

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 29 February 2024 at 10.00 am

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

If you wish to view proceedings online, please click on this <https://oxon.cc/HIB29022024>



Martin Reeves
Chief Executive

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

Membership

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

Board Members:

Cllr Louise Upton	Oxford City Council
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Cllr Joy Aitman	West Oxfordshire District Council
Cllr Nathan Ley	Cabinet Member for Public Health & Inequalities, Oxfordshire County Council
Cllr Phil Chapman	Cherwell District Council
Cllr Helen Pighills	Vale of White Horse District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
David Munday	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Dr David Chapman	Ex-Clinical Chair of Oxfordshire Clinical Commissioning Group
Mish Tullar	District Partnership Liaison
Daniel Leveson	ICB Place Director
Robert Majilton	Healthwatch Oxfordshire Ambassador

Notes: Date of next meeting: 13 June 2024

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

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

Whose Interests must be included?

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

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

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

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

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

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

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

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

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

List of Disclosable Pecuniary Interests:

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

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

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

AGENDA

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

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

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

10:05 to 10:10
5 minutes

To approve the Note of Decisions of the meeting held on 17 November 2023 and to receive information arising from them

7. **Performance Report (Pages 9 - 12)**

10:10 to 10:20
10 minutes

Presented by Steven Bow, Consultant in Public Health, Oxfordshire County Council

To monitor progress on agreed outcome measures

8. **Report from Healthwatch Ambassador (Pages 13 - 16)**

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

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

10:20 – 10:30
10 minutes

9. **The Health Improvement Partnership Board - Joint Local Health and Wellbeing Strategy for Oxfordshire (Pages 17 - 34)**

Presented by David Munday, Consultant in Public Health/Deputy Director, Oxfordshire County Council, Tamanna Rahimi, Paediatric Public Health Fellow

10:30 to 10:50

20 minutes

10. Break

Break

10:50 – 10:55

5 minutes

11. Tier 2 and Tier 3 Healthy Weight Services Development (Pages 35 - 52)

10:55 to 11:10

15 minutes

Presented by Sally Culmer, Oxfordshire County Council, Angela Jessop, Personalise Care Lead, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

12. Oxfordshire Food Strategy Implementation (Pages 53 - 56)

11:10 to 11:35

25 Minutes

Presented by Kerry Lock, Nourish and Flourish Programme Manager, Rachel Ward, NHS, Fiona Steel, Good Food Oxfordshire and Lauren Rushen, Policy Officer, Oxfordshire County Council

13. Physical Activity update (Pages 57 - 64)

11:35 to 11:55

20 minutes

Presented by Josh Lenthall and Helen Marine, Active Oxfordshire

14. AOB

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 16 November 2023 at 14:00

Present: Cllr Helen Pighills, Vale of White Horse District Council
Board members Cllr Joy Aitman, West Oxon District Council
Cllr Maggie Filipova-Rivers, South Oxfordshire District Council
Cllr Louise Upton, Oxford City Council
Cllr Phil Chapman, Cherwell District
David Munday, Consultant in Public Health, Oxfordshire County
Council (Lead Officer)
Dr Sam Hart, Oxfordshire BOB ICB GP
Dan Leveson, Place Director for Oxfordshire, BOB ICB
Robert Majilton, Health Watch Oxfordshire

In attendance Steven Bow, Public Health, Consultant in Public Health in Data,
intelligence and research, Oxfordshire County Council
Bethany Ferris, Public Health Specialty Registrar, Oxfordshire
County Council.
Jo Reeves, Prevention and Health Inequalities Network Manager,
NHS.
Ian Hiscock, Stop for Life
Rosie Rowe, Head of Healthy Place Shaping, Oxford County
Council
Kate Eveleigh, Health Improvement Practitioner, Oxford County
Council
Pedro Abreu, Principal Air Quality Officer, Oxford City Council

Officer: Taybe Clarke-Earncliffe, Business Support Team Leader, Minute
taker, Oxfordshire County Council

Absent: Cllr Nathan Ley, Ansaf Azhar,

ITEM

1. Welcome

The Chair welcomed everyone, note to board that Cllr Joy Aitman is now vice chair of the Health Improvement Board.

2. Apologies for Absence and Temporary Appointments

Ansaf Azhar

3. Declarations of Interest

There were no declarations of interest.

4. Petitions and Public Address

There were no petitions and public address.

5. Notice of any other business

Discuss future dates for the Health Improvement Board

6. Minutes of Last Meeting

Agreed as an accurate record of the meeting held on 7 September

David Munday updated the board on item 11 of the last meeting - Mental Wellbeing Suicide Prevention, the national update was published on the 11 September and the link is in Septembers minutes.

Further mental wellbeing hubs are opening from March 2024, Cowley Road, Wantage and Kidlington. Hubs are being worked on in Witney and Wallingford to open in the near future.

7. Performance Report

Presented by Steven Bow, Consultant in Public Health in Data, intelligence and research, Oxfordshire County Council

Steven presented the Performance report with the board.

Of the 15 indicators reported in this paper:

ELEVEN indicators have NEW DATA

Five indicators are green.

Six indicators are amber.

Four indicators are red:

2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)
2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)
2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)
3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)

The report can be found in the below paper –



20231116_HIB_Perf_R
eport.pdf

Comments/questions from the board –

Discussion around MMR data and to why/how there is a higher uptake of the second vaccine than the first vaccine- Steven to look at the data of the MMR doses and to report back.

POST MEETING NOTE- there was a transcription error in the report and dose 2 uptake is slightly lower. The correct uptake figure for dose 2 is 91.9%

Is there a way to look at measuring the number of children who are active at school, not just overall obesity

We are looking at new metrics that monitor the health and wellbeing strategy, the vision is that the performance report in the future will reflect those priorities and measure a mixture of process and outcome metrics

8. Report from Healthwatch Ambassador

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

Robert shared the Healthwatch paper with the board

Highlights of the report –

Since the last meeting in September, the Healthwatch have published the following research and reports – found here <https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/>

Key Dates

HWO are holding our open forum with our Board of Trustees on Tuesday 21st November from 4.30-5.30pm online. <https://healthwatchoxfordshire.co.uk/news/come->

to-our-online-openforum-on-tuesday-21st-november-and-have-your-say-on-localhealth-services/

HWO are convening a webinar for the public to meet representatives of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board to hear about the Primary Care Strategy on December 1st (for details see website)

The board said a thank you to Robert and the team for the support provided on 9 November at the webinar session for members of the public to give their views on the draft new health and wellbeing.

9. Healthy Place Shaping

Presented by Rosie Rowe, Head of Healthy Place Shaping, Oxfordshire County Council, Pedro Abreu, Air Quality Officer at Oxford City Council, Kate Eveleigh, Health Improvement Practitioner, Oxford County Council,

Rosie shared the Oxfordshire Healthy Place Shaping Evaluation and Health Needs Assessments

The paper looked at effective systems working and place-based programmes and covered what is driving change and touched on relationships, behaviour, common purpose, strategy, interventions, data, sharing learning and resources. The 3 key headlines around needs assessment were discussed and they are to Continue to Deliver As A Programme And Approach, Tackle Inequalities, HPS Work Streams. The paper covered in more detail - Tackling Inequalities, Built Environment, Community Activation, New Models Of Care.

The paper can be viewed here -



231116 Update to
HIB re HPS_final.doc

Comments/Questions –

Cllr Phil Chapman – Positive observations, Cherwell and I really believe in this and it is a great programme it is about prevention and improves outputs and how people live everyday. Would like to this to be on Cllrs radars so they can promote this, we want to continue with the focus.

Board had an in-depth discussion around prevention and net zero energy bills and how this will have a positive impact on people's health as they will have lower energy bills and can keep their homes warm. Grants that are available for vulnerable people was discussed and highlighting how lack of heat and Mold in peoples houses have such a huge impact on people's health. Targeted work can be done with practice registers of

people who are vulnerable linking that with housing data and EPC ratings and emissions.

Pedro Abreu presented the Air Quality paper –



20231102 Air Quality
HIB Report 16 Nov 23



Oxfordshire Air
Quality Website.pptx

The paper covers the project Air Quality and steps that was taken to develop an innovative air quality website, which will be used as an important tool to communicate and raise awareness of air pollution with visitors and residents across Oxfordshire. The website can be found here - [How to manage your exposure to air pollution \(oxonair.uk\)](https://www.oxonair.uk) Pedro is working on a new project which relates to smoke control area legislation, approval has been given by cabinet in September for work to start.

Dan Leveson – Looks great, who do you think are the main targets are for this? Do we have hit data and how its landed? How is this advertised? Could this be incorporated with risk management and updating health risks, pollen bomb etc?

Kate Eveleigh, with regards to health risks, thunderstorms, pollen bombs which can influence people's health asthma for example has been discussed with Professor Tim Hinks to potentially pick this up. Marketing via facebook, posters and leaflets with QR codes have gone out to libraries. Conversations with Hedena health looking to embed in referral pathways and asthma plans and encouraging people to sign up to the text alerts.

Pedro – on the old website we have some google analytics and the total hits in 2021 was 8000. On the new website we had 3000 visitors in the first week.

10. Break

11. Tobacco Control

Presented by Bethany Ferris, Public Health Specialty Registrar, Oxfordshire County Council. Jo Reeves, Prevention and Health Inequalities Network Manager, NHS. Ian Hiscock, Stop for Life.

Jo Reeves gave an overview on the paper smokefree NHS – Progress towards the long term plan -



Oxon HIB Tobacco
Presentation Nov 2023

The paper covered NHS long term plan, by 2023/24, BOB ICB Joint forward plan, Tobacco dependence treatment services, maternity, mental health, inpatients, and next steps. The slides attached above include data and objectives.

The Board welcomed the updated and the recent news of the maternity NRT pathway being established.

Bethany Ferris presented the paper –



HIB Paper Smoking
Update - Oct 2023 - L

Summary of national policy announcement in King's Speech 2023

- **Raise age of sale** of tobacco products by one year every year from 2027 onwards. This means that children turning 14 this year and younger (born on or after 1st January 2009) will never be legally sold tobacco products. The aim of this policy is to stop the start.
- Additional government investment into **national anti-smoking campaigns**.
- **Additional ring-fenced funding** to support local authority stop smoking services – to be utilised over and above existing funding.
- **Additional funding** to provide evidence-based financial incentives to pregnant smokers.
- **Consultation** on potential measures to reduce the appeal and availability of vapes to children (closing on 6th December) and available here: [Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care \(dhsc.gov.uk\)](https://www.dhsc.gov.uk/consult/condocs/creating-smokefree-generation)
- **Strengthening enforcement activity** by offering additional funding to trading standards, Border Force and HMRC, introducing new powers for local authorities to issue on-the-spot fines to enforce age of sale legislation of tobacco products as well as vapes, and enhance online age verification to stop underage sales of tobacco products and vapes.
- A **Swap to Stop** scheme, aiming to distribute 1 million vapes, alongside behavioural support, to smokers in England by March 2025 has also opened for bids/

The HIB welcomed the announcement and that more was being done nationally to address the harm tobacco causes us in Oxfordshire. There was strong support for focus on reducing the use of vapes in children and young people. HIB members agreed to review the national consultation on these policy announcements and respond accordingly. Opportunities to explore smoke free motions or similar could be taken by each represented organisation.

