

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 10 February 2022 at 2.00 pm

Virtual Meeting – please use this link for live stream

<https://oxon.cc/HIB10022022>



Yvonne Rees
Chief Executive

February 2022

Contact Officer: **Sam Blacker, Team Leader, Director's Officer & Partnership Board Officer**
Tel: 07500 793632; email: sam.blacker@oxfordshire.gov.uk

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually.

Membership

Chair – Councillor Louise Upton
Vice Chair - District Councillor Maggie Filipova-Rivers

Board Members:

Amier Al Agab	<i>Healthwatch Oxfordshire Ambassador</i>
Ansaf Azhar	<i>Director of Public Health, Oxfordshire County Council</i>
Det Chief Insp Jonathan Capps	<i>Thames Valley Police</i>
Dr David Chapman	<i>Clinical Chair of Oxfordshire Clinical Commissioning Group</i>
Cllr Merilyn Davies	<i>District Council Director Representative</i>
Daniella Granito	<i>District Partnership Liaison</i>
Diane Hedges	<i>Chief Operating Officer, Oxfordshire Clinical Commissioning Group</i>
Cllr Mark Lygo	<i>Cabinet Member for Public Health & Equalities, Oxfordshire County Council</i>
Cllr Andrew McHugh	<i>Cherwell District Council</i>
Cllr Helen Pighills	<i>Vale of White Horse District Council</i>
Rosie Rowe	<i>Head of Healthy Place Shaping, Public Health, Oxfordshire County Council</i>

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes “any employment, office, trade, profession or vocation carried on for profit or gain.”), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

- 1. Welcome by Chairman**
- 2. Apologies for Absence and Temporary Appointments**
- 3. Declaration of Interest - see guidance note opposite**
- 4. Petitions and Public Address**
- 5. Notice of Any Other Business**

14:03 to 14:05

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting.

- 6. Note of Decision of Last Meeting (Pages 1 - 36)**

14:05 to 14:10

5 minutes

To approve the Note of Decisions of the meeting held on 18 November 2021 and to receive information arising from them.

- 7. COVID - 19 update (To Follow)**

14:10 to 14:25

15 minutes

Presented by Ansaf Azhar, Director of Public Health, Oxfordshire County Council

To update members of the public on the COVID-19 situation in the county.

- 8. Performance Report (Pages 37 - 48)**

14:25 to 14:35

10 minutes

Presented by David Munday, Consultant in Public Health, Oxfordshire County Council.

To monitor progress and agreed outcome measures.

- 9. Developing a Whole Systems Approach to Healthy Weight (Pages 49 - 58)**

14:35 to 14:55

20 minutes

Presented by Derys Pagnell, Consultant in Public Health, Oxfordshire County Council,
Jannette Smith, Health Improvement Principal

10. Oxfordshire Food Strategy (Pages 59 - 76)

14:55 to 15:15
20 minutes

Presented by Lauren Rushen and Fiona Steel, Good Food Oxfordshire Manager

BREAK

15:15 to 15:20
5 minutes

11. Report from Healthwatch Ambassador (Pages 77 - 78)

15:20 to 15:30
10 minutes

Presented by Amier Al Agab, Healthwatch Oxfordshire Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board.

12. Tobacco Control Update (Pages 79 - 88)

15:30 to 15:50
20 minutes

Presented by Adam Briggs, Consultant in Public Health, Oxfordshire County Council

To update on the Tobacco Control actions across Oxfordshire.

13. Any other business

15:50 to 16:00

Future HIB meeting dates

12 May 2022
8 September 2022
17 November 2022

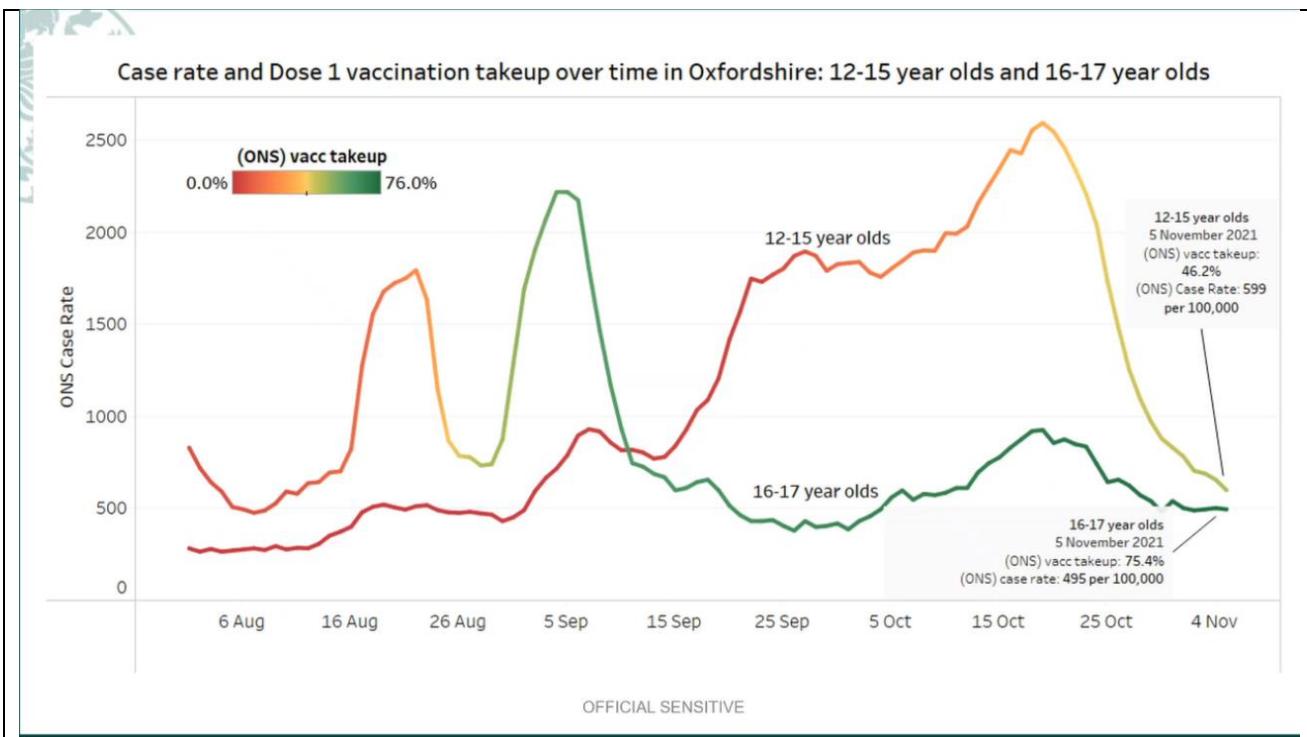
Request to reschedule May and September dates

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on commencing at 18th November 2021 at 14:00

Present:	Cllr Louise Upton, Oxford City Council (Chair)
Board members	Cllr Andrew McHugh, Cherwell District Council Cllr Mark Lygo, Oxfordshire County Council Ansaf Azhar, Director of Public Health, Oxfordshire County Council Dr David Chapman, Clinical Chair, Oxfordshire Clinical Commissioning Group Cllr Helen Pighills, Vale of White Horse District Council Daniella Granito, District Partnership Liaison, Oxford City Council Amier Al Agab, Oxfordshire Healthwatch Ambassador David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
In attendance	Rosie Rowe, Head of Healthy Place Shaping, Public Health, Oxfordshire County Council Donna Husband, Health of Public Health Programmes, Oxfordshire County Council Josh Lenthall, Active Oxfordshire Jack Gooding, Senior Public Health Principal, Oxfordshire County Council. Sarah Payne-Riche, Public Health Registrar, Oxfordshire County Council.
Officer:	Julieta Estremadoyro, Oxfordshire County Council
Apologies:	Cllr Maggie Filipova-River, South Oxfordshire District Council (Vice - Chair) Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Absent:	Jonathan Capps, Detective Chief Inspector, Thames Valley Police Cllr Merilyn Davies, West Oxfordshire District Council

ITEM
1. Welcome Cllr Upton welcomed to the meeting: Dr David Chapman, Clinical Chair, Oxfordshire Clinical Commissioning Group
2. Apologies for Absence and Temporary Appointments As noted above
3. Declarations of Interest Cllr McHugh is the Chairman of the Tobacco Control Alliance
4. Petitions and Public Address There were none
5. Notice of Any Other Business None
6. Note of Decisions of Last Meeting The notes of the meeting held on 9 th September 2021 were signed off as a true and accurate record.
7. COVID - 19 update: impact analysis Ansaf Azhar, Director of Public Health went through the following presentation: (see appendix 1) Key message: A significant increase of cases followed by a notable reduction of them in Oxfordshire. Vaccination have played a huge role. This slide show clearly this:



Rate of new cases by specimen date

<https://coronavirus.data.gov.uk/details/interactive-map/cases>

Up to date figures at <https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures>

Both in Oxfordshire and the rest of UK a significant reduction of cases has been recorded. Vaccination of children has stopped vertical transmission within the same household. It breaks the main chain of transmission.

In the next meeting, a detailed piece looking at the impact of COVID 19 in Oxfordshire across the 18 months will be presented. The teams have started the process of gathering data. This finding will help to inform the recovery strategy.

Comments/Questions:

Members of the Board celebrate the success of the children vaccination programme and the positive results that are newsworthy.

8. Performance Report – Effect of COVID 19

David Munday referred to the document *Performance Report* (page 9 in the agenda pack)

He highlighted the changes to the presentation of the data in the report as show in page 11 onwards. A column pointing out which category is showing new data has been added, as well as another one showing the trend. This goes beyond explaining which measure is above or below target. The new column highlights if things are moving in the right direction or not.

Additionally, a deep dive will be presented in one of the focus areas of the Board. In the present report, a Mental Wellbeing detailed report is included on page 14

David highlighted the notes on:

- 1.13 and 1.14 on immunisations
- 2.19 and 2.20 on health checks
- 3.17 on bowel screening

Comments/questions:

Flu immunisation in Children

Rate of immunisation in children is lacking from these measures. How many children have been vaccinated either in GPs or at schools? Very important due to cross contamination at home and school. (David Chapman)

Resources were all concentrated in delivering the COVID 19 vaccination programme. In the following weeks flu immunisation in school will accelerate. Metrics will be included in the next meeting. (David Munday)

Action: David Munday to incorporate the data on children's flu immunisation in to the performance report

Loneliness data

What we can do to make people feel less isolated and gather them together (Cllr Upton)

To look at this data in more detail, a deep dive to understand it and how to make a difference in the next year. What more local authorities can do to tackle this (Ansaf Azhar)

The Healthy Place-shaping agenda is addressing loneliness across the county in partnership with the district councils. The role of libraries is considered as safe places where people feel comfortable attending. To reflect how this can be expanded. e.g. Books' delivery to people who are not able to get to the library. In general, they are looking at the assets within the community, to carry on social prescribing activities within a partnership approach (Rosie Rowe)

Library services have a good network of volunteers with a good interaction with people to be proud of (Cllr Lygo)

Loneliness and social isolation figures have gotten worse during the pandemic. Some people were not seeing anybody between medicine delivery and even now are very nervous to go out. Motivational interventions are needed (Cllr Pighills/Cllr McHugh)

Move Together programme

Move together programme intends to change this (Cllr Upton)

Move together press release

<https://www.getoxfordshireactive.org/move-together>

David Munday suggested to bring Healthy Weight and Physical activity as the deep dive data in the next Performance Report.

9. Mental Health & Wellbeing: Update from Suicide Prevention Multi Agency Group

Jack Gooding referred to the paper *Update from Suicide Prevention Multi Agency Group* (page 21 in the agenda pack)

Donna Husband shared the following presentation regarding Mind's Safe Haven on their behalf:
(see appendix 2)

Comments/questions:

Safe Haven is an important service offered to people experiencing problems with their mental health. GPs make the referral or people can refer themselves. Great alternative to people who would otherwise turn up in A&E which is the wrong place. It is a success story (David Chapman)

It is a positive story of how upstream intervention can reduce more downstream interventions. These kind of projects are good to learn from and replicate/expand into other areas, reducing the demands on our already stretched health and care systems (Ansaf Azhar)

Similar services for under 18? Mental Wealth Academy has been extended to 16 years old due to COVID-19. There are more challenges regarding protection issues and governance when considering offering these types of services to younger groups. There is a pathway offered to young people arriving at A&E (Dani Granito/David Chapman/Donna Husband) More information on Mental Wealth Academy at:

<https://www.oxfordshiremind.org.uk/10413-2/>

Pandemic: Unpredictable results: For example suicide has remained steady during pandemic. Younger People services have received a huge number of referrals with young people suffering high levels of anxiety. (Cllr Upton/Cllr Pighills)

Emotional Wellbeing and Mental Health strategy - there is a strategy developing at the moment for young people. It involves mapping out of what activities are happening not just at clinical level but, more importantly, upstream at Teir 2 level which will contribute to reducing demand for specialist services like CAMHS (Ansaf Azhar)

Eating disorders - Practical planning on mental health is really difficult. Suicide rates may not have increased but eating disorders rates have increased during the pandemic, including within the autistic spectrum. Public Health is involved in programmes addressing these issues (David Chapman/Donna Husband)

Resilience – How to build resilience and how it works in a particular situation. Resilience involved having a sense of purpose, adaptability and connection to social networks (David Chapman/Cllr McHugh)

10. Report from Healthwatch Oxfordshire Ambassador

Amier Al Agab went through the paper *Healthwatch Oxfordshire Report to Health Improvement Partnership Board* (page 27 in the agenda pack)

Comments/questions:

People's experiences of travelling to and parking at Hospitals in Oxford and Banbury – There were plans to develop the Horton Hospital site and implement better traffic

management measures. A Master plan was considered but we have not heard the outcome of this (David Chapman/Ansaf Azhar)

Maternity services in Banbury – There are plans to expand these in Ruscote with antenatal care, but not further information is available (Cllr McHugh)

Primary Care – The data regarding primary care reveal that GP practices received 4 million patients in the last year. 52% of those appointments were face to face. Primary care is fully operational, very busy with greater number of patients (David Chapman)

11. Active Travel Programme

Sarah Riches Payne and Josh Lenthall referred to the document *Cycling and Walking Activation Programme- Interim Evaluation Report* and Presentation (page 31 onwards in the agenda pack)

Comments/questions

Climate Change agenda – It is supported by the actions taken in the report. It would be useful to know the positive impact active travel measures have on the air quality data around schools. (Cllr McHugh/Cllr Upton)

Street Tag – Looking at increasing the uptake in Oxford city. Rosie Rowe having regular meetings to look at the communication as they go along. They are monitoring the uptake and expect to see improvement in the city. There has been better uptake in schools in the most deprived areas of the city.

School engagement officers - Recruitment for these roles within the active planning team (Rosie Rowe)

Community Activation Programme promote families who have never cycled to do it, breaking down the many barriers they face (Cllr Upton)

12. Domestic Abuse Support-Safer Accommodation

Kate Holburn went through the document *Strategic Update for Domestic Abuse* (page 83 in the agenda pack)

Comments/Questions:

Cllr Upton urged members to respond to the consultation.

Link to the Countywide Homelessness Strategy – there is a bigger piece of work in considering all the priority groups within one strategy. How is the DA strategy going to be incorporated to that agenda? (Dani Granito)

The aim is to link all these strategies. They are working with Vicky Jessop in the council. She is participating in the Safe Accommodation Board to produce the delivery plan for the strategy. Within this is consideration of who are the best people to work at Tier 2 representation, including housing officers, community safety officers in each district. For the

Safe Accommodation Board, we consider that the housing officers would be the best to sit on it .

13.AOB

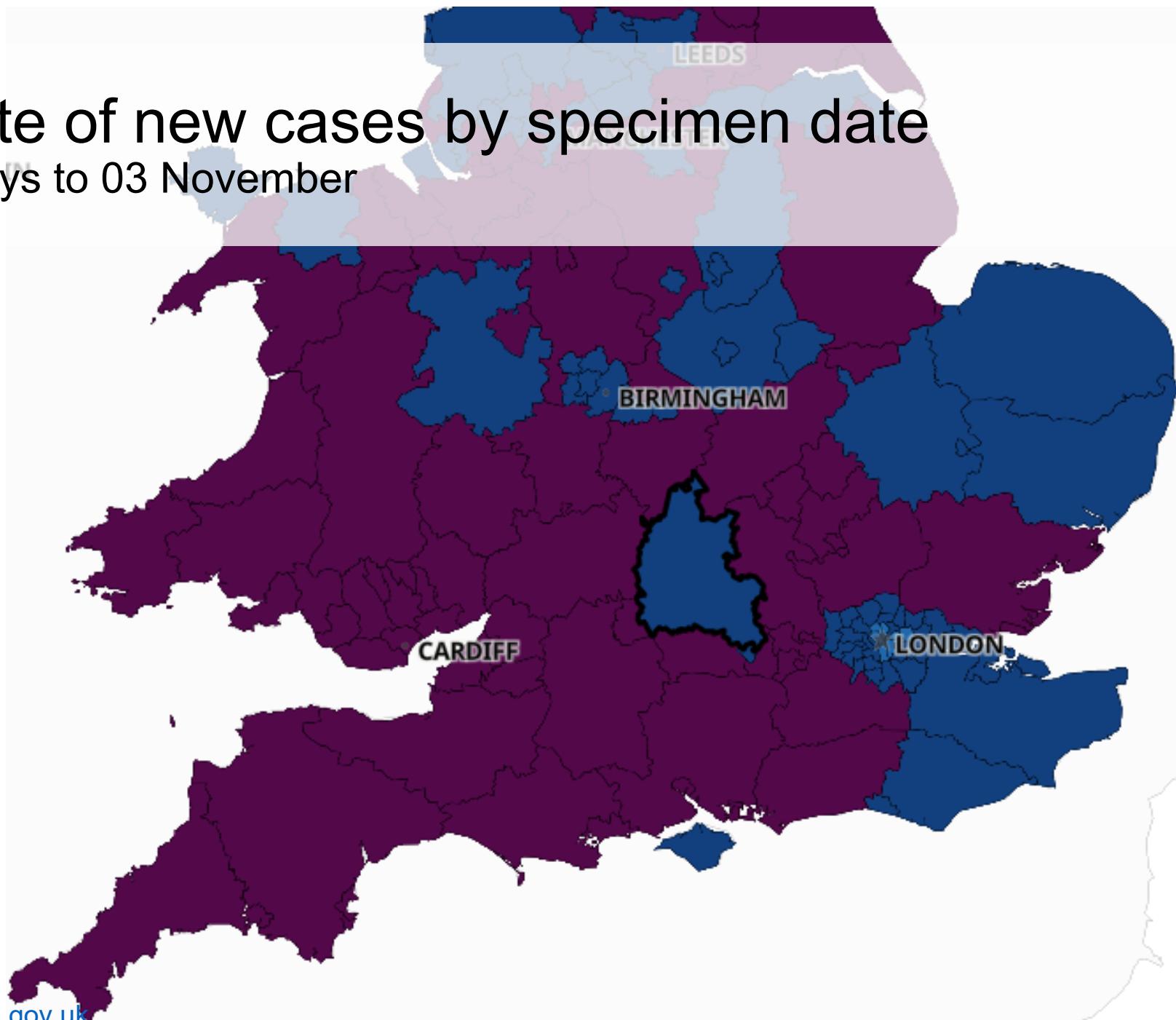
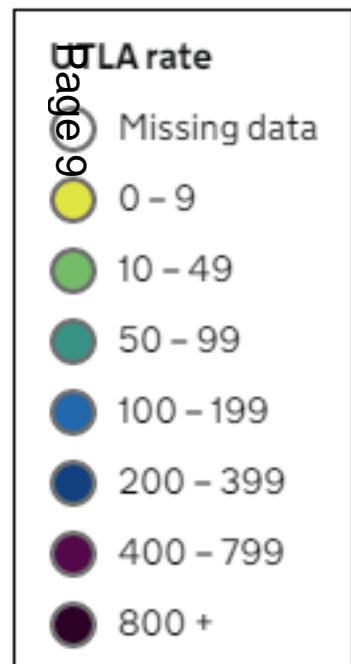
None was raised

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Rate of new cases by specimen date

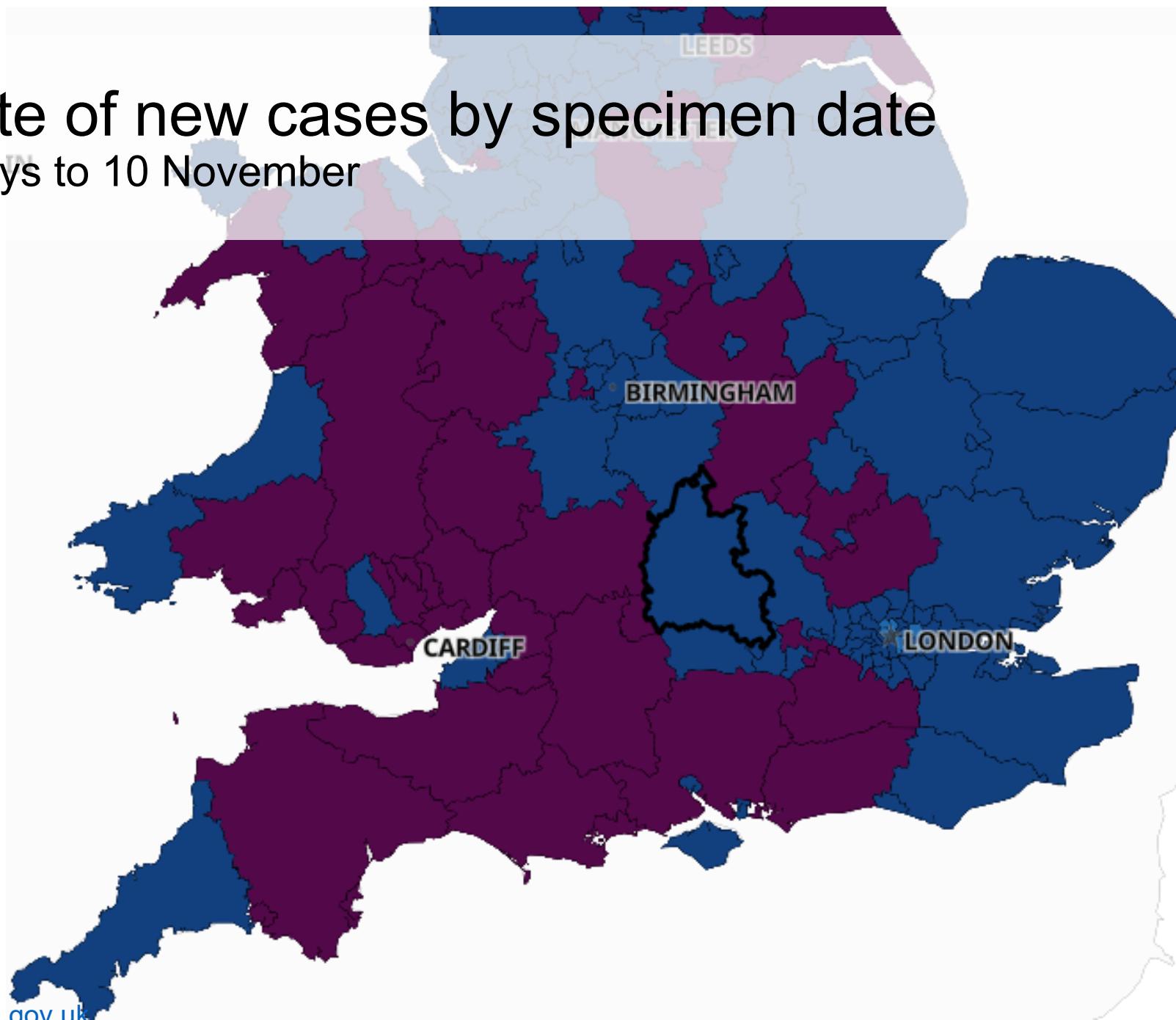
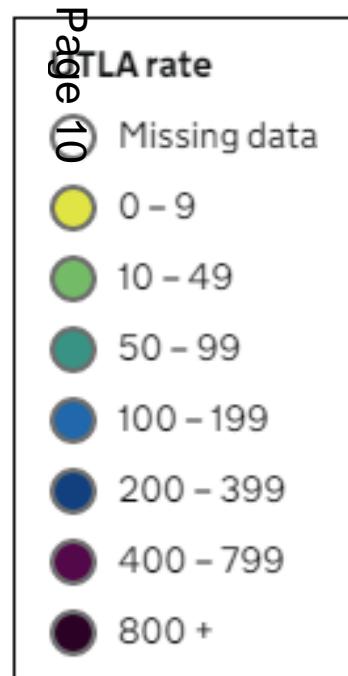
7 days to 03 November





