

## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on 21<sup>st</sup> November 2019 commencing at 14:00 and finishing at 16:30

- Present:** Cllr Andrew McHugh, Cherwell District Council  
**Board members** 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
<b>1. Welcome</b> Cllr McHugh welcomed everybody to the meeting.	
<b>2. Apologies for Absence and Temporary Appointments</b> Apologies received as per above.	

<p><b>3. Declaration of Interest</b> There were no declarations of interest at this meeting.</p>	
<p><b>4. Petitions and Public Address</b> No petitions or public addresses were received.</p>	
<p><b>5. Notice of Any Other Business</b> None</p>	
<p><b>6. Note of Decisions of Last Meeting</b></p> <p>The notes of the meeting held on 12<sup>th</sup> September 2019 were signed off as a true and accurate record.</p> <p><u>Actions update:</u></p> <p><u>Item 7 - Performance Framework and Report Card on MMR vaccination</u></p> <p><i>7.1 Jackie to request a Report Card from NHS England regarding smoking in pregnancy – Jackie has requested the report card but it was not possible for this to come to this meeting. <b>To be presented at the next HIB meeting on 20<sup>th</sup> February</b></i></p> <p><i>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). <b>Completed</b></i></p> <p><i>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. <b>Completed</b></i></p> <p><i>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. <b>Completed</b></i></p> <p><u>Item 9 - Housing Support Advisory Group Report</u></p> <p><i>9.1 Nerys to share the final report of the Trailblazer programme with members of the Board. <b>On the agenda</b></i></p> <p><i>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. <b>On the agenda - matters arising</b></i></p> <p><u>Item 11 - Whole System Approach to Healthy Weight</u></p> <p><i>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. <b>Pending</b></i></p>	<p><b>All</b></p>

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**

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**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. RS13 – 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.

<p>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.</p> <p>2. <u>Health messages - working together on communication</u></p> <p>Graeme Kane referred to the document <i>Health messaging</i> (page 11 in the agenda pack)</p> <p>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.</p> <p>Graeme presented an action plan for sharing health campaigns in the year ahead. (appended to these notes)</p> <p>HIB members found the information very useful and praised the approach taken.</p>	
<p><b>7. Performance Framework</b></p> <p>Val Messenger presented this item and referred to the document <i>Performance Report</i> in the agenda pack (page 15).</p> <p>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 (pages 18 and 19 in the agenda pack).</p> <p>Two indicators are currently rated red.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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 (<b>Action: Eunan O’Neill</b>). Diane enquired about membership of that group.</li> </ul> <p><b>Action – Val to send Diane the membership list of the Health Protection Forum.</b></p> <p>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.</p> <p>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.</p>	<p><b>Eunan O’Neill</b></p> <p><b>Val M.</b></p>

<p>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.</p>	
<p><b>8. Healthwatch Ambassador report</b></p> <p><i>This item was not presented, Andy McLellan sent his apologies.</i></p>	
<p><b>9. Oxfordshire Prevention Framework</b></p> <p>Kiren Collison and Jackie Wilderspin presented this item. They referred to the documents <i>Oxfordshire Prevention Framework 2019-2024</i> and annex in the agenda pack (page 21)</p> <p>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.</p> <p>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.</p> <p>Jackie presented some examples on how to turn the Prevention Framework into action plans.</p> <p>Kiren and Jackie were congratulated on producing and presenting the document.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>Ansaf added that there are areas that cannot be measured quantitatively 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).</p>	

<p><b>Action: All members of the HIB to use the Prevention Framework in their planning for prevention and review of how they tackle health inequalities.</b></p>	<p><b>All</b></p>
<p><b>10. Housing and Homelessness – Report on Trailblazer programme for preventing homelessness</b></p> <p>Nerys Parry presented the report <i>Impact of Oxfordshire Homeless Prevention Trailblazer in Health</i> in the agenda pack (page 95)</p> <p>Recommendation to the HIB in the document:</p> <ol style="list-style-type: none"> <li>1. <i>Note the impact outlined in the report</i></li> <li>2. <i>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.</i></li> </ol> <p>Nerys provided further commentary on the background of the programme, its design, impact and legacy.</p> <p>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.</p> <p>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.</p> <p>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 (DTC). 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.</p> <p><b>Action: All members to investigate alternative sources of funding to continue with the embedded housing workers in hospitals.</b></p> <p><b>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.</b></p> <p>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.</p>	<p><b>All</b></p> <p><b>Cllr Stratford</b></p> <p><b>All</b></p>

