

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 16th May 2019 commencing at 14:00 and finishing at 16:05

Present: Board members	Cllr Louise Upton, Oxford City Council, Cllr Lawrie Stratford, Oxfordshire City Council, Cllr Michele Mead, West Oxfordshire District Council Dr Kiren Collison, Oxfordshire Clinical Commissioning Group Dani Granito, Oxford City Council Jackie Wilderspin, Oxfordshire County Council Val Messenger, Oxfordshire County Council
In attendance	Julie Dandridge, Oxfordshire Clinical Commissioning Group Paul Brivio and Keith Johnson, Active Oxfordshire Eunan O'Neill, Oxfordshire County Council
Officers:	Julieta Estremadoyro, Oxfordshire County Council
Apologies:	Cllr Andrew McHugh, Cherwell District Council Diane Hedges, Oxfordshire Clinical Commissioning Group Richard Lohman, Healthwatch

ITEM	ACTION
<p>1. Welcome</p> <p>Cllr Upton welcomed everybody to the meeting.</p>	
<p>2. Apologies for Absence and Temporary Appointments</p> <p>Apologies received as per above.</p> <p>Cllr Michelle Mead from West Oxfordshire District Council is replacing Jeanette Baker who retired.</p> <p>Julie Dandridge from OCCG, attended to represent Diane Hedges.</p> <p>Cllr Upton announced that Cllr Anna Badcock, and ex-councillors Monica Lovatt and Jeanette Baker were no longer attending. New members from South Oxfordshire and Vale of White Horse will be appointed.</p> <p>Action: The Chair to write to Anna, Monica and Jeanette to thank them for their contribution to the HIB.</p>	Chair

<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. Notice of Any Other Business</p> <p>Kiren would like to report on social prescribing.</p>	
<p>6. Note of Decision of Last Meeting</p> <p>The notes of the meeting held on 14th February 2019 were signed off as a true and accurate record.</p> <p>Actions update:</p> <p><u>From Item No. 5</u></p> <p>5 – <u>Action on Communication and Campaigns</u> – Anna and Jackie were going to develop a joint approach on health promotion campaigns among the districts. There was no opportunity to take this forward before the election. In the light of this, Jackie proposed to contact the communication teams from all partner organisations to share health campaigns and to widen the audience. Action: All members to involve their communication teams in sharing health promotion campaigns.</p> <p><u>From Item No. 7 (Performance Dashboard)</u></p> <p>7.1 Jackie reported that NHS England has not carried out Health Equity Audits of screening programmes on the areas relevant to HIB. She suggested to follow this up through the Health Protection Forum.</p> <p>Action: Jackie to circulate to NHS England the letter to “all working groups of the Health Improvement Board and organisations delivering priority work”</p> <p>7.2, 7.3a and 7.3b were all completed.</p> <p><u>From Item No. 10 (Domestic Abuse)</u></p> <p>It is on the agenda.</p>	<p>All</p> <p>JW</p>
<p>7. Performance Framework</p> <p>Val Messenger presented the Performance Report (on Page 9 of the agenda).</p> <p>The performance is presented with a table of indicators identifying how well existing programmes of work are doing.</p>	

<p>There has been good progress in most of the indicators. The main concern is the declining uptake of measles, mumps and rubella immunisations. It was agreed that an action would be taken to request NHS England to prepare a report card on what are the possible causes and what action have been taken nationally and locally to reverse the downward trend.</p> <p><u>Questions and commentaries:</u></p> <p>Some members felt that there is a need to explore what can be done at a local level now, instead to wait for NHS England to act. It was suggested developing campaigns highlighting the problem.</p> <p>There was a question on whether these indicators have been translated into actual cases of children falling ill from these diseases. Val reported that they are informed regularly of any outbreak and that she could circulate this information to the group in the case of any outbreaks.</p> <p>There was a question on whether there is a cultural element regarding uptake of cervical and breast screening as in the East United Football report regarding men's health. Val commented that this is the reason why NHS England were asked about the equality impact assessments. She added that it would be a good practice to identify those communities with lower uptake of these screenings but unfortunately the information is not there at present.</p> <p>Action: Val to request a Report Card from NHS England regarding the falling levels of measles, mumps and rubella immunisations.</p>	<p>VM</p>
<p>8. Health Ambassador Report</p> <p>Richard Lohman did not attend to present the item. Jackie could forward any question from the members.</p> <p>Cllr Upton was interested to know more about the work they are doing on mental health. She reported on a meeting with a mental health nurse from a private company assigned to a GP practice that did not know the name of any of the GPs there.</p> <p>Julie Dandridge conceded that health care practitioners not knowing each other it is a quite common shortcoming of the system. The NHS Long Term Plan and the new GP contract are aiming to get practitioners and communities together to better serve the population.</p>	
<p>9. Tobacco Control Alliance: findings of an audit of current provision</p> <p>Eunan O'Neill presented the document <i>Oxfordshire Tobacco Control Alliance and the Clear assessment: a summary report</i> (page 17 in the agenda pack)</p>	

