

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 18 November 2021 at 2.00 pm

virtual meeting - live stream link <https://oxon.cc/hib18112021>



Yvonne Rees
Chief Executive

Date Not Specified

Contact Officer:

Julieta Estremadoyro, Partnership Board Officer

Tel: (01865) 326464; Email:

commissioning.partnershipboard@oxfordshire.gov.uk

Membership

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

Board Members:

Amier Al Agab	<i>Healthwatch Oxfordshire Ambassador</i>
Ansaf Azhar	<i>Director of Public Health, Oxfordshire County Council</i>
Det Chief Insp Jonathan Capps	<i>Thames Valley Police</i>
Dr David Chapman	<i>Clinical Chair of Oxfordshire Clinical Commissioning Group</i>
Cllr Marilyn Davies	<i>District Council Director Representative</i>
Daniella Granito	<i>District Partnership Liaison</i>
Diane Hedges	<i>Chief Operating Officer, Oxfordshire Clinical Commissioning Group</i>
Cllr Mark Lygo	<i>Cabinet Member for Public Health & Equalities, Oxfordshire County Council</i>
Cllr Andrew McHugh	<i>Cherwell District Council</i>
Cllr Helen Pighills	<i>Vale of White Horse District Council</i>
Rosie Rowe	<i>Head of Healthy Place Shaping, Public Health, Oxfordshire County Council</i>

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

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

Whose Interests must be included?

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

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

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

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

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

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

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

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

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

List of Disclosable Pecuniary Interests:

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

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

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

AGENDA

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

14:03 to 14:05

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

14:05 to 14:10

5 minutes

To approve the Note of Decisions of the meeting held on 9th September and to receive information arising from them.

7. COVID - 19 update: impact analysis

14:10 to 14:20

10 minutes

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

To update members of the public on the COVID-19 situation in the county.

8. Performance Report

14:20 to 14:35

15 minutes

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

To monitor progress and agreed outcome measures.

9. Mental Health & Wellbeing: Update from Suicide Prevention Multi Agency Group

14:35 to 14:55

20 minutes

Presented by Jack Gooding, Senior Public Health Principal, Oxfordshire County Council and Oxfordshire Mind

To report on the progress of the Suicide Multi Agency Group.

BREAK

14:55 to 15:00

5 minutes

10. Report from the Healthwatch Oxfordshire Ambassador

15:00 to 15:10

10 minutes

Presented by Amier Al Agab, Healthwatch Oxfordshire Ambassador

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

11. Active Travel Programme

15:10 to 15:30

20 minutes

Presented by Sarah Riches Payne, Public Health Registrar, Oxfordshire County Council

To provide an update on the Active Travel Programme in Oxfordshire

12. Domestic Abuse Support-Safer Accommodation

15:30 to 15:35

5 minutes

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

To update the Board in the Safer Accommodation element of the work on Domestic Abuse.

13. Any other business

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on commencing at 9th September at 14:00

Present:
Board members

Cllr Louise Upton, Oxford City Council (Chair)
Cllr Maggie Filipova-River, South Oxfordshire District Council (Vice - Chair)
Cllr Andrew McHugh, Cherwell District Council
Cllr Mark Lygo – Oxfordshire County Council Cabinet
Ansaf Azhar, Director of Public Health, Oxfordshire County Council
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Marilyn Davies, West Oxfordshire District Council
Rosie Rowe, Head of Healthy Place Shaping, Public Health, Oxfordshire County Council
Daniella Granito, District Partnership Liaison, Oxford City Council
Amier Al Agab, Oxfordshire Healthwatch Ambassador

In attendance

Adam Briggs, Public Health, Oxfordshire County Council
David Munday, Consultant in Public Health, Oxfordshire County Council
Julie Dandridge, Deputy Director, Head of Primary Care, Oxfordshire Clinical Commissioning Group
Dr Meena Paul, Oxfordshire Clinical Commissioning Group
Shelley Ghazi, Policy and Partnerships Officer, Oxford City Council
Derys Pragnell, Consultant in Public Health, Oxfordshire County Council
Kate Arbuthnott, Public Health, Oxfordshire County Council

Officer: Julieta Estremadoyro, Oxfordshire County Council

Apologies: Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Dr David Chapman, Clinical Chair, Oxfordshire Clinical Commissioning Group

Julie Dandridge and Dr Meenu Paul represented OCCG at the meeting

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

ITEM

1. Welcome

Cllr Upton welcomed to the meeting:

- Cllr Mark Lygo, Cabinet Member for Public Health & Equality, Oxfordshire County Council Cabinet
- Julie Dandridge and Dr Meena Paul representing the Oxfordshire Clinical Commissioning Group

Attending for first time:

David Munday, Consultant in Public Health who is taking the role of lead officer from Rosie Rowe

Derys Pragnell and Kat Arbuthnott from Public Health, Oxfordshire County Council

Cllr Upton introduced herself and Cllr Filipova-Rivers as the new Chair and Vice-Chair of the HIB, elected by leaders of all the councils.

She also reminded members of the remit of the HIB and highlighted the role and focus of the Board on prevention on its three main priorities: Mental Wellbeing, Obesity and Smoking Cessation/Prevention.

2. Apologies for Absence and Temporary Appointments

None received.

3. Declarations of Interest

Cllr McHugh is the Chairman of the Tobacco Control Alliance

4. Petitions and Public Address

There were none

5. Notice of Any Other Business

None

6. Note of Decisions of Last Meeting

The notes of the meeting held on 27th May 2021 were signed off as a true and accurate record.

Action Update:

Diane Hedge (OCCG) to provide a report on the application of the HW report, in particular in relation to promoting access to and the role of pharmacies, for the next meeting.

Julie Dandridge updated that community pharmacies are becoming much more part of the Primary Care Networks (PCNs) and are being embedded in service provision at local level, helping to understand how they fit in the health care system and the services they can offer to people over and above the GP. There is a good progress on this.

Ansaf Azhar updated that Public Health are carrying out a pharmaceutical needs assessment which will report to the Health and Wellbeing Board, broadly considering the needs of community pharmacies.

7. Director of Public Health Update on COVID 19

Ansaf Azhar, Director of Public Health, provided a verbal update.

He announced that the way the update will be presented at future meetings will change. As from the next meeting, the focus will be on the direction of travel rather than providing detailed data. It will focus on the recovery actions regarding the Board priority areas (Mental Wellbeing, Obesity and Smoking Cessation/Prevention).

The situation of COVID 19 cases in the county is reflecting what we are seeing nationally, a gradual increase with variability among districts

(Up to date figures at <https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures>)

Last year rates by this time were well below these but we were escalating actions. At present, rates are higher than last year but we are deescalating, e.g., those who are fully vaccinated do not need to self-isolate. This is because of the availability of the vaccine.

Still, we all have responsibilities in our setting and need to follow good habits that we have learnt are effective such as handwashing and mask wearing. COVID-19 cases will rise because everything is open and in winter rates are likely to further increase. The efficacy of the vaccine is not 100% so it is necessary to continue taking precautions.

Key message: We are moving away from government led prevention to each setting and individual taking responsibility.

Those fully vaccinated should continue with asymptomatic testing. The PCR testing will continue, and people are encouraged to take the test regularly to stop the chain of transmission.

The City has come out of enhanced response measures in mid-August as it has been successful in containing the rise of cases. Thanks to all partners for actively and decisively containing the pandemic in the city.

Comments/Questions:

Hospitalisation and/or serious infections in fully vaccinated people

At the moment there are 50 hospitalisations for COVID 19 made up of people who received only the first dose and those not vaccinated. Analysing data in that small sample would give inaccurate result. This is replicated at national level.

When most of the population is fully vaccinated, hospital beds would be occupied by the small percentage of fully vaccinated people that did not build enough resistance to the disease (Cllr McHugh/Ansaf Azhar)

Cllr Lygo and Ansaf Azhar thanked all the agencies and people involved in the COVID 19 responses in the county.

8. Performance Report – Effect of COVID 19

Ansaf Azhar referred to the document *Performance Report* (page 11 in the agenda pack)

The performance report covers the overarching priorities in the full life cycle starting from Start Well to Aging Well indicators.

There are six indicators in Living Well that are red; this is quite concerning but the data is reporting Q3 of 2021 during the lock down when services were still halted. There are discussions ongoing happening on how those services will restart and how effective the restart would be to minimise the long impact of Covid.

David Munday added that the intention is to review the performance report so that it focuses more on these priorities with the potential for a deep dive on these three areas (Mental Wellbeing, Obesity and Smoking Cessation/Prevention). The new dashboard will be brought to the Board for discussion.

Comments/questions:

Mental Health - CAMHS

Mental Health is an important community issue and the long waiting times for CAMHS an indicator of the dire need for this service. However, there needs to be more upstream interventions that prevent young people from reaching CAMHS services. Improving CAMHS performance is being discussed at different levels and in other boards (Cllr McHugh/Ansaf Azhar)

Single Homelessness Pathway

There has been progress in moving people into independent tenancies. Having a roof over their heads would significantly improve the physical and mental health of these people (Cllr Upton)

Women's Health Indicators

There are three red indicators affecting women's health issues. We need to be aware of this and consider this in future performance reports (Veronica Barry/Ansaf Azhar)

David Munday requested members to put forward suggestion regarding the performance report and what would be important to be reflected there.

9. Report from Healthwatch Oxfordshire Ambassador

Amier Al Agab went through the paper *Healthwatch Oxfordshire Report to Health Improvement Partnership Board* (page 17 in the agenda pack)

Amier highlighted the role of Oxford Community Action is one BAME organisation in Oxford providing valuable feedback that informed the reports that are presented to the Board. He also acknowledged the commitment of all members and partners agencies around the table

that are implementing the suggestions in the work they do and listening to the voice of the communities in the county.

He also highlighted the 28 reports available to read at the Healthwatch Oxfordshire website

Comments/questions:

Cllr Upton congratulated Healthwatch Oxfordshire on their annual report that shows the breadth of the activities undertaken and the concerns that are brought to the Board most of which are heard and followed up.

GP waiting times

Members of the Board discussed the possible cause of the significant problem with GP waiting times:

- Problems with staffing - GP and admin staff leaving practices (Cllr Upton)
- Backlog from the lockdown period that is appearing now, putting pressure on practices to deal with people who sat on their problems during the lock down period and are presenting now. (Julie Dandridge/Meena Paul)
- Phone conversations are more now than in normal times, problems that could be resolved through pharmacies are brought to GP practices. There is an educational piece to be done there (Meena Paul)
- OCCG is monitoring the number of appointment available and trying to bring them to a pre-pandemic levels and even higher. GP practices have implemented new ways of working and phone consultations are combined with face-to-face appointments. (Julie Dandridge)
- Healthwatch Oxfordshire is looking at GP websites and looking how to better streamline information and in general to map services so people have more guidelines on which services are more convenient to use, reducing the levels of frustration (Meena Paul)
- There is another piece of work being carried out by Healthwatch looking at the barrier to access GP and NHS services that will be concluded by November. There are people giving up in the NHS because the problems of getting through on the phone, some of them struggling with the English language (Veronica Barry)
- Some BAME people suffering from mental health issues are ashamed to ask for help because of language barriers. Some of these people have been living in UK for a long time and fear being judged on their lack of English language competency. There is work going on with the communities to try to address these issues. (Amier Al Agab)

10. Tobacco Control plans for 2021/22

Adam Briggs and Ansaf Azhar commented on the report *Oxfordshire Tobacco Control Alliance Action Plan, 2021/22* (page 55 in the agenda pack).

Ansaf emphasised the importance of this area of work as a key priority area for the Board. The progress on this preventative agenda is based on a partnership approach so it is relevant to everybody in the Board. Smoking remains the single biggest risk of early mortality in the country. Approximately 80,000 people die every year due to smoke related health issues, this is a higher number than people dying from COVID 19.

Adam went through the Action Plan in Appendix 1 (page 57 agenda pack) that is going to be pursued with partners in the following months and represents key opportunities. He mentioned as an example NHS colleagues who are embedding their smoke free ambition within their organisation with their own staff.

Adam spoke about the pillars that were presented in the past report to the Board. This can be found here:

<https://mycouncil.oxfordshire.gov.uk/documents/s55840/Item%2010%20-%2020210512%20HIB%20Paper%20Tobacco%20Control.pdf>

Comments/questions:

Cllr Filipova-River congratulated Adam for the Action Plan that clearly points out what district councils and other stakeholders can do. This is really appreciated as it informs ideas for future implementation and funding.

Implementation in different settings

- Districts can look at the opportunity of training for staff based at Leisure Centres and play areas (Cllr Filipova-River/Adrian Briggs)
- Implementation of more banners in school gates with key messages. This is not in the action plan but could be incorporated (Cllr Lygo/Adrian Briggs)
- More work to be done with sporting associations (Cllr Lygo)
- Working with our own staff on smoking cessation, removing spaces for smoking outside premises (Cllr Lygo)

E-cigarettes, vaping

Role of e-cigarettes to help quit smoking. How relevant is providing an outdoor space for staff to use e-cigarettes. Vaping is a small part of the strategy to support people to reduce the harm of smoking tobacco (Cllr Davies/Adam Briggs)

E-cigarette high street shops are closing and moving to online trade. How can these be regulated e.g. the amount of nicotine that is allowed to be vaped? There has been work with shops to make them aware of the regulations and there is intention to work with the online regulators too (Cllr Pighills/Adam Briggs)

Groups with high prevalence of smoking

There is intervention work to be done and develop in those hard-to-reach groups such as people with mental health problems and manual workers (Ansaf Azhar)

Adam asked members if they have further questions or suggestions for the strategy please let him know.

11. Mental Health and Mental Wellbeing: Mental Wellbeing Needs Assessment

Kat Arbutnot referred to the paper *Report on the Mental Wellbeing Needs Assessment* (page 61 agenda pack)

She went through the following presentation:



HIB_Sept_21_MWBN
A_PH.pptx

The assessment has been carried out mainly through the COVID pandemic and has been influenced and informed by this situation.

Comments/Questions

Mental Health problems in adolescents

There is an epidemic of mental health problems in adolescents because of the lockdown. There are some Covid related funds that can be used to implement some measures. At the moment, all the strategies are developed around schools. (Cllr McHugh)

This is an important item in the agenda of the Health and Wellbeing Board. Implementing actions upstream to reduce demand, preventing children arriving at the point of having to be seen by CAMHS whose waiting list is approximately two years. Key interventions and discussions are happening with the relevant partners (Ansaf Azhar)

Mental Health in rural areas

Reports on the issues are not considering the difference between urban and rural settings. West Oxfordshire do not have adequate provision in terms of mental health services and it is a real worry particularly in relation to young people. In rural areas problems of lack of social connections and isolation are stronger. Is it possible to develop a similar plan of action as the Tobacco Strategy? (Cllr Davies/Cllr Filipova-River)

Developing a strategy

It is very important to get community insight in order to develop those recommendations and feed into a Wellbeing/Mental Health strategy (Amier Al Agab/Ansaf Azhar)

How are we tracking the progress in tackling mental health issues? – Very important to develop a way of monitoring the progress and embed it into the performance report (David Munday)

12. Domestic Abuse Strategy

Kate Holburn went through the document *Strategic Update for Domestic Abuse* (page 69 in the agenda pack)

Comments/Questions:

Cllr Upton congratulated Kate on the fact that a need assessment is being undertaken - this is great news.

What is the level of funding that is being provided? The Ministry of Housing, Communities & Local Government has provided £1.1 million additional funding this year that we did not have in previous years. (Val Messenger/Kate Holburn)

This money is partly funding a consultant to implement the recent domestic abuse review in the City and also a Domestic Abuse worker embedded in the housing team at the city. It also will fund the training of housing staff in domestic abuse in other districts (Cllr Upton/Cllr Davies)

Important to use the money to close the gap of provision of Domestic Abuse services in rural areas (Cllr Lygo)

Kate informed the meeting that she sits on the Oxford Community Safety Partnerships that has links into the strategic board. Cllr Pighills chairs the community safety partnership in her district.

Ansaf Azhar highlighted the importance of completing a comprehensive needs assessment as an important piece of work to get things rights and develop the right strategy.

13.AOB

None was raised

Performance Report

Background

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

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.
4. For all indicators it is clear which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).
5. Some areas of work will be monitored through achievement of milestones. These are set out on page 5 of this report. For Q1 and Q2 achievement progress is shown for Whole Systems Approach to Obesity and Mental Wellbeing.

Of the 21 indicators reported in this paper:

Six indicators are **green**

Four indicators are **amber**

Six indicators are **red**:

- **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
- **2.17** Increase the number of smoking quitters per 100,000 smokers in the adult population
- **2.18** Increase the level of flu immunisation for at risk groups under 65 years
- **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)

NB- please note that due to the timing of data updates, none of these red indicators are based on new performance data, rather it is the same data as that presented at the last HIB.

6. A new "deep dive" performance report is included at the end of this document. As discussed at the HIB meeting in September, we are including this to ensure the Board are sighted on performance against agreed priority areas. This time it relates to Mental Wellbeing, and at subsequent meetings it will focus on other priority areas (such as physical activity or tobacco control). Within the deep dive report, we have two sections. Firstly, metrics from the Public

Health Outcome Framework (PHOF) relevant to mental wellbeing. Secondly, we have included some summary metrics from the recent mental wellbeing health needs assessment that was presented to the HIB in September 2021. This second part will not be available for all future deep dive reports as they won't necessarily have a concurrent needs assessment that has been undertaken.

Health Improvement Board Performance Indicators 2021/22

	Measure (frequency)	New Data since last HIB?	Target 2021/22	Reporting date	Latest	RAG	Change since last reporting period	Notes
Good start in life	1.12 Reduce the level of smoking in pregnancy (Quarterly)	N	7%	Q4 20/21	6.9%	G	▲	Whilst rates of smoking at time of delivery are lower than the national average, this masks significant ward-level variation. The NHS Long Term Plan focus on tobacco control, as well as ongoing OCC work to support pregnant women to quit, offers an opportunity to accelerate the rate of decline
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (Quarterly)	Y	95%*	Q1 21/22	93.7%	A	▲	The pandemic impacted on all childhood immunisation uptake mainly due to GP practices being (wrongly) presumed closed. However uptake is now stable. There is ongoing work on increasing MMR uptake across the Thames Valley, focusing in particular on areas with low uptake of preschool and MMR booster vaccines.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (Quarterly)	Y	95%*	Q1 21/22	92.4%	A	▼	Same as 1.13.
	1.15 Reduce the levels of children obese in reception class (Annual)	N	7%	2019/20	6.7%	A	▼	Obesity prevalence differs by District ranging from 5.5% in Vale of White Horse to 7.9% in South Oxfordshire. 20/21 data is due on 16 th November. We expect this to show a further increase in levels of childhood obesity in line with national trends during COVID.
	1.16 Reduce the levels of children obese in year 6 (Annual)	N	16%	2019/20	16.1%	A	▲	Obesity prevalence differs by District ranging from 13.6% in West Oxfordshire to 19.9% in Cherwell. 20/21 data is due on 16 th November. We expect this to show a further increase in levels of childhood obesity in line with national trends during COVID.
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (Annual)	N	18.6%	May-21	22.4%	R	▲	Physical activity has decreased nationally during the COVID year. It ranges in Oxfordshire from 17% inactive in Oxford to 28% inactive in Cherwell. Cherwell 28.4% Oxford 17.1% South Oxon 20.8% VoWH 23.8% West Oxon 22.1%
	2.17 Increase the number of smoking quitters per 100,000	N	>1146 per 100,000	Q1 2021/22	678	R	N/A	This was the first quarter of a new Service Provider delivering against a new Service Model, it remains projected that the annual rate of >1146 will be

	smokers in the adult population (Quarterly)							achieved. Due to the change in Model, comparisons in quitters per 100,000 in previous years is not directly applicable.
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (Cumulative for Flu season only)	N	75%*	Sep 2020 to Feb 2021	58.9%	R	N/A	Uptake in this cohort increased from previous years, and is above the national average. There is ongoing focused work for the 2021/22 season to increase uptake, including continued commissioning of renal services in the OUH to administer vaccine. In addition, there is a new initiative by NHSE in Thames Valley to provide eligibility cards to allow patients to demonstrate eligibility for the flu vaccine at a provider of their choice without having to disclose their medical history.
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2017/18 to Q4 2021/22) (Quarterly)	Y	N/A	Q2 21/22	69.6%	-	▲	The last 18 months have been extremely challenging for Primary Care settings due to the pandemic. The NHS Health Check programme had to be paused for several months in 2020/21 in order for primary care to focus on responding to COVID-19. Going forward we are in the process of identifying other service delivery options to support Primary Care settings to address the current NHS Health Check backlog caused by COVID-19.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2017/18 to Q4 2021/22) (Quarterly)	Y	N/A	Q2 21/22	32.6%	-	▲	
Page 12	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (Quarterly)	N	80%*	Q4 20/21	67.1%	R	▲	Due to the pandemic all screening programmes had to be paused for several months in 2020. In the recovery phase all programmes undertook targeted work to maximise uptake. Work is now underway to support programme resilience during the winter period.
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years) (Quarterly)	N	80%*	Q4 20/21	75.3%	R	▼	Same as 2.21i
Ageing Well ¹	3.16 Maintain the level of flu immunisations for the over 65s (Cumulative for Flu season only)	N	75%*	Sep 2020 to Feb 2021	84.4%	G	N/A	Notable increase in uptake among this cohort. Efforts ongoing aiming for a high uptake for the 21/22 season.
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (Quarterly)	Y	60% (Acceptable 52%)*	Q3 20/21	70.3%	G	▼	Same as 2.21i
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage) (Quarterly)	N	80% (Acceptable 70%)*	Q4 19/20	55.4%	R	▼	Same as 2.21i

*National target

Health Improvement Board Process Measures 2021/22

Measure	Quarter 1			Quarter 2		
	Process	Progress	Rag	Process	Progress	Rag
Whole Systems Approach to Obesity Page 13	Expand the network group for the whole systems approach to healthy weight (Phase 1)	Network group expanded.	G	Expand the network group for the whole systems approach to healthy weight (Phase 1)	Further stakeholders identified. WSA wider network event planned for Jan 2022 to share work of the group to date and engage new members.	G
	Building a local picture (Phase 2) and mapping the local system (Phase 3) Healthy Weight Community Insight Project 2021-22	Development of Causal maps from the themed network workshops to inform the action plan underway. Commissioned a yearlong community insight project, data analysis completed to identify initial target areas and population groups. Report due Mar 2022.		Building a local picture (Phase 2) and mapping the local system (Phase 3) Healthy Weight Community Insight Project 2021-22	Causal maps completed. A complete healthy weight systems map for Oxfordshire (incorporating all individual causal maps) in development to inform the action plan (Phase 4). Part 2 of the Healthy Weight Story Map (focus on the food environment) in progress and due for publication Nov 2021. Worked with local partners to build on existing insight. Community engagement underway September – February 2022.	
Mental Wellbeing	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 2 action plan.	MAG meeting held May 2021. Continued to work with a wide range of partners to share good practice and identify opportunities for joint working to prevent suicide and self-harm in the community	G	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 2 action plan.	Next MAG meeting 04/11/2021 due to review the action plan and outcomes framework with partners.	G
	Mental Health Prevention Concordat Partnership delivering the framework and Year 2 priorities.	Concordat meeting held June 2021. Comms campaigns completed and mental health and suicide prevention training continued. Reviewed draft mental wellbeing needs assessment to inform priorities and action plan.		Mental Health Prevention Concordat Partnership delivering the framework and Year 2 priorities.	Concordat meeting held September 2021. Reviewed mental wellbeing needs assessment with partners to plan year 2 priorities, including outcomes framework. Evaluation of Year 1 partnership approach presented to the group.	

