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To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 10 September 2020 at 2.00 pm

Virtual Meeting



Yvonne Rees
Chief Executive

Date Not Specified

Contact Officer: **Julieta Estremadoyro, Partnership Board Officer**
Tel: (01865) 326464; Email:
commissioning.partnershipboard@oxfordshire.gov.uk

Membership

Chairman – Councillor Andrew McHugh
Vice Chairman - District Councillor Louise Upton

Board Members:

Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Dr Kiren Collison	Clinical Chair of Oxfordshire Clinical Commissioning Group
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Daniella Granito	District Partnership Liaison
Diane Hedges	Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Det Chief Insp Clare Knibbs	Domestic Abuse Lead, Thames Valley Police
Andy McLellan	Healthwatch Oxfordshire Ambassador
Cllr Michele Mead	West Oxfordshire District Council
Eunan O'Neill	Consultant in Public Health, Oxfordshire County Council
Cllr Helen Pighills	Vale of White Horse District Council
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health, Oxfordshire County Council
Vacant	District Council Director Representative

Notes:

- **Date of next meeting: 19 November 2020**

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**

2 to 2:10pm
10 minutes

The Director of Public Health, Ansaf Azhar, will provide an update on the COVID 19 situation in Oxfordshire.

- 5. Notice of Any Other Business**

2:10 to 2:15pm
5 minutes

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 - 12)**

2:15 to 2:25pm
10 minutes

To approve the Note of Decisions of the meeting held on 14th May and to receive information arising from them.

- 7. Performance Report - Effect of COVID 19 (Pages 13 - 16)**

2:25 to 2:35 pm
10 minutes

Report presented by Ansaf Azhar, Director of Public Health, OCC

To receive an update on performance and discuss any Red or Amber rated indicators in the context of COVID 19.

- 8. Director of Public Health Annual Report**

2:35 to 2:55
20 minutes

Report presented by Ansaf Azhar, Director of Public Health, OCC

To explain the focus of the recent Director of Public Health Annual Report and present the findings.

The report is available at:

<https://www.oxfordshire.gov.uk/sites/default/files/file/public-health/PublicHealthAnnualReportMay2020.pdf>

9. Report from Healthwatch Oxfordshire Ambassador (Pages 17 - 20)

2:55 to 3:05pm
10 minutes

Report presented by Andrew McLellan, Healthwatch Oxfordshire trustee

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

10. Drug and Alcohol Partnership Strategy (Pages 21 - 48)

3:05 to 3:15pm
10 minutes

Report presented by Kate Holburn, Head of Public Health Programmes, OCC

To sign off the Drug and Alcohol Partnership Strategy for Oxfordshire.

BREAK

5 minutes break

11. Affordable Warmth Network (Pages 49 - 52)

3:20 to 3:30pm
10 minutes

Report presented by Alison Vickers, Project Manager, National Energy Foundation.

To receive an update on the latest development.

12. Housing Support Advisory Group update (Pages 53 - 56)

3:30 to 3:40pm
10 minutes

Report presented by Jaffa Holland, Chair of HSAG and Gillian Douglas, Assistant

Director for Housing, OCC/CDC

To update the Board on the work of the Housing Support Advisory Group including

- Performance indicators update
- Progress of actions taken in the context of COVID 19 responses.

13. Active Oxfordshire Report (Pages 57 - 66)

3:40 to 3:50pm

10 minutes

Report presented by Annie Holden and Alan Webb, Active Oxfordshire

To update the Board on

- Active Lives data
- Information on COVID- 19
- Actions on areas of deprivation
- Ambitions on tackling inactivity and inequality.

14. Changing Streets as an effect of COVID 19 (Pages 67 - 78)

3:50 to 4:00

10 minutes

Report presented by Rosie Rowe, Healthy Place Shaping lead, Wellbeing Directorate, Cherwell District Council

To update on funding opportunities and the Healthy Place Shaping agenda in the context of COVID 19.

15. Forward Plan (Pages 79 - 80)

4:00 to 4:05

5 minutes

Presented by Eunan O'Neill, Consultant in Public Health, OCC

Discussion and suggestions for future items.

16. Any other business

ITEMS FOR INFORMATION ONLY

- Making Every Contact Count
Report prepared by Kate Austin, Health Improvement Practitioner, OCC
- Healthy Weight – Whole System Approach
Report prepared by Jannette Smith, Health Improvement Principal, OCC

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 14th May 2020 commencing at 14:00 and finishing at 16:00

- Present:**
Board members
- Cllr Andrew McHugh, Cherwell District Council
Cllr Louise Upton, Oxford City Council,
Ansaf Azhar, Director of Public Health, Oxfordshire County Council
Cllr Lawrie Stratford, Oxfordshire County Council
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Michele Mead, West Oxfordshire District Council
Eunan O'Neill, Consultant in Public Health, Oxfordshire County Council
Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group
Daniella Granito, District Partnership Liaison, Oxford City Council
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
- In attendance**
- Rosalind Pearce, Chief Executive, Healthwatch Oxfordshire
David Rouane, Cabinet Member for Housing and Environment, South Oxon DC
Jeannette Smith, Health Improvement Principal, Oxfordshire County Council
Jaffa Holland, Chair of the Housing Support Advisory Group
Gillian Douglas, Assistant Director, Housing and Social Care Commissioning, Oxfordshire County Council and Cherwell District Council
Sarah Carter, Domestic Abuse Lead, Oxfordshire County Council
- Officer:** Julieta Estremadoyro, Oxfordshire County Council
- Apologies:** Cllr Maggie Filipova-Rivers, South Oxfordshire District Council (David Rouane deputising)
Andy McLellan, Healthwatch Oxfordshire Ambassador (Rosalind Pearce deputising)
Jon Capps, Detective Chief Inspector, Thames Valley Police

ITEM	ACTION
1. Welcome Cllr McHugh welcomed	

<p>Cllr David Rouane, Cabinet member for Housing and Environment, South Oxon DC</p> <p>Rosalind Pearce, Chief Executive, Healthwatch</p>	
<p>2. Apologies for Absence and Temporary Appointments Apologies received as per above.</p>	
<p>3. Declaration of Interest</p> <p>Cllr McHugh declared that he will be taking over as the Chair of the Tobacco Control Alliance (re: Item 9 in the agenda).</p> <p>The members did not find any conflict of interests regarding this.</p>	
<p>4. Petitions and Public Address There were none</p>	
<p>5. Notice of Any Other Business None</p>	
<p>6. Note of Decisions of Last Meeting</p> <p>The notes of the meeting held on 20th February 2020 were signed off as a true and accurate record.</p> <p>Cllr McHugh announced that the pending actions will be taken with officers offline as not to spend time going through at the meeting.</p> <p><u>Actions from 21st November meeting:</u></p> <p><u>Item 9 - Oxfordshire Prevention Framework</u></p> <p>All members of the HIB to use the Prevention Framework in their planning for prevention and review of how they tackle health inequalities. - Ongoing</p> <p><u>Action 12 – Alcohol and Drugs Draft Strategy</u></p> <p><i>Kate will bring the finished strategy and action plan for 2020-21 to a future meeting for information and discussion. – For 10th September meeting.</i></p> <p><u>AOB</u></p> <p>Cllr Upton enquired on whether the HIB is ready to go ahead with a workshop on social prescribing. She had spoken with a GP about it and his opinion is that this is a really good time. Kiren thought that a more general view from GPs should be gathered. <i>Kiren and Jackie to progress discussions. Ongoing</i></p>	

Actions from 21st November meeting

*A report from Active Oxfordshire will be requested to illustrate current work to address inactivity across age span within the districts, but particularly in West Oxfordshire and Cherwell where current inactivity levels are higher. Ansa Azhar further requested that the report should include details of work to target areas of deprivation and further breakdown within districts if possible. **For a future meeting - In the Forward Plan***

Actions from 20th February meeting:

Item 10 – Preventing Cardiovascular Disease

*Explore having a future agenda item on local Clean Air initiatives – **For a future meeting – In the Forward Plan***

Item 12. Priorities and targets for 2020-21

A draft proposal for performance monitoring, reflecting these comments, will be brought to the next meeting for discussion and approval – **For a future meeting**

Ansa Azhar, Director of Public Health (DoPH), provided an update on COVID 19 in the county:

It has been an unprecedented task trying to deal with the worst pandemic of a lifetime.

The way of people, community, public services have rallied together have been phenomenal.

The government has now announced plans on how the lock down will be lifted as the number of infections and death have been reduced. A 5-system level is in operation. The levels rely on the R number (the rate of infection). UK started at an R figure of 4 with one person passing the virus to three others. We are now in level 3 with a rate of infection of 1 person to another one. This is a sign that we have started to come out of the peak.

The plan is a gradual lifting of the lockdown but if the rate of infection increase we will see a reversal of this.

We will live with the virus for the foreseeable future in the absence of a vaccine or antibody testing.

Oxfordshire numbers are coming down and is comparable to the national average. The only way to bring this infection down is to test and trace. The contact tracing programme is now introduced.

Community transmission is quite low, and the hot spots are in care homes. Testing measures have significantly increased in these settings and specifically care home plans have been introduced.

In the county, the testing programme put in place is coordinated with all the partners and aims to control any new outbreak in clusters as quickly as possible.

All

Questions and commentaries:

Is there a local modelling response for when the second peak occurs (Kiren Collison)?

There are predictions that the second peak could occur in August/September time. It all depends on the effects of the ease off. There are model figures until the end of June. They are purposely stopping there to evaluate next step in the light of what could happen with the easiness of the lockdown. Otherwise the modelling will have very low predictability and will be dangerous to inform decisions based on this (Ansaf Azhar).

Care Homes: Reassurance that OCC is taking all the necessary step to support residents and staff (Rosalind Pearce)

COVID 19 have been a real issue in Care Homes. Measures have been put in place to manage this. There is a local provision of testing for staff and residents and direct support to care homes in terms of infection prevention, PPE and training.

Oxfordshire are well placed supporting care homes with a local commission service that link GPs to nursing homes and clinical leadership to care homes. There is medication reviews and care planning. OCCG have regular meetings with providers that provide feedback on what they are needing in terms of support (Diane Hedge)

7. Performance Framework

Ansaf Azhar DoPH, referred to the paper *Performance Report* (page 11 in the agenda pack).

He clarified that COVID 19 has had an impact on these measures, but the results won't show until the next quarter. For example, the number of people going to hospital has reduced and has led to an increase in non-related COVID 19 deaths, which is concerning.

There are reductions in immunisation/vaccinations, cancer screening uptakes, smoking cessation and more. The NHS Health Check programme has stopped during this time.

They are having conversations and messages developed on how to get people to attend hospitals and also on how to resume preventative services to reduce the wider negative health effects of people not accessing care for non-COVID health issues.

The next quarter report will be expected to show a reduction on performance. There are key indicators that need to be part of a conversation on recovery with our health colleagues. This is going to be really important.

Questions and commentaries:

<p><i>Does smoking increase the risk to have a serious illness from COVID 19? (Cllr McHugh)</i></p> <p>Yes, it does hence the importance to highlight this to smokers. This could be an opportunity to convince people to stop smoking and achieve a smoke free Oxfordshire by 2025 (Ansaf Azhar)</p> <p><i>On social prescribing and COVID 19 – The current crisis has revealed the importance of the community. How we can liberate that social capital. There is a need to define a range of schemes and approaches as part of the recovery programmes. What it has worked and how this could be influence the way going forward (Diane Hedge)</i></p> <p>This is a really important point, different kind of working during COVID 19 can have a positive impact in the community. How we can mobilise some of these things into a wider agenda. There is a need to review the performance metrics on the back of that (Ansaf Azhar)</p> <p><i>Social Prescribing measure: “In year 1, from 19 PCNs in Oxfordshire, eight PCNs have commissioned a voluntary sector provider to employ a Link Worker post per PCN and five PCNs have employed a Link Worker post in house. Other PCNs have not yet taken up”. - Cllr Upton suggested to write to those PCNs who has not appointed a link worker since they are going to be really important in helping people to combat social isolation. Kiren Collison added that the OCCG is aware of the challenges with the PCNs.</i></p> <p>Board members suggested that Kiren uses OCCG contacts to bring this concern to the PCNs or get further information.</p>	
<p>8. Joint Strategic Needs Assessment</p> <p>Ansaf Azhar DoPH, referred to the <i>Joint Strategic Needs Assessment 2020 – Draft 26th March 2020</i> (link to the online version in the agenda)</p> <p>The JSNA was going to be launched at the Health and Wellbeing Board meeting on 19th March but that meeting was cancelled. The document available is the final draft version.</p> <p>Key points:</p> <p>The JSNA has taken a different approach and the information is very much presented in an interactive style. It is easier to search through, much more user friendly.</p> <p>There is a mix of national and local statistics and links to research carried out by organisations in Oxfordshire. There are more inequalities maps. Oxfordshire is relative healthy but there are areas that has significant health inequalities in comparison with the rest of the country. These areas present higher rate of mortality and effects of COVID 19.</p> <p>The gaps in early development between lower income people and other sector of the population has increases, a significant indicator from the attainment point of view.</p>	

There are large numbers of preventable deaths caused by illness related to overweight or obesity.

The key message is that Oxfordshire as a whole is one of the most affluent areas in the country but when digging down areas of poorer health communities with significant rates of premature mortality stand out.

Ansaf will prepare his annual report on inequalities. Public Health is aiming to produce a profile for the 10 wards that features as the 20% most deprived in the country.

At the moment, a profile of Banbury Ruscote is being produced. In this profile, they are looking at how the data of this ward compares with the rest of Oxfordshire and which community organisations and other assesses are available to address the level of inequalities. Specific solutions will be proposed. The same work will be replicated to the other deprived wards.

The data they are looking at is hospital admissions, premature mortality, substances misuses. There is a need for a targeted approach This is the main objective the wards profile is trying to achieve.

Ansaf thanks the whole team who put together the JSNA document

9. Final Tobacco Strategy for Oxfordshire

Eunan O'Neill referred to the documents *The Oxfordshire Tobacco Control Strategy 2020-25 and the Oxfordshire Tobacco Control Alliance: The Final Push, a draft Tobacco Control Strategy for a smoke free society in Oxfordshire 2020-2025 (page 17 in the agenda pack)*

The key aim of the Oxfordshire strategy is to reduce the prevalence of smoking in the adult population to below 5% by 2025 and make Oxfordshire the first smoke free County in England.

After the last HIB meeting they received quite a lot of press interest about the ambition, which is very positive. The approach that they would like to take is one that goes further than support people to quit smoking, which has been successful so far. This wider system approach compromised four pillars: prevention, local regulation and enforcement, creating smoke free environments and supporting smokers to quit.

The strategy went to Public Consultation from 11th March to 12th April.

They are receiving support from the Department of Health and other high-profile national organisation on the strategy ambitions.

Questions and commentaries:

Concern on the cost of smoking related diseases on the NHS and negative perception of members of the public of intervention from the government offices to prevent smoking (Cllr Stratford)

The majority of people in the county (9 out of 10) does not smoke. The vast majority do not want the air polluted by second-hand smoke and have the right to demand the children grew up in an smoke free society. The terms “nanny state” is often used by tobacco companies which are a powerful lobby. It is alright to find resistance and negative comments, but the objective is the betterment of the whole population. (Eunan O’Neill)

It is a success story that over a number of years there have been a reduction from 60% of smokers to 10%. The most important is to prevent children from start smoking, to work with the schools should be part of the strategy (Cllr Upton).

There has been work on prevention, changing the child environment, persuading parents who are smokers to quit. They are working with schools and local academies too. (Eunan O’Neill)

The objective is to prevent an environment in which is easy to take up smoking. This is when the four pillars mentioned comes in and this included prevention and changing the environment. The work on prevention starts in schools but also involved prosecuting the illegal trade of tobacco. The law enforcement role is very important. It also necessary to look at the inequalities, who are the people who smoke. Smoking is more prevalent in the deprived wards and in certain group of workers. (Ansaf Azhar)

What is the policy on vaping (David Rouane)

Vaping has been getting a bad press because it is not regulated in the US but in UK is heavily regulated. Vaping with the intention of quit smoking is positive because vaping is less harmful (Eunan O’Neill)

There is not a silver bullet for this tobacco control strategy; it is a combination of factors. Vaping has a role, but it is necessary to keep an eye on it. (Ansaf Azhar)

A Change in primary legislation to prevent cheap illicit tobacco trade is urgently needed to force the magistrate to act as they should, ordering the close of premises (Cllr McHugh)

Despite of lack of legislation trading standards teams are strongly intervening on tobacco control. Their reports feed the decision on licensing (Eunan O’Neill)

The Board members congratulate Eunan and all the people involved on a great report.

Recommendation to the HIB

The OTCA Tobacco Control Strategy creates a strong foundation to achieving the ambition for a smoke free Oxfordshire by 2025. The strategy has been broadly welcomed by the public and partners across the County. The Health Improvement Partnership Board is recommended to approve and sign off the strategy which contributes to reducing health inequalities and improving health for all residents in Oxfordshire.

All board members agreed to approve and sign off the strategy.

10. Mental Wellbeing Framework

Jannette Smith referred to the document *Report on the Prevention Concordat for Better Mental Health* (page 30 in the agenda pack)

Janette updated that the Concordat partnership group met between September and March to develop the Oxfordshire Mental Health Prevention Framework, this included mapping the current provision and looking at the partnership approach. The Framework was developed alongside the Suicided and Self Harm Prevention Strategy as described in the document.

The current challenge is how they re-engage with the whole partnership remotely. The framework should not sit on the shelf now after all the work that is has been done. It is necessary to move forward within the existing climate. The detailed action plan would need to be reviewed but the Framework very much seats within this COVID 19 climate when there is an urgent need to support good mental wellbeing. The priorities within the group should be reviewed in light of this. This will be the main tasks in the next couple of months.

Questions and commentaries:

The Framework should include a way to harness the explosion of people volunteering during the crisis with the added benefit that volunteering is good for mental health. There is a need for more volunteer coordinators. Oxford City has officers coordinating volunteers in various parts. This should be scale up. (Cllr Upton)

The police and the probation services would be an important addition to the Partnership (Cllr Stratford)

It has not been easy to bring the right partners around the table to develop the Framework. The police have been feeding to the Suicide and Self Harm Prevention group. In the next stage of the work the partnership will be reviewed, and they also will liaise more research bodies. Additionally, community groups and voluntary sector can engage with the Concordant without signing up to the partnership (Jannette Smith)

How to evaluate success – how to evaluate what it sets to do and what has been achieved. How the improvements would look like in two years' time (Rosalind Pearce and Diane Hedge)

Oxford Brookes is supporting the design of an evaluation framework that should be completed in six months. They were developing the details action plan considering what it was measurable, the outputs as well as outcomes. When this is ready, they can start recording results straight away (Jannette Smith).

At the moment, there are community resilience group working on the recovery process. It would be ideal if they could consider the Framework when providing services moving forward. (Dani Granito)

Members of the Board congratulated Janette on a good report

11. Housing Support Advisory Group Update

Gillian Douglas and Jaffa Holland referred to the document *Covid-19 and Homelessness* (page 91 of the agenda pack)

The document is a snapshot on how the local authorities have been responding across the county to rough sleepers and people at risk of rough sleeping during COVID 19. The pandemic represented a risk to the individuals themselves but also to other members of the public from the Public Health perspective.

At time of writing, there were 223 rough sleepers and single homeless people in housing placements. It does demonstrate how if they move away from the tent about priorities needs and have a government mandate to step beyond the usual housing legislation, they are able to accommodate people swiftly. This took a matter of days.

