Public Document Pack

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 29 September 2022 at 3.30 pm

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

https://oxon.cc/HIB29092022

Stephen Chandler
Interim Chief Executive

Date Not Specified

Contact Officer: ***Raquel Salosa, Interim Business Support Team Leader, Director's Office & Partnership Board Officer***
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Membership

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

Board Members:

Cllr Louise Upton	Oxford City Council
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Veronica Barry	Healthwatch Oxfordshire Ambassador
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Det Chief Insp Jonathan Capps	Thames Valley Police
Dr David Chapman	Ex-Clinical Chair of Oxfordshire Clinical Commissioning Group
Cllr Joy Aikman	West Oxfordshire District Council
Daniella Granito	District Partnership Liaison
Daniel Leveson	ICB Place Director
Cllr Mark Lygo	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
Cllr Phil Chapman	Cherwell District Council
Cllr Helen Pighills	Vale of White Horse District Council

David Munday	Consultant in Public Health/Deputy Director, Oxfordshire County Council

Notes: Date of next meeting: 17 November 2022

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

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

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

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

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

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

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

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

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

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

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

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

AGENDA

1. Welcome by Chairman

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Notice of Any Other Business

15:33 to 15:35

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)

15:35 to 15:40

To approve the Note of Decisions of the meeting held on 19th May 2022 and to receive information arising from them.

7. Health Protection Update

15:40 to 15:50

Presented by Ansaf Azhar, Director of Public Health, Oxfordshire County Council

To update HIB on matters relating to COVID-19 or current changes to health protection response work

8. Performance Report (Pages 13 - 24)

15:50 to 16:00

Presented by David Munday, Consultant in Public Health, Oxfordshire County Council

To monitor progress on agreed outcome measures

9. Report from Healthwatch Ambassador (Pages 25 - 26)

16:00 to 16:20

Presented by Veronica Barry, Senior Community Involvement Officer, Healthwatch Oxfordshire

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

10. MECC (Make Every Contact Count) implementation in Oxfordshire (Pages 27 - 34)

16:20 to 16:30

Presented by Kate Austin, Health Improvement Principal, Public Health, Oxfordshire County Council

Understanding current MECC activity and how HIB partners can contribute

11. Tobacco control alliance update (Pages 35 - 46)

16:35 to 17:00

Presented by:
Sally Culmer, Public Health Principal, Public Health Team, Oxfordshire County Council
Jonathan Jenkinson, SmokeFree Project Lead, Oxford University Hospital NHS Foundation Trust
Jody Kerman, Head of Trading Standards, Oxfordshire County Council
Derys Pragnell, Public Health Consultant

Detailed review of Tobacco control data/ performance and update from the Tobacco Control Alliance partners

12. Domestic Abuse Strategy (Pages 47 - 50)

17:00 to 17:25

Presented by Kate Holburn, Head of Public Health Programmes, Public Health, Oxfordshire County Council

Report back from recent consultation, draw in of Police colleagues including stalking, violence against women and girls.

13. Any other Business

17:25 to 18:00

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 19th May 2022 commencing at 14:00

Present: Board members	Cllr Louise Upton, Oxford City Council (Chair) Ansaf Azhar, Director of Public Health, Oxfordshire County Council Dr David Chapman, Clinical Chair, Oxfordshire Clinical Commissioning Group Cllr Merilyn Davies, West Oxon District Council Cllr Maggie Filipova-River, South Oxfordshire District Council (Vice - Chair) Daniella Granito, District Partnership Liaison, Oxford City Council Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group Cllr Mark Lygo, Oxfordshire County Council David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
In attendance	Rosie Rowe, Head of Healthy Place Shaping, Public Health, Oxfordshire County Council Ruchi Baxi, Consultant Public Health Gemma Harris, Screening and Immunisation Manager Veronica Barry, Senior Community Involvement Officer, Healthwatch Oxfordshire Lizzie Moore, Public Health Registrar, Oxfordshire County Council Paul Brivio, Active Oxfordshire Lee Mason, Active Oxfordshire Cllr Bethia Thomas, Vale of White Horse District Council, on behalf of Cllr Helen Pighills Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group Kate Austin Margaret Melling Amy Booth, Student shadowing David Chapman Cecilia Pyper, Observing as member of the public
Officer:	Beverley Manners, Minute taker, Oxfordshire County Council
Apologies:	Cllr Helen Pighills, Vale of White Horse District Council

Absent: Jonathan Capps, Detective Chief Inspector, Thames Valley Police

ITEM
1. Welcome Cllr Upton welcomed to the meeting:
2. Apologies for Absence and Temporary Appointments West Oxon District Councillor and Cherwell District Councillor appointed yesterday, South Oxon District Councillor to be appointed later today.
3. Declarations of Interest There were none
4. Petitions and Public Address There were none
5. Notice of Any Other Business David Munday – Making every contact count
6. Note of Decisions of Last Meeting The notes of the meeting held on 18th November 2021 were signed off as a true and accurate record.
7. Health Protection Update Ansaf Azhar, Director of Public Health, Covid numbers have drastically reduced and as we come into the summer months the expectation is these will continue to drop. We should be prepared to be living with Covid for the next decade with the figure fluctuating up and down as it does with other respiratory illnesses and our response will need to fluctuate accordingly. It is likely to mutate quite easily although the variants BA.4 and BA.5 did not take off within the UK. We have good systems in place to manage these when this happens. We will continue with the constant monitoring. The majority of the emergency Covid platforms have been stood down, the Covid Health Protection Board, multi agency operational cell and embedded that into business as usual. The surveillance unit is still

running fortnightly although this is probably due to be stood down and incorporated into the wider protection functions. I believe it's very vital to be able to stand things up again very quickly if required.

As we return to more normal living there is an increase in infections particularly in children's settings, such as Scarlet Fever, due to lower immunity but there are established systems in place to manage this. We learned a lot about how we reached into different communities, disadvantaged communities particularly around addressing health inequalities. There's a question about how do we pick up this learning and apply to the other issues that we deal with in public health. If we are not careful, over the next 5 years, we will see the indirect impact of Covid due to the lack of preventative services. The Health and Care partners and particularly Public Health are working really hard to stand up this function because if you don't and we carry on like we have in the last 2 years we will see the impact over the next 5 years. We need to proactively do things to address the backlog, need to learn from the vaccination programme how we reached out to the communities and apply that to things like screening.

We need to keep an eye on excess deaths during the Omicron rise. Noticed that they existed below what we would expect which is an indication of the success of the vaccination programme. We need to be careful that the excess deaths going up in the future are not necessarily because of Covid but due to other causes as a result of the lack of preventative service. A lot of learning that we can incorporate into general public health functions.

8. Performance Report – Effect of COVID 19 (pages 7-10 in the agenda pack)

David Munday referred to the document *Performance Report*

Within our start well indicators we're within target for the metric which is reducing the levels of smoking withing pregnancy, the red arrow is pointing up as there has been a 0.2% fluctuation, this number fluctuates a little every quarter but we are below the 7% target and managing to stay below the 6% which is where we want to be moving towards 5% or lower. The immunisation targets for the mumps, measles and rubella programme is being covered later. There is no new data on childhood obesity as that comes out annually.

The live well indicator 2.16 is about physical inactivity and we have new data on that. Performance has improved but remains above 21%. It's above the target that we've set of 18.6. This is one of the areas referred to earlier by Ansaf, an indirect impact of Covid. Physical activity levels have been adversely impacted because of lockdowns. We have Active Oxfordshire speaking about their physical activity strategy later.

The smoking quitters data is above target, this is monitored quarterly. We will be taking a broader look at tobacco control as a theme at a future HIB meeting later this year. 2.19 and 2.2 no new data but worth noting that we are moving forward with the catch up and standing up of the health check programme both through primary care and other delivery models to ensure that we get the health check work back on track.

Comments/questions:

Veronica Barry – Interested to hear more about the new commissioning cycle for NHS checks and to draw attention to report done by health watch Oxfordshire a few years ago working with male footballers from diverse communities. They had lots to say on where and how NHS health checks could be delivered.
Ansaf Azhar – Really timely question as have just spoken about the indirect effect of Covid and one of the indirect effects is that the programme stopped during that period and we normally do approximately 28000 but only sent out a couple of thousand during the 2 years. We are in the process of commissioning extra provision to address the backlog. We will be looking at how do you reach out to the most disadvantage groups. Welcome input from Veronica Barry as that work is progressed.
David Chapman – Asks the question if there is any research done into vaccine fatigue. With winter coming up hope that we can deliver Covid vaccinations along side flu in order to achieve appropriate levels.
Ansaf Azhar – Some of the latest booster coverage rates, particularly around Covid, show that it hasn't been as great as we have seen in the past, planning a campaign across the country later in the year probably more around winter time, which is when we expect to see rising cases as well as other infections like flu. It is worrying the potential impact on other vaccination and immunisation programmes. For older adults if they have taken up the Covid they are more likely to take a flu vaccination however for children it moves in the other direction, the impact of not having a Covid vaccination is not as significant and not even comparable to not having your MMR vaccination, this is an area that needs to be very carefully navigated and to an extent separate.
Ruchi Baxi – The separation of adulthood and children's immunisations. There is anecdotal suggestion that Covid vaccination has impacted on routine immunisations for children. It is very difficult to unpick because there are so many factors that influence.

9. Screening and Immunisation Performance and Recovery (pages 11-26 in the agenda pack)

Ruchi Baxi and Gemma Harris

Ruchi Baxi.

Slide 3, Section 7A refers to the screening and immunisation programmes as the part of public health commissioned by NHS England and this include 18 immunisation programs across the life course, alongside breast screening, cervical screening as cancer screening programmes, abdominal aortic aneurysm and diabetic eye screening, the adult lung cancer screening programmes. Six until later and the new born screening programmes that happen across the antenatal and new born period.
Slide 5, MMR vaccination programme. The graph on the left shows a national picture and on the right the picture in Oxfordshire. Vaccination in Oxfordshire has recovered to pre pandemic levels but appears to have stabilized at that level. The national picture shows a decline in uptake prior to the pandemic this has been compounded by the pandemic. We see a higher uptake for the first dose of the MMR at 13 months compared to the second dose at 3 years 4 months. Also an issue for another preschool vaccination given at a similar age.

The decline in MMR take up nationally led to the UK loosing WHO measles elimination status in the UK in 2018, we ideally want to see is not take greater than 95% sustainability. NHS England Commission improving immunisation uptake team, a team embedded in South Central and West commissioning support unit, they work closely with GP practices across Oxfordshire and deeper Thames Valley to focus on improving the uptake across the 5 immunisations. There is a particular focus on the 2nd MMR and the four in one, the pre school booster due to them having a lower uptake compared to the infant vaccinations. We are re vamping our plans in order to reduce inequalities and improve access, this is a work in progress to analyse and understand the communities that have a lower uptake and improve that.
Flu vaccination uptake in Oxfordshire is consistently above the national average. A very high uptake in the 65year plus bracket, now 86.4%. Always seeing a lower uptake amongst the under 65's who are in a clinical risk group.
Commend the huge amount of work done by the providers of the vaccination programme in the context of the pandemic.
Completing the evaluation of the flu campaign for 21/22 season and working towards a series of recommendations based to recognise what works and what additional actions can be put in place, this includes targeting the groups who have a lower uptake of the vaccine or are a high risk clinical.

