To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 15 June 2023 at 2.00 pm

Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Martin Reeves
Chief Executive   June 2023
Contact Officer: ***Taybe Clarke-Earnscliffe, Business Support Team Leader***
(Dir Office)

        email: Taybe.Clarke-Earnscliffe@oxfordshire.gov.uk

Membership

Chair TBC – Councillor Louise Upton
Vice Chair TBC - District Councillor Maggie Filipova-Rivers

Board Members:

Cllr Louise Upton	Oxford City Council
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Cllr Joy Aitman	West Oxfordshire District Council
Cllr Michael O'Connor	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
Cllr Phil Chapman	Cherwell District Council
Cllr Helen Pighills	Vale of White Horse District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
David Munday	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Dr David Chapman	Ex-Clinical Chair of Oxfordshire Clinical Commissioning Group
Mish Tullar	District Partnership Liaison
Daniel Leveson	ICB Place Director
Robert Majilton	Healthwatch Oxfordshire Ambassador

Notes: Date of next meeting: 7 September 2023

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes*"any employment, office, trade, profession or vocation carried on for profit or gain"*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1.   Welcome by Chair

2.   Apologies for Absence and Temporary Appointments

3.   Declaration of Interest - see guidance note opposite

4.   Petitions and Public Address

5.   Notice of Any Other Business

14:03 to 14:05

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting

6.   Note of Decision of Last Meeting (Pages 1 - 10)

14:05 to 14:10
5 minutes

To approve the Note of Decisions of the meeting held on 23 of February 2023 and to receive information arising from them

7.   Performance Report (Pages 11 - 16)

14:10 to 14:20
10 minutes

Presented by Steven Bow, Consultant in Public Health, Oxfordshire County Council

To monitor progress on agreed outcome measures

8.   Report from Healthwatch Ambassador (Pages 17 - 20)

14:20 – 14:30
10 minutes

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board

9.   Domestic Abuse (Pages 21 - 34)

14:30 – 14:55
25 minutes

Presented by Kate Holburn, Head of Public Health Programmes, Oxfordshire County Council, Lisa Ward Lived Experience Advisory Group

10.   Make Every Contact Count (Pages 35 - 80)

15:00 to 15:25
25 minutes

Presented by Imogen Coningsby, Health Improvement Practitioner, Kate Austin Public Health Principal and Christine McBride - Health at OUH

11.   Social Prescribing (Pages 81 - 96)

15:25 – 15:50
25 minutes

Presented by Angela Jessop, Personalised Care Lead at NHS Buckinghamshire, Oxfordshire and Berkshire West ICB

12.   Any other Business

15:50 – 16:00
 10 minutes

Future HIB meeting dates:
7th of September 2023
16th of November 2023

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 23rd February 2023 at 16:00

Present: **Board members**	Cllr Louise Upton, Oxford City Council (Chair)
	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
	Robert Majilton, 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
	Edward Frape, Community Development Officer – Healthy Place Shaping, Community Services Wellbeing, Cherwell District Council
	Lynn Zheng, Public Health Registrar OCC
	Derys Pragnell, Public Health Consultant, Oxfordshire County Council
	Helen Mariner, Active Oxfordshire
	Mish Tullar City Council – District Liaison
Officer:	Taybe Clarke-Earnscliffe, minute taker, Oxfordshire County Council
Absent:	Ansaf Azhar, Director of Public Health, Oxfordshire County Council

ITEM
1. **Welcome**

Taybe Clarke-Earnscliffe – Business Support (Admin)
Mish Tullar City Council – District Liaison

Welcome everyone

2. Apologies for Absence and Temporary Appointments

Ansaf Azhar, Director of Public Health, Oxfordshire County Council

3. Declarations of Interest

There were no declarations of interest.

4. Petitions and Public Address

There were no petitions and public address.

5. Notice of Any Other Business
14:03 to 14:05

No other business

6. Note of Decisions of Last Meeting
14:05 to 14:10

- Healthwatch – breakdown on profiles and people engaging with them, which will be picked up in the report later in the meeting.
- Leisure centres/play activities/sports were picked up in the relevant feedback and write up within the ICS strategy.

7. Health Protection Update – Discussion Update
14:10 to 14:20

Presented by David Munday, Director of Public Health, Oxfordshire County Council

3 main points to discuss

- **Covid** – Covid levels increased locally and nationally, the peak was at the end of December 2022, this caused a peak in case rates and hospitalisations. Since the beginning of the year Covid rates have decreased which is positive. Surveillance and monitoring continue, there has been no changes in Covid variants in the time period of monitoring. The good news is the vaccination programme, in Oxfordshire over 3 quarters of the population over 50 have had an autumn booster. The seasonal booster is important for controlling Covid and the severity of the infection which decreases the chances of hospitalisation and mortality rate. The JCVI (Joint Committee on Vaccination and Immunisation) have released their initial advice for the 2023 vaccination programme. Currently do not have all the details as yet but expect in the spring of 2023 there will be an offer for Covid booster for

people most vulnerable/ very high risk/older age/immune suppression. Autumn 2023 will be another Covid booster offered to those who are 50+ or have long term health conditions.

- **Flu** – Challenging winter with Flu circulating at the same time as the peak of Covid infections. First time we have had a meaningful flu season since 2019, this was expected due to more mixing and less non pharmaceutical interventions which would stop transition of viruses. Flu rate higher in South East since early January, Flu A which affects adults has been declining but not gone away and we are not through the flu season yet. Low levels of Flu B which infect children. Flu vaccination programme has run again this winter, data is really positive to the 31st December and provisionally uptake is higher than the year before in many groups

- **Step A (streptococcus) Scarlett Fever** – Strep A is common bacterial infection and it can cause different diseases, the most common is Scarlett fever. Scarlett fever is a notifiable disease, the local health protection system will get reports on cases of Scarlett fever. Scarlett fever is treated very successfully with a course of antibiotics. Autumn 2022 and around Christmas there was higher than normal rate of cases. Strep A in some instances s associated with an invasive infection which can cause severe illness and, in some instances, can lead to death. Cases locally and in the Southeast have been in align with cases nationally. Significant drop in cases of Strep A and invasive infection has been seen in last 1-2 months. Scarlett fever is normally more present in Springtime, but virus infection rates have changed over the last few years and this could be due to the pandemic and how people have been mixing and behaved.

Question – Are the Flu vaccination uptake rates is that in line with national trends and do you think that Covid has influenced the impact on the vaccination uptake?
Answer – Overall we do better than national average, data is incomplete at the moment but we are usually better than national average. At one point there was some concern of Vaccine fatigue, people do not want to hear the message of having a vaccination. Looking at what drives vaccine uptake one key feature is perception of your susceptibility or the serious of the disease to the vaccine being offered.Covid have shifted the dial on residents' understanding of this and overall the net result has been positive.

Comment – Health service colleagues to offer Flu and Covid Vaccines together next year would be welcome.

8. **Performance Report – (pages 1 - 4)**
   14:20 to 14:30

Presented by David Munday, Director of Public Health, Oxfordshire County Council

Presenter shared the performance report with the board and highlighted key areas –

New data

Monitored quarterly – reduce the level in smoking in pregnancy, data has improved fractionally. Target not to be higher than 6% and currently at 5.7%
The Local Stop Smoking Service has supported pregnant women in to quit and a new maternity Tobacco Dependency Service funded by ICB/NHSE is launching in early 2023 to support pregnant women to quit.

Amber in performance against target for the Measles, Mumps and Rubella immunisations in quarter 1 and 2 with a slight dip in Quarter 2. Goal is to achieve green in performance. The NHSE Improving Immunisation Uptake (IIU) initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices.

Live Well – Hitting target for smoking in the number of quitters, The Oxfordshire LSSS continues to engage local residents to quit smoking, targeting priority groups through workplace events and pop-up events, as well as having a single point of access referral route. Work across the system as part of the Tobacco Control Alliance continues to support the County to become Smoke Free through initiatives such as SF side-lines, parks, school gates and signposts smokers to the LSSS.

NHS health check – Eligible population aged 40-74 years invited for an NHS Health Check (2018/19 - 2022/23) (quarterly) – GP Practices are actively inviting in eligible patients and a countywide marketing campaign is currently underway alerting the public to the NHS Health Check programme and urging them to attend their appointments when invited in. The newly commissioned supplementary NHS Health Check Services began the service Implementation Phase between October - December 2022 and service delivery through outreach clinics began from 1st February 2023. The Oxfordshire service continues to benchmark higher than regional and national averages.

Question –
Live well indicators for the smoke free data is it less than 5% of the adult population to smoking is that are target?
Answer – Yes that is the target by 2025, currently we are 10.2%. Current quit rates are good which will help reduce prevalence toward 5% but as (small numbers) do start smoking each quarter and some people who quit re-start, it needs on going focus.

Question - Health Check data is there data on uptake with regards to gender?
Answer – There isn't in the routine data supplied, but we have a new provider undertaking opportunistic and targeted health checks at community sites (as opposed to in GP surgeries) and anticipate this break-down being available from them.

Question – Cervical screening what is happening with screening what is happening with this and are there any targeted projects or can we help or support with anything?
Answer – Cervical screening data on the report is old data Q4 2021/2022 – and work is on-going to address this. Two types of interventions to address it. Firstly, work with GP practices on invitations, access, capacity and timings of clinics etc. Secondly, work with communities to engage, promote and break down barriers. Together they have an impact but not quickly,

9. **Report from Healthwatch Oxfordshire Ambassador (pages 5 – 8)**
14:30 to 14:40

Robert Majilton, Healthwatch Oxfordshire Ambassador

Shared the report with the board and highlighted some key issues within the report –

"**Leaving Hospital with medicines**" focusing on experience of people leaving hospital (across Oxford University Hospitals OUH) with prescribed medicines, and the support they received during and after discharge.
In total we heard from 113 people – 105 people via a survey and 8 people face to face at the discharge lounge in the John Radcliffe Hospital. 9 people kindly came forward to share their stories in depth, illustrating the journeys people took. Some of these stories are included at the end of the main report and on our website here. A key finding was that few respondents had heard of the Helpline. We also identified other themes around clear and timely communication about medicines and discharge waiting times. More information can be found in the report.

Second Key point –

Hearing from Men in Carterton.

We wanted to hear from working men – who are often seldom heard – about their views on health and care. We decided to focus on Carterton, drawing on 'rapid appraisal' methodologies from November 2022 to January 2023, to gain quick insights into local health attitudes and needs. We had **conversations with 31 men** in all. Our interactions with men involved short but meaningful conversations, prompted by the questions '*What makes it easy and what's hard about looking after your health in Carterton*?' with added opportunity to give insights into using local health services. Our work linked with the Oxfordshire Men's Health Forum initiative in November 2022 #*30Chats in 30 days*. More information in the report.

Webinars available –

Healthwatch Oxfordshire Open Forum on 28th February from 4.30-5.30 pm for members of the public to meet our Board of Trustees, hear about our work and ask any questions.
Details here: https://healthwatchoxfordshire.co.uk/event/healthwatch-oxfordshire-open-forum/

Open Patient Information webinar on **March 31st** 1.30 – 3pm for members of the public: https://healthwatchoxfordshire.co.uk/ppgs/patient-webinars/

10. **Planning for workshop in March**
14:40 – 14:50

Workshop 7th March 2023, 10:30 – 12:30pm @ County Hall in person

Strategic plan from all members and districts. To look at best practices and raise anything that you would like to see over the next year. Brainstorming and sharing ideas.

11. Director of Public Health Annual Report
14:55 to 15:15

Presented by David Munday, Director of Public Health, Oxfordshire County Council

Report was shared with the board – this remains a draft form at present – Final version later in March.
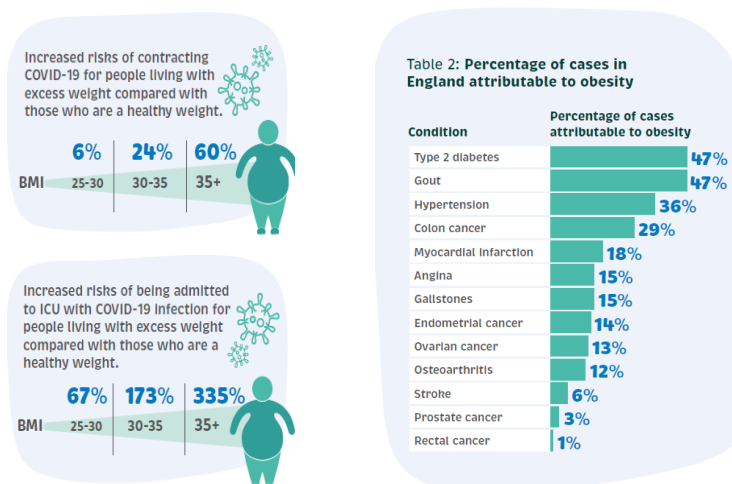
Why Excess weight matters

Annual Report focuses on healthy weight, and looking at the detrimental impact on individuals who are overweight or obese. Being overweight or obese increases the risk of developing illnesses.

- Cancer
- Diabetes
- Arthritis

This also reduces the individual's quality of life and has implications on the heath and care system.

Obesity in Children strongly predicts adult obesity, more information on page 4 on the report shows how obesity harms children and young people.

Increased risks and conditions – more information on page 5 of report

Increased risks of contracting COVID-19 for people living with excess weight compared with those who are a healthy weight.

BMI	25-30	30-35	35+
	6%	24%	60%

Increased risks of being admitted to ICU with COVID-19 infection for people living with excess weight compared with those who are a healthy weight.

BMI	25-30	30-35	35+
	67%	173%	335%

Table 2: **Percentage of cases in England attributable to obesity**

Condition	Percentage of cases attributable to obesity
Type 2 diabetes	47%
Gout	47%
Hypertension	36%
Colon cancer	29%
Myocardial infarction	18%
Angina	15%
Gallstones	15%
Endometrial cancer	14%
Ovarian cancer	13%
Osteoarthritis	12%
Stroke	6%
Prostate cancer	3%
Rectal cancer	1%

Being overweight and obese has an impact on costs, hospital admissions and quality of life

- Costs to the NHS
- Social care and reduced productivity costs

- Costs to loss of quality of life
- Social costs
- Total cost for the UK is £62 billion

58% of people in Oxford are classed as overweight.
Children - 8.5% in reception are overweight and 19.5% in year 6 are overweight.
Understand the causes of overweight and obesity

Pages 13,14,15 look at root causes of being overweight or obese and access to healthy food.

Key points

- Poverty
- Employment
- Housing
- Access to parks and safe places to walk
- Access to healthy food

Page 16 looks at the benefit of breastfeeding as this has a positive impact and reduces the risk of obesity by 13 percent later in life. Breastfeeding is also beneficial for the mother and return to pre baby weight faster. 61% of babies in Oxfordshire are partially or fully breastfed at 6-8 weeks.

Schools – making sure schools are providing a critical nutritional safety net as for some children school lunch is their main meal. Nutrition in school is linked to educational attainment.

Page 17 shows fast food outlets, discussion around overweight children and chart showing nearest fast food outlet around the community areas.

The final report will look at Oxfordshire Whole Systems approach.

HIB members welcomed the report and this theme. It was noted that the final version will be launched on 28th March at the Full Council meeting of Oxfordshire County Council

12. Needs assessment on healthy weight and update on whole systems approach to healthy weight
     15:15 – 15:35

Presented by Derys Pragnell, Consultant in Public Health and Lynn Zheng, Public Health Registrar OCC

Lynn shared the report with the board, the report covers all the information discussed.

