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NHS Oxfordshire Clinical Commissioning Group | OXFORDSHIRE COUNTY COUNCIL | healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 20 February 2020 at 2.00 pm

Long Room, Town Hall, Oxford

Yvonne Rees
Chief Executive

Date Not Specified

Contact Officer: ***Julieta Estremadoyro, Partnership Board Officer***
Tel: (01865) 326464; Email: commissioning.partnershipboard@oxfordshire.gov.uk

Membership

Chairman – Councillor Andrew McHugh
Vice Chairman - District City Councillor Louise Upton

Board Members:

Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Dr Kiren Collison	Clinical Chair of Oxfordshire Clinical Commissioning Group
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Daniella Granito	District Partnership Liaison
Diane Hedges	Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Vacant	District Council Director Representative
Det Chief Insp Clare Knibbs	Domestic Abuse Lead, Thames Valley Police
Andy McLellan	Healthwatch Oxfordshire Ambassador
Cllr Michele Mead	West Oxfordshire District Council
Cllr Helen Pighills	Vale of White Horse District Council
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health, Oxfordshire County Council
Jackie Wilderspin	Public Health Specialist, Oxfordshire County Council

Notes:

- ***Date of next meeting: 14 May 2020***

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 Chairman

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

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

To approve the Note of Decisions of the meeting held on 21st November 2019 and to receive information arising from them.

Matters arising:

- Mental wellbeing framework

6. Performance Framework and Report Card on smoking in pregnancy (Pages 11 - 24)

Performance Framework report presented by Ansaf Azhar

To receive an update on performance and discuss any Red or Amber rated indicators.

Report Card on smoking in pregnancy presented by Midwifery Services representative, Oxford University Hospitals.

To understand the work underway to support smoking cessation in pregnancy.

7. Developing a tobacco strategy for Oxfordshire (Pages 25 - 28)

Report presented by Eunan O'Neill, Consultant in Public Health, Oxfordshire County Council

To outline the process for developing a multi-agency Tobacco Strategy to be launched on No Smoking Day.

8. Report from Healthwatch Ambassador (Pages 29 - 36)

Report presented by Andy McLellan

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

9. Preventing cardiovascular disease (Pages 37 - 44)

Report presented by Kiren Collison, Ansaf Azhar and Jackie Wilderspin

To outline the rationale for this system wide priority to tackle health inequalities and discuss actions for implementation.

10. Public Health, Health Protection Forum annual report (Pages 45 - 50)

Report presented by Eunan O'Neill and a representative of NHSE

To report a range of information on health protection topics and focus discussion on cancer screening uptake which is not meeting targets.

11. Priorities and targets for 2020-21 (Pages 51 - 52)

Presented by Jackie Wilderspin

To discuss the principles of how we will revise the Performance Framework, ambition in setting targets and future reporting.

12. Forward Plan (Pages 53 - 54)

Presented by Jackie Wilderspin

Discussion and suggestions for future items.

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 21st November 2019 commencing at 14:00 and finishing at 16:30

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 Paul Barrow, Vale of White Horse District Council Cllr Maggie Filipova-Rivers, South Oxfordshire District Council Cllr Michele Mead, West Oxfordshire District Council Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group Kiren Collison, Clinical Chair of Oxfordshire, OCCG Graeme Kane, District Council Director Representative
In attendance	Val Messenger, Deputy Director for Public Health, OCC Nerys Parry, Housing Strategy & Needs Manager, Oxford CC Gillian Douglas, Assistant Director, Housing and Social Care Commissioning, OCC Janette Smith, Health Improvement Principal, OCC Kate Holburn, Head of Public Health Programmes, OCC Annie Holden, Strategic Health Relationship Manager, Active Oxfordshire Paul Brivio, Chief Executive, Active Oxfordshire
Officer:	Julieta Estremadoyro, Oxfordshire County Council
Apologies:	Daniella Granito, District Partnership Liaison Andy McLellan, Healthwatch Oxfordshire Ambassador Paul Wilding, System Change Manager (Homelessness Prevention), Oxford City Council

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.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Notice of Any Other Business None	
6. Note of Decisions of Last Meeting The notes of the meeting held on 12th September 2019 were signed off as a true and accurate record. <u>Actions update</u>: <u>Item 7 - Performance Framework and Report Card on MMR vaccination</u> *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** *7.2 Jackie to work with colleagues who provide the data for the report to see if it is possible to report on the variations (e.g. where the best and the worst places in the county are)***. Completed** *7.3 Eunan O'Neill to ensure the PH Health Protection Forum discusses poor performance of immunisation and screening programmes.* Jackie updated that the Annual Report of the PH Health Protection Forum is due to come to the next meeting and Eunan has taken that action forward. **Completed** *7.4 Diane to provide Ansaf with the OCCG comprehensive Flu Plan Report looking at more details on the level of flu immunisation for at risk groups under 65 years old.* **Completed** <u>Item 9 - Housing Support Advisory Group Report</u> *9.1 Nerys to share the final report of the Trailblazer programme with members of the Board*. **On the agenda** *9.2 Nerys to bring the timetable for the Transformation of Services to the next HIB meeting and update the members on Rough Sleeping numbers when more data is reported.* **On the agenda - matters arising** <u>Item 11 - Whole System Approach to Healthy Weight</u> *11.1 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**	**All**

11.2 Dani to contact her network of colleagues across the districts and copy members of the HIB. **Completed**

*11.3 Diane to liaise with OCCG representatives***. Completed**

Item 12 - Diabetes Transformation overview and progress report
Cllr Upton to provide details of the Cities Changing Diabetes initiative and meeting to Paul Swan – Cllr Upton updated that Paul attended and was a valuable addition to the meeting. **Completed**

Item 13 - Making Every Contact Count
*Dani to distribute the information regarding the MECC training among her contacts***. Completed**

Matters arising

1. Verbal update on the timescale for the Housing Transformation Workplan

Nerys Parry and Gillian Douglas provided the update.

The Housing Transformation Workplan aims to develop services with a countywide approach and this will take some time to complete. To give time to develop the transformation strategy, the contracts with the current providers of the Adult Homelessness Pathway have been extended until April 2022.

The following actions have been happening within the transformation agenda:

- James Pickering has been appointed to develop the strategy. Gillian Douglas is the line manager of this post.
- The creation of a Steering Group overseeing the transformation agenda is made up of the City, OCC, all Districts and OCCG representatives
- Countywide bids to the Ministry of Housing, Communities and Local Government funds (e.g. RSI3 – Rough Sleepers Initiative)
- Floyds Row has been developed as a countywide assessment hub and shelter and has started operations in October 2019.
- SWEP – Severe Weather Emergency Protocol is being coordinated at countywide level.
- O'Hanlon House has been recommissioned as a countywide service.
- A partnership with Crisis is allowing for an in-depth analysis of the current demographic and needs of the sector, building on the Health Needs Assessment completed by Public Health earlier this year.

By April 2022, the new commissioning of services based on total system re-design will be completed. Work includes researching the evidence of best practice and working with front-line staff and users. The outcome will be a county wide strategy to replace five current district level strategies.

Kiren congratulated the team for such important work. She attended the last Housing Support Advisory Group (HSAG) meeting and found it very useful.

Homelessness is not raised as high-profile area at the NHS and it is really an opportunity to raise it as such and develop a collaborative work on this area. 2. <u>Health messages - working together on communication</u> Graeme Kane referred to the document *Health messaging* (page 11 in the agenda pack) Following the recommendation of the Health Improvement Board noted at the meetings in February and September 2019, communications teams from Oxfordshire local authorities have been reinforcing/coordinating health campaigns and communicating on a regular basis. The aim is to spread those messages as effectively and widely as possible. Graeme presented an action plan for sharing health campaigns in the year ahead. (appended to these notes) HIB members found the information very useful and praised the approach taken.	
7. Performance Framework Val Messenger presented this item and referred to the document *Performance Report* in the agenda pack (page 15). Val pointed out that the report now includes a breakdown by geographical areas for some indicators to show variations in performance. Additionally, the report includes the areas that will be monitored by achieving milestones (pages18 and 19 in the agenda pack). Two indicators are currently rated red. • Physical inactivity (2.6). It was reported that a lot of work is being done at the moment to get young people active so this performance should improve. • Cervical screening uptake (2.19) Oxford City has the lowest uptake among young women. Public Health England and OCCG are trying to increase the uptake by women with learning disabilities. Performance on this topic will be discussed at the PH Health Protection Forum (**Action: Eunan O'Neill**). Diane enquired about membership of that group. **Action – Val to send Diane the membership list of the Health Protection Forum.** Kiren highlighted the work of the Thames Valley Cancer Alliance (NHS) looking specifically at cervical, bowel, breast screening. They have identified those areas of lower uptake of the tests and are working to improve these rates. Members were pleased to see the figures showing variation between districts included in the report. It was also noted that other inequalities exist, especially for smaller areas or groups of people, which still cannot be reported in this way.	**Eunan O'Neill** **Val M.**

There was a question on how the process measures reported for some work had been formulated as they are all rated Green. Jackie responded that the people leading this work had set their own milestones and suggested that future performance management could include more robust milestones to be set.	
8. Healthwatch Ambassador report *This item was not presented, Andy McLellan sent his apologies.*	
9. Oxfordshire Prevention Framework Kiren Collison and Jackie Wilderspin presented this item. They referred to the documents *Oxfordshire Prevention Framework 2019-2024* and annex in the agenda pack (page 21) Kiren explained the Prevention Framework goes alongside the Joint HWB Strategy. She noted the definition of "prevention" involved Prevent Illness, Reduce the need for treatment and Delay the need for care. The Prevention Framework is focused on the top 4 causes of death under 75s in Oxfordshire: cancer, cardiovascular disease, respiratory disease and liver disease. The report highlights some local inequalities issues that the Prevention Framework aims to tackle. Jackie presented some examples on how to turn the Prevention Framework into action plans. Kiren and Jackie were congratulated on producing and presenting the document. Ansaf pointed out that the aim of the Healthy Place Shaping agenda is to create sustainable, well designed, thriving communities. For example, healthy places will be designed to enable physical activity, reduce air pollution and encourage social interaction. The planning of Healthy Places is an upstream prevention initiative, integrating health, social care and local planning and it is an agenda that Districts are fully engaged with. There will be Healthy Place Shaping masterclasses in each District in the coming months and he encouraged the Districts representatives to take advantage of these events. Cllr Upton highlighted how important is to consider mental wellbeing as an enabler of prevention in all these conversations. She had been pleased to see the idea that mental wellbeing checks could become part of the current NHS Health Check Cllr Filipova-Rivers was concerned about how to demonstrate impact when implementing prevention measures. Kiren agreed that sometimes is difficult because some results can only be shown after a long time, however there are others, like the uptake of NHS Health Checks that are very easy to prove. Ansaf added that there are areas that cannot be measured quantitively because they are related to cultural changes (e.g. change of attitudes, behaviours, how people are linked together in a better way to develop community networks).	

