

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on commencing at 27th May at 14:00

Present:
Board members

Cllr Andrew McHugh, Cherwell District Council (Chairing)
Cllr Louise Upton, Oxford City Council
Cllr Damian Haywood – Oxfordshire County Council Cabinet
Ansaf Azhar, Director of Public Health, Oxfordshire County Council
Cllr Maggie Phillipova-River, South Oxfordshire District Council
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Merylyn Davies, West Oxfordshire District Council
Rosie Rowe, Head of Healthy Place Shaping, Public Health, Oxfordshire County Council
Daniella Granito, District Partnership Liaison, Oxford City Council
Amier Al Agab, Oxfordshire Healthwatch Ambassador
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group

In attendance

Rosalind Pearce, Oxfordshire Healthwatch
Adam Briggs, Public Health, Oxfordshire County Council
Claire Gray, Public Health, Oxfordshire County Council
Rosalind Jones, Public Health, Oxfordshire County Council

Officer: Julieta Estremadoyro, Oxfordshire County Council

Apologies: None received

Absent: Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group
Jonathan Capps, Detective Chief Inspector, Thames Valley Police

ITEM	ACTION
<p>1. Welcome</p> <p>Cllr McHugh welcomed to the meeting:</p> <p>Cllr Damian Haywood, new elected Oxfordshire County Council Cabinet Member for Public Health and Equality</p> <p>Cllr Merylyn Davies representing West Oxfordshire District Council</p>	

<p>Also, in attendance in this meeting:</p> <p>Tom Gubbins, Sport and Physical Activity Manager, Cherwell District Council Adam Briggs, Claire Gray and Rosalind Jones from Public Health, Oxfordshire County Council</p> <p>Rosie Rowe is the new interim lead officer of the Board replacing Eunan O'Neill.</p> <p>The Chair took the opportunity to thank ex-Cllr Lawrie Stratford for his contribution to the Board.</p>	
<p>2. Apologies for Absence and Temporary Appointments None received.</p>	
<p>3. Declarations of Interest</p> <p>Cllr McHugh is the Chairman of the Tobacco Control Alliance Diane Hedges has a niece who works for one of the home care providers Cllr Haywood works for the Oxford University Hospital Foundation Trust</p>	
<p>4. Petitions and Public Address There were none</p>	
<p>5. Notice of Any Other Business</p> <p>Cllr Fillipova-River would like to discuss period poverty</p>	
<p>6. Note of Decisions of Last Meeting</p> <p>The notes of the meeting held on 25th February 2021 were signed off as a true and accurate record.</p>	
<p>7. Director of Public Health Update on COVID 19</p> <p>Ansaf Azhar, Director of Public Health, provided a verbal update.</p> <p><u>Case rates:</u></p> <p>The current COVID 19 situation is a story of two halves. On the one hand, the national case rate has dropped dramatically. On the other hand, the B.1.617.2 variant (originated/affecting mainly India) is escalating quite rapidly in some parts of the UK.</p> <p>In Oxfordshire, we are seeing the lowest rate in the last 6 months. We are at a critical junction at this moment as it is important to roll out the second vaccination</p>	

as soon as possible to avoid the spread of the B.1.617.2 variant. It will protect thousands of lives.

At the same time there is still a need to follow all the others sensible measures to protect ourselves e.g. testing, social distance, use of mask, hand sanitation etc.

For up to date figures visit:

<https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures>

Comments/Questions:

COVID 19 cases in schools

There are small numbers confirmed around the council. This is monitored on a weekly basis and clusters are put under investigation/surveillance. There are no plans at the moment to vaccinate children. Older groups are the priority. (Cllr Helen Pighills/Ansaf Azhar)

Vaccine second doses

The transmissibility of the new variant reduces when people have two doses of the vaccine. There are not complete figures of how many people have received the second dose. What is known is that there has been a 95% uptake of the vaccine among people over 80s, this percentage reduces in lower age ranges. There is a strong comms strategy to target younger people including messages in social media (Cllr Damian Haywood/Ansaf Azhar)