Mental Wellbeing Detailed Performance Report

	Measure (frequency)	Oxfordshire	South East	England	Date	RAG (against England value)	Commentary	Data Notes
Start week 4	Percentage of Mothers who received a Maternal Mood Review (by 0-5 Health Visiting Service) in line with the local pathway by the time the infant is aged 8 weeks. (Quarterly)	95.7%	-	95%*	Q1 2021/22	G	Mothers who are identified as needing additional support are referred on for Listening Visits, Knowing me - Knowing You groups, Perinatal Mental Health support services.	*95% is a Target not England value
	Hospital admissions as a result of self-harm (10-14 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	169.9	197.8	219.8	2019/20	A	This is a priority within the Children and Young People's Plan led by the Children's Trust and is part of the Suicide and Self-Harm Strategy.	PHE Fingertips data.
	Hospital admissions as a result of self-harm (15-19 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	722.5	795.2	664.7	2019/20	A	This is a priority within the Children and Young People's Plan led by the Children's Trust and is part of the Suicide and Self-harm Strategy.	PHE Fingertips data.
	Hospital admissions as a result of self-harm (20-24 years), crude rate of finished admission episodes for self-harm per 100,000 population. (Annual)	497.5	531.9	433.7	2019/20	A	Self-harm is risk factor for suicidal behaviour, support is provided through universal and targeted support to people in crisis.	PHE Fingertips data.

	School Readiness: percentage of children achieving a good level of development at the end of Reception (Annual).	73.5%	74.6%	71.8%	2018/19	G	This a priority for the Oxfordshire School Readiness and Lifelong Strategic Plan and led by a multi-agency task and finish group	PHOF B02a
	School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (Annual)	49.9%	55.4%	56.5%	2018/19	R	This indictor is a priority for the Oxfordshire School Readiness and Lifelong Strategic Plan and led by a multi-agency task and finish group	PHOF B02a
Page 15 Live well	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, percentage point gap (Annual)	74.7	70.6	67.2	2019/20	R	This is forming part of the COVID recovery planning	PHOF B08c
	Percentage of people in employment	83.70%	79.60%	76.20%	2019/20	G	This is forming part of the COVID recovery planning	PHOF B08d
	Self-reported wellbeing - people with a low happiness score	7.0%	7.9%	8.7%	2019/20	A	This is a priority for the Mental Health Concordat and organisations across the county.	PHOF C28c
	Self-reported wellbeing - people with a high anxiety score	20.1%	22.0%	21.9%	2019/20	A	This is a priority for the Mental Health Concordat and organisations across the county.	PHOF C28d
	Suicide rate, age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (Annual)	8.7	10.1	10.4	2018-20	G	This is a priority for the Suicide Prevention Strategy and Multiagency Group	PHOF E10

Age well	Loneliness: Percentage of adults who feel lonely often / always or some of the time (Annual)	24.2%	20.8%	22.3%	2019/20	R	This is a system priority for organisations supporting adults and should form part of a holistic assessment.	PHOF - B19
	Excess under 75 mortality rate in adults with severe mental illness (SMI) (Annual)	325.2%	402.5%	365.2%	2016-18	A	This is a priority for primary and secondary care.	PHOF - E09b
	Social isolation: percentage of adult social care users who have as much social contact as they would like (Annual)	44.1%	45.5%	45.9%	2019/20	A	This is a system priority for organisations supporting adults and should form part of a holistic assessment.	PHOF B18a

Findings across the life course for mental wellbeing

This includes what we know from local and national data and the gaps in our knowledge (see table below) and breakdown across the age groups:

Area		Inequalities/at risk groups - prevalence and impact - group with INCREASED risk stated. All data for NATIONAL level, unless indicated otherwise								
		Age	Gender	Socio-Economic	employment	Ethnicity	Rural vs urban	Sexual orientation	Living alone vs not	Long term medical conditions, disability
Mental health	common mental disorders		young F> young M ●	lower income ●	not employed> employed ●	Identify as Black, Asian, Ethnic minorities ●		LGBTQ ●	living alone ●	Long term medical conditions, disability ●
	Impact of COVID			lower income ●	not employed> employed ●	not clear - recent data shows Black, Asian, Ethnic minorities higher risk, some data affected by small sample size ●	urban areas ●			with existing mental illn
Suicide			M>F ●							
Indicators of wellbeing	Life satisfaction	Bimodal distribution, life satisfaction - variable over age groups: lowest 45-59 yrs ●	M<F ●	●	●	Scores vary: higher than UK average (Indian), most BAME marginally lower but Black/African/Caribbean ●	●	●	living alone worse life satisfaction ●	long term medical conditions score less ●
	Worthwhile	Bimodal distribution worthwhile - variable over age groups: lowest 45-54 yrs, > 85's ●	M<F ●	●	●	Scores vary: Bangladeshi and Black/African Caribbean significantly higher ●	●	●	living alone score less on worthwhile ●	long term medical conditions score less ●
	Happiness	Bimodal distribution happiness - variable over age groups: lowest 40-59 yrs, highest 60-80 yrs ●	M<F ●	●	●	background - significantly higher, Black/African Caribbean significantly lower ●	●	●	living alone score less on happiness ●	long term medical conditions score less ●
	Anxiety	Anxiety, increases across age categories until 30-34 then reduces ●	F>M ●	●	not employed> employed ●	not employed> employed ●	varies across background, most higher anxiety than average but not significant, "arab" only ●	●	living alone score higher on anxiety ●	long term medical conditions score higher for anxiety ●

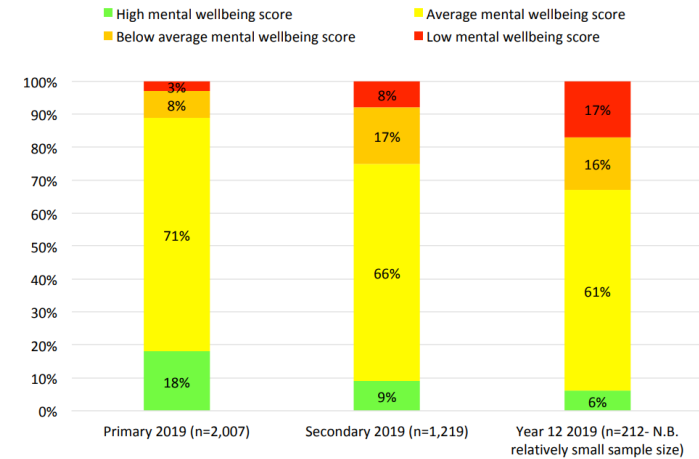
Page 17

Key	
●	Data available nationally but not locally
●	Data available locally
●	Data not available/located

Children and young people

Local data: from the OxWell Survey (primary and secondary schools) 2019 & 2020 and local analysis of the Active Lives survey for Oxfordshire:

- **Mental wellbeing reduces with increasing age and is worse in girls.**
- During the lockdown, if support for mental health was needed the majority of in **years 4-11** would speak to **carer/parent**, over half would contact a **friend** almost 1 in 5 would look for help **online**.
- **Impact of lockdown**; teenagers more likely to struggle with **sleep and feel lonely**. 41% of pupils who responded to the 2020 Oxfordshire survey in year reported being too worried to sleep often.
- **Those most at risk of reporting deteriorations in their mental wellbeing** during lockdown, according to [analysis](#) of Oxwell 2020 data across the South of pupils in **school years 8-13** were **female**, those who reported **socio-economic deprivation/use of food banks** and those with **previous mental health support or upcoming examinations**



those
and

more
13

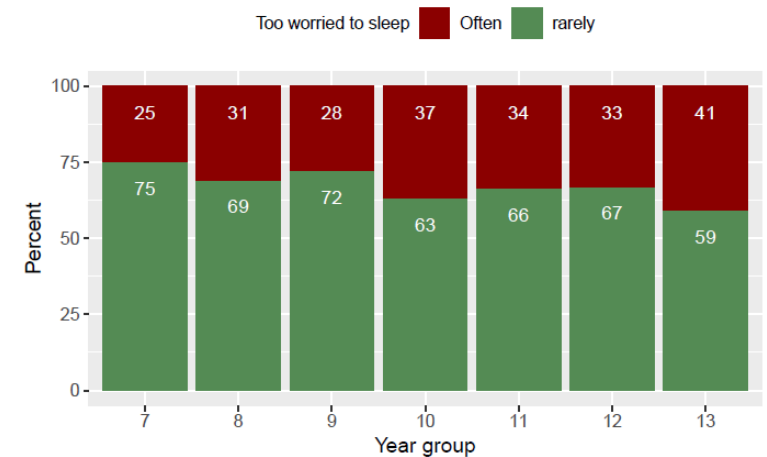
East

Page 18

In **teenager years**, young people engage less with physical activity (decreasing after year 9/10).

4 in 10 children and young people across Oxfordshire are **not active enough (by national CMO activity guidelines)**. Children and young people from Black backgrounds have seen the largest drop in activity levels during COVID-19 pandemic of all ethnic groups and those from less wealthy families also saw a worse impact on physical activity.

- **Experiencing bullying** is more common in younger ages: in 2019, 21% (1 in pupils in year 4 reported being frequently bullied and 10% (1 in 10) sometimes bullied (Oxwell 2019 data).



the
5)

National data:

- Teenagers up to 16 years, connect less with nature. Watch a short video [here](#) from Daniel aged 16; relaxing with nature in my local park.
- [Nationally](#) over 1 in 10 of 10-15 year olds report feeling lonely often and loneliness is increased at life transition points. Children living in urban areas are more likely to feel lonely

Young adults (16-24-year olds)

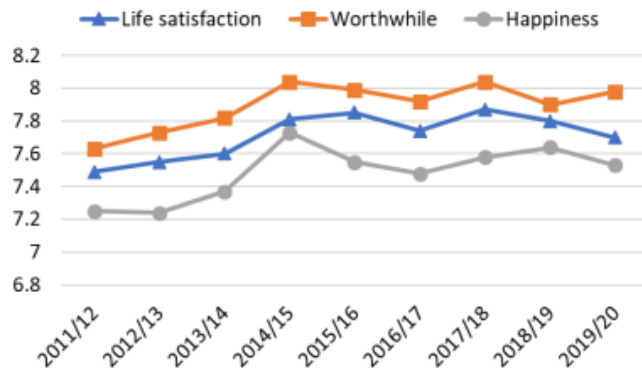
- Young adults were disproportionately affected by unemployment during the COVID-19 pandemic, from December 2020 compared to December 2019 people aged **16-24 claiming unemployment benefits tripled** in Oxfordshire.
- National surveys repeatedly show highest levels of **self-reported loneliness** amongst all adult ages are in **16-24-year olds. Greater level of risk of loneliness** with younger renters with little trust and sense of belonging to their area. Or if living in single adult households ([this is from ONS analysis of national data](#))
- Local providers feel there is less support available or accessed by ethnic minorities, younger adults, LGBTQ+ ; highlighting the need to consider **transition points** into adulthood.

Adults

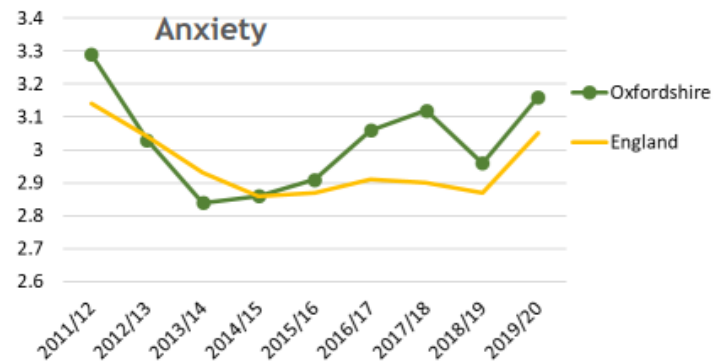
- Across Oxfordshire indicators of mental wellbeing in adults are generally good, however around 1 in 5 Oxfordshire residents' still report high anxiety scores (20.1% of Oxfordshire residents in 2019/2020, compared to 22% of residents in the South East).
- In 2019/2020 7% of Oxfordshire residents reported a low happiness score (compared to 8.7% nationally and 7.9% in the South East), although differences are not significant). The full impact of COVID-19 on mental wellbeing is not yet known.

Page 19

Trend in average wellbeing scores in Oxfordshire to year ending March 2020



Trend in average level of Anxiety to year ending March 2020, Oxfordshire vs England



- In Oxfordshire most visits to **natural environments** are made by wealthier families and those that identify as white. See barriers to visiting the natural environment graph.
- There are **inequalities in levels of wellbeing and enablers** across Oxfordshire; as one of the most affluent areas of the Country. There are 10 wards which feature areas in the 20% most deprived in England; 9 in Oxford City, 6 in Banbury and 1 in Abingdon.
- **Financial stability** is a significant contributor to mental wellbeing. Healthwatch and community actions' January 2021 report highlighted the pressures of life including - money, jobs and family concerns, cost of housing and food in Oxford, racism and discrimination, immigration worries and the impact of COVID-19 as important contributors to mental wellbeing in Oxford's new and emerging communities.
- More likely to be **lonely** in this age group are **un-married, middle agers** with **long-term health conditions** ([ONS national data](#))

Recent ONS data highlights the increase of loneliness during the COVID-19 pandemic. Levels of self-reported loneliness between October and February 2021 are available at [district and city level](#), though caution is advised in making direct comparisons due to small sample sizes.

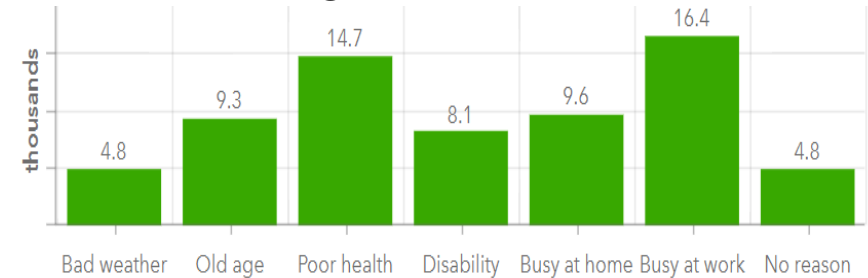
- Anxiety during the COVID-19 pandemic has increased across the life course according to PHE data

Older adults

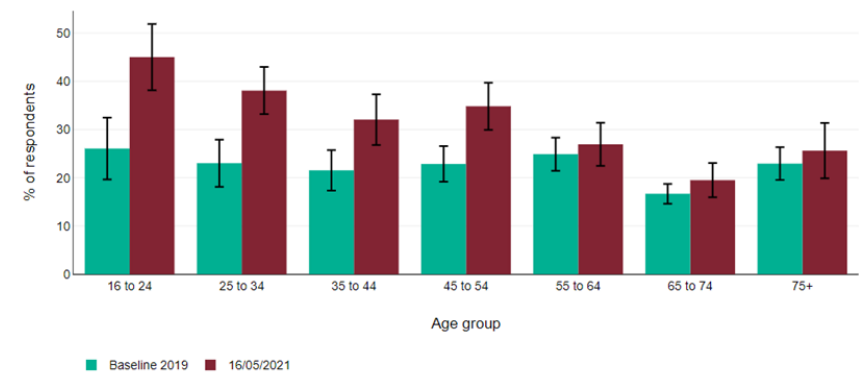
- **Access and use of green spaces and physical activity** decreases with age; e.g. for physical activity above the age of 75 years across Oxfordshire.
- **Feelings of life being worth- while and happiness** decrease in those over 80 or 85 years (ONS national level data)
- **Loneliness:** More likely to be lonely in this age group are those who are **widowed older homeowners living alone** ([ONS national data](#)). Especially during COVID-19 those isolated or with restricted visitors.
- **Different ways the pandemic has impacted** – for example those who are isolated, shielding experienced an additional loss of physical, cognitive skills and social confidence .

Number of older people digitally connected is rising, but age is still the biggest factor for digital exclusion. **Nearly two million over-75s in England are still digitally excluded** .

Barriers to visiting the natural environment: Oxfordshire residents



Percentage of respondents with high anxiety (score 6-10) in England, by age group – 2019 compared with most recent time period



Health Improvement Board (HIB)

18th November 2021

Update from Suicide Prevention Multi Agency Group

Purpose / Recommendation

- HIB members are asked to note the report and next steps and consider further steps that could be taken to mitigate the self-harm and suicide risk factors highlighted in the paper.**

Executive Summary

There has not been an observable impact in national and local suicide rates and self-harm presentations during the COVID-19 pandemic. However, there has been an increase in associated risk factors related to suicide and self-harm such as unemployment, financial difficulties, self-reported wellbeing, domestic abuse, depression, anxiety, social isolation, relationship strain, bereavement, and loneliness. This paper details some of those impacts, and highlights steps to be taken by partners across the county to mitigate the risks.

Background

The factors leading to someone taking their own life are complex. Suicide is both a public health concern and everyone's business. Some subgroups are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. These subgroups, interrelated with ethnicity, gender and age, are at higher risk of mental health problems.

In 2019, the suicide rate in England was 10.8 deaths per 100,000 population (a total of 5,316 deaths). This is consistent with the rate observed in 2018 (10.3 deaths per 100,000) and is the highest rate seen since 2000.¹

Oxfordshire Context²

The suicide rate in Oxfordshire in 2017-19 was 8.9 per 100,000 of population (all ages) compared to the England rate of 10.1 per 100,000. This is a slight increase from the rate observed in 2016-18 of 8.6 per 100,000.³

The suicide rate in Oxfordshire males is statistically similar to England with a rate of 14.9 per 100,000 in 2017-19. This is a slight increase on the previous year (2016-18) which showed a rate of 14.2. Among females in Oxfordshire, the rate of suicide per 100,000 in 2017-19 was 3.1, down from 3.2 in the previous year. Compared to a 4.9 per 100,000 population in England.

¹ Ons.gov.uk. 2021. Suicides in England and Wales - Office for National Statistics. [online] Available at: [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/methods/data-analysis/suicides-in-england-and-wales) [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/methods/data-analysis/suicides-in-england-and-wales) [Accessed 21 October 2021].

² A note on data: we have used local data where possible, where not we have used national data.

³ Public Health England), P., 2021. Suicide Prevention Profile - PHE. [online] Fingertips.phe.org.uk. Available at: [Suicide Prevention Profile - PHE](https://fingertips.phe.org.uk/suicide-prevention-profile) [Accessed 21 October 2021].

