

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 13th September 2018 commencing at 2:45pm and finishing at 4:45pm

Present: As below (Board members) plus Donna Husband, Sarah Carter, Kate Austin, Rosie Rowe, Azul Strong, Tom McCulloch

Apologies: Richard Lohman

Board members: Councillor Andrew McHugh, Chairman and District Councillor, Councillor Louise Upton, District City Councillor, Councillor Laurie Stratford, Cabinet Member for Adult Social Care & Public Health, Oxfordshire City Council, Councillor Anna Badcock, South Oxfordshire District Council Councillor Jeanette Baker, West Oxfordshire District Council Councillor Monica Lovatt, (Vale of White Horse District Council Diane Hedges, Oxfordshire Clinical Commissioning Group Christine Gore, West Oxfordshire District Council Dr Jonathan McWilliam, Oxfordshire County Council Dr Kiren Collison, Clinical Chair of Oxfordshire Clinical Commissioning Group Jackie Wilderspin, Oxfordshire County Council Dani Granito, District Councils liaison

Officers:

Agenda item 6 Keith Johnson, Active Oxfordshire and Paul Brivio, Active Oxfordshire

Agenda item 9 Donna Husband

Agenda item 10 Rosie Rowe, Azul Strong and Tom McCulloch

Agenda item 11 Kate Austin

Agenda item 13 Sarah Carter

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Susan Gibbins (Tel 07881 268232; Email: Susan.gibbens@oxfordshire.gov.uk)

ITEM	ACTION
<p>1. Welcome</p> <p>The Chairman, Councillor Andrew McHugh, welcomed everyone to the Board Meeting and thanked Councillor Anna Badcock, the previous Chairman and Cllr Marie Tidball, the previous Vice Chairman for making such a successful Committee. Thanks were also given to members who have stood down since the last meeting – Cllr Hilary Hibbert- Biles (County Council) and Cllr John Donaldson (Cherwell DC) It was noted that the representative of West Oxfordshire DC continues to be Cllr Jeanette Baker, not Cllr Norman McRae as advised on the agenda for this meeting. Cllr Louise Upton, Cllr Lawrie Stratford, Christine Gore and Kiren Collison were welcomed to their first meeting.</p>	
<p>2. Apologies for Absence and Temporary Appointments</p> <p>Apologies were received from Richard Lohman.</p>	
<p>3. Declaration of Interest</p> <p>There were no declarations of interest at this meeting.</p>	
<p>4. Petitions and Public Address</p> <p>No petitions or public addresses were received.</p>	
<p>5. Introduction to the Health Improvement Board and update on changes to the Health and Wellbeing Board</p> <p>Dr Jonathan McWilliam explained that the Health Improvement Board (HIB) has been in existence for 6 years. It has a primary focus on prevention, health improvement and health inequalities. He believes that we have kept our focus over the past 6 years and that we are in a strong position. The Board is now entering a time of change with more joined up planning.</p> <p>Jonathan explained that there has been a review of the role and membership of the Health and Wellbeing Board which has an impact across the system. However, the review concluded that the HIB is doing a valuable job as one of the sub-partnerships and should continue as it is. The review has resulted in an expanded membership of the HWB as Oxfordshire moves towards an integrated health and social care system. This will be reflected in the new Joint HWB Strategy and the HIB will make a significant contribution to that, through an ongoing focus on prevention and addressing the wider determinants of health.</p> <p>Organisations are working well together contributing to the Health and Wellbeing Board. In addition to the HIB this is through the Children’s Trust and Joint Management Groups focussing on Health and Adult social care. In conclusion Jonathan urged members of the Board to continue their good</p>	

work and persist with their long term aims	
<p>6. Note of Decision of Last Meeting</p> <p>Councillor Andrew McHugh stated that all action points from the previous meeting have been actioned apart from Jo Barrett’s report on rough sleeping, which is being brought forward to the November. Councillor Anna Badcock queried why this item has not been presented today by someone else and the Board agreed that if the report is ready that it will be circulated by email as soon as possible.</p> <p>Action - Jackie Wilderspin to check if the report is ready for circulation by email prior to the November meeting.</p> <p><u>Active Oxfordshire update presented by Keith Johnson and Paul Brivio (Chief Executive for Active Oxfordshire)</u></p> <p>Keith Johnson introduced Paul Brivio as the new Chief Executive for Active Oxfordshire. He explained that they are one of 40 County Sports Partnerships in the country, which are funded by Sport England. Additional funding in Oxfordshire comes from Public Health and the CCG.</p> <p>Keith Johnson then provided an update on the proposed changes that were outlined at the last meeting. The transition is now completed and Active Oxfordshire is a new organisation and will be based in Kidlington. They have an upcoming engagement event with decision makers on 14th September.</p> <p>Members of the HIB congratulated the team on this progress and asked who they would plan to collaborate with, how they will measure progress and whether there is any conflict of interest amongst funders. Paul Brivio stated that they are keen to establish credibility and build strong working relationships with all partners. The focus for their work will be people who are currently inactive so that risk of ill health is reduced, especially diabetes and for people with disabilities.</p> <p>There will be a further report in early 2019 including some information on how progress will be monitored.</p>	<p>Jackie Wilderspin</p>
<p>7. Performance Report – end of year 2017 – 18</p> <p>Jackie Wilderspin discussed the performance report and highlighted any indicators rated red or amber.</p> <p>The Board members discussed obesity level in year 6 children (rated red) and what the future plans are to address that. Dr Jonathan McWilliam explained that we are above the national average statistically and that there is a role for everyone in tackling this issue. For example, the Government are focusing on advertising/food labelling and school curricula regarding physical activity and promoting active travel. At county level, we have active</p>	