Risk of the vaccine - fertility

People in the 30s age range are afraid to take the vaccine because there is a suspicion that the Pfizer vaccine, in particular, causes fertility issues. This is not the case and it is necessary to offer reassurance to the population that it is safe to be vaccinated and above all to reinforce the message that we need to protect other people becoming infected too. (Cllr Fillipova-River/Cllr Upton/Ansaf Azhar)

The HIB acknowledges the great effort that all the teams involved in the COVID 19 relief efforts have invested, particularly the NHS which has established a great working relationship with all the partners involved in an innovative way, breaking down organisational boundaries to do this. Through the PCN, practices have been working together with their communities to deliver the vaccine in a coherent and cohesive way. It is important to transfer the lessons learnt to other issues (e.g. Structure and relationships). (Cllr McHugh/Ansaf Azhar/Diane Hedges)

8. Performance Report – Effect of COVID 19

Ansaf Azhar referred to the document *Performance Report* (page 11 in the agenda pack)

The vast majority of performance indicators in the document were measured to Quarter 3 (2020/2021) when the second wave was happening. There are quite a few reds for the preventative services like health checks, smoking and so on. Most

prevention services were not happening, so it is not a surprise that they are red. At present they are restarting the preventive elements of the programme.

COVID 19 has impacted people at three levels: 1) The pandemic has killed a significant number of people. 2) The situation prevented normal services and cancer screenings being carried out. These will have a negative impact 3) The effects of the pandemic will be felt in the next 10 years and we will see the impact in terms of mental health, employment, education etc. It is very important to look and start preventive measures as soon as possible.

Health inequalities will be worsened too. Smoking has a real element of inequality in it. Overall, it has dropped slightly during the pandemic but not among disadvantaged communities e.g. among mental health patients prevalence is still very high. Preventative services need to look at these groups specifically.

Comments/questions:

Cllr McHugh would have liked to see the explanation of the red indicators in the document.

Diane Hedges (OCCG) reported that Primary Care is recovering a bit with people returning for face to face appointments at GP practices, but they would like to see this come back to pre-pandemic levels or above. There has been an emphasis on addressing inequalities through the vaccination programmes which is of great interest for the HIB. It has been shown that it is possible with the vaccination. It needs to be done through cancer screenings too.

2.16 Reduce the Percentage of the population aged 16+ who are inactive,

In terms of inequalities, we need to have a look into the granularity of what is happening to understand the impact of the recovery programmes. E.g. Oxford has the most deprived areas but encourages more active travel within the city and compensates somehow.

It is also important to look at the ward levels. Cherwell levels of inactivity remain high but are improving for men but not for women. The story maps, later in the agenda, prove how it is possible to drill down into the data almost to a street level to understand the different types of residents that are inactive and encourage activities (Diane Hedge/Rosie Rowe)

Whole Systems Approach to Obesity

This is in green but the “reduce the level of children obesity” measure (1.15 and 1.16) is in amber. This means that all this work is not yet reflected in the level of childhood obesity. The outcomes cannot be changed overnight but it will pay dividends in the long term. Story maps show that there is insight work underway trying to understand better the barriers that people are experiencing to achieving a healthy weight. What are the issues and what are the necessary messages to motivate people towards healthy living. This will require a collective effect over the next 3-4 years. It is also necessary to reverse the effects of the pandemic that has caused the level of activity to reduce in more deprived areas. The challenge is greater now.

