

## SHADOW HEALTH IMPROVEMENT BOARD

**OUTCOMES** of the meeting held on Thursday, 16 May 2013 commencing at 2.00 pm and finishing at 3.53 pm

**Present:**

**Board Members:** District Councillor Mark Booty – in the Chair

Edward Owen Turner (Vice-Chairman)  
 Dr Jonathan McWilliam  
 Jackie Wilderspin  
 Ian Davies  
 Peter von Eichstorff  
 Steven Curran

**By Invitation:** Councillor Roger Cox  
 Councillor Anna Badcock  
 Councillor Scott Seamons

**Officers:**

Whole of meeting: Lesley Sherratt  
 James Martin

*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](http://www.oxfordshire.gov.uk)).*

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	ACTION
<p><b>21 Welcome by Chairman, District Councillor Mark Booty</b>                      (Agenda No. 1)</p>	
<p>The Chairman, Councillor Mark Booty, welcomed all to the meeting including Councillor Ed Turner in his role as Vice Chairman. It was noted that Councillor Val Smith has stood down from her role in the Executive of the City Council. Thanks for her</p>	

<p>role in the Health Improvement Board from its inception were noted.</p> <p>Councillor Roger Cox, Councillor Scott Seamons and Councillor Anna Badcock were welcomed as guests of the Chairman.</p>	
<p><b>22 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)</p>	
<p>Apologies have been received from Councillor David Nimmo-Smith, Val Johnson, Anita Higham, Dave Etheridge and Councillor Pickford.</p> <p>Lesley Sherratt is deputising on behalf of Val Johnson.</p>	
<p><b>23 Declaration of Interest - see guidance note opposite</b> (Agenda No. 3)</p>	
<p>No declarations were received.</p>	
<p><b>24 Petitions and Public Address</b> (Agenda No. 4)</p>	
<p>No petitions were received.</p>	
<p><b>25 Note of Decision of Last Meeting</b> (Agenda No. 5)</p>	
<p>Matter arising:</p> <p>Access to Academies is done on an individual basis through Heads or through a Governing Body rather than collectively.</p> <p>The Housing Support Advisory Group terms of reference will be circulated to the Adults and Children Boards, next time they meet.</p> <p>The note of the last meeting was approved.</p>	
<p><b>26 Re-commissioning of Homeless Pathway</b> (Agenda No. 6)</p>	
<p>Clare Rowntree presented the paper that detailed the process and principles of the framework for re-commissioning of the</p>	

homeless pathway in Oxfordshire that has a budget of £4million per annum.

Dr Jonathan McWilliam stated that homelessness is an important issue to the Health Improvement Board and is a serious issue for public health. This work shows how we can all work together to address the issues.

The discussion that followed focussed on the following points:

- **The timetable for the re-commissioning**

Procurement rules mean that new contracts must be in place by 1 February 2015. In order ensure adequate time to make any alterations to the properties from which services are delivered, the aim is to complete the procurement process by January 2014, giving a 12 month transition period before the new contracts commence.

The length of contracts will be 3 years with an option to extend for a further 2 years.

- **Future funding and sustainability**

The re-commissioning of the homeless pathway must make a saving of £270K, possible options will need to take account of this. Councillor Turner expressed caution about the commissioning of services that future changes to funding or the welfare benefits system may make unsustainable.

The response from Ann Nursey, Lead Commissioner for Adult Services was that future savings that may be required are, at this point, unknown. The review of the total homeless pathway and not just a number of services within it will provide the best opportunity for stability during the length of the contracts.

Councillor Seamons suggested that there may also be a need to review the use of buildings currently in use to deliver services. This is because building based service are an essential component of homeless services. This was agreed and work is currently being done looking at the suitability and possible options of existing buildings and services.