In 2019/20, Oxfordshire had a higher proportion of hospital admissions as a result of self-harm in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000).⁴

Oxfordshire has a wide ranging, well-established multi-agency group (MAG) that is dedicated to preventing suicide and self-harm. There are over 20 organisations who have all made a commitment to both the development and delivery of the [Oxfordshire Suicide and Self-Harm Prevention strategy](#). These range from public and private sectors, to national and local charity sector organisations.

The Oxfordshire strategy, based on national policy, combined with the local knowledge, insight and personal experiences, sets out the long-term focus and commitment of the Suicide Multi Agency Group partners to reduce suicide and self-harm in Oxfordshire over the next four years.⁵ It represents the combined work of the Oxfordshire Suicide Prevention Multi-Agency Group combined with residents' views.

The strategy has four focus areas:

- Safer Oxfordshire Communities,
- Safer Professionals and settings,
- Accessible support for those effected,
- Strong integrated prevention network;

underpinned by four action areas:

- Real-time surveillance and analysis,
- Identifying and reducing high-risk groups and behaviours,
- Supporting after suicide and self-harm, including living experience,
- Promote resilience and wellbeing.

The [Mental Health Prevention Concordat Partnership](#) Group was established in May 2020 bringing together partners from across local health, voluntary sector organisations, and county and district council partners. The group coordinates and delivers mental health prevention activity across the county. A report on the work of the partnership was presented to the board in May 2021.⁶

Key Issues

Impact of COVID-19 on suicide rates and self-harm

National research indicates that there has not been an escalation in suicide figures during the pandemic. A subset of local areas (population coverage ~9million) has not shown a

⁴ [Children and Young People's Mental Health and Wellbeing – PHE Fingertips](#))

⁵ Oxfordshire Suicide and Self-Harm Prevention Strategy (2020). [online] Available at: <https://www.oxfordshire.gov.uk/sites/default/files/file/adult-social-and-health-care/OxfordshireSSHPreventionStrategy.pdf> [Accessed 21 October 2021]

⁶ [Agenda Document for Health Improvement Partnership Board, 27/05/2021 14:00 \(oxfordshire.gov.uk\)](#)

significant rise in average number of suicides when comparing pre- and post- lockdown periods.⁷

Around half of all people who die by suicide have a history of self-harm.⁸ Early indications from local data show that self-harm presentations to A&E across age ranges has fluctuated over the pandemic. Overall presentations reduced in the first lockdown period (April – July 2020), and returned to pre-pandemic levels out of lockdowns.⁹ We will continue to monitor this data as it becomes available.

It is not presently clear what the longer-term impact of the pandemic will be on the mental health of residents in Oxfordshire. The effects may be significant and there are suggestions that suicide rates will rise over the long term, although this is not inevitable.¹⁰ The picture is complex, and the impact is likely to be different within countries and communities.¹¹

Impact of COVID-19 on associated risk factors

At present, there is no observed impact of COVID-19 on self-harm and suicide rates. However, there has been a potential increase in risk factors related to suicide and self-harm, either an associated illness or for example a worsening social and economic situation.

Risk factors for self-harm and suicide that have or have likely been adversely impacted by COVID-19 include unemployment, debt, financial issues, self-reported wellbeing, domestic abuse, depression, anxiety, social isolation, relationships, bereavement, and loneliness.¹²

Nationally COVID-19 has shone a light on existing health inequities, having a disproportionate impact on many of those who already had worse health outcomes before the pandemic including those in lower-paid work, from black and ethnic minority backgrounds and living in poorer areas.¹³

Two categories of vulnerable groups are highlighted in the Government's Fifth Progress Report on preventing suicide in England in the context of COVID-19:

- Those with existing problems that have been exacerbated by the pandemic
- Those for whom the pandemic has resulted in significant and specific new issues that are associated with suicide (e.g. job loss, unmanageable debt related to reduced income, bereavement and loneliness or social isolation)

⁷ [Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Preventing-suicide-in-England-Fifth-progress-report-of-the-cross-government-outcomes-strategy-to-save-lives.pdf)

⁸ [Risk of suicide and mortality, University of Manchester](https://www.manchester.ac.uk/research/centres/psychiatry/oxford-monitoring-system-for-self-harm/)

⁹ In the absence of recent 2020/2021 Public Health Outcomes Framework data on self-harm rates (latest available is 2019/20) we have consulted with the [Oxford Monitoring System for Self-harm, Department of Psychiatry](https://www.oxford.ac.uk/research/centres/psychiatry/oxford-monitoring-system-for-self-harm/) (University of Oxford)⁹ which suggests that there has not been a significant increase in self harm presentations to A&E in the John Radcliffe Hospital, Oxford.

¹⁰ *Ibid.*

¹¹ [Trends in suicide during the covid-19 pandemic | The BMJ](https://www.bmj.com/content/361/n8000/e000000)

¹² Suicide Prevention Profile, PHE available here: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132831/pat/6/par/E12000008/ati/102/are/E10000025/cid/4/tbm/1>

¹³ Disparities in the risk and outcomes of COVID August 2020 update, available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

The new Oxfordshire Wellbeing Needs Assessment demonstrates the impacts of COVID-19 on anxiety, depression, and wider determinants factors, highlights below.

Loneliness, anxiety, and depression

During the pandemic, loneliness has increased. In April-May 2020, 5.0% of adults in England said that they felt lonely “often” or “always” rising to just over 7% of adults between October 2020-February 2021.¹⁴ Amongst some, for example older adults who have been shielding, there has been a loss of social and physical confidence after periods of isolation.

New studies tracking changes in anxiety and depression since the first lockdown began, suggest that in March and April 2020 anxiety and depression and stress were all higher compared to benchmark values.¹⁵ Within this study, groups that were more likely to experience anxiety and depression were: young adults (18-34) and women; those living alone; those in urban areas; people with lower household incomes; those with a diagnosed mental illness; those with a long standing physical illness; adults not in employment.¹⁶

The 2020 OxWell survey across the South-East showed that for respondents in school age children age year 13-18 years old, the highest proportion reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.¹⁷

Wider determinants focus on finance

In September 2020, there were 24,100 furloughed employments in Oxfordshire. This represented a 7% uptake of the scheme, compared with an 8% uptake across England.¹⁸

Across Oxfordshire, the number of unemployment claimants rose significantly at the start of the pandemic, from 6,670 in March 2020 to 17,375 in May 2020. The increase of 163% was higher than the national and regional averages (see table 1 below). From May 2020 until April 2021 the claimant figures remained steady at around this figure but have been decreasing over the months since March 2021, standing at 13,130 in September 2021.¹⁹

The highest proportion of unemployment claimants in Oxfordshire between December 2019 and December 2020, was in 16-24 year olds, rising from 945 to 3020. This fell to 2,210 (4.7% of 16–24 year-olds in Oxfordshire, compared to 8.8% nationally) in August 2021.

Within Oxfordshire during the peak month of May 2020 there were differences in unemployment claims by districts (see table 1 below).

¹⁴ [Coronavirus and loneliness, Great Britain \(April - May 2020\)](#)

¹⁵ Data from PHE Wider impacts of COVID-19 on health monitoring tool: [Wider impacts of COVID-19 on health monitoring tool - GOV.UK \(www.gov.uk\)](#).

¹⁶ [Covid-19 mental health and wellbeing surveillance report GOV.UK \(www.gov.uk\)](#)

¹⁷ [School mental health summary report - OxWell](#)

¹⁸ [Coronavirus Job Retention Scheme statistics: November 2020 - GOV.UK \(www.gov.uk\)](#)

¹⁹ [Unemployment claimants to November 2020 | Oxfordshire Insight](#)

Table 1: Numbers claiming unemployment benefits March 2020 to May 2020, by national, regional, local authority, and district council

	March 2020	April 2020	May 2020	March 2020 to May 2020 change (numbers and percentage)	
Cherwell	1,460	2,840	4,010	2,550	175%
Oxford	2,100	3,220	4,605	2,505	119%
South Oxfordshire	1,050	2,235	3,230	2,180	208%
Vale of White Horse	1,095	1,930	3,000	1,905	174%
West Oxfordshire	955	1,925	2,660	1,705	179%
Oxfordshire	6,665	12,150	17,500	10,845	163%
South East	120,930	219,285	302,595	181,665	150%
England	1,063,505	1,764,725	2,227,190	1,213,685	114%

The increase in the number of claimants was highest in the South Oxfordshire district. The rate per population was highest in Oxford and Cherwell (see table 2 below).²⁰

Table 2: Percentage rate per population claiming unemployment benefits March 2020 to May 2020, by national, regional, local authority, and district council

	March 2020	April 2020	May 2020
Cherwell	1.6%	3.1%	4.3%
Oxford	2.0%	3.0%	4.3%
South Oxfordshire	1.2%	2.6%	3.8%
Vale of White Horse	1.3%	2.3%	3.6%
West Oxfordshire	1.5%	2.9%	4.0%
Oxfordshire	1.5%	2.8%	4.0%
South East	2.2%	3.9%	5.4%
England	3.0%	5.0%	6.5%

The Coronavirus Job Retention Scheme (furlough) and the £20 Universal Credit uplift ended on 30 September 2021 which may add financial pressure onto less affluent families living in Oxfordshire.

Next steps

As described above, there are established partnership groups supporting Suicide Prevention and Self-Harm and Mental Health Prevention, both with strategies, frameworks, and action plans in place. The next steps below focus on responding to the issues outlined in this paper.

Suicide and Self-Harm MAG:

- Continue to analyse self-harm and suicide data in real-time and to monitor trends (to assess the impact of COVID-19).

²⁰ [Bitesize Unemployment to May20.pdf \(oxfordshire.gov.uk\)](#)

- Work with the Suicide and Self-Harm Multi Agency Group members to focus work on COVID-19 recovery in 2021/22, using local insight from partners.
- Work closely with partners on the Mental Health Prevention Concordat Partnership Group to align priorities on COVID-19 recovery, working together to address inequalities, improving local mental wellbeing and reducing risk of self-harm and suicide.
- Continue to target training to professionals who work with high-risk groups, e.g. staff at Job Centres, Citizens Advice, and/or other voluntary agencies who work with people in financial difficulties.

Mental Health Prevention Concordat Partnership Group:

- Continue to work to promote resilience and wellbeing to high-risk groups e.g. a men's mental health campaign is planned for winter 2021/22, building on the momentum from the May 2021 'Removing Barriers to Support Men's Health in Oxfordshire' event and formation of the Men's Health Partnership.
- Learn from the Community Participation Action Research – a research project currently underway focussing on inequalities and understanding the impact of COVID-19 on ethnic minority communities in Oxfordshire.
- Learn from the national working group that has been established on the impact of long COVID on self-harm and suicide.

Oxfordshire Health Education Social Care (HESC)

- Conduct a children and Young People emotional wellbeing and mental health services and projects gap analysis, with a view of developing a strategy. Understanding the full picture of services and projects that support children and young people's emotional wellbeing and mental health by level of need, and investment. Recommendations to follow on where to add investment, using gap analysis, wellbeing needs assessment, and other local data, to support CYP emotional wellbeing and mental health.

Members of the Health Improvement Board

- Explore potential for work on mental health and wellbeing wider determinants, with a focus on financial insecurity and inequalities, thinking about how we 'build back fairer'. For example, local authorities within the Buckinghamshire Oxfordshire Berkshire (BOB) Integrated Care System (ICS) area have adopted the Citizen's Advice 'Council Tax Protocol'.²¹ The protocol proactively engages with people struggling with bill payments to help prevent further charges and to alleviate stress.

Report by: Senior Public Health Principal

Contact Officer: Jack Gooding, Senior Public Health Principal,
jack.gooding@oxfordshire.gov.uk

November 2021

²¹ Citizens Advice [Council Tax Protocol](#)

18th November 2021

Healthwatch Oxfordshire report.

Presented By: Amier Al Agab- Healthwatch Oxfordshire Ambassador.

Purpose / Recommendation

- For questions and responses to be taken in relation to this report

Executive Summary

- Summary of Healthwatch Oxfordshire activity between September and end October 2021. A full report will be included in papers to the Healthwatch Oxfordshire Board meeting on 30th November 2021.

Background

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

Key Activities and outcomes

The long and winding road

In 2017 Healthwatch Oxfordshire published a report on people's experiences of travelling to and parking at Hospitals in Oxford and Banbury. We heard from 295 people at all four hospital sites and made the following recommendations to the Oxford University Hospitals NHS Foundation Trust regarding the Headington hospital sites:

1. OUHFT should further explore 'spreading' out-patient appointments across the day / week. This will relieve the pressure on the access routes and parking facilities, thus improving the patient experience of attending a hospital appointment.

OUHT response to this recommendation: The Trust is actively looking into developing care pathways to make changes in how we maximise the estate and smooth access. This work will take time to implement across each service.

The Trust now runs a seven-day clinic across many of its departments.

2. OUHFT should undertake a review of the number of Blue Badge spaces available at all sites, and their use

OUHT response to this recommendation: Thank you for the suggestion and this is an excellent idea, which the Trust will pursue.

3. OUHT should explore a simple solution, adopted by other hospitals in the country, of a dedicated Blue Badge only parking area with separate access.

OUHT response to this recommendation:

Again, as above, this is an excellent suggestion, and the Trust will pursue this recommendation in line with the last recommendation.

In August 2021 the Trust announced that:

“Automatic Number Plate Recognition (ANPR) is now in place at the John Radcliffe and Churchill hospitals.

The ANPR system means a camera photographs all vehicles entering and leaving the car park. The camera is linked to the on-site pay machines and a payment website.

Some of the main benefits of ANPR include:

- *card payment for parking*
- *better vehicle movement across our sites*
- *quicker entrance and exit to our car parks*
- *better management of how people use our car parks.*

The installation of ANPR is part of over £1m of improvement works on the Trust's visitor car parks, including:

- *creating a dedicated car park with blue badge spaces at the Churchill*
- *making separate access to the disabled car parking spaces at the John Radcliffe*
- *new card payment machines at the Horton General Hospital*
- *re-surfacing and lining in most car parks.*

ANPR will not impact current exceptions or concessions for visitors and Blue Badge users, and the price of parking for other users remains the same.”

Sam Foster, Chief Nursing Officer at Oxford University Hospitals, said: *“We recognise that car parking and traffic flow are a major source of frustration for our patients, visitors, and staff, and that it can impact negatively on patients' experience of visiting our hospitals. Installing ANPR is an important step towards improving the experience of visiting our hospitals for both patients and their loved ones.”*

Reflection and success

Change can take a long time to come about - 4 years in this case. Without patients and families talking to Healthwatch Oxfordshire your experiences and voice would not have been heard! Hopefully these improvements will enhance people's experiences of accessing the hospital sites. No more tears, no more being left standing alone, no more being left at the door whilst the car is parked.

All Healthwatch Oxfordshire reports can found here

<https://healthwatchoxfordshire.co.uk/our-work/research-reports/>.

Current work focus includes:

- Listening to people's experience of interpreting services whilst accessing health and care services.
- Follow up survey of GP websites - have the recommendations of our report of March 2020 been actioned?
- Access to GP services - people experience of contacting their GP surgery.
- NHS hospital waiting times - a joint project with four other Healthwatch covering the Buckinghamshire Oxfordshire Berkshire West Integrated Care System area (BOB ICS).
- Key issues we are hearing continue to be about access to GPs and NHS dentists.
- The Community Researchers are progressing with their projects. Over 20 women attended a discussion with lunch on 30th October hearing about black women's experiences of maternity care. A full report and film will be available in early 2022.
- Re-commence Enter & View visits during November 2021.
- Chipping Norton outreach programme -to talk to the residents of Chipping Norton and the surrounding village about their experience of using health and social care services.

Key Dates

Healthwatch Oxfordshire Board Meeting - Tuesday 30th November 4.30 when members of the public are welcome to have a conversation with our Trustees. Details on how to join this virtual meeting are on our website www.healthwatchoxfordshire.co.uk

Report by: Amier Al Agab - Healthwatch Oxfordshire Ambassador.

This page is intentionally left blank

Health Improvement Board

ITEM x

18th November 2021

Cycling and Walking Activation Programme- Interim Evaluation Report

Purpose / Recommendation

1. The Health Improvement Board is asked to review the Cycling and Walking Activation Programme interim evaluation report *for information*, to note the progress made and to support this ongoing programme of work.

1. Background

2. A report was presented to the HIB in Nov 2020, outlining the Healthy Place Shaping programme, and the key active travel initiatives within this which were to be funded by the Department for Transport's Emergency Active Travel Fund (EATF) Tranche 2. Oxfordshire County Council's bid was successful, enabling the delivery of ambitious and bold plans to improve cycling and walking in Oxfordshire. The bid provided funding for infrastructure projects and revenue to support a range of complementary measures to promote walking and cycling.

In addition, the county council successfully bid for the Department for Transport's Travel Demand Management (TDM) fund, specifically to address COVID-19 related travel demand management for the return to school at the beginning of the 2020 academic year, when strict social distancing and other COVID secure measures were in place.

These two bids funded a combination of infrastructure work and activation work and led to the development of a Cycling and Walking Activation Programme. The aim is to address three key transport challenges; congestion, environmental issues, and health and wellbeing issues, related to overreliance on use of private vehicles and underutilisation of active travel. Delivery of this programme reports monthly to the OCC Active Travel Programme Board and on a six-monthly basis to the Department for Transport.

This paper summarises the interim evaluation report of the Cycling and Walking Activation Programme.

3. The activation programme aims to capitalise on the infrastructure works and engage the population with this new infrastructure in order to drive a modal shift towards active travel. These projects seek to identify effective ways to achieve modal shift, to understand barriers to cycling and walking and to work

with the community to deliver interventions to enable residents to change their behaviour.

4. The aims of the activation programme are to:
 - i. Deliver integrated planning, design, delivery and monitoring of all cycling and walking activation schemes that are promoting active travel in Oxfordshire, making use of the existing and new infrastructure
 - ii. Work towards the priorities set out in the OCC corporate plan in particular striving to give every child a good start in life and designing places that encourage healthy and active lives.
5. The specific objectives are:
 - To increase the proportion of people who regularly walk or cycle in Oxfordshire by promoting modal shift to active travel
 - To increase the proportion of people who feel safe when walking or cycling, including on journeys to school
 - To reduce inequalities in active travel (including geographical inequalities and those by age, gender, ethnicity, and socio-economic status)
 - To identify and understand the barriers to walking and cycling, including hyper-local barriers
 - Build local capacity to address these barriers
 - To reduce carbon and air pollution emissions across the network
6. The activation programme includes a range of projects, with some focussed on increasing active travel to school, and others engaging with targeted groups within the community. The core activation projects are:
 - **Street Tag**: use of a cycling and walking gamification App, countywide, to nudge people into being active, specifically targeted towards families with school age children. This will ensure maximum impact of new infrastructure, support long term behaviour change, and provide valuable data that can be used for monitoring and evaluation.
 - **School Streets**: pilot schemes across the county, at nine schools in total. The School Streets in parts of Oxford city support the implementation of Low Traffic Neighbourhoods (LTNs) and other road space reallocation measures
 - **School 'Park and Stride'** wayfinding pilot project to implement signage and line markings between schools and nearby car parks or residential areas. This will be implemented in five primary schools across the county
 - **Kidlington Wayfinding Zoo Trails**: to implement walking routes for health
 - **Communications campaigns** to promote the activation programmes and behavioural change
 - **Community Activation**: a series of community walking and cycling activation projects and activities. Examples include bike libraries; cycle tuition; 'Walk, Talk & Tea' for shielding populations; training community

members as ride leaders; mental health focused walking groups; inclusive cycling provision i.e., Wheels for All (appendix 1 for a full list and detail on progress of these wide-ranging projects).

7. The cycling and walking activation programme is being evaluated at project and programme level, using mixed methods. Most projects have employed, or will employ, survey methodology to assess outcome measures. However, a range of automated monitoring has also been used, for example, in assessing traffic volumes in street closure zones for the School Streets project, air quality around schools, and participation with the Street Tag app.
8. The School Streets pilot scheme and the Street Tag app project have been completed and detailed results are included in this report (**Annex 1 and 2**). The key findings of these two projects and the impact of the communication campaign for the activation programme to date are summarised here. A final evaluation report will be prepared in the first quarter of 2022, when all projects are complete and have been evaluated. Other projects including the School Park and Stride project, the Kidlington 'Zoo Trails' and the Community Activation projects are currently being evaluated.

Headline Results

[More detailed results are in Annex 1 and 2.](#)

9. School Streets

- Survey responses showed a **reduction in driving to school of 6.9 percentage points** over the six-week closure period, 3.2 percentage point increase in cycling, 1.6 percentage point increase in scooting and skating to school as well as 1.5 percentage point increase in walking. With small **increases in car sharing and park & stride** options there were also slight decreases in train and bus travel.
- Surveys showed that overall active travel to school (walking, scooting, skating, and cycling) **increased** in the trial schools **by 6.3 percentage points** plus a small increase in Park and Stride.
- Windmill School showed the highest comparable difference between baseline and follow up with 25.9% of 563 respondents saying they were driven to school prior to the School Street, down to 11.8% of 162 respondents at the end of the trial (14.1 percentage point decrease).
- Vehicle, walking and cycling **trip counts showed an increase in walking and cycling** trips during the closure periods (morning and afternoon) at School Streets locations and, at locations where car trips were counted, a corresponding decrease in car trips.

