



**Health and Well-Being Partnership Board
Notes of meeting Thursday 11 December 2008**

No	Item	Notes	Action
1.	Welcome and Apologies	<p>Apologies were received from: Joanna Simons (Oxfordshire County Council), Eddy McDowall (Oxfordshire County Council), Andrea Young (Oxfordshire PCT), Cllr George Reynolds (Cherwell District Council), Dr Peter Von Eichstorff (GP), Cath James (West Oxfordshire District Council), Jean Nunn-Price (LINK), Steve Vinnicombe (Oxfordshire Council for Disabled People), Cllr Barry Wood (Cherwell District Council), Cllr Chris Hood (South Oxfordshire District Council), Sue Reid (South Oxfordshire District Council), Paul Staines (Vale of White Horse District Council).</p> <p>Members present are listed at Annex A</p> <p>Officers in attendance: Donna Husband, Kate King and Becky Hitch attended part of the meeting to give presentations.</p>	
2.	Introduction to the Board's three strategic priorities	<p>Jonathan McWilliam (Director for Public Health) introduced this item on behalf of John Jackson, Alan Webb and himself. He reminded the Board that the priorities were chosen at the away-day in June 2008 and that he felt Oxfordshire may be close to the leading edge in terms of doing some pioneering work to establish real partnership work in these complex areas. Diagrammatic maps of the territory were drawn to highlight the relationship between all the possible work that could be done and where that sits with the HWBP (appended at Annex B).</p> <p>The Board were reminded that the task for today was to comment on where the gaps are, what can be done by the collective entity that the HWBP represents to ensure activity gets done to address those gaps, and to specify what outcomes and targets should be sought.</p> <p>There was general agreement that the Board needed to be focussed, 'crunchy' and business-like in its approach to these three priorities.</p>	
2. a)	Reducing obesity to combat disease and dependency	<p>Kate King (Health Improvement Practitioner) gave a presentation on current activity to tackle obesity, the related consequences of which in terms of ill health and premature mortality account for an estimated £150m or c.20% of the PCT's annual budget. Highlighted obstacles included the difficulty in sustaining significant long-term investment in prevention in the face of an</p>	

improving but as yet still weak evidence base of what works to change behaviour at a societal level, and the complexities at play in determining what food people consume and how active their lives are. Four particular areas around which a partnership action plan could be based were raised: (i) developing a robust measure to track obesity trends in adults, (ii) encouraging individuals to change, (iii) creating an environment that is supportive of changing to healthy lifestyles, and (iv) leading the way as large employers.

The Board was asked to:

- Consider, in light of the suggestions tabled in the report, what each partner organisation could contribute to develop activities in support of this work stream and how they could collectively play a role to deliver more than the ‘sum of their parts’.

There was general agreement to RECOMMEND the Officer Group to work on the following suggestions in preparation of Action Plan proposals to be brought back to the next meeting:

- Use data on new diagnoses of diabetes as proxy for impact of obesity and set a target to reduce the increase. This is while GPs improve BMI recording for the whole population.
- Healthy eating scheme to be devised to be incorporated with ‘Scores on the Doors’ initiative in Environmental Health. Will need some funding – districts have already agreed to put money together for ‘Scores on Doors’ for first year, but additional healthy eating work needs funding and joint planning.
- More clarity needed on potential for exercising planning powers in relation to fast food outlets (a London borough seems to have achieved success) and potential to add a healthy eating policy into district LDFs.
- More involvement of planning departments in environmental issues linked to active lifestyles, active transport, etc. Link needed with county council’s Environment & Economy for transport issues and infrastructure design.
- Briefing to H&WBP on related work by the Children’s Trust on obesity, to ensure families are targeted and work is joined-up.
- Research how provision of community dieticians in GP practices could be encouraged to promote nutritional advice (drop-in or referral).
- Seek to secure commitment at the highest level for employers’ initiatives to