Rate of new cases by specimen date

7 days to 10 November

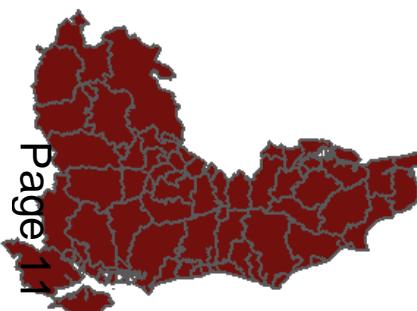




Regional SAR South East

Reporting on 04 -10 November

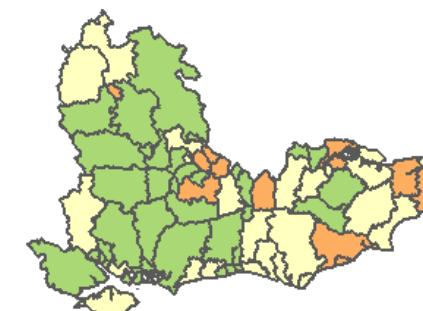
Case rate



Weekly case rate
(per 100,000)

> 250
151 - 250
51 - 150
25 - 50
< 25

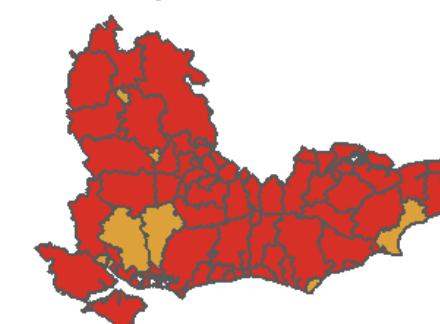
Case rate change



7-day change in weekly case rate

>100% increase
51 to 100% increase
10 to 50% increase
Under 10% change
10 to 50% reduction
51 to 100% reduction

Positivity



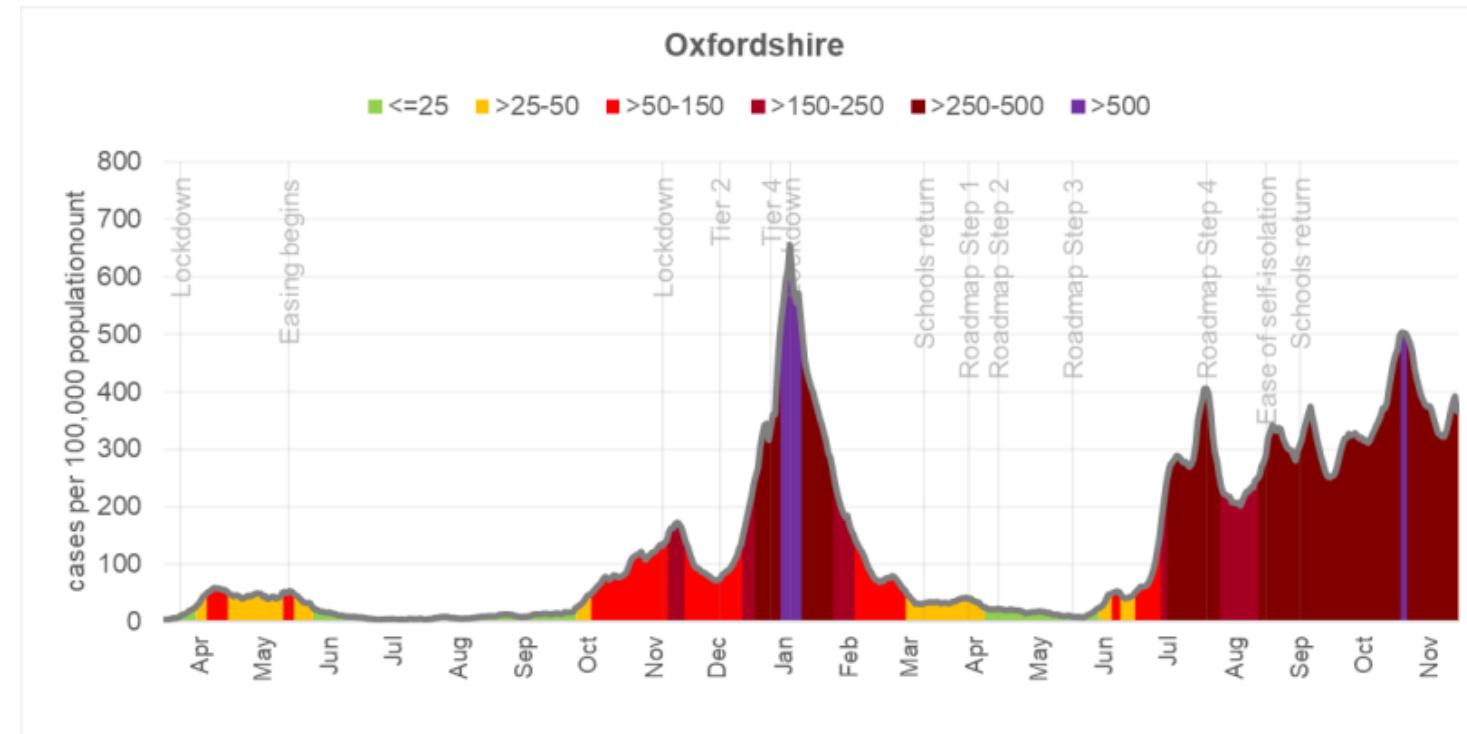
Weekly percentage positive

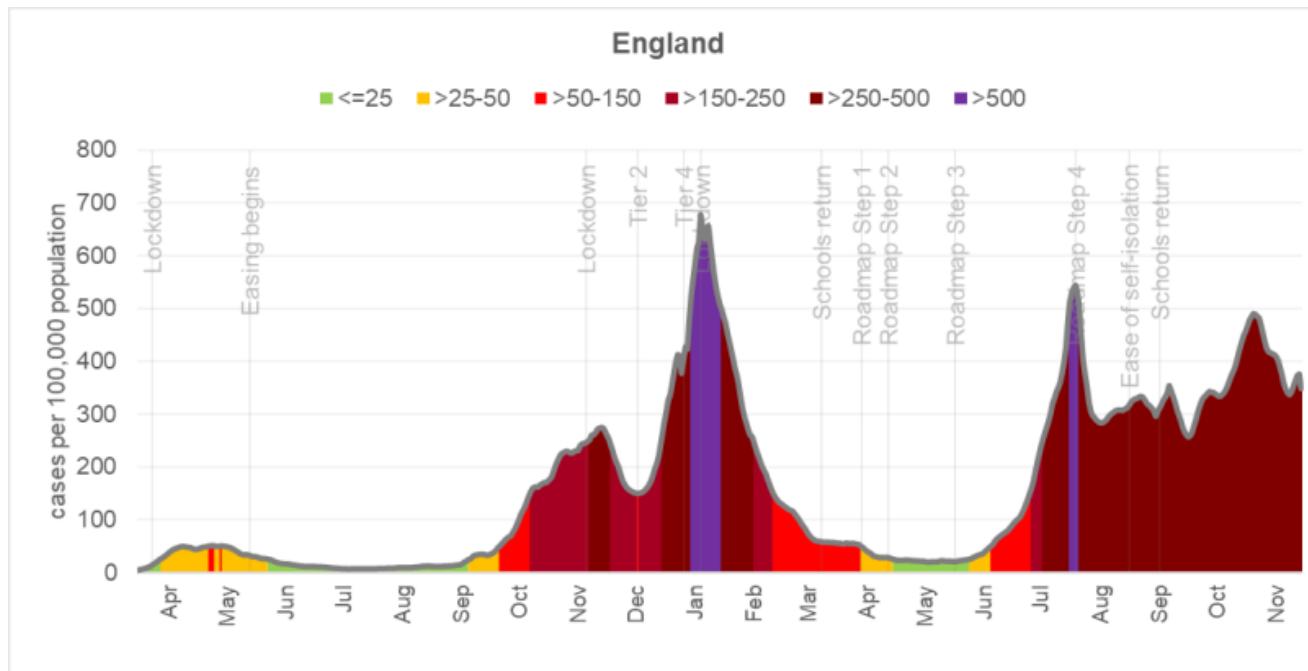
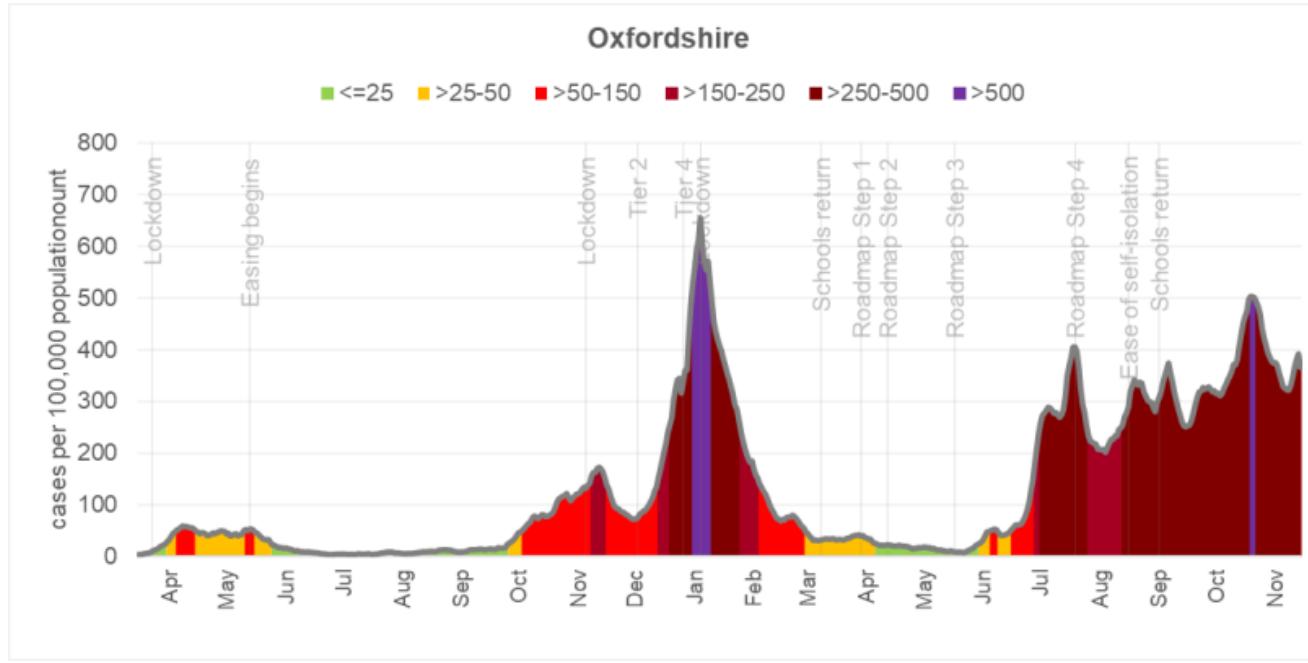
> 7.5%
4% - 7.5%
< 4%





Cases: rate per 100,000 population







COVID-19 Cases in Oxfordshire

In the 7 days up to 12 November there has been a total of 2,663 confirmed COVID-19 cases in Oxfordshire.

This is equivalent to a weekly rate of new cases of 382.1 per 100,000 residents.

Page 14

Area name	Cases in 7 days up to 05/11	Rate per 100,000 population	Cases in 7 days up to 12/11	Rate per 100,000 population
Cherwell	505	332.6	624	410.9
Oxford	339	223.6	437	288.3
South Oxfordshire	470	326.9	537	373.5
Vale of White Horse	532	385.8	564	409.0
West Oxfordshire	438	391.9	501	448.3
Oxfordshire	2284	327.7	2663	382.1



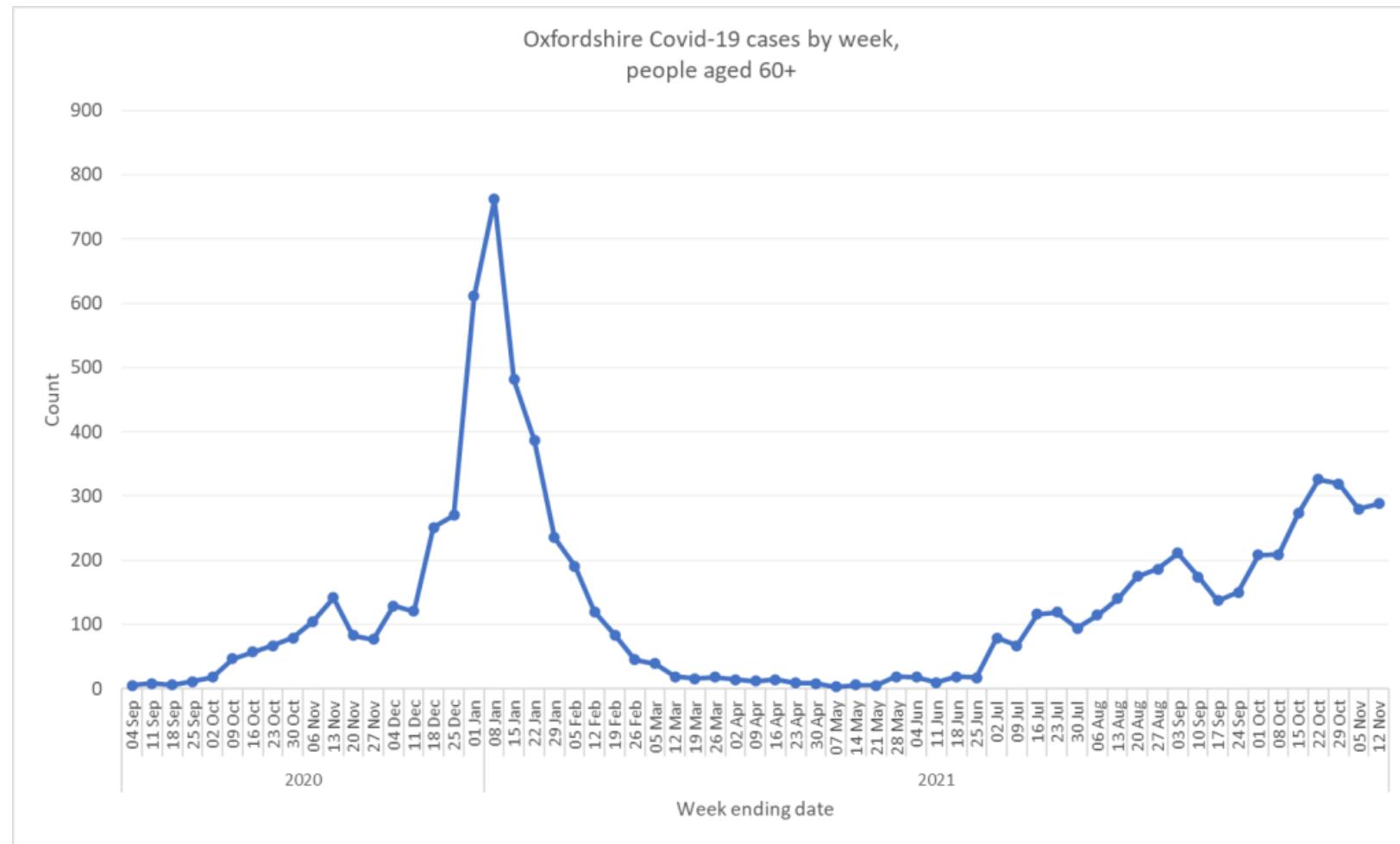


Cases in over 60s

Area name	Cases in 7 days up to 05/11	Rate per 100,000 population	Cases in 7 days up to 12/11	Rate per 100,000 population
Cherwell	61	165.4	56	151.8
Oxford	39	154.0	34	134.3
South Oxfordshire	47	120.4	60	153.7
Vale of White Horse	87	242.5	73	203.5
West Oxfordshire	46	145.9	65	206.2
Oxfordshire	280	166.0	288	170.8



Cases in over 60s by week



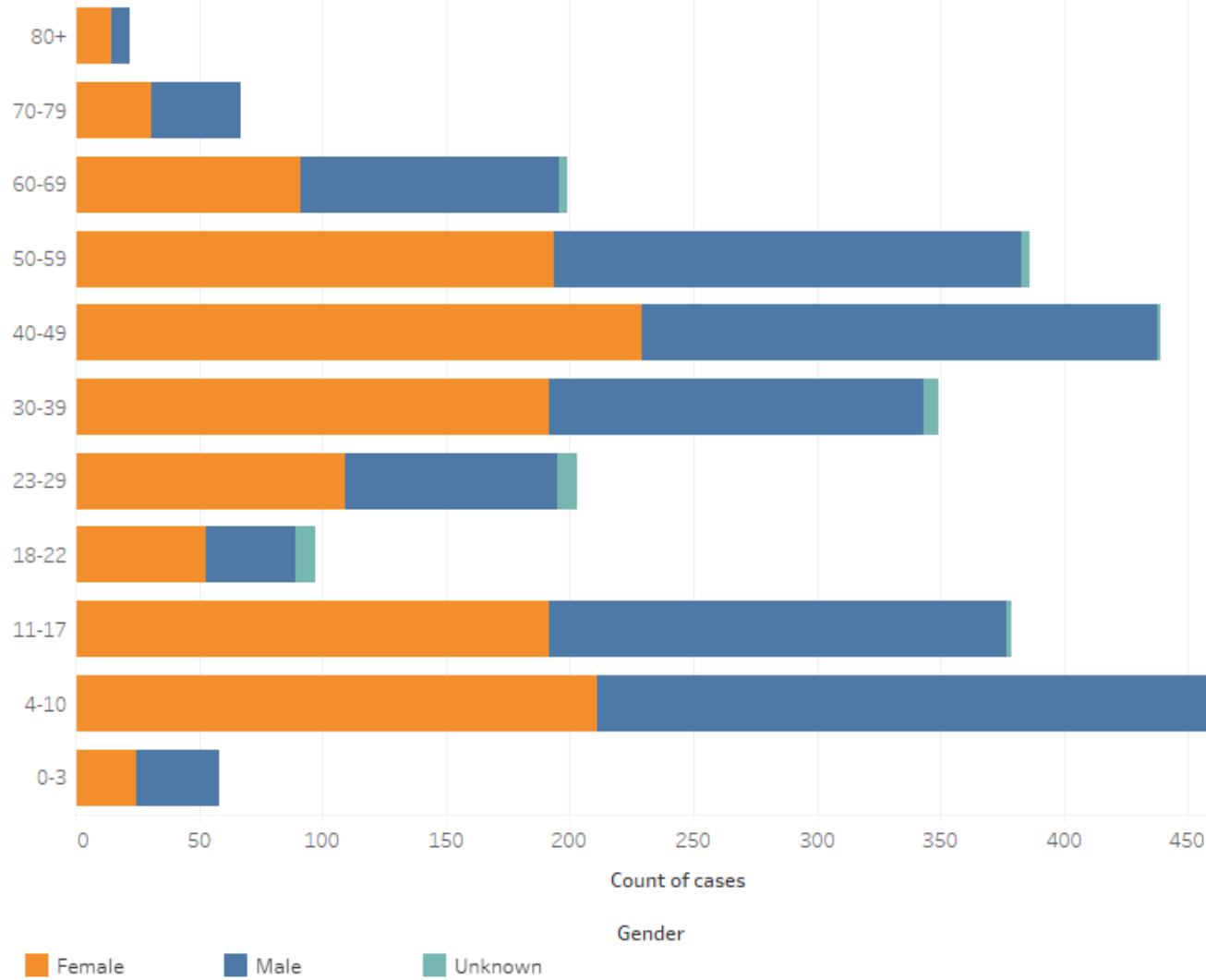


Age and gender breakdown:

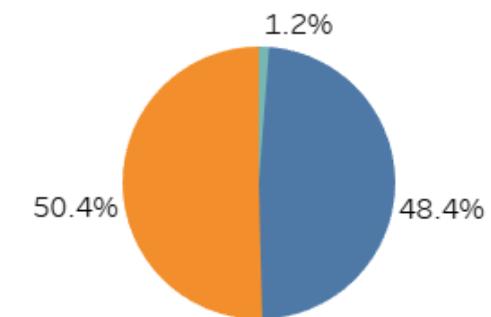
Week up to 12/11/2021

District: All

Pyram.. F



Broad Age Bands	Count	%
0-11	628	23.6%
12-17	273	10.3%
18-29	300	11.3%
30-59	1,174	44.1%
60+	288	10.8%





Heatmap, Oxfordshire

Cases: weekly rates per 100,000 population, 5 year age bands

District: (All)