Appendix 3 - Recommendations from the Health Needs Assessment for Promoting Healthy Weight

Appendix 4 - Healthy Weight Action Plan

The Oxfordshire whole systems approach (WSA) to healthy weight has four priority areas identified to structure associated actions;

- Healthy weight environment
- Prevention
- Support
- System leadership (a partnership and systems approach)

The presenter discusses the above in more detail and is covered in the paper.

Derys Pragnell summarises – action plan was done a year ago, appendix 3 highlights changes and additional parts added, more work needs to be done around the very early years prevention. Also, need to focus on the environmental side, first thing to look at - what outlets are within 1000 metres of schools and then look at how we can promote healthy food options. There is the potential for partners to sign up to a "healthy weight" pledge to help galvanise action. Asking for help from HIB, if each district can nominate a lead officer to drive this forward. Propose a workshop in Spring to look at how we can make this happen.. **Agreed** that District and City LAs would nominate relevant Officers to attend workshop on how to best take forward actions to address these issues.

13. Active Oxfordshire – Oxfordshire on the Move
15:35 – 15:55

Presented by Helen Mariner - Active Oxfordshire

Helen presented papers to the board

The report covers what is Oxfordshire on the move?

- Oxfordshire on the move is a new social movement convened by active Oxfordshire
- Aligns well with prevention agenda and is an enabler to placed based approaches to tackling health inequalities
- Worked with 90 organisations and 146 individuals to develop Oxfordshire on the move and our four collective ambitions, driven by local data and insight.
- Oxfordshire on the move has launched county-wide in February 2023 and will encourage string collaboration and action towards each ambition.

Presenter covers the four ambitions and strategies – page 3,4,5

Progress so far

- 75 organisations and 120 individuals engaged
- Better connected systems operationally and strategically
- Interactive events co-delivered by partners to decide on specific actions against out four ambitions
- Voice of lived experience coming through strongly
- Cross sector collaboration leading to more joined up work

Monitoring and evaluation – page 8

- System change level
- Ambition level

Next steps
- Regular engagement with partners to track progress against ambition actions
- County wide platform for action created through new website
- Steering group established to maintain core principles
- Evaluation framework being developed to track progress

Request to HIB

Active Oxfordshire would welcome a 6 monthly reporting mechanism with Health Improvement Board to report back on key headlines and progress and input into the oversight of this work. **Agreed** by chair that members would consider how to best achieve this and agree an approach with AO.

14. Any other Business
15:55 – 16:00

Big thank you to Dani Granito who has been our district partner liaison officer.
Also big thank you to Cllr Louise Upton who has chaired the HIB meeting for the last two years.

Next meeting 15 June 2023

This page is intentionally left blank

Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The indicators are grouped into the overarching priorities of:
   - A good start in life
   - Living well
   - Ageing well

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached. A short commentary is included to give insight into what is influencing the performance reported for each indicator

4. All indicators show which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).

   Of the 15 indicators reported in this paper:
   Seven indicators are **green**
   Two indicators are **amber**
   Six indicators are **red:**

   - **2.18** Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)
   - **2.20** % of the eligible population aged 40-74 years receiving a NHS Health Check (2018/19 - 2022/23) (quarterly)
   - **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)
   - **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)
   - **3.16** Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)
   - **3.18** Breast screening – uptake (The proportion of eligible women invited who attend for screening)

Health Improvement Board Performance Indicators 2022/23

	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
A good start in life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	6.0%	Q3 22/23	6.7%	G	▲	Levels of smoking at the time of delivery ranged between 5.4% (Q1) and 7.0% (Q4) across the 4 quarters of 2021-22. Variation across quarters is expected due to overall low numbers. Both the Public Health funded Local Stop Smoking Service and the new maternity Tobacco Dependency Service funded by ICB/NHS England are in place to support pregnant women to quit. The Family Nurse Partnership incentivised quit scheme to support young mothers & significant others to quit is continuing.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q3 22/23	92.7%	A	▲	The NHS England Improving Immunisation Uptake initiative continues to provide support to identified GP practices, ensuring improved uptake and reducing variation in uptake between practices. In addition, as part of a South East pre-school vaccination campaign, the NHS will contact parents of children who will be starting school in Sep 2023 and will be encouraging them to have their children vaccinated. The campaign will aim to educate and inform parents about why the vaccines are so important and the impact of these diseases on their children's health and within the wider community.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q3 22/23	91.5%	A	▲	The NHS England Improving Immunisation Uptake initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices.
	1.15 Reduce the levels of children overweight (including obese) in reception class (NCMP data) – Annual	N	25%	21/22	19.9%	G	▲	There has been a small increase in Reception overweight and obesity since pre- pandemic levels in 2018/2019. Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.
	1.16 Reduce the levels of children overweight (including obese) in Year 6 (NCMP data) - Annual	N	37%	21/22	33.4%	G	▲	There has been a significant increase in Year 6 overweight and obesity levels since 2018/2019 (pre-pandemic). Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.

Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (annual)	Y	17.4% (18.6% 21/22)	Nov 21/22	19.4%	G	▼	During COVID, levels of inactivity worsened across England. New projects such as Move Together (launched July 2021) and You Move (launched June 2022) to help improve this measure and latest data from Sport England shows this is now improving. This year a local physical activity framework, Oxfordshire on the Move launched in April 2023, coordinated by Active Oxfordshire to galvanise partners to increasing physical activity through specific ambitions.
2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1188 per 100,000	Q3 22/23	1246	G	▲	The Oxfordshire Local Stop smoking service (LSSS) continues to engage local residents to quit smoking, targeting priority groups through workplace and pop-up events, as well as having a single point of access referral route, and a range of quit tools available. Work across the system as part of the Tobacco Control Alliance continues to support the County to become Smoke Free through initiatives such as SmokeFree side-lines, parks, school gates and signposts smokers to the LSSS. Priorities for 23/24 are to work with social housing providers and debt management providers to support individuals to quit.
2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	Y	60.4% (annual)	Sep22-Feb23 (Provisional)	56.5%	R	N/A	Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.
2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	70%	Q4 22/23	74.2%	G	▲	The levels of NHS Health Check Programme invitations continue to improve each quarter, with 66/67 GP Practices inviting patients to attend their NHS Health Check. Q4 2022/23 saw the highest number of invitations in Q4 since before the pandemic.
2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	42%	Q4 22/23	32.8%	R	▲	GP Practices are actively inviting eligible patients and a countywide marketing campaign is currently underway alerting the public to the NHS Health Check programme and urging them to attend their appointments when invited. The newly commissioned supplementary NHS Health Check Services began the service implementation phase between October - December 2022 and service delivery through outreach clinics began from 1st February 2023. The Oxfordshire service continues to benchmark higher than regional and national averages.

Ageing Well[1]

Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)	Y	80%*	Q3 22/23	64.7%	R	▼	This is below the coverage for England (67.1%) and the South East (68.6%) on average. GP practices with lower cervical screening coverage in 25-49 year olds are situated in areas with a higher percentage non-white population. NHS England Thames Valley Screening and Immunisation Team is working in conjunction with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board to improve cervical screening uptake and reduce inequalities. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit, and developing an assurance process to enable cervical screening through Primary Care Networks.
2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)	Y	80%*	Q3 22/23	74.7%	R	▼	Comparable to England (74.8%) and the South East (75%) averages. NHS England Thames Valley Screening and Immunisation Team is developing a multi-agency plan to address known inequalities across the cancer screening programmes which include a combination of programme level initiatives and a targeted approach in some areas.
3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	Y	86.4% (annual)	Sep22-Feb23 (Provisional)	84.9%	R	N/A	Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.
3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	Y	60% (Acceptable 52%)*	Q2 22/23	68.6%	G	▼	The programme is meeting the achievable standard for uptake. Age-extension for the bowel screening programme is taking place, with age-extension to 54 year olds in 2023.
3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening)	Y	80% (Acceptable 70%)*	Q2 22/23	68.6%	R	▲	The breast screening programme was significantly impacted by the pandemic. Uptake is above the South East (63.8%) and England (56.7%) averages. NHS England Thames Valley Screening and Immunisation Team is working with partners to address known inequalities across the cancer screening programmes which include a combination of programme level initiatives and a targeted approach in some areas. NHS England South East regional teams are working collaboratively to develop a breast screening workforce plan.

This page is intentionally left blank

Healthwatch Oxfordshire report to Health Improvement Board (HIB). 15th June 2023

Presented by Healthwatch Ambassador for the HIB **Robert Majilton**

Purpose / Recommendation

- For questions and responses to be taken in relation to Healthwatch Oxfordshire insights.

Background

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including surveys, outreach, community research, and work with groups including Patient Participation Groups (PPGs), voluntary and community groups and those who are seldom heard. We build on our social media presence and output to raise the awareness of Healthwatch Oxfordshire and to support signposting and encourage feedback. We ensure our communications, reports and website are accessible with provision of Easy Read and translated options.

Key Issues

Since the last meeting in February, our current work focus includes.

Reports published:

- **Healthwatch Oxfordshire outreach at Oxford University Hospitals NHS Trust (OUH) 2022-3 Summary report** (March 2023)
- **Healthwatch Oxfordshire community outreach visits 2022-3** (April 2023)
- **Summary report- what we have heard about OUH Hospitals April 2022-May 2023** (June 2023)
- **Long COVID** (May 2023)

50 people responded to our short survey promoted between February and March 2023. This report gave insight into impact of Long COVID on people's lives, their physical and mental health, access to NHS treatment, and experience with care. Seven people shared their stories in depth. We have since met with health professionals from OUH Long Covid service to discuss the report insights and how this can inform approaches to care.

- A '**mystery shopper**' report on access to NHS dentistry in Oxfordshire https://healthwatchoxfordshire.co.uk/news/accessing-nhs-dentists-in-

[oxfordshire/](https://healthwatchoxfordshire.co.uk) a spot check to assess NHS dentists accepting adult and child patients during one week in April

- The **first two of three podcasts** have been released following work with **Oxfordshire Youth** to hear young people's views on health and care https://healthwatchoxfordshire.co.uk/our-work/our-podcasts/ The third episode will be published in June. Created by young people themselves on topics of importance to them.

Enter and View reports and visits continue. Once complete, all reports and provider responses are available here: https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/ including:

- Renal Dialysis Unit (March 2023)
- Accident and Emergency John Radcliffe (April 2023)
- Oxford Children's Hospital (April 2023)
- Langford View Care Centre, Bicester (May 2023)

All recent reports are on our website: https://healthwatchoxfordshire.co.uk/our-work/research-reports/

Other activity:

- Continued work with **Patient Participation Groups (PPGs)**, including regular newsletter, webinars, visits to PPG meetings, and work linking to Primary Care Networks (PCN) and patient outreach. (see here: https://healthwatchoxfordshire.co.uk/ppgs/)
- We hosted an **Healthwatch Oxfordshire Open Forum on 23 May** for members of the public to meet our Board of Trustees, hear about our work and ask any questions.
- **Quarter 4 activity report** and summary available here: https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/
- **Patient Information webinars** (March and May) for members of the public and others to hear from Governor and Operations Manager included presentations from Dan Leveson Place Based Partnership Lead for Oxfordshire (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and from South Central Ambulance Service (SCAS) The video link will be available here: https://healthwatchoxfordshire.co.uk/ppgs/patient-webinars/
- **'On the street'** outreach and links with groups including Witney Pride, Wantage Wellbeing Event and Oxford Community Champions
- Our regular Healthwatch Oxfordshire **hospital stands** continue with recent visits to Churchill, Nuffield, and Women's Hospital to hear directly from members of the public.

Current and recent surveys:
- We recently closed a survey on **Podiatry and Footcare** – report to follow.
- We are starting another year as host organisation supporting community researchers through Health Education England **Community Participatory Action Research Programme** (Phase 2). We will be working with two community researchers from Oxford Community Action to focus on impact of cost of living and health inequalities from May 2023- May 2024 with training and mentoring as part of the programme.

Key issues we are hearing:
- Continue to hear about access to mental health support, SEND provision, NHS dentistry, GP waiting and access and cost of living.

Key Dates

Healthwatch Oxfordshire's Annual Impact Report for the year 2022-23 will be published at the end of June 2023, along with an online presentation event open to the public on July 4th 2-3 pm. **https://healthwatchoxfordshire.co.uk/event/healthwatch-oxfordshire-a-celebration-of-our-work-over-the-past-year/**

Report by: Veronica Barry and Robert Majilton – Healthwatch Oxfordshire, June 2023

	ITEM x
Health Improvement Board	

15 June 2023
Update on Domestic Abuse strategy and delivery

Purpose / Recommendation

1. The Health Improvement Board is asked to note and comment on the annual delivery plan for the Oxfordshire domestic abuse strategy.

Background

2. **Background and Context**

Domestic abuse is a crime that can affect anyone, having devastating impacts on the lives of victim-survivors and their families. People who have been affected by domestic abuse often experience poor health and wellbeing, and in extreme cases, death. Women and girls are more likely to be affected and die from the impact of domestic abuse. The consequences extend to the family, as children affected by domestic abuse experience the adverse effects on their mental and physical health and other factors such as educational attainment. Additionally, harmful effects can last over a lifetime and into future generations, including impacts on attitudes to relationships, mental health and self-esteem.

3. **Domestic abuse and HIB priorities**

The Health Improvement Board priorities for 2019 – 2024 include reducing the impact on health outcomes through community safety risks, including domestic abuse. At the forward planning workshop in March 2023, HIB members agreed this continued to be a priority for the board.

4. **Legislation**

On 29 April 2021, the Domestic Abuse Act 2021 received Royal Assent. It brings wide reaching changes in protective legislation and provides a new definition of domestic abuse, which also recognises children as victims in their own right. Part 4 of the Act introduces a statutory duty on all local authorities to provide safe accommodation support services to victim survivors.

The Act places duties on Oxfordshire County Council to:

- Appoint a multi-agency domestic abuse local partnership board consisting of a minimum defined membership which it must consult as it performs certain specified functions
- Assess, or make arrangements for the assessment of, the need for domestic abuse support in their area for all victim-survivors and their children who reside in relevant safe accommodation, including those who come from outside of their area. This should ensure the needs of all victims, including those with protected characteristics are considered.
- Develop and publish a Safe Accommodation Strategy having regard to the needs assessment.

On 14 April 2021, Oxfordshire County Council appointed the Oxfordshire Domestic Abuse Strategic Board (ODASB) as its multi-agency domestic abuse local partnership board.

5. Oxfordshire Domestic Abuse Strategy

The strategic board have launched two strategies, informed by a comprehensive local needs assessment, which meet the statutory requirements of the DA Act and provide a more overarching Public Health approach to addressing domestic abuse.

The Oxfordshire Domestic Abuse Safe Accommodation Strategy, published January 2022, sets out the key strategic objectives in relation to providing safe accommodation for victim-survivors of Domestic Abuse.

The Oxfordshire Overarching Oxfordshire Domestic Abuse Strategy, published July 2022, sets out how as system how we will ensure joined up quality services are provided for people who are victim-survivors of domestic abuse in Oxfordshire.

The strategies are arranged under 4 pillars :
- Prevention
- Provision
- Pursuing
- Partnership

1. PREVENTION
Preventing domestic abuse from happening by challenging the attitudes and behaviour which foster it and intervening early where possible to prevent it.

2. PROVISION
Providing high quality, joined-up support for victims-survivors where domestic abuse does occur.

3. PURSUING
Taking action to reduce the harm to victims-survivors of abuse by ensuring that perpetrators are held to account and provided with opportunities for change in a way that maximises safety.

