

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 20th February 2020 commencing at 14:00 and finishing at 16:00

Present:
Board members

Cllr Andrew McHugh, Cherwell District Council
Cllr Louise Upton, Oxford City Council,
Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council
Ansaf Azhar, Director of Public Health, Oxfordshire County Council
Cllr Lawrie Stratford, Oxfordshire County Council
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Michele Mead, West Oxfordshire District Council
Kiren Collison, Clinical Chair of Oxfordshire, OCCG
Daniella Granito, District Partnership Liaison
Andy McLellan, Healthwatch Oxfordshire Ambassador

In attendance

Val Messenger, Deputy Director for Public Health, OCC
Sarah Wilds, Head of Urgent Care and Medicine Optimisation, OCCG (representing Diane Hedge)
Ali Cuthbertson, Director of Midwifery, Oxford University Hospitals
Joanne Wilson, Screening Immunisations Manager, NHS England

Officer: Julieta Estremadoyro, Oxfordshire County Council

Apologies: Cllr Maggie Filipova-Rivers, South Oxfordshire District Council
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group

ITEM	ACTION
1. Welcome Cllr McHugh welcomed everybody to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies received as per above.	
3. Declaration of Interest There were no declarations of interest at this meeting.	

<p>4. Petitions and Public Address</p> <p>A member of the public contacted the Commissioning Partnership Board before the meeting requesting an update on the Coronavirus.</p> <p>Ansaf Azhar, Director of Public Health at OCC provided the update.</p> <p>He asked HIB members and members of the public to exclusively refer to the Public Health England website for information and updates as this is updated daily. https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public</p>	
<p>5. Notice of Any Other Business None</p>	
<p>6. Note of Decisions of Last Meeting</p> <p>The notes of the meeting held on 21st November 2019 were signed off as a true and accurate record.</p> <p><i>Amendment:</i> <i>Page 6 – Item 10 – Housing and Homelessness - Cllr Stratford’s action (see update below)</i></p> <p><u>Actions update</u></p> <p><u>Actions from 12th September meeting:</u></p> <p><u>Item 7 - Performance Framework and Report Card on MMR vaccination</u></p> <p><i>7.1 Jackie to request a Report Card from NHS England regarding smoking in pregnancy – Jackie has requested the report card, but it was not possible for this to come to this meeting. To be presented at the next HIB meeting on 20th February – On the agenda</i></p> <p><u>Item 11 - Whole System Approach to Healthy Weight</u></p> <p><i>All HIB members to go back to their organisations to provide an appropriate representative for the working group. – Cllr Paul Barrow has contacted Jannette; but not the other representatives. Pending</i></p> <p><u>Actions from 21st November meeting:</u></p> <p><u>Item 7- Performance report</u></p> <p><i>7.1 Val to send Diane the membership list of the Health Protection Forum. Completed</i> <i>7.2 Cervical screening Performance on this topic will be discussed at the PH Health Protection Forum (<u>Action: Eunan O’Neill</u>). – On the agenda</i></p>	

<p><u>Item 9 - Oxfordshire Prevention Framework</u></p> <p>All members of the HIB to use the Prevention Framework in their planning for prevention and review of how they tackle health inequalities. - Ongoing</p> <p><u>Item 10 - Housing and Homelessness – Report on Trailblazer programme for preventing homelessness</u></p> <p>10.1 <i>Cllr Stratford as Chairman of the Better Care Fund (BCF) Joint Management Group (JMG) offered to propose an extension of the BCF funding to the members of the JMG. Cllr Stratford did not recall making this offer but will take any action needed following discussion at this meeting.</i></p> <p>10.2 <i>All members to investigate alternative sources of funding to continue with the embedded housing workers in hospitals. No further updates were available, but discussion will continue – see 10.3 below. Ongoing</i></p> <p>10.3 <i>Cllr Upton, Dani Granito and Paul Wilding to convene discussions on options for future funding and call on other members of the HIB to bring forward their ideas. Cllr Upton highlighted that more actions/actions are needed to fund and support the efforts of the embedded workers in hospitals. As above 10.2. Ongoing</i></p> <p>10.4 <i>Nerys to make the full Trailblazer report available to all HIB members. Pending</i></p> <p><u>Action 11 - Mental Wellbeing working group update</u></p> <p><i>Janette to return to a later meeting with a completed action plan based on the draft Mental Wellbeing Framework. – Jackie apologised to the members, Janette completed the action showing a lot of work from the partners involved but due to an oversight, the report was not included in the agenda pack. Janette will come back to the next meeting to make a presentation. For the next HIB meeting on 14th May</i></p> <p><u>Action 12 – Alcohol and Drugs Draft Strategy</u></p> <p><i>Kate will bring the finished strategy and action plan for 2020-21 to a future meeting for information and discussion. – For the next HIB meeting on 14th May</i></p> <p><u>Action 13 – Active Oxfordshire</u></p> <p><i>Paul Brivio to let Diane know who is involved from the OCCG in these conversations. Completed</i></p> <p><u>AOB</u></p> <p><i>Cllr Upton enquired on whether the HIB is ready to go ahead with a workshop on social prescribing. She had spoken with a GP about it and his opinion is that this is a really good time. Kiren thought that a more general view from GPs should be gathered. <i>Kiren and Jackie to progress discussions. Ongoing</i></i></p>	<p>All</p> <p>LU/DG/ PW</p> <p>NP</p> <p>JS</p>
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7. Performance Framework