Age group	Week ending:																																										Age group								
	2020				2021																																														
	04 Dec	11 Dec	18 Dec	25 Dec	01 Jan	08 Jan	15 Jan	22 Jan	29 Jan	05 Feb	12 Feb	19 Feb	26 Feb	05 Mar	12 Mar	19 Mar	26 Mar	02 Apr	09 Apr	16 Apr	23 Apr	30 Apr	07 May	14 May	21 May	28 May	04 Jun	11 Jun	18 Jun	25 Jun	02 Jul	09 Jul	16 Jul	23 Jul	30 Jul	06 Aug	13 Aug	20 Aug	27 Aug	03 Sep	10 Sep	17 Sep	24 Sep	01 Oct	08 Oct	15 Oct	22 Oct	29 Oct	05 Nov	12 Nov	
0-4	31	51	115	133	224	150	199	148	120	79	56	56	48	10	28	28	25	36	10	5	0	8	18	5	5	3	28	13	20	28	71	66	82	74	122	110	125	196	122	138	105	130	158	163	120	115	214	0-4			
5-9	23	63	77	93	153	160	104	104	90	39	46	16	30	9	16	39	42	12	7	5	9	2	5	5	0	12	35	14	30	51	123	167	241	227	128	123	199	179	241	315	422	568	658	547	531	679	797	716	577	719	5-9
10-14	64	125	166	199	270	298	142	144	95	85	26	31	19	24	40	43	104	57	17	24	31	26	26	17	12	33	45	57	99	102	277	461	518	464	251	215	232	424	402	596	729	921	1654	1560	1666	2075	2258	1124	719	899	10-14
15-19	103	138	258	381	545	580	324	253	170	133	76	93	76	52	54	54	71	61	54	34	54	34	32	17	12	42	96	103	140	339	722	877	968	717	784	555	582	1486	735	1211	715	563	543	531	742	892	892	435	364	371	15-19
20-24	108	185	364	432	792	768	605	378	241	123	72	96	66	40	48	20	30	50	28	38	30	16	20	6	10	32	113	96	213	519	1494	850	880	553	509	525	517	625	509	372	296	117	135	105	111	117	151	119	137	255	20-24
25-29	150	152	432	549	973	902	642	461	287	201	110	108	73	51	40	33	33	35	18	20	22	20	20	35	132	86	143	176	457	545	706	487	340	417	578	523	421	320	258	172	117	95	137	196	221	218	260	329	25-29		
30-34	150	193	377	570	980	874	635	449	282	188	138	128	116	56	48	58	72	58	56	34	27	31	22	12	14	34	75	51	94	65	251	326	618	476	295	377	439	352	406	299	314	222	237	159	246	299	331	331	345	394	30-34
35-39	107	225	322	431	725	736	503	403	231	198	125	147	125	29	49	53	96	36	27	40	24	42	29	11	16	36	60	47	38	53	147	214	425	356	220	216	238	267	305	318	271	211	193	229	236	351	367	389	385	414	35-39
40-44	80	172	304	461	748	692	539	409	256	186	101	104	99	42	54	52	54	47	38	26	24	21	12	14	19	21	40	42	59	71	144	231	336	322	228	224	282	254	294	405	367	287	428	376	412	584	588	678	527	562	40-44
45-49	85	171	318	421	699	659	414	327	263	162	89	87	42	42	40	40	38	56	20	29	16	13	4	9	7	16	45	42	36	58	136	185	300	305	149	165	183	305	296	338	358	254	354	423	423	610	617	572	499	445	45-49
50-54	77	151	266	398	699	701	563	350	220	140	67	63	71	33	44	33	25	23	19	21	19	17	15	19	2	10	25	42	19	50	113	151	272	195	163	167	205	234	318	308	297	199	276	308	335	396	473	429	347	463	50-54
55-59	52	84	210	283	532	687	450	303	188	136	82	82	54	28	24	28	28	30	17	11	15	24	13	9	4	15	24	22	19	45	76	158	192	162	93	134	160	223	270	259	221	153	197	153	186	275	316	303	307	357	55-59
60-64	78	91	198	211	468	564	377	255	151	130	83	70	42	21	21	18	10	18	13	8	10	5	3	3	5	18	18	0	18	16	60	65	125	120	86	109	125	156	179	187	172	114	104	127	161	198	252	244	237	333	60-64
65-69	39	69	136	154	386	386	241	205	154	103	63	48	27	12	18	18	9	18	9	12	9	9	0	3	3	6	9	9	6	18	45	36	72	81	63	69	121	118	124	169	100	90	118	115	145	193	208	284	241	214	65-69
70-74	50	26	82	58	257	283	199	114	108	82	53	50	18	23	3	3	12	3	3	9	6	3	3	0	6	9	3	12	9	38	18	67	70	38	73	67	117	102	99	76	61	82	108	108	175	184	204	169	134	70-74	
75-79	55	66	105	113	273	285	172	176	94	86	55	23	8	16	4	4	8	0	4	12	0	0	4	4	0	12	16	20	0	39	35	55	27	35	35	55	43	74	86	98	94	70	137	90	152	168	105	113	82	75-79	
80-84	81	59	167	183	302	459	297	221	92	86	49	22	22	11	0	0	11	0	5	0	0	11	0	5	5	0	32	32	22	43	65	43	49	54	86	92	86	54	70	129	103	81	129	81	54	59	80-84				
85+	215	140	236	295	478	870	478	516	258	220	140	75	43	70	16	5	16	0	5	5	0	0	5	11	0	27	5	5	0	11	64	48	16	38	32	43	32	81	32	54	43	43	64	134	107	102	161	102	64	59	85+

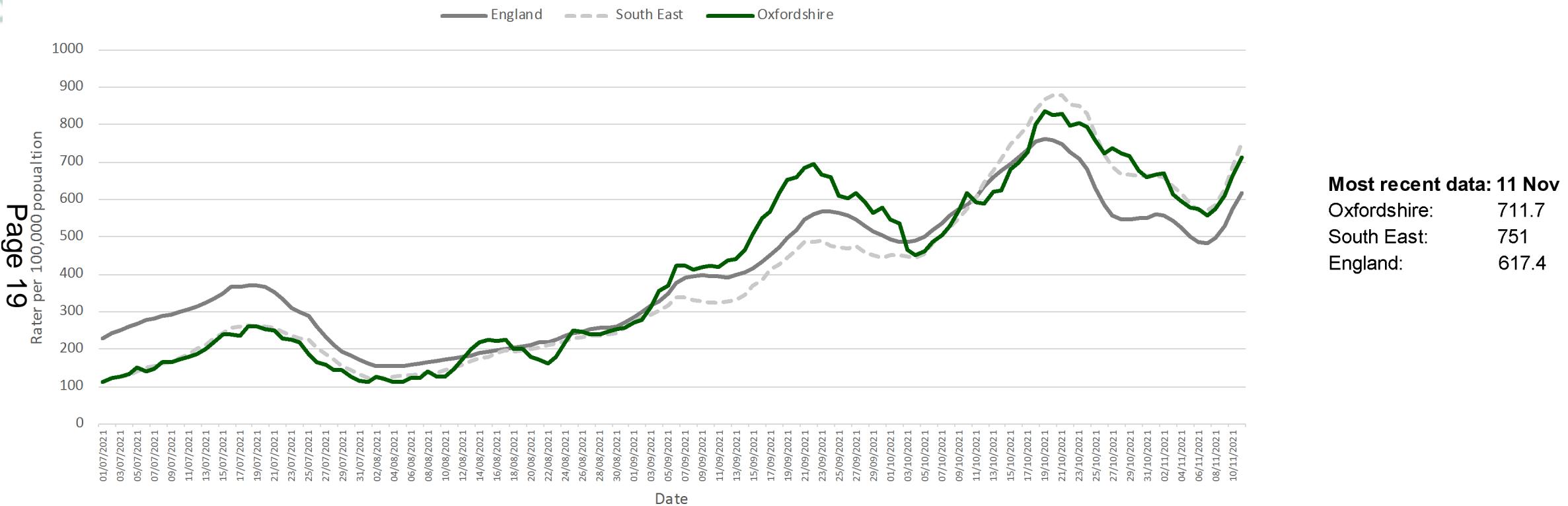


OXFORDSHIRE
COUNTY COUNCIL



New cases by specimen date, rolling rate per 100,000 population

Age group: 5 - 9 years



Most recent data: 11 Nov
Oxfordshire: 711.7
South East: 751
England: 617.4

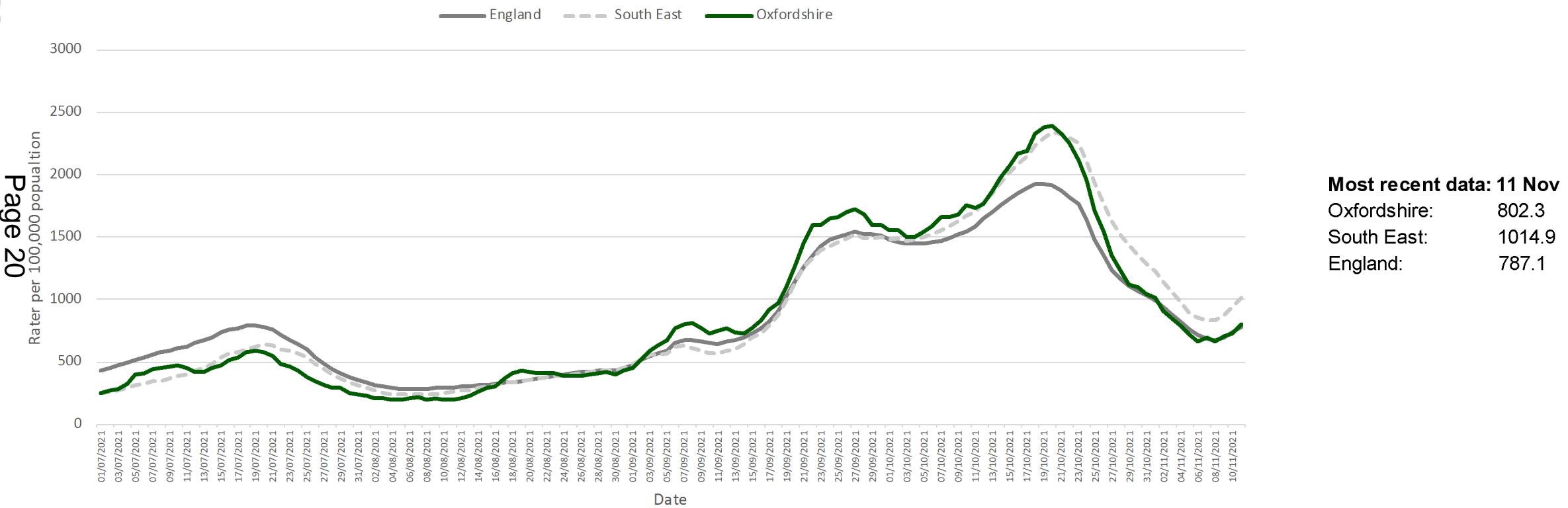
Source: coronavirus.data.gov.uk





New cases by specimen date, rolling rate per 100,000 population

Age group: 10 - 14 years



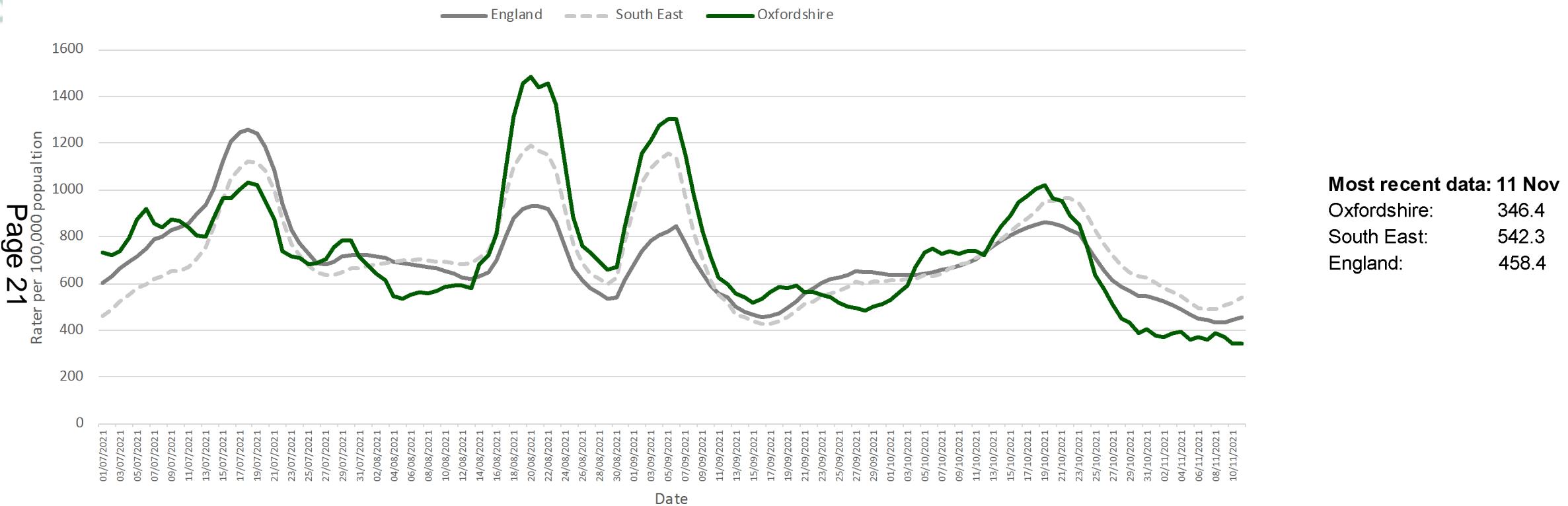
Source: coronavirus.data.gov.uk





New cases by specimen date, rolling rate per 100,000 population

Age group: 15 - 19 years



Source: coronavirus.data.gov.uk





NHS Pillar 2 Tests

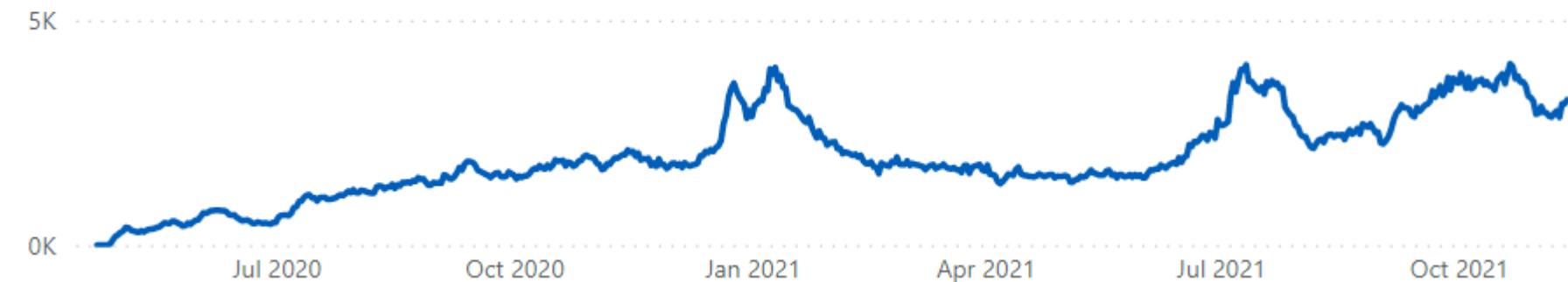
7 days to 12 November

PCR = 22,602

Previous week = 19,417

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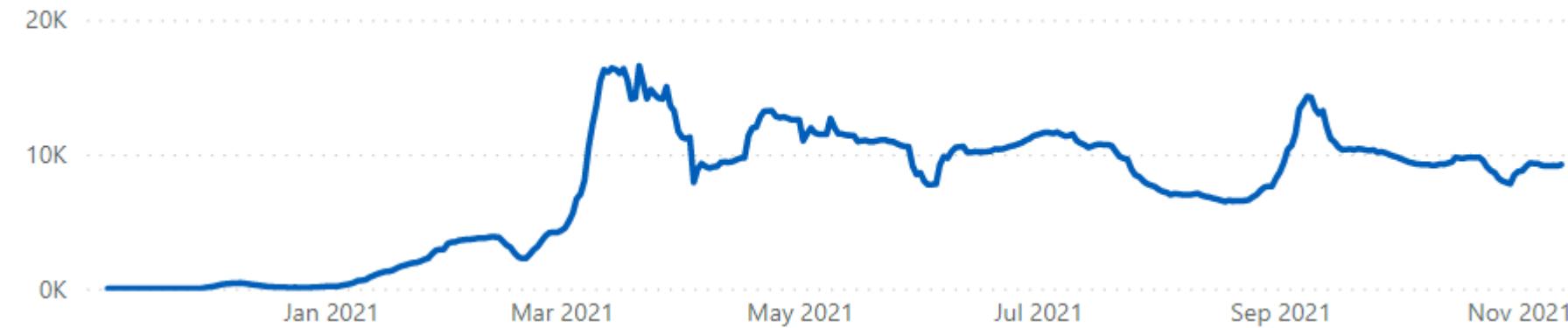
7-Day Moving Avg Trend of Total Tests



Lateral Flow = 64,576

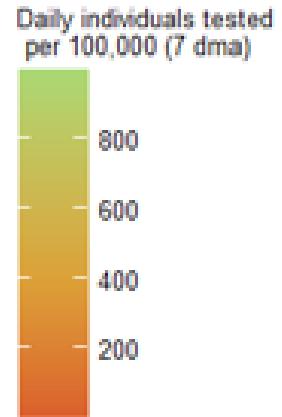
Previous week = 63,740

7-Day Moving Avg Trend of Total Tests

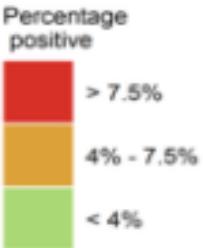




Heatmap of testing rate by Local Authority



Area name	08 Nov 21	10 Nov 21	12 Nov 21	15 Nov 21
Cherwell	609.1	609.6	593.7	573.9
Oxford	556.5	557.4	544.1	538.0
South Oxfordshire	634.1	607.9	598.2	571.7
Vale of White Horse	625.6	632.6	605.1	598.4
West Oxfordshire	645.9	643.4	641.9	676.5



Heatmap of weekly positivity by Local Authority

Area name	08 Nov 21	10 Nov 21	12 Nov 21	15 Nov 21
Cherwell	8.5	7.9	8.1	9.3
Oxford	6.2	5.8	6.1	7.2
South Oxfordshire	8.9	8.1	8.1	8.4
Vale of White Horse	9.9	9.0	8.5	8.9
West Oxfordshire	8.9	8.7	9.2	9.3



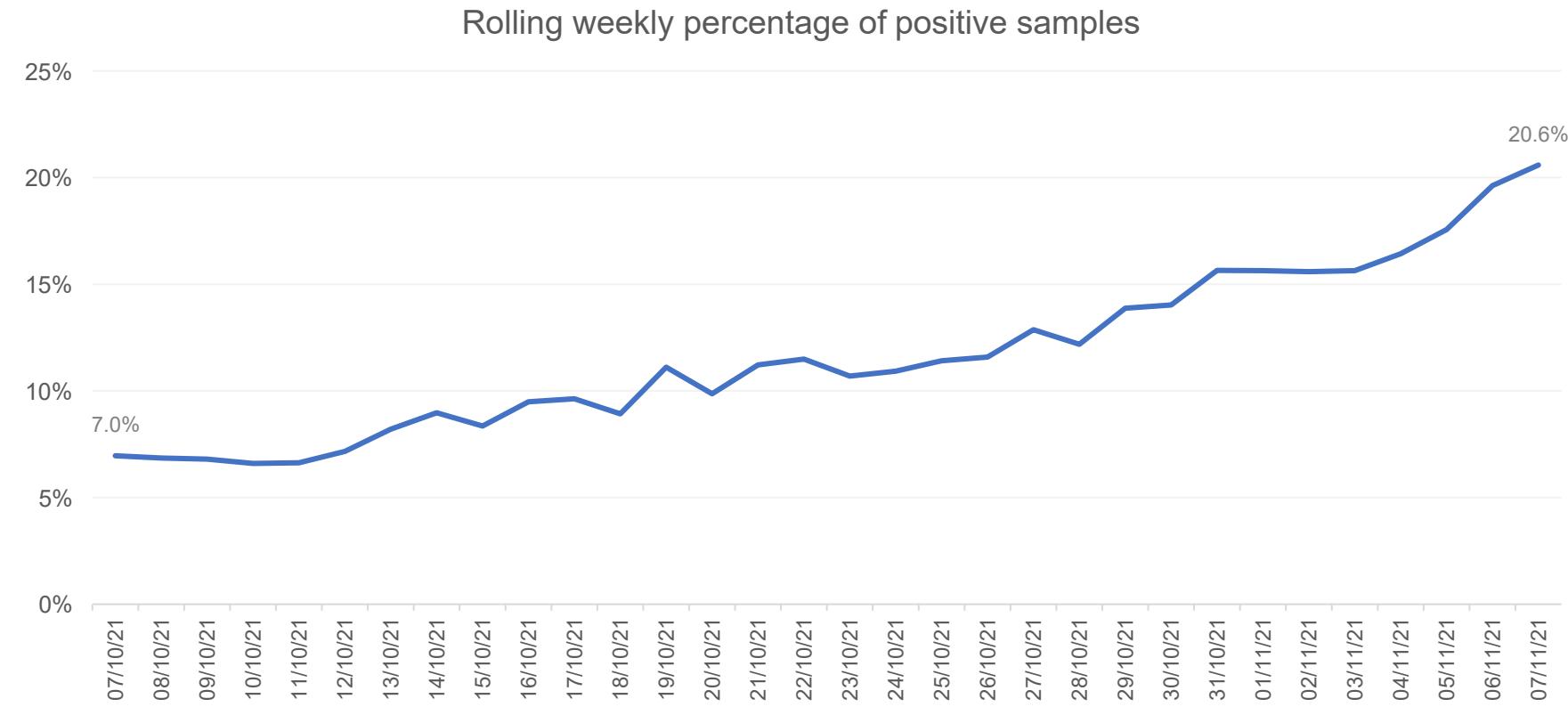
Note: dates given are SAR publication dates. PCR tests only.