The major concentration of people is in the city of Oxford itself. Local authorities have to commission hotel accommodation and in the case of Oxford City Council the youth hostel opened and was repurposed to take rough sleepers. Some of these placements are quite precarious because there are some high-risk people who has drug and alcohol addictions and mental health needs, some of them very entrenched rough sleeper. It was a big achievement to be able to get them into hotels. However, there is a greater challenge now, to ensure that they do not return to the streets providing housing led solutions. They are working as a county wide set of local authorities alongside with the OCCG and with Public Health (OCC).

They are relying in finding landlords willing to offer properties. They are liaising with Register Providers (Housing Associations) that they work with and private landlords. There are positive signs that the market has shifted since the lockdown. There will be a number of voids in the social and private sector landlords more willing to engage with these group of people.

Once they find the properties is necessary to put the right support in place as no landlord is going to take somebody where there is a very high chance that the tenancy could fail. They are making a very strong presentation to the government to get funding for temporary accommodation and Housing First style of accommodation. Housing First is a model with intensive tenancy support to make that tenancy work. They still do not have further information on that.

The City Council has also set up a COVID 19 provision to move people who present symptom to a place they can self-isolated. Additionally, there is a "Covid-Protect" accommodation for people who are asymptomatic but high clinical risk.

They are trying to understand the need of people in hotels to being able to move them on. Organisations like Turning Point are engaging with people trying to understand where people can move best. Some of these individuals have a long and chaotic history of self-neglect. Housing First accommodation implied supporting people for many years in some cases. Hence, the importance of the lobby to get extra funding.

<p><u>Commentary/Questions</u></p> <p><i>Behaviour of people at the hotels, positive that providers let people to stay. Very impressive work to manage to accommodate everybody in such a short time frame (Diane Hedge)</i></p> <p>There has been a good cooperation in Cherwell with the neighbouring policing team who has been able to attend calls. Hotels have been flexible, but they needed to protect the residents and for these to abide the rules. Despite all efforts, in Cherwell five people needed to be evicted from hotels and a couple of cases have abandoned their accommodation. They would have liked not to have to evict any.</p> <p>Cllr McHugh congratulated everybody involved in a great work considering the speed in which they have to deliver. Amazing effort.</p>	
<p>12.Domestic Abuse update</p> <p>Sarah Carter referred to the document <i>Update on Oxfordshire’s strategic response to Domestic Abuse under Covid-19 restrictions</i> (page 95 in the agenda pack)</p> <p>There are actions taken during the crisis that are bringing aspects of the Domestic Abuse strategy forward. They were aware that as soon as lockdown happen would be an incredible difficult period for people experiencing domestic abuse, trapped at home with their abuse partner. They quickly got together a multiagency group. Sarah praised the amazing agencies that work very dynamically in the last weeks.</p> <p>The agencies are meeting weekly to ensure that services are adapted and able to deliver in the present circumstances. They all manage to do it using virtual online telephone support for victims.</p> <p>There was an initially drop in referrals and lower call out to police and this was very concerning, however, things are starting to look better now.</p> <p>Regarding recovery, they expect they will be lots of work to do supporting people mental health after all what they have been through.</p> <p>Sarah highlighted key initiatives such as developing an app for victims they can discreetly use to communicate with advice services. This is a really innovative piece of work that does not exist in other parts of the country</p> <p>There are also rolling other initiatives such as consultation rooms in pharmacies where victims can access local information.</p> <p>Sarah also highlighted the ways they have disseminate information as described in the document.</p> <p><u>Questions and commentaries:</u></p> <p><i>Reassurance that the information/communication has been translated in other languages (Rosalind Pearce)</i></p>	

<p>Oxford Against Cutting runs campaign against FMG and Force Marriage in various languages. They have further plans to translate more information (Sarah Carter)</p> <p><i>Healthwatch Oxfordshire has been working in providing the information in other languages regarding COVID-19. They could support Sarah's work (Cllr Upton and Rosalind Pearce, see the report in page 103).</i></p> <p><i>The information in public spaces did not stand out (Cllr Upton)</i></p> <p>The posters have been intentionally subtle in providing information to prevent controlling partners or families from restricting a victim's access to help. They wanted to advertise but not in a way that a victim could be prevented for attending. There is a fine balance to be met. (Sarah Carter)</p> <p>Sarah was congratulated by members of the Board for all the work they are doing.</p>	
<p>13. Forward plan</p> <p>Diane Hedge suggested to consider as an agenda item for the next meeting social prescribing regarding COVID 19 in the Forward Plan. Maggie James from OCCG could be contacted as first instance</p> <p>Cllr Upton would like to discuss in a further meeting the enormous pool of volunteers arising from the NHS Appeal at the start of COVID-19. She would like to hear from the Royal National Volunteer service who were overseeing the initiative.</p> <p>Ansaf Azhar would like to present the Director of Public Health Annual Report at the next meeting.</p> <p>Action: Members of the board who attend the agenda planning meetings to look at the Forward Plan in the light of Covid-19</p>	
<p>14. AOB</p> <p>None were raised</p>	

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Health Improvement Board 10 September 2020

Performance Report

Background

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

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.
5. The latest update for some indicators relates to 2019/20; therefore, RAG rating for those indicators refers to 2019/20 targets. Performance for indicators included in this report can be summarised as follows:

Of the 16 indicators reported in this paper:

8 indicators are **green**

5 indicators are **amber**

3 indicators are **red**

- 2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)
- 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years
- 3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

Health Improvement Board Performance Indicators

2020/21

	Measure	Baseline	Target 2019/20	National or Locally agreed	Update	Latest	RAG	Notes
Good start in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target <6% by 2022)	Q4 19/20	7.1%	A	This is the year to date figure
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q4 19/20	93.1%	A	
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q4 19/20	92.5%	A	
	1.15 Maintain the levels of children obese in reception class	7.8% (17/18)	7%	L	2018/19	7.6%	G	Cherwell 7.9% Oxford 9.0% South Oxfordshire 7.3% Vale of White Horse 7.0% West Oxfordshire 6.3% Update Aug 2020: This will not reach target as programme stopped due to COVID19
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2018/19	15.7%	G	Cherwell 17.8% Oxford 16.4% South Oxfordshire 13.0% Vale of White Horse 15.7% West Oxfordshire 15.2% Update Aug 2020: This will not reach target as programme stopped due to COVID19
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	Nov-19	17.8%	A	Cherwell 19.6% Oxford 14.1% South Oxfordshire 18.9% Vale of White Horse 14.8% West Oxfordshire 23.1%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	3,468 per 100,000	L	Q4 19/20	3562	G	
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	55%	N	Sep 2019 to Feb 2020	53.2%	A	

	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	99% at year end (84%, 89%, 94%, 99%)	L	Q1 20/21	No data	-	Targets will be set when national guidance is received on restarting the Programme and when/if local suppliers are prepared to commence delivery
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	50.5% at year end (41.6%, 44.1%, 47.1%, 50.5%)	L	Q1 20/21	No data	-	Targets will be set when national guidance is received on restarting the Programme and when/if local suppliers are prepared to commence delivery
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	68.2% (all ages)	80%	N	Q3 19/20	68.6%	R	
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years	Q4 2017/18	80%	N	Q3 19/20	76.6%	R	
Ageing Oxford	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sep 2019 to Feb 2020	76.3%	G	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q3 19/20	67.4%	G	
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q2 19/20	69.6%	R	Cherwell 78.1% Oxford 70.3% South Oxfordshire 77.8% Vale of White Horse 80.5% West Oxfordshire 79.8%
Tackling Wider Issues that determine health 2	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-29)	<208	L	Q4 19/20	198	G	Cherwell: 41 Oxford: 93 South Oxfordshire: 19 Vale of White Horse: 19 West Oxfordshire: 26
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	>75%	L	Q2 19/20	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	<90	L	Q3 19/20	80	G	Cherwell: 11 Oxford: 62 South Oxfordshire: Vale of White Horse: West Oxfordshire:

4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q4 19/20	377	-	Cherwell: 83 Oxford: 56 South Oxfordshire: 92 Vale of White Horse: 72 West Oxfordshire: 74
4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q4 19/20	159	-	Cherwell: 41 Oxford: 40 South Oxfordshire: 17 Vale of White Horse: 28 West Oxfordshire: 33
4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q4 19/20	5	-	



Healthwatch Oxfordshire - Brief Note to Health Improvement Board Meeting September 2020.

Since the last Health Improvement Board meeting in May, Healthwatch Oxfordshire staff have continued to work from home, and adapt ways of working and reaching out.

Annual Impact Report 2019-20

We published our Annual Impact Report 2019-20 in June 2020 and this can be found on our website <https://healthwatchoxfordshire.co.uk/our-reports/annual-reports/>.

Immediate impact our work achieved included:

- **Boater's better access to health care** - Healthwatch Oxfordshire boater's access to health card is being distributed across the country by the Canal and Rivers Trust and Gypsy and Travellers Association.
- **OX4 on the spot** - the Chair of Clinical Commissioning Group uses our OX4 research to support their Report on Deprivation and Health Inequalities.
- **Smiling matters** - Care Quality Commission (CQC) report supports Healthwatch Oxfordshire's findings and recommendations including oral health checks for care home residents along with improved access to dentists.
- **Dental training in demand** - Oxfordshire Community Dental Service experienced increased demand for its oral health care training for care home staff since our report into Oral Health in Care Homes.
- **Greening the garden** - Healthwatch Oxfordshire visits to Vaughn Thomas Ward, Warneford Hospital in Headington, gave voice to patients' pleas for more plants and furniture in their garden. Staff on Vaughan Thomas Ward did the 5K Gung ho and raised £2,700 and will invest in the garden.
- **What happened to my idea?** - Listening to people at the Witney Adult Mental Health Service they wanted to know what happened to their suggestions. We told the staff this and so did the Service User Involvement workshops and now there is a 'You said, we responded' notice boards at each of the three hubs.
- **Night-time care** - An Enter and View visit recommendation from Healthwatch Oxfordshire to a care home to 'carry out a review of how care is provided during the night' led to training and support for all staff provided by Oxfordshire Safeguarding Team; enhanced rates of pay for night shift to attract applicants and management presence at the start and end of the night shift. The result - staff are better supported and residents better cared for.

- 64 recommendations were made following 19 Enter and View visits to mental health services, of which 26 were implemented within three months.

Listening from near and afar

Since May 2020, we have been reaching out to Oxfordshire residents including:

- Carried out research and published report on Care Homes experience of managing Covid-19, with 26 homes responding. Information from this report was presented to the cross system Covid-19 joint social care Bronze response cell to support quick understanding of the issues- especially around testing and PPE, and also used by CQC for Government Social Care Covid19cTask Force group, and Healthwatch England, plus coverage on BBC Radio Oxford and South Today.
- Short survey to Patient Participation Groups to understand how they had worked with GP surgeries at this time, including supporting website information changes, communication around Covid-19 and support to shielding individuals.
- Focused on social care and launched two surveys which are currently live:
 - On experience of unpaid carers looking after family members or friends in their home
<https://www.smartsurvey.co.uk/s/Unpaidcarers/>
 - On experience of people employed in home care support
<https://www.smartsurvey.co.uk/s/Paidcarers/>
- Completed questionnaire on use of pharmacy, with additional information on impact of Covid-19. This will be published shortly.
- Produced report on experience of mental health services delivered by Oxfordshire Mental Health Partnership (OMHP). This was taken to OMHP Management Group meeting and report with comments from providers will be published online shortly.
- Continued joint work with Oxford Community Action to design and distribute a survey focused on views of community wellbeing-working through community champions (Somali, East African, Palestinian, Sudanese, Syrian, East Timorese and others) within new and emerging communities in Oxford. We had planned this together in late 2019, but Covid-19 issues meant that we worked with OCA on other areas, such as Covid-19 translated information. We relaunched the survey in July and distributed via online and food parcels. We have had 137 responses to date and will be producing and disseminating a report together shortly.
- Produced a report commissioned by Oxfordshire County Council on people's experience of 2018 policy change to social care financial contributions and communications.
- Continued to gather information on resident's health and care services via our Feedback Centre, and online forms with focus on Covid-19.
- All reports and responses from health and social care providers are available on Healthwatch Oxfordshire website <https://healthwatchoxfordshire.co.uk>

Ongoing activity:

- Continue to highlight the need for translated materials for communities in Oxfordshire, in order to give up to-date information on Covid-19. A column in Oxford Mail focused on this <https://healthwatchoxfordshire.co.uk/news/healthwatch-oxfordshire-article-in-oxford-mail/> . We have also liaised with Oxford Health on production of translated materials for Talking Space, and with Oxford Domestic Abuse Services
- Worked with Oxford Community Action and Replenish Oxford to produce leaflets on how to read food labels in Swahili, Tetum, Somali, Arabic. These were distributed via Hurst Street Food Hub to over 300 families, and are being used by Oxford Hub and Good Food Oxford
- Despite challenges of face to face activity, we have continued to reach out to local groups, system meetings, and to raise awareness of Oxfordshire Wellbeing Network, and to maintain constant flow of trustworthy and accessible information. We are continuing to build our work with communities facing inequalities in health.
- Will be continuing to focus on social care this year, developing different ways to make sure we can hear from a wide cross section of individuals

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Drug and Alcohol Partnership Strategy 2020 - 2024

FINAL DRAFT

Contents

Vision	4
About this strategy	4
Executive summary	5
National Strategic context	6
Societal challenges of substance misuse	6
Violence and knife crime.....	6
County Drugs Lines - Child Drug Exploitation.....	7
Parental alcohol and drug misuse.....	8
Homelessness	8
Local Strategic Context	8
Oxfordshire Joint Health and Wellbeing strategy 2018 - 2023.....	8
Police and crime plan, Thames Valley 2017 - 2021	9
Oxfordshire Children and Young Person’s Plan 2018 to 2022.....	9
Director of Public Health Annual Report	10
Partnerships	10
Demonstration of need	11
Alcohol.....	11
Drugs	12
Homelessness and rough sleeping.....	12
Children and young people.....	13
Crime	14
Mental health	14
Priorities	15
Implementation.....	16
Governance	16
Reporting.....	16
Action plans	16
Measurement of Outcomes	17
APPENDIX 1 : OVERVIEW OF DATA	18
ALCOHOL	18
SUBSTANCE MISUSE IN CHILDREN AND YOUNG PEOPLE	19
DRUG USE.....	20
CRIME	21
OTHER VULNERABILITIES.....	22
DRUG AND ALCOHOL SERVICES	23
PERFORMANCE.....	23

OTHER KEY FINDINGS FROM THE DRUG AND ALCOHOL NEEDS
ASSESSMENT 2018/19: 25
REFERENCES..... 26

Vision

To work together to reduce the harm caused to individuals and to society by misuse of alcohol and drugs. This includes work on prevention, early intervention, treatment and promoting sustained recovery.

About this strategy

This strategy has been developed in collaboration with a range of partners to highlight the current challenges presented as a result of substance misuse in Oxfordshire, and to identify local priorities. It presents data on the impact of drug and alcohol use, and an assessment of need in this area.

The strategy will be used by the Safer Oxfordshire Partnership, and provides information for all partners and strategic health bodies in Oxfordshire to ensure we have commonly agreed priorities for tackling the harm and social challenges caused by substance misuse.

Every effort has been made to reference information that has been used in this document and the complete list is available at the end of the document.

Executive summary

Substance misuse is an issue that affects a broad spectrum of people across the population. The impact on society can be seen in several ways including crime, health and the economy. Alcohol and drug consumption is linked to many social determinants of health, and disproportionality affects disadvantaged populations. There is a significant financial burden associated with substance misuse in the UK.

As a result the strategic context for this partnership strategy is broad ranging but supports local priorities within Oxfordshire. It is recognised that the impact of COVID-19 has changed the pattern of drug and alcohol use, and this will be better understood in due course.

An assessment of need has highlighted the challenges that the use of drugs and alcohol in society present:

- Reduced health outcomes, especially associated with deprivation
- The link between illicit drugs and violence and other criminal activity,
- The significant threat posed by County Drug Lines (CDL) , to vulnerable adults and children being drawn into exploitation.
- The need for support in vulnerable populations such as the homeless and those with mental health needs.
- The national and local challenge of unmet need for alcohol services

The priorities identified in this strategy are;

1. Reducing the risks to children and young people associated with substance misuse, including:
 - Combatting Country Drugs Lines, and Child Drug Exploitation, to safeguard children and young people from this risk
 - Identifying and addressing substance misuse in parents, to reduce the impact on children and parents.
2. Reduce the harms caused by alcohol, and in particular:
 - a. addressing the unmet need for alcohol support and treatment.
 - b. Improving earlier identification and prevention of alcohol harm
3. Supporting the vulnerable and complex needs population to address substance misuse and associated harms, with particular focus on:
 - Those with dual diagnosis (mental health and substance misuse)
 - Homeless population and those vulnerably housed
 - Those in deprived areas.

National Strategic context

Substance misuse is an issue that affects a broad spectrum of people across the population. The impact on society can be seen in several ways, ranging from child exploitation, reduced social and health outcomes for individuals, and impacts on the night-time economy. Alcohol and drug consumption is linked to many social determinants of health, and disproportionality affects disadvantaged populations.

There is a significant financial burden associated with substance misuse in the UK. Alcohol related harm costs to society are estimated to be £21 billion per year, which is made up of £11bn cost of crime, £3bn cost to the NHS and £7bn lost productivity, sickness or unemploymentⁱ Also in 2010/11 the home office estimated that illicit drug use cost society £10.7bn per year. ⁱⁱ

Substance misuse has significant impact on an individual's health. Analysis of literature showed that alcohol is the third leading risk factor for death or disability, after smoking and obesity, and is linked as a causal factor for more than 60 diseases. Also there is a much greater risk of mortality for substance misusers. Drug related deaths are significantly increasing in England and Wales, with latest figures showing a 16% annual increase (2018)ⁱⁱⁱ

Mental health and substance misuse are closely linked, and a dual diagnosis can be a challenge for patients. The Mental Health Taskforce Five Year forward view has ambition for people with diagnosed mental health problems accessing the holistic services they need, recognising the challenges to accessing these services when there is a dual diagnosis.^{iv}

There are also socio-economic factors associated with alcohol and drug use. Both drinking and illicit drug use is seen in greater proportions in populations with higher deprivation. Populations with severe disadvantage, such as the homeless, those with poor mental health, and offenders have a strong association with substance misuse.

Since the COVID pandemic started, and the lockdown in March 2020, the environment for substance misuse has changed significantly. The night-time economy closed, social activities ceased, general movement of people reduced significantly, and rough sleepers were provided with emergency accommodation. This has had an impact on the consumption of drugs and alcohol that is still being understood.

Societal challenges of substance misuse

There is a constantly changing picture of the challenges that the use of illicit drugs, and the excessive use of alcohol present. In addition to the health challenges highlighted above, there are some specific contexts in society which are significantly impacted by substance misuse, many of which are linked.

Violence and knife crime

The illicit drugs market has a recognised link to violent crime, which has been documented both nationally and internationally.^v This is due to both the psychotic

effects of the drugs, and the fact that any conflict between rival gangs controlling drug market areas is settled through violence and intimidation.

