

## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on commencing at 25<sup>th</sup> February at 14:00

<b>Present:</b>	Cllr Louise Upton, Oxford City Council (Chairing)
<b>Board members</b>	<p>Ansaf Azhar, Director of Public Health, Oxfordshire County Council</p> <p>Cllr Lawrie Stratford, Oxfordshire County Council</p> <p>Cllr Helen Pighills, Vale of White Horse District Council</p> <p>Eunan O'Neill, Consultant in Public Health, Oxfordshire County Council</p> <p>Daniella Granito, District Partnership Liaison, Oxford City Council</p> <p>Amier Al Agab, Oxfordshire Healthwatch Ambassador</p>
<b>In attendance</b>	<p>Veronica Barry, Senior Community Involvement Officer, Healthwatch Oxfordshire</p> <p>Sara Wilds, Head of Medicines Management, Oxfordshire Clinical Commissioning Group (standing for Diane Hedge)</p> <p>Pat Coomber-Wood, Chief Executive, Citizens Advice North Oxon and South</p> <p>Vicky Galvin, Sport &amp; Physical Activity Manager, Oxford City Council</p> <p>Kate Austin, Health Improvement Practitioner, Oxfordshire County Council</p> <p>Carole Rainsford, Project Manager, Care and Long-Term Conditions, Oxfordshire Clinical Commissioning Group</p>
<b>Officer:</b>	<p>Julieta Estremadoyro, Oxfordshire County Council</p> <p>Cllr Andrew McHugh, Cherwell District Council</p>
<b>Apologies:</b>	<p>Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group</p> <p>Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group</p>
<b>Absent:</b>	<p>Cllr Suzy Coul, West Oxfordshire District Council</p> <p>Jonathan Capps, Detective Chief Inspector, Thames Valley Police</p>

ITEM	ACTION
<p><b>1. Welcome</b></p> <p>Cllr Louise Upton chaired the meeting in absence of Cllr McHugh and welcomed to the meeting:</p>	

<p>Amier Al Agab, Oxfordshire Healthwatch Ambassador  Pat Coomber-Wood, Citizen Advice Bureau  Vicki Galvin, Oxford City Council  Carole Rainsford, Oxfordshire Clinical Commissioning Group</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>None were stated</p>	
<p><b>4. Petitions and Public Address</b>  There were none</p>	
<p><b>5. Notice of Any Other Business</b></p> <p>Farewell to Eunan O’Neill, who is leaving Oxfordshire County Council. Eunan was thanked by the Board for the huge contribution he has made to public health in Oxfordshire.</p>	
<p><b>6. Note of Decisions of Last Meeting</b></p> <p>The notes of the meeting held on 19<sup>th</sup> November 2020 were signed off as a true and accurate record.</p> <p>Action update: Cllr McHugh to circulate the letter regarding Vaping among the HIB members for approval/comments – This was done. <b>Completed</b></p>	
<p><b>7. Director of Public Health Update on COVID 19</b></p> <p>Ansaf Azhar, Director of Public Health, provided a verbal update.</p> <p><u>Case rates:</u>  Cases have come down significantly and are well below 100 per 100 thousand of inhabitants. 76.9 as 19<sup>th</sup> February. Oxford and Cherwell higher rates were expected because urban density. There is a bit of plateau at the moment and the number need to go down further. This has been reflected in the number of hospitalisations. At some point the number of people needed to go to hospital was highest that in the first peak but now is lower.  For up to date figures visit:  <a href="https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures">https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures</a></p> <p><u>Road map out of lockdown</u>  We need to be cautious during this period and it all depends on how the situation changes. It is expected there will be a rise in cases as we gradually ease off. When we came out of lock down in November it only took 2 to 3 weeks to see this rise. At present there is a significant proportion of infections that are caused by the new UK variant and there is real concern that this would be the dominant variant</p>	

when we come out of lock down. All the agencies are having a very cautious approach to this.

*For more information about the road map out of lock down visit:*

<https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary>

### Testing provisions

The local community testing was launched 2 weeks ago and there are plans for expansion.

Rapid COVID-19 tests (also known as lateral flow tests) are available to anyone who does not have access to workplace testing. Results will be available in under an hour.

Pupils will be offered testing before going back to school.

*More information on testing provisions visit:*

<https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/prevention-and-testing#paragraph-5969>

*For asymptomatic testing:*

<https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/rapid-symptom-free-testing#no-back>

*For asymptomatic testing in school click here:*

[Asymptomatic testing in schools](#)

### Vaccination

Vaccination is expanding from cohort 1 to 5 to 6. Oxfordshire is following the guidance from the Joint Committee on Vaccination and Immunisation that has the evidence and science to inform this categorisation.