Comments/questions –

The board had a discussion around how do we as employers support employees who smoke. Supporting staff who smoke is in an action plan and it has been raised with HR but more work needs to be done.

Vapes are a really good tool to help and support people to get off tobacco and quit smoking but there is a concern of how accessible they are for children to buy and use vapes. How receptive schools are regarding children using vapes and is there anything schools can do. Leaflets and information are given to schools to support and help, Derys team to follow up with schools to see if they have been using the resources and has it helped.

Ian Hiscock, Stop for Life presented the paper with the board.



HIB - Community
Engagement .pptx

Stop for life is a team of specialist health coaches who support smokers achieve a smoke free lifestyle. They offer 3 service levels depending on what the individual chooses.

Comments/questions –

With the funding that is coming in we are looking to expand the service and refer more people and the quit rate target is 50% and to be in the 30% is really good. The target is no smoking tobacco in 4 weeks, this does not include people who are using vapes.

12. Any other Business

Future HIB meeting dates:

29 February 2024

20 June 2024

19 September 2024

14 November 2024

It has been agreed by the board that the time of the meeting has been changed to 10am – 12pm to accommodate other commitments.

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Performance Report

Background

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

Current Performance

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

Of the 15 indicators reported in this paper:

NINE indicators have **NEW DATA**

Four indicators are **green**.

Seven indicators are **amber**.

Four indicators are **red**:

- **2.18** Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)
No new data.
- **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
The latest data is moving in the right direction towards the target.
- **3.16** Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)
No new data
- **3.18** Breast screening – uptake (The proportion of eligible women invited who attend for screening).
The latest data has decreased and the measure has moved from amber to red.

Health Improvement Board Performance Indicators 2023/24

*National target

1 - Targets set by Local Authority Public Health

2 - RAG: **G** has exceeded or is close to target **A** is borderline but within threshold **R** is off target

	Measure	New data since last HIB	Frequency	Target 23/24	Latest Period	Latest Data	RAG ²	Direction of travel	Trend	Commentary
A good start in life	1.12 Reduce the level of smoking in pregnancy	Y	Quarterly	6.0%	23-Q2	6.1%	G	↑		Variation across quarterly reporting is expected due to overall low numbers. The public health funded stop smoking service is in place to support pregnant women to quit. A new maternity tobacco dependency service (NHSE funded, implemented via the ICB) went live in early 2024. The Family Nurse Partnership incentivised quit scheme to support young mothers and their significant others to quit is also in situ. National funding is due to be released during 24/25 to ICB's to implement a pregnancy incentive quit scheme
	1.13 Increase the levels of Measles, Mumps and Rubella (MMR) immunisation (dose 1) by age 2 years	Y	Quarterly	95%	23-Q2	94.0%	A	↑		The Thames Valley Improving Uptake of MMR Vaccination Action Plan 2023-28 has been finalised. Included is a plan to strengthen engagement with Early Years services; in education and health settings, and to develop toolkits to enable confidence in non-clinical staff when discussing MMR vaccination. The Thames Valley Improving Immunisation Uptake Team continues to provide direct support to practices with low preschool immunisation uptake rates.
	1.14 Increase the levels of Measles, Mumps and Rubella (MMR) immunisation (dose 2) by age 5 years	Y	Quarterly	95%	23-Q2	90.8%	A	↓		Over the summer of 2023 NHSE Thames Valley Screening and Immunisation Team in collaboration with GPs launched a targeted communication campaign to promote the MMR vaccine ahead of the new school year. NHSE Thames Valley Screening and Immunisation Team is reviewing the impact of this focussed communication campaign.
	1.15 Reduce the levels of children overweight (including obese) in reception class (NCMP data)	N	Annual (Nov)	18.4%	22/23	19.3%	A	↓		There has been a small decrease 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 child healthy weight service, Gloji Energy.
	1.16 Reduce the levels of children overweight (including obese) in Year 6 (NCMP data) - (Annual Dec)	N	Annual (Nov)	31.0%	22/23	30.7%	A	↓		There has been a small decrease in Year 6 overweight and obesity levels however this remains higher than 2018/2019 (pre-pandemic). 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 child healthy weight service, Gloji Energy.
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity).	N	Annual (Jun)	20.0%	Nov 21/22	19.2%	G	↓		During COVID, levels of inactivity worsened across England. New projects such as Move Together (launched July 2021) and You Move (launched June 2022) to help improve this measure and latest data from Sport England shows this is now improving. This year a local physical activity framework, Oxfordshire on the Move launched in April 2023, coordinated by Active Oxfordshire to galvanise partners to increasing physical activity through specific ambitions.
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population.	Y	Quarterly	1628 per 100,000	23-Q2	1131	A	-		Additional capacity has been added to the Local Stop Smoking service to anticipate increased referrals from work with key priority groups such as routine manual workers, housing association tenants, debt management providers, and via the Tobacco Dependency Service within acute and mental health hospitals, commissioned by ICB). This figure is anticipated to improve as efforts to increase referrals are realised as part of this approach." Additional funding to Local Authorities will be available from 24/25 to support increasing quit rates within Local Stop Smoking Services. Plans are being developed for Oxfordshire on implementation.

1-Targets set by Local Authority Public Health

2 - RAG: **G** has exceeded or is close to target **A** is borderline but within threshold **R** is off target

	Measure	New data since last HIB	Frequency	Target 23/24	Latest Period	Latest Data	RAG ¹	Direction of travel	Trend	Commentary
Living Well	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	N	Annual	60.4% (annual) 22/23	Sep22-Feb23	56.5%	R	↓		Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.
	2.19 % of the eligible population aged 40-74 who have been offered an NHS Health Check in 2023 -24.	Y	Quarterly	5.0%	23-Q3	4.2%	A	↓		There has been a decrease in the number of people being offered a NHS Health Check in Q3 2023/24. This is expected during this period (Oct - Dec), because other pressures on Primary Care such as delivery of the annual flu vaccine programme takes priority.
	2.20 Of those residents invited for a NHS Health check, the % who accept and complete the offer.	N	Annual (Jun)	45.0%	2022/23	45.2%	G	↑		GP Practices are actively inviting eligible patients and a countywide marketing campaign is currently underway alerting the public to the NHS Health Check programme and urging them to attend their appointments when invited. The newly commissioned supplementary NHS Health Check Services began the service implementation phase between October - December 2022 and service delivery through outreach clinics began from 1st February 2023. The Oxfordshire service continues to benchmark higher than regional and national averages.
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years).	Y	Quarterly	80%*	23-Q1	65.2%	R	↑		The NHSE Thames Valley Screening and Immunisation Team are now working with targeted practices in central Oxford with the lowest cervical screening coverage in the 25-49-year-old cohort to support completion of audits to understand uptake of cervical screening by ethnicity and student status.
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years.	Y	Quarterly	80%*	23-Q1	75.1%	A	↑		Direct work between NHSE Thames Valley Screening and Immunisation team and practices with low cervical screening coverage rates in the younger cohort will be expanded to better understand specific reasons for lower coverage in the older cohort.
Ageing Well	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	N	Annual	86.4% (annual) 22/23	Sep22-Feb23	84.9%	R	↓		Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years).	Y	Quarterly	60% (Acceptable 52%)*	23-Q1	67.2%	G	↓		The programme is meeting the achievable standard for uptake. Age-extension for the bowel screening programme is being phased in with age-extension to include those from 54 year being completed. Work on the remaining cohort 50-52yrs will start shortly.
	3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening).	Y	Quarterly	80% (Acceptable 70%)*	23-Q1	66.9%	R	↓		The breast screening programme was significantly impacted by the pandemic. Uptake is comparable to the South East (63.1%) and above the England (58%) averages. Unpublished data suggest improvements in uptake in the next quarter in Oxfordshire. NHSE South East regional teams are working collaboratively to develop a breast screening workforce plan. The service is planning to carry out a Health Equity Audit to inform the focus of future improvements and to reduce inequalities and improve uptake. The service has implemented test messaging to those that did not attend their appointments.

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Healthwatch Oxfordshire report to Health Improvement Board (HIB)

29 February 2024

Presented by Healthwatch Ambassador for the HIB **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 November, our current work focus includes:

- **What you told us about primary care November 2022–October 2023**, available here: <https://healthwatchoxfordshire.co.uk/report/what-you-told-us-about-primary-care-november-2022-october-2023/>

This report gives a summary of feedback to Healthwatch Oxfordshire from members of the public about primary care services – GP practices, pharmacies, opticians and dentists – in Oxfordshire. Between November 2022 and October 2023, we heard from 282 people by phone, email and via our online and paper ‘Have your say’ forms. We heard that:

- Some people were very happy with primary care services, while others had had negative experiences.
- People valued the high quality of care they received and the kindness and professionalism of staff. They recognised the pressure that primary care staff are under.
- Many of the problems people told us about were to do with access – such as easily making an appointment with a GP, collecting a prescription or registering with an NHS dentist.

- **Maternal mental health in Oxfordshire**, available here: <https://healthwatchoxfordshire.co.uk/report/maternal-mental-health-in-oxfordshire-december-2023/>

This report is based on data from a national survey by Healthwatch England, looking at the responses of 45 Oxfordshire women who gave birth between April 2020 and the end of 2022. The report highlights:

- The impact of the COVID-19 pandemic on maternal health care.
- Some women had problems accessing mental health support during or after pregnancy, with several women reporting long waits for referrals to specialist services.
- Women also had mixed experiences of support for their mental health from maternal health care professionals, including a lack of attention to mental health in their postnatal GP consultation.

Enter and View reports and visits continue. Once complete, all reports and provider responses are available here: <https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/> including:

- Abingdon Surgery (November 2023)
- Podiatry Service at Wallingford Community Hospital (December 2023)
- Inpatient Unit at Didcot Community Hospital (January 2024)

All recent reports are on our website:

<https://healthwatchoxfordshire.co.uk/reports>

Other activity:

- We convened two **webinars (Dec and Feb)** to enable Oxfordshire residents to provide feedback on Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's new Primary Care Strategy. Video recordings of these events are available on our website. <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/>
- Our regular Healthwatch Oxfordshire **hospital stands** continue with a recent visit to the Nuffield Orthopaedic Hospital to hear from members of the public.
- We are supporting **My Life My Choice** to set up a user led Health Voices Group to ensure the voices and experiences of people with a learning disability are heard by commissioners and providers.
- Our staff focus on general and targeted outreach to listen to and build relationships with community and grassroots groups. What we hear from people, feed into the overall intelligence gathered, picks up on emerging

themes, and supports specific project theme focus. Recent face to face outreach has included: Brize Norton RAF Health and Wellbeing Day, street outreach in Witney speaking to working men, OUH Governors event, Oxfordshire Youth, Wantage Hospital stakeholders' group, Banbury (Grimsbury) Asian Women's group and Banbury Young Homeless Project.