<p>Diane welcomed the idea that this work could continue as it had been valuable in reducing delayed transfer of care (DTC) which is a particular problem in Oxfordshire.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><b>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.</b></p> <p>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.</p> <p><b>Action: Nerys to make the full Trailblazer report available to all HIB members.</b></p>	<p>Cllr Upton, Dani G Paul W</p> <p>Nerys Parry</p>
<p><b>11. Mental Wellbeing working group update</b></p> <p>Janette Smith referred to the paper <i>Report on the Prevention Concordat for Better Mental Health</i> in the agenda pack (page 103)</p> <p>Recommendations to the HIB in the document:</p> <ol style="list-style-type: none"> <li>1. Review the draft proposed Mental Wellbeing Framework for early comment</li> <li>2. From March 2020 provide oversight on progress against the framework and the delivery of relevant partnership plans and strategies</li> </ol> <p>Janette provided the background of the Prevention Concordat for Mental Health and the proposed Mental Wellbeing Framework Oxfordshire that it “<i>is being developed to outline what partners have committed to do, build on existing action and identify opportunities for collaboration and innovation</i>”.</p> <p>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.</p>	

<p>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.</p> <p>It was pointed out that the District representatives can become 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.</p> <p>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</p> <p><i>(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.)</i></p> <p><b>Action: Janette to return to a later meeting with a completed action plan based on the draft Mental Wellbeing Framework.</b></p>	<p><b>Jannette Smith</b></p>
<p><b>12. Alcohol and drugs draft strategy</b></p> <p>Kate Holburn referred to the document <i>Drug and Alcohol Partnership Strategy briefing document</i> in the agenda pack (page 117).</p> <p>Recommendation to the HIB in the document: <i>The board was asked to agree the approach outlined in this paper, and to comment on the proposed priorities</i></p> <p>Kate highlighted the aims of the strategy as detailed in the document.</p> <p>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.</p> <p>Kate provided further commentary on the proposed priorities for the revised Alcohol and Drugs Strategy (page 120).</p> <p>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.</p> <p>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</p>	



<p>wide-ranging involvement including licensing in each district, harm to health and links between alcohol and crime.</p> <p>It was suggested that maybe a yearly Forum bringing all the agencies together could be a good idea to consider.</p> <p>The annual report of the Drug and Alcohol Partnership will be presented at the HIB in May 2020.</p> <p><b>Action: Kate will bring the finished strategy and action plan for 2020-21 to a future meeting for information and discussion.</b></p>	<p><b>Kate Holburn</b></p>
<p><b>13. Active Oxfordshire – reducing physical inactivity</b></p> <p>Annie Holden and Paul Brivio referred to the paper <i>Reducing physical inactivity – preventing and managing disease implementation of a pilot Exercise Referral Intervention</i> in the agenda pack (Addenda).</p> <p>A short video was shown that can be found here:  <a href="#">Helping people to live longer better</a></p> <p>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.</p> <p>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.</p> <p>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.</p> <p><b>Action: Paul Brivio to let Diane knows who is involved from the OCCG in these conversations.</b></p> <p>In the report it was requested that the Health Improvement Board members:</p> <p>(i) <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;</i></p> <p>(ii) <i>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;</i></p>	<p><b>Paul Brivio</b></p>

<p><i>(iii) work together to Identify funding opportunities to assist with the implementation and delivery of a successful pilot intervention;</i></p> <p><i>(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 scalability, including national developments with Sport England / Public Health England.</i></p> <p><b>The HIB members agreed with all these recommendations.</b> 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.</p>	
<p><b>14. Forward Plan &amp; AOB</b></p> <p><u>Forward Plan</u> – The Mental Wellbeing Framework for Oxfordshire will be brought back to a future meeting.</p> <p>The completed strategy and annual action plans of the Drug and Alcohol Partnership will be presented at a future meeting.</p> <p><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.</p> <p><b>Action: Kiren and Jackie to progress discussions</b></p> <p>The meeting concluded at 16:46</p>	<p><b>Kiren C. Jackie W</b></p>