Source: PHE Power BI Covid-19 Situational Awareness Explorer



Variant VUI-21OCT-01

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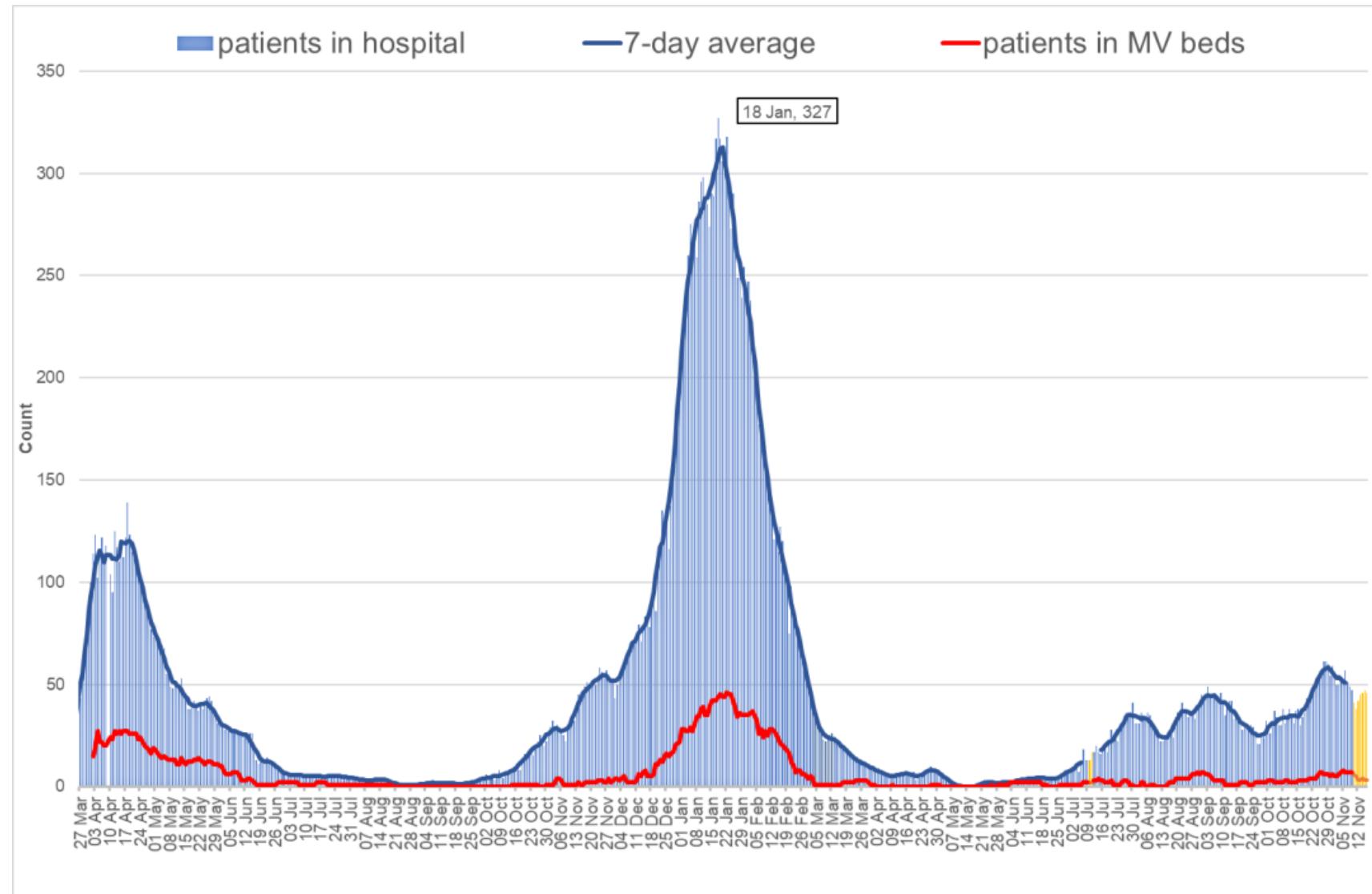


Note: Data include confirmed sequence results only.

Source: PHE Power BI Covid-19 Situational Awareness Tool



Patients at Oxford University Hospitals NHS FT testing positive



Latest data: 16 Nov
Total patients: 46
Patients in MV beds: 2

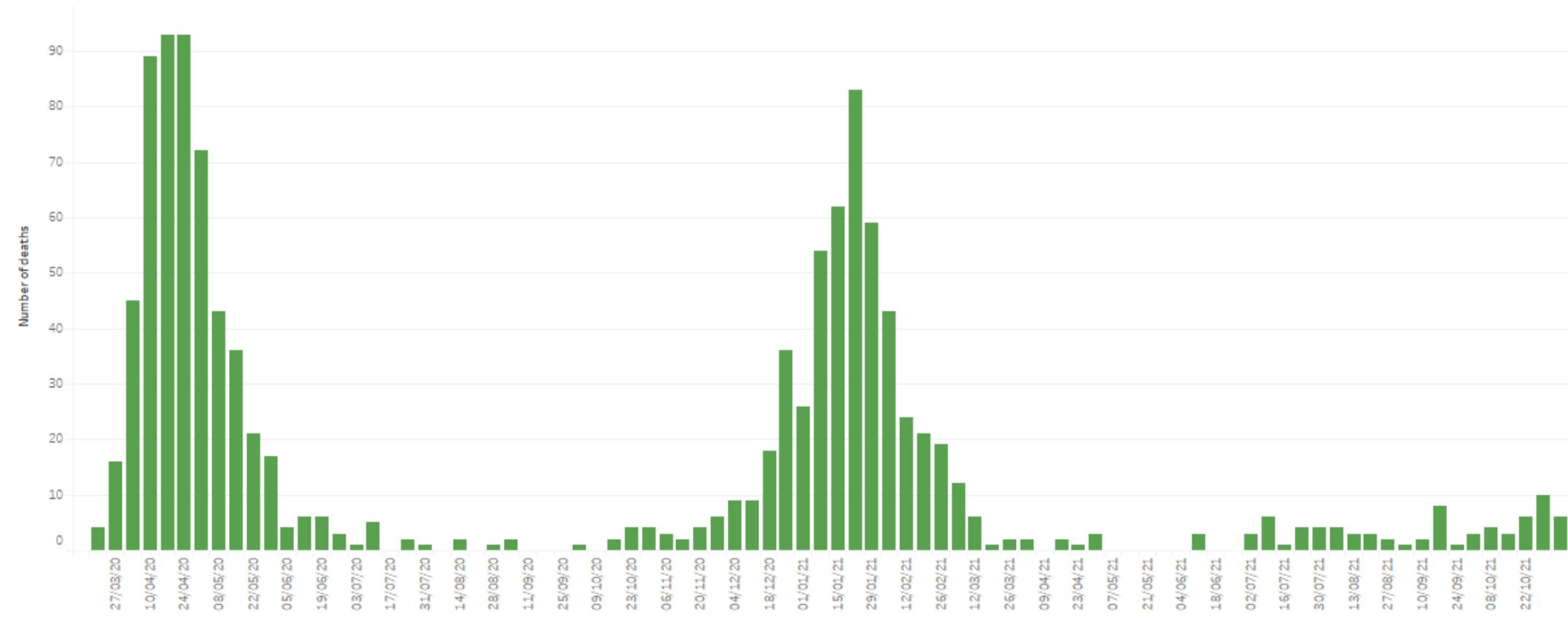


Covid deaths per week

Covid deaths by week

Occurred up to 05/11/2021 but registered up to 12/11/2021

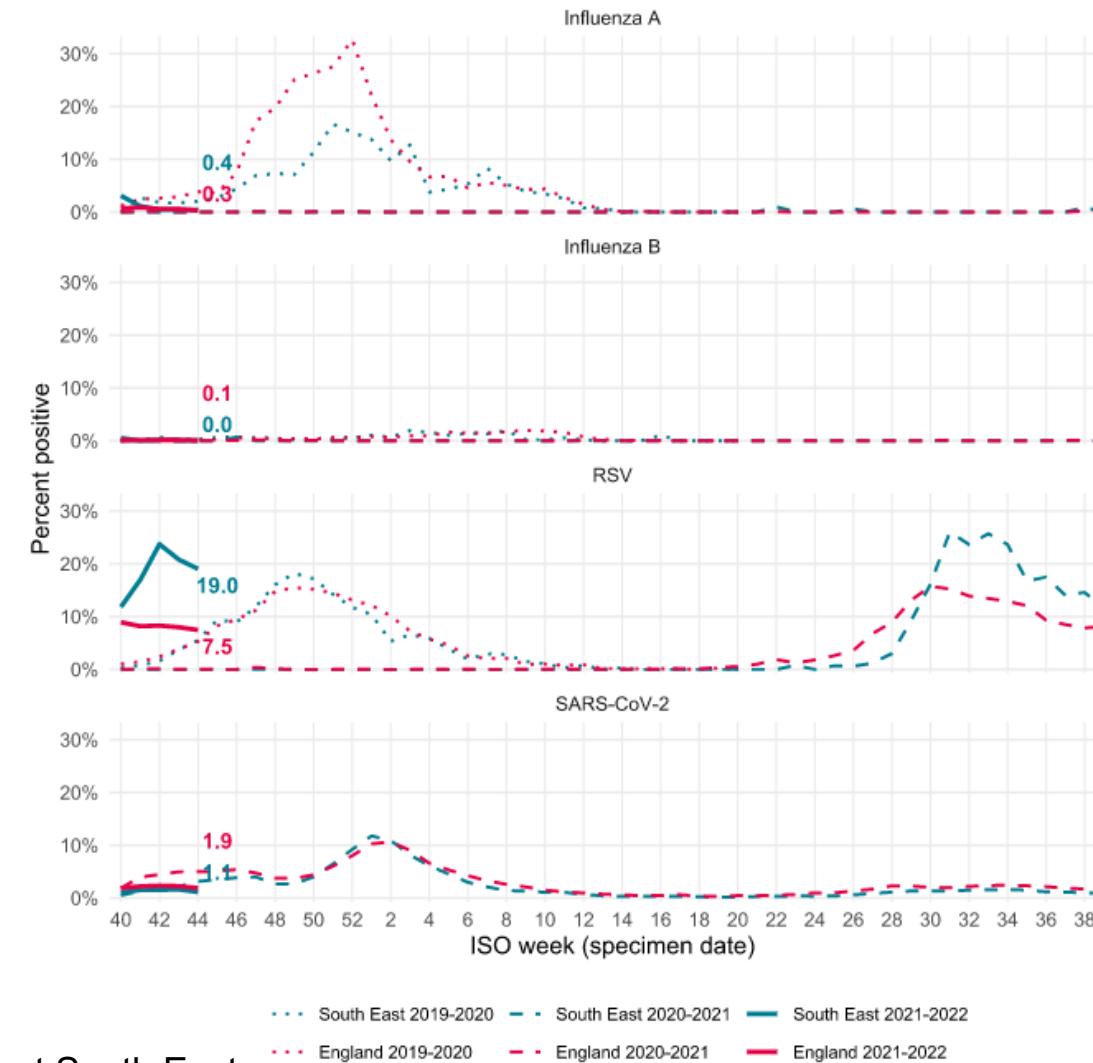
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Influenza, RSV and Covid positivity in respiratory samples

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Definition

Safe Haven offers short-term, non-clinical support by telephone and in person to adults experiencing mental health crisis in Oxfordshire, as an alternative to A&E.

Page 29

We work in partnership with Oxford Health NHS Foundation Trust and support clinical teams in crisis support.



In a Mental Health Crisis?

Do you need...

- Same day mental health support
- Someone to listen without judgement
- Somewhere safe to be when you feel at your lowest

Get support from Safe Haven

Banbury Safe Haven
Open Friday – Monday
(6:00pm-10:00pm)
01295 270 004
(referral line open 5:00pm-9:30pm)

Oxford Safe Haven
Open 7 evenings a Week
(6:00pm-10:00pm)
01865 903 037
(referral line open 5:00pm-9:30pm)

WE ARE BETTER TOGETHER
The Oxfordshire Mental Health Partnership

Oxfordshire  mind

 Elmara

 Oxford Health NHS Foundation Trust

Oxford Safe Haven

Opened in April 2018.

- * Currently opened **7 evenings a week** 6pm-10pm for face to face and phone support
- * Additionally, Tuesday, Wednesday, Thursday 11.30am -15.30pm for phone support only.

FROM JANUARY: 7 day a week provision



Banbury Safe Haven

Opened in February 2020.

Currently opened out of hours when other
services are shut

Friday, Saturday, Sunday and Monday
6pm-10pm

Face to face and phone support



**The Banbury Wellbeing Hub,
Britannia Road,
Banbury, OX16 5DN**

Crisis support pathway

We are part of the Crisis pathway within Oxfordshire

^{Page 32}
We work in close partnership with Oxford Health to deliver Safe Haven

Frequent referrals from and joint working with AMHT, EDPS, CRHTT.

We also have access to the Oxford Health's clinical notes system (CareNotes)



What we provide

Page 33

- One-to-one person-centered strengths-based approach used to explore ways of coping
- Collaborative safety planning, and encouraging use of existing safety plans where appropriate
- Risk assessment and consistent and joined up approach that complements clinical input
- A calming, non-clinical environment to explore crisis and access to refocusing activities
- Signposting to additional services relevant to the individual's needs



- We work alongside our service users and empower them to explore their own solutions, therefore enabling them to develop the skills they need to manage more effectively when in crisis
- We work with our service users to understand how they can utilise us effectively, without becoming dependent on us
- We liaise closely with clinical colleagues to ensure we are providing joined up care,
- We have the time to explore options with our service users and share details of additional services that are relevant and appropriate to their individual needs
- We can escalate directly to the Crisis Team, if we need to.



Referral Criteria

- Any adult aged 18 years and over in Oxford in mental health crisis, or seeking to prevent mental health crisis

Exclusion Criteria

- Anyone requiring immediate physical health treatment, including taking over a prescribed amount of medication
- Anyone intoxicated by drugs and alcohol to the extent they cannot participate in meaningful conversation
- For face-to-face: Anyone with Covid-19 symptoms or in isolation due to Covid-19
- For face-to-face: Anyone with significant ongoing risk to others that would make it inappropriate for them to be in a shared space with other vulnerable adults



In a Mental Health Crisis?

Do you need...

- Same day mental health support
- Someone to listen without judgement
- Somewhere safe to be when you feel at your lowest

Get support from Safe Haven

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(referral line open 5:00pm–9:30pm)

WE ARE BETTER
TOGETHER
The Oxfordshire Mental Health Partnership

Oxfordshire  mind

 Elmore

 NHS
Oxford Health
NHS Foundation Trust

How to access

To self-refer to Safe Haven we ask that patients always give us a call first on the day they want to access.

To make a professional referral please email us.

oxonsafehaven@oxfordhealth.nhs.uk

Our referral line is open every evening between 5pm – 9pm, and during the day on Tuesday, Wednesday, Thursday 11.30-3pm

Tel: 01865 903 037



Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.
2. The indicators are grouped into the overarching priorities of:
 - A good start in life
 - Living well
 - Ageing well

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached. A short commentary is included to give insight into what is influencing the performance reported for each indicator
4. All indicators show which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).

Of the 15 indicators reported in this paper:

Three indicators are **green**

Six indicators are **amber**

Four indicators are **red**:

- **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity) *NB data not updated since last meeting*
- **2.18** Increase the level of flu immunisation for at risk groups under 65 years *NB data not updated since last meeting*
- **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
- **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)

5. A "deep dive" performance report is included at the end of this document. As discussed at the HIB meeting in September 2021, we are including this to ensure the Board are sighted on performance against agreed priority areas.

This time it relates to Physical Activity and Healthy Weight, and over a 12 month period will cycle through other areas (such as tobacco control and mental wellbeing). The deep dive starts with metrics from the Public Health Outcome Framework (PHOF) relevant to this area. It then provides some data on adults weight, followed by children's weight and finally physical activity in children. Occasionally data has been taken from national surveys where it is not available locally

Health Improvement Board Performance Indicators 2021/22

	Measure (frequency)	New data since last HIB?	Target 2021/22	Reporting date	Latest	RAG	Change since last data point	Commentary
A good life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	7%	Q2 21/22	5.7%	G	▲	The percentage of the population smoking at the time of delivery has been below 6% for the first two quarters of 2021/22 compared with above 6% for the whole of 2020/21 (5.4% in Q1 and 5.7% in Q2, this is 189 people in total). There will be some fluctuation in the percentage reported in each quarter given the overall small numbers.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q2 21/22	92.6%	A	▼	Please see below
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q2 21/22	91.6%	A	▼	The pandemic impacted on all childhood immunisation uptake mainly due to GP practices being (wrongly) presumed closed. However uptake is now stable. There is on-going work on increasing MMR uptake across the Thames Valley, focusing in particular on areas with low uptake of preschool and MMR booster vaccines
	1.15 Reduce the levels of children obese in reception class (annual)	N	7%	2019/20	6.7%	A	▼	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured than is reportable by LA. However data we do have suggests that, as is the case nationally, there has been an increase in obesity. For 19/20 Reporting on smaller proportion of cohort. Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6 (annual)	N	16%	2019/20	16.2%	A	▲	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured than is reportable by LA.. However data we do have suggests that, as is the case nationally, there has been an increase in obesity.

2.16-2.21	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (annual)	N	18.6%	May-21	22.4%	R	▲	COVID has found inactivity increasing across England and this is reflected in Oxfordshire. At a lower level data shows : Cherwell 31.0% Oxford 15.3% South Oxfordshire 19.7% Vale of White Horse 20.0% West Oxfordshire 20.6%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1146 per 100,000	Q2 2021/22	1042	A	▲	Changed from red to amber. However, projections of YTD remains on target when you account for seasonal changes in expected activity.
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	N	75%*	Sep 2020 to Feb 2021	58.9%	R	N/A	
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q2 21/22	69.6%	-	▼	The NHS Health Check Programme, currently commissioned via GP Practices, remains significantly impacted since the onset of the COVID-19 pandemic and current activity is below target. This is in part due to GP staffing capacity being redeployed to vaccination clinics and a national supply issue with blood tubes to enable collection of blood samples. Officers are currently in a commissioning cycle for a supplementary delivery method of the NHS Health Check Programme that sits outside of GP settings and provides targeted outreach. Important to note that the programme was paused nationally in response to the pandemic in order to create additional capacity in primary care.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q2 21/22	32.6%	-	▼	Commentary as for 2.19.
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)	Y	80%*	Q1 21/22	67.6%	R	▲	Cancer screening programmes were paused for several months in 2020 due to the pandemic. cervical screening programmes in Oxfordshire have now recovered. In the recovery phase all programmes undertook targeted work to maximise uptake and minimise DNAs. Work is now underway to support programme resilience during the winter period.
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)	Y	80%*	Q1 21/22	75.4%	R	▲	As above.

Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	N	75%*	Sep 2020 to Feb 2021	84.4%	G	N/A	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	Y	60% (Acceptable 52%)*	Q1 21/22	70.9%	G	▲	
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage) (quarterly)	N	80% (Acceptable 70%)*	Q4 19/20	76.9%	A		All cancer screening services were paused for several months in 2020 due to the pandemic - currently on track to recover by March 22.

*National target

age 40

Healthy Weight and Physical Activity Detailed Performance Report

	Measure (frequency)	Oxfordshire	South East	England	Date	RAG (against England value)	Commentary	Data Notes
Healthy weight	Reduce the levels of children obese in reception class (annual)	6.7%	8.9%	9.9%	2019/20	A*	Compared to the England and SE Value Oxfordshire levels remain lower. However we still had 295 children obese at this age (2019/20). National data for 2021 shows a steep increase in obesity which is likely to be reflected in Oxfordshire (though we are unable to report local data due to a smaller sample size)	PHE Fingertips
	Reduce the levels of children obese in year 6 (annual)	16.1%	17.8%	21.0%	2019/20	A*	Oxfordshire remains lower than the England and SE average but we still had 680 children who were obese in year 6. National data for 2021 shows a steep increase in obesity which is likely to be reflected in Oxfordshire (though we are unable to report data due to a small sample size)	PHE Fingertips
	Percentage of adults aged 18+ classified as overweight or obese	56.3%	61.5%	62.8%	2019/20	G	Oxfordshire remains lower than the SE and England average	PHE Fingertips
	Obesity in early pregnancy	18.7%	20.9%	22.1%	2018/19	G	Oxfordshire remains lower than the SE and England average	PHE Fingertips
Physical activity	Percentage of physically active adults	73.0%	69.5%	66.4%	2019/20	G	COVID has found physical activity decreasing across England. While Oxfordshire adults remain more physically active than England overall there has been a decrease in physical activity.	PHE Fingertips
	Percentage of physically inactive adults	17.4%	20.1%	22.9%	2019/20	R*	COVID has found inactivity increasing across England and this is reflected in Oxfordshire. While our levels of inactivity remain lower than England they have worsened over the past year.	PHE Fingertips
	Percentage of physically active children and young people	51.2%	45.4%	44.6%	2020/21	G	Physical activity amongst children and young people has reduced across England in the past year and this reduction is more pronounced (though not statistically significantly so) in Oxfordshire	PHE Fingertips
	Percentage of adults walking for travel at least three days per week	15.3%	14.9%	15.1%	2019/20	A	Oxfordshire data remains similar to the England average. Both Oxfordshire and England have seen a steep and statistically significant reduction in walking for travel at least 3 days a week between 2018/19 and 19/20	PHE Fingertips
	Percentage of adults cycling for travel at least three days per week	6.6%	2.4%	2.3%	2019/20	G	Oxfordshire remains higher than England and has seen a slight reduction in cycling over the past year but has the highest levels of cycling for travel at least 3 days a week in the South East.	PHE Fingertips
	Access to woodland	3.9%	15.6%	15.0%	2020	-	Access to woodland is significantly lower in Oxfordshire than the England average.	PHE Fingertips

* measure is included in the standard performance report, therefore RAG is against local target

Adult overweight and obesity

An estimated 55.2% of people aged 18 or over in Oxfordshire are classified as overweight or obese (2018/19), significantly lower than the average for England (62.3%) and the South East (60.9%).

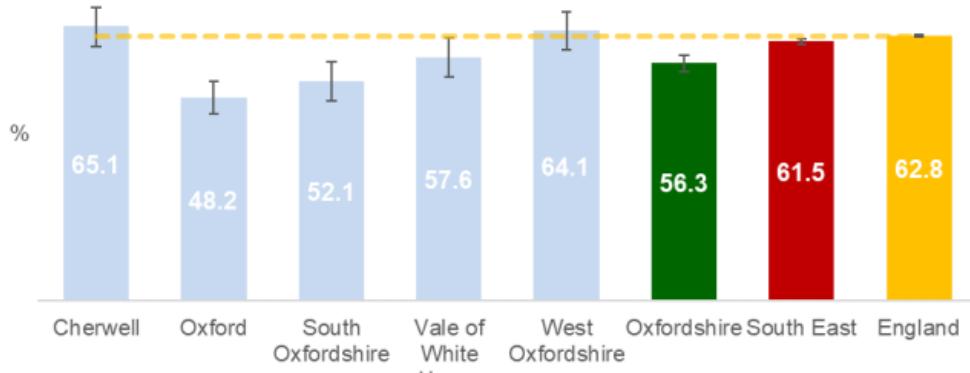
This percentage for Oxfordshire is similar to the percentage in 2015/16 (54.5%).

