NHS Oxfordshire Clinical Commissioning Group | OXFORDSHIRE COUNTY COUNCIL | healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 18 September 2025 at 2.00 pm

Room 2&3 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this Live Stream Link.

Martin Reeves
Chief Executive

Contact Officer: ***Taybe Clarke-Earnscliffe***
email: Taybe.Clarke-Earnscliffe@Oxfordshire.gov.uk

Membership

Chair – District Councillor Helen Pighills
Vice Chair – Cllr Rachel Crouch

Board Members:

Cllr Helen Pighills	Vale of White Horse District Council
Cllr Rachel Crouch	West Oxfordshire District Council
Cllr Kate Gregory	Cabinet Member for Public Health & Inequalities, Oxfordshire County Council
Cllr Georgina Heritage	South Oxfordshire District Council
Cllr Chewe Munkonge	Oxford City Council
Cllr Rob Pattenden	Cherwell District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Kate Holborn	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Mish Tullar	District Partnership Liaison
Robert Majilton	Healthwatch Oxfordshire Ambassador

Notes: Date of next meeting: 6 November 2025

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 Chair

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

6. Note of Decision of Last Meeting (Pages 1 - 8)

To approve the Note of Decisions of the meeting held on (**HIB5**) and to receive information arising from them.

7. Performance Report (Pages 9 - 16)

14:10 to 14:20
10 minutes

Presented by Panagiota Birmpili, Public Health Registrar, Oxfordshire County Council

To monitor progress on agreed outcome measures

8. Report from Healthwatch Ambassador (Pages 17 - 20)

14:20 – 14:30
10 minutes

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

9. Suicide Prevention and Mental Wellbeing Concordat (Pages 21 - 30)

14:30 – 15:10

Presented by Becca Smith, Health Improvement Practitioner and Janette Smith, Public Health Principal

10. Drug and Alcohol needs Assessment (Pages 31 - 44)

15:15 – 15:35

Presented by Jason Yun, Public Health Registrar

11. Review of TOR (Pages 45 - 46)

15:35 – 15:50

Board to review TOR

12. AOB

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 3 July at 14:00

Present:

Board members
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Georgina Heritage, South Oxfordshire District Council
Cllr Chewe Munkonge, Oxford City Council
Ansaf Azhar, Director of Public Health
Kate Holburn, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Cllr Rob Pattenden, Cherwell District Council
Cllr Rachel Crouch, West Oxfordshire District Council
Robert Majilton, HealthWatch Oxfordshire

In attendance
Veronica Barry, Healthwatch Oxfordshire
Panagiota Birmpili, Public Health Registrar
Kay Bishop, Oxford Health
Tasmin Irving, Oxford Health
Raquel Salosa, Commissioning Officer, OCC
Bhavna Taank, Lead Live Well, OCC
Ian Bottomley, Lead Age Well, OCC
John Pearce, Commissioning Manager, OCC
Kate Austin, Public Health Principal, OCC
Fiona Ruck, Health Improvement Practitioner, OCC
Fazeelat Saleem Bashir, Oxford Council
Gerti Pakot, South and Vale
Debbie Walton, Oxford Health

Officer
Taybe Clarke-Earnscliffe

Apologies:

ITEM
Welcome Chair opened and welcomed everyone to the meeting.
Declarations of Interest There were no declarations of interest.
Petitions and Public Address There were no petitions and public address.
Notice of any other business Smoking Strategy
Minutes of Last Meeting Two spelling amendments – signed off as correct once amended

Performance Report

Presented by Panagiota Birmpili, Public Health Registrar, Oxfordshire County Council

Performance Report:

- **Healthy Weight Indicators:**
  - Adult overweight, including obesity in Oxfordshire, is currently 58.6%, showing a slight improvement from last year's 58%.
  - Oxfordshire's percentage is the third lowest in the southeast, compared to 63% in the whole of the southeast and 64.5% in England.
  - 38.6% of people in Oxfordshire achieve the five-a-day fruit and vegetable consumption recommendation, an increase from previous years.
  - Health check uptake among those invited was 44.2%, a drop from 50.9% last year but still higher than the England average of 40%.
- **Alcohol-Related Harm Indicators:**
  - Treatment indicators remain above target and national averages: 59% for completions, 75% for treatment progress, and 1000 people in treatment.
  - Alcohol-related admissions are within target at 414 per 100,000, up from 347 last year but still lower than the England average.
- **Physical Activity and Mental Well-being:**
  - Physically inactive children are at 33%, higher than the national average of 30%, with data quality concerns noted.
  - Mental health hospital admissions for intentional self-harm are at 97 per 100,000, slightly up from 92 last year but lower than national and southeast averages.

There is feedback that the active travel survey (indicator 4.21) may be geared towards people who travel to work daily, potentially overlooking those who work from home and engage in physical activity during breaks, or those who don't work.

Report from Healthwatch Ambassador

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

Health Watch Update:

- Robert Majilton emphasised the importance of Healthwatch's work and the support it receives from the community and organizations. He highlighted the leadership challenge in ensuring this work continues to flourish despite changes announced by the government.
- Ansaf Azhar acknowledged the significant contributions of Healthwatch in various areas, including tackling inequality and community engagement. They stressed the need to maintain and build on this work, even with upcoming structural changes.
- Veronica Barry clarified that Healthwatch Oxfordshire will continue its functions until the Health and Social Care Act reforms are implemented. They are still actively working on community research and outreach programs.

For more details, you can refer to the Healthwatch Oxfordshire Annual Impact Report 2024-25 shared by Veronica Barry.

Mental health hubs in providing interfaces in highstreets (Keystone programme)

Presented by Tasmin Irving, Oxford Health

Mental Health Hubs (Keystone Programme) Update:

- **Overview**: The Keystone Programme aims to improve the health and well-being of people with significant mental health conditions by providing services closer to home. The initiative focuses on early intervention and prevention, reducing the need for crisis services.
- **Development**: The programme was developed through Co-production and partnerships with various organizations, including primary and secondary care, voluntary services, and community groups.
- **Key Features**:
- **Integrated Care**: The hubs provide integrated, multi-agency care, working collaboratively with primary care and community assets.
- **Accessibility**: Located on the High Street to reduce stigma and improve accessibility.
- **Partnerships**: Involves partnerships with organizations like Mind, Elmore, and Age UK, among others.
- **Services Offered**: Includes mental health support, physical health services, and social support such as housing and benefits advice.
- **Challenges**:
- **Referral Increase**: There has been an increase in referrals to the hubs.
- **Staffing**: Some mental health workers have ended their contracts after the initial year.
- **Feedback and Evaluation**:
- **Positive Impact**: The hubs have received positive feedback for providing early intervention and reducing barriers to accessing mental health services.
- **Ongoing Evaluation**: Oxford Health is conducting an internal evaluation to assess the effectiveness and impact of the hubs.
- **Future Plans**: The programme is part of a 10-year contract aimed at continuous improvement and transformation of mental health services.
- **Action Items**:
- **Evaluation**: Continue the internal evaluation to ensure the hubs meet their objectives and provide effective services.
- **Expansion**: Explore opportunities to expand the front-of-house services and partnerships with local organizations.

Questions –

1. **Destigmatising Mental Health**: Veronica Barry asked about the efforts to destigmatise mental health and ensure the hubs are not just clinical models in

community settings. Tasmin Irving responded that they are working with various local community services, including religious organisations and community services, to make mental health services more accessible and reduce stigma.

2. **Libraries as Community Hubs**: Ansaf Azhar mentioned the potential of using libraries as community hubs to spread mental health awareness and provide upstream mental health services. They emphasised the importance of training people an3d making libraries spaces for co-location and community connection.
3. **GPs and ARRS Placements**: Georgina Heritage asked about the data behind GPs not continuing the ARRS (Additional Roles Reimbursement Scheme) placements. Tasmin Irving answered - When the ARRS placements were rolled out, not all GPs engaged with the program. Some GPs did not feel the need for the specific roles provided under the ARRS. Some GPs preferred roles such as social prescribers and mind workers over the senior experienced nurses, OTs, and social workers provided under the ARRS. They felt these roles were more suitable for their practises. Changes in how ARRS funding was allocated to GPs also influenced their decisions. Some GPs had to prioritise which roles to fund, leading to the discontinuation of some ARRS placements.

Community Health and Wellbeing Model CHDOs

Presented by Kate Austin, Public Health Principal, Public Health and Community OCC and Fiona Ruck, Health Improvement Practitioner and CHDOs Fazeelat Saleem Bashir, Gerti Pakot

Community Health and Wellbeing Model (CHDOs)

Background and Purpose:

- The CHDO program was initiated in response to the 2019-2020 Director of Public Health Annual report, which identified areas with significant health inequalities. The program aims to translate recommendations from community insight profiles into local action plans.

Roles and Responsibilities:

- CHDOs are hosted by districts and work collaboratively with local partners to implement health and well-being initiatives. Their responsibilities include:
  - Translating community insight profile recommendations into action plans.
  - Convening and sustaining local health and well-being partnerships.
  - Fostering collaboration between grassroots groups, statutory services, and residents.
  - Enabling community groups to access health and well-being grants.
  - Amplifying health messaging and delivering targeted interventions.

Examples of Work:

Presented by Gerti Pakot, South and Vale

- **Blackbird Lees**:

- Women's Swimming Project: The project aimed to address the gap in swimming skills among women in the Blackbird Lees area.
  The initiative was developed in partnership with a social prescriber and Refugee Resource to identify and support women who were unable to swim.
  The first cohort of 16 women completed their swimming lessons in June, and they have since been using the leisure centre regularly.
  A second cohort is set to start in September, with a total of 38 women expected to benefit by the end of the year.
  The project has led to increased use of the local leisure centre by women who previously did not access it, promoting physical activity and community engagement.
- Slow Cooker and Air Fryer Projects: Supported families in preparing healthy meals, leading to sustained community cooking sessions.
- Lees Festival: Included health promotion activities and free physical activities, attracting over 4000 attendees.

Presented by Fazeelat Saleem Bashir

Bernsfield:

- SEND Movie Sessions and Sensory Room: Funded projects to support children with special educational needs and disabilities.
- Physical Activity Programs: Introduced new sports and nutrition programs to address childhood obesity.
- Mental Health Support: Funded counselling services for adults and scoped youth mental health provision.

Strategic Priorities:

- CHDOs align their work with strategic priorities such as:
  - Mental Well-being: Initiatives like coffee mornings, allotment groups, and health promotion events.
  - Physical Activity and Healthy Weights: Support for local larders, exercise programs, and youth clubs.

Evaluation:

- An evaluation of the CHDO program is underway, focusing on:
  - The importance of long-term, rooted projects over short-term initiatives.
  - The role of local relationships in community health.

