HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday 23 April commencing at 2.00 pm and finishing at 4.00 pm.

Present:

Board Members:	Councillor Ed Turner (Vice Chairman), Oxford City Council – in the chair Councillor Hilary Hibbert-Biles, Oxfordshire County Council, Cabinet Member for Public Health & Voluntary Sector Councillor Judith-Nimmo Smith, South Oxfordshire District Council Councillor Alison Thomson, Vale of White Horse District Council Councillor George Reynolds, Cherwell District Council Jackie Wilderspin, Public Health Specialist Dr Jonathan McWilliam, Director of Public Health Dr Paul Park, Oxfordshire Clinical Commissioning Group Ian Davies, Cherwell and South Northants District Council Aziza Shafique, Public Involvement Network Paul McGough, Public Involvement Network
Officers:	
Whole of meeting:	Val Johnson, Oxford City Council Katie Read, Oxfordshire County Council
Part of meeting:	
Agenda item 6	Rachel Coney, Healthwatch Oxfordshire
Agenda item 7	Sally Bradshaw, NHS England
Agenda item 9	Kate Terroni, Oxfordshire County Council Natalia Lachkou, Oxfordshire County Council
Agenda item 10	Val Messenger, Oxfordshire County Council Stephen Pinel, Oxfordshire County Council
Agenda item 11	Andrew Stevens, Oxford University Hospitals NHS Trust Behrooz Behbod, Oxford University Hospitals NHS Trust

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 01865 328272; Email: katie.read@oxfordshire.gov.uk)

ITEM	ACTION
1. Welcome The Vice-Chairman, City Councillor Ed Turner, welcomed all to the meeting. The Vice-Chairman shared with members that Councillor Mark Booty would no longer be chairing the Health Improvement Board, as he is not standing for re-election in May. The Board thanked Mark in his absence, for the work he had done in his role as Chairman and wished him well for the future.	
2. Apologies for Absence and Temporary Appointments Apologies have been received from: Councillor Mark Booty	
3. Declaration of Interest No declarations were received.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Minutes of Last Meeting The minutes of the February meeting were approved. There was one point of clarification; the breastfeeding report is intended to enable sharing of good practice between the districts, city and county councils.	
6. Public Involvement Network Final Report The Vice-chairman, Cllr Ed Turner, thanked Paul McGough and Aziza Shafique for their commitment to the Board and their enthusiasm in working with Oxfordshire communities on health issues that mean the public voice is heard in Board meetings. The Board wished Paul and Aziza well in their future endeavours. Paul McGough and Aziza Shafique presented the final PIN report, which summarised their perspective of the role of lay representatives and their activities in support of the Board during their tenure. The Board was thanked for its support of the PIN and for encouraging the independence of lay representatives, so that they could constructively contribute to and challenge the work of the Board. It was recognised that not all of their hopes and expectations were met during their tenure, but these actions are still being taken forward by the Board. Paul and Aziza expressed their hope that the future role of lay representatives on the Board will evolve from public involvement and	

engagement to public empowerment. Paul acknowledged that this process has already started with the joint Oxford University Hospitals Trust and Oxfordshire County Council Public Health Strategy. Rachel Coney provided a verbal update on the recruitment of a Healthwatch Ambassador to be the lay representative on the Board. The role and responsibilities of the Ambassador have been agreed and the County Council will be involved in the recruitment process; a newly appointed Ambassador will be at the next Board meeting. Filling the role as a job share may be considered. Many of the recommendations in the final PIN report are part of Healthwatch's core business. **It was agreed that a report on the breadth of Healthwatch's work would come to the next meeting, including an explanation of the organisation's relationship to the Board**.	**Rachel Coney / Katie Read**
7. Performance Report Jonathan McWilliam introduced the performance report and discussion was focused on the report cards. It was clarified that localities used for measuring rates of breastfeeding differ from other accepted local authority areas and are organised around GP surgeries; this can lead to skewed results because of the number of surgeries covered by a particular locality. <u>Report card 1 – Immunisation</u> Sally Bradshaw presented the report card and emphasised that immunisation is a priority for NHS England. They are looking to recruit a specialist nurse to sit in a provider organisation and deal with immunisation issues directly. The Board was pleased with this approach and practical support for the recruitment to this post was offered by Public Health colleagues. The reasons for non-vaccination were queried. It was thought that the first dose of the MMR vaccine is easier to gain because children are younger and parents are keen to protect them. The second dose can be harder to achieve because of negative past experiences and an older age, but it often depends on individual circumstances. It is hoped that the specialist nursing post will tackle this issue, providing individual answers to individual questions on the ground. No specific characteristics among under-performing practices have been identified, although migrant population figures and practices with high traveller numbers were considered possible factors. <u>Report card 2 – Treatment of opiate and non-opiate users</u>	

