

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Tuesday 27th June commencing at 3.00 pm and finishing at 5.00 pm.

Present:

Board Members: Councillor Anna Badcock (Chairman), South Oxfordshire District Council
Councillor Marie Tidball (Vice-Chairman), Oxford City Council
Councillor Jeanette Baker, West Oxfordshire District Council
Councillor Monica Lovatt, Vale of White Horse District Council
Councillor John Donaldson, Cherwell District Council
Jackie Wilderspin, Public Health Specialist
Dr Jonathan McWilliam, Director of Public Health
Dr Jonathan Crawshaw, Oxfordshire Clinical Commissioning Group (substituting for Dr Paul Park)
Diane Shelton, West Oxfordshire District Council

Officers:

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

Part of meeting:

Agenda item 6 Jon Dearing, West Oxfordshire District Council

Agenda item 8 Kate Austin, Oxfordshire County Council
Azul Strong, Oxford City Council

Agenda item 9 Chris Freeman, Oxfordshire Sport and Physical Activity

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 07584 909530; Email: katie.read@oxfordshire.gov.uk)

ITEM	ACTION
<p>1. Welcome The Chairman, Councillor Anna Badcock, welcomed all to the meeting.</p> <p>As the meeting was Val Johnson's last, she was thanked for her commitment to the Board and her support as the district/city council partnership officer.</p>	
<p>2. Apologies for Absence and Temporary Appointments Apologies were received from Cllr Hilary Hibbert-Biles and Dr Paul Park.</p> <p>Dr Jonathan Crawshaw substituted for Dr Paul Park.</p>	
<p>3. Declaration of Interest There were no declarations of interest.</p>	
<p>4. Petitions and Public Address No petitions or public addresses were received.</p>	
<p>5. Minutes of Last Meeting The minutes of the April meeting were approved.</p> <p>As a matter arising under the Strategic Review of Domestic Abuse, Sarah Carter, Strategic Lead for Domestic Abuse and Sarah Breton, Lead Commissioner – Children shared the outcomes of the Domestic Abuse Summit. It was agreed that:</p> <ul style="list-style-type: none"> - The Domestic Abuse Strategic Board will report formally to the Health Improvement Board twice a year and once a year to the Oxfordshire Health and Wellbeing Board. - Representatives from Thames Valley Police and the County Council's Children's Services will be invited to attend the Health Improvement Board when Domestic Abuse Services are discussed. 	
<p>6. Performance Report Jonathan McWilliam presented the end of year performance report.</p> <p>At 10.6 – it was queried whether the aspirational target for young people leaving supported housing with positive outcomes was too high, particularly as performance is only just exceeding the base target. Members were reminded that there had been lengthy discussion with the Board about an appropriate target for the young people's supported housing pathway and this had resulted in both a base target and aspirational target being agreed.</p> <p>At 11.3 – a request was made to explore the differentiation between localities regarding seasonal flu vaccination rates.</p> <p>There was support from the Board for future performance reports to include a breakdown of inequalities across district localities and particular population groups.</p>	

<p>A proposal for inequalities indicators will be brought to a future meeting.</p>	<p>Jackie Wilderspin</p>
<p>At 8.4 – a request was made to unpack the data on smoking cessation, particularly in light of Public Health messages on the use of e-cigarettes. It was reported that Public Health is in the process of revising the smoking cessation contract.</p>	
<p>A report card on Public Health messages about smoking cessation will be brought to a future meeting.</p>	<p>Eunan O'Neill</p>
<p>Jon Dearing, Chairman of the Housing Support Advisory Group presented the annual basket of housing indicators report.</p>	
<p>The Board was keen to know the outcomes of work on a hospital discharge protocol for homeless patients. It was reported that the Trailblazer project will include specific resources to focus on this. Members were keen that this also includes a focus on s.117 mental health cases.</p>	
<p>A report on progress with the Trailblazer project will be brought to the February meeting of the Board.</p>	<p>Jon Dearing</p>
<p>Members also explored the practical impacts of the benefit cap. It was reported that the cap is now starting to affect households with 2 children, not just larger families and the role of housing teams is becoming much broader, including debt advice.</p>	
<p>7. Draft priorities for the Oxfordshire Joint Health and Wellbeing Strategy</p> <p>Jonathan McWilliam presented the proposed revised indicators for the Health Improvement Board to be included in the 2017-18 Health and Wellbeing Strategy.</p> <p>It was considered sensible to continue with the inclusion of an aspirational target for the measure of young people leaving supported housing with positive outcomes (10.5).</p> <p>There was discussion about whether the smoking target (8.5) should reflect current Public Health messages about the use of e-cigarettes as a valid stepping stone towards quitting. As there is still debate about whether these messages are helpful, it was considered wise to leave the target focused on quitters for this year.</p> <p>The rationale behind focusing on inactivity (at 9.2) as opposed to the harmful outcomes of obesity was queried. It was explained that the Health Improvement Board's remit is primary prevention, rather than the treatment of symptoms. Other Boards reporting to the Health and Wellbeing Board would be more likely to have 'disease-based' measures.</p> <p>The measures proposed for inclusion in the 2017-18 Strategy were agreed by the Board.</p>	

