

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday, 26 September 2013 commencing at 2.00 pm and finishing at 4:10pm.

Present:

Board Members: District Councillor Mark Booty – in the Chair
 City Councillor Ed Turner (Vice-Chairman)
 Councillor Hilary Hibbert-Biles, Oxfordshire County Council
 Councillor Anna Badcock, South Oxfordshire District Council
 District Councillor Alison Thomson, Vale of White Horse District Council
 Ian Davies, Cherwell & South Northamptonshire District Councils
 Dr Jonathan McWilliam, Director of Public Health
 Jackie Wilderspin, Public Health Specialist
 Aziza Shafique, Public Involvement Network

Officers:

Whole of meeting James Martin, Oxfordshire County Council
 Part of meeting

Agenda Item **Officer Attending**
 8 Ruchi Baxi, Public Health Specialty Trainee
 9 Nigel Holmes, Oxfordshire County Council

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 Lynda Chalcraft, Policy and Partnership Officer (Tel: (01865) 323860; Email: lynda.chalcraft@oxfordshire.gov.uk)

	ACTION
1 Welcome by Chairman, District Councillor Mark Booty (Agenda No. 1)	
The Chairman, Councillor Mark Booty, welcomed all to the meeting including Councillor Hibbert-Biles, Councillor Thomson,	

<p>Councillor Badcock and Aziza Shafique attending their first meeting as members of the Health Improvement Board.</p>	
<p>2 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies have been received from Dave Etheridge, Dr Peter Von Eichstorff and Councillor George Reynolds.</p> <p>It was noted that this meeting would have been Peter's last as he is standing down as the Oxfordshire Clinical Commissioning Group representative on the Health Improvement Board due to his move to Devon. The chairman recognised the contribution that Peter has made and noted thanks for his work.</p> <p>ACTION: Jackie Wilderspin will liaise with the Oxfordshire Clinical Commissioning Group about a new representative on the Health Improvement Board</p>	<p>JW</p>
<p>3 Declaration of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>No declarations were received.</p>	
<p>4 Petitions and Public Address (Agenda No. 4)</p>	
<p>No petitions or public addresses were received.</p>	
<p>5 Note of Decision of Last Meeting (Agenda No. 5)</p>	
<p>Member's attention was drawn to the revised terms of reference for the Health Improvement Board.</p> <p>John Jackson updated the board on the time scales for decisions being reached on the financial aspect of the re-commissioning of the homeless pathway. The Health Improvement Board will be informed of the outcome.</p>	

<p>6 Performance Report (Agenda No. 6)</p>	
<p>Dr Jonathan McWilliam introduced and explained the performance report highlighting the measures currently rated red:</p> <p>8.3 - At least 65% of those invited for NHS Health Checks will attend (ages 40-74). Dr Jonathan McWilliam pointed out that this is a very important measure and general practice must get better at chasing those invited for health checks and Oxfordshire County Council must get better at publicising health checks, using all routes possible including investigating whether social landlords could have a role. The current score of 41.9 is better than the Thames Valley average.</p> <p>9.3 Breastfeeding rates at 6-8 weeks. This is under the new ambitious target of 62%</p> <p>The discussion that followed focussed on:</p> <p>The availability and appropriateness of data below County level to be informing the work of the Health Improvement Board.</p> <p>ACTION: It was agreed that the Chairman and Vice Chairman will liaise with officers outside of the meeting to gather data and report back by exception.</p> <p>The Chairman requested that when looking at quarter one data the Board is provided with quarter four data from the previous year to provide a better visual presentation of performance.</p> <p>The Chairman also requested that in future the performance reports are printed in colour for Board Members.</p> <p>Report cards on Breastfeeding and Health Checks will be brought to the next meeting.</p> <p>At the next Health Improvement Board meeting six months of data will be available for the 'basket of indicators' on health and housing.</p>	<p>MB/ET</p> <p>JM</p> <p>JM</p> <p>JW</p> <p>JW</p>
<p>7 Obesity Prevention (Agenda No. 7)</p>	
<p>Dr Jonathan McWilliam introduced the item highlighting that the paper is an exploratory paper looking at potential areas of work</p>	

that could be undertaken in partnership to prevent obesity in Oxfordshire.

Kate King presented the paper that detailed the challenge of maintaining a healthy weight; what is going on across the county to support people and what the future opportunities are.

