

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 18 September 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
Clare Keen, District Officer

In attendance Katherine Howell, Healthwatch Oxfordshire
Panagiota Birmipili, Public Health Registrar
Jason Yun, Public Health Registrar
Becca Smith, Health Improvement Practitioner
Janette Smith, Public Health Principal

Officer Taybe Clarke-Earnscliffe

Apologies: Robert Majilton, Jayne Bolton

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| ITEM |
| <p>Welcome</p> <p>Chair opened and welcomed everyone to the meeting.</p> |
| <p>Declarations of Interest</p> <p>There were no declarations of interest.</p> |
| <p>Petitions and Public Address</p> <p>There were no petitions and public address.</p> |
| <p>Notice of any other business</p> |
| <p>Minutes of Last Meeting</p> |
| <p>Performance Report</p> <p>Presented by Panagiota Birmipili, Public Health Registrar, Oxfordshire County Council</p> <p>Performance Report:</p> <ul style="list-style-type: none"> • Panagiota Birmipili presented the performance report, focusing only on two indicators with new data, both related to the physical activity priority in the health and well-being strategy. • The "Move Together" programme exceeded its target, achieving an average increase of 3,218 steps per day among participants, with refined referral criteria to include only inactive individuals. • The "You Move" programme, supporting disadvantaged children and families, reported that 40% of participants who completed a six-month survey increased their activity levels, which was below the 45% target. Survey process improvements are expected to increase response rates and data quality. • Over the year, 52% of adults and 48% of children in the U Move programme increased their activity levels, with adults averaging an additional 70 minutes of activity per week • Cllr Rachel Crouch asked if asylum seekers receiving free school meals in hotels are eligible for the You Move programme; Panagiota confirmed they are included among eligible groups. • Cllr Chewe Munkonge questioned the discrepancy between annual and quarterly figures for the Move Together programme, specifically why the quota shows targets being exceeded while annual data differs, Panagiota explained this was due to changes in referral criteria over time. |

Report from Healthwatch Ambassador

Presented by Katherine Howell, Healthwatch Oxfordshire Ambassador

- Katherine Howell presented the Healthwatch report, noting continued operations despite potential changes from the NHS 10-year plan and emphasising ongoing support for their work.
- Healthwatch published a report on Women's Health services in Oxfordshire, received positive provider responses, and highlighted actions to improve accessible communication and support for diverse backgrounds.
- The annual impact report showed over 5,000 people engaged last year, with ongoing projects including feedback from trans and non-binary people on GP services, and experiences with the NHS app, especially regarding digital access challenges.
- Healthwatch is developing a project on end-of-life care, working with the Oxfordshire Palliative Care Network to gather public input and support meaningful conversations about care preferences.
- Community research initiatives include collaborations with Sunrise Multicultural Project (focusing on South Asian women's cancer screening experiences), Oxford Food Crew (access to healthy food for those in temporary accommodation), and the local Chinese-speaking community (health and care experiences).
- Additional funding was received to support community research training, designed with and for community researchers, to be launched early next year. 6
- Recent activities include visits to health services (Cora Health, Marston Pharmacy, John Radcliffe Hospital), outreach to over 500 people in the last quarter, and public webinars on the NHS 10-year plan and upcoming cancer-related topics.
- Healthwatch is participating in neighbourhood health workshops and new primary/community care boards to ensure patient voice is included in planning.

Cllr Chewie Munkonge asked how Healthwatch can reach minority women who may face cultural barriers to accessing menopause support and what methods could be used to help them get assistance. Katherine explained that targeted listening was conducted with Oxford Community Champions and Refugee Resource but acknowledged that many communities were not reached and more outreach is needed. Katherine noted that lack of knowledge and understanding prevents some women from seeking help, and proactive outreach is being increased by providers. Katherine mentioned a webinar on managing menopause and offered to share the link for further community benefit

Suicide Prevention and Mental Wellbeing Concordat

14:30 – 15:10

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

- Becca Smith presented an update on suicide and self-harm prevention work, highlighting that the Public Health team coordinates two partnership groups: the Oxfordshire Mental Health Prevention Concordat group and the Oxfordshire Suicide Multi Agency Group, both reporting to the Health Improvement Board.
- The Concordat group aims for everyone in Oxfordshire to have the opportunity for good mental health and well-being, supported by a framework published in 2024 and an action plan.
- The Suicide Multi Agency Group has refreshed its strategy, launched at a recent conference, and focuses on reducing suicide rates in Oxfordshire through partnership work, data analysis, targeted interventions, and training.
- Local data shows around 60 suicide deaths per year, with 75% being male. Key risk factors include depression, anxiety, previous suicide attempts, relationship breakdown, chronic pain, terminal illness, and substance use.
- The strategy's five focus areas are: making suicide prevention everyone's business, improving data and evidence, focusing on priority groups and risk factors, addressing stigma and language, and strengthening postvention support for those bereaved by suicide.
- Actions include expanding training, improving real-time data sharing, targeted grants for at-risk groups, and ongoing partnership events to share best practice and network.
- The group is committed to ongoing review of priorities and widening participation to new partners
- A participant commented on the high proportion of male suicides (75%) compared to females and asked Becca if this reflects differences in how the sexes express or manage depression, noting the paradox with self-harm data. Becca explained that self-harm data is limited, as much of it comes from hospital admissions and may not capture the full picture. Who was this?
- Cllr Rachel Crouch expressed support for football clubs' involvement in suicide prevention, specifically mentioning Whitney Town Football Club's mental health champion and free mental health training, and noted Oxfordshire Mind's similar efforts.
- Kate Holburn asked about the range of partners involved in the new strategy launch and how the agenda overlaps with other public health areas. Becca described efforts to invite a wide range of partners, including those outside mental health, and highlighted the importance of cross-agenda collaboration (e.g., gambling, substance misuse, domestic abuse).
- Cllr Helen Pighills shared a personal anecdote about someone who died by suicide after participating in mental health fundraising, wondering if involvement in such campaigns could be a "cry for help." Becca acknowledged the complexity of individual cases and said she would consider the point further.

