

**REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE (HOSC):**

Director of Public Health Annual Report.

**REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY
COUNCIL, DR OMID NOURI**

INTRODUCTION AND OVERVIEW

1. At its meeting on 08 February 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing a summary of the upcoming Director of Public Health (DPH) Annual Report.
2. The Committee felt it was vital to receive an update on the ensuing DPH report and what it would outline in terms of Public Health's direction of travel. The Committee had not received the full DPH Annual Report, which had not yet been published at the time of the meeting on 08 February. The Committee understands that the DPH Annual Report, which has a specific focus on climate action and health, will be published and launched at Full Council in April.
3. The Committee had scrutinised this year's ensuing DPH Annual Report as an item in order to have an initial conversation around the overall direction of travel around climate action and health, which will be set out in the fully-published report. The Committee will therefore scrutinise the fully-published report at a later date in order to assess the deliverability of the stated objectives and recommendations around climate action and health.
4. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes any objectives, recommendations, or measures taken by the County Council to consider the relationship between climate and health, and the potentially adverse impacts of the former on the latter. Upon commissioning this item, the Committee sought to receive insights into the following:
 - The priorities and overall direction of travel being set by the Council's Public Health team for the upcoming year.
 - A summary of the key messages outlined in the upcoming DPH annual report.
 - An outline of some of the recommendations contained within the DPH annual report.
 - An understanding as to the rationale behind adopting a focus on climate action and health.

SUMMARY

5. The Committee would like to thank Oxfordshire County Council's Ansaf Azhar (Director of Public Health); Dr Rosie Rowe (Head of Healthy Place Shaping); and Dr Louisa Chenciner (Public Health Registrar and Academic Clinical Fellow) for attending the meeting on 08 February and answering questions from the Committee in relation to the upcoming DPH annual report.
6. The Committee Chair outlined that HOSC would return to this item again in the near future for the purposes of scrutinising the full DPH annual report subsequent to its publication.
7. It was explained to the Committee that this particular DPH annual report and its focus on climate action and health did not emerge from a vacuum, and that in late 2023, over 120 countries backed the COP28 climate and health declaration. Additionally, the United Kingdom's (UK) Health Security Agency published reports in 2023 which outlined some of the health effects of climate change on the UK. The Committee were also informed that major journals such as the Lancet and the British Medical Journal had also highlighted the impacts of the climate crisis on health.
8. The DPH annual report emphasised that health was the untold story of the climate emergency, but that this was surprising given the immediate and positive health benefits for individuals, families and communities which could be delivered through climate action. Climate action could be a means for achieving better health for all people and for all ages.
9. It was highlighted to the Committee that the DPH report explained the reasoning behind the focus on climate change and health; and that an elemental approach was adopted which included five domains including temperature, air, water, food, and nature. Local evidence and data would be drawn on to outline what the impact was in Oxfordshire in all the aforementioned areas.
10. Steps were already being taken as part of climate action which could produce health benefits for Oxfordshire's residents. These related to the following:
 - Creating energy efficient homes and buildings.
 - Sustainable travel and clean air.
 - Green Health and Social Care.
 - Healthy and sustainable diets.
 - Accessible green and blue spaces and nature.
11. The Committee were also informed that the DPH Annual Report included a set of recommended actions that revolved around two key areas including:
 1. Actions that the Oxfordshire System could embark on including: working together for cleaner indoor and outdoor air; improving access for all residents to safe and inclusive green and blue spaces; adapting and upgrading buildings, estates and facilities; working with suppliers and the supply chain to reduce carbon emissions; support the

establishment of an Oxfordshire Climate Mitigation and Adaptation Healthcare Network; build and continuously bolster community resilience.

