

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 19 November 2020 at 2.00 pm

Virtual Meeting - Link to the livestream <https://oxon.cc/HIB19112020>



Yvonne Rees
Chief Executive

Date Not Specified

Contact Officer: **Julieta Estremadoyro, Partnership Board Officer**
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Membership

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

Board Members:

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

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

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

Whose Interests must be included?

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

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

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

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

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

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

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

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

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

List of Disclosable Pecuniary Interests:

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

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines.

<http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

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

AGENDA

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

2:00 to 2:10pm
10 minutes

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

- 5. Notice of Any Other Business**

2:10 to 2:15pm
5 minutes

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

- 6. Note of Decision of Last Meeting (Pages 1 - 12)**

2:15 to 2:25pm
10 minutes

To approve the Note of Decisions of the meeting held on 10th September and to receive information arising from them.

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

2:25 to 2:35pm
10 minutes

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

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

8. Tobacco Control Alliance report (Pages 17 - 24)

2:35 to 2:55pm
20 minutes

To receive and update on the work of the Tobacco Control Alliance and the strategy indicators of success and progress.

Presented by Adam Briggs, Consultant in Public Health, OCC

9. Report from Healthwatch Oxfordshire (Pages 25 - 28)

2:55 to 3:05pm
10 minutes

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

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

BREAK

3:05 to 3:10pm
5 minutes

10. Domestic Abuse Strategy Group report (Pages 29 - 42)

3:10 to 3:30pm
20 minutes

To provide an update on the Domestic Abuse strategy and present the data and actions taken in the light of COVID 19.

Report presented by Sarah Carter, Strategic Lead on Domestic Abuse, OCC and DCI Jon Capps, Thame Valley Police

11. Healthy Place Shaping agenda report (Pages 43 - 54)

3:30 to 3:50pm
20 minutes

To update the Board in the work that it has been done developing this agenda within Oxfordshire.

Presented by Rosie Rowe, Healthy Place Shaping Lead, Wellbeing Directorate, Cherwell District Council

12. Forward Plan (Pages 55 - 56)

3:50 to 3:55pm
5 minutes

Discussion and suggestions for future items.

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

13. AOB

INFORMATION ONLY

Report on AccessAble - the app which allows people with disabilities to check whether venues and public buildings are suitable for them.

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 10th September commencing at 14:00 and finishing at 16:25

Present:

Board members

Cllr Andrew McHugh, Cherwell District Council
Cllr Louise Upton, Oxford City Council,
Ansaf Azhar, Director of Public Health, Oxfordshire County Council
Cllr Lawrie Stratford, Oxfordshire County Council
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Michele Mead, West Oxfordshire District Council
Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group
Daniella Granito, District Partnership Liaison, Oxford City Council
Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Jonathan Capps, Detective Chief Inspector, Thames Valley Police
Cllr Maggie Filipova-Rivers, South Oxfordshire District Council
Andy McLellan, Healthwatch Oxfordshire Ambassador (Rosalind Pearce deputising)

In attendance

Jaffa Holland, Chair of the Housing Support Advisory Group
Gillian Douglas, Assistant Director, Housing and Social Care Commissioning, OCC and Cherwell District Council
Kate Holburn, Head of Public Health Programmes, OCC
Rosie Rowe, Healthy Place Shaping lead, Cherwell District Council
Alan Web, Chair of Trustees, Active Oxfordshire
Paul Brivio, Chief Executive, Active Oxfordshire
Alison Vickers, Project Manager, National Energy Foundation

Officer:

Julieta Estremadoyro, Oxfordshire County Council

Apologies:

Eunan O'Neill, Consultant in Public Health, Oxfordshire County Council
Val Messenger, Deputy Director of Public Health, Oxfordshire County Council

ITEM	ACTION
<p>1. Welcome Cllr McHugh welcomed Jonathan Capp, new Thames Valley Police representative, replacing Claire Knibbs.</p>	
<p>2. Apologies for Absence and Temporary Appointments Apologies received as per above.</p>	
<p>3. Declaration of Interest</p> <p>Cllr McHugh made everybody knows that he is the Chair of the Oxfordshire Tobacco Control Alliance</p>	
<p>4. Petitions and Public Address There were none</p>	
<p>5. Notice of Any Other Business</p> <p>Cllr Stratford made known that he intended to comment on the number of the agenda items.</p>	
<p>6. Note of Decisions of Last Meeting</p> <p>The notes of the meeting held on 14th May 2020 were signed off as a true and accurate record.</p> <p><u>Actions from 20th February meeting:</u></p> <p><u>Item 10 – Preventing Cardiovascular Disease</u> <i>Explore having a future agenda item on local Clean Air initiatives –In the Forward Plan</i></p> <p><u>Item 12. Priorities and targets for 2020-21</u> A draft proposal for performance monitoring, reflecting these comments, will be brought to the next meeting for discussion and approval – For a future meeting.</p> <p>Update on the situation of COVID 19 in Oxfordshire by the Director of Public Health, Ansaf Azhar</p> <p>4 points were highlighted:</p> <p>1) The raising numbers of COVID 19 cases– At national level, we are at critical point. The ease out of the lock down with people mixing together and not following social distancing rules have been the cause of this. This increase is also happening in the rest of Europe.</p>	

Oxfordshire as a county is on 15.2 weekly cases per 100,000 population but Oxford City is at 26.9 and it is in amber. There is a Surveillance Unit monitoring the situation closely.

Up to date information for Oxfordshire can be found here:

[Cases in Oxfordshire](#)

2) Issues with testing

This is also a national problem due to the high raise in demand for testing. It has affected Oxfordshire in particular. The message to put out is that the test is done when a person is symptomatic. Oxfordshire has recently secured a testing unit located in Oxford Brookes Campus and is for access of all residents. The other site to open soon will be in Banbury. This will enhance the testing capacity.

3) Universities

Significant measures have been implemented to allow a safe come back of students to the City, including online classrooms. There is a big campaign for students to be sensible and respect the rule of six and social distancing. This situation is being monitored closely.

4) New guidance

As with the rest of Europe, socialising has been the biggest cause for the recent increment on COVID 19 cases. Belgium has taken decisive actions to control it and it is stabilising there. In UK, the government new guidance is that not more than six people can interact, and this rule is legally enforceable without exception. It has been a good timing as Universities start receiving students again.

[Government guidance on the rule of 6](#)

Comments/questions:

Concerns were expressed about large gathering of people e.g. Eid and the next winter celebrations such as Christmas (Cllr McHugh). It was clarified that in Oxfordshire, Eid has not produced the raise in cases and that there was a good communication with and cooperation from communities that were celebrating Eid (Kiren Collison). One of the risk factors is crowded accommodation, but this could happen in any social group. Regarding Christmas, the testing capacity will be enhanced by them and will be a national campaign if necessary (Ansaf Azhar)

Public confusion about the rule of six - A private party in a pub cannot be larger than six and not more than six people can be seat together in a table in a pub. There are very few exceptions. District councils can help spreading the message clearly. There is work going on with district councils and county councils' officers about communication of the guidance. The DoPH is also waiting to hear clarification regarding places of work that run e.g. yoga classes. (Cllr Pighills/ Cllr Fillipova-River/Ansaf Azhar)

University Students - The population of Oxford grows by 20% with the return of the students to the Universities. Residents are worried. Both universities are trying to mitigate the risks offering testing services. Oxford Brooks with the help

of the NHS offering test to residents too and University of Oxford offering test to staff and students. The rule of six has arrived in good time to stop e.g Fresher's activities or/and students parties. The message is being reinforced. Good liaison with universities (Cllr Upton/Cllr Stratford/Ansaf Azhar)

Enforcements – Information on marshals and wardens with enforcement capacity. These were announced for first time at the Prime Minister briefing and no further details were released. There are environmental officers working in the districts with businesses some of these functions could overlap (Andy McLellan/Ansaf Azhar)

Ansaf Azhar thanked all the teams from the different organisations working collaboratively in the responses to COVID 19.

Cllr McHugh congratulated all in their efforts on behalf of the Board.

7. Performance Report – Effect of COVID 19

Ansaf Azhar referred to the document *Performance Report* (page 13 of the agenda pack)

The impact of COVID 19 has started to be seen in the indicators, particularly on the uptakes of health screenings, flu vaccinations, NHS health checks among others. Part of the recovery plan is to improve preventive services on the back of this. Critical working needs to be done. There are lessons to learn from the responses to COVID 19 that highlight the importance of targeting the 10 most deprived wards.

There are a couple of errors in the report – Section 1.15 children obese – should be amber. 3.18 Breast screening – The District Councils and City numbers are not correct. The overall for the county is correct but there is not a breakdown for the figures.

Comments/questions:

1.15 Maintain the levels of children obese in reception class - 7.8% - Members of the Board expressed their deep concern on the number of seriously overweight children in the county that would be the cause of them having health problem for the rest of their lives. This is only going to get worse if the programme has stopped (Cllr Upton). The word "maintain" should be changed to "reduce" (Cllr McHugh). The family unit should be targeted with intervention programme such the FAST programme (Families Active Sporting Together) (Cllr Stratford). Language that could be regarded as offensive such as the word "fat" should not be used (Cllr Fillipova-River). Children in the 10 most deprived areas should be the focus of actions regarding this (Ansaf Azhar).

2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) target 18.6% (Cherwell 19.6%, Oxford 14.1%, South Oxfordshire 18.9%, Vale of White Horse 14.8%, West

Oxfordshire 23.1%.) – The disparity in the data among districts can be explained when looking at the wards. Socioeconomic factors make difficult for people to adopt healthy lifestyle. Age is also a factor and in West Oxfordshire there is fewer young people (Cllr Fillipova-River/Ansaf Azhar)

Cervical Screening (2.2) This screening has historically been poor and there has been a report card present at a past HIB meeting. This is a priority in the recovery agenda and will be back to the Board. (Cllr Upton/Ansaf Azhar)

Effects of COVID 19, recovery and inequalities – Health screenings have always been a challenge from the OCCG point of view too but made worse by the situation with COVID 19. There is a need for a joint effort from OCC and OCCG to share what it has worked and what can be done better. Some programmes have been suspended (e.g. child obesity) but this is the moment to think what the resources are available and how these can be redeployed. The longer a programme is suspended the longer would take to come back. Obesity in general is a problem that needs to effectively be targeted in the 10 wards mentioned. Is FAST running in the most deprived areas? Because it happens that people who need more the services are the less likely to get them. The drivers of inequalities need to be looked at: the place of residence, the environment, the social circumstances where people find themselves. In this sense the Healthy Place Shaping agenda is massively important with the involvement of Public Health, planning teams and District Council colleagues. The JSNA needs to be considered and translated into tangible actions where everybody plays a part. (Diane Hedge/Ansaf Azhar)

8. Director of Public Health Annual Report

Ansaf Azhar referred to the report available at <https://www.oxfordshire.gov.uk/sites/default/files/file/public-health/PublicHealthAnnualReportMay2020.pdf>

Ansaf explained that this was his first annual report and that while the county as a whole was doing well on health and wellbeing indicators, when digging deep in the data it was possible to find 10 wards that were among the 20% most deprived in the country with the same indicators showing a completely different picture. For instance, the gap in the life expectancy is as big as 15 years among the county. Ansaf wanted to highlight this in his report.

These inequalities have been put in evidence during the COVID 19 outbreak that has impacted the communities in a very different way. Upstream prevention is needed. There is a tangible progress like the work in CVD led by Kiren Collison trying to tackle high blood pressure among the population in an early stage. Another important action is the Oxfordshire Tobacco Control Alliance that not just considers the health implications but addresses other drivers of inequalities such as the environment and social circumstances. With this approach it is possible to make a real difference.