Gemma Harris

Looking at page 19, shows 2 graphs covering the cervical screening in the 2 different age groups. The younger age group are screened every 3 years and the older group every 5 years. Both graphs show that we are sitting below the national target of 80%, we've had a 2% drop in the younger age group and a 1% drop in the older age group. Coverage is a measure of when people have their screen, we are seeing a year on year increase in the number of tests being taken, in the last recorded 12 months we saw an increase of 2000 samples being taken. During the early stages of the pandemic the invitations were slowed down, with the normal invitation process resumed in the summer.
By January 2021 all women were being seen within the national target time frame. 2 weeks for an urgent referral or 6 weeks for a routine referral.
There is a national direct enhanced service which requires the groupings of practices of the primary care networks to be responsible for improving coverage across the cancer screening programmes in the PCN's. Looking to target some work around the lowest performing practices to understand what challenges they may be facing.
Data for 20-21 for breast screening has been suppressed due to Covid. Page 21 show the pre Covid results. The top graph shows the women's attendance and the bottom graph shows if they were invited again within the target timeframe. Oxford performs much better that the South region and nationally and only taken a small dip from pre pandemic levels, this can be attributed to the invitations being sent out have a specific date and time on them. The round length (this is the measure of women being invited within 36 months) has dropped off in both Quarter 1 and Quarter 2. The target is to be offered screening every 3 years. Following a national shortage of mammographers it has been difficult for the programme to get to a point of recovery, as of January this year it has got there at 95%. Screening was taking place on time but this has unfortunately dropped again as staff levels have reduced.
Bowl screening cancer is a good news story, we are above pre pandemic levels for the uptake of screening. The new test is a lot simpler, now only need to take one sample not the previous three. Currently in the process of rolling out age extension of the bowel screening programme. Working backwards from age of 60, with 56 year olds now being

offered screening. Currently doing some work around how we identify certain groups, need to improve the coverage and uptake for some groups. It would really help if we can look at how data is shared with other organisations. Locally we had a national cervical screening campaign that is going to be continued later on in the summer, highlighting the link between HPV and cervical cancer.
One issue we've identified is finding locations for our mobile screening units. We do now have an Inequalities lead now in post who is starting to do that analysis of breaking down and getting more granular data. One issue is the quality of the data and the amount of missing data, for example on ethnicity, we are working to improve this. We have a registrar who can lead in an evaluation of the health on the move van and take forward how they might apply to other programmes.
Recognise the point on co production and the partnership with yourselves and others is fundamental, so that we can work more closely with communities and with people who know the communities better than we do. We do know this work is important and we were doing some of this before the pandemic.

Comments/questions:

Ansaf Azhar. In Oxfordshire we seem to have been impacted more than South and Nationally.
One of the identifiable reasons is that Oxfordshire appear to struggle to hold on to qualified staff, there is a very rigorous training schedule and due to the cost of living in Oxford they quickly move onto areas where the cost of living is lower.
I am a bit concerned when we focus at Oxfordshire level and if you repeat the indicators for some of the most deprived communities and deprived wards you will get a very different picture. It does seem a sensible way to go to talk to GP practices and PCN level. Asks if you can go down to ward levels, community groups space within the data and then the interventions will come from that, then start thinking about things like do I need to engage with the mosques, faith groups, set up an immunisation centre. Need to learn from the Covid vaccination programme and apply to the screening and immunisation. The mobile vaccination van going forward can be expanded to other health things. We have recently launched Oxfordshire Child Inequality Board which has a partnership for both health and let local government in there. It is focusing on 3 areas, cardiovascular disease, maternity vaccinations and immunisations, would be valuable to bring this discussion there.
Cllr Louise Upton. In Oxford City the planning policies that would normally have a big development build with 50% social housing has 100% employment linked social housing on sites at the Churchill and JR hospitals.
David Chapman. One of the most important parts of the flu vaccination programme is immunising children both in school and the 2-3 year olds and yet the adverts don't focus on these groups. Request for more efforts to be made around children's it's the most fundamental part of a flu vaccination programme and has a huge knock on effect to reduce the number of people going into hospitals and attending GP practices and Emergence departments.
Ruchi Baxi. The indirect and direct effects of vaccination, particularly in younger children is really critical and to make sure that we vaccinate as many as possible. The uptake this year is lower than last year but higher than previous years.
Veronica Barry. I was part of the Vaccine Equity Group and was used to reach a number of different groups but this has mixed experiences, in my observations based on lack of coordination and actual real planning, so I'd like to see that those lessons are learned for the future.

Rosie Rowe. This place based approach needs to be linked into a co production with community groups. We know from the work that's being done with Oxford Community Action Group around NHS Health checks that we work with these groups and they engage with their community members the uptake is really good. When people understand what is available, how it will help and what the benefits are they do want to engage.
David Munday. We may need to take away for further discussion, the degree to which it's the same population groups that we need to be engaging with, some populations with cervical screening are less likely to come forward, there's a hesitancy with MMR.

10. Report from Healthwatch Oxfordshire Ambassador (pages 27-30 in the agenda pack)

Veronica Barry went through the paper *Healthwatch Oxfordshire Report to Health Improvement Partnership Board* (page 27 in the agenda pack)

Highlighted peoples experiences of using interpreting services to access Health and Care and still found the need for greater awareness that interpreting was a right and that people were not generally being offered interpreters when accessing health appointments. David Chapman attended a roundtable event and some agreements came out of that, more collaborative working and a collaborative promotion of those opportunities, a focus within OUH, particularly looking at their maternity services within the hospital. The report with Communities First Oxfordshire focused on rural isolation. Funding from Health Education, England and Public Health England, South East enabled an initiative to develop training and support for community researchers. Two researchers came forward, one, Omotunde Coker, who wants to focus on black women's experiences of maternity services and has been instrumental in making a film, with others, to use as a way of speaking to maternity health professionals. The other report from Nagla Ahmed, focused on Sudanese experiences and insights into healthy lifestyle. They have highlighted the lack of culturally appropriate leisure services, in particular, lack of female only gyms and swimming sessions, and also female lifeguards are sometimes overlooked. Culturally and affordable food access was also mentioned.

Comments/questions:

Cllr Upton – the real strength you bring to this forum is that you hear from the people who are not normally heard from.
Rosie Rowe – Thank you for completing the rural isolation and loneliness survey, it's important that we tap into the insight from people in our more rural areas. This links in with the 20 minute neighbourhood tool, an interactive tool that people can use to see what amenities are available within a 20 minute radius. Been developed with the District Planning Department and will flag up with the local planning colleagues so that they are aware.

11. Performance Deep Dive (pages 31-44 in the agenda pack)

Rosie Rowe (page 31 onwards in the agenda pack)

Healthy Place Shaping is a strategic priority for the County and has been since 2019. This paper is still a work in progress however we wanted a view from the HIB in terms of the progress made and the future direction of this work. This will be a phased approach, we will start to incorporate as we generate the data rather than waiting until there is a full set of

indicators. Need to engage and work with the districts and see what data they currently gather.
Margaret Melling – The second annex lists the indicators: built environment, community activation, new models of care, process indicators and wellbeing outcome measures. We are looking to include data to the smallest possible geographical level. We will need to compromise and have some data available at Oxfordshire and district level and some from national surveys. Looking at the possibility of working with national surveys and increase the sample number taken and to see if we can make use of the surveys and consultation work that is currently being carried out. Annex C gives you a indication of how we might represent some of the data we get back. The 20 minute neighbourhood tool will continue to be developed.

Comments/questions

Veronica Barry – Ask if there was an indicator around healthy affordable and accessible food? The 20 minute neighbourhood tool does show access to retail outlets for food but doesn't specify if it's healthy or not.
Cllr Upton – Ask how the indicator, people supported by social prescribing, will be measured? Both the numbers of the link workers in practices and also the number of contacts is currently collected. Work is currently going on nationally to agree a core data set around social prescribing.
Ansaf Azhar – If we can make a case to Health Partners, saying if you invest this much money upstream here, we would actually reduce the demand by this much. I think this is the next stage to take Healthy Place Shaping into.
Looking at the built environment indicator, I can see you've got the fuel poverty, wondering around things like insulation and affordability of housing, how would this feature? These are housing standards, need to identifying if the standards are included in the design codes that the local planning authorities have. From a health and well being aspect we need to look at our current housing stock and how we can improve and retrofit improved insulation. There is currently a pilot programme running called better housing, better health that is doing home visits to try and address housing needs and particularly from an energy crisis and fuel poverty perspective that will help to signpost and enable clients to access grants to improve the insulation in their homes and also link them into health and social care services.

12. Access to Nature Programme (pages 45-62 in the agenda pack)

Lizzie Moore (page 45 in the agenda pack)

There are some real issues for Oxfordshire in terms of the opportunities that people have had for health and well being, access to nature and access to green spaces.

We submitted a paper to the board, introducing the theme of access to greenspace and nature as a new area for public health. It summarises the relevant evidence based in the local context and identified some areas of action where we are likely to have the greatest impact on health inequalities. Sets out some strategic objectives for longer term programme of work and introduces relevant current projects. Finally the paper introduces relevant current projects. The recommendation to the board is to review the programme and hopefully to support this and come back in 9 months to report back. Access to green spaces has been found to be associated with a number of physical and mental health outcomes related to physical and mental health and well being. Most of the research has been focused on mental health but it's also been linked to overall mortality, overall

morbidity, cardiovascular health, increase in and physical activity, core conditioning, children, loneliness and isolation. A review paper by PHE now OHID in 2020 called improving access to greenspace that summarised the mechanism through which access to green space improves health and wellbeing. There is a reasonable amount of evidence that suggests that physical activity that's done in a green space is more beneficial than that done in a gym, through social contact and the community connectedness. The type of activities that people engage in, in a green space helps people develop new skills and capabilities. Nature connection has been shown to have an independent effect on mental health and health and wellbeing, this is now measurable. There's an additional effect of improving access to green space which is an indirect effect of mediating environmental harm, such as air pollution, noise and flooding.

Socioeconomic related health inequalities are lower in communities who haven't the most access to green space, and those from a more deprived backgrounds experience the greatest health gains when engaging in nature based activities and interventions. Access to green spaces – nature based interventions or nature based activities, these tend to be relatively inexpensive compared to healthcare and low resource, they reduce demand for healthcare which is incredibly carbon intensive, they can increase biodiversity and have been shown to increase pro environmental behaviours. The UK's 25 year environment plan recognises that access to nature was important and the importance of green social prescribing. We're 1 year into a cross government programme to test out our better understanding of how green social prescribing can improve health and wellbeing, the UK's Covid 19 mental health and wellbeing recovery action plan mentions that access to green spaces being really important. Oxfordshire has it's 9 priorities and improving access to green space is one of them. Last year there was a mental health and wellbeing needs assessment for Oxfordshire that highlighted access to green spaces as one of four key areas for action. The aim of the public health team is to apply public health principles and healthy place shaping approaches to increase opportunities for those with the greatest health need to spend time in green space and connect with nature in order to improve physical and mental wellbeing and address health inequalities.

General population - We're thinking about ways to increase everyday or incidental contact with nature. People experiencing/at risk of health inequality – Look at targeted ways of reaching these and supporting them through nature based health promotion initiatives. People with defined complex needs – Targeted therapeutic nature based programmes are really helpful for people with established mental health conditions. The groups we really want to target are: young people, particularly girls, people living in areas of deprivation, people from black and minoritized ethnic backgrounds, people experiencing loneliness, isolation, anxiety or depression and people with long term physical or mental health conditions. Programme of work for the next few years is to raise the profile of nature for health and advocate for equitable access, making sure that local planning policy reflects national guidance and best practice in relation to green infrastructure standards, development around asset national level to be led by Natural England, work with stakeholders to raise public awareness or opportunities to participate in nature based activities and to identify and address local and national gaps and data evidence. Hoping to run a pilot green social prescribing project in Cherwell to be evaluated on a formal basis.

