document

## **9. Final Tobacco Strategy for Oxfordshire**

Eunan O'Neill referred to the documents *The Oxfordshire Tobacco Control Strategy 2020-25 and the Oxfordshire Tobacco Control Alliance: The Final Push, a draft Tobacco Control Strategy for a smoke free society in Oxfordshire 2020-2025 (page 17 in the agenda pack)*

The key aim of the Oxfordshire strategy is to reduce the prevalence of smoking in the adult population to below 5% by 2025 and make Oxfordshire the first smoke free County in England.

After the last HIB meeting they received quite a lot of press interest about the ambition, which is very positive. The approach that they would like to take is one that goes further than support people to quit smoking, which has been successful so far. This wider system approach compromised four pillars: prevention, local regulation and enforcement, creating smoke free environments and supporting smokers to quit.

The strategy went to Public Consultation from 11<sup>th</sup> March to 12<sup>th</sup> April.

They are receiving support from the Department of Health and other high-profile national organisation on the strategy ambitions.

### Questions and commentaries:

*Concern on the cost of smoking related diseases on the NHS and negative perception of members of the public of intervention from the government offices to prevent smoking (Cllr Stratford)*

The majority of people in the county (9 out of 10) does not smoke. The vast majority do not want the air polluted by second-hand smoke and have the right to demand the children grew up in a smoke free society. The terms “nanny state” is often used by tobacco companies which are a powerful lobby. It is alright to find resistance and negative comments, but the objective is the betterment of the whole population. (Eunan O’Neill)

*It is a success story that over a number of years there have been a reduction from 60% of smokers to 10%. The most important is to prevent children from start smoking, to work with the schools should be part of the strategy (Cllr Upton).*

There has been work on prevention, changing the child environment, persuading parents who are smokers to quit. They are working with schools and local academies too. (Eunan O’Neill)

The objective is to prevent an environment in which is easy to take up smoking. This is when the four pillars mentioned comes in and this included prevention and changing the environment. The work on prevention starts in schools but also involved prosecuting the illegal trade of tobacco. The law enforcement role is very important. It also necessary to look at the inequalities, who are the people who smoke. Smoking is more prevalent in the deprived wards and in certain group of workers. (Ansaf Azhar)

*What is the policy on vaping (David Rouane)*

Vaping has been getting a bad press because it is not regulated in the US but in UK is heavily regulated. Vaping with the intention of quit smoking is positive because vaping is less harmful (Eunan O’Neill)

There is not a silver bullet for this tobacco control strategy; it is a combination of factors. Vaping has a role, but it is necessary to keep an eye on it. (Ansaf Azhar)

*A Change in primary legislation to prevent cheap illicit tobacco trade is urgently needed to force the magistrate to act as they should, ordering the close of premises (Cllr McHugh)*

Despite of lack of legislation trading standards teams are strongly intervening on tobacco control. Their reports feed the decision on licensing (Eunan O’Neill)

The Board members congratulate Eunan and all the people involved on a great report.

*Recommendation to the HIB*

*The OTCA Tobacco Control Strategy creates a strong foundation to achieving the ambition for a smoke free Oxfordshire by 2025. The strategy has been broadly welcomed by the public and partners across the County. The Health Improvement Partnership Board is recommended to approve and sign off the strategy which contributes to reducing health inequalities and improving health for all residents in Oxfordshire.*

**All board members agreed to approve and sign off the strategy.**

## 10. Mental Wellbeing Framework

Jannette Smith referred to the document *Report on the Prevention Concordat for Better Mental Health* (page 30 in the agenda pack)

Janette updated that the Concordat partnership group met between September and March to develop the Oxfordshire Mental Health Prevention Framework, this included mapping the current provision and looking at the partnership approach. The Framework was developed alongside the Suicided and Self Harm Prevention Strategy as described in the document.

The current challenge is how they re-engage with the whole partnership remotely. The framework should not sit on the shelf now after all the work that is has been done. It is necessary to move forward within the existing climate. The detailed action plan would need to be reviewed but the Framework very much seats within this COVID 19 climate when there is an urgent need to support good mental wellbeing. The priorities within the group should be reviewed in light of this. This will be the main tasks in the next couple of months.

### Questions and commentaries:

*The Framework should include a way to harness the explosion of people volunteering during the crisis with the added benefit that volunteering is good for mental health. There is a need for more volunteer coordinators. Oxford City has officers coordinating volunteers in various parts. This should be scale up. (Cllr Upton)*

*The police and the probation services would be an important addition to the Partnership (Cllr Stratford)*

It has not been easy to bring the right partners around the table to develop the Framework. The police have been feeding to the Suicide and Self Harm Prevention group. In the next stage of the work the partnership will be reviewed, and they also will liaise more research bodies. Additionally, community groups and voluntary sector can engage with the Concordant without signing up to the partnership (Jannette Smith)

*How to evaluate success – how to evaluate what it sets to do and what has been achieved. How the improvements would look like in two years' time (Rosalind Pearce and Diane Hedge)*

Oxford Brookes is supporting the design of an evaluation framework that should be completed in six months. They were developing the details action plan considering what it was measurable, the outputs as well as outcomes. When this is ready, they can start recording results straight away (Jannette Smith).

*At the moment, there are community resilience group working on the recovery process. It would be ideal if they could consider the Framework when providing services moving forward. (Dani Granito)*

Members of the Board congratulated Janette on a good report



## 11. Housing Support Advisory Group Update

Gillian Douglas and Jaffa Holland referred to the document *Covid-19 and Homelessness* (page 91 of the agenda pack)

The document is a snapshot on how the local authorities have been responding across the county to rough sleepers and people at risk of rough sleeping during COVID 19. The pandemic represented a risk to the individuals themselves but also to other members of the public from the Public Health perspective.

