

# Oxfordshire

## NHS & Local Authorities Stakeholder Briefing

25 August 2020

**Oxfordshire health and local authority partners are working together to help the county restart, recover and renew after COVID-19.**

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## Introducing Restart, Recover, Renew



*Restart, Recover, Renew* is an ambitious Oxfordshire system-wide approach to recovery, which places the health, social and economic wellbeing of Oxfordshire residents at its heart. It considers the interdependencies between socio-economic factors, health outcomes, the economy, environmental matters and communities, and seeks to identify innovative joint solutions to shared challenges.

The devastating impact of COVID-19 has presented a challenge to our communities and across our services which we have never seen in our lifetime. Staff, volunteers and communities across Oxfordshire have risen to that challenge with remarkable dedication and flexibility, going the extra mile on a daily basis to support and protect the most vulnerable people in our society.

But what the crisis has shown with particular clarity is our collective strength when we work in partnership across the Oxfordshire system and the value we add when we work flexibly across health, local government, business, and the voluntary and community sector. This is especially the case when we join up preventative and capacity-building services with demand-led acute services to reduce the demand on those acute services and, more importantly, to improve outcomes for Oxfordshire residents.

*Restart, Recover, Renew* seeks to build on this dynamic partnership working and apply it to the significant challenges that face us as a county as we embark on the road to recovery. It covers three planning horizons – the short, medium and longer term, which will be informed by a policy and evidence-led response.

- i) Restarting services temporarily paused during the pandemic, managing the subsequent surge in demand, and preparing for the possibility of a second peak that could lead to a further pause.
- ii) Redesigning service delivery methods to reflect current needs, such as facilitating remote access where this has improved experience; embedding positive societal changes during lockdown, such as a decrease in smoking and an increase in cycling and walking; and helping drive local economic recovery.
- iii) Transforming our services and service delivery to support the long-term future of the county and its people, ensuring that we learn the lessons from our collective experience of COVID-19 to enhance community and economic resilience.

We have established a thematic structure to ensure there is clear leadership and coordination of our recovery work, and the outputs of these thematic cells are brought together in the weekly Oxfordshire Whole System Recovery Group. The six themes are: i) Economy; ii) Place, Transport, Infrastructure; iii) Health, Wellbeing and Social Care; iv) Children, Education and Families; v) Community Resilience; vi) Organisational Recovery.

This issue of the relaunched stakeholder briefing will concentrate on providing an update on the approach to all of the above themes. In the future we intend to do a monthly briefing covering different aspects of our work.

## Economy

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It has to be recognised that COVID-19 is not only a serious health emergency but also an economic one; the detrimental impact of the pandemic on the global, UK and Oxfordshire economy should not be underestimated. The economic and social disruption will endure long after the health emergency is manageable. It is believed that it could take five to 10 years (even a generation) to fully recover. A thriving local economy will underpin renewal, provide opportunities for local people and ensure Oxfordshire retains its status as a world class economic force.

Under the former response structure, the focus of the Silver Business Community Support Cell was to assess the impact of the pandemic on businesses and to address immediate issues. This has been achieved through working

collaboratively with representatives from Department for Business, Energy and Industrial Strategy (BEIS), Department for Work and Pensions (DWP) and Oxfordshire Local Enterprise Partnership (OxLEP); and the delivery of measures announced by the Government.

These measures included grant schemes enabling Oxfordshire district and city councils to support businesses in their local communities. For example, Cherwell District Council has awarded more than £26.3m in grants to 2,000+ businesses and other organisations, protecting the livelihood of many businesses and their employees.

The newly formed Economic Recovery Group (ERG) will work with partners (such as the OxLEP Task Group, the Health Protection Board and the other themed recovery groups outlined in this briefing) and sector representatives to support communities and local businesses in the wider Oxfordshire economy to ensure that the recovery happens as soon as possible.

## Place, Transport, Infrastructure

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COVID-19 has caused significant impact to places, transport and infrastructure services.

These have included reduced travel as people work from home more and schools have only been partially open, restrictions on the use of public transport, and the need to enable more active modes of travel. Town centres, markets, playgrounds and household waste recycling centres have had to be managed differently to maintain social distancing.

As restrictions are gradually lifting and more journeys become permitted, the 'Place, Transport and Infrastructure' workstream is focussing on enabling people to travel safely. In

the longer term, we want to find ways to hold on to the 'gains' experienced during COVID-19, such as reduced congestion and carbon emissions, consistent with our ambitions for climate change and transport connectivity, while enabling economic recovery. In both the short and long term, we need to ensure that any measures we take support action to tackle inequalities in Oxfordshire.