- In comparison to schools where street closures had not yet been implemented, School Streets locations showed a greater increase in walking and cycling counts at the follow up period, compared to baseline.
- School streets were widely supported by local communities with over 60% of local school communities supporting the street closures. Parents at the schools, who are also local residents. were even more supportive, with 72% stating support for the street closures.
- Some schools identified issues with traffic displacement and poor parking in neighbouring streets whilst others struggled in securing volunteers. As a result, three of the schools decided not to continue once the pilot period was completed.
- Discussions are now underway to agree a sustainable approach to running School Streets with the six pilot schools who have indicated that they wish to extend their use in the new academic year.
- We used the HEAT tool¹ to estimate the economic value of the health benefits gained from an increased mode share of walking and cycling. The HEAT tool has some limitations in that it does not calculate benefits of reduced morbidity, only reduced premature mortality, and that it does not calculate health benefits for children. Therefore, the benefits estimated are only for adults accompanying children. Also, it does not take account of increased 'journey ambience'. Even with this significantly conservative estimate of benefits however, the Benefit-Cost Ratio achieved, if the increases of 3.2% cycling and 1.5% walking were maintained for the 9 School Streets schools (a total population of 3,490 children) **is 2**. This shows this intervention would deliver two pounds of benefit to health for every pound spent on the intervention.

10. Street Tag

- Nearly 10,000 users signed up, spread across the county, with users in all districts and the city.
- Resulted in increases in frequency of walking and cycling, and time spent doing these activities.
- Engaged the key target audience: families and school children (based on age groups most engaged).
- The biggest challenge was to engage users for a range of ethnic backgrounds.

¹ <https://www.heatwalkingcycling.org/#homepage>

- Well used throughout the project period, including the winter months. This is particularly notable given that the autumn and winter period coincided with prolonged period of county wide or national COVID-19 lockdown restrictions. The results described in chapter 3, indicate decreases in sport and fitness activity – which would be impacted by lockdown restrictions - but increases in walking and cycling, highlighting the potentially important role of Street Tag in sustaining physical activity levels over this period.
- The app engaged females in physical activity, at least as much if not more than males.

11. Communications Campaign

- The communications package around the activation programme has created significant media presence with excellent reach for this type of geo-targeted social media campaign.
- Overall, the Street Tag element of the campaign was highly successful, with Oxfordshire having the **highest sign-up rate for Street Tag** in the country during its first season.
- The campaign helped to generate over 4,340 players in the school league and over 630 players in the community league. In the Oxfordshire Street Tag Schools League a massive 318,453,192 steps were walked, players travelled over 285,700 miles.
- The comms campaign helped to engage parents, staff, pupils and local residents with the School Street and helped recruitment of volunteers, a critical part of the delivery of School Streets.
- The ‘could you’ messages and ‘did you know’ facts performed the best, and the ‘creating space’ around the school gates graphic and the video performed well too. The messages helped people think about their journey and whether they could make changes. To further develop the narrative the park and walk message could be developed and linked to the Street Tag app with acceptable parking locations tagged on the map.
- The average ad recall lift for Facebook is 18%, the geo targeted adverts had a recall lift of 19% and the Oxfordshire parents with primary school children had a recall lift of 11%. Future active travel for schools’ messages should run with geo-targeted ads and we should investigate the possibility of tailoring each advert for individual locations.
- Both the Google and Facebook and Instagram ads for Street Tag performed well with over 2.5 million impressions and over 26,400

engagements. The sentiment overall was positive; there were comments from people who've started using the app and those from people sharing the post.

- The highest performing advert on Facebook and Instagram was the 'use Street Tag while walking the dog', followed by the cyclist and runner 'about the app' message for the community league and the 'compete for rewards for your school' with a pupil using the app for the schools' league. The video of the app in use performed well too.
- For Google ads the 'Street Tag is turning Oxfordshire into a virtual playground' and 'Play Street Tag today' performed the best for both audiences.

12. Community Activation

- Community Activation measures are intended to complement infrastructure measures being taken in Witney, Bicester and Oxford. Some activities commenced in the summer of 2021 with the remainder starting in September; engagement levels reflect participation at this relatively early stage of project delivery.
- Headline figures

Bicester (£25,000 allocated)

Target engagement: 495 residents

Residents engaged to date: 193

80% working age adults – 20% Primary School aged children

Witney (£25,000 allocated)

Target engagement: 400 residents

Residents engaged to date: 181

18% older adults – 32% working age adults – 50 % Primary School aged children

Oxford (£25,000 allocated)

Target engagement: 600 residents

Residents engaged to date: 194

80% working age adults – 20 % Primary School aged children

Conclusions & Recommendations

13. School Streets

- The impact on travel to school mode was beneficial, with an overall decrease in travel by car and an increase in walking and cycling. However, too few surveys on travel mode were completed in the follow up period, after the

closures were in place, for any robust findings *per school* or to understand differences in the impact in different schools.

- Across all schools, there was general support for School Streets. Several schools have decided to continue running the School Street; however, volunteer capacity is an issue for many schools. For these to be sustainable in the long term, permanent signage and camera enforcement is required to limit the reliance on volunteer stewards to man the closure points.
- At one school, Bure Park in Bicester, the pilot raised issues among residents, resulting in the discontinuation of the School Street. Despite a lot of positive feedback, the road was a major route into and out of the nearby estate and it became clear that ETRO consultation and communications hadn't reached far enough for residents to feel informed and engaged with the project. The Active Travel team are currently exploring alternative infrastructure design solutions to address the congestion issues.

Next Steps

- A broader support package will be offered to schools to address congestion/safety concerns and to promote active travel. This will include a suite of resources including active travel planning, wayfinding/park and stride initiatives; safe parking campaigns, as well as school streets, so that the most appropriate intervention is selected working with the school. The travel planning team are currently recruiting to a post for schools' engagement to take this work forward and to continue to promote and facilitate active travel projects within Oxfordshire Schools
- Alongside self-reported survey measures, objective outcomes including robust air quality monitoring and vehicle monitoring will be in place to quantify the expected benefits more accurately. Sufficient data need to be captured to understand the impacts on travel mode per school and to better understand differences in the impact in different schools
- A key learning is that schools need to self-nominate and have a commitment to active travel promotion and a vested interest in improving the safety of active travel journeys to school. To be a successful site for a School Street, schools need to be able to:
 - Identify specific issues that need addressing for their school (e.g., air quality, safety, speed, parking etc) and provide indication of need (accident data, complaints, air quality measurements or baseline active travel rates).
 - Demonstrate understanding of their main and wider catchment areas, local walking and cycling routes, whether any other complementary measures are needed e.g., walking buses, park and stride routes, additional motivational interventions and identify where a closure could take place (considering entrances, exits to the schools, drop off and pick up times)

- Engage with the school community (teaching staff and parents) to discuss volunteering model and support required for a trial
- Be willing to facilitate and support data collection to enable the evaluation of a School Street
- Implementing a one-day trial, to prepare for a longer six-week trial is a methodology adopted by some other local authorities and could be adopted in Oxfordshire.

14. Street Tag

- Street Tag is being funded for a further academic year with a specific requirement to increase participation of different ethnic minority groups by a significant percentage. A sector-wide stakeholder's consultation might help to explore how to tackle barriers to participation among communities who are least engaged.
- The age group least represented on Street Tag is those aged 75 years and over, usually one of the difficult to reach groups, particularly for apps. Understanding user demographics, including the most engaged and least engaged groups, is important to drive approach, engagement and communication strategy. This could include extending campaigns to extra care housing where a good number of participants above 75 years can be found. Street Tag has developed an NFC fob/card in line with the digital inclusion drive. This will help users with no access to Smartphones or the internet, to buddy with others that have smartphones and engage in physical activities together (for example, Grandparents buddying with their grandchildren). Street Tag rewards users with the NFC fob/card and the smartphone users for the collaboration.
- For future roll outs, it will be important to ensure the app engages those who are less active, as well as those already active. Moreover, it will be important to understand the demographics and user profile (distance, log ins, points collected) of those who do not complete the follow up questionnaire as much as those who do to understand any bias in the results and draw adequate, robust conclusions.

15. Communications Campaign

- There were a few concerns raised regarding the safety of cycling on our roads and issues with the storage of bikes at school. This is something that will be considered and if possible, addressed in future active travel for schools' communications.
- Telling the story of how active travel has worked for schools, using case studies from both schools and parents could help encourage parents to consider how they can build active travel into their daily school journey

- For future Street Tag communications, we will start telling the story of schools and individuals using Street App. As well as using both the schools and community league winners as case studies, we will show how the app is being used and how it's benefiting schools, communities and individuals in Oxfordshire; this should help to encourage others to start using the app. Future communications to schools will highlight the fact that small schools can join forces to compete for the rewards.
- Provide content for termly active travel toolkit to encourage schools to sign up to Street Tag and promote to parents and families. The toolkit will be reviewed and updated and sent out to new schools after they have signed up (yearly update)
- Now the schools league is established, school news is the best platform to promote the schools league to encourage schools to sign up and providing schools with a toolkit to aid their communications to encourage parents and their families to join up works well.
- To capitalise on other school travel initiatives, ongoing Schools Streets will be included in a termly active travel communications toolkit for schools, with a reminder to sign up for the new season of **Street Tag** going out through school news.
- New stories and media engagement will be limited to big milestones and will need a case study with one storytelling piece on social media to celebrate the winners of the Street Tag league.
- For the community league, we will run a short burst of marketing to support the launch of each new season (2-3 week run) and source case studies to support the storytelling on social media the new season announcements. As case studies of people using the app and telling their story will help engage and encourage other people to do the same
- There was feedback on social media and in the local community that people hadn't seen the School Streets surveys. A comms pack for schools to use to encourage parents and local residents to respond to surveys may be something to consider.

Ongoing Projects

16. Kidlington and Gosford 'Zoo Trails'

In 2020, the Healthy Place Shaping team at Cherwell District Council (CDC) launched a community-led programme to increase the physical activity levels of the local community through the installation of new 'heath routes' - now called **Kidlington and Gosford Zoo Trails** (see map example below).

The aim is to promote walking for health and to use the new infrastructure to nudge residents towards improved wellbeing, in particular, to increase physical activity in primary school aged children. This involves creating 5 wayfinding routes throughout Kidlington, connecting all the local schools, many hidden green spaces and parks, shops and residential areas around the central hub of Exeter Hall. Ranging in length from 1.5km to 5km. These are easy to follow trails, marked with bespoke signs and pawprints on the ground with fun hopscotch and fitness type elements in safe alleys and on park paths.



Evaluation

A team of community evaluators were appointed from the community to facilitate the engagement of the local population and to ensure their input throughout the project, into both its inception and evaluation stages. Community evaluators have conducted community surveys to gather data on a range of self-reported health and wellbeing outcomes. In addition, automatic pedestrian sensors will capture trip data on walking and cycling at selected locations.

Outcomes include:

- Physical activity – how many days in the past week were adults physically active for at least 30 min
- Social aspects of physical activity i.e., whether people do sport or exercise on their own, with family or as a team/group
- How COVID-19 lockdown has affected people’s level of physical activity
- People’s perceptions of access to an opportunity for physical activity, their enjoyment and ability to be active
- Wellbeing scores (based on metrics used in national surveys)

- Perceptions of belonging, trust and resilience
- Pedestrian trips (total and average number of pedestrians per day, counted at 3 separate specified locations, and the difference pre-post intervention – the counts are registered daily so special events or circumstances can be assessed)

Baseline data were collected between April-June 2021. The survey will be repeated in Autumn 2021 once the Zoo Trails have been implemented and residents had a chance to use them. Data analysis will take account of participant demographics and outcomes will be presented in a way that enables understanding of how these factors may have influenced the outcomes.

Community feedback

The project has received exceptionally positive response from families, residents and councillors so far. It has been showcased at several community events with great anticipation. Installation began on Sept 20th, 2021 and attracted many extremely positive comments within the day.

17. School Park and Stride

This pilot project is investigating the effectiveness of using wayfinding and promotion of 'Park and Stride' schemes to increase physical activity on journeys to and from school. The project encourages parents and carers, especially those who normally drive their children to and from school, to choose an active mode of transport; or to park a short distance away and walk the last or first stage of their journey. In addition to providing children with the opportunity to improve their mental and physical health by incorporating physical activity into their daily routine, this intervention seeks to reduce air pollution outside of school gates at school drop off and pick up times.

The aim of the school park and stride project is to increase the proportion of school children actively travelling to school and the frequency of active travel. It is funded by Sport England.

Included schools are:

- Sandhill Community Primary School, Headington, Oxford
- Tyndale Community School, Cowley, Oxford
- St Joseph's Catholic Primary School, Carterton, West Oxfordshire
- Hanwell Fields Community School, Banbury, Oxfordshire
- St Blaise CE Primary School, Milton, Oxfordshire

The Park and Stride line markings and signage have been installed at all sites apart from St Blaise school. This school was a late addition to the pilot and some path improvement work is required before the line markings can be put down. See below for some of the line markings installed.

Each school has it's own leaflet with messaging tailored to their own motivation e.g. environment, safety, activity...



Park and Stride Trail Features

Explore the solar system



Learn your alphabet from a dragon



Hop across the stepping stones



Follow the bug trail



+ Fitness Trails and Sky Scraper 3d Hopscotch

Evaluation

We will undertake surveys with parents, staff and pupils to assess mode of travel to school and perceptions and use of the park and stride routes. In addition, vehicle and air quality monitoring will be used to assess impacts of the initiative on traffic volumes and air pollution. This will be combined with a separate qualitative research study of the intervention, conducted by Oxford Brookes University to contribute to the overall evaluation.

Baseline data was collected in July 2021, before the end of the school term. A parent survey will be conducted in November to collect data on travel to school mode to

determine change in travel mode share, and vehicle and air quality data will be captured in November also. Longer-term data on travel mode will be collected approximately 4-6 months later.

Community feedback

Though the park and stride sites have only recently been installed at the time of writing, there has already been some positive community feedback. Carterton Town Council received the following email:

“Dear Carterton Town Council, I just wanted to compliment you on the new addition to the park. My children love the solar system artwork on the path around the bandstand. We make a point of walking that way to and from school. They love space so this brings a smile to us every morning. Thank you. Kindest regards [local parent]”

A post by a resident on a local Facebook group for Banbury residents, near the Hanwell School park and stride, generated several positive comments.

“...I think it's a fab idea! As you can see my daughter loved them! “

“We saw these too on a walk yesterday. It sparked the children’s interest and wanted to follow them “

“Love seeing it yesterday and yes I followed the steps the same as my kids did (never to old)”

18. Community Activation

The community activation projects are described briefly, with current status, in appendix 1.

Next Steps

1. The evaluation of the Kidlington and Gosford 'Zoo Trails' project, the Oxfordshire schools Park and Stride scheme and the wide-ranging of Community Activation work is due to be delivered and evaluated over the next six months and will inform future active travel delivery.
2. The County Council Public Health team have secured academic research resource via the PHIRST programme (Public Health Intervention Responsive Studies Team) run by the National Institute for Health Research. This programme provides two dedicated academic experts to design and undertake an evaluation project with Council officers and partners such as Active Oxfordshire. Given the wide-ranging measures already being collected, the PHIRST research will focus on behaviour change and modal shift towards active travel in market towns, particularly among older adults and commuters. It will investigate modal shift in this demographic and seek to understand any barriers for active travel which persist, despite the infrastructure and activation work, and how these might be overcome.

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

3. Oxfordshire residents with disabilities which impact on their physical mobility may be less able to take advantage of some of these cycling and walking activation projects. However, they will benefit from the impact of the projects on air pollution, reduced congestion and increased safety e.g., through fewer cars parked at school gates. Furthermore, some of the community activation projects are inclusive for those with disabilities.
4. The community activation projects have been designed in partnership with local residents and specifically aim to reduce inequalities. The target audience for these projects include older adults experience isolation, children in receipt of free school meals, children in more deprived wards of Oxford, Bicester families in the more deprived wards, eligible for FAST (free and reduced cost physical activity opportunities).

Communications

[Has there been any consultation with the public or key stakeholders already, or is any planned? Do any of the proposed actions need to be communicated in a particularly sensitive way?]

5. Communication with the public and key stakeholders has been a central pillar of this programme. Consultation with the target audience and establishment of community networks has been, and continues to be, integral to the Active Oxfordshire community activation work.

6. Future communication with schools needs to manage expectations around School Streets feasibility and the level of engagement required from the school community

Key Dates

[Include any key dates, especially (a) any target dates and (b) dates for Cabinet and/or other committees. If the issue is an external one, give any deadlines imposed by government or partners]

7. The final evaluation report for the Active Travel Programme will be available in Spring 2022.

Report Authors: Sarah Payne Riches, Public Health, project leads including Josh Lenthall (Active Oxfordshire), Clare Dowling (Sustrans), Mike Clay, Mark Gregory, Lucy Bates, Seun Oshinaike (Street Tag), Rosie Rowe (Cycling and Walking Activation Programme Director).

November 2021

Contact: Rosie Rowe, CWAP Programme Director, Head of Healthy Place Shaping, Public Health Directorate, Oxfordshire County Council. Email: Rosie.Rowe@Oxfordshire.gov.uk

Appendix 1

Project name	Brief description of project	Timescale
Windrush Bike Project - Bike Library	A Bike Library based at Windrush Bike project in central Witney where residents can be referred to receive a free bike and accompanying accessories. For children who are referred they can swap their bike for a larger bike as they outgrow it	Live
Wheels for All Witney	An inclusive cycle provision based at Wood Green School. Adapted bikes will be used to provide cycling opportunities to disabled residents on a regular basis. This is a volunteer led intervention which has been secured for 12 months with business plan in place to continue beyond September 2022	Live
Public Bike repair stands	Strategically placed bike repair stands that residents can use to fix or tweak their cycle whilst in the town centre. These will be maintained by Witney TC colleagues and the TC have been consulted on the optimum placement	w.c. 8th November
Tea, Talk and Walk	Weekly sessions for older residents who will have a drink/social opportunity followed by a walk through Cogges Meadow to rebuild confidence in walking, post lockdowns. This will be both a social isolation prevention project and a physical activity intervention	Live
StreetTag/Cogges Loyalty scheme	Cogges Café now has a Polytag and also a QR code that rewards repeated visits to Cogges which is on the Witney Active Travel corridor. After 6 visits, residents receive a free drink at the café	Live

Celebration of Cycling	Cyclox with partners Oxfordshire County Council, Oxford City Council, Active Oxfordshire, Broken Spoke Co-op, and the two universities, is hosting a Celebration of Cycling in September in Oxford, Witney and Bicester with the aim of inspiring more people to get pedalling, raising the profile of cycling in Oxfordshire, and encouraging a move towards healthier transport modes	Delivered
World Car Free Day Walks	22nd September - walks from Witney Market Square to Cogges	Delivered
FAST Family Bike scheme and maintenance	A Bike Library based at Bicester Green where residents can be referred from the FAST programme to receive a free bike and accompanying accessories. For children who are referred they can swap their bike for a larger bike as they outgrow it	Live
Dr Bike	Tactically placed Dr Bike sessions to serve the Bicester West community and those receiving bikes through the FAST Family Bike scheme	Summer - Autumn 2021
BC Teacher training	British Cycling led training that enables teachers to embed cycling within the national curriculum before Bikeability so that all children can take up statutory offer	Live
Breeze rider training	British Cycling led training for women to enable the delivery of guided rides for other females and beginner female cyclists	Live
Guided ride training	British Cycling led training for men or women to enable the delivery of guided rides for local residents and families. Will tie into FAST Family Bike scheme by enabling local rides to take place for residents	Feb-22
Longfield's School Bike Library	A fleet of 20 bikes for Longfield Primary School and the accompanying accessories	Live
Aspire Health Walk	A series of wellbeing walks taking place in the Bicester area, with a focus on being outside and connecting with nature and each other. A guided walk around somewhere of some interest, followed by refreshments and an opportunity to chat and socialise	November 2nd 2021