Ansaf Azhar referred to the document *Performance Report*, page 11 of the agenda pack.

He pointed out to the 3 areas in red –

1.12 – Smoking in pregnancy (*a report card was presented*)

2.16 - Population 16+ inactive

2.19 - Cervical Screening (*part of the Item 10 presentation*)

Regarding 2.16, it was noted that this indicator is derived from the Active Lives Survey. It was suggested that monitoring should continue and more detail on current actions can be requested from Active Oxfordshire.

Cllr McHugh pointed out that Cherwell District Council has been very successful in getting funding from Sport England and that he would like to see evidence that that money is bringing out a reduction in inactivity.

Cllr Mead pointed out that in West Oxfordshire they have a very ageing population but also a very large RAF population. She asked if there are statistics on these sectors of the population.

Jackie clarified that the figures on this category comes from the Active Life Survey. Around 1,000 people were surveyed across the whole county making the numbers relatively small at district level. It is a representative sample. She does not know if very specific data can be obtained from this sample.

Cllr Stratford and Cllr Upton agreed that a break down per district will help to see if some campaigns are more effective in some areas, particularly in more deprived states.

Ansaf pointed out that there is a conversation that needs to happen regarding key performance indicators in general. For some indicators is not possible to get information for specific wards but maybe there are other avenues to explore

Action: A report from Active Oxfordshire will be requested to illustrate current work to address inactivity across age span within the districts, but particularly in West Oxfordshire and Cherwell where current inactivity levels are higher. Ansaf further requested that the report should include details of work to target areas of deprivation and further breakdown within districts if possible

Smoking in pregnancy report card

Ali Cuthbertson referred to the report *Reducing Smoking in Pregnancy Performance*, page 17 in the agenda pack.

EON

<p>Ali drew the attention of the members to the next steps to improve the smoking cessation rates.</p> <p>They have managed to procure enough carbon monoxide monitors for all the community midwives to carry one and offer routine tests to all pregnant women at the 36-week antenatal appointment. They are also planning more opportunistic testing to ensure that there is no other risk to women (e.g. from other smokers in the household, faulty boilers etc which result in a high CO reading even in non-smokers).</p> <p>They have also a dedicated midwife focusing on supporting teaching and learning around smoking cessation.</p> <p>The numbers of women that stopped smoking during pregnancy are small but each one is important. They are going to capture data more effectively - testing and recording throughout the pregnancy and not just in the 36 weeks appointment and at the time of delivery.</p> <p>They also aim to influence partners and other family members who smoke.</p> <p>Ali mentioned they are trying to improve the access for busy mums who need support to stop smoking, offering the support of other health professionals and creches when they attend.</p> <p>Ansaf commented that it could be beneficial to remove guilt from smoking during pregnancy and make it more part of the universal tobacco screening, looking at a safe environment.</p> <p>Kiren thought that women should access the smoking cessation pathway through the GP surgeries. In this way would be more effective than waiting for a referral.</p> <p>Eunan agreed that some people will change their mind about being supported while waiting for a referral so other ways to improve access to help are welcome.</p>	
<p>8. Developing a tobacco strategy for Oxfordshire</p> <p>Eunan O'Neill referred to the paper <i>Oxfordshire Tobacco Control Strategy and Local Government Declaration</i>, page 25 of the agenda pack.</p> <p>The paper describes the development of the Oxfordshire Tobacco Control Alliance (OTCA), the Local Government Declaration and the NHS Smokefree pledge.</p> <p>The OTCA is a partnership of local organisations from health and local government, who work across the system in a collaborative way with the aim of eliminating tobacco consumption in the county.</p> <p>They carried out a Self-Assessment on Tobacco that looked at the whole system across Oxfordshire with the objective of developing a strategy and looking for more senior leadership and support. The group has drafted the tobacco control strategy</p>	