<u>Comments/Questions</u>:

Maggie Filipova-Rivers – Request for further examples from other places in the future. This will be part of the Community strategy for South.

Cllr Upton – In Oxford City there is the go outdoors programme and recently changed Lord Mayor and had move with Mayor Mark campaign.
All the districts are engaged and supportive with this. Need to ensure the planning policy is also informed as that is looked at in terms of green space and high quality green space but not necessarily at how to enable and activate people to use the green space.
Need to look at how we connect the green spaces to other key locations in the communities, green spaces will be used if they're easy to get to.
Amy Booth – My research is on environmental sustainability and health systems with focus oh pharmaceutical prescribing so this is an important initiative using nature based solutions and green social prescribing, would be happy to chat about this.

13. Active Oxfordshire – PA Strategy (pages 63-92 in the agenda pack)

Paul Brivio (page 63 in the agenda pack)

The top line of the graph shows we are the most active, that's people doing 5 x 30 mins, we are also the least inactive, that's the people doing less that 0 to 30mins. The red colour on the graph indicates over 105,000 people that are inactive. Before the pandemic the average was about 18% but we are now up to 21%. All of the districts are trying to open their facilities however people haven't come back because they've lost the habit and confidence. The effects of Covid is disproportionately high if you're poor, on a low income, got a disability, got a long term health condition, if you're a woman, if you're disabled, if your old. Need to reach the 95,000 we weren't reaching pre Covid. Young people pre Covid were not meeting Chris Whittey's guidelines of 60 minutes of activity per day. There has been a massive impact on mental health but also obesity levels. This evidence points to the fact that the people that are being most disproportionately impacted are the poorest or the most disadvantaged in our society.
Almost 50% of young people not active enough, 20% of them having mental health issues, a lot of people already below the poverty line. We have big differences in the activity levels between the areas of affluence and deprivation and also around the older population. We have big disparities within 10 minutes of Oxford with children learning to swim and being able to ride a bike.
With the support of Covid funding we're doing some good work to out to the most frail, most isolated and most lonely. FAST has been a massive success in Cherwell, it has been re branded it to You Move and is being spread out across the county. We are going round each of the districts, all of our partners to work out what binds us together and then to work out how we can work together to make a difference to change the system. We need to create a different way of working, if we don't we will continue to get the same results. We need to do more and better and reach the people who are constantly missed out, or not engaged or marginalised or not reached.

Comments/Questions:

Cllr Upton – Physical activity is the most important thing that everybody can do.
Need to promote movement, in your allotment, fitness or support.
Ansaf Azhar – we have great projects like yours and are making good inroads but need to stay active priority in various different settings, there's a definite value in raising the profile of this. Often people are too busy coming out of Covid to focus on physical activity, need to realise the benefits in their own corporate codes within their directorates. Second – Equality, we have the same struggles as we have in terms of inequality with immunisation and

vaccination that we talked about earlier, we need to merge those message together. We have an opportunity to evaluate You Move in a much bigger scale than FAST.
Paul – We need to talk not only to our traditional colleagues in local authority, but also those in planning, different parts of the health service. We need to get out there and talk to people, listen to people and then do more of what works but also think differently and work differently.

14. AOB

Making every contact count

David Munday – this is not a new initiative. A workshop with the member of the Health and Wellbeing Board, which was a combination of training in the techniques and also thinking about how it can be utilised, it's scale and how it could eb implemented in Oxfordshire. Money has been found to help drive forwarded some of that expansion work. It aligns with the prevention agenda and the inequalities agenda. Will bring back to the meeting in September and November what the planned thinking is and the next steps forward.

Future HIB meeting dates 15 September 2022, 17 November 2022

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Health Improvement Board
15 September 2022

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 overarching priorities of:
    - A good start in life
    - Living well
    - Ageing well

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached. A short commentary is included to give insight into what is influencing the performance reported for each indicator

4. All indicators show which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).

    Of the 15 indicators reported in this paper:
    Three indicators are **green**
    Six indicators are **amber**
    Four indicators are **red:**

    - **2.18** Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)
    - **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)
    - **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)
    - **3.18** Breast screening – uptake (The proportion of eligible women invited who attend for screening)

5. A "deep dive" performance report is included as a separate report. As discussed at the HIB meeting in September 2021, we are including this in each meeting to ensure the Board are sighted on performance against agreed priority areas.

    This time the deep dive report relates to Tobacco Control, and over a 12-month period will cycle through other areas (mental wellbeing, physical activity, healthy weight etc)

Health Improvement Board Performance Indicators 2022/23

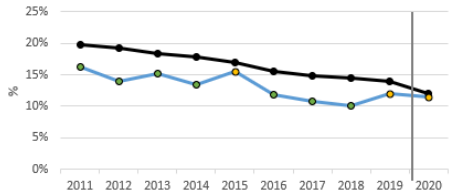
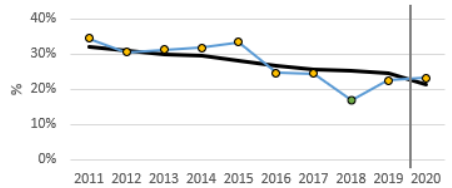
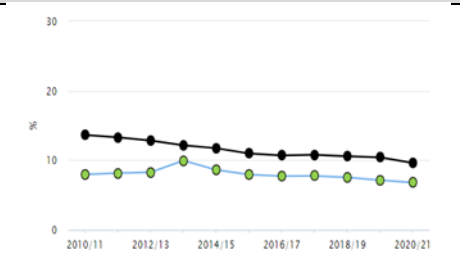
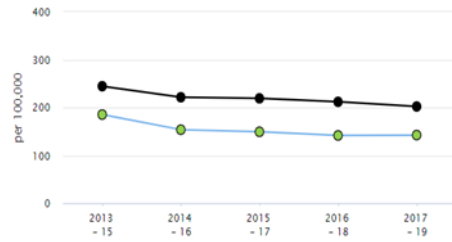
	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
A good start in life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	6.5%	Q4 21/22	7.0%	A	▲	Smoking at time of delivery ranged between 5.4 (Q1) and 7.0 (Q4) across the 4 quarters of 2021-22. Reaching 6.1 across all 4 quarters (391 women) a reduction since last year. This year maternity services across the ICP will be launching a bespoke targeted Stop Smoking Service
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q4 21/22	93.7%	A	▲	A national campaign to increase childhood MMR vaccination is ongoing since Feb 2022.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q4 21/22	91.6%	A	▼	A national campaign to increase childhood MMR vaccination is ongoing since Feb 2022.
	1.15 Reduce the levels of children obese in reception class (annual)	N	25%	2019/20	19.8%	-	▼	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured via NCMP than is reportable. However, the data we do have available suggest an increase in obesity levels (over the past year nationally there has been a reported increase in obesity via NCMP sampling). Reporting on smaller proportion of cohort. Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6 (annual)	N	37%	2019/20	33.5%	-	▲	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured than is reportable by LA. However, data we do have suggests that, as is the case nationally, there has been an increase in obesity.

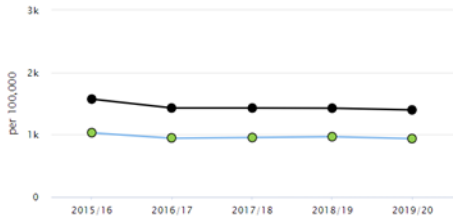
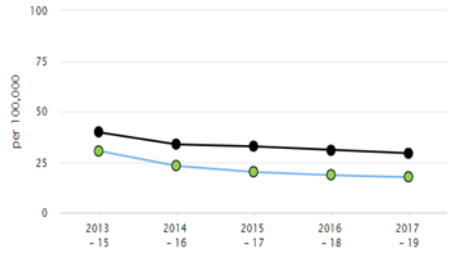
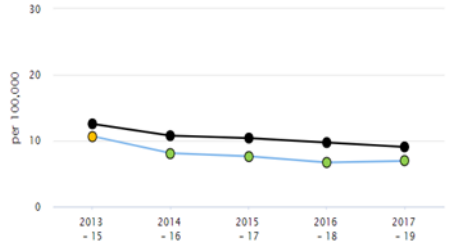
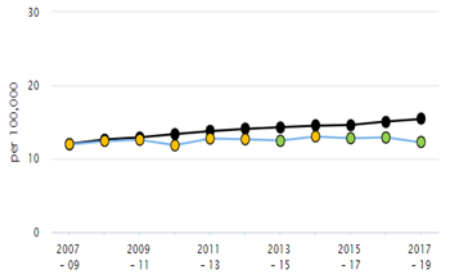
	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (annual)	N	17.4% (18.6% 21/22)	Nov 20/21	21.0%	A	▼	During COVID levels of inactivity worsened across England and locally levels of inactivity remain higher than we would like, although this latest data shows this is now improving. New projects such as Move Together (launched July 2021 and not yet reflected in these figures) and You Move (launching 2022) expect to improve this target further. At a district level data shows : Cherwell 24.4% Oxford 15.1% South Oxfordshire 21.4% Vale of White Horse 23.7% West Oxfordshire 20.7%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1146 per 100,000	Q4 21/22	1384	G	▲	The new smoking cessation provider has made excellent efforts to achieve their target 4 week quit rates by delivering the service remotely and continuing to engage with clients through the Covid pandemic.
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	N	85%*	Sep 2021 to Feb 2022	60.4%	R	▲	The 2021/22 flu programme offered the flu vaccine to the largest number of people in the history of the programme and was offered alongside the national COVID-19 vaccine programme. Uptake within the under 65 year 'at risk' cohort remained stable with an increase seen in the over 65 years cohort and the 50 – 64 years cohort.
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	70%	Q1 22/23	62.6%	A	▼	The NHS Health Check Programme, currently commissioned via GP Practices only, has improved in the delivery of invitations back to pre-pandemic levels for Q1 2022/23. A small number of GP Practices are still paused in their delivery of the NHS Health Checks as they restore services during this recovery phase.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (2018/19 - 2022/23) (quarterly)	Y	42%	Q1 22/23	32.7%	A	▼	Officers are currently in a commissioning cycle for a new supplementary delivery method of the NHS Health Check Programme through a third-party provider that sits outside of GP Practice settings and will provide targeted outreach. The new Service Provider will begin an Implementation Phase from 1st October 2022 and commence Service Delivery from 1st January 2023. Important to note that the Programme was paused nationally in response to the COVID-19 pandemic in order to create additional capacity in primary care. A small

