

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday 20th April commencing at 2.00 pm and finishing at 3.45 pm.

Present:

Board Members: Councillor Anna Badcock (Chairman), South Oxfordshire District Council
Councillor Mark Lygo (substituting for Councillor Ed Turner, (Vice-Chairman), Oxford City Council)
Councillor Jeanette Baker, West Oxfordshire District Council
Cllr Monica Lovatt, Vale of White Horse District Council
Marianne North, Cherwell District Council (substituting for Councillor John Donaldson, Cherwell District Council)
Jackie Wilderspin, Public Health Specialist
Dr Jonathan McWilliam, Director of Public Health
Emma Henrion, Healthwatch Ambassador
Dr Paul Park, Oxfordshire Clinical Commissioning Group

Officers:

Whole of meeting: Val Johnson, Oxford City Council
Katie Read, Oxfordshire County Council

Part of meeting:

Agenda item 6 Sarah Carter, Oxfordshire County Council
Sarah Breton, Oxfordshire County Council

Agenda item 7 Dr Nisha Jayatilleke, NHS England

Agenda item 8 Andy Symons, Turning Point

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 Katie Read (Tel 07584 909530; Email: katie.read@oxfordshire.gov.uk)

ITEM	ACTION
<p>1. Welcome The Chairman, Councillor Anna Badcock, welcomed all to the meeting.</p> <p>It was announced that Diana Shelton, Shared Head of Leisure and Community Services, is joining the Board as the new district council officer representative.</p>	
<p>2. Apologies for Absence and Temporary Appointments Apologies were received from: Cllr John Donaldson, Cllr Hilary Hibbert-Biles and Diana Shelton.</p> <p>Cllr Mark Lygo substituted for Cllr Ed Turner and Marianne North substituted for Cllr John Donaldson.</p>	
<p>3. Declaration of Interest Cllr Jeanette Baker declared that she has a part share in the office building rented by Turning Point.</p>	
<p>4. Petitions and Public Address No petitions or public addresses were received.</p>	
<p>5. Minutes of Last Meeting The minutes of the October meeting were approved.</p> <p>As a matter arising under the Health Inequalities update, feedback was provided on the proposals put to the Growth Board:</p> <ul style="list-style-type: none"> - The Board supported OxSPA's Sport England bid and agreed that if it was not successful, it could still be used as a blueprint for tackling health inequalities going forward. - All councils represented at the Growth Board supported the proposal to establish an Innovation Fund and each agreed to contribute £2,000. Criteria for awarding the £12,000 fund are now being developed. <p>Broader work on health inequalities continues:</p> <ul style="list-style-type: none"> - A multi-agency workshop was held to discuss how to implement the Health Inequality Commission's recommendations, - The recommendations were also discussed by the City Council's Scrutiny Committee and Executive, and - The Public Health team is developing a basket of indicators that aim to measure health inequalities in Oxfordshire. 	
<p>6. Strategic Review of Domestic Abuse The outcomes of the review and progress on implementing its recommendations were presented by Sarah Carter and Sarah Breton.</p> <p>The following key concerns emerging from the review were shared with members:</p> <ul style="list-style-type: none"> - Invisible / hidden abuse - Interventions for perpetrators 	

- Intergenerational impacts
- Inequality of access to support & help
- Insufficient provision of resources / funding
- Information: provision, data capture & sharing
- Improvement and review processes and structures
- Inconsistently targeted services

The Board was informed that work in this area is being taken forward by three key groups:

1. A strategic group is developing the vision for domestic abuse services,
2. An operational group is mapping current pathways, and
3. A commissioning group is delivering the co-commissioning approach.

A number of key challenges and opportunities of this approach were identified as:

- Bringing together complex funding and delivery mechanisms for existing services.
- Understanding hidden abuse and the impact this will have on demand for services.
- Enabling families to remain in Oxfordshire, rather than being sent out of county for protection.
- Being clear on the services needed in order to target alternative funding streams.

A Domestic Abuse Summit planned for May/June will look to ratify the vision, discuss the resources available to deliver co-commissioned services and identify a robust governance structure.

It was acknowledged that it can be difficult for professionals to know the most appropriate routes for referral in, for example, cases of child sexual exploitation, female genital mutilation or radicalisation. There was concern that this might be the case for domestic abuse support.

Members were assured that a communications strategy will be developed to publicise the route for referral and, as domestic abuse is closely linked with sexual violence, there is a recommendation to develop these services in an integrated way.

The Board fully endorsed the planned co-commissioning approach and encouraged the join up of services, referencing how effective the joint approach to housing related support services had been.

