Public Document Pack

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 14 May 2020 at 2.00 pm

Virtual Meeting

Please note that due to guidelines imposed on social distancing by the Government this meeting will be held remotely.
For further information on this please contact the Board Officer (details below) bearing in mind the information set out at Item 4 on this Agenda
Click here to live stream the meeting.

Yvonne Rees
Chief Executive

Date Not Specified

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

Membership

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

Board Members:

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

Notes:

- ***Date of next meeting: 10 September 2020***

Declarations of Interest

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

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

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

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

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

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

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

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

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

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

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

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

AGENDA

1. Welcome by Chairman District Councillor Andrew McHugh

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

This Health Improvement Board meeting will be held remotely in order to conform with current guidelines regarding social distancing. During the current situation and to facilitate these new arrangements we are asking that requests to speak are submitted by no later than 3pm on Monday 11th May.
Requests to speak should be sent to Julieta Estremadoyro at Commissioning.PartnershipBoard@Oxfordshire.gov.uk together with a written statement of your presentation to ensure that if the technology fails then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting.

Where a meeting is held remotely, and the addressee is unable to participate their written submission will be accepted.

Written submissions should be no longer than 1 A4 sheet.

5. Notice of Any Other Business

2:05pm
5 min

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

6. Note of Decision of Last Meeting (Pages 1 - 10)

2:10pm
10 min

To approve the Note of Decisions of the meeting held on 20th February and to receive information arising from them.

7. Performance Report (Pages 11 - 16)

2:20pm

10 min

Presented by Ansaf Azhar

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

8. Joint Strategic Needs Assessment

2:30pm
5 min

Presented by Ansaf Azhar

To provide a brief outline of the report on the 2020 Joint Strategic Needs Assessment data.

Link to the document:
https://insight.oxfordshire.gov.uk/cms/system/files/documents/2020_JSNA_DRAFT.pdf

9. Final Tobacco Strategy for Oxfordshire (Pages 17 - 38)

2:35pm
10 min

Presented by Ansaf Azhar and Eunan O'Neill

To sign off the Tobacco Strategy for Oxfordshire.

10. Mental Wellbeing Framework (Pages 39 - 90)

2:45pm
10 min

Presented by Jannette Smith, Health Improvement Principal, OCC

To present a progress update on the partnerships plans, strategies and recommendations against the Mental Wellbeing Framework.

11. Housing Support Advisory Group update (Pages 91 - 94)

2:55pm
10 min

Presented by Jaffa Holland, Chair of the HSAG and Gillian Douglas, Assistant Director, Housing and Social Care Commissioning, OCC

To update the Board on the work of the District Councils in the context of COVID 19.

12. **Domestic Abuse update** (Pages 95 - 100)

3:05
10 min

Presented by Sarah Carter, Strategic Lead Domestic Abuse, OCC

To provide an update on the actions taken in the context of COVID 19.

13. **Forward Plan** (Pages 101 - 102)

3:15
10 minutes

Presented by Eunan O'Neill

Discussion and suggestions for future items.

14. **Any other business**

3:25pm
5 min

ITEM FOR INFORMATION ONLY

Healthwatch Oxfordshire update in the context of COVID 19.

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 20th February 2020 commencing at 14:00 and finishing at 16:00

Present: **Board members**	Cllr Andrew McHugh, Cherwell District Council Cllr Louise Upton, Oxford City Council, Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council Ansaf Azhar, Director of Public Health, Oxfordshire County Council Cllr Lawrie Stratford, Oxfordshire County Council Cllr Helen Pighills, Vale of White Horse District Council Cllr Michele Mead, West Oxfordshire District Council Kiren Collison, Clinical Chair of Oxfordshire, OCCG Daniella Granito, District Partnership Liaison Andy McLellan, Healthwatch Oxfordshire Ambassador
In attendance	Val Messenger, Deputy Director for Public Health, OCC Sarah Wilds, Head of Urgent Care and Medicine Optimisation, OCCG (representing Diane Hedge) Ali Cuthbertson, Director of Midwifery, Oxford University Hospitals Joanne Wilson, Screening Immunisations Manager, NHS England
Officer:	Julieta Estremadoyro, Oxfordshire County Council
Apologies:	Cllr Maggie Filipova-Rivers, South Oxfordshire District Council Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group

ITEM	ACTION
1. Welcome Cllr McHugh welcomed everybody to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies received as per above.	
3. Declaration of Interest There were no declarations of interest at this meeting.	

4. Petitions and Public Address A member of the public contacted the Commissioning Partnership Board before the meeting requesting an update on the Coronavirus. Ansaf Azhar, Director of Public Health at OCC provided the update. He asked HIB members and members of the public to exclusively refer to the Public Health England website for information and updates as this is updated daily. https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public	
5. Notice of Any Other Business None	
6. Note of Decisions of Last Meeting The notes of the meeting held on 21st November 2019 were signed off as a true and accurate record. *Amendment:* *Page 6 – Item 10 – Housing and Homelessness - Cllr Stratford's action (see update below)* Actions update Actions from 12th September meeting: Item 7 - Performance Framework and Report Card on MMR vaccination *7.1 Jackie to request a Report Card from NHS England regarding smoking in pregnancy* – Jackie has requested the report card, but it was not possible for this to come to this meeting. To be presented at the next HIB meeting on 20th February **– On the agenda** Item 11 - Whole System Approach to Healthy Weight *All HIB members to go back to their organisations to provide an appropriate representative for the working group.* – Cllr Paul Barrow has contacted Jannette; but not the other representatives. **Pending** Actions from 21st November meeting: Item 7- Performance report *7.1 Val to send Diane the membership list of the Health Protection Forum.* **Completed** *7.2 Cervical screening Performance on this topic will be discussed at the PH Health Protection Forum (Action: Eunan O'Neill).* – **On the agenda**	

Item 9 - Oxfordshire Prevention Framework All members of the HIB to use the Prevention Framework in their planning for prevention and review of how they tackle health inequalities. - **Ongoing**	**All**
Item 10 - Housing and Homelessness – Report on Trailblazer programme for preventing homelessness 10.1 *Cllr Stratford as Chairman of the Better Care Fund (BCF) Joint Management Group (JMG) offered to propose an extension of the BCF funding to the members of the JMG.* ***Cllr Stratford did not recall making this offer but will take any action needed following discussion at this meeting.*** 10.2 *All members to investigate alternative sources of funding to continue with the embedded housing workers in hospitals.* **No further updates were available, but discussion will continue – see 10.3 below**. **Ongoing**	
10.3 *Cllr Upton, Dani Granito and Paul Wilding to convene discussions on options for future funding and call on other members of the HIB to bring forward their ideas*. Cllr Upton highlighted that more actions/actions are needed to fund and support the efforts of the embedded workers in hospitals. **As above 10.2. Ongoing**	**LU/DG/ PW**
10.4 Nerys to make the full Trailblazer report available to all HIB members. **Pending**	**NP**
Action 11 - Mental Wellbeing working group update *Janette to return to a later meeting with a completed action plan based on the draft Mental Wellbeing Framework.* – Jackie apologised to the members, Janette completed the action showing a lot of work from the partners involved but due to an oversight, the report was not included in the agenda pack. Janette will come back to the next meeting to make a presentation*.* **For the next HIB meeting on 14th May**	**JS**
Action 12 – Alcohol and Drugs Draft Strategy *Kate will bring the finished strategy and action plan for 2020-21 to a future meeting for information and discussion***. – For the next HIB meeting on 14th May**	
Action 13 – Active Oxfordshire *Paul Brivio to let Diane know who is involved from the OCCG in these conversations.* **Completed**	
AOB Cllr Upton enquired on whether the HIB is ready to go ahead with a workshop on social prescribing. She had spoken with a GP about it and his opinion is that this is a really good time. Kiren thought that a more general view from GPs should be gathered. *Kiren and Jackie to progress discussions.* **Ongoing**	

7. Performance Framework Anzaf Azhar referred to the document *Performance* Report, page 11 of the agenda pack. He pointed out to the 3 areas in red – 1.12 – Smoking in pregnancy *(a report card was presented)* 2.16 - Population 16+ inactive 2.19 - Cervical Screening (*part of the Item 10 presentation)* Regarding 2.16, it was noted that this indicator is derived from the Active Lives Survey. It was suggested that monitoring should continue and more detail on current actions can be requested from Active Oxfordshire. Cllr McHugh pointed out that Cherwell District Council has been very successful in getting funding from Sport England and that he would like to see evidence that that money is bringing out a reduction in inactivity. Cllr Mead pointed out that in West Oxfordshire they have a very ageing population but also a very large RAF population. She asked if there are statistics on these sectors of the population. Jackie clarified that the figures on this category comes from the Active Life Survey. Around 1,000 people were surveyed across the whole county making the numbers relatively small at district level. It is a representative sample. She does not know if very specific data can be obtained from this sample. Cllr Stratford and Cllr Upton agreed that a break down per district will help to see if some campaigns are more effective in some areas, particularly in more deprived states. Anzaf pointed out that there is a conversation that needs to happen regarding key performance indicators in general. For some indicators is not possible to get information for specific wards but maybe there are other avenues to explore **Action: A report from Active Oxfordshire will be requested to illustrate current work to address inactivity across age span within the districts, but particularly in West Oxfordshire and Cherwell where current inactivity levels are higher. Ansaf further requested that the report should include details of work to target areas of deprivation and further breakdown within districts if possible** <u>Smoking in pregnancy report card</u> Ali Cuthbertson referred to the report *Reducing Smoking in Pregnancy* Performance, page 17 in the agenda pack.	**EON**

Ali drew the attention of the members to the next steps to improve the smoking cessation rates.

They have managed to procure enough carbon monoxide monitors for all the community midwives to carry one and offer routine tests to all pregnant women at the 36-week antenatal appointment. They are also planning more opportunistic testing to ensure that there is no other risk to women (e.g. from other smokers in the household, faulty boilers etc which result in a high CO reading even in non-smokers).

They have also a dedicated midwife focusing on supporting teaching and learning around smoking cessation.

The numbers of women that stopped smoking during pregnancy are small but each one is important. They are going to capture data more effectively - testing and recording throughout the pregnancy and not just in the 36 weeks appointment and at the time of delivery.

They also aim to influence partners and other family members who smoke.

Ali mentioned they are trying to improve the access for busy mums who need support to stop smoking, offering the support of other health professionals and creches when they attend.

Ansaf commented that it could be beneficial to remove guilt form smoking during pregnancy and make it more part of the universal tobacco screening, looking at a safe environment.

Kiren thought that women should access the smoking cessation pathway through the GP surgeries. In this way would be more effective than waiting for a referral.

Eunan agreed that some people will change their mind about being supported while waiting for a referral so other ways to improve access to help are welcome.

8. Developing a tobacco strategy for Oxfordshire

Eunan O'Neill referred to the paper *Oxfordshire Tobacco Control Strategy and Local Government* Declaration, page 25 of the agenda pack.

The paper describes the development of the Oxfordshire Tobacco Control Alliance (OTCA), the Local Government Declaration and the NHS Smokefree pledge.

The OTCA is a partnership of local organisations from health and local government, who work across the system in a collaborative way with the aim of eliminating tobacco consumption in the county.

They carried out a Self-Assessment on Tobacco that looked at the whole system across Oxfordshire with the objective of developing a strategy and looking for more senior leadership and support. The group has drafted the tobacco control strategy

and has presented this to more senior level of key organisations in all the six councils, the OCCG, Oxford Health and OUH. The national strategy aims to reduce smoking below 5% by 2030. A smoking rate of less than 5% is considered "smoke free". Smoking prevalence in Oxfordshire is 10.1 % and the key aim of the county strategy is to bring it below 5% by 2025 to make Oxfordshire the first smoke free county in the country. The single most important means to reduce health inequalities is targeting smoking in the most deprived areas. A whole system approach is needed in line with the four main pillars of the strategy: prevention, local regulation and enforcement, creating smoke free environments and supporting smokers to quit. The OTCA will start a consultation on the draft strategy on 11 March, which is the national No Smoking Day. This will run for 6 weeks. In addition, all partners will sign up to the Local Government Declaration on Tobacco Control and the NHS Smokefree Pledge on No Smoking Day. Cllr McHugh commented that the breakdown of cost in Oxfordshire should include tobacco as a driver of crime. People buy stolen tobacco and illegally imported tobacco. There are limits on enforcement powers locally as often local authorities suspend the license of the shop owners, magistrates give them back pending appeal. Ansaf added that there are clear inequalities issues in smoking prevalence. Prevalence is 10% for the whole county but in Mental Health patients the smoking prevalence is 36% and among manual workers is 17%. This is a real opportunity to make a change, make a significant difference. Ali wanted to know what details of the smoking strategy for young people. She observed that they start smoking at 14 to 15 age and don't have a concept of risk. Ansaf highlighted that there is a clear plan in the strategy where all the four pillars mentioned above are taken into consideration.	
9. Healthwatch Ambassador report Andy McLellan referred to the document *Healthwatch Oxfordshire Report to Health Improvement* Board, page 29 of the agenda pack. Andy highlighted some activities from the report, particularly the work on Mental Health that they are exploring in a way that has not been done before. There were other targeted themes in the report including access to health care for armed forces personnel and narrow boat dwellers. Andy also mentioned the Oxfordshire Wellbeing Network event in November. Major themes emerged in discussion of barriers to wellbeing, including social isolation. The event was an opportunity to involve people and organisations that have not been involved before and give them a means of talking to the Health and Wellbeing Board.	

Jackie mentioned that the Oxfordshire Wellbeing Network event was fantastic because it showed the power of all the partners organisations of the Health and Wellbeing Board combining their contacts list and sending out invitations to everybody from the voluntary and community sectors. A significant number of them came. Jackie suggest as future development for the HIB to look how to integrate with that wider group of stake holders. Cllr Upton pointed out that continuity of care is so important for Mental Health cases. Helps with the cost of the staff living in Oxfordshire (weighting) should be highlighted. If the NHS cannot fund this, then the government should step forward.	
10. Preventing Cardiovascular Disease Kiren Collison referred to the paper *Preventing Cardiovascular Disease – the top priority for Prevention Work in Oxfordshire,* page 37 of the agenda pack. *Recommendations* *Members of the Health Improvement Board are requested to* *1. Note the content of the paper and agree to focus on the shared priority of preventing cardiovascular disease and tackling health inequalities in Oxfordshire* *2. Nominate and support a Prevention Champion from their own organisation to take this work forward, operating in a network of champions where they will represent their organisation. They will also lead on developing the strategic and operational plans of their organisation to prevent cardiovascular disease.* *3. Agree to receive further reports on progress in preventing cardiovascular disease and ensure a whole systems approach.* *4. Lead future reviews on prevention priorities for Oxfordshire on behalf of the Health and Wellbeing Board.* The Oxfordshire Prevention Framework has been presented to different organisations. Following discussions there were several calls to set one priority for prevention across the system. Preventing Cardiovascular Disease has been chosen as the priority and the paper explained why. The checklist proposed allows all organisations to identify what is the role they have to play from their own areas of influence and expertise. A Prevention Champions meeting has taken place and concluded that a network of prevention champions will be useful. The role of champions will be to take this work forward within their own organisations but also learn from each other and ensure there is no duplication of effort. Jackie highlighted that the HIB is the group that carry most of the responsibilities and enthusiasm for prevention on the county on behalf of the Health and Wellbeing Board and it is expected that it keeps driving this agenda.	

Cllr McHugh thought that this was a fantastic proposal that will support the work of the NHS. Dani Granito commented that it is good to have an approach where it is easy to see where everyone's role fits in. Ansaf added that there is a role for everyone, and that the HIB is clearly the lead partnership for Prevention. Particularly, district authorities have a role to play on creating healthy spaces and environments that will support people to be more active, also promoting campaigns on healthy eating. Jackie added that when analysing the risk factors for of people under 70 that died as consequence of CVD, air quality came as a risk factor. Cllr McHugh mention the Community Air Monitoring project on the grounds of the Blenheim Estate and suggested to invite the director of innovation to talk about this initiative. **Action: Explore having a future agenda item on local Clean Air initiatives** The recommendations from the paper were all agreed, and members undertook to report back the work of their organisations on preventing CVD at future meetings	**EON**
11. Public Health, Health Protection Forum annual report Eunan O'Neill and Joan Wilson referred to the paper *Health Protection Forum Business*, page 45 of the agenda pack. Eunan explained the role of the Forum and the activities/reports during 2018/2019 Cllr Upton enquired about the new test of cervical screening. Joan explained that the experience for women is similar, but the difference is in the laboratory. It is a better test for the diagnosis cervical cancer. Jackie pointed out that the performance figure for the screening uptake is going down. She asked how worried the Board should be and if this related to increase in the number of cancer cases. Joan commented that the decline is in line with the national decline in the younger age group (25-49). There is not a clear understanding why this is happening. The HPV vaccination will also produce a decline in cancer rates as it is protecting women from getting this cancer. There is a national campaign coming soon and they expect this will generate a wave of interest in the programme. Kiren would like to see more information on cervical screening for the age group of 25-49 as this is a quite broad range. **Action: Joan to report back on uptake of screening in the group of 25-49 year old women to see if there is more break down of ages in that range.** Regarding the bowel cancer screening, the new test is more sensitive in detecting abnormalities. There isn't an increase on false negatives. It is a much better test.	**JW**

12. Priorities and targets for 2020-21 Jackie referred to the document *Future Priorities and Performance Measures,* page 51 of the agenda pack Every year it is the practice of the Board to review which priorities and topics the HIB should look at and how measure performance. The document summarises what is being monitored to see whether members would like to suggest changes for the year ahead. The document described the three kind of indicators use and other considerations. HIB members were asked to discuss: *1. What changes would you like to see to the Performance Framework?* *2. How can this be achieved?* *3. What needs to happen before the next meeting?* Members agreed that: - the current framework is good, but it could be improved, making inequalities more visible, seeing more granularity and having specific measures related to those deprived wards. - There should be national targets alongside local target. - There should be specific expected outcomes that are going to make a real difference, this should always be the focus. - The trajectories should be shown, indicating whether trends are getting better or worse. Val clarified that even if the HIB decided to drop some of the indicators, the Public Health Team will still monitor these and escalate them if there is any reason for concern. **Action: A draft proposal for performance monitoring, reflecting these comments, will be brought to the next meeting for discussion and approval**	**EON**
13. Forward plan The Mental Wellbeing Framework has been brought forward to the next meeting. To request a report on the actions currently underway to reduce physical inactivity from Active Oxfordshire, including the use of the grant from Sport England. To explore a future item on Clean Air Initiatives, including School Streets. The Health Improvement Boards member expressed their deepest gratitude to Jackie Wilderspin for her excellent and dedicated work to the Board. Jackie is retiring by the end of March.	