<p>Tobacco control is an umbrella name for all the activities that aim to reduce smoking prevalence and related issues in Oxfordshire. A year ago, the Tobacco Control Alliance was formed in the county with a wide range of partners from across the community for a whole system approach. It was agreed at the first meeting that one of the first actions they would take would be to complete the CLear assessment recommended by the Tobacco Control Plan for England. The paper set out a summary from the self-assessment and peer review on the strengths of partnership work in Oxfordshire and the areas for further development.</p> <p><u>Questions and Commentaries:</u></p> <p>Members were complementary about the report that has highlighted many positive things happening, particularly in deprived areas. It has also set important tasks like challenging tobacco industry lobbying and the criminal gangs targeting children.</p> <p>Eunan was also congratulated on implementing the CLear Assessment from the beginning of the project.</p> <p>Eunan was asked what the Alliance wants to do in terms of leadership. He commented that political leadership is really important as would allow them to reach other organisations that are not yet represented in the Alliance. More senior representation would also bring a more strategic direction with a stronger commitment from the organisations involved. Eunan would also like the support of the HIB and he develops a strategy.</p> <p>It was also noted that the report highlighted key aspects that could be included in the Prevention Framework to be presented to the Health and Wellbeing Board with the aim to develop a county wide strategy on this issue.</p> <p>It was agreed that the HIB would continue to champion the development of a Tobacco Control Strategy for Oxfordshire.</p>	<p>All</p>
<p>10. Domestic Abuse: Action Plan, Performance Report and 5-Year Strategy</p> <p>Sarah Carter presented the documents <i>Update on Domestic Abuse Strategy</i> (Page 23 of the agenda pack), <i>Key messages from consultation events</i> (Page 37) and <i>Annual Report on Delivery of Domestic Abuse Strategic Recommendations</i> (Page 39)</p> <p>Cllr Upton congratulated Sarah on bringing the reports that were asked from her at the last HIB meeting.</p> <p>Sarah commented that the consultation events held to discuss the development of the Domestic Abuse Strategy were very successful, with a good turnout. Key messages were fed into the strategies.</p> <p>One of the outcomes of the consultation events was the decision not to change the terminology from “Domestic Abuse” to “Violence against Women and Girls”.</p>	

Participants thought that to refer to women and girls was restrictive, the same with the term "Violence" that came across as narrowing down the broad spectrum of coercive behaviours. They settled for a Domestic Abuse (DA) Framework.

Another result of the consultations is to have a strategy that encompasses all the people affected by DA. Not just the victims are taken into consideration but also the whole families including the perpetrators and also the diverse range of people affected: young people, victims with complex needs. This involves developing partnerships addressing all these aspects.

Sarah commented on the Year 1 (2019-20) of the Delivery Plan that focused on Prevention, Provision, Pursuing and Partnership and gave an account of the programmes at work/or being developed and the agencies involved. (see pages 27 to 33 of the agenda pack).

Sarah provided an update on how specialist services were performing. The access service is working very well and waiting times were within target. The outreach team can provide 75 people/families with the support needed. People will use the service for a period of transition (approximately 4 months). The outcomes are very positive with 94% achieving independent living. Another strategy that it is working well is appointment of the Independent Domestic Violence Advisors (IDVA). There are three across the county. The complex needs service that was initially a pilot is now a commissioned contract and are close to target. Refuges have presented more problems. One of them was relocated so the transition meant some disruption, but the new premises are now being used.

Comments and questions:

Cllr Stratford was concerned about the cultural differences of what constitute abuse and the forms to tackle it, particularly at refuges/safe places levels. Sarah commented that Thames Valley is working with A2 Dominion mapping communities and doing community development work with them. This relates to a 2-year project focussing on Black, Asian, Minority Ethnic and Refugee communities. The final report of the project is expected to shed light on the services that need to be implemented addressing the different communities' needs.

Sarah commented on another challenging aspect of refuges and it is when people living in Oxfordshire need a place elsewhere. Not all councils still commission provision of refuges so it can be hard to place people out of county. A recent government announcement will make it a legal requirement for each council to provide a certain number of refuge places.