The World Health Organisation has recognised the need to adopt a whole system approach to preventing violence and this is reflected in their Sustainable Development Goals, several of which are related to tackling violence or addressing the risk factors for violence.^{vi}

The Serious Violence Strategy^{vii} made tackling this issue a national priority, and this was supported by providing funding for Violence Reduction Units and providing a Youth Endowment Fund which can be used to put early intervention efforts into tackling youth offending. All community safety partnerships have “Tackling Violence” as one of their priorities.

Locally in the Thames Valley region this has been tackled by commissioning a number of services providing primary, secondary and tertiary prevention interventions, with the aim of having a long-term reduction of violence.

The Thames Valley Violence Reduction Unit (VRU) vision is to have a generational and sustainable shift away from the increasing tertiary demand (i.e. response to incidents) through more primary interventions (e.g. education and prevention work) and targeted secondary intervention (e.g. intervention with youth offenders to prevent further criminal activity). All VRUs are adopting a multi-agency approach to preventing violence which is supported by the framework of a public health approach.^{viii}

County Drugs Lines - Child Drug Exploitation

The 2018 Home Office Serious Crime Strategy^{ix} states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

The children involved in this activity are the victims of Child Drug Exploitation. This practice is very closely linked to violence, and the provision of early intervention and prevention is essential to protect children from this crime.

The criminals operating the County Drugs Lines business model can supply illicit drugs from urban areas through to more rural areas and smaller towns. They are highly adaptable if disrupted, forming new lines rapidly, and rely on targeting vulnerable children to carry substances around and be the contact point. The most commonly supplied substances through this route are heroin and crack cocaine though other substances such as cannabis are also supplied.^x Groups involved in County Drugs Lines cause significant harm through criminal activity, through firearm use, violence and exploitation of young people and vulnerable adults.^{ix}

County Lines present a major threat to community safety across the country and this is equally felt in the Thames Valley^{xi}.

Parental alcohol and drug misuse

The use of substances by parents has been shown to be a factor in children and young people requiring intervention from Children Social Care services, and is recognised in as a factor where for children and young people on plans, in serious case reviews, and amongst young carers.^{xiii} In addition, domestic abuse and mental health are often seen together as complicating factors in the parents of children engaged with local authority children's services. The impact of this can be seen in an increase in demand for children's social care services, and also an increase in hidden harm, and unmet need for children, whilst the needs of the parents are not always met. Recently, children's social care services have introduced multi-disciplinary support for parents to help them address their mental health and substance misuse needs and combat domestic violence, with the aim of reducing the barriers to effective parenting.

These factors are also recognised as being adverse childhood experiences. Evidence has shown that an adult who has experienced four or more adverse childhood experiences is significantly more likely to be a high-risk drinker or use drugs.^{xiii}

Homelessness

In the environment of COVID-19, the response to homelessness has been a rapidly changing situation. In March 2020 the Ministry of Housing Communities and Local Government (MHCLG) stated that all rough sleepers should be brought into emergency accommodation^{xiv} and subsequent policies plan to avoid anyone needing to go back to rough sleeping.

Evidence has shown that people who are homeless or sleep rough have a range of complex health and social care needs. There is also a high prevalence of substance misuse amongst people who are homeless or experience rough sleeping^{xv xvi}. There is not a simple solution to responding to these needs and a multi-agency approach is required to be successful. Tackling the substance misuse in this population is a key step to enabling them to move on from this crisis point.

The MHCLG provided funding for the Oxfordshire Homeless Trailblazer Programme, which aimed to prevent homelessness by taking a multi agency approach to intervening earlier before the person reached a crisis point.^{xvii}

Local Strategic Context

The Drug and Alcohol Partnership Strategy is being developed in the context of the priorities and objectives of key strategic bodies within Oxfordshire.

Oxfordshire Joint Health and Wellbeing strategy 2018 - 2023^{xviii}

The following priorities within this strategy support actions to reduce the impact of drug and alcohol.

A Good Start in Life

- Enable children and young people to be well educated and grow up to lead successful, happy, healthy and safe lives.

- Schools and universal services working together with local, targeted and specialist services is key to improving outcomes.
- Shift the focus to prevention and early help through real partnerships and using resources effectively.

Living well

- Shift the focus to prevention, enabling people to get the information and support they need to make healthy choices.

Tackle inequalities

- We need to use information effectively to identify communities and groups who experience poorer outcomes and ensure the right services and support are available to them, measuring the impact of our work.
- We need to work together to build on the success of recent years in coordinating our approach to wellbeing challenges which are the responsibility of multiple agencies. Examples of this are coordinated work for homeless people and people suffering domestic abuse with City and District Councils

The **Oxfordshire Prevention Framework 2019-2024** ^{xix} has been developed with these priorities in mind, adopting the principle of:

- **Prevent** illness
- **Reduce** the need for treatment
- **Delay** the need for care

The use of alcohol and drugs impacts on several preventable risk factors identified in the prevention framework, but there are also specific recommendations for alcohol:

- *Joint ambition for addressing alcohol related harm across the partnership.*
- *The Alcohol Care Team (ACT) in the hospital trust is expanded. Use of fibrosis scanning to assess alcohol related liver damage early.*
- *The Community Safety Practitioner service in the Emergency Dept is increased in capacity to work with the ACT and other services.*
- *Identification and Brief Advice / referrals in primary care increased.*
- *Increase accessibility to alcohol services for the whole population, including those drinking at harmful but not hazardous levels.*

[Police and crime plan, Thames Valley 2017 - 2021](#) ^{xx}

This Plan identifies the priorities of the Police and Crime Commissioner in the Thames Valley

Reducing Re-Offending

- Substance abuse
- Gangs and Knife Crime

Serious Organised Crime and Terrorism

- Exploitation of vulnerable people

[Oxfordshire Children and Young Person's Plan 2018 to 2022](#) ^{xxi}

This plan describes 5 Areas of Focus, Of which the following support the wider agenda around drug and alcohol work:

Be happy and healthy

- be confident that services are available to promote good health and prevent ill health early in life and before crisis
- access services to improve overall well being

Be safe

- be protected from all types of abuse and neglect

Director of Public Health Annual Report^{xxii}

This strategy takes into account the priorities of the Director of Public Health's Annual Report, which highlights the challenges and opportunities we face in Oxfordshire. Of specific interest to the substance misuse agenda, are;

- Focus on social and wider determinants of health, of which substance misuse is a factor, and how these expose inequalities in some wards in Oxfordshire.
- Focus on prevention along the Promote, Prevent, Reduce, Delay model

Partnerships

Oxfordshire has benefited from a Drug and Alcohol Partnership Strategy for several years, producing outputs such as a joint approach to "Legal Highs". It has been clearly identified in the local and national strategies mentioned in this document that multi-agency, and partnership working is essential to be able to effectively solve the complex challenges posed by substance misuse. The partners, who can work together to deliver this strategy, include:

- Public Health, Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Primary Care Providers including GPs, Pharmacists
- Ambulance and first response services
- Local Medical Committee and Local Pharmaceutical Committee
- Adult services, Oxfordshire County Council
- Children, Education and Families, Oxfordshire County Council
- District Councils including Community Safety and Housing Teams
- Early Years settings, schools, colleges and universities in the county
- Housing and homelessness services
- Substance misuse services
- Thames Valley Police
- Local representatives of the Armed Forces
- Probation services
- Public Health England
- Oxfordshire Fire and Rescue Service
- Youth Offending Service
- Licensing Teams
- Oxford University Hospitals Trust
- HM Prison Services
- Oxford Health NHS Foundation Trust
- NHS England
- Charities and voluntary sector
- People in services and their families.

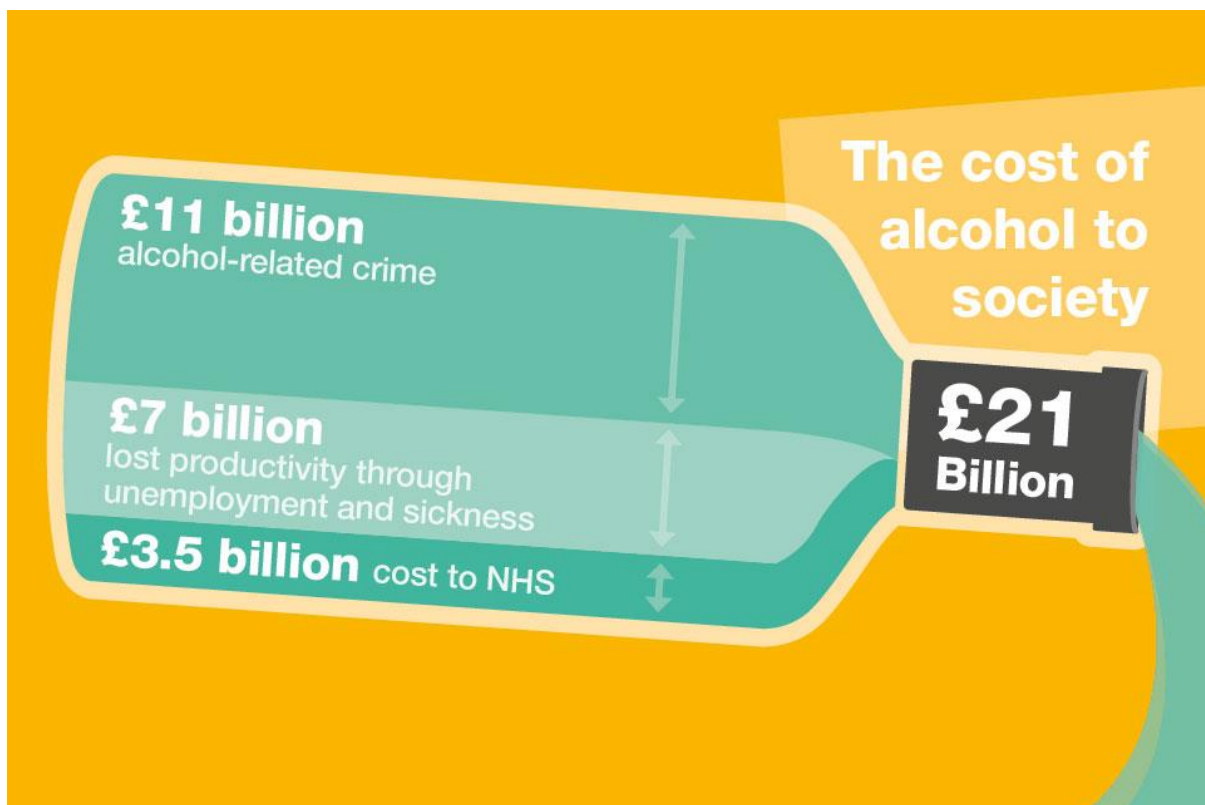
Demonstration of need

A number of data sources have been reviewed to identify the specific needs for the substance misusing population in Oxfordshire. A detailed Drug and Alcohol Needs Assessment^{xi}, considering a wide range of available data sources, was completed in 2018 and this has been used to inform the priorities of this strategy. More up to date information has been reviewed from the draft 2020 JSNA and other sources, and this is summarised in Appendix One. In addition, a Health Needs Assessment for the Adult Street Homeless Population^{xxiii} was completed in 2019 and this has informed our understanding of this population.

The information below gives a summary of the key findings from this review and the proposed priorities as a result of the areas of need identified.

Alcohol

Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.



Source : <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

National data shows that more men than women drink alcohol, with 30% of men and 14% of women drinking at increasing or higher risk levels. Also, adults in the least deprived areas are more likely to drink at increased risk levels. The COVID lockdown has had an impact on people's drinking habits with a greater proportion of those aged 35 to 74 drinking at higher risk levels, and a greater volume of alcohol purchased by the lesser deprived areas. ^{xxv}

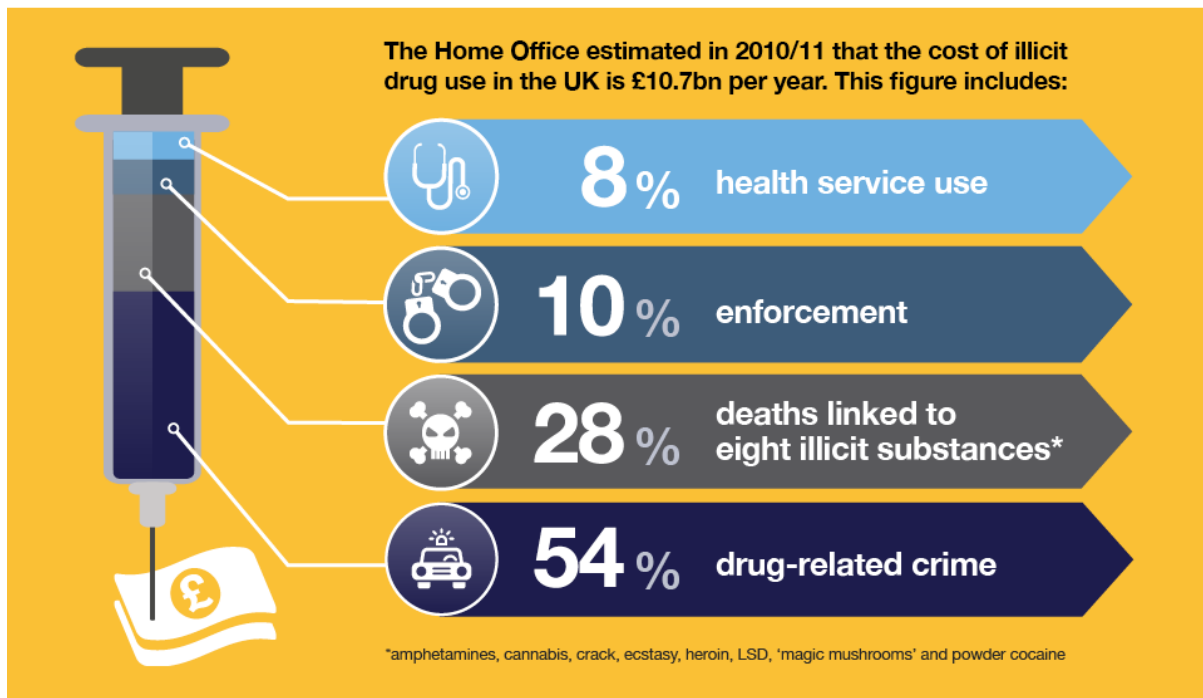
Alcohol related hospital admissions for adults are lower than national average in Oxfordshire however this is balanced against a national challenge of unmet need for alcohol services which is higher than average in Oxfordshire at 86.4%.

Drugs

The use of illicit drugs has a significant cost to society, linked to the health needs and criminality.



Healthmatters Drug misuse harms society



Source : <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths#resources>

In Oxfordshire, the use of illicit drugs has increased since 2015 /16 with 5% of adults saying they've taken a drug in the last month. Also, there's an increasing trend in the use of Class A drugs; particularly the use of powder cocaine and ecstasy in 16 to 24-year olds. The use of Class A drugs is associated with the night-time economy and generally in more urban areas. Hospital admissions for the use of drugs peaks between the ages of 25 and 34 in Oxfordshire, and although admissions amongst older people are low, numbers are rising in those aged over 45. These admissions rates are linked with levels of deprivation

Whilst drug related deaths in Oxfordshire are lower than national average, when considering this at a district level, more than half of the Oxfordshire drug related deaths were in Oxford.

Homelessness and rough sleeping

The needs of the rough sleeping population are well recognised nationally and range from substance misuse to mental health and other general health needs. This is a

vulnerable population who are at risk of being targeted by or being involved in criminality.



Source : <https://publichealthmatters.blog.gov.uk/2019/09/30/health-matters-rough-sleeping/>

The Health Needs Assessment for the Adult Street Homeless Population (2019) identifies provision of substance misuse support as a clear need for this population within Oxfordshire. The assessment identified there were around 1000 homeless adults either sleeping rough or in supported accommodation over the course of a year. Around 80% of these are male but the proportion of women is increasing. Rough sleeping is in greater concentration in the cities within the County, with the highest levels in Oxford.

Children and young people

The proportion of children drinking or using drugs increases between the age of 11 to 15 years. 6% of pupils in this age group said they drank alcohol at least once a week whilst 17% reported having taken drugs in the last year.

Substance misuse is a recognised factor in a child needing interventions from local authority children's services. Substance misuse, often seen in tandem with other issues such as poor mental health, conflict in families and domestic abuse have a significant impact on an adults' parenting ability and therefore a long-term impact on the child's welfare. In Oxfordshire, drug misuse and alcohol misuse were noted as the 3rd and 4th highest risk factors in the assessment of children in need, after domestic violence and mental health, and these were both higher than the England average in 2018/19^{xxvi}

Alcohol related hospital admissions in Oxfordshire for children are significantly higher than for England and the South East region, and admissions are higher in females than males.

Crime

Substance misuse is closely linked with criminality, with alcohol related crimes accounting for 5% of all crimes in Oxfordshire in 2019, and Oxford recording the highest number out of the districts.

One of the greatest current risks associated with illicit drugs is Child Exploitation and County Drugs Lines. The drug and alcohol needs assessment from 2018/19 reported 14 County Lines operating around Oxfordshire at that time. This data will not reflect the current position as county lines rapidly evolve to maintain the supply chain for illicit drugs, but this issue continues to cause a significant safeguarding challenge in Oxfordshire.

Mental health

The Drug and Alcohol Needs Assessment identified that more than half of individuals who seek drug and alcohol treatment services have concomitant mental health treatment needs (dual diagnosis) . This is a common thread amongst other areas of vulnerabilities such as homelessness and is also recognised by Children's Social Care in parenting needs.

Priorities

The priorities for the Drug and Alcohol Partnership are based on an overview of national surveillance data and the review of the needs in Oxfordshire, also the local and national strategies.

In order to achieve effective outcomes for this strategy an agreed approach **of data sharing and joint working across agencies will continue to be adopted**, as it has in previous years.

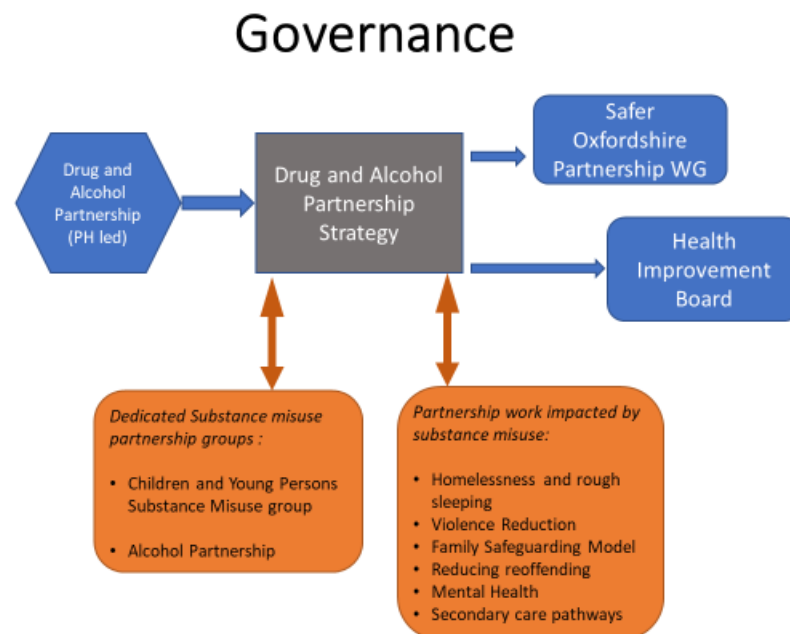
The priorities are;

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 - Identifying and addressing substance misuse in parents, to reduce the impact on children and parents.
2. Reduce the harms caused by alcohol, and in particular:
 - addressing the unmet need for alcohol support and treatment.
 - improving earlier identification and prevention of alcohol harm
3. Supporting the vulnerable and complex needs population to address substance misuse and associated harms, with particular focus on:
 - Those with dual diagnosis (mental health and substance misuse)
 - Homeless population and those vulnerably housed
 - Those in deprived areas.