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Health Improvement Board
14 May 2020

Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The indicators are grouped into the over-arching priorities of:

    - A good start in life
    - Living well
    - Ageing well
    - Tackling Wider Issues that determine health

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached.

4. For all indicators it is clear which quarter's data is being reported on. This is the most recent data available.

5. Some areas of work will be monitored through achievement of milestones. These are set out on pages 4-5 of this report. For Q1 and Q2 achievement progress is shown for Whole Systems Approach to Obesity, Making every Contact Count, Mental Wellbeing and Social Prescribing.

6. The latest update for some indicators relates to 2018/19; therefore, RAG rating for those indicators refers to 2018/19 targets. Performance for indicators included in this report can be summarised as follows:

    Of the 17 indicators reported in this paper:
    7 *indicators are* ***green***
    9 *indicators are* ***amber***
    1 *indicator is* ***red***
    - 2.19i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)

Health Improvement Board Performance Indicators 2019/20

	Measure	Baseline	Target 2019/20	National or Locally agreed	Update	Latest	RAG	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target <6% by 2022)	Q3 19/20	7.3%	A	Oxfordshire CCG level.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q3 19/20	94.7%	A	
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q3 19/20	92.4%	A	
	1.15 Maintain the levels of children obese in reception class	7.8% (17/18)	7%	L	2018/19	7.6%	A	Cherwell 7.9%; Oxford 9.0% South Oxfordshire 7.3%; Vale of White Horse 7.0%; West Oxfordshire 6.3%. No significant change for any district.
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2018/19	15.7%	G	Cherwell 17.8%; Oxford 16.4% South Oxfordshire 13.0%; Vale of White Horse 15.7%; West Oxfordshire 15.2%. No significant change for any district.
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity)	21% (May 2018)	18.6%	L	Nov-19	17.8%	A	Cherwell 19.6%; Oxford 14.1%; South Oxfordshire 18.9%; Vale of White Horse 14.8%; West Oxfordshire 23.1%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	3,468 per 100,000	L	Q2 19/20	3317	A	
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	55%	N	Sept 19 to Dec 19	44.8%	A	
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	99% at yearend (84%, 89%, 94%, 99%)	L	Q3 19//20	95.7%	G	Localities in Oxfordshire CCG are all meeting targets
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2015/16 to Q4 2019/20)	49% (2018/19)	50.5% at yearend (41.6%, 44.1%, 47.1%, 50.5%)	L	Q3 19/20	47.1%	G	Localities in Oxfordshire CCG are all meeting targets

	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5)	68.2% (all ages) Q4 2017/18	80%	N	Q2 2019/20	68.5%	R	
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years		80%	N	Q2 2019/20	77.7%	A	
Ageing Well [1]	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sept 19 to Dec 19	75.7%	G	
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years)	58.1% (Q4 2017/18)	60% (Acceptable 52%)	N	Q2 2019/20	70.1%	G	FIT testing replaced FOBt testing in programme in June. The simpler test kit is likely to improve uptake nationally; preliminary local data is reflecting this (PHE)
	3.18 increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q2 2019/20	69.6%	A	Cherwell 78.1%; Oxford 70.3%; South Oxfordshire 77.8%; Vale of White Horse 80.5%; West Oxfordshire 79.8% (Source: PHE Productive Healthy Ageing Profile 2018/19 year data)
Tackling Wider Issues that determine Health [2]	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-29)	>208	L	Q1 2019/20	153	G	
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	<75%	L	Q2 2019/20	87.9%	G	
	4.3 Maintain numbers of rough sleepers in line with the baseline “estimate” targets of 90	90 (2018-19)	>90	L				
	4.4. Monitor the numbers where a “prevention duty is owed” (threatened with homelessness)	no baseline	Monitor only	-	Q1 2019/20	373	-	
	4.5 Monitor the number where a “relief duty is owed” (already homeless)	no baseline	Monitor only	-	Q1 2019/20	149	-	
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q1 2019/20	13	-	

Health Improvement Board – Process Measures 2019/20

Measure	Quarter 3			Quarter 4		
	Process	Progress	Rag	Process	Progress	Rag
Whole Systems Approach to Obesity	Establish a working group	Working group developed and active. Includes OCC, CCG, Active Oxfordshire with GP representative. Met monthly from Sep 19 – Mar 20 to embed the approach and plan stakeholder engagement events.	G	Develop a joint action plan	Working group action plan developed. Development of a wider WSA following the stakeholder engagement events on hold due to Covid-19.	A
Making Every Contact Count	Support BOB STP with 1. development and implementation of the MECC digital App 2. IAPT training model test bed and Train the Trainer model	The development and implementation of the digital app has been supported through the SIG and its use has been encouraged where feasible and appropriate. SIG members helped to promote the STP IAPT open access training courses during the IAPT project (now finished). Courses were promoted and administered by the Oxfordshire Training Hub. The train the trainer model has been supported and is being continued to be encouraged as a sustainable way to deliver MECC training.	G	1. Engagement with local/regional MECC networks to contribute updates and share learning. 2. Test/shadow BOB STP MECC Metrics.	The SIG continues to be represented on the PHE SE Regional MECC Network and the BOB MECC Oversight Group. Representatives of the SIG participated in the early stages of the development of the STP MECC Metrics (prior to this quarter). The development of metrics was not continued and so the SIG were unable to shadow any STP metrics	G

Mental Wellbeing	1. Identify wider stakeholders; 2. Suicide Prevention Multi-Agency Group active in May and Dec	MAG met in May and October 2019 Strategy development focused (public engagement, focus groups), new members (Rethink, SOBS). Real time suicide surveillance continues and informs work of the MAG and strategy	G	Develop Mental wellbeing framework	Working Group developed a Prevention Framework for Mental Health with a year 1 action plan. Published on 31st March 2020.	G
Healthy Place Shaping	**Cherwell, Q3 and Q4:** 1. Co-design and delivery of place-based activities with local stakeholders 2. Healthy place shaping activities are working to deliver collectively agreed objectives and outcomes 3. Healthy place shaping is acting as a system connector. 4. Learning is used as a mechanism to continuously improve 5. Activities increase the connectivity between local stakeholders 6. Investment seeks to increase the capacity of the system 7. Healthy place shaping is encouraging resident engagement in activities that promote health and wellbeing	1. Stakeholder activities initiated include: development of wayfinding proposal for Kidlington; support and co-delivery of Voluntary Forum with Bicester Town Council; work with community groups and schools to run a volunteer's fayre for Bicester sixth formers. 2. 85 stakeholders from Kidlington area took part in a workshop to co-design aims and objectives and delivery plan of their healthy place shaping programme. 55 stakeholders from the Healthy Bicester partnership took part in a workshop to review and update the healthy place shaping delivery plan for Bicester. Both programmes now have a housing element. 3. Diabetes education events have brought together GP practices, leisure providers, CDC leisure team, and social prescribing services to promote better diabetes self-management. 4. Survey undertaken to understand young people's health and wellbeing needs in Bicester. Resulted in securing funding for outreach worker for community organisation in Bicester. 5. Feedback from stakeholder events indicates that partners appreciate opportunities to connect with each other. Relationships have supported cross-sectoral working in response to COVID-19. 6. Invested funding to: train primary school teachers in outdoor learning; HENRY parenting confidence programme in Bicester; enable Age UK to provide activities for older people in Bicester library. 7. Attendance data show good resident engagement at community events, specific activities, and use of community assets.			G

Social Prescribing	1. Continue to roll out Citizen's Advice Community Connect service across Cherwell and West Oxfordshire district GP Practices. 2. Review Age UK service in the south east locality. 3. Continue CCG support for Social Prescribing leads and CCG commissioned services.	1. Remaining GP Practices in Cherwell and West Oxfordshire districts engaged with the service. Data Sharing Protocols produced between Citizen's Advice and GP Practices. 2. One year contract for Age UK service ended on 30th November 2019. 3. Monthly meetings scheduled with Social Prescribing leads from all CCG commissioned Social Prescribing services.	G	1. Monitor the development of the NHS England Long Term Plan commitment for Primary Care Network (PCN) funding for Link Workers. 2. Ensure that issues arising from PCN commissioned services are fed into NHS England for trouble shooting. 3. Working with the Social Prescribing Leads and CSU, develop a county wide social prescribing referral form, available on EMIS. 4. Ensure that BOB and regional Social Prescribing events and networks are shared with Link Workers. Provide information on local voluntary sector organisations that can take patient referrals.	1. In year 1, from 19 PCNs in Oxfordshire, eight PCNs have commissioned a voluntary sector provider to employ a Link Worker post per PCN and five PCNs have employed a Link Worker post in house. Other PCNs have not yet taken up funding. 2. NHS England Personalised Care representatives attend as members of the Social Prescribing Leads group 3. Final referral pro forma approved by the CCG Clinical Ratification Group and uploaded onto EMIS. 4. Social Prescribing information shared with the Social Prescribing leads for cascade to Link Workers. Relevant guest speakers invited to present at the Social Prescribing Leads meetings.	A G

The Oxfordshire Tobacco Control Strategy 2020-25

Summary
In 2018 the Oxfordshire Tobacco Control Alliance (OTCA) was formed. This is a partnership of local organisations who are committed to working collaboratively to eliminate the use of tobacco in Oxfordshire. As part of the work of the OTCA a tobacco control strategy has been developed which aims to reduce the prevalence of smoking in Oxfordshire to below 5% by 2025, 5 years ahead of the national ambition. The strategy outlines a wider whole system approach to elimination of tobacco use. A public consultation on the draft strategy was held from 11th March- 12th April. This paper outlines the key aim of the strategy, the consultation process and recommends the approval of the final strategy.

Information on Tobacco Use

Smoking is the single greatest cause of premature death and disease in our community. Every year in England more than 80,000 people die from smoking related diseases. This is more than the combined total of the next six causes of preventable deaths, including alcohol and drugs misuse. On average a smoker loses 10 years of life.

Between 2015-17, 2,132 people died from smoking related causes in Oxfordshire. Likewise, the impact of smoking on ill health is huge. In 2017/18 and estimated 4,036 hospital admissions in Oxfordshire were attributable to smoking.

In Oxfordshire, in 2018 an estimated 10.1% of adults were smokers (England 14.4%) which equates to approximately 54,804 smokers across the County.

The Oxfordshire Tobacco Control Strategy

Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes. In 2017 the Government published its Tobacco Control Plan for England 2017-22[1] to pave the way for a smoke free generation. When the prevalence of smoking is below 5% it is considered that the population is smoke free. The national aim is to reduce the prevalence of smoking to below 5% by 2030

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

Oxfordshire in line with many areas has primarily focussed on smoking cessation services. With the prevalence of smokers in the County at 10.1% we need to adopt a different approach which addresses the wider underlying issues surrounding smoking if we want to see tobacco use eliminated in Oxfordshire.

With our overall adult population now approaching single figures the strategy presents an ambitious vision which employs a wider whole system approach to

[1] Department of Health (2017) Towards a smoke-free generation: a tobacco control plan for England https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

eliminating tobacco use from our communities. To achieve this wider whole system approach the strategy employs four pillars:

- Prevention
- Local regulation and enforcement
- Creating smoke free environments
- Supporting smokers to quit

Public Consultation on the Strategy

The OTCA were keen to engage with the public on this ambitious strategy. A consultation on the strategy was launched on 11th March 2020 which was National No Smoking day. A high-profile launch of the consultation took place which included a press event which included all six local authority leaders and senior officers from Oxfordshire Clinical Commissioning Group, Oxford University Hospitals Foundation Trust and Oxford Health Foundation Trust. This press event attracted attention from local press and media including the local BBC television news.

In addition to this the consultation was widely marketed on social medial to sign post the public to the OCC consultation webpages where the consultation was hosted.

The public consultation ran from 11th March – 12th April and 227 people responded to the consultation. It is acknowledged that the events of Covid-19 may have impacted on the public engagement to the consultation but the OTCA are grateful to the people who took time to respond to the consultation.

When asked about the vision of a smokefree Oxfordshire by 2025, 65% of the respondents supported this vision, 31% were against it and 5% were neutral.

Positive comments from the respondents to the strategy followed the following themes

- People don't like being exposed to the smell, health impacts of cigarette smoke when out in public.
- Improvement in the air quality in public spaces. Fresh/clean/pleasant environment. Less litter from butts.
- Recognition of health impacts on individuals (relatives), a healthier population and the NHS.
- Protection of those respiratory conditions
- Protection of children
- Smokefree should be free and not only less than 5%.

The negative comments from respondents to the strategy included the following themes.

- Removal of people liberties to smoke at all. Approach is dictatorial, controlling, a "Nanny State"
- Not considered a priority compared to other issues, such as pot holes, homelessness, adult social care, outdoor air quality.
- Belief that the Council does not have the powers or moral mandate to lead on public health measures (tobacco)

- Unintended consequences, more people smoke inside around children, people will do drugs instead,
- Removal of “joy” from peoples lives.
- The plan is too ambitions and not achievable.

Respondents were invited to contribute ideas on how to address smoking. The following views and ideas were offered.

- Any approach to be educational and encouraging.
- There were concerns around the approach alienating people who smoke.
- People were keen to prevent young people starting smoking.
- Other issues such as drugs, such as cannabis or links to vaping should be considered alongside this strategy.
- Ideas included ones which had a national reach, such as film ratings where smoking is present, controls on the sale of smoking products, dedicated support from midwives and health visitors to help pregnant women and their partners who smoke.

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

Eunan O’Neill
Consultant in Public Health
Oxfordshire County Council

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Oxfordshire Tobacco Control Alliance

THE FINAL PUSH

A draft Tobacco Control Strategy for a smokefree society in Oxfordshire 2020-2025

Contents

Foreword

Smoking tobacco remains the single most damaging action that an individual can do to their health and well-being. The health impact of tobacco usage on the population has been a cause of chronic illness and early death worldwide for decades.

There has been a significant decline in the use of tobacco in the UK since the turn of the Millennium. The combined effects of progressive taxation, legislative regulation and the widely available provision of support to those wanting to stop smoking has seen the level of smoking rapidly decline to the low levels that are now seen locally and nationally.

However, whilst so much progress has been made to reduce overall smoking prevalence, this masks significant health and social inequalities across the County. There is no room for tobacco in our society and there needs to be a concerted effort to eliminate the use of tobacco in all our communities. As we approach this aim, the challenges are altering from the historical changes that we have seen. This will mean that we need to continue to adapt our approach from those which have previously been employed. There is a wealth of evidence on effective local action to reduce the harms from smoking.

Reducing the use of tobacco in our communities is everyone's business and together we can deliver positive results. The Oxfordshire Tobacco Control Alliance was formed in 2018. This is a partnership of local organisations who are working together to end the use of tobacco in Oxfordshire and reports to the Oxfordshire Health Improvement Board. This Oxfordshire Tobacco Control Strategy will provide a bold vision, a set of clear actions and define how public sector strategic leads, local policy makers, commissioners, providers, businesses, the voluntary sector and most importantly the community itself can work together to reduce the number of people in Oxfordshire who smoke and eventually eliminate the use of tobacco from the County.

Eunan O'Neill
Chair, Oxfordshire Tobacco Control Alliance.

Introduction

Smoking is widely accepted as one of the most detrimental behaviours which can affect the health of our communities and increase the risk of suffering serious illness and premature death.

Cigarettes are the cause of death for about half of all long-term smokers and greatly contribute to increased morbidity in those who are long-term smokers[1]. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementias, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

Nicotine is addictive, and is one of the key reasons why it can be difficult for smokers to quit. Whilst addictive nicotine is not the cause of smoking related deaths, it is the 4000 chemicals in tobacco which cause the harm to health, over 50 of which can cause cancer[2].

About half of attempted quits are made without the use of Nicotine Replacement Therapy (NRT) or other aids[3]. The use of NRT and licenced pharmacotherapy helps reduce the nicotine cravings that arise with stopping smoking. The likelihood of successfully quitting in the long term is increased by three times[4], through the use of Local Stop Smoking Services which provide behavioural support to aid quitting.

In England there have been concerted efforts to reduce the number of smokers in the population and the increased education of the harm that smoking has on the health of smokers. Whilst there have been considerable reductions in the smoking population from 45% in 1974, in 2018 14.4% of adults in England still smoke[5]. While hundreds of thousands of people in England stop smoking every year, many still start using tobacco and nearly all of those who are in their teens or early twenties.

There has been a significant reduction in smoking both nationally and locally which is welcome, but this reduction and the harms that tobacco causes on those in the community who smoke is not equally distributed. There are deep inequalities related to tobacco use. The use of tobacco and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our communities. Smoking is the single largest driver of health inequalities in England, accounting for half the difference in life expectancy between those living in the most and least deprived communities[6]. Smoking is much more common among people with lower incomes. The more disadvantaged a person is, the more likely they are to smoke and to suffer from smoking related illness and early death related to smoking[6]. As spending on tobacco consumes a relatively high proportion of the household income for people with low incomes who smoke, smoking can lock people into poverty.