National data shows that :

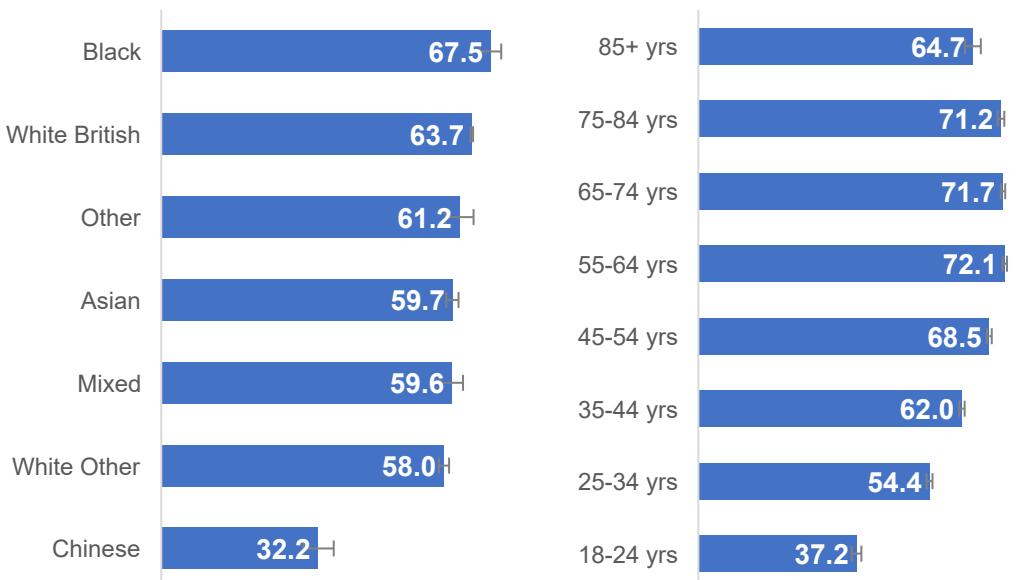
- Overweight and obesity prevalence tends to be higher in older age groups, ranging from 37.2% in the 18-24 years age group to 71.7% in the 65-74 years age group
- White British and Black ethnic groups have significantly higher prevalence than the national average (62.8%).
- Prevalence is higher in males (68.8%) than in females (56.8%)
- Obesity increases with deprivation, with 68.9% people living in the most deprived areas experiencing overweight or obesity, compared to 55.8% people living in the least deprived areas
- 71.8% of those who were disabled are overweight or obese, compared to 60.9% of those who are not disabled
- Obesity prevalence decreases as education level increases

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Percentage of adults (18+) classified as overweight or obese, 2019/20



Percentage of adults (18+) overweight or obese by ethnicity, 2019/20



Excess weight in children

The majority of measured children in Oxfordshire are a healthy weight (8 out of 10 Reception children; 7 in 10 Year 6 children).

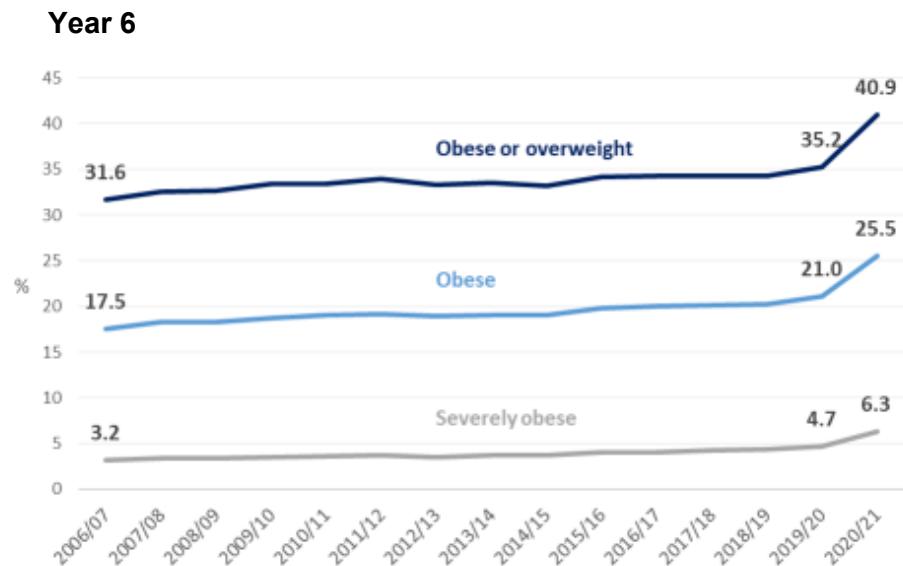
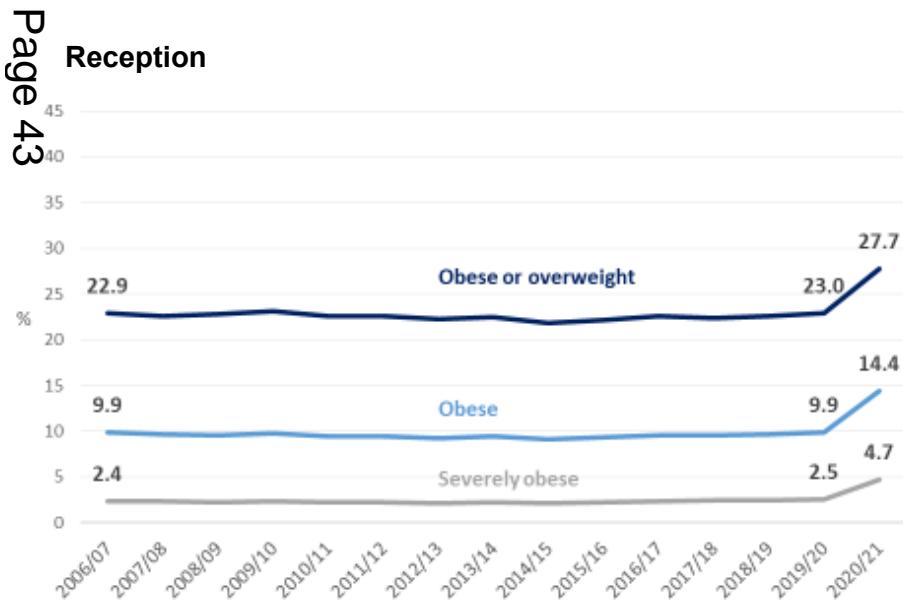
In 2019/20, 18.6% of Reception year children, aged 4 or 5, in Oxfordshire were overweight or obese. This included 6.7% of all children who were obese, and 1.5% who were severely obese.

Overweight and obesity prevalence increases over the course of primary school - in Year 6 (aged 10 or 11), 29.4% of children were overweight or obese. This included 16.1% of all children who were obese, and 3.0% of children who were severely obese.

Prevalence of underweight is also higher by Year 6: 1.0% in Reception compared to 1.5% in Year 6.

While published data show that obesity prevalence has remained relatively stable in Oxfordshire since 2007/08, local intelligence suggests an increase in the most recent year, in line with a rise in England overall. National data for 2020/21 show prevalence of obesity (including severe obesity) rising to 14.4% in Reception and 25.5% in Year 6.

Prevalence of obese, severely obese or overweight children, England 2006/07 to 2020/21



Source: Office for Health Improvement and Disparities, [NCMP and Child Obesity Profile](#); NHS Digital [National Child Measurement Programme](#), England 2020/21 School Year

Obesity prevalence is higher in boys than in girls, and the disparity increases between Reception and Year 6. National data show that for 2020/21:

- In Reception, 14.8% of boys were obese compared to 14.1% of girls.
- By Year 6, 29.2% of boys were obese, compared to 21.7% of girls.

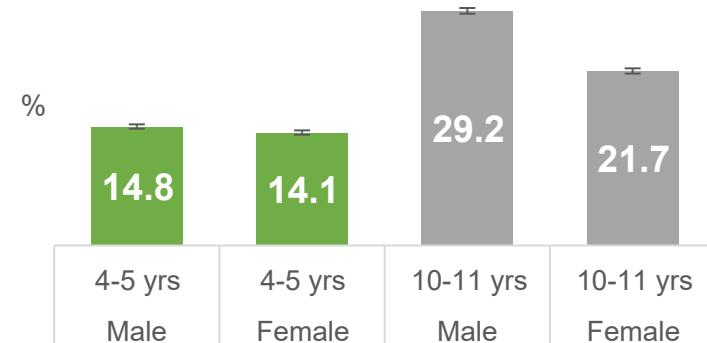
National data show that ethnicity has an effect on obesity prevalence in both Year 6 and Reception boys and girls; obesity prevalence is highest in children from Black, Pakistani, and Bangladeshi ethnic groups. Disparities in obesity prevalence are in general greater in Year 6 than in Reception.

National data show that prevalence of healthy weight decreases as deprivation increases

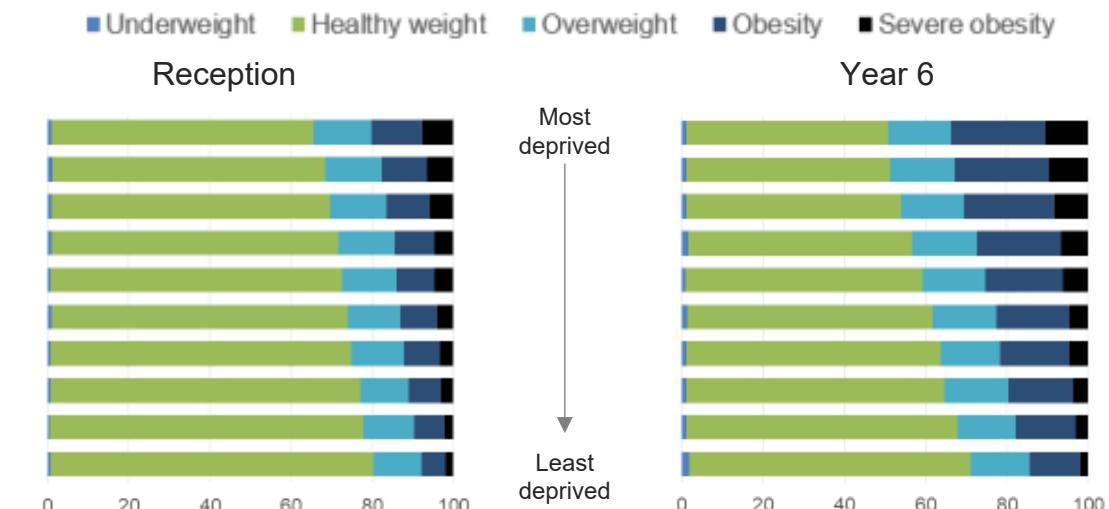
In Reception, 34.5% of children in the most deprived decile are overweight (including obese), compared to 19.7% of children in the least deprived decile

In Year 6, 49.2% of children in the most deprived decile are overweight (including obese), compared to 28.9% of children in the least deprived decile

Prevalence of obesity including severe obesity, England 2020/21

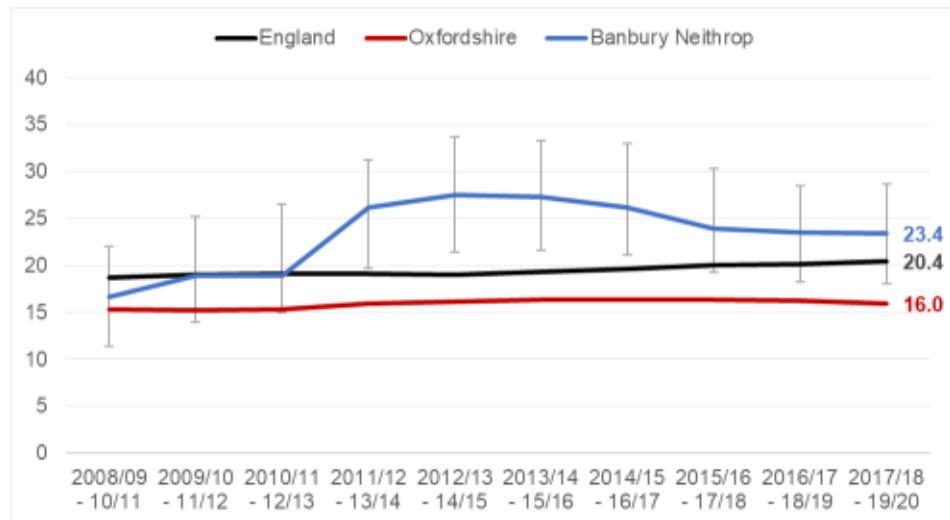
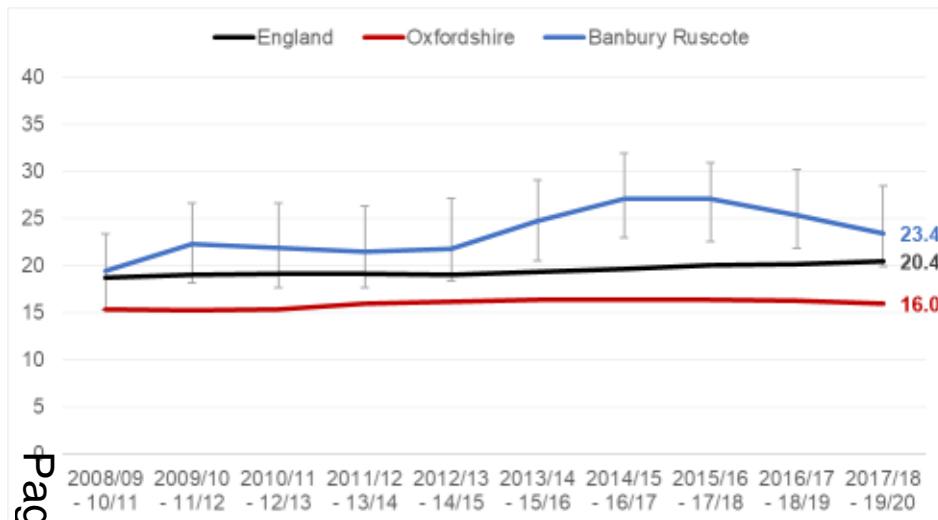


Weight categories of children across deprivation deciles, England 2020/21

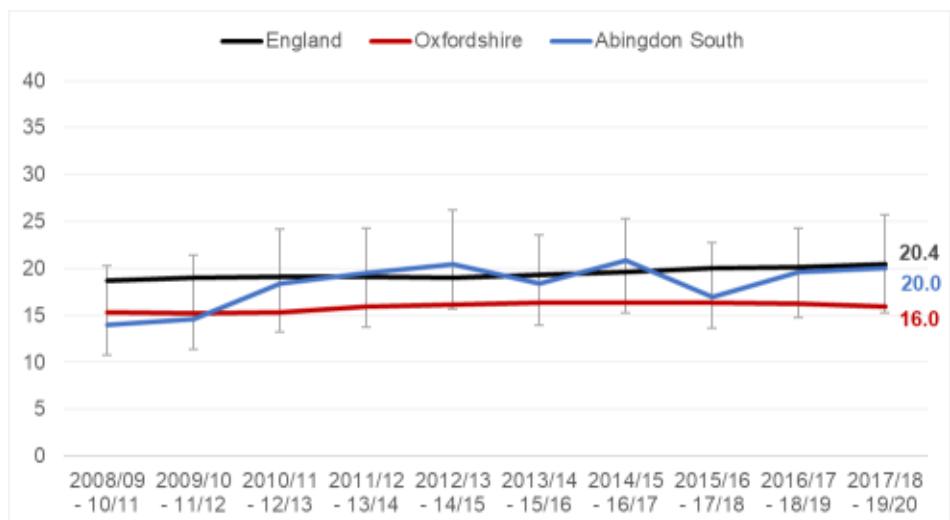
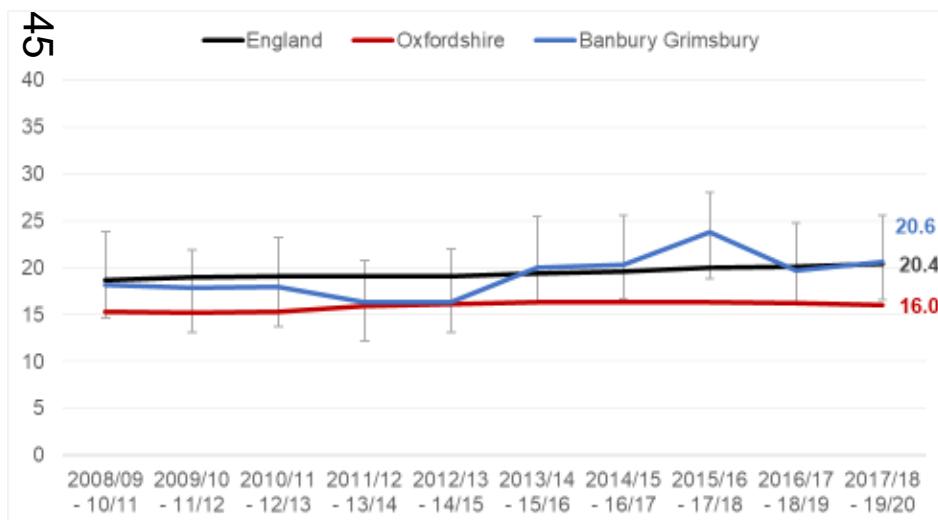


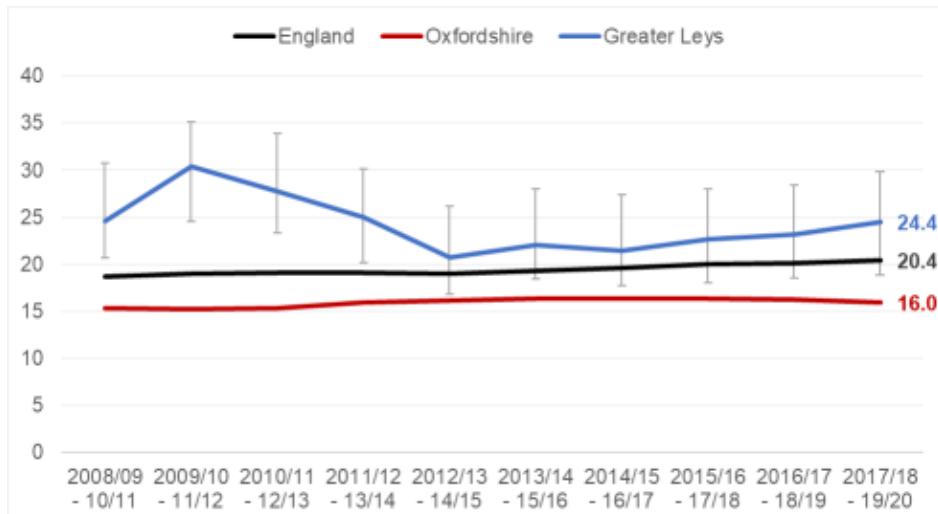
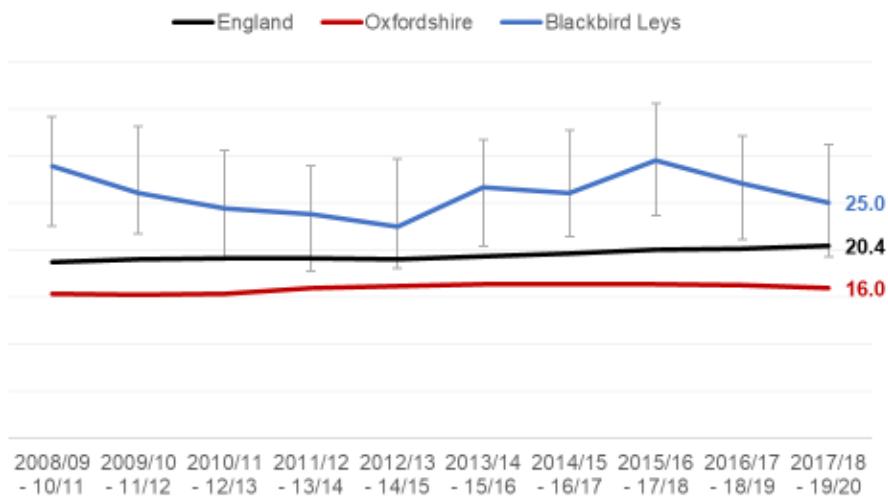
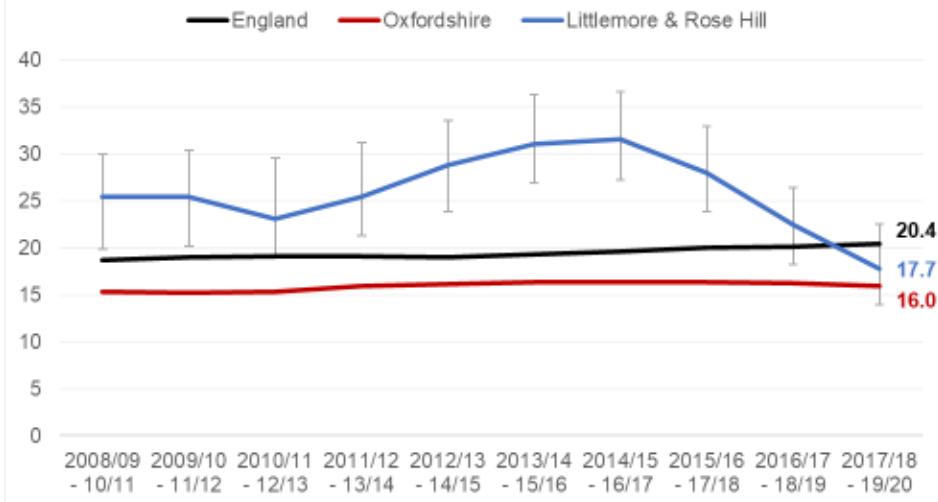
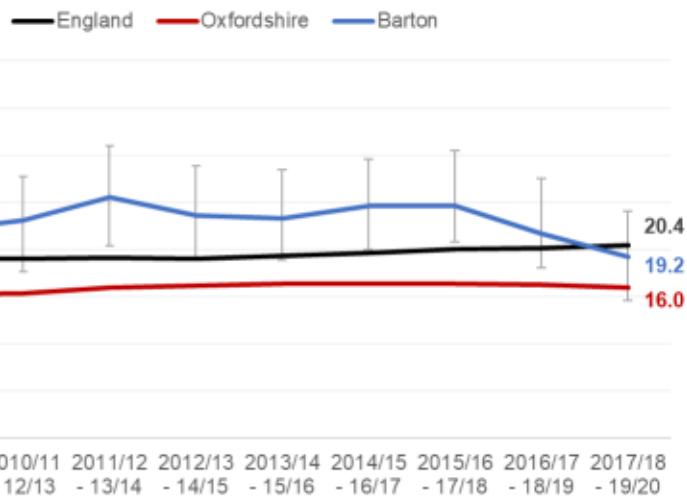
Year 6: Prevalence of obesity, 3-years data combined

Trends are shown below for Oxfordshire MSOAs containing our most deprived areas. Values for Oxford Central MSOA have been suppressed for disclosure control reasons and are not included below.



