

## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on Thursday 20<sup>th</sup> October commencing at 2.00 pm and finishing at 4.30 pm.

### Present:

**Board Members:** Councillor Anna Badcock (Chairman), South Oxfordshire District Council  
Councillor Ed Turner (Vice-Chairman), Oxford City Council  
Heather McCulloch, Healthy Communities Manager (substituting for Councillor Jeanette Baker, West Oxfordshire District Council)  
Ian Davies, Cherwell District Council  
Jackie Wilderspin, Public Health Specialist  
Dr Jonathan McWilliam, Director of Public Health

### Officers:

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

### Part of meeting:

Agenda item 7 Natalia Lachkou, Oxfordshire County Council  
Agenda item 8 Donna Husband, Public Health, Oxfordshire County Council  
Agenda item 9 Dale Hoyland, National Energy Foundation  
Agenda item 10 Eunan O'Neill, Public Health, Oxfordshire County Council  
Agenda item 11 Ian Halliday, Oxford City Council  
Claire Spendley, Chair of Oxfordshire Air Quality Group

*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 07584 909530; Email: [katie.read@oxfordshire.gov.uk](mailto:katie.read@oxfordshire.gov.uk))*

ITEM	ACTION
<p><b>1. Welcome</b> The Chairman, Councillor Anna Badcock, welcomed all to the meeting.</p>	
<p><b>2. Apologies for Absence and Temporary Appointments</b> Apologies were received from: Councillor Monica Lovatt, Councillor Hilary Hibbert-Biles, Councillor John Donaldson, Dr Paul Park, Emma Henrion and Laura Epton.  Heather McCulloch substituted for Councillor Jeanette Baker.</p>	
<p><b>3. Declaration of Interest</b> No declarations were received.</p>	
<p><b>4. Petitions and Public Address</b> No petitions or public addresses were received.</p>	
<p><b>5. Minutes of Last Meeting</b> The minutes of the July meeting were approved.</p>	
<p><b>6. Performance report</b> Jonathan McWilliam presented the Quarter 1 performance report to the Board.  At 8.3 – Take up of NHS Health checks is usually quite low in the first quarter – this is linked to when invitations are sent out. Public Health confirmed they have a new member of staff working with GP surgeries to improve these figures. Board members noted the wide variation in performance across CCG localities and encouraged the sharing of best practice to help improve performance.  <b>A report card on NHS Health checks will be provided at the next meeting and will include some suggestions on how to improve take-up across the board.</b>  At 8.4 – Point of correction noted - the RAG rating for the smoking cessation target is green not amber, as performance is on-target.  At 8.6 and 8.7 – Members queried the direction of travel for performance on the number of opiate and non-opiate users leaving treatment. Commissioners are having regular improvement meetings with providers that are chaired by Public Health England. The recent improvement in performance is considered a trend that will continue.  Members discussed the need to keep a watching brief on rough sleeping figures, as anecdotal evidence suggests numbers are not reducing compared with last year. In light of this and the Government’s recently announced grant funding for rough sleeping projects, <b>it was agreed that a discussion on rough sleeping would be scheduled for the next meeting.</b></p>	<p><b>Eunan O’Neill</b></p> <p><b>Natalia Lachkou</b></p>

<p>At 11.1 and 11.2 – Whilst immunisation rates are high, overall performance is starting to slip below the 95% target. <b>The Board requested a report card on immunisation at its meeting in April 2017 to understand why.</b></p>	<p><b>NHS England</b></p>
<p><b>7. Housing Related Support</b> Natalia Lachkou provided a verbal update on commissioning of housing related support services.</p> <p>An implementation plan is being developed jointly and will be agreed in November, after which conversations with providers about new arrangements can begin. A legal agreement for the new partnership arrangements is being drafted to come into effect from April 2017.</p> <p>The total funding for three years will be just under £3m, with a larger investment in year one to support the transition to new arrangements, and an early review in year 2. Funding is likely to be significantly reduced after year 3.</p> <p>Services will continue to be prioritised for people with complex needs and local homelessness services will be protected wherever possible. As part of the review different combinations of housing with support will be considered as it is clear that some parts of the current pathway are working well, but other areas have blockages.</p> <p>Members highlighted the recent announcement of a Government homelessness prevention programme as a new opportunity to access additional funding and were keen for this to be explored.</p> <p>It was confirmed for members that priorities for access to housing related support services are likely to stay the same, but there is a need for greater case management and sign-off when agreeing access to local provision.</p> <p>Members were keen to know the outcomes of the domestic abuse review and the effect of housing related support changes on people at risk of domestic violence. The review is in the final stages of approval and will finalised by November.</p> <p><b>The outcomes of the domestic abuse review will be discussed at the Board’s next meeting and circulated for information ahead of that date.</b></p>	<p><b>Sarah Carter</b></p>
<p><b>8. Government’s Childhood Obesity Plan</b> Donna Husband outlined the key elements of the Government’s recent Plan for Action to tackle childhood obesity. Its main focus is on food, schools, physical activity and the use of technology.</p> <p>Public Health England is focusing on food production at a national level (e.g. the sugar levy and working with national food producers) and how foods are categorised and advertised.</p> <p>Through the Healthy Weight Action Plan locally Public Health is mapping</p>	