<p>Cllr McHugh asked the Board members that if they had further question to send it to Julieta Estremadoyro at Commissioning.PartnershipBoard@Oxfordshire.gov.uk</p>	
<p>9. Report from Healthwatch Oxfordshire Ambassador</p> <p>Andy McLellan referred to the document <i>Healthwatch Oxfordshire – Brief Note to the Health Improvement Board</i> (page 17 in the agenda pack)</p> <p>Healthwatch has experienced as significant reduction of activities due to COVID 19 restrictions. There have not been interim reviews and meeting face to face were suspended. There has also been changes of staff with new members in the organisation that are not still up to speed.</p> <p>They will have a Board meeting soon to review plans and programme new activities. They did focus on strategy in social care and have some surveys going on.</p> <p>What they are hearing from communities and individuals is that there is a lot of confusion and frustration regarding the handling of COVID 19. They feel that health and social care services are losing contact with patients, carers and communities.</p> <p>COVID 19 communications are very confusing. This has impact in the waiting list in the NHS further exacerbated by reorganisations such as the creation of Primary Care Network (PCN), the Integrated Care Networks (ICNs) with the result that people does not know what it is happening. Most Patient Participation Groups (PPGs) are not active because people cannot make them work. Public points of views are not received.</p> <p>Diane Hedges clarified that there is a clear plan of recovery and the ambition is that people return to practices and to out of patients' appointments but in a different way that respond to the current situation. She proposed to meet with Healthwatch Oxfordshire representatives to discuss how to communicate this better and improve the situation. Andy McLellan will pass the invitation to Rosalind Pearce.</p>	
<p>10. Drug and Alcohol Partnership Strategy</p> <p>Kate Holburn presented the <i>Drug and Alcohol Partnership Strategy 2020 – 2024</i> (page 21 in the agenda pack)</p> <p>Most of the work on the strategy was done towards the end of the last year and the group was going to finalise it when COVID 19 came along and could not be brought to the HIB meeting in May. The current document has added recent COVID 19 related data and further partners feedback. For instance, it has been revealed that less people are using alcohol but those who do are drinking are doing so at greater levels. Consequently, more alcohol has been purchased after COVID 19 particularly in lesser deprived areas.</p>	

<p>Kate requested the Board to signing it off the strategy and continue to support this work. She will bring a new report in a year.</p> <p><u>Comments/questions:</u></p> <p>Members of the Board congratulate Kathy and the partnership for an excellent report.</p> <p><i>Partners</i> – Suggestions for new partners are welcome. Regarding veterans' charities, some work has been done with the British Legion. Alcohol services have quite a reach that include working with veterans (Cllr Stratford/Kate Holburn).</p> <p><i>Alcohol and gambling links</i> – There is not a specific intervention in gambling, however, substance misuse services manages all addictions intervention, including gambling. (Andy McLellan/Kate Holburn)</p> <p><i>Definition of alcoholism</i> – An audit by medical professionals is used with three questions that provide a score in relation to the amount of alcohol consumed. Binge drinking could be included depending on the frequency and the amount of alcohol consumed. (Cllr Pighills/Kate Holburn)</p> <p><i>The Board signed off the strategy.</i></p>	
<p>11. Affordable Warmth Network</p> <p>Alison Vickers referred to the document <i>Update on Fuel Poverty and poor Housing Conditions for the Health Improvement Board</i> (page 49 in the agenda pack)</p> <p>Updates to the report:</p> <ol style="list-style-type: none"> 1) They are trying to help people long term, looking at the underlying causes of why they are living in a cold home. However, due to COVID 19 with people spending more time in home and their utility bills getting higher, they have been provided short term help providing vouchers to people who were in electricity pre-payment metres, especially those who have had to self-isolate for 14 days. AWN has used their own emergency reserve for this. 2) They have submitted a bid with the local authorities for the Green Homes Grant Scheme to provide vouchers for energy efficiency improvements to homes. They are expecting to find out the outcomes of that bid at the end of the month. <p>The Health Improvement Board were requested to</p> <ul style="list-style-type: none"> • Continue to champion the role housing plays in protecting and maintaining the health of the young, the old and the vulnerable and ensure housing has a place in the Health and Wellbeing Strategy. • Request the AWN to report next year on referrals from health and social care practitioners to the BHBH service. • Challenge clinical and health and social care partners to explore opportunities to work more closely with the AWN 	

<p><u>Comments/Questions</u></p> <p><i>Priority services register</i> – Awn help people to sign for this across the region and they attend events to speak about it (Cllr McHugh/Alison Vickers)</p> <p><i>Pre-payment metres vouchers</i> – It is scandalous that poorer people have to pay more for their utilities bill than any other household. It is well known that people who have to use food banks use pre-payment meters, sometimes they do not have enough fuel to heat the food they are given. The argument of the electricity companies is that people in deprived circumstances are unreliable payers (Cllr Upton/Cllr McHugh/Alison Vickers).</p> <p>Action: Members of the Board to discuss what can be done about high rates for pre-payment meters and how HIB can lobby the electricity companies to change this situation.</p> <p>Alison received suggestions about possible funding through the Emergency Fund to local authorities or the Community Relief Fund (Cllr Fillipova-River/Cllr McHugh)</p>	<p>All</p>
<p style="text-align: center;">12. Housing Support Advisory Group Update</p> <p>Gillian Douglas and Jaffa Holland referred to the document <i>Report to Health Improvement Board on Covid 19 and Homelessness</i> (page 53 in the agenda pack)</p> <p>The Ministry for Housing, Communities and Local Government (MHCLG) directed all housing authorities to accommodate anyone known to be rough sleeping by 27th March 2020, regardless of priority need or immigration status. Over the whole period a total of 452 people were accommodated as described in the report. It has implied a big effort with a great rate of success though there were a few people who chose to stay out, not accepting the offer of accommodation and some people had to be evicted from hotels despite most hotel managers being very supportive of this measure. They were also supported by the police.</p> <p>MHCLG expects housing authorities to achieve move-on for all rough sleepers accommodated during Covid-19. To support the move-on process, MHCLG invited bids under the Next Steps Accommodation Programme with a deadline of 21st August 2020. All Oxfordshire district councils have submitted bids. They are waiting to hear from this by the end of September.</p> <p>Oxfordshire is working very much on a county wide approach involving all district councils, City, OCC and OCCG and this is the approach that it is going to be taken when the providers contracts are in place by 2022.</p> <p>It has been remarkable the amount of services that have been involved in this operation helping to provide accommodation, linking with health, substance misuse services among others. Social housing registered providers have taken</p>	

<p>risks that would not have taken otherwise, and the role of voluntary services have been very important.</p> <p>There is a concern when the court services open how many families would be at risk of evictions. So far, they have mainly dealt with single homelessness but it is not sure how the situation would look for families. They are planning to have the necessary protection measures in place.</p> <p>Cllr McHugh highlighted that this was a success story and congratulates all the services involved in the name of the HIB.</p> <p><i>The HIB noted the report.</i></p>	
<p>13. Active Oxfordshire Report</p> <p>Alan Webb and Paul Brivio referred to the report <i>Fighting Inactivity and Tackling Inequality</i> (page 57 in the agenda pack)</p> <p>The impact of COVID 19 and the Active Oxfordshire’s response were particularly highlighted (page 59 onward).</p> <p>It was requested to the HIB to approve the recommendation in point 6 (page 66)</p> <p><i>Queries about the report</i></p> <p>Members considered the report a very good one and thanked Active Oxfordshire for all the hard work. However, they raised some concerns. Regarding the recommendations, members requested that Active Oxfordshire provide more details that allow for members to evaluate what are the financial implication and the officers’ time requested. It was pointed out that with the financial demands on local authorities due to COVID 19, funds are not there to take on more responsibilities. For instance, Recommendation (iii) is talking about “joint funding” this needs to be clarified. Additionally, in point 6.v is mentioned the 10 ambitions but these are not listed in the report. (Cllr McHugh/Cllr Stratford/Diane Hedge/Ansaf Azhar)</p> <p><i>Activities that were highlighted:</i></p> <p>Cllr Pighills praised Active Oxfordshire work on tackling diabetes in Abingdon as it has been a very successful programme. This has been led in conjunction with the district council officers. The work needs to continue on a no money commitment base. Cllr Upton expressed her interest in Recommendation 6.iv that pointed to the GP Champion and an Oversight Group as this is linked to the social prescribing agenda.</p> <p>Action: Active Oxfordshire will send more details about the recommendations. A group of members of the Board will come together to look at the recommendations and their implications and report back to the Health Improvement Board and Active Oxfordshire.</p>	<p>AW/PB AM/LU AA/EO DG</p>

14. Changing Streets as an effect of COVID 19

Rosie Rowe referred to the document *COVID Recovery – Active Travel* (page 67 in the agenda pack)

Active Travel is one of the key mechanisms that will promote physical activity. It is well known that incorporating exercise into the daily routine is the most effective way of increase overall levels of physical activity. Active Travel is one of the most important components of the Healthy Place Shaping agenda.

The Emergency Active Travel Fund was launched in June to support local transport authorities with producing cycling and walking facilities. The funding has been in 2 tranches:

tranche 1 supports the installation of temporary projects for the COVID-19 pandemic

tranche 2 the creation of longer-term projects as lock down eases to enable people not using public transport to cycle and walk instead in order to be COVID 19 safe.

The first tranche provided minimum time to apply and the activities needed to be implemented by July. Just half of the money came to OCC because it was deemed the proposals were not ambitious enough. The project for the tranche 2 has been better prepared and has brought more teams together (highways, locality working groups among others) and is targeting the most deprived areas as explained in the document. The Public Health team was decisive in introducing Community Activation measures within the proposals.

There is an additional DfT grant, the School Traffic Demand Management Fund that OCC has secured with two phases set for applying measures to avoid congestion at school gates and promote active travelling.

Rosie will bring a report on the Healthy Place Shaping agenda to the November meeting of the HIB.

15. Forward Plan and AOB

Members pointed out that the agenda had too many items and did not allocate enough time for a more in-depth discussion (Cllr McHugh/Cllr Stratford)

Ansaf Azhar explained:

1 – There was a backlog of items that were not discussed in the past meeting because of the COVID 19 situation. In normal circumstances, there would have not been as many items in the agenda.

2 – There is a need to prioritise the agenda items and give a good look at the HIB Forward Plan. Because as it stands, if there is less items in the agenda, the Forward Plan would be massive. The intention is to review the priorities of the

<p>HIB and that the Forward Plan strongly reflect that set of priorities. In this sense, it is very important to focus on inequalities and the COVID 19 situation.</p> <p>Jaffa Holland would have liked to have time to discuss the indicators of homelessness and statutory homelessness that appears in the Performance Report as well as the update in COVID 19. He would like to hear from the HIB how often HSAG needs to come to report and he is happy to take any proposals back to the HSAG members.</p> <p>Cllr Phillipova-Rivers would like to continue with online meetings in the future and requested that the meetings are not longer than two hours otherwise there is a risk of becoming tired and losing objectivity.</p> <p>Action: Cllr McHugh, Cllr Upton, Ansaf Azhar, Eunan O'Neill and Dani Granito to meet to discuss these proposals as part of a wider discussion on the Forward Plan.</p> <p>The meeting ended at 16:25</p>	<p>AM/LU AA/EO DG</p>
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Health Improvement Board 19 November 2020

Performance Report

Background

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

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.
5. Some areas of work will be monitored through achievement of milestones. These are set out on page 4 of this report. For Q1 and Q2 achievement progress is shown for Whole Systems Approach to Obesity and Mental Wellbeing.
6. The latest update for some indicators relates to 2019/20; therefore, RAG rating for those indicators refers to 2019/20 targets. Performance for indicators included in this report can be summarised as follows:

Of the 21 indicators reported in this paper:

5 indicators are green

5 indicators are amber

6 indicators are red

- 1.12 Reduce the level of smoking in pregnancy
- 1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2
- 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population
- 2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years
- 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years
- 3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

Health Improvement Board Performance Indicators 2020/21

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target <6% by 2022)	Q1 20/21	7.5%	R	
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q1 20/21	95.2%	G	
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q1 20/21	92.5%	R	
	1.15 Maintain the levels of children obese in reception class	7.8% (17/18)	7%	L	2019/20	6.7%	A	Measuring stopped in March 2020 by NHS/PHE – reporting on incomplete cohort
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2019/20	16.2%	A	
Page 14 Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	May-20	17.7%	A	Cherwell 24.7% Oxford 13.4% South Oxfordshire 15.0% Vale of White Horse 16.5% West Oxfordshire 19.5%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	3,468 per 100,000	L	Q1 20/21	1,839	R	
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	55%	N	Sep 2019 to Feb 2020	53.2%	A	
	2.19 % of the eligible population aged 40-74 years invited for a NHS Health Check (Q1 2016/17 to Q4 2020/21)	97% (2018/19)		L	Q2 20/21	72.8%		GP Providers requesting their targets have received them. There is a mixed picture of NHS Health Check delivery across the county, but a return to BAU is not expected until April 2021 at the earliest date.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2016/17 to Q4 2020/21)	49% (2018/19)		L	Q2 20/21	35.9%		
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years	68.2% (all ages) Q4 2017/18	80%	N	Q1 20/21	66.9%	R	
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years		80%	N	Q1 20/21	76.1%	R	

