

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 22 November 2018 commencing at 11.00 and finishing at 13.32

**Present:
Board members**

Andrew McHugh, Chairman and District Councillor,
Councillor
Louise Upton, District City Councillor,
Councillor Lawrie Stratford, Cabinet Member for Adult Social
Care & Public Health, Oxfordshire City Council,
Councillor Anna Badcock, South 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
Dani Granito, District Councils liaison
Richard Lohman (Lay member)

Officers:

Val Messenger, Jo Barrett, Eunan O'Neill, Sarah Carter,

Apologies:

Jackie Wilderspin, Jeanette Baker, Det Ch Inspector Clare
Knibbs

ITEM	ACTION
<p>1. Welcome Cllr McHugh welcomed everyone to the meeting.</p>	
<p>2. Apologies for Absence and Temporary Appointments Apologies were received from Jackie Wilderspin, Jeanette Baker.</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. Note of Decision of Last Meeting (Minutes of previous meeting) The notes of the meeting held on September 13th were signed off as a true and accurate record. Board members asked for some administrative matters to be attended to:</p> <ul style="list-style-type: none"> • Some people did not receive the email with the link to the papers for the meeting and requested that in future the papers are sent to them by post or by email. • It was noted that the pages in online agenda pack were not numbered • There was a request for microphones in future meetings 	
<p>The Joint Health and Wellbeing Strategy The draft Joint Health and Wellbeing Strategy (JHWBS) was agreed by the Health and Wellbeing Board last week and will now be the focus for wider engagement. Jonathan McWilliam outlined the structure of the document, illustrating that the priorities for the HIB are included in the Life Course Approach (A Good Start in Life, Living Well, Aging Well, Tackling Wider Issues) and in the cross cutting themes of Prevention and Tackling Health Inequalities. Board members could also see how their works fits into the bigger picture across the Health and Care system. Comments from Board members included concern that there is no specific mention of learning disabilities, including autism and dyslexia in children and in the prison population. Jonathan McWilliam and Jackie Wilderspin were given credit for an excellent report.</p> <p>Action: Comments from the HIB members will be fed into the engagement process before the JHWBS is finalised and signed off by the Health and Wellbeing Board in March 2019.</p>	<p>JW</p>

6. Performance Framework Proposal

Val Messenger presented a paper outlining proposals for future performance monitoring by the Health Improvement Board. This is designed enable the Board to monitor changes in outcomes. The Board were asked to consider adding process indicators for some new areas of work and keeping surveillance of some population level data.

The Board members agreed to the approach set out in the paper.

Discussion highlighted the following points for consideration and possible addition into the performance report:

- It is important to continue monitoring of outcomes as a priority and this shouldn't be lost as process measures are added.
- More measures on inequalities should be included if possible
- Consider whether a measure on preventable admissions to hospital can be added.
- Links between homelessness and hospital admissions should be explored to see if there is a measure that can be used.
- School participation in the Daily Mile or "10-minute shake-ups" could be added if data is available.
- Having the physical activity data broken down by age-group might be useful (though it was noted that the low numbers might make the data less robust)
- Housing, homelessness and domestic abuse measures would be added with input from officers who are topic experts
- It was requested that where possible the outcome targets should be expressed as both percentages and actual numbers.
- The HIB needs to ensure that the performance measures that are reported here complement those reported to other Boards, e.g. the Children's Trust, and do not duplicate.

In addition, there was a discussion on Human Papilloma Virus immunisations a review of evidence and guidance on HPV vaccination in boys was requested

Action: Eunan O'Neill to provide and circulate information.

In conclusion it was agreed that the new format for performance monitoring will be taken forward and suggestions for additional indicators will be followed up.

Action: A final draft version of the framework will be brought to the February meeting for agreement.

EON

JW

7. Housing and Homelessness, including Rough Sleeping

Jo Barrett presented the report from the Housing Support Advisory Group. This provided an update on recent work and response to questions on rough sleeping that were raised at the HIB meeting in February.

<p>Some of the information that Jo highlighted included:</p> <ul style="list-style-type: none"> • 280 people have moved into the homeless pathway. This includes more women and young people and over 65's than previously. • The main needs for females are mental health, drug, and alcohol issues • 60% move off the pathway after 6 – 9 months but there has been an increase in complexity in people's needs. • Social housing is becoming harder to obtain and private rental remains an option. • Future priorities centre on the observation that there are more people with complex needs in the pathway. Lack of accommodation makes it difficult to move people off the pathway and affordability is an issue. • Universal credit is less than market rent and is therefore also a factor in housing people. <p>Discussion included the following points:</p> <ul style="list-style-type: none"> • A concern was raised that rough sleeping figures in Oxford City could be high as people are drawn towards services. • A question was raised on how many rough sleepers are Veterans from the armed services. • Mental health is root cause of homelessness • There was a concern that Single homeless people who present to authorities are not considered as a priority. • Jo Barrett agreed that she and Nerys Parry would be happy to input to the performance framework on this topic area <p>Jo and Nerys were thanked for their report and requested to bring updates to the Board twice a year.</p> <p>Action: Housing Related Support Group to provide information for the performance monitoring framework and update it twice a year.</p>	<p>NP / JB</p>
<p>8. Tobacco Control Alliance</p> <p>Eunan O'Neill attended the meeting to answer questions arising from the report on the establishment of the Tobacco Control Alliance.</p> <p>Discussion on the topic covered the following points:</p> <ul style="list-style-type: none"> • Illicit tobacco is steered by organised crime and dealt with by Trading Standards. There are powers for local authorities to take away licenses for those selling illicit tobacco. • Collaboration on this area of work is a feature of the Tobacco Control Alliance. The emphasis has been on the criminality, but reduction in supply of illicit tobacco will also have positive health impact too. <p>A Public Health England report will inform the work programme of the Tobacco Control Alliance by highlighting good practice.</p>	