4. PARTNERSHIP
Working in partnership to obtain the best outcome for victims-survivors, children and their families.

In November 2022 (postponed from September due to the death of Her Majesty the Queen) Cllr Lygo officially launched the strategies at County Hall, Oxford with key local partners in attendance.

6. Commissioned services

Many of the strategic objectives covered the scope and reach of Domestic Abuse services. These services were recommissioned from April 23, and a summary of these is in Appendix 1

The Office of the Police and Crime Commissioner (OPCC) have been successful in a bid for Home Office funding to commission perpetrator services for people who are high risk offenders in the Thames Valley for 2023-2025. These services will be expected to be delivered from the Autumn 2023, and will provide information to inform future commissioning intentions.

Key Issues

7. The Board and Subgroups

The Oxfordshire Domestic Abuse Strategic Board has been developing an annual delivery plan to deliver the aims set out in the strategies.

The board held an away morning in February of this year taking the opportunity to review the function and operation of the Board, agree on actions to deliver the strategic recommendations and priorities for 2023/2024, and develop delivery groups. These are reflected in the proposed governance arrangements, below.

8. Task and Finish Groups

The proposed structure for Task & Finish Groups reporting to the board is as follows:-
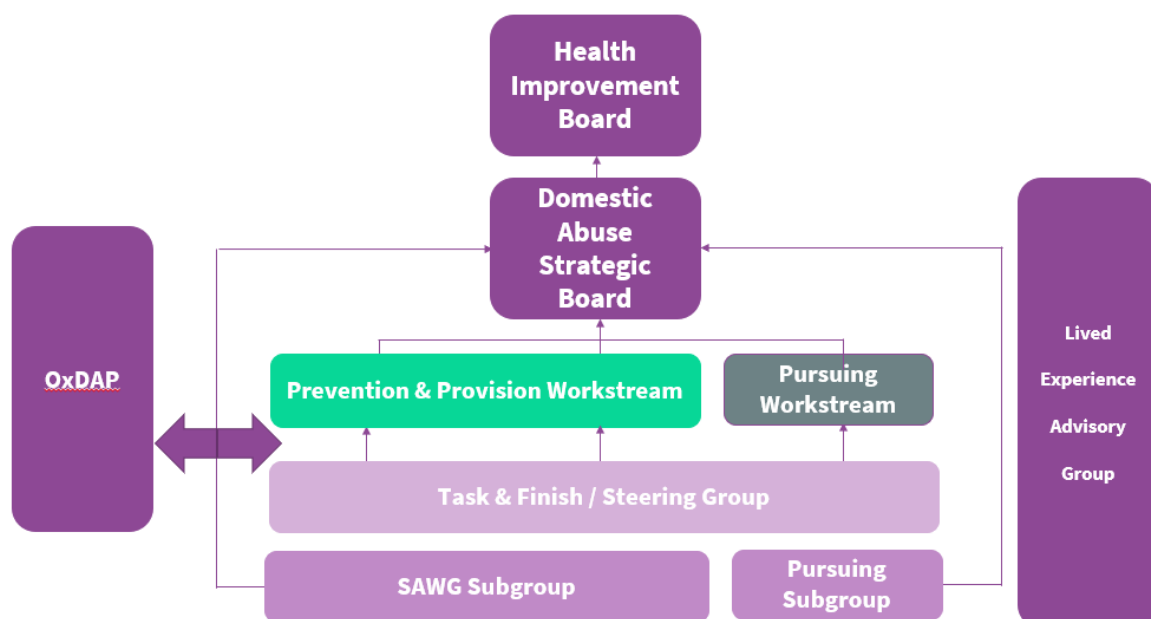
9. Mobilisation of Task and Finish Groups

Further to the April board meeting work has begun to mobilise the Task and Finish groups that will deliver actions on behalf of the board. The Task & Finish Groups will be chaired by a member of the strategic board, with members of the Board, OxDAP and other partners if relevant. They will agree actions to deliver against the strategic priorities set out in annual delivery plan. The Lived Experience Advisory Group will provide input into the groups where required to ensure the perspective of the victim - survivor is taken into consideration.

10. OxDAP (Oxfordshire Domestic Abuse Partnership)

OxDAP is a forum where providers of domestic abuse services come together with members of local authority, police, health, and other key partners to discuss intelligence on the ground relating to domestic abuse, and lead actions where required. OxDAP reports any key findings to the strategic board. OxDAP members will have a key role in Task and Finish subgroups to deliver the annual delivery plan.

11. Lived Experience Advisory Group

The domestic abuse agenda in Oxfordshire has been supported by a Lived Experience Advisory Group (LEAG), led by independent consultant Lisa Ward. This group is funded using the DLUHC grant and have provided vital insight at development stages for the strategy, service development and board development. The board's intention is to adopt a co-production approach, where strategy and delivery plans are developed together, rather than consulted on after decisions have been made. LEAG members sit on the Oxfordshire Domestic Abuse Strategic Board and OxDAP.

12. Safe Accommodation Working Group (SAWG)

The Safe Accommodation Working Group is a subgroup of the main board and delivers actions pertaining to the Safe Accommodation Strategy. The group were pivotal in the data collection and submission to the Department of Levelling Up last year. This year the group are focussing on referral pathways in and out of domestic abuse services, including safe accommodation.

13. The Delivery Plan

The domestic abuse annual delivery pan sets out how we will deliver the objectives, under the four pillars in the domestic abuse strategy. A summary of the deliverables are outlined below:

Prevention

- Implement robust County Wide Communications Plan to increase awareness of domestic abuse
- Review effectiveness of operation encompass by commissioners' report coming to board
- Monitor provision of Healthy relationships programmes delivered to Children and Young People
- Strengthen employer response to Domestic Abuse
- Roll out Training packages targeted at the multi-agency workforce and Oxfordshire residents, on identifying and responding to Domestic Abuse

Provision

- Maintain links with Children and Adults Safeguarding Boards and Family Solutions Plus Service
- Design Events dedicated to Children and Young People
- Embed a whole system mapping of services in Oxfordshire
- Ensure connection with commissioned service

Pursuing

- Develop partnership working response with Office of Police and Crime Commissioner and Thame Valley Police
- Deliver actions to increase opportunity for Criminal Justice Intervention
- Link to the development of perpetrator service

14. Website

The new website and animation went live in April 2023. This has been promoted to partners via newsletters and partnership meetings, and sits on the OCC domestic abuse webpages.

Budgetary implications

15. Department of Levelling Up Housing and communities (DLUHC) Grant

The Department of Levelling Up, Housing and Communities (DLUHC) have provided grants to Tier 1 and Tier 2 local authorities to support the delivery of duties under the Domestic Abuse Act 2021. Oxfordshire has received the following grants which have been used to fund and plan for domestic abuse services over the next few years. The grant has been confirmed only until 2025.

National Funding received by OCC from the Department for Levelling Up, Housing and Communities :

Domestic Abuse Grant 2021-2022	£1,141,151
Domestic Abuse Grant 2022-2023	£1,144,310
Domestic Abuse Grant 2023-2024	£1,167,200
Anticipated Domestic Abuse Grant 2024-2025	£1,167,200

16. Reporting to DLUHC

Each tier one local authority is required to provide an annual update report covering a refreshed needs assessment. This is in addition to submission of data regarding the provision and use of safe accommodation for people affected by domestic abuse to identify any gaps in provision and ensure these are taken into account in commissioning services and improving outcomes for delivery.

Additionally the Oxfordshire Domestic Abuse Service is co- commissioned by County, district and city councils and the Office of the Police and Crime commissioner

Equalities implications

The annual delivery plan seeks to address the nuanced requirements of victim-survivors with protected characteristics.

Communications

A consultation was held in 2022 on the proposed Overarching strategy. In additional, the board benefits from engagement from people with Lived experience, on an ongoing basis in different strands of work. Newsletters are sent to key partners updating on developments in strategy, action delivery and services.

Key Dates

DLUHC data return will be submitted by end June 23

Report by
Kate Holburn, Head of Public Health Programmes
02 June 23

Contact: Kate Holburn, Head of Public Health Programmes, 07825 052768

Appendix 1
Summary of new services following recommissioning which can be found in the Domestic abuse pages of the OCC website:
[Domestic abuse information for professionals | Oxfordshire County Council](#)

This new site includes information for people seeking help if they suspect domestic abuse, information for professionals, ongoing support, training, domestic abuse champions, partnerships

1. **Oxfordshire Domestic Abuse Service (ODAS) provided by A2Dominion 01.04.2023-31.03.2026**

This contract [Oxfordshire Domestic Abuse Service is delivered by A2dominion](#). It includes provision of safe accommodation for adults and accompanied children to include 2 refuges in Oxfordshire, 5 places of safety and support services from specialist domestic abuse practitioners. It also includes an advice line as a single point of contact for referrals to this accommodation and outreach support for people with specialist needs including those with protected characteristics. This new contract includes the provision of dedicated counselling for adults and specialist counselling for children and young people affected by domestic abuse. The practitioners liaise closely with primary and secondary health, social care, drug and alcohol and mental health services to support people to engage with this linked provision and engage with local community support prior to leaving safe accommodation. There is also a close working relationship with external specialist services for people with no recourse to public funds and members of racially minoritized communities requiring additional support.

2. **Oxfordshire Independent Advocacy Service (IDVA) provided by Reducing the Risk 01.04.2023-31.03.2026**

This [high-risk IDVA](#) service includes provision of highly specialist support for people affected by domestic abuse with a range of complex needs including safeguarding adults and children. The service includes dedicated IDVA provision for young people in addition to advocacy support for people affected by domestic abuse progressing through the court processes. The court based IDVA is independent of the court service, police and the criminal or civil justice system and supports victim-survivors going through the court processes. These IDVAS also liaise closely with other external specialist health and social care services.

3. **Oxfordshire Domestic Abuse Champions Network provided by Adolescent Safeguarding Consultancy 01.04.2023-31.03.2026**

The Champions Network [Oxfordshire Domestic Abuse Champions Network](#) , is a space where anyone who supports families affected by Domestic Abuse in either a

professional or voluntary role can connect, be inspired, and learn. It provides a safe and supportive environment to continue their development in the field of Domestic Abuse. The Network includes access to tools, resources, and an open forum that can be used to help in day-to-day work. In the new Network there's an increased focus on professional development.

This Champions induction / orientation sessions can be accessed via the OSCB training website. Involvement in the network enables access to

- formally accredited training to support career development as Oxfordshire DA Champions
- 'train the trainer' resources to roll out to delegate's teams and organisations
- interactive workshops which explore different themes

4. **Oxfordshire specialist Domestic Abuse Training modules delivered by a Consortium including Social-led, Oasis, & H.O.P.E. 01.04.2023-31.03.2026**

The Domestic Abuse training will provide professionals and interested community members with skills to respond to Domestic Abuse.

There are 7 modules available to book via the OSCB training site, the first being the pre-requisite for the 6 further modules.

1. Domestic Abuse: Basic Awareness
2. Domestic Abuse: The Impact on Children & Families
3. Domestic Abuse: Risk Assessment & Safety Planning

(For anybody who wants to become a DA Champion, these first 3 courses must be completed before you can do the Champion induction)

4. So-called Honour Based Abuse and Forced Marriage
5. Domestic Abuse - Child / Adolescent to Parent Violence & Abuse (CAPVA)
6. Domestic Abuse and Sexual Violence
7. The Intersection of Domestic Abuse & Protected Characteristics

OXFORDSHIRE DOMESTIC ABUSE LIVED EXPERIENCE ADVISORY GROUP

Lisa Ward – Lived Experience Consultant

What is the Lived Experience Advisory Group (LEAG)?

A group of people from across Oxfordshire who have experienced Domestic Abuse

Some have used local services, and some haven't

Designed in line with the DA Act 2021 to ensure that the voice of victim-survivors is heard

Supports the Oxon Domestic Abuse Strategy

How do we work?

Monthly online meeting and sometimes a small amount of reading between meetings

Discuss key issues coming from the council, as well as our own concerns which get fed back

Group agreement in place – no one has to share if they don't wish to, everyone's views are respected, we support each other

Renumerated role in line with Oxfordshire County Council policy

Activities to date:

- Reviewing and providing feedback on the DA Strategy

- Supporting with the commissioning – including providing information on what was important from service providers, and sitting on some panels

- Members attending Strategic and partnership meetings

- Attending sub groups

- Providing support and feedback on website content and videos

Activities to date:

- Setting up a Lived Experience group for other agencies working on co-production models

- Scoping other lived experience work locally

- Developing relationships with the Children in Care Council to capture views of young people

- Supporting the development of the new champions training

What next?

1 Increase numbers in LEAG

2 Develop LEAG led activities and enhance those which exist

3 Consider how to ensure LE voices in contract monitoring

4 Ensure LE voices run through the key activities in the strategic plan

MAPPING AND IMPLEMENTATION PLAN
for the Oxfordshire Making Every Contact Count (MECC) Work Programme

1

Contents

Executive summary

Following two papers to the Health and Wellbeing Board in December 2021 and July 2022, as well as a subsequent MECC workshop session with the board in March 2022, this mapping and implementation plan outlines how we can develop a more strategic approach to MECC in Oxfordshire ensuring we help to address health inequalities across the county.

Background

- MECC utilises opportunistic conversations in everyday life to talk about health and wellbeing. It involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing. [1]

- MECC is recommended by a range of health organisations, policies and strategies as a key driver for improving health outcomes in a population. These include The Local Government Association, The NHS 5-year Forward

---

[1] MECC Implementation guide (publishing.service.gov.uk)

2

View, Health Education England and the Office for Health Improvement and Disparities.[2]

- A paper[3] was taken to the Oxfordshire Health and Wellbeing Board on 16th December 2021 to highlight the opportunities for MECC to contribute to the delivery of the Joint Health and Wellbeing Board Strategy (2018-23)[4]. MECC is already captured as one of the "live well" priorities of the Joint Health and Wellbeing Strategy and supports the "tackle inequalities" priority. The paper explained the significant potential and broad scope of MECC and its application to any stage of the life course to help improve health outcomes. The paper recommended the arrangement of a workshop for members of the board which was subsequently delivered on 8th March 2022.

- System partners who attended the workshop were very enthusiastic and keen to see MECC implemented further at scale across the system. It was identified that resource would be needed to achieve this and Oxfordshire were successful in securing £200,000 of funding from what was the Oxfordshire Clinical Commissioning Group (the OCCG has now become the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board).

- In February 2023 and using part of the OCCG funding, a Health Improvement Practitioner was appointed to the Oxfordshire County Council Public Health team to help support the strategic scale-up of MECC across Oxfordshire. The post is a 2 year full-time fixed term contract ending in March 2025.

- A more strategic approach to MECC will mean that the foundations already in place for MECC delivery can be built on and scaled up within a wider range of settings to encourage people to be more comfortable to talk about health and wellbeing as part of everyday conversations.

- The MECC work programme will have a specific focus on reducing health inequalities across Oxfordshire. This core objective supports two of the top nine priorities set out in the Oxfordshire County Council Strategic Plan (2022-25)[5]: 1) Tackle inequalities in Oxfordshire; and 2) Prioritise the health and wellbeing of residents.