Implementation

Governance

The governance for this strategy is defined below. The Drug and Alcohol Partnership Strategy is a virtual partnership, led by Public Health, and reports to the Safer Oxfordshire Partnership Working Group, and the Health Improvement Board.



There are two partnership groups which focus specifically on substance misuse; the Children and Young Persons Substance Misuse Forum, and the Alcohol Partnership Group. However, substance misuse has an impact on a far wider range of social issues and this strategy highlights partnership work in those areas. These areas include, but are not limited to:

- Homelessness and rough sleeping
- Violence Reduction
- Family Safeguarding Model
- Reducing Reoffending
- Mental Health
- Secondary care pathways

Reporting

An annual report will be developed reflecting the work that has been undertaken in all partnerships relevant to this strategy and presented at the Safer Oxfordshire Partnership Working Group and Health Improvement Board.

Action plans

The substance misuse partnership groups will develop an action plan and implement actions based on these priorities.

For partnership groups where substance misuse is a factor in the work, actions will be reviewed to achieve alignment with the priorities in this strategy. Action plans will be reviewed annually.

Measurement of Outcomes

The overarching indicators this strategy will be:

Number of users of OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.

Target : >6.6%

Number of users on NON-OPIATES that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.

Target : >36.6%

"Number of users on ALCOHOL ONLY that left treatment successfully (free of alcohol dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of ALCOHOL ONLY users in treatment.

Target : >42.8%

Death from Drug Misuse : measured as a standardised rate per 100,000,. Target : England rate 16/17 -18/19 : 4.5

Further indicators relating to action plans will be drawn up by partnership groups.

APPENDIX 1 : OVERVIEW OF DATA

The data presented here has been summarised from the Oxfordshire draft Joint Strategic Needs Assessment 2020^{xxiv}, and a number of other data sources, to present a picture of need for substance misuse nationally and in Oxfordshire.

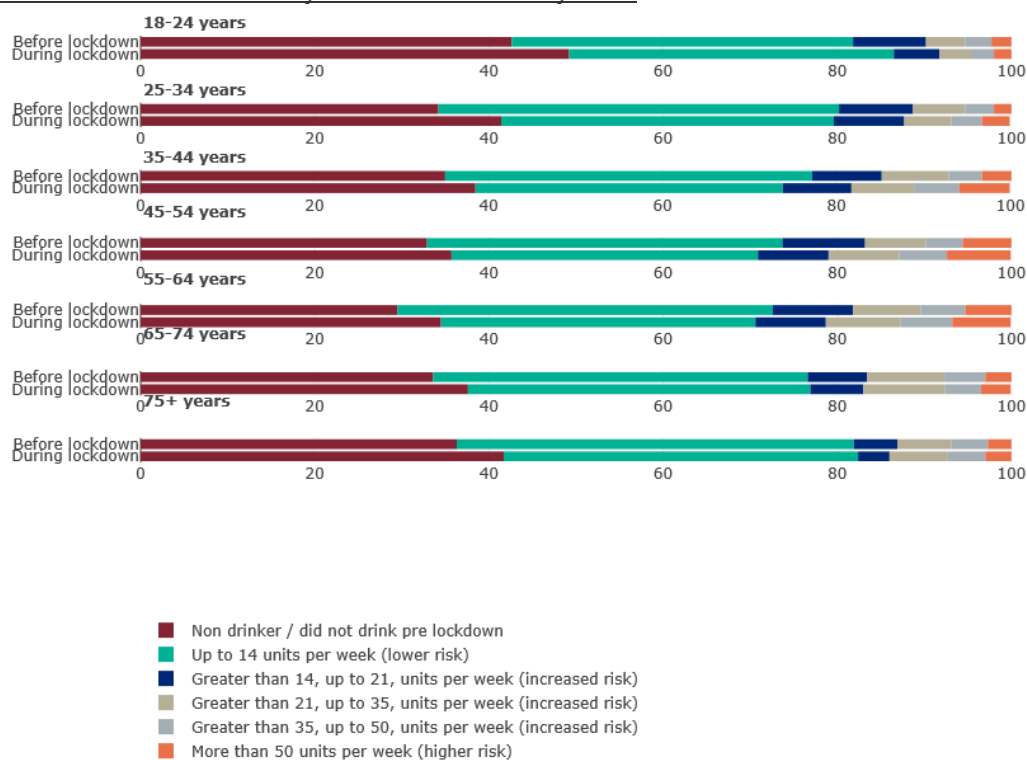
ALCOHOL

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

Alcohol consumption – national data

- National survey data show that 65% of men and 50% of women had drunk alcohol in the last week
- The proportion of men and women drinking in the last week increased with age and was highest among both men and women aged 65 to 74 (71% and 58% respectively)
- 30% of men and 14% of women drank at increasing and higher risk levels (over 14 units per week)
- This statistic has been exasperated since the COVID lockdown, with a greater percentage of 35 – 74 year olds drinking at higher risk levels since that time^{xxv}

Percentage of respondents aged 18+ years who consumed each of the unit groupings during a typical week before and during lockdown in England, by age group: survey results up to 13/07/2020 – Persons Source: PHE analysis of YouGov survey data.



- Adults in least deprived areas were more likely to drink over 14 units pw (27%) (the recommended amount) than those in most deprived areas (18%). Again, this difference has been increased since the COVID lockdown.

Oxfordshire data

Alcohol related hospital admissions - adults

- In 2018/19, there were 3,114 admission episodes for **alcohol-specific (wholly attributable to alcohol)** conditions in Oxfordshire, equivalent to 472 admissions per 100,000 population
- There were 3,316 admission episodes for **alcohol-related (primary or secondary diagnosis is alcohol related)** conditions in Oxfordshire, equivalent to 497 admissions per 100,000 population
- This is significantly lower than national and regional rates

SUBSTANCE MISUSE IN CHILDREN AND YOUNG PEOPLE

Alcohol drinking in young people – national data

- 6% of all pupils aged 11-15 said they usually drank alcohol at least once per week
- a further 11% of pupils said they usually drank between once a fortnight and once a month, meaning a total of 17% who said they usually drank alcohol at least once a month
- The proportion usually drinking once a week increased with age, from 1% of 11 year olds to 14% of 15 year olds
- White pupils were most likely to have had an alcoholic drink in the last week, with 13% having done so. This compares to 7% of Mixed ethnicity pupils, 3% of Black pupils and only 1% of Asian pupils

Oxfordshire data

Alcohol related hospital admissions - Young people

- There were 165 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2016/17 to 2018/19
- This is equivalent to a rate of 38.3 admissions per 100,000 population, **significantly higher than the England and South East averages**
- Unlike the older age groups, admissions are higher in females than males. In the most recent data, the rate per 100,000 in Oxfordshire was 27.2 in males (similar to England and South East) and 49.9 in females (significantly worse than England and South East)

Drug use in school pupils aged 11-15 – national data

- In 2018, 24% of pupils reported they had ever taken drugs, the same as in 2016
- 17% of pupils said that they had taken drugs in the last year, compared to 18% in 2016 (not a statistically significant difference)
- The difference in prevalence between the proportion of boys (18%) and girls (16%) who had taken drugs in the last year was not statistically significant
- The likelihood of having taken drugs in the last year increased with age, from 5% of 11 year olds to 31% of 15 year olds

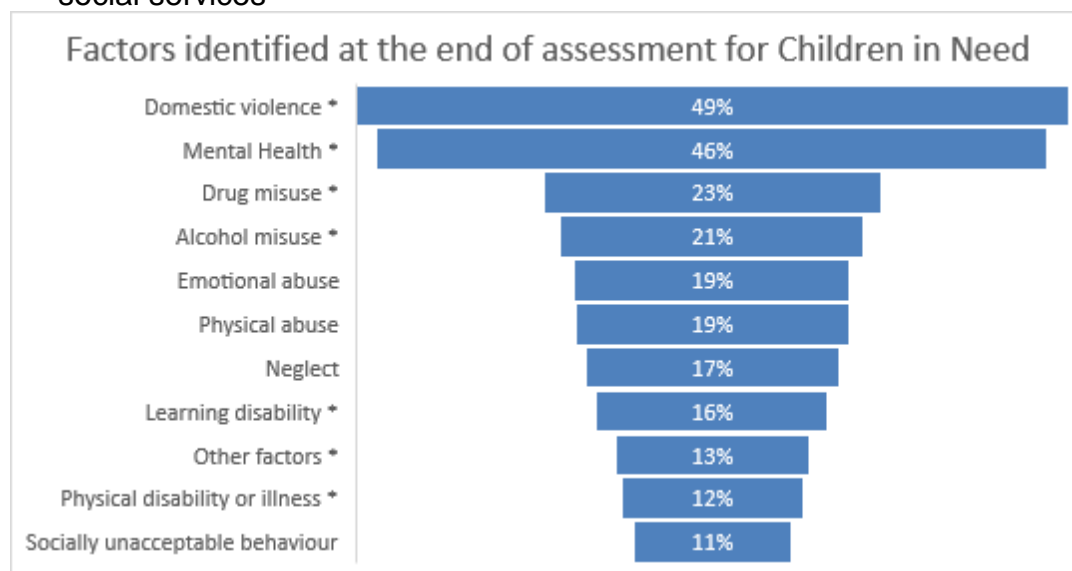
- Asian pupils were less likely than other ethnic groups to have taken drugs in the last year; 13%, compared to 23% of mixed ethnicity pupils, 18% of Black pupils, and 17% of White pupils

Illicit drug use in young adults – national data

- Around 1 in 5 (20.3%) people aged 16-24 had taken a drug in the last year, with an apparent increase since the 2015/16 survey (18.0%)
- 1 in 9 (11.4%) had taken a drug in the last month
- 1 in 11 (8.7%) 16-24 year olds had taken a Class A drug in the last year

Substance misuse as a factor in social care interventions with children^{xxvi}

- Both alcohol and drug misuse is recognised as a contributing factor Where a child is being assessed as a child in need or for child protection My children social services



**Includes concerns regarding (a) the child, (b) parent/carer or (c) another person living in household. Each of these factors (a, b or c) may be counted once against each episode. For example: where concerns about drug misuse by the child, parent(s)/carer(s) and another person living in household are all identified within an episode of need, they are each counted once against that episode and all three included in the figures for drug misuse.*

DRUG USE

Illicit drug use –national data

- National data show that around 1 in 11 (9.4%) people aged 16 to 59 had taken an illicit drug in the last year, indicating an increase since the 2015/16 survey (8.3%)
- 1 in 20 (5%) had taken a drug in the last month
- Younger people are more likely to have taken drugs than older people
- 1 in 25 (3.7%) people aged 16-59 years reported taking a Class A drug in the last year, following a generally upward trend since 2011/12. This increase was driven primarily by use of powder cocaine and ecstasy in 16-24 year olds

- Men (12.6%) were around twice as likely as women (6.3%) to take any drug in the last year
- Higher prevalence of drug use was associated with more frequent visits to pubs, bars and nightclubs
- Class A drug use in the last year was around 11 times higher among those who had visited a nightclub at least four times in the past month (24.5%), compared with those who had not visited a nightclub in the past month (2.3)
- People living in urban areas (9.8%) were more likely to have taken any drug in the last year than those living in rural areas (7.7%)

Hospital admissions related to drug misuse

- In 2018/19, there were 40 admissions for drug-related mental and behavioural disorders in Oxfordshire. This equates to 6 admissions per 100,000 population, lower than the regional (7 per 100,000) and national (13 per 100,000) rates
- In the same period, there were 795 admissions where drug-related mental and behavioural disorders were a factor, which equates to 116 admissions per 100,000, higher than the regional rate (110 per 100,000) but lower than the national rate (175 per 100,000)
- There were 185 admissions (27 per 100,000) for poisoning by drug misuse in Oxfordshire in 2018/19, compared to 26 per 100,000 in the region and 33 per 100,000 in England
- National data show that more men than women were admitted to hospital for drug related mental and behavioural disorders (74% male), but similar proportions for admissions due to poisoning by drug misuse (49% male)
- Admissions for drug related mental and behavioural disorders, and for poisoning by drug misuse, show similar age profiles. Levels are highest for younger people (apart from those under 16), **peaking between ages 25 and 34**. Admissions for drug related mental and behavioural disorders are very uncommon in those aged under 16 and over 64. Although **admissions amongst older people are low, numbers are rising most in those aged over 45**
- Admission rates for both drug related mental and behavioural disorders, and for poisoning by drug misuse **increase with the level of deprivation**

Drug-Related Deaths

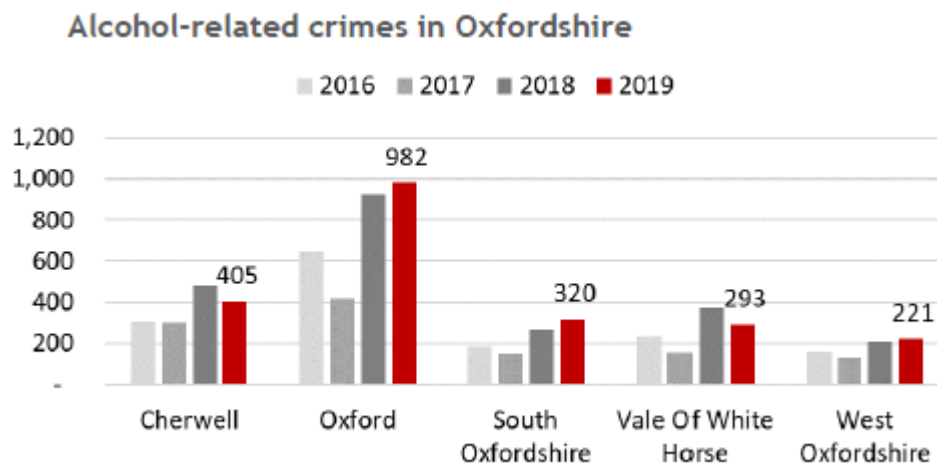
- Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15–49 age group in England.
- Local data shows that Oxfordshire has one of the lowest rates of deaths from drug misuse in the South East region and is significantly lower than the England average.
- However, there were still 48 deaths (DSR rate 2.4 per 100,000) from drug misuse between 2016 and 2018 in Oxfordshire, compared to 1,021 in South East (rate 3.9);
- More than half of these deaths were in Oxford City.

CRIME

Alcohol related crime

In 2019 (Jan-Dec) Thames Valley Police recorded 2,221 alcohol-related crimes in Oxfordshire similar to the number in 2018 (2,248). **Alcohol-related crimes were 5% of all crimes in the county.**

- Between 2018 and 2019, Alcohol-related crime increased in South Oxfordshire and Oxford City and declined in other districts.



Note: This data is for all recorded crimes in Oxfordshire where the substance use field has been recorded as 'Alcohol' related. 2018 data has also had the new qualifiers of 'Alcohol related -crime suspect' and 'Alcohol related -crime victim' added to the report. Thames Valley Police Crime Recording System -Niche RMS

OTHER VULNERABILITIES

Fires linked to drugs and alcohol

- During the 2018/19 financial year there were 23 dwelling fires in Oxfordshire with a cause that may have been linked to drugs or alcohol, accounting for 7% of the 315 total dwelling fires during this period. This is above the number in each of the previous two years (11 in 2017/18 and 18 in 2016/17).
- Two thirds (16) of the fires linked to drugs and alcohol were accidental six were deliberate and one unknown

Rough sleeping

The homeless population is difficult to see and measure but represents a broad group with diverse needs

- No formal estimates exist for the size of the street homeless population in Oxfordshire. The best guess of the number of rough sleepers at any one time comes from estimates based on street counts.
- A health needs assessment of the adult street homeless population in Oxfordshire estimated that, on any one night, **100-150** people sleep rough somewhere in the county and between **350-400** homeless adults sleep in some form of supported accommodation each night.

- By combining annual estimates of rough sleepers (~600-700) with those in supported accommodation (~600-650), and then discounting the overlap between these groups (~200-300), it is estimated that **around 1,000 homeless adults sleep rough or in supported accommodation in the course of a year.**
- Around 80% of homeless adults are male, but the proportion of women has increased in recent years. Most homeless adults are aged between 30 and 50, but the proportion of young people has increased in recent years

DRUG AND ALCOHOL SERVICES

Adults

- In 2018/19 there were 1,870 adults (aged 18 and over) in specialist drug treatment in Oxfordshire. This is down again by 2% from last year.
- The majority of those in drug treatment were aged between 30 to 49 (1,346 - 72%)
- The number of adults in treatment for alcohol only in Oxfordshire in 2018-19 was 587, the majority of whom were aged 30 to 59. (78%)

Young people

- In 2018/19 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was 185.
- 71 began using their main substance before they reached 15 years of age
- 79 were using two or more substance (this includes Alcohol)
- 30 reported being affected by others' substance misuse.
- 47 identified as having a mental health treatment needs
- 40 receiving treatment for their mental health need(s)
- Referrals were predominantly from education services (31%) and children and family services (47%).

PERFORMANCE

In the Public Health Outcome Framework the measure for substance misuse services is "the proportion of all in treatment who successfully complete treatment and do not represent within six months". Within Oxfordshire the performance on

these measures is higher than national average and within the top quartile.

PUBLIC HEALTH OUTCOME FRAMEWORK: INDICATORS C19a C19b and C19c - Successful completion of drug treatment

C19a C19b and C19c Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months

(n) = number successfully completed and did not re-present / all in treatment
 Baseline period: Completion period: 01/10/2018 to 30/09/2019, Re-presentations up to: 31/03/2020
 Latest Period: Completion period: 01/12/2018 to 30/11/2019, Re-presentations up to: 31/05/2020
 Comparison to England: Lower = Red, Similar = Amber, Higher = Green
 Direction of travel (D.O.T): Current data measured against the baseline (B). Due to rounding small differences may not be visible in displayed percentages, but are taken into account in D.O.T. calculation.
 Note: PHOF C19a C19b and C19c have been refreshed in line with <http://www.phoutcomes.info> and <https://www.ndtms.net>

	Baseline period		D.O.T	Latest period		Top Quartile range for Comparator LAs	Range to achieve Top Quartile
	(%)	(n)		B	(%)		
Local opiate clients	10.4%	158 / 1517	▲	10.5%	159 / 1518	7.19% - 10.47%	110 to 159
National opiate clients	5.7%			5.6%			
Local non-opiate clients	45.1%	188 / 417	▼	44.9%	196 / 437	39.72% - 58.57%	174 to 255
National non-opiate clients	34.2%			34.3%			
Local alcohol clients	54.8%	330 / 602	▼	53.2%	337 / 634	42.82% - 53.15%	272 to 337
National alcohol clients	37.9%			37.8%			

Unmet need

Unmet need is an estimate based on the prevalence and the number of people in treatment and highlights the need to increase the reach of services. The unmet need for Alcohol is higher than national average at 86.4% locally compared to 82.6% nationally. for all other substances the unmet need is lower or equivalent to national average^{xxvii}

DIAGNOSTIC OUTCOMES MONITORING EXECUTIVE SUMMARY

Details about the new Local Outcome Comparators can be found here
 Restricted Statistics Click here to learn more

Quarter 4 2019-2020

Oxfordshire

Report generated on 28/05/2020

KEY: ANY OPIATE CITATION NON-OPIATE ONLY ALCOHOL ONLY ALCOHOL AND NON-OPIATE

ESTIMATES OF UNMET NEED OF DRUG AND ALCOHOL USERS IN YOUR AREA

2.3 The estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system

Prevalence period: 01/04/2016 to 31/03/2017
 Estimated unmet need rate period: 01/04/2019 to 31/03/2020
 Alcohol unmet need rate calculated using alcohol only and alcohol and non-opiate substance groups

Latest statistics on prevalence can be found [here](#)
 This item now only contains percentage unmet need based on the point estimate and no longer includes the upper and lower confidence intervals so that it is consistent with where it is reported elsewhere

	Unmet Need	
	Local (%)	National (%)
Opiates and/or crack cocaine	55.3%	53.9%
Opiates	46.9%	47.1%
Crack	50.9%	58.5%
Alcohol	86.4%	82.6%

OTHER KEY FINDINGS FROM THE DRUG AND ALCOHOL NEEDS ASSESSMENT 2018/19:

Health:

- More than half of individuals who seek drug and alcohol treatment services have concomitant **mental health** treatment needs
- Individuals with alcohol dependence or substance misuse face substantial associated health inequalities, including higher rates of **premature morbidity and mortality**.
- Nationally 80% of alcohol dependent and near 100% opioid dependent users also smoke.

