

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 13 June at 14:00

Present:
Board
members

Cllr Helen Pighills, Vale of White Horse District Council
Cllr Chewe Munkonge, Oxford City Council
Ansaf Azhar, Director of Public Health
David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Dr Sam Hart, Oxfordshire BOB ICB GP
Dan Leveson, Place Director for Oxfordshire, BOB ICB
Cllr Nathan Ley, Cabinet Member for Public Health & Equalities, Oxfordshire County Council

In attendance

Bethan McDonalds, Public Health, Consultant in Public Health in Data and research. Oxfordshire County Council
Robert Majilton, Healthwatch Oxfordshire
Hannah Fenton, Good Food Oxfordshire
Imogen Coningsby, Health Improvement Practitioner, Public Health,
Kate Austin, Public Health Principal, Public Health, Oxfordshire County Council
Hannah Fenton, Good Food Oxfordshire
Emma Collins, physical activity and wellbeing manager, City Council

Officer: Taybe Clarke-Earnscliffe, Business Support Team Leader, Minute taker, Oxfordshire County Council

Absent: Cllr Rizvana Poole, West Oxon District Council
Cllr Georgina Heritage, South Oxfordshire District Council
Councillor Rob Pattenden, Cherwell District Council

ITEM**1. Welcome**

2.

The Chair welcomed the new Councillors representing The Health Improvement Board and thanked the previous Councillors for all their input hard work and support.

New Councillors -

Cllr Georgina Heritage

South Oxfordshire District Council

Cllr Rizvana Poole

West Oxfordshire District Council

Councillor Rob Pattenden

Cherwell District Council

Councillor Chewe Munkonge

Oxford City Council

3. Apologies for Absence and Temporary Appointments

Cllr Georgina Heritage

Cllr Rizvana Poole

Councillor Rob Pattenden

4. Declarations of Interest

There were no declarations of interest.

5. Petitions and Public Address

There were no petitions and public address.

6. Notice of any other business**6. Minutes of Last Meeting**

Action from last HIB meeting, Ansaf Azhar and Dr Sam Hart to discuss MMR uptake –

- Ansaf Azhar Oxfordshire County Council and Dr Sam Hart discussed looking at ways we can increase the uptake interventions in the most deprived areas.
- They shared some of the learnings from their work and discussed how they can apply them to other GP practices and primary care settings.
- The Health Protection team agreed to support their work and collaborate with them on expanding the uptake in different areas.

David Munday gave an overview of HIB's priorities to new Board members –

- New health and wellbeing strategy in Oxfordshire
- Focus on priorities 3 and 4: healthy people, healthy places, physical activity and active travel
- Three areas of focus for the board: tobacco and alcohol control, mental wellbeing, healthy weight and physical activity
- Update and overview on new health and wellbeing strategy in Oxfordshire, which aims to improve the health and wellbeing of the population and reduce health inequalities.
- The board agreed to focus on priorities 3 and 4 of the strategy, which are relevant to the board's remit and expertise.
- The board identified three areas of focus for its work: tobacco and alcohol control, mental wellbeing, and healthy weight and physical activity.
- The board agreed to explore the evidence, best practice, and local initiatives related to these areas of focus and to invite relevant speakers and stakeholders to future meetings.
- The board also agreed to monitor the progress and impact of the strategy and to provide feedback and recommendations to the Health and Wellbeing Board.

7. Performance Report

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

The performance report presented by Bethan gave an overview of the key indicators for the live well priorities 3 and 4 of the health and wellbeing strategy. Most of the indicators were within target tolerances or showing improvement, such as adult and child overweight, smoking prevalence, alcohol related harm, and health check uptake. However, the active travel indicator was below target and the five a day fruit and vegetable consumption indicator showed a decline. The board agreed to consider revising the targets for some indicators to make them more ambitious or relevant. The performance report was also used to inform the discussion on alcohol control and the potential actions for the board on this topic.