Future Funding:

- Funding for CHDO posts in the initial 10 areas has been extended until March 2027. Efforts are ongoing to extend funding for the other four areas.

Local area coordination, Community link workers and the prevention strategy

Presented by Ian Bottomley, Lead of Age Well and John Pearce, Commissioning Manager Age Well, OCC

Local Area Coordination, Community Link Workers, and the Prevention Strategy:

Introduction to Local Area Coordination:

- Local Area Coordination (LAC) is an evidence-based approach originating from Western Australia, designed to support isolated communities by helping individuals find their own solutions to their needs.
- The core question guiding LAC is: "What would make your life great?" This question helps individuals identify their goals and aspirations.

Implementation and Areas Covered:

- LAC has been implemented in areas such as Chipping Norton, Bicester, Didcot, and Kidlington.
- The approach involves coordinators working directly with individuals and families, providing personalised support without referrals or waiting lists.

Examples of Impact:

- Coordinators have helped individuals step out of repetitive GP visits, engage in rehabilitation programs, and address complex personal situations.
- The approach focuses on building thriving communities by addressing social determinants of health and promoting community well-being.

Evaluation and Future Plans:

- An evaluation of the LAC program is underway, involving public health and Oxford University researchers. The evaluation aims to measure the impact on adult social care referrals and community health.
- The evaluation will explore how LAC contributes to thriving communities and addresses issues such as loneliness and social isolation
- Ansaf Azhar emphasised that while there are various community connectors with different names (e.g., CHDOs, local area coordinators, community well-being workers), they perform distinct roles. The importance lies in recognizing these differences and allowing each model to flourish while measuring their impacts. Ansaf Azhar shared an example from Berinsfield, where community growing initiatives are taking place. There is active discussion about expanding these initiatives to lift the entire area, demonstrating the importance of enabling community-driven projects. These community groups have flexibility to adapt to the needs of their members. For instance, some individuals may prefer to participate in activities alone, such as mowing the lawn, while others engage in group activities. This flexibility is crucial for successful community engagement.
- Ansaf Azhar mentioned the ongoing development of community profiles, including areas like Berinsfield, Witney, and Wood Farm. These profiles help identify unique community needs and enable tailored interventions.

Flexibility and Adaptation:

- **Rural Inequalities**:
- Ansaf Azhar noted the importance of addressing rural inequalities, mentioning that even in affluent areas like Charlbury, there are streets with significant deprivation. Understanding these granular levels of inequality is essential for effective intervention.

NHS Ten-Year Plan:

- Ansaf Azhar referenced the NHS Ten-Year Plan, highlighting its focus on prevention. To make this a reality, it is crucial to mobilise community connectors and capture the impact of their work.

Any other Business

The Oxfordshire Tobacco Control Alliance is updating their tobacco strategy for 2026 to 2030. The last strategy was published in 2019. This update aligns with the joint health and well-being strategy, specifically Priority 3.2, which aims to reduce smoking rates in the county and promote a healthier environment for residents. A public consultation was launched on Let's Talk Oxfordshire on June 30th and will close on August 10. The survey is collecting feedback on the targets and priorities set out in the strategy. The final version will be submitted to the Health Improvement Board for approval on November 6.

At the end of the meeting, there was an expression of gratitude towards Cllr Helen Pighills for her service as the chair. It was mentioned that Cllr Helen Pighills has been efficient and knowledgeable in her role, and the new chair, Cllr Georgina Heritage will be taking over soon.

Health Improvement Partnership Board

18th September 2025

Performance Report

Background

1 The Health Improvement Partnership Board has agreed to have oversight of delivery of two priorities (priorities 3 and 4) within Oxfordshire's Joint Health and Wellbeing Strategy 2024-2030, and ensure appropriate action is taken by partner organisations to deliver the priorities and shared outcomes. An important part of this function is to monitor the relevant key outcomes and supporting indicators within the strategy's outcomes framework. This HIB performance report has therefore been edited to reflect the relevant measures and metrics from the outcomes framework.

2 The indicators are grouped into the overarching priorities of:

3 Healthy People, Healthy places

- 3.1 Healthy Weight
- 3.2 Smoke Free
- 3.3 Alcohol related harm

4 Physical activity and Active Travel

- 4.1 Physical Activity
- 4.2 Active Travel
- 4.3 Mental Wellbeing

Current Performance

3 The table report below show the agreed measures under each priority, the latest performance available and trend in performance over time. A short commentary is included to give insight into what is influencing the performance reported for each indicator.
Where data is available at sub-Oxfordshire level, this is indicated with * for District and ‡ for MSOA level.

4 All indicators show which period the data is being reported on and whether it is new data (*refs numbers are highlighted*), or the same as that presented to the last meeting.

Of the 25 indicators reported in this paper:
2 indicators have NEW DATA *(Reference Numbers are highlighted in the report)*
These are: ***4.13, 4.14***
1 indicator(s) without rag rating.
16 green indicator(s).
7 amber indicator(s).
1 red indicator(s).

4.12 Percentage of physically inactive children - (less than average of 30 minutes a day)

There are data quality concerns with this indicator and therefore viewed with caution. Public health will lead a Physical activity Health Needs Assessment in 2025/26 to better understand the data, gaps in provision and local .

Live Well Priorities

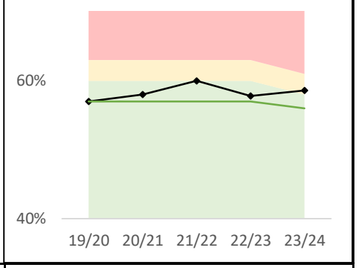
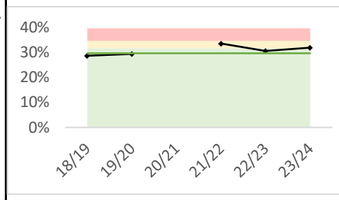
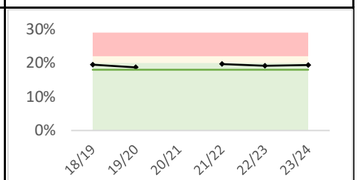
New data is indicated by highlighted references number.

Targets set by local Public Health

All metrics are reported at county level. Available at District * and MSOA ‡ level

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3	**Healthy People, Healthy places**							
3.1	**Healthy Weight**							
3.11	Adults (aged 18 plus) prevalence of overweight (including obesity) *	Annual	56.0%	23/24	58.6%	A	As part of the whole systems Approach to Healthy weight, a detailed action plan focuses on the following pillars: Prevention, environment, support and wider strategy. A New All age healthy lifestyles came into effect in September 2024. The number of adults people benefiting from this service is now increasing following a slow start. This includes targeted work to support Global Ethnic Majorities, those with low to moderate mental health condition and men – all of whom may otherwise not traditionally benefit from such services. Work continues across the system to improve the food environment in priority neighbourhoods through working with planning, advertising at city and district level and established food businesses is building moment	
3.12	Year 6 prevalence of overweight (including obesity) * ‡	Annual	28.0%	23/24	32.0%	A	In Oxfordshire, latest data (23/24) shows for year 6 there has been a very slight (not statistically significant) increase in excess weight over the last year though trend is fairly level. For this age group excess weight fell from 34% to (21/22) to 31% (22/23) then to 32% 23/24 Oxfordshire performs well against the England average generally, but there are some areas in Oxfordshire where children have experienced excess weight over a long period. A new all age healthy weight service launched in September with a focus on addressing inequalities associated with weight. For children, there is the option of both group sessions within the community and remote programmes to support them and their family to create healthy habits. Work to support more healthy environments continues.	
3.13	Reception prevalence of overweight (including obesity) * ‡	Annual	16.6%	23/24	19.3%	A	There has been a very small increase in Reception overweight and obesity which is similar to pre- pandemic levels in 2018/2019. Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the brand new, all age weight management service Beezee, which came into effect on 1st September 2024.	
3.14	Achievement of county wide Gold Sustainable Food Award	Annual	Gold	2023	Silver	G	**Application delayed until next year, 2026.** Working towards Gold award by continuing to develop and grow activities across all the key issues and gather evidence; showing exceptional achievement in two areas. This will involve: launching a campaign to signal our goal of achieving Gold , promoting a county-wide effort, engaging with high profile ambassadors and creating ways people can engage e.g. pledge.	Not applicable

Live Well Priorities

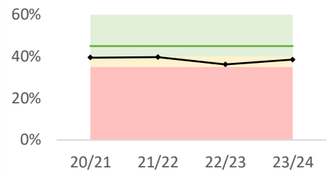
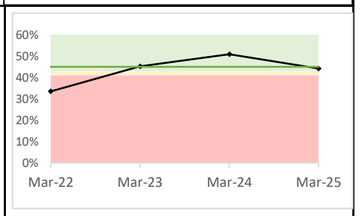
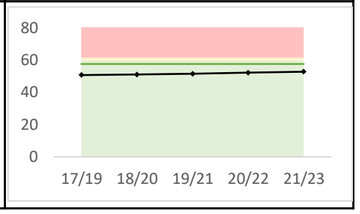
New data is indicated by highlighted references number.

Targets set by local Public Health

All metrics are reported at county level. Available at District * and MSOA ‡ level

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.15	Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations *	Annual	45.0%	23/24	38.6%	A	A range of initiatives to support access to good food as part of the healthy weight agenda continues. From working with food retailers directly, to action plans lead by the districts and most recently a food Summit, Lead by Good Food Oxfordshire in June 2025 in which our director of Public Health is chair, to ensure continued and new commitment across the system. Programmes of support for children and young people also continue, with the view that healthy habits – such as eating 5-a-day can start early and continue into adulthood.	
3.16	Of those residents invited for a NHS Health check, the percentage who accept and complete the offer.	Annual	45.0%	24/25	44.2%	G	Activity by Primary Care to deliver NHS Health Checks has been consistent throughout the year and an improvement on 2022/23. Alongside this, the Supplementary NHS Health Check Service provider has been offering community health checks showing a high take up from the priority groups identified by the Council	
3.17	Healthy Start Voucher uptake	Monthly	63.0%	Mar-24	61.0%	G	**NB: NHS have reported an issues with source data -Therefore no new update for this report.** Launch of new messaging, marketing resources and campaign in May 2024 working with City/District Councils, Good Food Oxfordshire, Home Start and NHS. Based on insight from families and co-produced with local organisations working with ethnic minority groups (African Families in the UK, Sunrise Multicultural Centre). Raising uptake is more than just awareness; families need help applying, missed opportunities to get families signed up and a need for strong leadership and accountability.	No data available
3.18	Under 75 mortality rate from cardiovascular disease (Rate / 100k) (New name) *	Annual	57.6	2021-23	52.8	G	This outcome has worsened slightly in the current reporting period (21-23) to the previous (20-22) which is a trend seen across UK and is related to wider impacts of COVID-19 pandemic. However, the Oxfordshire data remains better than regional, national and similar authority comparators. Local activity to address this outcome sits within theme specific work on tobacco control, or whole systems approach to obesity, or physical inactivity or alcohol harm. Specific updates will be provided as per HIB annual work plan	

Live Well Priorities

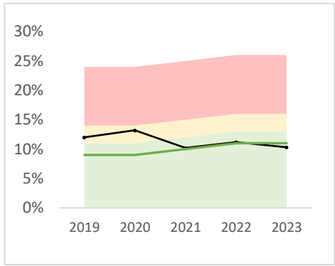
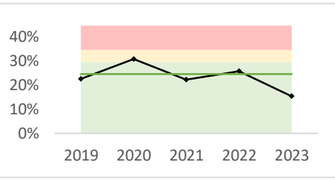
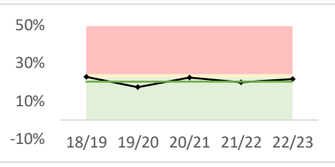
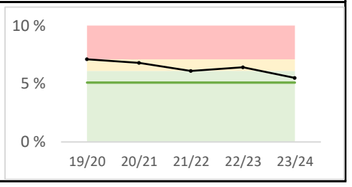
New data is indicated by highlighted references number.