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
Ageing Well	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sep 2019 to Feb 2020	76.3%	G	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q4 19/20	54.8%	A	
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q4 19/20	55.4%	R	
Tackling Wider Issues that determine health	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-29)	>208	L	Q4 19/20	198	G	Cherwell: 41 Oxford: 93 South: 19 VoWH: 19 West: 26
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	<75%	L	Q2 19/20	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	>90	L	Q3 19/20	80	G	Cherwell: 11 Oxford: 62 South: VoWH: West:
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q4 19/20	377	-	Cherwell: 83 Oxford: 56 South: 92 VoWH: 72 West: 74
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q4 19/20	159	-	Cherwell: 41 Oxford: 40 South: 17 VoWH: 28 West: 33
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q4 19/20	5	-	

Health Improvement Board Process Measures 2020/21

Measure	Quarter 1			Quarter 2		
	Process	Progress	Rag	Process	Progress	Rag
Whole Systems Approach to Obesity	Expand the network group for the whole systems approach to healthy weight	Network group expanded to represent all focus areas of the WSA (childhood obesity, physical activity, climate action and food).	G	Develop a joint action plan	Two WSA virtual stakeholder events held on the themes of childhood obesity and physical activity to inform the action plan. Further stakeholder events planned for climate action and food and working with schools.	G
Page 95 Mental Wellbeing	<p>Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 1 action plan.</p> <p>Mental Wellbeing Prevention Framework development following the sign up to the Concordat for Better Mental Health</p>	<p>The MAG last met in Feb 20 and was put on hold Mar-Sep 20. The group is reconvening in Nov 20.</p> <p>The Suicide and Self Harm Prevention Strategy was published in March 20.</p> <p>Prevention Framework for Mental Health published on 31st Mar 20.</p>	G	<p>Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 1 action plan.</p> <p>Mental Health Concordat Group active and delivering to the Framework and year 1 action plan.</p>	<p>Year 1 action plan review to consider the impact of COVID-19 to be completed by Jan 21.</p> <p>Real time suicide surveillance continues and informs work of the MAG and action plan.</p> <p>Year 1 action plan review to consider the impact of COVID-19 to be completed by Dec 20.</p> <p>Mental wellbeing health needs assessment in progress to inform further work.</p>	G

OTCA report, November 2020

Report to Health Improvement Board from Oxfordshire Tobacco Control Alliance November 2020

The Health Improvement Board is asked to:

- 1) Recognise the work of the Oxfordshire Tobacco Control Alliance members and encourage continuing engagement from all partners.
- 2) Provide oversight to the Oxfordshire Tobacco Control Alliance, including endorsing its action plan and planned activities.

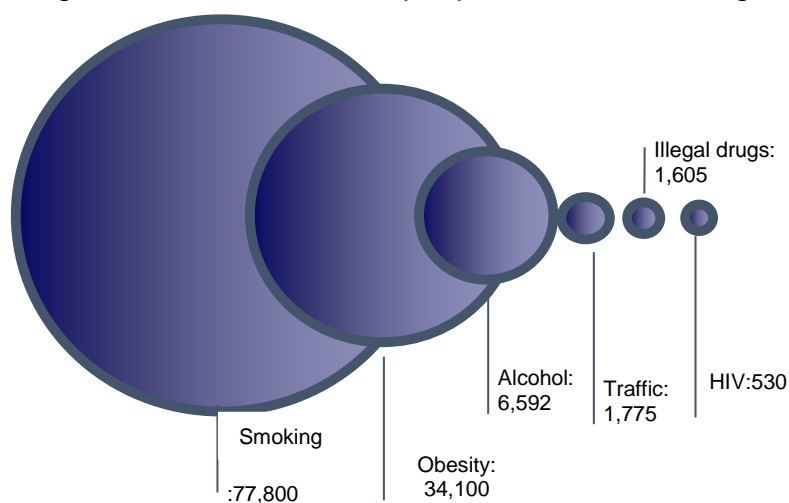
Key points

- The Oxfordshire Tobacco Control Strategy was launched on the 31st May 2020. It has been well received and its ambition has been held up as an exemplar in the All Party Parliamentary Group on Smoking and Health in July 2020¹.
- The Oxfordshire Tobacco Control Alliance has during the pandemic met twice in July and November 2020 to discuss current activity and future options of the Oxfordshire Tobacco Control Alliance.
- An Action Plan for 2020/21 has been agreed and important progress has been made. Appendix 1 and Appendix 2 provide further details of these activities.
- A reporting dashboard capturing a range of process, activity, and outcomes measures has been agreed. This can be found in Appendix 3.

Background

In 2018 the Oxfordshire Tobacco Control Alliance (OTCA) was formed. This is a partnership of local and national organisations who are committed to working collaboratively to eliminate the use of tobacco in Oxfordshire. As part of the work of the OTCA, an Oxfordshire Tobacco Control Strategy² was developed which aims to reduce the prevalence of smoking in the County to below 5% by 2025, five years ahead of the national ambition. The Strategy outlines a wider whole system approach to elimination of tobacco use through four Pillars. Further details of the OTCA can be found in the paper to the Board³ on the 14th May 2020.

Smoking is the single greatest cause of premature death and disease in our community. Every year in England more than 80,000 people die from smoking related diseases.



¹ <https://ash.org.uk/category/about-ash/all-party-parliamentary-group-on-smoking-health/meetings-seminars/>

² <https://www.oxfordshire.gov.uk/sites/default/files/file/public-health/OxfordshireTobaccoControlStrategy.pdf>

³ <https://mycouncil.oxfordshire.gov.uk/documents/s50518/Item%209.1%20-%2020200514%20HIPB%20Oxon%20TC%20Strategy%202020-25%20V.1.pdf>

OTCA report, November 2020

This is more than the combined total of the next six causes of preventable deaths, including alcohol and drugs misuse.

On average a smoker loses 10 years of life. Between 2016-18, 2,044 people died from smoking related causes in Oxfordshire, and in 2018/19, an estimated 4,252 hospital admissions in Oxfordshire were attributable to smoking⁴. In Oxfordshire, in 2019 an estimated 12% of adults were smokers (England 13.9%) which equates to approximately 65,000 smokers across the County.

Progress on the work of the Oxfordshire Tobacco Control Alliance

The Tobacco Control Plan for England 2017-22⁵ recommended that local health and wellbeing partners undertake a CLear assessment (**C**hallenge, **L**eadership and **R**esults) – a ‘deep dive’ self-assessment tool aimed to provide a stock take on current tobacco control work. In March 2019, the OTCA completed the audit process and external peer review. The results were reported to the board in May 2019⁶, including areas for development (Appendix 1).

In March 2020 all Councils in Oxfordshire signed the Local Government Declaration on Tobacco Control⁷ and the two NHS Trusts signed the NHS Smokefree Pledge⁸, publicly committing these organisations to a range of measures aimed at reducing tobacco-related harm. These include Oxfordshire Councils reducing smoking prevalence and health inequalities, and NHS Trusts supporting patients and staff to quit, and becoming smoke-free NHS sites.

In May 2020, Oxfordshire launched its new four pillared Tobacco Control Strategy⁹, soon followed by the development of the Oxfordshire Tobacco Control Alliance draft Action Plan (Appendix 2) and reporting dashboard (Appendix 3).

Examples of action taken by the OTCA to date include:

Pillar 1: Prevention

- Work with midwives to raise the issue smoking with expectant mothers and implementing an opt out smoking referral to the local stop smoking service.
- Work with school and college health nurses to provide information and advice on smoking cessation and the harms of tobacco.
- Initiating a voluntary smokefree policy in Oxford City Council owned playgrounds.

Pillar 2: Local Regulations and Enforcement

- Trading Standards has a dedicated Tobacco Control post. They have also carried out an under-age test purchasing exercise for electronic cigarettes and are committed to providing training to local street litter teams to identify hotspot areas of illicit tobacco control.
- The OTCA met in July to discuss the possibility of Closure Orders to tackle illicit tobacco.

⁴ <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000008/ati/102/are/E10000025/cid/4>

⁵ <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

⁶ <https://mycouncil.oxfordshire.gov.uk/documents/s45562/Item%209%20-%20HIBP%20May%202019.%20OTCA%20and%20CLear%20assessment%20V.1.pdf>

⁷ <https://smokefreeaction.org.uk/declarationsindex-html/>

⁸ <https://smokefreeaction.org.uk/smokefree-nhs/nhs-smokefree-pledge/>

⁹ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/smoke-free-oxfordshire>

OTCA report, November 2020

Pillar 3: Smokefree Environments

- Launch of Oxfordshire Smokefree Sidelines¹⁰. This initiative encourages youth football clubs to have smokefree sidelines, with at least 30 clubs having signed up already, including Rose Hill and Summertown
- Working with Licensing Teams to explore creating smoke free pavements for Pavement Licences¹¹. Cherwell District Council have included a 70% smokefree area in their licence conditions.
- Conversations are ongoing with mental health practitioners to ensure NICE Guidance¹² is adopted, including supporting the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Physical health checks in people with a severe mental illness, thereby raising the profile of smoking in physical health checks.

Pillar 4: Supporting Smokers to Quit

- Three media campaigns have been run, #QuitforCovid, #TodaystheDay and Stoptober, all of which were targeted to the ten most deprived wards in Oxfordshire as identified in the Director of Public Health Annual Report of 2019/20¹³.
- Around a third of Oxfordshire GP surgeries sent out just over 20,000 text messages to patients who were registered smokers to encourage them to access local stop smoking support, between May and October this year.

Smoking in Pregnancy

Smoking at time of delivery (SATOD) has declined slowly over the past 7 years, at approximately 0.3% each year to 7.1% in 2019. However, this masks important local variation but it not been possible to prepare data by local ward in time for the board meeting. Should these data become available, they will be shared following the meeting.

Smoking and Mental Health

The Oxfordshire Mental Health Partnership targets having fewer than 43.5% of patients who smoke. Current smoking prevalence among patients is 34%. The supported housing part of the service has a smoking cessation lead working on smoking prevalence.

Prepared by:

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November 2020

¹⁰ <https://smokefreeaction.org.uk/declarationsindex-html/>

¹¹ <https://ash.org.uk/wp-content/uploads/2020/07/ASH-Briefing-for-councils-on-smoke-free-pavement-Licences-200724FINAL.pdf>

¹² <https://www.nice.org.uk/guidance/ph48>

¹³ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/public-health-annual-report>

OTCA report, November 2020

Appendix 1 Results of peer reviewed CLear Assessment (March 2019)

CLear Recommendation March 2019	Status
You have an intention to use the CLear process and outcomes to facilitate a conversation, within the Council and with partners, about the development of a joint vision and tobacco control plan.	Completed May 2020
There is an opportunity to build a strong multi-agency alliance which includes members that can influence policy and practice within their own organisation. The selection of the chair may determine how others perceive and engage with this group.	Cllr McHugh appointed Chair April 2020
There is an opportunity to encourage the development of more tobacco control champions within many partner organisations, particularly the NHS.	Yet to develop.
There is an opportunity to demonstrate the commitment to the tobacco control agenda by signing the Local Government Declaration on Tobacco Control and Smokefree NHS pledge.	Both signed by Councils and NHS trust March 2020
The development of the new plan gives an opportunity to increase understanding in partner organisations about tobacco control, the policy levers and which interventions will be most impactful.	Draft plan developed May 2020
There is currently no systematic way to ensure partners are held to account. As a new plan is being developed, now might be the time to consider developing formal arrangements.	HIB requests reports Feb 2020 and ongoing
The stop smoking service is following best practice guidance and is responsive to the need to adapt and change practice. There are opportunities for partner organisations to support the service in increasing referrals. It is important to ensure that there are systematic and robust referral pathways into the local support services.	Ongoing
Partners could be engaged in a sustained, strategic, and comprehensive approach to media and communications. A partnership communications plan, as part of the tobacco control plan, may increase activity and reach of messages.	A draft Comms plan shared Summer 2020
There is an opportunity to use more insights to determine prevailing attitudes and knowledge of smokers and other audiences which may help guide activity.	BIT project completed April 2019 R&M men in Banbury
The use of local people as case studies both as recent quitters but also as champions for tobacco control could be developed. There may be economies of scale to be made through more supra-local collaboration in marketing.	Stoptober 2020 case
Knowledge of the responsibilities under the WHO Framework Convention on Tobacco Control was demonstrated with reference to recent events. Consideration should be given to further action to inform elected members and partner organisations to guard against tobacco industry interference.	County Audit, completion of ppt with local information and new intranet page with details.
Smoking in pregnancy remains a challenging area. There is a commitment and focus within the stop smoking service but there is a need for greater commitment at a senior level within the acute trust to implementation of NICE guidelines.	BOB LMS completed maternity deep dive
There is an opportunity to build on individual projects to further engage secondary care. Consideration should be given to the	Invitations made and ongoing conversations