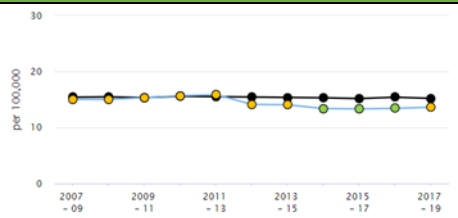
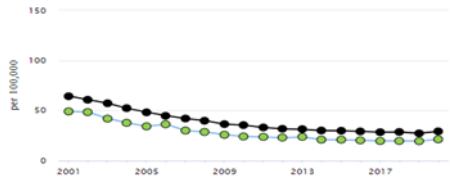
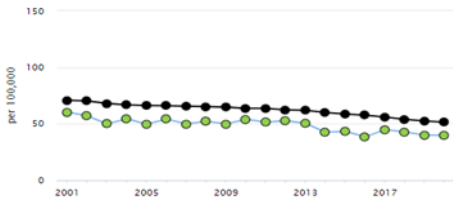
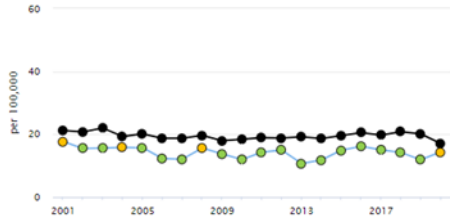
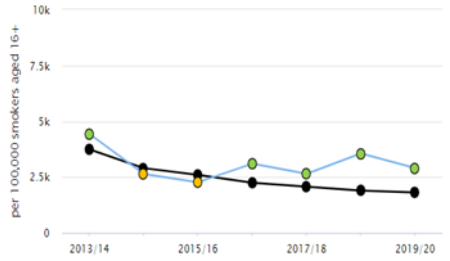
	Measure (frequency)	New data since last HIB?	Target 2022/23	Reporting date	Latest	RAG	Change since last data point	Commentary
								number of GP Practices are still paused in their delivery of the NHS Health Checks as they restore services during this recovery phase.
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)	Y	80%*	Q3 21/22	66.5%	R	▼	This is below the levels seen for England (68.1%) and the South (70.8%). GP practices with lower cervical screening coverage in 25–49-year-olds are situated in LSOAs with a higher percentage non-white population. NHSE Screening team are working in conjunction with BOB ICS to embark on a work to improve cervical screening uptake, in particular for younger, non-white women, at the lowest performing practices in the System. This includes ensuring ceasing records are up to date and accurate in line with the National ceasing audit.
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)	Y	80%*	Q3 21/22	75.0%	R	▼	Comparable to England (74.8%) and the South (75.5%).
Ageing Well[1]	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	N	85%*	Sep 2021 to Feb 2022	86.4%	G	N/A	The 2021/22 flu programme offered the flu vaccine to the largest number of people in the history of the programme and was offered alongside the national COVID-19 vaccine programme.
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	Y	60% (Acceptable 52%)*	Q3 21/22	69.0%	G	▼	The service is currently inviting at 129% of their pre-COVID-19 rate. Service is fully restored, recovered its backlog in July 2021 and performs within the invite target threshold of inviting within +/- 6 weeks. National average = 68.8%.
	3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening)	Y	80% (Acceptable 70%)*	Q3 21/22	69.6%	R	▲	COVID-19 restrictions impacted on this programme. Workforce sickness/self-isolation and availability was also an issue. Fewer women presented for breast screening; contributory factors may have included shielding and self-isolation. Additional capacity is now in place and the breast screening provider expects to be back to a sustained round from the Autumn 2022.

*National target

Tobacco Detailed Performance Report September 2022

Measure	Age	Time period	Oxfordshire	Region	England	Compared to England value or percentiles	Trend Charts England	Source
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition) **(Proportion %)** NB: Grey line indicates change of definition.	18+ yrs	2020	11.5	11.1	12.1	Similar		Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition) **(Proportion %)** NB: Grey line indicates change of definition.	18-64 yrs	2020	23.2	20.1	21.4	Similar		Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
Smoking in early pregnancy (SATOB) **(Proportion %)**	-	2018/19	9.1	11.3	12.8	Better	Not available	Public health profiles - OHID (phe.org.uk)
Smoking status at time of delivery (SATOD) **(Proportion %)**	All ages	2020/21	6.8	9.0	9.6	Better		Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
Smoking attributable mortality (new method). **(Rate / 100k)**	35+ yrs	2017 - 19	142.3	170.9	202.2	Better		Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

Measure	Age	Time period	Oxfordshire	Region	England	Compared to England value or percentiles	Trend Charts England	Source
Smoking attributable hospital admissions (new method). This indicator uses new set of attributable fractions, and so differ from that originally published. **(Rate / 100k)**	35+ yrs	2019/20	937	1012	1398	Better		Local Tobacco Control Profiles - Data - OHID (phe.org.uk)
Smoking attributable deaths from heart disease (new method). **(Rate / 100k)**	35+ yrs	2017 - 19	17.5	22.3	29.3	Better		Public health profiles - OHID (phe.org.uk)
Smoking attributable deaths from stroke (new method). **(Rate / 100k)**	35+ yrs	2017 - 19	6.9	7.8	9.0	Better		Public health profiles - OHID (phe.org.uk)
Oral cancer registrations **(Rate / 100k)**	All ages	2017 - 19	12.2	14.4	15.4	Better		Public health profiles - OHID (phe.org.uk)

Measure	Age	Time period	Oxfordshire	Region	England	Compared to England value or percentiles	Trend Charts England	Source
Oesophageal cancer registrations **(Rate / 100k)**	All ages	2017 - 19	13.6	13.9	15.2	Similar		Public health profiles - OHID (phe.org.uk)
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, 1 year range) **(Rate / 100k)**	<75	2020	21.3	23.7	29.2	Better		Public health profiles - OHID (phe.org.uk)
Under 75 mortality rate from cancer considered preventable (2019 definition) (Persons, 1 year range) **(Rate / 100k)**	<75	2020	39.9	45.0	51.5	Better		Public health profiles - OHID (phe.org.uk)
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (Persons, 1 year range) **(Rate / 100k)**	<75	2020	14.4	14.1	17.1	Similar		Public health profiles - OHID (phe.org.uk)
Smokers that have successfully quit at 4 weeks **(Rate / 100k)**	16+ yrs	2019/20	2904	2029	1808	Better		Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

JSNA Bitesize

Health and Wellbeing Facts and Figures, June 2022

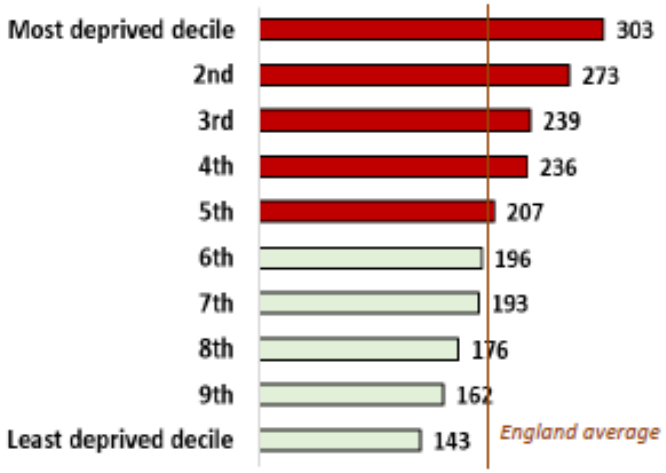
Smoking and Inequalities

Smoking remains the biggest single cause of preventable deaths, accounting for 1 in 6 of all deaths in England.

There is a clear link between rates of smoking and deprivation.

- **Areas of England with the highest levels of deprivation also have the highest rates of deaths attributable to smoking** (including a proportion of deaths from lung cancers, other cancers, respiratory diseases and others).
- Oxfordshire has 17 (out of 407) areas ranked within the 2 most deprived IMD deciles
- These are within 10 wards – 1 in Abingdon, 3 in Banbury and 6 in Oxford City.

Smoking attributable deaths (2017-2019) per 100,000 by deprivation, England



Occupation and smoking

- The Smoking Toolkit Study (July 2021) shows **people from manual occupations are significantly more likely to be smokers** than those from professional/clerical occupations (20% vs 11.5%).
- Out of a total of 114,200 people in manual occupations in Oxfordshire, an estimated 22,700 are smokers[1].

Sexual Orientation and smoking

- ONS analysis based on 2016 data shows that, after taking into account age, ethnicity, socio-economic status, and housing tenure, Gay/Lesbian people were more likely to be smokers than Heterosexual people.

Mental Health and Smoking

- A Centre for Mental Health report commissioned by the VCSE Health and Wellbeing Alliance, found…

  People with severe mental illness are more likely to smoke than the general population and to smoke more heavily and some people with severe mental illness may be at increased risk of smoking-related illness compared to the general population, even after adjusting for clinical and demographic factors.

- Department of Health estimates that between 50% and 70% of people with severe mental illness are smokers and 50% of deaths in this group are from smoking-related illnesses.

Statistics on Smoking, England 2020 - NHS Digital Local Tobacco Control Profiles - Data for Oxfordshire - PHE

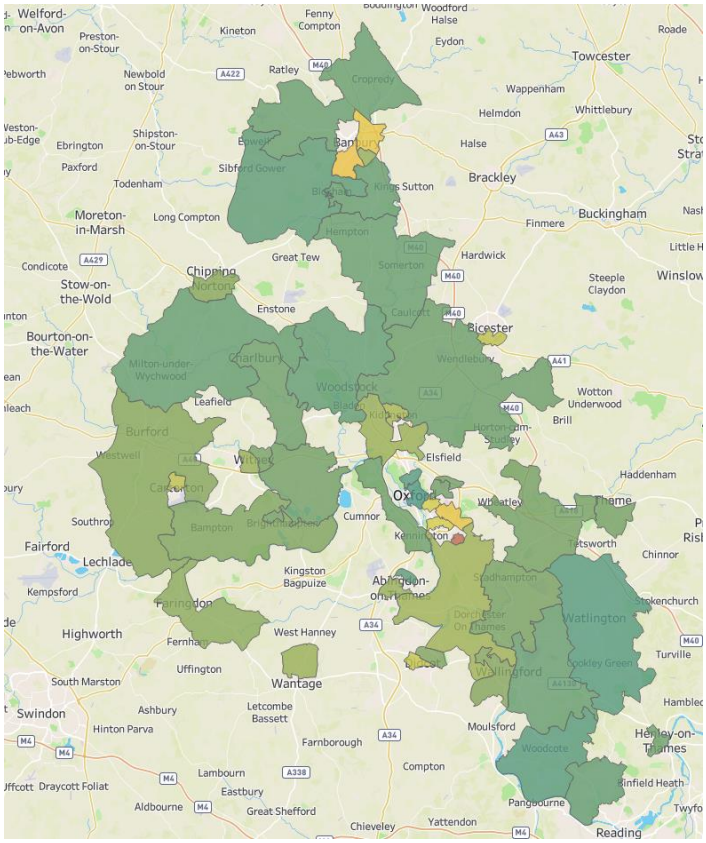
[1] Uses Annual Population Survey data Jul20-Jun21 for skilled trade and manual categories 5-9

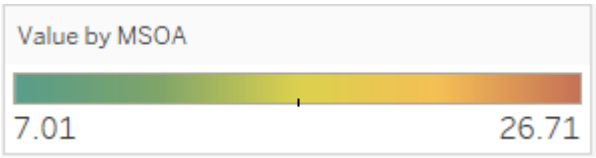
We welcome your comments, please email jsna@oxfordshire.gov.uk

Estimated smoking prevalence (QOF), (GPs addresses within MSOA)

[Public health profiles - OHID (phe.org.uk)]