Current and recent surveys:

- Focus via **Core 20 Plus** funding, we are working with community connectors - community members in Banbury Ruscote and Neithrop - to hear from parents and carers about supporting oral health in under 10's. We are running an online survey to hear from parents and carers of children with SEND about their experiences of helping their children look after their oral health. We are also hearing from some parents more in depth through interviews and focus groups.
- We are currently hearing from people involved in **Patient Participation Groups** across the county, via an online survey, to learn how groups are working and identify support needs.

Our **community research** project, part of the NHS South-East Community Participatory Action Research (CPAR2) Programme Phase 2, is progressing well. We support two community researchers from Oxford Community Action (OCA). They reached 166 members of OX4 Food Crew, (including OCA, Oxford Mutual Aid and Waste2 Taste) to hear about experience of food insecurity. A final report and film will be launched later in 2024. We continue to support the development of the Oxfordshire Community Research Network, and share our learning of this approach.

Key issues we are hearing:

- Access to and quality of mental health support for adults
- Waiting times for CAMHS and SEND assessments
- Access to NHS dentists
- Access and waiting times for GP appointments
- The cost of social care for older people
- The cost of living
- Health inequalities, including challenges faced by people with complex long-term conditions, people experiencing homelessness and people who need interpreting support.

Our priorities for 2024-5 will be published shortly on our website

<https://healthwatchoxfordshire.co.uk/about-us/our-priorities/>

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Agenda Item 9

29th February 2024

Oxfordshire Joint Local Health and Wellbeing Strategy- role of Health Improvement Board in supporting delivery

Purpose

This is an update to the Health Improvement Partnership Board (HIB) in relation to the new Joint Local Health and Wellbeing Strategy for Oxfordshire and the HIBs role in supporting delivery of the new strategy.

Recommendations

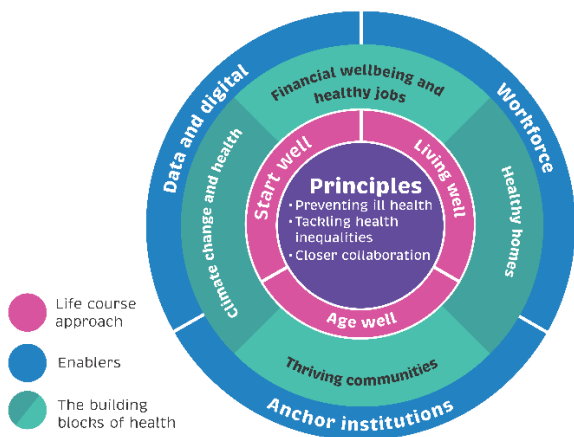
The Health Improvement Board is asked to;

- i. **Note the content of the new Joint Local Health and Wellbeing Strategy for Oxfordshire that was approved by the Health and Wellbeing Board in December 2023.**
- ii. **Review the “Live Well” priority area and its alignment to the existing priorities of HIB.**
- iii. **Agree to minor changes to HIB’s priorities in order to fully align with the Live Well priority and for HIB to become the Primary Partnership overseeing delivery of this priority**
- iv. **Work with Officers to ensure the performance reporting and agenda planning for future HIB meetings reflects these new priorities.**

Background

1. The Oxfordshire Health and Wellbeing board is required to publish a Joint Local Health and Wellbeing Strategy which lays out its strategic plan to improve health and wellbeing of local residents
2. Organisations represented on the Health and Wellbeing Board have developed a new Oxfordshire Health and Wellbeing Strategy for 2024-2030 (Annex 1), which has been informed throughout by the Integrated Care System (ICS) Strategy and the Oxfordshire Joint Strategic Needs Assessment (JSNA).
3. The strategy content has been developed through a process of early engagement with people and communities across Oxfordshire, a workshop with the Health and Wellbeing (HWB) Board, full public consultation and several HWB Board discussions. A cross-organisational Task and Finish group has led the work on behalf of the HWB Board throughout the process.
4. The strategy offers a strong, unified vision for improved health and wellbeing and will act as the primary place strategy for health and wellbeing in Oxfordshire. The Task and Finish group will then develop a delivery plan and outcomes framework which will be presented to the Health and Wellbeing Board in March 2024.
5. The Strategy has 4 sections to it, demonstrated in the figure below

Figure 1 Oxfordshire Health and Wellbeing Strategy Pin-wheel



6. The Health Improvement Board sits as a subgroup of the Health and Wellbeing Board and has had a strong focus over the past few years on the following 3 areas;

- a. Mental Wellbeing
- b. Tobacco Control
- c. Healthy Weight and Physical Activity

Strategy Delivery and Relevant Priorities

- 7. Throughout the course of the strategy development during 2023 residents and a range of stakeholders have underlined the importance of the strategy being something that moves into action and makes a positive difference in people’s lives.
- 8. Therefore, the strategy task and finish group have been working over the last 3 months on formulating a Delivery Plan and Outcomes Framework to ensure effectively delivery of the strategies ambitions and accurate monitoring of it.
- 9. Sub-groups of the Health and Wellbeing Board, as well as other partnership forums, already exist within the Oxfordshire system and several are well positioned to be the Primary Partnership to oversee specific parts of strategy delivery.
- 10. The two Live Well priority with the new strategy aligns closely to the priorities of the HIB and are summarised below. The full details of these priorities are on pages 24-28 of Annex 1, and are summarised below

Live well

Priority 3: Healthy people and healthy places
 The length and quality of people’s lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

Priority 4: Physical activity and active travel
 Residents of Oxfordshire should be able to remain active throughout their lives, especially in our most deprived areas.

Figure 2- Live Well priorities from new strategy

11. Priority 3- Healthy people and healthy places has a focus on ensuring the environment residents live, work and socialise in reduces their exposure to tobacco, drivers of unhealthy weight and alcohol harm. This takes the focus beyond simply these issues as lifestyle factors to the wider context within which key health behaviours occur.
12. This approach aligns with the work HIB has focused on in recent years on the 4 arms of the Oxfordshire Tobacco control strategy- preventing people from starting smoking, smoke free environments, local enforcement, supporting smokers to quit, as well as the 4 pillars to the Wholes Systems Approach to Obesity- Healthy weight environments, prevention, support to achieve healthy weight, system leadership. The HIB would need to have a new focus on reducing alcohol related harm to full encompass the work under this priority
13. Priority 4- Physical activity and active travel underlines the importance of physical activity to at all stages of life with the multiple benefits it has for both physical and mental health.
14. This aligns to the work of different physical activity initiatives under the Oxfordshire On The Move project. It also closely aligns to the Healthy Place Shaping work that has a focus on embedding active travel opportunities across the county. This priority also references the importance of good mental wellbeing and the role accessing nature has to support this. This aligns to the mental wellbeing updates currently received to the Board.

Delivery Plan and Outcomes Framework

15. The full delivery plan and outcomes framework for the strategy is in draft form and will be presented to the Health and Wellbeing Board on 14th March 2024. It is structured with Shared Outcomes that sit under each of the strategies 10 priorities. These outcomes are the key areas of focus needed to achieve the ambition of the priority. There are then a range of existing programmes or partnerships working in these focus areas. Where there are gaps in activity to achieve these outcomes, partners will need to work together to fill these. Under each priority there are also Key Outcome Indicators which are the high-level metrics that can be used to monitor progress on achieving these Shared Outcomes. There would then be supporting indicators that sit under these that help monitor progress on specific pieces of work.
16. Whilst they are currently in draft form, these shared outcomes and key outcome indicators for the Live Well priorities are included in Annex 2 of this report. The Health Improvement Board is asked to review these and provide feedback to the Task and Finish Group on these. It is also asked to agree to changing the quarterly performance report received at each HIB meeting to be focused on the Key Outcome Indicators and the supporting indicators that will sit under these.

Budgetary implications

17. There are no direct financial implications associated with this report. The Officer resource required to develop the work has required and continues to require contribution from partners of the Health and Wellbeing Board, as agreed by the

Health and Wellbeing Board on 16th March 2023. All partners will need to use organisational resource to support delivery of this strategy.

Equalities and Sustainability implications

18. Tackling health inequalities plays a key role in the draft Health and Wellbeing Strategy. The strategy places front and centre the need to tackle avoidable and unfair inequalities in health outcomes, experiences, and access to health and care services. This guiding principle is driven by insights from JSNA 2023.
19. Staff across organisations have all emphasised that people from disadvantaged groups should have a chance to help shape the Health and Wellbeing Strategy. As outlined in this report, officers have engaged with residents from disadvantaged groups across Oxfordshire during the process of updating the strategy, especially those whose health has been adversely impacted by their respective disadvantage. Officers have drawn on existing networks and community groups to run targeted focus groups to ensure their voice is heard.
20. The process of updating the strategy itself has no direct sustainability implications. However, the final strategy includes a priority regarding the impact of climate change on health, including air quality, access to nature, and the built environment. The final strategy builds on and affirms existing partnership-wide climate action commitments, recognising the impact this has on residents' health and wellbeing.

Risk Management

21. A detailed risk assessment is not required for this work. Regular oversight and input on the strategy development and implementation is provided by the Health and Wellbeing Board and the Task and Finish group.

Appendices / accompanying documents attached

Annex 1- [Oxfordshire Joint Local Health and Wellbeing Strategy](#) especially pages 24-28

Annex 2- DRAFT Outcomes Framework for Live Well Priorities

Annex 3- DRAFT Delivery Plan for Live Well Priorities

David Munday

Deputy Director of Public Health, Oxfordshire County Council

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February 2024

Annex 2- DRAFT Outcomes Framework Live Well Priorities

Priority 3: Healthy People, Healthy Places (Live Well)	
<p>The length and quality of people’s lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.</p>	
Shared outcomes We want to see:	Key Outcome Indicators + Supporting Indicators
<p>3a. More residents living with healthy weight and reduced harm from unhealthy weight, with focus on priority groups. Using Whole Systems Approach:</p> <ul style="list-style-type: none"> i. System Leadership ii. Prevention iii. Support iv. Healthy weight environments 	<p>Percentage of adults (aged 18 plus) classified as overweight or obese Year 6 prevalence of overweight (including obesity) Reception prevalence of overweight (including obesity) Achievement of county wide Gold Sustainable Food Award</p> <hr/> <p>Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations % of the eligible population aged 40-74 years receiving a NHS Health Check Healthy Start Voucher uptake Reduction in levels of Type 2 Diabetes/Reduction in levels of Coronary Heart Disease</p>
<p>3b. Oxfordshire to become smoke free</p> <ul style="list-style-type: none"> i. Less people taking up smoking ii. Smokefree environments iii. Effective regulation and enforcement of illicit tobacco iv. More smokers supported to quit, targeting those populations where smoking rates remain high 	<p>Smoking Prevalence in adults (18+) - current smokers Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers</p> <hr/> <p>People smoking with mental health condition Smoking prevalence in pregnancy</p>
<p>3c. Reduced alcohol related harm</p> <ul style="list-style-type: none"> i. Address unmet need for alcohol support and treatment. ii. Improve earlier identification and prevention of alcohol harm iii. Close collaborative working between health and care services where there are overlapping needs iv. Supporting the vulnerable and complex needs population to address substance misuse and associated harms 	<p>Alcohol treatment completion Admission episodes for alcohol-related conditions</p> <hr/> <p>Adults engaged in evidence-based whole-family interventions Restrict clusters of premises licenced to sell alcohol Alcohol only numbers in structured treatment</p>
Primary partnership for priority	
Health Improvement Board	
Key Partnerships	Key strategies, action plans and work programmes
Oxfordshire Good Food Network Oxfordshire Tobacco Control Alliance Alcohol Partnership, Oxfordshire Oxfordshire Anchor Network	Oxfordshire’s Whole System Approach to Obesity Action Plan WSA Healthy Weight (oxfordshire.gov.uk) Oxfordshire Food Strategy Oxfordshire’s Healthy Place Shaping Action Plan Oxfordshire’s Tobacco Control Strategy and action plan - CCMT (oxfordshire.gov.uk) Drug and Alcohol Partnership Strategy NHS Joint Forward Plan BOB ICB Action Plan NHS Health Check Programme Making Every Contact Count /Here for Health programmes Healthy Start programme Stop for Life Oxon