OTCA report, November 2020

recommendations of the Royal College of Physicians report “Hiding in Plain Sight” (June 2018)	
It may be helpful to consider using CLear self-assessment tools for pregnancy; secondary care and mental health. The results of which will inform the tobacco control plan.	BOB LMS completed maternity deep dive
Given the varying views expressed regarding electronic cigarettes, consideration should be given to the development of an explicit local policy regarding their promotion and use. This should incorporate the latest evidence regarding harm and draw a distinction between youth experimentation and long-term use. It should also identify their role in helping smokers quit and stay quit.	SP leading on South East regional position statement.
Consideration should be given to proportionate and evidence-based activity to address youth smoking. This should be based on insights work to quantify the levels of youth smoking across Oxfordshire, to establish if this is significant issue.	School survey completed April 2019
There may be opportunities for agencies to work together to promote smokefree homes.	Conversation with Sanctuary Housing Association

OTCA report, November 2020

Appendix 2 Oxfordshire Tobacco Control Alliance Action Plan 2020/21

	SMART Task	Who	RAG
1	Maintain/attend three Alliance meetings a year to a) share data (see 3) b) share good local practice c) inform the local tobacco control system to deliver good local tobacco control	All Alliance members (lead by PH)	G
2	To agree annual comms Strategy and then support/amplify run 6 #smokefreeoxon campaigns and deliver against the Comms Strategy in one year	All Alliance members (lead by PH)	A
3	Report against data dashboard at least annually.	All relevant Alliance members	A
4	to complete the Acute settings and maternity deep dive self-assessment tool and report the findings to the HIB before April 2021.	OUH	A
5	To complete the Mental health deep dive self-assessment tool and report the findings to the HIB before April 2021.	OH	R
6	a) To discuss with the OUH an adjustment to the KPI on Smoking At Time of Delivery from 8% to 6% to keep pace with the Strategys ambition of a SATOD of 3% by 2025.	OCCG	A
7	a) Ensure that policies are robust to approaches from the Tobacco Industry by including reference and training in procurement and legal contracts on Article 5.3 of the WHO Framework Convention on Tobacco Control.	City, Cherwell, West, South and Vale	R
8	c) Allow for street cleansing teams to be briefed on recognising illicit tobacco products/packaging and are able to report clusters of illicit tobacco packaging to Trading Standards	Cherwell	A
9	Ensure that all Oxford City Council owned playgrounds are have a voluntary smoke free policy	Oxford City Council	G
10	Inspect all vape stores to ensure compliance with age restriction legislation	Trading Standards	G

Appendix 3 Oxfordshire Tobacco Control Alliance Reporting Dashboard

Report against data dashboard at least annually, but for each meeting	Who	April to October 2020-21	2019/20	2025 Target
Number of 4 week quits supported by SmokefreeLife Oxfordshire	PH/LSSS	Q1= 252 Q2 (to date) = 352	1949	
Number of prosecutions for tobacco related offences/advisory visits/total fines/sticks/weight seized	Trading Standards	0 prosecutions completed (but 7 in the Court system due to multiple adjournments), 1 advisory visit, 1 seizure (128 chewing tobacco pouches = 512g)	seizures from 16 premises (including 2 vehicles) seized 22,700 illegal cigarettes seized 12,450g illegal hand-rolling tobacco seized 57,420g illegal shisha tobacco completed 6 successful prosecutions (with 5 pending)	
Number of pregnant women supported to quit for 4 weeks	OUH/LSSS	99	45	
Percentage of women Smoking At Time Of Delivery	OUH	Q1 = 6.28 Q2 = 7.58	7.10%	4%
Percentage of women Smoking At Time Of Booking	OUH	Not provided	9.50%	
Smoking prevalence in routine and manual population	Fingertips (APS)	22%	17%	10%
Oxfordshire Smoking Prevalence	Fingertips (APS)	12%	12%	5%
Oxfordshire prevalence (Primary care/QOF)	OCCG	Reported at year end	13.5%	5%
Oxfordshire prevalence among those with a Severe Mental Illness	Fingertips (APS)	Reported at year end	36.40%	20%
Oxfordshire prevalence among those with a Severe Mental Illness	Oxford Health	34%	34%	20%
Oxfordshire prevalence in young people	Fingertips (WAY) and FAB	10.2% Year 12 smoke tobacco (WAY). 3.7% of	10.2% Year 12 smoke tobacco (WAY). 3.7% of secondary school pupils	3%

OTCA report, November 2020

	survey	secondary school pupils smoke regularly (FAB survey)	smoke regularly (FAB survey)	
Number of people being trained in VBA and Level 2 training	PH	OUP trained up 20 new advisors, which includes 14 cardiology medical staff	98 (OUP) + 41 VBA training on IBA training courses (S4H x169)	
number of #smokefreeoxon mentions on social media platforms (or press releases) or report on publicity activity	PH (All)	#smokefreeoxon 17 tweets	9 on google search (16 between 1st and 4th June)	

Healthwatch Oxfordshire Report to Health Improvement Partnership Board November 2020

Since the last Health Improvement Board meeting in September 2020 Healthwatch Oxfordshire continued to reach out and gather people's experiences of health and social care services in the county. We are in process of recruiting a new Healthwatch Ambassador to the Health Improvement Board, and thank Andy McLellan for his input in the last year.

The following give an overview of our activity during this time.

1. Outreach and communication

Communication has been ongoing throughout Covid, reaching out via networks, community groups, and via Healthwatch Oxfordshire news, and social media. We have made increasing use of Facebook, and other social media platforms to link to networks across the county. We also distributed 700 Covid information leaflets in five community languages via Oxford Community Action food distribution scheme. We are holding 'virtual drop-in' events to enable people to engage with us online.

From September, staff were able to have face to face contact and undertake focused outreach work, visiting Oxford and Didcot (Now on hold again due to second lockdown).

Focus on Didcot: October saw a geographic outreach focus on Didcot and surrounding areas- including visits to Didcot Community Larder (Sofea) and East Hagbourne Village Hall- speaking to people and distributing 156 packs and surveys. A paper and online survey was distributed, with over 160 responses to date. We also held a 'virtual drop in' where residents could speak to us directly about their experiences. Initial themes emerging reflect concerns with:

- Access to NHS dentistry, with further pressures due to Covid

"I cannot afford a private dentist and I cannot find a dentist taking on NHS patients"

- Concerns with health services keeping up with new housing development
- Limited mental health support in the area, and long waiting times to access
- Impact of Covid on access and experience of health services.

Comments about accessing GP services were mixed, some finding online, triage and phone consultations easier, and others less so, and experienced delays in getting follow up.

"I think the e-consultations are brilliant! Very happy with my GP surgery"

"Much more difficult, everything is taking so much longer from filling in e-consult forms to getting a call-back, to getting a face to face appointment at the surgery or hospital"

"My husband was not seen due to Covid and ended up in emergency surgery, this could have been avoided if the hospital were willing to see him"

A report will be produced in December. The next geographic focus will be on Chipping Norton in the new year.

2. Recent reports

All reports available on: <https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/>

- **Let's Talk about Mental Health in Oxfordshire-** published in September 2020, along with responses from OMHP and Oxford Health. The findings of this report- from work carried out in 2019-20- reflect many themes identified in previous national and local reports including high quality, hard-working health care staff, but identify access problems and delays getting the right care at the right time, resource deficits including funding, staffing, system overload, and challenges ensuring continued access/support to follow up care. Specifically, in Oxfordshire: • People value caring, supportive, non-judgmental mental health professionals. • Most health sector staff provide outstanding care despite working with constrained resources. But... • Access to services is restricted by limited eligibility thresholds, long waiting times, unequal geographic availability, and travel issues • Difficult to access specialised services and Complex Needs Service • Limited support when 'discharged' from services • Some IT equipment and systems used by staff can hinder efficient working, and impact on partnership working • The physical environment in some services has a negative impact on people's experience of services as told to us during Enter & View visits
- **GP Surgeries supporting patients during Covid-** short report highlighted some good practice with GPs working to continue to communicate and engage with PPGs, but also highlighted need for re engagement with PPGs overall.
- **Emotional wellbeing in 0-5's in Oxfordshire.** From responses of 63 parents and carers
 - Comments from families support understanding that mental health and wellbeing of 0-5s is integral to wellbeing of the family as a whole.
 - Families highlighted need for clear signposting, central information and advice about mental health and wellbeing in 0-5s, including local services, and online support. There is scope for improving awareness of existing services and resources such as Oxfordshire Family Information Service.
 - Families valued face to face support from professionals, peers and childcare settings in providing a trusted source of advice, help and relationship.
 - Families noted that stigma, fear of being judged or not being taken seriously could act as barriers to them seeking help. In contrast, they valued support that was timely, person centred, non-judgemental, and supportive.
 - There is room for more support, training and awareness for childcare workers, health professionals and parents on understanding and supporting mental health and wellbeing in 0-5s.

- Covid-19 has had an impact on mental health and wellbeing of both parents and young children in multiple ways- which may continue to become clear over time.
- Health Visitors and GPs are valued for being first point of contact for support, advice and assessment. Concern noted about impact of temporary redeployment of health visitors during Covid-19, on parents' ability to seek support, and increasing isolation.

3. Current surveys and forthcoming reports:

We are running a number of surveys currently,

- **Support to parents in Oxfordshire** (114 responses to date) Emerging themes: Loneliness and isolation of parents, mental wellbeing, especially for new mothers- accentuated during Covid where peer and face to face support has stopped. Again, raised concern about limited Health Visitor support through Covid.
"I had my first baby in April. I have had no help or support from health visitor and have had to deal with everything/ work things out for myself. My baby's weight gain stalled. I have tried to ring the health visitor many times this week, including 4 times yesterday and have not heard back at all"
A brief report will be presented at the Children's Trust Board in December via the Healthwatch Oxfordshire parent ambassador.
- **Employed Home Carer** views (39 responses to date) report due December. Highlighted gap in sourcing PPE for self-employed home carers.
- **Unpaid carers-** looking after someone you know (170 responses to date-report due Jan). Initial themes highlighted: huge impact of caring on physical and mental wellbeing, and highlighted unmet needs for support (45% said they had not received any type of support in the last 12 months), and lack of information about support available, including lack of awareness of carer's assessments (50% had not heard of this).
- **Care Homes and Covid-**follow up from previous report in June, 33 responses to date, report due end November. Initial themes included good practice examples for supporting families to keep in touch with their loved ones- using 'pods', Perspex screens, and virtual communications.
- **Wellbeing- views of Oxford's new and emerging communities.** Joint action research with Oxford Community Action and community volunteers. 152 responses from East Oxford's diverse and multi-ethnic communities. Initial themes highlight: Huge role of faith, family, community in supporting wellbeing. Underlying social determinants impact on wellbeing including housing, financial, immigration, and racism. Huge interest in having support for health and wellbeing. Barriers to getting support include: language barriers, stigma, and lack of culturally tailored support and information. Emphasise need for ongoing and continuous engagement and relationship building with communities to develop culturally appropriate and responsive support. Report due Jan.

- **Using pharmacy-** with focus on Covid- forthcoming report
- **Forthcoming:** Views of **family members and residents of care homes** during Covid- forthcoming engagement- end Nov on, using survey, online and other methods.

4. Feedback on NHS services via Healthwatch Oxfordshire Feedback Centre, phone and email.

- **Access to NHS dentistry and emergency dentistry:** this continues to be a theme we are hearing, particularly during Covid. We have raised the issue with NHS England Commissioner, who have issued recent guidelines to dentists on treatment during Covid. We will continue to monitor this.

