

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 29th Sept 2022 commencing at 15:30

Present: Board members	Cllr Louise Upton, Oxford City Council (Chair) Ansaf Azhar, Director of Public Health, Oxfordshire County Council David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer) Dr David Chapman, Ex- Clinical Chair, Oxfordshire Clinical Commissioning Group Daniella Granito, District Partnership Liaison, Oxford City Council Cllr Joy Aitman, West Oxon District Council Cllr Mark Lygo, Oxfordshire County Council Veronica Barry, Healthwatch Oxfordshire Ambassador Cllr Phil Chapman, Cherwell District Council Cllr Helen Pighills, Vale of White Horse District Council Daniel Leveson, Place Director for Oxfordshire, NHS Integrated Care Board
In attendance	Kate Austin, Health Improvement Principal, Public Health, Oxfordshire County Council Kate Holburn, Head of Public Health Programmes, Public Health, Oxfordshire County Council Edward Frape, Community Development Officer – Healthy Place Shaping, Community Services Wellbeing, Cherwell District Council Parveen Gujral, Senior Data Analyst, Health Partnerships, Public Health, Oxfordshire County Council Emma Hagues, Here for Health Service Development Manager Health Improvement Advice Centre, Oxford University Hospitals NHS Foundation Trust Jonathan Jenkinson, SmokeFree Project Lead, Oxford University Hospital NHS Foundation Trust Jody Kerman, Head of Trading Standards, Oxfordshire County Council Derys Pragnell, Public Health Consultant, Oxfordshire County Council
Officer:	Raquel Salosa, minute taker, Oxfordshire County Council
Absent:	Det Chief Insp Jonathan Capps, Thames Valley Police

ITEM
<p>1. Welcome Cllr Phil Chapman, Cherwell District Council Cllr Joy Aitman, West Oxon District Council Dan Leveson, Place Director for Oxfordshire, NHS Integrated Care Board Jody Kerman, Head of Trading Standards Jonathan Jenkinson, SmokeFree Project Lead, Oxford University Hospital NHS Foundation Trust Emma Hagues, Here for Health Service Development Manager Health Improvement Advice Centre, Oxford University Hospitals NHS Foundation Trust</p>
<p>2. Apologies for Absence and Temporary Appointments Cllr Maggie Filipova-Rivers, South Oxfordshire District Council (Vice -Chair) Sally Culmer, Public Health Principal, Public Health Team, Oxfordshire County Council</p>
<p>3. Declarations of Interest</p> <p>There were no declarations of interest.</p>
<p>4. Petitions and Public Address</p> <p>There were no petitions and public address.</p>
<p>5. Notice of Any Other Business 15:33 to 15:35</p>
<p>6. Note of Decisions of Last Meeting 15:35 to 15:40</p> <p>Corrections (minutes of 19th May 2022): 10. Report from Healthwatch Oxfordshire Ambassador The names of the community researchers for Healthwatch Oxfordshire Report are Omotunde Coker and Nagla Ahmed.</p>
<p>7. Health Protection Update 15:40 to 15:50 Ansaf Azhar, Director of Public Health</p> <p>Case rates are expected to rise as winter approaches. Observed rise in Covid-19 cases among 7-11 y/o bracket.</p> <p>How can the public protect themselves?</p> <ul style="list-style-type: none"> • Take up vaccination offers against Covid-19 and flu. • Avoid mixing with other people when experiencing symptoms. <p>Flu impact is a concern as the country has not been significantly hit by the virus for the past couple of years and general immunity would have weakened.</p>

Discussion:

What is being done to encourage people who traditionally have low vaccination uptake and, consequently, worst affected?

Current work is being done in coordination with community teams (district councils), health partners and other sectors to deliver measures in various forms e.g. social media, to put the message across. Various delivery vehicles are being used with focus on disadvantaged communities and addressing language barriers.

Social prescribers can be considered as a potential support group to help with this undertaking. Likewise, is the Vaccine Equality Group.

Oxford City Council currently employs Community Health Champions who are tasked to focus on communities with problems such as low vaccination uptake.

Can vaccines protect against new strains of the Covid-19 virus?

The UK currently uses Pfizer/BioNTech and Moderna vaccines. These are specifically designed to counter the effects of newer strains of the virus.

8. Performance Report – Effect of COVID 19 (Pages 13 - 24)

15:50 to 16:00

David Munday, Consultant in Public Health, Oxfordshire County Council

Key points:

- There is a slightly mixed picture in MMR vaccination rates doses 1 and 2. Current work are being done to improve uptake along with Covid-19 vaccination.
- The main action to improve the NHS Health Check Programme involves the commissioning of supplementary provider which will commence delivery from Q4 2022-2023.
- Cervical screening data are below target. This is an area of the screening programme which has a strong correlation with inequality.
- Bowel screening has not been interrupted by Covid-19 pandemic as much as breast screening which requires in-person attendance.

In summary, there has been good areas of performance. Covid-19 has impacted some key services.

Discussion:

Flu vaccination among children

GPs and school health nurses immunise children from age 2 onwards. Relevant reports and data are seldom available. Giving flu vaccination to children will have the greatest effect on the whole health system than any other population group.

Over 65s are covered in reports because of their level of vulnerability. It is worth noting that children can become active carriers of infectious diseases without vaccination, thus, playing an important role in community transmission and disease prevalence.

Action: Inclusion of children's immunisation programme in subsequent reports as part of an ongoing monitoring is being thoughtfully considered.

How are communities involved in the design of the NHS Health Check contracts?

Action: This will have to be referred to the particular team which helped with the commissioning of the programme.

Highlighting groups that attend drugs and alcohol services as a sector that shows high prevalence rate of smoking-related diseases/deaths

Currently, work is ongoing with Turning Point focusing on this sector.