[1]Doll, R., Peto, R., Boreham, J. and Sutherland, I. (2004) Mortality in relation to smoking: 50 years' observations on male British doctors
[2]World Health Organisation (2012) Why is smoking an issue for non-smokers?
[3]Action on Smoking and Health (2019) The End of Smoking
[4]Public Health England (2019) Health matters: stopping smoking - what works?
[5]NHS Digital (2019) Statistics on Smoking, England - 2019
[6]Action on Smoking and Health (2019) Health Inequalities and Smoking

In addition to its impact on health inequalities, smoking also brings a huge financial cost to wider society. Action on Smoking and Health (ASH) estimates the cost of smoking to England's economy to be £12.6 billion each year[7].

Where smoking is more visible in homes, communities and workplaces, there is higher likelihood that smoking will be taken up by the next generation. Children and young people who live with parents who smoke are nearly three times more likely to become smokers themselves than their peers who do not live with smokers[8]. If smoking is more visible and perceived to be socially normal behaviour, there is a higher likelihood to experiment with tobacco. The "de-normalising" of smoking is important in changing of attitudes in children and young people to the use of tobacco.

There has traditionally been a focus in Oxfordshire on the provision of universal Local Stop Smoking Services to address the reduction in the prevalence of smoking in our communities. This was the best approach when the numbers of smokers in society were much higher. Now that we are approaching a situation where we have significantly fewer smokers than twenty years ago, a different multi-faceted approach needs to be taken for the final push to a smokefree society. To build a healthier and smokefree Oxfordshire, there is a need to continue to prevent the uptake among young people, reduce the supply and demand of illicit tobacco through regulation and enforcement, reduce exposure to second hand smoke through creating smokefree environments, and focus efforts to support people to stop smoking in communities where smoking rates are still higher than the wider population.

The interventions required to successfully de-normalise smoking achieve a smoke free Oxfordshire may be considered as "nanny statist" or an assault on personal choice by some people. The whole system approach to make smoking less visible, is not banning the choice of people who choose to smoke. It aims to create smoke free environments in more places in our communities, protecting the free choice of the nine out of ten residents of Oxfordshire who choose not to smoke, from exposure to second hand smoke and other impacts of tobacco use

Therefore, a comprehensive and strategic approach to tobacco control should be a new priority for Oxfordshire. To achieve this, all parts of our system will have their part to play.

[7]Action on Smoking and Health (2019) Ready Reckoner
[8]Action on Smoking and Health (2019) Young People and Smoking

The National Picture

Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes.

In 2017 the Government published its Tobacco Control Plan for England 2017-22[9]. The Plan provides a blue print for a whole system approach for partners to work together at both National and local levels. The vision is to create a smokefree generation by 2030 which is achieved when the national prevalence is at 5%.

The Secretary of State for Health and Social Care has set out a commitment to upscaling prevention in the NHS Long Term Plan[10]. The NHS Long Term Plan has highlighted the contribution the NHS can make to tackling tobacco dependence, especially for hospital inpatients, pregnant women and long-term users of mental health services. In time, this will bring new opportunities for reducing local inequalities in smoking prevalence. In delivering the NHS Long Term Plan, Sustainability and Transformation Partnerships and Integrated Care Systems require a population view of health, reducing smoking prevalence provides a clear focus for collaboration between local government and the NHS as it remains the leading preventable cause of population ill-health.

Effective tobacco control includes various national policies, overseen and implemented by central Government. However locally the Council, and other local stakeholders, have a responsibility alongside central Government to support the implementation of these to maximise their potential to reduce smoking prevalence rates. The Tobacco Control Plan for England 2017-22[9] has the following actions directed towards local areas:

Stamping out inequality: smoke-free pregnancy. Reduce the prevalence of smoking during pregnancy to improve life chances for children:

- All Clinical Commissioning Groups (CCGs), NHS Trusts and Local Authorities fully implementing National Institute for Care and Excellence (NICE) Guidance including Smoking: stopping in pregnancy and after childbirth (PH26)[11] which recommends that all pregnant women are CO screened and those with elevated levels referred via an opt-out system for specialist support.
- Local areas, especially those with smoking in pregnancy prevalence above the national average, identifying local Smoke-free Pregnancy Champions to consider how prevalence can be reduced in their locality and lead action to achieve this.

Supporting smokers to quit. Stop Smoking Services***:***

- Local areas developing their own tobacco control strategies, based on NICE evidence-based guidance.

Parity of esteem. Supporting people with mental health conditions:

[9]Department of Health and Social Care (2017) Towards a smoke-free generation: a tobacco control plan for England
[10]NHS (2019) NHS Long Term Plan
[11]NICE (2010) Smoking: Stopping in pregnancy and after childbirth

- Commissioners and providers of the local health and social care system assessing the need of stop smoking support for people with mental health conditions and delivering targeted and effective interventions.
- NICE guidance PH48[12] and PH45[13] fully implemented in all mental health contexts. This will mean the full roll out of comprehensive smoke-free policies in all mental health units by 2018, as recommended in the 2016 Independent Mental Health Taskforce Report 'The Five Year Forward View for Mental Health'[14].

A smoke-free NHS, leading by example. Create and enable working environments which encourage smokers to quit:

- All employers making good use of information and momentum generated by national campaigns such as 'Stoptober' and regional campaigns to promote stopping smoking amongst their employees.

Eliminating variation in smoking rates - ***A whole system approach.*** Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis:

- All health professionals engaging with smokers to promote quitting.
- Clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status.
- All NHS hospitals fully implementing NICE PH48[12] guidance supporting cessation in secondary care.

Local inequalities. Eliminating health inequalities through targeting those populations where smoking rates remain high:

- Regions and individual local councils coming together to agree local ambitions around which collective action can be organised.
- Local health and wellbeing partners participating in 'CLeaR', an evidence-based improvement model that can assist in promoting local tobacco control activities.
- Local partners identifying the groups and areas with the highest smoking prevalence within their local communities and taking focused action aimed at making reductions in health inequalities caused by smoking in their population.

Public awareness*:* Use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking:

- Local areas working together to explore if regional and cross-regional approaches could offer a greater return on investment for stop smoking campaigns.

[12]NICE (2013) Smoking: acute, maternity and mental health services
[13]NICE (2013) Smoking: harm reduction
[14]Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health

Smoking Rates in Oxfordshire

There is a continuing decline in the proportion of people who smoke in the County. Current data, from 2018, shows that 10.1% of adults in Oxfordshire smoke, below the South-East (12.9%) and England (14.4%) levels. This is a decrease from 16.2% in 2011. More detail is available in Table 1 and Figure 1 below.

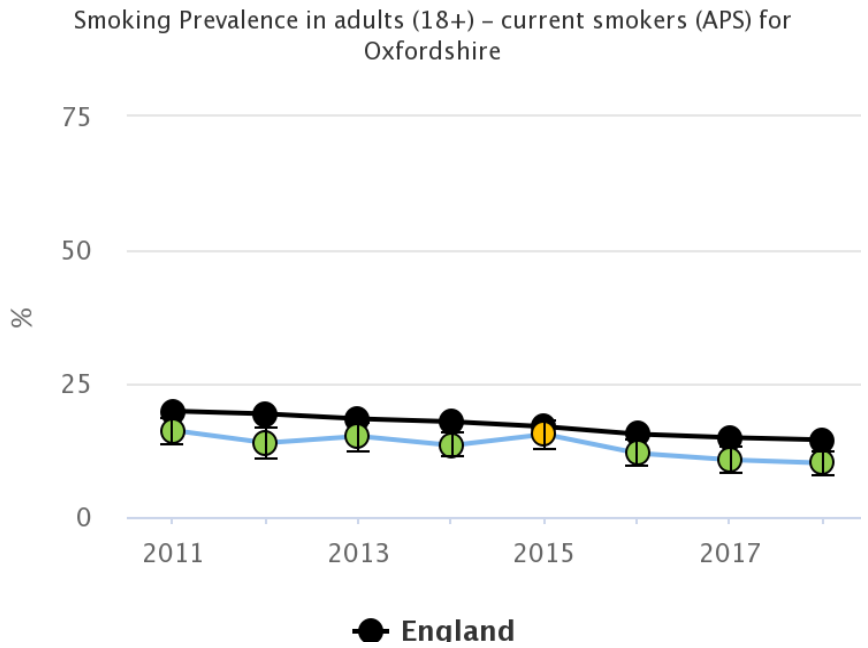

Figure 1. Smoking prevalence in Adults in Oxfordshire 2011-18 ***Source: Annual Population Survey (APS)***

Period		Oxfordshire Count	Value	Lower CI	Upper CI	South East region	England
2011		83,655	16.2%	13.7%	18.7%	18.2%	19.8%
2012		72,254	13.9%	11.1%	16.6%	17.9%	19.3%
2013		79,240	15.1%	12.5%	17.8%	17.2%	18.4%
2014		70,876	13.4%	11.2%	15.7%	16.5%	17.8%
2015		82,376	15.5%	12.9%	18.1%	15.9%	16.9%
2016		63,916	11.9%	9.5%	14.3%	14.6%	15.5%
2017		57,695	10.7%	8.2%	13.2%	13.7%	14.9%
2018		54,804	10.1%	7.8%	12.4%	12.9%	14.4%

Table 1. Smoking prevalence in adults (18+) current smokers ***Source: Annual Population Survey (APS)***

While the overall smoking levels in Oxfordshire are encouraging, there are inequalities in those who smoke:

- 17% of people in routine and manual occupations smoke (South East 25%, England 25.4%)
- 36.4% of people with a serious mental illness smoke (South East 38.5%, England 40.5%)
- 22.7% of people with a long-term mental health condition smoke (South East 25%, England 26.8%).

The number of women who smoke while pregnant is currently 7.5% (South East 9.7%, England 10.6%), this equates to 484 women. While the proportion is less than regional and national levels, there has been a static level in Oxfordshire and, unlike the overall population, there has not been a declining trend as shown in Figure 2.

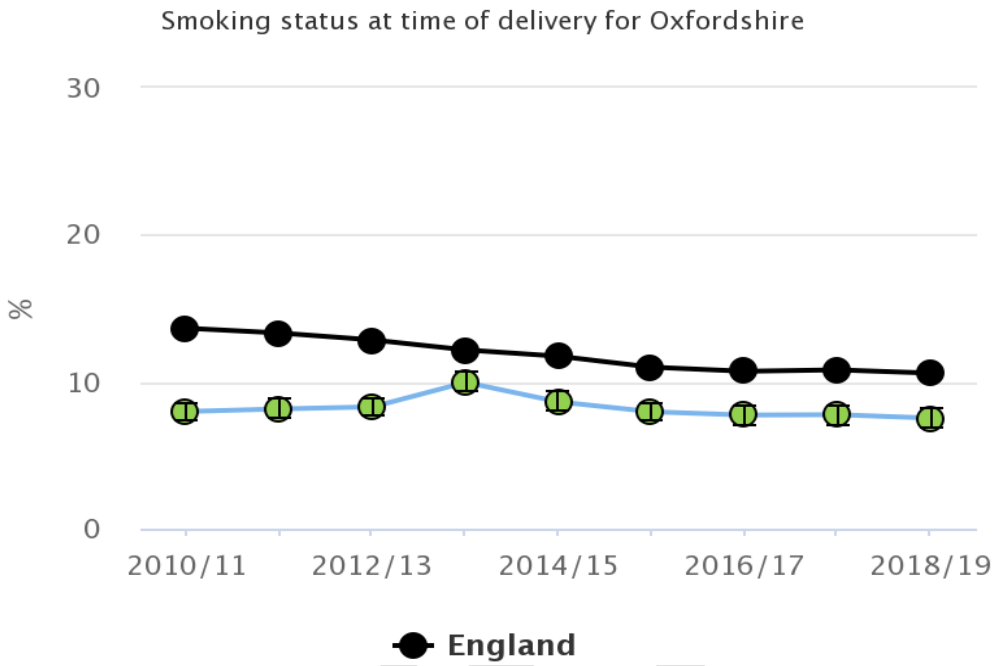

Figure 2. Smoking status at time of delivery ***Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)***

The most recent national data available on smoking in young people is from 2014/15. While this data is from five years ago, the prevalence of smoking in young people was reported as:

- Regular smokers aged 15 - 5.7% (England 5.5%)
- Occasional smokers aged 15 - 4.7% (England 2.7%)
- Tried electronic cigarettes - 16.2% (England 18.4%)

Stop Smoking Activity in Oxfordshire

It is estimated that approximately 30% of smokers every year make a serious attempt to quit. Most are unsuccessful with only 5% of smokers achieving a successful attempt at stopping smoking. Of these 5% each year[3]:

- 2% quit through a Local Stop Smoking Service
- 8% get professional advice and use medication (i.e. nicotine patches)
- 14% use medication they bought over the counter at a pharmacy
- 35% succeed on their own without any help
- 41% use an electronic cigarette

Oxfordshire County Council currently commission a Local Stop Smoking Service, known as Smokefreelife Oxfordshire, to help smokers to quit with the use of pharmacotherapy and behavioural support. In 2018/19 this Local Stop Smoking Service delivered 2000 successful four-week quits for local residents who smoke. There has been a reducing rate in the numbers of those quitting observed nationally, however in Oxfordshire this trend has not been observed in the past four years where a significant increase in the quit rate per 100,000 smokers has been observed (Figure 3). While the local trends of Local Stop Smoking Service are encouraging it must be remembered that the system needs to consider the 98% of smokers in the County who do not quit or access these types services in an attempt to quit smoking.

Figure 3. Smokers that have successfully quit at 4 weeks in Oxon ***Source: Population Health Analysis Team, Public Health England***

The Effects of Smoking on the wider community of Oxfordshire

The effect of the taxation policies of successive governments has made smoking more expensive and a deterrent to some. A smoker consuming a pack of twenty cigarettes a day will spend around £2,500 a year on their habit. The 54,804 residents in Oxfordshire who currently smoke spend approximately £73.7 million a year on tobacco products.

Smoking not only has an impact on the health of the population, there is also a wider cost to society. The ASH Ready Reckoner[7] estimates the costs of smoking tobacco at a local level. For Oxfordshire, in 2019, the estimated costs to society was **£121.7 million** per year (£1.9 billion across the South East and £12.5 billion across England). This cost is accrued across a range of domains as shown in Figure 4.

Healthcare Costs - The total annual cost of smoking to the NHS across Oxfordshire is about £25.7 million.

- There are approximately 4,249 hospital admissions for smoking-related conditions at a cost of £9.8 million
- The cost of treating smoking- related illness via primary care and ambulatory care services is £15.9 million.
- It is estimated that treating smoking-related illnesses in Oxfordshire requires around 253,670 GP consultations, 85,580 practice nurse consultations and 47,130 outpatient visits. This is an avoidable use of valuable resources if people did not smoke.

Social Care Costs - Many current and former smokers require care in later life as a result of smoking related illnesses. Each year this costs society in Oxfordshire an additional £7.4million - £6 million is funded by the Local Authority social care budget and £1.4 million is paid by individuals who self-fund their care.

Productivity Costs - Smokers take more sick leave from work than non-smokers and smoking increases the risk of disability and early death. This has an impact on the local workforce and economy. It is estimated that each year £86 million of potential wealth is lost from the local economy in Oxfordshire as a result of lost productivity due to smoking. Each year it is estimated that:

- There are 730 early deaths due to smoking which result in 1,037 years of lost economic activity, costing businesses about £32.3 million.
- 162 employees in Oxfordshire are economically inactive and unable to work due to smoking related illness, resulting in an annual cost to business of £7.8 million
- Absenteeism due to smoking related illness results in about 94,640 days of lost productivity costing a further £13.7 million
- The estimated cost to business of smoking breaks for smokers is £32.3 million.

Littering Costs - Tobacco usage has an environmental impact in our community. 62% of people drop litter and smoking materials constitute 35% of all street litter. Most cigarette filters are non-biodegradable and must be collected and disposed of in landfill sites.

Smokers in Oxfordshire consume about 442,510 cigarettes every day! This results in approximately 64kg of waste daily from cigarettes. This represents around 23 tonnes of waste annually, of which 10 tonnes is collected by the Councils.

House Fire Costs - Smoking materials are a major contributor to accidental fires in England with around 7% being smoking related. Fatalities are disproportionately high in smoking related fires, representing 49% of all house fire deaths. It is estimated that Oxfordshire Fire and Rescue Service (OFRS) will attend about 25 smoking related house fires in the County each year. As a result of this £2.7 million is lost annually to smoking related house fires.