“I was wondering if you could help me find an NHS dentist? I have phoned 17 dentists nearest to me that say they are NHS and emailed others to no avail”

“I have contacted all the dentists in my local area and no-one is taking on any adult NHS patients, only children and I am in urgent need of dental treatment”

5. Wider Healthwatch Oxfordshire Activity

- Continued work with Patient Participation Groups (PPGs) to support development and links with GPs, including attendance of virtual meetings and dissemination of information. Currently working with PPGs to assess GP website accessibility and supporting OCCG through PPGs on communications and use of services during Covid.
- Recruitment of new staff member to liaise strategically with the system within Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) working from all Healthwatch groups in the areas concerned.
- Recruitment of Community Outreach worker- delayed due to second Covid lockdown
- Renewal of Healthwatch Oxfordshire website to increase accessibility ongoing
- Continue to engage and hear from residents about access and experiences of using healthcare during Covid. Will support Oxfordshire Clinical Commissioning Group (OCCG) to understand people’s views over coming months.

Domestic Abuse Strategic Delivery for Oxfordshire

1. Purpose

This paper is intended to update the Health Improvement Partnership Board on key strands of strategic delivery in response to domestic abuse in Oxfordshire and request that the Board agrees to the proposed change in governance detailed in section 4 below.

This report will cover

- Covid-19 response and learning
- A proposal on revision of domestic abuse governance
- Delivery of Oxfordshire's Domestic Abuse Strategy 2019-2024 under our four strategic aims:
 - PREVENTION
 - PROVISION
 - PURSUING
 - PARTNERSHIP

2. Domestic abuse in the context of the Covid-19 pandemic

Increased risks for victims from restrictive measures put in place to avoid the spread of coronavirus announced on 23 March led to us setting up a multi-agency "cell", a group with members of our Domestic Abuse Boards including experts by experience, all key statutory, independent and voluntary and community sector agencies to meet on a weekly basis using a virtual platform. This approach aligned with the "co-ordinated-community response" (CCR) approach described in our 2019 – 2024 Domestic Abuse Strategy for Oxfordshire so that all key agencies work together to develop policy and practice with a view to ensure that the victim and their children are at the centre of all activity.

Our highly valued core members of the Domestic Abuse and Covid-19 Response Cell **experts by experience** have played a key role in ensuring that information going out to victims, professionals and communities is fit for purpose and correctly targeted.

Oxfordshire's "Covid-19 Domestic Abuse Response Cell"

The focus of the multi-agency meetings has been

- **Multi-agency sharing of practice and expertise:** based on our "CCR" (Community Co-ordinated Response) model partners worked in a proactive engaged and dynamic way meeting weekly then fortnightly during and after lockdown
- **Monitoring:** tracking changes to service delivery, changes in level of referrals/incidents/disclosures, changes in nature of abuse
- **Communication:** targeted information developed and delivered for victims and families, members of the public professionals and community workers

including posters and leaflets, information shared on social media, television and radio

- **Innovation:** adapting to new ways of working, online support, current and newly developed training moved to online delivery and also pharmacy “safe spaces” and a new Domestic Abuse App - initiatives developed to help victims safely disclose abuse.

Referrals to services during the Covid-19 Pandemic

During the first few weeks of lockdown all services saw a reduction in referrals / police call outs. This soon returned to usual levels and then we saw an increase in referrals. This can be seen in the table below setting out the comparative data for Q1 and Q2 for the current and previous years for our specialist domestic abuse services.

Comparative Q1+Q2 data potentially showing some impacts of Covid-19			
Quarter	2019-20	2020-21	Percentage change
Reducing the Risk - Oxfordshire IDVA referrals data			
Q1	45 new + 13 repeats	68 new + 14 repeats	44% increase (8% increase in repeats)
Q2	41 new + 9 repeats	66 new + 20 repeats	38% increase (55% increase in repeats)
ADAS – Oxfordshire’s Domestic Abuse Helpline new referral data*			
Q1	373 new	467 new	25.2% increase
Q2	397 new	494 new	24.4% increase

**Please note – repeat cases are not included here*

We are looking to ensure capacity is enough to meet current demand and so keeping a close eye on the trajectory of this increased need for support. In response to this increased need we have increased funding for our local domestic abuse helpline. Anecdotally an increase in complexity and levels of risk has also been noted.

Thames Valley Police have also recorded an increase in domestic abuse incidents over the same time frames. This increase is set out in the report submitted by DCI Jonathan Capps.

Reasons for this increase in referrals may be manifold including an increase in actual abuse which may be linked to the circumstances of lockdown, an increase in understanding of domestic abuse and information about how to seek help either for oneself or on account of others, more proactive work from professionals to protect those feared to be vulnerable to abuse and also, in the case of police incidents

changes to the way in which recording of incidents is made which is a factor that has been impacting on statistic over a period of time before the impacts of Covid lockdown.

3. Learning points from the lockdown experience

A number of key learning points have been identified from our Covid-19 response work:

- Many activities both to support victims directly and to increase learning and skills amongst professionals and community members can be delivered successfully online
- We can work as a partnership to quickly develop and deliver key information and messaging to both those affected by domestic abuse and those who may be in contact with them.
- Having Experts by Experience co-producing our key areas of work is essential to success.
- There is more work to do to support Black Asian and Ethnically Diverse (BAED) communities to get help and support
- Anecdotal evidence suggests there is an increase in the complexity of cases being seen by professionals following lockdown easing
- Feedback from survivors and professionals has highlighted an even greater need for Recovery Programmes for adult and children affected by domestic abuse
- A multi-agency virtual meeting held more frequently helps us to be more proactive and dynamic in responding to need.

4. Change in governance

Covid-19 DA Cell – a multi-agency response to the pandemic as a weekly then fortnightly online meeting and a mix of operational and strategic membership. The Strategic Board for Domestic Abuse is now proposing to continue this as the Oxfordshire Domestic Abuse Partnership (OXDAP) and the following new governance model will be put to the Health Improvement Partnership Board for sign off.

- **Oxfordshire Domestic Abuse Partnership** monthly, reporting to
- **Oxfordshire Domestic Abuse Strategic Board** quarterly, reporting to
- **Health Improvement Partnership Board** (with a DA report twice a year)

This model fits with the new statutory duty that will be imposed on tier 1 Local Authorities to have a statutory local partnership board that will fulfil certain statutory functions being proposed by the Domestic Abuse Bill currently making its way through Parliament.

5. Domestic Abuse Strategic Delivery

Over the first 2 quarters of 2020-21 delivery of the Oxfordshire Domestic Abuse Strategy 2019-24 set out under our four strategic aims of Prevention, Provision, Pursuing and Partnership has included:

PREVENTION

- Information campaign during lockdown, targeted information for certain groups including older people, educator's toolkit, DA partner update
- OKOK – a new domestic and sexual abuse prevention booklet and game for children in primary schools
- Training – all except Champions training moved to online delivery, since the start of lockdown: Over 600 training places were taken up on courses such as Domestic Abuse Basic Awareness, Coercive Control, Domestic Abuse Champion Refresher, new training for schools to respond to children's trauma post-Covid-19, and anti-FGM training

PROVISION

- All specialist DA and sexual violence services adapted to continue to support victims and families throughout lockdown
- A new court IDVA – supporting all risk client going through court process
- New Black Asian and Ethnically Diverse (BAED) worker co-located A2D/OAC
- Domestic Abuse Recovery Pilots commissioned for adults, children and whole family (see annex 1 for more details) - evaluation of outcomes will inform future commissioning.

PURSUING

- Courts were able to grant interim non-molestation and restraining orders during lockdown by conference call
- A new domestic abuse specific court is being set up for Oxfordshire
- A new Court Support worker is offering pre-trial support, and support in Criminal, Civil and Family courts and extra support whilst orders are in place to restrict perpetrators.
- Domestic abuse crime (as opposed to non-crime incidents) has been increasing and this is being monitored with further analysis due.

PARTNERSHIP

- New Domestic A governance "OXDAP" – see above
- High risk and complex cases have increased following lockdown – this is being reviewed
- Domestic Abuse Pathway for Young People (DAPYP) Peer Audit and consultation is in progress.
- Black Asian Ethnically Diverse (BAED) Worlds Group – a new group developing best practice guidance for professionals and supporting implementation of Thames Valley domestic abuse work for these groups
- Operation Encompass – Domestic abuse notification process: understanding impact and developing best practice guidance with schools
- New focus on domestic abuse in a rural context
- Family Safeguarding Plus - the domestic abuse team are currently supporting implementation.

6. Conclusion

The Updates set out above are currently being built on to scale back up to the current conditions of lockdown. The communications focus will be maintained to ensure that all victims are aware of how and where to seek help. There is also a real focus on the barriers faced by members of Black Asian and Ethnically Diverse communities within Oxfordshire and the newly published Thames Valley BAMER Report (see Annex 1).

Finally, members of the Health Improvement Partnership Board are respectfully asked to approve this change in governance so that we may respond as flexibly and proactively as a partnership to the needs of victims and their children as we possibly can.

Sarah Carter
Strategic Lead Domestic Abuse

9 November 2020

If you have any query relating to any of the above or any other domestic abuse issue please do not hesitate to contact me at

Sarah.Carter@Oxfordshire.gov.uk

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Thames Valley BAMER Report Recommendations

1. Developing specialist, ethnically sensitive VAWG training
2. Delivering workshops for community groups
3. Consistent data collection, reporting and sharing
4. Delivering ethnically sensitive preventative work and awareness raising
5. Developing clear pathways for victims and survivors from ethnic minority communities
6. Improving responses from VAWG services for clients from ethnic minority communities
7. Improving engagement with women's community groups
8. Commissioning VAWG services with specific support for ethnic minority victims and survivors
9. Ensuring issues experienced by those who are from ethnic minority communities are heard at strategic and operational boards
10. Developing a detailed VAWG service directory

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Domestic Abuse Data Report – Oxfordshire

1. Context

The interpretation of domestic abuse data held by the police is complex and subject to a number of caveats.

There is a difference between the domestic abuse crime rate and domestic abuse incidents (crime and non-crime – all occurrences).

The domestic abuse crime rate has been going up significantly for some years now, including a 50% increase in Thames Valley in 2017/18 and 20% in 2018/19.

Previous analysis has attributed the continuing rise in domestic abuse crime to a number of factors, including, but not limited to; increased victim confidence to report, increased public confidence that the police will respond, greater public awareness, additional requirements in relation to the recording of crime and better compliance with crime recording obligations.

Domestic Abuse incidents (crime and non-crime – all occurrences) include all matters reported to the police that are classified as 'domestic'. This category would, way by way of example, include a verbal argument between a couple which was reported to the police and where no crime has been identified.

2. The impact of the pandemic

There was an initial fall in domestic abuse incidents across Thames Valley following the first national lockdown at the end of March 2020. It is believed that this was due to reduced opportunities for victims to report and a reduction in contact between partners and ex-partners under lockdown restrictions.

The data in Thames Valley and Oxfordshire shows that after the initial fall, numbers quickly rose again, with May 2020 seeing the second highest demand month on record for domestic abuse incidents across the force area in the last 3 years.

It may well be some time before the full impact of the pandemic on domestic abuse reporting is understood. The figures outlined below could be suggestive of victims continuing to be able to reach out to the police for help but there is likely to still be a cohort of individuals who have not reported matters due to well-known 'barriers' that a victim has to overcome when seeking support and help in an abusive relationship.

Analysis over the summer months indicated that victims were still reporting incidents at the time or close after. Further monitoring will be needed to see whether there is a subsequent increase in the reporting of non-recent incidents that a victim may have felt previously unable to report, influenced by lockdown restrictions.

The Thames Valley position in relation to domestic abuse data is broadly similar to that seen regionally and nationally, the latter indicating an 8% rise in domestic abuse incidents up to June 2020. Further national data is pending.

Context is also important in relation to reports made to the National Domestic Abuse Helpline. National media reporting has been suggestive of a significant percentage increase in calls and concern as to any disparity in this number with the number reported by police forces. Although data has been received from the Helpline, it does not yet show a year to date comparison. This data has been requested. Judgement of the pandemic impact (and the size of any gap or otherwise between calls to the Helpline and calls to the police) therefore remains difficult at this time.

In the early stages of the first lockdown, Thames Valley Police undertook pro-active checks on individuals who had been repeat domestic abuse callers prior to lockdown, but from whom we had no subsequently heard. Feedback from this exercise indicated that there was no substantive evidence of hidden harm being uncovered.