Targets set by local Public Health

All metrics are reported at county level. Available at District * and MSOA ‡ level

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.2	**Smoke Free**							
3.21	Smoking Prevalence in adults (18+) - current smokers *	Annual	9.9%	2023	10.3%	G	The Oxfordshire Tobacco Control Alliance oversees work to reduce smoking prevalence in Oxfordshire. Work is within four pillars: prevention, support, environment and enforcement. The local stop smoking service (LSSS) continues to support smokers to quit, with specific focus on priority groups and . NHSE funded tobacco dependency services are in place within acute, mental health and maternity settings. Additional grant funding to boost smoking cessation efforts across England was received in April 2024 and is further supporting these programmes and expansion of the LSSS through a recommission ready for summer 2025. The new stop smoking campaign, 'It's Well Worth It' was launched on 30th September and is planned to direct residents to local stop smoking provision.	
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers *	Annual	23.3%	2023	15.3%	G	The local stop smoking service targets work with routine manual through a variety of initiatives. Including the national Swap to Stop initiative for provision of free vapes. The new stop smoking campaign, 'It's Well Worth It' was launched on 30th September and plans to appeal to a range of residents including this priority group.	
3.23	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) *	Annual	20.0%	22/23	21.1%	G	The Tobacco Dependency Service (TDS) funded by NHSE/ICB specifically supports adult inpatients with mental health conditions to quit smoking. In addition the local stop smoking service supports individuals with low level mental health challenges. The newly commissioned Local Stop Smoking Service (LSSS) will include enhanced work in this area.	
3.24	Smoking prevalence in pregnancy	Annual	5.1%	23/24	5.5%	G	Most pregnant women who smoke are now being supported via the new maternity in-house tobacco dependency advisor service (via NHS Long Term Plan funding). The local stop smoking service continues to support pregnant women to quit smoking, but numbers are fewer. A national incentive quit scheme for pregnant women is due to be rolled out across the Country. Oxfordshire has submitted an expression of interest to be part of the scheme – outcome awaited.	

Live Well Priorities

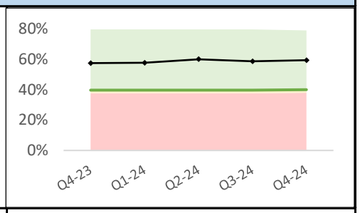
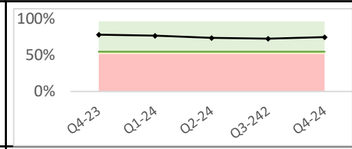
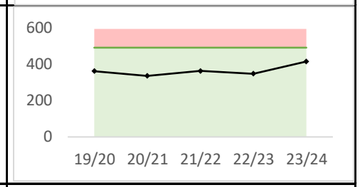
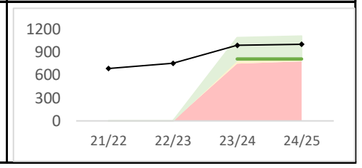
New data is indicated by highlighted references number.

Targets set by local Public Health

All metrics are reported at county level. Available at District * and MSOA ‡ level

Key

Supporting

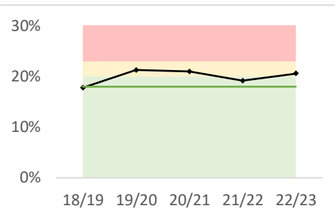
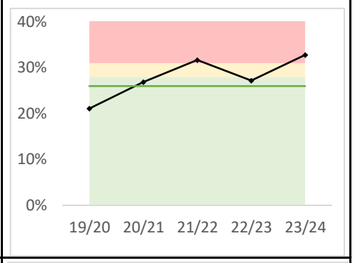
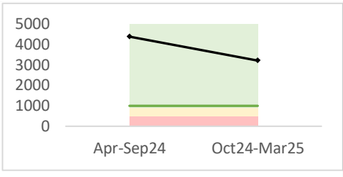
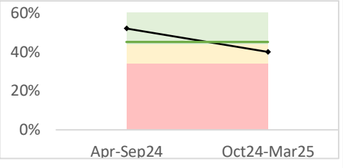
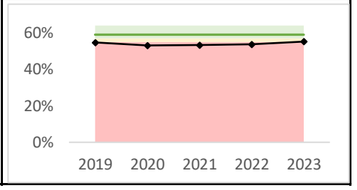
		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.3	**Alcohol related harm**							
3.31	Alcohol only successful treatment completion and not requiring treatment again within 6 months	Quarterly	40.0%	Q4-24	59.4%	G	The latest performance remains significantly above the national average of 34.6%, and has increased again on last quarter. This is achieved through strong partnership and multi-agency working, extensive community-based engagement and outreach, providing holistic person-centred care, individualised goals, and supported by access to residential treatment where necessary.	
3.32	Alcohol treatment progress	Quarterly	55.0%	Q4-24	75.0%	G	The latest performance remains significantly above the national average of 51% and demonstrates delivery of the national and local strategic aims, which are ensuring people are supported through effective support, engagement and treatment.	
3.33	Admission episodes for alcohol-related conditions (Narrow) Rate / 100K *	Annual	490	23/24	414	G	Oxfordshire rates are below the south east average. There is significant ongoing partnership and multi-agency work to prevent the number of people drinking to hazardous levels, and significant investment and activity in community services to ensure people receive the support they require to prevent escalation of need. Other indicators demonstrate the positive impact of these services.	
3.34	Alcohol only numbers in structured treatment	Annual	810	24/25	1002	G	In line with national strategic aims, extensive partnership work and outreach with those with health inequalities has supported the partnership to continue to increase the number of people in treatment over the last year, and rates of increase are above the England average. This demonstrates the impact of additional investment from central government linked to the national strategy.	

Live Well Priorities

New data is indicated by highlighted references number.
All metrics are reported at county level. Available at District * and MSOA ‡ level

Targets set by local Public Health

Key
Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
4	**Physical activity and Active Travel**							
4.1	**Physical Activity**							
4.11	Percentage of physically inactive adults (Less than 30 minutes a week)	Annual	18.0%	Nov22-Nov23	20.6%	A	Efforts to increase physical activity across Oxfordshire adults are coordinated by Active Oxfordshire and supported across District, County and ICB, utilising a whole systems approach to physical activity. This takes an inequalities lens as per their Oxfordshire on the Move strategic approach. Programmes include upskilling professionals working with people who are least likely to be active, one to one and group support for individuals.	
4.12	Percentage of physically inactive children (less than average of 30 minutes a day)	Annual	26.0%	Academic Yr 23-24	32.8%	R	We note for this indicator there are some challenges with the data sample and therefore some caution to be applied to interpreting these results. Active Oxfordshire continue to work towards their Oxfordshire on the Move Physical Activity strategy. We've seen an expansion of the children's You Move programme into Early Years in September 2024. Enabling opportunity to create healthy habits in children early. We've commission Healthy Movers also to support early years, delivered across several schools and community settings. Increased strategic support within school setting with the development of Active Framework. Public health will lead a Physical activity Health Needs Assessment in 2025/26 to better understand the data, gaps in provision and local assets/opportunities.	
4.13	Uptake of Move together	6 monthly	1000	Oct-24-Mar-25	3218	G	Move Together is jointly funded by public health and BOB ICB to support people with long term conditions (LTC). The target of an increase in 1000 steps per day, was surpassed, an average of 3218 steps per day being achieved across all participants who engaged with the programme. Significantly higher than reported in Q1 and Q2. It should be noted that, the referral criteria have been refined to ensue only those people who are inactive are referred into the programme.	
4.14	You move programmes	6 monthly	45.1%	Oct-24-Mar-25	40.0%	A	You Move, a physical activity programme delivered by Active Oxfordshire, jointly commissioned by public health and ICB, supports children and their Families meeting eligibility i.e. for free school meals, children in care, or some other vulnerable groups such as young carers. The programme delivers heavily subsidised or free physical activity. Between October 2024 and March 2025, 40% of participants who completed a six-month survey said they were doing more physical activity. Fewer people returned the survey during this time. The process has now been improved so that participants only need to fill out one survey after six months. Early signs show this change is helping more people take part in the feedback.	
4.2	**Active Travel**							
4.21	Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+)	Annual	59.0%	22/23 Nov	55.2%	A	Oxfordshire County Council's cycling and walking activation programme comprises a range of measures to enable people to cycle and walk more such as school streets, travel planning, led walks and bike libraries. These activities in conjunction to improvements to cycling and walking infrastructure seek to deliver an increase in active travel.	

Live Well Priorities

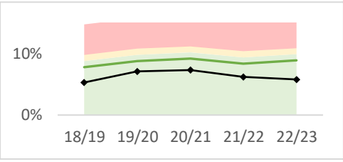
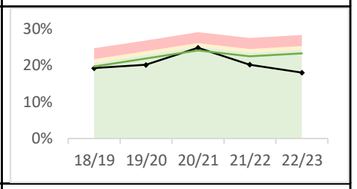
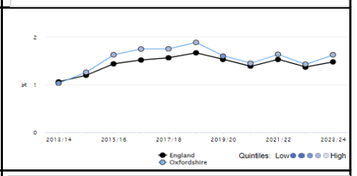
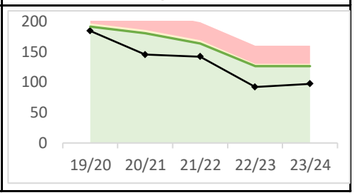
New data is indicated by highlighted references number.