Action: All members of the HIB to use the Prevention Framework in their planning for prevention and review of how they tackle health inequalities.	**All**
10. Housing and Homelessness – Report on Trailblazer programme for preventing homelessness Nerys Parry presented the report *Impact of Oxfordshire Homeless Prevention Trailblazer in Health* in the agenda pack (page 95) Recommendation to the HIB in the document: *1. Note the impact outlined in the report* *2. Request a further report which shows how the extension of the embedded housing worker intervention in Health positively impacts on the time and resources of staff within the county hospitals.* Nerys provided further commentary on the background of the programme, its design, impact and legacy. Cllr McHugh was pleased with the positive impact of the embedded housing workers. However, he was concerned with the 137 cases whose outcome was unknown. Nerys confirmed that this was because of the complexity of some of the clients. Cllr McHugh also pointed out that the report made reference simultaneously to skilling up the hospital staff but proposed to keep the embedded workers. Nerys clarified that the hospital staff are extremely busy, and it is difficult for them to accommodate training sessions, so it was deemed important to continue with the embedded workers in hospitals in order to continue to get good outcomes for patients. Embedded workers in prisons and other settings were no longer needed in the same way. Cllr Upton agreed that it is important to continue to have these embedded workers in hospital settings as they have proved to be very successful particularly regarding delays transfer of care (DTOC). She raised a question on how the funding for these posts could continue. She noted that the funding will end in March 2020 and emphasised the urgency of finding a way to extend this funding.	
Action: All members to investigate alternative sources of funding to continue with the embedded housing workers in hospitals.	**All**
Action: 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**
Ansaf thought it was a great piece of work and he supports conversations on how to continue funding. However, he pointed out that there are commonalities with other pieces of work happening in the area like those related to transforming the lives of people affected by drug and alcohol problems that need to be look at too.	**All**

Diane welcomed the idea that this work could continue as it had been valuable in reducing delayed transfer of care (DTOC) which is a particular problem in Oxfordshire. Diane also raised a general concern about how the Board deals with questions related to funding as they are often raised in discussion and there is no obvious mechanism for funding work such as this. Cllr McHugh clarified that the Health Improvement Board does not have a budget, but it has influence. The Board has used this influence to move agendas forward. Jackie commented that in the past HIB has been the vehicle to enable discussion between partners on setting up joint funding arrangements e.g. for the commissioning of support services for homeless people which is now managed through a Joint Management Group and pooled budget. She further suggested that this pooled budget might be a means of funding the embedded workers. It was agreed that this was worth investigating. **Action: 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.** Members agreed that the Trailblazer has been a brilliant project, and everybody involved should be congratulated. They agreed the recommendations listed above and a further report on the embedded workers impact will be brought to a future meeting. **Action: Nerys to make the full Trailblazer report available to all HIB members.**	**Cllr Upton, Dani G Paul W** **Nerys Parry**
11. Mental Wellbeing working group update Janette Smith referred to the paper *Report on the Prevention Concordat for Better Mental Health* in the agenda pack (page 103) Recommendations to the HIB in the document: *1. Review the draft proposed Mental Wellbeing Framework for early comment* *2. From March 2020 provide oversight on progress against the framework and the delivery of relevant partnership plans and strategies* Janette provided the background of the Prevention Concordat for Mental Health and the proposed Mental Wellbeing Framework Oxfordshire that it "*is being developed to outline what partners have committed to do, build on existing action and identify opportunities for collaboration and innovation"*. The working group has started mapping what it is already going on and defining the priorities for action. Janette would like to come back to the HIB in February with the finalised framework.	

Cllr McHugh stressed that the adoption of the Concordat should inform the action in the Districts and organisations. He particularly highlighted the planning resources infographic (page 108 in the agenda pack) that it will be adapted for Oxfordshire and will become a useful tool to be used by the Districts. It was pointed out that the District representatives can became involved by mapping out what it is going on in their district in relation to mental wellbeing. Linking current groups working in the areas and share this information. Cllr Stratford was surprised not to see the Samaritans as part of the task and finish group. Jeanette pointed that Samaritans are part of the Oxfordshire Suicide Prevention Multi-Agency Group which is coordinated by OCC *(Note: The draft Framework was embedded in the published report and so could not be opened in the published agenda pack. It was shown as part of the presentation at the meeting and has been circulated since the meeting.)* **Action: Janette to return to a later meeting with a completed action plan based on the draft Mental Wellbeing Framework.**	**Jannette Smith**
12. Alcohol and drugs draft strategy Kate Holburn referred to the document *Drug and Alcohol Partnership Strategy briefing document* in the agenda pack (page 117). Recommendation to the HIB in the document: *The board was asked to agree the approach outlined in this paper, and to comment on the proposed priorities* Kate highlighted the aims of the strategy as detailed in the document. Kate pointed out the information gathered from the Joint Strategic Needs Assessment (pages 118-19) which had formed the basis for needs assessment. Various working groups have discussed this information and agreed on a set of priorities. This includes the 2 working groups of the (virtual) Alcohol and Drugs Partnership which are the Children and Young People Substance Misuse Forum and the Alcohol Partnership Group. Kate provided further commentary on the proposed priorities for the revised Alcohol and Drugs Strategy (page 120). Cllr McHugh welcomed the report and highlighted the crimes related to alcohol and drug misuse. He agreed that how preventing alcohol and drug misuse will lead to safer spaces in our communities. Diane wondered about the effectiveness of a virtual partnership for such an important issue. Kate assured her that the working groups are very effective and meeting separately rather than as a combined partnership group allowed them to focus on their areas of expertise. The CYP Substance Misuses Forum is focusing on specific issues affecting children while the Alcohol Partnership Group has a	

wide-ranging involvement including licensing in each district, harm to health and links between alcohol and crime. It was suggested that maybe a yearly Forum bringing all the agencies together could be a good idea to consider. The annual report of the Drug and Alcohol Partnership will be presented at the HIB in May 2020. **Action: Kate will bring the finished strategy and action plan for 2020-21 to a future meeting for information and discussion.**	**Kate Holburn**
13. Active Oxfordshire – reducing physical inactivity Annie Holden and Paul Brivio referred to the paper *Reducing physical inactivity – preventing and managing disease implementation of a pilot Exercise Referral Intervention* in the agenda pack (Addenda). A short video was shown that can be found here: Helping people to live longer better Paul and Annie highlighted the inequalities that remain among the Oxfordshire's population. They pointed out that some groups of people in the county are not fulfilling the Chief Medical Officer's (CMO) Guidelines for physical activity. There are stubborn inequalities that are not improving. Active Oxfordshire aims to move barriers that prevent residents from becoming more active and are particularly concerned about people with long term conditions who could benefit from being more active. They are proposing to implement an Exercise Referral pilot intervention for people with long term conditions as described in section 3.4 of the document. Diane agreed that this is essential work and asked for more detail on what resources would be needed and how the CCG could get more detail. Paul responded that some additional funding would be needed, especially for coordination and evaluation of the pilot intervention. He would also welcome partners' expertise. Paul clarified that there will be further meetings with partners to discuss this. **Action: Paul Brivio to let Diane knows who is involved from the OCCG in these conversations.** In the report it was requested that the Health Improvement Board members: *(i) support this pilot intervention and champion the role that physical activity has to play in improving health and management of the people of Oxfordshire who have LTC(s) and / or chronic disease;* *(ii) actively promote collaboration and engagement by all key agencies including local authorities, the CCG, Primary Care Networks and the third sector, and challenge non-engagement;*	**Paul Brivio**

(iii) work together to Identify funding opportunities to assist with the implementation and delivery of a successful pilot intervention; *(iv) welcome Active Oxfordshire to report back to this Health Improvement Partnership Board meeting in Autumn 2020, providing a summary evaluation of the pilot and its implications for future sustainability and county-wide scaleability, including national developments with Sport England / Public Health England.* **The HIB members agreed with all these recommendations.** Members of the Board also congratulated Active Oxfordshire for their work in coordinating and developing this work and agreed it is an important component in addition to primary prevention of ill health through physical activity.	
14. Forward Plan & AOB <u>Forward Plan</u> – The Mental Wellbeing Framework for Oxfordshire will be brought back to a future meeting. The completed strategy and annual action plans of the Drug and Alcohol Partnership will be presented at a future meeting. <u>AOB</u> - 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. **Action: Kiren and Jackie to progress discussions** The meeting concluded at 16:46	**Kiren C.** **Jackie W**

Health Improvement Board
20 February 2020

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 over-arching priorities of:

    - A good start in life
    - Living well
    - Ageing well
    - Tackling Wider Issues that determine health

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.

4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.

5. Some areas of work will be monitored through achievement of milestones. These are set out on pages 4-5 of this report. For Q1 and Q2 achievement progress is shown for Whole Systems Approach to Obesity, Making every Contact Count, Mental Wellbeing and Social Prescribing.

6. The latest update for some indicators relates to 2018/19; therefore, RAG rating for those indicators refers to 2018/19 targets. Performance for indicators included in this report can be summarised as follows:

    Of the 17 indicators reported in this paper:
    7 *indicators are* ***green***
    8 *indicators are* ***amber***
    3 *indicators are* ***red***
    - 1.12 Reduce the level of smoking in pregnancy
    - 2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity).
    - 2.19i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)

Health Improvement Board Performance Indicators 2019/20

	Measure	Baseline	Target 2019/20	National or Locally agreed	Update	Latest	RAG	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target >6% by 2022	Q2 19/20	8.3%	R	Oxfordshire CCG level. Q3 data due 27 Feb 20
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q2 19/20	93.4%	A	Variance 66.7% for a practice in North of county, 75% for a practice in Oxford City and 100% in 21 practices across the county (experimental stats).
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q2 19/20	91.5%	A	Variance less than 90% in 22 practices (5 under 80%) to 100% in 14 practices (experimental stats).
	1.15 Maintain the levels of children obese in reception class	7.8% (17/18)	7%	L	2018/19	7.6%	G	Children who are obese and does NOT include those overweight (but not obese) Cherwell 7.9%; Oxford 9.0% South Oxfordshire 7.3%; Vale of White Horse 7.0%; West Oxfordshire 6.3%. No significant change for any district.
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2018/19	15.7%	G	
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	May-19	20.3%	R	Cherwell 24.1%; Oxford 15.4%; South Oxfordshire 19.4%; Vale of White Horse 17.6%; West Oxfordshire 26.9%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	3,468 per 100,000	L	Q2 19/20	3317	A	
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	55%	N	Sept 19 to Dec 19	44.8%	A	
	% of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	99% at year end (84%, 89%, 94%, 99%)	L	Q3 19//20	95.7%	G	Localities in Oxfordshire CCG are all meeting targets
	% of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	50.5% at year end (41.6%, 44.1%, 47.1%, 50.5%)	L	Q3 19/20	47.1%	G	Localities in Oxfordshire CCG are all meeting targets

