

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 15 June 2023 at 14:00

- Present:** Cllr Louise Upton, Oxford City Council (Chair)
- Board members** David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Dr David Chapman, Ex- Clinical Chair, Oxfordshire Clinical Commissioning Group
Mish Tullar, Head of Corporate Strategy, Oxford City Council
Cllr Joy Aitman, West Oxon District Council
Cllr Michael O'Connor, Oxfordshire County Council
Robert Majilton, Health Watch Oxfordshire
Ansaf Azhar, Corporate Director of Public Health & Community Safety
- In attendance** Kate Austin, Health Improvement Principal, Public Health, Oxfordshire County Council
Kate Holburn, Head of Public Health Programmes, Public Health, Oxfordshire County Council
Parveen Gujral, Senior Data Analyst, Health Partnerships, Public Health, Oxfordshire County Council
Health Improvement Advice Centre, Oxford University Hospitals NHS Foundation Trust
Steven Bow, Public Health
Pippa Corner, Deputy Director, HESC.
Christine McBride, Health at OUH
Lisa Ward, Lived Experience Advisory Group
Angela Jessop, Personalised Care Lead at NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
Cllr Bethia Thomas,

Officer: Taybe Clarke-Earnscliffe, minute taker, Oxfordshire County Council
Absent: Cllr Helen Pighills, Cllr Phil Chapman, Daniel Leveson, Cllr Maggie Filipova-Rivers

ITEM

1. Welcome

Welcome everyone

The Board was asked for a nomination for the next chair of the committee, Cllr Louise Upton nominated Cllr Helen Pighills and Cllr Michael O'Connor seconded this nomination of Cllr Pighills as chair from the next Health Improvement Board meeting (September 2023)

Proposal for vice chair was Cllr Maggie Filipova-Rivers, agreed by Cllr Louise Upton and Ansa Azhar

Cllr O'Connor and Ansa Azhar nominated Cllr Upton to chair today's meeting due to Cllr Pighills absence.

Welcome to Cllr Michael O'Connor new to the board and taken over from Cllr Mark Lygo. Big thank you to Cllr Mark Lygo for all his support and work with the Health Improvement Board over the last couple of years.

Welcome to Steven Bow who will now be presenting the performance report for the Health Improvement Board.

Reminder that The Health Improvement Board is a partnership between local authorities, districts, county with its public health role, NHS and Healthwatch.

2. Apologies for Absence and Temporary Appointments

Cllr Pighills
Cllr Phil Chapman
Cllr Filipova-Rivers

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 – 14:05

6. Notice of Decision of Last Meeting
14:05 – 14:10

Action from the last meeting –

Active Oxfordshire presented Oxfordshire On The Move Program in February meeting. Active Oxfordshire was discussed in The HIB Workshop held in March 2023, decided in the March HIB workshop that Active Oxfordshire will present annually and will align with healthy weight items.

Minutes Agreed

7. Performance Report
14:10 – 14:20

Presented by Steven Bow, Consultant in Public Health in Data, intelligence and research, Oxfordshire County Council

Steven presented the Performance report with the board –

Key Areas from the paper -

Indicators -

- A good start in life
- Living well
- Ageing well

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

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)

Ansaf Azhar comments – Oxfordshire is currently sitting in the red for the NHS health checks target and this would be the same nationwide. This is measured over 5 years and was stopped when the pandemic hit in 2020. What we can tell you is that the Southeast is improving and currently we are one of the highest performing for NHS Health checks. Next year we will be able to change the measure to our current year to get an accurate measure, otherwise this will stay in the red for a long time due to NHS Health Checks being missed through the pandemic.

Board discussed Flu and Covid Vaccination in children, larger uptake in children flu vaccine this year. School programme offered the nasal spray, less children off this year compared to last last year due to lockdowns, bubbles etc, so more uptake.

Ansaf Azhar urges this group to promote vaccination for children.

8. Report form Healthwatch Ambassador

14:20 – 14:30

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

Robert shared the Healthwatch paper with the board

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/>

Cllr Upton commented on the Podcast she listened to on mental health which she found interesting and felt this was really good example of some of the work that the Healthwatch do and linking in with different communities.