<p>There is a need to look at these indicators in a smart way; working mainly upstream will produce the most profound impact. Changes in blood pressure can be done with medication and we can see results straight away but the whole system approach to obesity will not be that straight forward, but it is necessary to persevere because it is such important work. (Cllr Upton/Rosie Rowe/Ansaf Azhar)</p>	
<p>9. Report from Healthwatch Oxfordshire Ambassador</p> <p>Amier Al Agab referred to the paper <i>Healthwatch Oxfordshire Report to Health Improvement Partnership Board</i> (page 17 in the agenda pack)</p> <p>Amier highlighted from this report people’s experience of using pharmacists in Oxfordshire in 2020 particularly in the context of COVID 19, and the perception of people with loved ones in care homes during the pandemic.</p> <p>Full report available at: Research reports - Healthwatch Oxfordshire</p> <p><u>Comments/questions:</u></p> <p><i>Relevance of Healthwatch reports</i> Healthwatch reports are used in the day to day work of the OCC. These are always a good source of information on how to reach communities. An example was the work that was done to increase awareness among men in BAME communities regarding NHS health checks. The information is combined with other sources of data to form a full picture. (Ansaf Azhar)</p> <p>Although the sample sizes in some reports are not very large, they provide that critical patient experience that helps us to understand people’s experiences of services, particularly in seldom heard communities. The reports are circulated within the public health team and findings inform our programmes and interventions. (Rosie Rowe)</p> <p>The report on pharmacies is very helpful, some of those are not receiving support in rural communities. The report will feed into the pharmaceutical needs assessments that is being updated at the moment (Val Messenger)</p> <p>It would be really useful to know how this information is going to be acted upon. How are we going to make people understand the role of pharmacies in the community? They are some good suggestions in the document. Cllr Upton suggested asking the OCCG to report back what they have done at the next meeting in order to try to push this.</p> <p>Action: Diane Hedge (OCCG) to provide a report on the application of the HW report, in particular in relation to promoting access to and the role of pharmacies, for the next meeting.</p>	<p>DH</p>

10. Tobacco Control plans for 2021/22

Adam Briggs presented the report *Delivering a Smokefree Oxfordshire by 2025* (page 19 in the agenda pack).

He shared the direction of travel for the next financial year. Last year organisations across the county signed the Smokefree Tobacco plan by 2025, trying to achieve this 5 years earlier than the rest of UK. The plan was signed during the pandemic. The strategy for this year will concentrate on the first two pillars: creating a smoke-free environment and uptake prevention.

The national Mental Health and Smoking Partnership has made a range of recommendations in advance of the government's Tobacco Control Plan for England 2021 and the document details the opportunities for Oxfordshire. It also pointed out the next steps to be taken by the OTCA regarding the Smokefree 2025 plan.

Comments/questions:

Impact of smoking

This is the biggest cause of premature mortality in our societies. Prevalence has reduced quite rapidly, but people are continuing to smoke. In deprived areas the prevalence of smoking is higher, so it is really important to address this, meeting individual partners to draw up action plans and make things happen at every level. Everybody has a role to play.

Smoking will kill more people than in the pandemic and it is a commercially driven cause of death and disease. Additionally, it has a disproportionate impact among disadvantaged groups and as a result the strategy for a smoke-free society is fundamental to reducing health inequalities. (Ansaf Azhar/Adam Briggs)

Smoke-Free Pavements

The idea of making pavements smoke-free by implementing pavement licenses was proposed by Cllr McHugh in Cherwell District Council. It will be discussed at the next meeting of the Tobacco Control Alliance (July). He suggested this be a call to arms and a tangible step to fight smoking prevalence.

Target groups

It is very important to work with mental health patients. Smoking has a prevalence of 30% among mental health patients. It is not a matter of just referring people to smoking cessation services but of targeting support at specific groups like this. Opportunistic interventions: e.g. mental health patients within acute services are an example of this. There have been conversations in the Health Inequalities Board within BOB ICS to develop guidance particularly for acute services to help them with smoking cessation and other training elements. (Ansaf Azhar)

Smoking Cessation services

There is a success rate of 2% in smoking cessation services. Maybe those resources should be directed to another area like influencing the environment to reduce the prevalence of smoking. (Cllr Upton/Cllr Pighills)

Making big spaces smoke-free is a big ticket but nicotine replacement services are also important. More support to these services can have a better rate of success. E-cigarettes are also helping to reduce smoking. Friends and families should be involved in supporting people to quit smoking. We are currently working on a good comms strategy promoting those support services which will make a difference (Adrian Briggs)