	2.19i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	68.2% (all ages) Q4 2017/18	80%	N	Q4 2018/19	68.3%	A	Variation in districts for 2018/19 data - Cherwell 71.3%; Oxford 53.7%; South Oxfordshire 75.8%, Vale of White Horse 73.9%, West Oxfordshire77.4% (Source|: PHE Public Health Outcomes Framework)
	2.19ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years		80%	N	Q4 2018/19	76.6%	A	Variation in districts for 2018/19 data - Cherwell 75.8%; Oxford 70.4%; South Oxfordshire 78.8%, Vale of White Horse 77.4%, West Oxfordshire79.5% (Source|: PHE Productive Healthy Ageing Profile)
Ageing Well [1]	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sept 19 to Dec 19	74.8%	A	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q4 2018/19	63.5%	G	FIT testing replaced FOBt testing in programme in June. The simpler test kit is likely to improve uptake nationally; preliminary local data is reflecting this (PHE)
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q4 2018/19	77.5%	R	Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8% (Source: PHE Productive Healthy Ageing Profile 2018/19 year data)
Tackling Wider Issues that determine health	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-29)	>208	L	Q1 2019/20	153	G	4.2 - Data reported as Q2 in Nov 2019 meeting was, in fact, Q1 data (89.6%). 4.3 will be reported following the official count in Q3.4.1, 4.4, 4.5 and 4.6 will be reported in Q3.
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	<75%	L	Q2 2019/20	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	>90	L				
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q1 2019/20	373	-	
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q1 2019/20	149	-	
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q1 2019/20	13	-	

Health Improvement Board – Process Measures 2019/20

Measure	Quarter 1			Quarter 2		
	Process	**Progress**	**Rag**	**Process**	**Progress**	**Rag**
Whole Systems Approach to Obesity	Review the National guidance appropriate to Oxfordshire and the NHS Long Term Plan	PHE WSA National Guidance published in July and reviewed. NHS LTP reviewed for adult and childhood obesity. Developed a working group and action plan to take forward the recommendations	G	Identify and engage stakeholders	Stakeholders identified and 50% engaged. HIB agreed in September for all board member organisations to nominate a representative(s) that we can work with which is currenlty being followed up.	A
Making Every Contact Count	Transformation of Oxfordshire MECC Systems Implementation Group	The group has been changed from a task and finish group to currently meeting every two months until further review. Updated terms of reference for the group have been put in place.	G	Promoting MECC approach and training within stakeholder organisations	Various member organisations have been promoting MECC and encouraging the uptake of training. Detailed updates were reported at the September 2019 meeting. More recent specific examples include the Oxford Health Public Health Promotion Resource Unit (PHPRU) including a link to the Wessex MECC eLearning when they send an email to every new user of their service. There are also now 3 MECC Trainers within Age UK Oxfordshire (AUKO) and Action for Carers Oxfordshire. MECC Training is planned to be rolled out to their 150 staff through 3 levels of training from 2020.	G
Mental Wellbeing	Sign Mental Wellbeing Prevention Concordat	All HWB organisations, OMHP and Active Oxfordshire signed the Concordat.	G	Establish a working group for mental wellbeing	All organisations nominated representatives which public health have engaged with the discuss next steps. Working group established in August and meet twice to develop the framework.	G

Measure	Quarter 1			Quarter 2		
	Process	**Progress**	**Rag**	**Process**	**Progress**	**Rag**
Social Prescribing	1. Oxford City - Develop measurable outcomes. Install 'Elemental' social prescribing platform to track the patient journey; 2. SE Locality - All 10 Practices know the Community Navigators and their role and proactively refer patients. Proactive referrals made from the hospital discharge team to the Community Navigators.	1. OxFed (Oxford City service) is no longer going to install Elemental software. 2. SE Locality service developed across all GP Practices.	G	Cherwell and West Oxfordshire - GP Practices identified and targeted for each phase of the scheme roll out; Practices in areas of inequality identified and targeted.	Phased roll out of service across Cherwell and West Oxfordshire on target. 20 Practices signed up out of 26 Practices. Targeting areas of inequality- 5 Banbury town Practices signed up.	G

There is a caveat within the report explaining that the indicators reported on will not be officially released by Government until 13th December. However, it is unlikely that the figures will change.

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Oxford University Hospitals
NHS Foundation Trust

Health Improvement Board

February 2019

Title	**Reducing Smoking in Pregnancy Performance** **Oxford University Hospitals NHS Foundation Trust**

Status	For information

Key purpose	Strategy	Assurance	Policy	**Performance**

Executive Summary

1. The purpose of this paper is to outline the performance of Oxford University Hospitals NHS Foundation Trust (OUH FT) Maternity services in reducing smoking in pregnancy and smoking performance at discharge.

2. The Oxford Local Maternity Systems (LMS) are working to achieve measurable improvements in safety outcomes for women, their babies and families in maternity and neonatal services, in line with the Government's national ambitions and as set out in Better Births in 2016.

3. The number of pregnant women smoking in pregnancy smoking at 'Booking' in Oxfordshire is approximately 9.56% in 2019. The Key performance Indicator (KPI) for reducing smoking at discharge is 8%. The performance score card shows smoking at discharge is below the KPI (Appendix 1).

4. The report explores current and proposed changes in the care pathway to reduce smoking in pregnancy.

Conclusion

5. The maternity services has benchmarked it current service provision against national drivers. Work continues towards improving the care provision for pregnant women to reduce smoking in pregnancy.

6. **Recommendation**
The Health Improvement Board is asked to note the contents of this report.

Reducing Smoking in Pregnancy in Oxfordshire

1. Introduction

1.1. The purpose of this paper is to outline the performance of Oxford University Hospitals NHS Foundation Trust (OUH FT) Maternity services in reducing smoking in pregnancy and smoking performance at discharge.

1.2. The OUH FT has benchmarked the smoking cessation programme against Saving Babies Lives Care Bundle Version 2 (DOH 2019) and Better Births (2016).

1.3. There is strong evidence that reducing smoking in pregnancy reduces the likelihood of stillbirth and impacts positively on many other smoking-related pregnancy complications, such as preterm birth, miscarriage, low birthweight and Sudden Infant Death Syndrome (SIDS).

1.4. This paper outlines the maternity plans to reduce smoking performance at discharge.

2. Background

2.1. The Oxford University Hospitals NHS Foundation Trust continues to work with key stakeholders to reduce smoking in pregnancy and discharge.

2.2. The Oxford Local Maternity Systems (LMS) are working to achieve measurable improvements in safety outcomes for women, their babies and families in maternity and neonatal services, in line with the Government's national ambitions and as set out in Better Births in 2016.

2.3. The number of pregnant women smoking in pregnancy smoking at 'Booking' in Oxfordshire is approximately 9.56% in 2019. The Key performance Indicator for reducing smoking at discharge is 8%. The performance score card shows smoking at discharge is below the KPI (Appendix 1).

2.4. Recently a BOB CleaR: Smoking in Pregnancy Deep Dive self-assessment exercise was undertaken and completed. The self-assessment exercise identified areas to improve their tobacco control work was complete in November 2019. The results were recently published and action plans are in the process of being developed. This deep dive exercise highlighted Oxfordshire insights, strengths and opportunities for development (Appendix 2).

3. The current provision in Oxfordshire

3.1. The current care provision to help the reduction of smoking in pregnancy is to identify smokers (or those exposed to tobacco smoke) at Booking and offer them a referral for support from a trained stop smoking advisor. This is the default positon to refer automatically unless the woman declines. Audits demonstrate good compliance of referring

smokers to stop smoking advisers, however there is a high rate of women not attending these appointments.

3.2. In 2018/2019 carbon monoxide (CO) testing was introduced. The aim was to offer CO testing for all women at the antenatal booking appointment. However, due to the lack of CO monitors available to community midwifes and in GP surgeries this proved challenging and difficult to achieve. This led to adaptions in the pathway which led to women being offered CO monitoring in the ultrasound department either at the first trimester scan or anomaly scan or if women attended antenatal clinic services at JR or Horton Hospitals.

3.3. Although there has been a significant improvement in CO monitoring of between 50 – 60%, it is evident that this approach is not capturing all women. This is mainly due staffing challenges.

3.4. Stop Smoking Services have been commissioned to provide support for pregnant smokers.

3.5. All staff in community have been provided with training to improve the quality of the conversations they have with women.

3.6. The current service provision in Oxfordshire will not meet current recommendation in 'Saving Babies Lives Care Bundle Version 2 (2019):

- CO testing should be offered to all pregnant women at the antenatal booking appointment, with the outcome recorded.
- Additional CO testing should be offered to pregnant women as appropriate throughout pregnancy, with the outcome recorded.
- CO testing should be offered to all pregnant women at the 36 week antenatal appointment, with the outcome recorded.
- Referral for those with elevated levels (4ppm or above) for support from a trained stop smoking specialist, based on an opt-out system. Referral pathway must include feedback and follow up processes.
- All relevant maternity staff should receive training on the use of the CO monitor and having a brief and meaningful conversation with women about smoking (Very Brief Advice - VBA).

4. Proposed changes to service provision

4.1. From March 2020, all pregnant women will be offered CO monitoring at Booking and 36 weeks by their community midwife. The Maternity Directorate has recently procured 107 CO monitors. Each community midwife will be provided with their own monitor.

4.2. All relevant maternity staff are in the process of receiving training on the use of the CO monitor and guidance on having a meaningful conversation with women about smoking.

4.3. A Smoking Cessation Lead has been appointed and will be working closely with the Consultant Midwife to deliver

4.4. To work closer with local partner to review current pathways to ensure they meet the needs of the local population.

4.5. Adaptions to the Electronic Patient Records system (EPR) to ensure health professional are able to record CO monitoring results which will allow data to be collected and reportable in the Maternity Service Data Set (MSDS).

5. Action Plans for 2020

5.1. To develop an action plan with local partners following recent CLeaR Smoking in Pregnancy Deep Dive self-assessment.

5.2. To audit current service provision to ensure meeting national drivers.

6. Conclusion

6.1. The maternity services has benchmarked it current service provision against national drivers. Work continues towards improving the care provision for pregnant women to reduce smoking in pregnancy.