- It also supports two of the ambitions set out by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) draft 5-

---

[2] Page 11 wessex-making-every-contact-count-toolkit-final.pdf (wessexphnetwork.org.uk)
[3] Health and Wellbeing Board paper December 2021 https://mycouncil.oxfordshire.gov.uk/documents/s58758/HWB_DEC1621R11%20-%20HWB%20Strategy%20Priorities%20and%20MECC%20opportunity%20Dec%2021.pdf
[4] Oxfordshire Joint Health and Wellbeing Strategy https://mycouncil.oxfordshire.gov.uk/documents/s45109/HWB_MAR1419R27-%20The%20revised%20Joint%20HWB%20sTRATEGY%20-%202018%20-%2023.pdf#:~:text=Oxfordshire%20Joint%20Health%20and%20Wellbeing%20Strategy%282018-2023%29%20Amended%20draft,who%20live%20in%2C%20work%20in%20and%20visit%20Oxfordshire.
[5] Oxfordshire County Council Strategic Plan (2022-25) https://www.oxfordshire.gov.uk/council/our-vision-0

3

year joint forward plan: 1) To increase primary and secondary prevention work year-on-year, keeping people healthy for as long as possible and delaying a deterioration into poor health; and 2) To reduce health inequalities for our population so that everyone has equal access to appropriate services and support.

Aim:

To strategically implement a sustainable MECC programme across Oxfordshire with a key focus on reducing health inequalities

Objectives:

- **Ensure there is an efficient and sustainable MECC training programme in place which is promoted to staff from a diverse range of organisations, services and teams**
- **Support organisations, services and teams to achieve organisational buy-in and create a cultural change to routinely embed MECC in their work**
- **Support organisations, services and teams to embed their own MECC implementation and evaluation plans**
- **Evaluate the MECC programme including providing recommendations for future work and future funding arrangements**

Aims and objectives

Current MECC activity

Below describes organisations across Oxfordshire which are currently implementing MECC. The list below provides some examples of how MECC can be implemented within Oxfordshire. It is hoped the examples can be used as case studies to facilitate engagement with other organisations who are considering implementing MECC. It is also hoped that the great MECC work already taking place can be built on and joined up to create a more strategic scale-up of MECC. It should be noted that this is not an exhaustive list and there may be other organisations implementing MECC in Oxfordshire which have not been included.

4

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

The BOB ICB Personalised Care Training team coordinate and deliver the core MECC training offer in Oxfordshire (and the wider BOB area). This training offer is comprised of the following:

- **Standard MECC training:** entails an e-learning for health online MECC module followed by a 3 hour MECC course online which includes a practical element. Attendees are signposted to the national MECC website. Sign-up is via this email bobicb.personalisedcaretraining@nhs.net
- **MECC train the trainer course:** entails an e-learning for health MECC module plus 4 x 2hr sessions online. Most attendees have already done standard MECC training and are interested in MECC and comfortable with delivering training. Once trained, MECC trainers can deliver the 3-hour standard MECC training. Trainers then have access to training slides, handouts, training evaluations, certificates etc which are all held on a central platform called "the knowledge hub". All MECC trainers have to sign a learner's agreement agreeing to deliver at least one MECC session each year. Sign-up is via this email bobicb.personalisedcaretraining@nhs.net
- **MECC super trainer course**: involves training people to deliver MECC train the trainer courses. There has only ever been 1 super trainer course. Sign-up is via this email bobicb.personalisedcaretraining@nhs.net

As of April 2023, there are 7 super trainers across BOB including 2 from Berkshire East.

All MECC trainers are invited to MECC refresher training twice yearly.

In the training, attendees are encouraged to signpost people to Livewell Oxfordshire, Thames Valley MECC Link and the MECC App.

In addition to MECC training, the Personalised Care team at BOB ICB also deliver MECC Introduction and Awareness sessions to organisations/teams/services, usually as part of a team meeting. These are 15 minutes. They also deliver MECC Engagement sessions which are 45 minutes and cover what MECC is and the training that the ICB can offer. The team often bespoke these to the audience and what is required.

Oxfordshire Library Service

The Oxfordshire Library service has been developing their programme of MECC for several years and have adopted the approach as 'business as usual'. Libraries are focal points within the community and so staff are well placed to be having MECC conversations with visitors and colleagues.

The library service have provided the number of conversations that have been taking place between April-November 2022 as below:

Smoking	35

5

Alcohol	39
Weight/healthy eating	142
Physical activity	277
Mental health and wellbeing	2036
Conversation about other health topic	1313
Signpost to health resource/service	680
TOTAL	4522

The total figure listed above is an increase on the 3977 conversations recorded for the full-year 2020-21. The library service have recently started to report the number of conversations taking place into the Joint Strategic Needs Assessment (JSNA).

The impact of MECC on a library service user is demonstrated below:

> *'A regular library user accessed a cancer drop-in session in one of Oxfordshire's libraries where he was encouraged to visit his GP. One diagnosis later and a course of treatment, he returned to the library and thanked the library staff for saving his life!'*

The library service have set up a system to train staff in-house using a cascade training approach (based on the BOB MECC model) and have been establishing branch MECC Champions. Colleagues leading on MECC co-ordination have adapted the training delivery to create a modular course on their shared drive that can be accessed by staff and then they plan for the MECC Champions to support with practising conversation skills.

More recently, information and advice around cost of living and food poverty has been incorporated into MECC training and delivery within the library service. The food poverty training was developed and shared by Good Food Oxfordshire.

MECC has been a catalyst for other health and wellbeing activities such as blood pressure checks, seated exercise sessions in one of the libraries and displays on lifestyle topics. The reservation fee to bring an item from another branch (£1.30 per item) has also now been lifted for 'Reading Well' collection books or books recommended following a MECC conversation to help support signposting.

The library service would like to further expand the role of MECC Champions to be involved for example in setting up health and wellbeing related displays, activities and events and to enable the champions to take more ownership of MECC within their branches. A regular meeting has been set-up between libraries and public health to take this work forwards.

Here for Health, Oxfordshire University Hospital NHS Foundation Trust

Here for Health offers a free health and wellbeing support service focusing on lifestyle behaviours for patients, staff, and visitors. The service offers telephone/video call support as well as drop-ins. Patients can be referred by a healthcare professional/department during an inpatient stay or by attending an outpatient appointment. Patients/staff and visitors can also self-refer. The service also delivers health promotion stands with both internal and external partners.

6

Raising awareness and taking advantage of the opportunity to have brief conversations about health and wellbeing.

Here for Health has 11 members of staff; 1 is a MECC super trainer (meaning they are qualified to deliver MECC train-the-trainer courses) and 1 is a MECC trainer (meaning they are qualified to deliver MECC training to staff). All other staff are MECC trained. MECC is part of their induction training when they join the team.

Here for Health deliver MECC/Here for Health teaching sessions for hospital staff teams which vary from 30 minutes to 2 hours. These include an introduction to Here for Health, what the service does and how to refer into it as well as an introduction to MECC, other behaviour changes conversation tools and how people can use these in their roles. As examples, they've given training sessions to pre-op, paediatrics, the Emergency Department and hepatology consultants. Interest in the teaching sessions varies with interest typically lowest during the winter months due to system pressures. Here for Health would like to expand a tailored training offer to other teams but capacity and time is an issue. Staff turnover in paediatrics has also caused difficulties with staff becoming MECC trainers and then leaving the organisation.

The Trust has MECC-based training around smoking and alcohol as e-learning which utilises the 3As. The 3As stands for "Ask Assess Act". First, ask the person open discovery questions to explore whether they want to change. Then assess whether they have the capability, motivation, and opportunity to change. Finally, act by summarising what the person has said, support them in making goals and promote support services. The Trust also promote Thames Valley online MECC training for teams which don't have time for face-to-face training.

Oxfordshire Fire and Rescue service

Oxfordshire Fire and Rescue Service have worked closely with Public Health to embed MECC within Safe and Well visits that are carried out by staff. The key members of staff that deliver this prevention service to the most vulnerable (called Safe & Well Advisors), have all received face-to-face MECC training (though a refresher is probably due). During the safe & well visits, MECC-styled conversations are had around key health topics including smoking and alcohol. These conversations are recorded in writing on a tablet and fed back to the Fire and Rescue Service.

Good Food Oxfordshire

Good Food Oxfordshire is a network of over 150 organisations who are motivated to promote a healthy, fair, ethical, and environmentally sustainable food system in Oxfordshire. Part of their work also involves tackling food poverty.

Good Food Oxfordshire have created 3 online training modules on food poverty, Healthy Start and Play:Full each incorporating the principles of MECC. All their staff (5) have completed the food poverty training and they are actively promoting the training to other organisations. The Oxfordshire Library Service is in the process of

7

getting their staff to complete the food poverty module developed by Good Food Oxfordshire.

Achieve Oxfordshire

Achieve Oxfordshire is delivered by Thrive Tribe and funded by Oxfordshire County Council. They have partnered with weight loss providers to offer a range of free programmes to help residents lose weight.

All staff at Achieve Oxfordshire have completed the standard 2-hour MECC training as part of their induction alongside training in Motivational Interviewing and Behaviour Change levels 1 & 2.

There are 4 Adult and Children's Weight Practitioners trained as MECC trainers (via National Centre for Behaviour Change) and regularly deliver online MECC inspired healthy weight training to frontline health professionals (via Healthy Hearts Grants) such as Style Acre and Emmaus. The training focuses on increasing confidence and skills of staff to talk about healthy weight with their service users.

Achieve Oxfordshire would like to increase the number of MECC trainers in their team and be supported with disseminating their MECC healthy weight training, particularly to organisations who might refer to Achieve Oxfordshire as part of their role.

District and City Councils

A few years ago, the district and city councils received some MECC training which resulted in varying levels of implementation of MECC initiatives. There is scope to build on this and rollout MECC wider within the district and city councils depending on resource and capacity. Below is a summary of some of the MECC work that has happened to date in each district/city council.

In 2017/18, Cherwell District Council had one MECC trainer who delivered training to a handful of voluntary and community sector organisations. Although this did not result in high levels of MECC activity, in April 2023, conversations around MECC have been reignited with Cherwell District Council, as part of the current more strategic implementation approach being taken.

The Vale Community Hub (operated through Vale of White Horse District Council) are in the process of rolling out Good Food Oxfordshire's Food Poverty training.

One member of staff in the Active Communities team at Oxford City Council completed the MECC train-the-trainer course a few years ago. Again, more recently conversations around MECC have been reignited with Oxford City Council colleagues.

Some of the district/city staff involved in the You Move and Move Together programmes (in partnership with Active Oxfordshire) have completed MECC training and MECC train-the-trainer. At the time of writing (April 2023), it is understood that the You Move and Move Together Coordinators at Cherwell District Council, South

8

Oxfordshire District Council and Vale of White Horse District Council have completed MECC training. Discussions are currently underway to rollout MECC wider across all of the You Move and Move Together programmes.

Further work is needed to explore what each of the district and city councils are doing in MECC and how this could be built on taking into account capacity and resources within the district and city councils.

Oxfordshire Public Health Promotion Resource Unit, Oxford Health NHS Foundation Trust

Before the COVID-19 pandemic, the Oxfordshire Public Health Promotion Resource Unit was involved in a MECC pilot rolled out by the Oxfordshire Library Service. The resource unit helped develop MECC training which was tailored and delivered to library staff. Pre-pandemic, users who newly signed up to the resource unit would receive a welcome email which signposted to MECC training.

Staff within the resource unit are MECC trained. One is a MECC trainer.

Going forwards, there may be opportunities to link with the resource unit to help promote MECC (e.g. via their newsletter) and initial discussions indicate the team may have capacity to support with the development and distribution of MECC resources e.g. leaflets, flyers, conversation cards etc.

Others

A wide variety of organisations and services have had staff engage in MECC training and MECC Train-the-Trainer courses over the last few years. These have included:

January 2019 – March 2020	NHS GP Practices – reception, administration and health care professionals Voluntary and Community Sector - Restore, Refugee Resource Pharmacies South Central Ambulance Service DWP Job Centre Community Dental Service Oxford Health Mental Health team Practice nurses
March 2020 – April 2021	Age UK NHS Social Prescribers Adult Social Care – community care Carers Active Communities Oxfordshire County Council Customer Services
April 2021 – March 2022	Community support roles Private and NHS Care Providers
April 2022 – March 2023	Voluntary and Community Sector - Christians Against Poverty, ACRE, Oxfordshire MIND, Donnington Doorstep, Florence Park CC, Sport in Mind, LEAF,

9

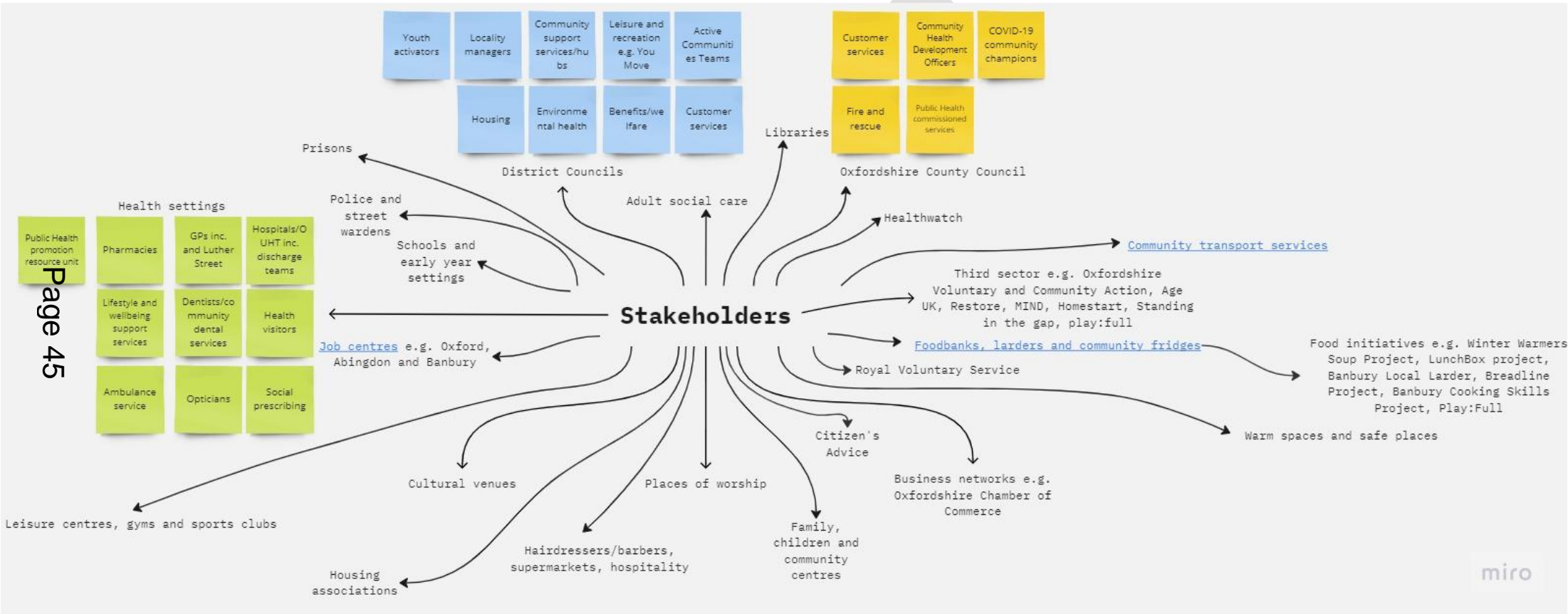| | Asylum Welcome, Oxford Community Arts, AFiUK & Lighthouse, Transition, Turning Point, McIntyre charity, Citizen's Advice |
| | --- |
| | Move Together coordinators |

Stakeholder review

Part of this work programme will involve coordinating and joining-up existing MECC activity that's already happening across organisations. The other part will involve engaging and supporting more stakeholders (statutory and non-statutory) to use MECC. For particularly large organisations e.g. hospitals, engagement may only involve specific teams or departments initially.