Some of our key achievements to date have included:

- The safe reopening of all seven household waste recycling centres.



- Working with colleagues in Children, Education and Families to support schools as they opened to more pupils. Measures were implemented to enable home-to-school transport to be undertaken safely, and to help schools manage drop off and pick up times.
- Being half way through the implementation of a £600k programme of 'Active Travel' measures, designed to support a shift to walking and cycling across the county. A bid to the Department for Transport for a possible further £2.38m of funding for this work has also been submitted.

## Health, Wellbeing, Social Care



The refocussing of resources to the COVID-19 response over the last four months has affected the delivery of health and social care. There is a backlog of planned care which was paused and routine referrals temporarily stopped.

The pandemic has also affected people who may have delayed the presentation of their illness / medical problem and there are increased waiting times; there are increasing mental health issues and an exacerbation of existing health inequalities.

All of this, coupled with the mental and physical wellbeing of the health and care workforce, needs to be addressed through the recovery programme.

Oxford University Hospitals NHS Foundation Trust (OUH) and Oxford Health NHS

Foundation Trust (Oxford Health) have already been working hard to re-open services for routine referrals. In doing this, patient safety is at the forefront of plans and each service area is reviewing the practicalities of reopening in view of constraints such as the need to social distance, availability of workforce and PPE. Both Trusts are continuing to increase the availability of video consultations and remote monitoring of patients wherever possible.

Work continues to reassure people that all hospitals and GP surgeries have measures in place to keep them safe as services resume. People with COVID-19, be it in hospital or in GP surgeries, are treated in separate, dedicated areas, so the right infection control measures are in place to protect them, other patients and staff.

Part of this programme also looks at the learning from our experiences so far during the pandemic; looking at what services were introduced that can continue; the further development of IT to support the delivery of health and care services and to ensure we can flex our response up and down at short notice depending on how the pandemic progresses.

## Children, Education, Families

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Throughout lockdown all schools remained open to children of 'critical workers' and those children deemed vulnerable; only 5% of schools closed due to staffing shortages; mostly for less than two days. Where a school was closed for a brief period, all families requesting a place for their child in another school were placed by the newly formed 'School Places Brokering Service'.

Early Years and Childcare Provision in Oxfordshire is extremely important to many Oxfordshire families. The Oxfordshire Family Information Service (FIS) holds a directory of provision which parents can use to search for childcare. They also offer a brokerage service for anyone experiencing difficulties in finding childcare to meet their needs.

Oxfordshire County Council provided Personal Protective Equipment (PPE) to schools in May to aid reopening as PPE was in short supply and in some cases of variable quality. The council also provided a grant to managers of preschools, day nurseries and to all childminders.

While closed to the majority of children in Oxfordshire, schools have provided structure for home schooling via the internet or through school learning packages sent home. Some schools have moved their learning from the classroom to children's homes with resources being available to all, both online and as paper copies to ensure no child was disadvantaged.

The council made a successful application to the Department for Education (DfE) to a scheme for supporting children and young people who need a laptop to support learning. Digital devices, internet access and support to provide remote education and access to children in social care and disadvantaged Year 10 children have been available.

Support to schools was given in the form of public health advice, practical written advice through documents and frameworks, frequently asked questions sheets. All these were well received by school leaders, including governors. The County Health and Safety team offered a review of risk assessments. Weekly meetings were held by officers with the Headteacher Chairs of the 26 Primary Partnerships with two-way feedback between that group and DfE officials, again through separate weekly meetings.

Throughout the pandemic Children's Social Care (CSC), Safeguarding, Looked After, Leaving Care and Early Help services have been fully operational supporting and safeguarding our most vulnerable children and families. At the very beginning of lockdown, CSC set up provision for children and families who were in need, but not shielding, to access food parcels, practical help from voluntary groups, and emotional support from Early Help services. These were set up in co-operation with community hubs but planned so that hubs could concentrate on shielded people, while families' needs were met in tandem.

During the pandemic CSC has been conducting a joint piece of work with the housing department of Cherwell District Council: the Family Safeguarding Model Plus pilot focusses on six families which have both housing and

social care concerns and facilitates joint working with social care and housing colleagues on tailored support agreed by each family. It is hoped that this partnership work will expand to the rest of the county, building on the lessons learnt from the pilot with Cherwell.

