

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