The mind map below maps out possible stakeholders we may wish to engage with MECC. This list was compiled during a workshop with the Oxfordshire MECC Partnership in March 2023 and was then built-on following subsequent conversations with colleagues within the Oxfordshire County Council and District and City Councils.

Please note this is not an exhaustive list and flexibility will be needed when engaging with stakeholders. When approaching stakeholders, consideration for their time, capacity, workload and organisational priorities will need to be taken.

Stakeholders

District Councils
- Youth activators
- Locality managers
- Community support services/hubs
- Leisure and recreation e.g. You Move
- Active Communities Teams
- Housing
- Environmental health
- Benefits/welfare
- Customer services

Oxfordshire County Council
- Customer services
- Community Health Development Officers
- COVID-19 community champions
- Fire and rescue
- Public Health commissioned services

Health settings
- Public Health promotion resource unit
- Pharmacies
- GPs inc. and Luther Street
- Hospitals/OUHT inc. discharge teams
- Lifestyle and wellbeing support services
- Dentists/community dental services
- Health visitors
- Ambulance service
- Opticians
- Social prescribing

Libraries

Prisons

Police and street wardens

Adult social care

Healthwatch

Schools and early year settings

Community transport services

Third sector e.g. Oxfordshire Voluntary and Community Action, Age UK, Restore, MIND, Homestart, Standing in the gap, play:full

Job centres e.g. Oxford, Abingdon and Banbury

Foodbanks, larders and community fridges

Food initiatives e.g. Winter Warmers Soup Project, LunchBox project, Banbury Local Larder, Breadline Project, Banbury Cooking Skills Project, Play:Full

Royal Voluntary Service

Warm spaces and safe places

Citizen's Advice

Leisure centres, gyms and sports clubs

Cultural venues

Places of worship

Business networks e.g. Oxfordshire Chamber of Commerce

Family, children and community centres

Housing associations

Hairdressers/barbers, supermarkets, hospitality

miro

11

Target areas/groups

To ensure we are taking a targeted approach to tackling health inequalities, it is important we focus on areas and population groups at greatest risk of poorer health outcomes.

The Oxfordshire Joint Strategic Needs Assessment (2022)[6] highlights that although Oxfordshire was ranked the 10th least deprived of 151 upper-tier local authorities in England, the county has 1 area ranked within the 10% most deprived nationally (part of Northfield Brook) and a further 16 areas ranked in the 20% most deprived nationally (1 in Abingdon, 3 in Banbury and 6 in Oxford)[7]. Areas which border each other have been grouped by Oxfordshire County Council's Business Intelligence team into 10 distinct most deprived wards in Oxfordshire: Abingdon Caldecott, Banbury Cross & Neithrop, Banbury Grimsbury & Hightown, Banbury Ruscote, Barton & Sandhills, Blackbird Leys, Littlemore, Northfield Brook, Osney & St Thomas and Rose Hill & Iffley.

The Joint Strategic Needs Assessment (2022) and Director of Public Health Annual Report (2019-20)[8] highlights that people living in more deprived areas of Oxfordshire are more likely to experience poorer outcomes such as poorer education and skills development, higher fuel poverty and greater long-term unemployment. These factors harm health. For example, men living in the more affluent areas of the county are expected to live around 6.4 years longer than those in poorer areas. For women the gap in life expectancy is around 4.7 years. Moreover, the number of years spent living in good health is reduced for people who are living in areas of deprivation. There is a need therefore to improve outcomes and reduce health inequalities specifically in the more deprived areas of Oxfordshire.

This MECC programme will therefore focus on embedding MECC within organisations/services that are located in or serve people living in the 10 most deprived wards in Oxfordshire. It is hoped that organisations supporting people across the life course will be involved in the MECC programme such as early years settings and services aimed at older adults. Where possible, organisations/services that support particularly vulnerable people (e.g. people who are homeless, people who have experienced domestic abuse) will also be approached as we know that these groups are at significant risk of experiencing poorer health outcomes compared to the rest of the population.

---

[6] Joint Strategic Needs Assessment | Oxfordshire Insight
[7] 202301_Bitesize_Oxon_10_most_deprived_wards.pdf (oxfordshire.gov.uk)
[8] 2019-20 Director of Public Health annual report | Oxfordshire County Council

12

10 most deprived wards and population characteristics

Area	Population (Census 2021)	Median age (Census 2021)	Non-White British % (Census 2021)
Oxfordshire	725,292	38.8	23.2
Abingdon Caldecott	7,575	39.5	20
Banbury Cross and Neithrop	10,257	37.8	35.7
Banbury Grimsbury and Hightown	10,423	35.2	41
Banbury Ruscote	11,597	35.1	29.3
Barton & Sandhills	7,271	33.6	48.3
Blackbird Leys	6,387	34.3	47.3
Littlemore	6,230	34.9	42.5
Northfield Brook	7,080	34.7	41.8
Osney & St Thomas	6,487	29.2	52.4
Rose Hill & Iffley	7,083	36.7	50.3

Map of Oxfordshire's 10 most deprived wards
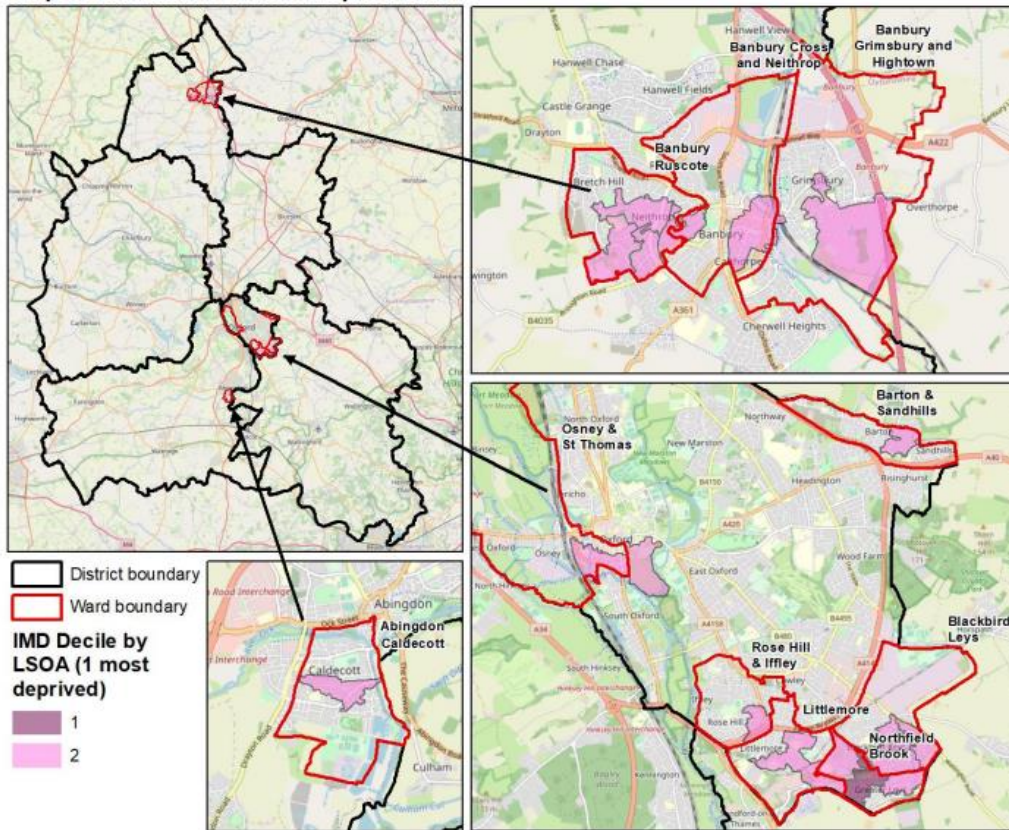
The map and table above were taken from the JSNA Bitesize on Oxfordshire's 10 most deprived wards

In addition to the mind map on page 10, the table below presents specific organisations/services located within the 10 most deprived areas of Oxfordshire who could be engaged in the MECC programme. These stakeholders were identified through Oxfordshire's community insight profiles and by looking on Google Maps. It should be noted that it is not expected that all these organisations/groups/services will be engaged with, but it is hoped the mapping exercise will help identify potential services/groups/organisations to approach in each of the 10 deprived areas of Oxfordshire. Items highlighted yellow are considered key neighbourhood anchor

13

institutions using intelligence from the community insight profiles. *Areas without a community insight profile do not currently have highlighted anchor institutions.*

Abingdon Caldecott	Community spaces and activities
For more information about organisations/services/community groups visit [Abingdon Caldecott Community Profile Annex 1 - Groups, Organisations and Assets.pdf (oxfordshire.gov.uk)](oxfordshire.gov.uk)	• Inspiring Minds (hold events at Preston Road Community Centre) • Abingdon Vineyard Church • <mark>Preston Road Community Centre</mark> (hold walking groups, slimming world etc) • Carousel Family Centre (run 3 free programmes: family centre, family links and SEND) • Abingdon Community Church • Vineyard church (run a toddler group, youth group, money course and foodbank at Preston Road community centre) • Abingdon DAMASCUS Youth Project • Abingdon children's and family centre • Abingdon County Hall Museum • Trinity Church Centre (not based in Caldecott but SOFEA provide education, employability and wellbeing programmes for vulnerable youngsters based in Abingdon Caldecott. Also have a community larder and café on site)
	Health • Abingdon Community Hospital • Abingdon GP surgery • Malthouse GP surgery • Marcham Road Family Health Centre • Stert Street Dental Practice • Ock Street Dental Clinic • Bath Street Dental Practice • Precinct Dental Practice • Healthy Abingdon
	Get active • Leisure Centre (White Horse)
	Education & training • Thameside Primary School • Caldecott Primary School • Ladybirds pre-school • Abingdon Job Centre
	Shops • Tesco • Coop
	Housing • Sovereign Housing Association (main social landlord in Caldecott. Also run an extra-care scheme at Nicholson House)
	Community spaces and activities

| **Banbury Cross & Neithrop and Banbury Ruscote**
For more information visit [Community Insight Profiles | Oxfordshire Insight](#) | • ==The Hill Community Centre== (run by Banbury Community Church; run lots of groups including a SEN family group and smart tots exercise)
• ==Ruscote Community Centre==
• ==The Sunshine Centre== (run a community larder, soft play, health visitors etc.)
• The Beacon Drop-In Centre (support for people suffering from homelessness, mental health or substance abuse problems)
• Banbury Community Support Service
• Mill Arts Centre
• Banbury Children and Family Centre
• ==Sunrise multicultural project==
• Faithworks Furniture Project (linked to Banbury Community Church)
• Banbury Shed (RVS)
• Lunchbox Project
• The Oxford Parent-Infant project (run sessions at The Hill and The Sunshine Centre)
• MIND
• Restore
• St Joseph The Worker Church
• St John the Evangelist Church
• Fairway Methodist Church
• Marlborough Road Methodist Church
• St Mary's Church
• Southam Road Evangelical Church
• Banbury Community Church
• St Paul's Church
• The People's Church (also run a foodbank)
• St Francis Church
• ==Park Road Mosque (and foodbank)==
• Salvation Army |
| | **Health**
• Banbury Keystone Mental Health and Wellbeing Hub
• Banbury Wellbeing Hub
• Windrush Surgery
• Horsefair Surgery
• Banbury Cross Health Centre at South Bar House and Bridge Street
• The Orchard Health Centre
• Peak pharmacy x2
• Banbury Dental Clinic
• Banbury Dental Practice
• Bloxham Dental
• Damira Bridge Street Dental Practice
• The Cornhill Dental Centre |

	• 45 The Green Dental Practice • 41 South Bar Dental Practice
	Get Active • Spiceball leisure centre • Woodgreen leisure centre • The Hill Sports and Community Facility
	Education & training • William Morris School • Orchard Fields Primary School • St Mary's C of E Primary School • St Joseph's Roman Catholic Primary School • Queensway Primary School • Hillview Primary School • Frank Wise School • North Oxfordshire Academy • Banbury and Bicester College
	Shops • Aldi • Lidl • Waitrose • Tesco Express • Tesco Extra • Coop • Londis • Castle Quay shopping centre
Banbury Grimsbury and Hightown More information can be found here Community Insight Profiles | Oxfordshire Insight	**Community spaces and activities** • Grimsbury Community Centre (run slimming world, toddler sensory play, physical activity classes etc) • East Street Children's Centre and Early Years • Banbury Mosque (run a community fridge) • Grimsbury Methodist Church • St Leonard's Church • Bridge Street Community Garden (run by Banbury Community Action Group) • Al medina 313 • Banbury Young Homeless Project (also run a foodbank) • Dementia Active Banbury
	Health • Knights Banbury Pharmacy • Woodlands Surgery • Hightown Surgery • Horton General Hospital
	Education & training • St Leonard's C of E primary school • Dashwood Banbury Academy • Muddy Feet Forest School
	Shops

16

	Shops
	• Tesco Express
	• Coop
	• Londis
	• Morrisons
	• Lock 29
	• Banbury Gateway Shopping Park
	Housing
	• Sanctuary Housing
Barton and Sandhills For more information about organisations/services/community groups visit Barton_CommunityProfile_Insight.pdf (oxfordshire.gov.uk)	**Community spaces and activities** • <mark>Barton Neighbourhood Centre</mark> with larder, stay and play, Barton Advice Centre, Oxford School of Traditional Martial, Art sessions, yoga, zumba and umbrella club) • <mark>Barton library</mark> • <mark>Barton Community Association</mark> (run a larder as well as physical activity clubs) • Barton Children and Family Centre (closed temporarily) • St Mary's Church (run a gardening group, Bereavement Group, coffee group) • Barton Community Church (run a foodbank, dementia group and listening service) • Barton Art in Nature • Eatwells Community Café • Barton community partnership
	Health • <mark>Barton GP Surgery/Hedena Health</mark> • Barton Pharmacy
	Get Active • Barton Community Pavilion (Barton United Foodball Club & Man vs Fat) • <mark>Barton Leisure Centre</mark>
	Education & training • Bayards Hill Primary School • Barton Park Primary School • Endeavour Academy • Oxfordshire County Music Service • Sandhill Pre-School
	Shops • Underhill circus shops
The Leys (Blackbird Leys and Northfield Brook) For more information about organisations/services/community groups visit	**Community spaces and activities** • <mark>Blackbird Leys Community Centre</mark> (run a larder, fridge and food parcels) • Agnes Smith Advice Centre • <mark>The Clockhouse and Barn</mark> (run community groups e.g. pilates, arts & crafts, tea & talk) • Jubilee 77 Community Centre • Dovecote House

17

202209_The_Leys_Community_Profile_Version_1.pdf (oxfordshire.gov.uk) (page 14-16)	• Blackbird Leys Children and Family Centre
	Health • The Leys Pharmacy • Jenners Delivery Pharmacy
	Get active • Leys Pool and Leisure Centre • Ready Set Go & Active Reach projects run by Oxford Hub • Blackbird Leys Recreation Ground
	Education and training • Windale Primary School • Pegasus Primary School • Orchard Meadow Primary School • City of Oxford College
Littlemore	**Community spaces and activities** • Littlemore library • The Peeple Centre • International Centre of Newman Friends • The Church of Blessed Dominic Barberi • Littlemore Community Centre • Littlemore Restore café and shop • Littlemore Village Hall • St Mary and St Nicholas Church
	Health • Lloyds Pharmacy • Littlemore mental health centre
	Get Active • Kassam stadium and Oxford United FC • Littlemore RFC • UKCF Academy • Jive+ • Flair Dance Studio
	Education & training • The Oxford Academy • Busy Bees Nursery • Emmanuel Christian School • John Henry Newman Academy • The Old Station Nursery
	Shops • Sainsbury's • Vue cinema
Osney and St Thomas	**Community spaces and activities** • West Oxford Community Centre • St Frideswides church • Restoration Church

18

	Health - Woodland's pharmacy **Get Active** - West Oxford Bowls Club - Oxford Golf Centre - Medley Sailing Club - Oxford University Canoe and Kayak Club **Education and training** - West Oxford Community Primary School - St Thomas' Day Nursery - Oxford Job Centre - City of Oxford College **Shops** - Waitrose - Aldi - Sainsbury's Local
Rose Hill and Iffley For more information about organisations/services/community groups visit [RoseHill_CommunityProfile_Insight.pdf (oxfordshire.gov.uk)](RoseHill_CommunityProfile_Insight.pdf)	**Community spaces and activities** - Rose Hill Community Centre and Gym (run a larder, junior youth club, social club, advice centre, swap library, older adult social group, exercise classes and martial art classes. Building also houses an NHS Community Early Pregnancy Assessment Unit) - St Mary the Virgin Church - Florence Park Community Centre - Rosehill Children and Family Centre - Rose Hill and Iffley Low Carbon (host a repair café) - Rose Hill community network - Rose Buds Stay & Play (Homestart) - Syrian Sisters - Oxfordshire Asian Women's Voice - Rosehill Musalia (Mosque) **Health** - The Leys Pharmacy - Iffley Turn Practice **Get active** - Rose Hill gym - Rose Hill Junior Football Club

Above St Barnabas Church and Oxford Castle & Prison appear in the first cell header section.