8. Report from Healthwatch Ambassador

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

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

An update on the HealthWatch report was given by Robert, who highlighted some of the findings and recommendations from the Community First Oxfordshire report, the

mystery shopper exercise on dentistry, and the upcoming reports on children's oral health, discharge from hospital, and primary care. He also mentioned the projects on inequalities, mental health, and community-led research.

David Munday updated the board on –

The report on children's oral health by Healthwatch Oxfordshire is expected to be published soon, after the pre-election period. It will provide insights and recommendations on the oral health needs and experiences of children and young people in Oxfordshire, based on surveys and interviews. The report will also highlight the work of the Community Dental Service, which provides oral health promotion and prevention activities in schools and communities, especially in areas of high need.

9. Alcohol Control

Presented by Kate Holburn, Head of Public Health Programmes, Public Health

The alcohol report gives an overview of the alcohol-related harm in Oxfordshire and the interventions that are in place to reduce it. The report highlights that alcohol is a major risk factor for many diseases and a causal factor for some cancers. It also has an impact on social issues such as unemployment, homelessness, and crime. The report shows that Oxfordshire has a lower level of unmet need for alcohol treatment than the national average, but still has 74% of people who could benefit from treatment not accessing it. The report indicates that there are differences in the mortality rate and hospital admissions linked to alcohol between the different districts in Oxfordshire.

The board members discussed topics such as the health and wellbeing strategy, the impact of alcohol on children and young people's oral health, and the return on investment and evaluation of tertiary prevention services for alcohol dependence. They also expressed interest in the idea of healthy place shaping and how to de-normalize the harmful levels of drinking in the community. The board members appreciated the work of the alcohol care team and the public health team in reducing alcohol-related harm and promoting prevention.

10. Making Every Contact Count Implementation Oxfordshire

Presented by Imogen Coningsby, Health Improvement Practitioner, Public Health,
Kate Austin, Public Health Principal, Public Health, Oxfordshire County Council
Hannah Fenton, Good Food Oxfordshire

Overview of reports –

MECC stands for Making Every Contact Count, an approach to use every opportunity to support people to improve their health and well-being. It focuses on five lifestyle topics (smoking, alcohol, physical activity, healthy eating, and mental well-being) and some wider determinants of health (such as cost of living, housing, and employment).

Oxfordshire has a MECC partnership that feeds into wider regional groups and has an action plan to reduce health inequalities. Some of the activities and achievements of the MECC partnership in Oxfordshire are delivering MECC training to over 2,000 staff from various sectors and organizations, embedding MECC in contracts and policies of public health commissioned services and other organizations, and evaluating MECC using a simple question on how confident people feel to manage their health and well-being

During the meeting, there were detailed discussions on MECC, including its benefits, challenges, and barriers to implementation across different sectors and organizations. The board discussed the role they could play in supporting the MECC action plan and its expansion. The link between MECC and the health and well-being strategy, as well as the health impact assessment work, was also discussed. The sustainability of MECC after the funding from the CCG runs out was a topic of concern. The tailoring of MECC to different communities and settings, such as schools, libraries, or food services, was also discussed, as well as the embedding of MECC in contracts and policies of public health commissioned services and other organizations. The promotion of MECC to potential partners and participants and the resources used were also mentioned, along with the integration of MECC with other health promotion initiatives.

11. Case Studies, City Health Promotion Events

Presented by Emma Collins, physical activity and wellbeing manager, City Council

A city health promotions update was given by Emma Collins, the physical activity and wellbeing manager for the City Council. Emma presented on the health promotion events that have been delivered in partnership with local primary care networks in three areas: Blackbird Leys, Littlemore, and Barton. The events aimed to improve patients' awareness of the support available for their health and wellbeing, and to engage with them in a less formal setting. The events involved inviting partners from various services and organizations, such as smoking cessation, dental services, MSK Connect, and local community groups. The events were evaluated by asking participants how confident they felt to manage their health and wellbeing before and after attending, and found an average two-point improvement. Emma also outlined some of the next steps and plans for future events.

12. Any other Business

Future HIB meeting dates:

19 September at 14:00

7 November at 14:00