Coordinated actions among local authorities, district councils, police and the health sector are ongoing. Effective use of available data will aid in targeting various indicators and zooming in to the PCN level.

9. Report from Healthwatch Oxfordshire Ambassador (Pages 25 - 26)

16:00 to 16:20

Veronica Barry, Healthwatch Oxfordshire Ambassador

- Access to dental services – a roundtable discussion was held last week on NHS dental services. It highlighted health inequality issue arising from YP and children not being able to access NHS dental service in some areas.
- Access to pharmacy – a roundtable discussion for commissioners and stakeholders was convened by Healthwatch Oxfordshire on 29th September. A presentation was submitted to the BOB ICB - Quality Group in July.
- The link to the model of engagement (involving community researchers) produced for Healthwatch England network is:
<https://network.healthwatch.co.uk/guidance/2022-09-05/working-community-researchers-to-achieve-change-people>

Discussion:

The CDS (Community Dental Service) offers a webinar on dental hygiene which does not only revise on basic dental health, but, also address the issue of rising living cost e.g. cheap and effective toothpaste products. It would be good to get this out to public.

Action: This item will be linked with any initiative around alleviating the effects of the cost-of-living crisis. It will be referred to the Public Health team that works with the CDS.

<https://www.youtube.com/watch?v=FnogPbG4COU>

https://www.youtube.com/channel/UCknCsYAoeoEEQ_UhSv81Hbg

<https://www.communitydentalservices.co.uk/oral-health-improvement/resources/>

10. MECC (Make Every Contact Count) implementation in Oxfordshire (Pages 27 - 34)

16:20 to 16:30

Kate Austin, Health Improvement Principal, Public Health, Oxfordshire County Council

The Health Improvement Board received and update on the strategic implementation of the MECC programme in Oxfordshire. The following discussion points/ questions were raised:

How is MECC's impact measured?

Evaluation is done where and when possible. MECC is difficult to evaluate in terms of impact because of the opportunistic nature of MECC conversations, where it may not be possible to see a person a second time. MECC is part of a whole cycle of behavioural change and may take place in many settings such as conversations at a bus stop. Exceptions may involve conversations with people who visit hospitals regularly. Evaluations may be possible for increases in confidence etc after people have received training and in the long-term we are working with the South East MECC Network to explore ways to evaluate.

MECC representation in hospitals

MECC does not have full NHS representation at the moment. MECC representation in the NHS will provide an important tool for intervention. It is important to do stakeholder mapping.

Action: Daniel Leveson will mention MECC with the Chief Nurse. OUH (thru Emma Hagues) is also expressing interest.

Action: The Board and guests will provide names of individuals who will be trained as MECC practitioners. Names to be forwarded to Kate.Austin@Oxfordshire.gov.uk .

11. Tobacco Control Alliance update (Pages 35 - 46)

16:35 to 17:00

Jonathan Jenkinson, SmokeFree Project Lead, Oxford University Hospital NHS Foundation Trust

Jody Kerman, Head of Trading Standards, Oxfordshire County Council

Derys Pragnell, Public Health Consultant

The Health Improvement Board received and update from two key partners on the Tobacco Control Alliance who are taking forward actions to achieve the 2025 smoke-free Oxfordshire ambition.

Oxfordshire Trading Standards is well-placed nationally and regionally to share intelligence with counterpart agencies.

Discussion:

Marketing of vaping products to children needs government intervention

Products are being marketed in various 'flavours' and packaging appealing to children. There are a few things in place. The regulated e-cigarettes are recommended as a quick tool for adults. They are ninety-five percent less harmful than cigarettes. Data shows that tobacco smoking has fallen a little bit among YP while smoking e-cigarettes has risen a little bit. Nationally and locally, less than 2% of YP are smoking either cigarettes or e-cigarettes regularly. ASH, PHE and OHIS are having conversations around what can be done on social media e.g. TikTok to counter marketing of illegal cigarettes. Tobacco strategy is a whole system approach.

More information need to go out to housing association residents thru district and town councils.

Recognise tobacco dependency as an illness

There are well-established models of treatment. There should be investment and expansion of work. The same support that is offered to the community should be offered to members of the workforce i.e. NHS.

Online e-cigarettes: standards and safety

A recent ASH report on disposable vapes states that a vast majority of the products are bought from shops. Tackling online sales is harder. The authorities have capabilities to take down online illegal marketing sites and works with Products Safety and Standards to stop products at point of import. Sharing intelligence is key to identifying channels up the supply chain.

Legislation for indoor vaping

This item is subject to confirmation. Generally, most places appear to apply the same restrictions to both vape and tobacco. Vaping is not prohibited by the smoking ban.

OUH: Implementation of Trust smoke-free policy

OUH is currently waiting for funding (NHS Long-term Plan) from BOB ICB to be able to recruit Tobacco Dependency Advisors and other roles to make up the TDA-led pathway. Four members of staff have completed the VBA training. OUH is trying to identify dedicated vape zones onsite.

The Board expressed its appreciation to everyone for all the work undertaken and efforts put towards creating a smoke-free county.

12. Domestic Abuse Strategy(Pages 47 - 50)

17:00 to 17:25

Kate Holburn, Head of Public Health Programmes, Public Health, Oxfordshire County Council

The Health Improvement Board received an update on the implementation of the Domestic Abuse Strategy in Oxfordshire.

Discussion:

The impact of the cost-of-living crisis to incidence of domestic abuse

Local and district authorities, as well as, other organisations need to prepare for a rise in cases under current circumstances.

Preventative focus

Focus does not have to be limited to supporting victims. There should be preventative programmes linking different groups e.g. drugs and alcohol services, and partnerships.

13. Any other business

None