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		<p>promote healthy workplaces (e.g. policies on healthy eating, delivering active recreation and active travel opportunities) in partners & universities.</p> <ul style="list-style-type: none"> • Concerns over root causes of obesity and psychological aspects of prevention and treatment – more information would help discussion and deciding on responses (and give reassurance that they are being considered by the Obesity Strategy). • More detail requested on where and which population groups are the targets for this work and when targeting areas of deprivation the initiatives should be appropriate to the income levels of the target group. 	
<p>2. b)</p>	<p>Promoting mental well-being</p>	<p>Becky Hitch (Health Improvement Practitioner) gave a presentation on what is known to affect people’s ability to preserve the necessary emotional and spiritual resistance to enjoy life and overcome stressful and difficult events. Lack of Mental Well-being impacts on physical health and costs Oxfordshire’s economy c.£700m, in addition to taking up a third of GP’s time. The tabled report gave a menu of possible options for inclusion in a partnership action plan around five particular areas: (i) weakening the link with inequality and disadvantage, (ii) leading the way as large employers, (iii) reducing stigma and discrimination, (iv) tackling problems from unemployment and debt, and (v) linking to work with children and families.</p> <p>The Board was asked to:</p> <ul style="list-style-type: none"> • Consider, in light of the suggestions tabled in the report, what each partner organisation could contribute to develop activities in support of this work stream and how they could collectively play a role to deliver more than the ‘sum of their parts’. <p>There was general agreement to RECOMMEND the Officer Group to work on the following suggestions in preparation of Action Plan proposals to be brought back to the next meeting:</p> <ul style="list-style-type: none"> • Continue to develop and expand ‘Books on Prescription’ – recent example of successful linkages with the Library Service around self-help books. • Make sure people taking forward other work realise there are implications for mental well-being e.g. inequalities, social cohesion, employment, through district LSPs, etc. • Work with Registered Social Landlords who own the social housing stock in 	<p>HWBP Officer Group/ Becky Hitch/ all partners</p>

		<p>all districts (other than Oxford where the City Council still owns its stock).</p> <ul style="list-style-type: none"> • Make sure the work complements strategic plans for carers including the PCT Carers' Plan, County Carers' Strategy, Mental Health Carers and User groups. Carers themselves need to be kept well. • Use the rate of anti-depressant prescribing, before and after implementation of the programme to increase access to primary care psychology services, as a proxy measure for improving mental well-being. • Safe, secure housing is important and links to homelessness clear. City Council is willing to sign-up to work on this and on mental health first aid. • Workplace initiatives could link promotion of good mental well-being to programmes for reducing employee sickness and absence. • Trading Standards and Environmental Health Officers visit employers and could be used to influence workplace initiatives, for example publicising Mental Health First Aid and conducting risk assessments of stress. • Borrow ideas for a local focus from Cambridgeshire & Peterborough NHS Foundation Trust's pilot launch of the national 'Time to Change' (previously 'Moving People') social marketing campaign and see if it can bring resources into Oxfordshire. • District councils and county council currently fund advice services/ debt counselling separately. City Council expressed commitment for work to be done to join this up by commissioning together. Consider circulating leaflets offering advice on redundancy through partners' networks. • Other partnership work on getting off benefits, debt and employment is being mapped, led by Jobcentre Plus and the NI 152 Group (named after LAA indicator they are working to) – improve its reporting to HWBP Board. • Fear of mental illness for older people is an area of work to include • Refer to the work of Mike Hobbs and Nick Hicks in preparing for the Darzi review. • Results of ongoing mapping of current work to be sent to the HWBP Board upon completion. 	
<p>2. c)</p>	<p>Preventing ill health in the ageing population</p>	<p>Penny Thewlis (Deputy Chief Executive) and Donna Husband (Health Improvement Practitioner) gave a presentation on prevention emphasising that it means different things in different contexts, including primary prevention (avoiding illness/ maintaining health), early intervention to delay deterioration</p>	

and intensive support to avoid admission to hospital or long-term care. What these all share at their core is the desire to preserve quality of life as people age. Almost a quarter of the county council's budget is spent on adult social care. Achieving a shift away from acute interventions to more preventative services is essential if public sector provision is to remain in future years but this continues to be difficult to deliver in practice. Improvements to the evidence base for what works coming from Partnerships for Older people Projects (POPP) and current plans to transform social care provide timely opportunities to develop a shared vision of desirable outcomes.

The Board was asked to:

- Consider, in light of the suggestions tabled in the report, what each partner organisation could contribute to develop activities in support of this work stream and how they could collectively play a role to deliver more than the 'sum of their parts'.