MSOA areas	%	# GPs
Greater Leys	26.71	1
Banbury Easington	20.34	2
Cowley North	19.54	2
Banbury Grimsbury	19.19	1
Cowley South & Iffley	16.65	1
East Central Oxford	16.63	4
Didcot West	15.85	2
Carterton North	15.44	1
Bicester South	15.39	3
Kidlington North	14.39	1
Berinsfield & Wittenham	13.86	2
Begbroke, Yarnton & Water Eaton	13.72	1
Witney Central	13.64	2
Grove	13.61	2
Banbury Calthorpe	13.51	1
Abingdon Town & West	13.42	3
Faringdon & Stanford	12.98	1
Chipping Norton	12.68	1
Burford & Brize Norton	12.67	1
Wallingford & Brightwell	12.55	1
Didcot Ladygrove	12.31	1
Bampton, Clanfield & Standlake	12.31	1
Chalgrove, Stadhampton & Dorchester	11.94	1
Witney East	11.85	1
Wheatley & Great Haseley	11.59	1
Thame South	11.52	1
Barton	11.31	1
Eynsham & Stanton Harcourt	11.21	1
Headington	11.19	1
Henley North	10.87	2
Botley & Kennington	10.73	1
Charlbury & North Leigh	10.68	1
Islip, Arncott & Chesterton	10.55	1
Deddington, Steeple Aston & Heyfords	10.17	1
Cropredy, Wroxton & Shennington	10.09	1
Bodicote, Adderbury & Bloxham	9.77	1
Benson & Crowmarsh Gifford	9.75	1
Chadlington & Wychwoods	9.62	1
Sonning Common & Kidmore End	9.43	1
Woodstock, Stonesfield & Tackley	9.34	1
Sibford, Hook Norton & Milcombe	8.81	1
Abingdon Northcourt & Peachcroft	8.66	1
Goring, Woodcote & Whitchurch	7.94	1
Watlington & Nettlebed	7.79	1
North Central Oxford	7.69	2
Oxford Central	7.01	6

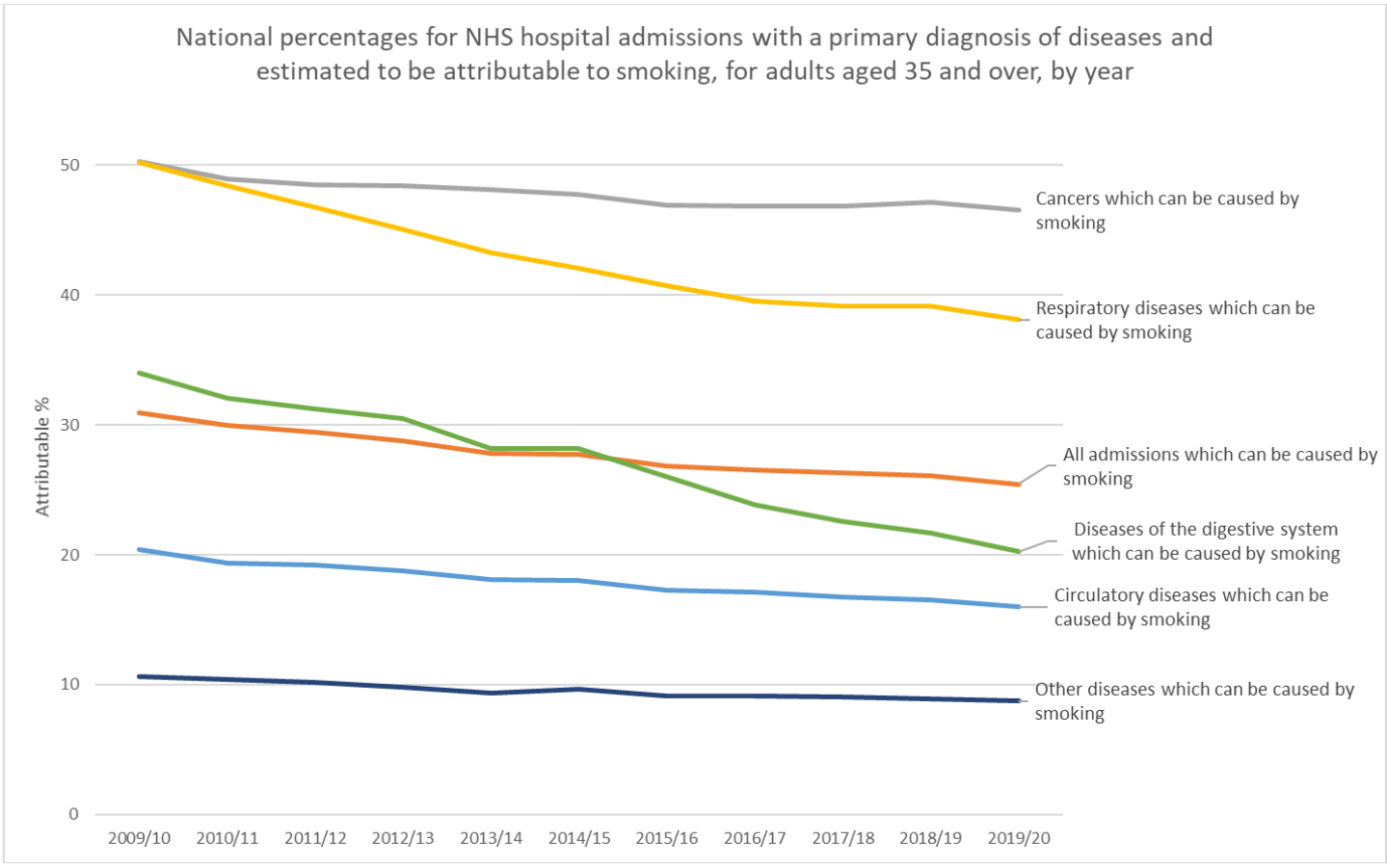


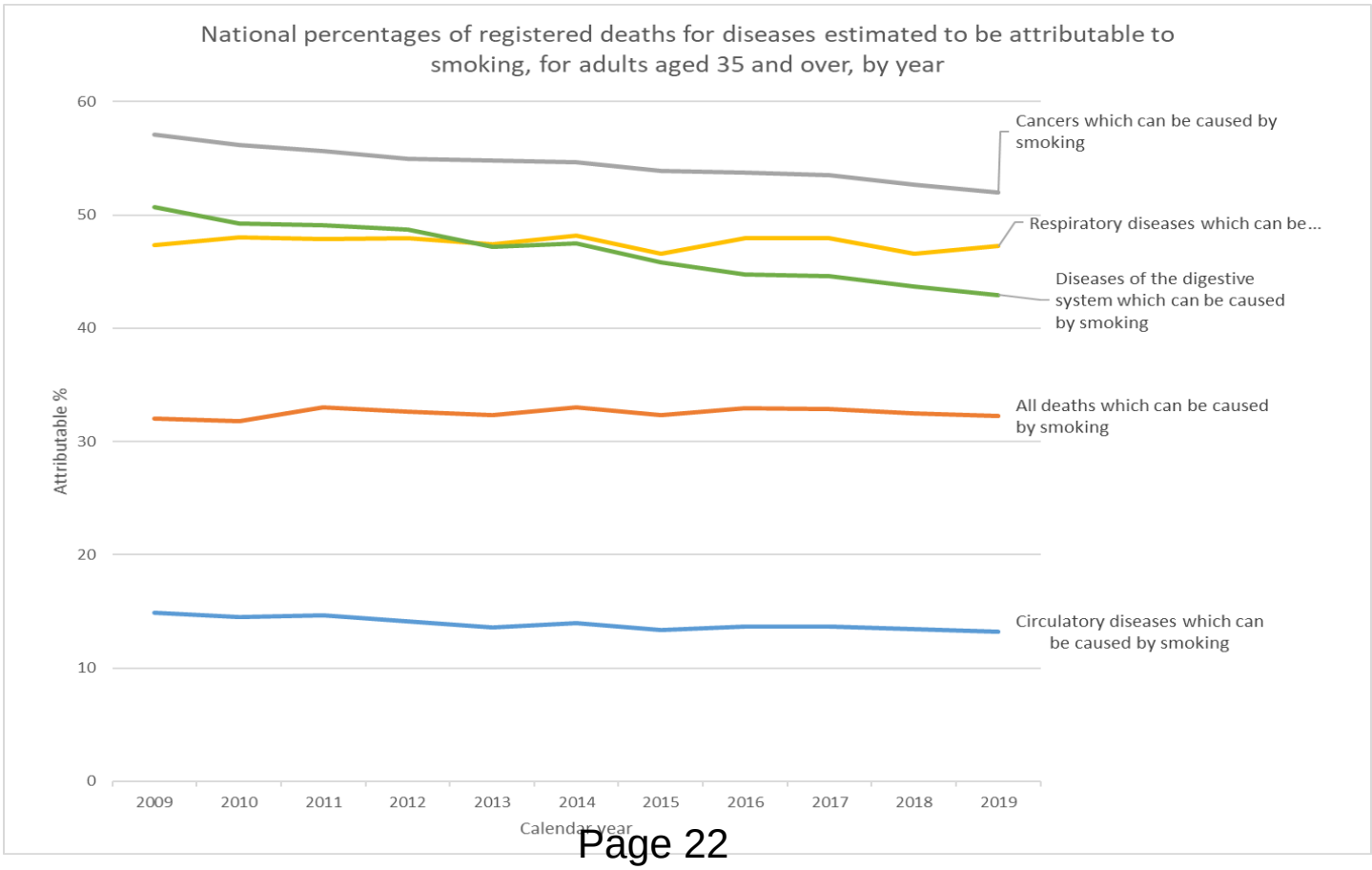


NB: The MSOA is calculated from the GP address and these GPs could have patients from surrounding MSOAs without colour.

Statistics on Smoking for England 2020

Source: http://digital.nhs.uk/pubs/smoking20



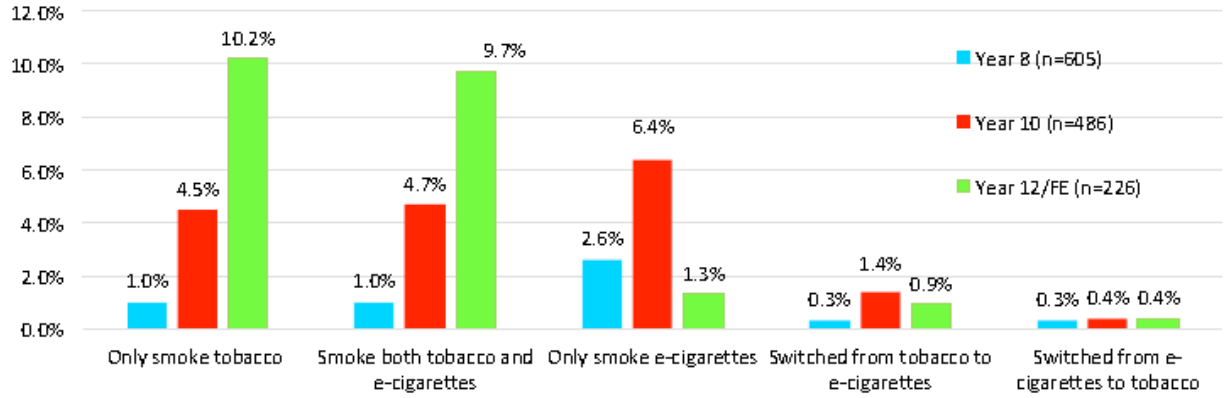


The last national youth survey that addressed smoking was conducted in 2014 (What About Youth – WAY) and showed in Oxfordshire 5.7% of 15 year olds were regular smokers, similar to the England average of 5.5%. E-cigarettes had been tried at least once by 16.2% of 15 year olds, similar to England average of 18.4%.