At time of writing, there were 223 rough sleepers and single homeless people in housing placements. It does demonstrate how if they move away from the tent about priorities needs and have a government mandate to step beyond the usual housing legislation, they are able to accommodate people swiftly. This took a matter of days.

The major concentration of people is in the city of Oxford itself. Local authorities have to commission hotel accommodation and in the case of Oxford City Council the youth hostel opened and was repurposed to take rough sleepers. Some of these placements are quite precarious because there are some high-risk people who has drug and alcohol addictions and mental health needs, some of them very entrenched rough sleeper. It was a big achievement to be able to get them into hotels. However, there is a greater challenge now, to ensure that they do not return to the streets providing housing led solutions. They are working as a county wide set of local authorities alongside with the OCCG and with Public Health (OCC).

They are relying in finding landlords willing to offer properties. They are liaising with Register Providers (Housing Associations) that they work with and private landlords. There are positive signs that the market has shifted since the lockdown. There will be a number of voids in the social and private sector landlords more willing to engage with these group of people.

Once they find the properties is necessary to put the right support in place as no landlord is going to take somebody where there is a very high chance that the tenancy could fail. They are making a very strong presentation to the government to get funding for temporary accommodation and Housing First style of accommodation. Housing First is a model with intensive tenancy support to make that tenancy work. They still do not have further information on that.

The City Council has also set up a COVID 19 provision to move people who present symptom to a place they can self-isolated. Additionally, there is a "Covid-Protect" accommodation for people who are asymptomatic but high clinical risk.

They are trying to understand the need of people in hotels to being able to move them on. Organisations like Turning Point are engaging with people trying to understand where people can move best. Some of these individuals have a long and chaotic history of self-neglect. Housing First accommodation implied supporting people for many years in some cases. Hence, the importance of the lobby to get extra funding.

<p><u>Commentary/Questions</u></p> <p><i>Behaviour of people at the hotels, positive that providers let people to stay. Very impressive work to manage to accommodate everybody in such a short time frame (Diane Hedge)</i></p> <p>There has been a good cooperation in Cherwell with the neighbouring policing team who has been able to attend calls. Hotels have been flexible, but they needed to protect the residents and for these to abide the rules. Despite all efforts, in Cherwell five people needed to be evicted from hotels and a couple of cases have abandoned their accommodation. They would have liked not to have to evict any.</p> <p>Cllr McHugh congratulated everybody involved in a great work considering the speed in which they have to deliver. Amazing effort.</p>	
<p><b>12.Domestic Abuse update</b></p> <p>Sarah Carter referred to the document <i>Update on Oxfordshire’s strategic response to Domestic Abuse under Covid-19 restrictions</i> (page 95 in the agenda pack)</p> <p>There are actions taken during the crisis that are bringing aspects of the Domestic Abuse strategy forward. They were aware that as soon as lockdown happen would be an incredible difficult period for people experiencing domestic abuse, trapped at home with their abuse partner. They quickly got together a multiagency group. Sarah praised the amazing agencies that work very dynamically in the last weeks.</p> <p>The agencies are meeting weekly to ensure that services are adapted and able to deliver in the present circumstances. They all manage to do it using virtual online telephone support for victims.</p> <p>There was an initially drop in referrals and lower call out to police and this was very concerning, however, things are starting to look better now.</p> <p>Regarding recovery, they expect they will be lots of work to do supporting people mental health after all what they have been through.</p> <p>Sarah highlighted key initiatives such as developing an app for victims they can discreetly use to communicate with advice services. This is a really innovative piece of work that does not exist in other parts of the country</p> <p>There are also rolling other initiatives such as consultation rooms in pharmacies where victims can access local information.</p> <p>Sarah also highlighted the ways they have disseminate information as described in the document.</p> <p><u>Questions and commentaries:</u></p> <p><i>Reassurance that the information/communication has been translated in other languages (Rosalind Pearce)</i></p>	

<p>Oxford Against Cutting runs campaign against FMG and Force Marriage in various languages. They have further plans to translate more information (Sarah Carter)</p> <p><i>Healthwatch Oxfordshire has been working in providing the information in other languages regarding COVID-19. They could support Sarah's work (Cllr Upton and Rosalind Pearce, see the report in page 103).</i></p> <p><i>The information in public spaces did not stand out (Cllr Upton)</i></p> <p>The posters have been intentionally subtle in providing information to prevent controlling partners or families from restricting a victim's access to help. They wanted to advertise but not in a way that a victim could be prevented for attending. There is a fine balance to be met. (Sarah Carter)</p> <p>Sarah was congratulated by members of the Board for all the work they are doing.</p>	
<p><b>13. Forward plan</b></p> <p>Diane Hedge suggested to consider as an agenda item for the next meeting social prescribing regarding COVID 19 in the Forward Plan. Maggie James from OCCG could be contacted as first instance</p> <p>Cllr Upton would like to discuss in a further meeting the enormous pool of volunteers arising from the NHS Appeal at the start of COVID-19. She would like to hear from the Royal National Volunteer service who were overseeing the initiative.</p> <p>Ansaf Azhar would like to present the Director of Public Health Annual Report at the next meeting.</p> <p><b>Action: Members of the board who attend the agenda planning meetings to look at the Forward Plan in the light of Covid-19</b></p>	
<p><b>14. AOB</b></p> <p>None were raised</p>	