7. Recommendation

7.1. The Health Improvement Board is asked to note the contents of this report.

Report prepared by:

Rosalie Wright, Senior Midwifery Manager

Appendix 1 - **Scorecard for Oxford**

Measure	Responsible Board	Baseline	Target 2019/20	Q1 Report 2019/20		Q2 Report 2019/20		Q3 Report 2019/20	
Reduce the level of smoking in pregnancy	Health Improvement Board	8% (Q1 18/19)	8%	6.7%	G	7.7%	A	6.8%	G

Oxfordshire – your insights

- You identified that there is no specific group addressing SIP, although there are informal working relationships.
- You are developing a tobacco control strategy and considering whether a health needs assessment is necessary
- Access to CO monitors is varied as there have been issues with procurement but you plan to retrain alongside a revisit of the smoking cessation pathway
- You were unclear whether women were routinely screened for CO – the issue with monitors hasn't helped
- You recognise that some of the messaging and communication needs some work building on the insight work of the preconception campaign

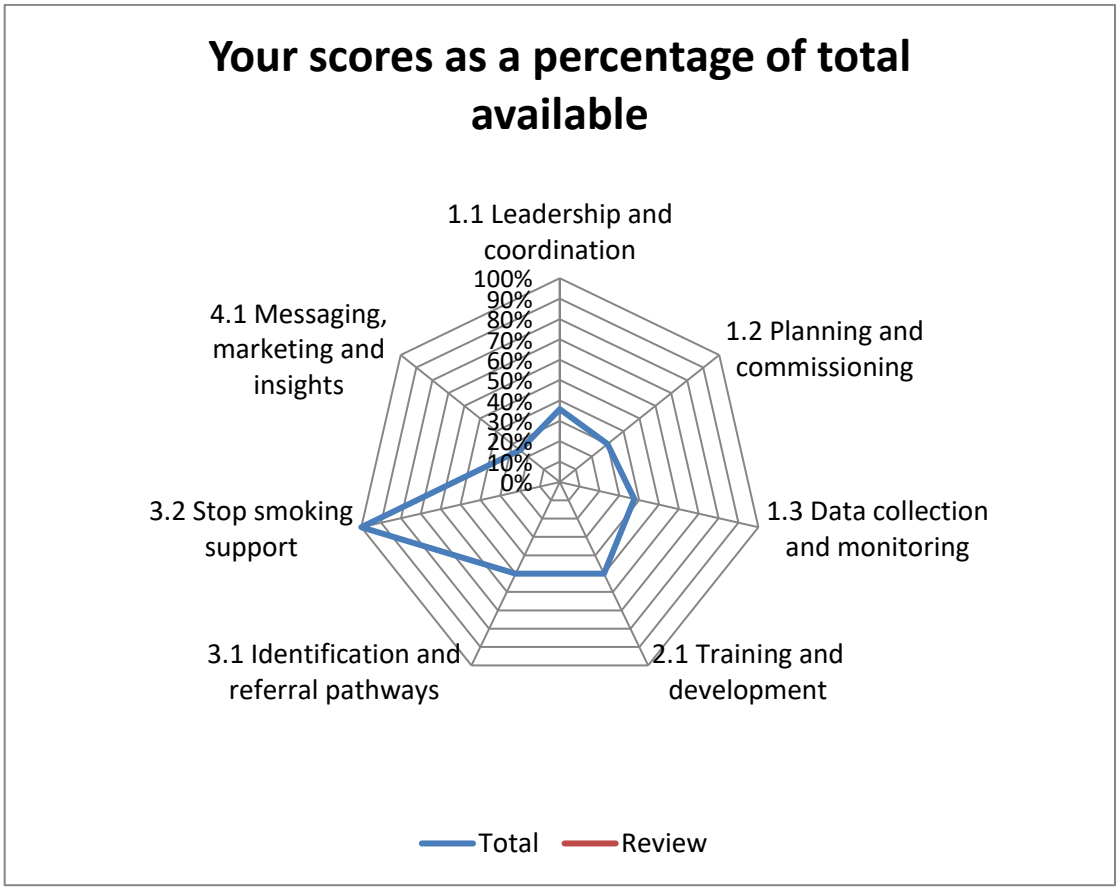
Oxfordshire – your strengths

- ICS prevention framework does address SIP and is acknowledged in HWB strategy
- There is good data available to understand needs of communities in SIP; and the insight work of preconception campaign
- Stop Smoking Service commissioned to provide support for pregnant smokers
- A new specialist role for a consultant midwife will be investigating "unknown status" and training
- You have champions across clinical areas who are trained to appropriate standards
- A broad range of NRT is available and on wards
- Women are contacted within 48 hours of referral and offered an appointment within a week; alternative support is offered by phone, text and online support.

Opportunities for development

- The formation of a multi-agency smoking in pregnancy action group with clearer governance
- The development of a system wide action plan
- Look to include audits of NICE guidance into future QI work
- Contracts for midwifery services specify outcomes/not actions. Are the outcomes being met?
- New specialist role provides opportunities to look at – data/monitoring; training; reviewing/auditing pathways
- Training review required – across the MDT; seeking mandatory training but need senior engagement
- Standard scripts for midwives to be developed and clear referral pathway to be reviewed
- Scope for further work with partners/significant others
- Communication

Results – Oxfordshire



The Oxfordshire Tobacco Control Strategy and Local Government Declaration

Summary
In 2018 the Oxfordshire Tobacco Control Alliance (OTCA) was formed. This is a partnership of local organisations who are committed to working collaboratively to eliminate the use of tobacco in Oxfordshire. As part of a peer review of the local tobacco control system in Oxfordshire (CLeaR) recommendations included developing a tobacco control strategy and for Local Government to demonstrate leadership in tobacco control by committing to sign up to the National Local Government Declaration on Tobacco Control.

Information on Tobacco Use

Smoking is the single greatest cause of premature death and disease in our community. Every year in England more than 80,000 people die from smoking related diseases. This is more than the combined total of the next six causes of preventable deaths, including alcohol and drugs misuse. On average a smoker loses 10 years of life.

Between 2015-17, 2,132 people died from smoking-related causes in Oxfordshire. Likewise, the impact of smoking on ill health is huge. In 2017/18 an estimated 4,036 hospital admissions in Oxfordshire were attributable to smoking.

In Oxfordshire, in 2018, an estimated 10.1% of adults were smokers (England, 14.4%) which equates to approximately 54,804 smokers across the County.

Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities
Oxfordshire biggest smoking inequality is, 17.0% of routine and manual workers in Oxfordshire were smokers (England is 25.4%).

Those adults with long term mental health condition was whose smoking prevalence is 22.7% within Oxfordshire (England 26.8%).

Reducing smoking in our communities significantly increases household incomes and benefits the local economy

The annual cost of smoking to the UK national economy has been estimated at £13.7 billion. A smoker consuming a pack of twenty cigarettes a day will spend around £2,500 a year on their habit.

Residents in Oxfordshire spend approx. £73.7m a year on tobacco products.

It is estimated that smoking in Oxfordshire each year costs society a total of approx. £121.7m in lost productivity, health and social care costs. A breakdown of the costs of tobacco is shown in diagram 1 below.

The Oxfordshire Tobacco Control Strategy

Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes. In 2017 the Government

published its Tobacco Control Plan for England 2017-22[1] to pave the way for a smoke free generation. When the prevalence of smoking is below 5% it is considered that the population is smoke free. The national aim is to reduce the prevalence of smoking to below 5% by 2030.

The key aim of the Proposed Oxfordshire strategy is to reduce the prevalence of smoking in the adult population below 5% by 2025 and make Oxfordshire the first smoke free County in England.

Oxfordshire in line with many other areas has primarily focussed on smoking cessation services. With the prevalence of smokers in the County at 10.1% we need to adopt a different approach which addresses the wider underlying issues surrounding smoking if we want to see tobacco use eliminated in Oxfordshire.

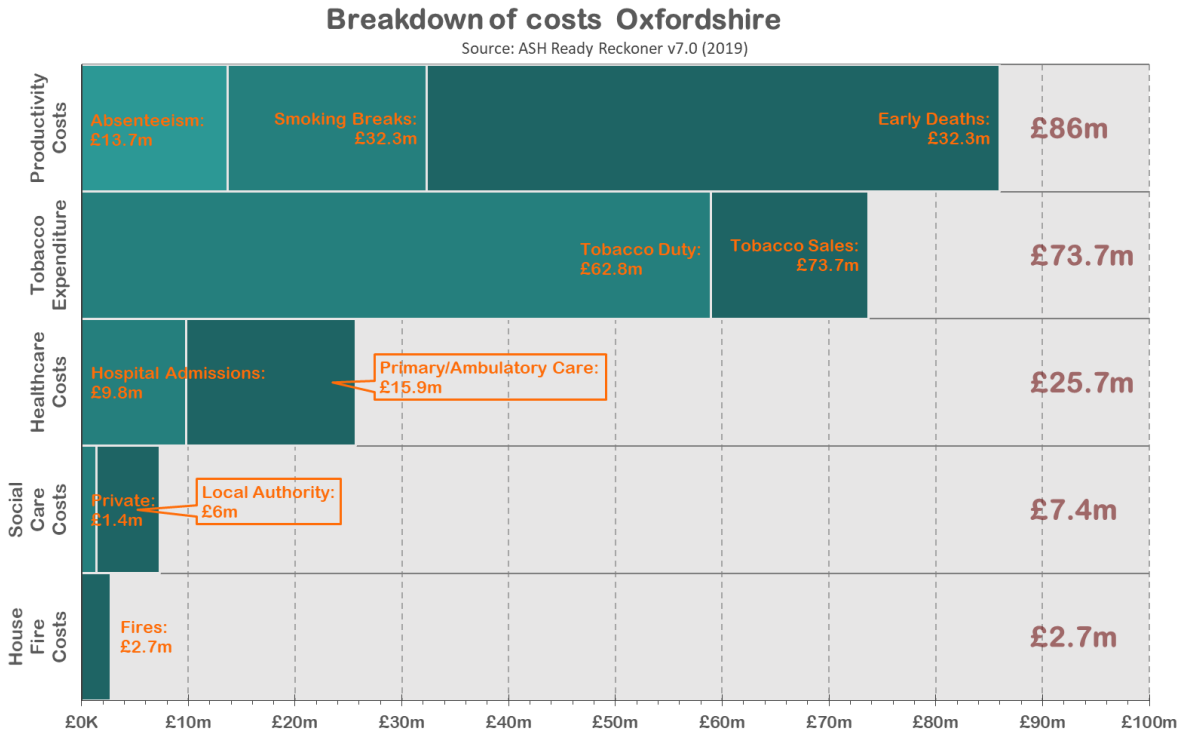


Diagram 1. Breakdown of Costs due to smoking in Oxfordshire

With our overall adult population now approaching single figures now is the time for an ambitious vision and a wider system approach to eliminating tobacco use from our communities. To achieve this wider system approach, the strategy employs four pillars:

- Prevention
- Local regulation and enforcement
- Creating smoke free environments
- Supporting smokers to quit

[1] Department of Health (2017) Towards a smoke-free generation: a tobacco control plan for England https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

Local Government Declaration on Tobacco Control
The Local Government Declaration on Tobacco Control is a statement of a council's commitment to ensure tobacco control is part of mainstream public health work and commits councils to taking comprehensive action to address the harm from smoking. The Declaration commits councils to working towards:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of our plans
- Join the Smokefree Action Coalition

Since it was launched in May 2013, over 120 councils across the country have signed up to it.

The County Council and District Councils have already developed or are embarking on work to meet the commitments of the declaration including;

- Reducing smoking prevalence and inequalities
- Developing plans and joint working with local partners and communities
- Collaboration of increasing local enforcement and regulation
- Developing a local tobacco control strategy
- Participation in local and regional networks
- Clear governance and monitoring systems

The existing and emerging work being delivered by local partners will greatly benefit from visible leadership and commitment to eliminating tobacco use in Oxfordshire. By signing the Declaration, Local Government organisations in Oxfordshire would be demonstrating clear leadership and intention in tobacco control.