<p>travel and input into planning decisions and initiatives in schools such as WOW active travel in primary schools and the Daily Mile.</p> <p>Councillor Anna Badcock stated that there is fundamental change across the country (many decisions beyond the control of Oxfordshire) and that we should be proud of the content in the board papers. Sport in schools is key and the work Paul and Keith for Active Oxfordshire are doing will be fundamental in the years to come. Councillor Andrew McHugh believes there is a lot of room for improvement to target those that are reluctant to exercise. There are familial factors and the subject is of a multi factorial nature. Jackie Wilderspin said that Oxfordshire will pilot the new whole systems approach to Healthy Weight and that we expect to hear more about that in the future.</p> <p>Councillor Anna Badcock stated that the Bowel Cancer Screening Programme has lowered the age to 50+ and the key focus is on the figures going forward.</p> <p>It was noted that details of actions to improve poor performance will be presented to the HIB in future, in the form of “Report Cards” as at previous meetings.</p>	
<p>8. Future priorities for the Health Improvement Board</p> <p>Jackie Wilderspin presented a paper on future priorities for the HIB, building on decisions made at the meeting in May.</p> <p>3 priority areas for future work were suggested which are</p> <ol style="list-style-type: none"> 1. Keeping Yourself Healthy (Prevent) 2. Reducing the impact of ill health (Reduce) 3. Healthy Place Making <p>It was acknowledged that the work the HIB was already leading fitted into these 3 priority areas but that 3 additional areas of work could be added. These are mental wellbeing, alcohol advice / treatment and diabetes prevention.</p> <p>This approach was welcomed by the members of the Board and the proposed priorities were agreed. In addition it was agreed that the work should always address inequalities and imbed prevention.</p> <p>In order to deliver this work it was acknowledged that several working groups are already set up and others may need to be added. This might cause some difficulties for partners to participate in several groups which would be worked through.</p> <p>The need for a performance framework to monitor progress was set out in the report and it was agreed that proposals for a final set of indicators should be brought to the next meeting.</p> <p>Action point - Proposals for performance indicators will be brought to</p>	<p>Jackie Wilderspin</p>

<p>the meeting in November.</p> <p><u>Social Prescribing</u> Dr Kiren Collison presented her paper and explained the definition of Social Prescribing - Health Care Professionals such as GPs refer patients to non-medical services e.g. Classes/clubs for a more holistic approach to improve mental health, social connectivity and physical activity. There is evidence to show benefits to health and wellbeing and it can also reduce demand on health services. Social Prescribing enables GPs to refer patients to a Link Worker, who would then refer the patient on to other appropriate services.</p> <p>Dr Collison asked the HIB to consider including Social Prescribing in the set of new priorities for their work.</p> <p>Councillor Andrew McHugh declared a past interest in a pilot scheme and said that he is 100% behind the idea. Councillor Anna Badcock raised the issue of social prescribing in rural areas where access to services may be difficult due to transport problems. Councillor Jeanette Baker is fully supportive of the idea but also shared a concern over courage of patients to attend events.</p> <p>Councillor Louise Upton stated that the Link Worker is key for getting people to engage but the evidence is still “sketchy”. She asked if the scheme could include health walks this can link into other programmes i.e. diabetes.</p> <p>After discussion the Board members agreed that Social Prescribing should be added to the priorities for the HIB.</p> <p>Action: Performance indicators for this aspect of work should be added to the HIB performance framework which will be proposed at the next meeting.</p>	<p>Kiren Collison</p>
<p>9. Mental Wellbeing Framework</p> <p>Donna Husband presented the paper that had been circulated with the agenda. She outlined the definition of mental wellbeing, the proposal that the HIB should use the concept of CLANGERS (Connect, Learn, be Active, Notice, Give, Eat well, Relax, Sleep) to illustrate the determinants of good mental wellbeing.</p> <p>There were four proposals for discussion</p> <ol style="list-style-type: none"> a. Agree the approach of focusing efforts on promoting and supporting mental wellbeing b. Recognise that this is in addition to the mental ill-health overview provided by other partnerships (Joint Management Group for Adults and Children’s Trust) c. Recommend the Health and Wellbeing board to endorse the consensus statements of the Prevention Concordat programme. d. Set up a working group to develop an Oxfordshire Mental 	

