

HEALTH IMPROVEMENT PARTNERSHIP BOARD

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

Board members present

Councillor Andrew McHugh, Chairman, Cherwell District Council
Councillor Louise Upton, Oxford City Council
Councillor Lawrie Stratford, Oxfordshire City Council
Councillor Anna Badcock, South Oxfordshire District Council
Councillor Monica Lovatt, Vale of White Horse District Council
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Christine Gore, Strategic Director, West Oxfordshire District Council
Dr Kiren Collison, Clinical Chair, Oxfordshire Clinical Commissioning Group
Daniella Granito, Policy and Partnership Team Manager, Oxford City Council
Val Messenger, Interim Director of Public Health, Oxfordshire County Council
Councillor Jeanette Baker, West Oxfordshire District Council
Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council

Officers:

Sarah Carter, Strategic Lead Domestic Abuse, Oxfordshire County Council
Kate Eveleigh, Health Improvement Practitioner, Oxfordshire County Council
Julieta Estremadoyro, Partnership Board Officer, Oxfordshire County Council

In attendance:

Hassan Sabrie, East Oxford United
Mujaheed Hamid, East Oxford United
Veronica Barry, Community Involvement Officer, Projects, Healthwatch

Apologies:

No apologies were received

ITEM	ACTION
<p>1. Welcome Cllr McHugh welcomed everyone to the meeting.</p>	
<p>2. Apologies for Absence and Temporary Appointments No apologies for absence were received</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. Note of Decision of Last Meeting</p> <p>The notes of the meeting held on 22nd November 2018 were signed off as a true and accurate record.</p> <p>Actions update:</p> <p>1 - <u>Action on Joint Health and Wellbeing Strategy</u> – Completed and further to this a link to the engagement survey on the Joint Health and Wellbeing strategy was circulated to all the members of the Board.</p> <p>2 - <u>Actions on Performance Framework Proposal</u> 2.1 A briefing on HPV vaccination was circulated to all members. 2.2 On today's agenda.</p> <p>3 - <u>Action on Housing and Homelessness, including Rough Sleeping</u> – The Housing Related Support Group has provided information on the performance monitoring framework and it has been tabled today.</p> <p>4 – <u>Actions on Public Health, Health Protection Forum</u> 4.1 Completed, paper in the agenda pack today. 4.2 Flu prevention planning should be undertaken by the Public Health Protection Forum.</p> <p>5 – <u>Action on Communication on Campaigns</u> – Pending. Councillor Badcock confirmed that South and Vale Communications team have agreed to take on a coordination role. Further discussion on details will take place.</p> <p>6 – Actions on <u>Domestic Abuse Strategy Group annual report</u> 6.1 Domestic abuse outcomes and process measures included in the performance framework. 6.2 A letter has been sent to the Safeguarding Board about the assurances on the work of the Domestic Abuse Strategy Group.</p>	<p>Jackie Wilderspin Anna Badcock</p>

<p>7 – Action on <u>Government Letter</u> – the letter went out.</p>	
<p>6. Men’s Health Report</p> <p>Presented by Hassan Sabrie, East Oxford United and Veronica Barry, Healthwatch. They referred to the document <i>Men’s Health</i> (page 9 in the agenda pack)</p> <p>Healthwatch through its Project Fund sponsors small pieces of research by community or voluntary groups. East Oxford United approached Healthwatch to look at men’s health through their wide community network</p> <p>The following points were highlighted by presenters and/or considered by the group:</p> <ul style="list-style-type: none"> • Men from 22 nationalities took part in the study. • The study was very positive to increase health awareness among men. Men, in all the settings visited, started to think and talk about it. • One of the main reasons for men not accessing health care is due to time constraints due to work commitments. Some of them, work 2 or 3 shifts and do not have time to book an appointment to see a doctor. They have time to go to mosques, churches and/or sport facilities on Sundays. The research suggested that offering health checks in community settings could provide men with the space to access health care. • Cultural sensitivity was also mentioned as a barrier for some of the participants (e.g. names on sample bottles, appropriate health promotion resources) • There is a need for a wider discussion on men’s access to healthcare that should include GP provision. Related to this, it was noted that the data known to OCCG is that patients do not book appointments on Sundays at GP practices. The Men’s Health report shows that if appointments for NHS Health Checks are offered in community settings, or as group appointments, the results may be different. • Most participants in the survey found that the Haynes Man Manual provided useful information, but the messages were “laddish” and oriented to a white male audience which was not culturally appropriate for everyone. <p>Healthwatch has won NHS England funding and they are making a film about the process they went through, particularly engaging with the communities. This will be showcased at the Oxfordshire Health Inequalities Commission Good Practice Exchange event on 7th March. They are also preparing a social</p>	