Priority 4: Physical activity and Active Travel (Live Well)	
Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.	
Shared outcomes We want to see:	Key Outcome Indicators + Supporting Indicators
A system wide approach to physical activity, incorporating key physical activity programmes and active travel	Percentage of physically active adults Percentage of physically active children ----- Uptake of Move together /You move programmes Number of schools participating in Schools Active Programme
Whole system approach to improving access and uptake of active travel options	Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+) ----- Development of Local Cycling and Walking Infrastructure Plans Number of Cycling and Walking Activation initiatives that promote inclusion Number of Local Plans that include a specific Healthy Place Shaping policy
Recognition and action on the critical importance of being active for mental health and wellbeing	Self reported wellbeing: people with a low happiness score or ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile Percentage of people using outdoor space for exercise/health reasons ----- Adult patients recorded with a diagnosis of depression Emergency hospital admissions for intentional self-harm in all ages
Primary partnership for priority	
Health Improvement Board	
Key Partnerships	Key strategies, action plans and work programmes
Active Oxfordshire Safer Oxfordshire Partnership Community Safety Partnerships Oxfordshire Stronger Communities Alliance Oxfordshire Mental Health Prevention Concordat Partnership Group	Oxfordshire on the Move Move Together programme You Move programme Oxfordshire's Whole System Approach to Obesity Action Plan Oxfordshire Mental Health Prevention Framework 2020-2023 OxfordshireMentalHealthPreventionFramework Oxfordshire Mental Health Partnership partner programmes Oxfordshire Social Prescribing NHS Health Check Programme Making Every Contact Count programme

			Services (GBSF) (Section B nutrition).					
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		<p>ii. Prevention</p> <p>Whole school approaches to food and healthy weight</p> <p>Improved access to healthy foods, especially for priority groups</p> <p>Vibrant, healthy communities that have access to skills and spaces for sharing knowledge and support.</p>	<p>Pilot project in priority neighbourhoods; Strategic School Food and Physical activity advisor to support schools implementation (2024-26)</p> <p>Improve uptake of Healthy Start initiative across the county and ensure support is in place for vulnerable families key groups like pregnant women, inclusion groups including social marketing campaigns (promoted by HV teams, homestart)</p> <p>Expand and strengthen existing services and programmes aimed at those at risk of food poverty, including Community Food Networks (foodbanks, larders, and fridges), Healthy Start Vouchers, Holiday Activities and Food.</p> <p>Promote and support community groups and businesses working for a better food system through public procurement and access to resources</p> <p>Promote Oxfordshire Good Food Charter and join network for collective action for a better food system for everyone in Oxfordshire</p> <p>Support Community Wealth Building approaches to preventing food poverty, building resilient communities, and developing skills, jobs, and enterprises that retain wealth locally.</p> <p>Councils and major institutions commit to being anchor organisations, increasing local procurement, making local assets available to local enterprises, and</p>	<p>Case study reports from pilot schools – evaluation measurements for whole schools approach</p> <p>HSV uptake (available by LA) – as percentage of total entitled/eligible beneficiaries</p> <ul style="list-style-type: none"> - Evaluation of campaigns <p>Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations</p> <p>More eligible people accessing existing schemes that tackle health and nutrition inequality</p> <p>Case study reports</p> <p>Progress measures in programmatic evaluation</p>			
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		<p>Aw areness and promotion of healthy diet</p>	<p>championing local enterprise.</p> <p>Recommendation report for cooking and healthy eating activities. To inform future approach for interventions and increase uptake in key target groups (life transitions; leaving home or becoming a parent).</p> <p>Amplified national and local campaigns on healthy eating and food for example Eat Them to Defeat Them, Switch Up Your Lunch Deliver a learning and skill development offer for early years and childcare settings for healthy eating and food provision</p>	<p>Progress measures of programmatic evaluation</p>			
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		<p>iii. Support</p> <p>Reduced diet-related ill health and health inequalities related to unhealthy weight</p> <p>A workforce that is confident talking about and supporting healthy weight</p>	<p>Commission an all age healthy weight service to include bespoke programmes for diverse and multi-ethnic communities, for people with mental health conditions, learning disabilities and healthy weight in pregnancy</p> <p>Develop an adult healthy weight pathway across the system to connect offers in primary care with specialist services and improved uptake of support services in Oxfordshire.</p> <p>NHS health checks ongoing programme</p> <p>Support dissemination of information on healthy weight action to professionals in health and care organisations</p> <p>Support Making Every Contact Count local training and MECC requirement Support Here for health training and requirement – OUH Trust</p> <p>Continued support of social prescribing processes, referral pathways and community resources.</p>	<p>Healthy weight screening/uptake of CHD/diabetes screening</p> <p>Prevalence of Type 2 Diabetes/Coronary Heart Disease</p> <p>Number of people with healthy weight in priority populations</p> <p>Uptake of NHS health checks</p> <p>Referral and attendance of newly diagnosed to educational courses to support self-management</p>			
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		<p>iv. Healthy weight environments</p> <p>Adopt Healthy Place Shaping approach to Healthy Weight</p> <p>Embed healthy and sustainable food and healthy weight environments within existing policies, plans, and targets</p> <p>Take opportunities to shift the environment toward being more healthy</p> <p>Building relationships between food retail and health sectors</p>	<p>Implementation of Oxfordshire's Healthy Place Shaping Action Plan</p> <p>Local plans to consider including one of the following:- No new hot food takeaways within 400metres of school (preferred)</p> <p>No new hot food takeaways in geographical areas within the district with consistently high levels of excess weight</p> <p>High Fat Salt Sugar advertising restrictions in place (policy) Continue to Review and shared best practice around shifting advertising in the Oxfordshire from High, Fat, Salt and Sugar (junk food) to healthier food advertising. Assessment of advertising spaces in Oxfordshire and who owns those spaces underway.</p> <p>Oxfordshire Good Food Retail project - to support convenience stores to improve access to healthier food options (targeted in areas of highest excess weight – delivery 2023 - 25)</p>	<p>Achievement of county wide Gold Sustainable Food Award (universities/anchor institutions/district +city councils/VCSO, businesses) is a good system wide indicator, the framework assesses the whole County against areas including diet related ill-health, food poverty, talking climate emergency, catering and procurement.</p> <p>Priority Places for Food Index- Measures a variety of domains (composite measure) to estimate food insecurity risk, used as a tool for informing areas to target projects/interventions</p> <p>TBC: FEAT tool Local Planning data</p> <p>Evaluation of pilot projects</p>			
	3b. Oxfordshire to become smoke free	<p>i. Less people taking up smoking</p> <p>ii. Smokefree environments</p> <p>iii. Effective regulation and illicit tobacco enforcement</p> <p>iv. More smokers supported to quit, targeting those populations where smoking rates remain high</p>	<p>Ensure smoke free pathways are in place through all NHS services.</p> <p>Smokefree communities to protect our residents from tobacco related harm and the harms of second-hand smoking.- Smokefree Communities Toolkit</p> <p>Embedding smoking cessation adverts into housing association regular communications with their tenants</p> <p>Housing officers completing VBA training</p>	<p>Smoking Prevalence in adults (18+) - current smokers</p> <p>Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)</p> <p>Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers</p>			

			<p>Stop for Life Oxon local stop smoking service</p> <p>Schools engagement work on local youth smoking and vaping</p> <p>Trading Standards enforcement work around illegal vape sales</p> <p>National Swap to Stop scheme with the aim of expanding the provision of free e-cigarettes to all Oxfordshire residents and with a promotional push to NHS and Social Care staff to support them to quit smoking.</p> <p>Tobacco Dependency Advisors within healthcare services to distribute voucher codes for e-cigarettes to patients</p> <p>Pilot schemes – Stop for Life Oxon referral from Citizens Advice Bureaus</p> <p>Stopping the start: our new plan to create a smokefree generation – new measures to be implemented</p>	<p>HIB 1.12 Reduce the level of smoking in pregnancy (quarterly)</p> <p>Tobacco dependency services process measure – currently reporting to ICB</p> <p>Process indicators</p> <ul style="list-style-type: none"> - Trading Standards indicators - TBC <p>Swap to Stop scheme - Stop Smoking Services Quarterly Monitoring Return.</p>			
	3c. A reduction in alcohol related harm in Oxfordshire	<ul style="list-style-type: none"> i. address unmet need for alcohol support and treatment. ii. Improve earlier identification and prevention of alcohol harm iii. Close collaborative working between health and care services where there are overlapping needs iv. Supporting the vulnerable and 	<p>Alcohol Partnership and the Alcohol and Drugs Strategy</p> <p>Alcohol treatment services through Turning Point</p> <p>Making Every Contact Count local training and MECC requirement</p> <p>NHS Health Checks with good levels of take-up across the county. Checks include AUDIT to assess risk of harm from drinking alcohol.</p> <p>Identification and Brief Advice Training commissioned by Public Health for a range of organisations</p>	<p>Current HIB Measures - PHOF C19a,b,c- successfully completing treatment the proportion of all in treatment who successfully complete treatment and do not represent within six months</p> <p>PHE C19 Drug and alcohol treatment completion and drug misuse deaths</p> <p>Reduction in alcohol attributable hospital admissions</p> <p>Reduction in A&E attendance for alcohol related injury or ill health</p> <p>Alcohol only numbers in structured treatment</p>			