Targets set by local Public Health

All metrics are reported at county level. Available at District * and MSOA ‡ level

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
4.3	**Mental Wellbeing**							
4.31	Self reported wellbeing: people with a low happiness score (16+) *	Annual	9.0%	22/23	5.8%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.32	Self reported wellbeing: people with a high anxiety score (16+) *	Annual	23.3%	22/23	18.1%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.33	The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year. (NEW)	Annual	-	23/24	1.6%		The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year has remained relatively stable over the past five years. The incidence in 2023/24 is 1.6% which is within the 2nd highest quintile in England. This indicator replaces the Adult patients recorded with a diagnosis of depression which has been retired.	
4.34	Emergency hospital admissions for intentional self-harm in all ages (Rate / 100k) *	Annual	126.3	23/24	97.3	G	For further insight, see the paper on Adult and Older Adult Mental Health in Oxfordshire which was presented at the Oxfordshire Joint Health Overview & Scrutiny Committee on the 12th September 2024	

This page is intentionally left blank

Your voice on health and care services

Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)

18th September 2025

Presented by Healthwatch Oxfordshire ambassador, Robert Majilton

Purpose / Recommendation

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

Background

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including surveys, outreach, community research, and work with groups including Patient Participation Groups (PPGs), voluntary and community groups and those who are seldom heard. We build on our social media presence and output to raise the awareness of Healthwatch Oxfordshire and to support signposting and encourage feedback. We ensure our communications, reports and website are accessible with provision of Easy Read and translated options.

Key Issues

Since the last meeting in July 2025:

- We published: **Just listen to me – using women's health services in Oxfordshire**. What we heard about women's health services from 684 women and people who use women's health services. We highlighted areas of good practice as well as barriers to care, including people not feeling listened to and long waits for specialist referrals. We heard about a lack of information and support around menopause, and barriers to people attending breast and cervical screening. The full report together with provider responses, is available on our website.
- We also published our **Annual Impact Report 2024-25**, reflecting on the difference we have made by bringing to the fore the voices of the 5000+ people who shared their experiences and views with us in 2024-25. A recording of our presentation of this report can also be watched on our website.
- Forthcoming reports on:
  - **Trans and non-binary people's experiences of GP services**
  - **Using the NHS App**
  - **End of Life care**

- **We continue to support Community Research, working together with communities that may be seldom heard to support them to voice issues of concern to them:**
    - We are working with Sunrise Multicultural Project in Banbury, including capacity building for staff to gain insight into **South Asian women's experiences of cancer screening and diagnosis** – and supporting them to link with health professionals for an information session in October 2025
    - Supported community research with the OX4 Food Crew, to hear stories to highlight the **experiences of people living in temporary accommodation and barriers to eating well**
    - Working with a member of the Chinese Community to hear from local Cantonese speakers and Chinese community members about their experiences of health and care services
    - We continue to support the development of Oxfordshire Community Research Network. We have received some additional funds to support community led development of a community research training – a practical how-to, supporting communities to explore issues of importance to them, and to share finding. We will be working with grassroots communities to develop this over Winter 2025.

  All reports are available to read via our website, together with examples of the impact of our research.

Enter and View reports and visits continue. Once complete, all reports and provider responses are available on our website including:

- Cora Health (formerly Connect Health) at Hanborough House, Bicester Community Hospital and Townlands Hospital, Henley-on-Thames.

Since the last meeting we also made Enter and View visits to Marston Pharmacy, and Blue Outpatients at the John Radcliffe Hospital.

Other activity:

- We continue ongoing face to face **outreach** to groups and events across the county, focusing on general and topical listening. Outreach since the last meeting includes the Leys Festival, Oxford Pride, Afrobeats Festival, Play Days in Henley, Berinsfield, Witney and Banbury, and Oxford Sanctuary Fair. In April-June we engaged with approx. **579 people**.
- We held a public webinar:
    - **'10 Year Health Plan for England**, 16th September – with speakers from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

      Recordings of this and previous webinars are available to watch on our website.

    - Our next webinar will be on **Tuesday 11th November,** 1-2 pm, on the theme of cancer – details and speakers to be confirmed.

- We have been participating in Neighbourhood Health workshops, to highlight need for pathways for patients and residents to be part of the design of this shift towards care closer to home.
- Our most recent **Board Open Forum** was on **Wednesday 10th September** at Bicester Town Council, combined with our team being out and about hearing from Bicester residents on the street.
- We reported to Health Overview Scrutiny Committee on the decisions outlined in the Dash Review of Patient Safety, including impact on Healthwatch England and Local Healthwatch (see our statement on the future of Healthwatch Oxfordshire and report to the Health Overview Scrutiny Committee). Until legislation in the new Health and Social Care Act clarifies the position, Healthwatch Oxfordshire continue to work to make sure the voices of Oxfordshire residents are heard – sign up to our news bulletin to hear about our work or visit our website to leave your feedback on a local service.

This page is intentionally left blank

ITEM x

Health Improvement Board

[18th September 2025]

[Oxfordshire Suicide Prevention Strategy 2025-2030]

Purpose / Recommendation

The purpose of this paper is the present the current partnership groups and strategies for Mental Health and Wellbeing lead by Public Health with a focus on the refreshed Suicide and Self-Harm Prevention Strategy for Oxfordshire 2025-2023.
The Health Improvement Board are asked to:

- Continue to support the Mental Health Prevention Concordat and Suicide Multi-Agency partnership groups.
- Support the Oxfordshire Suicide and Self-Harm Prevention Strategy and action areas for 2025-2030.

Background

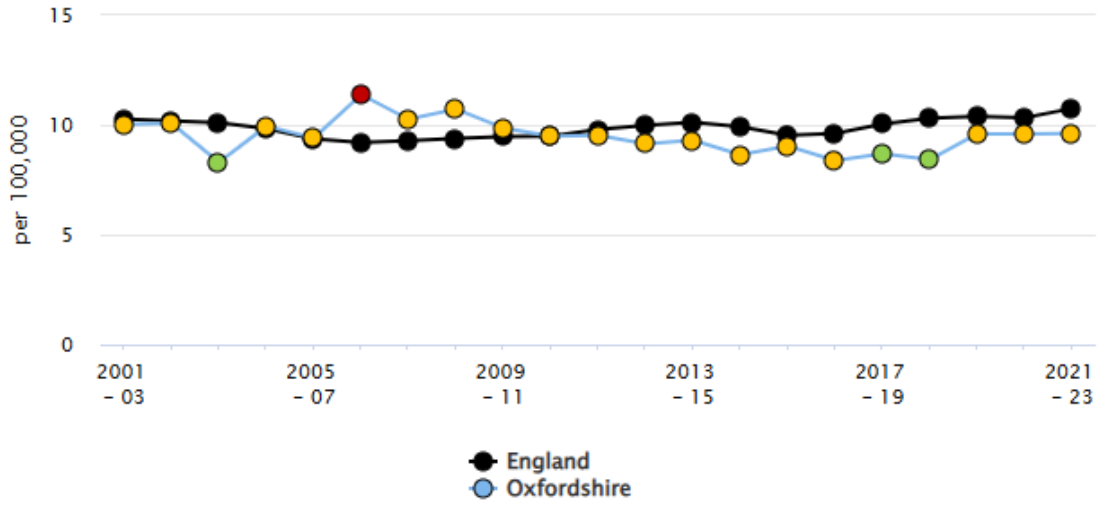
Mental Health and Wellbeing

Mental health and wider sense of wellbeing is a local and national public health priority and is now widely recognised as an asset to invest in throughout our lives. We know that mental health is complex and multi-faceted, and prevention efforts should take a multi-agency approach, utilising the skills and knowledge from local partners, stakeholders, and those with lived experience.

Partners across Oxfordshire signed up to the Prevention Concordat for Better Mental Health in 2019 and developed the first Oxfordshire Mental Health Prevention Framework 2020-2023 to ensure the promotion of good mental health remained a local priority in Oxfordshire. The updated Mental Health Prevention Framework 2024-2027 has been developed to continue the work the partnership group has committed to do, and to identify opportunities for further collaboration and innovation to support people at risk of and experiencing poor mental health. The Concordat's vision is that everyone in Oxfordshire has the opportunity to achieve good mental health and wellbeing.

Suicide Prevention

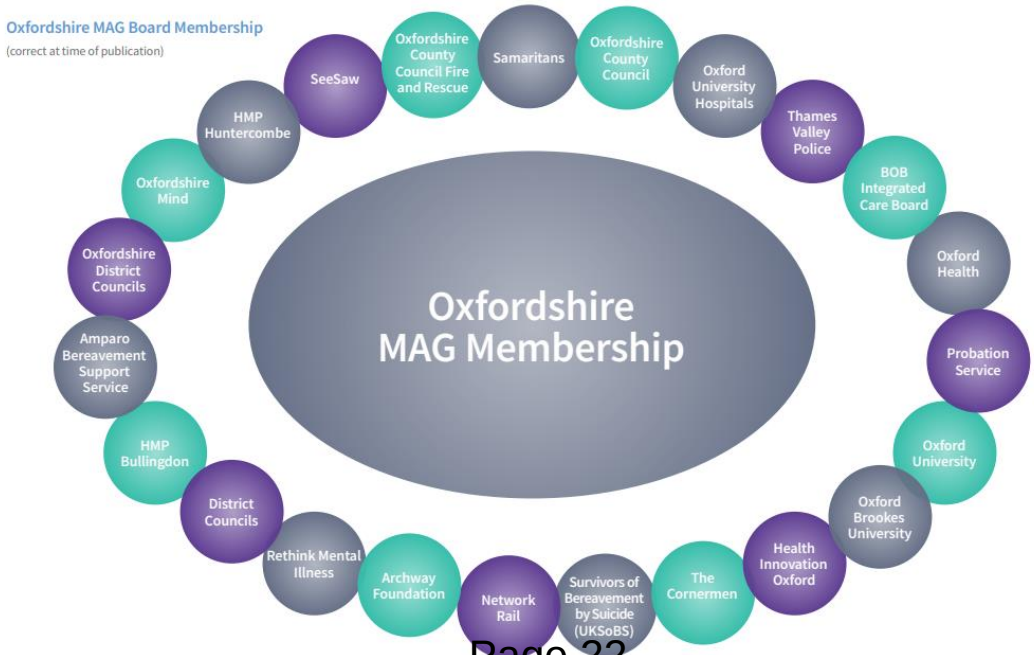
Every life lost to suicide is a tragedy and impacts broadly, not only on immediate family and close friends, but also on the colleagues and wider community left behind. In Oxfordshire there are approximately 60 deaths per year by suicide. Oxfordshire's suicide rate is similar to the national average and has been stable since a slight rise from 2018-20 to 2019-2021 (see graph below).



