

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 12th September 2019 commencing at 14:00 and finishing at 16:00

- Present:**
Board members
- Cllr Andrew McHugh, Cherwell District Council
Cllr Louise Upton, Oxford City Council,
Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council
Ansaf Azhar Director of Public Health, Oxfordshire County Council
Cllr Paul Barrow, Vale of White Horse District Council
Cllr Maggie Filipova-Rivers, South Oxfordshire District Council
Daniella Granito, District Partnership Liaison
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Graeme Kane, District Council Director Representative
Andy McLellan, Healthwatch Oxfordshire Ambassador
- In attendance**
- Paul Swan, Transformation Programme Manager, Long Term Conditions, Oxfordshire Clinical Commissioning Group
Kate Austin, Health Improvement Practitioner, Oxfordshire County Council
Katharine Eveleigh, Health Improvement Practitioner, Oxfordshire County Council
Matt Neal, Household & Community Project Manager, National Energy Foundation
Sarah Carter, Strategic Lead Domestic Abuse, Oxfordshire County Council
Nerys Parry, Chair, Housing Support Advisory Group
Donna Husband, Head of Public Health Programmes
Jannette Smith, Health Improvement Principal, Oxfordshire County Council
Dr. Nisha Jayatileke, Consultant in Public Health, NHS England
- Officer:**
- Julieta Estremadoyro, Oxfordshire County Council
- Apologies:**
- Cllr Lawrie Stratford Cabinet Member for Adult Social Care & Public Health, Oxfordshire County Council
Dr Kiren Collison Clinical Chair of Oxfordshire Clinical Commissioning Group
Det Chief Insp Clare Knibbs Domestic Abuse Lead, Thames Valley Police
Cllr Michele Mead, West Oxfordshire District Council
Val Messenger Deputy Director of Public Health, Oxfordshire County Council

ITEM	ACTION
<p>1. Welcome Cllr McHugh welcomed everybody to the meeting.</p>	
<p>2. Apologies for Absence and Temporary Appointments Apologies received as per above.</p>	
<p>3. Declaration of Interest There were no declarations of interest at this meeting.</p>	
<p>4. Petitions and Public Address No petitions or public addresses were received.</p>	
<p>5. Notice of Any Other Business None</p>	
<p>6. Note of Decisions of Last Meeting</p> <p>The notes of the meeting held on 16th May 2019 were signed off as a true and accurate record.</p> <p>Actions update:</p> <p><u>From Item 2 – Apologies for Absence and Temporary Appointment</u></p> <p><i>The Chair to write to Anna, Monica and Jeanette to thank them for their contribution to the HIB – Completed</i></p> <p><u>From Item 6 – Note of Decisions of Last Meeting</u></p> <ol style="list-style-type: none"> 1. <i>All members to involve their communication teams in sharing health promotion campaigns - Ongoing</i> 2. <i>Jackie to Circulate to NHS England the letter to “all working groups of Health Improvement Board and organisations delivering priority work - Completed</i> <p><u>From Item No. 7 – Performance Framework</u></p> <p><i>Val to request a Report Card from NHS England regarding the falling levels of measles, mumps and rubella immunisations. – On the agenda</i></p> <p><u>From Item No. 12 – AOB</u></p> <p><i>Jackie to arrange a workshop on social prescribing:</i> Jackie explained that the workshop was proposed in the context of Primary Care Networks (PCNs) receiving money to employ social prescribing link workers. It was thought that this was a good opportunity to have a workshop involving members of the board and other stakeholders.</p>	