19

	Education and training • Rose Hill Primary School • Little Pioneers nursery and pre-school • Youth Ambition (career advice for young adults at Rose Hill Community Centre) • Iffley Academy
	Shops • Coop
	Housing • Alice & Margaret House sheltered housing

MECC Implementation Project Plan 2023-2025

Below is an action plan for the MECC work programme. Progress on the action plan will be reported to the Oxfordshire Health Improvement Partnership Board. The action plan will be updated every 6 months in the two-year project timeline with the first update due in October 2023.

Actions	Tasks	Timescales	Partners/stakeholders	Resources	Progress update
Budget To have a budget plan in place for 2023-25					
1. Confirm funding arrangements including a draft plan outlining where, how and when the budget will be spent	1. Capture feedback from Oxfordshire MECC Partnership on how MECC budget could be spent. 2. Create draft plan outlining what the budget will be spent on, when and how and obtain sign-off from the Oxfordshire MECC Partnership and any other relevant partners 3. Link with wider SE MECC network and BOB ICB where relevant	July 2023	Oxfordshire MECC Partnership SE MECC group	Stakeholder time Budget	

21

2. Consider project funding awards to organisations to support with MECC rollout	1. Seek advice from Legal & Procurement at OCC 2. Get views from the Oxfordshire MECC Partnership 3. Develop an expression of interest form	September 2023	Oxfordshire MECC Partnership Legal OCC Procurement OCC	Budget Expression of interest form	
Target groups To utilise the MECC programme to help reduce health inequalities					
1. Identify populations groups and/or geographical areas we wish to target with the MECC programme	1. Consult key public health documents such as the JSNA to help identify target groups 2. Obtain feedback from Oxfordshire MECC Partnership on which groups we wish to target	May 2023	Oxfordshire MECC Partnership	JSNA, Annual Director of Public Health report and any other documents to inform identification target groups Stakeholder time	In progress
2. Identify organisations/services who are interested and would like to implement or find out more about MECC	1. Obtain feedback from Oxfordshire MECC Partnership and Public Health on how to identify	May 2023	Oxfordshire MECC Partnership Public Health colleagues	Stakeholder time	

22

	organisations interested in MECC 2. Attend health and wellbeing community partnerships and engage with Community Health Development Officers and Community Champions to obtain insights		Health and wellbeing community based partnerships Community Health Development Officers Community Champions		
Training To ensure there is a sustainable and efficient MECC training programme across Oxfordshire					
1. Refresh the knowledge hub	1. Ensure the knowledge hub is up to date 2. Ensure resources are available for in-person and online MECC training sessions	September 2023	BOB ICB MECC trainers	Training record systems Stakeholder time	
2. Development of signposting pathways including non-digital forms of signposting	1. Find out which current methods trainers are using to signpost to services 2. Obtain feedback from Oxfordshire MECC Partnership, BOB ICB and MECC trainers on Livewell Oxfordshire, MECC	September 2023	BOB ICB MECC trainers Oxfordshire MECC Partnership HEE	Stakeholder time Budget for printing Materials for signposting e.g. Livewell Oxfordshire, MECC Link and the MECC App	

23

	Link the MECC App and explore other signposting options if required 3. Ensure signposting pathways are available non-digitally as well as digitally 4. Ensure signposting is embedded within training			Method of distributing resources to trainers Method of storing resources for trainers e.g. online	
3. Work with BOB ICB and key partners to continually update MECC training and train-the-trainer courses with topical information	1. Review weblinks and other information sources for areas of interest e.g. cost of living 2. Amend training to include relevant information 3. Cascade to individuals trained in MECC/MECC Trainers	Ongoing	BOB ICB MECC trainers Wider partners	Stakeholder time Information sources	
4. Create a MECC intranet page for OCC staff, a MECC page on OCC website and info about MECC on Livewell.	1. Link with comms and relevant leads	December 2023	OCC Comms BOB ICB Livewell website developers	Time Access to OCC intranet, OCC website and Livewell	

24

MECC in libraries					
To support the strategic scale-up of MECC in Oxfordshire's Library Service					
1. Adapt and expand MECC training offer in libraries to encompass topical health issues for the time and population group	1. Obtain feedback from library staff on common issues service users raise with staff 2. Work with partners (e.g. Good Food Oxfordshire) to adapt training 3. Development of a MECC calendar	Ongoing	BOB ICB Library staff Library MECC champion network Wider partners who can support with training content e.g. Public Health	Stakeholder time Staff capacity to adapt and deliver training Information sources	
2. Embed discussions about MECC into library staff team meetings and 1:1s	1. Support general library managers to include MECC into relevant team meetings and 1:1s/personal development plans	September 2024	Library staff Library MECC champion network	Stakeholder time Team agendas 1:1 templates and personal development plans	
3. Improve health service provision and awareness in libraries	1. Work with library teams to identify most common issues service users face e.g. mental health and discuss ways to increase provision/raise awareness 2. Scope which health services may be	March 2024-March 2025	Health service providers Library management team Library MECC champion network Public Health Library service users BOB ICB	Library space Materials (and associated budget) to support service provision Stakeholder time Flyers/leaflets/displays to promote health	

25

	interested in increasing provision/awareness in libraries and discuss any associated barriers/costs 3. Consider how we can embed health services alongside pre-existing library events/initiatives using learning from Public Health colleagues 4. Utilise health and wellbeing posters and other resources within library spaces to raise awareness of health and associated local services		Public Health Promotion Resource Unit	services and provide lifestyle advice – link with Public Health Promotion Resource Unit	
4. Join up with local social prescribing link workers	1. Connect with social prescribing link workers and scope capacity and priorities 2. Consider how social prescribing link workers could have a greater presence within library services	March 2025	Social prescribing link workers Library management team Library MECC champion network PCNs	Stakeholder time Library space Budget	

26

5. Comms to demonstrate the impact of MECC conversations in libraries	1. Work with library teams, comms and public health to write comms	May 2023	Comms team Library management team Public Health	Stakeholder time IT	
6. Agree evaluation plan to capture success and impact of MECC in libraries	1. Identify outcomes and metrics 2. Libraries to provide quarterly report to Public Health on health and wellbeing activity across libraries	December 2023	Library management team Data intelligence team at OCC	Stakeholder time Data collection forms/surveys Digital data monitoring systems	

MECC in pharmacies, optometry and dentistry (POD)
To support the roll out of MECC in Oxfordshire's pharmacies

| 1. Increase number of POD staff who are trained in MECC | 1. Attend pharmacy engagement event in September 2023 to talk about MECC and gauge interest. 2. Consider different training formats e.g. bitesize video, F2F session 3. Promote MECC training dates/times in POD newsletters 4. Agree level of training i.e. mandatory vs voluntary CPD 5. Identify staff who are interested in the train | March 2025 | Local pharmaceutical committee (covers BOB) POD staff BOB ICB | Stakeholder time Materials (and associated budget) to support promotion Space to run a face-to-face MECC training event (if required) Video software to develop bitesize MECC training (if required) MECC App | |

	the trainer course (e.g. pharmacy managers or healthy living pharmacists) 6. Link with MECC leads across BOB to create a joined-up offer for PODs			Staff capacity to adapt and deliver training	
2. Support staff to implement MECC in their day-to-day work	1. Develop MECC resource packs to be delivered to PODs and/or consider digital forms of support e.g. MECC App 2. Consider embedding MECC into meeting agendas, 1:1s, personal development plans, referral pathways and registration forms	March 2025	Local pharmaceutical committee (covers BOB) POD staff BOB ICB HEE	Stakeholder time Budget to support with development of resource packs and distribution MECC App Team agendas, 1:1 templates, personal development plans, referral pathways and registration forms	
MECC in the Oxford University Hospital NHS Foundation Trust (OUH) To support the strategic scale-up of MECC in the Oxford University Hospital Trust					
1. Strategic scale up of MECC at OUH	1. Link MECC to organisational goals and priorities 2. Consider how funding could support greater roll out of MECC	June 2024	Here for Health OUH BOB ICB	Stakeholder time Senior Leadership team. BOB ICB to assist with MECC training	

28

	training to hospital staff 3. Consider development of a OUH MECC champion network 4. Engage with Health Inequalities steering group at OUFHT				
2. Scale up the number of staff trained in MECC across the trust	1. Liaison between Public Health, Here for Health and BOB ICB to explore ways to scale up MECC training delivered across OUH 2. Identify key departments who may be interested in delivering MECC and reach out to them to promote 3. Raise awareness of MECC and training when working with internal/external partners 5. Support the development of bitesize MECC training including developing resources	March 2025	Here for Health BOB ICB OUH	Stakeholder time Materials (and associated budget) to support with promotion Space to hold training (if required) Staff capacity to adapt and deliver training	

29

	to help teach staff about MECC e.g. flyers for staff rooms.				
3. Support evaluation plan to capture success and impact of MECC	1. Establish what MECC means for OUH at strategic oversight level 2. Identify outcomes and metrics (processes rather than outcomes) to support OCC evaluation 3. Consider how reporting on MECC activity can be incorporated into existing reports and support OCC evaluation 4. Share the OCC evaluation report with key stakeholders at OUH	March 2025	Here for Health OUH Data intelligence team at OCC BOB ICB	Stakeholder time Data collection forms/surveys Digital data monitoring systems	
MECC within Public Health services To support the roll out of MECC within Public Health's commissioned services					

1. Implementation of MECC training in commissioned Public Health services	1. Identify all commissioned Public Health services 2. Meet with key contacts in Public Health team who hold each contract/ add MECC to team meeting agenda 3. Identify which services have capacity and are interested in using MECC 4. Identify whether MECC could be incorporated into existing training for staff 5. Identify number of staff to train and any who wish to do train the trainer to cascade training 6. Consider whether MECC could be put into contracts/tenders/service specs/referral pathways/registration forms	March 2025	Public Health commissioned services and associated training providers Public Health BOB ICB	Stakeholder time Space to hold training (if required) Staff capacity and space to adapt and deliver training Budget to support with MECC materials Contracts/tenders/service specs/referral pathways/registration forms	

31

	7. Explore whether training should be mandatory or voluntary CPD 8. Consider resources/materials required to support staff using MECC e.g. flyers				
MECC in other organisations/teams To support the roll out of MECC across OCC and wider organisations including the district and city councils					
1. Identify organisations/teams/services to implement MECC, including OCC services/teams	1. Consider what criteria will be used to determine which teams/groups/departments are identified to be trained and engaged in MECC delivery 2. Consider how teams/groups/departments will be recruited 3. Meet with potential teams/departments to gauge interest and understand departmental challenges and opportunities to embed MECC	Ongoing	Oxfordshire MECC Partnership BOB ICB Wider statutory and non-statutory organisations OCC	Stakeholder time	

32

	4. Promote MECC by linking it to organisational goals and priorities and highlighting benefits for patients/clients and staff.				
2. Embed MECC within organisational culture	1. Consider whether MECC can be built into existing projects or initiatives within the organisation e.g. referral pathways and registration forms 2. Consider feasibility of adding MECC into job descriptions, inductions, team meetings, 1:1s/personal development plans, staff intranets/portals e.g. adding MECC webpage to OCC intranet 3. Consider resources/materials required to support staff using MECC e.g. flyers	Ongoing	Wider statutory and non-statutory organisations OCC	Stakeholder time Job descriptions, team meeting agendas, 1:1 templates, personal development plans Budget to support rollout of MECC e.g. grants	

33

3. Expand MECC training to staff working in other statutory and non-statutory organisations including district councils	1. Promote MECC training and train-the-trainer courses 2. Estimate the number of people in teams/services interested in train-the-trainer courses 3. Agree whether all staff will be trained or if voluntary CPD – could be a phased approach. Agree level of training.	Ongoing	Oxfordshire MECC Partnership BOB ICB Wider statutory and non-statutory organisations District councils OCC	Stakeholder time Materials to support promotion and engagement Staff capacity and space for training (and associated budget)	
4. Bring health services into other organisations/services (i.e. outreach/pop-ups)	1. Work with organisation to identify most common issues service users face e.g. mental health and discuss ways to increase provision/raise awareness 2. Scope which health services may be interested in increasing provision/awareness (and have capacity) and discuss any associated barriers/costs	March 2024-March 2025	Health service providers Public Health Service users BOB ICB Public Health Promotion Resource Unit	Space Materials (and associated budget) to support service provision Stakeholder time Flyers/leaflets/displays to promote health services and provide lifestyle advice – link with Public Health Promotion Resource Unit	

34

	3. Consider how we can embed health services alongside pre-existing events/initiatives using learning from Public Health colleagues 4. Utilise health and wellbeing posters and other resources within spaces to raise awareness of health and associated local services				
5. Consider how MECC training could be offered to higher education and further education students as part of their studies	1. Link in with Lead for BOB ICB Personalised Care Team to explore broader personalised care training offer to students 2. Link with colleagues in OCC who supervise students on placements and discuss whether MECC training could be included in their induction	March 2025	Higher education and further education students BOB ICB OCC (student placements)	Staff capacity and space for training	

35

Evaluation					
Evaluation To measure the impact of MECC across Oxfordshire Useful resource: https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources/mecc-evaluation-guide-2020					
1. Put evaluation plan in place for the start of the roll out and for organisations/teams already using MECC. Ensure recommendations for future delivery are included.	1. Explore how other national/regional/local MECC programmes have been evaluated 2. Consider how a wider evaluation across the SE/BOB footprint can be achieved 3. Agree timescales and metrics 4. Consider integrating monitoring forms into existing systems 5. Share proposed outcomes and metrics with wider organisations and stakeholder groups 6. Identify person/team responsible within organisations for collecting, analysing and reporting data 7. Consider how reporting on MECC activity can be incorporated into existing data reports	December 2023	Data intelligence team at OCC BOB ICB Oxfordshire MECC partnership SE MECC group BOB oversight group Organisation/service/team involved in delivering the MECC programme being evaluated People receiving MECC i.e. clients/service users	Stakeholder time to inform development of evaluation Staff time to collate feedback and write up evaluation Evaluation forms Participant time to complete forms	