Males make up around 75% of the deaths by suicide in Oxfordshire, which is again similar to the national picture. The majority of deaths take place at home. Commonly identified contributing factors as recorded by Thames Valley Police are: Depression/Anxiety, Previous suicide attempt/talked about taking their life, Relationship breakdown, Alcohol/drugs, Serious/chronic pain/terminal illness and other non-diagnosed mental health concerns.

In September 2023, the Department of Health and Social Care published: Suicide prevention in England: 5 year cross-sector strategy with an aim to reduce the number of lives lost to suicide, improve support for people who have self-harmed and improve support for people bereaved by suicide.

In Oxfordshire, the Suicide Prevention Multi-Agency Group (MAG) have been working together since 2014 to try and prevent suicide locally. The below diagram shows the partners currently involved in the MAG group, but membership is ever evolving and welcoming of new partners.



The group meet quarterly to review the latest real-time suicide surveillance data, discuss any national/local updates and emerging themes and share learning, intelligence and any latest research. Meetings will usually be focussed around a specific theme and a relevant speaker invited to present. For example, at recent meetings we have had speakers presenting around autism and suicide and a presentation of findings from a national review of student deaths. The MAG reports into the Health Improvement Board and works towards delivery of a suicide and self-harm prevention strategy. This strategy has been refreshed for 2025-2030 and this paper outlines some of the key content and action areas within it.

The strategy presents a number of key areas of progress during the previous 2020-2024 strategy:

1. **Leadership** – the MAG has been running locally for 10 years and is linked to a number of other key partnership groups including the Mental Health Prevention Concordat and the Men's Health Partnership.
2. **Evidence, Data & Intelligence** – Oxfordshire Public Health have been working with Thames Valley Police and the Coroner since 2016 to deliver a real-time suicide surveillance system. This data informs the direction of work of the MAG group and enables rapid response task and finish groups to investigate themes of concern. As our database grows, we can continue to monitor trends from year to year.
3. **Postvention** – Amparo have provided support for those bereaved by suicide in the Thames Valley since 2022. We also have two Survivors of Bereavement by Suicide (SoBS) Groups running in the county in Witney and Henley-on-Thames.
4. **Training to talk about mental health and suicide prevention** – In October 2023, Oxfordshire County Council commissioned Oxfordshire Mind to deliver mental health and suicide prevention training to professionals and volunteers working with all ages across the County. This training has been made available to those supporting or in consistent contact with groups of the community that have an elevated risk of poor mental health.
5. **Prevention and awareness** – The Oxfordshire Men's Health Partnership launched it's annual 30 Chats in 30 Days campaign in 2022 which runs each November. The month-long campaign encourages everyone to have 30 chats with 30 men and promotes meaningful conversation.
6. **Mental health and wellbeing promotion** – in 2023 Oxfordshire County Council adopted the R;pple Tool on all staff laptops which, when installed on a network or device, discreetly monitors use searches for harmful content. If triggered, it provides a pop up on screen offering hope, breathing exercises and signposting to support services.

The refresh of Oxfordshire's Suicide and Self-Harm Prevention Strategy has been informed by a number of key pieces of work:

1. Analysis of Oxfordshire suicide deaths 2017-2023
2. Mapping the National Suicide Prevention Strategy to local provision
3. Suicide Strategy Workshop with Multi-Agency Partners (July 2024)
4. Self-Harm Needs Assessment for Oxfordshire (2024)
5. Voice of Lived Experience – via MAG partners and using insight of National Suicide Prevention Alliance Lived Experience Network.

Key Updates

Mental Health and Wellbeing

In 2024 and 2025, while action in other areas is ongoing, the Mental Health Prevention Concordat have focused their efforts on creating Resilient Communities, one of the specific focus areas in the Mental Health Prevention Framework. A key area of this work has been in delivering the Better Mental Health Fund through Oxfordshire Community Foundation (OCF). The Better Mental Health fund awarded £210,000 (funded jointly by Oxfordshire Public Health and West Oxfordshire District Council) of grants in August 2024 to 8 grassroots organisations across Oxfordshire. The grants have the following objectives:

- Support the prevention of poor mental health and cultivate good mental wellbeing for the people of Oxfordshire in their communities.
- Narrow inequalities in mental health and wellbeing; and support community-based activities including peer support and community support groups.

Local mental health data has informed the target recipients who are:

- Pregnant women and new mothers, including their families.
- Autistic children and young people and their families.
- LGBTQ+ young adults.
- 30–59-year-old men, especially those experiencing relationship issues.

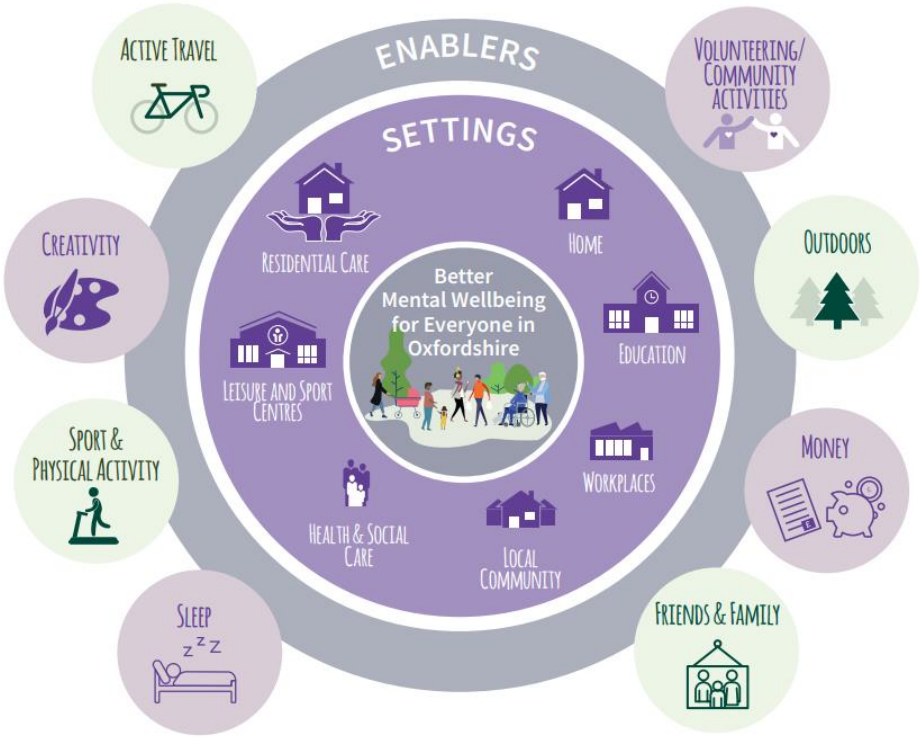
In September/October 2025 we expect to see some feedback from the first year of the grants and the impact that they have had on the wellbeing of our local communities. Initial feedback from OCF suggests that grant delivery is going well and recipient organisations are engaging well with the target groups identified.

Suicide Prevention

Oxfordshire's Suicide and Self-Harm Prevention Strategy has been refreshed for 2025-2030. Our vision for Oxfordshire in the refreshed strategy is guided by 5 focus areas:

1. **Making suicide prevention everyone's business**
   Every person, organisation and service has a role to play in suicide prevention. The strategy draws on the iceberg analogy which underpins the public health approach to suicide prevention. The number of people above the surface of the iceberg with thoughts of suicide is relatively small compared to the proportion of below the surface who might be at risk due to life's adversities. The strategy recognises that the prevention of suicide is much wider than clinical treatment and that we need to also consider the circumstances and communities that people live in, and how these contribute to supporting good mental health and wellbeing.

   This crosses over with the approach of our Mental Health Prevention Framework recognising that the social, environmental, physical and economic enablers of good mental wellbeing interact with settings where we are born, grow, live, work and age (see below diagram).



An action from the strategy that supports this is to work with local employers to ensure that employee health and wellbeing, particularly good mental wellbeing is a priority. Working closely with our Public Health colleagues focussed on workplace wellbeing and our MAG and Concordat partners, we will engage more employers with our suicide prevention work and make workplaces a safe and supportive environment for employees.

2. Data and evidence

Timely and high-quality Real-Time Suicide Surveillance data is essential to both understand what is working locally in preventing suicide, and where to direct future efforts. Monitoring of this data ensures that we can identify emerging trends, new methods, high risk locations and high risk groups. Oxfordshire Public Health, Thames Valley Police and the Coroner will continue to work together to collect Real-Time Surveillance Data. Our MAG group and Real-Time Suicide Surveillance Sub-Group will continue to provide oversight of the data, sharing with partners where appropriate and escalating concerns.

For example, a recent review of data with Thames Valley Police has identified a bridge of concern in the County. This data has been shared and discussed with Highways England to put in place measures to make this bridge safer and prevent future incidents.

3. Priority groups and risk factors

Addressing risk factors linked to suicide provides an opportunity for effective early intervention, as well as providing appropriate tailored support for those experiencing suicidal thoughts or feelings.

The priority groups and risk factors highlighted in the strategy are as follows:

Priority Groups
Pregnant women and new mothers
Neurodivergence
Middle-aged men
Children and young people
Ethnic minority groups including people who are Gypsy, Roma or Travellers
Refugees and asylum seekers
People who are Lesbian, Gay, Bisexual and Transgender
People who have self-harmed
People in contact with mental health services
People in contact with the justice system

Risk Factors
Loneliness and social isolation – including living in rural areas
Relationship breakdown
Domestic abuse
Substance use
Gambling
Financial difficulty and economic adversity
Physical illness
Menopause

Our multi-agency group commit to focussing their meetings around these priority groups and risk factors in order to gain a stronger understanding into how we can better support our residents in Oxfordshire. For example, having identified men experiencing relationship breakdown as a key risk group through our RTSS data, this group was a target recipient of the Better Mental Health Grant awarded in 2024. Two organisations, The Cornermen and Thame Football Club are specifically working to target men experiencing relationship breakdown and help to improve their mental wellbeing. As feedback from these projects is shared, we will apply learning elsewhere in the County to continue to target and better support men experiencing relationship breakdown.

We held a conference to launch the strategy on 10th September 2025 on World Suicide Prevention Day. This conference aimed to bring partners together, encourage networking and inspire action from the updated strategy's focus areas. Speakers at the conference covered neurodivergence, children and young people and gambling and the links to suicide. Attendees on the day also represented the other priority groups and risk factors identified in the strategy. The conference provided an opportunity to expand current membership of the MAG and for partners to take away actions to work together to specifically support these groups.

4. Stigma and language

The language we use when talking about suicide is crucial in terms of creating a supportive and kind society where individuals feel they can access the support they need. A key part of ensuring consistent use of sensitive language is ensuring that our professionals and volunteers working in the

county are equipped with the appropriate skills to respond sensitively to individuals who are expressing emotional distress and suicidal or self-harm intentions. The strategy contains some examples of appropriate phrases to use and a link to free training.