*Further information:*

<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-25-september-2020>

The vaccination programme is really a good news story in the county.

### Comments/Questions:

#### Vaccination uptake of the BAME communities

There has been very valuable and significant communication work, campaigns and meetings with a wide range of communities' groups assuring them that it is safe for them to take the vaccine. HIB partners around the table have contributed and participated in some of those. The uptake by BAME communities of the vaccine is higher than the national average. (Ansaf Azhar/Cllr Upton/Cllr Fillipova-River, Veronica Barry/Amier El Agab)

#### Testing in workplaces –

How to reach people in more insecure jobs with less people? There has been a communication on this, liaising with business authorities/organisations to reach people in high risk jobs such as taxi drivers and self-employed individuals. (Veronica Barry/Ansaf Azhar).

## 8. Performance Report – Effect of COVID 19

Ansaf Azhar referred to the document *Performance Report* (page 13 in the agenda pack)

The report reflects the time when we were impacted by the pandemic. The aim is focus on how to come out of this and improve performance at all levels. There are key conversations going on among partners regarding recovery and picking up preventive activities again.

There has been a lot of learning from the COVID – 19 vaccination programme that can be transferred to other immunisation programmes when these are fully resumed.

Comments/questions:

### Performance

The references in terms of baseline and performance should remain at the level before the pandemic. A radical improvement in relation to a year that was severely affected by the pandemic would not show much improvement in real terms. Additionally, there are categories in which the government has stopped recording data altogether.

Despite the challenges, categories like bowel screening are above level of acceptable and not going to red. (Cllr Stratford/Cllr Upton)

### Cervical screening

Concern about being always in red. There have been preventive measures to tackle this kind of cancer like the HPV vaccination, this is also a factor in the low uptake of the screening. It is expected an improvement in the future as home testing could become available. There is a long running programme to improve this. Districts can help in improving the uptake, particularly if there are specific cultural or other reasons that can be addressed locally. The granularity on the figures would be helpful. These concerns will be taken back to the teams working in the programme. (Cllr Fillipova River/Cllr Upton/Eunan O'Neill)

## 9. Cardiovascular disease (CVD) Prevention Update

Ansaf Azhar and Carol Rainsford provided a verbal update.

Ansaf as Director of Public Health launched an inequalities strategy in his Annual report with the aim to tackle the drivers of inequalities. CVD is a thematic area to look at in the ten most deprived wards. What are the risk factors that increase the rates of some diseases among people in disadvantageous life circumstances?

There are 5 levels in the prevention spectrum from downstream to more upstream regarding CVD:

- 1 – tackling blood pressure, with this managing the biggest risk factor.
- 2 – using the NHS health checks in a more targeted way

3- looking at the risk factors, lifestyle, behaviours such as smoking which is one of the highest factors.

4 – social prescribing, significantly upstream, such as making every contact count, (people to engage in promoting good health in an opportunistic way), programmes promoting physical activity and reducing obesity.

5 – healthy place shaping agenda.

Carol Rainsford explained the hypertension project and the support they are receiving from Public Health. One part of the project has involved providing blood pressure monitors and training on their use to service users in more disadvantaged areas. The first pilot has been happening in South Oxfordshire with the Primary Care Network (PCN) there. The plan is to roll it out to other areas.

#### Comments/questions:

##### Blood Pressure Monitors

Having a blood pressure monitor helps people to change their behaviour and lifestyle. It helps them to take ownership of their own health. There is a package of support offered when a blood pressure monitor is given. The expectation is that the services users are directed to/access other services such as practice nurses, health assistant and other social prescribers. The monitors are a starter, it goes further to try to understand the stressors that people are facing. (Cllr Upton, Ansaf Azhar, Carol Rainsford)

##### CVD and BAME communities

BAME people are more prone to suffer from CVD conditions, is there any specific project around this? Public Health and the NHS are working with different partners promoting campaigns. With Healthwatch a project was carried out with the East Oxford United football club about raising awareness of men's health, the project also involved reaching other occupations such as barbers and taxi drivers. The work trying to reach all communities will continue (Amier El Agab, Ansaf Azhar)

##### Work with the District Councils

South Oxfordshire has adopted a theme on wellbeing within its corporate plan. They are doing a mapping exercise of communities assets. They are gathering support from the business communities in the districts.

This work has been done already in Banbury Ruscote. This ward has been profiled and the local assets are being mapped. It is expected to carry out activities that bring communities together. All of this is being done with the relevant partners.