<p>media clip on why men should look after their health and why they should go to health checks. They will launch this at the next football tournament on 5th May, taking the opportunity to spread the message.</p> <p>The authors and participants of the report were congratulated by members of the Board for excellent and valuable work.</p>	
<p>7. Performance Dashboard</p> <p>Jackie referred to the document <i>Performance Dashboard</i> (page 67 of the agenda pack) and addendum</p> <p>The aim of these measures is to monitor progress. Jackie has worked with people in the sub-groups, those who deliver the work of the HIB. She requested the Board members' views on whether the right things are being measured, if there is anything missing and if people have been ambitious enough. The other aspect to consider by the Board was what was going to be reported to the Health & Wellbeing Board.</p> <p><u>Table 1</u> - It contains the baseline measures for all the priority areas. The aim is to have some sort of targeting and trajectory for how to show improvements against that baseline in the year ahead.</p> <p><u>Table 2</u> - It contains the process measures for areas of work that are being developed or would not lend themselves to percentage or numerical targets.</p> <p><u>Regarding Targets 3.1 to 3.6</u> - These were tabled at the meeting and an addendum was circulated (<i>Additional Measures for HIB performance framework form the Housing Support Advisory Group</i>). It was noted that there is a new reporting system given by the Ministry of Housing, Communities and Local Government (MHCLG) so it has been difficult to set firm baselines. As a result, the baselines currently recorded may have to be amended.</p> <p><u>Regarding Domestic Abuse - pages 76 to 77</u> - It was noted that final indicators could not be included until the Domestic Abuse Strategy is finalised.</p> <p>Comments by members and actions:</p> <p><u>Table 1 – Cancer Screening – page 71</u> – It was noted that there is a need to look at the granularity of the data, (e.g. whether is different for men and women or for members of different ethnic groups) and the reasons for the variations on the uptake of the services (There was also a request that the targets for the screening programmes could be confirmed – are local targets the same as the national targets?</p> <p>Action: Jackie to request Health Equity Audits from NHSE on uptake of screening programme and verify the local targets</p>	<p>Jackie Wilderspin</p>

Table 1 - Childhood obesity – page 70-71 – There is great concern about childhood obesity levels in certain wards. It was noted that, in general, the target of 16% may be reached but still those wards with more childhood obesity could be left with the same level of problems.

Action: The work on the Whole Systems Approach to Obesity needs to address this variation and target those with higher levels of obesity.

Table 1 – Housing and homelessness – page 69 – There is a significant problem regarding delayed transfers from hospital of people who are homeless. There are currently no indicators in the framework to measure this, even though the OCCG has invested in addressing the issue. There is a need for a robust and accurate way of measure the reductions on delayed transfers from hospitals.

Actions: Jackie to pass these comments to the Housing Support Advisory Group (HSAG) so they can investigate whether a measure can be added to the performance framework.

It was agreed that the Health Improvement Board will report both the Outcome Indicators in Table 1 and the Process Indicators in Table 2 to the Health and Wellbeing Board as part of their overall performance framework.

Jackie was congratulated on an excellent work.

Donna Husband

Jackie Wilderspin

8. Mental Wellbeing Working Group

Kate Eveleigh presented the *Progress report on the progress of the PHE Better Mental Health Prevention Concordat*.

Kate highlighted that the process of signing-off the Prevention Concordat has been useful to give the group some weight and has gathered interest and momentum with organisations to sign at the same time. This has included the wider partnership of the Health and Wellbeing Board, who responded to the initiative from the HIB.

The next step is to set up the working group that will prepare the Oxfordshire Mental Wellbeing Framework.

It was noted that in Appendix 3, the Vale of White Horse District was not listed and they are interested in participating. It was clarified that this was an omission in error and that a representative will definitely be invited.

Regarding the interest of some members of the Board on mental health in schools, Val noted that the subject is dealt with by the Children’s Trust Board and it is important not to replicate what it is being done there.

9. NHS Long Term Plan

Kiren and Val referred to the document *Overview of the NHS Long Term Plan and implications for the Health Improvement Board* (page 105 in the agenda pack).

Kiren commented that the original document is quite long, complex and ambitious but the fact that it is a 10 year plan is very positive. Not everything has to be done now or this year, but a time frame with clear objectives can be developed for those 10 years.

An important aspect of this model is the Primary Care Networks (PCNs) where few practices come together and work closely, improving economy and efficiency. However, they are not too big that the relationship with the patients is lost.

These PCNs not only bring practices working together but also gather other services around them. Community services, mental health services, potentially voluntary services. There is more coordination with social care and community organisations too.

Oxfordshire is establishing 17 Primary Care Networks, or neighbourhoods, as they are also called.