- **Links with MH**

Ian Davies welcomed the report and praised the collaborative efforts across the county. Ian Davies also stressed the importance of getting right the commissioning of services to deal with Mental Health issues and acknowledged the difficulty in producing an accurate and conclusive needs analysis. This was agreed as was the importance of preventative work that will continue. It was also highlighted that the commissioning of Mental Health services is going through a review similar to the

<p>homeless pathway.</p> <ul style="list-style-type: none"> <li> <b>Future meeting with elected members</b>  Cllr Mark Booty proposed that the next scheduled meeting of the Health Improvement Board should be brought forward to June and take the format of a working meeting to progress this agenda with lead officers and members to look at future options for the homeless pathway. This was seconded by Cllr Ed Turner and agreed as an <b>action</b>. </li> </ul> <p>Clare Rowntree was thanked for her paper.</p>	<p>JW / JM</p>
<p><b>27 Performance Monitoring</b> (Agenda No. 7)</p>	
<p>Jonathan McWilliam presented the monitoring report noting the indicators that are rated red and detailing the reasons for this:</p> <p><b><u>Indicator 8.2: 2,000 adults receiving bowel screening for the first time</u></b></p> <p>The programme is going well. Figures are however below the expected levels due to how data is collected through the national system that causes delays receiving the data locally.</p> <p><b><u>Indicator 9.1: Ensure that the obesity level in Year 6 children is held at no more than 15%</u></b></p> <p>Although the figure is currently 15.6%, Oxfordshire is performing well given the national figure of 19%. Work is on-going to reduce childhood obesity across Oxfordshire through many different agencies. When setting targets for next year the Health Improvement Board will need to look at what it wants to achieve.</p> <p>Discussion focussed on the issues that are causing childhood obesity and the work going on across the county and opportunities there might be. These included:</p> <ul style="list-style-type: none"> <li>• The current very good involvement of the County Council in regards to nutrition at schools</li> <li>• Further opportunities for physical activity both in a school setting and beyond</li> <li>• Primary prevention: increased education and support at the weaning stage to tackle overfeeding, obesity and the need for intervention in later childhood and into adulthood</li> </ul> <p><b><u>Indicator 9.2: 60% of babies are breastfed at 6-8 weeks of age</u></b></p>	

<p>Although this indicator is red, Oxfordshire is doing well nationally, out-performing the England average. The benefits of breastfeeding were highlighted and the Health Improvement Board was encouraged to keep this indicator high on the agenda next year.</p> <p>Discussion focussed on what services there are currently within the county to promote breastfeeding and actively work with mothers to learn and develop techniques that work for them and their babies.</p> <p>Dr Peter von Eichstorff detailed the work of GPs in this area that includes the personalisation of services and active dialogue to encourage and support breastfeeding. Resources are targeted geographically at areas that have traditionally lower levels of breastfeeding such as Cherwell.</p> <p>Dr Jonathan McWilliam pointed out that there many agencies across the county looking that the work associated with indicators 9.1 and 9.2 that would be helpful context for the Health Improvement Board. It was <b>agreed</b> that a report or information detailing this work will be brought to a future Health Improvement Board meeting.</p> <p>Cllr Turner suggested that it would be helpful to have the data sets broken down to district level or even smaller areas to get a better understanding of need and possible responses. This reporting could be done by exception to prevent the presentation of too much data.</p> <p>Dr Jonathan McWilliam agreed that this would be helpful and depending on how the Health Improvement Board develops this approach may be appropriate for certain indicators.</p>	<p>JMcW</p>
<p><b>28 Review of the Joint Health and Wellbeing Strategy</b> (Agenda No. 8)</p>	
<p>Jackie Wilderspin presented the paper that detailed the review of the Joint Health and Wellbeing Strategy. The revised strategy is to be agreed by the Health and Wellbeing Board in July following public consultation in June.</p> <p>The four priorities of the Health and Improvement Board have been agreed at a previous meeting, the current focus is the developing and agreement of indicators and outcomes.</p> <p>The following suggestion were raised in the discussion that followed:</p>	

**Priority 8: Preventing early death and improving quality of life in later years**

- Bowel screening and NHS Health Checks indicators could be extended to include uptake as well as the number of invitations issued
- 'Increased healthy life expectancy / reduced differences in healthy life expectancy between communities' may be better placed as a recommended indicator rather than a surveillance indicator to help regional differences, though it was acknowledged that changes in this measure take several years to accrue.