		<p>complex needs population to address substance misuse and associated harms</p>	<p>Community Safety Practitioner based in A&E – following up all patients who attend due to alcohol use</p> <p>Here for Health offering advice and support to patients, relatives and staff at OUH hospitals</p> <p>Offer alternative access points for alcohol services to increase accessibility to the whole population, including those drinking at harmful but not hazardous levels. Eg. Access to Self help for all levels of alcohol users - including Drink Coach app</p> <p>Licensing policy and enforcement by District Councils - Restrict clusters of premises licenced to sell alcohol</p> <p>Health Promotion about the impact of drinking on health in schools and colleges</p> <p>Reducing the risks to children and young people associated with substance misuse - within action plan – see Supporting Families Framework/ Early Help assessment and referral</p>	<p>Identification and Brief Advice / referrals in primary care are increased.</p> <p>Audit/review of Local policies and plans</p> <p>Adult engaged in evidence-based whole-family interventions with evidence of adult implementing those strategies and improved outcomes for children and the family</p> <p>Adult/ Child engaging with, and benefitting from, appropriate level of support and completing specialist treatment, if necessary</p>			
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Strategic Priority	Shared Outcomes	How will we achieve this	Actions	How will we measure improvements	Key Partnership and Key Contact Representative	Delivery Date/ Reporting Dates	RAG Rating
<p>4. Physical Activity and Active Travel</p> <p>Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.</p>	<p>A system wide approach to physical activity, incorporating key physical activity programmes and active travel</p>	<p>Every child learning to swim, ride a bike and be active for 60 minutes per day</p> <p>Whole School Approach</p> <p>Older people and those with long term conditions moving more</p> <p>Increased physical activity levels in priority neighbourhoods, levelling the playing field.</p> <p>Joined up collaboration and investment in working together in the community to reach and engage people with health conditions, at-risk groups and older people.</p> <p>Co-ordinated local and national campaigning to promote active lifestyles and raise levels of health literacy.</p>	<p>Continued implementation on Oxfordshire on the Move action plans by Active Oxfordshire – the physical activity and sports partnership for the County</p> <p>Expand provision of subsidised/free physical activity for families eligible for free school meals – the ‘You Move’ programme</p> <p>Develop a schools active programme</p> <p>Promotion of PE Pupil premium to schools to enable schools and nurseries to be active learning environments and adopt the Daily Mile</p> <p>Expand the ‘Move Together’ programme helping adults with long term health conditions to move more Work together to target parents & children who are inactive e.g. FAST – families active, sporting together</p> <p>Early Help assessment and referral, intersectoral collaboration</p> <p>Community Safety partnerships enabling confidence that open spaces are safe</p> <p>MECC, social prescribing pathways and training/development programmes around Moving Medicine for primary and secondary practitioners.</p>	<p>Key Impact Indicators: Percentage of physically active adults Percentage of physically active children</p> <p>Percentage of adults considered inactive to decrease Percentage of adults 65+ considered inactive to decrease</p> <p>Activity by sex, ethnicity, deprivation levels</p> <p>General physical activity data from active lives survey</p> <p><i>Process Measures:</i></p> <p>Uptake of You Move programme</p> <p>Number of schools participating in Schools Active Programme and a measure around implementation</p> <p>Uptake of Move Together Programme</p> <p>Evaluation of MECC/social prescribing/Here for health</p>	<p>Health Improvement Board</p>	<p>June 2024</p>	

		Increase knowledge and capabilities of the Health Care Professional network across Oxfordshire	Making Every Contact Count local training and also a requirement in NHS Standard Contract	Evaluation of health promotion campaigns			
	Whole system approach to improving access and uptake of active travel options	<p>More cycling and walking to workplaces and school, especially among underserved populations</p> <p>Improved cycling and walking routes across the county.</p> <p>Work with local government and OXLEP to encourage business investment that will provide a range of local work opportunities that enable active travel</p> <p>Develop a coordinated approach between local councils and voluntary organisations to promoting walking and cycling.</p> <p>Implementation of Healthy Place Shaping objectives</p> <p>Work with developers so any new developments have cycling and walking routes that effectively connect with existing active travel infrastructure.</p>	<p>Effective implementation of Healthy Place Shaping action plan</p> <p>Include policies promoting physical activity in local plans</p> <p>Ensure all health and social care organisations have an active travel plan and monitor active travel levels.</p>	<p>Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+)</p> <p>Utilisation of outdoor space for exercise / health reasons</p> <p><i>Process Measures:</i></p> <p>Percentage of Health and social care organisations to have a active travel plan</p> <p>Development of Local Cycling and Walking Infrastructure Plans</p> <p>Number of Cycling and Walking Activation initiatives that promote inclusion</p> <p>Number of Local Plans that include a specific Healthy Place Shaping policy</p>			
	Recognise and action the critical importance of being active for mental health and wellbeing	<p>Supporting community groups, local sports clubs and voluntary organisations across the county</p> <p>Targeted funding for people with or at risk of long-term</p>	<p>Leisure Services, Parks and Green spaces provided by District Councils</p> <p>NHS Health Checks with good levels of take-up across the county. Checks include levels of physical activity</p>	<p>Self reported wellbeing: people with a low happiness score or ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile</p>			

		<p>health conditions (including mental health) to provide activity and exercise in prevention / treatment pathways.</p> <p>Leisure Services, Parks and Green spaces provided by District Councils</p>	<p>Health and social care professionals to promote Better Health NHS advice and guidance, including Every Mind Matters</p>	<p>Utilisation of outdoor space for exercise / health reasons</p> <p>Process measures: NHS check up uptake</p>			
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An update on the whole systems approach to healthy weight, including action plan achievements with a focus on support.

1. Purpose

HIB members are asked to note:

1.1 A brief update against Oxfordshire's Whole Systems Approach to Healthy Weight action plan.

1.2 An overview of most recent related data and how this is being incorporated into targeting prevention and work related to the healthy weight environment.

1.3 Detail around the 'support' pillar: Public Health will advise the Health Improvement Board of progress towards a new Tier 2 healthy weight service for Oxfordshire followed by the ICB on their work at Levels 3 and 4.

1.4 To continue to encourage partners to take action where they can particularly, related to prevention and wider environment, as these are the most challenging aspects that require collective support and input from partners.

2. Background

2.1 In Oxfordshire an estimated 60% of people aged 18 or over are classified as overweight or obese (21/22), lower than the average for England (64%)¹, although this gap is reducing. There are variations across the County with highest prevalence in West Oxfordshire (68%) and Cherwell (65%)². Latest available data shows 19% of Oxfordshire women are already obese in early pregnancy¹.

2.2 In Oxfordshire, 19% of Reception-aged children (4-5 years old) and 31% of Year 6-aged children (10-11 years old) are overweight or obese (2022/23)³. These figures are favourable compared to England averages at 21% and 37% respectively. However, the prevalence of childhood overweight has increased in Oxfordshire in recent years and obesity varies across the 86 Oxfordshire Middle Layer Super Output Areas (MSOAs) (small areas of around 5,000-15,000 residents⁴). Some MSOAs have consistently higher rates of excess weight in children than the Oxfordshire average and in some cases the England average, up to 28% for Reception-aged children and 44% for Year 6⁵ (2019-2022).

2.3 The whole systems approach (WSA) to healthy weight is an evidence-based approach developed by Leeds Beckett University and Office for Health Improvement and Disparities (OHID). Oxfordshire Health Improvement Board endorsed using this approach in April 2019.

¹ [Obesity Profile - Adult Data - OHID \(phe.org.uk\)](https://www.phe.org.uk)

² [Obesity Profile - Adult Data by District - OHID \(phe.org.uk\)](https://www.phe.org.uk)

³ [National Child Measurement Programme, England, 2022/23 School Year - NHS Digital](https://www.nhs.uk)

⁴ [Census 2021 geographies - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

⁵ [Obesity Profile - NCMP Y6 by MSOA - OHID \(phe.org.uk\)](https://www.phe.org.uk)

2.4 Oxfordshire are currently at phase 4 of this model, 'Action', following successfully building and mapping the local picture for healthy weight across the system.

2.5 The action areas are split into four pillars:

- Prevention – start well, live well and age well (primary prevention)
- Healthy weight environments – health promoting food and built environment
- Support – services for residents to achieve and maintain a healthy weight (secondary prevention)
- System Leadership – working in partnership to lead work across the system.

2.6 In February 2023, a refreshed WSA healthy weight action plan (see Appendix 1) was presented to HIB which had incorporated findings from the 2022 Health Needs Assessment on promoting healthy weight⁶ and associated Director for Public Health Annual Report 'Healthy weight, healthy communities, healthy lives'⁷. The need to shift focus from a primarily support focussed action plan, towards prevention and the healthy weight environment was highlighted. The shift in focus for the action plan since it's conception in 19/20 is evidenced in the figure 1 below.

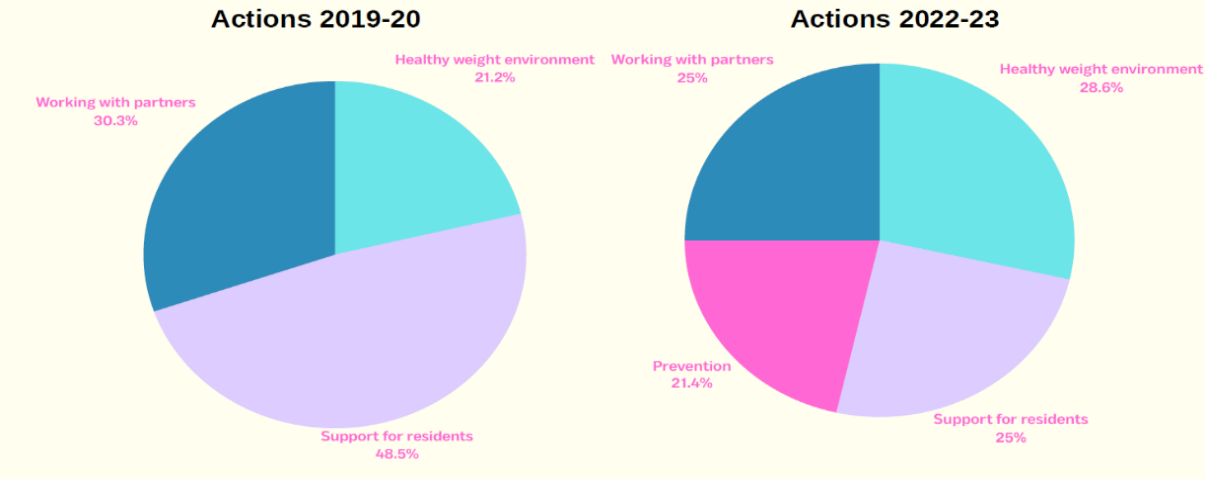


Figure 1: Pie charts showing the shift of WSA to HW actions for Oxfordshire from 19/20 to 22/23

2.7 Key achievements for 2022 were listed in the previous HIB update paper. See appendix 2 for a summary table.

2.8 The WSA action plan supports, aligns, and delivers on a number of national and local strategies, including:

- National Childhood Obesity Strategy⁸ (2016) and Update⁹ (2018)
- Sport England strategy¹⁰ (2021)
- NHS Long Term Plan¹¹
- Oxfordshire Health & Wellbeing Strategy 2024-2030¹²

⁶ Oxfordshire County Council (2023) Health Needs Assessment on Promoting Healthy Weight. Available [here](#)
⁷ Oxfordshire County Council (2023) Director for Public Health Annual Report 22/23; 'Healthy weight, healthy communities, healthy lives'. Available [here](#)
⁸ DHSC (2016) Childhood obesity: a plan for action. Available [here](#)
⁹ DHSC (2018) Childhood obesity: a plan for action, chapter 2. Available [here](#)
¹⁰ Sport England (2021) Uniting the Movement. Available [here](#)
¹¹ [NHS Long Term Plan > Obesity](#)
¹² Oxfordshire Health and Wellbeing Strategy 2024-2030. Available [here](#)

- Oxfordshire Food Strategy¹³
- Oxfordshire County Council strategic plan 2023-2025¹⁴

3 Key Issues

3.1 During 2023 the primary approach for the WSA to Healthy Weight has been identifying geographically targeted priority neighbourhoods to best progress work related to the prevention and healthy weight environment pillars. The learning from the HNA and DPH report has also supported developing the approach to procuring a new Tier 2 healthy weight contract for 2024.