<p>9. Director of Public Health Annual Report 2018</p> <p>Jonathan McWilliam presented his last Director of Public Health Annual Report before he retires. Cllr McHugh presented Jonathan with some chocolates as a thank you for his service to the HIB and wished him a long and happy retirement.</p> <p>Jonathan outlined the content of his report which had been circulated to the Board members. He gave particular thanks to Sue Lygo and Phillipa Dent their work on the report.</p> <p>The Board agreed it was an excellent report and asked Jonathan for advice on how to tackle health inequalities. Jonathan responded that the Board should recognise there will always be inequalities and they need to drill down to find them in whatever topic is addressed and target work to reduce them.</p> <p>Jonathan remarked that the strength of this board is the breadth of the agenda and the long-term perspective on tackling issues together, with different chairmen building on different agendas.</p>	
<p>10. Public Health, Health Protection Forum</p> <p>Eunan O’Neill presented a report which summarised activity across a range of health protection issues. He remarked that, in general, the report highlighted very few concerns and illustrated that the system is working well.</p> <p>Discussion on the paper highlighted the following issues:</p> <ul style="list-style-type: none"> • Bowel screening – is there a difference in uptake with ethnicity? Data is not available to answer this question but attempts are being made to improve uptake across the whole eligible population. • A question was raised about mumps vaccination of university students where there seems to be a 3-year cycle of mumps outbreaks. Students are encouraged to get vaccinations before starting at university. • Data on uptake of health protection / screening / immunisation services needs to be consistent with the HIB performance framework. • A question was raised on why Childhood flu vaccinations took place in December. It was noted that this is specific to Oxford Health school teams and the supply chain. • There was a request for the HIB to be part of forward planning for flu prevention in future years, learning from current practice and involving a number of different organisations. <p>Action: Eunan and Jackie to ensure performance monitoring is consistent.</p> <p>Action: Future planning for flu prevention to be discussed.</p>	<p>EON, JW</p>

<p>11. Communications and Campaigns</p> <p>This item was deferred to a future meeting and districts were requested to consider if they could lead on this.</p> <p>Action: Anna said she would take away and discuss at South and Vale.</p>	<p>Cllr Anna Badcock</p>
<p>12. Domestic Abuse Strategy Group annual report</p> <p>Sarah Carter, the Domestic Abuse Coordinator, presented the Annual progress report on the recommendations set out in the strategic review.</p> <p>Sarah highlighted that the group is on track with all recommendations although there is a hold up on training strategy which is being commissioned. However, she was pleased to report that Multi-agency training will be in place from February.</p> <p>Next steps will include further development of action plans which will be presented to the HIB and will be monitored. To enable this Sarah agreed to provide targets and process indicators for the HIB performance dashboard.</p> <p>As mentioned in a previous meeting, the Joint Safeguarding Boards have asked HIB to report back to them on how they are monitoring the Domestic Abuse Strategic Group. The addition of outcome and process measures to the HIB Performance Framework will facilitate this reporting back, which is to be done alongside report from community safety partnerships (CSPs). Sarah will be attending CSPs to give them assurance of progress too.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. Sarah and Jackie to work on outcome and process measures to be included in the performance framework. 2. Chair of the HIB to report back to safeguarding boards on the monitoring arrangements set up at the HIB to give assurance on the work of the Domestic Abuse Strategy Group. <p>Issues of concern that were raised in the discussion included the impact on young people living with domestic violence; professionals such as nurses who deal with secondary violence; same sex relationships and accessibility of services to everyone; the impact of non-physical abuse.</p> <p>It was noted that work is going on to break the generational cycle of domestic abuse through schools e.g. a touring play.</p> <p>It was also stated that support workers allocated to cases in the justice system bring better outcomes but often victims are reluctant to go to court without that support.</p>	<p>SC / JW</p> <p>AMcH / JW</p>

<p>13. Health Watch Ambassador Report</p> <p>Richard Lohmann presented the Healthwatch Ambassador report.</p> <p>He highlighted the issue of Single homelessness in the City and also the Healthwatch report on oral health in care homes. He stated that there has also been in depth work by Healthwatch on musculo-skeletal services and recent reports have shown that Child and Adolescent Mental Health services are improving.</p>	
<p>14. Government Letter</p> <p>At the last Health Overview and Scrutiny Committee meeting it was recommended that a letter be sent to the Secretary of State for Health and Social Care. A draft of this letter was presented by Cllr Lawrie Stratford for comment.</p> <p>There was some discussion that the letter should be supported by evidence of effectiveness for the proposals being requested.</p> <p>It was agreed that, with the addition of details of the evidence for why recommendations were being made on alcohol minimum pricing and reduction of fast food advertising, the letter would be signed by the Chairman and sent. It has already been approved by the Chair and Vice Chair of the Health and Wellbeing Board.</p> <p>Action: Val to finalise the letter by citing evidence.</p>	<p>VM</p>
<p>15. AOB</p> <p>The issue of Gambling addiction was raised as there is some indication that it is increasing problem with younger people. It was agreed that his could fall into the remit of the Children's Trust Board</p>	
<p>There being no other business, the meeting closed at 13.32</p>	

..... in the Chair

Date of signing