36

	8. Share evaluation reports with key stakeholders				
Long-term sustainability To ensure the MECC work programme is sustainable long-term					
1. Work with individual organisations to develop their own MECC implementation plans	1. Liaison with stakeholders	March 2025	Organisations/services interested in MECC	Stakeholder time	
2. Add MECC to corporate and team induction process/training requirements, meeting agendas, job descriptions, person specifications and/or as part of organisational codes of practice	1. Liaison with stakeholders	March 2025	Organisations/services using MECC OCC	Stakeholder time	
3. Develop a recognition/accreditation scheme for organisations/services that use MECC	1. Obtain feedback from key stakeholders 2. Estimate costs 3. Consider how accreditation would be awarded, monitored and refreshed	March 2025	Organisations/services using MECC Oxfordshire MECC Partnership BOB ICB SE MECC group	Materials to support with accreditation (if required) e.g. certificate, badges Budget	

37

4. Consider development of an online MECC newsletter	1. Obtain feedback from relevant stakeholders 2. Scope ideas for newsletter content 3. Consider who would be responsible for writing and disseminating the newsletter 4. Consider newsletter audience	March 2024	BOB ICB MECC Trainers Organisations/services using MECC	Web platform to host newsletter Time Budget	
5. Consider MECC resources that can be made available in organisational surroundings (conversation cards, banners posters, flyers, prompt cards) and on staff intranets	1. Obtain feedback from stakeholders 2. Review possible resources and information sources 3. Consider process of printing and dissemination	March 2025	BOB ICB Organisations/services implementing MECC	Budget MECC resources	
6. Update and refresh the MECC promotional video	1. Identify comms colleagues who can support with video production as well as colleagues who wish to feature in the video 2. Develop a storyboard and film 3. Share video with organisations across Oxfordshire to promote MECC	March 2024	BOB ICB OCC Organisations/services implementing MECC	Budget Filming equipment Channels to share and promote video	

38

This page is intentionally left blank

Health Improvement Board

Thursday 15 June 2023

Making Every Contact Count (MECC)

Purpose / Recommendation

1. The Health Improvement Board is asked to:

    (a) note the opportunities of Making Every Contact Count (MECC) to improve population health and reduce health inequalities
    (b) note the progress made so far in Oxfordshire
    (c) review the Oxfordshire MECC mapping and implementation plan and offer any feedback and suggestions where they or their organisation could support (see appendix)
    (d) support and encourage organisations in Oxfordshire to embed the principles of MECC into their work as part of their wider prevention programme.

Background

Making Every Contact Count (MECC) is an evidence-based approach to health improvement which involves training people to give them the confidence to raise issues about health with others and follow up with very brief advice and signposting for support.

MECC involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing. MECC works through opportunistic conversations in everyday life – this could be at work, at school pick up time, in a shop. Anywhere, where there is contact between individuals, not just in health-related settings.

Training in MECC can take various forms including face-to-face and online training. The training typically covers five lifestyle behaviours: healthy eating and maintaining a healthy weight; physical activity; smoking; alcohol and mental wellbeing. People who receive MECC training are not expected to be health experts but will understand the basis of MECC and gain confidence to use the skills learnt. Across Buckinghamshire, Oxfordshire and Berkshire West (BOB), we also encourage a sustainable cascade approach by training staff in different organisations to become MECC trainers themselves and roll out the training within their team. These courses are currently delivered by the BOB Integrated Care Board (BOB ICB).

MECC is recommended by a range of health organisations, policies and strategies as a key driver for improving health outcomes in a population. These include The

Local Government Association[1], The NHS 5-year Forward View[2], Health Education England[3] (which has now merged into NHS England) and the Office for Health Improvement and Disparities[4]. An overview of MECC in health policies can be found here on page 10.

Given the potential for MECC to be rolled out to a wide range of organisations and services in Oxfordshire, MECC supports the shared vision of the Joint Health and Wellbeing Strategy (2018-23)[5]: "*To work together in supporting and maintaining excellent health and wellbeing for all the residents of Oxfordshire*". The Oxfordshire MECC programme also supports the Health and Wellbeing Strategy's "live well" and "tackle inequalities" priorities.

A paper[6] was taken to the Oxfordshire Health and Wellbeing Board on 16th December 2021 to highlight the opportunities for MECC to contribute to the delivery of the Joint Health and Wellbeing Board Strategy. The paper explained the significant potential and broad scope of MECC and its application to any stage of the life course to help improve health outcomes. The paper recommended the arrangement of a workshop for members of the board which was subsequently delivered on 8th March 2022.

System partners who attended the workshop were very enthusiastic and keen to see MECC implemented further at scale across the system. It was identified that resource would be needed to achieve this and Oxfordshire were successful in securing £200,000 of MECC funding from what was the Oxfordshire Clinical Commissioning Group (the OCCG has now become BOB ICB).

In February 2023 and using part of the OCCG funding, a Health Improvement Practitioner was appointed to the Oxfordshire County Council Public Health team to help support the strategic scale-up of MECC across Oxfordshire. A more strategic approach to MECC will mean that the foundations already in place for MECC delivery can be built on and scaled up as well as encouraging new organisations who are not yet engaged to start using MECC. This will help enable more people to talk about health and wellbeing as part of everyday conversations.

In March 2023, a workshop was held with the Oxfordshire MECC Partnership at Rosehill Community Centre to discuss how we can work together as a system to strategically scale up MECC across Oxfordshire. Members of the partnership can be

---

[1] LGA case studies https://www.local.gov.uk/case-studies/making-every-contact-count

[2] NHS 5 year forward view https://www.england.nhs.uk/five-year-forward-view/

[3] Health Education England https://www.e-lfh.org.uk/programmes/making-every-contact-count/

[4] Office for Health Improvement and Disparities https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities/about

[5] Oxfordshire Joint Health and Wellbeing Strategy https://mycouncil.oxfordshire.gov.uk/documents/s45109/HWB_MAR1419R27-%20The%20revised%20Joint%20HWB%20sTRATEGY%20-%202018%20-%2023.pdf#:~:text=Oxfordshire%20Joint%20Health%20and%20Wellbeing%20Strategy%282018-2023%29%20Amended%20draft,who%20live%20in%2C%20work%20in%20and%20visit%20Oxfordshire.

[6] Health and Wellbeing Board paper December 2021 https://mycouncil.oxfordshire.gov.uk/documents/s58758/HWB_DEC1621R11%20-%20HWB%20Strategy%20Priorities%20and%20MECC%20opportunity%20Dec%2021.pdf

found in the chapter "Communications". The insights obtained from this workshop were used to develop a MECC mapping and implementation plan to support the delivery and strategic scaling up of MECC across Oxfordshire. This plan is attached as an appendix to this report and members of the Health Improvement Board are asked to review the plan and offer any feedback. Key headline actions are summarised below:

- Work with BOB ICB to ensure there is a sustainable and efficient MECC training programme in Oxfordshire
- Support organisations and services who are already using MECC such as the Oxfordshire Library Service, Oxford University Hospital NHS Foundation Trust, Oxford Health and the voluntary and community sector
- Support pharmacy, optometry and dentistry services in Oxfordshire to embed the MECC approach in their work
- Embed MECC within Public Health commissioned services and other local authority services including those within the district and city councils
- Provide financial support to organisations to help them rollout MECC
- Evaluate the Oxfordshire MECC programme to demonstrate impact
- Implement measures to promote the long-term sustainability of the Oxfordshire MECC programme

Key Issues

Members of the Health Improvement Board are asked to note the content of the Oxfordshire MECC mapping and implementation plan and offer any feedback and suggestions where they/their organisation could support with the rollout of MECC.

Increased promotion of MECC training may increase pressure on our training providers in the BOB ICB. Public Health and the BOB ICB will monitor this closely and consider how a cascade training model can be more widely implemented across Oxfordshire to promote sustainability.

Budgetary implications

Oxfordshire County Council's Public Health Team are currently holding two pots of funding on behalf of the Oxfordshire MECC Partnership, totalling £87,800 to support the strategic scale-up of MECC.

This consists of:
- the operational budget (£80,000) part of the funding which was received from the previous Oxfordshire Clinical Commissioning Group (OCCG) (The OCCG has now become the BOB ICB) in 2022 to spend on the MECC work programme in FY 2023/24 and FY 2024/25
- Carryover funding from Health Education England Thames Valley that was previously held by the BOB Training Hub (£7,800).

We are currently establishing a process where part of this funding can be used to award organisations/services with financial support to help them rollout MECC and

embed it more strategically within their work. The process is subject to procurement guidance/procedures.

Equalities implications

The key focus of the Oxfordshire MECC programme is to tackle health inequalities. The programme will focus on embedding MECC within organisations/services that are located in or serve people living in areas of inequality in Oxfordshire. Organisations supporting people across the life course will be encouraged to get involved in the MECC programme such as early years settings and services aimed at older adults. Where possible, organisations/services that support particularly vulnerable people (e.g. people who are homeless, people who have experienced domestic abuse) will also be approached as these groups are more likely to experience poorer health outcomes compared to the rest of the population.

It is anticipated there will be no groups who would be disadvantaged by the proposed MECC programme and implementation plan.

Communications

The Oxfordshire MECC mapping and implementation plan has been developed in collaboration with the Oxfordshire MECC Partnership. Members of the partnership include:

- Active Oxfordshire
- Adult Social Care
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
- Carers Oxfordshire
- Cherwell District Council
- Good Food Oxfordshire
- Fire and Rescue Service
- Health Education England Thames Valley (recently merged into NHS England)
- Library Service
- Local Pharmaceutical Committee Thames Valley
- Oxford City Council
- Oxford Health NHS Foundation Trust
- Oxford University Hospital NHS Foundation Trust
- Oxfordshire Mind
- Public Health, Oxfordshire County Council
- South Oxfordshire District Council
- South Central Ambulance Service
- Vale of White Horse District Council
- West Oxfordshire District Council

Key Dates

None

Report by David Munday, Deputy Director of Public Health
June 2023

Contact: Kate Austin, Public Health Principal, kate.austin@oxfordshire.gov.uk
Imogen Coningsby, Health Improvement Practitioner,
imogen.coningsby@oxfordshire.gov.uk

This page is intentionally left blank

Social Prescribing in Oxfordshire

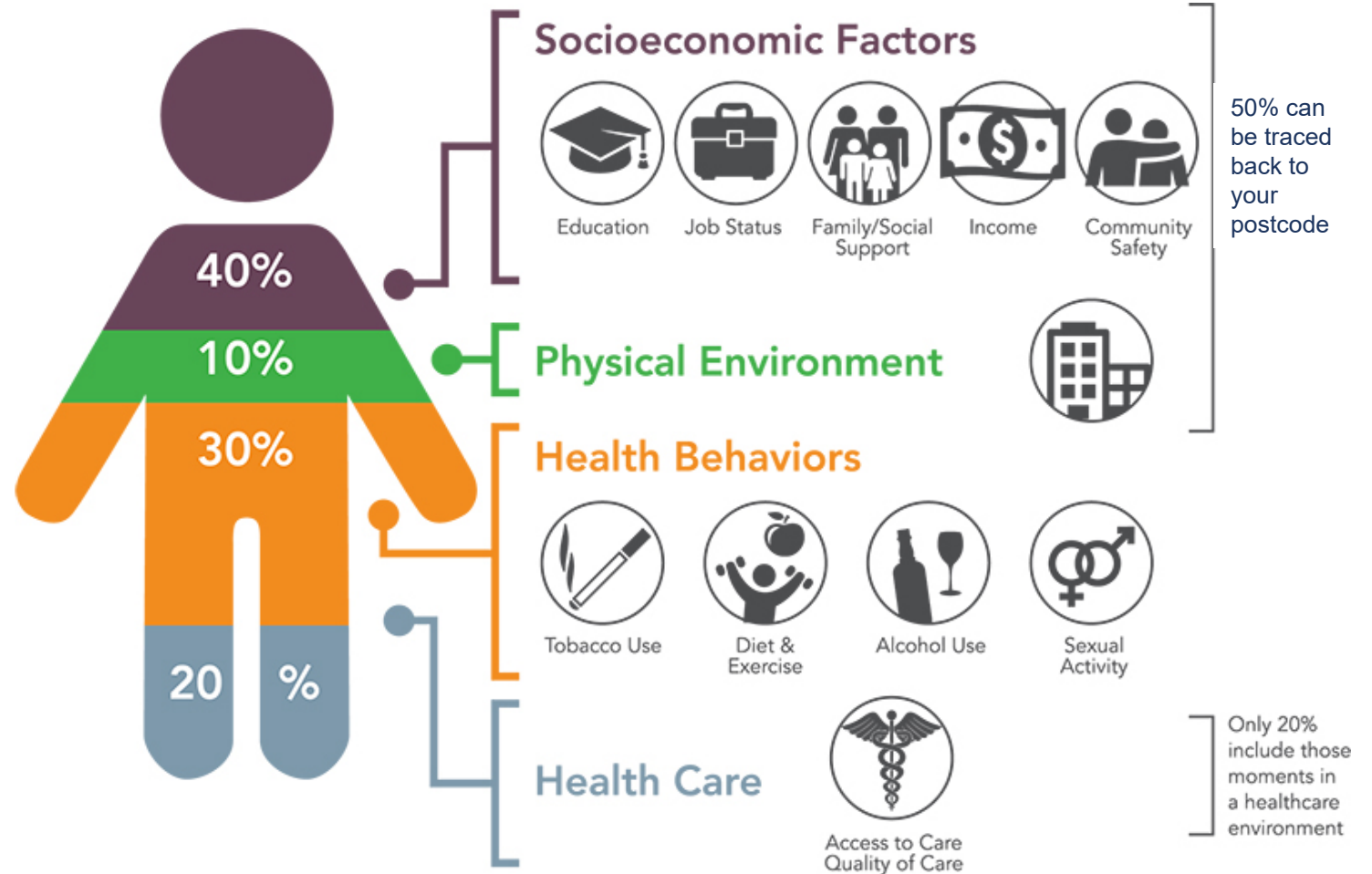**June 2023**

Angela Jessop

Personalised Care Lead BOB ICB

Nina Scott

Social Prescribing Project Support Officer

Agenda Item 11

What is Social prescribing?

Social prescribing can address a person's wider determinants to health

Social prescribing is a way of linking users of health, social care and other services to sources of support within the community. It provides referrers with a non-medical referral option that can operate alongside existing treatments and interventions to improve health and well-being.

40%

10%

30%

20 %

Socioeconomic Factors

Education   Job Status   Family/Social Support   Income   Community Safety

50% can be traced back to your postcode

Physical Environment

Health Behaviors

Tobacco Use   Diet & Exercise   Alcohol Use   Sexual Activity

Health Care

Access to Care Quality of Care

Only 20% include those moments in a healthcare environment

Why Social Prescribing?

- 1 in 5 GP appointments are for wider social issues, not medical

- Health workforce in decline/Patient demand increasing

- 28% fewer GP appointments*

- 24% fewer A&E attendances*

- Reducing demand on the social care system

- Key enabler to tackle health inequalities

*Polley M et al (2017). Review of evidence assessing impact of social prescribing on healthcare demand and cost implications.

Getting out of the house, meeting people and building relationships through group or one-to-one activities, e.g. faith groups, community groups, peer-support, knitting groups, sports or hobby clubs, volunteering, repair cafes.

Connected

Building on interests, using existing skills or learning new ones, e.g. through art, dance, singing, food growing, gardening and engaging with nature (green care).