- Smoking related fires are expected to be responsible for approximately one fatality every two years, resulting in average societal losses of £1.1 million.
- In addition to deaths, smoking related fires are expected to result in 4 non-fatal injuries each year, further increasing the societal cost by approx. £450,000.
- Smoking attributable fires will also result in property damage at an average annual cost of £1.1 million.
- The annual cost to OFRS for responding to smoking related fires is £94,160

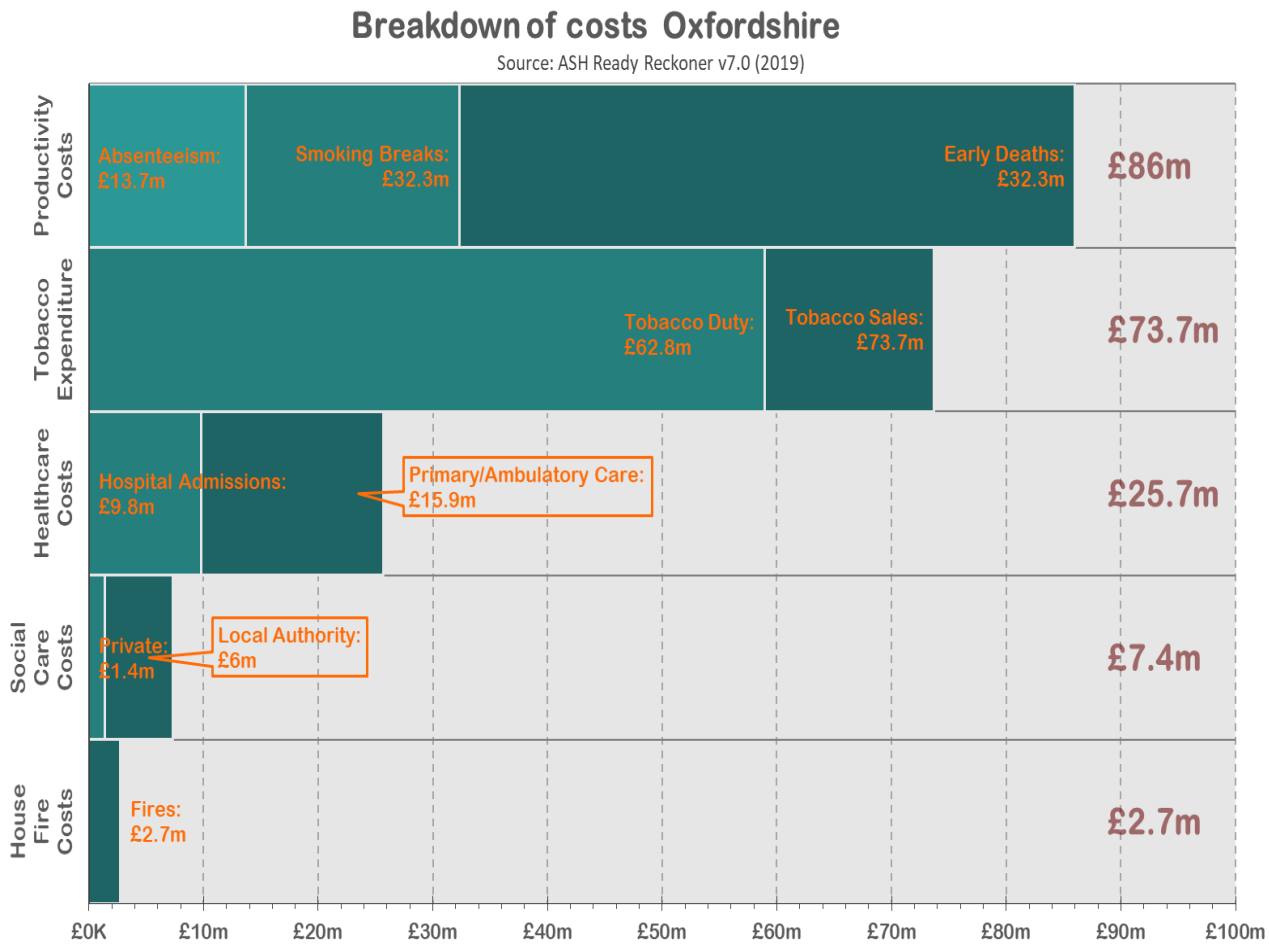

Figure 4. Breakdown of costs to society of smoking in Oxfordshire ***Source ASH Ready Reckoner v7.0 (2019)***

The Priorities for Oxfordshire 2020-2025

This is the first Oxfordshire Tobacco Control Strategy produce by the Oxfordshire Tobacco Control Alliance and is a reflection of the cooperation now developing with a wide range of partners. With our overall adult population percentage now approaching single figures, now is the time for an ambitious vision and a wider system approach to eliminating tobacco use from our communities.

By 2025 we aim to:

- **Reduce the prevalence of smoking in the adult population to below 5% by 2025.**
- **Reduce the prevalence of smoking in routine and manual workers to below 10%**
- **Reduce the prevalence of smoking in those with a serious mental illness to below 20%**
- **Reduce the prevalence of women who smoke at the time of delivery to below 4%**
- **Reduce the prevalence of smoking at age 15 below 3%**

We realise that the ambition to eliminate tobacco use in Oxfordshire cannot be achieved by any one organisation alone. The Strategy will be supported by a detailed annual action plan which will be agreed by all partners of the Oxfordshire Tobacco Control Alliance. The objectives for reducing tobacco control in Oxfordshire will adopt a whole system approach across four pillars as shown in Figure 5 below.

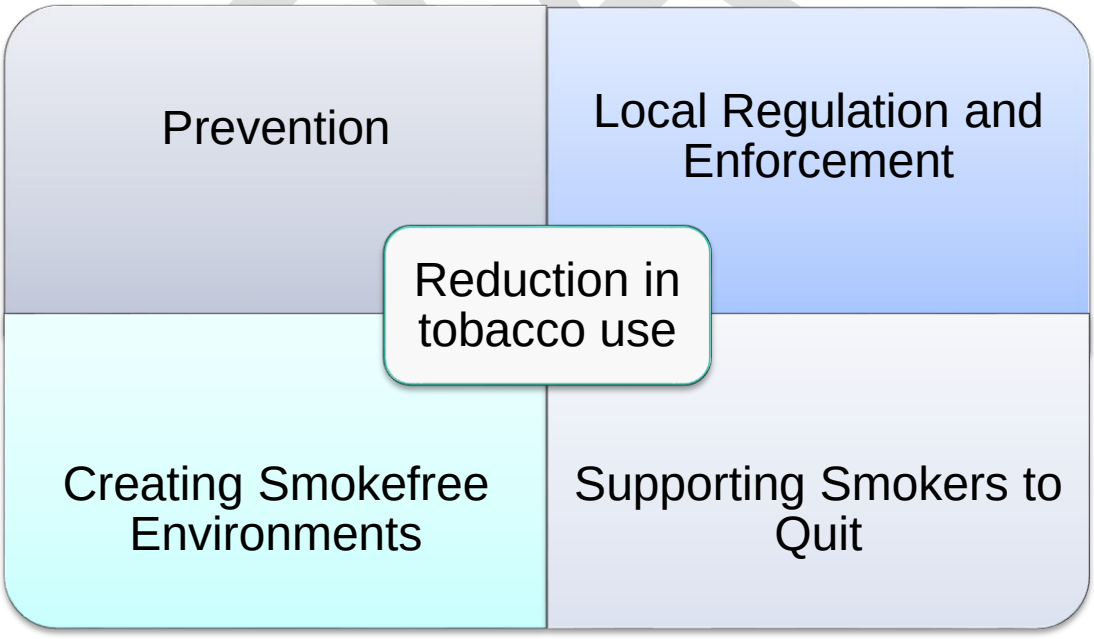

Figure 5. Four pillars for a whole system approach to tobacco use.

1. Prevention

Smoking is not an adult choice but an addiction of childhood, 77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18 before fully understanding the associated health risks[8]. Reducing the numbers of young people who smoke can hasten the decline in the adult population.

Tobacco smoke hurts local people even before birth with maternal smoking causing 5,000 miscarriages, 300 perinatal deaths and over 2,000 premature births in the UK every year[15]. Maternal smoking after birth is associated with a threefold increase in the risk of sudden infant death.

We will:

- **Ensure that the most vulnerable children and young people are supported not to start smoking.**
- **Provide access to training for all health professionals on smoking cessation.**
- **Promote NICE Guidance including Smoking: stopping in pregnancy and after childbirth (PH26)**[11]
- **Identify local Smokefree Pregnancy Champions.**
- **Reduce the prevalence of smoking during pregnancy, ensuring a robust and effective pathway for both women and their partners for identification, referral and support to stop smoking.**

[15] Royal College of Physicians (2010) Passive Smoking and Children

2. Local Regulation and Enforcement

It is essential that there is effective illicit tobacco enforcement across Oxfordshire. Cheap illicit tobacco fuels smoking inequalities and is linked to crime at many levels[16]. Illicit tobacco is often available at cheaper prices, undermining the effectiveness of taxation and making it harder for smokers to quit. The Oxfordshire County Council Trading Standards Service has an intelligence led approach to enforcement for underage and illicit sales of tobacco. This has led to more targeted work and a greater focus on those traders causing the most harm.

Some Local Authorities have carried out enforcement activities to raise awareness amongst local people about the issue of dropping cigarette litter. This has involved educational campaigns alongside enforcement. This can help address the environmental and cost burden of tobacco litter.

We will:

- **Adopt a joined-up approach to tackling the supply and demand of illicit tobacco with key partners, including promotion of good trading practice.**
- **Raise public awareness, through mass-media campaigns, of the effect of illicit tobacco on society and increase the number of people who volunteer intelligence.**
- **Support regional programmes to reduce illegal tobacco.**
- **Ensure effective prosecutions continue to be pursued in appropriate cases based on intelligence received.**
- **Take actions to reduce the sale of tobacco related products and electronic cigarettes to people underage.**
- **Take actions to ensure compliance to regulation relating to electronic cigarettes.**
- **Raise awareness of the issue of cigarette littering and increase enforcement for littering.**

[16] Smokefree Action (2016) Smoking: Illicit tobacco

3. Creating Smokefree Environments

Promoting smokefree communities protects our residents from tobacco related harm and the harms of second-hand smoking. The legislation introduced in 2007 has rapidly changed the presence of smoking in our communities, which has been welcome by many. Further legislation prohibiting smoking in a vehicle with children under 18 further demonstrates how using legislation can protect our young people from the harms created by others smoking.

By restricting where people can smoke, local partners can create healthier environments for the 90% of people who do not smoke. By reducing the visibility of smoking permissive locations, the normalisation of smoking is reduced which will make the sight of people smoking to be seen as unusual (it would be considered unimaginable to see someone smoking at a table in a restaurant). By compelling smokers to remove themselves from defined areas to smoke, there is increased chance that they will consider stopping.

We will:

- **Encourage workplaces to promote smokefree environments and support staff to quit smoking.**
- **Ensure that local NHS Trusts are smokefree with comprehensive smokefree policies; including encouraging smokers using, visiting or working in the NHS to quit.**
- **Explore further opportunities to protect both adults and children from the harm of second-hand smoke.**
- **Support organisations working across the community to promote smokefree environments including homes, cars, play parks and school gates.**
- **Through local mass-media campaigns, promote smokefree environments**
- **Train and support staff working with families to promote smokefree homes and cars.**
- **Continued enforcement of smokefree legislation in our community.**

4. Supporting Smokers to Quit

The prevalence of smokers in Oxfordshire is lower than the national average, but there are stark inequalities in the population who smoke. Focussing on the groups with higher smoking rates with targeted approach to quit support is essential to address the local inequalities.

The NHS through the Smokefree NHS including hospital and maternity services alongside the Local Stop Smoking Service have a key role to play in supporting patients, pregnant women and their families to quit smoking. The requirement for NHS Trusts to become smokefree by the end of 2019/20[17] and complying with NICE guidance[12], should facilitate staff training and the embedding of referral pathways to NHS funded tobacco dependency services in hospitals.

We will;

- **Reduce health inequalities through targeting those populations where smoking rates remain high including routine and manual workers, unemployed and those living in the most deprived communities.**
- **Commission targeted, community-based client friendly Local Stop Smoking Services which priorities high risk and vulnerable groups.**
- **Train all front-line health care workers in brief intervention/making every contact count (MECC) to raise the issue of smoking, advice on the benefits of stopping, create access to medications and encourage annual quit attempts.**
- **Ensure that all care providers and health practitioners can refer direct to the Local Stop Smoking Services or NHS funded tobacco dependency services**
- **Through local mass-media campaigns, integrating with national campaigns, raise awareness of Local Stop Smoking Services and encourage all smokers to have annual quit attempt.**
- **Promote NICE Guidance PH48[12] to hospital trusts**
- **Reduce the prevalence of smoking in people with mental health conditions and learning disabilities, offering targeted interventions and ensuring that mental health trusts learning disability services are able to support smokers in their care.**
- **Ensure an evidence-based approach is taken to the promotion and use of electronic cigarettes that is disseminate to all partners**

[17]NHS England (2014) Five Year Forward View

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Report on the Prevention Concordat for Better Mental Health to the May 2020 Health Improvement Board

Background

The recommendation for Oxfordshire to sign up to the Public Health England (PHE) Prevention Concordat for Better Mental Health was made to and agreed by the Health Improvement Board (HIB) in May 2018. The HWB approved the sign-up to the Concordat as a Board in November 2018. Public health led the process and developed a draft framework for action and submitted an application. The application was accepted and awarded by PHE in May 2019 with the publication of Oxfordshire's commitment to the Prevention Concordat.

The November 2019 report to the Health Improvement Board on the Prevention Concordat for Better Mental Health includes the detail on the background of this work, the policy context and the prevalence of mental health and wellbeing in Oxfordshire. (*see document 10.2 in this agenda pack*)

Progress update

Representatives from the Concordat partners worked together from September 2019 to March 2020 to agree a vision and approach and develop the Oxfordshire Mental Health Prevention Framework. Additional partners were engaged to ensure the framework fully represented Oxfordshire residents. The current provision for mental wellbeing was mapped to build on existing work and identify any gaps and opportunities for collaboration and innovation.

The Suicide and Self Harm Prevention Strategy was developed alongside the Oxfordshire Mental Health Prevention Framework, which ensured a joined-up approach was taken. The community engagement conducted for the Suicide and Self Harm Prevention Strategy was also used to inform the development of the Mental Health Prevention Framework.

The Oxfordshire Mental Health Prevention Framework was published in April 2020 along with the Suicide and Self Harm Prevention Strategy. Both documents can be found here. (*also as documents 10.3 and 10.4 in this agenda pack)*

Jannette Smith, Health Improvement Principal
Oxfordshire County Council

The Concordat partnership group

The partnership group committed to:

- **build on existing action** and identify opportunities for collaboration and innovation
- **work collaboratively** to maximise impact at an individual, community and place based level
- **recognise** that people don't have the same opportunities to be as healthy as others and address the wider social determinants
- **tailor our approach** through a strong evidence base, prioritising the key life stages

Our approach
The group will work with settings where we are born, grow, live, work and age. The enablers are environmental, physical and economic factors that support good mental health.

The framework
The framework is shown on the following page. Actions are divided into 4 focus areas, each with a key aim and a set of actions that will evolve over time.

Next steps
We are woking with academic partners to develop a logic model and an evaluation framework to measure how working as a partnership contributes to better mental health initiaves in Oxfordshire. We are also a pilot site to test the Public Health England Draft Evaluation Toolkit for Mental Health.

We now need to review our actions and priorities in response to COVID-19 to support the recovery phase for mental health in Oxfordshire. We will further develop the detailed action plan with priorities for year 1 and assign responsibilities and outcome measures.

Oxfordshire Mental Health Prevention framework

Jannette Smith, Health Improvement Principal
Oxfordshire County Council

Jannette Smith, Health Improvement Principal
Oxfordshire County Council

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Report on the Prevention Concordat for Better Mental Health to the November 2019 Health Improvement Board

Definition

Mental health and mental wellbeing are terms that tend to be used interchangeably. Mental wellbeing is understood as how people feel and function, both on a personal and a social level, and how they evaluate their lives.[1] Mental health is described as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.[2]

The Health and Wellbeing Board (HWB) has adopted the understanding of mental wellbeing as being separate to mental health (Appendix 1).

Prevalence

In Oxfordshire, the average wellbeing scores for life satisfaction, "things you do are worthwhile", and happiness are slightly higher in 2017/18 compared with 2016/17, and the anxiety mean has increased each year since 2013/14.

In 2017/18 there were 62,214 adult patients recorded with a diagnosis of depression in Oxfordshire. Since 2013/14, prevalence of depression has increased from 6.6% to 10.3% among the adult population (18+ years). The proportion of all school pupils with social, emotional and mental health needs has increased over recent years in Oxfordshire and in England. In 2018 there were 2,512 children with identified social, emotional and mental health needs at schools in Oxfordshire.

It is possible that increases in mental health diagnoses are partly due to increased awareness and reduced stigma, although it remains likely that a significant proportion of people with depression are undiagnosed.

During 2017/18, the rate of emergency hospital admissions for intentional self-harm in all ages in Oxfordshire was 178.8 per 100,000 population, significantly lower than the rate in 2016/17. Self-harm admissions are increasing in young people (aged 10-24 years) in Oxfordshire. Numbers recorded for 2016-17 increased to 619 (552 in 2015-16). Oxfordshire's rate for 2016/17 is significantly higher than the England average (as it was in 2014/15).

There were 164 deaths by suicide between 2015 and 2017,131 of which were male. Oxfordshire's suicide rate is not significantly different from national and regional figures.[3]

Policy context

The Prevention Concordat for Better Mental Health and the associated guidance was published by Public Health England (PHE) in August 2017.[4] It aims to galvanise local cross-sector action and increase public mental health approaches to support the

[1] New Economics Foundation (2012) Measuring Wellbeing. London: New Economics Foundation
https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it#_ftn1
[2] http://www.who.int/features/factfiles/mental_health/en/
[3] https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA_2019_Ch5_Health.pdf
[4] https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-planning-resource

prevention of mental health problems and the promotion of good mental health across the whole system.

The approach is outlined in the Prevention Concordat for Better Mental Health: planning resource infographic (Appendix 2)[5] and is structured to guide local prevention and planning arrangements. The consensus statements of the Concordat (Appendix 3) describe the shared commitment of partner organisations to work together via the Concordat to prevent mental health problems and promote good mental health.

A Mental Wellbeing Framework Oxfordshire is being developed to outline what partners have committed to do, build on existing action and identify opportunities for collaboration and innovation. The wellbeing framework is being developed alongside the Suicide and Self Harm Prevention Strategy for Oxfordshire to ensure a joined-up approach to mental health and mental wellbeing.

Progress on the Prevention Concordat for Better Mental Health in Oxfordshire
The recommendation for Oxfordshire to sign up to the PHE Prevention Concordat for Better Mental Health was made to and agreed by the Health Improvement Board (HIB) in May 2018. The HWB approved the sign-up to the Concordat as a Board in November 2018.

The completion of the application for the Concordat was led by Public Health, Oxfordshire County Council, based on the information gathered in a HIB mental wellbeing mapping workshop in March 18 and subsequent comments from key partners. The application for the has two key sections: A summary of what is currently being done at a strategic level and a plan of what will be achieved over the next 12 months.

Oxfordshire Mental Health Partnership and Active Oxfordshire partnered with the HWB to sign-up to the Concordat and the completed application was submitted to Public Health England (PHE) on the 1st March 2019. The application was accepted and PHE published the Oxfordshire commitment on the Prevention Concordat (Appendix 3).