There was general agreement to RECOMMEND the Officer Group to work on the following suggestions in preparation of Action Plan proposals to be brought back to the next meeting:

- Work to improve the availability of information on services and how to use the system is needed. Consideration should also be given as to how to get a better joined-up referral process.
- Early identification of carers is essential and a key to getting services. This is part of PCT Carers' Action Plan.
- Be aware that many Directors of Social Care and officials within the Department of Health feel that some national indicators for adult care services need to be under review. Since these may change local measures need to be considered as a viable alternative.
- Some new policies may be needed – e.g. employment after retirement.
- Work being better targeted according to age and stage of population group and to make sure there is equity.
- Clear that some work has to be carried out by other partnerships or groups but districts and others may be able to contribute via those groups too.
- Work to be undertaken to ensure bids for unallocated LAA reward grant money are made in support of all three of the HWBP Board's priorities.

HWBP Officer Group/
Angela Baker/ all partners

		<p>For each of the three strategic priority areas the Board was asked to challenge itself to identify what additional things they can own and make happen, beyond that which would happen anyway had the HWBP not existed. Members were asked to discuss these three priority areas within their own organisations in order to be able to suggest actions at the next meeting. This would include establishing new ways to influence and encourage other partnerships to take action, where relevant, in support of the HWBP Board's strategic priorities.</p> <p>The HWB Officer Group were asked to bring back proposals to the next Board meeting from which Board members could decide what to include in their Action Plans.</p>	Matt Bramall
3.	<p>Monitoring health and social care related targets in the Local Area Agreement (LAA and LAA2)</p>	<p>Jackie Wilderspin (Head of Partnerships and Health Inequalities) gave an update on progress. She reported that a very good system has been set up for performance monitoring with a named target lead identified who reports initially to the HWBP Officer Group, who can take the initiative on behalf of the Board if and when it is needed. The Officer Group will alert the Board when there are any issues. Performance on three of the four LAA2 targets currently exceeds the target, and an Action Plan has been implemented to ensure the Carers target moves from 'amber' to 'green'. Negotiations with GOSE, supported by the PSB, to re-assess the information provided as evidence on the LAA1 falls target continue, although a letter received from GOSE yesterday suggests this may not succeed.</p> <p>The Board was asked to:</p> <ul style="list-style-type: none"> • Note the second quarter reports <p>There was general agreement to RECOMMEND that:</p> <ul style="list-style-type: none"> • A report be brought back by the Officer Group to the next meeting of the Board. • The Officer Group continue their negotiations with GOSE over the way performance against the falls target is demonstrated. 	Jackie Wilderspin
4.	<p>Update on the Partnership Governance review</p>	<p>Members of the Board raised concerns that the diagram tabled in the report did not make clear if they proposed structural changes represent a 'scheme of alliances' or a 'scheme of amalgamation'. Fears were raised that this lack of</p>	Jackie Wilderspin/ Val Johnson

		<p>clarity is causing alarm for some, particularly over the Housing Partnership and Supporting People. These concerns were noted and would be raised with the Partnership Governance Review Group.</p> <p>In reply, it was suggested that such bodies are extremely unlikely to be dissolved and that the proposals were designed to give clarity to decision making and make it more transparent as to who are the people responsible for particular decision making.</p> <p>The Board resolved to note the on-going work to rationalise the partnership structure and requested that the issue in relation to principles of reporting be explicitly addressed and clarified.</p>	
5.	HWBP Officer Group – Terms of Reference	<p>The tabled Terms of Reference met with general agreement, although a concern was expressed about the potential proliferation of small groups.</p> <p>The Board approved the HWBP Officer Group Terms of Reference.</p>	Matt Bramall
6.	Minutes and actions from previous meeting held on 18-Sep-08 and matters arising	<p>Accuracy</p> <p>Since no one raised any objections, the Minutes of the last meeting of the Health & Well-Being Partnership Board on 18 September 2008 were taken to be an accurate record.</p> <p>Matters Arising</p> <p>A request was made to alter the time of future meetings such that they could take place in the evening rather than during the working day. The Chair responded that this was unlikely to be possible.</p> <p>No other matters arising were raised.</p>	
7.	Planning future meetings	<p>The Board has set dates for future meetings throughout 2009 as follows:</p> <ul style="list-style-type: none"> • 19 March 2009, Kings Centre, Osney Mead, Oxford, OX2 0ES • 18 June 2009, Conference Room A in Jubilee House • 17 September 2009, Meeting Room 2 County Hall • 10 December 2009, Conference Room A in Jubilee House <p>It was brought to the Chair's attention that the next meeting clashes with an important demography conference being held locally. However, the officer has since ensured that the conference will finish slightly earlier to avoid any clash.</p>	Matt Bramall
8.	Next Meeting	19 March at 2pm (NB: the venue of the next meeting has been moved to the Kings Centre in Oxford)	