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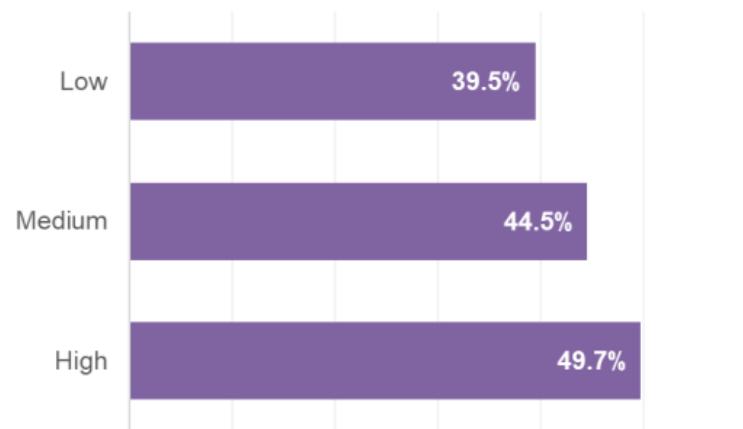
Physical Activity in Children

National data from the 2020/21 academic year show that a similar proportion of boys (44.7%) and girls (45.3%) are physically active.

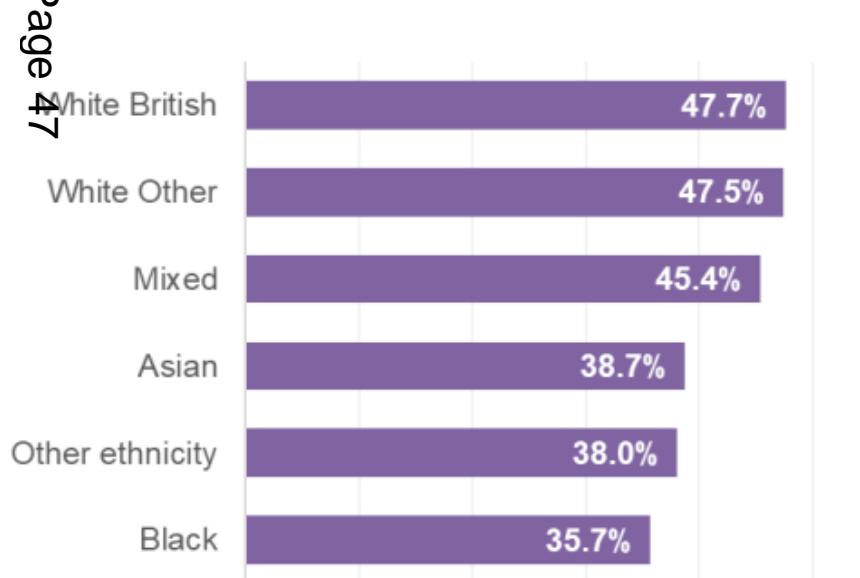
Activity levels have fallen compared to pre-pandemic (2018-19) for children and young people from the least affluent families, while remaining unchanged for those from the most affluent families – widening the gap between the two.

Children and young people from White British, White Other and Mixed backgrounds are more likely to be active than those from Asian, Black and Other ethnic backgrounds. In addition, Asian and White Other boys are currently more likely to be active than Asian and White Other girls respectively, while White British girls are more likely to be active than White British boys.

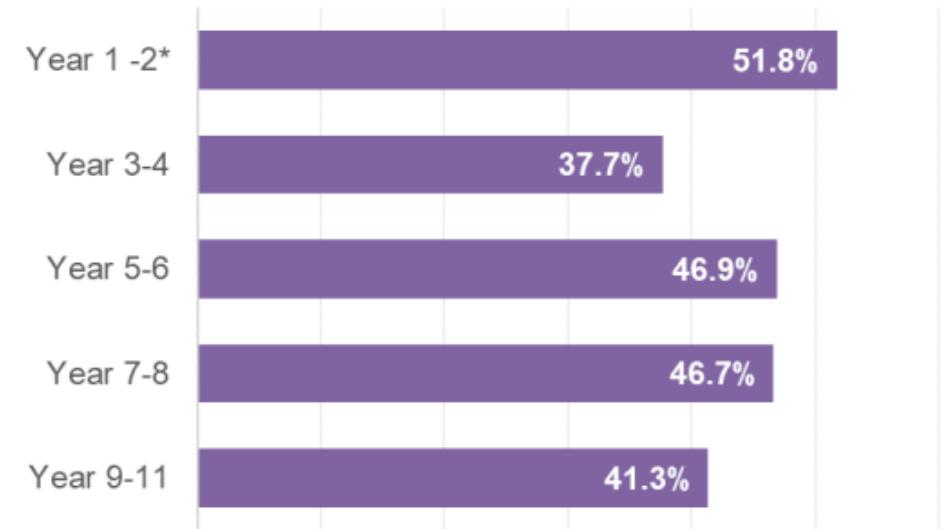
Physically active children and young people by family affluence



Physically active children and young people by ethnicity



Physically active children and young people by school year



* Completed by parent

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Health Improvement Board

February 2022

Progress update on the Whole Systems Approach to Healthy Weight in Oxfordshire

Purpose / Recommendation

HIB members are asked to:

- Note the summary of activity taken place to date
- Endorse and support next steps

Executive Summary

The HIB approved the process of implementing the 6-stage Whole Systems Approach (WSA) to Healthy Weight in Oxfordshire in April 2019.

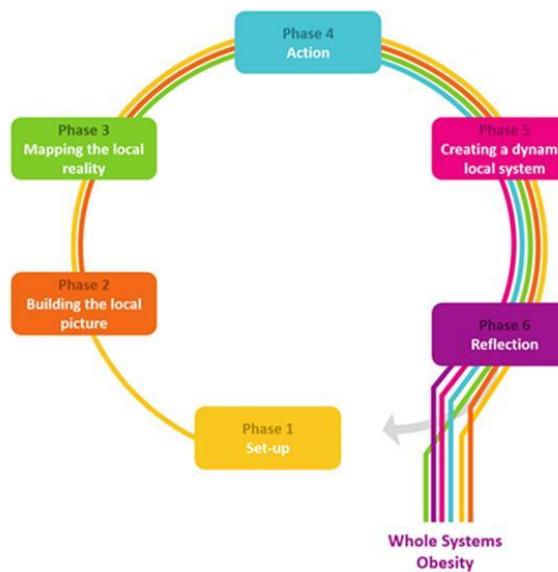
Stages 1-3 were completed 2019/21; partners were engaged to map existing actions and current support services, and to develop a healthy weight systems network.

Stakeholders were brought together at virtual workshops to review the existing system in Oxfordshire and agreed an initial focus on: a family approach to healthy weight, climate and food, and physical activity in and around schools. Causal maps were developed to focus actions and an outline action plan drafted. This action plan will be reviewed and finalised at a WSA network event on 27th January 2022 with a refocus on four pillars: Environment, Prevention, Support and Partnerships.

Stage 5 of the WSA process will include a health needs assessment, strategy development and further implementation of system actions.

Background

The process of implementing the Whole Systems Approach (WSA) to Healthy Weight in Oxfordshire began in 2019 following the HIB endorsement of the WSA approach.¹ A core working group was convened and a project plan developed.



¹ <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

Partners mapped existing work and developed a healthy weight systems network. A Healthy Weight Story Map² was created as a visual data tool to present local obesity and food related data to stakeholders and identify areas of need and potential actions.

More than 75 cross-sector stakeholders were brought together at virtual workshops from September 2020-April 2021 to review 3 themes identified by existing partners as areas they could influence and/or support system change (family approach to healthy weight, climate and food, and physical activity in and around schools). A process of causal mapping was undertaken to identify key actions

The causal mapping data and additional qualitative data from the workshops have now been divided into 4 action areas: -

- **Healthy weight environment** (health promoting food and built environment)
- **Prevention**; start well, live well and age well (primary prevention)
- **Support** services for residents to achieve a healthy weight (secondary prevention)
- **Partnership** working with partners to promote a healthy weight (system relationships)

Actions are currently co-ordinated by a Core Working Group with subgroups focussing on key issues for example, Children's Subgroup; Food Sustainability and Health Group; Families Physical Activity Group

Table 1 below shows a snapshot of work to date. A comprehensive action plan will be reviewed and finalised at a network event on 27th January 2022. A draft version is included in appendix 1.

Table 1: WSA to healthy Weight Action Plan (snapshot)

Priority	Complete	Underway	Long-term ambitions
Healthy weight environment <i>(making it easier for people to make healthy choices where they live, work and play)</i>	2-part Healthy Weight Story Map to present local obesity and food related data	Work with schools and caterers to review the levers and barriers to incentivise healthy catering and improve the standard of school food	Consider the broader opportunities within the environment to influence factors linked to obesity e.g. Inclusion of policies in Local Plans which support the development of healthy weight environments
Prevention ; start well, live well and age well <i>(primary prevention - communications, knowledge and skills)</i>	Eat Them to Defeat Them primary schools programme to encourage children to eat more vegetables (21 schools in 2020 and 33 in 2021)	Creating an Active Schools Framework pilot in 20 primary schools Review of evidence base and good practice related to early prevention	A system wide prevention plan related to achieving healthy weight developed and being implemented by all partners Review approaches to reduce weight stigma and develop a workforce that is confident talking about healthy weight

² [Healthy Weight Story Map \(arcgis.com\)](http://arcgis.com)

Support services for residents to achieve a healthy weight (<i>secondary prevention - weight management services and support</i>)	Extended and expanded our adult weight management service at tier 1 and 2 for a more targeted approach and in line with JSNA	Building on targeted work for weight management initiatives (Men, BAME, mental health pilot) Pilot a weight management service for children and families	Develop an all age (from maternity onwards) options for healthy weight support
Partnership working to promote a healthy weight (<i>system relationships, connections and insight</i>)	Working group established to inform the County-wide food strategy Childhood malnutrition roundtable held with academia, district councils and voluntary sector	Childhood Healthy Weight pathway Healthy Weight Community insight project report due Spring 2022 to inform action plan and highlight gaps for further insight	Health Needs Assessment (children's focus) Healthy Weight Strategy

Key Issues

Despite a recent revision of the action plan the following areas are anticipated to remain priorities: -

Childhood obesity

There is a renewed focus on childhood obesity nationally and locally following the latest National Childhood Measurement Programme (NCMP) results for England (2020-21) that show a large increase in the proportions of children living with overweight (including obesity), and severe obesity compared to previous years.

Reception year has seen the highest increase (see figure 1 and 2) and obesity rates in both reception year (YR) and year 6 pupils (Y6) increased by around 4.5 percentage points between 2019-20 and 2020-21; this is the highest annual rise since the NCMP began in 2006/07. The data also shows a further widening of the inequalities gap in obesity prevalence between children in the most and least deprived areas in England, this is most noticeable among children in YR.³

There are clear links between obesity and inequality with those living in areas of greatest deprivation having the highest levels.

³ [National Child Measurement Programme, England 2020/21 School Year - NHS Digital](#)

Figure 1: Reception - Trend in prevalence of obesity, severe obesity, and overweight (including obesity) NCMP 2006/07 to 2020/21

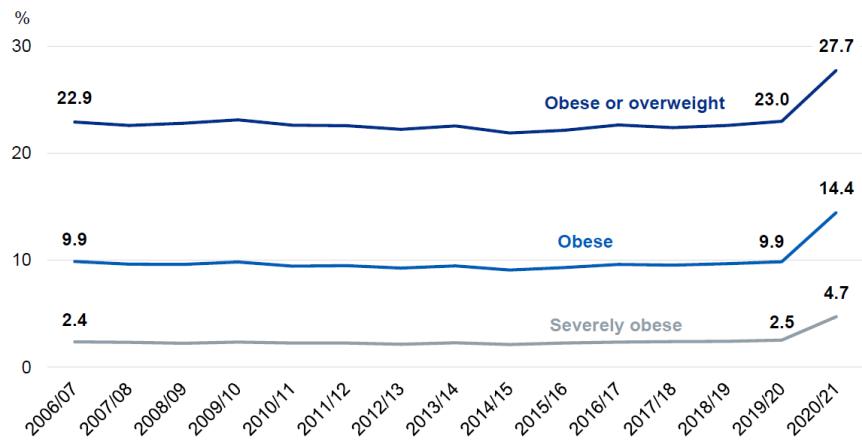


Figure 2: Year 6 - Trend in prevalence of obesity, severe obesity, and overweight (including obesity) NCMP 2006/07 to 2020/21



In Oxfordshire, limitations in the numbers of children measured for the NCMP in 2020/21 due to the impact of COVID-19 (1/2 of the usual cohort) mean that the local data are not statistically robust and should be treated with caution. However, local data suggests a reflection of the national picture in that childhood overweight and obesity was relatively stable from 2007/8 to 2019/20 but increased in YR from 18.6% in 2019/20 to 25.1% in 2020/21 and for Y6 from 29.4% in 2019/20 to 37% in 2020/21 (similar for both YR and Y6).

Food Poverty and obesity

The WSA identified several actions related to food access and food poverty in its initial action planning and is continuing to work with partners to take forward related areas of work through a Food Sustainability and Health Group. Nationally, the link between food poverty and obesity was highlighted in the National Food Strategy (2021).⁴ In August 2021, Good Food Oxfordshire (GFO) published a Food Poverty Action Plan which was an expression of collective action of over 40 partners across Oxfordshire to tackle food poverty.

Following this the County and District councils recognised the need for a Food Strategy to consider the issues of food poverty and diet-related ill-health in the context of our wider

⁴ National Food Strategy Analysis of PHE Public Health Outcomes Framework: Public Health England. (2013). Public Health Outcomes Framework. HMG. Available at: Public Health Outcomes Framework – GOV.UK (www.gov.uk)

food system and the WSA to Healthy Weight. The development of the Oxfordshire Food Strategy is being led by GFO in a multi-stakeholder approach and will be presented by GFO today.

Physical Activity and obesity

Physical inactivity is linked to obesity, although supporting a healthy weight is just one of the positive aspects of being physically active. Active Lives data for Oxfordshire (2021) shows around 1 in 4 adults do not meet physical activity guidelines and 1 in 8 adults are inactive; 4 in 10 children are not achieving the recommended levels of physical activity and inactivity levels have worsened during COVID 19.

There is a clear inequality gradient with those living in the most deprived areas having lowest levels of activity and some groups, such as some ethnic groups and older people are negatively affected (least active) across all geographical areas.

There are many initiatives in place across Oxfordshire with the objective of reducing physical inactivity, some of which will be presented by Active Oxfordshire at the next HIB meeting.

Healthy Place Shaping

There are clear links between 'Place' and obesity. For example, opportunities to access healthy, affordable food, the proximity and density of outlets offering less healthy food options, and the ease of incorporating physical activity into our everyday lives are all influenced by the Place in which we live.

Public health is working closely with local planning authorities to ensure that policies are included in Local Plans which support the development of healthy weight environments. In 2021 the Future Oxfordshire Partnership endorsed the use of a health impact assessment tool for use across the county to ensure that plans for major developments are assessed against a range of healthy place shaping criteria, including whether they will create an environment which enables residents to enjoy a healthy weight. A particular focus is around the availability of and access to health promoting food as identified by the initial WSA.

Whilst the built environment is important in enabling healthy choices, behavioural change also needs the support of local community and voluntary groups and the activities that they provide in terms of access to food banks, opportunities for community growing, and support for physical activity. Supporting place-based neighbourhood initiatives that engage and increase the resilience of the community and voluntary sector is an important part of healthy place shaping that the public health team work closely with District and City Councils to deliver.

Equalities implications

The work on the WSA to healthy weight highlighted the need for a universal and targeted action to address health inequalities. The following wards with the highest obesity prevalence and free school meal uptake were identified, 6 of these wards are amongst the top 10 most deprived in Oxfordshire:

- Oxford - Blackbird Leys/Northfield Brook
- Cherwell - Banbury - Grimsbury/Ruscote
- Vale of White Horse - Abingdon

- South Oxfordshire - Berinsfield
- West Oxfordshire – Witney

In addition, the latest data shows:

- 67.5% of Black adults were overweight or obese – the highest percentage out of all ethnic groups⁵
- Overweight and obesity prevalence is higher in males (68.5%) than in females (56.1%)⁶
- The sharpest decrease in activity levels is at age 75+, we have seen consistently large drops throughout 2020-21⁷
- Females with life limiting illness or disability have a 13% higher prevalence of obesity or morbid obesity compared to females with no disability in Oxfordshire⁸
- There are more fast-food outlets in deprived areas than in more affluent areas which contributes to the risk of becoming an unhealthy weight⁹
- Obese persons had a 55% increased risk of developing depression over time, depressed persons had a 58% increased risk of becoming obese¹⁰

Work to begin to address these inequalities for adults includes the expansion of the weight management contract, commissioned by Oxfordshire County Council (delivered by Achieve Oxfordshire) to include more targeted provision with the weight management groups for BAME communities, delivered in faith settings, workplaces and community settings, and the delivery of a new mental health healthy weight pilot working with Oxford Health. Public health facilitated new partnerships to deliver and target the programmes, including with Banbury Mosque, OUH BAME network and the Men's Health Partnership.

For children and their families, public health is in the process of commissioning a pilot tier 2 weight management service for children and their families. The provider will work with the Healthy Weight in Childhood Group to ensure services are joined up and communicated well across the system. The pilot will commence in Spring 2022 and be delivered in all 5 districts in Oxfordshire for an 18-month period to test and learn what works well, where and why for future commission.

In recognition that there are strong links between physical inactivity and deprivation District and City Council Colleagues are collectively planning a project to support families in receipt of benefit related free school meals to access physical activity opportunities.

Sustainability implications

Some causes of climate change and obesity are linked, as are many of the solutions to tackle them. For example, active travel, leading to more physical activity and eating a health promoting diet including more (ideally locally sourced) fruit and vegetables.

⁵ <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-adults/latest>

⁶ <https://fingertips.phe.org.uk/profile/physical-activity/data#/page/3/gid/1938133001/ati/6/iid/93088/age/168/sex/4/cid/4/tbm/1>

⁷ <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-10/Active%20Lives%20Adult%20Survey%20May%20202021%20Report.pdf?VersionId=YcsnWYZSKx4n12TH0cKpY392hBkRdA8N>

⁸ Sport England Active Lives Nov 15/16 – Nov 18/19 combined

⁹ <https://www.gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets>

¹⁰ Luppino FS, de Wit LM, Bouvy PF, et al. Overweight, Obesity, and Depression: A Systematic Review and Meta-analysis of Longitudinal Studies. *Arch Gen Psychiatry*. 2010;67(3):220–229.

Developing a healthy weight environment also requires action in support of developing sustainable local food supply chains, reducing food waste and greater access to green spaces, including outdoor growing. This closely links into the delivery carbon reduction targets as identified in The Pathways to a Zero Carbon Oxfordshire (PAZCO) report published by Oxfordshire University in 2021. The Food Strategy will consider action required to develop sustainable healthy food systems.

Risk Management

There is a considerable amount of broad ranging of work needed to support the WSA to Healthy Weight plan. It will need significant system change and all our system partners to working together to make an impact in the short, medium, and long term, recognising that some actions are short term, quick wins, whereas others will need to span across many years for more aspirational and environmental change.

Communications

We know that we need build upon existing insight to further understand and learn more about the reality of healthy weight from the perspective of our residents.

A year-long local community insight project was commissioned in 2021 to explore how residents feel about where they live, work, learn and play; to understand what would motivate and support individuals to attain and sustain a healthy weight. The outcomes of this work will provide the opportunity to learn with local communities, exploring the barriers and opportunities and co-create solutions at a local level.

Key Dates

The next steps for the WSA to healthy weight include:

- Health needs assessment for healthy weight in Oxfordshire will be completed in 2022 to inform strategy development
- WSA to healthy weight action plan will be published later in 2022
- Renewed focus on childhood obesity and the commissioning of a pilot Tier 2 weight management service for children and their families in Oxfordshire to commence Spring 2022
- WSA to healthy weight strategy will be developed in 2022/23

Report by Derys Pagnell, Consultant in Public Health and Jannette Smith, Health Improvement Principal
Contact Officer Jannette Smith 07780 490786

January 2022

Appendix 1. WSA to healthy Weight Action Plan (draft high-level version)

Action area 1. Healthy weight environment (health promoting food and built environment)

- Use the [**Creating Active Schools Framework**](#) to test and learn with Oxfordshire schools to implement a **Whole Systems Approach addressing physical in activity**. 20 schools signed up to the pilot. Areas to explore include best practice for active teaching practices, school uniform policy and key roles in schools and the wider community.
- Review evidence of **active travel approaches** and impact across the County (Little Feet, WOW, Street Tag, School Streets, Wayfinder) to inform future funding decisions and co-ordination of activity.
- Shape and inform **Oxfordshire Food Strategy** to launch March 2022. Everyone in Oxfordshire to enjoy the healthy and sustainable food they need every day.
- To support the consumption of healthy and sustainable food we will work with schools and caterers to review the levers and barriers to incentivise healthy catering and improve the standard of school food.
- Work with County and District colleagues (Planning, Transport, Environmental Health, Healthy Place Shaping, Trading Standards, Licensing, Procurement, Climate) to explore existing policy, [**guidance**](#), training needs and the levers and barriers to promote **healthy weight environments**. Areas of interest include:
 1. Supporting and incentivising local businesses and workplaces to provide and promote healthier food and drink. For example regulations (calorie labelling on menus) and [**guidance**](#) for food and catering services.
 2. Advertising (High Fat Salt Sugar products, billboards) and restriction zones around schools
 3. Regulation of new hot food takeaway premises/mobile street traders around schools.
 4. Urban spaces; implementing food and growing innovations for sustainable greener, more edible and liveable places.
 5. Social value policy to maximise economic, social and environmental benefits.
 6. Connectivity and transport plans; [**20-minute neighbourhood**](#).

Action area 2. Prevention; start well, live well and age well (primary prevention)

- Development and expansion of the [**Families, Active and Sporting Together**](#) programme to support low-income families (in receipt of benefit related free school meals) with a year-round physical activity offer across all 5 districts.
- Outreach to **schools and with young people** to inform **food choices** that are good for health and the planet. For example [**Eat Them to Defeat Them primary schools programme**](#) helping encourage children to eat more vegetables.
- Improve the uptake of [**Healthy Start vitamins and vouchers**](#), including promoting the scheme, new digitalisation, communications and training for frontline professionals and volunteers. Healthy start task and finish group formed.
- Review the literature and approaches for better communications to reduce **weight stigma and bias**. Inform further frontline professional training to consider diversity and social perceptions of what a healthy weight is. Create local and responsive

messaging working with communities e.g faith leaders. Supported by Oxfordshire Communications Group and Men's Health Partnership (WSA subgroups).

- Review existing **physical activity initiatives** for children and young people to **tackle inequalities**. For example girls football programme, Junior Park Run, school swimming (every child school should be able to swim 25m).

Action area 3. Support services for residents to achieve a healthy weight (secondary prevention)

- Review opportunities to close the gaps in the **child healthy weight** pathway (from pregnancy to transition to adulthood). This includes Public Health commissioning a Tier 2 pilot approach for children and families, informed by the child healthy weight group (WSA subgroup).
- Develop a clear streamlined **healthy weight care pathway for adults** and improve the integration and referral experience across the pathway for adults and children.