There is a similar declaration for the NHS (NHS Smokefree Pledge). Public Health is securing support for the strategy from OCCG, Oxford Health, and OUHFT who will all also to sign up to the NHS pledge.

Marketing Signing up to the Declaration and Strategy Consultation
National no smoking day is on 11th March 2020. There is a unique opportunity for a high-profile launch of the consultation for the strategy on 11th March. There would be even more impact and positive press for all organisations if they were all to sign up to the declaration on 11th March as well. The Director of Public Health fully supports this ambition to combine these events to maximise the public impact and raise the profile of tobacco use and the commitment to address this issue.

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Healthwatch Oxfordshire Report to Health Improvement Partnership Board February 2020

Since the last HIB meeting in November 2019 Healthwatch Oxfordshire has continued to listen to people about their experiences of health and social care services in the county. The following give an overview of our activity and plans for 2020.

1. Mental health

- HWO has taken a broad, cross cutting focus on mental health services throughout 2019, integrating the theme across all projects including within questionnaires for Armed Forces Families, Boaters.
- We undertook a total of **19** separate 'Enter and View' visits to explore people's views of mental health services delivered under the Oxfordshire Mental Health Partnership (OHMP). This included visits to Oxford Health acute mental health wards, voluntary sector services provided by OMHP and Adult Community Mental Health Teams, Day Hospitals. We spoke to a total of **84** service users, and **88** staff during these visits.
- We had **132** responses to our mental health questionnaire, and a further **38** from health professionals working in mental health services.
- Related Enter and View Reports are displayed on Healthwatch Oxfordshire website on an ongoing basis as ready.
- Final report pulling together all mental health themes will be completed by March 2020
- Themes are emerging include:
  - Much support is 'life saving' and helpful. People value professionalism, empathy, and understanding from staff, including GPs and mental health professionals. Services like the Haven are really welcomed for supporting people in crisis.
  - People are aware that staff are stretched, and that services are underfunded, and this is of concern - including to staff who would welcome an Oxford weighting to help with the high costs of living in the county.
  - Other comments have included, long waiting times to access support, even if in crisis, long waits for specialised support in particular Complex Needs, long waits between initial contact and start of support, limited amount of sessions and desire to have more face to face support.
  - Others have highlighted need for more support with autism and mental health, more support in transition from Children and Adolescent Mental Health Service to adult support.
  - Still more improvements to be made with communication across OMHP services to support continuity of care.
  - Need for more focus on action to understand and act on Black, Asian and Minority Ethnic (BAME) access and barriers to mental health support.

2. Other mental health and wellbeing early 2020:

We continue to try and focus on areas of health inequality

- January - March 2020 Healthwatch Oxfordshire will be working with community networks in Oxford to understand more about how **BAME community view mental wellbeing and mental health support**. This will build on the work carried out in 2018-19 on Men's Health and continue to work with this group and within the wider community. A report will be produced in Spring 2020.
- February - June 2020 plan to work with **Sunshine Centre in Banbury** to explore parents and young families' views of **emotional wellbeing support for 0-5 years old children**. This will take the form of focus groups and gathering stories as well as a wider questionnaire cross county.
- Will be carrying out further Enter and View visits to **Response** sites from April on.

Other relevant:

- East Oxford United representatives presented to a **webinar** in December for **Diabetes UK** about Healthwatch Oxfordshire and East Oxford United joint work on Men's Health. The theme of the webinar was 'How we can work in partnership with Black, Asian and Ethnic Minority Communities to improve diabetes awareness and care?'
- Oxfordshire Wellbeing Network (OWN) see separate report.

3. Healthwatch Oxfordshire targeted themes:

- Access to health and social care by **families of serving military personnel** in Oxfordshire - with both outreach and questionnaire. 87 people responded to the questionnaire and **final report due February 2020**.
- 47 **boaters and bargees** responded to our questionnaire on access to health and social care in Oxfordshire. **Final report to be launched on 26th February** 12-2 p.m. with a stakeholder meeting and round table discussion to be held at Tooley's Boatyard, Banbury.

4. OX12 Framework Stakeholders Reference Group

Healthwatch Oxfordshire has been attending the OX12 Framework Stakeholders Reference Group as an observer. In January we reported to the Health and Wellbeing Board our key observations, this report is available on Healthwatch web site.

5. Looking forward January 2020 onwards:

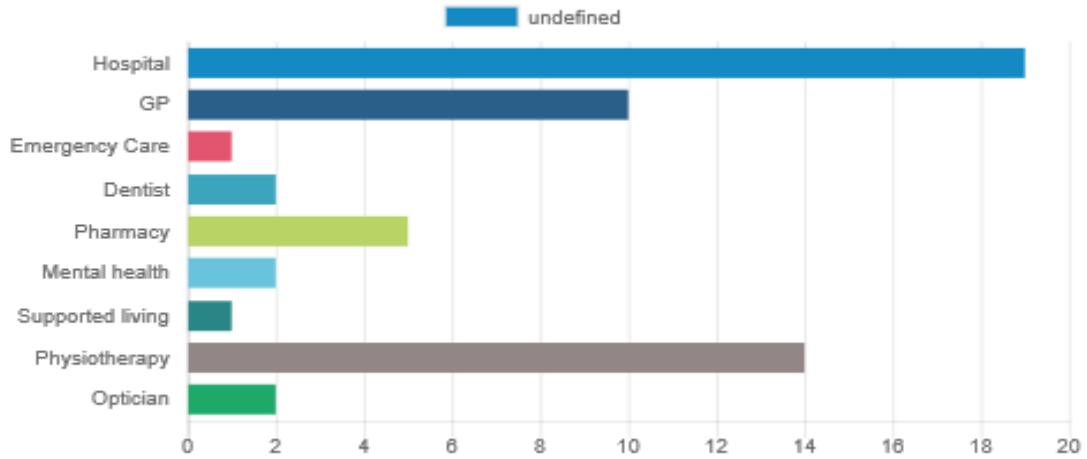
- Healthwatch Oxfordshire will take a focus on people's experiences of and vision for **Social Care** across the county- a short questionnaire to gather themes of importance is on Healthwatch Oxfordshire website currently.

- Research into Oxfordshire County Council policy change for **financial assessments** is moving ahead. Questionnaires will be used, aimed at gathering views about review process and impact for adults receiving care. It is planned, as part of this work, to facilitate focus groups to learn how the County can better communicate with people about financial assessments and personal contributions. This will be carried out as an additional piece of work over and above Healthwatch Oxfordshire contract.
- January 2020 launched questionnaire on Healthwatch Oxfordshire website, to hear about people's experiences of '**Pharmacies and getting prescriptions**'- we have picked up on some issues here through our on the ground visits and via our website.
- Targeted outreach across the county to ensure we hear pressing or upcoming themes, and ensure we hear from and build relationships across diverse and 'seldom-heard' communities.
- Continue to monitor views via Healthwatch Oxfordshire website and on the ground conversations, including on **Healthshare MSK service where we continue to hear issues with the administrative and communication processes.**
- Continued development of Oxfordshire Wellbeing Network (OWN) network and support for Patient Participation Groups.

6. Feedback on NHS services via Healthwatch Oxfordshire Feedback Centre

We continue to receive reviews of specific services via our website feedback facility. Table 1 below shows the number of reviews by service between November 2019 to January 2020 (since last report). We have had the 56 reviews on the following services:

Table 1 Feedback Centre - Number of reviews by service November 2019 - January 2020



6.1. Healthshare MSK

We received 14 reviews about Healthshare MSK service (average star rating 2).

Comments were about long waiting times, communication and administrative procedures.

'Told appointment within 12 weeks. After 16 I emailed to ask about it. Offered same day (cancellation) in Henley or Dec 23, another 6 weeks. If not possible then maybe March. Asked about cancellation options - no cancellation system! Just try calling on the day! Unbelievable'.

'Had a scan 2 September, still waiting results 23 December, after having made several telephone calls'.

'Very good clinicians but a very long wait to be seen and awful rooms at The Ramsay centre - no privacy and small'.

We plan use our Enter & View powers to visit at least one Healthshare site in the next few months. This will enable us to hear from more people about their experiences and seek responses from Healthshare to our findings and recommendations.

6.2. Reviews on Hospitals

(7 Churchill, Horton 5, John Radcliffe 3, Bicester Community and Nuffield)

Overall positive reviews about the treatment and care of patients and professionalism of hospital staff.

'*Very professional staff. Reassuring and thorough review. Pleasant and helpful' (Bicester-Cardiology*)

'*Eye Hospital for Type 2 Diabetes, really good and helpful and clear – feel very well looked after'* (John Radcliffe).

'*The staff were very busy but every single one of them gave me exemplary care. As an ex NHS staff member I was treated how I used to treat my patients, with professionalism and compassion'.* (Churchill)

However, some negative reports, about 'transfer of care' and follow up waiting -

'…how on earth can it happen that an ambulance is dispatched to take an elderly patient back home, and on arrival decide that they can't 'lift' them (no real lifting was required) and help them back into the house and to bed, and so return them to hospital?! They were treated like a parcel for delivery, not a human being'.

'I have been waiting for a follow up appointment after a MRI Scan in September 2019, after promising appointments before Christmas and me having to chase up admin staff for updates. I have now been told they are unable to book me in for a future appointment therefor dealing with a rare condition with no information and no care of symptoms I have now.'

6.3. Pharmacy

5 reviews (Lloyds and Boots)

Highlighting some issues with prescriptions which we have also been picking up when speaking to people when out and about, we going to look into this in more depth in 2020 initially via an online questionnaire.

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Healthwatch Oxfordshire current areas of activity

- Mental Health theme (2019…) including 20 Enter & View visits to both acute and voluntary organisation settings, survey, review of reports since 2019. Final report forthcoming.
- Families of serving military personnel – access to services – report Feb 2020
- Boaters and Bargees survey – access to services – report February 2020
- Oxfordshire Wellbeing Network (OWN) – voluntary and community influence on and access to Health & Wellbeing Board
- Emotional wellbeing and support for families (0-5 years) – in development with voluntary organisation and across county
- Mental health and wellbeing in BAME community (community led project in development)
- Social care – OCC policy review (2018) of financial contributions and impact on people – report June 2020
- Pharmacy survey – electronic live 21/1/20
- Social care theme 2020…in development

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Report for Oxfordshire Health Improvement Board, 20th February 2020

Preventing Cardiovascular Disease – the top priority for Prevention work in Oxfordshire

Context

The Prevention Framework[1] for Oxfordshire was adopted by the Health and Wellbeing Board in September 2019 and discussed at the Health Improvement Board in November. The aims of this framework are

- Improve quality of life by creating and promoting health and wellbeing
- Reduce health inequalities
- Save our public services from the spiralling costs of treating avoidable illness and ongoing needs and improve the efficiency and wellbeing of the workforce.