Celebration of Cycling	Cyclox with partners Oxfordshire County Council, Oxford City Council, Active Oxfordshire, Broken Spoke Co-op, and the two universities, is hosting a Celebration of Cycling in September in Oxford, Witney and Bicester with the aim of inspiring more people to get pedalling, raising the profile of cycling in Oxfordshire, and encouraging a move towards healthier transport modes	Delivered
Bicester Market PolyTag	Incentivising residents to walk to the town market by increasing points available on the Street Tag app	Live
Liveable Cowley Map	8000 maps were produced and distributed to every household in Cowley to demonstrate the walkability of the area. This programme was AO funded but very much in keeping with the ethos of the EATF Community Activation work and therefore is listed here	Live
Cytech training for TRAX	L1 training for young person from Barton who refurbishes bikes at TRAX for Ready Set Go and also Bikes for Keyworkers. He, and 2 peers are now progressing onto Cytech L2 and L3 apprenticeships to further their skills and employability within the cycling sector	Completed
Self-guided walking tour	Designed by local artist and MIND practitioner, Nor Greenhalgh. This will demonstrate the walkability of the Cowley LTN area whilst inviting residents to feedback 'soft' insights into their views on the local built environment. My Life My Choice and Joyriders have already signed up to lead group walks on these routes and to provide feedback from those with disabilities and from women who are beginning their active travel journey	Live
OLS Cargo Bike Hire Scheme	OLS, in partnership with Oxford City Council are trialling an E-CARGO Bike loan scheme from Rose Hill Community centre where residents can loan an e-cargo bike to go shopping and to run errands thus reducing the need for private vehicle use	Waiting for arrival of e cargo bike but system all set up and agreement in place for storage
Ready Set Go	Ready Set Go provides cycles, accessories, tuition, wayfinding and ongoing support to residents of Blackbird Leys and East Oxford. This is delivered in partnership with TRAX, Joyriders, WFA Oxford and Broken Spoke	Live

Wheels for All Ebike loan scheme	WFA will oversee the loan of e-bikes to local residents who want to modally shift on their daily commute	Live
Wheels for All Tadpole Etrike for residents recovering from cardiac issues or with balance difficulties	This will enable the above to also be open to residents with disabilities or balance issues as well as strengthening the fleet of bikes available to regular WFA participants	Live
Children's Map of Cowley	An interactive map of Cowley aimed at children and families that also engages them in soft consultation about their views of local area and LTNs. Whilst the main purpose of this is to activate young people this also enables consultation with children who can't participate in statutory consultation	Live
Oxford City Council linking blue and green spaces	create a map that shows the safe and pleasant routes to walk or cycle to the city's local parks and waterways; particularly from parts of the city with a higher prevalence of health inequalities and low levels of active travel.	TBC
Joyriders	Cycle rides connecting riders with shopping and outdoor amenities in their surrounding neighbourhoods and across the city	Live
OBU Dr Bike and World Car Free Day incentivisation	World Car Free Day (22nd, Sept 2021) - to encourage as many staff (students are not eligible to receive a parking permit) to leave their cars at home and travel to work by sustainable modes of transport, promoting Oxford Park and Rides and e-scooters AND 2. Bike Dr (Maintenance, Proficiency Workshops and Second hand bike Sales) - the workshops will be held over three sessions to support staff, students and the community to gain a better understanding of bicycle maintenance and improve road safety	Delivered
Broken Spoke LTN Bikeability	Subsidised Bikeability training for those living in and around LTN areas, with a particular focus on women of colour	Live
Broken Spoke Female Mechanic Pathway	A mentoring and qualification pathway for female mechanics	Live
Celebration of Cycling	Cyclox with partners Oxfordshire County Council, Oxford City Council, Active Oxfordshire, Broken Spoke Co-op, and the two universities, is hosting a Celebration of Cycling in September in Oxford, Witney and Bicester with the aim of inspiring more people to get pedalling, raising the profile of cycling in Oxfordshire, and encouraging a move towards healthier transport modes	Live

Cycling and Walking Activation Programme- Interim evaluation report

Annex 1. Full Results School Streets Project

1. Project description and aims

A School Street limits the motorised traffic outside schools at drop-off and pick-up times, allowing safer spaces for children and families walking, wheeling, scooting and cycling. The aim is to create a safe, welcoming and attractive environment where children, parents and teachers can walk, cycle, scoot or park and walk to school with less risk of air pollution and traffic congestion.

The School Streets pilot programme in Oxfordshire aims to tackle the congestion, parking problems, poor air quality and road safety concerns that many school staff, parents and local residents experience during the school run. The project also enables physical distancing around the school gates, crucial during the Covid-19 pandemic.

Delivery of the School Streets programme was supported by Sustrans, who have significant expertise in this field, having implemented School Streets in several other local authority areas.

In order to identify suitable schools for the pilot programme, the Council launched a webinar to ask for expressions of interest from schools. They then identified a shortlist of schools based on location, current engagement levels, support from local Councillors, geographical spread, and fit with other active travel projects. This was followed by a desktop analysis of sites, site visits with council and school staff, to identify nine suitable schools across Oxford, Bicester, Witney and Abingdon to implement the trial street closures, each for a six-week period. The included schools are shown in figure 2.1.

The School Streets were managed by Experimental Traffic Regulation Orders (ETRO), which include a consultation element for local residents. Following consultation, a map and closure information for the ETRO was produced. Sustrans staff worked with schools to identify suitable park and stride locations for those families who needed to travel by car. Alongside this, school representatives were trained on the Modeshift STARS platform to encourage schools to create a school travel plan and further engage with promoting and enabling active travel.

The COVID pandemic and subsequent school closures delayed the project slightly. The first school streets launched in March and the final ones were running to the end of the summer term in July. See figure 2.2 for the full timeline of the school Streets project activities.

1. How this was assessed

The main objectives of the pilot School Streets programme were to:

- Increase the number/percentage of children/parents using active travel (walking, cycling and scooting) to get to school and back, and increased frequency of using active travel
- Reduce the number/percentage of parents using cars to get their child(ren) to school and back
- Create support for permanent School Streets
- *Specific to current Covid-19 restrictions- help children/ parents to safely social distance while travelling to school and back*

The main evaluation outcomes were

- Rates of active travel and non-active travel
- Number of pedestrian or cycling trips, and motorised vehicle trips, during the school closure times, comparing pre and post closure ('trip' monitoring)
- Change in air quality (at two sites Windmill School and St Ebbe's School)
- Perceived benefits including physical and social safety, air quality, enjoyment and general support for School Streets

In addition, a focus group was conducted at one school site, in conjunction with Coalition of Healthy Streets and Active Travel, to gather information to better understand the needs and perspectives of car driving parents.

Figure 2.1. Location of School Streets.

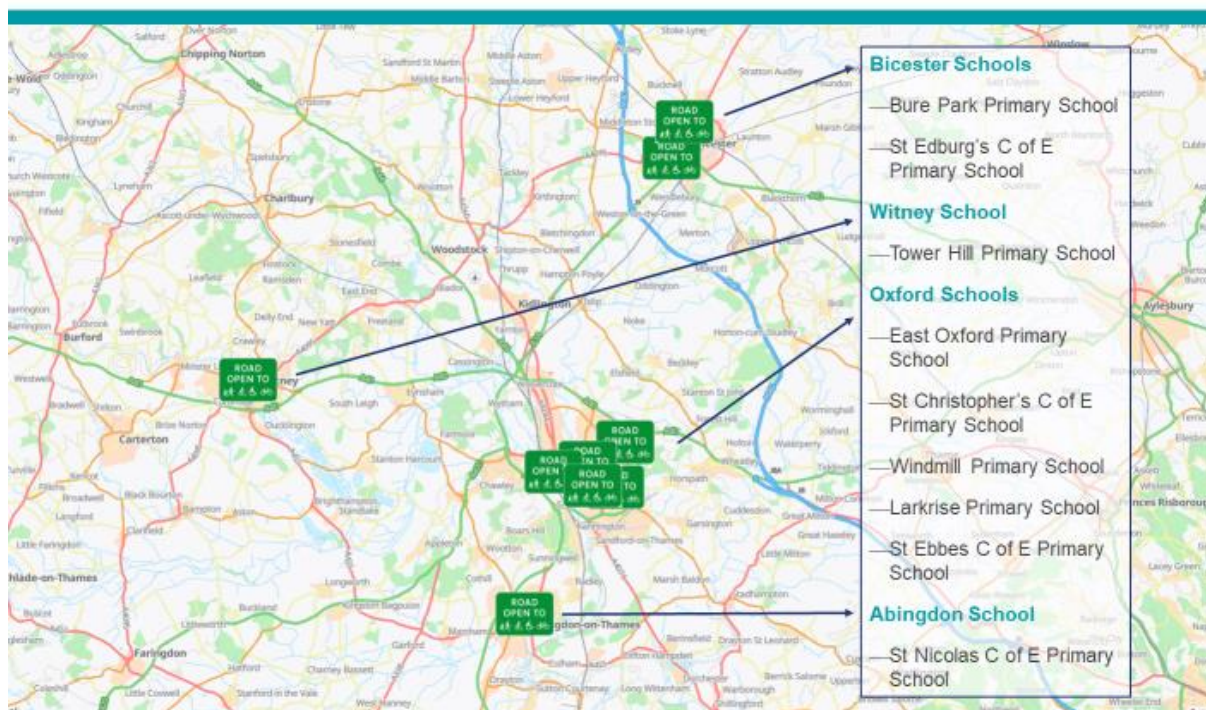


Figure 2.2. School Streets project timeline.



2. Results

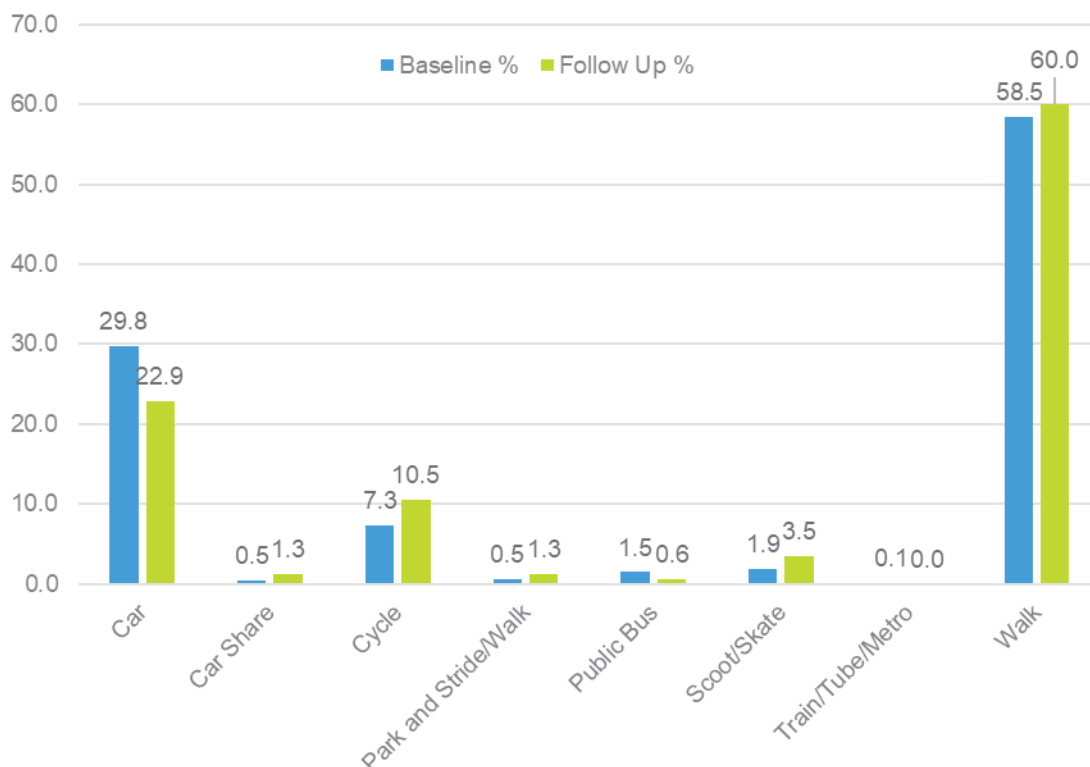
This report includes a summary of the comprehensive evaluation undertaken by Sustrans and OCC on the impact of the School Streets pilot. An in-depth report, compiled by Sustrans in conjunction with OCC, on the project including additional charts, technical details of the street closures, ward profile information for School Streets locations and case studies will be made publicly available in due course.

SURVEY RESULTS – KEY FINDINGS

Travel to school mode.

Over 1,300 baseline surveys and 315 follow up surveys were completed across the nine sites, reporting travel to school mode via Modeshift STARS. Few schools had enough data to determine significant findings on a per school basis, therefore, findings are grouped together across schools (figure 2.3). Before the street closure, the majority of families either walked or cycled to school (66%), however, a significant minority (~30%) drove. This reduced over the street closure period to only 22% driving at follow up, with a corresponding 6.2% increase in active travel (a combination of increases in walking, cycling and scooting). In comparison, results from a similar project in East Sussex showed a reduction in driving, but with less increase in active travel and a larger increase in park & stride.

Figure 2.3. Travel mode before and after the street closure.

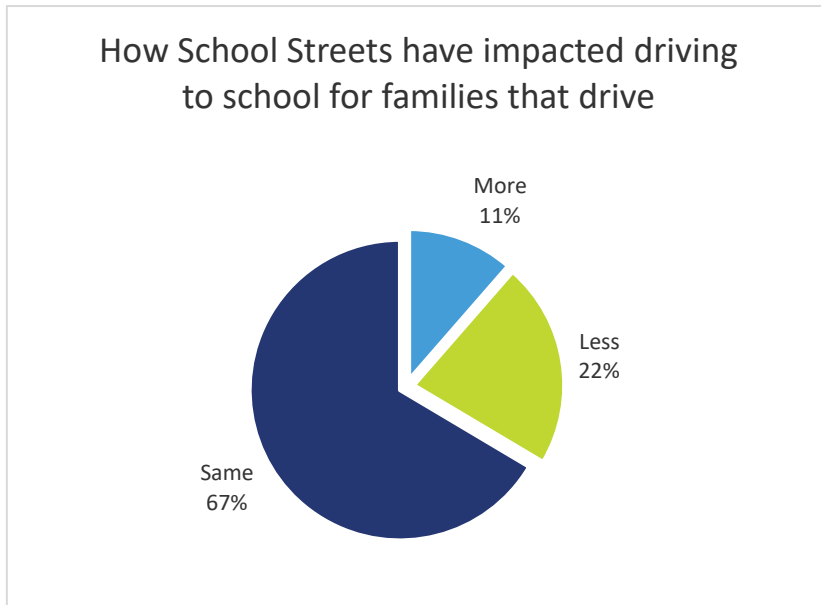


Distance from school and convenience were both important influences on choice of travel mode across all sites, with 43% citing distance from the school as a factor that impacted their mode of transport and 24.2% mentioning convenience. 17.1% also said that they selected the faster method of transport.

Driver behaviour.

Figure 2.4 indicates that the School Street impacted the behaviour of some families who typically drove to school before the street closure, with 22% driving less after the street closure. However, a significant percentage (67%) still drove to school as frequently as before the street closure.

Figure 2.4. Driving to school behaviour.



Safety

The majority of parents, teachers and local residents reported that the street felt safer after the street closures were implemented. Of 116 pupils who responded to the question, 65% said they felt safer or much safer when walking, cycling or scooting to school after the school street closure (figure 2.5).

Figure 2.5. Pupils' perception of street safety.



A quote from one pupil: “I don't dislike anything about the School Street, but I like how I can cross the road a lot safer without worrying about a car zooming around the corner” (*Bure Park School pupil*)

General perceptions about the School Street

General perception survey: 684 adults completed the survey giving a range of feedback covering the nine sites and all permitted us to share their responses. Of the 444 who provided information about their link to the trial, 2% were teaching staff, 25% were local residents, 40% were parents and the remaining 33% were both parents and residents.

- 64.2% said their journey through the School Street was their end destination, 25% said it was a stop on their way to work (other responses were mixed multipurpose journeys)
- 50.3% agreed or strongly agreed that the street was now a more sociable place than before the closures (21.1% disagreed or strongly disagreed and the rest said it was the same/ didn't know)
- 46.9% agreed that the air quality had improved at drop off and pick up times during the closure (17% disagreed or strongly disagreed and the rest said it was the same/ didn't know)
- 40.4% agreed or strongly agreed that the street was a more inclusive place since the closure (23.5% disagreed or strongly disagreed and the rest said it was the same/ didn't know)
- Overall, 46% of adults surveyed disagreed that the surrounding streets were less congested after the school street closure, 39.5% of those who identified as parents only; 56.8% of those who identified as residents only; and for those who said they were both residents and parents, 42.7%.
- 28.7% agreed that the street closures had strengthened relationships in the local community, whereas a slightly higher 29.5% disagreed or strongly disagreed (the rest said it was the same/ didn't know)

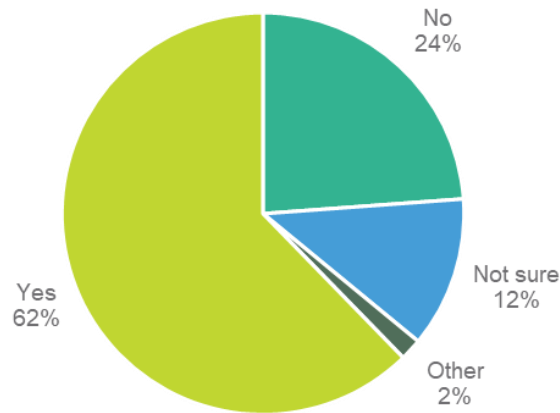
Support

Survey respondents overwhelmingly supported the School Streets; 62% ‘yes’ compared to 24% ‘no’ (figure 2.6). Support was highest among parents, and parents who were also residents. Support was lowest amongst residents but still 46% of those who stated they were local residents only (i.e., not parents also), were in support of the school street, with 41% not in support. For comparison, a consultation survey for Low Traffic Neighbourhoods in one area of Oxford, found 44% were supportive and 33% against.

Overall, **54% of survey respondents said they wanted the School Streets to continue** beyond the six-week trial as they were, and a further 10.5% said they wanted them to continue with some changes. Only 25% did not want them to continue, and 9.2% were unsure.

Figure 2.6 Support for School Streets.

Do you support the School Street Closures?



Summary of focus group findings

Focus Group- 2

Perspectives and needs of car driving families

Findings	
<p>Affects of Covid-19</p> <p>A recurring theme among participants was how their travel has changed as a result of the pandemic.</p> <p>Redundancies and job changes meant that parents were now working from home or alternate parents were dropping off children at school.</p> <p>Due to reduced travel during lockdowns parents found it easier and quicker to drive as there was a reduction in traffic.</p> <p>One parent noted how toll bridge staff being removed has significantly shortened his journey to the city.</p> <p>Staggered drop off timings made the school run more restrictive and compressed the window of time parents could arrive at school</p> <p>Participants perceived the School Street to have been implemented with bad timing when families were already having other issues to deal with as a result of the pandemic</p>	<p>Safety</p> <p>School gates not opened before 8:20am, children can't be dropped off early to avoid traffic or road closure issues.</p> <p>Concerns over cycling on narrow and busy roads on route to school</p> <p>Alternative to cycling on the main roads involves cycling on tow path- larger perceived danger to young children due to risk of falling in the river as well as from other commuting cyclists</p> <p>Families outside of catchment live in rural towns where there are roads with national speed limit and it would be very dangerous for a child or adult to cycle</p> <p>Busy roads provoking asthma in parents cycling children to school, not a viable option for health reasons</p> <p>Children are too young or are not confident cyclists</p>
<p>Positives of driving</p> <p>Gives flexibility to allow families to manage work and family time</p> <p>Allows parents to do the school run quickly and drive onto work</p> <p>Families are able to maintain a reasonably timed routine in the daytime and have time free in the evening to spend with their family time</p> <p>It can be the only option for families to get to school if they live outside of the school catchment area.</p> <p>Time saving</p> <p>Some parents need to drive for work</p>	<p>School Streets</p> <p>A key learning from this focus group was the desire for enhanced consultation to include car driving families from the start of the planning process.</p> <p>Families felt forced into the decisions and felt unfairly targeted due to their changed circumstances and distance from school</p> <p>The school worked hard to provide exemption passes for families who needed to drive for a variety of reasons (behavioural issues affecting attendance, mobility issues or SEND) however distance was not a factor in receiving an exemption pass</p> <p>Children felt embarrassed to be a family who needed to drive through the barrier</p> <p>Some families were able to use the park and stride option at Hinksey Park car park and found this to be an agreeable compromise solution</p>

VEHICLE TRAFFIC

Data was collected during the defined closure period for three of the School Streets schools over five weekdays for Bure Park, East Oxford and St Edburges; nine weekdays for Windmill and 10 weekdays for St Christophers school. Baseline data was collected in March 2021, typically the week before a street closure was implemented and follow up data recorded between four and six weeks after the timed street closure was implemented (late April 2021). Follow up data for control sites was recorded in the same time period as for street closure sites but no street closure was implemented during this time. Counts were combined for the morning timed closure period and separately for the afternoon closure period.

There was significant variation in walking and cycling counts by school site, therefore, results are presented mostly at school level with some data combined to explore the difference between street closure walking and cycling counts compared to control schools. Mean daily counts are shown in Table 2.2.

Two School Streets schools increased their walking and cycling trips while one, Windmill school, saw a decrease, as did both the control schools. Mean daily walking and cycling by school are shown in Figure 2.7 (morning street closure). A similar pattern was found for the afternoon closure period. Percentage change in walking by school for the morning closure period, is shown in Figure 2.8. The pattern and magnitude is similar for the afternoon period. There was a small mean **increase** in morning daily walking counts and cycling counts across the combined group of schools with street closures, compared to a mean **decrease** across control schools (Figure 2.9).