The Oxwell School Survey (online pupil survey) was last undertaken in 2019 for Oxfordshire for year groups 4,5,6,8,10 and 12. It was offered in 36 schools, and 4390 pupils took part, with data from 4222 pupils included in analyses. A range of topics are covered, with questions on smoking and e-cigarettes revealing the below:

Smoking

Over 85% of all pupils had never smoked and 8% had only tried it once or twice. 95% of secondary pupils and 85% year 12s reported they had never smoked or only tried once or twice. Of those who smoke regularly – the average was nearly five cigarettes a week (4.8). 35% of the pupils who smoked, said they would like to stop smoking, 65% did not and this was consistent across age groups. 83% of pupils had never used e-cigarettes (vaping) and 10% had tried it once or twice, 7% vaped monthly or more. 3.3% of secondary and 3.8% of year 12's vaped regularly (weekly or more).



Percentage of pupils who smoke tobacco, e-cigarettes, or both, in each year group

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Your voice on health and care services

Healthwatch Oxfordshire report to Health Improvement Board (HIB). 15th September 2022.

Presented By: Veronica Barry- Healthwatch Oxfordshire.

We are in the process of recruiting a new Ambassador for the HIB here: https://healthwatchoxfordshire.co.uk/about-us/volunteer/

Purpose / Recommendation

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

Background

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including survey, outreach, community research, and work with specific groups including Patient Participation groups, voluntary groups and those who are seldom heard. We have increased our social media presence and output to raise the awareness of Healthwatch Oxfordshire.

Key Issues

Healthwatch Oxfordshire Annual Impact Report (2021-2) was published and launched at an open event on 5th July at the King's Centre. Report here: **https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2021-22/**

Includes short films on community research, using interpreters and contacting GP Practices which can be seen here: https://healthwatchoxfordshire.co.uk/our-work/our-videos/

Since the last meeting in May, our current work focus includes:

- **Getting Prescriptions from your pharmacy (Aug 2022):** highlights some of the current challenges faced by service users. A round table discussion for commissioners and stakeholders will be convened by Healthwatch Oxfordshire on 29th September. A presentation on what we heard was made to Buckinghamshire, Berkshire and Oxfordshire Integrated Care System - Quality Group, in July.
- **People's experiences of visiting loved ones in care homes since Covid guidelines changed (July 2022)** report.
- **Enter and View** visits continue, with recent visits to Banbury Cross Health Centre, Manzil Way Dental clinic, Banbury Heights Care Home. Reports forthcoming. Reports and provider responses available here: https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/
  All recent and forthcoming reports are on our website: https://healthwatchoxfordshire.co.uk/our-work/research-reports/

Community Researchers

- We continue to develop a **community research** (*Community Participative Action Research-CPAR*) approach. A *Model of Engagement* was developed to share learning within Healthwatch England, and a workshop developed with the Oxfordshire Joint Strategic Needs Assessment lead to share learning on local research in the county council. Community researcher Omotunde Coker spoke about her work in partnership with women and maternity insights.
- Continued work with **Patient Participation Groups (PPGs)**, including regular newsletter, webinars and work linking to Primary Care Networks (PCN). A forthcoming webinar on 22 September focuses on '*Care Quality Commission (CQC) and Enter and View – what's the difference?*' with John Kelly from CQC speaking. A webinar on **the new MSK services in Oxfordshire – Connect Health** was held for PPGs on 29th July.

- Recent 'on the street' outreach in Castle Quay Banbury, Templar Square Oxford.

Current surveys:

- Survey on **'Discharge from Hospital with medicines'** running currently with focus on Oxford University Hospital's Trust hospitals. Survey **https://www.smartsurvey.co.uk/s/medicinesathome** will close at end of September
- Hearing from young people top concerns https://www.smartsurvey.co.uk/s/AMTXQ0/ .

Key issues we are hearing:

- Dentistry, GP waiting and access, community pharmacy, cost of living.

Key Dates

Priorities for Healthwatch Oxfordshire in 2022-3 are:

- Increase the voice of seldom heard communities – through ongoing outreach, and development of community research model
- Increase the influence of Healthwatch Oxfordshire in ensuring voices of the public are heard by the health and social care system – through working with Patient Participation Groups, Primary Care Networks and Oxfordshire Wellbeing Network.

Report by: Veronica Barry – Healthwatch Oxfordshire, Sept 2022 Senior Community Involvement Officer.

Oxfordshire Health Improvement Partnership Board

Making Every Contact Count (MECC)

Kate Austin
Health Improvement Principal
15th September 2022

Making Every Contact Count (MECC)

MECC utilises opportunistic conversations in everyday life to talk about health and wellbeing. It 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.

http://makingeverycontactcount.co.uk/

OXFORDSHIRE COUNTY COUNCIL

Background

Health and Wellbeing Board Paper - 16th December 2021

Health and Wellbeing Board Workshop – 8th March 2022

Health and Wellbeing Board Paper - 7th July 2022

- Opportunities identified for MECC to contribute to the delivery of the Joint Health and Wellbeing Board Strategy.
- Application of MECC to any stage of the life course to help improve health outcomes.
- Potential to scale up activity
- £200,000 funding from Oxfordshire Clinical Commissioning group to be used over the next two years
- Focus on inequalities

OXFORDSHIRE COUNTY COUNCIL

Approach

- Recruitment of a Practitioner to support the strategic scale up of MECC engagement
- Mapping exercise of current MECC activity across the system
- Stakeholder review including statutory and non-statutory partners
- Identification of gaps in current provision focused on areas and population groups at greatest risk of health inequality
- The development of a system action plan to roll out MECC at scale into priority areas.

OXFORDSHIRE COUNTY COUNCIL

Governance

- The Oxfordshire MECC partnership to steer and support the MECC work

- Regular reporting into the Health Improvement Board on progress and delivery

OXFORDSHIRE COUNTY COUNCIL

Finance (indicative utilisation of the MECC funds)

Item/Activity	Estimated budget
Staffing costs (including on-costs)	£120,000
Training costs – venue/equipment/resources/incentives/ refreshments etc	£20,000
Promotional materials/marketing	£10,000
Backfill costs for organisations undertaking training/champion activities	£50,000
TOTAL	**£200,000**

OXFORDSHIRE COUNTY COUNCIL

Outcomes Expected

- Engagement with statutory organisations, the Voluntary and Community Sector, faith groups, businesses, and pharmacies etc

- Enabling organisations to embed a MECC approach within communities to help address inequalities

OXFORDSHIRE COUNTY COUNCIL

Recommendations:

- Encourage political and officer level support from within Board member organisations
- Nominate a contact person within each organisation
- Support the reach to organisations outside of the Health Improvement Partnership Board

OXFORDSHIRE COUNTY COUNCIL

Health Improvement Board (HIB)
Oxfordshire Tobacco Control Alliance Update

15th September 2022

Purpose / Recommendation

HIB members are asked to note updates against the Oxfordshire Tobacco Control Alliance Action Plan 2021-22 and proposed actions for 2022-23 along with further detail on the Enforcement and Regulation pillar of the Oxfordshire Tobacco Control Strategy 2020.

Executive Summary

Reducing tobacco-related harm is a priority for Oxfordshire County Council, system partners and for the HIB and the Health and Wellbeing Board. This paper presents progress against the 2021-22 Tobacco Control Action Plan and proposed actions for 22-23. Actions are aligned to the Oxfordshire Tobacco Control Strategy 2020-25 under the four-pillar whole system approach: Prevention (preventing people from starting to use tobacco), Creating Smokefree Environments, Local Regulation and Enforcement, and Supporting Smokers to Quit.

Recent national papers including Making Smoking Obsolete, the Javed Kahn Review[1] and the report by ASH[2] on youth vaping are reflected in the revised action plan.

National and local smoking prevalence updates for 2021 have been delayed and are awaited although local data suggests a downward trend for Oxfordshire.

Efforts across all organisations need to continue and the HIB are asked both to note this report and update but also to prompt the continuation of support for areas where challenges continue to exist.

Background

In May 2020, County and District Councils across Oxfordshire, as well as local NHS organisations, signed up to a County-wide Tobacco Control Strategy with an ambition to be smoke free by 2025 (defined as an overall smoking prevalence of <5%). This was five years earlier than the national target, as outlined in the Government National Tobacco Control Plan for England 2017-22.

The Oxfordshire Tobacco Control Strategy has four key pillars for a whole systems approach to local tobacco use: Prevention, Creating Smokefree Environments, Local Regulation and Enforcement, and Supporting Smokers to Quit.

Since approval of the approach at the HIB in May 2021 and sign-off of the 2021-22 action plan in September 2021, the Oxfordshire Tobacco Control Alliance (TCA) have reviewed progress against the action plan for 2021/22 and made minor updates to the plan for 2022/23 (Appendix 1).

[1] https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete
[2] https://ash.org.uk/wp-content/uploads/2021/07/Use-of-e-cigarettes-among-young-people-in-Great-Britain-2021.pdf

Key Issues

1.0 Disparities in smoking rates

Significant smoking inequalities continue to exist. Nationally, for people living in social housing, the smoking rate is 26% compared to 7% among those who own their own home[3]. The smoking prevalence among adults with a long-term mental health condition was 26.8% in 2018/19, which is substantially higher than the national prevalence of 14.5% in 2018/19.[4] Smoking is the single biggest modifiable risk factor for cancer[5] and COPD, as well as for miscarriages, stillbirth, premature birth and birth anomalies[6]. Smokers are 36% more likely to be admitted to hospital and need social care 10 years before they should if they didn't smoke.

1.1 Smoking Prevalence

Most recent national data from the OHID Tobacco Control Profile (2020) shows smoking prevalence in Oxfordshire fell by 0.5% (from 12% to 11.5% between 2019 and 2020). Nationally the rate fell by 1.8% (from 13.9% to 12.1%). Publication of 2021 data on smoking prevalence is awaited. Quality Outcomes Framework data (Figure 1) suggests a reduction in smoking prevalence between 2019/20 and 2020/21 for both England and Oxfordshire.

Figure 1: Smoking prevalence amongst Oxfordshire GP Practice patients.