The framework outlines that all organisations have a role to play in addressing behavioural determinants of health, socio-economic and environmental determinants of health and models of health care. It also states that prevention is defined in 3 areas of activity with different organisations able to deliver in different ways:

PREVENT illness	**REDUCE** the need for treatment	**DELAY** the need for care
Preventing illness and keeping people physically and mentally well, e.g. being active, breathing clean air, having social connections	Reducing impact of an illness by early detection e.g. cancer screening, and preventing recurrence e.g. lowering blood pressure or cholesterol to prevent another stroke	Soften the impact of an ongoing illness and keep people independent for longer
(**primary prevention)**	(**secondary prevention)**	(**tertiary prevention**)

In response to calls for a single priority to be set for the whole health, care and local government system in Oxfordshire it has been proposed that all organisations work together on **Preventing Cardiovascular Disease (CVD).** This paper sets out the rationale and scope for this work to develop, building on the good work already in place in partner organisations.

Rationale

- Cardiovascular disease is one of the top four causes of illness in the adult population of Oxfordshire and one of the top four causes of death in people aged under 75. It is also a key driver of unwarranted clinical variation and inequalities in CVD outcomes:
- More men than women are affected by cardiovascular disease in Oxfordshire.
- People in more deprived communities are more likely to be affected by cardiovascular disease and to die from it before they are 75

[1] https://www.oxfordshire.gov.uk/sites/default/files/file/plans-performance-policy/OxfordshirePreventionFramework_.pdf

- People from some ethnic minority communities have higher prevalence of cardiovascular disease (this is measured at a national level and is likely to be true locally). This affects men born in Poland and both men and women born in Bangladesh and Pakistan more often than the rest of the population.

A high proportion of the deaths and disease are considered to be preventable. The table below shows the risk factors for cardiovascular disease.

Attributable risk factors - CVD disease

	Men 50-69	Women 50-69	Men 70+	Women 70+
1	High blood pressure	High blood pressure	High blood pressure	High blood pressure
2	Dietary Risks	Dietary risks	Dietary risks	Dietary risks
3	High body mass index	High body Mass Index	High fasting plasma glucose	High fasting plasma glucose
4	High LDL	High LDL	High Body Mass Index	High Body Mass Index
5	Tobacco	Tobacco	High LDL	High LDL
6	High fasting Plasma glucose	High fasting plasma glucose	Tobacco	Low physical activity
7	Alcohol	Low physical activity	Low physical activity	Tobacco
8	Low physical activity	Impaired kidney function	Alcohol	Impaired kidney function

Source: Global Burden of Disease tool. Data is from 2017

As can be seen from this table, the highest risk factor at a population level is high blood pressure. High blood pressure can be prevented or treated – through weight loss, stopping smoking, dietary changes and increased physical activity – sometimes alongside medication. The risk from high blood pressure outstrips all the other risk factors. However, all the risk factors listed in the table above have an impact. Full details of the relative impact of these risks is shown in charts in Annex 1. These charts also explain the elements that make up the Dietary Risks.

Evidence Based Interventions

There is a wealth of evidence on which interventions are effective in preventing cardiovascular disease, even though the interaction of risk factors is often complex. Two main sources of information on evidence of good practice are

a. NICE – Cardiovascular disease prevention PH25[2]. This publication includes recommendations for national policy, regional prevention programmes, food policy and also refers to NICE guidance on
    a. obesity,

[2] https://www.nice.org.uk/guidance/ph25

b. physical activity,
c. smoking cessation,
d. community engagement,
e. maternal and child nutrition,
f. identifying and supporting people most at risk of dying prematurely.

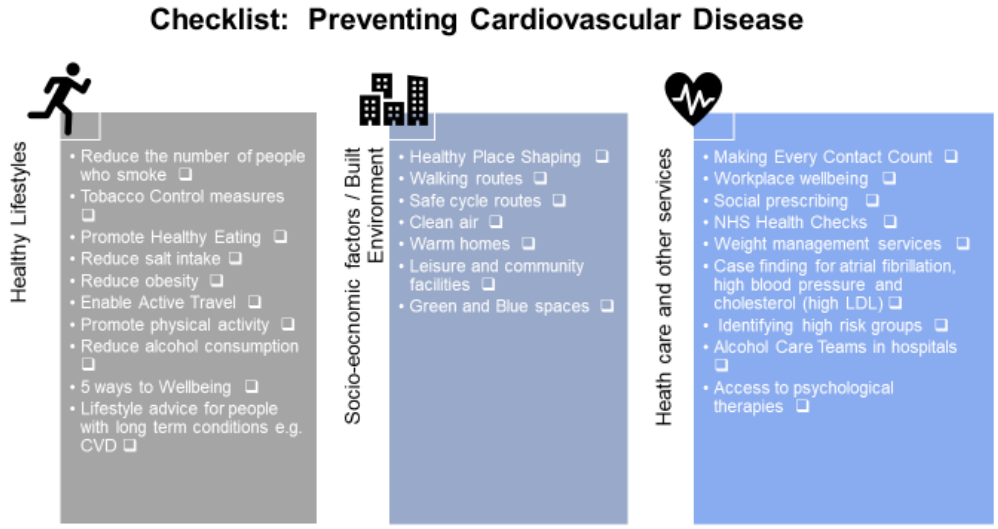
b. NHS Long Term Plan. This includes guidance for the NHS on

Primary prevention (Prevent):
- Addressing lifestyle factors of smoking, obesity, inactivity, diet and alcohol
- Salt reduction

Secondary prevention: (Reduce, Delay):
As above plus
- Early detection and treatment of 'ABC' risk factors (atrial fibrillation, blood pressure, cholesterol), including
  - increased access to NHS Health Checks and
  - case finding by pharmacists and nurses in Primary Care Networks and focussing on risk management pathways – both lifestyles and clinical follow up

The Checklist
These risk factors can be addressed by different organisations in different ways. The checklist below sets out some of the issues that can be addressed in a system-wide effort to prevent cardiovascular disease.

The idea of the checklist is that any organisation pledging to play their part in the combined effort to prevent cardiovascular disease can check which initiatives they can continue or develop. All organisations should then ensure that they target the groups with worst outcomes (men, people in areas of deprivation, some ethnic minority groups) in order to reduce health inequalities.



Next steps – bringing it all together.

There is already a great deal of activity going on in Oxfordshire to prevent cardiovascular disease. Yet it remains one of the biggest causes of ill health and early death. There are some system wide initiatives that need to be developed and maintained, which we have called General Enablers in the Prevention Framework. There will also be the need for specific actions to join things up and to target those with worst outcomes need to be developed.

a. **General Enablers** listed in the Prevention Framework which are relevant here include:

- Whole systems approach including individuals, healthcare access and wider determinants of health
- Shift in cultural mindset - embedding primary and secondary prevention in all clinical and care pathways
- Making Every Contact Count training embedded in all organisations
- Primary Care Networks using a proactive, holistic approach (to Personalised Care, including social prescribing)
- Healthy Place Shaping to develop healthy environments, activated communities and good access to services
- Development of health and wellbeing programmes in early years, schools, colleges and workplaces
- Targeted interventions to people and areas of high need to narrow health inequalities gap using Population Health Management methods
- Collaborate with and support voluntary sector and community groups who are engaged in supporting the health and wellbeing of their communities. Build on community assets.

b. **Specific actions** that are led by partner organisations and joined up across the system.

These initiatives have yet to be agreed but they will build on good work already underway. A mechanism that is being developed to take this work forward is to convene a network of **Prevention Champions** with strategic influence in their own organisation. An initial meeting is planned for 20th February. The nominated Prevention Champions from NHS Trusts, other NHS organisations, local authorities and voluntary sector organisations will be able to identify relevant work they are already delivering, discuss where the gaps are and work on improving how initiatives can be better joined up. This is a means to improving outcomes and also tackling a range of inequalities.

Recommendations

Members of the Health Improvement Board are requested to

1. Note the content of this 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.

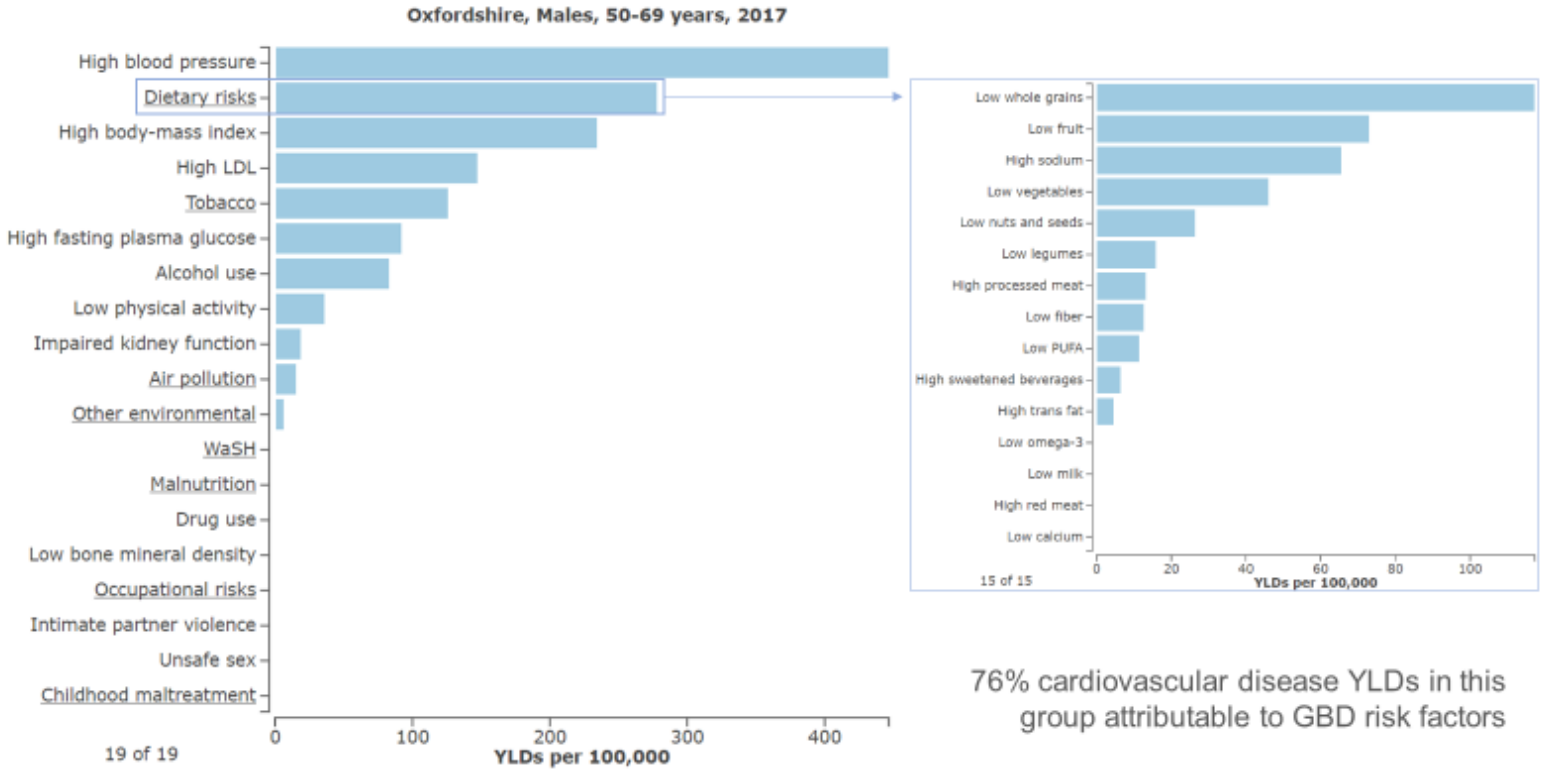
Jackie Wilderspin
Kiren Collison
Ansaf Azhar