<p>and has presented this to more senior level of key organisations in all the six councils, the OCCG, Oxford Health and OUH.</p> <p>The national strategy aims to reduce smoking below 5% by 2030. A smoking rate of less than 5% is considered “smoke free”. Smoking prevalence in Oxfordshire is 10.1 % and the key aim of the county strategy is to bring it below 5% by 2025 to make Oxfordshire the first smoke free county in the country.</p> <p>The single most important means to reduce health inequalities is targeting smoking in the most deprived areas. A whole system approach is needed in line with the four main pillars of the strategy: prevention, local regulation and enforcement, creating smoke free environments and supporting smokers to quit.</p> <p>The OTCA will start a consultation on the draft strategy on 11 March, which is the national No Smoking Day. This will run for 6 weeks. In addition, all partners will sign up to the Local Government Declaration on Tobacco Control and the NHS Smokefree Pledge on No Smoking Day.</p> <p>Cllr McHugh commented that the breakdown of cost in Oxfordshire should include tobacco as a driver of crime. People buy stolen tobacco and illegally imported tobacco. There are limits on enforcement powers locally as often local authorities suspend the license of the shop owners, magistrates give them back pending appeal.</p> <p>Ansaf added that there are clear inequalities issues in smoking prevalence. Prevalence is 10% for the whole county but in Mental Health patients the smoking prevalence is 36% and among manual workers is 17%. This is a real opportunity to make a change, make a significant difference.</p> <p>Ali wanted to know what details of the smoking strategy for young people. She observed that they start smoking at 14 to 15 age and don't have a concept of risk. Ansaf highlighted that there is a clear plan in the strategy where all the four pillars mentioned above are taken into consideration.</p>	
<p>9. Healthwatch Ambassador report</p> <p>Andy McLellan referred to the document <i>Healthwatch Oxfordshire Report to Health Improvement Board</i>, page 29 of the agenda pack.</p> <p>Andy highlighted some activities from the report, particularly the work on Mental Health that they are exploring in a way that has not been done before.</p> <p>There were other targeted themes in the report including access to health care for armed forces personnel and narrow boat dwellers.</p> <p>Andy also mentioned the Oxfordshire Wellbeing Network event in November. Major themes emerged in discussion of barriers to wellbeing, including social isolation. The event was an opportunity to involve people and organisations that have not been involved before and give them a means of talking to the Health and Wellbeing Board.</p>	

Jackie mentioned that the Oxfordshire Wellbeing Network event was fantastic because it showed the power of all the partners organisations of the Health and Wellbeing Board combining their contacts list and sending out invitations to everybody from the voluntary and community sectors. A significant number of them came. Jackie suggest as future development for the HIB to look how to integrate with that wider group of stake holders.

Cllr Upton pointed out that continuity of care is so important for Mental Health cases. Helps with the cost of the staff living in Oxfordshire (weighting) should be highlighted. If the NHS cannot fund this, then the government should step forward.

10.Preventing Cardiovascular Disease

Kiren Collison referred to the paper *Preventing Cardiovascular Disease – the top priority for Prevention Work in Oxfordshire*, page 37 of the agenda pack.

Recommendations

Members of the Health Improvement Board are requested to

- 1. Note the content of the paper and agree to focus on the shared priority of preventing cardiovascular disease and tackling health inequalities in Oxfordshire*
- 2. Nominate and support a Prevention Champion from their own organisation to take this work forward, operating in a network of champions where they will represent their organisation. They will also lead on developing the strategic and operational plans of their organisation to prevent cardiovascular disease.*
- 3. Agree to receive further reports on progress in preventing cardiovascular disease and ensure a whole systems approach.*
- 4. Lead future reviews on prevention priorities for Oxfordshire on behalf of the Health and Wellbeing Board.*

The Oxfordshire Prevention Framework has been presented to different organisations. Following discussions there were several calls to set one priority for prevention across the system. Preventing Cardiovascular Disease has been chosen as the priority and the paper explained why.

The checklist proposed allows all organisations to identify what is the role they have to play from their own areas of influence and expertise.