Action area 4. Partnership working with partners to promote a healthy weight (system relationships)

- Review **Healthy Weight Community insight (local and national)** to gain further understanding of the needs and experiences of Oxfordshire residents. Including our diverse and multi-ethnic communities, children and young people.
- Develop a monitoring and evaluation framework for the **healthy weight story map** part 1 and 2.
- Co-ordinate and identify priorities and actions for the **Food Sustainability and Health Group, Climate and Food working group** (subgroups of the WSA) to support the Sustainable Food Places award, climate action plans and plant based food motion.
- Work in partnership with Active Oxfordshire to raise awareness of the role of physical activity and healthy weight and ensure **joined up working, communications and aligned strategies**.
- Monitor **funding opportunities** to extend and test new approaches to healthy weight environments (sugar levys, marketing, funds for schools/ideas for schools, water availability, single use plastic regulation/use, food access).
- **Working with providers in education settings** (early years, primary and secondary schools) to develop training/bitesize learning on healthy weight. Explore opportunities with Personal, Social, Health and Economic (PHSE) education and PG Cert education seminars.

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Oxfordshire Food Strategy

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Presentation to Health
Improvement Board

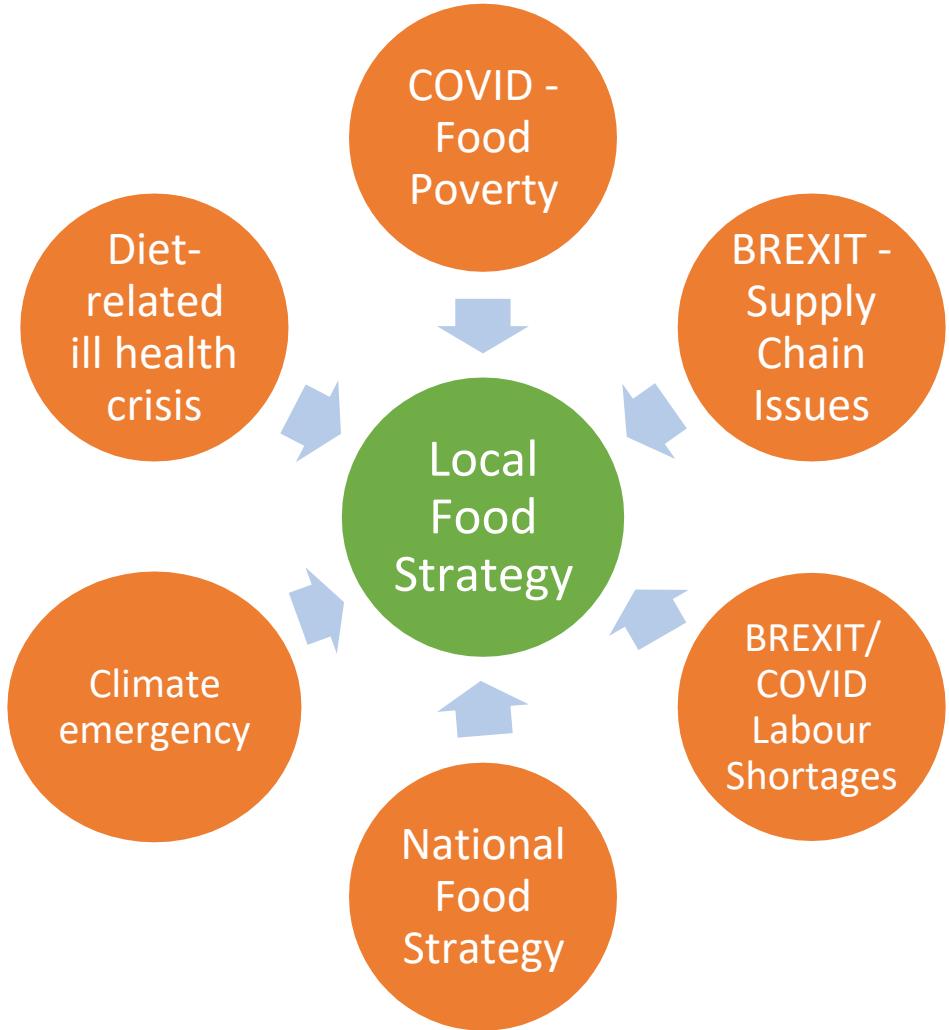
February 2022



Agenda Item 10

In summer 2021 a convergence of factors, prompted a multi-stakeholder group to call for a food strategy for Oxfordshire

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Why do we need a local food strategy?

“Food systems currently account for 21-37% of total greenhouse gases, and are at the heart of many of the world’s major challenges today including biodiversity loss, enduring hunger and malnutrition, and an escalating public health crisis.”

The Glasgow Food and Climate Declaration (ENG)



Why do we need a local food strategy?

“Pound-for-pound, money spent in the local food web supports three times the number of jobs as the equivalent spent in national grocery chains .”

Page 62

Willis, 2012

“For every £1 spent by customers on veg box schemes or farmers’ markets, a further £3.70 is generated in social, economic and environmental value.”

New Economics Foundation 2020

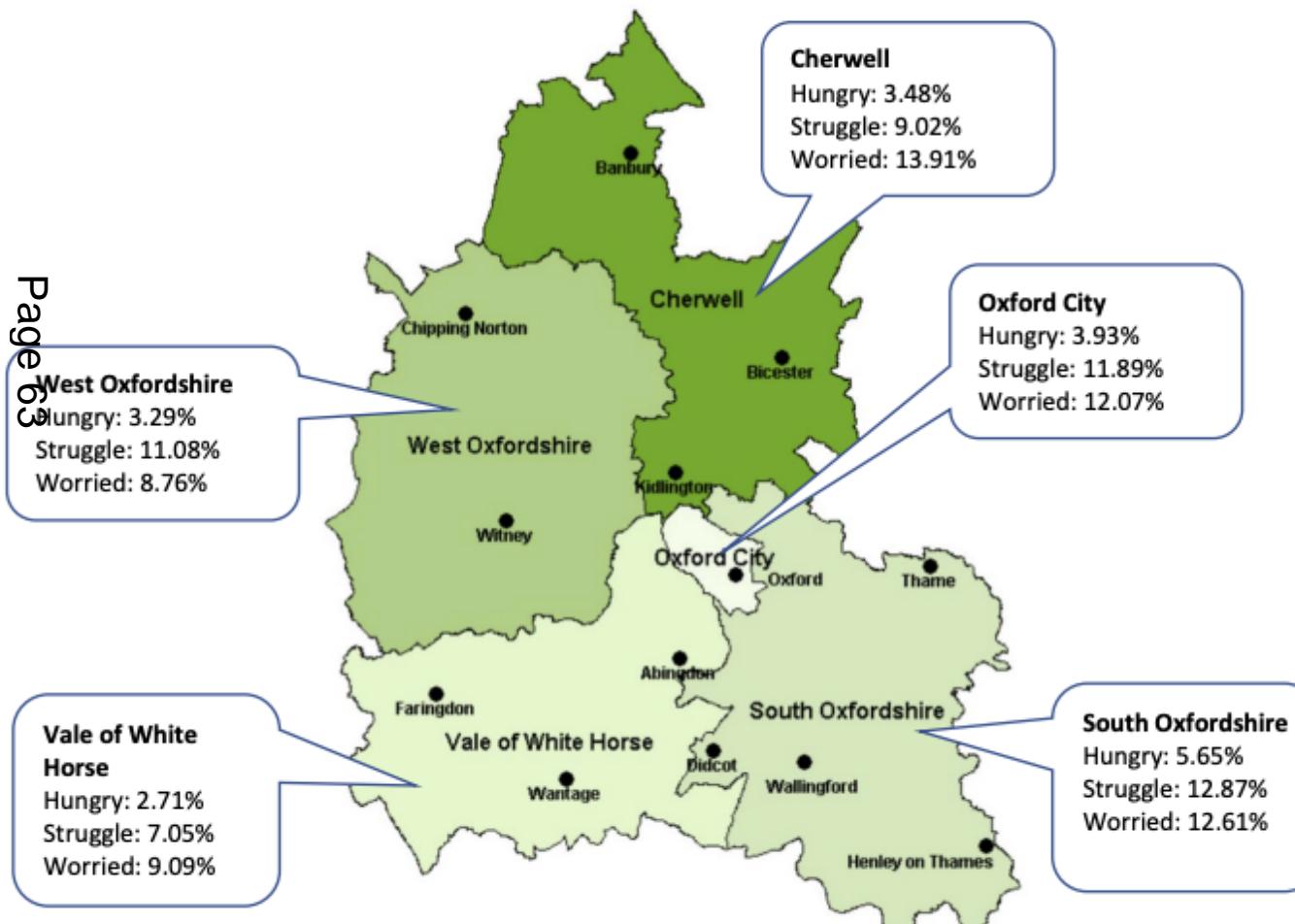


Why do we need a local food strategy?

Food Insecurity at an Oxfordshire district level 2021

Adapted from Sheffield University research into [UK local food insecurity of adults, January 2021](#)
(Moretti, Whitworth and Blake, 2021)

Page 6



Multistakeholder approach and steering group



OXFORDSHIRE COUNTY COUNCIL

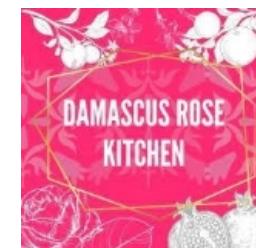


The logo of Oxford City Council, featuring a blue heraldic shield with a white bull standing on wavy lines, above the text 'OXFORD CITY COUNCIL'.

Cherwell
DISTRICT COUNCIL
NORTH OXFORDSHIRE



UNIVERSITY OF
OXFORD



Producers

Retailers

Restaurants / Cafes

Community Groups

Infrastructure Providers

**Tolhurst
Organic**

**BLACKLANDS
ORGANICS**

Wildowbrook Farm
ETHICALLY REARED • SUSTAINABLY FARMED

**Oxford
City Farm**

**RIVERFORD
ORGANIC FARMERS**

**THE JERICHO
KITCHEN**
COOKERY SCHOOL



**NORTH
PARADE
MARKET**



**The Wonky
Food Co**

BOTHY VINEYARD

PEDAL & POST
Oxford
Bicycle delivery service

WASTE 2 TASTE

**TALKING
SHOP**

**Oxford
Food Hub**



OCVA
Oxfordshire Community & Voluntary Justice

restore



**HOG
ACRE
CAFE**



**BEYOND
ORDINARY
FOOD**



**The CAG Project
COMMUNITY
ACTION
GROUPS**

FarmED
FARM & FOOD EDUCATION

**GOOD
FOOD**
Oxfordshire

SESI

**Re
Fill**

**OXFORD
BROOKES
UNIVERSITY**



Process and timings

	August – October 2021	November 2021– February 2022	March 2022	March – September 2022
	Stakeholder Consultation	Detailed strategy development and action plan writing	Strategy launch	Stakeholders agree which actions they will implement and follow due process to implement these – e.g., cabinet/ board approval, full council approval

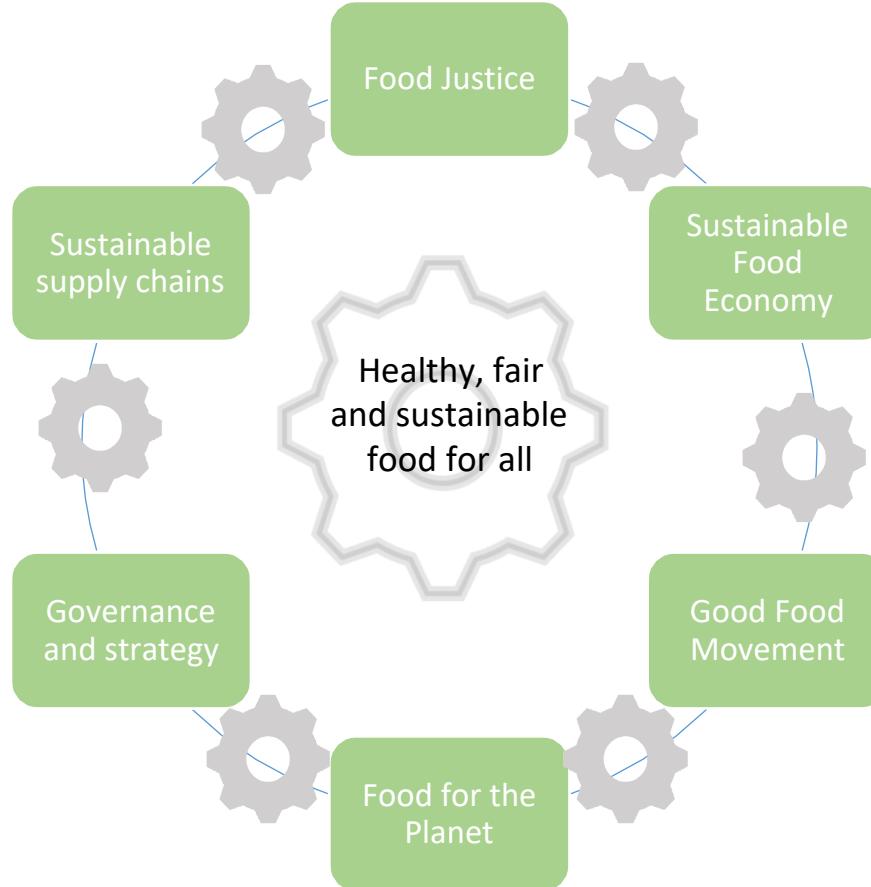


Vision

Vision

Everyone in Oxfordshire can enjoy the healthy and sustainable food they need every day

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Objectives

Food Justice	Healthy and sustainable food is affordable and accessible for everyone
Sustainable Food Economy	Local food businesses flourish with more production, more outlets, more employment and better standards for workers
Good Food Movement	More people can enjoy and engage with healthy, sustainable food and 'good food for everyone' is part of our culture
Food For the Planet	We waste less food and the food that do we produce, consume and waste has less negative impact on the planet
Sustainable Supply Chains	More locally produced sustainable food is bought and consumed locally, and supply chains are more resilient



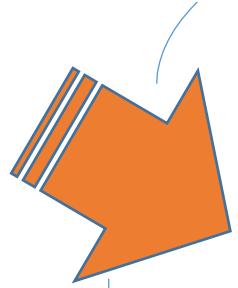
Drivers of change

Short, transparent, resilient supply chains

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Actors across the food system connected by strong networks and integrated policy



Sustainable supply chains



Governance and strategy



Food Justice



Sustainable Food Economy



Healthy, fair and sustainable food for all

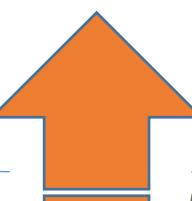
Food for the Planet



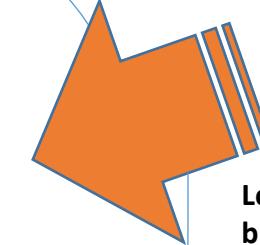
Good Food Movement



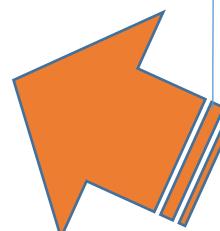
Fair incomes.
Availability of and access to healthy, sustainable food



Less food waste, sustainable food production techniques



Local food businesses providing local jobs, profits returned to local communities

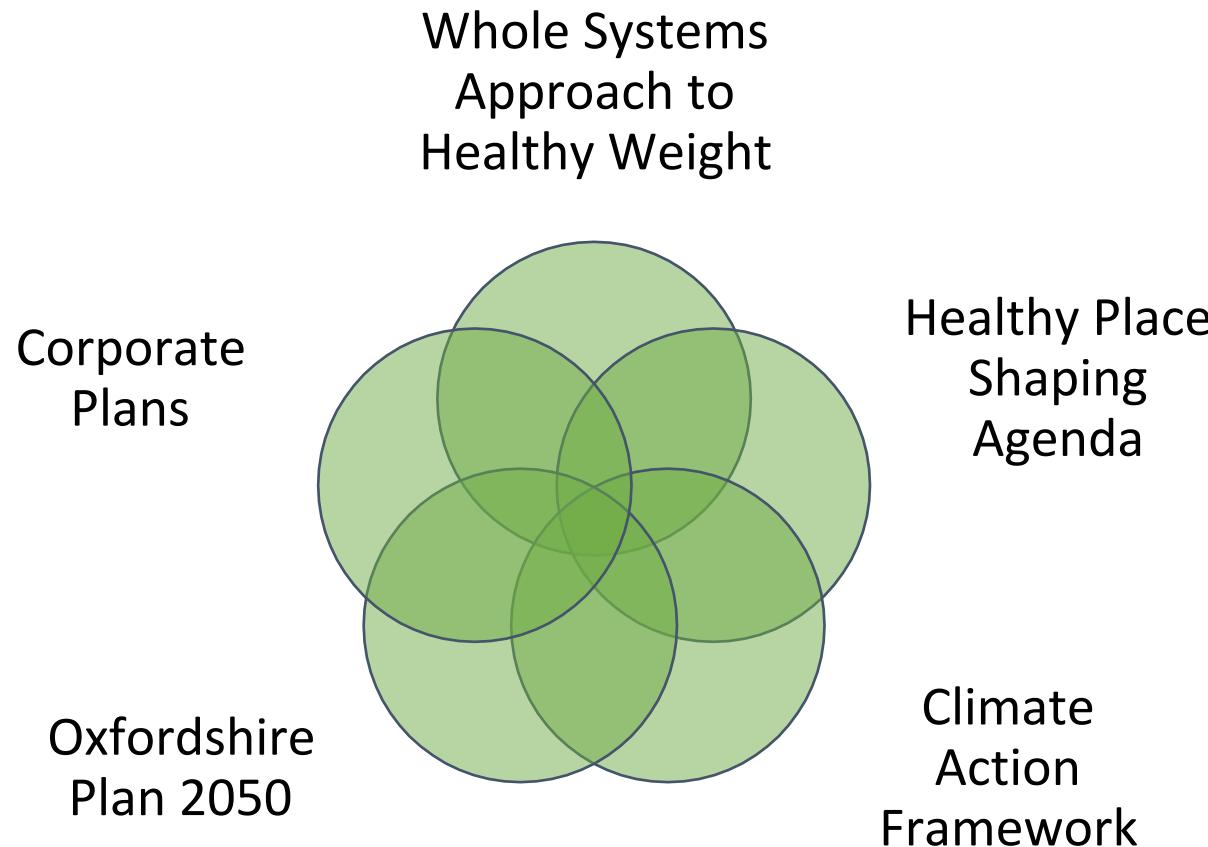


Strong communities growing, cooking and eating together

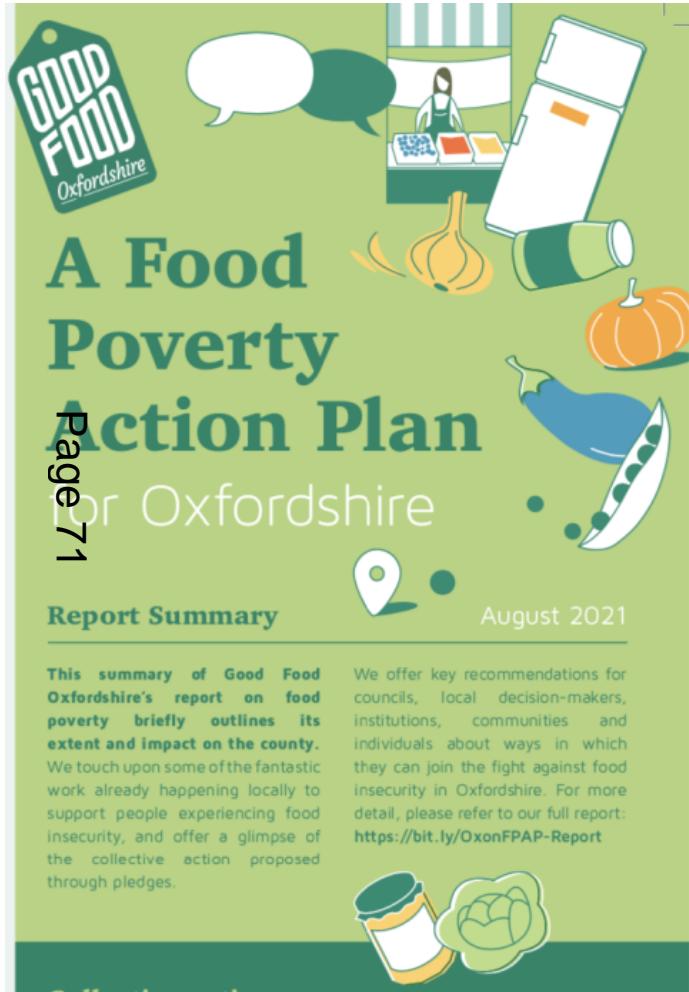


Levers for change – strengthen food links in existing initiatives

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Food Justice – moving beyond emergency provision



Emergency Provision

- Foodbanks
- Home deliveries
- Emergency grants

Building Resilience

- Larders and fridges
- Wrap around support
- Stronger communities/ mutual aid

Preventing Food Poverty

- Fair incomes
- Affordability and accessibility
- Knowledge and skills

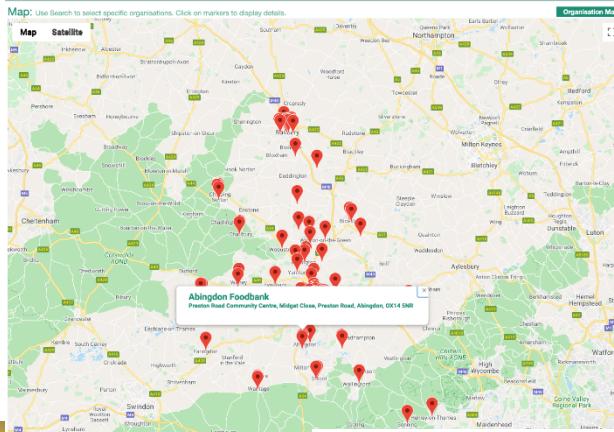


Food Justice: strengthening existing initiatives to influence change



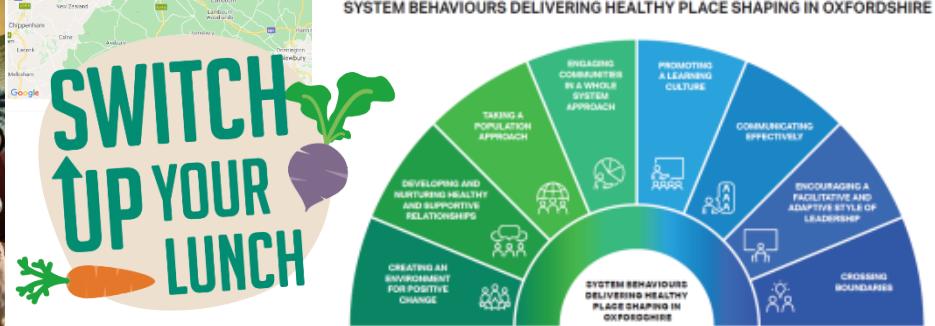
Food Services in Oxfordshire Locations

Map: Use Search to select specific organisations. Click on markers to display details.