Annex 1 Analysis of population level risk factors of cardiovascular disease

NB Please note that the scale on the smaller charts showing the breakdown of Dietary Risks is different from the bigger charts!

a. Example of risks for men aged 50-69 (YLD= Years lost to disability)

Risk factors of Cardiovascular diseases, Oxfordshire **males** age **50-69** years, YLDs per 100,000, 2017

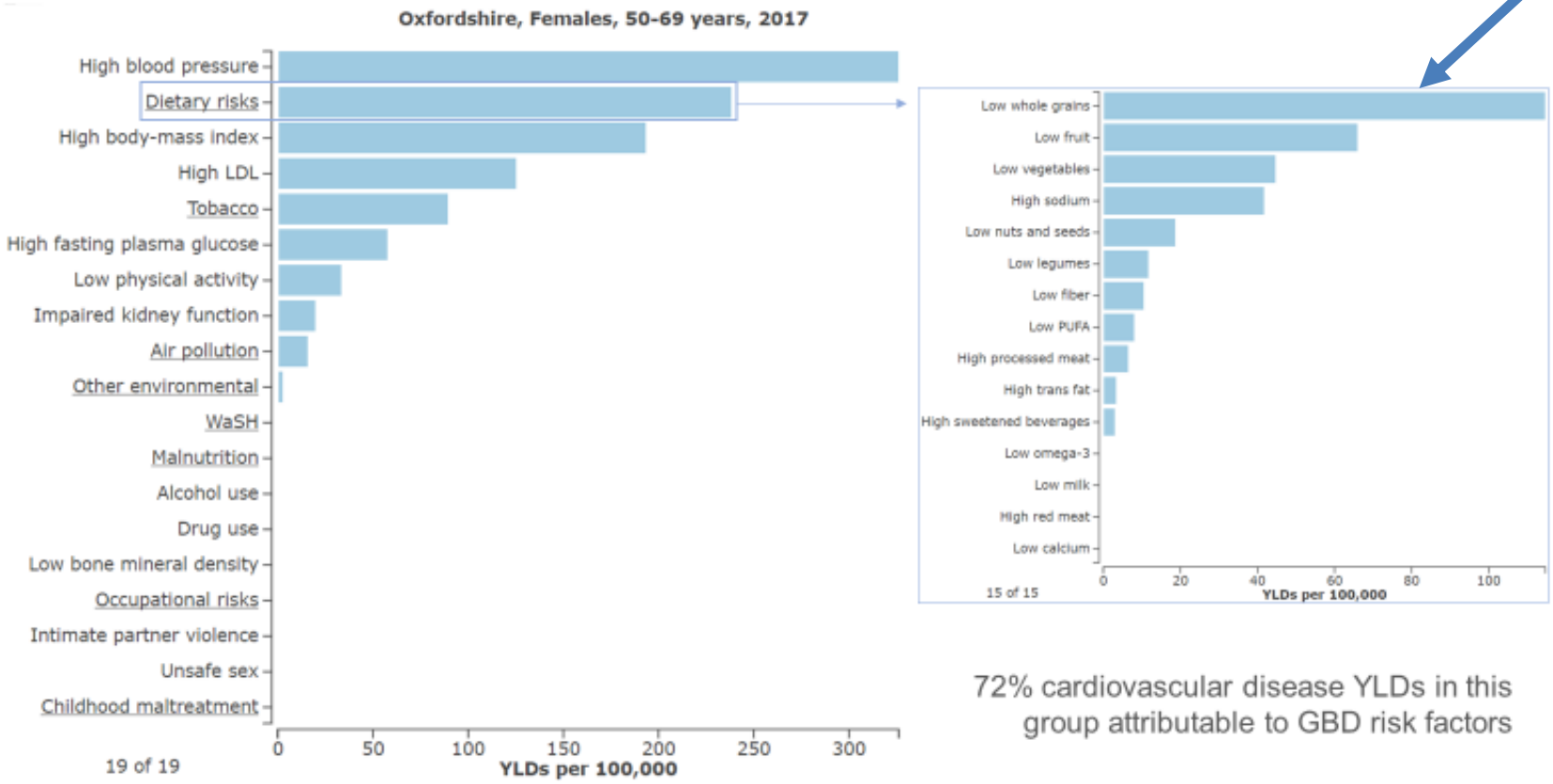


76% cardiovascular disease YLDs in this group attributable to GBD risk factors

Example of risks for women aged 50-69 (YLD= Years lost to disability)

NB Please note that the scale on the smaller charts showing the breakdown of Dietary Risks is different from the bigger charts!

Risk factors of Cardiovascular diseases, Oxfordshire **females** age **50-69** years, YLDs per 100,000, 2017



72% cardiovascular disease YLDs in this group attributable to GBD risk factors

A Report to the Health Improvement Partnership Board
20th February 2020

Health Protection Forum Business

Purpose
This document will report on the activity of the Health Protection Forum

Introduction
Oxfordshire County Council (and the Director of Public Health (DPH) who acts on behalf of the local authority) has a critical role in protecting the health of its population. This role is to act as a watchdog, ensuring that all organisations working within Oxfordshire coordinate their activities and provide high quality services to protect the population.
If organisations fall short of the required standards, the DPH has a duty to help them ameliorate the situation. It is therefore a leadership role rather than a managerial role.
In order to carry out its role the DPH works in partnership with the relevant organisations via the Health Protection Forum which reports to the Health Improvement Partnership Board and hence the Health and Wellbeing Board.
Most problems are dealt with directly by the Health Protection Forum, but should persistent difficulties arise, these will be escalated to the Health Improvement Partnership Board and Health and Wellbeing Board as required.
The Health Protection Forum therefore facilitates the DPH in fulfilling the statutory function of protecting the health of the population of Oxfordshire.

Role of the Health Protection Forum
The group report on the following issues
- Prevention
- Planning and preparedness
- Relationships and accountabilities
- Monitoring of local data
- Reporting of local issues which may affect the health of the local population

Membership of the forum
Membership of the forum includes;
- Director of Public Health, Oxfordshire County Council (Chair)
- Oxfordshire County Council Portfolio Holder for Public Health
- Consultant in Public Health/Public Health Medicine with responsibility for Public Health Protection/emergency planning – Oxfordshire (Deputy Chair)
- Director of Public Health England Centre – Thames Valley (or nominated deputy)
- District representation of Environmental Health colleagues
- Associate Director Medicines Management, Quality and Innovation, Oxfordshire Clinical Commissioning Group
- Head of Public Health Commissioning, NHS England Thames Valley
- Consultant in Public Health Screening and Immunisation, NHS England Thames Valley
- Consultant in Health Protection/CCDC with responsibility for Health Protection in Oxfordshire – Public Health England

Specialist advisors will be invited as necessary.

Meetings
The forum met twice in 2019. There were no extraordinary meetings.

Topical Infections (Lead Role Public Health England)
At time of writing this report, local organisations are monitoring the unfolding situation in China involving the Coronavirus.
Local stakeholders were involved in an exercise in October 2019 to test their preparedness for pandemic influenza. This will have contributed to the readiness of the local system to respond to Coronavirus if it was to be diagnosed in any local residents.
Since the organisational changes to NHS structures, the local response system to any infectious incidents has matured well and there is good cooperation between the local partner organisations in Oxfordshire.

Healthcare acquired infections
Clostridium Difficile (C. Diff)
In 2018/19 there were 126 reported cases of C. Diff. Latest data for Q1 & 2 of 2019/20 there were 105 reported cases.

Methicillin Resistant Staphylococcus Aureus (MRSA)
There were 4 cases of MRSA reported in 2018/19 that were all unavoidable. Latest data for Q1&2 of 2019/20 there were 10 cases of MRSA reported.

Oxfordshire CCG continues to work with providers in primary and acute care to address the increase in the reported cases of healthcare acquired infections.

Environmental Health Issues (Lead Role District Councils)
The issue of air pollution remains a concern to the Forum. An Air Quality Management Area (AQMA) is declared if the levels of NO_2 exceeds 40µg/m^3. The AQMA areas declared in Oxfordshire are in the following areas:

- Henley on Thames
- Wallingford
- Watlington
- Abingdon
- Botley
- Marcham
- City of Oxford
- Chipping Norton
- Witney
- Banbury
- Bicester
- Kidlington

It is acknowledged that environmental health does monitor air quality and propose action plans in the AQMA areas, however there is no one single solution to resolving levels of pollution in AQMA areas and it requires a multifaceted, multiorganizational approach to resolve.

There is positive collaborative working between the 6 Local Authorities and sharing of knowledge and experience. An Oxfordshire air quality group meets regularly to discuss local air quality issues, and this led to collaboration in running an anti-idling campaign across the county in May 2019.

Immunisation Programmes (Lead Role NHS England)

Influenza Vaccination

In 2018/19 the vaccines were broadly effective against H1N1 in the UK. The impact of the circulating strain of flu being well matched to the vaccine resulted in comparatively less disease in older adults and resultant mortality compared with the previous flu season which was dominated by a different strain of flu. GP consultations and care home outbreaks were fewer in number than 17/18, with secondary car admissions also down.

We are currently still in the 2019/20 flu season, while it is still too soon to report on the full season and activity the indications are that reported flu activity is within normal expected levels.

The targeted eligible groups for the vaccination programme in 2018/19

- Individuals aged 65 years and over; the 75% uptake target that has been in place for several years was retained
- Individuals aged under 65 in clinical 'at risk' groups, including pregnant women: an uptake of at least 55% was retained as per the previous year with an ambition of maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu
- Pre-school children aged 2 and 3 at least 48% uptake with most practices aiming to achieve higher
- School aged children (in reception class and years one to five) an average of at least 65% to be obtained by every provider across all school years
- Healthcare workers increased from 70% to 75% uptake target

The performance of vaccination in GP practices in Oxfordshire was above England averages for all target groups.

	65 and over	Under 65 (at-risk)	Pregnant Women	2 Year olds	3 Year olds
Oxfordshire	76.2%	51.4%	52.5%	50.8%	56.0%
England	72.0%	48.0%	45.2%	43.8%	45.9%

Oxfordshire GP practice activity for flu vaccination 2018/19 season.

The school programme is delivered by Oxford Health NHS Trust, who provide the service in primary schools across Oxfordshire. Uptake was higher than national levels in every year group offered vaccinations. In 2019/20 the offer was extended to year 6 pupils.