Recent trend: ⬇ Decreasing

	NHS Oxfordshire CCG				
Period		Count	Value	95% Lower CI	95% Upper CI	England
2013/14	●	92,459	15.8%	15.7%	15.9%	19.1%
2014/15	●	90,210	15.2%	15.1%	15.3%	18.4%
2015/16	●	89,176	14.9%	14.8%	15.0%	18.1%
2016/17	●	88,715	14.6%	14.5%	14.7%	17.6%
2017/18	●	88,364	14.2%	14.1%	14.3%	17.2%
2018/19	●	88,242	13.9%	13.8%	14.0%	16.7%
2019/20	●	88,182	13.5%	13.5%	13.6%	16.5%
2020/21	●	86,357	13.2%	13.1%	13.2%	15.9%

Source: Quality and Outcomes Framework (QOF), NHS Digital

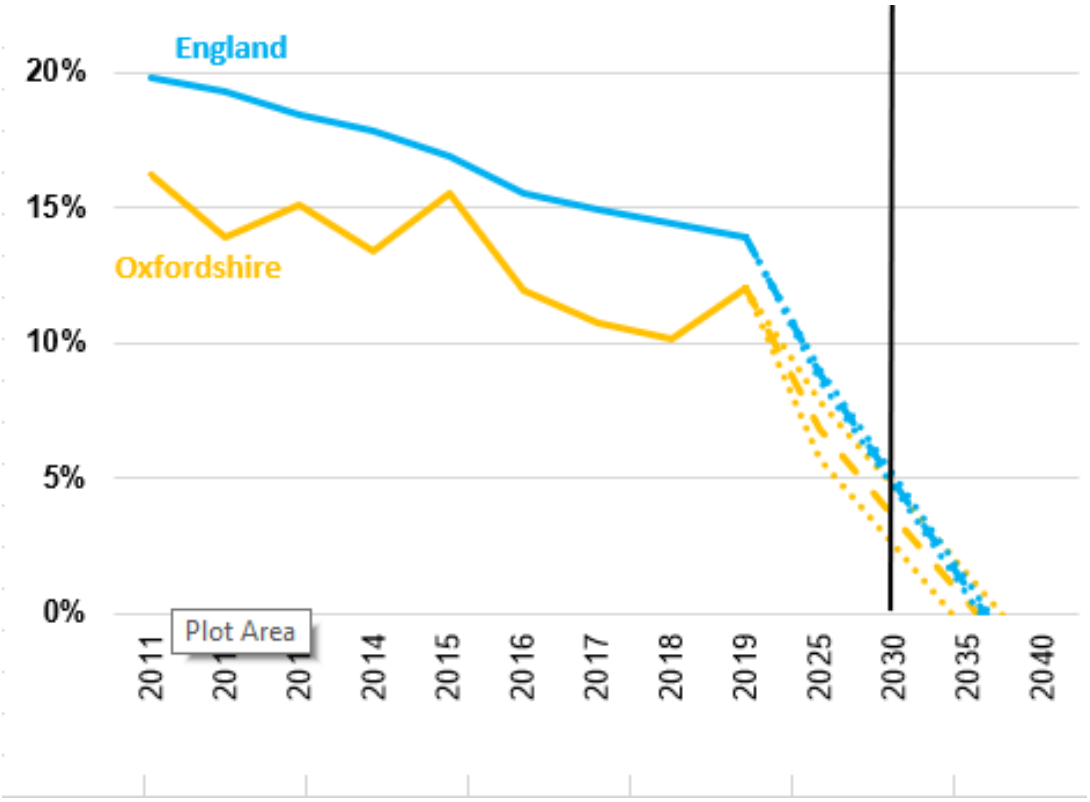
[3]. Office for National Statistics, Smoking prevalence in the UK and the impact of data collection changes: 2020, 21 December 2021, Current smoking prevalence by housing tenure
[4] Health matters: smoking and mental health - GOV.UK (www.gov.uk)
[5] Brown KF, et al..The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. British Journal of Cancer. 2018. 118; 1130–1141. 2018. https://pubmed.ncbi.nlm.nih.gov/29567982/
[6] Royal College of Physicians. Hiding in plain sight: treating tobacco dependency in the NHS. 2018.

Progress Update

2.0 Progress Towards Oxfordshires 2025 Smokefree Ambition

In June 2022, The LGA published predictions for future smoking prevalence for all Upper Tier Local Authorities in England. As figure 2 shows, Oxfordshire is one of 77 (of 149) Local Authorities who are projected to reach smoking prevalence of below 5% by 2030. Using this data, it is predicted that Oxfordshire could reach 6.8% prevalence (compared to England's predicted 8.8% prevalence) by 2025.

Figure 2: Predicted Smoking Prevalence for Oxfordshire.



Source: Future health challenges: public health projections - smoking | Local Government Association

2.1 Progress against 2021-222 Tobacco Control Alliance Action Plan

An update against the Oxfordshire Tobacco Control Plan 2021-22 can be found in Appendix 1 with the key success of the plan to date as follows:

- Trading Standards 21/22 tobacco control and e-cigarette regulatory highlights:
  - 740,800 illegal cigarettes seized (one of the highest in the UK)
  - 35,650g illegal hand-rolling tobacco seized
  - 23,950g illegal shisha waterpipe tobacco seized
  - Seizures of excess strength/size e-cigarettes in 20 premises

- Oxford University Hospitals appointing a full-time smokefree project lead, signing off their smoke free policy and re-establishing their smokefree steering group, which will deliver against the NHS Long Term Plan ambitions

- E-cigarettes are now available as a quit tool via the locally commissioned stop smoking service, Stop for Life. Stop Smoking In Oxfordshire, Quit Smoking Today - Stop For Life Oxon

- Working with Oxford Health NHS Foundation Trusts Family Nurse Partnership, young pregnant women can access an evidence-based intervention of incentives (high street vouchers) to quit smoking

- Oxford City Council have designated all playparks voluntarily smokefree

- The new BOB ICB published information in its first newsletter resulting in the first few smoking cessation leads in GP practices in Oxfordshire.

Challenges include: -

- All organisations supporting frontline staff to take up evidence based Very Brief Advice training and changes to HR policies to reflect best practice in tobacco dependency interventions

- Implementation of smokefree play parks across the County

- Full Implementation of (NHSE commissioned) BOB ICS tobacco dependency support under the NHS Long Term Plan

- Primary care capacity to adopt the recommendations in NICE Guidance (2021, Section 1.13)

Action Plan for 2022/23

In light of progress made in 2021/22 Action Plan, 'Making Smoking Obsolete', the Javed Khan Review and the ASH report on youth vaping , the TCA has proposed new actions within their plan for 2022/23; particularly, supporting social housing tenants to quit and further work with Trading Standards to address under-age sales of e-cigarettes. Appendix 1 highlights the new 2022/23 actions.

Budgetary implications

Funding for Oxfordshire County Council's smokefree work in the public health team come from the ringfenced public health grant. Other partner organisations fund their smokefree work directly

NHS Foundation Trusts are receiving additional funding for supporting in-patients, pregnant women at the time of delivery, and long-term users of specialist mental health services to stop smoking. This work is being overseen by the new Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) as part of the NHS Long Term Plan commitments on reducing tobacco dependency.

The cost of smoking to Oxfordshire is estimated to be around £193 million a year, which includes £27.75 million to health care and £9.94 million to social care.

Equalities implications

Smoking remains the single largest preventable driver of health disparities in England.

Survey data has shown that smoking prevalence varies between social groups. Males smoke more than females (15.8% versus 12.1%) and clear gradients are seen by socio-economic deprivation (ranging from 10.9% in the least deprived decile to 17.0% in the most deprived) and age (ranging from 18.9% for age 25-34 years to 7.4% for over 65 years).

Smoking shortens lives and causes a variety of life limiting health conditions.

Alongside helping to create healthy family friendly environments, the TCA Action Plan 2022/23 specifically targets these population groups.

Sustainability implications

There are no significant sustainability implications arising from this paper.

In a single year of tobacco industry operations will result in : 600 million trees chopped down and more than 80 million tonnes of carbon dioxide emitted worldwide.

Vape products contain plastic, electronic and hazardous chemical waste. E-cigarettes have circuit boards[7] and lithium-ion batteries[8] and are often thrown away carelessly and not disposed in special electronic waste facilities. As the batteries degrade, their toxic compounds progressively leach into the environment[9], as well as posing an explosion and fire risk in waste and recycling facilities or trucks[10]. Vape products also have hazardous chemical waste due to the products containing nicotine. These environmental issues could rapidly worsen due to the rising popularity of disposable e-cigarettes.[11] When discussing provision of e-cigarettes, we would not recommend disposable vapes unless clinically appropriate. We will also work with waste management teams and suppliers to promote responsible disposal.

Risk Management

Reducing tobacco-related harm is a priority for the HIB, Oxfordshire County Council and members of the OTCA. The proposed Action Plan 2022-23 aims to balance the roles of supporting people to quit alongside preventing uptake and creating smokefree environments.

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[7] Kang DHP ,Chan M, Ogunseitan OA. Potential environmental and human health impacts of rechargeable lithium batteries in electronic waste. Environ Sci Technol. 2013; 47: 5495-5503

[8] Forster M. What happens when you throw away e-cigarettes?. https://wasteadvantagemag.com/what-happens-when-you-throw-away-e-cigarettes

[9] Timpane MR. Lithium ion batteries in the solid waste system. https://www.epa.gov/sites/default/files/2018-03/documents/timpane_epa_li_slides312_ll_1.pdf?msclkid=c175d904cf9c11eca6836c5be4fa49c1

[10] Johnson B. EPA opinion letter on e-liquid as hazardous waste: discarded or neglected vaping products may contain harmful substances, including unused e-liquid. https://rcrapublic.epa.gov/files/14850.pdf

[11] Tattan-Birch H, Brown J, Shahab L, Jackson SE. Trends in use of e-cigarette device types and heated tobacco products from 2016 to 2020 in England. Sci Rep. 2021; 1113203

For all organisations signed up there is reputational risk for not achieving the County-wide smokefree by 2025 ambition.

Whilst it is recognised that young people are experimenting with e-cigarettes in greater numbers now than when they first came to the market (likely due to increased awareness and availability), they are suggested as a quit tool for smokers and provide a positive overall contribution to the smokefree agenda. Currently in Oxfordshire, it is estimated that 7% of young people use e-cigarettes (around 4000), in particular disposables, whilst there are an estimated 65,000 adults smoking tobacco. ASH report that young people vape use is likely experimentation only and is not expected to result in starting or increased tobacco use in this age group[2]. To mitigate against further risks of young people experimenting with vapes, Trading Standards are working with schools and local sellers to ensure reduction in underage sales, whilst on-going review on the topic continues at TCA.

Communications

The Smokefree Oxfordshire 2025 Strategy was consulted on with members of the public and key stakeholders prior to its launch in May 2020. The TCA Action Plan has been discussed and agreed among officers representing key stakeholders prior to it being presented to HIB members.

Key Dates

Report by:	Derys Pragnell, Consultant in Public Health, Senior Responsible Officer for Tobacco Control, Oxfordshire County Council (from February 2022)
Contact Officer:	Derys Pragnell, Consultant in Public Health, Oxfordshire County Council. derys.pragnell@oxfordshire.gov.uk

Appendix 1. Proposed Oxfordshire Tobacco Control Alliance Action Plan, 2023/2022 and 2021/2022 updates
Text in bold are the additions to 2022/23 plan

#	Action	Who	Progress measurement	Update
3	Support people working in routine and manual occupations to be smokefree, through working with **social housing providers to introduce smokeefree initiatives**.	All	- Regulated e-cigarettes added to Local Stop Smoking Services as part of their nicotine replacement offer for those wishing to quit - Proportion of all smokers that stop smoking that are from routine and manual occupations - Number of organisations attending training on the role and provision of regulated e-cigarettes as part of tobacco-harm reduction - Number of vape-shops partnering with the Local Stop Smoking Services and number of staff trained in VBA - Number of Housing staff trained in VBA Number of tenants provided support - Number of Housing Associations supportive of creating smokefree environments. - Number of employers of routine and manual staff adopting smokefree HR policies	E Cigs part of the LSSS offer since July 2022 Organisations that signed up to VBA training: OUH (4), Homeless Oxfordshire (1), Oxford Health (26), Response (19), OCC (2), Connection Support (1) 658 people classed as 'routine and manual/not employed/carers/sick/disabled' were referred to the LSSS in 2021/22. 121 of these 658 (18.4%) received Tier 3 support, Set a Quit Date were successful four-week quits. - Work started with Trading Standards to explore options to work with appropriate vape shops. Public Health review of evidence around smoking and housing tenure has identified different models of support (based on identified disparity in Smoking and housing tenure) Oxford City Homes have an agreement to roll out VBA training to their housing officers to support tenants and plan to share

				information about the Local Stop Smoking Service to new tenants. -
4	Improve understanding of role of e-cigarettes as a route to reducing tobacco-related harm as per the South East position statement on e-cigarettes, and increase the availability of e-cigarettes to those who wish to quit.	Oxfordshire County Council	- Number of e-cig training sessions offered in 12 months - Number of people signing up and attending e-cig training sessions. - **E cigarette enforcement and education interventions by Trading Standards**	Response have supported 35 residents to quit using vapes and funding has been provided to support a further 67 resident over the coming year. - . Trading Standards commissioned for specific E Cigarette work, to including tackling under-age sales 4 Vaping and E-cigarette Awareness workshops held during 2021/22, 33 attended the training.
5	Supporting women and their partners to be smokefree during pregnancy and during early years	Oxfordshire County Council, Maternity, Family Nurse Partnership and Health Visiting services	- Development of a strategy around how to work with system partners to support prospective and new parents, and their partners, not to smoke during pregnancy and in early years - Number of women signing up to incentive scheme	On hold due to COVID will be part of upcoming Public Health Trainee Workplan however NHSE models to provide direct support to women via maternity launches shortly Support offered to Sonographers about consistent smoking messages. FNP incentive scheme launched. 3 people now signed up. Increasing CO screening compliancy using resources in ultrasound. This has led to CO screening has been on target for 4 months in a row.