All Concordat partners were contacted following the agreement from the HWB to nominate a representative for the Concordat. All these partners were consulted with between April-August 2019 and asked to consider the potential scope of the Concordat for Oxfordshire and their organisations hopes and aims. All partners identified an officer to work with Public Health to develop an Oxfordshire Mental Wellbeing Framework, agree a partnership approach to build on existing action and identify any gaps and opportunities for collaboration and innovation.

Additional partners outside of the initial signatories have been engaged and have signed up to the Concordat to increase the scope of the project. These include Age UK, Oxfordshire Carers, Rethink Mental Health and RAF Benson.

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640669/Prevention_Concordat_for_Better_Mental_Health_Planning_Resource_Infographic.pdf

A task and finish group to develop the framework has been created with the nominated representatives of each organisation which now includes:

- Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Healthwatch Oxfordshire
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Oxford City Council
- Cherwell District Council
- South Oxfordshire District Council
- West Oxfordshire District Council
- Vale of the White Horse District Council
- Connection Floating Support
- Elmore Community Services
- Oxford Health NHS Foundation Trust
- Oxfordshire Mind
- Response
- Restore
- Active Oxfordshire
- Age UK
- Rethink Mental Illness
- Oxfordshire Carers
- RAF Benson

All partners met as group for the first time in September 2019. Initial workshops have identified what a framework for Oxfordshire should include and the priorities for action. The group has begun to map the current mental wellbeing initiatives in Oxfordshire to identify good practice, and gaps and opportunities for collaboration and innovation.

The feedback from the engagement questionnaire and the focus groups for the development of the Suicide and Self Harm Prevention Strategy for Oxfordshire, as well as existing community insight collected by the Concordat partners is being used to inform the development of the wellbeing framework for the Concordat. Additional stakeholders have also been identified to ensure the framework fully represents all of Oxfordshire residents.

A high-level draft of the proposed framework is included below for information and early comment. The final framework will be presented to the HIB in Feburary 2020 for sign off. The HIB will be asked to provide oversight on progress against the framework and the delivery of relevant partnership plans and strategies.

Draft Mental Wellbeing Framework for Oxfordshire

Draft Wellbeing Framework Nov 19.pp

Recommendations

1. Review the draft proposed Mental Wellbeing Framework for early comment
2. From March 2020 provide oversight on progress against the framework and the delivery of relevant partnership plans and strategies

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

Appendix 1 Definition of mental wellbeing

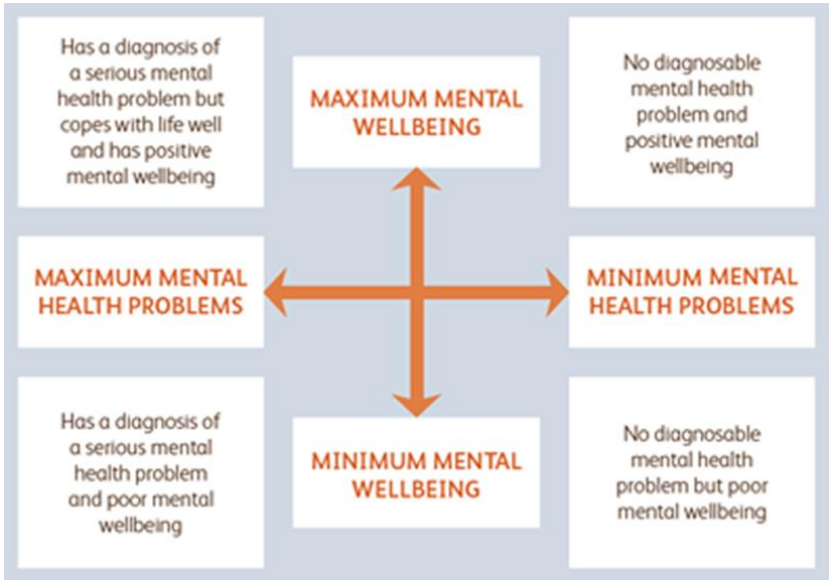
Mental health and mental wellbeing tend to be terms that are used interchangeably. There are two schools of thought about the relationship between mental health and mental wellbeing. The first is that mental wellbeing is on a continuum with mental wellbeing at one end, leading through to mental ill health at the other. The second, is that mental wellbeing is entirely separate from mental health, though there is a relationship between the two.

- **Mental ill-health** is concerned with disorders (such as depression, anxiety, schizophrenia, personality disorder) that describe clinically recognisable symptoms or behaviour[6]

- **Mental health** is described as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community[7]

- **Mental wellbeing** can be understood as how people feel and function, both on a personal and a social level, and how they evaluate their lives as a whole[8]

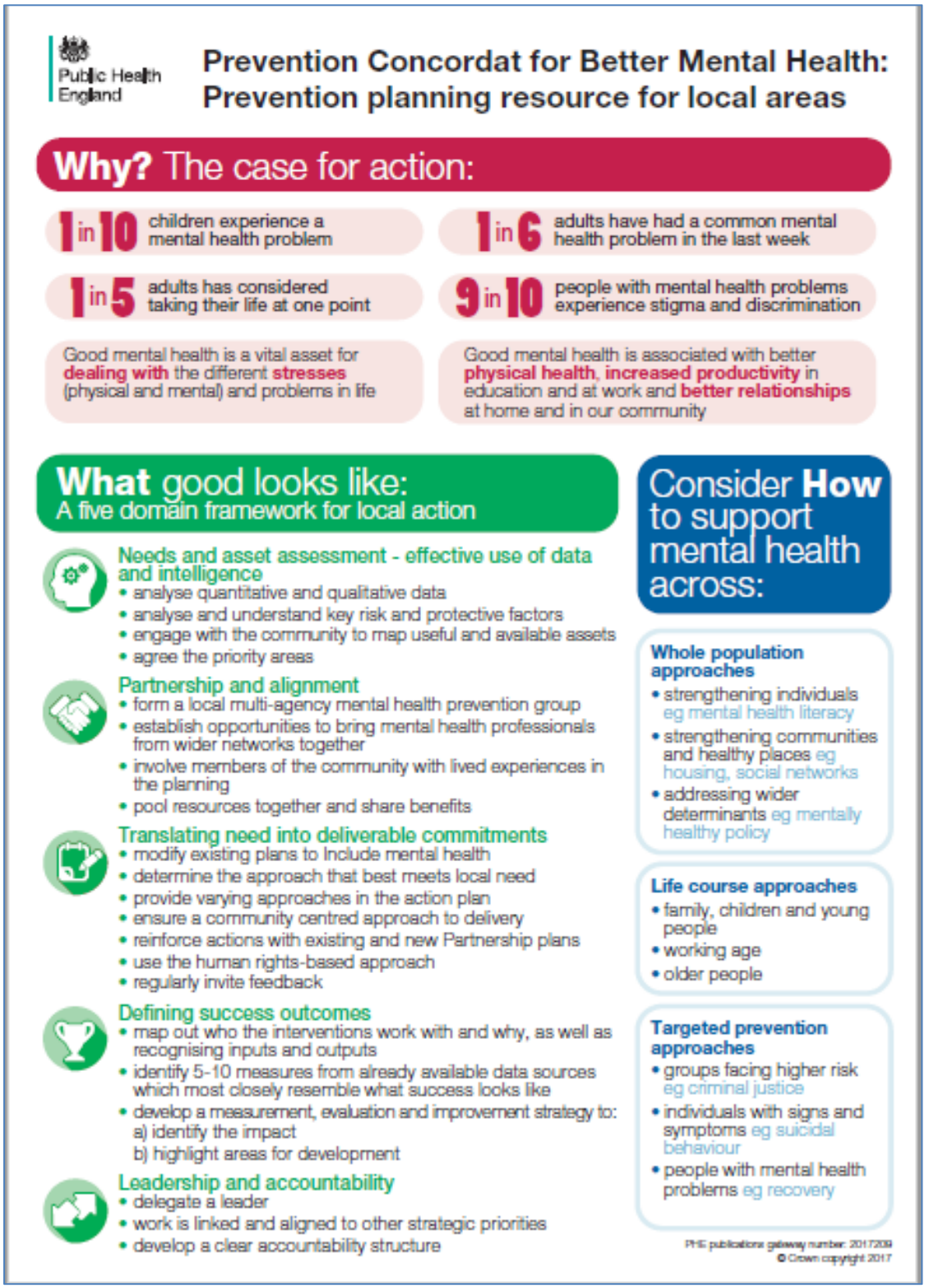
The figure below shows the dual continuum model which recognises that a person with mental health problems can simultaneously be experiencing positive mental wellbeing, and vice versa.[9]



The Health and Wellbeing Board has adopted the understanding of mental wellbeing as being separate to mental health.

[6] http://www.who.int/classifications/icd/en/bluebook.pdf
[7] http://www.who.int/features/factfiles/mental_health/en/
[8] New Economics Foundation (2012) Measuring Wellbeing. London: New Economics Foundation https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it#_ftn1
[9] K Tudor Mental health promotion: Paradigms and Practice 1996

Appendix 2 Prevention Concordat for Better Mental Health: planning resource infographic



Appendix 3 Consensus statement

Mental Wellbeing in Oxfordshire: Prevention Concordat for Better Mental Health

This consensus statement describes the shared commitment of the organisations signed below to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

The undersigned organisations agree that:

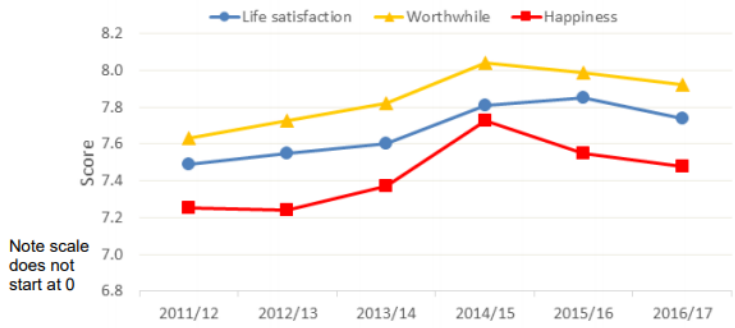
1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.
2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action.
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat

Appendix 4 Application form extract

Prevention Concordat for Better Mental Health - local action across the 5 domains

What we currently do that promotes better mental health	
Leadership and Direction	The Joint Health and Wellbeing Strategy for Oxfordshire includes mental health in its priorities and identifies the role of the wider determinants of health such as employment and housing. Three of the partners on the Health and Wellbeing board (HWB) are signed up to 'Time to Change' which is .., (Oxfordshire County Council, including Fire and Rescue, Oxford City Council and Oxford Health NHS Foundation Trust). The board papers endorsed by the Health and Wellbeing Board and its sub board the Health Improvement Board provide a vision for the wellbeing approach to better mental health. The Health Improvement Board monitors three mental wellbeing indicators and has also undertaken to review local activity and interventions that support positive mental wellbeing. This work was informed by a workshop held in March 2018. Attached is a summary of activities for those who attended the workshop.  Mental wellbeing workshop - discussi The Oxfordshire Children's and Young Peoples Plan 2018-2021, which involved children and young people in its creation, includes a priority around "Happy and Healthy" which identifies prevention and wellbeing. The Plan informs the work of the Children's Trust which is a partnership of 12 organisations. Work of the Children's Trust includes social and emotional wellbeing and mental health as one of its three priorities.
Understanding local need and assets	Oxfordshire has completed local authority led Joint Strategic Needs Assessment with a mental health prevention focus. In Oxfordshire, the chosen indicators "feeling worthwhile, happiness and life satisfaction" scores are slightly lower in 2016-17 compared with 2015-16 and the anxiety score is higher.

Figure 15 Trend in average wellbeing scores in Oxfordshire for (a) life satisfaction, (b) things you do that are worthwhile and (c) happiness



Source: Office for National Statistics Personal Wellbeing released Nov17

[22] ONS Personal well-being in the UK: April 2016 to March 2017

In 2016-17 there were around 56,800 GP registered patients with depression, 9.7% of patients. The rate has been above the English average for the past 5 years.

During 2015-16 the number of emergency admissions for intentional self-harm in Oxfordshire was 1,373, this was similar to the number recorded in 2014-15 (1,387). There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2011-12 to 2015-16).

Between 2014 and 2016, there was a total of 156 deaths registered as suicides in Oxfordshire. The rate of suicides was not significantly different to England.

Through the Oxfordshire Mental Health partnership there is collaborative analysis of local information and intelligence sharing.

Healthwatch Oxfordshire regularly gains feedback and information from members of the public across Oxfordshire. For example gathering views via targeted and geographical research, web based feedback on specific services, and participative community based inquiry. This includes people's views of mental wellbeing, underlying factors, and use of mental health and other services.

The Oxfordshire County Council Public Health team leads on real time surveillance of suicide data and provides post-vention support. Exploration of capturing data on suicide attempts and serious self-harm is also underway to add further insight into where and how prevention should be targeted.

	There is engagement with communities to gain insight into their needs and assets. Currently the OCCG are leading on a consultation into developing the Older Peoples strategy. Young people are engaged through the Children in Care Council and Voice of Oxfordshire's Youth. People with lived experience of suicide are represented on the suicide prevention multi-agency group, following involvement with a workshop run on behalf of the National Suicide Prevention Alliance (NSPA).
Working together	The Health and Wellbeing Board works across, Districts and City Council, the County Council, the Clinical Commissioning Group, HealthWatch Oxfordshire and local NHS trusts. The Oxfordshire Mental Health Partnership has six partners made up of local mental health charities and the local mental health NHS Trust. There is a local multi-agency group for suicide prevention which is coordinated by the County Council and includes representatives from the mental health partnerships, CCG, Coroner's, criminal justice, transport, third sector support services, employer unions The HIB also oversees the work of the Joint Management Group for Adults, which includes working with pooled budgets, for those adults with mental health needs. Schools can engage with Mental Health and Wellbeing in Schools network, whose aim is to provide formal and informal professional development for all school staff and governors, as well as building up a network of people who can collaborate across the area sharing best practice and ideas. The Perinatal Mental Health group is represented with a range of professionals and organizations and also includes a representative for people with lived experience.
Taking action	GPs and Schools have received Mental Health First Aid training and some of the partners provide the training to their staff. The mental health partnership have offered and delivered Psychological Perspectives in Education and Primary (PPEP) care to colleagues across the County. Some GPs practices have received post-vention training following a suicide of a patient and Connect 5 training has been delivered by TVP in collaboration with Papyrus to a range of front line workers in the South of Oxfordshire.

	The health and wellbeing boards (HWB) priority "Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential" has outcomes listed and is monitored by the Health Improvement Board. The HWB strategy identifies that resources have been pooled for mental health. The Oxfordshire Mental Health partnership pools its resources, financial, knowledge and skill based. As employers the partnership organisations have employment support which includes free counselling and mental health support. Many run awareness campaigns internally, as well awareness campaigns externally about dementia. There are local community based opportunities to engage in the arts, the natural environment, volunteering opportunities, delivered by local charities, such as OYAP, Fusion Arts, Artscape. There is a County arts and health group that promotes the role of arts in improving mental wellbeing. Local schools choose to deliver mental wellbeing interventions, such as Bladon Primary School and The Cherwell School. Active in the County is Oxfordshire Schools Mental Health and Wellbeing Network. Schools have also been offered opportunity to see a play raising awareness of self-harm and how young people can access support. Examples of organisations raising awareness include Oxford Health NHS Trust Stamping out Stigma campaign and Oxfordshire County Councils 5 Ways to Wellbeing campaign, which worked in partnership with Mind.
Defining success	The Health and Wellbeing Strategy includes the following outcomes for mental health * reduce out of county placements, * improve access to crisis support, other than the Emergency Departments, * increase those with severe mental illness in employment and settled accommodation, and * increase those reporting feeling safe.

What we plan to do in the next 12 months	
Leadership and Direction	1) Public health within Oxon CC will coordinate the production of an Oxfordshire Mental Wellbeing Framework, which will inform the work of the partner organisations and other stakeholders from 2019 onwards. 2) The Framework will involve representatives from each partner organisation which will further develop the shared vision for prevention and promotion, that all members of the Health and Wellbeing Board organisations have signed up to.
Understanding local need and assets	Local statistics related to mental wellbeing will be reported to the HIB alongside the life satisfaction measure, from the Office of National Statistics. The following topics will be proposed to the board. Use of green and blue spaces and engagement with volunteering and community groups. As part of the creation of the Framework existing local data will be collected and review data already available from communities which gives insights into their needs and assets. The existing Local Authority led Joint Strategic Needs Assessment with a mental health prevention focus will be refreshed to include some analysis and recommendations. The Framework project group will consider including the following a. Mental Health Equity Audits across the partnership b. Collaborative analysis of local information and intelligence sharing c. Shared prioritisation and resources d. Mental Health Impact Assessments to integrate mental health prevention into partnership plans and strategies
Working together	The framework will involve working together in collaboration across a number of organisations and will indicate agreed prevention priorities, shared plans and strategies. The Framework project group will review when and how local communities are involved as well as include those with lived experience and co-production if plans and initiatives

Taking action	The Framework will be signed off by the HIB, who will then provide oversight on progress against the Framework. Delivery of relevant partnership plans and strategies.
Defining success	Success will be within 12 months 1) a task and finish group that involved all the key partner organisations, to produce a signed off Mental Wellbeing Framework for Oxfordshire. 2) At least one progress report on the delivery of the framework. 3) Achieving the agreed year 1 outputs and outcomes defined in the Framework across all partners 4) Additional partners signing up to the Framework, outside of the Health and Wellbeing Boards membership.

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OXFORDSHIRE MENTAL HEALTH PREVENTION FRAMEWORK

2020-2023

Introduction

Mental health and a wider sense of wellbeing is a national and local public health priority and is now widely recognised as an asset to invest in throughout our lives. We need to value prevention activity for mental health equally with prevention activity for physical health.

