

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 6 February at 14:00

Present: Cllr Chewe Munkonge, Oxford City Council
Board members Ansaf Azhar, Director of Public Health
David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Dan Leveson, Place Director for Oxfordshire, BOB ICB
Cllr Chewe Munkonge, Oxford City Council
Cllr Rob Pattenden, Cherwell District Council
Cllr Rachel Crouch, West Oxfordshire District Council
Cllr Georgina Heritage, South Oxfordshire District Council

In attendance Bethan McDonald, Public Health, Consultant in Public Health in Data and research. Oxfordshire County Council
Katherine Howell, Healthwatch Oxfordshire
Josh Lenthall, Chief Executive, Active Oxfordshire
Derys Pragnell, Consultant in Public Health,
Yasmin Illsley, Public Health Principal
Clare Grey, Health Improvement Practitioner
Sam Keyte, Senior Campaigns Manager Bite Back
Poppy Gould – Young Person who took part in the Bite Back project
Olivia Clymer, Director of Strategy and Partnerships at Oxford University Hospitals,
Emma Hayes, Service development manager, Here for Health Oxford University,
Nicole Satullo, Palliative Care Nurse

Officer:

Apologies:

ITEM
<p>1. Welcome</p> <p>Chair welcomed the participants to the Health Improvement Board meeting.</p> <p>Chair noted this was Dr Sam Harts last Health Improvement Board meeting and Dr Sam Hart was thanked for all his hard work and contributions over the years.</p> <p>It was also noted that this is David Munday's last meeting, Ansaf Azhar acknowledged David's contributions to public health in Oxfordshire, highlighting his journey from consultant to Director of Public Health at Buckinghamshire Council and expressing gratitude for his efforts in health improvement and partnership forums.</p> <p>Health and Well-being Boards: Changes in the health and well-being boards were discussed, including the need to fill the vice chair position. The integrated care boards have decided that one of the chiefs (nursing officer, delivery officer, medical officer, or dental officer) will take a place-based role. Matthew Tait, the Chief Place Officer for Oxfordshire ICB, will take this role.</p> <p>GP Lead Role: Michelle Brennan has taken the GP lead role in the Oxfordshire Health and Well-being Board.</p> <p>Vice Chair Position: There is still a gap in the vice chair position, which often takes the clinical lead role. Discussions are ongoing about who will fill this role.</p> <p>Dan Leveton's Role: Dan Leveton, who has done significant work in the partnership space, is taking on more of an ICB role while still leading for place. He will be less visible at the place partnership level but will still be involved as necessary.</p>
<p>2. Declarations of Interest</p> <p>There were no declarations of interest.</p>
<p>3. Petitions and Public Address</p> <p>There were no petitions and public address.</p>
<p>4. Notice of any other business</p>

6. Minutes of Last Meeting

All signed off as correct.

7. Performance Report

Presented by Bethan McDonald, Consultant in Public Health in Data, intelligence and research, Oxfordshire County Council

Performance Report:

Childhood Obesity:

- Year 6: 32% of children measured in Year 6 are overweight or obese, a significant increase from pre-pandemic levels (30%). Inequalities exist within the county, with rates ranging from 17% in North Central Oxford to 43-45% in areas like Littlemore and Rose Hill.
- Reception: 19.3% of children in reception are overweight or obese, similar to pre-pandemic levels. Inequalities are also present, with rates less than 10% in North Central Oxford and more than 25% in Littlemore and Rose Hill.

Premature Mortality from Cardiovascular Disease:

- The rate is currently 53 per 100,000, showing no significant change over the last 10 years. Local activities include work around physical activity, healthy weight, and tobacco control.

Smoking in Pregnancy:

- The rate is 5.5%, above the target of 5.1%. There is a steadily declining trend over the last five years, supported by initiatives like the maternity tobacco dependency advisor service and local stop smoking service.

Alcohol Treatment:

- Completion and progress indicators remain above target and national averages, with 60% completions and 74% treatment progress. Programs take a holistic, person-centered approach.

Physical Activity:

- 20.6% of adults do less than 30 minutes of physical activity a week, stable over the last four years but above the target of 18%. Programs like Active Oxfordshire and Move Together support increased physical activity.

Depression Diagnosis:

- A new indicator for the percentage of patients aged 18 and over with newly diagnosed depression is being tracked, replacing the previous indicator on adult patients recorded with depression.

8. Report from Healthwatch Ambassador

Presented by Katherine Howell, Healthwatch Oxfordshire Ambassador

Healthwatch Report:

- **Urgent and Emergency Care Survey:**
 - A survey was launched to understand people's experiences navigating urgent and emergency care services, including 111, 999, emergency departments, and MIUs. Initial findings indicate that 111 is increasingly becoming the first port of call for many people.
- **Women's Health Services:**
 - Reports are being compiled based on feedback from 600 women, highlighting issues such as lack of support for menopause and pain management for gynaecological conditions like endometriosis.
- **Men's Health:**
 - Feedback from men, particularly working-age men, indicated barriers to seeking health care, including work pressures and difficulty getting GP appointments.
- **Community Insight Profile:**
 - A profile for Wood Farm and Town Furze was developed, revealing significant differences in people's experiences based on factors like housing tenure, income, mobility, and access to affordable, healthy food.
- **Enter and View Visits:**
 - Reports were published from visits to White Horse Medical Practice, Abingdon Hospital, and the discharge lounge at the JR, among others.
- **Outreach Activities:**
 - Healthwatch engaged with various groups, including refugee support groups and the lived experience advisory forum for people with homelessness experience.
- **Webinars:**
 - Recent webinars covered topics like men's mental health, GP surgery staff roles, and the NHS 10-year plan on digital transition. Upcoming webinars will focus on mental well-being support for children and young people.