	Reception	Yr. 1	Yr.2	Yr.3	Yr.4	Yr.5
Oxfordshire	74.4%	75.3%	72.5%	71.1%	68.8%	66.9%
England	63.9%	63.4%	61.4%	60.2%	58.0%	56.2%

Uptake of flu vaccines in schools 2018/19

Other Childhood Vaccination Programmes (Lead Role NHS England)
The performance of other childhood vaccinations is still higher in relation to SE England and National levels. The forum maintain vigilance to ensure that good performance does not drop. However, vaccinations of note are:

Measles
The uptake of MMR vaccine in 2018/19 in children aged 2 was 94.0% which is better than National (90.3%) and regional (91.4%) levels. Latest available data for Q1 2019/20 shows an increase in uptake to 94.6%.
While the uptake of MMR vaccine in 5-year-old children is still lower that the 2-year-old level for 2018/19 at 90.4%. However, this is higher than National (86.4%) and Regional (87.4%) levels.
Over the past year, Thames Valley Child Health Information System (CHIS) has been working with practices to improve on the quality of data recording throughout the vaccination programmes. This is contributing to improving the data to properly identify children who need to receive a catch-up vaccination.

Human Papilloma Virus (HPV)
This programme has been providing vaccinations for girls for ten years. The programme involves a vaccination in year 8 and another in year 9. September 2019 saw the programme being extended to boys. This is a positive move to further increase protection against HPV which is known to increase risk of cervical cancer in women. In 2018/19 91.9% of girls received both doses, which is better than the national activity of 83.8%.

Screening Programmes (Lead Role NHS England)
Antenatal Screening Programmes
Antenatal screening activity continues to perform well across local screening programmes.

Bowel Screening
The introduction of a new test in the bowel screening programme (Faecal Immunochemical Testing (FIT)) in June has led to an increase in uptake of bowel cancer screening. In combination with an increase in the proportion of positive test results using the new test. This has led to demand for colonoscopy increasing to almost double the previous level. There has been an impact on waiting times in the service which the programme is urgently working to address.

Breast Screening
The breast Screening Programme for Oxfordshire population is delivered by Oxford University Hospitals Foundation Trust. The service received a visit from the Public Health England Screening Quality Assurance Service in June 19. There were no

concerns raised because of this visit with the service consistently meeting its contractual targets and quality standards. SQAS noted the Oxfordshire breast screening service provides a service of high clinical quality to the local population. Latest data for coverage (defined as the percentage of women adequately screened in the previous 36 months) is for February 19 and demonstrates Oxfordshire performed better at 77.5% when compared to the average for the South East at 76% England at 74.9 %. *(NHS Digital (Open Exeter)/Public Health England)*

Cervical Screening

The national cervical screening programme has now moved from cytology testing to HPV primary testing. Compared to cytology, HPV primary testing has been shown to reduce the risk of developing cervical cancer through increased sensitivity for underlying disease. The number of labs processing cervical samples has reduced to a total of 8 across the country. Since 18th November 2019 all samples for Oxfordshire women have been processed at the Berkshire and Surrey Pathology Service, which covers the South East region. Commissioners have worked closely with Oxfordshire University Hospitals Foundation Trust to ensure the safe transfer of this service. Oxfordshire University Hospitals Trust continues to deliver colposcopy services as part of the screening pathway and has ongoing responsibility for some aspects of the programme related to data, failsafe and incident management. Coverage within the cervical screening programme has been declining nationally with the greatest decrease seen in the younger age group. Latest coverage data is at November 2019 and shows Oxfordshire performed worse at 68.3% for the age group 25-49 years when compared to the South East at 71.4% and England at 69.8%. For the older age group 50-64 years, Oxfordshire performed similarly at 76.5% compared to 76.2% for the South East and 76.4% and 76.2% for England. (*NHS Digital (Open Exeter)/ Public Health England).*

Abdominal Aortic Aneurism Screening

This programme is performing well and in 2018/19 achieved 82.1% uptake, exceeding the acceptable target and the uptake level for England as a whole.

Diabetic Eye Screening

The programme has introduced fixed appointments and text message reminders, both of which have been well received. Uptake remains consistently above the acceptable standard (75%) at 77.4%.

HIV and Sexually Transmitted Infections NHSE (Lead Role NHS England & Oxfordshire County Council)

HIV

Due to the advances in treatment, HIV is now considered a long-term condition and those who have HIV infection can now expect to have a longer lifespan than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2018 data shows that there were 499 people diagnosed with HIV living in Oxfordshire, 224 out of these 499 live in Oxford City.

Early diagnosis of HIV is important as it improves the prognosis of treatment, reduces the cost of treatment and lowers the risk of transmission. Latest data for 2016-18 revealed that 20 cases of late diagnosis occurred in Oxfordshire.

The Sexual Health Services in Oxfordshire are part of the National trial of Pre-Exposure Prophylaxis (PrEP) use being run by NHS England. The use of this PrEP in pilot programmes has been encouraging in seeing a reduction in new diagnoses of HIV in men who have sex with men. It is anticipated that following on from the pilot, the provision of PrEP will be made available as a routine service, however there has not been any official announcement from the Department of Health and Social care at time of writing.

Sexually Transmitted Infections (STIs)
Total rates of STIs in Oxfordshire are still below the national average except in the City which has remained at a similar rate since 2013.

Chlamydia
Chlamydia levels continue to be lower than the national average in all Districts. The local model Chlamydia testing uses a more targeted programme than the National programme to better suit the local population has not seen any change to the local profile for chlamydia.

14. Blood Bourne Viruses
There were no major incidents locally to report.

15. Recommendations
The board are requested to consider the contents of this report on the health protection activity in the year 2018/19.

Health Improvement Board, 20th February 2020
Future Priorities and Performance Measures

Purpose of this item: To discuss the principles of how we will revise the Performance Framework, ambition in setting targets and future reporting

The Current Situation
The Health Improvement Board considers a report on performance at every meeting. This currently comprises 21 performance indicators and 4 sets of process indicators. The performance indicators are reported as frequently as possible – preferably quarterly, though some indicators are only updated annually. They are RAG rated (Red, Amber, Green) against local or national targets. The process indicators are set out in quarterly milestones and the reports describe whether the milestone has been reached. They are also RAG rated.

Some of the performance reports also give information on the best and worst rates across the county e.g. differences in rates of screening / immunisations or physical inactivity by District council area, uptake of NHS Health Checks by CCG locality etc.

All these indicators are also reported the Health and Wellbeing Board (HWB) as part of their overall performance framework (which also includes reports from the other sub-groups of the HWB)

Performance framework
There are currently 3 different elements within our performance framework

Type of Measure	Examples in current framework	Pros	Cons
High level target as a joint ambition to improve population level outcomes	• Child Obesity • Smoking prevalence • Physical inactivity • Rough sleeping	Published data is available	Can't show the impact of a single initiative. Might take a long time to change
Service based performance measures	• Immunisation rates • Screening rates • NHS Health Check uptake • Homelessness prevention	Single organisation is responsible e.g. through a contract. Measurable Frequent reporting	Not a partnership approach to improvement
Process measures setting milestones to illustrate progress	• Whole Systems approach to healthy weight • Mental Wellbeing • Making Every Contact Count • Social Prescribing • Affordable Warmth • Homelessness duties	Maintains a focus and expectation of reporting progress	Everything is always green! Lacks specificity

Other considerations

Discussion at recent meeting of the Health Improvement Board has highlighted ambition to do more:

a. Targeting inequalities and showing the impact of focusing work on populations with poor outcomes. This could be areas of deprivation or particular population groups who experience health inequalities e.g. by sex, age, ethnicity etc. At present none of the performance measures report improvements for specific groups. However, it must be recognised that **data is not always available at small area level or for particular groups of people**. Where data is available at district or locality level this is already reported to the HIB in the current performance report.
b. Implementation of the priority for Preventing Cardiovascular Disease. Work is needed to ensure that progress can be measured on this topic and reports should come through the Health Improvement Board and then to the Health and Wellbeing Board. This should include how health inequalities are being reduced.

Options for future monitoring

The options listed below describe different elements of reporting that could be considered. It may be possible to just decide on a single option or a combination of the suggestions.

- Continue with a suite of performance measures to be delivered by the sub-groups. This includes a decision on how many topics to cover – does the HIB need to continue with the current extensive list of indicators? If not, then which ones should remain?

- Request “report cards” to give in-depth reports and recovery plans for targets that are not being met. Currently this is decided at each meeting.

- Monitor process measures / milestones to show the work of the sub-groups where these are considered the only option for showing progress

- Agree a smaller number of more ambitious measures e.g. smoke free by 2025. These could replace the existing performance framework or be in addition.

- Ensure that, if possible, the reports include information on health inequalities and how they are being tackled. This might be through adding some process measures to supplement the indicators.

- Ensure the Board is informed regarding ongoing surveillance of population health to ensure early warning and formulate new / relevant priorities – using the JSNA.

Discussion:

1. What changes would you like to see to the Performance Framework?
2. How can this be achieved?
3. What needs to happen before the next meeting?

Jackie Wilderspin, Ansaf Azhar

Health Improvement Board
Forward Planning

Meeting Date	Other papers that could be scheduled	Standing items
Thursday 20th February – Freemen's Room/Long Room	Tobacco Control Alliance – plans for a Tobacco Strategy Public Health, Health Protection Forum annual report Mental Wellbeing Action Plan Prevention priority – preventing CVD Smoking at Time of Delivery report card Discussion on future performance reports	Minutes of the last meeting Performance Dashboard Forward plan Healthwatch Ambassador Report
Thursday 14th May – Freemen's Room/Old Library	Items could include: Joint Strategic Needs Assessment End of year performance and plans for monitoring progress in 2020-21 Diabetes Transformation and Prevention data Final tobacco control strategy Final Alcohol and Drugs Strategy Director of Public Health Annual Report Housing Support Advisory Group update Domestic Abuse Strategy Group update	
Thursday 10th September – Freemen's Room/Long Room	Social Prescribing update GP referral scheme pilot progress report Healthy Place Shaping update CVD prevention update Affordable Warmth annual update Making Every Contact Count update	
Thursday 19th November – Freemen's Room/Old Library		

Regular Reports from working groups	When to schedule	Note
PH Health Protection Forum	Once a year	Meets quarterly. Report Feb 2020
Affordable Warmth Network	Once a year	Last reported Sept 2019
Housing Support Advisory Group	Twice a year	Update Nov 2019
Domestic Abuse Strategy Group	Twice a year	Last report Sept 2019
Tobacco Control Alliance	Annually	Preparation of Strategy February 2020
Mental Wellbeing Working group	At least annually	Report on action plan Feb 2020
Healthy Weight – whole systems approach	At least annually	Last reported Sept 19
Active Oxfordshire	Tbc	Update Nov 2019
Healthy Place making	tbc	County wide Master Class events planned for 2019-20
Social prescribing	Tbc	Update as appropriate
Making Every Contact Count	Twice a year	Information item Sept 19
Alcohol and Drugs partnership annual report	Annually.	Draft strategy discussed Nov 2019