It was proposed that the Health Improvement Board would be an appropriate body to oversee the co-commissioning of domestic abuse services, although a key agency (Thames Valley Police) is not represented on the Board. There would need to be clear escalation processes in place and a reporting matrix.

The Board agreed to recommend to the Summit that HIB oversees the work on domestic abuse services.

Sarah Carter

7. Performance review

<p>Jonathan McWilliam presented the quarter 3 performance report.</p> <p>It was highlighted that 9 indicators are rated green, not 8 as reported.</p> <p>The Chairman commended Public Health colleagues and providers for the fact that none of the indicators are rated red.</p> <p>An extract on NHS Health Checks from the Director of Public Health's 2015/16 Annual Report had been circulated to Board members following a query about undiagnosed health conditions at the previous meeting.</p> <p>Members queried the high number of people provided with advice about physical activity as part of their NHS Health Check. It was confirmed that anyone considered to be at moderate risk of cardiovascular problems would receive this advice, including everyone aged over 60 years old. We are all recommended to be doing at least 150 minutes of moderate intensity aerobic activity each week (such as cycling or fast walking).</p> <p><u>Immunisation report card</u></p> <p>Dr Nisha Jayatileke presented the report card on immunisation rates and expanded on the role of the Health Inequalities Nurse who follows up individually with families whose children have missed a vaccination.</p> <p>Members queried the links between the Health Inequalities Nurse and Health Visitor who works closely with homeless families and those in temporary accommodation. It was confirmed that these two posts share a line manager and they work closely together.</p> <p>It was highlighted that even the immunisation statistics at a local level mask geographical inequalities within smaller areas, e.g. north and south of the City. The high numbers of unvaccinated children often correlate with the areas of social disadvantage.</p> <p>The collaborative work undertaken by NHS England with local stakeholders was described further; this includes a local forum bringing together commissioners and providers to consider projects holistically and to share learning. There is a plan to make this Thames Valley-wide and to learn from similar inequality initiatives in Buckinghamshire and Berkshire.</p> <p>The Board agreed to maintain a watching brief on immunisation rates to track when the target of 95% is reached and ensure this is sustained.</p>	
<p>8. Drug and Alcohol Treatment Service</p> <p>Andy Symons presented a progress report on the performance of the drug and alcohol treatment service and some of the key achievements since the service began in April 2015.</p> <p>In particular the improved working relationships between the service and primary care were highlighted as a success, and the targeted work being done with hard to reach groups, such as the homeless population and sex workers.</p>	

<p>Members were impressed that performance within the service had significantly improved since Turning Point became the new provider. The Board was also pleased to be informed that heroin use, particularly in the younger population, has been decreasing in Oxfordshire.</p> <p>The Board queried whether significant inequalities existed among service users and how Turning Point targeted its work. Members were informed that the drug using population does vary across Oxfordshire, with hotspots in Banbury and the City. Turning Point recognises the gender imbalance in the drug using population (approx. 70:30 male to female split), and tailors its treatment programmes with this in mind. Some specific work is currently underway with members of the Black, Asian and Minority Ethnic community.</p> <p>The Board thanked Andy Symons for his report and suggested that it is also presented to the Safer Oxfordshire Partnership.</p>	<p>Andy Symons</p>
<p>9. Review of Health Improvement Board Priorities</p> <p>Jackie Wilderspin led a discussion with Board members about the areas of focus they would like to propose for health improvement in 2017-18, for inclusion in the revised Oxfordshire Joint Health and Wellbeing Strategy.</p> <p>Members proposed including the following new areas of focus:</p> <ul style="list-style-type: none"> a) Older people, particularly tackling loneliness, isolation and keeping fit. b) Improving mental health and wellbeing. <p>The Board discussed the difficulties finding a reliable measure for these areas.</p> <p>It was suggested that organisations / charities already working in these areas should be approached to help determine appropriate measures and learning from the Healthy New Town vanguards should be incorporated.</p> <p>Members also discussed inviting a mental health expert to a future meeting to elaborate on key barriers to mental wellbeing and how this can be improved.</p> <p>It was acknowledged that the collection of new data has resource implications, therefore wherever possible new measures will be based on data that is already collected and available.</p> <p>Members agreed that none of the current indicators should be excluded going forward. However, given the number of existing indicators, it was agreed that two categories of indicators would be included: a set that is actively monitored and a set that members keep a watching brief on.</p> <p>The Board also endorsed an ongoing focus on health inequalities through performance reporting.</p> <p>Final priorities and performance indicators will be presented to the</p>	<p>Jackie Wilderspin</p> <p>Katie Read</p> <p>Jackie</p>