3.2 Key achievements of the WSA to healthy weight action plan for 2023 are summarised within the table in Appendix 2. Some examples include:

- Undertaken a deep dive into small area data and identified areas with consistently high levels of excess weight for a targeted prevention approach.
- Delivered a systems workshop with a broad range of partners to springboard action related to prevention and environment.
- Developed detailed evidence-based briefing to support District Councils to word their Local Plan in line with recommendations from the HNA related to opening of new hot food takeaways
- Recruited a new post of Strategic Schools Physical Activity and Food Advisor to support the development of work in schools in priority neighbourhoods related to healthy weight and physical activity
- Commissioned Good Food Oxfordshire to undertake a review of cooking and healthy eating initiatives, with recommendations for future approaches
- Commenced the Good Food Retail Project, engaging with retail businesses in priority neighbourhoods, to adopt '100 healthier lines' allowing greater affordable healthy choices to residents.

3.3 The WSA to healthy weight focuses on the system approach to making change, and the biggest shift is likely to be from socio-environmental factors – the tiers of prevention and environment. However, providing support for those already experiencing overweight and obesity an important part of the approach.

3.4 The remainder of this update focuses on the support pillar of action plan, looking specifically at Tier 2 healthy weight provision. An overview of the Tiers of healthy weight support is given below in Figure 2. Colleagues from ICB will be presenting the current picture related to Tier 3 healthy weight provision. It should be noted that there is also an NHS Digital Weight Management Programme available to support adults living with obesity (BMI 30+) with a diagnosis of diabetes and/or hypertension with referral from GP or pharmacy¹⁵.

¹³ GFO (2022) Oxfordshire Good Food Strategy. Available [here](#)

¹⁴ Oxfordshire County Council (2023-2025) Available [here](#)

¹⁵ [NHS England » The NHS Digital Weight Management Programme](#)

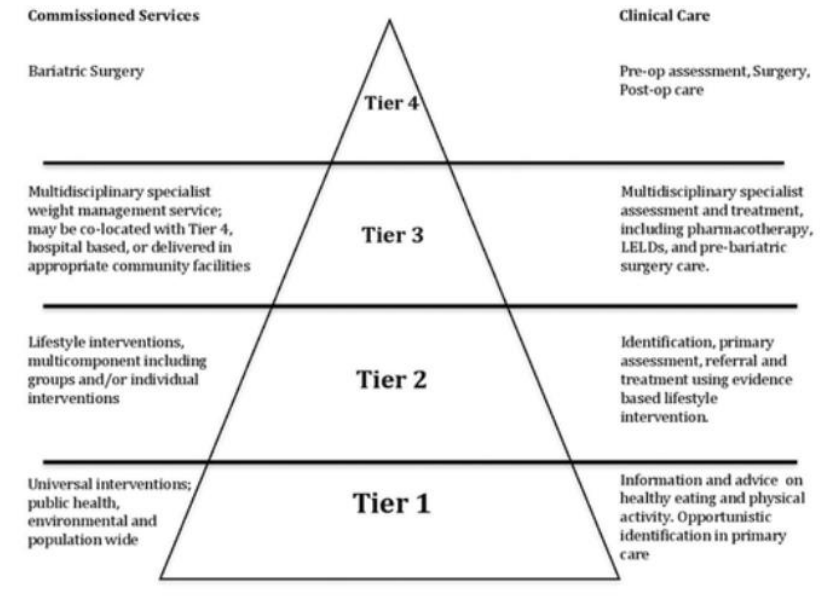


Figure 2: Outline of Tiered Healthy Weight Commissioned Services in England

Current Support Services in Oxfordshire – Tiers 1 and 2

3.5 Oxfordshire currently has two separate contracts for provision of Tier 1 and 2 healthy weight services, funded by Public Health; one focuses on overweight (BMI>28) residents aged 16 and above; the other service is a pilot service for children (4-12) and their families, implemented in 2022 following a notable increase in childhood excess weight. Both contracts expire end August 2024.

3.6 The current adult healthy weight service, delivers provision in line with national guidelines. Tier 1 prevention includes health promotion and training on how to talk about weight using a non-judgemental, compassionate approaches to a range of front-line professionals.

Tier 2 behavioural change programmes include a 'traditional' 12-week face to face and group programme, as well as commercial weight loss programmes such as Slimming World and Weight Watchers. Targeted provision includes 'Swim to Slim', Man V Fat (men only session), and pilot programmes working with ethnic minority groups within mosques, women only sessions and one to one sessions with individuals with mild-moderate mental health conditions.

3.7 The children and families programme, Gloji Energy was originally commissioned as a pilot for 18 months. It is delivered in priority neighbourhoods with highest prevalence of overweight and obesity, with participants with a BMI above the 91st centile. The programme is delivered in a group setting to children and their parents/carers, with separate educational sessions for accompanying adults whilst the children participate in physical activity. To date, the children's service has enrolled 160 children and their families onto the service. In year 1 the service met the target of 75% of completers maintained or reduced their BMI/z-score.

3.8 The adult service performs well on outcomes and KPIs which are set in line with NICE guidance¹⁶. The service enrolls up to 5000 participants per year on a programme with a 75% target for any weight loss, and 30% target for 5% weight loss both of which have been achieved through the lifetime of the contract. Where 6 month follow up is undertaken there are also good outcomes.

3.9 A health equity audit we undertook in 2023 found that some programmes offered performed better than others with relation to weight loss outcomes; however, it also found that this varied by participant type and that a range of programmes is required to ensure we are meeting the diverse needs of Oxfordshire population (e.g. men and women only sessions, specific groups for some ethnic minority groups).

New support services – Tier 2

3.10 We are in the process of recommissioning a new Tier 1 and 2 service for Oxfordshire. Alongside a review of current national guidance, recommendations from the Health Needs Assessment and learning from performance of both the adult and child services has been applied when developing the approach for a new Tier 2 contract. This will be a single contract taking a lifecourse approach for delivery. This allows for, a streamlined referral between children and adult services, and supports joined-up system working with relation to partnerships and development of innovation within the contract.

3.11 The new lifecourse healthy weight service will be delivered against the following aims as outlined in table 1 below;

Aim	Description
Training and capacity building	Healthy Weight administration and referral hub including ‘talking about weight’ training for a wide range of professionals in both health and social care, and broadly across community settings (countywide, bespoke, reactive)
Tier 1 & 2 Behavioural Healthy Weight Support	<p>Tier 1 Service providing age-appropriate information, advice and appropriate signposting for adults and families.</p> <p>Tier 2 universal lifestyle healthy weight service across the life-course. Adults (aged 18+) and children (aged 4 to 12 years old).</p>
Community development and innovation pilots	<p>Targeted Tier 2 innovation pilots to support residents with high levels of obesity and challenging to reach as identified in the HNA:</p> <ul style="list-style-type: none"> • Early Years 0-3 • Antenatal/postnatal women • Young adults (13-18 years old) • Ethnic minority groups • Mild to moderate mental health conditions • Priority neighbourhoods
Integrated leadership and partnership	Leadership and expertise contributing to local WSA to healthy weight, and building robust, established partnerships to further develop the service and system working.

¹⁶ [Overview | Weight management: lifestyle services for overweight or obese adults | Guidance | NICE](#)

Table 1; Outlining service aims for new lifecourse healthy weight service for Oxfordshire (September 2024)

- 3.12 Learning from the current contracts, as well as national evidence base, NICE guidance and examples of best practice from elsewhere in Country have been applied to develop the new specification. Tier 1 will provide health promotion opportunities as well as training frontline professionals across a range of organisations in ‘talking about weight’, with the aim to break down weight stigma, bias and promote a non-judgemental, compassionate approach across the County. The ‘universal’ Tier 2 offer will ensure delivery of a ‘proportionate universalism’ approach for a traditional 12-week programme for those who need it.
- 3.13 Innovation pilots have been included within the specification to support addressing unmet need as identified within the aforementioned HNA on healthy weight. They also give opportunity for community development, co-production of services, and a route to allow the provider to test and learn from novel approaches on how and where to engage these populations. Some of these innovation pilots will continue learning from the current service, such as working with ethnic minority groups and individuals with mild to moderate mental health conditions. Numbers through these innovation pilots are likely to be small; however, the process and outcome evaluation will inform future service development throughout the lifetime of the contract.
- 3.14 Integrated leadership and partnership will ensure that the service is embedded across the healthy weight system, bringing join up, promotion and development of the programmes on offer, as well as contributing to the WSA action plan, and more broadly to relevant local strategies as outlined in 2.6.

4 Budgetary Implications

- 4.1 Funding for the new lifecourse healthy weight service comes from the Public Health ringfenced grant.
- 4.2 The Public Health budget also contributes to a number of programmes related to the WSA to healthy weight.
- 4.3 The remainder of the WSA to healthy weight actions do not have budget attached and are required to be driven and supported across the system through partnership work.

5 Equalities

- 5.1 Ensuring voices and experiences of underrepresented and the most deprived communities are heard was a key priority of the Healthy Weight Community Insight Project completed in 2022. The findings of this work have contributed towards the HNA and recommendations.
- 5.2 Both the current and planned healthy weight services incorporates bespoke offers to diverse and multi-ethnic communities.
- 5.3 Both the DPH report and the HNA have highlighted the need to consider specific groups where the burden of excess weight is greatest, and work will focus around these areas. This includes some (but not all) areas of deprivation and specific target populations such as those with learning disability.

6 Communications

6.1 Communications related to the successful bid for the lifecourse healthy weight contract will include a press release, forging partnerships and embedding within existing working groups.

6.2 The WSA action plan includes work to consider how best to ensure the population and relevant professionals are aware of the support programmes available and other aspects related to WSA

7 Key Dates

7.1 The healthy weight tender closes on Friday 23rd February 2024.

7.2 It is anticipated that the successful provider will be announced in May 2024, with the new service commencing 1st September 2024.