The discussion that followed focussed on how to use a targeted approach most effectively to reach certain groups of people identifiable by age, place and social deprivation. The importance of public health campaigns was agreed.

There was consensus that any targeted approach should focus on infancy, the early years and prior to birth as benefits will be realised as children grow into adulthood. It is important that targeting is based on evidence and local data.

Ian Davies commented that all those around the table including General Practice have a role to play on the obesity agenda through the communication and presentation of issues and emphasising that there is a shift in responsibility being placed onto the individual. Further to this messages need to be tailored to different audiences and should focus on the benefits of maintaining a healthy weight rather than the problems of obesity.

Councillor Turner commented that the Health Improvement Board has a leadership role to drive forward this agenda in Oxfordshire.

ACTIONS AND WAY FORWARD:

In summarising the discussion Dr Jonathan McWilliam drew out a number of strands:

- The role of education settings in taking forward this work is important and needs to be explored.
- District Councils are responsible for leisure services and therefore have a key role.
- Opportunity for exercise needs to be made available outside of the leisure centre and brought into the community.
- The role of planning, travel, transport and local environment is crucial in promoting physical activity and needs to be part of the work.

Kate King will bring a more targeted strategy with formal proposals for a wide range of organisations to the next meeting.

KK

<p>8 Proposal for a Public Health strategy with Oxford University Hospital (Agenda No. 8)</p>	
<p>Dr Jonathan McWilliam introduced the paper and detailed the intentions of the strategy for 2014/15 which will be drafted by January 2014. A final draft will be brought to the Health Improvement Board for comment and approval in January 2014. A longer term strategy will also be developed setting out 3 and 10 year goals, all of which will be signed off at the Health Improvement Board.</p> <p>Both Councillor Hilary Hibbert-Biles and Ian Davies noted the positive significance of this development and the potential that it has to influence policy and improve the health of hospital employees and patients.</p>	
<p>9 Older People's Housing Strategy Needs Analysis (Agenda No. 9)</p>	
<p>John Jackson, Director of Social and Community Services gave a presentation to the Health Improvement Board that detailed progress of the Older People's Housing Strategy Needs Analysis.</p> <p>All district councils supported the process and principles set out in the presentation. There was also agreement that the analysis should be informed by data to be published within the Strategic Housing Market Assessment due by the end of the year.</p> <p>Councillor Ed Turner stated that good exchanges have taken place locally with districts and developers. Councillor Turner also highlighted that the issue is not just about ensuring new housing options are built but that existing housing options are appropriate and reach certain standards.</p> <p>Discussions also focussed on:</p> <ul style="list-style-type: none"> • The need to have better design specifications and to have more influence on developers; • The issues are not just about the physical design of properties and regulations but about independence; assistive technology that enables; communal facilities; easier living and community <p>ACTION: John Jackson will draft a note of the concerns that are currently held in relation to ensuring that future housing needs of older people are met. This will be circulated to board members.</p>	<p>JJ/JM</p>

<p>10 Update from the Public Involvement Network (Agenda No. 10)</p>	
<p>Aziza Shafique introduced herself as the new Public Involvement Network representative.</p>	
<p>11 Public Health Campaigns (Agenda No. 11)</p>	
<p>Councillor Hibbert-Biles detailed the Public Health campaigns that will be taking place over the next six months. Thanks were extended to Jackie Wilderspin and Rachel McQuilliam for their work in ensuring that the campaigns are planned.</p> <p>ACTION: Jackie Wilderspin will pass details of the campaigns to district colleagues to ensure that a constant message is promoted where possible.</p>	<p>JW</p>
<p>12 Forward Plan (Agenda No. 12)</p>	
<p>The following agenda items suggested for future meetings included:</p> <ul style="list-style-type: none"> • Welfare changes • Re-commissioning of the homeless pathway update • Fuel Poverty • Making Every Adult Matter • Basket of Indicators • Obesity Plan • Older People's Commissioning Strategy • Prevention plans • Community Networks <p>It was also noted that the board has the option not to meet in public in November.</p> <p>ACTION: Agenda to be agreed for the board meeting on the 23 January.</p> <p>Format and agenda of the meeting on the 28 November to be agreed.</p>	<p>JJ/JM</p>

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..... in the Chair

Date of signing