<p>Jackie liaised with various people and organisations and it was concluded that it was not the right time yet. There were PCNs that were in the process of recruiting, and others were talking to the voluntary sector that was doing work on social prescribing. Since then, it has become clear that the money that PCNs will receive from NHS England is not enough to cover for full employment, training and supervision of these workers. The conclusion was to keep a watching brief and hold the workshop when appropriate.</p> <p>Diane added that it would be useful to have common principles for implementing social prescribing across the county and Ansaf said he is keen to be involved as there is potential for addressing wellbeing issues, not just demand management.</p>	
<p>7. Performance Framework and Report Card on MMR vaccination</p> <p>Ansaf referred to the document <i>Performance Report</i> (page 9 in the agenda pack).</p> <p>Ansaf acknowledges that the performance indicators are better than the national average. However, in Oxfordshire, there are seven wards in the 20% most deprived in England so it is important to also know about groups with poorer than average outcomes.</p> <p>Ansaf was particularly concern about the level of smoking in pregnancy (1.12). In the county-wide figures appear as amber but there may be substantial variation among wards that are not reported in the figures. He suggested a Report Card considering the data coming from the most deprived areas.</p> <p>Group members agreed that variations in outcomes should be reported wherever possible.</p> <p>Action: Jackie to request a Report Card from NHS England regarding smoking in pregnancy</p> <p>Action: 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)</p> <p>Ansaf made references to the other amber and red categories in the report. Some of these would be considered by the Health Protection Forum.</p> <p>Action: Eunan O'Neill to ensure the Public Health Health Protection Forum discusses poor performance of immunisation and screening programmes.</p> <p>Action: 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.</p>	<p>JW</p> <p>JW</p> <p>EON</p> <p>DH</p>

<p><u>Dr Nisha Jayatilleke– MMR Vaccination uptake in Oxfordshire. –</u></p> <p>Nisha presented the Report Card on page 15 in the agenda pack.</p> <p>She highlighted that although in Q3 the figures were rated RED (89.4%), the numbers have improved (91.7%) and there are measures in place to progress further.</p> <p>She went through the actions in the document (page 16 to 17 in the agenda pack).</p> <p>She also commented on the HPV vaccination that has been carried out through schools directed towards girls. There is a 90% uptake. The vaccine is going to be offered to boys too from September 2019, delivered in schools.</p> <p><i>Nisha responded to concerns about data systems, refusal to vaccinate and public information. In response to the last issue she requested that HIB members should look for opportunities spread the immunisation message. The NHS website has very simple, factual information about the scheme that can support that work. The material is available at:</i></p> <p>https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/</p> <p>Cllr McHugh asked the group members if they were happy for him and Graeme to take follow up actions outside the group to promote health messages. They were focusing on the Flu Programme during September/October and are developing a calendar of activities with the intention to use Facebook for dissemination.</p> <p>Cllr McHugh congratulated Nisha on a great report.</p>	<p>ALL</p>
<p>8. Introduction to the new Healthwatch Ambassador</p> <p>Andy McLellan introduced himself and his role as Healthwatch Ambassador.</p> <p>Andy commented on the main Healthwatch achievements of the last year. He referred to the last Annual Report (2018-2019) available at:</p> <p>https://healthwatchoxfordshire.co.uk/our-reports/annual-reports/</p> <p>Healthwatch has taken a more strategic approach about the impact of their work. They focus on listening to members of the public and passing information to partner agencies (OCCG, OUH, OCC and Oxford Health, as well as other providers). Their work emphasises co-production, helping the public to make sure that their voices are heard in the developing of their services that affected them. Additionally, during 2019/20, mental health would be a main theme that will run all their activities.</p> <p>Councillor McHugh welcomed Andy and reminded him that he came as critical friend to the HIB and his feedback on the work of the HIB would be always welcome.</p>	

9. Housing Support Advisory Group Report

Nerys Parry, Chair of the HSAG, referred to the document *Housing Support Advisory Group report to HIB* (page 9 in the agenda pack) and provided the following commentaries:

Performance Indicators (point 2 of the Report):

The introduction in April 2018 of a new statistical system (H-CLIC) has produced some data recording issues. All data needs now to be verified by the Ministry of Housing Communities and Local Government (MHCLG) which explains the delay in receiving local reports. At present, there are 12 months of verified data allowing for comparison and benchmarking.