One of the action areas in the strategy is to address stigma and use appropriate language through training of staff and volunteers supporting Oxfordshire residents. Oxfordshire Mind have been commissioned locally to deliver mental health and suicide prevention training which works towards this ensuring that our local workforce is upskilled to use consistent and appropriate language. The training seeks to support a wide range of workforces and community groups who may have contact with those at risk of poor mental health. To date they have delivered training to staff and volunteers working at Bullingdon prison, with care leavers, care staff, taxi drivers and bar staff. Through this contract we will ensure as many staff and volunteers in Oxfordshire as possible are confident to talk about suicide and mental health using sensitive language and avoiding stigma.

5. **Postvention support**

Evidence suggests family, friends and acquaintances who are bereaved by suicide may be 3 times more at risk of dying by suicide than the general population. Real-time surveillance plays a crucial role in ensuring that bereaved family and friends receive almost immediate supportive signposting and support. It is also important to consider the communities, workplaces, schools, universities and other settings that may be impacted by suicide and the wraparound support that may be required. The MAG partnership are an important part of providing this wraparound support and partners will be brought in as appropriate.

An action area in the strategy is to ensure continuity of postvention support for Oxfordshire residents. BOB ICB currently commission Amparo to provide suicide bereavement support across the Thames Valley. We will work in partnership with this service to ensure that professionals and anyone supporting those bereaved by suicide are aware of the referral pathway and can ensure specialist and sensitive support is provided.

Underneath each of the focus areas, the strategy outlines various areas for action (see annex 1) which our Oxfordshire Suicide Multi-Agency Group have committed to implementing and monitoring progress on. The partnership group will agree which areas to prioritise their attention on over each year of the strategy.

Budgetary implications

The partnership has been operating without a dedicated budget; however, the Suicide MAG partners and Mental Health Prevention Concordat partners have provided staff time and resources.

Oxfordshire Public Health currently provide funding for the following which support mental health and wellbeing and suicide prevention:

- Mental Health and Suicide Prevention Training

- Better Mental Health Grants
- Tellmi – Peer Support App for 11-18 year olds
- R;pple Suicide Prevention Tool
- QES Suicide Surveillance Database for RTSS
- Ad hoc geo-targeted social media campaigns as required

Equalities implications *[considering the impact of the policy/decision/approach on our customers]*

The strategy identified various groups and risk factors that may put people at higher risk of self-harm and suicide. This has been informed by the National Strategy and also our local Real-Time Surveillance data and local intelligence. This will inform the partnership's work going forwards on delivering the action areas within the strategy to ensure these priority groups' needs are being met.

The Suicide MAG group will prioritise which groups and risk factors to focus on in year one and year two of the strategy. At present there is a specific interest in younger men (aged 25-40) as the profile of suicide deaths in the County appears to be getting younger. This is an example of where the group are likely to put some focussed attention and action in the first year of the strategy.

Report by
Becca Smith, Health Improvement Practitioner
August 2025
becca.smith@oxfordshire.gov.uk

Annex 1 – Suicide Prevention Strategy 2025-2030 Action Areas

Action Areas

Long Term Outcome:
Reduce suicide & self-harm behaviours in Oxfordshire

This table outlines a number of key areas for action under each of the focus areas outlined in this strategy.

OXFORDSHIRE SUICIDE PREVENTION STRATEGY 2025-2030– FOCUS AREAS AND ASSOCIATED ACTION

MAKING SUICIDE PREVENTION EVERYONE'S BUSINESS	DATA AND EVIDENCE	PRIORITY GROUPS AND RISK FACTORS	STIGMA AND LANGUAGE	POSTVENTION SUPPORT
Co-ordinate mental wellbeing campaigns for partners adopting national branding where possible	Continue to collect and triangulate high-quality data on local suicide deaths	Utilise real-time suicide surveillance to identify high-risk groups	Promote online sites that enhance the development of protective behaviours & educate about online risk	Ensure continuity of postvention support for Oxfordshire residents
Work with employers to promote employee health and wellbeing	Monitor trends including novel & emerging methods, clusters, contagion & high-risk groups	Work with established community groups engaged in suicide prevention to magnify their reach	Support responsible media reporting of suicides to minimise impact on communities	Draw on and give voice tothose bereaved by suicide to shape postvention support, training & local policy
Upskill professionals, volunteers and workplaces with suicide prevention training	Learn from regional and national safeguarding reviews, confidential enquiries & serious event analyses	Ensure suicide prevention training is reaching staff and volunteers working with priority groups and those most at risk	Campaigns and communications should use language that supports people while reducing shame and stigma	Provide postvention support for GP practices to incorporate early identification of risk factors of suicide in their patients
Draw on experience of community groups, upscaling successful projects where possible	Take steps to prevent public places being used for suicide	Promote shared responsibility of mental health needs of high-risk groups across public, private and 3rd sector	Mental health and suicide prevention training should address stigma and use appropriate language to encourage a universal approach to language across Oxfordshire's staff and volunteers	Support parents, carers and professionals who care for children & young people who self-harm
No wrong door – when people reach out for support, this is timely and effective no matter what service the individually initially accesses	Explore opportunities to develop intelligence on self-harming behaviour in the community and near-miss data	Use our Oxfordshire Multi-Agency Group to learn more about priority groups and risk factors and agree local action		

This page is intentionally left blank

ITEM 11

Health Improvement Board

18/09/25

Drugs and Alcohol Health Needs Assessment (HNA)

Purpose / Recommendation

[*What are you asking Health Improvement Board to do? Is it to approve a set of recommendations or is this for information ahead of wider consultation / to support shared learning?]*

The Health Improvement Board is asked to:

1) Note the approach and methodology used in the development of the Drugs and Alcohol HNA.
2) Comment and reflect on draft key findings and information from the Drugs and Alcohol HNA.
3) Approve in principle the provisional recommendations from the report.

Background

[Why is this a matter for HIB? How does it link with HIB priorities? What is the history of the issue? Has the HIB asked for it to come to them or is it something it is required to consider?]

Why is substance use an important issue?

Alcohol and drug use are among the most prevalent lifestyle behaviours in the general population, with more than half of all adults (56%) reporting drinking alcohol in the last week,[1] and an estimated 9% of all people aged 16 to 59 reporting the use of some form of recreational drug in the past 12 months.[2] Substance use remains one of the leading preventable causes of poor health outcomes, with the total health and societal cost associated with substance use estimated at approximately £47 billion per year, and alcohol-related harm accounting for more than 60% of this figure.[3]

In Oxfordshire, the impact of substance use remains significant, with an estimated 60 alcohol-specific deaths and around 20 drug-related deaths each year.[4] The burden of morbidity is also substantial, with approximately 3,100 hospital admissions for alcohol-specific conditions and around 200 admissions linked to drug poisonings annually.[5] Beyond the direct physical health consequences and impacts on the local healthcare system, substance use also contributes to a wider range of harms, including drug-related crime, domestic abuse, and economic inactivity.

What is the local context for tackling substance use in Oxfordshire?

The Oxfordshire Combating Drugs Partnership (CDP) was formed in 2022 to oversee implementation of a local strategic action plan in order to tackle substance use disorders, following the publishing of the national drug strategy ("From Harm to Hope") in 2021.[6] This is a multi-agency group that brings together key stakeholders and partners from a wide range of services, including local authorities, treatment services, policing, prison and probation services, and healthcare. Aligning with national strategic priorities, the partnership has 5 priority themes to tackle drugs and alcohol use:

1. Early Intervention for Children and Young People
2. Reducing Drug Related Homicide and Violent Crime
3. Preventing Drug Deaths
4. Reducing County Lines and Local Organised Crime Groups
5. Increasing Treatment Places and Recovery

Therefore, the Oxfordshire CDP directly supports key strategic priorities of the Health Improvement Board which focus on preventing illness, reducing the impact of ill health, shaping healthy places and communities and addressing health inequalities.

Additionally, the Health and Wellbeing Strategy 2024-2030 has specifically highlighted the need to prevent young people's exposure to drugs and alcohol, reduce substance use-related harms, and support early intervention and targeted prevention approaches across Oxfordshire.[7] More specifically, services that tackle substance use directly support the following priorities, and are linked to the following outcomes:

Priority 1: The best start in life – through early identification and intervention for substance use

- Outcome 1.1: Improved parental physical and mental health during pregnancy, birth and afterbirth
- Outcome 1.4: Early identification and support for children and families where there is emerging need

Priority 2: CYP emotional wellbeing and mental health – through supporting both individuals who use substances as well as those who are affected by parental and familial substance use

Priority 3: Healthy People, Healthy Places – through reducing negative impacts of exposure to alcohol and drugs to individuals and communities by addressing wider issues such as needle waste and anti-social behaviour

- Outcome 3.3 Reduced alcohol related harm

Priority 10: Thriving communities – through reducing drug related mortality and morbidity

- Outcome 10.1: Thriving, safe communities where all people of all ages feel a sense of belonging

Finally, more recently, Oxfordshire has embarked on the task of becoming a Marmot Place,[8] which places a strong priority on health equity and tackling inequalities by focussing on initially three of the eight Marmot Principles:

- Giving every child the best start in life
- Create fair employment and good work for all
- Ensure a healthy standard of living for all

This key strategic plan will be helping to shape the strategic direction and priorities of the CDP, with the services that tackle substance use directly supporting the Marmot priorities as well.

Why is a health needs assessment needed?

A health needs assessment (HNA) is a systematic process of collating quantitative and qualitative evidence to identify the health needs of a population, identify potential gaps in services, and inform recommendations for future action. Therefore, in order to ensure that the current and future initiatives that tackle drug and alcohol use in Oxfordshire remain pertinent and targeted towards areas of greatest need, an updated HNA is vital in providing evidence to support such future decision making. The last full Drugs and Alcohol HNA was published in 2018-19, with an interim update developed in 2022. Therefore, an updated and comprehensive full HNA is required to provide an overview of current drug and alcohol use and related harms in Oxfordshire, helping to inform future decision making, service planning, and strategic direction.

What are the key objectives for the health needs assessment?

The key objectives are therefore:

- To provide an overview of the current landscape and trends in drug and alcohol use and their related harms in Oxfordshire, drawing on both quantitative data and qualitative insights.
- To assess the level of need and highlight areas of unmet need, with a focus on populations most at risk of substance use-related harm and highlighting potential inequalities.
- To review the breadth of the existing service provision, identifying facilitators and barriers to access, and identifying potential gaps within the current system.
- To generate recommendations to inform future service planning and strategic development.