9. Healthy Weight Environments

Presenters Derys Pragnell, Consultant in Public Health, Yasmin Illsley, Public Health Principal, and Clare Grey, Health Improvement Practitioner, Sam Keyte – Senior Campaigns Manager Bite Back, Poppy Gould – Young Person who took part in the Bite Back project

Healthy Weight Environments Minutes:

- **Introduction and Overview:**
 - Yasmin Illsley, a public health principal, provided an overview of the whole systems approach to the healthy weight agenda, focusing on support, prevention, healthy weight, and system leadership.
 - The all-age health weight management program commenced on October 1st, offering various services, including commercial and specialist groups.
- **Environmental Impact:**

- Emphasis on shaping and influencing the environment to make healthy options more accessible.
- Introduction of a healthier out-of-home food officer to engage with businesses and the public to promote healthy food options.
- Strategic school food and physical activity officer to enhance food and physical activity opportunities in schools and workplaces.
- **Advertisement and Planning:**
 - Discussion on the impact of unhealthy food advertisements in public spaces and the need for policy changes to limit such advertisements, especially near schools and youth congregating areas.
- **Biteback Project:**
 - Sam Kayte from Biteback introduced the project, which aims to change how food is made, marketed, and sold, involving young people in policy discussions.
 - Poppy Gould, a sixth form student, shared her experiences and the challenges young people face with junk food advertising and availability.
- **Key Points from Poppy Gould's Presentation:**
 - Highlighted the pervasive presence of junk food in schools and towns, making it difficult for young people to make healthy choices.
 - Emphasized the need for better control over junk food advertising and the importance of providing healthier options.
- **Discussion and Comments:**
 - Ansaf Azhar highlighted the urgency of addressing the food environment and leveraging planning and advertisement regulations to reduce the prevalence of unhealthy food options.
 - Cllr Rachel Crouch shared her observations about changes in fast food options and the importance of education in schools.
 - Claire Gray emphasized the need for easy policy changes to restrict junk food advertising and manage new hot food takeaways near schools.

10. Oxfordshire on the Move and Place Universal Offer

Presented by Josh Lenthall, Chief Executive, Active Oxfordshire

Active Oxfordshire Discussion Minutes:

- **Introduction:**
 - Josh from Active Oxfordshire presented an overview of their initiatives and the impact of their programs.
- **Whole System Approach:**
 - Focus on a whole system approach to physical activity, emphasizing collaboration with various partners and targeting inequality.
 - Key programs include U Move and Move Together, which cater to families with children on free school meals and individuals with long-term health conditions, respectively.
- **Impact and Successes:**

- Move Together program has shown significant impact, including a 50% reduction in GP appointments for participants.
- The program has saved approximately 8,000 GP appointments, freeing up capacity for other patients.
- Participants in the program have shown a reduction in falls and an increase in physical activity levels.
- **New Opportunity:**
 - Introduction of the Place Universal Offer, with Sport England investing £630,000 over three years to improve capacity and capability in Oxfordshire.
 - The focus will be on creating conditions for the system to work effectively, with an emphasis on trust, community involvement, and reducing inequality.
- **Discussion Points:**
 - Importance of involving the Health Improvement Board in the work and identifying any missed opportunities for collaboration.
 - Emphasis on the need for systemic change and the role of physical activity in addressing broader health and social issues.
- **Comments and Questions:**
 - Katherine Howell from Healthwatch highlighted the importance of addressing safety concerns in areas like Wood Farm to encourage physical activity.
 - Dr Sam Hart emphasized the need for self-referral and de-medicalization of physical activity interventions.
 - Ansaf Azhar discussed the importance of evaluating the long-term impact of the Move Together program and scaling successful initiatives.

11.Prevention Activity in the OUH

Presented by Olivia Clymer, Director of Strategy and Partnerships at Oxford University Hospitals, Emma Hayes, Service development manager, Here for Health Oxford University, Dion Surname?, ED Consultant, Nicole Satullo, Palliative Care Nurse

Prevention Activity in Oxford University Hospitals (OUH):

- **Here for Health Service:**
 - Provides personalized support to patients, staff, and visitors to improve health literacy and encourage lifestyle changes.
 - Conducted over 5,000 lifestyle conversations and made over 1,000 referrals to specific support services in 2024.
 - Delivered over 500 NHS health checks for staff in partnership with Health Checks Oxfordshire.
 - Involved in active travel projects to increase cycling confidence and accessibility for OUH staff.
- **High Intensity Service (HIS):**
 - Focuses on patients who frequently use healthcare services due to health anxiety, mental health issues, or long-term conditions.

- Aims to break the cycle of frequent healthcare use and improve patient outcomes.
- **Alcohol Care Team:**
 - Provides face-to-face interventions in the emergency department to educate staff and patients about alcohol-related issues.
 - Links with community partners to offer comprehensive support.
- **Homeless Improvement Team:**
 - Works with patients experiencing homelessness to provide social support and avoid unnecessary hospital admissions.
- **Hospital Navigator Program:**
 - Focuses on youth aged 15-25 to address issues related to exploitation, gang violence, and drug use.
 - Utilizes "reachable moments" in the emergency department to intervene and provide support.
- **Palliative Care Service:**
 - Aims to improve the quality of life for patients with life-limiting illnesses and their families.
 - Provides symptom management, psychosocial support, and maintains patient independence.
 - Offers bereavement support to families, which has been life-saving for many.

12 Any other Business

Next meeting July TBC