Multi-agency partners in Oxfordshire came together to show their commitment and make prevention a priority for mental health by signing up to the Prevention Concordat for Better Mental Health; a programme developed by Public Health England to support the prevention of mental health problems and the promotion of good mental health across the whole system [1].

A Mental Health Prevention Concordat Partnership Group, with representatives from the Health and Wellbeing Board organisations, Oxfordshire Mental Health Partnership, Active Oxfordshire, Age UK and Rethink Mental Illness, was created to develop a framework for action in Oxfordshire.

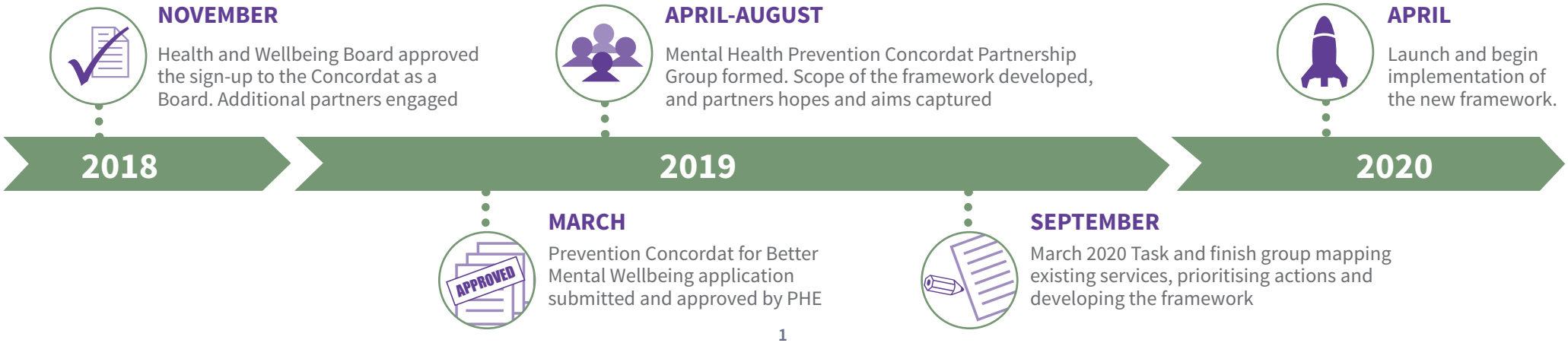
This Mental Health Prevention Framework for Oxfordshire 2020-2023 has been developed to outline what the group have committed to do, build on existing action and identify opportunities for collaboration and innovation. Our approach recognizes that many people don't have the same opportunities to be as healthy as others. We need to address the wider social determinants and strengthen our prevention focused approach to support people to thrive as individuals and in their communities.

Our vision is that everyone in Oxfordshire has the opportunity to achieve good mental health and wellbeing. We aim to achieve this by working together to:

- Increase people's knowledge, skills and confidence
- Targeted action and robust evaluation
- Support and advice for good mental wellbeing
- Working with partners across the system

Through a strong evidence base we will tailor our approach to address the needs of our communities, prioritising the key life stages where people are more at risk of poor mental health. We will work collaboratively to maximise impact and co-develop solutions at an individual, community and place based level.

Please join us in embracing our first framework for the prevention of mental health in Oxfordshire and work with us to support our residents to stay mentally well and thrive where they live, learn and work.



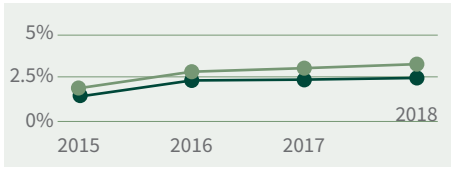
The local picture across the life course

OXFORDSHIRE

Oxfordshire had **7365 LIVE BIRTHS** in 2018

Up to **20%** of women develop a mental heath problem during pregnacy or within a year of giving birth.

The percentage of **children** with **social, emotional** and **mental health** needs has **increased** from **2015-2018** in **Oxfordshire** and is above the England average.



Oxfordshire and England

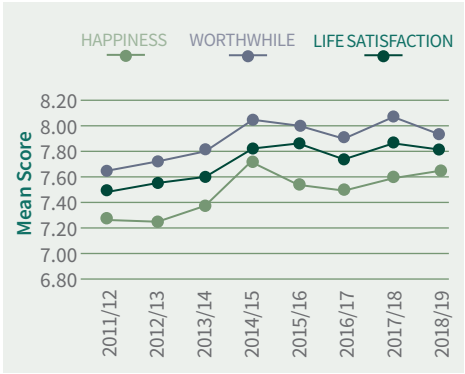
In 2018 **2,512** children with identified **social, emotional** and **mental health** needs at schools in Oxfordshire.

In Oxfordshire there was **little change** in the ratings of **personal well-being** measures.

SLIGHT DECREASE IN FEELING WORTHWHILE

SLIGHT INCREASE IN HAPPINESS

(March 2018- 2019)



An estimated **20,400** older people in Oxfordshire (aged 65+) experience **loneliness** at least **some of the time**, of which **3,500** older people experience **loneliness "often/always"**.

The **most common** triggers for **mental health** problems in **older people** are:

Our Approach

The Mental Health Prevention Concordat Partnership Group is working together to achieve our vision that everyone in Oxfordshire has the opportunity to achieve good mental health and wellbeing.

Our approach recognizes that the enablers, social, environmental, physical and economic factors, support good mental wellbeing. We will work with settings where we are born, grow, live, work and age.

UK RESEARCH TELLS US THAT...

ACTIVE TRAVEL

Good transport links and access to public transport allows people to connect and maintain relationships with others, access work opportunities, education or leisure activities outside their homes. Concessionary bus passes improve connectivity and reduce isolation for older people.

VOLUNTEERING

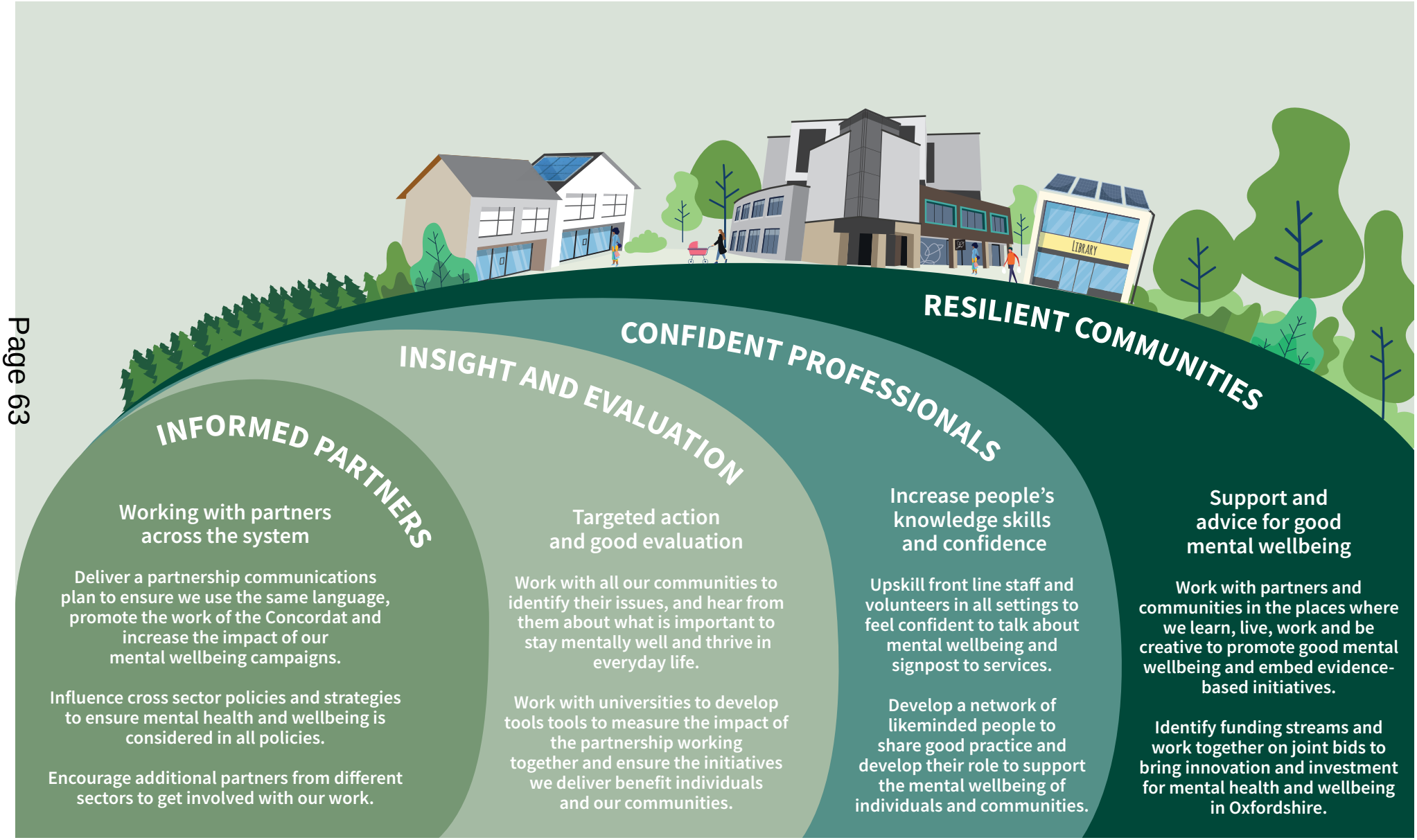
¾ of volunteers say it improves their mental health and wellbeing. 18-24 year olds are most likely to agree that volunteering helps them feel less isolated. It has a positive effect on first employment, and salaries later in life.

POVERTY

Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and well-being of communities. Children in deprived areas are nine times less likely to have access to green space and places to play.

Framework for action

The framework for action is divided into 4 focus areas, each with a key aim and a set of actions that will evolve over time.



Working with partners across the system

Deliver a partnership communications plan to ensure we use the same language, promote the work of the Concordat and increase the impact of our mental wellbeing campaigns.

Influence cross sector policies and strategies to ensure mental health and wellbeing is considered in all policies.

Encourage additional partners from different sectors to get involved with our work.

Targeted action and good evaluation

Work with all our communities to identify their issues, and hear from them about what is important to stay mentally well and thrive in everyday life.

Work with universities to develop tools tools to measure the impact of the partnership working together and ensure the initiatives we deliver benefit individuals and our communities.

Increase people's knowledge skills and confidence

Upskill front line staff and volunteers in all settings to feel confident to talk about mental wellbeing and signpost to services.

Develop a network of likeminded people to share good practice and develop their role to support the mental wellbeing of individuals and communities.

Support and advice for good mental wellbeing

Work with partners and communities in the places where we learn, live, work and be creative to promote good mental wellbeing and embed evidence-based initiatives.

Identify funding streams and work together on joint bids to bring innovation and investment for mental health and wellbeing in Oxfordshire.

Who will deliver this framework?

MENTAL HEALTH PREVENTION CONCORDAT PARTNERSHIP GROUP MEMBERSHIP

(correct at time of printing)

Terms of reference, governance and accountability structures are in place to ensure effectiveness and sustainability of the group.

We will work together to encourage additional partners in the community and voluntary sector, including arts and culture sector to sign up, or show commitment where appropriate to the Concordat to increase the scope and impact of the programme.

Support for better mental wellbeing

Click on the links below to find out whats available, including the latest tools and evidence to support people to stay mentally well:

Every Mind Matters, get your own mind plan, designed to help you feel more in control, deal with stress and anxiety, boost your mood and improve your sleep.

5 Steps to Mental Wellbeing, there are 5 steps you can take to improve your mental health and wellbeing. Trying these things could help you feel more positive and able to get the most out of life.

Live Well Oxfordshire, the website tells you of range of support services across Oxfordshire for adults (18+), families and carers.

Oxfordshire Youth & Oxfordshire Mind have created the **Youth in Mind** Map, this interactive map lists a range of organisations that provide activities or support for young people across the county

Oxfordshire MIND Guide, easy reference tool for anyone who is trying to access mental health services across Oxfordshire.

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Oxfordshire Suicide and Self-Harm Prevention Strategy

2020-2024

Working together to reduce suicide and self-harm in Oxfordshire

Developed by Oxfordshire Public Health, on behalf of the Oxfordshire Suicide Prevention Multi-Agency Group, March 2020.

Foreword

by Donna Husband, Chair of Oxfordshire's Suicide Prevention Multi-Agency Group

I am proud to present this strategic plan that sets out our partnership commitment and action to reduce suicide and self-harm over the next 4 years. This will require a dedicated and long-term focus and a commitment to continue to work together so that suicide and self-harm prevention truly becomes everyone's business. You will read within this document the progress that the partnership has made so far but there is still more that can be done to align our efforts to offer the right support, at the right time, to those in need.

Not only is improving people's mental health a priority for the Oxfordshire's Health and Wellbeing Board, but it is also a mission to support the whole population's mental wellbeing. The fact that a majority of people (two thirds) who die by suicide in Oxfordshire are not in contact with mental health services means that suicide prevention is a shared public health and mental health service priority.

Please join all of us in Oxfordshire in embracing the strategy as we aim to reduce the terrible impact that deaths by suicide have on our community.

Executive Summary

In Oxfordshire, on average, just under 60 people die by suicide each year. Every Oxfordshire life matters, and our local suicide and self-harm prevention strategy aims to prevent these early deaths.

Suicide impacts broadly; not only on immediate family and close friends, but also on colleagues and wider society.

Preventing suicide is everyone's business, and no single organisation or community group can do this in isolation. Oxfordshire has a wide-ranging, well-established multi-agency group (MAG) that is dedicated to preventing suicide and self-harm. These range from public and private sectors, to national and local charity sector organisations, who have all made a commitment to both the development and delivery of this strategy.

THE STRATEGY

Oxfordshire's approach is based on national strategy recommendations, combined with the local knowledge and insight that our work since 2014 has given us. The four-year strategy, running from 2020-2024, has four focus areas.

The focus areas are underpinned by four action areas, with the detail of this being delivered by all members of the MAG. Progress will be monitored and reported to the Oxfordshire Health Improvement Board, who deliver on the joint Health and Wellbeing Strategy for Oxfordshire.

1. Suicide & self-harm safer communities

Building resilience within communities, schools, local business and employers and grass roots projects to make suicide prevention everyone's business.

2. Suicide & self-harm safer professionals & work settings

Ensure that professionals are upskilled so if they are worried about someone – a client, friend, co-worker or a loved one - they feel confident to ask about their mental wellbeing. This will include digital literacy to raise awareness of the risks of social media on suicidality.

3. Accessible support for those effected by suicide & self-harm

Our well-established approach to real time surveillance is key in providing our bereaved family and friends with almost immediate supportive signposting and support.

4. Strong, integrated suicide & self-harm network

We plan to reinforce new and emerging relationships over the lifetime of the strategy, e.g. with self-harm networks and substance misuse organisations. We will learn from those bereaved by suicide and those with lived experience by integration to our MAG.

Introduction

Suicide and self-harm are preventable actions, yet 6507 people in the UK took their own lives in 2018 [1], equivalent to 13 suicides per day in England [2]. Whilst most people who self-harm do not die by suicide, at least 50% of people who die by suicide have a history of self-harm [3].

Suicide impacts broadly; not only on immediate family and close friends, but also on colleagues and wider society. Those bereaved by suicide have an increased risk of suicide and are more likely to experience poor mental health [4].

The financial cost of each suicide is estimated at £1.67million, with the majority of this attributed to the reduction in quality of life of those bereaved [5]. In addition, research suggests the hospital costs of self-harm treatment to the NHS at £162million per year [6].

Suicide is both a public health concern and everyone's business; this is why we have written a joint multi-agency and lived experience strategy and action plan that strives to reduce suicide and self-harm rates in Oxfordshire. We plan to focus on developing safer communities and front line professionals and settings, supporting for those bereaved by suicide, and build on the success of an integrated prevention network.

Oxfordshire Suicide & Self-Harm - The Local Picture

MENTAL HEALTH SERVICE INVOLVEMENT AT TIME OF DEATH IN 2017 AND 2018

OVER ONE 3RD OF PEOPLE HAD NO MENTAL HEALTH CARE AT TIME OF DEATH

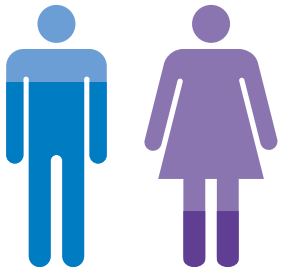
APPROXIMATELY A QUARTER HAD CURRENT MENTAL HEALTH CARE AT TIME OF DEATH

LESS THAN ONE 5TH HAD A HISTORY OF PREVIOUS MENTAL HEALTH CARE

AMONG YOUNG PEOPLE AGED 12-17 IN ENGLAND IT IS ESTIMATED THAT [8.]

SELF-HARM

OXFORDSHIRE MALE FEMALE



81% 19%

DEATHS FROM SUICIDE IN 2016-18 [7.]