Key Issues

[What are the key issues being discussed? Does this link to any other major strategic issues or priorities? Are there any implications for service delivery or reputation? Are there any issues for our partners?]

What is the methodology for the HNA?

In order to provide a comprehensive understanding of the needs in Oxfordshire, this report draws on a broad range of data sources with references provided accordingly.

Quantitative data was gathered from both national, regional and local sources. Data comprised of nationally collected information such as Fingertips, the National Drug Treatment Monitoring System (NDTMS) and national surveys, while local data was drawn from datasets such the Oxfordshire Data Hub, Oxfordshire Treatment Information System, the OxWell Survey, adult and children's social care services, and secondary care providers.

Qualitative insights were informed by two key stakeholder engagement activities:

1) A virtual stakeholder engagement workshop involving members of the Combatting Drugs Partnership, including representatives from the local authority, police, treatment services, probation and prison services, district councils, and emergency services. An online version of the survey questions was also disseminated for members that could not attend the event.

2) Two focus groups completed with adults with lived experience, including those who have recently started treatment, those who are currently in treatment and those who are in recovery. In total, 17 individuals were interviewed, comprising of a diverse mix of backgrounds, age and genders.

Data was primarily analysed and reported at the county level, with district, Middle Super Output Area (MSOA) and Lower Super Output Area (LSOA) level breakdowns presented if available. Where possible, comparisons were also made against regional and national averages.

Recommendations have subsequently been developed from the quantitative and qualitative information gathered.

Please note that the HNA is not yet finalised and remains a work in progress, therefore any findings and recommendations presented are only provisional and subject to further input and change.

Background A: Local context and changing population demographics

Our first chapter of the report covers the current local context and population demographics of Oxfordshire.

Key findings include:

- Increasingly ageing population with a median age of 39 in 2021 and considerable variation across districts (Oxford City has a median age of 31, whilst West Oxfordshire has older median age of 44).[9]

- Increasing ethnic diversity, particularly amongst urban centres such as Oxford City.[9]

- Oxfordshire amongst least deprived counties in England, but substantial inequalities still exist with 10 most deprived wards ranking amongst 20% most deprived areas in England.[9]

- Significant disparities by life expectancy, education rates and economic inactivity that are linked with socioeconomic deprivation.[9]

- Significant population of individuals who experience homelessness, particularly in urban centres.[10]

Background B: Landscape of current services

Our second section provides a summary and explanation of the current local services commissioned or grant funded by Oxfordshire Public Health that tackle substance use in Oxfordshire. These are loosely categorised by services at the primary, secondary and tertiary prevention level, and included (but not limited to):

- Primary prevention: Drinkcoach – screening and coaching support, Alcohol Awareness media campaigns, targeted education and support for children and young people

- Secondary prevention: Cranstoun Children and Young People's services, Hospital Alcohol Care Team and Community Safety Practitioner services, Street Pastor groups, Identification and Brief Advice training for professionals

- Tertiary prevention: Turning Point adult community alcohol and drug services delivering support for those accessing the criminal justice system, harm reduction interventions, shared care arrangements in primary care, employment, housing and recovery support, as well as services providing naloxone and residential detoxification and rehabilitation

Key issue 1: Prevalence of alcohol use and drug use

Our first key topic area covers the current prevalence of substance use in Oxfordshire.

Key findings include:

- Alcohol remains one of the most commonly consumed substances with a slight decrease in those who report using alcohol nationally in recent years.[11] Illicit drug use has declined substantially since 2020 nationally.[2]

- Alcohol dependence (as defined by Alcohol Use Disorders Identification Test (AUDIT) score greater than 16) in Oxfordshire is estimated to be 10 adults per 1,000 which is much lower compared to national average of 14 per 1,000 in 2020.[4] This rate has not substantially changed since 2015.

- Availability of premises licensed to sell alcohol is much lower in Oxfordshire than nationally, but is noted to be substantially higher in Oxford City at a district level compared to other districts.[5] Accessing and obtaining drugs remains primarily through friends or colleagues, with a growth of obtaining drugs via the internet and dark web in recent years.[2]

- Alcohol consumption and drug use in children and young people has fallen over recent years nationally.[12]

- Estimates of unmet need for alcohol dependency has declined substantially over the past 5 years from 87% to 75% in 2023-24 in Oxfordshire, and now sits below the national average of 78%.[4]

- Unmet need levels for individuals who use opiate and/or crack cocaine in Oxfordshire remains substantially below national average, highlighting the effectiveness of current services.[4] Level of unmet need is higher for those who present with a single substance use disorder, than those who have combined substance use disorders.

- Up to date, reliable data on the extent of alcohol and drug use and the cost effectiveness of interventions at the local level remains very limited.

Key recommendations include:

- Greater collaboration with research institution to generate robust, relevant and up to date evidence on the cost-effectiveness of substance use interventions locally.

- Strengthening alcohol awareness campaigns and promoting referrals amongst healthcare practitioners for individuals with a harmful level of alcohol intake.

- Curbing expansion of alcohol licensing, particularly in urban centres.

- Expanding school and university based primary prevention programmes that aim to reduce substance use.

- Enhance outreach efforts to engage individuals with a particular focus on those with a singular substance use disorder.

Key issue 2: Alcohol and drug related harms

This section of the report covers data related to alcohol and drug related harm.

Key findings include:

- Alcohol and drug-related mortality and morbidity in Oxfordshire continues to be substantially below national averages and has remained relatively stable over the past 5 years, underscoring the effectiveness of local prevention and treatment interventions.[5]

- There remains substantial inequality with urban, more deprived areas such as Central Oxford having higher rates of harm compared to more less deprived areas.[13]

- Alcohol-related injuries and self-poisonings in Oxfordshire are similar to national averages.[5]

- Hospital admissions due to drug poisonings have significantly decreased over the past 5 years in Oxfordshire.[5]

- Hepatitis B vaccination uptake has been noted to have declined amongst people who inject drugs nationally, with the South East sitting at 62% uptake in 2023.[14] Micro-elimination of Hepatitis C has been very successful, maintaining elimination since 2023 in Oxfordshire.[15]

- Substance use is linked with other risk factors such as being a smoker and being a victim of domestic abuse in Oxfordshire.[4, 16]

- Drug-related offences in Oxfordshire remains below national average, but has seen a small increase in recent years. Urban, deprived areas centres in Oxford, Banbury and Didcot have the higher rates of drug-related crimes.[17]

Key recommendations:

- Education campaigns towards young adults about staying safe when out and enhancing night-time safety provisions to reduce risk of substance use-related injuries and poisonings.

- Continue to increase the availability of naloxone to wider range of service providers.

- Enhance partnership working with primary care services and sexual health services to encourage testing and vaccination for blood borne viruses, with a particular focus for Hepatitis B.

- Strengthening support for families affected by both domestic abuse and substance use.

- Ongoing close collaboration with police, probation and community safety partners to tackle drug-related crime.

<u>Key issue 3: Inequalities and vulnerable groups</u>

This section specifically examines groups of individuals at risk and vulnerable to substance use.

Key findings include:

- It is estimated that children and young people who are affected by parental alcohol or drug use is higher than national average, with a greater proportion of parents who enter treatment services reported not living with their children.[18] The number of children where drugs were identified as an issue by social care services has remained stable.[19]

- Poor mental health is a risk factor for substance use, although hospital admissions due to alcohol or drug-related mental disorders are substantially lower in Oxfordshire compared to national averages, suggesting more positive outcomes locally.[20]

- Individuals in the criminal justice system are at greater risk of harm from substance use disorders nationally. Continuity of care for prison leavers (people leaving prison with a substance use need who are picked up in community alcohol and drug services) is much higher in Oxfordshire compared to regional and national averages, highlighting the strong collaboration between treatment, probation and prison services.[4] Probation Drug Rehabilitation Requirements (DRR) and Alcohol Treatment Requirements (ATR) compose a larger proportion of total probation service caseload compared to neighbouring regions.[4]

- Homelessness is a key risk factor for developing substance use disorders. Estimated homelessness population has remained relatively stable, and is considerably higher in urban districts such as Oxford City. A larger proportion of new presentations to treatment services report an urgent or non-urgent housing problem compared to national average.[4]

Key recommendations include:

- Enhance support for children and young people with greater focus on whole family support, accounting for other adverse childhood experiences during treatment such as domestic abuse and mental health and involving partners such as social care.

- Continue to engage with primary care and mental health services to strengthen collaboration and develop more accessible pathways for individuals with substance use issues to receive support.

- Support community alcohol and drug services to ensure they are able to meet the needs of the increasing number of people on a DRR and/or ATR.

- Raise awareness of the recent changes to local connection requirements for social housing and support their effective implementation.

<u>Key issue 4: Service data</u>

This section examines service data to identify potential areas of unmet need and improvement.

Key findings include:

- Proportion of adult service users in treatment for opiates, non-opiates and alcohol have all increased substantially over recent years. In comparison to the 2021 baseline, the number of individuals in treatment has increased by about 3% for opiates, about 70% for non-opiates and about 45% for alcohol. Oxfordshire has consistently met and exceeded national and local targets set.[4]

- Substantial geographical variation of new presentations to treatment service exists, with individuals from the most deprived, urban centres comprising of the greatest numbers of new presentations. Rural regions account for a lower number of presentations, with a lack of transport options being a potential

barrier reported by people with lived experience.[13]

- A growing proportion of individuals in treatment are young adults (18-20) and older adults (50+) in the past few years.[4]

- The vast majority of individuals accessing services are from a White ethnic background at 91%.[4]

- Over 50% of new presentations to treatment services are reported to be unemployed, economically inactive or long-term sick. There has been a decline in those reporting long-term sick, and a small increase in those in regular employment over the past couple of years.[4]

- The vast majority of referrals are self-referral or by family and friends, with small increases in those from health services and criminal justice in past couple years.[4]

- Individuals showing substantial progress during treatment in Oxfordshire is substantially higher (54%) than South East (42%) and national averages (39%). Oxfordshire also higher rates of successful completion of treatment (Oxfordshire: 73%, national: 47%), emphasising the appropriateness and effectiveness of treatment services locally.[4]

- The number of children and young people being seen by treatment services remains below national and local targets, with Oxfordshire having a greater proportion of individuals in treatment comprising of <15 year olds and 17 year olds compared with national average.[4]

- Alcohol use reported in children and young people in treatment is notably higher than national and South East averages, whilst ecstasy, cocaine and ketamine use are lower. Proportion of individuals treated for cannabis use and still report still using after completing treatment is higher in Oxfordshire compared with the national average.[4]

Key recommendations include:

- Scoping of how to develop services in rural areas to improve uptake of services and strengthen community connections.

- Continue to develop targeted outreach work in the most deprived, urban areas to reach the most vulnerable individuals.