**Priority 9: Preventing chronic disease by tackling obesity**

- It was noted that the nature of this work is to bring long term gradual change which will make it difficult to select indicators that show progress in the short term.
- There is a need to target areas or groups with worst outcomes and concentrate on primary prevention and early years (0-5).

**Priority 10: Tackling the broader determinants of health through better housing and prevent homelessness**

- Number of households in temporary accommodation needs to be an indicator
- Preventing homelessness, possibly adding a new surveillance indicator for how many people are housed out of district or county.

**Priority 11: Preventing infectious Disease through immunisation**

- Extending the flu vaccination to at risk groups under 65 yrs chimes with the current priorities of the CCG. The indicator will need to be thought about carefully as many people in this group do not come forward to receive the flu jab.

Ian Davies noted that preventing ill health is a key undertaking of the Board; working with the CCG to get the basics right upstream for long term sustainable improvement. Due to this a number of the indicators are about behavioural change, change that will not be seen immediately, but in the long term.

Further work will take place in the next 2 weeks to reach an agreement of the indicators to propose to the Health and Wellbeing Board.

JW

**29 The basket of indicators for health and housing**

(Agenda No. 9)	
<p>Lesley Sherratt introduced the paper that presented the basket of indicators for housing and health including the latest data available for each indicator.</p> <p>An amendment to the paper was noted: Paragraph 5 on page 2 of the paper should read:</p> <p>‘This affects households where none of the tenants are of retirement age or fall within one of the exception categories and they are assessed as having one or more bedrooms than they require according to the following formula of one bedroom for’</p> <p>The discussion that followed focussed on the following points:</p> <ul style="list-style-type: none"> <li>• Performance is good and it is improving in most cases</li> <li>• Could the prevention activity be expanded into categories to get a better understanding of what the action might be</li> <li>• Housing Related Support data can still be reported into sustainable housing</li> <li>• The Health Improvement Board is a good place to present this data, it provides a good clear overview and allows the board to take action</li> </ul> <p>It was <b>agreed</b> that updates of some indicators would be received quarterly and others annually to be reported to the Board. Outcome indicators for 2013-14 would be selected based on the data reported at this meeting.</p>	LS / JM
<p><b>30 Update from the PIN</b> (Agenda No. 10)</p>	
<p>Cllr Mark Booty introduced the paper on behalf of Anita Higham in her absence. A number of the issues raised are already known to OCCG and its work continues to address these. Other issues will be forwarded to relevant Boards</p>	JW
<p><b>31 The Health Protection Forum</b> (Agenda No. 11)</p>	
<p>Dr Jonathan McWilliam introduced the Health Protection Forum’s terms of reference and noted that there had been some concern amongst City Council Environmental Health Officers about the role this forum. In response to this and to clarify the role of the</p>	

group it will be known as the Public Health Protection Forum.  Dr Jonathan McWilliam offered to meet Environmental Health colleagues in the City to discuss this further should they want to	JMcW
<b>32 Forward Plan</b> (Agenda No. 12)	
<ul style="list-style-type: none"> <li>• The workshop planned for July will be brought forward and used to progress the re-commissioning of the homeless pathway.</li> <li>• The next Board meeting is the 26 September and will have focus on obesity.</li> </ul>	
<b>33 District action on public health</b> (Agenda No. 13)	
Ian Davies introduced the District Councils' Network publication highlighting the clarity that it provides in detailing the contribution that district councils have to public health and explaining the relevance of services to the Health and Wellbeing structure.	
<b>34 Oxfordshire Affordable Warmth Network</b> (Agenda No. 14)	
<p>Jackie Wilderspin introduced two draft reports:</p> <ul style="list-style-type: none"> <li>• Oxfordshire Affordable Warmth Network end of year report 2012/13</li> <li>• Warm Homes Healthy People Evaluation Report</li> </ul> <p>The discussion that followed focussed on understanding the wider picture of fuel poverty and where the Affordable Warmth Network sits within it. It was <b>agreed</b> that a paper will be brought to a future meeting so that Health Improvement Board members are informed and can make appropriate recommendations to how the issue should be addressed.</p>	JW

..... in the Chair

Date of signing