Abingdon Foodbank
Preston Road Community Centre, Midgley Close, Preston Road, Abingdon, OX14 5RN
Website: <http://abingdon.foodbank.org.uk>
<https://www.facebook.com/AbFoodBank/>
 —
Contact: —
Tel: 07502 217 443
abingdon.foodbank@outlook.com
Supply standard emergency food parcels to those who are going through a crisis and are unable to afford food. Parcels also include bread, cheese, eggs and spreads. Wednesdays 1-2.30pm at Preston Road Community Centre.

Opening times:
Mon-Closed
Tue-Closed
Wed 13:00-14:30
Thu-Closed
Fri-Closed
Sat-Closed
Sun-Closed
Disabled access? Yes
English? Yes
Open to all
Food services provided
Food parcels - dry
Cost
Voucher
Other services offered alongside food services?
Signposting to other services



Levers for change – new areas to explore and develop



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Community Wealth Building

**DYNAMIC FOOD
PROCUREMENT**

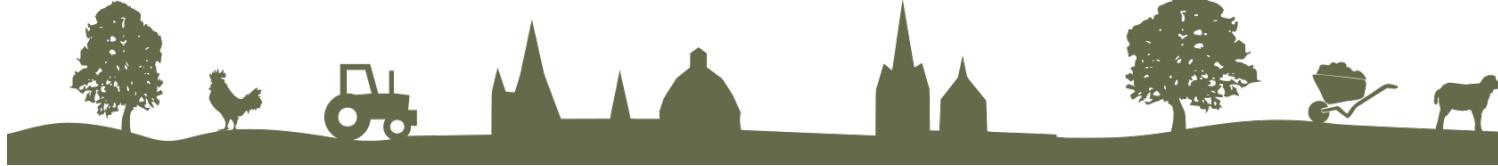




Dynamic Food Procurement



DFP enables **SME inclusive** food procurement,
fulfilment, consolidation and delivery along
short, transparent, supply chains



By showcasing examples of excellence we aim to celebrate success and show what is possible

Not exhaustive- some ideas

Case Study	Great example of....
Chippy Larder and Bruern Farm	Communities growing and sharing food together
Salt Cross Garden Village	Innovative planning approaches to better food environments
Oxford City Council – Healthy Start	Partnership working to increasing the uptake of Healthy Start Vouchers
The Swan School	Improving the health and sustainability of school food
Play:Full	Community-led approaches to delivering holiday activities and tackling holiday hunger
Abingdon Community Fridge	Building community and reducing food waste
The Orange Bakery, Watlington	Sustainable Food Enterprise
Oxford City Farm	Community education and engagement in growing
Sandy Lane Farm	Organic and regenerative agriculture



We propose the following implementation approach to the key recommendations

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Phase 1

Foundation building

- Build knowledge base and establish detailed implementation plans for new initiatives and pilots e.g., school food, dynamic procurement

Continue, evaluate, strengthen

- Embed in existing policies
- Strengthen and evaluate existing programmes and campaigns

Establish enablers

- Establish governance mechanisms and supporting roles e.g., food champions



Phase 2

Implement pilots

Implement learnings from evaluations

Continuous improvement and grow successful interventions



February 10th 2022

Healthwatch Oxfordshire report.

Presented By: Amier Al Agab- Healthwatch Oxfordshire Ambassador.

Purpose / Recommendation

- For questions and responses to be taken in relation to Healthwatch Oxfordshire insights

Background

Healthwatch Oxfordshire is continuing to listen to the views and experiences of people in Oxfordshire about health and social care. We continue to use a variety of methods to hear from people including survey, outreach, community research, and work with specific groups including Patient Participation groups, voluntary groups and seldom heard. We have increased our social media presence and output to raise the awareness of Healthwatch Oxfordshire. We have also been working with two community researchers (Community Participatory Action Research - CPAR) as part of a wider Health Education England/ NHS S.E. initiative.

Key Issues

Current work focus includes:

- No reports published since last meeting November 2021: recent and forthcoming reports will be on: <https://healthwatchoxfordshire.reports>
- **Engaging seldom heard voices:** undertaken for CQC with focus on Albanian and Arabic speaking communities via interviews and focus group. Views on health services and speaking up (Feb 2022).

Other forthcoming reports and activity:

- GP website review update
- Contacting your GP
- Remote blood pressure monitoring report
- Listening to Chipping Norton and surrounds
- Using interpreting services: views of service users and health professionals
- **Enter and View** visits have recommenced, with recent visits to Chipping Norton vaccine hub, First Aid Unit and Out of Hours. Reports forthcoming.
- Work with **community researchers**, (*Community Participative Action Research- CPAR*) with training support via initiative Health Education England (HEE) and Public Health England South-East. Two community researchers have been focusing on Black Women's experiences of maternity, and views on healthy lifestyles among

the Sudanese Community. Film and report will be launched early March. Wider celebration of this CPAR initiative across the S.E. planned for week of 9 May (online).

- Ongoing work with **Patient Participation Groups**, including regular newsletter, webinars and work linking to Primary Care Networks (PCN)

Key issues we are hearing:

GPs:

- Getting through on phone, booking appts, phone doesn't get answered, receptionists.
- Some experience of waiting for ages for treatment and follow up, texts or letters not arriving etc.
- Medical side and care once seen generally good.
- Delay in getting treatment and follow up

Dentistry:

- Getting an NHS dentist

Key Dates

Next steps:

Priorities for Healthwatch Oxfordshire in 2022 are:

- Increase the voice of seldom heard communities - through ongoing outreach, and development of community research model
- Increase the influence of Healthwatch Oxfordshire in ensuring voices of the public are heard by the health and social care system - through working with Patient Participation Groups, Primary Care Networks and Oxfordshire Wellbeing Network

Report by: Amier Al Agab - Healthwatch Oxfordshire Ambassador.
February 2022

Health Improvement Board (HIB)

February 2022

Update on Tobacco Control and Prevention in Oxfordshire

Purpose / Recommendation

1. HIB members are asked **TO NOTE** the latest updates on Oxfordshire County Council's tobacco control activities

Executive Summary

2. Reducing tobacco-related harm is a priority for Oxfordshire County Council (the 'Council') and for the HIB. This paper provides an update to HIB on the Council's tobacco control activities covering the four key areas of the county-wide smokefree strategy: preventing people from starting to use tobacco, creating smokefree environments, enforcement, and supporting smokers to quit

Background

3. The most recent figures (2020) from the Office for Health Improvement and Disparity (OHID) for smoking prevalence in adults in Oxfordshire is 11.5%. For adults working in a routine and manual occupations in Oxfordshire, it is 23.2%. Both these figures are slightly lower than the previous year's figures¹. The percentage of people smoking at the time of delivery was 5.7% in Quarter 2 2021/22 and for the first time has now been <6% for two quarters in row (slightly up from 5.4% in Quarter 1 2021/22). Note there will be some quarter-by-quarter variation given this represents relatively low numbers of individuals.
4. In May 2020, County, City, and District Councils across Oxfordshire as well as local NHS organisations signed up to a County-wide ambition to be smoke free by 2025² (defined as an overall smoking prevalence of <5%) five years earlier than the national target, as outlined in the Government National Tobacco Control Plan for England 2017-22.³ The Oxfordshire Tobacco Control Strategy has four key pillars:
 - Prevention
 - Creating smokefree environments
 - Local regulation and enforcement
 - Supporting smokers to quit.
5. In May 2021, a paper was presented to HIB members providing a high-level summary of proposed Council key areas of activity in 2021/22.⁴ These include working closely with our NHS colleagues, communities, and workplaces to help create smokefree environments, at the same time as providing quit support to people in our communities who need it most.
6. In June 2021, the Oxfordshire Tobacco Control Alliance (OTCA) met to propose actions supporting these key areas of activity. The OTCA is an officer-led alliance of organisations signed up to Oxfordshire's ambition to be smoke free by 2025.

¹ Local Tobacco Control Profiles accessed 20/1/2022n <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1>

² [Public health ring-fenced grant 2021 to 2022: local authority circular - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/public-health-ring-fenced-grant-2021-to-2022-local-authority-circular)

³ [Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022 2 .pdf \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/towards-a-smoke-free-generation-a-tobacco-control-plan-for-england-2017-2022)

⁴ [Agenda for Health Improvement Partnership Board on Thursday, 27 May 2021, 2.00 pm \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/Agenda for Health Improvement Partnership Board on Thursday, 27 May 2021, 2.00 pm (oxfordshire.gov.uk))

7. In September 2021, the HIB agreed the 2021/22 OTCA Action Plan.⁵ Progress against this action plan will be reported at the OTCA meeting in March 2022 and will form part of the tobacco data deep-dive planned for at the May 2022 Health Improvement Board. See Appendix 1 for the OTCA 2021/22 Action Plan.
8. NHS-led Tobacco Dependency support services are also being developed and rolled out, funded as part of the NHS Long Term Plan ambitions to prevent tobacco-related harm and support NHS patients to quit. As these services develop, it will be important to support their integration with the existing community stop smoking service, Stop for Life Oxon.
9. This paper provides an update to the Health Improvement Board on the Council's tobacco control activities since September 2021. Appendix 2 provides a full summary.

Key Issues

10. COVID-19 pressures, on staff resources and service providers, have resulted in some proposed tobacco control activities being delayed. For example, returning to face-to-face smoking cessation support and the roll out of plans to support smokefree school gates.

Budgetary implications

11. Funding for the Council's tobacco control activities comes from the ringfenced public health grant.⁶ Other partner organisations fund their smokefree work directly, with NHS organisations receiving additional NHS funding for supporting in-patients, pregnant women smoking at the time of delivery, and long-term users of specialist mental health services to stop smoking. This is through the Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) as part of the NHS Long Term Plan commitments on smoking.⁷

Equalities implications

12. Smoking rates are not equal between different groups, for example smoking prevalence among people with mental ill health is in excess of 30% and people experiencing homelessness have smoking rates close to 80%. People with mental health conditions die on average 10-20 years earlier than the general population and smoking is the single largest factor accounting for this difference⁸. Whilst working to reduce the overall smoking prevalence in Oxfordshire for all residents, initiatives are focussed on groups and areas where smoking prevalence is known to be higher.

Sustainability implications

13. The growth of tobacco by the tobacco industry can cause irreparable damage through deforestation, water consumption and the use of pesticides. This deforestation is devastating for local wildlife and ecosystems, but also contributes to climate change, soil erosion, reduced soil fertility and disrupted water cycles. It also damages the communities that depend on this crop, threatening sustainable development as it takes up valuable land for arable crops for local communities. Anything that reduces tobacco consumption can reduce these harmful environmental consequences.

⁵ [Minutes \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk)

⁶ [Public health ring-fenced grant 2021 to 2022: local authority circular - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/public-health-ring-fenced-grant-2021-to-2022-local-authority-circular)

⁷ [NHS Long Term Plan » Smoking](https://www.gov.uk/government/policies/nhs-long-term-plan)

⁸ <https://ash.org.uk/category/information-and-resources/health-inequalities/smoking-health-inequalities/>

Risk Management

14. There is a national supply issue with a stop smoking medication (Varenicline) meaning that the Local Stop Smoking Service provider is currently only able to offer nicotine replacement therapy (i.e., patches, gum) alongside behavioural support to people wanting to quit. Efforts are ongoing to provide an alternative pharmacotherapy to Varenicline and we are introducing the provision of electronic cigarettes (commonly referred to as 'vapes') through the Local Stop Smoking Service in 2022/23.

Communications

15. A recent survey of smokers in our highest prevalence wards has been commissioned and the first phase has been completed. This has provided some valuable early insights into the desire for local residents to want to quit, what support may help, and whether the Council led tobacco control activities are having their intended reach. The second round of the survey is due in May 2022 which will be followed by a report on insights, lessons learned, and potential actions.

16. The following communications campaigns have been delivered or are currently running:

- Stoptober (from mid-September to October 2021),
- The 2022 New Year New You campaign, which includes a refreshed workplace toolkit⁹ and a toolkit promoting smokefree homes and families¹⁰
- A three-month campaign started in January 2022, capitalising on new year resolutions where free nicotine replacement therapy is available in certain Community Pharmacies where the local smoking prevalence is higher than the average¹¹.
- The Healthy Hearts Grant¹² is open until the 14th February 2022 for the voluntary sector to bid for projects to address smoking and physical activity in groups at higher risk of cardiovascular disease.

Key Dates

17. The next OCTA meeting is on the 10th March 2022, where progress from all partners against the 2021/22 Action Plan will be reviewed.

18. A deep dive on smoking is planned for the May 2022 Health Improvement Board meeting.

Report by SRO Tobacco Control, Oxfordshire County Council
Contact Officer Adam Briggs, Consultant in Public Health, Oxfordshire County Council.
Adam.briggs@oxfordshire.gov.uk

January 2022

⁹ https://www.stopforlifeoxon.org/media/1091/oxon-workplace-toolkit-stop-smoking-10pp-a4-01_22-final.pdf

¹⁰ <https://www.stopforlifeoxon.org/media/1089/oxon-sfl-smokefree-family-homes-toolkit-10pp-a4-final.pdf>

¹¹ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-recovery-and-wellbeing/smoke-free-oxfordshire>

¹² https://oxfordshire.org/ocf_grants/healthy-hearts/?dm_i=1OSY,70KEK,422ZF,VB2MX,1

Appendix 1. Oxfordshire Tobacco Control Alliance Action Plan, 2021/22

#	Action:	How will progress be measured:	Who:	Due by:
City, District, and County Councils				
1	<p>Work with HR and estates to ensure that staff policy on tobacco control includes no smoking indoors or outdoors on Council owned property, with exemptions for e-cigarette use outdoors (as per the South East Position Statement on E-cigarettes (see Action 4)).</p> <ul style="list-style-type: none"> - Provide appropriate signage to ensure that staff and visitors are aware that sites are no-smoking indoors and outdoors. - Support managers, estates, and front-of-house staff to be trained in providing very brief advice (VBA) to people who wish to smoke, including signposting to support for quitting (training provided for free by Oxfordshire County Council) 	<ul style="list-style-type: none"> - HR tobacco policies reviewed (and updated where necessary) to ensure they include smokefree Council owned estate - Proportion of Council-owned sites with smokefree signage - Number of managers, front of house, facilities, and estates staff trained in VBA and in signposting to quit support 	All Councils	Oct-21
2	<p>Make Council-owned playgrounds voluntarily smokefree areas, including checking and updating signage where necessary and supporting council-staff working in playgrounds to undergo very brief advice training for tobacco use. Where playgrounds are not Council-owned, this will involve working with local parish and town Councils (training provided for free by Oxfordshire County Council, small scale community smokefree funding will be available to help with costs i.e. signage).</p>	<ul style="list-style-type: none"> - Proportion of all playgrounds denoted no smoking - Proportion of all playgrounds with smokefree signage - Number of staff trained in VBA 	City and District Councils	Mar-22
3	<p>Support people working in routine and manual occupations to be smokefree.</p>	<ul style="list-style-type: none"> - Number of employers of routine and manual staff adopting smokefree HR policies - Proportion of all smokers that stop smoking that are from routine and manual occupations 	Oxfordshire County Council (with support from City and District Councils)	Mar-22

4	Improve understanding across Oxfordshire in the role of e-cigarettes as a route to reducing tobacco-related harm as per the South East Position Statement on E-cigarettes and increase the availability of regulated e-cigarettes to those residents who wish to quit smoking tobacco.	<ul style="list-style-type: none"> - Regulated e-cigarettes added to Local Stop Smoking Services as part of their nicotine replacement offer for those wishing to quit - Number of organisations attending training on the role and provision of regulated e-cigarettes as part of tobacco-harm reduction - Number of vape-shops partnering with the Local Stop Smoking Services and number of staff trained in VBA 	Oxfordshire County Council	Mar-22
5	Supporting prospective and new parents, and their partners, to be smokefree during pregnancy and during early years	<ul style="list-style-type: none"> - Development of a strategy around how to work with system partners to support prospective and new parents, and their partners, not to smoke during pregnancy and in early years 	Oxfordshire County Council	Mar-22
Oxfordshire Clinical Commissioning Group				
6	Encouraging Oxfordshire Clinical Commissioning Group commissioned services to support Oxfordshire's smokefree ambition	<ul style="list-style-type: none"> - Identification of future contracts where include tobacco-related harm reduction measures are included as part of contract KPIs - KPIs related to tobacco use to be considered as part of contract reviews, aligned to Oxfordshire smokefree ambitions (e.g. smoking at time of delivery) 	Oxfordshire Clinical Commissioning Group and Oxfordshire County Council	Mar-22
7	Maximise opportunities for Oxfordshire primary care to support people to quit smoking	<ul style="list-style-type: none"> - Annual message from primary care to all registered smokers advising them to quit and how to access Local Stop Smoking Services - Agree an approach between Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, and other relevant stakeholders about role of 	Oxfordshire Clinical Commissioning Group and Oxfordshire County Council	Mar-22

		primary care in referral to Local Stop Smoking Services, practice staff attending VBA training and future prescribing of Nicotine Replacement Therapy (NRT) /pharmacotherapy		
Oxford Health NHS Foundation Trust				
8	Increase staff training in providing advice to quit	<ul style="list-style-type: none"> - Have a staff member trained in providing advice to quit and in prescribing NRT on every inpatient mental health ward - Number and proportion of mental health inpatients who smoke having received advice to quit and offered NRT 	Oxford Health NHS Foundation Trust	Mar-22
9	Relaunch a smokefree Oxford Health NHS Foundation Trust	<ul style="list-style-type: none"> - Review of organisational smoke free policy - Conference for inpatient staff on smokefree 	Oxford Health NHS Foundation Trust	Oct-21
10	Development of patient pathway for smoking cessation	<ul style="list-style-type: none"> - Development and implementation of smoking cessation pathway for all adult mental health admissions, including transfer to community-based Local Stop Smoking Services 	Oxford Health NHS Foundation Trust	Mar-22
Oxford University Hospitals NHS Foundation Trust				
11	Approve new Oxford University Hospitals NHS Foundation Trust smokefree policy	<ul style="list-style-type: none"> - Publication of a new smokefree policy 	Oxford University Hospitals NHS Foundation Trust	Sep-21

12	<p>Implementation of the Oxford University Hospitals NHS Foundation Trust smokefree policy through smoke free working group, including commitment of relevant resources to support patients, staff and visitors to remain smoke free</p>	<ul style="list-style-type: none"> - Number of staff trained in providing VBA - Implementation of smoking cessation pathway for inpatients, including provision of NRT and transfer to community-based Local Stop Smoking Services - Number of inpatients with smoking status recorded and proportion who smoke offered advice to quit and access to NRT 	<p>Oxford University Hospitals NHS Foundation Trust</p>	<p>Mar-22</p>
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Appendix 2 – Update on Oxfordshire County Council tobacco control activities since Sept 2022

2021/2022 OTCA Action Plan Updates

- Smokefree signage is currently being refreshed with a more positively framed message, in consultation with the Councils Facilities Managers. Supporting publicity material to facilitate conversations with those who do smoke on site is also being developed.
- The Council managers, front of house, facilities and estates staff have all been offered very brief advice training, which includes signposting to quit support.
- Approaches have been made to BMW mini plant, Ubico, Stagecoach and two MOD sites to offer public health expertise in adopting smokefree policies.
- Work is progressing with the Stop Smoking Service provider to make e-cigarettes available alongside the nicotine replacement.
- Three training sessions on the role and provision of regulated e-cigarettes as part of tobacco-harm reduction have been delivered, six organisations have attended.
- Conversations are progressing with the Family Nurse Partnership and the Early Intervention Hub services to support prospective and new parents and their partners not to smoke during pregnancy and in early years. A smokefree toolkit for childcare providers has been developed and shared with the Children and Families Service.

Campaigns

- The PHE Stoptober campaign was delivered by the local stop smoking service provider, with an accompanying opinion piece in local press from Cllr Mark Lygo.
- National Health Harms and New Year's Resolution campaign, supported locally by a refresh of Workplace toolkit and development of toolkit for childcare providers by the local stop smoking service.

Free NRT in Pharmacies

- With the support of the Thame Valley Local Pharmaceutical Committee, four independent pharmacies in areas of high smoking prevalence are providing free nicotine replacement therapy to residents. Posted flyers and targeted media campaigns have been used to raise awareness of the initiative as well as how resident can access local stop smoking services.

Smokefree Survey of people who smoke

- To ensure campaigns and approaches are in line with the needs and preferences of smokers, a total of 300 smokers living in the most deprived parts of the County are being surveyed in two phases. Phase one was completed in October 2021 and phase two is planned in May 2022.

Healthy Hearts Grant

- Working with Oxfordshire Community Foundation and colleagues from across the public health directorate, a grant fund was launched to work with the local voluntary and community sector to tackle risk factors of cardiovascular disease, in particular smoking and low physical activity. The initiative aims to focus on the groups where cardiovascular health is poorest. Funding for the initiative comes from the budgets for wider tobacco control, NHS Health Checks and Inequalities.

Smokefree Communities

- Engagement has begun with local subgroups of health partnership boards (Rose Hill, Northway and Banbury) to offer support for community-led smokefree activities, including providing training in giving very brief advice to people who may want to quit.
- Smokefree Sidelines works with youth football leagues and Oxfordshire Football Association to encourage youth clubs to adopt a voluntary smokefree policy asking adults on the sidelines not to smoke whilst children are playing. It was launched in 2020 and has continued to expand with over 50 clubs now signed up.

Smokefree Homes

- Conversations with the Family Nurse Partnership and Early Intervention Hubs to develop a project to support pregnant women and their partners to quit smoking, using an evidence based scheme that includes the use of behavioural support and incentives to remain smokefree.

Smokefree Schoolgates

- The smokefree school gates project aim is to denormalise smoking, by working with schools and parents to create a smokefree environment around school gates when dropping off or collecting their children. A toolkit is being developed to help those schools who would like to participate in this voluntary scheme, to be launched with funding for signage available for schools in the most deprived parts of the county.

Tackling Tobacco Dependency in primary, secondary and community care

- OCC Public Health teams continue to support local NHS Trusts in delivering the tobacco dependency service ambitions of the Long Term Plan.

Trading Standards

- Public Health and Trading Standards continue to jointly funded Tobacco Control Officer post. There have been significant and well publicised seizures of illicit tobacco in Oxfordshire. For example, in October 2021, 44,000 illegal cigarettes and 24.5kg of illegal hand-rolling tobacco were seized from a residential property in Banbury, and in November 2021, 680,420 illegal cigarettes were seized from another residential property in Banbury.
- Public Health are also working with Trading Standards to ensure e-cigarette supply remains safe and legal, with 26 visits made to premises selling vapes so far and just

under 1000 non-compliant products seized. Many of these have been able to be returned to traders once labelling issues had been rectified.