MOST COMMONLY IDENTIFIED CONTRIBUTING FACTORS

2017

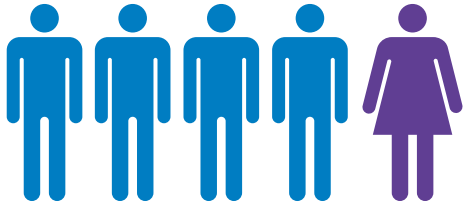
1. Relationship issues
2. Chronic physical health conditions
3. Alcohol
4. Bereavement
5. Living alone

2018

1. Relationship issues
2. Bereavement
3. Financial problems
4. Alcohol
5. Chronic physical health conditions

MEN : WOMEN

IN 2018 THE RATIO OF DEATHS WAS 4:1



2016-2018 combined data from Public Health England, 2017 and 2018 only data from Oxfordshire Real Time Surveillance

Oxfordshire Suicide & Self-Harm - The Local Picture

2016-2018

ADMISSIONS TO A&E FOR SELF-HARM IS HIGHEST IN 15-19 YEAR OLDS IN OXFORDSHIRE

THIS IS ABOVE THE AVERAGE IN ENGLAND

2018 OXFORDSHIRE DEATHS

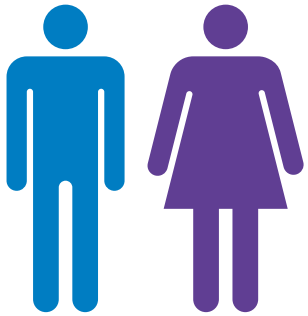
65% WERE BETWEEN THE AGES 20 AND 49

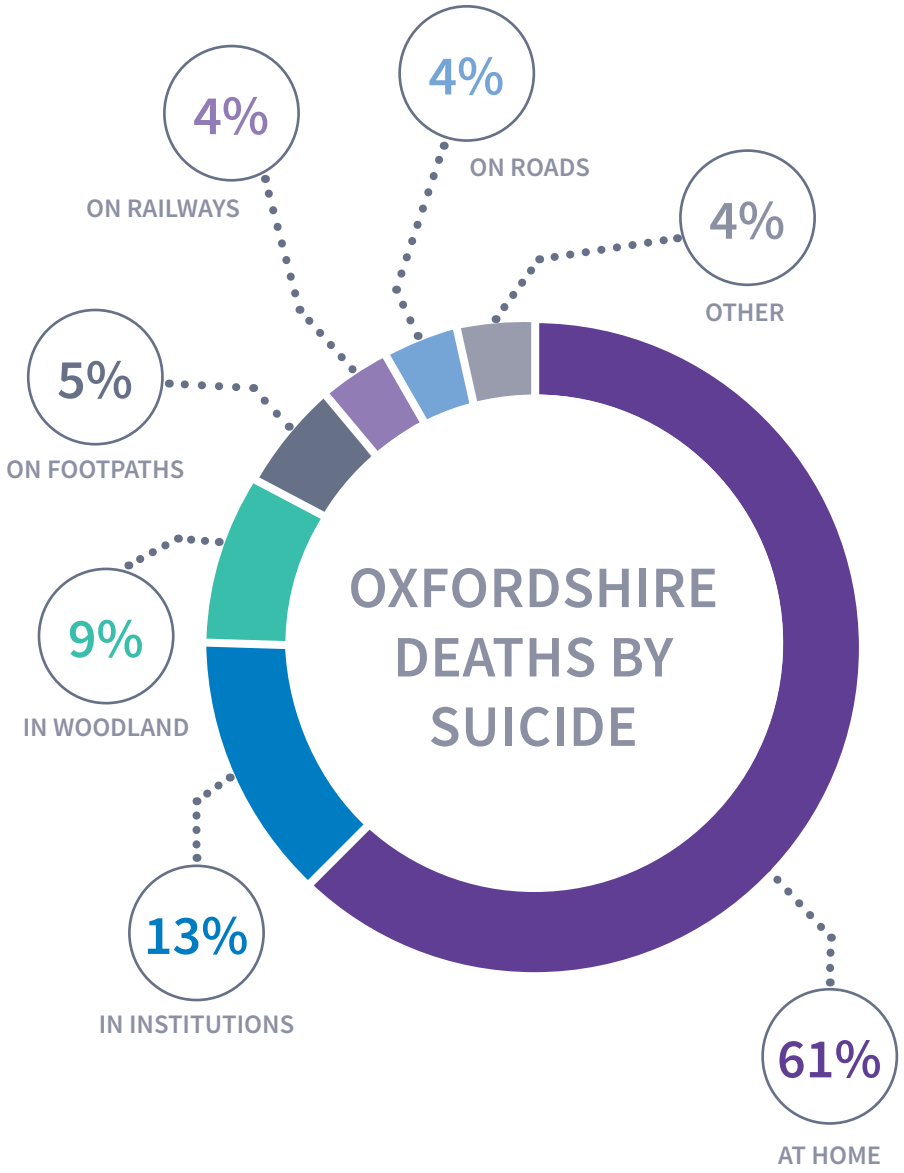
AGES 30-39 AND 40-49 HAD THE HIGHEST NUMBER OF DEATHS

2016-2018

IN OXFORDSHIRE **8.6** PEOPLE PER 100,000 DIED BY SUICIDE

IN ENGLAND **9.6** PEOPLE PER 100,000 DIED BY SUICIDE

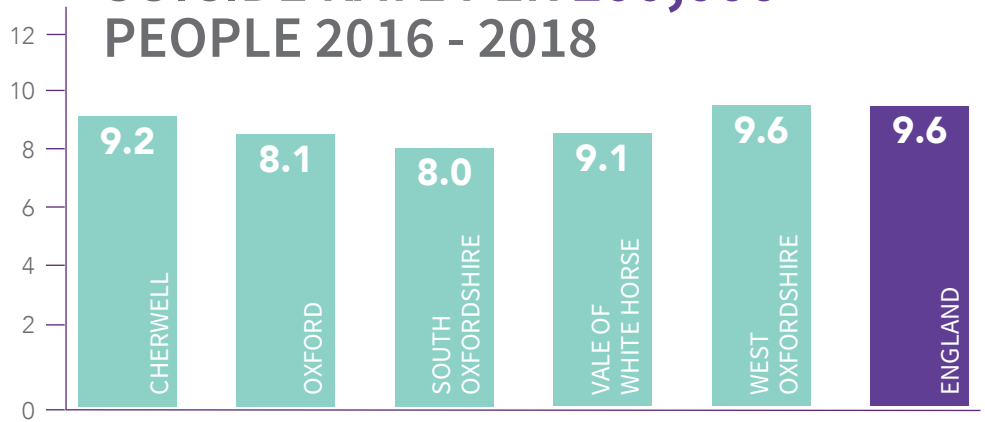




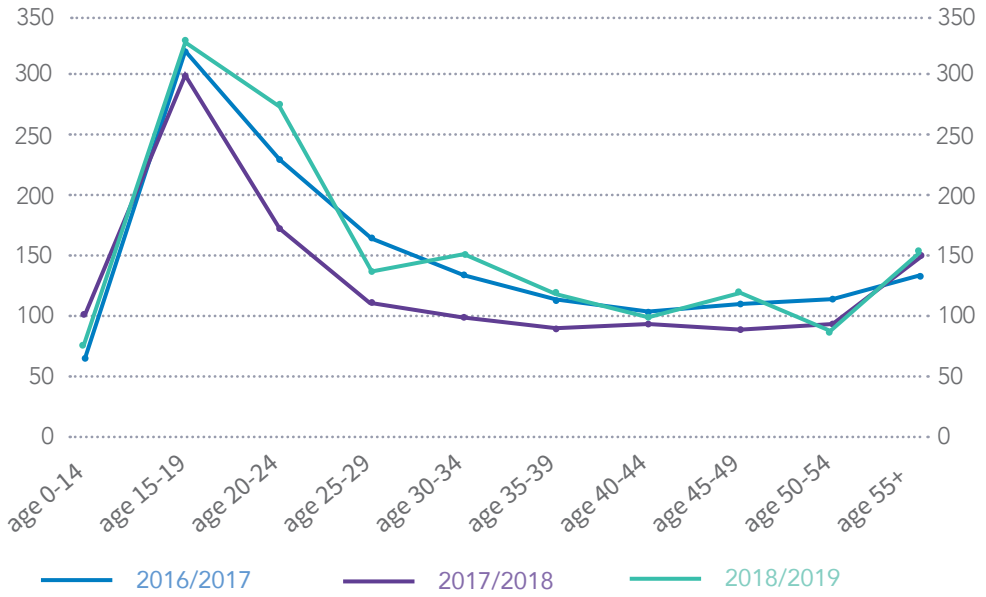
2016-2018 combined data from Public Health England, 2017 and 2018 only data from Oxfordshire Real Time Surveillance

Oxfordshire Suicide & Self-Harm - The Local Picture

SUICIDE RATE PER **100,000** PEOPLE 2016 - 2018



NUMBER OF **ADMISSIONS TO A&E** FOR **SELF-HARM** IN OXFORDSHIRE BY AGE GROUP



The Oxford Centre for Suicide Research tells us[9]:

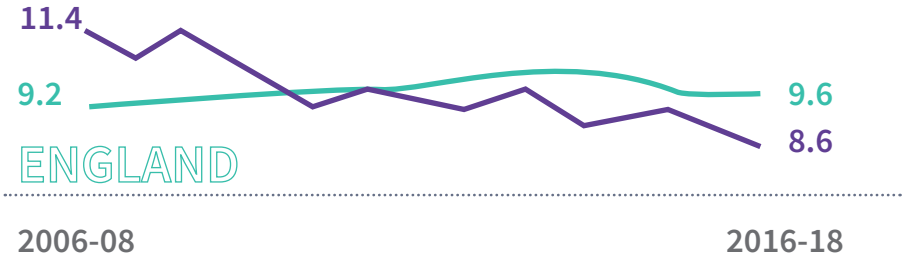
15-24 YEAR OLDS FEMALE HAVE THE HIGHEST RATE OF **SELF-HARM**

ALCOHOL AND **DRUG** USE ARE COMMON IN PEOPLE WHO PRESENT WITH **SELF-HARM**

RELATIONSHIP DIFFICULTIES, **PSYCHIATRIC DISORDERS**, **EMPLOYMENT** AND/OR **STUDY PRESSURE** WERE THE MOST COMMON PROBLEMS PRECEDING **SELF-HARM**

SUICIDE IS MORE COMMONLY THE MOTIVE OF **SELF-HARM** AMONGST **OLDER AGE ADULTS**

SUICIDE RATE PER **100,000** PEOPLE



2016-2018 combined data from Public Health England, 2017 and 2018 only data from Oxfordshire Real Time Surveillance

What have we done so far?

The Oxfordshire Suicide Prevention Multi-Agency Group have been working together since 2014; below is a summary of our headline achievements since 2017.

LEADERSHIP

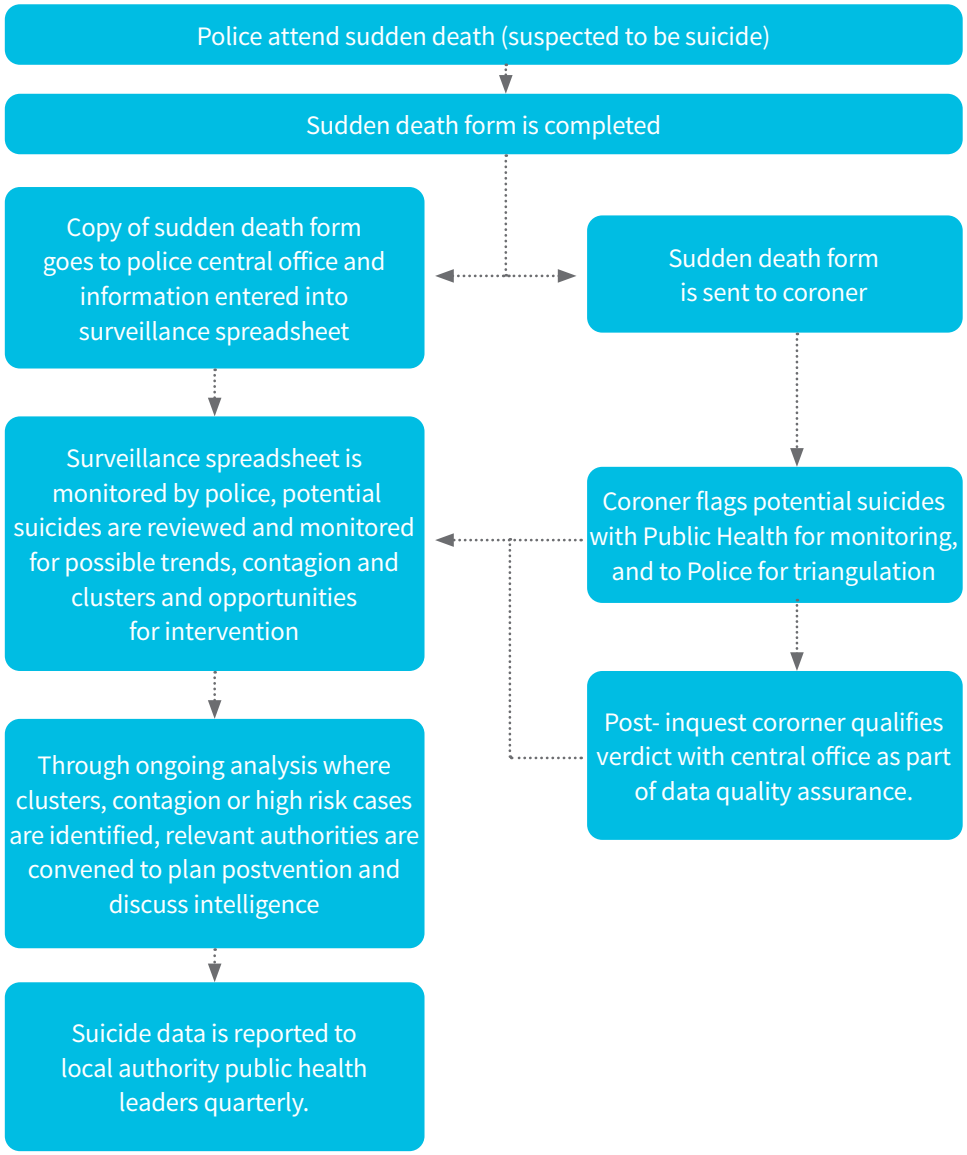
Oxfordshire continues to have a well established and engaged multi-agency group (MAG). New partnerships have been formed, with buy in from all members for the development of this strategy. The Health and Wellbeing Board have signed up to the Public Health England Mental Health Prevention Concordat, as well as the Health Improvement Board taking on mental wellbeing as a priority. Senior leaders across key organisations worked together to submit a successful bid for national funding for mental health support teams in schools.

Oxford Health NHS Foundation Trust have developed and published their suicide prevention plan, as have the South West (including Oxfordshire) Probation Service.

EVIDENCE, DATA & INTELLIGENCE

Since November 2016 Oxfordshire Public Health has worked in partnership with Thames Valley Police and the Coroner to develop and implement a real-time triangulated surveillance system of recording suicides (see diagram 1). This has been used as a marker of best practice at the National Suicide Prevention Alliance (NSPA) conference in 2018 and to regional suicide leads in other parts of the country.

Diagram 1 – Oxfordshire suicide surveillance process



The data has informed the direction of work of the multi-agency group, and reported to local Boards; Health Improvement, Adult and Children's Safeguarding, and the Clinical Commissioning Group Quality & Performance. It has enabled rapid response task and finish groups to investigate potential suicide clusters and draw on local soft intelligence from key local partners (see case study pg 8).

EVALUATION & DISSEMINATION

Our local surveillance reports have been shared with a broad range of partners and we have incorporated this into the Oxfordshire Joint Strategic Needs Assessment. Oxfordshire partners have been involved in revising national PHE Guidance on responding to suicide clusters. In addition, Oxford Health NHS Foundation Trust and the Oxford Centre for Suicide Research work collaboratively to collect data for the annual reports on self-harm trends for the Multicentre Study of Self-Harm. Suicide & self-harm researchers from the County give evidence to the All-Party Parliamentary Group on Suicide and Self-Harm prevention and are part of the National Suicide Prevention Strategy for England Advisory Group.

POSTVENTION

Immediate supportive signposting for those bereaved by suicide has been built into the Oxfordshire surveillance process with our local Cruse charity. Oxfordshire was part of a successful bid from the Buckinghamshire, Oxfordshire and Berkshire Sustainable Transformation Partnership (STP) area for NHS England funding to enhance the supportive signposting offer, and to further develop psychological assessment & self-harm aftercare within hospitals.

Support within schools for professionals, young people and families has been given by See Saw (bereavement support for children & families), CAMHS and School Health Nurses with on-going strategy meetings involving communities around the school, where the death of a young person has taken place. This extends to specific support groups and 1:1 sessions in the Higher Education settings in Oxfordshire.

We worked with the National Suicide Prevention Alliance (NSPA) and Institute of Public Care to hold a focus group for individuals with lived experience of suicide. This has led to ongoing engagement and representation on the MAG with these members of our community.

TRAINING

Training to professionals is wide and varied across the County; targeted postvention training to GP practices that have experienced a patient suicide has been delivered; Oxfordshire County Council trained 70 mental wellbeing champions; Papyrus & Connect 5 training delivered in South Oxfordshire; South West Prison & Probation staff received suicide awareness training; PHE/NHSE online suicide awareness training disseminated across professional networks and NHS training rolled out Merseycare online training throughout the Fire and Rescue Service.

Networks on self-harm for professionals working with young people continue to run across the county, providing informal learning, peer support and no-name consultation.

SUICIDE INTERVENTION & CLINICAL SUPPORT SERVICES

Funding for the Oxford Safe Haven, providing crisis support for those with mental health problems, has been continued and operating hours extended.

Both Universities in Oxford have Consultant Psychiatrists as part of their offer of mental wellbeing and counselling to students.

Oxford Health NHSFT provide care in the emergency department for individuals attending who have self-harmed; the Psychological Medicine Service continues this care for those who are then admitted onto a ward.

SUICIDE PREVENTION & AWARENESS

Oxfordshire Public Health developed and delivered a successful geo-targeted GoogleAds suicide prevention campaign in response to a geographical suicide cluster, signposting to key local services.

A conference for professionals on self-harm awareness took place on behalf of the Oxfordshire Children's Trust, with high profile speakers & organisations in attendance.

Samaritans continue to provide signage for Network Rail at high-risk areas on the rail network, and with other locations identified as high risk. To encourage responsible reporting of deaths by suicide, the national Samaritans media team have been commissioned to monitor publications, work with the Coroner and provide training to local press, media and comms teams.

MENTAL HEALTH & WELLBEING PROMOTION

Samaritans listening hours have increased, along with the number of outreach talks to businesses and communities. A range of partners have delivered mental wellbeing days in South Oxfordshire reaching members of the community.

