

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 3 July at 14:00

Present:

Board members Cllr Helen Pighills, Vale of White Horse District Council
Cllr Georgina Heritage, South Oxfordshire District Council
Cllr Chewe Munkonge, Oxford City Council
Ansaf Azhar, Director of Public Health
Kate Holburn, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Cllr Rob Pattenden, Cherwell District Council
Cllr Rachel Crouch, West Oxfordshire District Council
Robert Majilton, HealthWatch Oxfordshire

In attendance Veronica Barry, Healthwatch Oxfordshire
Panagiota Birmbili, Public Health Registrar
Kay Bishop, Oxford Health
Tasmin Irving, Oxford Health
Raquel Salosa, Commissioning Officer, OCC
Bhavna Taank, Lead Live Well, OCC
Ian Bottomley, Lead Age Well, OCC
John Pearce, Commissioning Manager, OCC
Kate Austin, Public Health Principal, OCC
Fiona Ruck, Health Improvement Practitioner, OCC
Fazeelat Saleem Bashir, Oxford Council
Gerti Pakot, South and Vale
Debbie Walton, Oxford Health

Officer Taybe Clarke-Earnscliffe

Apologies:

ITEM
Welcome Chair opened and welcomed everyone to the meeting.
Declarations of Interest There were no declarations of interest.
Petitions and Public Address There were no petitions and public address.
Notice of any other business Smoking Strategy
Minutes of Last Meeting Two spelling amendments – signed off as correct once amended

Performance Report

Presented by Panagiota Birmipili, Public Health Registrar, Oxfordshire County Council

Performance Report:

- **Healthy Weight Indicators:**

- Adult overweight, including obesity in Oxfordshire, is currently 58.6%, showing a slight improvement from last year's 58%.
- Oxfordshire's percentage is the third lowest in the southeast, compared to 63% in the whole of the southeast and 64.5% in England.
- 38.6% of people in Oxfordshire achieve the five-a-day fruit and vegetable consumption recommendation, an increase from previous years.
- Health check uptake among those invited was 44.2%, a drop from 50.9% last year but still higher than the England average of 40%.

- **Alcohol-Related Harm Indicators:**

- Treatment indicators remain above target and national averages: 59% for completions, 75% for treatment progress, and 1000 people in treatment.
- Alcohol-related admissions are within target at 414 per 100,000, up from 347 last year but still lower than the England average.

- **Physical Activity and Mental Well-being:**

- Physically inactive children are at 33%, higher than the national average of 30%, with data quality concerns noted.
- Mental health hospital admissions for intentional self-harm are at 97 per 100,000, slightly up from 92 last year but lower than national and southeast averages.

There is feedback that the active travel survey (indicator 4.21) may be geared towards people who travel to work daily, potentially overlooking those who work from home and engage in physical activity during breaks, or those who don't work.

Report from Healthwatch Ambassador

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

Health Watch Update:

- Robert Majilton emphasised the importance of Healthwatch's work and the support it receives from the community and organizations. He highlighted the leadership challenge in ensuring this work continues to flourish despite changes announced by the government.
- Ansaf Azhar acknowledged the significant contributions of Healthwatch in various areas, including tackling inequality and community engagement. They stressed the need to maintain and build on this work, even with upcoming structural changes.
- Veronica Barry clarified that Healthwatch Oxfordshire will continue its functions until the Health and Social Care Act reforms are implemented. They are still actively working on community research and outreach programs.

For more details, you can refer to the [Healthwatch Oxfordshire Annual Impact Report 2024-25](#) shared by Veronica Barry.