The Homelessness Reduction Act 2017 (HRA) built on the national Trailblazer Programmers. The Oxfordshire Trailblazer aimed to intervene in different settings to prevent homelessness. There are dedicated workers in hospital settings at the JR and the Horton hospitals. There is presence in the criminal justice system, in probations teams. At social care level, there are worker identifying very early signs of homelessness. The programme will come to an end in October.

Action: Nerys to share the final report of the Trailblazer programme with members of the Board

NP

Nerys reported a change in balance across the county, with more households being prevented from becoming homeless than needing support after being made homeless. This was a welcome development.

In relation to households regarded as Intentionally Homeless, Nerys clarified that councils are reluctant to take that decision and always are trying to find alternative options for families.

Independent review of deaths in the homeless pathway (Point 3 of the report)

In the wake of several deaths of homeless or recently housing people in the last year, an independent consultant has been appointed to review the working of the systems in place to help people experiencing homelessness. A final report is expected in November.

County-wide transformation Service (Point 4 of the report):

Cherwell District Council (on behalf of all partners) has successfully bid to the Ministry of Housing, Communities and Local Government to fund a county-wide transformation post. The post holder will design a new strategy that will lead to a new recommissioning of housing support services by April 2022.

Board members welcomed the report that has given a good overview of the whole new system of working and reporting. It was agreed that housing is an important health issue and getting housing right is a good prevention issue.

A question was posed about the transformation work timetable, Nerys pointed out that this is a complex piece of work that involved multiple partners, so the initial timetable had been set on that basis. The aim is to change models, and this is a

<p>challenge for all the agencies involved. A request was made that Nerys share the timetable with members.</p> <p>It was noted that the indicator on the number of people sleeping rough is RED. Nerys offered to give an update on this when the next data is available.</p> <p>Cllr McHugh congratulated Nerys on a great report.</p> <p>Action: 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.</p>	<p>NP</p>
<p>10. Affordable Warmth Network Update</p> <p>Matt Neal and Kate Eveleigh referred to the document <i>Report on Fuel Poverty and poor Housing Conditions</i> (page 27 in the agenda pack). They reported on behalf of the Affordable Warmth Network (AWN)</p> <p>Among the AWN actions has been the delivery of the Better Housing Better Health, a freephone advice line, helping over 400 residents and linking with key health and social care partners as well as with landlords and tenants as detailed in the report.</p> <p><u>The AWN requested the HIB to:</u></p> <ul style="list-style-type: none"> • <i>Continue to champion the role housing plays in protecting and maintaining the health of both young, old and vulnerable and ensures housing has a place in the Health and Wellbeing Strategy.</i> • <i>Request the AWN to report next year on the progress on tackling inequalities, particularly around young families.</i> • <i>Challenge clinical and health and social care partners to explore opportunities to work more closely with the AWN, with success being demonstrated by an increase in referrals from health and social care practitioners to the BHBH service.</i> <p><i>Members agreed with the recommendations.</i></p> <p>Cllrs McHugh congratulated the presenters on a great report and highlighted how central housing is to health and wellbeing.</p> <p>Members welcomed the ambition to increase referrals from health and social care as this would help AWN to target their work to those in greatest need.</p>	
<p>11. Whole System Approach to Healthy Weight</p> <p>Jannette Smith, Health Improvement Principal, Oxfordshire County Council referred to the report on <i>the Whole System Approach to Healthy Weight</i> (page 47 in the agenda pack)</p> <p>A short video produced by Public Health England was shown at the beginning of the presentation: https://youtu.be/SLu9AOpsjs</p>	