Sarah added that they want to expand the training that they are providing. They have widened the list of organisations that they want to target. They have a very good response from housing workers, but they also would like to provide training to CAF/CASS and the Witness Service.

Sarah will attend future meetings to present an updated Strategy Framework.

11. Active Oxfordshire: Update and Strategic Plan

Keith Johnson and Paul Brivio presented the item. They referred to the document *Our Health Prevention and Physical Activity Work – Aligned to County and National priorities* (Page 49 of the Agenda Pack) and to the presentation (Page 59)

Keith commented on the organisational changes that have taken place over the last year. He highlighted that Active Oxfordshire is now an independent organisation. They have a clean bill of health from Sport England, their main funders and have new people joining the team. They are also strengthening relations with the HIB partners. Their aim is to group together the key influences in the county that share the same ambition of building a community in which everybody feel that physical activity is an essential part of their daily routine, to contribute setting the local priorities and to challenge health inequalities.

In presenting slides covering their work, Paul Brivio highlighted that his main concern was the almost 80% of Children/Young People in Oxfordshire that do not meet the recommended 60 minutes physical activity per day among other issues.

Comments and questions:

Members noted that other age groups should also be targeted (“middle age” and the age range 16 to 34 were mentioned)

Val highlighted the positive financial and environmental impact of getting the population more active. People would stop driving cars, there would be less pollution and cities could be planned in a different way.

She also expressed her concern about the correlation between children over 5 not having an hour of physical activity to children under 5 that are having less than the 3 hours recommended.

The presenters were questioned on whether they have a comprehensive list of the school programmes of physical activities such as the “Daily Mile”. Paul reported that they have a better knowledge of what primary schools are doing because they are monitoring the implementation of Pupil Premium. They are promoting a range of different activities that the school can do. What they have done well is focusing on the schools that are not taking part in anything with collaboration of Public Health and the City Council.

Jackie congratulated Active Oxfordshire for the significant progress they have made in 8 months and thanked Keith in particular for his steadfast persistence and for coming to the HIB meeting to keep all informed. He will be missed as the Chair of the Active Oxfordshire Board when he steps down next month.

Jackie also commented on the implementation of the Older People’s Strategy which is being look after in another part of the structure of the Health and Well Being Board. The strategy includes a theme of “being emotional and

<p>physically healthy” and suggested that this is another area that Active Oxfordshire can get involved with. She noted that people governing the Older People’s Strategy implementation will be interested in what Active Oxfordshire is doing.</p> <p>Members highlighted the importance of health promotion types of messages: that included daily physical activities with equivalence to a sport (e.g. hoovering for half an hour will be equivalent to x amount of kick boxing). There should be more emphasis in the day to day activities, in the need for people to incorporate physical activity in their own life. 30 minutes 5 times a week, built this into the daily routine.</p> <p>Keith thanked the Board members for their kind comments and highlighted that the success of Active Oxfordshire in attracting funding is a strong vote of confidence in the organisation and in the engagement of the organisation with partners. The support of Sport England is critical.</p>	
<p>12. Joint Strategic Needs Assessment</p> <p>Jackie gave a short presentation on the <u>Joint Strategic Needs Assessment 2019 - Summary of Findings</u>. (In the agenda, a link was provided to the major piece of work that she encourages everybody to read). She showed some slides that gave a flavour of the useful information provided.</p>	
<p>13. AOB and Forward Plan</p> <p>Kiren proposed to the HIB members could host a workshop in order to develop an overarching strategy on social prescribing. Social prescribing is commissioned in different places and several models are already operating in different parts of the county. Primary Care Networks will be able to recruit Link Workers soon too. The proposal will be to explore how the partners/organisations doing social prescribing can join up if this is beneficial.</p> <p>Jackie proposed a workshop on social prescribing lasting 2 or 3 hours in which the members could invite a range of people to talk about it. There could be opportunity to look at models that are already in operation. They can discuss the roles of the health sector, district councils and voluntary/community organisations. The aim is a strategic overview rather than one size fits all.</p> <p>Members endorsed the Health Improvement Board taking action on social prescribing. Michele Mead (West Oxfordshire DC) added that she would like to understand better what it is social prescribing and support the idea of a workshop.</p> <p>Action: Jackie to arrange a workshop on social prescribing</p> <p>Forward Plan: if any member would like to add something to the upcoming meetings, let Jackie know.</p>	<p>JW</p>