				Recruiting a healthy lifestyle advisor maternity support worker
6	Explore the opportunity provided by the 2020 Business and Planning Act to issue pavement licences to the hospitality sector with the condition of being 100% smokefree.	City and District Councils	- Updates on exploration as to whether this piece of work would progress.	Government has made pavement licences permanent.
7	Encouraging commissioned services to support Oxfordshire's smokefree ambition	Oxfordshire CCG (now BOB ICB) and Oxfordshire County Council	- Identification of future contracts where i tobacco-related harm reduction measures are included as part of contract KPIs - KPIs related to tobacco use to be considered as part of contract reviews, aligned to Oxfordshire smokefree ambitions (e.g. smoking at time of delivery)	As part of the NHS Long Term Plan providers (Acute, Mental Health, Maternity) will be required to provide direct stop smoking support Opportunity within Mental Health commissioning being explored.
8	Maximise opportunities for primary care to support people to quit smoking	Oxfordshire CCG (now BOB ICB)	Annual message from primary care to all registered smokers advising them to quit and how to access Local Stop Smoking Services – - Agree an approach between Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, and other relevant stakeholders about role of primary care in referral to Local Stop Smoking Services, practice staff attending VBA training and future prescribing of Nicotine Replacement Therapy (NRT) /pharmacotherapy	Task And Finish group met to discuss, resulted in the following:- First ICB bulletin included detail about potential input and offer (June 2022). Included: Text message offer, VBA Training, 4 practices signed up with a smoking cessation lead. - Future prescribing – conversations being held BOB wide by PH teams. Some traction gained through the LTP

9	Increase staff training in providing advice to quit	Oxford Health NHS Foundation Trust	- Have a staff member trained in providing advice to quit and in prescribing NRT on every inpatient mental health ward - Number and proportion of mental health inpatients who smoke having received advice to quit and offered NRT	- 60% of their champions have completed the two-day training. The Trust will continue to roll out the two-day training within the champions.
10	Relaunch smokefree Oxford Health	Oxford Health NHS Foundation Trust	- Review of organisational smoke free policy - Conference for inpatient staff on smokefree	Complete and in place. Two internal staff conferences held.
11	Development of patient pathway for smoking cessation	Oxford Health NHS Foundation Trust	- Development and implementation of smoking cessation pathway for all adult mental health admissions, including transfer to community-based Local Stop Smoking Services	- Complete and in place.
12	Implementation of trust smoke free policy through smoke free working group, including commitment of relevant resources to support patients, staff and visitors to remain smoke free	Oxford University Hospitals NHS Foundation Trust	- Number of staff trained in providing VBA - Implementation of smoking cessation pathway for inpatients, including provision of NRT and transfer to community-based Local Stop Smoking Services - Number of inpatients with smoking status recorded and proportion who smoke offered advice to quit and access to NRT	- 4 OUH staff members have attended the VBA training - Have created a proposal patient pathway which is being discussed at the OUH Smokefree Steering Group. The proposal includes 1 x Band 7 Non-Medial Prescriber and 3 x Band 5 Tobacco Dependency Advisors. -

Appendix 2 – Progress Update from Trading Standards (verbal presentation to be given)

Illegal tobacco work in 2021/22:

- 740,800 illegal cigarettes seized (one of the highest in the UK)
- 35,650g illegal hand-rolling tobacco seized
- 23,950g illegal shisha waterpipe tobacco seized
- High confidence level of an "illegal tobacco free zone" in Oxfordshire shops
- 27 retail visits with sniffer dogs
- 16 covert test purchase attempts
- 9 seizures
- 10 successful applications to the Magistrates' Court under RIPA (directed surveillance/covert test purchasing)
- 2 successful prosecutions (with 4 already completed in 2022-23)
- £6652 in fines and costs awarded by the Courts

E-cigarette work in 2021/22:

- 25 business visits conducted, to provide advice and check compliance of products on sale.
- Seizures made at 20 premises due to them being of excess strength/size or being in non-compliant packaging.
- In excess of 1,000 devices seized, the majority voluntarily forfeited but forfeiture proceedings through the Magistrates' Court begun in relation to 4 premises.
- Two days of test purchasing carried out at premises across the County with 5 premises failing.
- Two failed test purchases resolved by way of written warnings, 3 cases likely to result in prosecution.

E-cigarette work in 2022 to date:

- 35 secondary schools contacted to ask for their assistance with intelligence about e-cigarette seizures from pupils.
- 30 premises scheduled for visits due to complaints received about the underaged sales of e-cigarettes. Intelligence received from the police, members of the public, officer observations and schools.
- 15 premises from the 30 identified already visited and advice & training material provided.
- Many of the visits made with partner agencies like the police and licensing teams and substantial progress has been made building better links with these teams.
- Seizures made at 8 of the 15 premises visited totalling 659 e-cigarettes.

- All products seized are due to high capacity or strength- none due to just packaging issues. Products seized mainly 10-14ml capacity or 5-7 times the UK legal maximum.
- Some previously unknown products identified (RandM, Reymont and Aroma King) and their details shared with Trading Standards South East and The Independent British Vape Trade Association.
- Oxfordshire County Council's website upgraded with advice page for retailers and "what not to buy" list for both retailers and consumers.
- Planning for further test purchasing begun- likely to take place in October.

Some feedback received from schools when contacted about our intelligence gathering initiative:

Received 12/07/22 – *"Thank you for your letter regarding the use of electronic cigarettes and your focus on those shops selling these products to underage children."*

Received 12/07/22 – *"Many thanks for sending out your recent correspondence regarding the use of electronic cigarettes."*

Received 13/07/22 – *"This is a positive initiative and will hopefully stop making vape pens accessible to children."*

Template for Health Improvement Board reports

Health Improvement Board

15th September 2022

Launch of Oxfordshire Overarching Domestic Abuse Strategy

Purpose / Recommendation

1. **HIB members are asked to note the launch of the Oxfordshire Domestic Abuse Overarching strategy**

Executive Summary

The Oxfordshire Domestic Abuse Strategic Board have launched the Overarching Domestic Abuse Strategy 2022 – 25. This sits alongside the Oxfordshire Domestic Abuse Safe Accomodation Strategy 2021 – 24.

Recommendations from these strategies are being used to inform the recommissioning of domestic abuse services in Oxfordshire

Background *[why the issue is a matter for the Board*

2. The Domestic Abuse Act 2021 requires each Tier 1 local authority to lead a strategic partnership board with prescribed members from a range of organisations, including Tier 2 local authorities and people affected by domestic abuse. The Board is required to oversee the development of a local Needs Assessment and Safe Accommodation Strategy to ensure appropriate support for adults, children and young people affected by domestic abuse.

3. In line with this duty, the Oxfordshire Domestic Abuse Safe Accommodation Strategy was published in January 2022, following consultation.

4. Oxfordshire Domestic Abuse Strategic Board agreed to additionally undertake a broader needs assessment, considering the wider impacts of domestic abuse, and publish an overarching strategy. This work was undertaken by an external Public Health agency, PHAST, and supported by a local expert, to ensure the strategy reflects a good understanding the Oxfordshire system.

Key Issues

5. The Overarching Domestic Abuse Strategy 2022-25 has been finalised and agreed at the Domestic Abuse Strategic Board, and will be launched on 12th September 2022. (Appendix 1) This sets out Oxfordshire's priorities and approaches to preventing and responding to domestic abuse. It outlines Oxfordshire's multi-agency response across the whole pathway from prevention, to the provision of high-quality support for victim survivors, including children and young people and work with perpetrators of domestic abuse. It will help inform key decisions about the future of Oxfordshire's domestic abuse response and services.

6. This Overarching Strategy is based on a local need assessment including data and evidence from a range of national and local sources, asking professionals and people with lived experience for their views on what is working, gaps in services and recommendations for improvements to help define proposals for future provision.

7. The vision of these strategies is that Oxfordshire has a co-ordinated community response across all services and partnerships informed by consistent and aligned policies, shared system leadership from the Domestic Abuse Strategic Board and allocation of resources.

Budgetary implications

8. For 2022/23 a grant of £1.14million has been awarded to OCC by Department for Levelling Up Housing and Communities (DLUHC) for delivery of the duties under the Act. The funding is being used to recommission domestic abuse services, the scope of which are informed the overarching strategy.

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

9. An Equality and Compliance Impact Assessment has been conducted which demonstrated that equality and diversity issues were being appropriately considered against the Council's statutory duties under the Equalities Act 2010, when developing the strategy and commissioning arrangements.

Sustainability implications *[considering the impact of the policy on our sustainability and climate action commitments]*

10. A Climate Impact Assessment report has been completed and demonstrated that Climate Action Implications have been considered in developing the strategy and future commissioning arrangements, and will have a positive impact on the carbon footprint for the Council, service provider arrangements and wider communities in Oxfordshire.

Risk Management *[considering the risks and opportunities)*

11. **T**he safe accommodation needs assessment highlighted the difficulty in collecting data which helps to identify specific need. The Domestic Abuse Strategic Board, and the subgroup, Safe Accommodation Working Group, are working to address this challenge, so the impact of the strategies can be demonstrated.

Communications

12. The Domestic Abuse Safe Accommodation Strategy and Overarching Domestic Abuse Strategy have both been subject to public consultation on Let's Talk ,and comments included in the final versions of these documents.

13. A launch event for the Overarching Domestic Abuse Strategy is planned for September 12th 2022, chaired by Cllr Mark Lygo. This will be attended by partner agencies, and provide the opportunity for discussion on how the strategic priorities can be embedded in practice.

Key Dates

5TH January 2022	Oxfordshire Safe Accomodation Strategy published
12th September 2022	Oxfordshire Overarching Domestic Abuse Strategy launched
April 2023	New Oxfordshire Domestic Abuse Services commence

Report by Kate Holburn Head of Public Health Programmes
Contact Officer Kate Holburn, kate.holburn@oxfordshire.gov.uk **07825 052768**

September 2022

Appendix 1:

Oxfordshire Overarching DA Strate

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