<p>food provision in leisure centres and workplaces, as well as working with schools on the offer of healthy school meals. Oxfordshire Sport and Physical Activity is also looking at the quality of sport in schools.</p> <p>Members were pleased to note an emphasis at a national level on dealing with problems related to the food industry, but disappointed with a lack of focus on environmental changes, e.g. NHS Healthy New Towns.</p> <p>Areas that members could influence locally were identified as:</p> <ul style="list-style-type: none"> <li>- Availability of healthy food options in the public sector,</li> <li>- All children getting one hour of sport per day,</li> <li>- Improved coordination and quality of sport in schools,</li> <li>- Enabling health professionals to better support people.</li> </ul> <p><b>Work on these areas will be incorporated into Healthy Weight Action Plan and reported on at the next meeting.</b></p> <p>Members welcomed a new focus on physical activity through Ofsted inspections, but acknowledged the difficulties Local Authorities experience influencing schools, despite a clear correlation between health and educational attainment. The use of Head teacher champions was suggested, as well as peer to peer support through Youth Health Champions. Liaison with the Oxfordshire Strategic Schools Partnership was proposed as a route for engagement with schools about physical activity.</p> <p>It was announced that the City Council's food poverty mapping project is open for partners to contribute to. <b>Members agreed to cascade the food poverty mapping consultation to colleagues for the database to be populated for the whole county.</b></p>	<p><b>Donna Husband</b></p> <p><b>All</b></p>
<p><b>9. Affordable Warmth Network briefing</b></p> <p>Dale Hoyland provided a briefing on the outcomes of the British Gas Energy Trust funded 'Better Housing Better Health' project and proposed a performance measure for the Affordable Warmth Network going forward.</p> <p>The Board welcomed a proposed target that includes more building based measures, but was keen to understand the prospect of achieving this if the delivery of such measures depends on future funding for the project, which has not yet been identified.</p> <p>Other options for funding continue to be explored by the Network, such as the Ofgem energy company obligation and funding via Eco Three.</p> <p>It was acknowledged that having an agreed target with the Board could help strengthen the Network's business case for future funding applications. However, members also recognised partners' responsibility to reduce fuel poverty in all possible ways, not solely through the Affordable Warmth Network.</p> <p><b>The Board agreed to collectively explore how fuel poverty can be tackled throughout a range of service areas, as well as through the</b></p>	<p><b>All</b></p>