Mental health hubs in providing interfaces in highstreets (Keystone programme)

Presented by Tasmin Irving, Oxford Health

Mental Health Hubs (Keystone Programme) Update:

- **Overview:** The Keystone Programme aims to improve the health and well-being of people with significant mental health conditions by providing services closer to home. The initiative focuses on early intervention and prevention, reducing the need for crisis services.
- **Development:** The programme was developed through Co-production and partnerships with various organizations, including primary and secondary care, voluntary services, and community groups.
- **Key Features:**
- **Integrated Care:** The hubs provide integrated, multi-agency care, working collaboratively with primary care and community assets.
- **Accessibility:** Located on the High Street to reduce stigma and improve accessibility.
- **Partnerships:** Involves partnerships with organizations like Mind, Elmore, and Age UK, among others.
- **Services Offered:** Includes mental health support, physical health services, and social support such as housing and benefits advice.
- **Challenges:**
- **Referral Increase:** There has been an increase in referrals to the hubs.
- **Staffing:** Some mental health workers have ended their contracts after the initial year.
- **Feedback and Evaluation:**
- **Positive Impact:** The hubs have received positive feedback for providing early intervention and reducing barriers to accessing mental health services.
- **Ongoing Evaluation:** Oxford Health is conducting an internal evaluation to assess the effectiveness and impact of the hubs.
- **Future Plans:** The programme is part of a 10-year contract aimed at continuous improvement and transformation of mental health services.
- **Action Items:**
- **Evaluation:** Continue the internal evaluation to ensure the hubs meet their objectives and provide effective services.
- **Expansion:** Explore opportunities to expand the front-of-house services and partnerships with local organizations.

Questions –

1. **Destigmatising Mental Health:** Veronica Barry asked about the efforts to destigmatise mental health and ensure the hubs are not just clinical models in

community settings. Tasmin Irving responded that they are working with various local community services, including religious organisations and community services, to make mental health services more accessible and reduce stigma.

2. **Libraries as Community Hubs:** Ansaf Azhar mentioned the potential of using libraries as community hubs to spread mental health awareness and provide upstream mental health services. They emphasised the importance of training people and making libraries spaces for co-location and community connection.
3. **GPs and ARRS Placements:** Georgina Heritage asked about the data behind GPs not continuing the ARRS (Additional Roles Reimbursement Scheme) placements. Tasmin Irving answered - When the ARRS placements were rolled out, not all GPs engaged with the program. Some GPs did not feel the need for the specific roles provided under the ARRS. Some GPs preferred roles such as social prescribers and mind workers over the senior experienced nurses, OTs, and social workers provided under the ARRS. They felt these roles were more suitable for their practices. Changes in how ARRS funding was allocated to GPs also influenced their decisions. Some GPs had to prioritise which roles to fund, leading to the discontinuation of some ARRS placements.

Community Health and Wellbeing Model CHDOs

Presented by Kate Austin, Public Health Principal, Public Health and Community OCC and Fiona Ruck, Health Improvement Practitioner and CHDOs Fazeelat Saleem Bashir, Gerti Pakot

Community Health and Wellbeing Model (CHDOs)

Background and Purpose:

- The CHDO program was initiated in response to the 2019-2020 Director of Public Health Annual report, which identified areas with significant health inequalities. The program aims to translate recommendations from community insight profiles into local action plans.

Roles and Responsibilities:

- CHDOs are hosted by districts and work collaboratively with local partners to implement health and well-being initiatives. Their responsibilities include:
 - Translating community insight profile recommendations into action plans.
 - Convening and sustaining local health and well-being partnerships.
 - Fostering collaboration between grassroots groups, statutory services, and residents.
 - Enabling community groups to access health and well-being grants.
 - Amplifying health messaging and delivering targeted interventions.

Examples of Work:

Presented by Gerti Pakot, South and Vale

- **Blackbird Lees:**

- **Women's Swimming Project:** The project aimed to address the gap in swimming skills among women in the Blackbird Lees area. The initiative was developed in partnership with a social prescriber and Refugee Resource to identify and support women who were unable to swim. The first cohort of 16 women completed their swimming lessons in June, and they have since been using the leisure centre regularly. A second cohort is set to start in September, with a total of 38 women expected to benefit by the end of the year. The project has led to increased use of the local leisure centre by women who previously did not access it, promoting physical activity and community engagement.
- **Slow Cooker and Air Fryer Projects:** Supported families in preparing healthy meals, leading to sustained community cooking sessions.
- **Lees Festival:** Included health promotion activities and free physical activities, attracting over 4000 attendees.

