

Report on Health Improvement Board Workshop held in July 2012 and next steps in action planning

1. Summary and recommendations

This paper includes a report on the successful workshop held in July 2012 and the outputs of discussions on 3 of the 4 priority issues for this Board. Proposals for next steps to ensure delivery of the Board's ambitions are also set out.

The Board members are asked to discuss the content of this paper and make decisions on the following:

- a. The proposed next steps for meeting our targets
- b. Ideas for future workshops in November 2012 and March 2013

2. Workshop report

The Health Improvement Board workshop in July 2012 enabled over 70 people to join discussion groups on 3 of the Board's 4 priorities. The housing priority was divided between 3 discussion groups

- Fuel poverty and housing quality
- Preventing homelessness
- Supporting vulnerable people

Further groups were convened later in the afternoon to discuss

- Preventing early death and improving quality of life in later years
- Tackling obesity

Preparatory work for the workshop had included circulation of detailed briefing papers on each of these topics so that all participants were informed in advance. Copies of additional detailed reports and papers were made available at the workshop.

Discussion groups focussed on work currently being delivered and participants were asked to "affiliate" appropriate work to the Health Improvement Board. An extensive list of affiliated projects has been compiled as a result (see summary in **Appendix A**) and this will form the basis for our future action planning, which is outlined below. Further discussion then focussed on ideas for developing new work which would help us meet our priority outcomes. The ideas generated are summarised in **Appendix B**.

3. Next steps for all priorities

The details of how work will be taken forward will vary across the priority topics, but some general ideas are proposed for discussion. These include

- a. **Starting with existing plans** to ensure there is no duplication or reinvention. The two workshops already run by the Health Improvement Board have given extensive information about what is already going on.
- b. **Adding affiliated projects to these existing plans.** There is a wide range and diversity of projects offered by partners for affiliation. Many will make a direct contribution to improved outcomes and where appropriate these can be added to existing work streams.
- c. **Adding value through improved coordination** and better information flow among partners and with the public. Quite often the value of a partnership approach to work of this nature is the simple job of bringing people together and keeping in touch. This includes good communication with other partnership boards e.g. Adult Health and Social Care on some housing topics, Children and Young People Board on childhood obesity and immunisations etc.
- d. **Using the scheduled HIB workshops** to focus on particular topics and involve a wide range of partners as expert witnesses. For example, these meetings could focus on a particular issue for resolution, bring information on best practice from elsewhere, explore options for further local development or draw in potential new partners for discussion about how they could contribute to the work.
- e. **Ensuring that the views of the public are sought and incorporated** in planning and implementation on each priority. This is through the work of the Public Involvement Network (PIN) prior to workshops and in other ways. The routes offered through the PIN might include
 - The opinion and contribution of the PIN representative on the Board.
 - Conducting on-line surveys to canvass opinion from PIN members.
 - Producing summary reports of consultations that have already been conducted on particular topics.
 - Running focus groups on a particular issue so that members of the PIN can give more detailed views.
 - Consulting on draft documents or proposals.
 - Involving people who may have direct experience of the issue being discussed. This could be in a range of ways, from one-off meetings to a role as co-commissioner.
- f. **Establishing a regular rhythm of performance reporting** to the Board and ensuring that exception reports and recovery plans give sufficient detail for the Board to advise and hold to account. These should be complemented by reports on particular areas of activity to highlight success and best practice.
- g. **Continuing surveillance of a wider range of related indicators.** This will enable discussion and advice on progress on existing priorities as well as awareness of emerging issues.

Appendix A Summary of affiliated projects offered to the Health Improvement Board

At the HIB workshop in July 2012 delegates were asked to offer projects for affiliation that will help the board meet its outcomes across its four priorities. To date over 120 projects have been offered for affiliation both during and after the workshop representing a wider range of organisations and approaches.

A selection of the projects offered across the four priorities is detailed below to demonstrate the breath of those received. A full list of all affiliated projects has been compiled and is available for those leading work on each priority.