The safeguarding partnership in Oxfordshire, both statutory agencies and the third sector, completed considerable work post March 2020 to reach out to those who may be in need of help and support. This included extensive communications work across the partnership to target key areas where people may go and be able to ask for help, including chemists and supermarkets, as well as on-line messaging. There are numerous Apps now in circulation, which a victim can use as well as the Silent Solution to ask for help.

3. Domestic Abuse crime

The year to date (1st April 2020 – 30th September 2020) increase for domestic abuse crime across Thames Valley is **17.83%**.

The year to date (1st April 2020 – 30th September 2020) increase for domestic abuse crime across Oxfordshire is **27.5%**.

These figures should be read in conjunction with explanation as outlined in section 1.

4. Domestic Abuse crime and non-crime (all occurrences)

The year to date (1st April 2020-30th September 2020) increase for domestic abuse crime and non-crime (all occurrences) across Thames Valley is **5.3%**.

The year to date (1st April 2020-30th September 2020) increase for domestic abuse crime and non-crime (all occurrences) across Oxfordshire is **7%**. Further data comparison can be broken down as follows:

Oxfordshire

	2019	2020	Number change	% change
April	920	1064	144	15.65%
May	996	1214	218	21.88%
June	1054	1098	44	4.17%
July	1151	1227	76	6.60%
August	1158	1218	60	5.18%
September	1001	901	-100	-9.99%
Total	6280	6722	442	+7.03%

Cherwell and West Oxfordshire

	2019	2020	Number change	% change
April	378	429	51	13.49%
May	409	466	57	13.93%
June	382	426	44	11.51%
July	427	483	56	13.11%
August	486	488	2	0.41%
September	418	370	-48	-11.48%
Total	2,500	2,662	162	6.48%

Oxford

	2019	2020	Number change	% change
April	262	242	-20	-7.63%
May	270	288	18	6.66%
June	286	285	-1	-0.34%
July	289	321	32	11.07%
August	314	312	-2	-0.63%
September	258	232	-26	-10.07%
Total	1,679	1,680	1	0.05%

South and Vale

	2019	2020	Number change	% change
April	280	393	113	40.35%
May	317	460	143	45.11%
June	386	387	1	0.25%
July	435	423	-12	-2.75%
August	358	418	60	16.75%
September	325	299	-26	-8%
Total	2,101	2,380	279	+ 13.27 %

5. Analysis

The Oxfordshire position can be seen in a positive light in respect of numbers of reported occurrences have continued to increase despite the impact of and very real concerns about the pandemic. Caution should be applied however given everything known about the complexities of domestic abuse.

Further internal work has been completed on data in the South and Vale to understand why larger increases have been seen in that area and this will inform policing and partnership practice moving forwards.

September 2020 has seen a drop in domestic abuse occurrences across the board, which could be attributable to seasonal effects (there have previously been peaks in summer months).

Given the move into a second national lockdown from 5th November, it will be critical to ensure continued partnership working and communications strategies, as well as close monitoring of the domestic abuse data to enable fast-time reaction to any developing patterns and trends.

Jon Capps

Detective Chief Inspector

2nd November 2020

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Update on Healthy Place Shaping for the Health Improvement Board

19 November 2020

Background

1. Healthy Place Shaping (HPS) was adopted as a strategic priority for Oxfordshire's Health and Wellbeing Board in September 2018 and responsibility for monitoring its implementation across the county was delegated to the Health Improvement Board. This report provides members of the Board with an update on activities that have been undertaken at both a county wide and District level to scale and embed this approach in our communities.

County wide Activities 2020

2. In 2020 county wide initiatives have comprised the following:
 - Initiatives to embed healthy place shaping into the work of the Growth Board – led by a county-wide Healthy Place Shaping (HPS) Task Group comprising planning officers from each District, Oxfordshire Clinical Commissioning Group, Public Health and the Oxford Plan Team. Oxfordshire's lead for Healthy Place Shaping also sits on the Executive Officer Group of the Growth Board to ensure that its principles are considered in strategic decision making.
 - Initiatives to address the response to Covid-19 which have focused on active travel, in addition to the place based support given to communities organised at the District level
 - Initiatives to support scaling of healthy place shaping in each of the Districts – funded by Sport England investment and monitored by a steering group led by Active Oxfordshire

Growth Board Initiatives

2.1.1 *Oxfordshire Plan 2050*

During 2020 the HPS Task Group has worked closely with Oxfordshire Plan colleagues to ensure that it reflects the ambition that future growth should result in the development of healthy communities. This has been taken forward by:

- Input into the *Strategic Vision for Sustainable Development for Oxfordshire* which has enhanced well-being at the heart of its ambition. This Strategic Vision is due to go out for public consultation in November and will subsequently inform development of the Oxfordshire Plan 2050.
- Development of a Healthy Place Shaping Policy which will be included in future public consultation on the Oxfordshire Plan 2050. Although the policy has not been formally adopted, district planning leads are able to use it as a template for inclusion in local planning guidance.

2.1.2 *Infrastructure*

Officers are actively engaged in ensuring that healthy place shaping principles are reflected in two key initiatives that will shape future infrastructure in Oxfordshire: the Local Transport and Connectivity Plan (LTCP5) and the refresh of the Oxfordshire Infrastructure Strategy (OXIS). Officers from the HPS Task Group are involved in the project teams directing this work, they have contributed to the scope of both of these projects, to ensure that future infrastructure will promote sustainable, active travel and digital connectivity, and have participated in the selection of consultants that understand this agenda and can contribute expert advice. In this way healthy place shaping principles are being embedded into the strategic development and prioritisation of major infrastructure projects across the county.

2.1.3 Local Industrial Strategy

Healthy Place Shaping principles were identified as an important approach for shaping economic growth in Oxfordshire's Local Industrial Strategy launched in September 2019. In 2020 work has focused on contributing to discussions relating to the importance of creating an inclusive economy in Oxfordshire in which economic growth has the potential to benefit all residents, including those from more deprived communities. With the negative impact of coronavirus on local employment levels, the importance of addressing these income inequalities, upskilling and reskilling people affected by the economic downturn, and working with anchor institutions to increase access to secure, local work is all the more important.

2.1.4 Health Impact Assessment

In order to ensure that the Oxfordshire Plan 2050, Local Plans and major developments will result in the creation of healthy, resilient and sustainable communities, it was agreed to complete a Health Impact Assessment of the Oxfordshire Plan 2050 and in addition to produce an Oxfordshire Health Impact Assessment toolkit comprising:

- an agreed HIA proforma and methodology to be applied to Local Plans
- an agreed HIA proforma and methodology to be applied to major developments
- a checklist for planners to review HIAs produced by developers

A Health Impact Assessment (HIA) is a tool used to identify the health impacts of a plan or project and to develop recommendations to maximise the positive impacts and minimise the negative impacts, while maintaining a focus on addressing health inequalities. By bringing such health considerations to the fore, HIAs add value to the planning process.

Following a competitive procurement process, consultants WSP were appointed in January 2020 to support delivery of these outputs. A Health Impact Assessment (HIA) Steering Group was set up comprising the HPS Task Group with wider representation from Regional Public Health and the Environment Agency to provide critical input into and oversight of the HIA outputs as they have been developed.

Development of the HIA toolkit has involved a review of existing methodologies in use in other parts of the UK, both of Local Plans and of major developments, and development of a methodology and series of proformas for Oxfordshire which reflect current best practice. Initial drafts of the toolkit were commented on by the HIA Steering Group and comments were sought from the Development Management and Policy Teams in each District Council and from several developers. The final version of the HIA Toolkit has also been reviewed to check that it aligns with national guidance on the use of Health Impact Assessments due to be released by Public Health England on 12 November 2020. The Executive Officer Group of the Growth Board endorsed its use across planning authorities when it met on 29 October 2020 and planning leads have been asked to ensure that it is tested in their Districts with a view to seeking formal Growth Board approval in January 2021.

Covid Response: Promotion of Active Travel

3. At the September meeting of the Health Improvement Board members received a short presentation on the contribution of officers from public health and the Healthy Place Shaping Lead into the emergency active travel work coordinated by Oxfordshire County Council. Although a national announcement on Tranche 2 funding is still awaited, the community activation element of Oxfordshire's bid to promote walking and cycling has been taken forward through School Travel Demand Management measures across all Oxfordshire schools. This has included:
 - 3.1.1 Launch of StreetTag, a digital app that turns walking and cycling into a game. This was initially successfully piloted in Cherwell in the summer holidays and funding was then allocated to launch it across the county from 5 October 2020. At this point, 74 schools have signed up to participate in the competition between primary schools, encouraging children, staff and parents to earn points for their school. Feedback to date includes the following:

"This is such a great motivation to get the kids out in the rain."

"This app and the challenge has really changed the local school parent community. It's getting people connecting with each other again, talking as well as inspiring activity and action. It's lifted people and their spirits/mental health at such a trying time."
 - 3.1.2 A countywide communications campaign with parents and schools to promote active travel, provide travel planning resources, and to promote the use of face coverings on school transport.
 - 3.1.3 Site visits to schools which have reported congestion at the school gates to suggest mechanisms to promote social distancing.
 - 3.1.4 Targeted support for schools will now be provided for those schools that have either been identified as having congestion issues, potential for significant modal shift or have expressed interest in School Street/Safer Routes to School schemes as part of the Emergency Active Travel Fund bid.

Evaluation

4. Evaluation of the impact of healthy place shaping has been integral to this approach since the start of the Healthy New Town pilots. Like many public health interventions that seek to address the wider determinants of health, securing evidence of the benefits of healthy place shaping on health and wellbeing in the short term is challenging but it is important to understand what impact the approach is having and who may be benefiting from it. There are a number of evaluations currently ongoing in Oxfordshire to build this evidence base:
 - 4.1 An evaluation of the systems approach that healthy place shaping takes to deliver positive improvements in health and wellbeing in local communities. This evaluation which commenced in July 2020 and is funded by Sport England, has the following objectives:
 - To inform a decision as to whether to invest ongoing public funds into healthy place shaping.
 - To consider how the learning from Cherwell District Council can be utilised by the wider Oxfordshire county to scale up the healthy place shaping approach.
 - To understand if healthy place shaping is effectively addressing priority health needs and health challenges in Oxfordshire through action on the determinants of these.
 - To provide evidence about the whole population approach involved in healthy place shaping, including who it is reaching and if it is having a variable impact in different communities such as those with higher levels of deprivation.
 - To build understanding about what is driving change, including system levers and contextual factors.
 - To provide evidence to decision makers of the impact local authorities can have on health and wellbeing.
 - To add to the national evidence-base as to the value of place-based approaches to population health and our understanding of the implementation and value of systems approaches to improving health.
 - 4.2 An evaluation of two wayfinding demonstrator projects, one of which will look at the social value of wayfinding to a community; important evidence required to encourage developers to invest in such infrastructure.
 - 4.3 A follow up study of a survey of Bicester residents, conducted in 2017 and 2019, to understand the impact of the Healthy Bicester programme on their health and wellbeing and to inform the development of the programme. The programme is taking a system-wide approach to the complex problems of overweight and obesity and social isolation and loneliness. These have multiple, interrelated determinants, and reducing their prevalence in the Bicester population will require a long-term system-wide approach to tackling these. It would not be expected that significant changes in their prevalence would be seen in a two-year period, but there are some positive signs.