- Expanding language and accessibility support within services, including provision of digital and non-digital information on resources available.

- Consider the expansion of employment support services such as IPS to support individuals in becoming economically active.

- Continue and enhance collaboration with healthcare services to improve awareness of current services and various referral pathways.

- Remodelling of children and young people's treatment services to increase access and be more effective at meeting local need, particularly for alcohol and cannabis use issues.

Budgetary implications

[What are the budgetary implications of any proposed recommendations? Are there any financial risks associated with the issues being discussed? If there are none, you can delete this section.]

What is the current funding pathway?

Drug and alcohol services in Oxfordshire is currently funded by a combination of the ring-fenced annual Public Health Grant the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The DATRIG brought together several previous funding grants, including the supplemental substance misuse treatment and recovery grant, rough sleeping drug and alcohol treatment grant, housing support grant. The DATRIG funding allocation for 2025-2026 to Oxfordshire is around £3 million.[21] Additionally, the Employment Individual Placement and Support (EIPS) Grant provides targeted employment support for people with substance use and/or mental health problems, with Oxfordshire receiving around £240,000 for 2025-26.[21]

What are the potential financial risks and opportunities associated with the provisional recommendations?

While the annual grants for drugs and alcohol services have enabled the expansion of overall treatment capacity, support for services in criminal justice, housing and employment, and the development of the workforce, there remains a financial risk to the sustainability of any current and future initiatives due to uncertainty around the level of funding each year from DATRIG and EIPS grants.

Looking ahead, additional investment would likely be needed to deliver the HNA recommendations. As Oxfordshire continues to perform well in most outcomes highlighted by the HNA, it is not anticipated that major investments will be required to implement the changes as recommended. It is important to note that investments may have the potential to generate significant long-term cost savings by reducing pressures on the healthcare system, criminal justice services, and social care, while also improving levels of economic activity among individuals with substance use disorder. Additionally, a collaborative approach to tackling drugs and alcohol use through the CDP can maximise the impact of available resources and spread any potential financial risk by drawing contributions from across the range of stakeholders such as healthcare services, social care and criminal justice.

Equalities implications *[considering the impact of the policy/decision/approach on our customers]*

[Would any groups be particularly disadvantaged by the recommendations?]

As highlighted by the HNA, substance use affects groups of individuals with inequalities persisting in prevalence, access to services and outcomes. People living in areas of higher deprivation have disproportionately higher rates of substance use related harms, as well as higher numbers of individuals in treatment compared to the least deprived areas of Oxfordshire. Additionally, vulnerable groups such as people experiencing homelessness, those involved in the criminal justice system, and individuals with mental health conditions are also at greater risk of substance use disorders. Young people are at a substantial risk of adverse outcomes, both from their own substance use and the impact of parental or familial substance use. Individuals from ethnic minority backgrounds or whose English is not their first language may experience additional barriers in accessing support.

The recommendations of the HNA ultimately aim to reduce health inequalities by highlighting areas of potential unmet need and targeting resources at individuals who are most at risk. Potential inequalities that may result from any recommendations will be comprehensively considered prior to implementation and monitored through processes such as Health Equity Audits.

Communications

[Has there been any consultation with the public or key stakeholders already, or is any planned? Do any of the proposed actions need to be communicated in a particularly sensitive way?]

Throughout the development of the HNA, we have engaged and worked alongside stakeholders to co-produce the report, as mentioned in the methodology section. This involved a comprehensive stakeholder engagement workshop with partners from the CDP to gather their viewpoints and thoughts. Additionally, two focus groups have been held with people in treatment or in recovery to ensure that the vital lived experience perspective was also used to inform the findings and recommendations.

Further consultation with stakeholders will be through dissemination of a completed final draft to all involved partners in order to gather their thoughts and opinions on the overall findings and recommendations. Recommendations will be comprehensively discussed with the relevant stakeholders prior to implementation.

Key Dates

[Include any key dates, especially (a) any target dates and (b) dates for Cabinet and/or other committees. If the issue is an external one, give any deadlines imposed by government or partners]

1. Completed draft to be presented to stakeholder partners at Oxfordshire CDP meeting in mid-October for final agreement

Report by Jason Yun
September 2025

Contact: Dr Jason Yun, ST3 Public Health Registrar, jason.yun@oxfordshire.gov.uk

References

1. NHS England. Health Survey for England [Available from: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/adult-drinking.
2. Office for National Statistics. Drug misuse in England and Wales: year ending March 2024 [Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2024.
3. GOV.UK. Addiction Healthcare Goals [Available from: https://www.gov.uk/government/publications/life-sciences-healthcare-goals/addiction-healthcare-goals#:~:text=The%20Addiction%20Healthcare%20Goals%2C%20(announced,research%20environment%20and%20incentivising%20the.
4. Office for Health Improvement and Disparities. National Drug Treatment Monitoring System [Available from: https://www.ndtms.net/Home/Index.
5. Department of Health and Social Care. Fingertips [Available from: https://fingertips.phe.org.uk/.
6. GOV.UK From harm to hope: A 10-year drugs plan to cut crime and save lives [Available from: https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives.
7. Oxfordshire County Council. Health and wellbeing strategy 2024-2030 [Available from: https://letstalk.oxfordshire.gov.uk/health-wellbeing.
8. Oxfordshire County Council. Oxfordshire as a Marmot Place [Available from: https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/oxfordshire-marmot-place.
9. Oxfordshire County Council. Oxfordshire Data Hub [Available from: https://data.oxfordshire.gov.uk/.
10. Oxfordshire County Council. A health needs assessment of the adult street homeless population in Oxfordshire [Available from: https://data.oxfordshire.gov.uk/wp-content/uploads/2024/12/2019_Homelessness_HNA.pdf.
11. Drinkaware. Alcohol Consumption UK [Available from: https://www.drinkaware.co.uk/research/alcohol-facts-and-data/alcohol-consumption-uk#nondrinkers.
12. NHS England. Smoking, Drinking and Drug Use among Young People in England, 2021.
13. Oxfordshire County Council. Oxfordshire Treatment Information System. [Internet].
14. UK Health Security Agency. Unlinked Anonymous Monitoring (UAM) Survey of HIV and viral hepatitis among people who inject drugs (PWID): 2024 report [Available from: https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring/unlinked-anonymous-monitoring-uam-survey-of-hiv-and-viral-hepatitis-among-people-who-inject-drugs-pwid-2024-report.
15. Turning Point. Social Value Report 2025. [Available from: https://www.turning-point.co.uk/_themesdelivery/turningpoint23/assets/downloads/tp-socialvaluereport-2025.pdf.

16. Institute of Alcohol Studies. Patterns in alcoholrelated violence: exploring recent declines in alcoholrelated violence in England and Wales [Available from: https://www.ias.org.uk/wp-content/uploads/2023/02/Patterns-in-alcohol-related-violence-IAS-February-2023.pdf.
17. Plumplot. Oxfordshire drugs crime statistics [Available from: https://www.plumplot.co.uk/Oxfordshire-drugs-crime-statistics.html#:~:text=Annual%20crime%20rate%20in%20Oxfordshire,crimes%20reported%20in%20the%20county.
18. Children's Commissioner. Local vulnerability profiles. [Available from: https://www.childrenscommissioner.gov.uk/vulnerable-children/local-vulnerability-profiles/.
19. Oxfordshire Combating Drugs Partnership. Combating Drugs Partnership Report - Appendix 1.
20. NHS England. Statistics on Public Health, England 2023 [Available from: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2023/part-1-hospital-admissions#drug-misuse-related-hospital-admissions.
21. GOV.UK. Drug and alcohol treatment and recovery funding allocations: 2025 to 2026 [Available from: https://www.gov.uk/government/publications/drug-and-alcohol-treatment-and-recovery-funding-2025-to-2026/drug-and-alcohol-treatment-and-recovery-funding-allocations-2025-to-2026.

This page is intentionally left blank

Oxfordshire Health and Wellbeing Board

Health Improvement Partnership Board

Terms of Reference

Purpose

The Oxfordshire Health and Wellbeing Board is the principal structure in Oxfordshire with responsibility for promoting the health and wellbeing of the people of the county.

The Health Improvement Partnership Board exists to support the Health and Wellbeing Board in this purpose by delivering service change and improved outcomes through partnership working.

Responsibilities

To achieve its purpose, the Health Improvement Partnership Board has the following responsibilities:

- To demonstrate effective partnership working across Oxfordshire to meet peoples' health and social care needs and to achieve effective use of resources.
- To drive the development and delivery of services across Oxfordshire that meet agreed priorities and objectives, as determined from the Joint Strategic Needs Assessment (JSNA).
- In particular to:
    - *Bring a coordinated and coherent approach to influencing a broad range of determinants of health to bring about health improvement,*
    - *Work together to recommend priority areas to improve health in order to make a real and measurable difference to outcomes,*
    - *Recommend actions and responsibilities to make that improvement a reality,*
    - *Hold each other to account for making the agreed change and for reporting progress.*
- To meet the performance measures agreed by the Oxfordshire Health and Wellbeing Board.

Membership

The core membership of the Health Improvement Partnership Board is:

- Five district/city councillors – one of whom will be Chairman and another Vice-Chairman
- County Council Cabinet Member for Public Health
- Two Clinical Commissioning Group representatives (one clinical representative and one commissioner representative)
- Director of Public Health for Oxfordshire
- Public Health Specialist

- District Council officer representative
- Healthwatch Ambassador

In attendance

- District Councils' officer for Partnership Development

Representatives from Thames Valley Policy and Oxfordshire County Council Children's Services will also be invited to relevant Board meetings to participate in discussions around Domestic Abuse.

It is proposed that a wide range of stakeholders can be invited to Board meetings at the discretion of the Chairman. They may attend as expert witnesses and to report on implementation of plans.

Governance

The meetings of the Health Improvement Partnership Board and its decision-making will be subject to the provisions of the County Council's Constitution including the Council Procedure Rules and the Access to Information Procedure Rules, insofar as these are applicable to the Partnership Board.

The Health Improvement Partnership Board will also be subject to existing scrutiny arrangements with the Oxfordshire Joint Health Overview and Scrutiny Committee providing the lead role.

Members of the Board will be subject to the Code of Conduct applicable to the body which they represent.

The Partnership Board will meet at least once a year in public. Dates, times and places of meeting will be determined by the Chairman of the Partnership Board.

Officers from the County Council will service meetings of the Partnership Board including the preparation and circulation of agendas and minutes.

The Health and Wellbeing Board will agree terms of reference and membership for the Partnership Board. It will also agree its priorities, proposed outcomes and performance measures. The Partnership Board will review the terms of reference on an annual basis.

These terms of reference were accepted by the Oxfordshire Health and Wellbeing Board at their meeting in March 2018