Table 2.2. Average daily walking and cycling counts by school

School	Walking (Baseline)	Walking (Follow up)	Difference	Cycling (Baseline)	Cycling (Follow up)	Difference
St Christopher's	99	165	66	28	58	30
AM	102	164	62	31	37	6
PM						
Windmill	537	469	-68	34	41	7
AM	898	764	-134	38	46	8
PM						
East Oxford	101	109	8	29	34	5
AM	98	118	20	15	29	14
PM						
St Edburg's (control)	205	136	-69	4	3	-1
AM	192	115	-77	3	5	2
PM						
Bure Park (control)	502	482	-20	5	5	0
AM	585	562	-23	9	5	-4
PM						

Figure 2.7. Average daily walking and cycling counts (morning) by school comparing baseline to follow up.

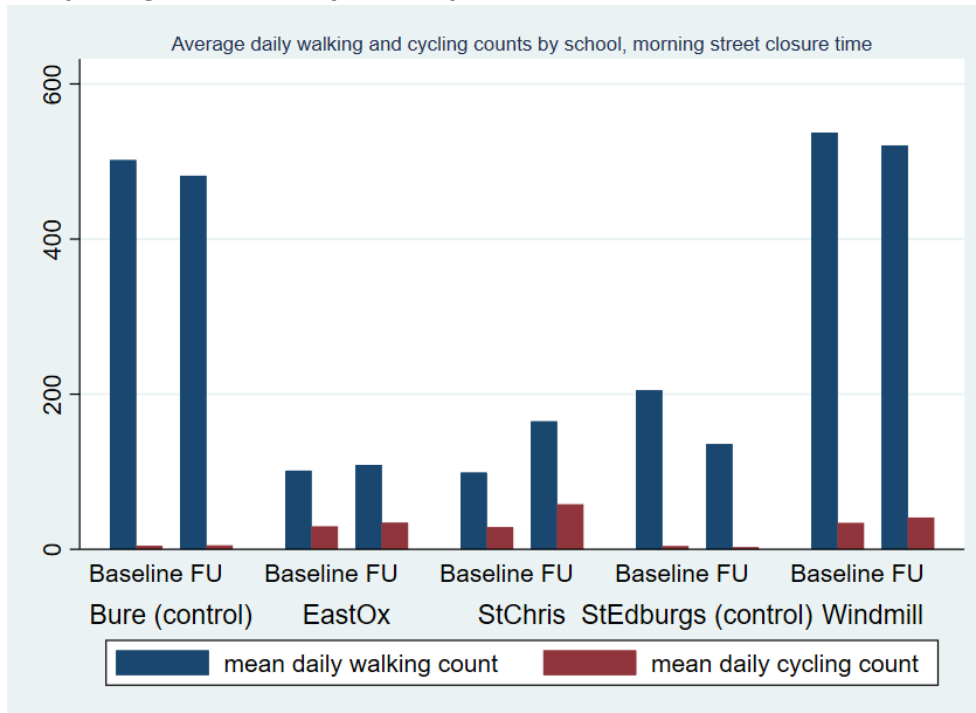


Figure 2.8. Percentage change in walking (am) across all schools

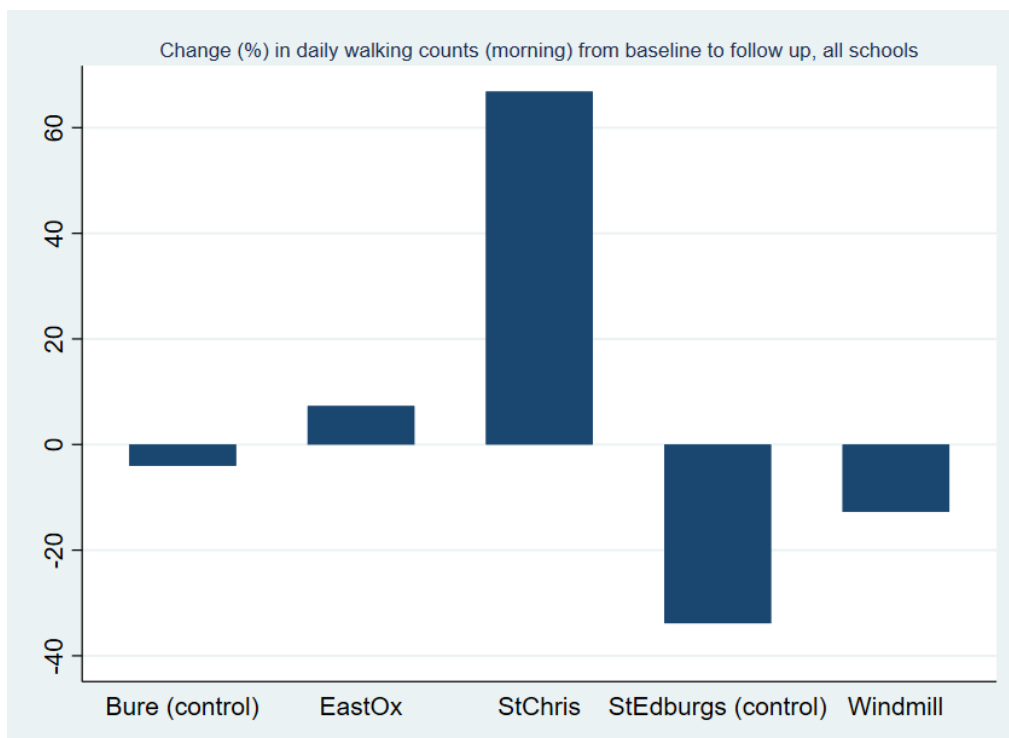
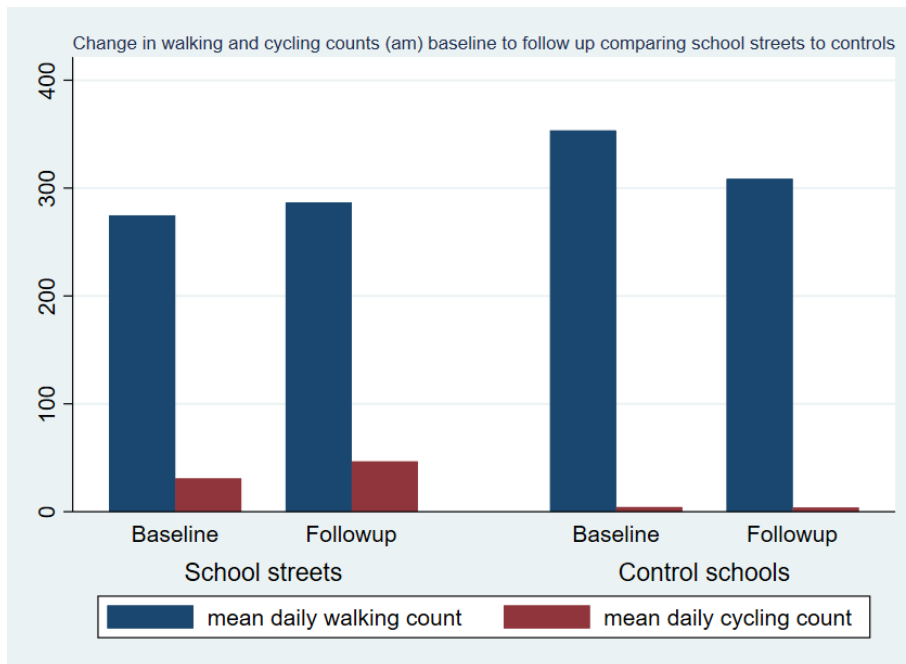


Figure 2.9. Comparison of School Streets walking and cycling, with control school.



At St Christopher’s School and Windmill School, counts of vehicles were captured as well as cyclists and pedestrians. At both locations, a decrease in car counts at follow up was noted, both during the morning drop-off period and afternoon pick-up period (figures 2.10 and 2.11). Car count recorded at St Christophers School, for 10 weekdays at baseline and following up, showed a mean of 156 cars at baseline and 140 at followup (reduction of 16) during the morning street closure; and a mean of 165 at afternoon closure at baseline compared to 131 at follow up (a reduction of 34).

Figure 2.10. Average daily walking, cycling and car counts at St Christophers.

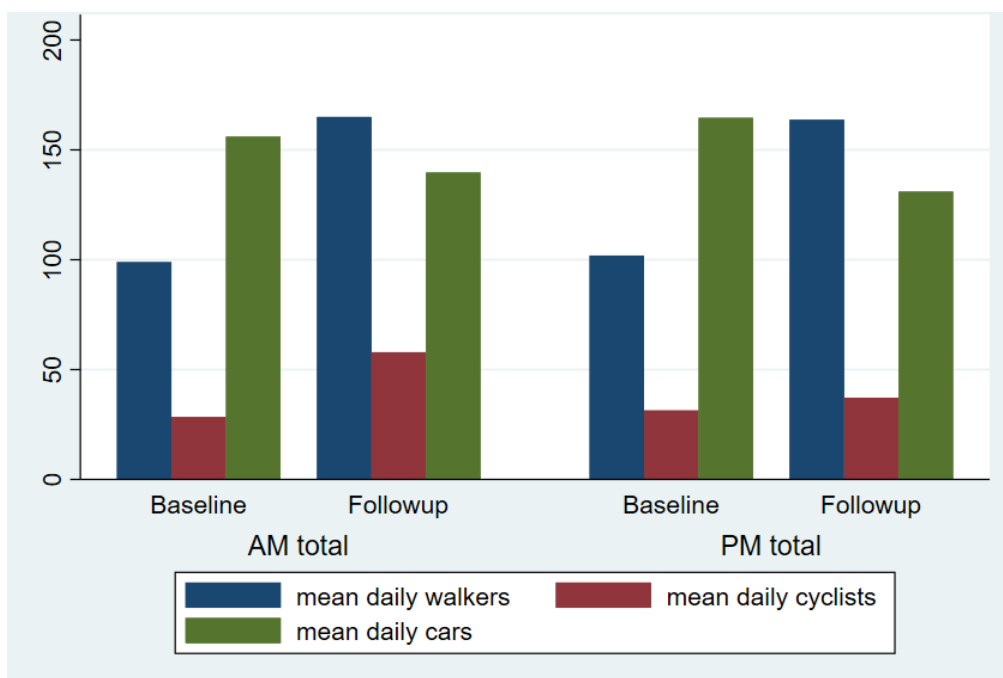
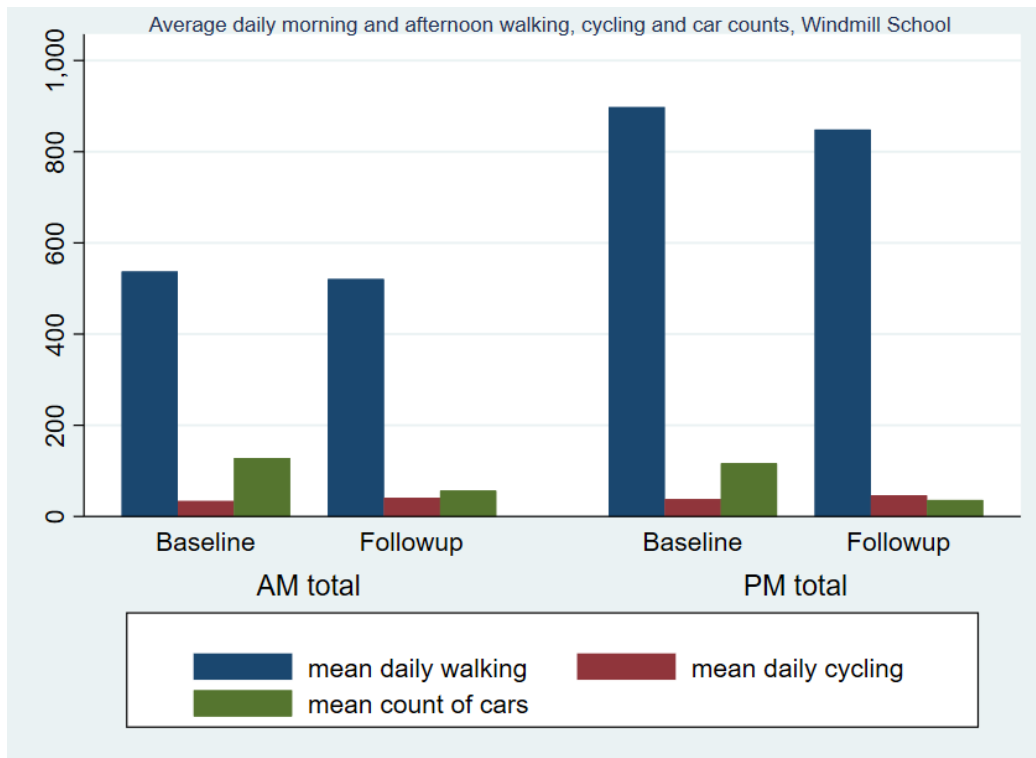


Figure 2.11. Average daily walking, cycling and car counts at Windmill School.



AIR QUALITY

Data on air quality is currently being analysed and will be included in the final Cycling and Walking Activation Programme report.

3. Conclusions

Across all schools, there was general support for School Streets. The impact on travel to school mode was beneficial, with an overall decrease in travel by car and an increase in walking and cycling. However, too few surveys on travel mode were completed in the follow up period, after the closures were in place, for any robust findings per school or to understand differences in the impact in different schools.

Several schools have decided to continue running the School Street however, volunteer capacity is an issue for many schools. For these to be sustainable in the long term, permanent signage and camera enforcement is required to limit the reliance on volunteer stewards to man the closure points. Some schools. At one school, Bure Park in Bicester, the pilot raised issues among residents, resulting in the discontinuation of the School Street. Despite a lot of positive feedback, the road was a major route into and out of the nearby estate and it became clear that ETRO consultation and communications hadn't reached far enough for residents to feel informed and engaged with the project. The School Street will be put on hold to gather more resident feedback and to explore alternative infrastructure design solutions to address the congestion issues.

Annex 2. Full Results Street Tag

2. Project description and aims

Street Tag is a freely available app that aims to encourage communities to be more active in the targeted areas by getting families to spend more time outdoors taking part in physical activities, driving community engagement, and maintaining positive mental health. It has the potential to increase population levels of physical activity. Virtual tags are placed in popular walking routes and areas with green space to encourage participatory and physical activities. App users can choose to walk, run or cycle to virtual 'tags' which are placed on the app's interface. Users collect 'points' for collecting tags. Once users are near or within a 40metre radius of a tag, the player receives the point; each tag being worth an average 10 points per tag. In Oxfordshire the Street Tag project was targeted towards families focussing particularly on schools.

Two competitions were organised: one for primary schools where families collected tags (points) for their school and a community competition. Each district in Oxfordshire had a separate leader board for its primary schools with the top three schools on the leader board in each district in each school term receiving a prize and the chance to participate in a county wide 'Street Tag School Games Final' in the summer term. There was a Cherwell Community leader board as the district council had already started to pilot the app and another community leader board for the other districts and Oxford City. The winners of each season received activity related prizes.

Aims

- 1) To encourage children and parents to be more active through gamification
- 2) To embed regular physical activity on a daily basis for children, parents and the wider community

4. How this was assessed

The primary objectives of the Street Tag project were to encourage residents in Oxfordshire to participate in more physical activity, including more time per week spent being physically active and increased frequency of physical activity.

Other objectives included.

- To make walking more enjoyable through the Street Tag app
- To enable targeted groups to realise the physical and social benefits of walking
- To engage schools in Street Tag using school league tables
- To increase the number of walking journeys to school
- To determine the impact Street Tag has on active travel

Data was captured by a participant completed survey, administered through the Street Tag app. Participants were required to complete a set of survey questions at registration (baseline survey) and then requested to complete this again at the end of each month (follow-up survey). This survey assessed physical activity in three categories: walking; cycling; and sport or other activity or dance. Demographic characteristics of respondents including age, ethnicity and gender were also collected. The Street Tag survey questions on physical activity mirror those in the

validated Sport England Active Lives Survey. Data on use of the app is recorded automatically within the app, providing measures of the number of points collected, location used, time of day and usage over the week and month.

Data was captured over the following time periods:

- 10th August 2020 to 13th July 2021 for the Cherwell Community leader board
- 20th October 2020 to 31st July 2021 for the Oxfordshire Community leader board (this includes residents from South Oxfordshire, Vale of White House, West Oxfordshire districts, Oxford City, and some Cherwell District residents who were not aware of the separate Cherwell community leader board.
- 5th October 2020 to 15th July 2021 for all school leader boards.

5. Results

Survey responses

A total of 9995 users were registered on Street Tag app during the specified periods, and 8630 users completed the baseline survey. In total, 4076 unique users completed the subsequent follow up survey at month one, and 2156 unique users completed the subsequent follow up survey at month two.

Number of distinct users per survey			
Schools' leader boards	Survey 1 (at sign up on app)	Survey 2 (end of month 2)	Survey 3 (end of month 3)
Cherwell (School)	1640	771	385
South Oxfordshire schools	982	475	227
Vale of White House schools	610	284	140
West Oxfordshire schools	886	422	220
Oxfordshire Schools Finals	3010	1816	1071
Community leader boards			
Cherwell (Community)	303	90	46
Oxfordshire	1199	218	67

Demographics of survey respondents

Ethnicity

A total of 2658 of the 8630 (31%) baseline survey respondents shared their ethnicity. Most users were of White British ethnicity (95%) and the least represented ethnic group are the Black, Asian and minority ethnic group. This is the same narrative across other locations where Street Tag has been deployed and not only peculiar to the Oxfordshire project.

Age

A total of 1292 participants (15%) shared their age. Respondents were segmented into age categories- 0-12, 13-25, 26-38, 39-60, 60-74 and over 75. Across all leader boards, the highest numbers of app users were in the age groups 39-60 (32.66%) and 0-12 (29.41%).

The least represented age category was the 75+. In the community leader boards, the highest number of participants were in the 26-38yr age group. Due to the low percentage of survey respondents who shared their age, this may not be representative of all app users.

Gender

A total of 5725 of the respondents (66%) provided their gender. There were more females than male respondents that registered on the Street Tag app, **56.75%** of the respondents who reported their gender were females while **42.34%** were male. A small proportion of users chose the gender option "other".

Deprivation

Though no measure of deprivation was captured in the Street Tag baseline or follow up surveys, it is worth noting that nine of the schools signed up to the Schools leader board were in the top 10 most deprived wards in Oxfordshire, demonstrating the ability of this initiative to achieve some penetration into relatively more deprived communities.

Main outcomes

Summary

Overall, the users of the Street Tag app who completed the follow up surveys, reported an increase in **frequency** and **duration** of both cycling and walking. There was some variation across the school and community leader boards and for some outcomes, the improvements were small. However, there was a clear trend showing a beneficial impact for most outcomes.

For walking outcomes in particular, baseline levels of physical activity were higher than average for Oxfordshire. Public Health England data (captured via Sport England's Active Lives Survey) indicates that in Oxfordshire 73% of adults do at least 150 minutes of physical activity per week (an average of 30 min per day for 5 days)¹. This includes all types of activity, walking, cycling, sport, fitness, dance and gardening. In comparison between 75-80% of respondents in the age groups spanning 26-74 years, reported doing more than this amount of walking alone each day at baseline. This may indicate a selection bias where more active individuals engage with the app.

Furthermore, given the 47% follow up rate at month 2, and 25% follow up at survey month 3, response bias is possible, with more active users who have engaged significantly with the app being more likely to complete the follow up survey; and

¹ <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/15/par/E92000001/ati/202/are/E09000002/iid/93014/age/298/sex/4/cat/-1/ctp/-1/cid/4/tbm/1/page-options/car-do-0>

those who have not increased their physical activity opting not to complete the survey. However, a review of users' activity (using Street tag at least 3 times) showed that this is comparable between users who completed the follow up surveys and those who didn't.

It is worth noting that the number of respondents at follow up 2, may have resulted in small numbers of respondents for some questions when separated into separate leader boards.

Demographic data captured in the surveys shows a wide age range engaging with the app apart from the older generation – which could be anticipated given the wider lack of engagement with health and wellbeing apps in older adults. The gender split was towards more females than males and there was a lack of engagement with ethnic groups other than White British.

Walking – key results

Walking at least 10 min, at least once in the past 7 days (figure 3.1)

- Baseline levels of walking for 10 min at least once a week were high (typically $\geq 90\%$) among the 8,629 people who reported this at baseline.
- There was a small increase in this outcome from baseline to follow up at month 2, among respondents from all leader boards (a total of 4,064 responded). A total of 2,137 responded to the survey at month 3, and this increase compared with baseline was maintained for Cherwell Schools, Oxfordshire Schools, and Vale of the White Horse Schools, ranging from a baseline to final follow up change of between 4% and 8%. There was a drop from the first follow up survey to the second for South Oxfordshire and West Oxfordshire schools where the percentage completing a 10 min walk at least once a day returned nearly to baseline levels (figure 3.1).
- In the community leader boards, there was an increase in walking at least once a week for 10 min or more in both leader boards, ranging from 5% to 8% increase from baseline to final follow up, again from a high baseline level.

Number of days walked at least 10 min (figure 3.2).