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

- **Mental Health First Aid:** Suicide is one of the biggest causes of early death and lost years of life. MHFA is practical skills based training that enables people to provide crisis support to people at risk of suicide.
- **The Archway Foundation:** Preventing premature death by alleviating loneliness. Supporting vulnerable groups by providing supportive social contact and befriending
- **Supporting Community Infrastructure:** Oxfordshire Rural Community Council Supporting community hall committees, community transport schemes, community shops and community led planning
- **Footy Fitness:** Oxfordshire PCT: Free rolling programme by self-referral or referral from NHS Health Check. Men who live in Oxford City with BMI of over 25 attend for football based physical activity programme and weight management
- **Generation Games:** Age UK. Wide range of locally accessible exercise opportunities, affiliated to GG, available through "exercise prescription" and self-referral
- **Diabetes Explored:** Oxfordshire PCT. Education sessions for BME Groups

Priority: Preventing chronic disease through tackling obesity

- **Healthy Eating and Nutrition for the Really Young (HENRY):** Courses to develop knowledge, skills and confidence to support parents with weight issues and promote healthy lifestyle for the whole family.
- **Targeted free swimming:** Oxford City Council
- **Running club for 2 - 7 year olds:** Vale of White Horse DC
- **Oxford United FC Youth and Community Trust:** Oxford United FC. Healthy Lifestyle programmes and various projects including after schools clubs and summer camps
- **Sports Partnership Strategic framework and physical activity plan:** Oxfordshire Sports Partnership

Priority: Tackling the broader determinants of health through better housing

Housing quality and fuel poverty

- **Oil bulk buying:** Oxfordshire Rural Communities
- **Green Deal:** national initiative highlighted by West Oxfordshire District Council. To improve insulation by giving access to grants.
- **Warm Homes, Healthy People:** partnership approach highlighted by Cherwell District Council. Building a network in Oxfordshire to address fuel poverty and reduce excess winter deaths

Supporting vulnerable groups

- **Alert Sanctuary Housing:** Daytime support visits
- **County wide recovery services providing 580 places a week to support people with mental health problems:** Restore
- **Multi agency strategy and services:** Domestic Abuse Strategy Group. Encompassing early intervention in domestic abuse; effective risk management; on-going support to promote future health and wellbeing; and preventative work to promote healthy non-abusive relationships:
- **Connection floating support:** working individually with vulnerable and excluded people who need support to sustain their accommodation, prevent homelessness, enable access to health services and understanding of and compliance with treatment. Connection

Preventing Homelessness

- **Offender Housing Support:** Thames Valley Probation
- **Oxford Homeless Medical Fund:** Oxford Homeless Pathways. Provides support to patients of Luther St Medical Centre. It provides welfare, advice and support helping patients to get to medical appointments:
- **Cherwell Connection Project (Banbury & Bicester):** Cherwell District Council. 6 units of accommodation and signposting people elsewhere when there are no vacancies. This service forms part of the hostel review along with Floating Support Services:
- **Homeless Prevention Services:** South and Vale District Councils. Core casework services provided by LA's to prevent homelessness and ensure people can access suitable, quality housing

Priority: Preventing infectious disease through immunisation

- **Increased uptake of childhood immunisation in BME communities:** Oxfordshire PCT. Supporting public health colleagues with targeted follow up of BME parents to encourage uptake of childhood immunisation:

Appendix B: Summary of ideas for future work generated at the July workshop

Discussion groups at the workshops in July were asked to identify new ideas for taking the priority areas forward. They were given no constraints in terms of availability of resources or other barriers, but were just asked to record ideas and think widely. The summary of ideas below is set out by priority area and grouped into themes. The ideas are reproduced as they were written on post-it notes at the workshop.