Inequalities:

- Cherwell and Oxford City are the two districts in Oxfordshire with the highest levels of population growth, socioeconomic deprivation, urban living and homelessness. These districts therefore constitute the highest risk areas for substance misuse.
- Young white males who live in socioeconomically deprived urban areas have the highest rates of alcohol and drug misuse in Oxfordshire.

Social impact

- Substance misuse has a high social cost from associated **public order & criminality** in Oxfordshire.

Safeguarding

- Alcohol and/or drug misuse is ubiquitous among **sex workers**
- Approximately 1 in 5 presentations to alcohol misuse treatment services, and 1 in 4 presentations to drug misuse treatment services, reported **living with children**. Alcohol and drug use were identified as risk factors in assessments by children's social care, at higher than national rates.

REFERENCES

- i <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>
- ii <https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths#resources>
- iii <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2018registrations>
- iv <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>
- v https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf
- vi <https://www.un.org/sustainabledevelopment/>
- vii https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf
- viii https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf
- ix https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752850/SOC-2018-web.pdf
- x <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/257-county-lines-drug-supply-vulnerability-and-harm-2018/file>
- xi https://insight.oxfordshire.gov.uk/cms/system/files/documents/20190416_Drug_Alcohol_NeedsAssessment_0.pdf
- xii <https://www.gov.uk/government/publications/safeguarding-children-affected-by-parental-alcohol-and-drug-use/safeguarding-and-promoting-the-welfare-of-children-affected-by-parental-alcohol-and-drug-use-a-guide-for-local-authorities>
- xiii <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people>
- xiv https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876466/Letter_from_Minister_Hall_to_Local_Authorities.pdf
- xv <https://www.kingsfund.org.uk/publications/delivering-health-care-people-sleep-rough>
- xvi <https://publichealthmatters.blog.gov.uk/2019/09/30/health-matters-rough-sleeping/>
- xvii <https://mycouncil.oxford.gov.uk/documents/s45919/Appendix%201.pdf>
- xviii <https://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejointhwbstrategy.pdf>
- xix https://mycouncil.oxfordshire.gov.uk/documents/s48508/HWB_SEP2619R02%20-%20Prevention%20Framework%20Report.pdf

xx <https://www.thamesvalley-pcc.gov.uk/police-and-crime-plan/>

xxi <https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/delivering-services-children/children-young-peoples-plan>

xxii <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/public-health-annual-report>

xxiii <https://insight.oxfordshire.gov.uk/cms/health-needs-assessment-adult-street-homeless-population-oxfordshire>

xxiv <https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

xxv <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

xxvi

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843046/Characteristics_of_children_in_need_2018_to_2019_main_text.pdf

xxvii Source Diagnostic outcomes monitoring executive summary (DOMES) report Q4 2019-20

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Update Report on Fuel Poverty and poor Housing Conditions For the Health Improvement Board meeting on the 10th September 2020

1. Summary and recommendations

The Affordable Warmth Network (AWN) is a partnership looking to tackle fuel poverty across the county. It is made up of the Better Housing Better Health (BHBH) project, a warmth and wellbeing helpline for residents, the District Councils, Public Health Oxs and a range of support organisations and charities that refer into BHBH. It is funded through contributions from the District Councils and the County Council.

The AWN last reported to the HIB one year ago, on what it was planning to do over the coming years to tackle Fuel Poverty in Oxfordshire. Progress has been made on some of these ambitions.

The AWN has made significant progress with health and social care partners with a number of these now key referral partners. The Better Housing Better Health (BHBH) freephone advice line is now supporting 568 residents a year, up from 400 last year.

The AWN is looking to continue this growth with support and referrals from the health and social care sector to improve the lowest rated housing stock across the country.

Recommendations

The Health Improvement Board are requested to

- Continue to champion the role housing plays in protecting and maintaining the health of the young, the old and the vulnerable and ensure housing has a place in the Health and Wellbeing Strategy.
- Request the AWN to report next year on referrals from health and social care practitioners to the BHBH service.
- Challenge clinical and health and social care partners to explore opportunities to work more closely with the AWN

2. Progress of AWN since 2019/20

The report to the HIB in 2019 committed to the following action (in italics) and underneath each section is a summary of the work completed against each of those actions.

1. Progress on tackling inequalities

The BHBH service captures some basic inequalities data, such as whether the client is disabled, has a long-term health condition, is in receipt of benefits, has a child under 5 or is over 60 years old.

In 2019/20 the BHBH service recorded that:

- 49% of enquiries were from a service user with a long-term health condition
- Over 100 service users had more than one vulnerability to fuel poverty and cold homes (out of 568).

- 26% of enquiries were from 'off-gas' properties
- 13% of enquiries were from low-income households with young families
- 27% of enquiries were from those over 60 years old

The service continues to target groups who are the most vulnerable to fuel poverty (those on low incomes, single parent families and those in privately rented properties). This year BHBH has carried out some research into which wards across the county would be particularly vulnerable so that specific campaigns can be targeted in these localised areas. BHBH can also access Energy Performance Certificate data in these wards to see which energy efficiency measures would most benefit the housing stock in the areas.

In tandem to this work, BHBH has also identified community hubs in these areas e.g. libraries, community centres, pharmacies, GP surgeries who will be sent information about BHBH and they will be engaged to become referral partners into the service.

2. *Challenge clinical and health and social care partners to explore opportunities to work more closely with the AWN, with success being demonstrated by an increase in referrals from health and social care practitioners to the BHBH service.*

Referrals from health and social care professionals continue (114 in 2019-20), however there is scope to increase the number of referrals. Last year feedback stated that it needed to be easier to refer into the service.

The 19/20 Winter Warmth campaign focused on the message "housing affects your health" and directed people to a webpage (www.oxfordshire.gov.uk/homerepairs) where health and social care providers could make housing referrals to any of the District Councils or the BHBH services, using a single referral form.

Over the campaign period the web form was looked at 332 times and the web page 1192 times (up to 9th March). A total of 51 emails were referred on to District Councils who support the BHBH service between the 10th January and 6th February.

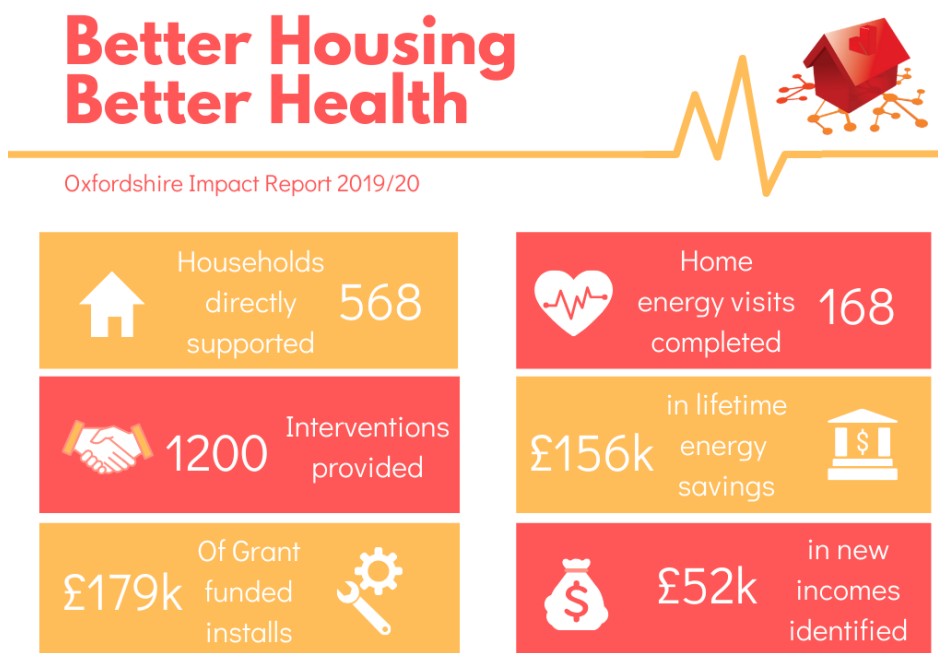
In addition, the BHBH website has since been re-designed with our web referral form front and centre to accommodate this. At the same time BHBH has been applying for an NHS email address to allow information to be passed from the network into the NHS easier. All information has now been submitted and the outcome of this is awaited.

In the last year the CCG Integrated Respiratory Team has been trained on fuel poverty and the BHBH Service. This has enabled referral pathways to be extended to respiratory clinicians, nurses and physiotherapists. Understandably referrals through these sources dried up at the beginning of the pandemic in March but the network will look to re-establish as soon as possible.

Further training will be extended to the primary care networks over the next 6 months or as the pandemic allows. BHBH send out regular digital marketing including newsletters and social media campaigns aiming to engage with local health and social care professionals.

A baseline measure has been taken of the number of referrals for cold homes made by GPs for the period last year. The recorded figure was nil. The intention is to repeat this measure with the aspirational target increased.

The Better Housing Better Health free advice phone line in 2019-20 delivered the following outputs -



3. Opportunities

With the recent government announcement of the Green Homes Grant Scheme (to provide vouchers of up to £5k or £10k for energy efficiency improvements to homes) the AWN has been planning on how this can be utilised for the biggest impact to vulnerable groups in Oxfordshire.

The AWN is currently bidding, along with the local councils, to administer the Green Homes Grant low-income scheme across the county. The outcome of this bid should be known by the start of October. If successful it will run alongside the Green Homes Grant Scheme.

4. Conclusions

- The local partnership, AWN, is functional and is delivering positive outcomes for local residents.
- More work needs to be completed to engage more with health and social care practitioners to encourage more referrals
- AWN needs to continue to analyse which groups are using the service most and how to engage with any target groups being left behind

For and on behalf of the Affordable Warmth Network
Alison Vickers, Project Manager, National Energy Foundation, August 2020

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Report to Health Improvement Board 10th September 2020 Covid-19 and Homelessness

1. Introduction

The Housing Support Advisory Group has been asked to provide an update on how people who are homeless, particularly rough sleepers, have been supported during the Covid-19 period and what the next steps are. This is in addition to the usual homelessness performance data reporting.

2. Update on the County-wide Response to Covid-19

The Ministry for Housing, Communities and Local Government (MHCLG) directed all housing authorities to accommodate anyone known to be rough sleeping by 27th March 2020, regardless of priority need or immigration status. Funding of £750 per rough sleeper based on the number of rough sleepers reported in the last annual count (November 2019) was allocated to each local authority. Accommodation had to be self-contained to be compliant with Public Health England guidance i.e. no shared facilities where at all possible.

At the maximum point there were approximately 230 single homeless people accommodated in hotels (and Oxford YHA) on a single night in Oxfordshire as a result of Covid-19. However, over the whole period a total of 452 people have been accommodated.

As at 26th August 2020 there are around 150 people still accommodated. Move-on planning continues and all district councils are working collaboratively, using strengths based needs assessments (SBNA) to identify client needs and aspirations. The development of the SBNA has been led by Crisis who are carrying out research in Oxfordshire, listening to the views of people with lived experience of rough sleeping with a view to making recommendations about the future model for service delivery.

As far as we can determine covid-19 infection rates among rough sleepers and people in homelessness accommodation have been very low. Oxford City Council has created covid-protect and covid-care accommodation for rough sleepers as follows :

Covid-Protect: This now constitutes 10 units at Canterbury House, a student accommodation block in Oxford. This provision was previously at Egrove Park, and then temporarily decanted to Fairfield House, pending availability of Canterbury House. The Covid-Protect group comprises people who are deemed to be particularly vulnerable to Covid-19 e.g. because of underlying health conditions.

Covid-Care: This now comprises 6 units at Fairfield House in Oxford. The trigger for bringing it online is having 3 people with symptoms who need to self-isolate. So far we have not needed to use this provision. Oxford City has only had one or two people at a time who are symptomatic and people have been accommodated in self-contained temporary accommodation where they have been able to self-isolate.

O'Hanlon House (OHH) hostel in Oxford is used by all the district councils. In March shared rooms were changed to single occupancy and no new residents were taken in during the lockdown. The hostel has now been opened up to new referrals. Testing is in place to ensure that any new residents that are offered a place have tested negative for Covid-19. Individuals are tested before moving into OHH and also when moving out of OHH. This has worked satisfactorily but there have not been many cases to date. Homeless Oxfordshire who run the hostel have reported that the process is working efficiently.

MHCLG expects housing authorities to achieve move-on for all rough sleepers accommodated during Covid-19 (Luke Hall MP letter May 2020). We also need to include those still on the streets and those who need to move on from supported accommodation. Oxfordshire district councils have enabled a significant number of people to move on already and most hotel settings have now been decommissioned.

There has been some success in enabling people to move on to settled or longer-term accommodation : in to social housing, the private rented sector, the adult homeless pathway and in to a number of Housing First tenancies. But there is more to do and districts are expected to provide interim accommodation while long term solutions are found. To support the move on process MHCLG invited bids under the Next Steps Accommodation Programme with a deadline of 21st August 2020. All Oxfordshire district councils have submitted bids for revenue costs to support move on, and in some cases capital funding has also been applied for in order to acquire and deliver additional units of accommodation that would be available long-term.

Public Health England has launched a £23m fund targeted at priority areas (Oxford City in our case) to improve support and outcomes for people experiencing rough sleeping who have drug and alcohol dependence needs. Public Health colleagues within the County Council are coordinating this bid in conjunction with the City Council, Turning Point and providers of homelessness services. It will be submitted early October. Funding is initially for 2020/21 but will be part of a 4 year programme. The funding is targeted at people who were rough sleeping and have accessed emergency accommodation during the Covid-19 pandemic, and people who are currently rough sleeping.

3. Individual Districts' Specific Updates on Homelessness Related to Covid-19

Summary

District	Total homelessness placements made during Covid-19 (March – August 2020)
Cherwell	74
South and Vale	90
West	56
City	232
Total	452

Cherwell	
Rough Sleepers Accommodated	74 people placed in hotels and within existing temporary accommodation stock
Sourcing and additional cost	2 hotels - in Banbury and Bicester 1 jointly procured hotel in Oxford (10 rooms) now ended. Purchasing rooms in Banbury and Bicester now on a case by case basis. Actual full costs are still to be fully determined but c£200k
Move-on plans	27 people moved on to date

South and Vale	
Rough Sleepers or people at risk of rough sleeping Accommodated	43 homelessness placements have been made by South Oxfordshire 47 homelessness placements have been made in the Vale Total = 90 11 placements in temporary accommodation in the South Pre Covid-19 14 placements in temporary accommodation in the Vale pre Covid-19 Total pre Covid in temporary accommodation 25
Rough sleepers or person at risk of rough sleeping moved from emergency accommodation into long-term sustainable accommodation	South Oxfordshire have housed 19 Vale of White Horse have housed 22 Total number of people housed = 41
Sourcing and additional cost	South & Vale have ended their contractual arrangements with 2 hotels - now provided on a pay-per-usage basis. Actual full costs are still to be determined
Move-on plans	South and Vale have funded a floating support worker to help support individuals in their new tenancies.

West	
Rough Sleepers Accommodated	56 homelessness placements made 15 placements in temporary accommodation pre Covid-19

Sourcing and additional cost	Hotels in the Cotswolds and Cheltenham have been used. 1 jointly procured hotel in Oxford (10 rooms) Actual full costs are still to be fully determined
Move-on plans	24 people moved on to date.

City	
Rough Sleepers Accommodated	232 people accommodated in total – combination of hotels and YHA.
Sourcing and additional cost	A combination of hotels, hostels, university accommodation and other leases means that 124 units were secured. Canterbury House student accommodation now up and running as interim accommodation. Full costs are still to be determined
Move-on plans	90 people moved on to date.

Author : Gillian Douglas
Role : Assistant Director, Housing and Social Care Commissioning
Organisation : Oxfordshire County Council and Cherwell District Council
Date : 28th August 2020

Active Oxfordshire – Fighting Inactivity and Tackling Inequality Health Improvement Partnership Board Report September 10th, 2020

1. Introduction

Active Oxfordshire (AO) works collaboratively and through partners to help EVERYONE in Oxfordshire meet the Chief Medical Officer’s guidelines for physical activity. We work to fight inactivity, reduce health inequalities, widen access to activity and sport whilst addressing the systemic barriers that are preventing the most vulnerable people in our society to get active, change behaviours and improve the quality of their lives. Inactivity is a ticking time bomb for the health of our County and we all have a moral duty to act and, ideally, work together.

Active Oxfordshire’s Three Pillars are the key priorities that will shape our strategic delivery:



Healthy Active Children – encouraging an active start in life by:

- Working with early years settings
- Focusing on extra support for our most vulnerable and disadvantaged young people and families
- Supporting schools, communities and our sector to help all young people to be physically literate.

Healthy Place Shaping – helping people to live well by:

- Promoting active environments to support everyday physical activity
- Activating communities in the Lower Super Output Area (LSOA) ranked within the 20% most deprived nationally as identified in the JSNA as well as the key growth points across Oxfordshire
- Embedding physical activity & self-care into new models of health care as part of systems change.

Healthy For Life – helping people to live longer better especially:

- Those with long term health conditions and those at high-risk of cardiovascular disease
- Those people who have, or are at risk of, poor mental health and well-being
- The growing numbers of older people to be active & independent to maintain their quality of life.

For further information, our full strategic plan, launched this summer, can be found [here](#).

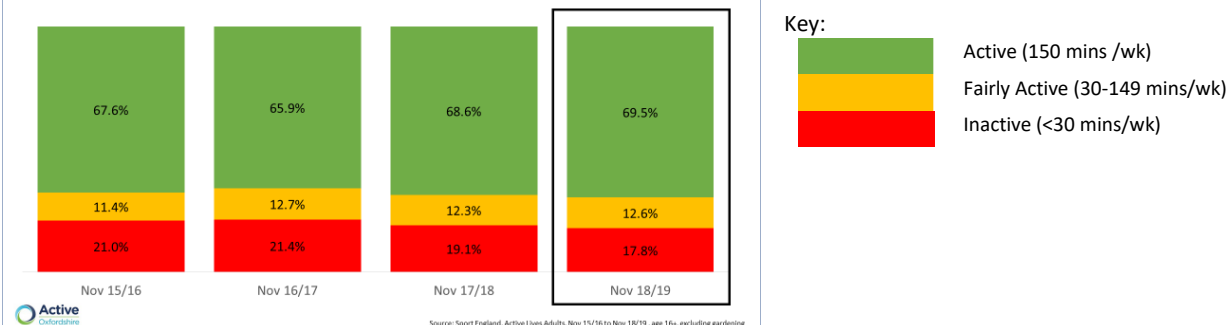
2. Active Lives Data

The most recent Active Lives Data¹ reported prior to the coronavirus pandemic demonstrated very clearly the improvement in physical activity (PA) levels for Adults (16+) that have been sustained over the last 3 years now. **Oxfordshire is now the least inactive county in England for adults** and the slide below demonstrates the gradual reduction in inactivity levels over time:

¹ Sport England, Active Lives Adults, Nov 2018/19 Report.