2. A call to actions around national policy and funding including: reducing air pollution by investing in low-carbon and climate-resilient infrastructure; creating good, secure employment and reduce inequalities; improving resident's health and wellbeing by upgrading peoples' homes, healthcare facilities and schools; and boosting our physical and mental health by making it easy for people to walk and cycle.
12. The Committee enquired as to whether the DPH report would be explicit around the balance between any national directives around climate action and health on the one hand, and local concerns, nuances, or sensitivities on the other. The Director of Public Health responded that broadly speaking, the work around climate action and health was something that had to be undertaken locally within, as well as with the support of the community. It was imperative to understand what the specific benefits and needs of the local population of Oxfordshire were when embarking on climate action. The overall reframing of health was ultimately of significant benefit to the local community in Oxfordshire. This approach was not stemming from a purely climate angle, but was one that emanated from a local health and wellbeing perspective also.
13. It was also explained to the Committee that there was also work around anchor institutions, where all system leaders were being brought together. Within this context, an outcomes framework around climate action and health would also be developed.
14. In response to a query from the Committee around the level of stakeholder engagement taking place around climate action and health, it was confirmed that there was stakeholder collaboration with healthcare partners as well as with District Councils in order to gain their input and views. There was also input from the City and District Councils into the development of the report as well as its recommendations.
15. The Committee enquired as to what the end-product would be of the DPH report as well as its overall direction of travel around climate action and health. The Director of Public Health responded that the overarching message within this report was one that would be conveyed not only at the local level, but that it would also be adopted as a national lobbying effort to encourage further conversations and actions around climate and health. It was reiterated to the Committee that there was a strong commitment to close the gap between the two conventionally separate topics of climate on the one hand, and health on the other. The rationale of this report was to merge these two considerations into a more holistic understanding and approach toward climate and health in a manner that recognised the interconnections between the two areas.
16. The Committee enquired as to whether there was any work with schools to help educate and raise awareness amongst children at an early age around the

importance of climate action and health. It was confirmed that there was an outreach officer who would work with schools around climate action. However, there was no explicit work with schools that involved raising awareness of the interconnectivities between climate action and health. The purpose of this year's DPH report again was to therefore to raise awareness of this disconnect.

17. The Committee queried as to whether the pressures in the NHS were having an impact on the wider system and the objectives and measures being taken by the Council's Public Health team. The BOB ICB Place Director responded that each NHS organisation exercised transparency over their net zero plans, which could be found on each Trust's website. It was also explained to the Committee that the Director of Place had worked closely with the Director of Public Health to focus on reducing health inequalities countywide.
18. The Committee enquired as to what was new about the message in the DPH report on climate action and health, and how such commitments and recommendations outlined therein would differ from some of the work that was already being undertaken by the Oxfordshire system. It was responded that the County and District Councils as well as the NHS had already been making existing efforts and arrangements in an attempt to reach climate action targets. However, what the DPH report emphasised was the need for further integration of these efforts to accelerate the reaching of climate action targets but to also improve how the system understands the impact of climate on health. The Council's Public Health Team were also having conversations with Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust around encouraging active forms of travel for NHS staff.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

19. Below are some key points of observation that the Committee has in relation to the upcoming DPH annual report as well as the proposed overall direction of travel around climate action and health. These key points of observation relate to some of the themes of discussion during the meeting on 08 February, and have also been used to shape the recommendations made by the Committee.

Stakeholder Engagement and co-production: The Committee is glad to hear of the commitments to engage with relevant stakeholders around pursuing objectives around climate action and health. The Committee does not doubt that key stakeholders or the wider public will oppose the proposed approach to climate and health, and is confident that there could potentially be widespread support for this. However, the Committee urges for the Public Health Team to embark on a strong and focused journey of co-production. This will be crucial for three reasons:

1. To help raise awareness and understanding of the importance of climate action and the health ramifications that climate can have on people's overall health and wellbeing.

2. Helping residents to appreciate the importance of the climate action message, particularly at a time when other health or economic related challenges might be experienced by locals.
3. Creating a policy environment that is as transparent and democratic as possible in a way that is inclusive and that also takes into account the voices of vulnerable groups and communities.