It has been an important time to be conducting the pilot as the ban on housing evictions (due to the COVID-19 restrictions on movement) has been extended to 23 August 2020. This allows an opportunity to support families who might otherwise face eviction from their home when the ban is lifted.

## Community Resilience

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Throughout the crisis, this workstream has brought together councils, Oxfordshire Clinical Commissioning Clinical Group (OCCG) and local support organisations to provide support and assistance in the community.

This has helped to ensure the health and wellbeing of individuals, reduce pressure on statutory services and, critically, enable compliance with lock-down guidance and so reduce transmission, particularly to the our most vulnerable people.

While there is less pressure on this activity area as lock-down has been reduced, planning is underway for how support would operate in local outbreaks or wider lock-down. Community Resilience also provides a point of coordination for intelligence on community engagement, particularly engaging vulnerable people and groups and tackling inequalities, including the new inequality driven by pressures on services and the economy

In recent weeks, the Community Resilience workstream has been focussing on preparing for the pausing of the Shielding Programme

which has been protecting the most clinically vulnerable.

All shielding residents who agreed to on-going contact have been being contacted by their local council to ensure their welfare and that they are able to access food and essential supplies. Plans for continuing support, where required, are in place. Specific services – including health, housing providers, adults and children’s social care – are also working with people directly where required to manage the transition from shielding.

As the focus moves to recovery and renewal, we will work together to support the development of community resilience for the future, building on the capacity demonstrated during the COVID-19 crisis and the new networks and relationships that have formed.

As a practical example of this activity, during lock-down, we supported the Good Food Oxford (GFO) network to expand its mapping of community food providers to the whole county. Support includes funding from Public Health and the attachment of a member of the County Council’s community engagement team to GFO to help build intelligence on the capacity and needs of pre-existing and newly emerged food banks, community larders, kitchens and fridges.

In partnership with the city and district councils, community food forums have now been established in all areas to promote dialogue and coordination between community food providers and with food providers and statutory services.

# Outbreak Management



As national lockdown has gradually eased, local plans have been developed by local authorities in partnership with the NHS and Public Health England to reduce the spread of infection and manage local outbreaks.

Oxfordshire's local outbreak control plan is designed to help people resume a way of life during COVID-19 that is safe, protects our health and care systems, and supports our local economy.

It has been developed by Oxfordshire County Council's Public Health team, working with colleagues from the city and district councils, Oxford Health NHS Foundation Trust (Oxford Health), Oxford University Hospitals NHS Foundation Trust (OUH), Oxfordshire Clinical Commissioning Group (OCCG), Public Health England (PHE) and Thames Valley Police (TVP).

The plan is supported by a public-facing communications campaign - #stopthespread – to encourage Oxfordshire residents to remain vigilant and continue to take protective measures to stop the spread of the virus and protect themselves and others.

This broad campaign has been supplemented by targeted communications and engagement activity. For example, Oxfordshire system partners worked closely with local faith and community leaders to encourage communities to celebrate Eid safely, with posters displayed at mosques across Oxfordshire, messages on social media which were shared by community leaders, and a Celebrate Eid Safely video, which included messages from 12 Muslim community leaders in different languages.

And rises in coronavirus cases in Oxford city in late July and late August have been addressed by a system-wide response, including text messages sent out by GP practices to local residents; text alerts by Thames Valley Police to local residents; leaflets distributed to households, with translations in Arabic, Urdu and Bengali; social media messages which have been shared by all system partners; posters, outdoor and digital advertising; and media interviews with Oxfordshire's Director of Public Health Ansaf Azhar.

## Organisational Recovery

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Across the system all partners are in the midst of various re-start activities. Making changes to

ensure COVID-19 safe work places and spaces, continued remote working, and developing solutions as varied as one way systems, floor markings and protective equipment and hygiene practices.

Our short term focus is the safe re-start of suspended activities and continuation of the practices we have put in place over the last months to deliver key frontline services in our various work settings.

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In the longer term each organisation will be considering how the impact of COVID-19 compliant workspaces will affect our use of property assets, our agile and remote working requirements and the potential of increased digital service delivery.

There is opportunity across the system to learn from one another and consider our collective use of assets and even investment in technology.

But it is also important to recognise that each organisation will have its own service delivery, geographic and accessibility constraints, requirements and opportunities and that one size may not fit all

## And Finally...

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For the time being we will be sharing an update fortnightly; this may change as we review communications for the COVID-19 response and recovery phase of the pandemic.

Please email [occg.media-team@nhs.net](mailto:occg.media-team@nhs.net) with any queries and we will endeavour to get back to you.