Report authored by

Sal Culmer-Shields, Public Health Principal
Derys Pragnell, Public Health Consultant
February 2024

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Appendix 1 - WSA to Healthy Weight Action Plan 23/24



20230823 WSA
Action Plan Summary

Appendix 2 – Table summarising progress for 2022/2023 against the WSA to healthy weight action plan pillars

Pillar	2022 Achieved/Completed Actions	2023 Achieved/Completed Actions	2024 Next Steps/Progress
Prevention	<p>Implemented a pilot of Active Schools Framework for a whole school approach to physical activity</p> <p>Comissioned You Move (physical activity for children receiving FSM)</p>	<p>Began a review of evidence-based approaches to preventing excess weight in Early Years</p> <p>Local Healthy Start social marketing campaign developed to increase uptake of scheme supporting access to free milk, fresh vegetables and vitamins for those eligible</p>	<p>Plan evidence based approach to preventing excess weight in Early Years</p> <p>Evaluate effectiveness of Active Schools Framework</p> <p>School Food Advisor to identify and engage with schools within priority areas.</p>
Healthy weight environments	<p>Achieved Sustainable Food Places Silver Award for the County</p> <p>Completed a community insight project on healthy weight to inform HNA/DPH report and future commissioning</p>	<p>Identified key priority neighbourhoods for programmes and for partners to work together to achieve collective action</p> <p>Supported development of Food Action Working Groups related to Food Strategy</p> <p>Developed detailed information to support District Councils to word their Local Plan in line with recommendations from the HNA related to opening of new hot food takeaways</p> <p>Recruited a new post of Strategic School Food and Physical Activity Advisor to support the development of work in schools in priority neighbourhoods related to healthy weight and physical activity</p> <p>Commenced the Good Food Retail Project, engaging with retail businesses in priority neighbourhoods, to adopt '100 healthier lines' allowing greater affordable healthy choices to residents</p>	<p>Began working towards an Oxfordshire wide programme of support for existing eateries to provide a healthier offer to local residents.</p> <p>Working towards County level Sustainable Food Places Gold award.</p> <p>Explore recommendations from cooking and healthy eating report.</p> <p>Work with BiteBack to ensure youth voice of Oxfordshire is heard on healthy weight environments in leisure centres, advertising spaces.</p> <p>Continue to support Planning colleagues with wording or information required relating to Local Plans</p> <p>Work towards restriction of High Fat, Salt and Sugar advertising.</p>

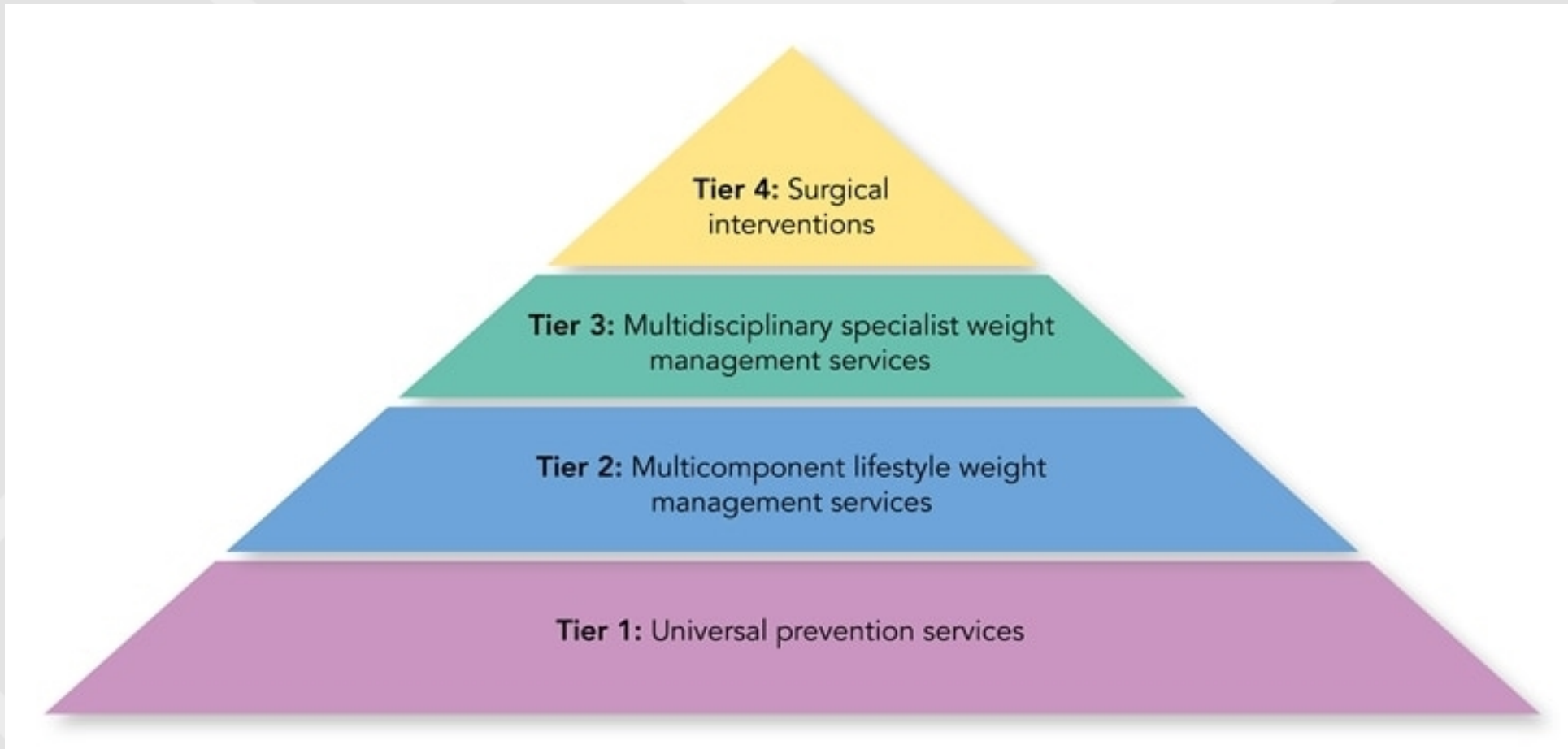
Pillar	2022 Achieved/Completed Actions	2023 Achieved/Completed Actions	2024 Next Steps/Progress
		Commissioned Good Food Oxfordshire to undertake a review of cooking and healthy eating initiatives, with recommendations for future approaches	
Support	<p>Expanded the adult healthy weight service to include bespoke programmes for diverse and multi-ethnic communities and those with mental health conditions;</p> <p>Commissioned a healthy weight support service for 4-12 year olds</p>	Undertaken a review of current services, health equity audit and current evidence base to inform planning for new services at Tier 1 & 2	<p>Recommission all age, Tier 1&2 Healthy Weight service for Oxfordshire</p> <p>Review adult healthy weight pathway across the system</p> <p>Tier 3 proposal to ICB Board</p> <p>Work with dietetics to develop a specific offer pregnant women experiencing overweight and obesity</p> <p>Work with Learning Disability team to explore upskilling workforce to support healthy weight in residents with LD.</p>
System Leadership	<p>Finalised WSA Action Plan</p> <p>Formed a core-working group for the WSA</p> <p>Supported development of the Food Strategy</p>	<p>Completion of Health Needs Assessment and Director Public Health Annual Report 22/23</p> <p>District Council and wider partners championed and attended a systems workshop to springboard related actions in June 2023</p>	Explore working with Food Active to develop system leadership on healthy weight for Oxfordshire, including sign up to the Local Government Declaration to Healthy Weight



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Tier 3 and 4 Weight Management - Oxfordshire

angela.jessop@nhs.net



Tier 3 Specialist Weight Management:

- Severe and complex obesity
- Intensive level of support through a multi-disciplinary team (MDT) approach
- For those who have not responded to previous interventions
- MDT specialists include:
 - Physician
 - Consultant
 - GP with Special Interest in obesity
 - Dietitian
 - Psychologist
 - Physical activity specialist
- Referral from GP (medical history and diagnostics required)



Luton and Dunstable Tier 3 Service

- **GP referral only**
- **6 month wait to first appointment**

Acceptance criteria for Tier 3:

- Patients with a BMI >35 with co-morbidities and who have failed to lose weight and maintain weight reduction at Levels 1 and 2, or
- Patients with a BMI >40 without co-morbidities, and only after failure of level 1 and 2 services
- Direct referral to level 3 includes patients with BMI >50
- The individual is aged 18 years or above

Use lower BMI thresholds (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds in line with NICE guidelines

Weight Wise

Oxfordshire Weightwise

Specialist support for complex diabetes , GP referral only for people with Type 1 diabetes , BMI ≥ 25 .

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To provide a specialist weight management service that supports people with complex diabetes to lose weight safely and to maintain a healthier weight whilst achieving acceptable glycaemic control

250 patients per year

Tier 4 – Bariatric Surgery

- OUH closed to new referrals
- Out of county providers:
 - Luton and Dunstable (15 month wait)
 - Royal Berkshire Hospital (2 year wait)

BOBF policy on severe and complex obesity: Eligibility for surgery

BMI of 40kg/m² or more, or between 35 kg/m² and 40kg/m² in the presence of other significant diseases. • There must be f

- Formalised MDT (multidisciplinary team) led processes for the screening of co-morbidities and the detection of other significant diseases. These should include identification, diagnosis, severity/complexity assessment, risk stratification/scoring and appropriate specialist referral for medical management. Such medical evaluation is mandatory prior to entering a surgical pathway.
- The individual has recently received and complied with a local specialist obesity service weight loss programme (non-surgical Tier 3 / 4), described as follows: This will have been for a duration of 12-24 months. For patients with BMI > 50 The minimum acceptable period is six months.

Medications for Weight Management

- Semaglutide (Wegovy) and Liraglutide (Saxenda) released at NICE technical appraisals
- ICB Pathway proposed:
 - Priority cohort of patients across BOB
 - Two recommendations – existing providers (OUH and Weightwise) or commission remote service
- 134,000 people eligible across BOB - Need for prioritisation

Health Improvement Board

ITEM x

29 February 2024

Oxfordshire Food Strategy - Update

Purpose / Recommendation

1. **The Health Improvement Board is asked to consider the progress made in relation to the development and implementation of the Oxfordshire Food Strategy**

Background

2. The Health Improvement Board last received an update on the development of the [Oxfordshire Food Strategy](#) in February 2022. At this stage in the development of the strategy, it was still in draft format and the Board were invited to provide feedback on the strategy.
3. The Strategy was developed over 2020-21 through a partnership between Good Food Oxfordshire (GFO), county and district councils. GFO is a representative organisation of over 150 members that includes community larders, academics, food and farming enterprises.
4. The development of the strategy and subsequent action plans has been overseen by the county-wide Good Food Oxfordshire Steering Group which has representatives from the county council (Public Health, Policy and Strategy), district/city councils, GFO, voluntary and community sector organisations, food producers and educational institutions.
5. This paper provides an update on the adoption of the strategy and progress made against the ambitions within the strategy.