Jackie Wilderspin presented the report and attributed service improvement to implementation of the recovery plan over the last year. Further improvement is hoped for with the appointment of a new contractor, Turning Point, who have been delivering the service from 1st April 2015. Data after October 2014 on opiate and non-opiate users is currently unavailable due to Public Health England's systems being down. More up-to-date data will be available in the performance report for the Board's next meeting. The transition to the service being provided by Turning Point was praised by the Board and the importance of joint working with primary care agencies going forward was emphasised. <u>Basket of housing and health indicators annual report</u> Dave Scholes presented the report. There were no recommendations from the Housing Support Advisory Group to expand the housing and health indicators for 2015-16, but it was proposed that reports could be brought by exception, as the Group develop key contract monitoring measures for the new housing support arrangements. **The Board agreed the proposal for reporting by exception and asked that a framework be developed outside the meeting to enable meaningful reporting to the Board.** It was reported that the joint housing steering group for young people has requested that the Health Improvement Board oversees progress on the supported housing pathway for young people. **It was proposed that an indicator for young people's supported housing is included in regular performance monitoring, which the Board agreed.**	**Dave Scholes** **Jackie Wilderspin / Eleanor Stone**
8. Health Improvement Board Priorities 2015-16 Jackie Wilderspin presented the paper on the Board's future priorities to put forward suggestions for the Joint Health and Wellbeing Strategy refresh in July. The addition of an indicator on the percentage of women smoking in pregnancy was proposed. It is considered an area where a real difference can be made, as these women would have more motivation to stop smoking. **The Board agreed to add the indicator on women smoking during pregnancy.**	**Jackie Wilderspin**
9. Domestic Abuse Services Review Kate Terroni and Natalia Lachkou provided a verbal update on the progress of the review.	

The County Council is committed to providing a leadership role that will join up work on domestic abuse services across the county. Funding has been provided for this role, therefore the forecast reduction of domestic abuse services will not be so great. The review will continue once this role has been recruited to. More immediate pressures on domestic abuse services will be tackled before the review, namely access to the helpline not being 24/7, as it is staffed by volunteers. **It was agreed that the scoping document for the review would be brought back to the Board when prepared.** Reporting lines for domestic abuse services were clarified: the Oxfordshire Safer Communities Partnership will lead on the domestic abuse review, but the Health Improvement Board will monitor the health and housing elements of the service to report to the Health and Wellbeing Board.	**Kate Terroni/ Natalia Lachkou**
10. Oral Health Promotion update Val Messenger presented the report. The relevance of the data on 5 year olds was questioned due to it being out of date (based on data from 2011-12). The Public Health England team who are responsible for the survey is limited by data in national mandatory surveys, which are very prescriptive, alternate data collection across years, and focus on a small sample. The lowest level of geographical data that can be obtained is by district/city area. Emphasis was put on the connection between poor oral health and deprivation – it would be useful to have oral health data to inform other work around deprivation and child poverty. Currently data on local oral health can only be extrapolated from national databases. Flexibility has been built into new contracts for oral health promotion to offer training to front line staff in a range of services, e.g. Reablement services.	
11. Oxford University Hospitals Trust and Oxfordshire County Council Joint Public Health Strategy Andrew Stevens and Behrooz Behbod provided an update on the Strategy. The Strategy is causing Oxford University Hospitals Trust (OUHT) to look at how services are provided in a different way, e.g. The “Here for Health” Clinic sited in the hospital has made consultants reconsider the patient pathway and build in health improvement interventions.	

Various initiatives connected to the Strategy's three key aims were expanded upon. The Board discussed the benefits of having a Strategy that encourages hospitals to promote Public Health and welcomed the proposal to appoint a dedicated Public Health consultant based within the hospital. **The Vice-chairman will write to the OUHT Chief Executive, Sir Jonathan Michael, about the importance of this post.** The Board asked whether the Strategy is being expanded to community hospitals and voluntary groups. Community hospitals already run their own Public Health activities, with which the Strategy can align. OUHT is also looking at its catering contracts to promote healthier meal options at its sites; this could present opportunities for voluntary organisations. It was thought that Public Health champions are needed to engage with the public as part of the Strategy. A link with patient experts on the Oxford Health steering group could also be useful.	**Cllr Ed Turner**
12. Health Improvement Board Terms of Reference Jackie Wilderspin shared minor amendments to the terms of reference for the Board, namely around membership. **It was suggested that a stronger link should be made with the Oxfordshire Safer Communities Partnership in the terms of reference.**	**Jackie Wilderspin/ Katie Read**
13. Forward Plan No items on the forward plan were discussed. **The next scheduled meeting of the Board will be rearranged due to availability of Board members.** From the meeting, the following items will be added: • **Healthwatch update** • **Young People's supported Housing pathway** • **Scoping of domestic abuse services review**	**Katie Read**
The meeting closed at 4.00pm	

..... in the Chair

Date of signing