

## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on Thursday 18<sup>th</sup> February commencing at 2.00 pm and finishing at 4.00 pm.

**Present:**

**Board Members:** Councillor Ed Turner (Chairman), Oxford City Council  
Councillor James Mills, West Oxfordshire District Council  
Councillor Monica Lovatt, Vale of White Horse District Council  
Councillor Hilary Hibbert-Biles, Oxfordshire County Council  
Dr Paul Park, Oxfordshire Clinical Commissioning Group  
Ian Davies, Cherwell and South Northants District Council  
Jackie Wilderspin, Public Health Specialist  
Dr Jonathan McWilliam, Director of Public Health  
Laura Epton, Healthwatch Ambassador (job share)

**Officers:**

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

Part of meeting:

Agenda item 6 Eleanor Stone, Oxfordshire County Council  
Nisha Jayatilleke, NHS England  
Heather Ducan, NHS England

Agenda item 7 Eunan O'Neill, Public Health, Oxfordshire County Council

Agenda item 8 Kate Eveleigh, Oxfordshire County Council

Agenda item 10 Ian Halliday, Oxford City Council  
Ian Wright, Oxford City Council

Agenda item 11 Tan Lea, 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](http://www.oxfordshire.gov.uk).)*

*If you have a query please contact Katie Read (Tel 01865 328272; Email: [katie.read@oxfordshire.gov.uk](mailto:katie.read@oxfordshire.gov.uk))*

ITEM	ACTION
<p><b>1. Welcome</b></p> <p>The Chairman, City Councillor Ed Turner, welcomed all to the meeting.</p>	
<p><b>2. Apologies for Absence and Temporary Appointments</b></p> <p>Apologies were received from: Councillor Anna Badcock.</p>	
<p><b>3. Declaration of Interest</b></p> <p>No declarations were received.</p>	
<p><b>4. Petitions and Public Address</b></p> <p>No petitions or public addresses were received.</p>	
<p><b>5. Minutes of Last Meeting</b></p> <p>The minutes of the October meeting were approved.</p> <p>As matters arising the Board was informed of the following:</p> <ul style="list-style-type: none"> <li>• A workshop is planned for April to contribute to the development of a revised multi-agency Healthy Weight Strategy and action plan.</li> <li>• A second workshop is planned for April / May for partners to consider a way forward for housing related support services in light of County Council budget reductions.</li> </ul>	
<p><b>6. Performance Report</b></p> <p>Jonathan McWilliam presented the performance report and provided detail on the indicators that are not meeting targets.</p> <p>At 8.3 – Low performance could be attributed to the fact that many health check invitations are sent out at the start of the calendar year, which would affect quarter 4 data. Oxfordshire is performing well when compared with national figures.</p> <p>At 8.6 and 8.7 – The data on opiate and non-opiate users reflects the performance of the previous provider and does not yet demonstrate the impact of the new contract for drug services.</p> <p>At 10.5 – HIB members expressed concern at the levels of rough sleeping and the impact that County Council budget cuts to housing related support will have on this.</p> <p><b>An update on the future of housing related support services and the impact of budget reductions will be presented at the next meeting.</b></p> <p>At 10.6 – Eleanor Stone provided information on current activity within the young people’s supported housing pathway and recommended a</p>	<p><b>Cllr Turner</b></p>

<p>performance target for the Board based on positive ‘move-ons’ for young people that would support efforts to target people with complex needs.</p> <p>Work is underway with providers to further define the term ‘positive move-on’ which currently covers:</p> <ul style="list-style-type: none"> <li>• Becoming a lodger</li> <li>• Moving back to the family home or to live with relatives</li> <li>• Securing a formal tenancy</li> </ul> <p>The Board was reluctant to agree a performance indicator until this definition is agreed.</p> <p><b>Further information / data will be presented to the Board on activity within the pathway, including costs and outcomes by package type and a view from the Director of Children’s Services on the suggested target.</b></p> <p><u>Report card – Immunisation</u></p> <p>Nisha Jayatilleke and Heather Ducan presented the report card on immunisation.</p> <p>The dip in performance during Q2 was explained by the difficulties of integrating two systems and the need for data cleansing.</p> <p>To address the gap in performance NHS England is funding a community nurse to work alongside GP practices who still have unvaccinated children. This post will identify common themes and map the geographical spread of unvaccinated children.</p> <p>Health Visitors are also important for identifying children from the transient population who are not vaccinated. As qualified clinicians they can vaccinate children immediately with the parents’ consent.</p> <p><b>The Board requested further information on district / city level immunisation data, including a breakdown by protected characteristics, to understand the local picture.</b></p>	<p>Eleanor Stone</p> <p>NHSE</p>
<p><b>7. Smoking Cessation Report</b></p> <p>Eunan O’Neill presented a report on smoking cessation.</p> <p>Smoking cessation remains a challenge as there are already low levels of smoking in Oxfordshire and more people are choosing to use e-cigarettes instead of quitting. There is also evidence that levels of smoking are higher in areas of deprivation.</p> <p>Whilst the Public Health contract currently focuses on smoking cessation, the role of tobacco sales will be considered in a future review of the contract.</p>	