Creative

Accessing advice and support, e.g. for housing issues, debt, domestic abuse, falls prevention, welfare benefits or employment issues.

Supported

Being physically active, by keeping moving or getting fit, e.g. exercise classes, walking groups, dance, gardening, volunteering and employment support.

Active

Lifelong learning, developing new skills and confidence, e.g. adult education and lifelong learning courses, volunteering and employment support.

Learning

Link Worker Model and Pathway

Link Worker Caseload Common Themes

Page 85

- Social Isolation/Loneliness
- Transport Issues and Blue Badge forms
- Bereavement
- Inadequate Housing
- Financial Issues/poverty
- Benefits advice
- Info about Social Care

- Healthier Lifestyles and behaviour change
- Support post diagnosis of a long term condition
- Employment
- Education
- Supporting Carers

Link Worker Case Study

Male aged 32 referred by GP:

- Homeless, rough sleeping and Sofa surfing on family and friend's couch.

- Suffers with chronic back injury and IBS, not managing nutrition. Recently seen by Dietitian who recommended referral to Social Prescriber to see if housing/social situation can improve

What Matters to me?

- Finding somewhere to live

How best to support me:

- Contact on mobile and leave message as unable to charge mobile if sleeping rough

- Sleeps during day

- Cannot read or write. Uses Mum's address for correspondence

Support:

- Referred to P3 Housing and Aylesbury Homeless Action Group (AHAG)

- Worked with AHAG to support patient with temporary housing and Bucks Home Choice bidding.

- Built a trust relationship with the patient where he felt able to share other difficulties.

- Researched and provided Food and Clothes vouchers through Bucks Council Helping Hands scheme.

- Worked with his GP to produce supporting information to help him be housed and to supply repeat food supplements.

Page 86

Link Worker – Proactive support

- Identifying patients in need of **pain management** and creating peer group support
- Target support at **high intensity users** of health and social care service
- Recently **bereaved** proactively contacted for support
- **Learning Disability** support – inviting for health checks and including social prescribing approach
- Identifying patient in areas of **high deprivation** and contacting them proactively
- Patients **over 85**: conduct needs assessment around housing finances, social isolation
- Supporting all Ukrainian **refugees**
- **Dementia** patient not living in care home
- **Carers**
- Non responders to national **bowel screening** – link workers have received bowel screening training
- Frail Elderly
- Talking cafes dementia, menopause, sleep, carers
- Group consultations for menopause patients
- **Falls** risk and **frailty** assessments housebound
- Daily **discharges** – contacting patients once discharged
- Working with **housing** providers to identify vulnerable patients

Page 87

Social Prescribing Team ARRS Roles

WHAT MATTERS TO ME — PERSONALISED CARE

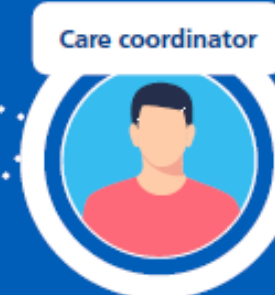**Social prescribing link worker**
- Mental health needs
- Lonely and isolated
- Long term conditions
- Complex social needs

Link to
- voluntary sector
- community
- other statutory organisations
- wellbeing activities

Health and wellbeing coach
- Low motivation
- One or more long term conditions
- Physical & mental health needs
- Low confidence

Link to
- confidence
- knowledge
- skills
- self-management
- behaviour change

Care coordinator
- Needs information
- Uncoordinated care planning
- Frail/Elderly
- Multiple appointments

Link to
- community services
- secondary care
- mental health teams

Realising the Value and Impact

- Social Prescribing across PCNs in Oxfordshire almost doubles year on year to 19,000 referrals in 22/23

- 41 WTE Social Prescribing Link Workers Across PCNS and estimated another 50 WTE Care Coordinators and 4 Health and Wellbeing Coaches

- PCNs are advised to award these ARRS Roles permanent contract as 24/25 funding For these roles will form part of PCN baseline budgets

- PCN DES asks social prescribers to support Neighbourhood health inequalities and Anticipatory care to reduce winter pressures
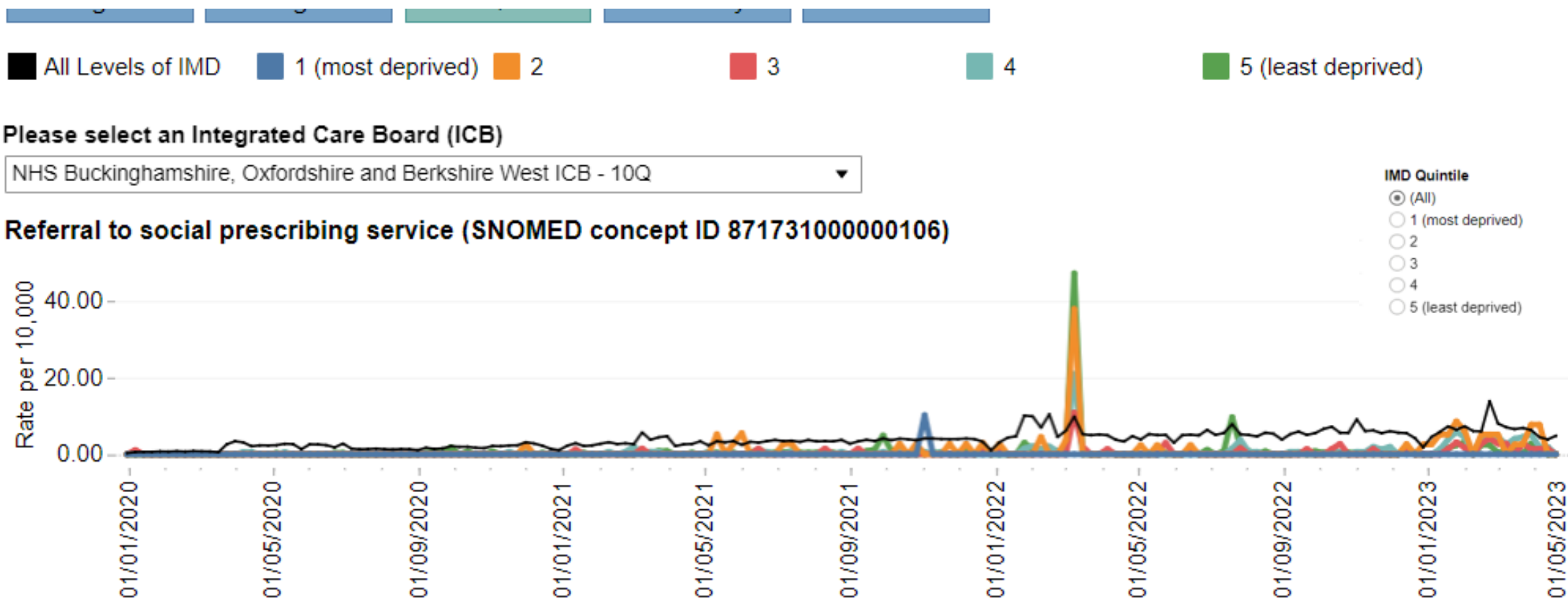
Primary Care Network	Number of social prescribing referrals 2021-22	Number of social prescribing referrals 2022-23
Abingdon And District Pcn	419	547
Abingdon Central Pcn	498	414
Banbury Alliance Pcn	251	608
Banbury Cross Pcn	1026	1255
Bicester Pcn	574	2452
City - East Oxford Pcn	444	699
City - Ox3+ Pcn	1974	1965
Didcot Pcn	1044	1099
Eynsham & Witney Pcn	403	956
Healthier Oxford City Network Pcn	978	2157
Henley Sonnet Pcn	99	844
Kidlington, Islip, Woodstock & Yarnton (Kiwy) Pcn	577	629
North Oxfordshire Rural Alliance (Nora) Pcn	312	331
Oxford Central Pcn	212	336
Rural West Oxfordshire Pcn	85	980
South East Oxford Health Alliance (Seoxha) Pcn	385	649
Thame Pcn	244	1259
Unallocated	<6	0
Wallingford & Surrounds Pcn	210	408
Wantage Pcn	197	295
White Horse Botley Pcn	780	1456
Oxfordshire Totals	10,717	19,339

Page 89

Demographics of Service Users - Age
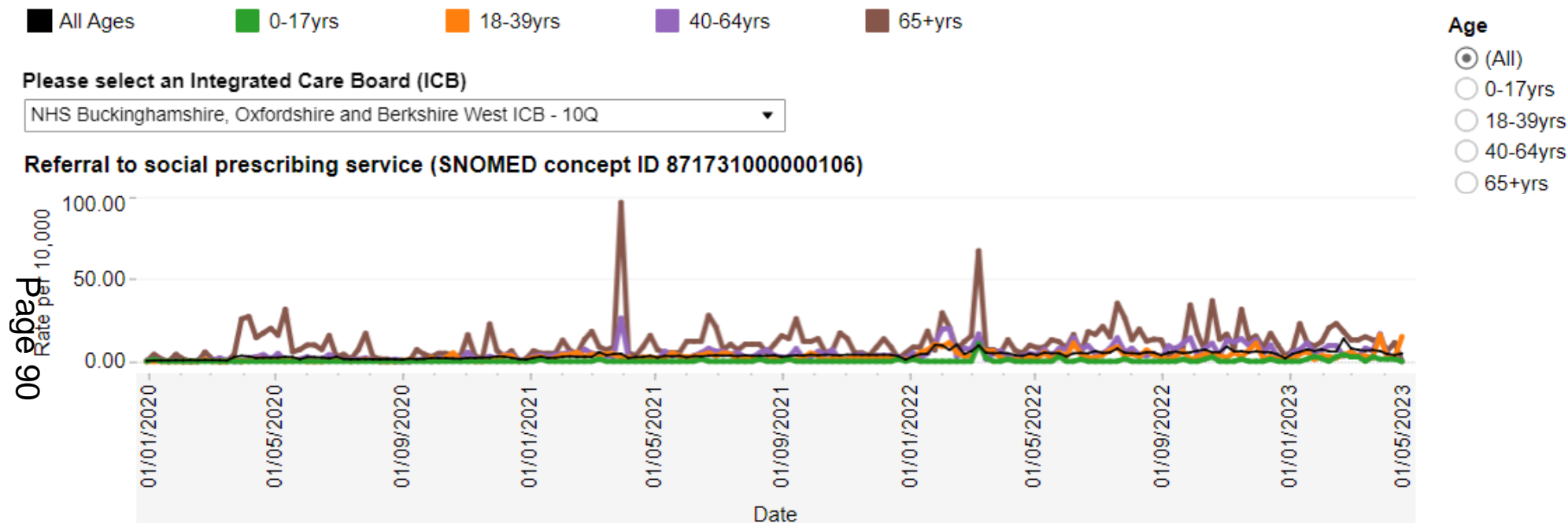
Most referrals from 40-64 year old cohort, some minimal referral for children (under 10 referrals in this age group in 2023). Females are more likely to be referred than males.

Source: ORCHID: Oxfordshire Royal College of General Practitioners Social Prescribing Observatory

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Demographics of Service Users - Deprivation

NHS

| All Levels of IMD | 1 (most deprived) | 2 | 3 | 4 | 5 (least deprived) |

Please select an Integrated Care Board (ICB)

NHS Buckinghamshire, Oxfordshire and Berkshire West ICB - 10Q ▼

Referral to social prescribing service (SNOMED concept ID 871731000000106)

IMD Quintile
- (All)
- 1 (most deprived)
- 2
- 3
- 4
- 5 (least deprived)

Most referrals from IMD Quintile 2,3 and 4. No recorded referrals from Quintile 1 in 2023

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Demographics of Service Users - Ethnicity
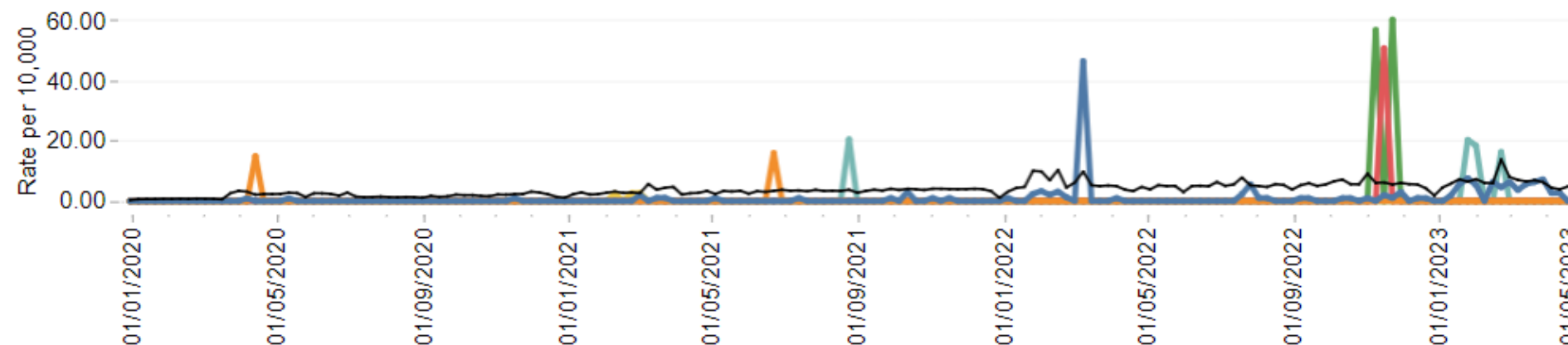
Most referrals from Mixed, Other, and Black communities. No referrals recorded in 2023 for Asian ethnicity patient.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Spotlight on Oxfordshire PCN Innovation:

- Monthly Peer forums for all SP roles are now implemented with ICB initiated sustainable model. Central Oxford link worker hosting in Oxfordshire. Regular VCSE and stakeholder presentations and opportunity for staff to share best practise, discuss challenges and network with peers

- Social prescribing link workers are working with Thames Valley Cancer Alliance Personalised Care Nurse Facilitators in PCN to improve the quality and increase the uptake of Cancer Care reviews in primary. Social prescribing link workers are well situated and skilled to be supporting the non medical aspects of CCRs and this is a beneficial way for PCNs to be utilising ARRS roles to delegate work away from GPs and Nurses.

- Some PCN linkworkers delivering memory assessments for patients

- Oxfordshire Citizens Advice is in talks with practice managers to encourage volunteers and practice PPGs to work together to form support groups for patients.

- Abingdon & District PCN is delivering a Health Inequalities project focussing on mental health issues, also those with high BMI, and social isolation

- Oxfordshire on the Move was looking to use gyms as social hubs

- PCNs Looking at using Harcourt Arboretum as a green social prescribing space

Page 93

ICB Joint Forward Plan – Next 18 Months

NHS

4.0	**Increase awareness of social prescribing to the population and increase the number of Social prescribing link workers in primary care**	
	4.1	Deliver Comms campaign to raise awareness of SP amongst patients and professionals
	4.2	Develop Social Prescribing Strategic Plan
	4.3	Set up SP working Group
Page 94	4.4	Support and share best practice for PCN SP DES
	4.5	Provide consistent place based support, peer forums and VCSE links in each place
	4.6	Develop plan to support winter pressures (High Intensity Users) in both primary and secondary care
	4.7	Develop toolkit for minimum data set and impact evaluation for PCN SPLWs

ICB Contacts

Contact Details:

Angela Jessop

Personalised Care Lead BOB ICB

Angela.jessop@nhs.net

Nina Scott

Social Prescribing Project Support Officer BOB ICB

nina.scott5@nhs.net

This page is intentionally left blank