Key Issues

6. The Oxfordshire Food Strategy has been developed in two parts, taking a similar approach to the [National Food Strategy](#) published in 2021. Part 1 of the Strategy set out the need for change, ambitions and showcasing examples of good practice.
7. Since the Board last received an update, the Strategy has been formally adopted and endorsed by the county council and each of the district and city councils. The overarching vision in the food strategy is to build a healthy, fair and sustainable food system for Oxfordshire. The ambitions that underpin the strategy are:
 - a. Food Justice – healthy, sustainable, and culturally appropriate food is affordable and accessible for everyone
 - b. Food for the planet – we waste less food and the food that we do produce, consume and waste has less negative impact on the planet

- c. Sustainable food economy – local food businesses flourish with more production, more outlets, more employment, and better standards for workers
 - d. Good Food Movement – more people can engage with and enjoy healthy, sustainable food through events, education, and campaigns that build connections, knowledge, and skills
 - e. Sustainable supply chains – more locally produced sustainable food is bought and consumed locally, and supply chains are more resilient
 - f. Governance and strategy – fair, healthy and sustainable food is integrated into strategies, policies, and plans of stakeholder organisations. Progress towards ambitions is monitored and evaluated.
8. The past year has been focusing on Part 2 of the strategy: the development of district level action plans. The strategy recognised that a ‘one-size-fits-all’ approach would not recognise the unique challenges and characteristics across the county. Instead, the plans have been developed by Food Action Working Groups within each district area.
9. Alongside this, the county council has developed an annual action plan covering the work that supports the ambitions set out in the strategy and will be providing seed funding to each district to assist with implementing their plans. The action plan covers actions to reduce food waste, support to Community Action Groups who run growing and eating campaigns and initiatives supported through Public Health which are outlined below.
10. This paper does not go into the detail of the action plans but recognises that individual councils are due agree their action plans via their Cabinet or Executive over the next few months.
11. Additional achievements that may be of interest to the Board are highlighted below and showcase the importance of working in partnership to create a vibrant and healthy food movement in Oxfordshire.

Sustainable Food Places Silver Award:

12. In November 2023, Oxfordshire was awarded a prestigious Sustainable Food Places Silver award. This Sustainable Food Places Award is a national, evidence-based recognition and celebration of places taking a joined-up, holistic approach to sustainable and healthy food. Awardees have demonstrated activity and impact across the food system by the local food partnership, and their stakeholders, to create a local ‘Good Food Movement’. This is a recognition of the excellent work of the food partnership and of stakeholders across the local area.
13. The creation of the food strategy, along with actions arising from it contributed to the silver award. Highlights of note from Oxfordshire’s Silver Award application included:
- Strong work around procurement, dignity and food access, mapping of food production and food waste.

- Integration of the food strategy and the work of the partnership into local priorities and strategies shows vision.
 - Great example of the transition from city to county scale and representation and participation through District Food Action Working Groups.
14. The next step will be to progress towards a Gold award in 2025. This award will require evidence that the partnership and the Sustainable Food Places programme is embedded and will be sustainable over the longer term. This will include:
- Strength/traction of the local food strategy and partnership and the degree to which they include key representatives and are recognised by key institutions and the wider food movement
 - Longevity of the partnership and Sustainable Food Places programme to date
 - That there is a culture of food activism and related food movement has developed across the county

Talking About Sustainable Eating Toolkit:

15. Following the adoption of the strategy, a communications toolkit was developed to help with having positive conversations about sustainable, healthy eating by focusing on health, environment and cost.
16. The toolkit includes case studies to reframe the conversation about sustainable and healthy food, demonstrating why change is important and myth-busting some commonly held views about sustainable eating.
17. Full information can be found here: [Talking About Sustainable Eating: A Communication Guide | Good Food Oxfordshire](#)

Priority Places Food Index:

18. The Consumer Data Research Centre, based at the University of Leeds, has developed a Priority Places Food Index which uses data to identify neighbourhoods that are most vulnerable to increases in the cost of living and which are likely to be food insecure.
19. A six-month project is underway between Public Health, Good Food Oxfordshire and the Priority Places Food Index team to enhance the mapping of food insecurity across Oxfordshire which can be used to inform targeted interventions in the areas most likely to experience food insecurity. It also incorporates health metrics so that the index can include the health impacts of food insecurity. An updated version of the index, featuring this joint working, was released in January 2024: [Priority Places for Food Index - Version 2 Released - Consumer Data Research Centre \(cdrc.ac.uk\)](#)

Budgetary implications

20. There are no direct budgetary implications arising from this report. Grant funding from the county council to the city and district councils has previously been agreed to support the delivery of actions associated with the strategy.

Equalities implications

21. The Oxfordshire Food Strategy has specific ambitions to promote a healthy and sustainable food system for everyone in Oxfordshire, including those working within the food sector and celebrating different cultural events through food.

Report by Lauren Rushen – Senior Policy Officer and Claire Gray – Health Improvement Practitioner

February 2024

Contact: Lauren Rushen (lauren.rushen@oxfordshire.gov.uk)

Oxfordshire ON THE MOVE

A whole system approach to physical activity in Oxfordshire

Whole system approach to physical activity

Components:

- **Expanded YouMove and Move Together programmes** to include maternity & Early Years
- **Physical Activity training** for health and social care professionals
- **Active Travel Community Outreach** in priority neighbourhoods
- **Expanded social movement** to increase activity levels through multiple partners taking action

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Approach:

- **Fully collaborative** together with ICB, County and District Councils; Public Health; Home Starts
- **Place based** and focused on **tackling health inequalities**
- **Cross theme collaboration** e.g. food access, green space and environmental improvement

Progress so far – Social Movement

Together, we have:

- Supported **470 children from priority neighbourhoods to learn to swim** and **3,800 school aged children now have access to discounted swimming lessons**
- Launched a **Falls prevention campaign**
- Delivered two **Active Neighbourhood Scans** in priority neighbourhoods and raised £40,000 of match funding
- Developed a new working group for **deploying volunteers in health pathways**

Progress so far – Social Movement

“OOTM has enabled more connections with partners and more collaboration. I have joined a falls prevention campaign working group which are meeting face-to-face later this month.”

79% of partners are now working with other organisations to encourage people to become more active

100% of responders confirmed they have made changes in how they support people to be active as a result of OOTM

Achievements to date

Utilisation of health services

Participants recorded **36% fewer GP appointments** in the 4 weeks prior to their 3-month review, compared to in the 4 weeks before their initial assessment.



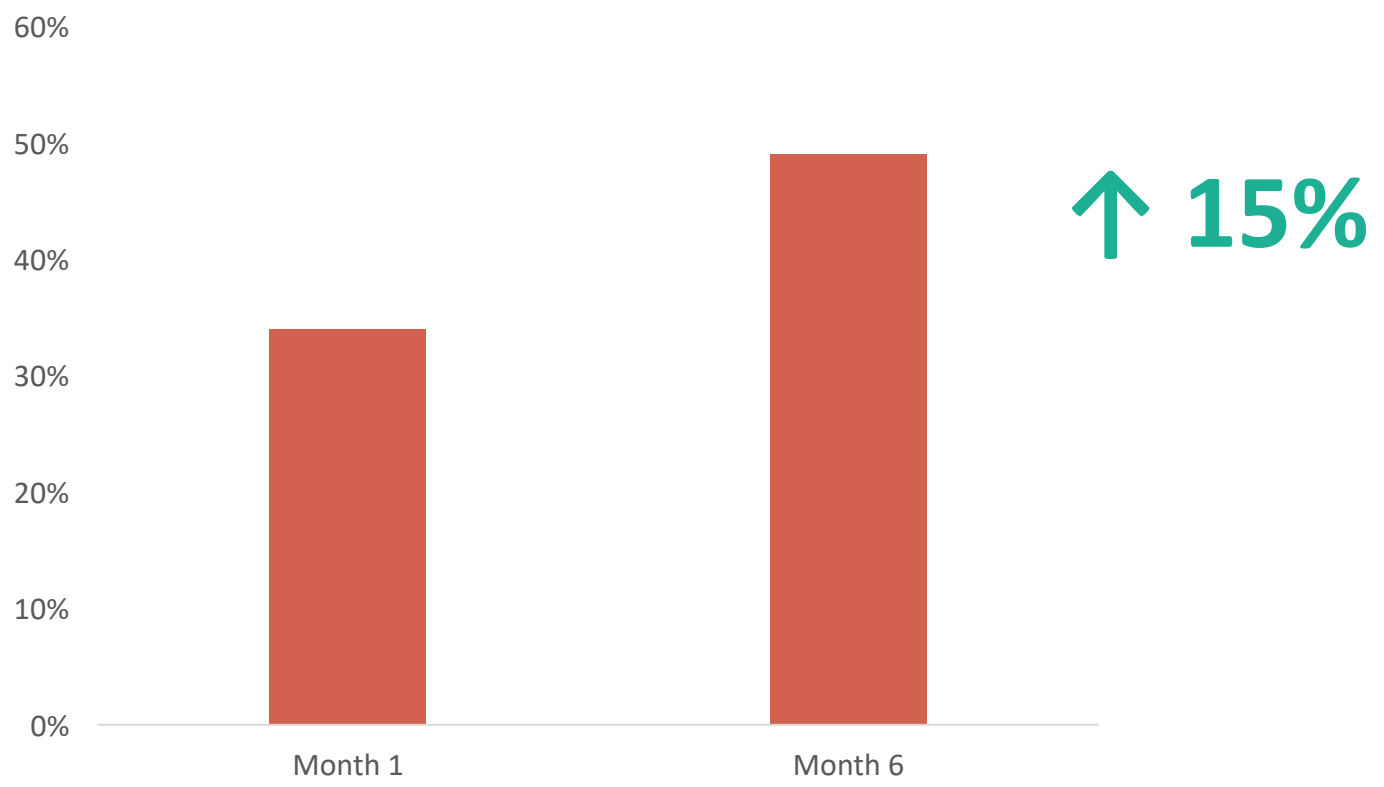
This can be translated into a saving of **4 GP appointments per participant per annum.**

There was a **28% reduction in 111/OOH demand** in the 4 weeks prior to 3-month review compared to initial assessment.

Participants reported **12% fewer falls.**

Achievements to date

Children achieving CMO guidelines



Ambitions

Move Together:

- Increasing the reach to **6300 residents over next 3-years.**
- Extending the pathway to support maternity, mental health, disabilities and anchor institutions.

YouMove:

- **Increasing the reach over 3-years to 18,000**, including Early Years, working together with Home-Start.

Social movement:

- A continued sense of ownership for partners
- 3 working groups fully established in 2024: *Falls Prevention, Swimming & Volunteer deployment*
- Further cross theme working in green prescribing, food access and tackling the climate emergency

Stories of change

“I have made some friends and connections, coming to class twice a week. When I leave the room I am the happiest I am all week, it’s the happiest I ever am, I feel so lifted by it.”

“When I move everything gets better”