Priority: Preventing early death and improving quality of life

Screening

- Flexible bowel screening lists at weekends to encourage lower socio-economic group and reduce need to take time off work
- Use joint working housing advisors to encourage screening up take
- Integrate all screening services
- Use business clubs and breakfast clubs to get in to large businesses to spread screening information e.g. Cowley car plant

Education

- Target males between 16-25 and 25+ in homeless hostels for whole health message
- Health education within family hubs
- Use of social media
- Health improvement tips could be texted to clients

Lifestyle

- Target the big supermarkets who consistently promote calorific dense food. This might be a national initiative but consider how successful the smoking ban has been
- Workplace health initiative e.g. lunch time dancing and walks
- Appropriate activities for this generation of older people
- Promote other forms of physical activity than sport e.g. dance, wheeled sports etc.
- Invest in promoting and supporting CYP: play activities which build confidence, social skills and healthy habits for the future. Make it intergenerational and help children feed healthy ideas and habits into their families
- Seek to understand what causes people to make bad lifestyle choices. Direct engagement through PIN and use this to inform interventions
- Use PIN to find out what people think will help change lifestyles

Partnership working

- Work in partnership with leisure providers to increase awareness of free access
- Corporate membership for leisure clubs
- Discount vouchers online
- HWB board membership could usefully include business and commercial representation
- Taster events with local sports clubs to have a go

Community

- University volunteers through the hub more widely available in communities
- More community events to focus participation and get people active
- Community development initiatives e.g. healthy habits
- Identify how to provide cycleway and footpath links between communities cost effectively and practically especially in rural areas.
- Raise community awareness and build community capacity and internal support by investment in community development
- American style Co-op: People's fruit van and food store
- Time banking with LA/CCG/HWB acting as broker and banker
- LETS scheme <http://www.letslinkuk.net/>
- Adequately resource PIN to reach out and talk to people where they are
- Ping pong for over 80's
- Film club

Cross cutting

- Need to acknowledge the link between loneliness and health and develop a work stream outcome in relation to this

GPs

- GP surgeries need to actively engage with the community (and provide services out of working hours (particularly Saturdays) to allow working people to attend) rather than being a service only accessed in need
- District & Parish liaison with GP locality groups

Priority: Housing - Preventing Homelessness

Mental Health

- Better access to mental health services especially for those who are labelled with dual diagnosis or personality disorders
- Hospital discharge protocols for mental and physical health to avoid unplanned hospital discharges

Rough Sleeping

- Recognition that rough sleepers may also include those who are not seen 'bedded' down
- Supporting 'no second night' for rough sleepers countywide
- Need to include very chaotic /hidden rough sleeper in 'no second night out'

Landlords

- Seek out potential social landlords from the private sector
- Investment/grants for private sector landlord
- More funding for prevention and working with private sector landlords to drive up standards

Housing Provision

- To address issues where a vulnerable client is told they need to prove they can manage a tenancy to get into supported accommodation
- More flexible and accessible rent deposit schemes for individuals who have difficult circumstances and backgrounds

- Emergency supported accommodation provision for adults in high need - complex cases with safeguarding issues
- Good, flexible and pro-active use of planning to enable the development of more affordable housing for vulnerable groups
- Have a housing partnership
- Invest in bricks and mortar with floating support
- Encourage parishes/villages/communities to care for/provide for their own people e.g. building rural exception sites/social developments/sustainability
- Some kind of temporary units with support attached in the districts for single homeless people to help prepare them to manage tenancies
- Develop 'housing first' model in City – creating possibility for very entrenched rough sleepers to move directly into self-contained accommodation and bypassing hostels
- Expand Julian Housing into the districts – but need enhanced Housing Benefit to make this viable
- Expansion of floating support services
- Increased or revised rent deposit scheme
- Register to explain ways of being a house provider to reduce own waiting list
- Sustainable homes with facilities attached
- Tenant sustainment in all sectors