Changing the environment is fundamental to encouraging healthier behaviour. However, we need not to forget all the stressful situations which people face that prevent them from stopping smoking (difficult financial situation, having to work long hours). People need support. All agencies should be involved (Ansaf Azhar)

Role models

To witness NHS staff actively smoking sends the wrong message. It is controversial as they are under so much stress, but we should aim to make them better role models. (Diane Hedges)

Shaping people's attitudes and behaviour, shaping the culture is not going to happen overnight. This is not so much about telling people not to smoke but creating an environment that does not encourage them to do so. Reducing people's levels of stress is very important, supporting people, how they can improve their lives to avoid feeling so anxious (Ansaf Azhar/Adrian Briggs)

Economic aspects

Smoking is expensive and sends people further into poverty. Additionally, the illegal trade in cheap tobacco needs to be prosecuted effectively so as not to encourage young people to buy tobacco with their pocket money. Trading standards are intervening to stop this. More prosecutions are necessary (Cllr McHugh)

11 Mental Health Prevention Concordat and Suicide and Self-Harm Prevention Strategy

Claire Gray and Rosalind Jones presented the documents *Report on the Mental Health Prevention Concordat Partnership and Framework* (page 23 in the agenda pack) and *Report on the Oxfordshire Suicide and Self-Harm Prevention Strategy* (page 27 in the agenda pack)

The video on the *Prevention Concordat for Better Mental Health Project Report* was presented at the meeting: <https://vimeo.com/551507662/e9978902ad>

Claire's team wanted to test a different approach for sharing information. *She asked members to take it back to their organisations to share with colleagues and ask them for feedback.*

Claire highlighted Public Health plans to complete a Mental Wellbeing Health Needs Assessment in Spring of 2021 to inform year 2 priorities (page 24 – Next Steps)

She also highlighted new communication networks that have been formed particularly regular meeting between Cherwell District council and OCCG to explore and share resources around training.

Rosalind commented on the *Oxfordshire Suicide and Self-Harm Prevention Strategy*

Oxfordshire have a well-established Suicide Multi Agency Group (MAG) and this is chaired by Public Health and includes partners from more than 20 different agencies, including public and private sector and national and local charities. All organisations have made a commitment to the delivery of the Suicide and Self-Harm Prevention strategy which sets out the long term aims to reduce suicide and self-harm in Oxfordshire over the next 4 years.

This strategy has four focus areas, which are underpinned by four action areas. These action areas include; real time surveillance and analysis, identifying and reducing high risk groups and behaviours, supporting people after suicide and self-harm and promoting resilience and wellbeing.

(Further information on the strategy here: [OxfordshireSSHPreventionStrategy](#))

Some of the key achievements of the group are highlighted in the paper.

There continues to be system-wide partnership working for suicide and self-harm prevention across Oxfordshire, as demonstrated in the paper.

There continues to be a high-quality collection and triangulation of local suicides through partnership working with Public Health, Thames Valley Police and the Coroner. The real time suicide surveillance system, which was implemented in 2016, provides an early indication of patterns across the County. This RTSS system has been used to deliver a geo-targeted digital campaign to raise awareness of mental health support services in Oxfordshire. The campaigns promoted NHS and third sector mental health and wellbeing support to the residents of West Oxon and Cherwell using geo-targeted Facebook and Google adverts.

Local third sector partners of the Suicide MAG have continued to provide support for the mental health needs of high-risk groups throughout the COVID-19 pandemic. Oxfordshire Mind provides a wide range of Wellbeing Services including peer support, psychoeducation & coping skills courses and the 'Benefits for Better Mental Health' service, offering benefits advice for service users. Rethink Mental Illness have continued to provide emotional support to carers of people living with mental illness, including suicide and self-harm. The Samaritans helpline became 24/7 over the first COVID-19 lockdown and continues to be accessible 24 hours a day.

Finally, as we move into the second year of the strategy, the work with a wide range of partners to prevent suicide and self-harm in the community continues.