There is also an important emphasis in developing digital technology. How to use IT and digital applications better. One objective of this work is to reduce the number of people going to hospital to have an outpatient appointment. They could potentially have their appointments remotely.

Val went through *How does the NHS Long Term Plan link with the Priorities of the Health Improvement Board* (page 109). She noted that the NHS plan doesn't always talk about what is happening outside the hospitals or primary care setting but it is possible to trace a comparison with the Health and Wellbeing Board strategy and its priorities. This is the chance to look at how the NHS plan can help, a real opportunity.

Among the subjects that the NHS Long Term Plan does not mention is the "Making Every Contact Count – MECC" campaign but it places great importance in talking to people.

Some comments by the members were:

Regarding Digitalisation – There were concerns about how this is going to be assured, about the use of the right software to integrate all the patients records, on how to improve access to the Internet/WiFi in the rural areas where access is limited and on how not to disadvantage older people who are not digital savvy. These concerns were noted pending more detail on how this will be rolled out locally.

Regarding smoking - There is concern about the involvement of organised crime in selling cheap tobacco, including to young people, and the need for a

<p>decisive action from the districts. Val highlighted the recent formed Tobacco Control Alliance which enables districts and Trading Standards to coordinate actions with other agencies regarding tobaccos control and reduce smoking. It was noted there had been a recent revocation of a license in Witney following this action. This group will be reporting regularly to HIB.</p> <p><u>Regarding how the Long Term Plan is going to be funded</u> - There were concerns over whether funding was going to be decide top down and on how this extra money will be used. Hope was expressed that having good prevention plans in place can influence the system to make sure that some of this prevention work is funded with the additional NHS money.</p> <p>Kiren informed the Board that they are waiting for announcements regarding funding coming to the NHS next summer.</p>	
<p>10. Domestic Abuse</p> <p>Sarah Carter referred to the document <i>Update on the development of the Oxfordshire's 2019 – 2024 Domestic Abuse Strategy</i> (page 103 in the agenda pack).</p> <p>Sarah reported that work has started on the process of developing a revised 5 year Strategy with key partners. One question was if they follow the national government guidelines to call it Violence against Women and Girls (VAWG) or do they continue doing what they have been doing locally. This is under discussion at the Domestic Abuse Strategic Board.</p> <p>Sarah clarified that there will be a 5 year Strategy because this is an area that affects so many people and so many agencies. This development will take some time, so Sarah informed the Board that, in the interim, they are developing an annual plan for 2019-20. Sarah's proposal is to come back to HIB in 6-9 months' time with a draft strategy.</p> <p>There was a question on whether other forms of abuse like controlling behaviour are included. Sarah informed that this is the case and that there is a Bill that is going to receive Royal Assent in the Spring which legal definition of domestic abuse includes coercive behaviours. (<i>further information at https://www.gov.uk/government/news/government-publishes-landmark-domestic-abuse-bill</i>)</p> <p>Members of the Board were concerned that 6-9 months seemed too long to delay the strategy, although it was acknowledged that this is complex work and involves many partners.</p> <p>Sarah reassured the Board that operational matters would not be affected while the new strategy was being developed and that the existing strategy still gave a good framework. The new strategy will draw from the Review completed in 2016 which included extensive consultation and also take into account the performance of newly commissioned services. Further involvement of service users was also essential in developing the new</p>	

<p>strategy.</p> <p>The Board noted the difficulty of rushing the development of the strategy. However, they wish to be assured that current services jointly commissioned by the local authorities are performing well. They requested that Sarah bring the one-year delivery plan, details of the jointly commissioned services (with KPIs and a performance report) and an outline framework for the new strategy to the next meeting.</p> <p>Action: Sarah to bring to the next HIB meeting the one-year delivery plan, outline of current services and how they are performing and the draft framework of the 5 year Strategy to the meeting in May 2019.</p>	<p>Sarah Carter</p>
<p style="text-align: center;">11. Any other Business and Forward Plan</p> <p>It was agreed that if anybody has any other business they should inform the Chairman before the meeting. This means AOB will be listed at the beginning of the agenda in future.</p> <p><u>Forward plan – pages 119 – to 120 in the agenda pack</u></p> <p>It was noted that there is a full list of potential items for the May meeting and that this reflects how many strands of work are covered by the Board. Regular updates will be needed from all working groups, but this will make all meetings very full.</p> <p>It was agreed that some of the subjects can be presented in a written report and be included as “information only” items in future. This will be decided at Agenda Setting meetings by the Chairman and Vice Chair.</p>	<p>Chairman</p>
<p>There being no other business, the meeting closed at 16:00</p>	

..... in the Chair

Date of signing