Education

- Housing education for under 16s funded by 'positive futures' via CYP
- Better education for the general public of the homeless situation – Awareness raising
- Process for raising awareness of range of changes impacting on local list of homelessness

Benefits

- Targeting households most impacted by welfare benefit reforms
- Vulnerable people to get Housing Benefit paid directly to the landlord

Domestic Abuse

- Domestic violence 24/7 helpline countywide
- Range of current initiatives to increase on-going support for domestic abuse victims to enable confidence to rebuild their lives

Letting

- Return to Oxford social lettings agency
- Revise OSLA (Oxford social lettings agency)

Partnerships

- Somebody need to be given the job of joining things up
- Partnership with Registered Social Landlords
- Better communication between district and city so the client does not end up being batted around with no responsibility being taken
- Better links between planning and organisations working with homelessness
- Forge closer links with Connections, Floating Support and look at 'value added' in terms of support and reducing homelessness
- Expansion of good quality prevention and legal advice services countywide linked to all existing services

Complex needs

- Increase service provision for people with complex needs
- Specific support for sex workers who have complex needs

Funding

- Use LAA reward grant left overs?
- Use charitable funding freed up by CC14 to use for charitable purposes
- Able to borrow capital provided through self-build
- Use social impact bond to address housing health needs

Priority: Housing - fuel poverty and housing quality

Referrals

- Re-invigoration of professional referral network where households are identified as in difficulty. E.g. ill-health possibly related to house conditions (disease or injury)
- Referrals for prevention scheme (now called Safe and Sound)

Partnerships

- Use establishment of Local Healthwatch Oxfordshire to include involvement of people i.e. Health & social care repercussions of poor housing and fuel poverty – Accountability and awareness
- Talk to managers of family and children centres and ask them to see a focus groups of their clients to raise awareness of all the issues
- Housing Associations to develop bulk buying of energy
- Develop a rural housing group
- Fuel poverty group at district level
- Single point of contact model to enhance inter agency working

Quality of place

- Supporting people financially for home improvement. It is vitally important the Home Improvement Agencies continue
- Include green space and green infrastructure when considering housing/households e.g. community cohesion, tackling isolation, physical exercise

Evidence

- Need for an overall evidence based co-ordination
- Need for data collection and analysis
- Housing health impact assessment
- Need to undertake a housing stock survey
- Need for data sharing
- Evidence base to argue for change and to understand the issues - wider than current JSNA

Priority: Housing - Supporting vulnerable groups

- GPs act as signposting for housing related support issues
- A clear link between planning and health improvement
- Extra care housing should have a workforce needs analysis
- Consider the wellbeing of the carer workforce (financial, long hours)
- Unitary local authorities across Oxfordshire
- Expansion of HIA as single point of access for older people
- Improve the links between health professionals and housing e.g. repairs and referrals
- Points of contact and referral for homeless people presenting at OUH premises
- Directory of services – support finders

Priority: Tackling Obesity

Physical activity

- Through playful communities: Encourage families and communities to get physically active together and involve partners such as children's centres, HA and churches
- Revamp all play places
- Free swimming in all leisure centres
- Regular play-day events: free entry and activities targeting families to promote physical activity; healthy eating; playing on a budget; awareness of local clubs, groups and societies
- School Play Officers: advise schools on play/PA; better use of school environment; healthy eating; services and partners available; training for staff
- Intergenerational activities
- Use workplaces: make it normal to take lunch breaks and walk
- Scare people about obesity similar to smoking
- Meaningful incentives to encourage healthy behaviour
- Try to keep older people active
- Directory of services so people are aware of physical activity opportunities
- Buddy systems for introduction to exercise

Diet & Nutrition

- Cooking skills workshop
- Low cost culturally appropriate exercise
- Nutrition classes in family centres
- Free exercise and nutrition apps
- Target cinemas to stock and promote healthy snacks
- Community picnics

Note: there was no discussion group on Improving Immunisation Rates (which is the fourth priority of the Health Improvement Board).

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