**Annex A: Attendance list
11 December 2008**

Members present

Members present	Organisation
Cllr Jim Couchman Cllr David Robertson John Jackson	Oxfordshire County Council (CHAIR) Oxfordshire County Council Oxfordshire County Council
Dr Stephen Richards Jonathan McWilliam Alan Webb	Oxfordshire PCT Oxfordshire PCT/ Oxfordshire County Council Oxfordshire PCT
Cllr Angela Lawrence Cllr Hilary Hibbert-Biles Cllr Antonia Bance	Vale of White Horse District Council West Oxfordshire District Council Oxford City Council
Mary Judge Lesley Dewhurst Patrick Taylor Tony Purkis Anita Highman Penny Thewlis	Local Involvement Network Nightshelter Oxfordshire Mind Carers Forum/ Alzheimers Society Age Concern Oxfordshire Age Concern Oxfordshire

Officers present

Officers present throughout	Organisation
Sara Livadeas	Oxfordshire County Council
Matt Bramall	Oxfordshire PCT/ Oxfordshire County Council
Jackie Wilderspin	Oxfordshire PCT
Ian Davies	Cherwell District Council
Val Johnson	Oxford City Council
David Stevens	Vale of White Horse District Council
Officers present in part	Organisation
Angela Baker	Oxfordshire PCT
Kate King	Oxfordshire PCT
Becky Hitch	Oxfordshire PCT
Donna Husband	Oxfordshire PCT

Copies of these and past minutes and agendas, along with the latest news of current activity and a host of relevant local and national reports are available on the Health & Well-Being Partnership website:

www.oxfordshirepartnership.org.uk/wps/wcm/connect/OxfordshirePartnership/Partnerships/Health+and+Well-Being+Partnership/ :

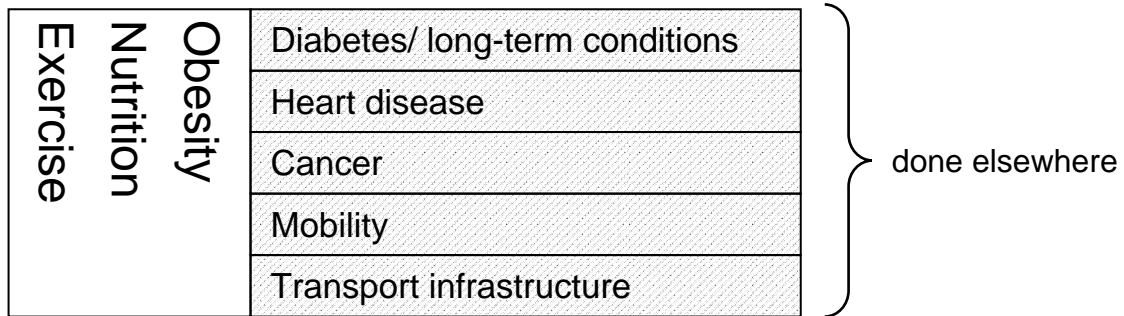
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Annex B: Diagrammatic maps of strategic priorities' territory
11 December 2008

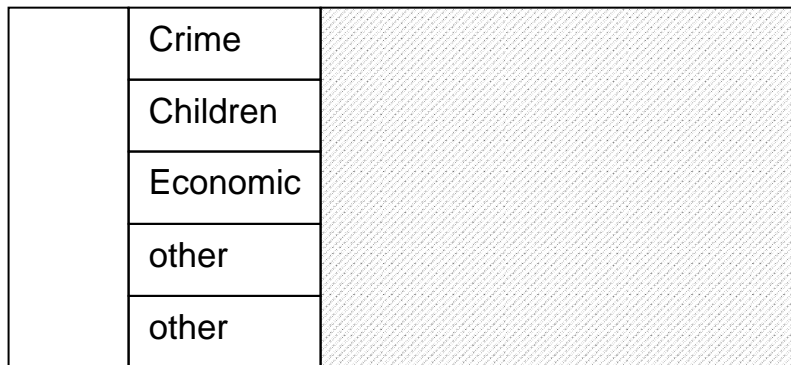
Obesity map



HWBP (for adults)
 [Children's Trust (for children)]

Mental health map

Mental well-being Mental Health Services Strategy



HWBP doing



HWBP overseeing

Prevention and older people map