- In 2019, 73% of respondents reported their health to be good or very good. This was an increase from 68% in 2017. This was despite no change in the prevalence of longstanding health problems or disability between the two timepoints, at 34%.
- Lower use of GP services was reported in 2019, with 42% using these never or once only in the previous year, compared with 33% in 2017. This was again despite no reduction in the prevalence of longstanding health problems and is consistent with better self-rated health in 2019. There was no increase in use of accident and emergency services, indicating these were not being used inappropriately in place of GP services.
- More than 70% of respondents reported either being overweight or having obesity in both surveys. This is slightly higher than national prevalence in England. More than three quarters of the respondents who were overweight or obese in 2019 had tried to increase their levels of physical activity or to eat a healthier diet in the previous year, and 45% had visited their GP (a greater percentage than those who were not overweight or obese).
- There was limited change in levels of physical activity in 2017 and 2019 but it is in the right direction: the proportion of residents who are physically inactive had reduced from 22% to 20.5% and those who are active has increased from 62.5% to 65.8%. Leading barriers to becoming more physically active were lack of time, lack of motivation, inability to afford facilities, and lack of childcare. Although inability to afford to use sports or gym facilities was an important barrier at both timepoints, there was a substantial decrease in the percentage of respondents citing this between 2017 and 2019, from 36% to 20%. There was good awareness of many of the Healthy Bicester initiatives to promote physical activity in 2019 many of which have focused on free activities.
- Additional dimensions of quality of life that were asked about were emotional wellbeing and energy and fatigue. There was a small increase in emotional wellbeing scores between 2017 and 2019, from 65 to 69 (of 100), but no difference in energy and fatigue scores at 48.
- In 2017, 15% of respondents were classed as being socially isolated, lonely or at high risk, with the odds of this being statistically significantly greater in respondents with a longstanding health condition. In 2019, this figure was 18%, and the association with having a health condition was not seen. There were not statistically significant associations between social isolation or loneliness and other variables including age, gender, ethnicity, area deprivation, living in a new development, or being a carer at either timepoint. In 2017, 23% of respondents said that their physical and/or mental health interfered with their normal social activities to a moderate or greater extent; this figure was 19% in 2019.
- When asked about a broad range of factors and how important these were in supporting healthier lives, 12 rated as quite or very important. These include areas that the Healthy Bicester programme has already taken some action in, and the programme's attempts to reduce cost as a barrier may have helped achieve this for some residents between 2017 and 2019. The identified barriers include some that the local authority can readily influence in the short to medium term, such as the cost of using leisure facilities. However, there are also barriers such as the quality of existing housing stock and air pollution that will require

longer-term action, new sources of investment, and working across departments and sectors.

District Updates

5. The following reports provide a short summary of healthy place shaping activities underway in each of the Districts.

5.1 Activity in Cherwell 2020

Healthy place shaping remains a key strategic priority for Cherwell District Council (CDC) and in 2020 the District started to scale this approach to Kidlington and Banbury as well as sustaining its Healthy Bicester programme. Annual stakeholder meetings were well attended in both Bicester and Kidlington in order to co-produce healthy place shaping plans with these communities and a ward profile was produced with representatives from health and care and community groups in Ruscote and Bretch Hill. This identified the assets as well as the challenges to addressing health inequalities in these wards in Banbury.

Response to Covid-19

Although the work of delivering these plans was disrupted by the Covid-19 Spring lockdown the strong relationships that had been created through healthy place shaping activity facilitated support for more vulnerable residents and also brought forward some aspects of the programmes. This included setting up a prescription delivery service undertaken by volunteers from Alchester Running Club for residents in Bicester, from Banbury Star Cycling Club and Banbury Harriers running club in Banbury, and from village mutual aid groups for residents living in villages unable to collect their prescriptions from Bicester dispensing practices. A similar service was provided by Kasa for residents in Kidlington. The scheme had Local Pharmaceutical Society approval and resulted in thousands of prescriptions being delivered from community pharmacies and practices. At the same time CDC worked closely with local food banks to support them in meeting the increased demand for food parcels, as well as with other community groups to support them in sustaining their activity where possible and restarting after restrictions eased.

Recovery

The focus of the programmes in Banbury, Kidlington and Bicester as we have restarted activity has been to address the emerging health and wellbeing issues with our local communities and to build on the positive innovation and effective partnership working demonstrated during the lockdown. Activity is underway in the following areas:

Kidlington

In Kidlington and surrounding villages healthy place shaping principles have been embedded into the development briefs for the new sites which will bring forward 4,400 homes agreed as part of the Partial Review of the Cherwell Local Plan Part 1. Funding has been secured for a wayfinding project from Sport England in order to promote walking and cycling into daily routines. A Local Cycling and

Walking Infrastructure Plan (LCWIP) is currently under development to ensure that active travel promotes connectivity between the villages, Oxford City and the new development sites. 'Dr Bike' sessions have been held in Kidlington to enable people on low incomes to access simple cycle repairs for free (73 bikes were repaired) and to promote active travel. Activities have also started to enable residents to more easily access the wellbeing benefits of the natural world – working with Wild Oxford, the Parish Councils and local community groups to enable people to grow healthy food. A heritage trail is being developed to residents to explore their local area on foot or by bike and to increase the connectivity between the villages and 203 families have signed up to take part in the FAST programme to become physically active.

Bicester

In 2020 Bicester's Local Cycling and Walking Infrastructure Plan was developed and approved by Oxfordshire County Council and its recommendations informed the funding bid for Emergency Active Travel Funds. Dr Bike sessions have been organised with the support of Bicester Green, 96 bikes have been repaired in 2020, and we continue to work closely with cycling groups to improve connectivity and cycling routes in the town. Maintenance work has been undertaken on the three Health Routes which saw footfall double during lockdown as people made the most of these local assets and walking has been further promoted via the StreetTag competition. CDC's Sports and Leisure team launched the FAST programme and it is currently supporting 687 more deprived families to get active.

We have worked closely with business networks such as Bicester Vision to offer guidance and information on local support for employee health and wellbeing as businesses restart and there has been a steady flow of information through the Healthy Bicester Facebook page, now followed by 2,240 people, to encourage people to look after their health and wellbeing and signpost them to local support. This has included encouraging people to use the NHS Couch to 5K app to support them to become active after lockdown restrictions eased.

The Bicester and Kidlington Primary Care Networks (PCNs) continue to meet with local community health and social care providers and during 2020 they have been piloting online multidisciplinary team meetings as a 'virtual ward' to review patients with complex and escalating needs.

Banbury

Community activation in Banbury has been led by the Brighter Futures Partnership and its work in Ruscote, Bretch Hill and Grimsbury. As in other areas, Dr Bike sessions have repaired 163 bikes, including delivery of free bikes for keyworkers, with support prioritising people on a low income. Discussions are ongoing with the Banbury Primary Care Networks (PCNs) as to how to better meet the social needs of patients from more deprived parts of the town. A proposed new care pathway for patients with a long-term condition – identifying how people can be supported to better manage their health without needing to attend a GP surgery – has been developed which we will be looking to test in 2021. The Banbury PCNs have also agreed to take part in a population health management pilot in 2021 to better understand and target preventive interventions for their patients.

5.2 Activity in Oxford City 2020

Oxford City Council is looking to use the healthy place shaping approach across a number of work strands, to better understand community needs and utilise community assets with a focus on social and healthy inequalities. They have been supported in this work by the deployment of a healthy place shaping officer funded by Sport England since July 2020 who will work with the other Districts to scale healthy place shaping over the next three years. In the Oxford Local Plan 2036 adopted in June 2020 it states a clear vision that we want Oxford to be ‘a healthy place’, and includes a policy on ‘Health, wellbeing, and Health Impact Assessments’ by which it seeks to “promote strong, vibrant and healthy communities and reduce health inequalities”.

Cycling & Walking in Oxford

The Local Cycling & Walking Infrastructure Plan (LCWIP) was approved by Oxfordshire County Council in March 2020. Within this document there is a recognition of the large disparity in levels of utility cycling between the south-eastern arc of Oxford, and other more affluent areas of the city. Since then, with the support of Active Oxfordshire and other community stakeholders, a Local Cycling and Walking Activation Plan has collated insight into the barriers to cycling faced by local people – particularly in areas of deprivation – and performed a community asset mapping exercise to understand how those barriers are currently being addressed and what other assets might use their strengths to address them. As a result the Active Travel in the City group has been restructured to include wider representation from the communities who face the most barriers to cycling and walking. This group will now work collaboratively to deliver specific interventions working with other stakeholders including local PCNs.

Barton

In response to COVID-19, a weekly partnership forum was established for partners agencies, community groups, and residents to discuss issues and solutions that led to better communication and improved numbers of people in need being helped. The council response included the establishment of a locality hub offering welfare checks, food parcels, and medicine collections. Barton Community Association launched a community larder offering food parcels, a bereavement group was established by St Mary’s Church, a listening centre set up by the Barton Community Church, and an elderly watch list set up by OX3+ Primary Care Network (PCN).

The increasing number of patients in Barton presenting with complex cases has made the need for Multi-Disciplinary Team (MDT) meetings greater than ever. OX3+ Primary Care Network (PCN) have taken learning from the Team Around the Patient (TAP) project – including the organising, holding and chairing of MDT meetings for complex case and the importance of data sharing agreements. MDT meetings have been increasingly taking place in Primary Care, and OX3+ PCN has observed some previous barriers removed through common technology widely used by different services, i.e. Microsoft Teams.

Barton Healthy New Town Delivery Group continue to meet with representation from Grosvenor, Oxford City Council, Oxfordshire County Council Public Health, the OX3+ PCN and Oxfordshire Clinical Commissioning Group. A 3-year part-time Community Health Development Officer – funded by Grosvenor – has been recruited to support residents and local groups plan and deliver sustainable health and wellbeing activities to help in reducing the health inequalities in Barton and Barton Park.

In Aug-Sept 2020, Barton Park residents took part in a Quality of Life Foundation online survey to measure their wellbeing in relation to their homes and communities. Conclusions include that although Barton Park is very much a developing community, there is good feedback on the way people's homes and community support their health and wellbeing, through access to nature and environmental sustainability. Some work still needs to be done on key elements such as developing a sense of belonging, providing local services and better transport links. The full findings will be available here from mid- November <https://yourqolbartonpark.commonplace.is/>

Blackbird Leys Locality & Regeneration

Oxford City Council and Catalyst are working in partnership to bring new shops and community facilities, and at least 250 homes to the heart of Blackbird Leys. The project will focus on the District Centre (including the 'top shops') and land between Knights Road and the Kassam Stadium. Across both sites, will see the delivery at least 250 homes, a new community centre, replacement retail units and an improved public 'square'. The Oxfordshire Health Impact Assessment was provided to procure a consultant for the Blackbird Leys District Centre and Knights Road redevelopments. Representatives from the county public health team and South East Oxford PCN are now both actively involved in the process to identify current and future care needs in the Leys. A healthy place shaping review is also being undertaken to collate existing assets, insight and interventions as a starting point for improved collaborative work across the three pillars of Healthy Place Shaping in the Leys. This will feed into the development of a 'locality hub' model which the City created as part of its response to COVID-19.

5.3 Activity in South & Vale 2020

The importance of healthy place shaping is recognised in the Vale Local Plan and it contains a policy requiring strategic developments in the Vale of White Horse Local Plan Part 2 to include a Health Impact Assessment; the first of these has recently been submitted for a development at Kingston Bagpuize. The South Local Plan examination was completed earlier in the year and the Inspector has published his preliminary findings. A consultation on the final modifications to the plan has recently closed. The new Plan includes a policy requiring proposals to delivery strategic developments to provide a Health Impact Assessment. The spatial strategy supports growth in locations that help reduce the need to travel such as the focus at Science Vale, Towns and larger villages as well as allocations adjacent to the City of Oxford. Appendix 16 of the Local Plan highlights all elements of the Local Plan where the Plan helps to minimise carbon emissions, lower energy use and helps to reduce the need to travel.

Work is underway on bringing together the Vale and South Design Guides into one document. The current Vale and South design guides promote active travel and make reference to planning for a healthy environment including green infrastructure and biodiversity. It also contains specific Design Guide Principles on health, wellbeing and recreation as well as open space design. All of these messages will be taken across our future joint design guide and strengthened further. There will also be a section on adapting to climate change in the future joint design guide.

From a community activation perspective, work on the Districts' Active Communities Strategy, which will provide a focus on the future of healthy place shaping for both South and Vale, has been impacted by the pandemic and will now not be written until the New Year. However, significant support was provided to more vulnerable residents during the lockdown and a range of community initiatives are underway to promote health and wellbeing, including the following:

- The Active Reach project funded by Sport England is focused on enabling residents in South Abingdon (Caldecott ward) to become more physically active. As a result of the second lockdown the partners involved in the project are now producing home packs to help the community get, or remain, active in their own homes, rather than delivering practical sessions.
- A number of activities have targeted support to families to encourage them to become active. New Xplorer (family orienteering) maps have been produced for Berinsfield and Caldecott, and two socially distanced events were held in August in Cholsey and Wantage. There has been good engagement with StreetTag with 11 Vale schools and 19 South schools signed up to the schools programme. The Vale Arts trails have been devised and will be launched shortly. Working in partnership with Street Tag we will “tag” the individual art installations, giving people instant access on their phones to information about the piece of art.
- Following the increase in cycling after the first lockdown safe cycling courses were held in Faringdon and Abingdon to help new or nervous cyclists feel safer heading out onto the roads and cycle paths in these towns.
- Since the lifting of lockdown in July our health walks from local surgeries, targeting members of the community with diabetes, have been very popular, with walks taking place in Berinsfield, Didcot, Dorchester, Abingdon, Botley, Wantage and Faringdon.