- At baseline, 7819 reported **how many days**, in the last 7 days, they did a walk lasting at least ten minutes, with approximately half this many responding at follow up 1.
- In the community leader boards, the percentage of respondents who walked at least 10 mins on 6 or 7 days a week increased from baseline to follow up and there was a corresponding decrease in the percentage who walked only once per week (figure 3.2).
- There was a similar pattern in schools with as much as an increase of 12% points for walking 7 days per week in West Oxfordshire schools. The biggest decreases were in walking on 2 or 3 days per week, which fell over the evaluation period in all schools.
- Across the leader boards, there was a notable increase in the percentage of respondents walking for more than 4 days from baseline to final follow up.

Figure 3.1. Percentage of respondents who have done a continuous walk for at least 10 min, at least once in the past 7 days, for Street Tag school respondents

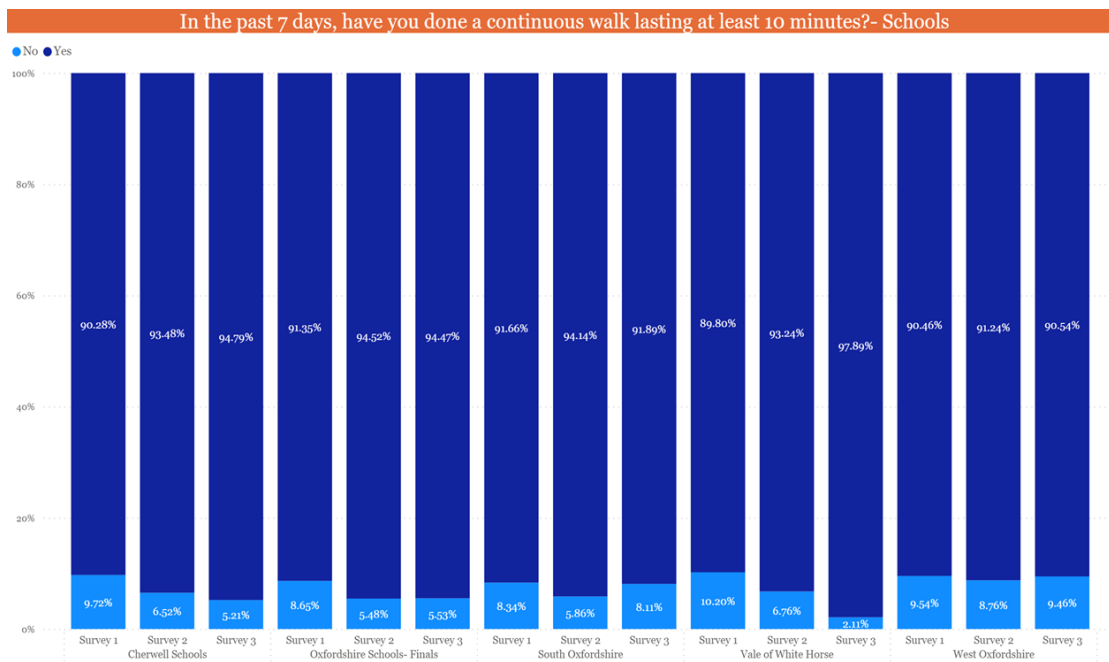
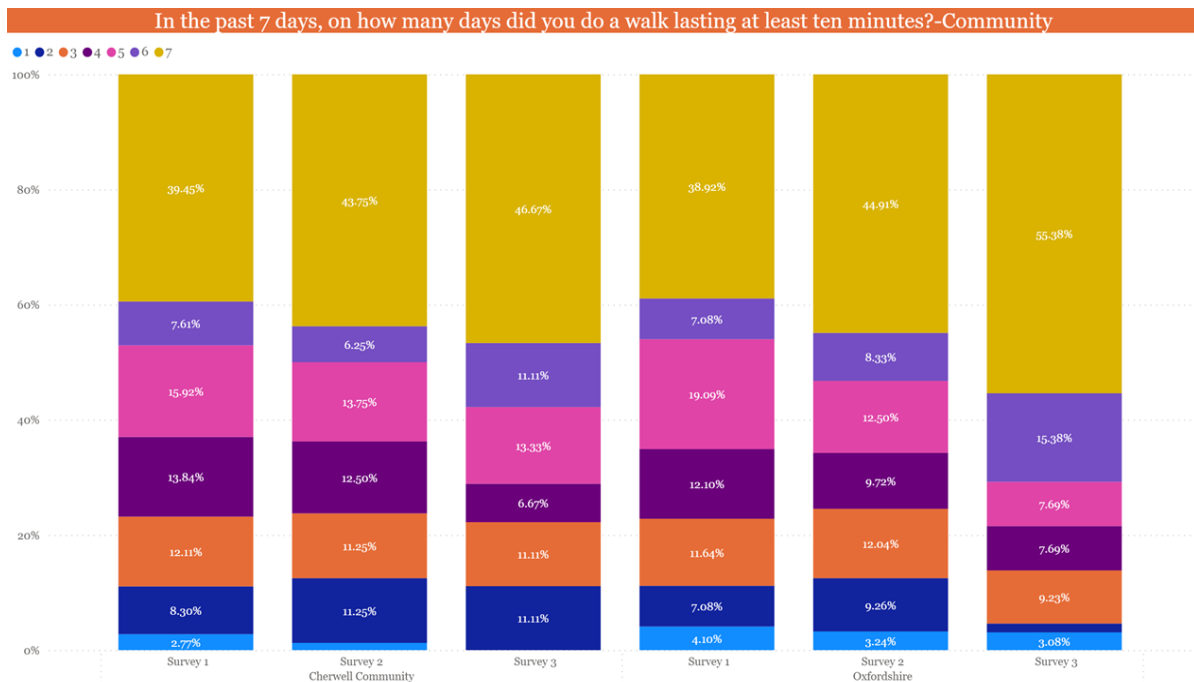


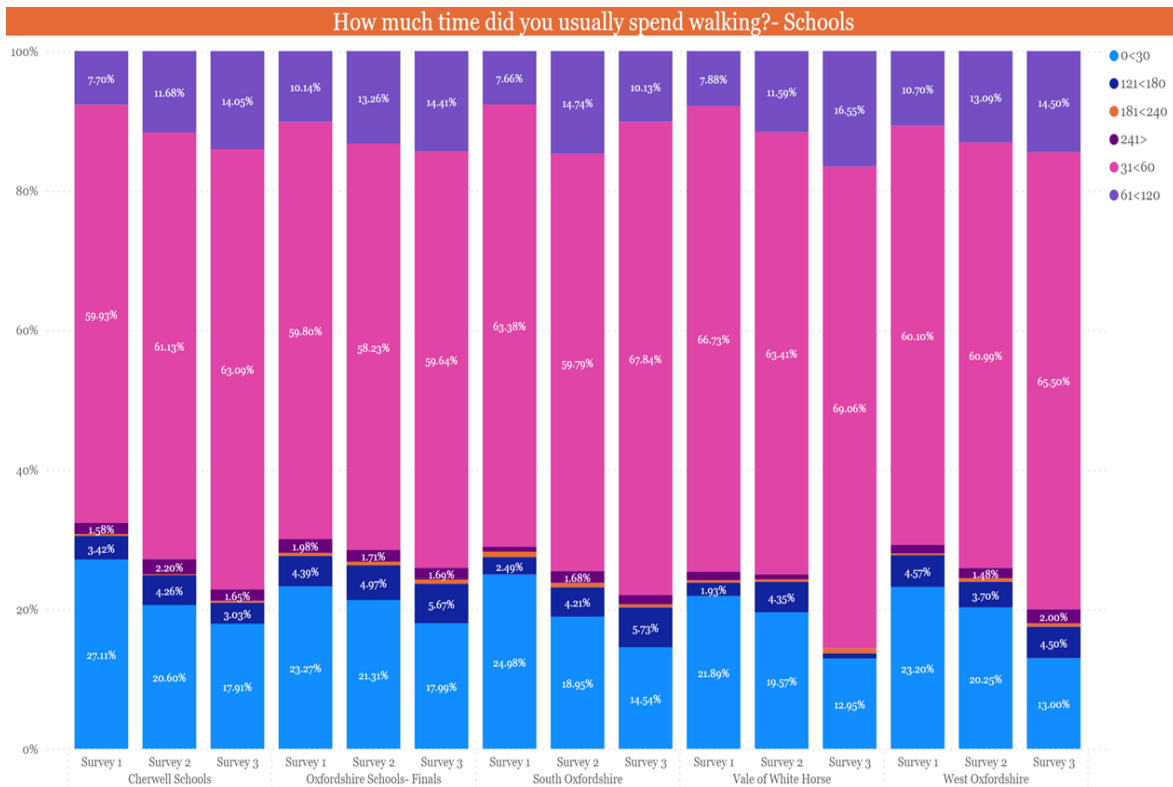
Figure 3.2. Number of days, in the last 7 days, they did a walk lasting at least ten minutes-Community leader board



Time spent walking per day

- Between 73-78% of those in the schools' leader board reported walking more than 30 mins per day (figure 3.3). Between 8-11% reported walking more than 60 min per day at baseline.
- The percentage of respondents who reported doing less than 30 min per day dropped in all school leader boards from baseline to final follow up, in some cases almost 10% (range 5% to 10%).

Figure 3.3. Time spent walking per day, schools' leader board



Walking- by demographic

- Most changes were replicated similarly when viewed in age or gender categories. However, fewer males had completed a 10 min walk in the past week than females at baseline (85% compared to 93%) and there was a more dramatic increase at final follow up (an increase of 10% compared to only 0.5% in females).
- By age, the proportion of those aged 13-25 and 26-38 who did at a continuous 10 min walk at least once dropped from baseline to follow up, whereas in other age groups, this proportion increased.
- Bearing in mind that only 15% of respondents reported their age so these numbers may be small, particularly for follow up surveys.

Cycling - key results

Cycling for 10 min at least once in the last 7 days

- Far fewer respondents reported cycling at least 10 min on at least one day in the past week (around a quarter in the community leader boards), compared to walking.
- The percentage of respondents who did cycle at least once, was between 18-24% at baseline. This increased in some schools and decreased in others from baseline to final follow up. This was similar in the community, with Oxfordshire community residents showing an increase from 23% cycling at least once per week to 30%; and Cherwell community residents reporting a decrease from 26% to 22%.

Time spent cycling per day

- The percentage of respondents who reported doing less than 30 min cycling per day declined from baseline to final follow up, and a higher percentage of respondents did between 31-120 mins of cycling per day

Figure 3.4. Time spent cycling per day, for Street Tag school respondents

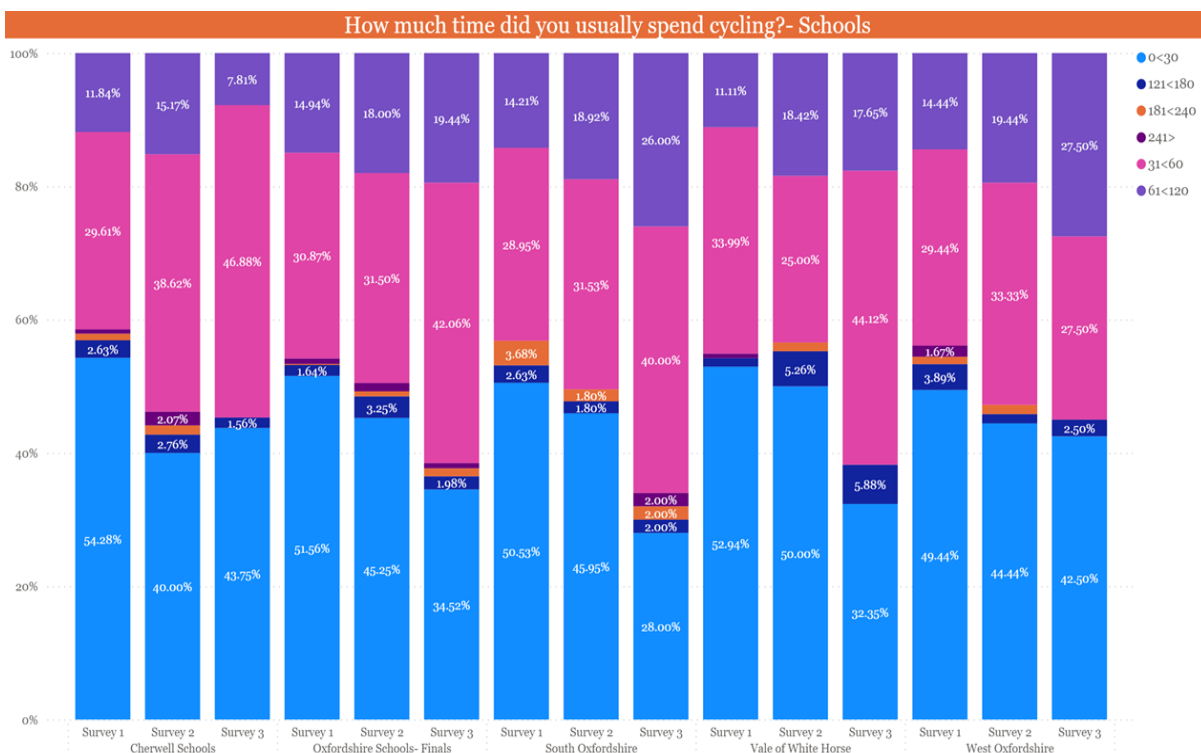
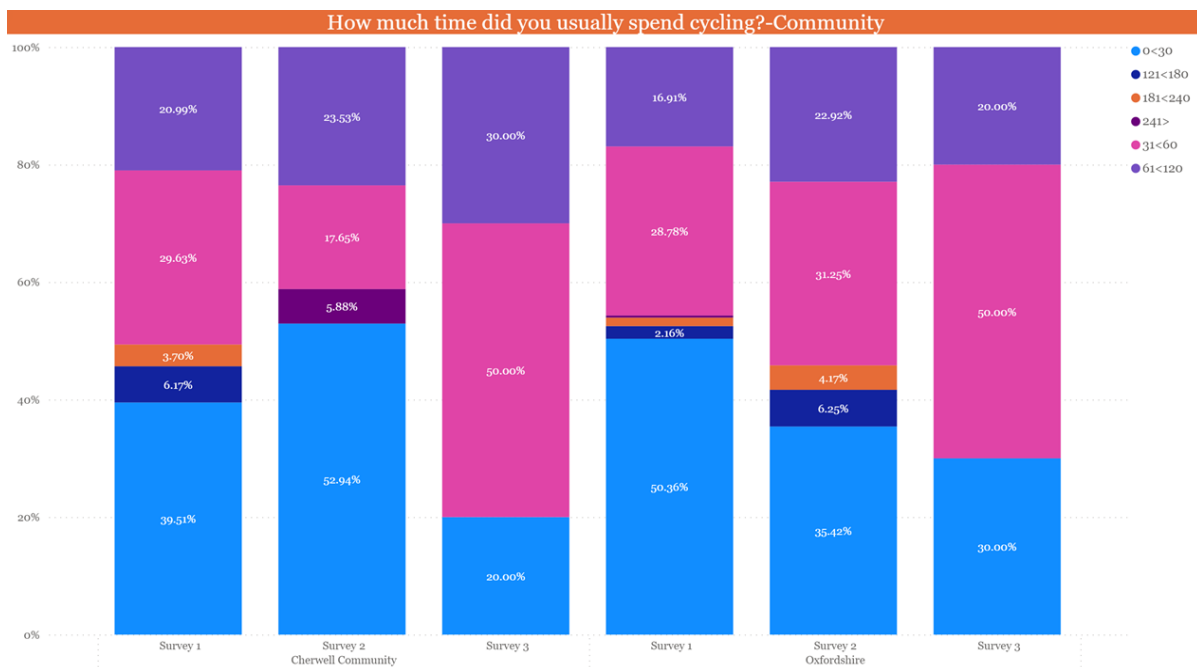


Figure 3.5. Time spent cycling per day, for Street Tag community respondents



Cycling - by demographic.

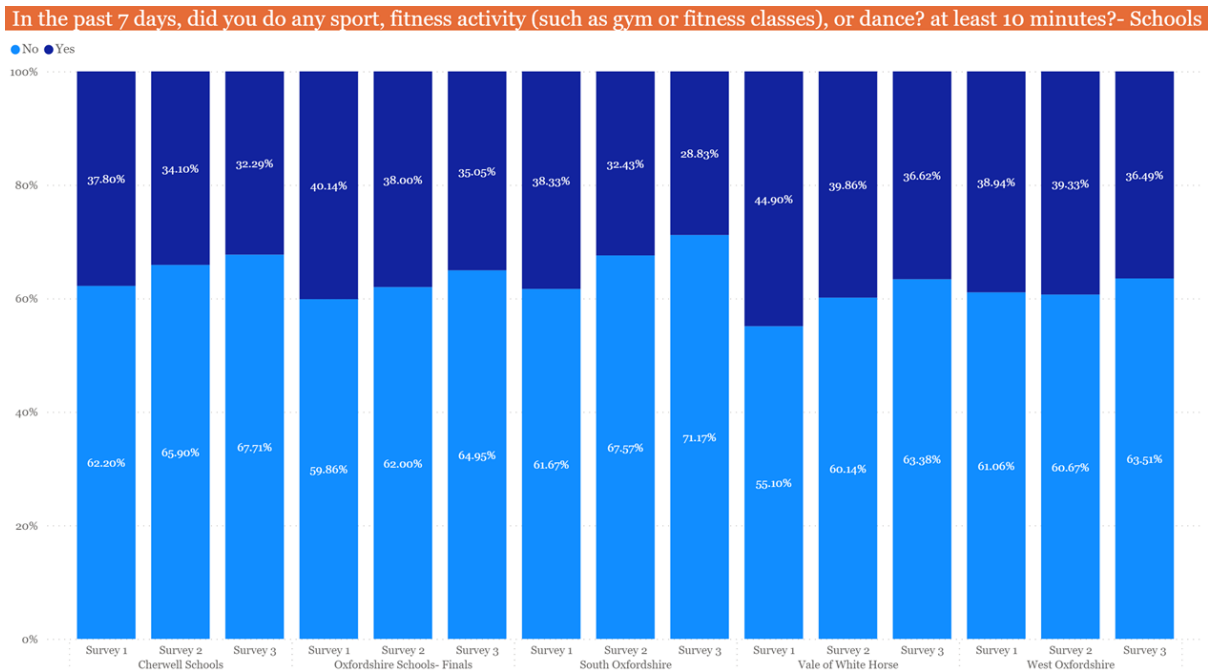
- The percentage of males who had done a cycle ride for more than 10 min at least once in the past week was higher than females, at baseline (Males: 26% Females:16%) and all follow up points (final follow up, Males: 31% females: 19%).
- The app was more successful in increasing cycling rates in males than females.

Sport, fitness activity or dance – key results

Sport or fitness at least once in the past 7 days

- The percentage of participants who reported doing sport, fitness or dance at least once a week for 10 min or more at baseline (out of 8,630 respondents), was between 38-45% in the school leader board (figure 3.6) and 28% to 33% in the community. This is higher than for cycling but still substantially less than for walking.
- Of note, in all the leader boards this percentage *decreased* from baseline to follow up or stayed the same (4064 respondents at first follow up and 2137 at final follow up).
- The main evaluation period of Street Tag was over the Autumn and Winter COVID-19 lockdown restrictions. Restrictions would have had a greater impact on sport, fitness and other activities such as dance which would have been required to close or limit numbers during this period, whereas walking and cycling activities would have been less affected.
- Further, given the focus of Street Tag on walking and cycling, it is possible that Street Tag led to a switch of activity type in some participants, with an increase in walking and a decrease in sport or fitness rather than an overall increase in physical activity.

Figure 3.6. At least 10 min of sport fitness or dance in the past 7 days, for Street Tag school respondents



Time spent doing sport, fitness or dance per day

- The percentage of respondents participating in sport, fitness, or dance between for more than 30 min per day, increased from the baseline survey to follow up, across several of the leader boards with the biggest increase in the Cherwell Community Leader board (10% increase) but other leader boards (e.g., Oxfordshire community and Cherwell School) showed a decrease.

Street Tag use and activity

- A total of **8365 unique users** participated in the Oxfordshire leader boards for the period under review from October 2020 to May 2021.
- Street Tag was used much more for walking and cycling than for Sport, fitness or dance activities.
- Activity recorded on Street Tag was highest in winter months and participation was consistent over the week and weekend with minimal difference across the 7 days, apart from a slight dip on Mondays in all leader boards.
- Activity peaked between 7am to 8am and 3pm to 5pm, it is also noted that an appreciable percentage of users also participate in activities between 11am and 12pm with roughly between 6-9% of users participating.