A Prevention Champions meeting has taken place and concluded that a network of prevention champions will be useful. The role of champions will be to take this work forward within their own organisations but also learn from each other and ensure there is no duplication of effort.

Jackie highlighted that the HIB is the group that carry most of the responsibilities and enthusiasm for prevention on the county on behalf of the Health and Wellbeing Board and it is expected that it keeps driving this agenda.

<p>Cllr McHugh thought that this was a fantastic proposal that will support the work of the NHS. Dani Granito commented that it is good to have an approach where it is easy to see where everyone's role fits in.</p> <p>Ansaf added that there is a role for everyone, and that the HIB is clearly the lead partnership for Prevention. Particularly, district authorities have a role to play on creating healthy spaces and environments that will support people to be more active, also promoting campaigns on healthy eating.</p> <p>Jackie added that when analysing the risk factors for of people under 70 that died as consequence of CVD, air quality came as a risk factor.</p> <p>Cllr McHugh mention the Community Air Monitoring project on the grounds of the Blenheim Estate and suggested to invite the director of innovation to talk about this initiative.</p> <p>Action: Explore having a future agenda item on local Clean Air initiatives</p> <p>The recommendations from the paper were all agreed, and members undertook to report back the work of their organisations on preventing CVD at future meetings</p>	<p>EON</p>
<p>11. Public Health, Health Protection Forum annual report</p> <p>Eunan O'Neill and Joan Wilson referred to the paper <i>Health Protection Forum Business</i>, page 45 of the agenda pack.</p> <p>Eunan explained the role of the Forum and the activities/reports during 2018/2019</p> <p>Cllr Upton enquired about the new test of cervical screening. Joan explained that the experience for women is similar, but the difference is in the laboratory. It is a better test for the diagnosis cervical cancer.</p> <p>Jackie pointed out that the performance figure for the screening uptake is going down. She asked how worried the Board should be and if this related to increase in the number of cancer cases. Joan commented that the decline is in line with the national decline in the younger age group (25-49). There is not a clear understanding why this is happening. The HPV vaccination will also produce a decline in cancer rates as it is protecting women from getting this cancer. There is a national campaign coming soon and they expect this will generate a wave of interest in the programme.</p> <p>Kiren would like to see more information on cervical screening for the age group of 25-49 as this is a quite broad range.</p> <p>Action: Joan to report back on uptake of screening in the group of 25-49 year old women to see if there is more break down of ages in that range.</p> <p>Regarding the bowel cancer screening, the new test is more sensitive in detecting abnormalities. There isn't an increase on false negatives. It is a much better test.</p>	<p>JW</p>

<p>12. Priorities and targets for 2020-21</p> <p>Jackie referred to the document <i>Future Priorities and Performance Measures</i>, page 51 of the agenda pack</p> <p>Every year it is the practice of the Board to review which priorities and topics the HIB should look at and how measure performance. The document summarises what is being monitored to see whether members would like to suggest changes for the year ahead.</p> <p>The document described the three kind of indicators use and other considerations.</p> <p>HIB members were asked to discuss:</p> <ol style="list-style-type: none"> 1. <i>What changes would you like to see to the Performance Framework?</i> 2. <i>How can this be achieved?</i> 3. <i>What needs to happen before the next meeting?</i> <p>Members agreed that:</p> <ul style="list-style-type: none"> - the current framework is good, but it could be improved, making inequalities more visible, seeing more granularity and having specific measures related to those deprived wards. - There should be national targets alongside local target. - There should be specific expected outcomes that are going to make a real difference, this should always be the focus. - The trajectories should be shown, indicating whether trends are getting better or worse. <p>Val clarified that even if the HIB decided to drop some of the indicators, the Public Health Team will still monitor these and escalate them if there is any reason for concern.</p> <p>Action: A draft proposal for performance monitoring, reflecting these comments, will be brought to the next meeting for discussion and approval</p>	<p>EON</p>
<p>13. Forward plan</p> <p>The Mental Wellbeing Framework has been brought forward to the next meeting.</p> <p>To request a report on the actions currently underway to reduce physical inactivity from Active Oxfordshire, including the use of the grant from Sport England.</p> <p>To explore a future item on Clean Air Initiatives, including School Streets.</p> <p>The Health Improvement Boards member expressed their deepest gratitude to Jackie Wilderspin for her excellent and dedicated work to the Board. Jackie is retiring by the end of March.</p>	