<p>The Board noted that whilst the current ‘preferred option’ is to encourage the use of e-cigarettes in place of not quitting, these still contain a high dose of nicotine and little is known about their effect on children. Some authorities have banned the sale of e-cigarettes.</p> <p><b>The Public Health team will have a watching brief on the impact of banning e-cigarettes in other areas.</b></p> <p>Members agreed that continued and increased education about the negative effects of smoking and shisha is required, as well as an understanding of the factors that influence a young person’s decision to start smoking. Members discussed ways of reducing the impact of smoking on children, such as possibly introducing ‘smoke free’ areas in play parks.</p> <p><b>The Public Health team will consider ways to better engage and educate young people on the effects of smoking.</b></p>	<p>Eunan O’Neill</p> <p>Eunan O’Neill</p>
<p><b>8. Affordable Warmth Network</b></p> <p>Kate Eveleigh presented a report on the latest activities of the Affordable Warmth Network.</p> <p>Members were pleased to note that despite the end of the government’s Green Deal, the Affordable Warmth Network has secured a year’s grant funding from British Gas to provide a single point of contact for advice and referral where a person’s health is being affected by the inadequate heating of their home.</p> <p>Based on the mid-term outcomes of this initiative a business case will be developed to try and secure future funding.</p> <p><b>A report will be presented to the Board in October outlining next steps for the initiative, including a view from social landlords on how they improve heating in older housing stock.</b></p> <p>The Board was keen to promote the service and queried whether GPs were aware of it.</p> <p><b>Communications will be developed to inform GPs and other partners about the single point of contact.</b></p>	<p>Kate Eveleigh</p> <p>Kate Eveleigh with Paul Park</p>
<p><b>9. The District Council Contribution to Health &amp; Wellbeing in Oxfordshire</b></p> <p>Board members noted the report that was presented to the Oxfordshire Health Overview and Scrutiny Committee.</p>	
<p><b>10. Air Quality Management</b></p> <p>Ian Halliday and Ian Wright presented the report on air quality management in Oxfordshire and the role of Local Authorities.</p>	

<p>Whilst the air quality in Oxfordshire is good overall, there are 13 air quality management areas oriented around urban centres and busy roads. People can see if they live within one of these areas by visiting the Air Quality Action Group website. District councils also have an obligation to declare these areas.</p> <p>District council air quality management plans differ, but are consistent on the themes of:</p> <ul style="list-style-type: none"> <li>• Implementing local transport plans</li> <li>• Creating lower emission zones</li> <li>• Encouraging a modal shift</li> <li>• Educating and awareness raising</li> <li>• Supporting lower emission public transport</li> </ul> <p>It was recognised that in some cases only changes / improvements to infrastructure will improve air quality, although regulatory controls to reduce emissions are also useful.</p> <p><b>The Board agreed it would receive a report on Air Quality Management annually, including an update on the air quality ‘hot spots’.</b></p>	<p><b>Ian Halliday</b></p>
<p><b>11. Joint working Protocol</b></p> <p>Tan Lea presented the joint working protocol outlining how the Health and Wellbeing Board and its sub-boards will work with the safeguarding boards and the community safety partnership to safeguard and promote the welfare of people in Oxfordshire.</p> <p>The Board agreed the protocol in principle and had no comments or suggested changes.</p>	
<p><b>12. Forward Plan</b></p> <p><b>From the meeting the following items will be added to the forward Plan:</b></p> <ul style="list-style-type: none"> <li>• Next steps for Affordable Warmth Network</li> <li>• Impact of new development, e.g. Bicester New Town</li> </ul>	<p><b>Katie Read</b></p>
<p>The meeting closed at 4.00pm</p>	

..... in the Chair

Date of signing