Banbury Brighter Futures project is an example and it involves talking to the communities and developing their resilience. *More information on this project at:* <https://www.cherwell.gov.uk/info/118/communities/483/brighter-futures-in-banbury>

The hypertension project is also carried out in South Oxfordshire, looking at current health pathway around diabetes. Colleagues in City, NHS and relevant district council officers have met to train and coordinate physical activities in the area. (Cllr Fillipova River/Ansaf Azhar/Cllr Stratford/Vicki Galvin)

## 10. Report from Healthwatch Oxfordshire Ambassador

Amier Al Agab referred to the paper *Healthwatch Oxfordshire Report to Health Improvement Partnership Board* (page 17 in the agenda pack)

Amier highlighted the partnership between Healthwatch and the Oxford Community Action. Healthwatch bringing its experience about health services and OCA the voice of the ethnic minorities. They carried out a joint action research during 2020 to understand what Oxford's new and emerging communities think about wellbeing. The report is available [here](#) (Healthwatch Oxfordshire website)

### Comments/questions:

#### Mental Health

The report revealed that there is not enough awareness among people about what mental health is. Problems with Mental Health are not just serious conditions such as schizophrenia but basic things such as stress. People feel embarrassed to talk about not coping well. (Cllr Upton)

Understanding mental health as part of wellbeing and maybe emphasise this term more than talking about "mental" health when having conversation on depression and low self-esteem (Cllr Stratford)

#### BAME communities

The pandemic has put a spotlight on what has been an issue for a long time. It has also highlighted the importance of having conversations with communities to identify relevant issues with this group regarding improving their health. From the Public Health and NHS perspectives, articulating what the communities' priorities are is very important and it involves getting the right partners to work with. It has been happening and, in the county, there are a number of initiatives. *It could be useful to have a workshop on this piece of work.* (Eunan O'Neill).

There is a need for continuous work within the communities and with Public Health and the NHS to get them to open up to speak about mental health and understanding what is involved. (Amier El Agab)

It is important not to look at physical illness as a silo as it is necessary to look at lifestyle and life circumstances to identify the causes. Tackling smoking, domestic abuse among other problems will help with prevention. Social prescribing is important as well as the healthy place shaping agenda to improve overall health. Public Health is keen to develop further work on this (Ansaf Azhar)

## 11. Community Activation for Wellbeing

Cllr Upton and Eunan O'Neill introduced this item. Simple actions can improve wellbeing. There are examples of work that are the result of combining NHS, Public Health and community work.

It is evidence of the need to carry on with prevention work which aims to improve wellbeing within community settings, energising community assets with this objective.

*Pat Coomber-Wood* referred to the paper *Citizens Advice - Addressing Health Issues and Inequalities in Oxfordshire* (page 21 in the agenda pack)

The CAB services collectively address social determinants affecting health and wellbeing of our communities. They provide advice on serious social issues such as poverty, debts, family problems, secure housing, and employment among others.

They were providing services to 16,000 households in Oxfordshire before the pandemic. Last year the numbers were lower because the restrictions and the change in the way they provided services. Services have been delivered mainly by the phone replacing face to face appointments and with services users facing complicating circumstances advice has been taken longer, the document files of each client could not be put on a desk. Advisors were supervised in a digital remote way as well. They were seeing new issues as the legal and policy landscape changed during the pandemic. Furlough, more people having to access benefits such as universal credit and employment benefits are complex issues that need training and support.

Pat highlighted the following programmes: Benefits in place and Community Connect Social Prescribing explained in the report.

*Vicki Galvin* referred to the document *Supporting Community Activation around Wellbeing in the City: Sport & Physical Activity – Oxford City Council* (page 25 in the agenda pack)

The lockdown has put people's wellbeing at risk with fewer people doing exercise or reducing exercising, lost interest in hobbies (e.g. crafts), no social interaction. People with disabilities have been even more affected.

The reduction of all these activities has affected the mental health of people because less beneficial activity are carried out while the levels of stress and worry has increased. Disadvantaged communities have been more at risk and this has shown up the existing health inequalities.

The report detailed a whole range of activities that have been implemented or will be implemented to tackle those issues through locality Hubs, Community Impact Zone in Oxford and core work strands around the Healthy Place Shaping agenda.

*Kate Austin* referred to the document *Making Every Contact Count' (MECC) in Oxfordshire* (page 33 in the agenda pack)

MECC aim to encourage people to talk about health and wellbeing in general and being inspired to change their behaviour and take steps to improve their health and wellbeing.

More information about MECC can be found here:

<http://www.makeeverycontactcount.co.uk/>

A range of organisations within Oxfordshire are already engaging with MECC but there is potential to scale this up and increase the reach to other organisations that have contact with public.