<p>8. Barton Healthy New Town</p> <p>Kate Austin and Azul Strong presented the achievements of the Barton Healthy New Town programme to-date and learning from the project.</p> <p>The Board discussed the approach to integrating the existing community (approx. 4,000 people) with those you will occupy the new homes (approx. 3,000 people). Parallels were drawn with the expansion of Berinsfield and members were keen for learning to be shared between these two areas.</p> <p>Members queried how much of the New Town work is influencing national and local policy. It was reported that the Public Health team is influencing developers through work with the Town and Country Planning Association, and locally through work with district/city planners to encourage the use of health impact assessments.</p> <p>Learning is also being shared through the Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes planning network.</p> <p>The Board was keen to understand how the programme is being made sustainable. Work is ongoing to establish baseline data to ensure that the impact of the New Town approach can be measured and replicated. There was thought to be natural crossover between the initiatives relating to the physical environment and community initiatives. There are also national tools available to help measure the impact on health.</p> <p>Ways for the Board to take this work forward will be explored, including how learning from Healthy New Towns can influence Local Plans and new housing developments can be influenced to include an emphasis on health improvement.</p>	<p>Kate Austin</p>
<p>9. Exercise on Referral</p> <p>Chris Freeman presented an overview of the scale and impact of inactivity across the county and referral schemes in place to tackle this.</p> <p>Board members felt that there was an opportunity for joint work on referrals for exercise that would encourage greater consistency across the districts/city.</p> <p>Members were made aware that OxSPA has recently completed a physical activity needs analysis for Oxfordshire which demonstrates the impact of varying provision across the county.</p> <p>The CCG communications strategy for exercise on referral was queried, in particular the links made with other services, e.g. physiotherapy. OxSPA has looked at developing a physical activity pathway, but it is difficult to communicate this message to Oxfordshire the large number of different surgeries across the county. OxSPA was recommended to make contact with the CCG Locality leads to facilitate this.</p> <p>Members also discussed barriers to accessing sports provision for disabled individuals. GP referrals for exercise were identified as an important method</p>	

<p>for addressing barriers to access. The Board requested information on where the gaps in access are.</p> <p>A more detailed report will be brought to the next Board meeting providing an analysis of the current gaps in provision and breakdown in inactivity across the districts/city, as well as an overview of referral schemes.</p>	<p>Chris Freeman</p>
<p>10. Fuel Poverty workshop outcomes</p> <p>The Chairman fed back to all Board members the outcomes of the fuel poverty workshop arranged on behalf of the Board.</p> <p>Minutes of the workshop will be circulated to Board members.</p> <p>A report will be brought to the next Board meeting proposing areas for further joint work on fuel poverty and outlining the direction of travel in this area.</p>	<p>Katie Read</p> <p>Debbie Haynes / Kate Eveleigh</p>
<p>11. Forward Plan</p> <p>From discussion at the meeting the following items will be added:</p> <ul style="list-style-type: none"> • Trailblazer project, including work on a hospital discharge protocol for homeless people. • Report card on smoking cessation messages – i.e. stop vs. swap • Strategic direction for joint work to tackle fuel poverty • Breakdown of physical inactivity across the county and exercise referral schemes. • Proposed indicators to highlight inequalities 	<p>Katie Read</p>
<p>The meeting closed at 5.00pm</p>	

..... in the Chair

Date of signing