<p><b>Network. This will include an evaluation of the responsibilities of energy companies and the different funding pots available for projects of this nature.</b></p> <p><b>The following target will be adopted under 10.4: ‘Through the work of the Affordable Warmth Network, 1430 residents will receive help, support or information to improve fuel poverty, with an aspiration that, by 2020, 25% of the interventions will be building based improvements to energy efficiency.’</b></p>	<p><b>Jackie Wilderspin</b></p>
<p><b>10. Health Protection Forum Annual Report</b> Eunan O’Neill presented the Health Protection Forum Annual Report on activity within 2015-16.</p> <p>Members recognised the importance of demonstrating vigilance in monitoring the outbreak of infections to ensure appropriate responses from stakeholders.</p> <p>Data on bowel screening continues to be a year out of date. Members commented that the lack of coordinated promotion of screening programmes and Health checks, etc. may be contributing to low uptake.</p> <p><b>A report card was requested on screening programmes for the next meeting, as well as suggestions for greater coordination between agencies promoting these.</b></p> <p>Members queried the level of access to sexual health services as part of a discussion on the prevalence of HIV and sexually transmitted infections. It was reported that access is good and activity in East Oxford is particularly high.</p>	<p><b>NHS England</b></p>
<p><b>11. Air Quality Management Annual Report</b> Ian Halliday and Claire Spendley presented the Air Quality Management Annual Report for 2015 -16.</p> <p>It was reported that all current Air Quality Management Areas (AQMA) are being caused by traffic. Solutions are focused on improvements in emissions and a reduction in traffic, but the Air Quality Group is keen to join up with walking, cycling and obesity prevention initiatives.</p> <p><b>Links will be made between Public Health and the Air Quality Group regarding work around active travel.</b></p> <p>Members discussed the need for a more collective approach to managing air quality, recognising that individual action can only go so far. It was emphasised that District Authorities and the City also need to work closely with the County Council on infrastructure planning / issues where this could greatly affect air quality.</p> <p><b>The profile of air quality and its links with health will be raised at the Health and Wellbeing Board.</b></p>	<p><b>Ian Halliday / Jackie Wilderspin</b></p> <p><b>Cllr Badcock / Cllr Turner</b></p>

<p><b>12. Bicester Healthy New Town</b>  Ian Davies presented a progress report on Bicester’s Healthy New Town, highlighting a few key objectives of the project.</p> <p>In particular community activation was highlighted as an important part of combatting loneliness and isolation. It was also reported that primary care is changing in Bicester as the trend is to move towards super-surgeries and more acute care being delivered in the community.</p> <p>A number of quick wins have already been identified by sharing learning across the nine NHS Healthy New Town sites. Learning points from the Bicester New Town Initiative will be used to make recommendations for changes across Oxfordshire.</p> <p>Members were pleased to know that organisations within Bicester are as enthusiastic about the benefits of the Healthy New Town initiative as those at a macro-level.</p> <p>It was suggested that a separate report is presented to the Board on the Barton Park Healthy New Town, which is quite different from Bicester’s project.  <b>An item on Barton Park Healthy New Town will be scheduled for a future meeting.</b></p>	<p><b>Katie Read</b></p>
<p><b>13. Alcohol and Drugs Partnership Annual Report</b>  Jackie Wilderspin presented the Alcohol and Drugs Partnership Annual Report for 2015-16 and an update on recent work of the Partnership, namely:</p> <ul style="list-style-type: none"> <li>• The legal highs working group is being disbanded as these substances are now illegal, although the group has met to share intelligence about the drugs now in use. Initial findings suggest people are going back to using Class-A substances.</li> <li>• A winter alcohol campaign is being planned, targeting pregnant women.</li> </ul> <p>Members emphasised the importance of early intervention, particularly for young people who display risky behaviours, and were disappointed at the lack of some youth services in deprived areas.</p> <p>Members were assured that the young people’s working group is working to smooth pathways for referral and access across service areas and looking to engage children and young people in developing a video for their peers to understand the risks associated with drugs and alcohol.</p>	
<p><b>14. Director of Public Health Annual Report</b>  Jonathan McWilliam presented his Annual Report as Director of Public Health, highlighting a number of key challenges for population health, namely:</p> <ul style="list-style-type: none"> <li>• Demographic changes,</li> </ul>	

<ul style="list-style-type: none"> <li>• Tackling obesity,</li> <li>• Considering health inequalities in everything,</li> <li>• Increasing mental health problems.</li> </ul> <p>It was acknowledged that the Oxfordshire Health and Care Transformation Plan will have a significant impact on health provision locally and it was recommended that the Board receives this and formally considers the proposals for consultation when they are published. <b>An item on the Oxfordshire Health and Care Transformation Plan will be scheduled for a future meeting.</b></p> <p>Members were made aware of a housing and health event, focused on older people. <b>The outcomes of this event will be fed back to the Board.</b></p>	<p><b>Katie Read</b></p> <p><b>Val Johnson</b></p>
<p><b>15. 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>• Report card on NHS Health checks (Feb 2017)</li> <li>• Report card on bowel screening (Feb 2017)</li> <li>• Report care on immunisation (April 2017)</li> <li>• Rough sleeping (Feb 2017)</li> <li>• Domestic abuse review outcomes (Feb 2017)</li> </ul>	<p><b>Katie Read</b></p>
<p>The meeting closed at 4.30pm</p>	

..... in the Chair

Date of signing