<p>Wellbeing Framework including actions needed for HIB partners to sign up to the Prevention Concordat and proposed indicators that can be used to measure progress</p> <p>Board members welcomed the paper and expressed support for the proposals. Discussion focussed on the difficulty of measuring the mental wellbeing of the population and the impact of any initiatives. It was also agreed that individual organisations had a lot to contribute and that signing up to the Prevention Concordat would be a good way of illustrating that – but that it should also be a meaningful process and show added value, building on what was already in place.</p> <p>It was noted that Cllr Stratford is the Mental Health Champion for Oxfordshire County Council and that is it possible for every organisation to also have a named champion. It was proposed that Dani Granito can help in liaison work on this topic across the District councils</p> <p>All the recommendations were agreed by the board.</p> <p>Action: Donna Husband to prepare a proposal for the HWB to enable the whole system to sign up to the Prevention Concordat</p> <p>Action: Donna Husband to oversee set up of a Task and Finish Group to take this work forward, including further proposals for performance monitoring.</p>	<p>Dani Granito</p> <p>Donna Husband</p>
<p>10. Healthy New Towns – learning from work in Bicester and Barton and Community Placemaking Charter</p> <p>Tom McCulloch presented the slides that had been circulated with the agenda and introduced the Placemaking Charter. He explained that research by Communities First has led to 6 steps to effective placemaking:</p> <ol style="list-style-type: none"> 1. Involve the community in the development process 2. Design 3. Provide indoor community meeting spaces 4. Invest early in community development support 5. Build and release capacity 6. Support community management of assets and facilities <p>Azul Strong presented details of the learning emerging from Barton Healthy New Town which were included in the paper circulated with the agenda. The presentation included a video with feedback from local residents which can be viewed in full by this link: http://www.oxford.gov.uk/bhntWHO</p> <p>Rosie Rowe continued the presentation by outlining the approach and new models of care adopted in Bicester Healthy New Town. Diabetes has been a focus with the ‘go active get healthy programme’ which has been identifying opportunities in the community for people with long-term conditions. Statistics on the impact of partnership work and the core elements of healthy place making were shown to the Board. The results show that these courses</p>	

<p>of action work well in areas of deprivation. A Survey has been done in Bicester regarding social isolation and loneliness, which will be shared with the Social Prescribing Team.</p> <p>Councillor Andrew McHugh stated that this is going to make a big difference and Dr Jonathan McWilliam called for the Board members to accept the recommendations and take this work forward in other areas.</p> <p>Discussion focussed on how the HIB can pick up this work and embed new practice in planning and service delivery. Rosie informed the group that all the learning from the Healthy New Towns will be published in March 2019. Rosie also recommended that performance monitoring should include levels of participation in activities and events as these gave more immediate indications of success than high level health outcomes. This could include local residents' surveys.</p> <p>It was noted that funding will be required for community activation work in new or existing communities and this needs to be secured across the county.</p> <p>Action: Further information and discussion at the HIB once the national guidance has been published in March 2019.</p> <p>Councillor Monica Lovatt outlined a local initiative called 'Healthy Abingdon' where some of these principles are already being applied. E.g. benches within the community and a dementia friendly town. This is not costing the council anything as they are getting grants.</p> <p>Action point - Councillor Monica Lovatt would like to circulate a short paper about healthy Abingdon, which the Board agreed to review.</p>	<p>Jackie Wilderspin</p> <p>Councillor Monica Lovatt</p>
<p>11. Making every contact count – overview and current work</p> <p>Kate Austin presented her paper on the Making Every Contact Count (MECC) programme across the county. It was noted that MECC training is taking place within the Fire Service, libraries, health service and Healthy New Towns in Bicester and Barton. The next steps are to take this wider e.g. with the ambulance service. It was suggested that other workers could also be trained e.g. pharmacy staff and delivery people, those working with refugees etc.</p> <p>Measurement of the impact of MECC is a challenge and Kate was asked to consider how this can be reported in future.</p>	
<p>12. Healthwatch Ambassador's Report</p> <p>The report was noted.</p>	
<p>13. Domestic Abuse Strategy Group update</p> <p>Sarah Carter gave an update on recent work that has been completed,</p>	

<p>including</p> <ul style="list-style-type: none"> a. Establishment of newly commissioned services, giving a consistent offer across the county b. Accommodation based services including Refuge provision (mainly used by people from outside Oxfordshire) and a dispersed model of housing units. c. Young people pathway with training available from October. d. Training for the general workforce and more detailed training for support workers – available in November <p>The report was welcomed and progress noted.</p> <p>It was also noted that the HIB and district community safety partnerships have been asked to report to the Safeguarding Boards on progress of the Domestic Abuse Strategy Group.</p> <p>Action: Jackie to seek opinions from HIB members and prepare a report in collaboration with Community Safety Officers from districts</p>	<p>Jackie Wilderspin</p>
<p>14.AOB</p> <p>The Chairman stated that there were no other items of business to consider.</p>	
<p>The meeting closed at 4.45pm</p>	

..... in the Chair

Date of signing