<p>The video is included in the webpage: https://www.gov.uk/government/publications/whole-systems-approach-to-obesity</p> <p>Jeanette explained the three phases of their work and their plans for 2019-2021. (page 51)</p> <p>She explained that current work aims to build the picture and enable them to identify priorities. Various elements of the work include analysing data on obesity and overweight people, the number and location of fast food restaurants and fast food advertising on billboards in order to understand the drivers of overweight and obesity in Oxfordshire. In Phase 2, they want to engage with stakeholders to design a multiagency plan and start with test cases. Phase 3 is the rolling out of the project to the whole county. They are looking at 3 years plan initially.</p> <p><u>Recommendations:</u></p> <p><i>Public Health requested that each organisation on the Health Improvement Board identify appropriate representatives who can be involved with this important area of work. This will include working within a Systems Network to develop a Whole Systems Action Plan for Healthy Weight in Oxfordshire.</i></p> <p>Action – All HIB members to go back to their organisations to provide an appropriate representative for the working group.</p> <p>Action: Danie to contact her network of colleagues across the districts and copy members of the HIB.</p> <p>Action: Diane to liaise with OCCG representatives.</p> <p>During discussion on this item it was agreed that through a Whole System Approach the whole environment can be tackled to promote healthy behaviours.</p> <p>There was a question on how to change attitudes when being overweight has become the norm.</p> <p>It was also agreed that the solution to obesity has to start with prevention in children to avoid a future problem. Helpful initiatives might include closing roads around schools to encourage children to walk and cycle more. The trials are going to start in the City with the aim to rolling this to all schools.</p> <p>Cllr McHugh congratulated Jeanette on a great report.</p>	<p>All</p> <p>DG</p> <p>DH</p>
<p>12. Diabetes Transformation overview and progress report</p> <p>Paul Swan referred to the document <i>Diabetes Transformation in Oxfordshire</i>, (page 53 in the agenda pack).</p> <p>The Report focused on prevalence of diabetes in Oxfordshire and the NHS Diabetes Prevention Programme (NDPP).</p>	

The NDPP programme started June 2017 and to July 2019. 97% BOB GPs practices referred patients to the programme. The programme has 8 NICE Care Processes that aim to reduce the risk of diabetes. The expectation is that improvement in care processes completion will have positive effect on improving treatment target achievement. Additionally, structured patient education is recommended. In this way, people can improve the knowledge and skills to manage their long-term condition.

Cllr McHugh pointed out that the main cause of Type 2 diabetes is obesity and that this can be reverse with a change of diet and sensible exercise programme. The message should be that it is not a life sentence.

Ansaf added that The National Diabetes Prevention Programme (NDPP) takes action to support people in avoiding the developed of Type 2 Diabetes. It works a pre-diabetes stage.

Louise mentioned an initiative called Cities changing diabetes promoted by the charitable arm of Novo Nordisk (more information at: <http://www.citieschangingdiabetes.com/home.html>). An initiative to form a group in Oxford has started. She invited Paul to join them.

Action: Cllr Upton to provide details of this initiative and meeting to Paul Swan

LU

Jackie praised the quality of information in the report. She asked:

- 1) Do we know how many people are prevented from having diabetes as result of this interaction with the NDPP?
- 2) Do we know whether there is equity of access? For instance, diabetes is more prevalence in some Asian communities. Are these equitable represented in the educational programmes?

In response to questions on outcomes of the NDPP, Paul explained that it is too soon to receive data from NHS England but there will be a full evaluation in due course. Paul also confirmed that they have been working with providers to ensure that people from all ethnic communities are accessing the structured education programmes.

Cllr McHugh congratulated Paul for the great report.