Physical activity behaviour over time

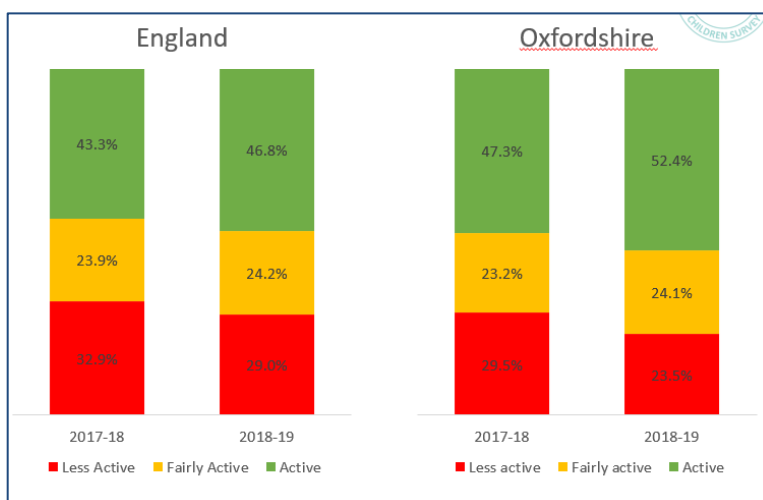
Data within this document will be from Nov 18/19 unless otherwise stated
 The latest data shows 17.8% of adults in Oxfordshire are inactive



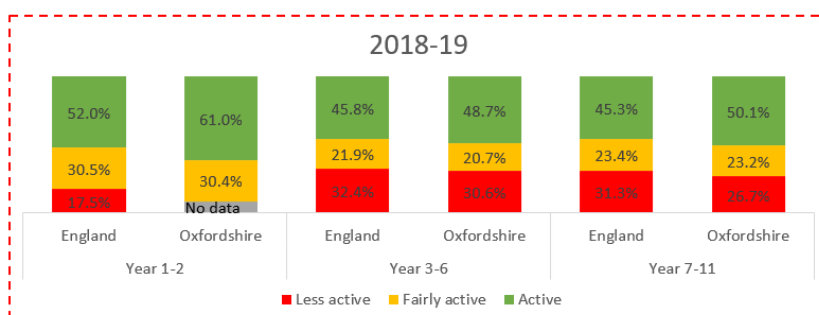
Adult Physical Activity Levels: The target, as reported in December 2019, in the Health Improvement Board’s Performance Dashboard was to reduce adult inactivity by 1% to 18.6%. This latest survey result shows that as a County we have met and exceeded the 19/20 target with 17.8% of the adult population deemed to be inactive. This is not due to the work of Active Oxfordshire directly but reflects the rich mix of relative affluence, access to open space, public sector investment in facilities/services, vibrant voluntary sports sector, a dynamic third and community sector, and some effective collaboration across sectors and boundaries that all contribute to these very positive trends and numbers. However, it is worth noting, that whilst our inactivity levels for Adults were low prior to lockdown, even then there were approximately **99,000** adults who were inactive-approximately with **24,000** of these inactive adults having a limiting illness.

Children and Young People Activity levels:

There have now been two years of Active Lives data collected locally and nationally through schools and **Oxfordshire is now the third least inactive county in England.** We have seen a decrease (improvement) in those who are less active and an increase (improvement) in those who are active when we compare the current data (2018-19) with the 2017-18 survey.



However, for children and young people (aged 5-16), these results showed that a disturbing **48% (c.40,000)** did not meet CMO Guidelines in 2019, with alarming inequalities already evident across the County and within District/City areas. These facts and figures indicate that there is still much to do if we are to achieve our ambition of being the least inactive County for both adults and young people as well as give everyone the best possible start to an active life.

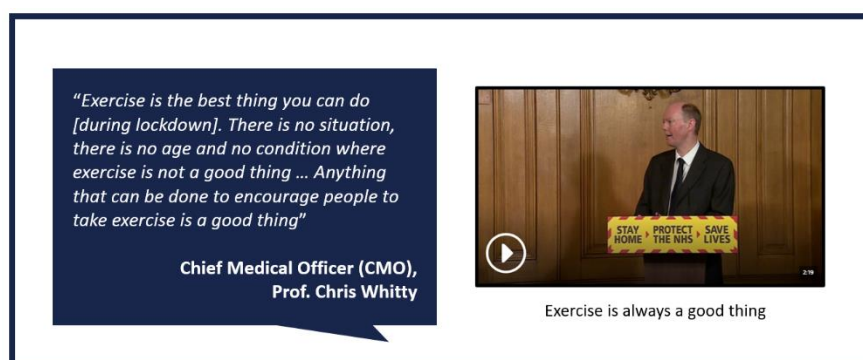


The 'PE Premium Mapping' commissioned by Sport England/DfE and carried out by Active Oxfordshire in 2019 showed that in a typical academic year, only 7/10 of children in Oxfordshire can swim proficiently for 25 metres - in itself not a good figure. However, there are significant inequalities, for example **84%** of children in North Oxford achieved this as compared to **30%** in Cowley. In a recent survey of schools in disadvantaged parts of Banbury, by the North Oxfordshire School Sports Partnership, only **24%** of children met the standard in the most disadvantaged areas of the town. This situation is worsening not improving.

3. The Impact of COVID-19

3.1 Activity Levels

During lockdown, regular advice from the Government and Scientific experts encouraged us all to take regular physical activity. Indeed, our CMO, Professor Chris Whitty reiterated this advice during lockdown and continues to support the uptake of activity not only for physical but also for mental health benefits.



National data² that has been collected since lockdown and continues to be collected, tells us that whilst activity levels in the early weeks of lockdown were relatively steady, as our society is trying to reopen with social distancing and safety measures in place, regular adult physical activity remains at its lowest since lockdown started. In addition, this data tells us that activity levels for children may have fallen to the extent that only **19%** of children are now meeting the CMO's guidelines. Even given our levels of performance previously, this could mean that in Oxfordshire over **60,000** children are currently inactive and at risk of poor health and wellbeing as a consequence.

When we scratch beneath the surface familiar inequalities are replicated and exacerbated. While the whole population has been affected by the pandemic, it is not an equal distribution. The wider public health, social and economic impact of coronavirus is likely to have a greater negative impact on the capability, opportunity and motivation to be physically active for some groups over others, such as women, people from lower socio-economic groups, older adults, people with a long term condition, illness or disability, and people from some BAME communities – all of whom are still finding it harder to be active. This is being worsened by the closure of facilities and clubs serving key communities and audiences, with Sport England expressing real concern that, for many people including women and BAME groups, the crisis will break habits and routines that could set us back and destroy the progress that has been made. It is worth noting that Sport England will release their latest Active Lives survey data for May 19 – May 20 shortly. This will then reveal the true impact of COVID-19 locally and nationally. Results will be shared as soon as we have them and will be a main topic for discussion on October 14th at our next Leadership Forum.

3.2 Health and Wider Inequalities

The NHS recently produced their 'Third Phase of NHS Response to COVID-19'³, which outlines urgent actions to address inequalities in NHS provision and outcomes. It is now well established that COVID-19 has shone a harsh light on some of the health and wider inequalities that persist in our society. The impact of the virus has been particularly detrimental on people living in areas of greatest deprivation, on people from BAME communities, older people, men, those who are obese and who have other long-term health conditions. There

² Sport England survey conducted by Savanta ComRes; April to Aug 2020

³ NHS: Implementing phase 3 of the NHS response to the COVID-19 pandemic; Aug. 2020

is evidence to suggest that the UK's high level of COVID-19 mortality is partly due to the high prevalence of comorbidities, such as obesity and diabetes, which are now recognised risk factors for severe COVID-19 outcomes⁴.

This NHS report also highlights the impact of COVID-19 on mental ill-health which is a significant contributor to long-term health inequalities. More than 2/3 of adults in the UK (69%) report feeling somewhat or very worried about the effect COVID-19 is having on their life⁵. It is also recognised that months of isolation at home, particularly for the shielded population, will have an immense deconditioning effect on an already vulnerable population⁶.

This pandemic has refocused the lens on the obesity epidemic as excess weight is one of the few modifiable factors for COVID and also a modifiable factor for other metabolic diseases (Type 2 Diabetes and hypertension). Consequently, the Government released its Obesity Strategy⁷ in July. The key principles of the strategy include: 'encouraging the whole nation to use this moment to kick start our health, *get active* and eat better.'

As Sir Simon Stevens states in his 'Third Phase' directions, health services have a 'window of opportunity' to accelerate the return to near-normal levels of non-Covid health services but to expedite this, he urges a collaborative approach with communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities. This includes an acceleration of *preventative programmes* to proactively engage those at greatest risk of poor health outcomes including better targeting of condition prevention and management programmes. He emphasises:

Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and is true in recovery.

➤ Active Reach

In response to this early insight during lockdown and the obvious recognition of the widening inequalities Sport England released their Tackling Inequalities Fund to try and help reduce the negative impact on activity levels in under-represented groups, with a specific focus on lower socio-economic groups, BAME communities, disabled people and people with long-term health conditions. As a result of this, we are now working with 17 Third Sector partners following an award of £100,000 from Sport England's Fund in Blackbird and Greater Leys, Banbury Grimsbury and Abingdon Caldicott. This hyperlocal approach is targeting areas of greatest deprivation and highest inactivity levels. This collaborative approach will strengthen relationships between system partners and community bodies working with under-represented groups, utilising a multi-faceted and place-based approach.

We intend to develop this approach further with partners concentrating on the 10 wards/communities identified in the DPH Annual Report and particularly those more vulnerable as a result of COVID, by working with PCNs and LAs as well as third sector partners/community based organisations.

4. Active Oxfordshire's response

The unprecedented COVID-19 crisis shows that our work will be needed more than ever before. Akin to every other organisation, Active Oxfordshire has reviewed the disparities in the risk and outcomes of COVID-19 to determine our revised strategic approach to supporting our communities through this current crisis and into the near future. We have considered and continue to be informed by the latest evidence and guidance to

4 Dietz W, Santos-Burgoa C. Obesity and its implications for COVID-19 mortality. *Obesity*. 2020; 28:1005-1005.

5 ONS: Coronavirus and the social impacts on BG: 5. June 2020

6 <https://blogs.bmj.com/bmj/2020/06/15/covid-19-will-be-followed-by-a-deconditioning-pandemic/>

7 Dept of H&SC: Tackling Obesity: empowering adults and children to live healthier lives; July 2020.

determine how physical activity can help support our communities and our partners, particularly for those impacted through COVID and for the most vulnerable. Our Plan has a clear focus now on Fighting Inactivity and Tackling Inequality and while our response will remain under review to ensure we adapt to the evolving situation, we continue to drive forward our long-term vision with partners. Our priority ambitions, which we hope all partners would share, are outlined here: [AO ambitions](#)

Our Current Priorities

Whilst monitoring and reviewing the evolving situation, our current priorities align critically to Oxfordshire’s Prevention Framework produced by the County Council and the Clinical Commissioning Group (CCG) as well as collaborative working across the District Councils and our third sector partners. Critically now, our priorities focus on how to support the most vulnerable in our communities, impacted upon by COVID. These priorities aim to:

- Improve the quality of life by promoting health and wellbeing
- Reduce health inequalities across the County, exacerbated through this pandemic
- Seek to support people in their recovery post-COVID
- Support those more vulnerable individuals / communities during and beyond the pandemic
- Save our public services from the spiralling costs of treating avoidable illness and ongoing needs

These priorities align to our Three Pillars:

4.1 Healthy Active Children

➤ Active 60

In September 2020, we will be launching a new campaign: **Active 60**. We know that there is a health crisis affecting Oxfordshire's children. With only 19% of children currently meeting Chief Medical Officer guidelines of 60 active minutes a day, this could mean that over 68,000 children are currently at risk of poor health and wellbeing as well as not enjoying other far reaching benefits of being active, such as improved educational attainment. Active 60 will be calling for families, schools and other organisations including local authorities to come together and help ensure that all of our county’s children achieve 60 active minutes a day, to protect their health and well-being. We will be linking this campaign into our Healthy Active Children conference in November, as well as a significant focus on the WOW Walk to School programme and active travel as schools return this month. Our ambition is that all children can swim and cycle safely and have these skills for an active lifestyle.

4.2 Healthy Place Shaping

Healthy Place Shaping (HPS) is a collaborative approach that brings together work on the built environment, community activation, and new models of healthcare in a single framework. Recent investment of £935,000 by Sport England into the County over the next two years is designed to support the existing policy and work led by the County Council and its partners.

The newly funded HPS Partner Post is currently deployed into the City Council primarily working on two key areas:

(i) Plans for the development of **Shotover Country Park** will be used as a demonstrator of how the healthy place shaping approach can be applied to deliver wider impact in terms of addressing health inequalities, climate action, enabling access to natural assets on the urban fringe as well as contributing to the regeneration of the Leys.

(ii) It will support **Oxford City’s development of ‘localities’** working and how the matrix working witnessed in the response to COVID-19, might be sustained as business as usual.



This includes connections with the development of cycling, walking, swimming and other community activation interventions in the CIZ and how these developments can then link to the wider development of Shotover as East Oxford's Back Garden and be fully integrated into the Local Cycling & Walking Activation Plan to complement the LCWIP.

Active Environments: Wayfinding Projects: Awards for the Kidlington K5 Wayfinding (£124,032), and the Park and Stride Schools (£130,400) projects have been confirmed by Sport England. A Wayfinding Officer role to deliver these projects will be interviewed for in early July. Project timelines and delivery mechanisms have been amended to reflect the impact of Covid-19, and potential synergies with plans for the Department of Transport's Emergency Active Travel fund – particularly around School Streets.

Families Active Sporting Together (FAST) - following the January expansion:

- 1548 families and 5568 individuals in Cherwell now have a FAST card.
- 68% of families come from most deprived wards (lowest 3 deciles IMD).
- Partnering with local community groups has supported an improved ethnic make-up, as the number of South Asian participants in Banbury has increased from 5% to 17% since working with the local mosque.

Between January and mid-March, the programme offered families opportunities in three different ways. Firstly, 10 primary schools hosted the free 12-week family provision on a school site. Secondly, 8 free weekly family activities were delivered in targeted local community settings. Finally, FAST card incentives i.e. £3 family swim instead of £13 have been offered by a range of local partners, including football clubs, leisure providers and climbing centres.


Since lockdown all regular activities are paused. FAST families are offered the opportunity to have an Activator support them with “pick and mix” resources and tailored activities to utilise items available within their household. Additional activities are being supported through YouTube.

PHAST SYSTEM EVALUATION UPDATE

Evaluation Plan – built on 4 initial projects (including literature review, stakeholder interviews, data logging and history of HPS) was agreed by Evaluation Advisory Group in July 2020

5 projects agreed:

- **Theory of Change** – focus groups for built environment/ new models of care/community activation. Developing system maps for each
- **Collate data from Cherwell HPS results, evaluation and impact** – Bicester focus with data available from 2016/17 to the present - scoping of existing data and sources underway
- **Policy Analysis and Impact** – further scoping required once TOC developed
- **Understanding systems behaviours** – identified PHE framework for whole systems approach. TOC will inform this work
- **Literature review of HPS with focus on impact** – scope being developed
- Inequalities and learning from Covid 19 will be cross cutting themes



Systems Change Evaluation

Following a strong tender process that utilised community representatives, **Public Health Action Support Team (PHAST)**, a Community Interest Company of associates was appointed. Key deliverables were agreed to reflect a shift in approach in the development of the evaluation plan to allow for the need for remote working and PHAST has begun a schedule of interviews with key stakeholders.

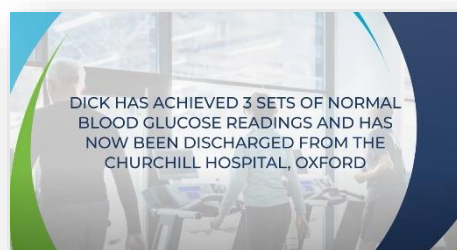
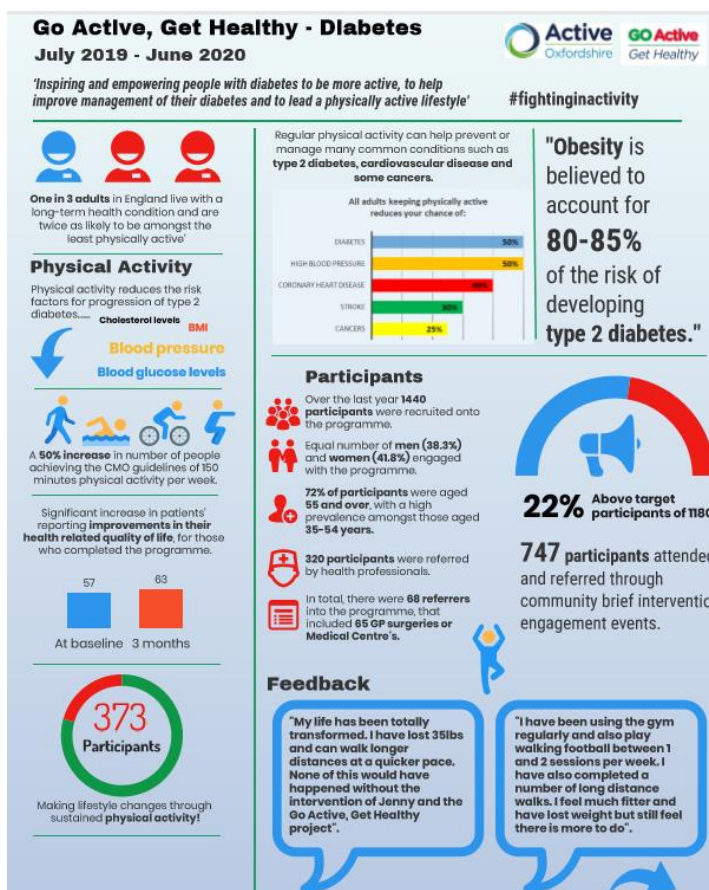
4.3 Healthy for Life

➤ GO Active Get Healthy – Diabetes (GAGH-D)

The GAGH-D programme has supported, encouraged and motivated over 3,000 patients with diabetes over the last 2 years alone. This highly successful programme has been commissioned by the CCG on a year by year basis, with joint funding from AO and the District Councils. This programme is an excellent example of true collaborative working across our CCG, GPs, local Diabetes teams and Local Authority (LA) partners. Moreover, an independent evaluation report produced in November 2019 by Oxford Brookes conducted an objective analysis of the data collected.