Presented by Fazeelat Saleem Bashir

Bernsfield:

- **SEND Movie Sessions and Sensory Room:** Funded projects to support children with special educational needs and disabilities.
- **Physical Activity Programs:** Introduced new sports and nutrition programs to address childhood obesity.
- **Mental Health Support:** Funded counselling services for adults and scoped youth mental health provision.

Strategic Priorities:

- CHDOs align their work with strategic priorities such as:
 - **Mental Well-being:** Initiatives like coffee mornings, allotment groups, and health promotion events.
 - **Physical Activity and Healthy Weights:** Support for local larders, exercise programs, and youth clubs.

Evaluation:

- An evaluation of the CHDO program is underway, focusing on:
 - The importance of long-term, rooted projects over short-term initiatives.
 - The role of local relationships in community health.

Future Funding:

- Funding for CHDO posts in the initial 10 areas has been extended until March 2027. Efforts are ongoing to extend funding for the other four areas.

Local area coordination, Community link workers and the prevention strategy

Presented by Ian Bottomley, Lead of Age Well and John Pearce, Commissioning Manager Age Well, OCC

Local Area Coordination, Community Link Workers, and the Prevention Strategy:

Introduction to Local Area Coordination:

- Local Area Coordination (LAC) is an evidence-based approach originating from Western Australia, designed to support isolated communities by helping individuals find their own solutions to their needs.
- The core question guiding LAC is: "What would make your life great?" This question helps individuals identify their goals and aspirations.

Implementation and Areas Covered:

- LAC has been implemented in areas such as Chipping Norton, Bicester, Didcot, and Kidlington.
- The approach involves coordinators working directly with individuals and families, providing personalised support without referrals or waiting lists.

Examples of Impact:

- Coordinators have helped individuals step out of repetitive GP visits, engage in rehabilitation programs, and address complex personal situations.
- The approach focuses on building thriving communities by addressing social determinants of health and promoting community well-being.

Evaluation and Future Plans:

- An evaluation of the LAC program is underway, involving public health and Oxford University researchers. The evaluation aims to measure the impact on adult social care referrals and community health.
- The evaluation will explore how LAC contributes to thriving communities and addresses issues such as loneliness and social isolation.
- Ansaf Azhar emphasised that while there are various community connectors with different names (e.g., CHDOs, local area coordinators, community well-being workers), they perform distinct roles. The importance lies in recognizing these differences and allowing each model to flourish while measuring their impacts. Ansaf Azhar shared an example from Berinsfield, where community growing initiatives are taking place. There is active discussion about expanding these initiatives to lift the entire area, demonstrating the importance of enabling community-driven projects. These community groups have flexibility to adapt to the needs of their members. For instance, some individuals may prefer to participate in activities alone, such as mowing the lawn, while others engage in group activities. This flexibility is crucial for successful community engagement.
- Ansaf Azhar mentioned the ongoing development of community profiles, including areas like Berinsfield, Witney, and Wood Farm. These profiles help identify unique community needs and enable tailored interventions.

Flexibility and Adaptation:

- **Rural Inequalities:**
- Ansaf Azhar noted the importance of addressing rural inequalities, mentioning that even in affluent areas like Charlbury, there are streets with significant deprivation. Understanding these granular levels of inequality is essential for effective intervention.

NHS Ten-Year Plan:

- Ansaf Azhar referenced the NHS Ten-Year Plan, highlighting its focus on prevention. To make this a reality, it is crucial to mobilise community connectors and capture the impact of their work.

Any other Business

The Oxfordshire Tobacco Control Alliance is updating their tobacco strategy for 2026 to 2030. The last strategy was published in 2019. This update aligns with the joint health and well-being strategy, specifically Priority 3.2, which aims to reduce smoking rates in the county and promote a healthier environment for residents. A public consultation was launched on Let's Talk Oxfordshire on June 30th and will close on August 10. The survey is collecting feedback on the targets and priorities set out in the strategy. The final version will be submitted to the Health Improvement Board for approval on November 6.

At the end of the meeting, there was an expression of gratitude towards Cllr Helen Pighills for her service as the chair. It was mentioned that Cllr Helen Pighills has been efficient and knowledgeable in her role, and the new chair, Cllr Georgina Heritage will be taking over soon.