David Munday – One of the items on the agenda for The Health and Wellbeing Board is an update on the development for the new health and wellbeing strategy. Veronica from Healthwatch has been very supportive and helping us to get the voice of the residents and doing some engagement work. Working jointly with Healthwatch adds value.

9. Domestic Report

14:30 – 14:55

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

Kate Holburn introduced the key items in the paper –

The Oxfordshire Domestic Abuse Safe Accommodation Strategy

The Oxfordshire Overarching Oxfordshire Domestic Abuse Strategy, which is arranged under 4 pillars :

- Prevention
- Provision
- Pursuing
- Partnership

She also shared the following video that summarises this Video shared by Kate Holburn - [Our partnership approach | Oxfordshire County Council](#)

Kate outlined from her paper how the DA Board and Subgroups operate and what is provided in the commissioned services

Information was received on how the Lived Experienced Advisory Group function and feeds its valuable insight into how services are shaped and delivered. The LEAG group is small and would welcome new members to diversify it. Lisa Ward – Lived Experience Consultant- lead this discussion speaking to the following presentation - <https://mycouncil.oxfordshire.gov.uk/documents/s66283/OCC%20HIB%20slides.pdf>

David Chapman Question – 10% of domestic abuse victims are men, how do we support and encourage men to come forward?

Kate Holburn - Our needs assessments show 30% of men are victims of domestic abuse. Services have an access point where needs are assessed and can be moved through to accommodation/safety planning and men have equal opportunity to all services. We are aware that this is more of a challenge and we are encouraging men to come forward. One of the things we are doing is champions training, training professionals in how to spot and identify abuse and the route to go down to help and support.

David Chapman – There is quite good evidence on educating men in prison who are in prison for domestic abuse. Do we have any system that helps educating perpetrators?

Kate Holburn – Yes we have perpetrators programs, focusing on the high risk perpetrator program called Drive and a grant has been awarded for Thames Valley wide Drive program.

Discussion around accommodation, complaints, phone lines, and making sure vulnerable people get heard and feel they can raise concerns.

Domestic abuse service includes helpline, provision forward in refuges and they will link with other services. Monitoring and measuring complaints and performance. happen on a quarterly basis.

Ansaf Azhar – Big thank you Kate and Lisa for all the work they put in to this and the partnership. Reflection on where we were a year ago and it has grown, we still have a lot more work to do.

Influencing other services to open conversations up about domestic abuse, how can we encouraging our commissioning services to talk about and recognise domestic abuse?

Lisa Ward – Talking to the Champion network at the moment to see how we can get individual voices in the networking services.

10. **Make Every Contact Count**
15:00 – 15:25

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

Kate Austin and Imogen Coningsby shared the paper, Making Every Contact Count with the board

Overview of the paper discussed –

Background to MECC

BOB MECC delivery

Mapping and implementation

Here for Health case study

MECC is about using everyday conversations with the people we meet to improve their health and wellbeing.