Drug and Alcohol needs Assessment

15:15 – 15:35

Presented by Jason Yun, Public Health Registrar

- **Purpose & Methodology**

- The assessment aims to identify unmet needs in Oxfordshire related to drugs and alcohol, inform future service planning, and generate actionable recommendations. It uses both quantitative data (national, regional, local) and qualitative input from stakeholder workshops and focus groups with people with lived experience.

- **Population Context**

- Oxfordshire's population is aging and becoming more ethnically diverse. While the county is generally less deprived, there are significant pockets of deprivation, leading to inequalities in outcomes like life expectancy and childhood attainment.

- **Current Service Provision**

- Primary prevention includes school education programs and awareness campaigns.
- Secondary prevention involves identification and brief advice services, and targeted youth service.
- Tertiary prevention covers treatment and harm reduction, with Turning Point as the main adult provider and naloxone distribution for opioid overdose. Services often overlap across these levels.

- **Alcohol Use & Harm**

- Nationally, abstinence from alcohol has increased slightly post-COVID. Locally, alcohol dependence rates are stable and below national averages, but 75% of those estimated to need treatment are not in treatment. Alcohol-related deaths and hospital admissions are lower than national averages but higher in deprived/urban areas. Unintentional injuries and self-poisoning rates are close to national averages, highlighting areas for further work.

- **Drug Use & Harm**

- Drug use among young adults is declining nationally; local rates for opiates/crack are below national averages, with about 50% unmet need. Drug-related deaths and hospital admissions are lower than national averages, but urban areas like Oxford City have higher rates. Hepatitis B vaccination uptake among people who inject drugs is falling, while hepatitis C treatment has achieved micro-elimination.

- **Inequalities & Vulnerable Groups**

- Children and young people are affected by their own or others' substance use; numbers identified by social care are stable. Mental health issues are a key theme, with lower rates of severe drug-related mental health admissions but possible underrepresentation of mild/moderate issues. Most adults in treatment are from urban/deprived areas; 9 of 10 most deprived wards have higher service usage.

- **Service Data & Outcomes**

- Most adults in treatment are for opiates, followed by alcohol and non-opiates. Numbers in treatment exceed targets, and substantial progress rates are higher than national averages. For children/young people, most

in treatment are boys, with cannabis and alcohol as main substances; treatment outcomes are below national averages for this group.

- **Recommendations**

- Prevention: Strengthen alliances, campaigns, and screening for alcohol use.
- Treatment: Consider remodelling youth services, involve people with lived experience.
- Harm Reduction: Expand naloxone access, enhance night-time safety.
- Tackling Inequalities: Support families holistically, address barriers (language, access), expand employment support, target outreach in deprived/urban and rural areas.
- System Integration: Improve partnership with healthcare, mental health, police, probation, and voluntary sector; strengthen local data and evidence base.
- Next steps include presenting the draft to the Oxfordshire Combating Drugs Partnership and integrating feedback into final recommendations.

Questions Raised on Drugs and Alcohol Health Needs Assessment

- There was a question about the reliability and completeness of data, especially regarding people who do not present for treatment, and the challenge of capturing hidden or unreported substance use. Jason acknowledged that most reliable data comes from those in treatment, and survey data can be limited by honesty and participation rates. National estimates are used to help fill gaps, but these are synthetic and not fully precise.
- Cllr Helen Pighills asked about the lack of individual-level risk factor data (e.g., domestic abuse, relationship breakdown, mental health issues) and how these factors might influence substance use. Jason responded that qualitative data from focus groups helps capture these insights, and future work aims to incorporate more lived experience perspectives to address this gap.
- Cllr Rob Pattenden inquired about the local granularity of data, specifically for areas like Banbury, and whether trends at the ward level are available. Jason explained that while some indicators are available at the district level, ward-level data is limited, and he had not specifically reviewed Banbury's data.
- There was discussion about the differences in service usage and outcomes between urban and rural areas, and the need to address inequalities in access and outcomes.
- The importance of integrating feedback from stakeholders and people with lived experience into the final recommendations was highlighted as a next step.
- Cllr Chewie Munkonge asked about comparing Oxfordshire's drugs and alcohol data not just at the district or ward level, but also at the county level—specifically, how Oxfordshire compares to neighbouring counties like Buckinghamshire. Jason responded that they have tried to include comparisons with statistical neighbours and regional data in the report, noting that the Southeast generally performs well, but did not provide specific figures during the meeting.

Review of TOR

15:35 – 15:50

- The Terms of Reference (TOR) for the Health Improvement Board are being updated to address outdated terminology (e.g., replacing "clinical commissioning group" with current terms) and to better reflect the group's current focus and responsibilities, especially its role as a forum for city and district engagement on health improvement and the health and well-being strategy.
- The update will also acknowledge the current lack of health representation due to changes in the Integrated Care Board (ICB) and NHS structures, and will remove references to the clinical commissioning group.
- These are considered minor amendments intended to keep the TOR technically correct until further clarity is available regarding local government reorganization and NHS changes.

Any other Business