The analysis showed statistically significant improvements from baseline to 3 month follow-up for improved activity levels and perceived health-related quality of life. These significant outcomes indicate that GAGH-D appears to be an effective intervention to motivate and empower patients to increase their activity levels and their health related quality of life. Despite this highly positive report, funding from the CCG has only just been confirmed for this year, to continue the implementation of this evidence-based approach to supporting those patients with a diagnosis of Type 2 Diabetes to help manage their condition. This is a key concern, considering there is increasing evidence showing that people with diabetes are at higher risk of COVID-19 complications⁸. The full evaluation report can be found [here](#).

Perhaps the strongest testimony to the success of this programme is captured here, through the lived experience of a patient participant on the programme, who is now our *Active Ambassador*:



<https://www.youtube.com/watch?v=RLwWJnWEPD0>

Our ambition is to offer similar collaborative interventions to all people with LTHCs and CVD risk factors, in the County working with and through the new ICS, local PCNs, their GPs and Social Prescribers.

➤ **Physical Activity and Exercise Pathway Pilot for People with LTHC / CVD risk.**

In June 2019, PH and CCG requested we reviewed the Exercise Referral pathway. Following a 6 month review working with more than 20 key partners across the county, a proposal was developed representing the views of this multi-agency collaboration. We presented a paper to this partnership board in November 2019, proposing a pilot costing £68,000 to completely overhaul and refresh the existing GP Referral Scheme and physical activity pathway. The intention was to provide a frictionless pathway, enabling a wider range of activity options to improve health and reduce patients' risk of CVD. This proposal was fully endorsed by this partnership. Despite in-kind contributions from some sector partners, we were unable to secure the final £68k required to implement this pathway thus far, although the CCG was pursuing options to support it. Given that

⁸ Centre for Disease Control and Prevention; August 2020.

the existing GP Exercise Referral scheme (which is one part of this wider PA pathway development) is now inoperable due to COVID restrictions particularly on our leisure facilities, it is even more critical that this activity pathway proposal is reconsidered and implemented, as it would be a critical part of the recovery process particularly for those post COVID and for those who are still most at risk.

The impact of COVID-19 recovery on people we know can be far reaching and complex, with approximately 1 in 20 patients affected by residual symptoms⁹. Physical activity can play a critical part of a patient’s treatment plan, particularly in supporting recovery from its debilitating and deconditioning impact. Similarly, those who are most vulnerable, either due to their underlying health conditions or suffering from loneliness, anxiety or depression would also positively benefit from appropriate activity opportunities. These options would include online and offline options, being cognisant of those who are currently digitally excluded. Indeed more recently, we have had positive conversations with some PCNs who proactively wish to signpost / refer their patients into activity opportunities by creating a pathway to activity that is person-centred and builds motivation to create sustainable change. Their ambition is to have a single point of access where GPs and Social Prescribers can confidently refer their patients at risk of poor health outcomes, for appropriate physical activity opportunities. Furthermore, with the lack of facility activity options available and this, together with increased anxiety from some of our previously shielded population, requires us to work proactively and revisit these shared pathway ambitions now, to support and empower those in need, to be active.

We therefore consider the need for this pathway is now an imperative. We would welcome this Partnership Board’s endorsement and support for this approach.

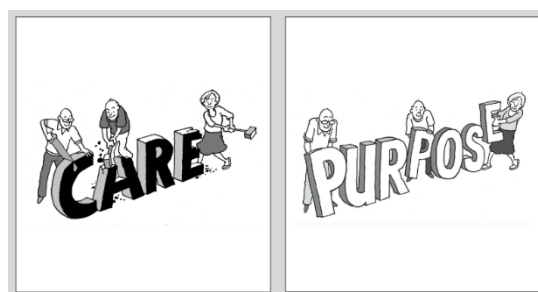
➤ **GP Physical Activity Champion**

Our pledge is to be fully proactive in accelerating preventative programmes which engage those at greatest risk of poor health outcomes. A key part of this approach and our desire to work ever more closely with frontline healthcare staff is our intention to support the deployment of a GP PA Champion working with colleagues in the ICS and PCNs to embed PA into routine clinical care. This deployment will also help us deliver on the Prevention Framework by supporting primary care providers to work upstream to reduce the burden and demand on the NHS, and work together to help improve the health of our communities. We hope that the PA Champion role will commence in October to further develop the bonds between AO, ICS and the County Council. We are grateful to the CCG Clinical Chair for the support she has provided to help make this happen.

➤ **Live Longer Better**

Lockdown and the impact of COVID-19 has highlighted the need for a radical change in social care but the response to our ageing population needs a fundamental paradigm shift, not just for equity but because they are not based on science and evidence.

We are working with Optimal Ageing and Sir Muir Gray to share his proposal for radical change to develop a co-ordinated Programme for ‘Live Longer Better’ across a network of our colleagues in other Active Partnerships and primarily, to deliver in Oxfordshire. The aim is to create a new culture with redefinition of the concept “care” to focus on the positive, on enabling people to increase their functional exercise capacity, increase ‘brainability’ and maintain a strength of purpose. This includes a learning programme for people 60 plus, a professional workforce and volunteer learning programme particularly to support social prescribers, and the development of a population based system with a single agreed aim of supporting people in living longer better. We will be consulting with key partners and colleagues in the statutory and voluntary sectors to help shape change and address the needs of older people in our County as one of our key priorities.



⁹ <https://le.ac.uk/news/2020/july/your-covid-recovery>

➤ Bikes for Key Workers

In a key piece of community activation and as a direct response to COVID 19 we have now given out 300 bikes to NHS and social care key workers in Oxfordshire. We have achieved our fundraising target of **£10,000** and have been awarded a grant of £4,000 from Oxfordshire Community Foundation, enabling us to continue meeting high levels of demand. This project would not have happened without the tireless efforts of Cyclox, partners, volunteer mechanics, donors and of course the keyworkers themselves.

Behaviour change data has shown that 9% of beneficiaries reported themselves as being entirely sedentary before they received the bike when asked “in the past month on average how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate?” However, by Month 3, this figure reduced to 0% (9% reduction in sedentary behaviour) of beneficiaries. In addition, there was also a 20% increase in those doing 30 mins of physical activity 10-20 times a month, and a 4.5% increase in those being active 20 times+ per month.

We are now working towards developing active travel further in the City, specifically for those facing significant health inequalities and barriers to active travel. This builds on projects such as Bikes for Keyworkers as well as initiatives including a Bike Library for children and families in Blackbird Leys, in partnership with the Oxford Hub. The development of a Local Cycling and Walking Activation Plan to complement the Local Cycling and Walking Infrastructure Plan aims to activate communities facing barriers further by taking a systematic approach to removing those barriers in partnership with our local authority and 3rd sector partners.



"We have all been delighted to be part of the project and have been so surprised and pleased at the response in terms of donations of bikes and money. It has been such a great initiative for Cyclox to get involved in and it has expanded our horizons hugely, both in terms of our connections (with Active Oxfordshire in particular) and with our strategic direction now we have become a charity."
Alison Hill, Chair of Cyclox

➤ Better Health

In response to the Government’s Obesity Strategy recently launched, we are resuming work with Public Health and cross-sector partners to continue work on the Whole Systems Approach to Healthy Weight. With almost 2/3 of our population classified as overweight or obese, to do *nothing* about obesity and associated risk factors, is *not* an option therefore, the time imperative requires us to act now. Immediate identified actions include finalising the child healthy weight pathway, developing the Adult pathway whilst also looking for opportunities to provide interventions and a systems wide approach adopting a hyperlocal targeted approach, based on inequalities (as we have adopted with our Active Reach project). We are also working with Public Health on our countywide campaign – ‘Better Health’ and co-producing a webinar at the end of September to discuss pathways to personalised care.



5. What else can and should be done?

Longstanding inequalities have been exacerbated by COVID-19. The ‘window of opportunity’ which Sir Simon Stevens recently identified, means that the time imperative requires us all to redouble our focus on the needs of other patients’ health needs while managing the new challenges of the on-going coronavirus.

As we start to emerge from the devastating impact of COVID-19, staying active has never been more critical to protect our community's physical and mental health. There are opportunities: we know that attitudes to physical activity are changing and there is renewed investment in walking, cycling and running; but the crippling economic impact of the pandemic will further increase the inequality gap, and it is crucial that this is addressed. Staying active saves lives, improves mental and physical well-being and reduces the burden on healthcare systems. As we move forwards into Oxfordshire's "new normal", our work will be needed more than ever before. We advocate the following approaches to achieve this successfully:

- Activity is one part of the solution but from a physical activity perspective, by promoting / enabling / empowering increased activity this has the advantage of impacting on other risk factors for CVD as well, therefore multiple benefits. It also improves the immune system and hence additionally reduces the adverse effects of COVID.

*Professor Roger Kirby (Royal Society Medicine) quite simply advises:
'Lose weight, **keep fit** and keep the virus at bay'.*

- The strong community spirit developed as a result of COVID, with its subsequent army of volunteers has been integral to its local management and community support. This has emphasised the need to work with our communities for a consensual approach. The analogy of 'all being in the same storm, but not in the same boat' has never been so profound when the impact of different communities is considered. Let's continue this intersectional approach to work across our public sector partners together with this strong contingent of third sector organisations, collaboratively and cohesively.
- Join the dots - make the connections! Provide the critical connections across systems and sectors where individuals and our communities are helped to shape their circumstances, increase PA opportunities to achieve improved physical and mental health, and wellbeing, whilst supporting those more vulnerable, as well as those in the post COVID recovery period.
- We can achieve a lot together by simply actioning what is readily available to support our patients and communities – let's keep it simple and focus on what matters.

We can no longer continue to work in silos – it just doesn't work; it is imperative that we "hang together or, most assuredly, we shall all hang together" Benjamin Franklin.

6. Recommendations

It is requested that members of the Health Improvement Partnership Board should:

- (i) Pro- actively support Active 60 Campaign to ensure Oxfordshire is the least inactive county for both adults and children/young people by 2024.
- (ii) Support GAGH-D and its extension to other long term health conditions focusing on CVD risk in the first instance.
- (iii) Endorse and support the launch and joint funding of the proposed PA pathway in 20/21.
- (iv) Support the work of the new GP Champion by appointing lead officers to work with him/her in an Oversight Group from September onwards for a period of 12 months.
- (v) Endorse our 10 Ambitions and work with us through the quarterly Leadership Group to achieve these with regular reports back on progress to HIB each quarter.
- (vi) Support the development work underway across the County with partners around Healthy Place Shaping which will be reported to the Health and Wellbeing Board on a regular basis.
- (vii) Support the new development work now being undertaken to support increased levels of activity amongst older people with OCC Adult and Social Care, Age UK Oxfordshire and Sir Muir Gray's Optimal Ageing.



COVID Recovery - Active Travel



Richard Kuziara
Oxfordshire County Council Public Health





News story

£2 billion package to create new era for cycling and walking

Alternative ways to travel, such as walking and cycling, could relieve the pressure on public transport.

Published 9 May 2020

From: [Department for Transport, Office for Low Emission Vehicles](#), and [The Rt Hon Grant Shapps MP](#)



Process – local authority collaboration

- Separation of responsibilities for place making and transport a key challenge in 2 tier authorities
- Countywide approach adopted with 3 Oxon CC led locality working groups with representation from all Oxfordshire authorities:
 - North (Cherwell and West Oxon)
 - Oxford (Oxford City)
 - South (South and Vale)



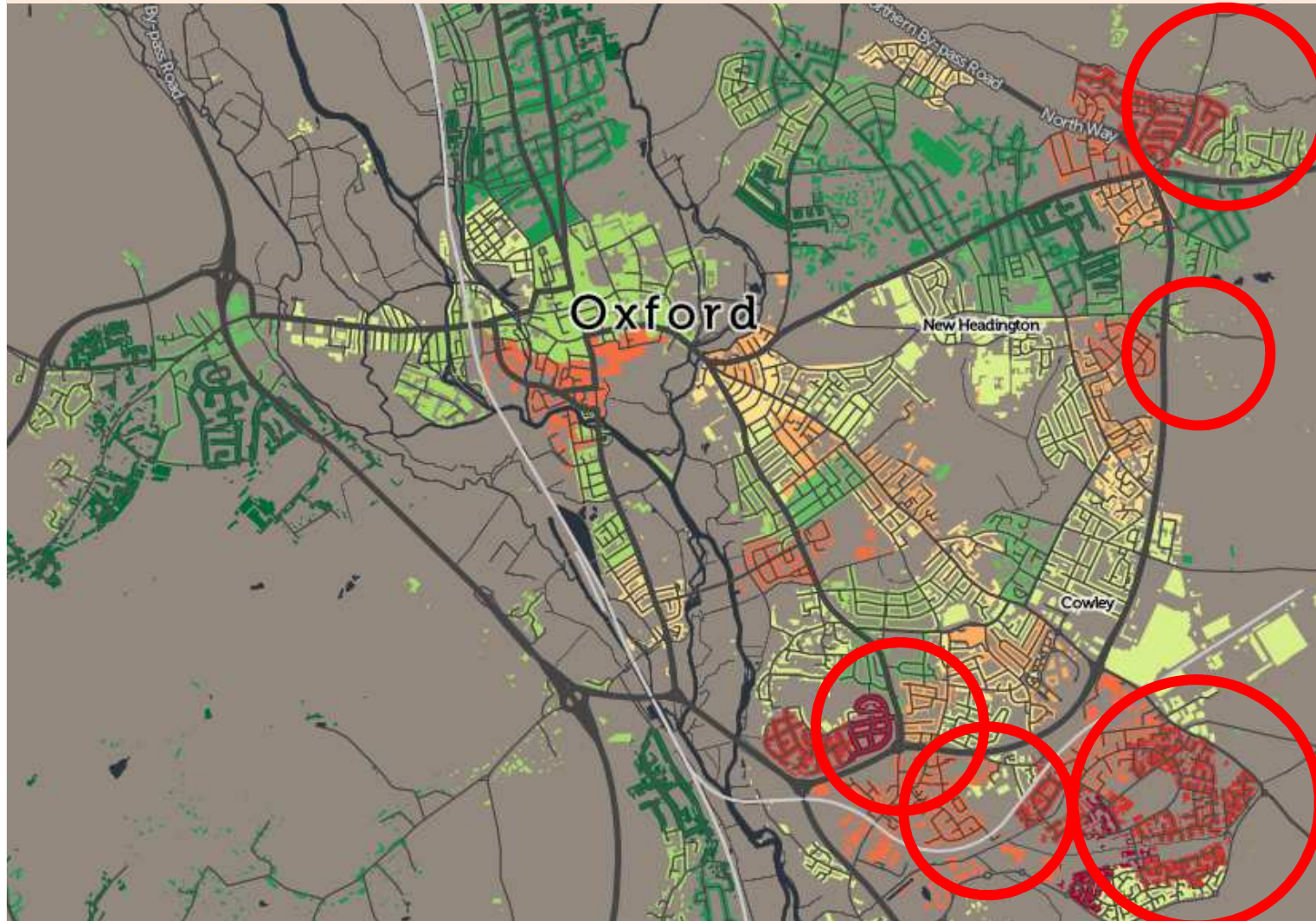
Oxford Mail

AN MP has demanded answers from Oxfordshire **County** Council about where money to fund cycling improvements is coming from after the council lost out on half of an expected grant.

Last week, Oxfordshire County Council found out it was only receiving £298,500 of an expected £597,000 from a government grant to help promote cycling and walking in the county as lockdown lifts.