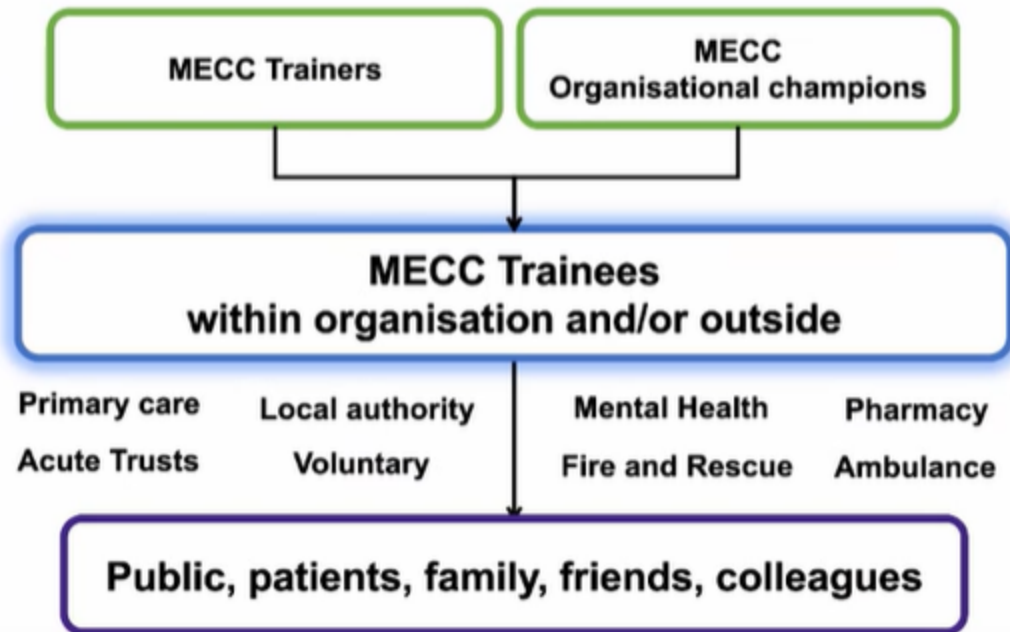
The 3 A's – ASK – ASSESS – ACT

Act – Pick up on cues, ask open questions

Assess - Their Capability, Opportunity, Motivation to change behaviour

Act – Summarise, agree an action, signpost, close the conversation

BOB MECC Delivery



Christine McBride - Health at OUH – shared “Here for Health and MECC” paper with the board

Overview of paper –

Here for Health
MECC at here for Health
MECC Conversations
Benefits of MECC

HIB members welcomed the local mapping of MECC activity to date and the formative implementation plan. It was noted that the OUH has embedded this approach within the “Here for Health” service and all member organisations were asked to consider what further opportunities there are within their services and teams to expand the work further, including within commissioned services. The MECC partnership for Oxfordshire is in the process of inviting funding bids from partnership members for small grants to support the rollout of MECC. The value of monitoring and evaluation was also agreed to be key, while acknowledging that it is difficult to quantify.

Robert Majilton – The team at Healthwatch is being MECC trained.

Cllr Louise Upton – Very impressed that there is refresher training for the trainers. Really happy that Imogen is now in post.

Ansaf Azhar – how do we capture and measure the data, referrals etc?

Kate Austin – Quite challenging to capture data, easier in NHS settings and library but bus stop conversations are difficult. Imogen is looking at ways we can capture data and the impact.

Cllr Louise Upton – Question for Christine, how do people get referred into you for further in-depth chat?

Christine McBride – We have pop up about once per month but we normally have more referrals from people visiting the hospital in different departments.

11. Social Prescribing
15:25 – 15:50

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

Angela Jessop shared and presented Social Prescribing in Oxfordshire with the board

The paper covers –

Background to Social prescribing
Link Worker approach
Realising the Value and Impact
Demographics of Service Users
Oxfordshire PCN Innovation
ICB Joint Forward Plan – Next 18 Months

Cllr Louise Upton – the charts are hard to read, not sure what they are saying. Could we have a pie chart or something clearer?

Angela Jessop – Data is from a national website and cannot be manipulated.

Robert Majilton – How do we get user feedback on social prescribing?

Angela Jessop – The biggest impact of evidence is through case studies.

It was noted that funding for the link workers that underpin social prescribing ends next year. It is expected to be renewed but its effectiveness needs to be evaluated using data from the local programme. It was noted by Cllr O'Connor and Ansaf Azhar that more needed to be done to ensure social prescribing is accessed from those from more socioeconomically disadvantaged communities and those from some minority ethnic groups. The plan for development was noted and the Board was keen to understand more in future regarding high impact users, and uptake of services people are signed-posted to or that are prescribed.

12. Any other Business

Clean air day today 15 June, City Council has published data on air pollution and other districts are doing the same, whilst the County Council has launched its Clean Air Strategy today. The Health Improvement Board will be discussing air pollution in future meetings.

Next meeting 7 September 2023