Health Improvement Board
18th Nov 2021

Cycling and Walking Activation Programme

Page 71

Interim evaluation report

Report Authors: Sarah Payne Riches, Public Health, project leads including Josh Lenthall (Active Oxfordshire), Clare Dowling (Sustrans), Mike Clay, Mark Gregory, Lucy Bates, Seun Oshinaike (Street Tag)

CWAP Programme Director: Rosie Rowe, Head of Healthy Place Shaping



Objectives of the C&W Activation Programme

- To increase the proportion of people who regularly walk or cycle in Oxfordshire by promoting modal shift to active travel
- To increase the proportion of people who feel safe when walking or cycling, including on journeys to school
- To reduce inequalities in active travel (including geographical inequalities and those by age, gender, ethnicity, and socio-economic status)
- To identify and understand the barriers to walking and cycling, including hyper-local barriers
- To build local capacity to address these barriers
- To reduce carbon and air pollution emissions across the network



Interim evaluation

Completed projects



School Streets



Street Tag



**Communications
campaign**

Ongoing

- **Community Activation**
- **Schools Park and Stride**
- **Kidlington 'Zoo Trails'**



School Streets

9 schools (5 Oxford city, 2 Bicester, 1 Witney 1 Abingdon)

- 6-week pilot, road closures using ETRO and volunteers manning closure points for am drop off period and pm pick up

- Aim - to **increase % using active** travel and **decrease % driving**

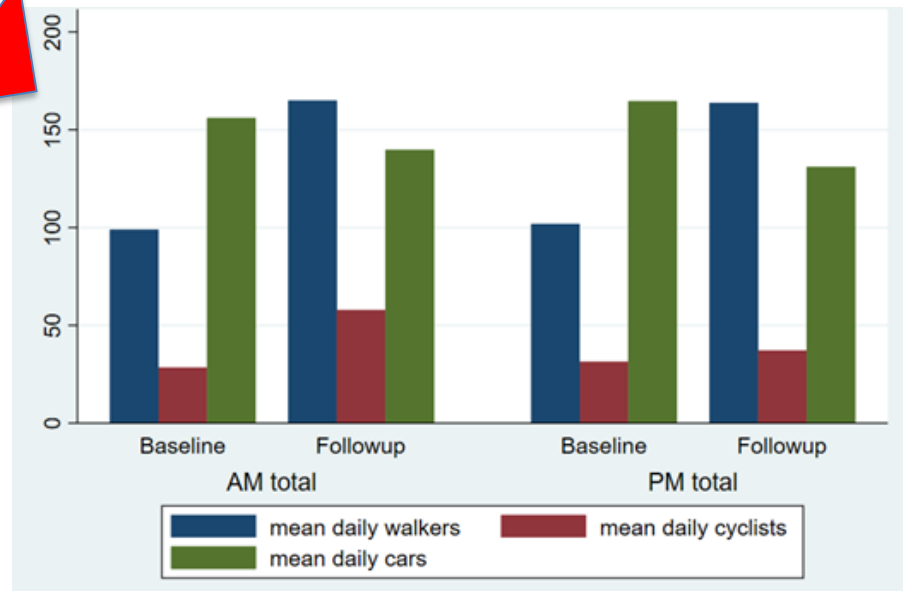
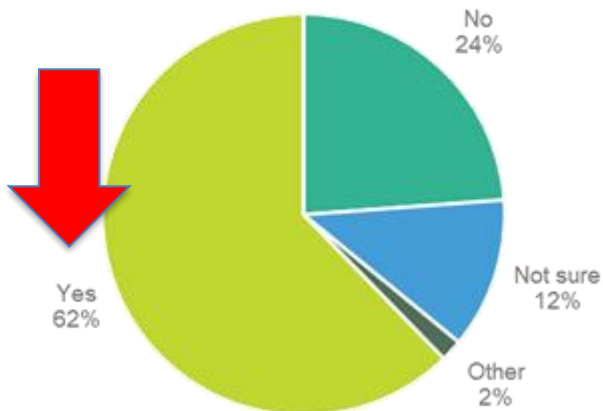
- Objective also to **create support for permanent school streets**



School Streets

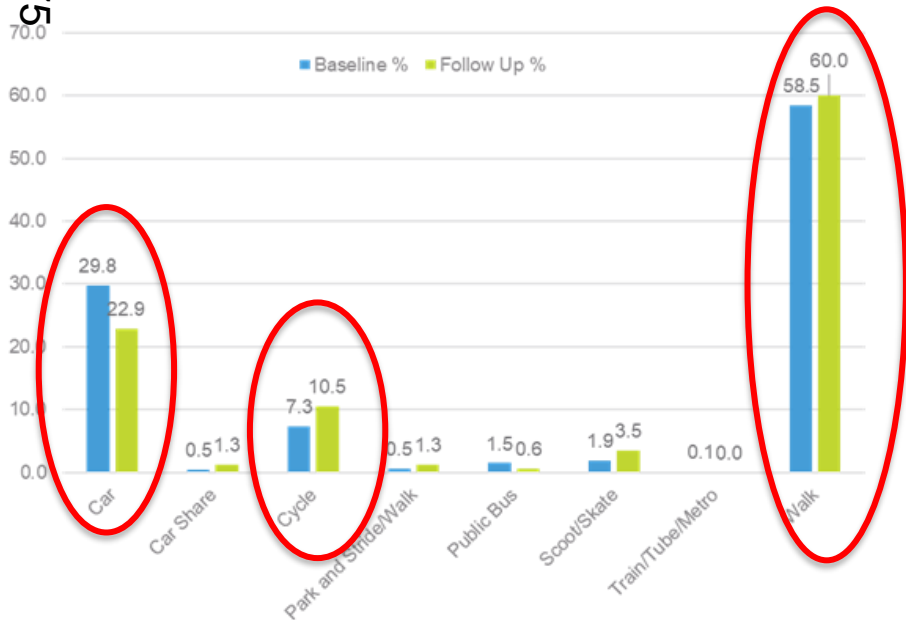
Average daily walking, cycling and car counts at St Christopher's, from baseline to follow up

Do you support the School Street Closures?

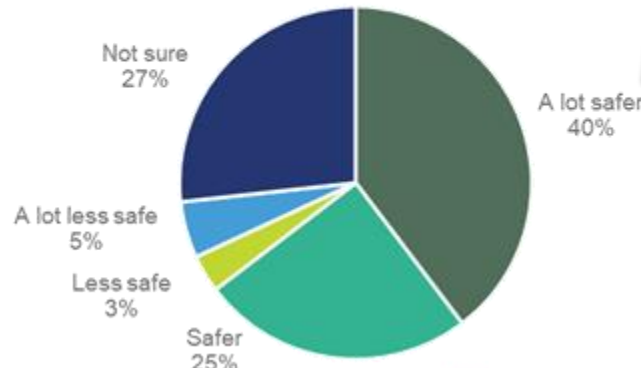


Page 75

Travel mode before and after street closure



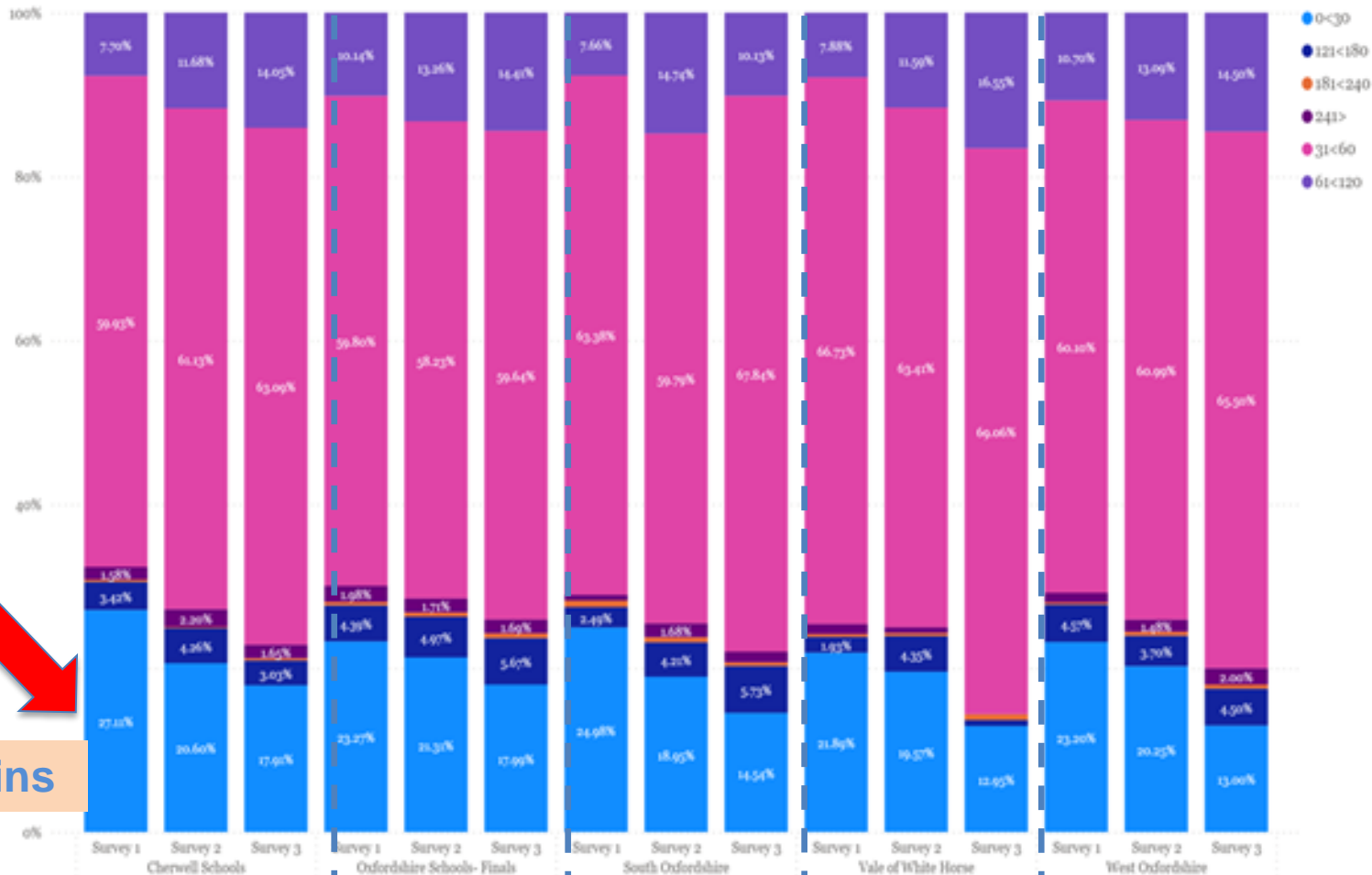
Pupils: Do you feel safer on your School Street when you walk/cycle or scoot?





Street Tag

How much time did you usually spend walking? - Schools



< 30 mins



Community Activation – Witney, Bicester & Oxford

Community Activation measures are intended to complement infrastructure measures being taken in Witney, Bicester and Oxford

Headline figures

Bicester (£25,000 allocated)

Target engagement: 495 residents

Residents engaged to date: 193

80% working age adults - 20% Primary School aged children

Witney (£25,000 allocated)

Target engagement: 400 residents

Residents engaged to date: 181

18% older adults - 32% working age adults – 50 % Primary School aged children

Oxford (£25,000 allocated)

Target engagement: 600 residents

Residents engaged to date: 194

80% working age adults – 20 % Primary School aged children

Examples of Community Activation projects

- Bike Libraries
- Cycle tuition
- 'Walk, Talk & Tea' for shielding populations
- StreetTag incentivisation linked to businesses and markets
- Dr Bike sessions
- Training community members as ride leaders
- Mental Health focused walking groups
- Community based E-Cargo bike hire schemes
- Inclusive cycling provision i.e. Wheels for All





School Park and Stride

- Creating Park and Stride/Wayfinding routes to primary schools from nearby car parks or residential areas
- A pilot project in four schools across Oxfordshire-routes and activities designed with parents and children implemented in October 2021

Page 78.

The routes will be marked with 'signs and lines' to be easy to follow and add a little fun – see some examples of the signs and lines that have been installed

Extra Joy – Where we can extra activities such as ground painted games, bug hotels and activity stations will be installed

- Schools supported to implement walking buses
- Option to include classroom-based air quality activities



Each school has it's own leaflet with messaging tailored to their own motivation e.g. environment, safety, activity...



Kidlington Zoo Trails

- Objective to increase physical activity in primary school aged children – ‘Walking for health’ – Funded by Sport England and the National Lottery
 - Creating 5 wayfinding routes throughout Kidlington, connecting all the local schools, many hidden green spaces and parks, shops and residential areas around the central hub of Exeter Hall. Ranging in length from 1.5km to 5km. Pathway barriers safely removed to allow access for all users.
 - Easy to follow trails marked with bespoke signs and pawprints on the ground with fun hopscotch and fitness type elements in safe alleys and on park paths.
- Community Evaluators appointed from the community to facilitate the engagement of the local population and to ensure their input throughout the project, into both its inception and evaluation stages.
- Exceptionally positive response from families, residents and councillors.

Page 79



ZOO Trails

Follow the footprints to explore the Kidlington and Gosford

- Monkey Trail**
1.5km
Inquisitive monkey explores the High Street, The Meads and, of course, the woods of Park Hill Recreation Ground.
- Lion Trail**
1.5km
Prowling lion follows the longest route through Kidlington and Gosford to the side of the old zoo.
- Elephant Trail**
1.5km
Majestic elephant strides towards Garden City. Did you know that inside the Elephant now stands on the Oxford Road roundabout?
- Big Bear Trail** 3km
Bear Cub Trail 1.5km
Adventurous bear cub and big bear go looking for the animal and the wildlife lovers of Christfields.

Key

- Start cuts
- Big holes and nature steps
- Scrabble boards and balancing logs
- Payment points and activities
- Benches and picnic spots
- Adventurous walk – how many can you spot?

What are the zoo trails?:
Five family friendly, accessible walking trails based on zoo animals coming to Kidlington. Did you know that in the 1930s there was a zoo here? From the Bear Cub Trail at 1.5km to the Lion Trail at 3km there's a route for everyone. All routes are accessible to buggies and wheelchairs and pass by all the schools, near shops, bus stops and there are public toilets in the centre of Kidlington.

Things you need to know:

- The Big Bear and Bear Cub trails follow the side of the canal so please take care next to the water.
- This canal section on the Bear trails does not have street lighting.
- On the Monkey Trail, where it crosses Park Hill Recreation Ground, there is no hard surface path. The path crosses the grass for about 50 metres.
- The trails follow alleys, pavements and cross roads; so remember wait at the end of alleys for an adult and cross safely. Footprints also tell you where to stop, look and listen.

Finding your way:
All the routes are marked from in Exeter Close. All the distance markers start from here but you can join a route at any point. Simply follow the footprints and lines on the ground and signposts up above. These will lead you around each circuit. There are also a few shortcuts marked to shorten your walk.

Lyne Road Green Rewilding Project
A community space for biodiversity development: tree planting, encouraging wildlife and for relaxing in nature.

St. Mary's Fields
The reserve was created in 1999 to provide a nature and open space accessible to all the people of Kidlington. The 4-acre site is managed by volunteers in cooperation with the owners, Kidlington Parish Council.

Explore more

Oxford Canal
See Roundham Lock, Kidlington Green Lock, and the bridges including Streeted Brass Footbridge.

Explore Church Street and see some of the oldest houses in the village

St. Mary's Church
The three parish churches of St. Mary the Virgin date from 1220 and is adorned for its five medieval glass and ancient woodwork. The slender spire, known as 'Our Lady's Needle' is a well-loved landmark.



Key Learning







for School Streets and Street Tag

- School Streets to be offered as ***part of a suite of resources as appropriate for the school***; Schools need to self-nominate, have a ***commitment to active travel promotion*** and a vested interest in improving the safety of active travel journeys to school
- Engagement with schools leads to tailored solutions
- Specific requirements on schools identified through this pilot
- Implementing a one-day trial, to prepare for a longer six-week trial could be encouraged. May help with parent engagement and identification of barriers?
- Street Tag – to achieve participation by more ethnic minority residents and older adults.



Objectives of the Activation programme

How are we doing so far...?

- To increase the proportion of people who regularly walk or cycle in Oxfordshire by promoting modal shift to active travel 
- To increase the proportion of people who feel safe when walking or cycling, including on journeys to school 
- To reduce inequalities in active travel (including geographical inequalities and those by age, gender, ethnicity, and socio-economic status) 
- To identify and understand the barriers to walking and cycling, including hyper-local barriers 
- To build local capacity to address these barriers 
- To reduce carbon and air pollution emissions across the network 

This page is intentionally left blank

Health Improvement Board

18th November 2021

Strategic update for Domestic Abuse

Purpose / Recommendation

1. **HIB members are asked to**

- Note the update on statutory duties under the Domestic Abuse Act following publication of guidance for Part 4 of the Domestic Abuse Act
- Note the publication of draft safe accommodation strategy for consultation
- Note for timetable for strategy development

Executive Summary

2. The Domestic Abuse Act 2021 (“the Act”) was introduced in April 2021, and statutory duties came into force on 1st October 2021. The statutory guidance highlights the specific scope and contents for the safe accommodation strategy, which is required under the Act. An overarching needs assessment and strategy is currently being worked on in Oxfordshire. However, to ensure we could meet the Act requirements, Oxfordshire Domestic Abuse Strategic Board published separate draft Safe Accommodation Strategy, which is currently out for consultation.

Background

3. This paper is to update the Health Improvement Board, following the publication of the statutory guidance outlining the local authorities’ duties under the Domestic Abuse Act, and is an addition to the HIB update given in September 21.
4. The Domestic Abuse Act 2021 was introduced in April this year. It requires each tier one local authority to lead a strategic board consisting of membership from a range of organisations from the system, including tier two local authorities. The local authority and strategic board are required to organise a local needs assessment with the following scope: “comprehensive assessment of need for support in safe accommodation in your area”, and then use this to inform a safe accommodation strategy.
5. Statutory guidance from the Department for Levelling Up, Housing and Communities (DLUHC) for English local authorities on their functions pursuant to Part 4 of the 2021 Domestic Abuse Act (“the Act”) was published on 1st October 2021, when the duty came into force.

[Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services)

6. A grant of £1.1million has been awarded by MHCLG (now known as DLUHC) to OCC for delivery of the duties under this Act. Further grants have been awarded to tier two local authorities.
7. Work is currently underway to develop a needs assessment and strategy review with a wider remit than the stated requirement around safe accommodation. This work is being undertaken by an external Public Health agency, PHAST, and is supported by a local expert, to ensure the strategy reflects a good understanding the Oxfordshire system.

Key Issues

8. **Domestic Abuse Safe Accommodation Strategy**
Following the publication of the statutory guidance for Part 4 of the Act, which provided details of the required scope and content of the “domestic abuse support in safe accommodation” strategy, and use of MHCLG funding, the Oxfordshire Domestic Abuse Strategic Board agreed to publish a separate strategy to meet these requirements.
9. The Domestic Abuse Safe Accommodation Strategy was produced in draft on 26th October 2021, and is currently under consultation according to the guidance, which states “Tier one authorities must consult with the Board, tier two authorities within the area and such other persons as they consider appropriate, before publishing their strategy.”
10. The consultation is live from 27th October to 24th November 2021.

<https://letstalk.oxfordshire.gov.uk/domestic-abuse-safe-accommodation-strategy-2021>

11. The delivery plan for the safe accommodation strategy will developed by the Safe Accommodation Working Group’ (SAWG) and approved by the Oxfordshire Domestic Abuse Strategic Board in 2021/22. This will include developing and agreeing baseline measures and targets to monitor the impact of the Oxfordshire Domestic. This will also work to address the gaps in data which have been highlighted in the needs assessment.

Budgetary implications

12. The funding allocation from MHCLG (DLUHC) of £1.1 million should be used to support the implementation of the statutory duties, as defined in the guidance. The publication of the guidance has provided clarity on the scope of activities that can be funded. Discussions are in progress between tier 1 and tier 2 local authorities, to ensure the funding is distributed appropriately.

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

13. The Act states there should be dedicated provision of specialist support for people with protected characteristics, or needs in drug and alcohol, mental health, physical health, interpreting, and specialist counselling.

Sustainability implications

14. No sustainability implications arise from this paper.

Risk Management

Risk	Action
Data: The safe accommodation needs assessment highlighted the difficulty in collecting data which helps to identify specific need.	The Safe Accommodation Working Group, will be tasked with identifying and addressing this challenge.
Delivery: Following publication of the guidance, providing clear scope for use of the MHCLG funding, there is a very short timeframe to allocate and spend the funding.	Further discussions are being held to allocate funding from tier 1 to tier 2. Short timeframe flagged with MHCLG, and clarity requested on future funding plans.

Communications

15. In the development of the needs assessment, a number of interviews have been conducted to understand views from different stakeholders. Outcomes of these have been included in the safe accommodation strategy.

16. The safe accommodation strategy is currently out to consultation on the OCC “Let’s Talk” portal.

Key Dates

26th October 2021 – Draft Oxfordshire Domestic Abuse Support in Safe Accommodation strategy published, for consultation with tier 2 local authorities, the Domestic Abuse Strategic Board and other relevant stakeholders.

5th January 2022 – Final Domestic Abuse Support in Safe Accommodation strategy published.

January 2022 – Draft overarching Oxfordshire Domestic Abuse Strategy put out for consultation.

March 2022 – Final overarching Oxfordshire Domestic Abuse Strategy published.

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

November 2021