5.4 Activity in West Oxfordshire 2020

In January 2020 the West Oxfordshire Council Plan 2020-24 was launched. It identifies 6 priorities, including: **Climate Action** (leading the way in protecting and enhancing the environment by taking action locally on climate change and biodiversity); **Healthy Towns and Villages** (facilitating healthy lifestyles and better wellbeing for everyone); **Strong Local Communities**: Supporting and building prosperous and inclusive local communities; and **Meeting the Housing Needs of our Changing Population** (securing the provision of market and affordable housing of a high quality for a wide range of house holders making their home in West Oxfordshire).

With Coronavirus hitting soon after, the Council has had to focus on the sudden challenges posed by the pandemic, principally supporting West Oxfordshire residents, its business and economy, and community and voluntary sector during the lockdown, through collaboration with local and countywide partners. (This involved redeployment of 100+ staff and in so doing enabled support for vulnerable members of the community at the same time as continued delivery of key public services.) A Covid Recovery and Renewal Plan is now being produced, highlighting the Council's

commitment to working with others to recover from the impact of the pandemic, building on the strength shown of working with local communities and Oxfordshire's partners.

At the same time, work is progressing on each of the Council Plan priorities.

Looking specifically at aspects of healthy place shaping, these are some of the key activities being undertaken in West Oxfordshire:

- A Pre-submission draft of an Area Action Plan (AAP) has been published (August 2020) for consultation on the proposed Garden Village, north of Eynsham – to be known as Salt Cross. This contains a specific chapter on Healthy Place Shaping (Section 6), setting out policies on: adopting healthy place shaping principles; social integration, interaction and inclusion; providing opportunities for healthy active play, leisure and lifestyles; green infrastructure; and enabling healthy food choices. <https://www.westoxon.gov.uk/media/jscctcl/salt-cross-aap-pre-submission-august-2020.pdf>. The Healthy Place Shaping principles incorporated into the AAP for the Garden Village are acting as a catalyst for a similar approach in the emerging Supplementary Planning Documents for our other Strategic Development Areas.
- An outline planning application has been submitted for Salt Cross. This includes numerous supporting documents, including a Health Impact Assessment which is a policy requirement, and a commitment to achieve Building with Nature Full Award (Excellent accreditation) – a tool for achieving high quality, multi-functional green infrastructure, including a Wellbeing Standard to secure the delivery of health and well-being outcomes.
- The 'Carbon Action Plan: The Pathway to Achieving Carbon Neutral by 2030' (published October 2020) identifies the framework and actions for WODC to become a Carbon Neutral Council by 2030, responding to the climate and ecological emergency, including air quality and green and active travel considerations.
- A Sustainability Checklist is soon to be introduced for applicants to complete when seeking planning permission, encouraging, for example, the provision of high quality green infrastructure, safe, secure and well-lit bicycle storage and prioritising walking, cycling and public transport use.
- A number of studies are taking place to address current, latent and unmet need for built leisure facilities across West Oxfordshire. A Built Indoor Leisure Facilities Strategy is underway, as well as research to investigate a new Leisure Centre to serve Witney and the surrounding area.
- Over the summer there has been consultation on a draft Affordable Housing Supplementary Planning Document (AH SPD) which provides detailed guidance on the delivery of affordable housing, including a range of objectives, such as securing improved affordability through the application of a 'Living Rent'.
- WODC is working closely with Blenheim Estate on an innovative model for delivering an increased level of affordable housing at between 60 – 80% of market rental costs. This model has been successfully implemented in Long Hanborough and will also be offered on their other sites for development at Woodstock East. It is the intention of Blenheim to retain ownership of the rental properties so they can be held in perpetuity for local people, especially those within the key worker categories.

Conclusions

6. This report has outlined the considerable progress achieved in scaling healthy place shaping across Oxfordshire in the two years since it was identified as a strategic priority for the Health and Wellbeing and Growth Boards. This progress would not have been achieved without the time, enthusiasm, and expertise that community groups, local authority officers, and health and social care clinicians have contributed, not because they were paid to do so but because of their ambition to create healthy, resilient and sustainable communities and to reduce the health inequalities that persist in Oxfordshire. The Health Improvement Board is asked to note this progress and to acknowledge their contribution to shaping healthy places across Oxfordshire.

Rosie Rowe

Healthy Place Shaping Lead for Oxfordshire

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**Health Improvement Board
Forward Planning**

Meeting Date	Other papers that could be scheduled	Standing items
	<ul style="list-style-type: none"> 13th January – Full board workshop on Forward Plan 	
25 th February 2021	<ul style="list-style-type: none"> February meeting is proposed to have a focus on <u>Prevention</u>, including: CVD prevention update (inequalities Wards Strategy) Diabetes Transformation and Prevention Data Future meeting Social Prescribing update <p><u>For future meetings:</u></p> <ul style="list-style-type: none"> Local Clean Air initiatives Drug Usage Rooms 	<p>Minutes of the last meeting</p> <p>Performance Dashboard</p> <p>Forward plan</p> <p>Healthwatch Ambassador Report</p>

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

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

Oxfordshire – the UK’s most accessible county?

The basis of any **successful accessibility strategy** is recognising that **access begins online** for the vast majority of people with access requirements. Providing **world class, trusted, objective access information** is the most effective way of **starting the journey towards access for all**. Signposting your welcome and commitment to inclusivity, independence and choice for disabled people.

Imagine... In today's society, it is generally accepted that **you can find information about what venues are open and when**, and even what I might be able to order when I am there. What is considerably **more difficult is to find out whether I can park my car, how I get to where I want to go, whether I can get through the entrance and if I can use the toilet**. These are of fundamental importance to a growing number of our population and, in working with AccessAble, **Oxford City Council has enabled this to be done accurately and consistently** across a significant proportion of the City Centre as well as to key community venues around the wider City area.

Founded and developed by disabled people, AccessAble views comprehensive accessibility information as key to ensuring that disabled people and their families do not face inequality. AccessAble produces Access Guides to places people want to go, both as local residents and visitors. **AccessAble now works with over 350 different organisations**, including 110 local authorities, 85 Universities and 60 Health Trusts across the UK and Ireland, having surveyed more than 125,000 different venues.

The work undertaken to date

- The approach to develop a City-wide Access Guide was agreed and commissioned in May 2019 to survey and produce Access Guides to 300 venues across the City Centre
- Information to all venues is maintained through AccessAble's annual review programme, contacting each individual venue to identify changes and re-surveying where required.
- The Guides to the City sit alongside other local and national partners in Oxford – Oxford Health NHS Foundation Trust, Westgate Shopping Centre, Oxford Castle Quarter, Ashmolean, Next, M&S, Odeon, PictureHouse, OXSRAD, Skipton Building Society.
- Engagement events and a surveying workshop have been held with Council staff, Councillors and representatives from Healthwatch Oxfordshire, Oxfordshire Transport and Access Group, Motor Neurone Disease Association, Age UK Oxfordshire and Oxford International Links.
- All 300 venues have been identified through a process of prioritisation alongside the Council.
- The Access Guide went 'live' in the summer of 2020.

The Guides created

Oxford City's Access Guide supports the planning of any visit to a venue or space as they **describe each stage of that person's journey**: from the nearest car park, to the entrance and all the facilities and services available. The Access Guides **contain up to 1,000 pieces of information** and over 100 photos. **Every piece of data collected is factual (not a judgement or rating)**, crucially including measurements of key access features.

The AccessAble website and App are both **available for free**. They do not require the user to register or sign up, a particularly important feature – according to our user-engagement feedback – if someone has only recently acquired their condition.

The website and App enable the user to access an **Easy Read version** of any Detailed Access Guide for people with a Learning Disability. The Easy Read version focuses on the photographs and key details of a venue.

Users can also use the Access Symbols to **filter Access Guides by their own requirements**; so they can easily find the venues that are best suited for them. Furthermore, there is a search tool to look for key words within a Detailed Access Guide, such as ‘transfer space’, and save a guide to their favourites.

The website includes **Sign Language videos** for deaf or hearing-impaired people whose first language is BSL.

The AccessAble App is particularly **useful for wayfinding** when visiting somewhere for the first time. People can use it to check out the facilities in advance and then have that information with them when they arrive. The photographs give people reassurance, **lowering anxiety and giving confidence** that people are going in the right direction when navigating around.

There are **1.7 million people** who have used our Access Guides over the last 12 months alone. We have produced Access Guides to **150 Cities and Towns across the UK**. Our work with the Council has provided the **only pan-disability, detailed accessibility information in the City**, with over 300 venues and the High Street surveyed through trained surveyors using a dedicated accessibility template devised through engagement with more than 1,500 different groups and containing **more than 1,000 items of information** per venue.

“What I love about the AccessAble app and website is that it allows people, no matter what their disability, to be spontaneous - if you are in Oxford and you fancy going to the cinema, you can check whether you can access the venue just as easily as you can check what films are on. If you are choosing a restaurant, you can check the lighting levels and the hand rails in the toilet facilities just as easily as you check the menu. Adding Oxford to the AccessAble family shows that we are a city that welcomes everyone.”

Cllr Louise Upton, Oxford City Council

You can view the Oxford City Access Guide here; <https://www.accessable.co.uk/oxford>

But what next...?

We match the Councils ambition, **for Oxford to understand, improve and be recognised for its accessibility to all**. We want to ensure that Oxford is able to share World class accessibility information that **sets a global standard that other cities aspire to**. We want to work in innovative ways with current and new partners to find a way to achieve those ambitions, so that **wherever you live or wherever you want to visit, you can get the information you need**.

We now have the opportunity to develop the programme further, building on the current Oxford City Guide to **create Guides across the County** – with a structure and process already in place, increasing the number of Guides and partners is straightforward and cost efficient. This would ensure that anyone living, working or visiting the County can do so independently through access to the highest standard of information available.

Using the Access Guides as a foundation – **the County has the opportunity to create a legacy of accessibility that surpasses all other areas** – to be a leader recognised for its inclusive approach.

David Livermore – Director

Email: David.livermore@AccessAble.co.uk Page 58

The following three pillars set out a potential framework for an achievable vision

- **Inspire people to use our spaces**

A comprehensive Guide to the whole County – we would want to ensure that people feel inspired and empowered to make a decision about going to any part of the County. They are able to find the specific accessibility information they need to make that decision and can do so easily and with assurance that the information is accurate and up to date.

For this to happen we need to involve the wider partners across the County. Surveying and creating Access Guides for key venues and spaces across the County. This should provide a cross-section of all areas that we want to inspire people to make use of, whether that's making it a part of everyday life or to visit one of Oxford's many significant destinations.

- **Enable people to use our spaces**

Improve insight and physical accessibility of spaces - With the survey data created through our surveyors, we are able to provide the necessary insight into prioritising improvements from an independent and objective perspective, using building regulations, national best practice and intelligence gained through our engagement with more than 1,500 different disability groups across the UK. Reports are created for individual venues, but perhaps more significantly across an area, able to reflect the accessibility across a range of spaces in a City, Town, District, County, whilst also tracking that improvement on an annual basis. Our work in other areas looks to address some of these challenges before they happen – working with them to create an, 'Inclusive Design Guide' that sets out the principles and commitments of the organisation expected in the development of new spaces but also the refurbishment of existing venues.

- **Support people to use our spaces**

Enhance the visitor experience – Ensuring that staff in those venues are confident and comfortable in their engagement with disabled people, providing the all-important 'Welcome' we all want to feel when we visit a new place for the first time. A comprehensive, but easily accessible online training programme, specific to the 'Oxfordshire Welcome' and able to support staff through disability awareness could be undertaken for all businesses and organisations through a straightforward link and accessed online and through their phones or laptops.

Celebration of achievement and promotion of accessibility – From a mobile app, to window stickers in every venue with an Access Guide, QR codes, promotion to the 2 million current users of our Access Guides, through to targeted social media campaigns with our team of Access Champions and 50,000 social media followers – it is important that people are aware and celebrate all that has been achieved and can be achieved by the Council and its partners. We can use our experience working with national, regional and local partners across all sectors to amplify the work undertaken.

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