An essential element to achieve MECC plans, as described in the document, is to continue receiving support and endorsement from the Health Improvement Board.

In this sense, the Health Improvement Board members are asked *to discuss how partners could support the MECC approach. Issues that the Board are asked to reflect on include:*

- How could the Board members take the MECC message back to their organisations and encourage the support of MECC?*
- How can MECC become a prevention element to contribute to reducing inequalities?*
- Could members identify champions to join the Systems Implementation Group to help drive this forward and be ambassadors for the approach?*
- What opportunities can be capitalised upon as a result of the new ways of working and relationships that have developed, arising from the response to the COVID-19 pandemic?*

### Comments/Questions

Financial stability and socio-economic issues are very important to consider when designing a prevention agenda. These are wider determinants. It demands thinking outside the box to achieve a good outcome. How to empower people, how to link together all the initiative in a cohesive collaborative plan across the county. Partners working with these communities has the blueprint to do this and working together our ambitions can become a reality. (Eunan O'Neill)

How to apply lessons learnt from COVID 19, how do we take this agenda forward working together and using resources at our disposal plus the assets from the community. There should be more officers to officer forum to make the system-wide approach more effective (Cllr Phillipova-River)

*Dani Granito offered to send Cllr Phillipova-River further details on other officer forums that she can connect with to gain access to this sort of learning (comment in the chat).*

Officers from the City, District Councils and OCC has been meeting and working together. Those meetings were happening more regularly pre-COVID but there is communication between colleagues doing the same work. Perhaps there is a need to make those officers conversation more available to councillors (Vicky Galvin/Cllr Upton)

CAB has tended to work in silo but since COVID there has been the need and opportunities to work in a more cooperative way. It is very important to ensure that staff in the Adults Social Care teams are aware of those opportunities to work with the voluntary sector. (Pat Coomber-Wood)

Ansaf Azhar concluded that it has been a useful and positive discussion to take forward and develop better partnership and communication among all the local authorities, health partners and voluntary sector. We are learning from what's happening in our area and could be applicable to another or it may be that this other area needs to develop their specific projects and define its priorities. Public Health is keen to explore all possibilities with the right partners.

## 12. Health Improvement Board Priorities

Eunan O'Neill referred to the diagram *Proposed Oxfordshire Health Improvement Board Priority Reconfiguration* (page 35 in the agenda pack)

The proposal is the result of a discussion at the January workshop on streamlining the agenda and setting the HIB priorities.

The frequency and the length of the meetings will remain the same, but members are asked to read the reports in advance and come prepared with questions, so the time is mainly dedicated for discussion and feedback.

Agenda items will be strategically decided and intelligence-led and only reports on issues that require attention will be brought to the meeting.

The general HIB priorities were determined by the Health and Wellbeing Board and are shown in the diagram attached. There are other forums that have a monitoring role such as the Health Protection Forum so there is no need for monitoring everything at the HIB meetings.

*Members are asked if they agree with the three priorities as described in the diagram.*

### Comments/questions:

Ansaf clarified that these three issues will not be looked at in silo those three elements are interrelated and that will be the focus going forward. These three areas will be the priorities and will be an easier way to manage the flow of number of items that come for discussion.

Cllr Fillipova-River expects the HIB to be a forum to discuss good practice that could be replicated in other districts/areas.

Ansaf and Cllr Upton commented that the HIB is about sharing good practice and encouraging a more fluid way of working between OCC, NHS, district councils and voluntary sector. It is important to take the reports presented and sharing them among the members' organisations.

*Members agreed to have Mental Wellbeing, Obesity and Smoking Cessation/Prevention as priorities of the Board*

## 13. AOB

Cllr Upton, Ansaf Azhar and Cllr Stratford expressed their appreciation in the name of all Board members to Eunan O' Neill for the invaluable knowledge and experience that he brought to Public Health in Oxfordshire. There are people in the county who are alive and healthier because of Eunan. The Director of Public Health is very grateful for Eunan's contribution to the Health Protection Forum, for his instrumental participation in setting the Tobacco Control Alliance the ambition of a smoke free county by 2025, also for his contribution to the Integrated Care System Inequality Board and the DoPH Annual Report.

Ansaf shared that Public Health is recruiting for Eunan's position and the job alert is available at: [Consultant in public health job](#)

Cllr Phillipova-Rivers proposed to discuss how to recover the mental health of children and young people that have been affected by COVID 19 to look at it in our communities in future meetings.

*(To avoid duplication of work, as this falls under the remit of the Children's Trust Board, we will contact the Children's Trust Board to check that they will be looking at this issue)*