Note received from Paul Swan after the meeting:

1. *DAFNE stands for 'Dose Adjustment For Normal Eating'. Link to programme website: <http://www.dafne.uk.com/>*
2. *Paul thought that the Board may be interested in some feedback from diabetes patients at patient engagement events they have held. There are a number of themes patients raised, but Paul thinks that the following three could be areas the Board (council partners/other services) could help with:*
 - a. *Peer support for and between people with diabetes.*
 - b. *Support to help people make lifestyle changes – particularly those discussed in the meeting: healthy diet, healthy weight, more physical activity.*

<p>c. <i>Increased public awareness of diabetes and its impact on the lives of people living with both Type 1 and Type 2 diabetes</i></p>	
<p>13. Making Every Contact Count</p> <p>Kate Austen referred to the document <i>Progress Report – Oxfordshire Making Every Contact Count (MECC)</i> (page 61 in the agenda).</p> <p>Kate provided an explanation on the definition of MECC. It involves opportunistic conversations about health. The programme aims to train people in the skills and confidence to look for cues to start conversations about healthy choices with people in everyday situations and then being able to confidently signpost them to further sources of support and information.</p> <p>Kate confirmed that Talking Therapies workers have been trained as MECC trainers – 11 workers have been trained so far. They will now be delivering training to others through a variety of training courses to suit different organisations.</p> <p>Requests to HIB (Next Steps):</p> <ol style="list-style-type: none"> 1. <i>The Health Improvement Board was asked to note the content of the report and to continue to support the principles and roll out of MECC across Oxfordshire.</i> 2. <i>The Health Improvement Board was asked to support the IAPT MECC training pilot detailed above by encouraging partners and colleagues in their organisations to participate in the MECC training sessions.</i> <p style="text-align: center;"><i>Places for all training courses can be booked via the Oxfordshire Training Hub at https://oxfordshiretraining.net/event/making-every-contact-count-mecctraining/</i></p> <p><i>The HIB supported the above requests.</i></p> <p>Action: Danie to distribute the information regarding the MECC training among her contacts.</p> <p>Diane noticed that there was little information on the involvement with Oxford University Hospitals (OUH) and Oxford Health (OH) in attending training. Kate confirmed that it would be good to increase their participation.</p> <p>Cllr McHugh congratulated Kate on a great report.</p>	<p>DG</p>
<p>14. Domestic Abuse update</p> <p>Sara referred to the document <i>Update on Domestic Abuse Strategy</i> (page 67 in the agenda pack) in which they look at the 1st year delivery plan.</p> <p>She also referred to the document <i>Oxfordshire’s Domestic Abuse Strategy 2019-2024</i> (page 71). She explained that in terms of the 5 year strategy, they took the approach of having 4 strategic aims and has worked with the stakeholders and operative people on what the outcomes should be achieved in the 5 years period.</p>	

<p>They had a consultation process with people working in different agencies, other providers in the community and survivors of domestic abuse.</p> <p>The strategy is in draft form and Sarah asked for feedback on this, either at the meeting or through the consultation portal: https://consultations.oxfordshire.gov.uk/consult.ti/Oxon_DA_Strategy/consultationHome</p> <p>Sarah referred to the document <i>Summary of the Oxfordshire Domestic Abuse Strategic Board meeting</i> (page 105) and highlighted the piece of work that OSCB is requesting on the impact of domestic abuse for children in Oxfordshire, reviewing the services available and identifying any gaps. At the same meeting, it was proposed the implementation of a Domestic Homicide Review (DHR) Group, which would meet twice a year</p> <p>Cllr McHugh congratulated Sarah on meeting the deadlines suggested by the HIB.</p> <p>There was a question on whether the data dashboard is going to be the measure of progress. Sarah replied it will be but clarified she has not brought the dashboard to the HIB because the actual data mentioned there is so small that individuals can be identified. They are working on this.</p> <p>Cllr McHugh commented that he is keen to see data about the time delay between a domestic abuse complaint and the magistrate's court appearance and has brought this matter to the Thames Valley Policing and Crime Panel. There is evidence that the longer the gap the lower the chance of an effective prosecution.</p>	
<p>15. AOB Forward Plan</p> <p>During the meeting it had been noted that the Preventing Homelessness Trailblazer Report could come to a future meeting or be circulated to members.</p> <p>It was agreed that Domestic Abuse reports could now be every 6 months rather than at every meeting due to the good progress that has been made.</p> <p>The meeting concluded at 16:36</p>	