Resources for Climate Action and Health: The Committee is broadly supportive of the message contained within the upcoming DPH report on climate action and health. However, it is vital that a commitment to a pioneering direction of travel around climate action and health should be accompanied with careful and strong considerations as to how to secure adequate levels of resources for this. This should include considerations as to:

1. The nature and levels of resources that will be required to embark on climate action in a manner that improves health and wellbeing for residents.
2. How such resources could be secured, as well as the specific contributions that system partners can each play to contribute to this. This should also include considerations as to how system partners could collaborate effectively to pool resources toward embarking on climate action in ways that has a knock-on effect on health and wellbeing.

Furthermore, and related to the point outlined earlier in this report around stakeholder/public engagement, the Committee feels that sufficient resources should be explored for embarking on the public communications aspect of the report's message around climate action and health. This communications and public engagement aspect could be a significant undertaking that could require a certain level of resource that may not be readily available.

Moreover, it is crucial that the Public Health Team, alongside relevant system partners, work to identify what the potential barriers as well as enablers are that could either facilitate or complicate the efforts to embark on climate action for the purposes of improving health and wellbeing. This should also include consideration as to how certain climate action measures may have financial implications on residents who may already be struggling in the context of a cost-of-living crisis. Therefore, the long-term objectives of climate action should be balanced with the current state of financial and economic affairs within the County.

Clarity around Governance Structures: The Committee believes that if the message and recommendations that the DPH report is making around climate and health are to prove as tangible as possible, then there should be some measure of processes and governance structures in the

realm of climate action as well as health. Whilst governance processes and arrangements around climate action and health may not readily exist, those organisations and individuals responsible for driving policy in these two separate areas should be clearly identified, and careful considerations should be made as to how identified leads can work effectively and collaboratively as a system so as to embark on climate action in a manner that benefits residents' health and wellbeing. The Committee feels that any associated legislative or regulatory barriers to the commitments to climate action should be made transparent and must be clearly understood amongst relevant system partners.

In addition, and related to the importance of governance arrangements, it is pivotal for there to be clear processes in place for the purposes of monitoring and evaluating any measures taken as part of climate action and health. Given that the work on climate action and health is at an early stage, the County Council and its system partners would significantly benefit from being in a position to evaluate the early steps being taken around climate action, and to be able to measure any impacts of such action on the health and wellbeing of Oxfordshire's residents.

RECOMMENDATIONS:

Below are the full list of recommendations issued by the Committee as part of the item on the DPH Annual Report held on 08 February 2024:

- 1. For the fully published DPH Annual report to come to a future HOSC meeting, with a view to further scrutinise the report and the deliverability of the commitments around climate action and health.*
- 2. For the full DPH report to incorporate a section with insights into Population Health, and to include an update on progress on recommendations from the previous DPH Annual report.*
- 3. For there to be clear and thorough engagement and co-production with key stakeholders around the commitments to climate action and health after the publication of the report. It is recommended that the local contexts and sensitivities are taken into account, with a view to balance these with national directives around climate action and health.*
- 4. For there to be clear transparency and indications as to the barriers and enablers surrounding commitments to climate action and health. It is recommended that sufficient avenues of funding and resources are secured for the purposes of delivering these ambitions, and for collaboration with key system partners for the purposes of this.*
- 5. For there to be clarity around any governance structures or processes around climate action and health. It is recommended that there is transparency around any key leads responsible for relevant policy areas around climate and health to understand individual/organisational commitments, as well as to understand any associated regulatory or legislative barriers to these commitments.*

6. *To ensure that clear processes are in place for monitoring and evaluating the measures taken as part of climate action, with specific attention to the implications that such measures may have on residents' health and wellbeing.*
7. *To raise educational awareness and understanding of the importance of climate action and its implications on health.*
8. *For next year's DPH Annual report to be brought as a full draft to the Committee's spring meeting, with a view to scrutinise the draft and provide feedback in a public meeting ahead of its official publication.*

Legal Implications

20. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 - Power to scrutinise health bodies and authorities in the local area
 - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.
21. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
22. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Annex 1 – Scrutiny Response Pro Forma

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