Comments/Questions:

<p><i>Sharing of information/Prevention</i></p> <p>How do we monitor that the policies are having an effect on communities and how are these recommendations taken by the teams at the local authorities. How to be part of the network. (Cllr Upton)</p> <p>It was also important to identify how to share the information with carers/friend/housemates/colleagues/volunteers about somebody who is suicidal. How to close that professional gap. (Diane Hedges)</p> <p>Some people manage to be reactive and called the Samaritans, but others don't There is a need for more upstream work, to have those earlier conversations (Ansaf Azhar)</p> <p>They have been trying to involve members of the community that could take on the opportunistic contacts, providing the right training (e.g. barbers, hairdressers) (Claire Gray)</p> <p>Cllr McHugh also commented on the case of combat stress among armed forces.</p> <p><i>Location and intervention</i></p> <p>There are places where people are more likely to commit suicide, like railways. There is work carried out in partnership with both transport police and network rail when there is a death on the railway, an investigation is conducted to decide if a preventative structure can be installed (Cllr Upton/Rosalind Jones)</p>	
<p>12. Healthy Weight and Physical Activity Story Maps</p> <p>Rosalind Jones referred to the paper <i>Report on the Healthy Weight Story Map for Oxfordshire</i> (page 31 in the agenda pack)</p> <p>Tom Gubbins referred to the <i>Physical Activity Story Map Demonstration</i> (page 33 in the agenda pack)</p> <p>Rosalind highlighted that the Healthy Weight Story Map was an engagement tool for stakeholders across the county to show the local picture of healthy weight. The story map is available at : Healthy Weight Story Map (arccgis.com)</p> <p>The map was created with arccgis software that can be used by anyone; it is interactive and combines with other multimedia content. There have been 527,000 views since it was launched in March, showing good engagement.</p> <p>Rosalind provided a live demonstration of how it works.</p> <p>Tom Gubbins gave a presentation of the Physical Activity Story Map developed at Cherwell District Council. The story map has been promoted internally to staff at all levels along with partners and will be soon available on CDC website. They will announce it through press releases and social media channels.</p> <p>It is really helpful to present all the data from different partners in one place, providing further detail on health inequalities in CDC</p>	

<p><u>Comments/Questions:</u></p> <p><i>Whole system approach</i> The data will inform the work of the different stake holders (e.g. healthy weight practitioners, planning officers) in a true whole system approach (Cllr McHugh)</p> <p>Story Maps can be used to feed into health impact assessments regarding new housing. It has the potential to be used at a Primary Care Network level to broaden the knowledge on the population health challenges in each neighbourhood. It is possible to look behind that data and design specific interventions. Community insight work has been commissioned by the Public Health team to understand what lies behind these figures to understand residents' behaviour and to look at enablers that would facilitate people becoming more active and making healthy food choices (Rosie Rowe)</p> <p>Development of the story maps has been low cost and could be replicated in other District Councils (Cllr Phillipova-Rivers)</p>	
<p>13. Forward Plan</p> <p>Members to communicate to Rosie Rowe any item within the three main areas that they would like to be incorporated in the Forward Plan.</p>	
<p>14.AOB</p> <p>Cllr Phillipova-Rivers raised the subject of <i>period</i> poverty. It is known that 1 in 7 women with periods have problems affording sanitary products and she would like to bring this to the HIB attention.</p> <p>She is aware that in South Oxfordshire the voluntary sector is providing period boxes to young people. There is also a fund from the Department of Education to help with the cost of sanitary products in education settings but just 38% is used in Oxfordshire.</p> <p>There are other possibilities in South Oxfordshire such as the supply of reusable sanitary products that are much cheaper and better for the environment and in the longer term could be a game changer. There is an opportunity to explore this and see what HIB can do.</p> <p>Ansaf proposed a discussion outside the meeting. It is a really important area that can be addressed very quickly through some activities already happening in Oxfordshire. It is quite significant in terms of wellbeing impact.</p> <p>Cllr McHugh announced that it is time to rotate the Chair position, so he is leaving the role. HIB members thanked Cllr McHugh for his excellent chairing of the HIB.</p>	