Areas of higher bus use and deprivation





Oxford Tranche 2 bid

1) Cowley & Headington

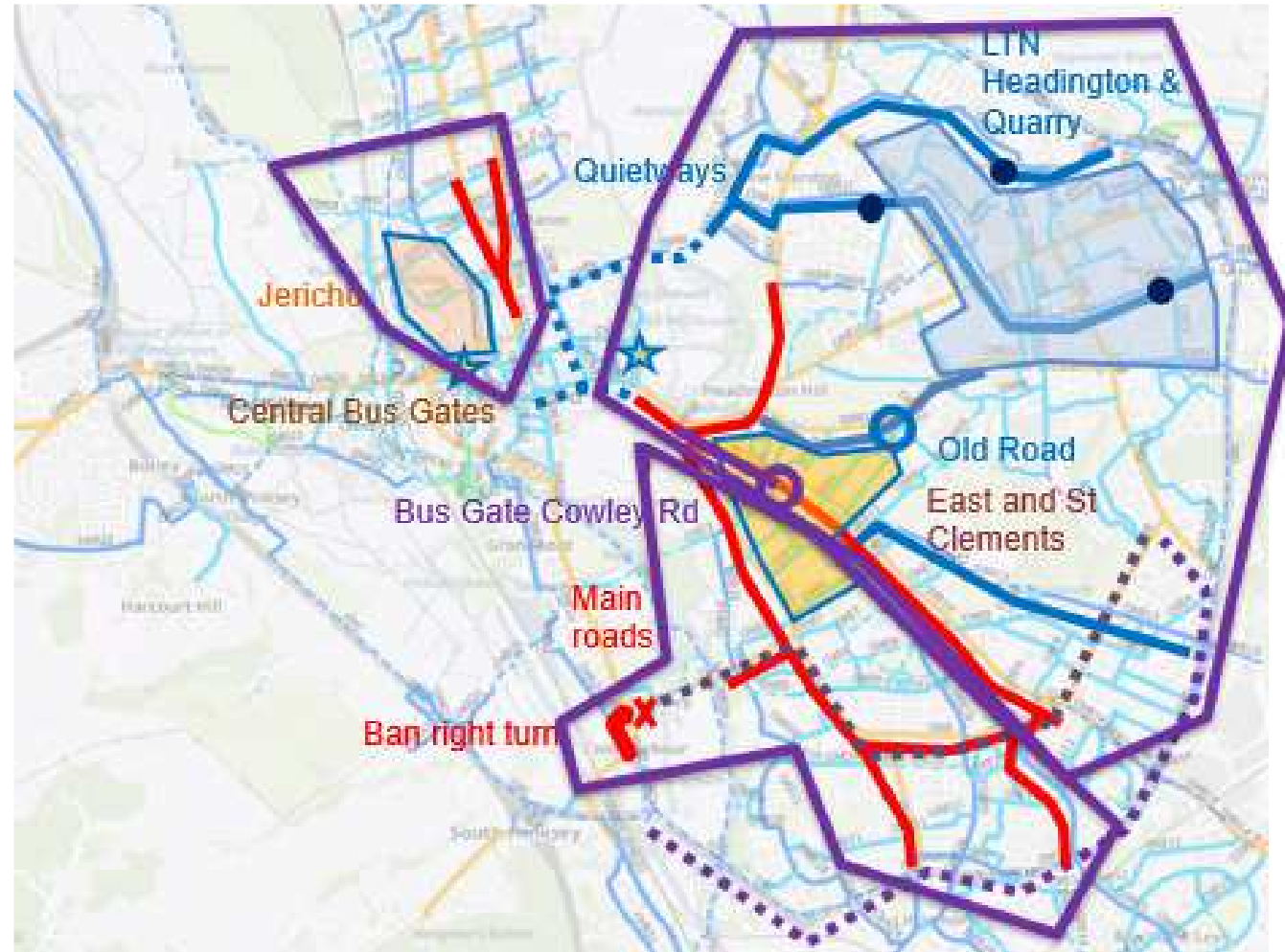
BCR 30

2) Littlemore and Rose Hill

BCR 18

3) North and West

BCR 38

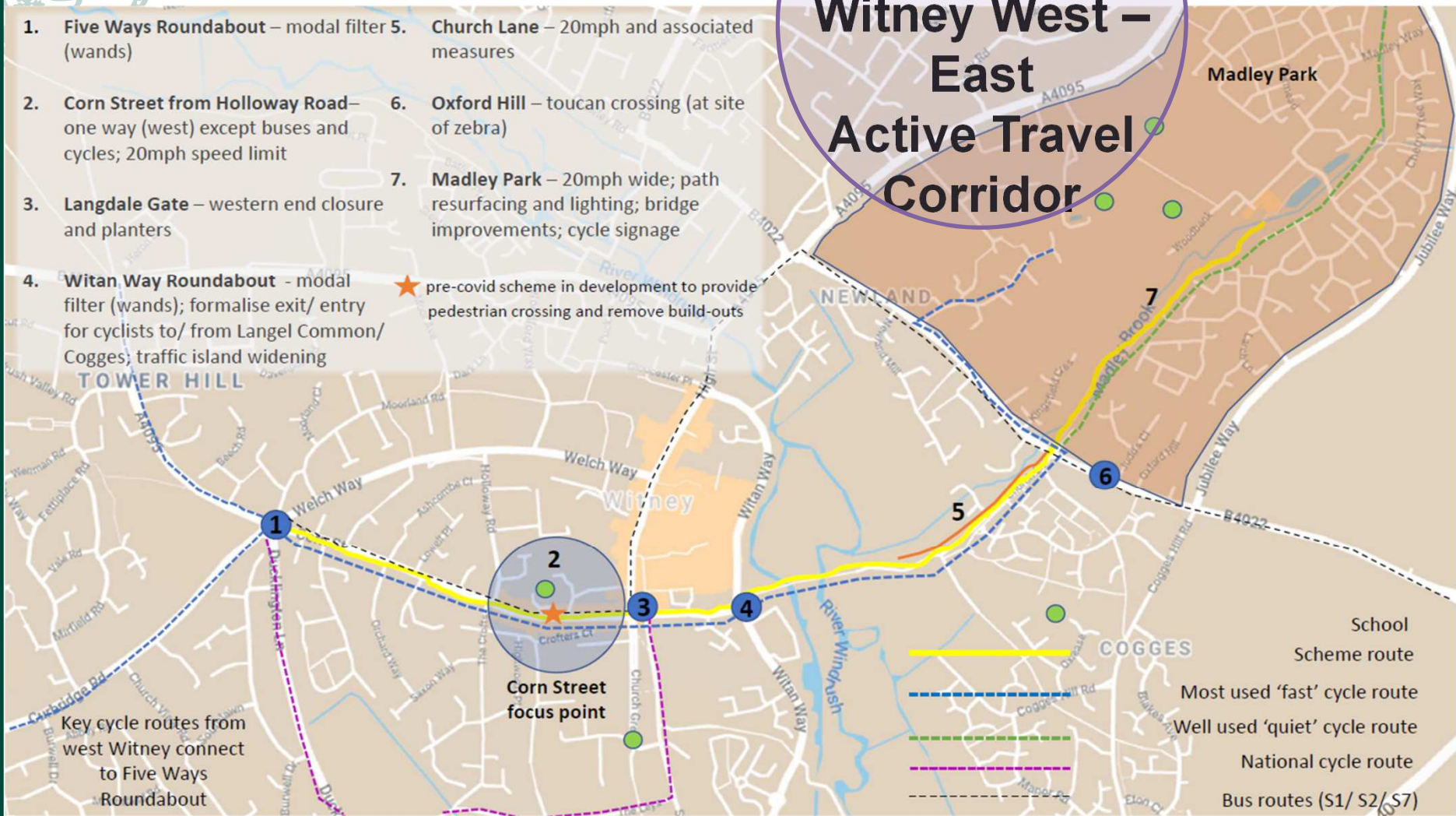




Witney West – East Active Travel Corridor

- 1. **Five Ways Roundabout** – modal filter (wands)
- 2. **Corn Street from Holloway Road** – one way (west) except buses and cycles; 20mph speed limit
- 3. **Langdale Gate** – western end closure and planters
- 4. **Witan Way Roundabout** - modal filter (wands); formalise exit/ entry for cyclists to/ from Langel Common/ Cogges; traffic island widening
- 5. **Church Lane** – 20mph and associated measures
- 6. **Oxford Hill** – toucan crossing (at site of zebra)
- 7. **Madley Park** – 20mph wide; path resurfacing and lighting; bridge improvements; cycle signage

★ pre-covid scheme in development to provide pedestrian crossing and remove build-outs



Key cycle routes from west Witney connect to Five Ways Roundabout

South West Bicester

Proposed Tranche 2 Scheme



Advisory signage for cycling on side roads

Traffic calming 20mph zones

Causeway
Improvements for walking and cycling while maintaining one-way vehicular flow

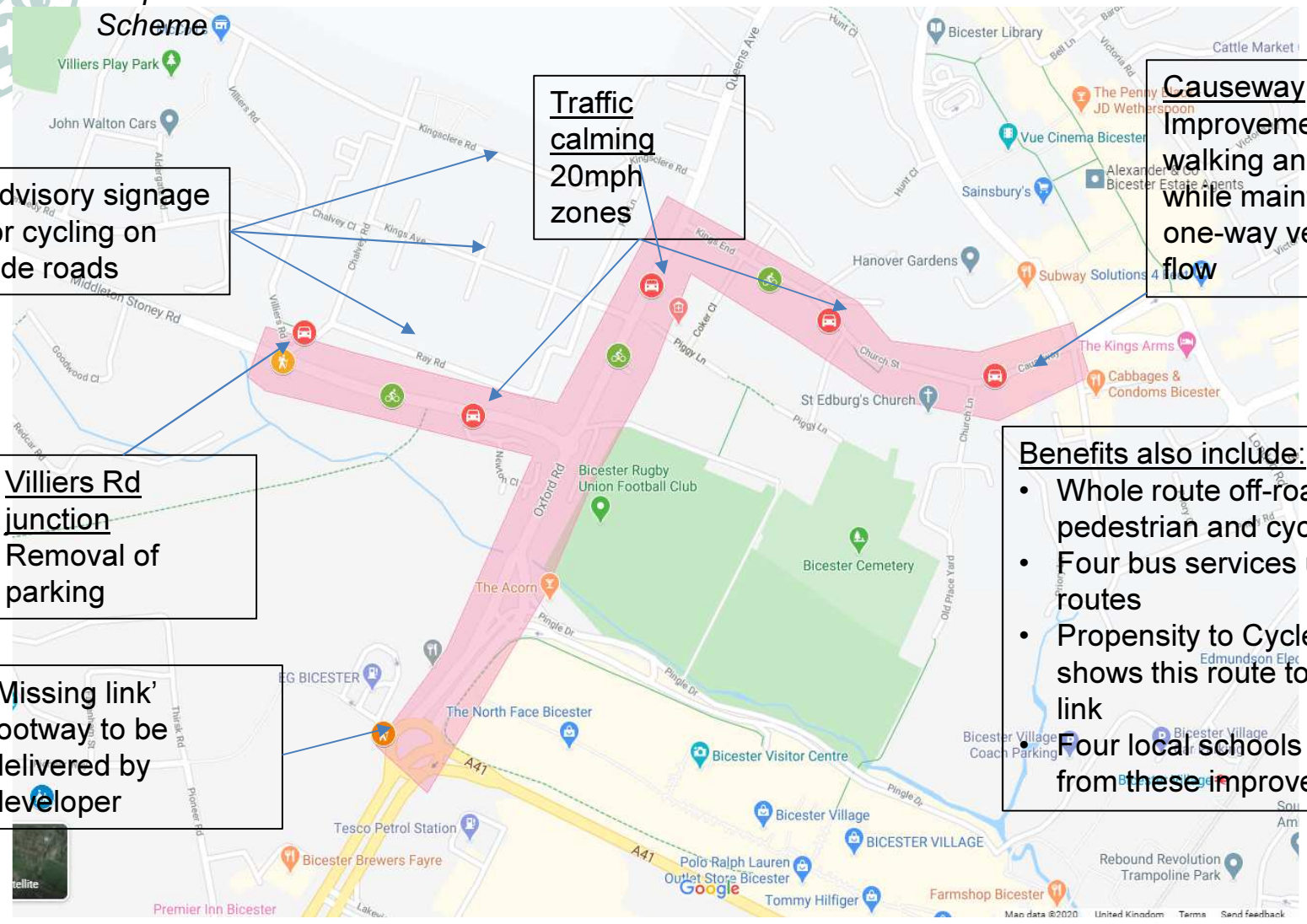
Villiers Rd junction
Removal of parking

'Missing link' footway to be delivered by developer

Benefits also include:

- Whole route off-road pedestrian and cycle facility
- Four bus services use these routes
- Propensity to Cycle Tool shows this route to be a key link

Four local schools will benefit from these improvements





Community Activation

- County wide ‘community activation’ measures to support and empower people to use new and improved walking and cycling infrastructure including:
 - Community Cycling Activator with implementation budget
 - Expansion of Wheels for All (cycle project for people with disabilities)
 - Walking and Cycling App
- Focus on supporting and empowering people who do not currently walk and cycle and specific cohorts such as parents, BAME groups and communities suffering deprivation



School Traffic Demand Management Fund

- £150, 000 DfT grant secured for Oxfordshire County Council to facilitate the immediate delivery of School Travel Demand Management measures across all Oxfordshire schools.
- Social distancing measures have significantly reduced public transport capacity, which could increase pressure on the road network in some areas as children and students return to school and college.
- Travel Demand Management is the application of strategies and policies to reduce travel demand, or to redistribute this demand in space, travel mode or in time e.g. staggered school start times and the promotion of active travel.



Two phase approach

- **Phase 1** - immediate countywide comms led engagement with parents and schools to promote active travel and provide travel planning resources.
- **Phase 2** - targeted support for schools that have either been identified as having congestion issues, potential for significant modal shift or have expressed interest in School Street/Safer Routes to School schemes as part of the Emergency Active Travel Fund bid.

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**Health Improvement Board
Forward Planning**

Meeting Date	Other papers that could be scheduled	Standing items
		Minutes of the last meeting
Thursday 19 th November – Virtual meeting	<ul style="list-style-type: none"> • Local Clean Air initiatives • Presentation on AccessAble to launch in Oxford in May - it is the app which allows people with all sorts of disabilities to check whether venues and public buildings are suitable for them. • Social Prescribing update • Inequalities Wards Strategy forward - CVD prevention update • Drug Usage Rooms 	Performance Dashboard
25 th February 2021		Forward plan
		Healthwatch Ambassador Report

Regular Reports from working groups	When to schedule	Note
PH Health Protection Forum	Once a year	Meets quarterly. Report Feb 2020
Affordable Warmth Network	Once a year	Last reported Sept 2019
Housing Support Advisory Group	Twice a year	Last update Nov 2019 – COVID 19 update on May 2020 Performance update on September 2020
Domestic Abuse Strategy Group	Twice a year	Last report Sept 2019 COVID 19 update on May 2020 New report November 2020
Tobacco Control Alliance	Twice a year	Final Strategy May 2020 New report November 2020

Mental Wellbeing Working group	At least annually	Last report May 2020 New report May 2021	
Healthy Weight – whole systems approach	At least annually	Last reported Sept 19 Information Only Item – Sept 20	
Active Oxfordshire	tbc	Update Nov 2019 Update September 2020	
Healthy Place making	tbc	County wide Master Class events planned for 2019-20	
Social prescribing	tbc	Update as appropriate	
Making Every Contact Count	Twice a year	Information item Sept 19	
Alcohol and Drugs partnership annual report	Annually	September 2020	
Diabetes Transformation and Prevention Data	Annually	September 2019 November 2020	To p Prev cont obes

Update Report

To: Oxfordshire Health Improvement Board Partnership

From: Kate Austin, Oxfordshire County Council, on behalf of the Oxfordshire MECC (Making Every Contact Count) Systems Implementation Group (SIG)

Date: 10th September 2020

Overview of Making Every Contact Count (MECC)

MECC involves training people to give them the skills and confidence to have conversations about health with others and to follow up with signposting for support. In Oxfordshire we encourage people to signpost to the Oxfordshire Live Well website. <https://livewell.oxfordshire.gov.uk/>

MECC works through opportunistic conversations in everyday life to talk about health and involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing. More general information about MECC can be found here: <http://www.makeeverycontactcount.co.uk/>

Oxfordshire MECC Systems Implementation Group (SIG)

The Oxfordshire MECC SIG continues to meet regularly and reports into the BOB (Buckinghamshire, Oxfordshire, Berkshire West) MECC Oversight Group. The terms of reference for the group have been recently reviewed and updated and there is representation from a range of organisations in the group. There are two key projects that members of the SIG are currently working on. A project to pilot MECC training for volunteers and a project to produce a MECC engagement video. More details are given below.

One of the aims of the SIG is to encourage a 'Train the Trainer' approach for sustainability, and to support organisations to embed cascade training within their own teams, where appropriate. As face to face training is currently not able to take place there are plans to pilot a virtual 'Train the Trainer' course in late October to enable the group to continue with this approach where possible.

MECC Training for Volunteers – Pilot Project

A MECC training pilot project is being developed to help give volunteers the skills and confidence to have conversations about health with others and to follow up with signposting for support. With so many volunteers being involved in the COVID-19 response and recovery work, it was recognised that there was an opportunity to offer MECC training to volunteers who were likely to be having conversations with members of the public, neighbours, friends etc in the course of their voluntary activity. These could be conversations on the phone or in person at a social distance. MECC training would previously have usually been delivered through face to face training. With this now not being possible a virtual version of the training is being developed and tested.

The virtual training model being developed in Oxfordshire is being co-ordinated by Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, Cherwell District Council and the Oxfordshire Training Hub, as a sub-group of the Oxfordshire MECC Systems Implementation Group.

The training consists of two parts. Participants access a short on-line e-learning course (provided by Health Education England) to gain a basic level of MECC knowledge before attending a live and interactive session lead by a MECC trainer. Registration for the training is through the Oxfordshire Training Hub website.

The pilot will continue through September/October and volunteers can book on to a session through the links below where they will be sent details of how to access the e-learning and the on-line interactive session. The cut off for registration is one week prior to the virtual session date. Once the pilot has finished, the model will be reviewed in preparation for further roll out of the training.

21st Sept 10.30 to 12.00 (Now full)

22nd Sept 10.30 to 12.00 - <https://oxfordshiretraining.net/event/e-learning-making-every-contact-count-mecc-training-2/>

23rd Sept 10.30 to 12.00 - <https://oxfordshiretraining.net/event/e-learning-making-every-contact-count-mecc-training-3/>

7th Oct 10.30 to 12.00 - <https://oxfordshiretraining.net/event/e-learning-making-every-contact-count-mecc-training-4/>

MECC – Organisations Engagement Film

A group of members in the Systems Implementation Group have formed a sub-group to develop a short video to encourage organisations to consider how MECC could benefit the people that staff are in contact with, and to encourage them to participate in MECC training. We are identifying a colleague from the Library Service, Primary and Secondary Care to each share how MECC has benefitted their work. We are planning that they will also share an example of a MECC conversation that they may have had, to encourage others to consider the training.

Next Steps/Requests for Support

The Oxfordshire MECC SIG are planning to continue to meet regularly and to work in sub-groups on the two projects above. A third sub-group is being developed to scope the potential of MECC (or an alternative age appropriate intervention based on MECC principles) to support the health and wellbeing of young people.

The Oxfordshire MECC SIG would like to request the continuing support of the Health Improvement Board Partnership to engage with volunteers, staff, organisations and other stakeholders to encourage the uptake of MECC training.

Progress report of the Whole Systems Approach to Healthy Weight to the September 2020 Health Improvement Board

Obesity prevalence

In Oxfordshire, 55% of adults were either overweight or obese in 2018/19. This is lower than the national average of 62% and has reduced from 59% in 2017/18. Childhood obesity prevalence in Oxfordshire is significantly lower than national rates and has remained steady. The most recent data from 2018/19 show that 19% of reception year children and 28% of year 6 were overweight or obese. Obesity prevalence varies by ethnicity and deprivation, with the data showing that healthy weight decreases as deprivation increases. Further local detail can be seen in the Oxfordshire [JSNA](#).

Policy Context

Reducing obesity is a priority public health issue; NICE recommends that Local Authorities, CCGs and Health and Wellbeing Boards commission a range of lifestyle adult and child weight management programmes.^{1,2} The Whole Systems Approach (WSA) adopted in Oxfordshire in 2019 brings stakeholders together from a broad range of sectors to address the food and physical activity environment for joint action.³ The WSA supports the Growth Board endorsed building a 'healthy place shaping' approach into all Oxfordshire Housing and Growth deal strategies, policies and workstreams.

The new strategy [Tackling obesity: empowering adults and children to live healthier lives](#), published in July 2020, recognises that excess weight is one of the few modifiable factors for COVID-19 and highlights that tackling obesity is one of the greatest long-term health challenges we face. Actions include a new campaign Better Health, expanding weight management services, legislation on calorie labelling and restrictions on the advertising and promotion of high fat, salt and sugar foods.⁴

Part one of the [National Food Strategy](#) published in June 2020 focuses on recommendations during the COVID-19 pandemic and in preparation for the EU exit transition period. Part 2 is due in early 2021 and will provide recommendations to ensure safe, affordable food, regardless of where people live or how much they earn.⁵

These recent strategies and the Better Health Campaign present an opportunity be ambitious in our WSA to healthy weight and further galvanise local action.

Progress on the Whole Systems Approach in Oxfordshire

The core working group developed an outline WSA action plan and begun working to it in 2019/20. Priority actions included addressing the food environment, ensuring support services are in place and joined up across the healthy weight pathway, and working with partners and professionals across the system.

¹ NICE (2014) Weight management: lifestyle services for overweight and obese adults. Available [here](#)

² NICE (2014) Weight management: lifestyle services for overweight and obese children and young people. Available [here](#)

³ PHE (2019) Whole Systems Approach to Obesity. Available [here](#)

⁴ DHSC (2020) Tackling obesity: empowering adults and children to live healthier lives. Available [here](#)

⁵ The National Food Strategy: part one. Available [here](#)

The initial set up phase involved identifying and engaging stakeholders, building a Healthy Weight Story Map to present the data and the case for change to partners organising whole systems partner events. We also:

- Mapped the current initiatives to understand the current system and identified gaps and opportunities.
- Completed a survey to understand the challenges health care professionals experience when talking about weight and referring to services.
- Developed a draft child healthy weight pathway toolkit.
- Began discussions to streamline the adult pathway.
- Re-procured and expanded the adult weight management service (Achieve Oxfordshire) to target those most at risk and include prevention resources for families.

Unfortunately, the COVID-19 pandemic put a stop to the WSA partner engagement work in March 2020, but this has recently started again. A strategic group to take forward this work is being developed, with partners agreeing to focus on:

- Better Health Campaign opportunities, a group has been set up to ensure we align our local comms (the national campaign is mainly targeted at adults, but we would like to ensure a family approach locally).
- Develop clear healthy weight pathways and associated comms for adults.
- Finalise the healthy weight pathway and toolkit for pathway for children.
- Deliver virtual stakeholder events in the Autumn 2020 to map different parts of the healthy weight system (e.g. food environment and 'build back better') and further engage partners.
- Scope a hyperlocal feasibility study for the WSA in Oxfordshire.
- Scope an approach to address the gap in provision for children.

For more information on the whole systems approach:

PHE [video](#) provides an overview and a [full version](#) of the PHE blog is available.

Jannette Smith, Health Improvement Principal, Oxfordshire County Council
Jannette.smith@oxfordshire.gov.uk