2019 saw the fourth year of 'Under my Skin' play performed by Pegasus Theatre across Oxfordshire secondary schools to Year 8 and 9 pupils, highlighting the risks of self-harm, and how to access local support. Partnership work incorporated training on self-harm from CAMHS for school staff and post show tutorials for pupils delivered by School Health Nurses.

The Oxford Centre for Suicide Research worked in collaboration with Oxford Health NHSFT and Charlie Waller Memorial Trust to develop support guides for professionals, and for parents/carers of young people who self-harm.

A 5 Ways to Wellbeing campaign was run by the County Council, reaching communities through partnerships with Oxfordshire Mind and the library service. The local bereavement guide was updated to align with this and other information on support after suicide.

SUSTAINING & INCREASING ACTION

The Oxfordshire MAG members are dedicated to continuing to build on the successes of this progress and plan to incorporate these work topics into our future focus areas and action plan for 2020-2024.

Case Study

Oxfordshire Samaritans identified potential areas of risk to Public Health within the Oxford Westgate shopping centre following some calls from individuals in crisis. Public Health convened a meeting with Landsec, the commercial property owners, and Samaritans who all agreed to work together to identify approaches to reduce this risk. As per PHE guidance [10] the progress to date has included:

- Increased branded Samaritans signage in areas of high risk
- Samaritans training for brand partner managers and security staff
- Access to NHSE We Need to Talk About Suicide online training
- Increased security patrols
- Guidance on postvention* support for staff
- Landsec convening work with national retail partners on the development on a suicide prevention plan

Future plans include more detailed training to individual brand partner staff, and pop-up events to engage with the general public. This case study is being used as a marker of best practice in reducing suicide in public places at the NSPA conference in 2020.

*postvention can be defined as supporting bereaved survivors, caregivers, and health care providers, assisting with the recovery process and reducing contagion through prevention [11].

Oxfordshire Suicide and Self-Harm Prevention Strategy & Plan Overview

OXFORDSHIRE SUICIDE AND SELF-HARM PREVENTION STRATEGY & PLAN – HIGH LEVEL

Long Term Outcome: Reduce suicide & self-harm (SSH) behaviours in Oxford

Focus Area:

- SSH Safer Oxfordshire Communities
- SSH Safer Professionals & settings
- Accessible support for those effected by SSH
- Strong integrated SSH prevention network

Action Areas:

Real Time Surveillance & Analysis	Identifying & reducing high risk groups & behaviours	Supporting after suicide & self-harm, including living experience	Promote resilience & wellbeing
• Continue to collect & triangulate high-quality data on local suicides • Monitor trends including novel & emerging methods, clusters, contagion & high risk groups • Learn from regional & National safeguarding reviews, confidential enquiries & serious event analyses • Take steps to prevent public places being used for suicide • Explore opportunity to develop intelligence on self-harming behaviour in the community • Promote online sites that enhance the development of protective behaviours & educate about online risk	• Utilise real time surveillance to identify high-risk groups • Work with established community groups engaged in suicide prevention to magnify their reach • Upskill front line staff to feel confident in raising SSH with people they work with • Promote shared responsibility of MH needs of high-risk groups across public, private and 3rd sector	• Deliver postvention support using NHSE funding across Thames Valley • Draw on and give voice to, those bereaved by suicide to shape postvention support, training & local policy • Provide postvention support for GP practices to incorporate early identification of risk factors of suicide in their patients • Support responsible media reporting of suicides to minimise impact on communities • Support parents, carers and professionals who care for children & young people who self-harm	• Coordinate mental wellbeing campaigns for partners, adopting national branding where possible • Work with employers to promote resilience and employee wellbeing • Incorporate physical activity green space into wellbeing promotion • Draw on experience of community groups, upscaling successful projects where possible • Upskill front line professionals and workplaces with online suicide prevention training

OXFORDSHIRE FOCUS AREAS 2020-2024

The national suicide prevention work plan[2] identifies 7 priority areas to work towards reducing suicide across England. A 2019 independent progress report on suicide prevention plans highlighted that local areas should adopt these priorities where possible, but also focus on those in which they have already have some momentum through established partnerships[12].

This will ensure that Oxfordshire is not reinventing the wheel by spending resources on actions being delivered nationally or where other areas have already worked out the best way to deliver action.

The Oxfordshire focus and action areas have been developed after reviewing local data and intelligence; holding focus groups and an engagement survey for local residents and professionals. We ran an Oxfordshire wide suicide and self-harm prevention campaign to raise awareness and signpost people to complete the engagement survey (see summary box on right of page). Figure 1 demonstrates how the Oxfordshire Focus & Action areas feed into national suicide prevention priorities areas feed into National Suicide Prevention Priorities.

SUICIDE & SELF-HARM PREVENTION CAMPAIGN

Total reach
282,796

Total impressions
815,573

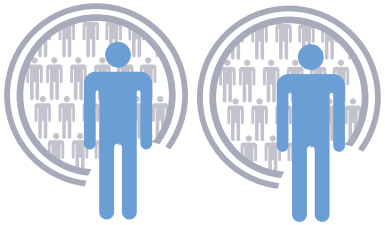
Total link clicks
7,586

Total video views
9,222

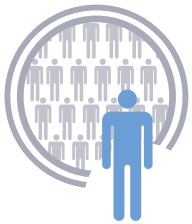
STRATEGY ENGAGEMENT

632
responses to the survey

3 FOCUS GROUPS



2 with just adult attendees

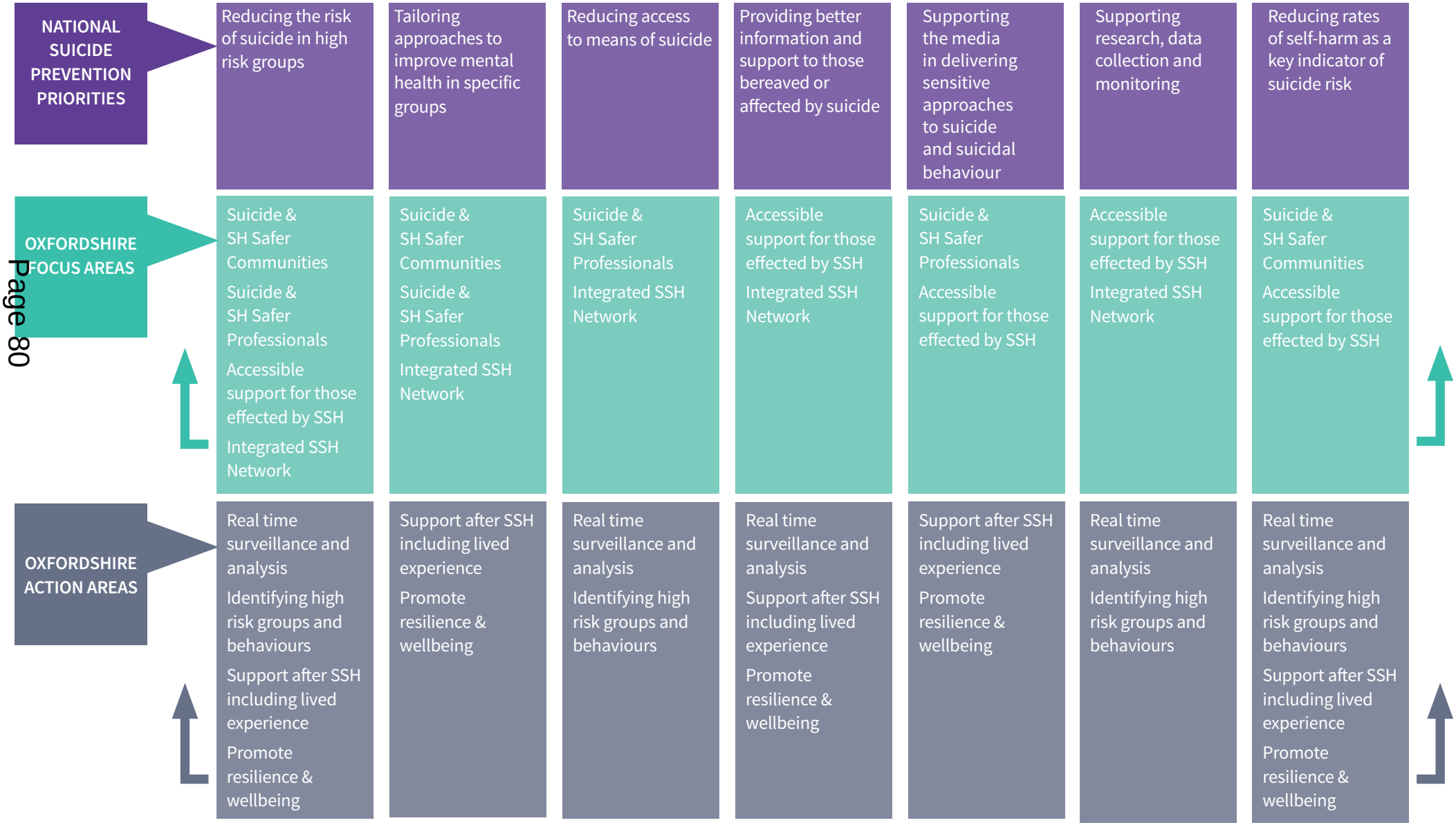


1 with young people

Main themes from questionnaire and focus groups:

- Male specific support needed
- Training for professionals, community groups and communities
- Training for workplaces to reduce stigma of mental ill health
- Less clinical approach to support e.g. peer to peer group
- Development of a ‘catchy’ national suicide prevention campaign

Figure 1 National and Local Suicide & Self-Harm Prevention Priorities



SUICIDE AND SELF-HARM SAFER COMMUNITIES

Oxfordshire was the first area in the South East of England to sign up to the Public Health England Prevention Concordat for Better Mental Health[13], demonstrating the commitment from a broad range of partners to improving mental wellbeing of our local population. Oxfordshire Joint Health and Wellbeing Strategy aims for adults to be able to access the support they need to live as healthily and safely as possible, improve mental wellbeing and reduce the number of suicides in Oxfordshire [14].

We want to make suicide prevention everyone's business through building resilience within communities, schools, local business and employers and grass roots projects. We hope to reach group who are potentially vulnerable within our community; middle to older aged men, socially isolated, people who self-harm and those with long term health conditions; as well as improve mental wellbeing across the lifecourse. Embedding this strategy and action plan across communities will support this work [15].

SUICIDE AND SELF-HARM SAFER PROFESSIONALS

Having a conversation about suicide is never easy. Individuals who are seemingly functioning well, can in fact be struggling, and are potentially a missed opportunity for interventions and support [16]. Equipping front line professionals with appropriate and adequate skills to recognise and respond to individuals who are expressing emotional distress, and suicidal or self-harm intentions is a key national priority [17]. The multi-agency partnership will work to ensure that professionals are upskilled so if they are worried about someone – a client, friend, co-worker or a loved one - they feel confident to ask about their mental wellbeing.

Nationally there has been focus on how the impact of social media can increase the frequency that individuals are exposed to self-harm and suicide risk[18]. Incorporating digital literacy into training for professionals, with wider dissemination across communities will work towards this being addressed. Oxfordshire Safeguarding Boards have training on digital safeguarding available for professionals.

ACCESSIBLE SUPPORT FOR THOSE EFFECTED BY SUICIDE AND SELF-HARM

Improving support for people bereaved by suicide is a key priority of the national suicide prevention strategy for England [2]. Our well-established approach to real time surveillance is key in providing our bereaved family and friends with almost immediate supportive signposting and support.

Providing easily accessible, appropriate support, and learning from those with lived experience is a vital way to enhance the mental wellbeing of our communities and reduce the risk of further suicides and self-harm. We will work to review and evaluate local services to ensure their effectiveness and attempt to enhance this through bids for national funding through the NHS Long Term Plan funding streams for Sustainable Transformation Partnership (STP) areas [19].

STRONG INTEGRATED SUICIDE AND SELF-HARM PREVENTION NETWORK

PHE recommend all areas have a multi-agency group addressing suicide prevention [2]. Oxfordshire's MAG is well established, with plans to reinforce new and emerging relationships over the lifetime of the strategy, including extending to our self-harm networks and with substance misuse organisations. Integrating those bereaved by suicide on our MAG will be paramount to learning from their experiences to inform future work.

We look further than our immediate geographical patch, joining up with partners across the Thames Valley through the Suicide Prevention Intervention Network (SPIN) to share emerging themes, learning and collaborating on discrete projects and funding streams. We plan to join the NSPA in 2020 as an organisational member, which will ensure we stay well connected with developments in suicide prevention across the UK, and demonstrate Oxfordshire's commitment to the issue.

Real time data, monitoring and our national research experts who are based in Oxfordshire gives our area in-depth insight into emerging patterns and trends including suicide and self-harm clusters, contagion, access to means. We plan to build on this, ensuring robust data sharing and collection, and use it to inform the work of this strategy and MAG.

Action Areas 2020-2024

To achieve the four focus areas, we need action to happen.

REAL-TIME DATA AND SURVEILLANCE

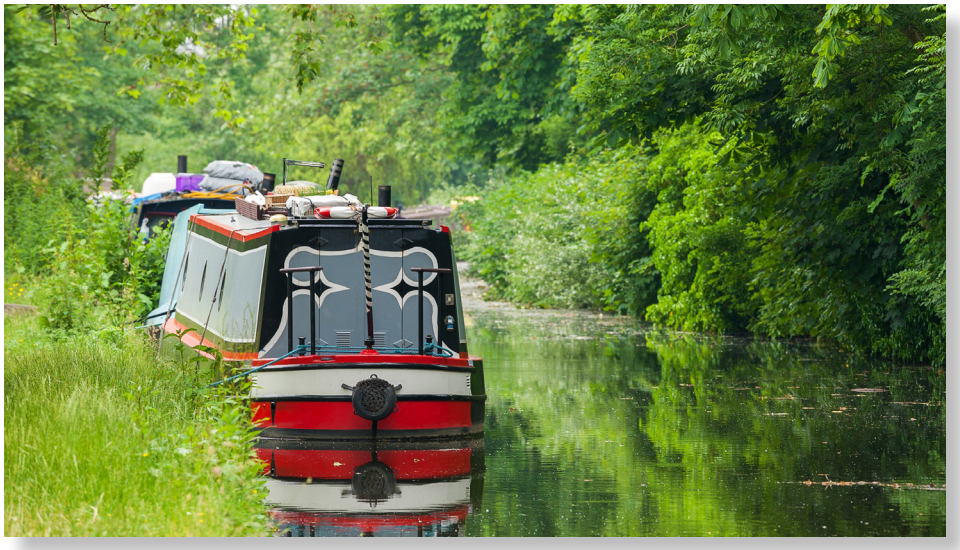
Local summaries of national datasets have an approximate two-year time delay and is likely to underestimate the complexities of different risk factors within each death [20].

Real-time surveillance of deaths by suicide support early identification of possible emerging trends, locations, methods and other contributory factors. This facilitates the offer of timely support to people bereaved by suicide and gives us the opportunity to instigate a community approach to prevention initiatives and build a broader picture of what is happening locally for our population.

Currently only national data are available on admissions to hospitals as a result of self-harm. It is estimated that for every adolescent suicide, 370 attend hospital for self-harm, and a further estimated 3900 self-harm in the community [21].

We plan to:

- Continue to collect and triangulate high-quality data on Oxfordshire suicides to inform pathways of work and to share with relevent local and national partners, Boards and Governance structures
- Monitor trends, including novel & emerging methods of self-harm and suicide, identify possible suicide clusters contagion and potentially vulnerable groups
- Learn from regional and national safeguarding reviews and confidential enquiries
- Take steps to prevent suicides at public places
- Explore the opportunity to develop local intelligence on self-harm within the community to target resources and interventions appropriately.
- Link the suicide prevention work with the established self-harm prevention networks.
- Promote best practice including online sites that enhance the development of protective behaviours & educate about online risk



IDENTIFYING VULNERABLE GROUPS & AND REDUCING HIGH RISK BEHAVIOURS

We know that there are a wide range of contributing factors to suicide; the more of these an individual experience can increase their risk of suicide. Nationally, individuals with mental health issues, a history of self-harm, socially isolated, physical health issues/conditions and LGBTQ+ have been identified as high risk for suicide (this list is not exhaustive) [22]. Our local surveillance allows us to drill down further into contributing risk factors for our local population, providing more tailored approaches to prevention and postvention.

We plan to:

- Utilise the real time surveillance system to identify high risk groups within Oxfordshire
- Work with established grassroots/community organisations already engaged in suicide and self-harm prevention to magnify their reach
- Work with front line staff to be able to easily identify risk factors in an individual and upskill them to feel confident to raise the issue of suicide or self-harm.
- Promote shared responsibility for mental health needs of high-risk groups across public, private and 3rd sector organisations.

SUPPORT AFTER SUICIDE, SUICIDE CRISIS, AND SELF-HARM

We know that those bereaved by suicide are at increased risk of poor mental health, substance misuse and suicide [23]. Providing specialist support at these times can help to achieve more positive outcomes for the bereaved. We have opportunities to learn from people bereaved by suicide and those with lived experience of suicide in Oxfordshire, which will be pertinent to how support is shaped locally.

The national and local media influences public attitudes and behaviours; sensationalised or detailed reporting of suicides can increase risk of suicide and self-harm [24], as well as causing distress to those effected. The Independent Press Standards Organisation (IPSO) and Samaritans have guidelines for the media on responsible reporting of suicide [25, 26].

We plan to:

- Deliver a pilot in postvention coordination and support with trailblazer wave 1 funding from NHSE, building on the success of Oxfordshire's current postvention offer
- Draw on the experiences of those bereaved by suicide to shape postvention support, training and local policy
- Provide postvention support for GP practices to incorporate early identification of risk factors for suicide in their patients
- Upskill organisations who experience a suicide to develop a postvention action plan
- Upskill local media, press and comms teams
- Support parents, carers and professionals who care for children and adolescents who self-harm
- Work with Samaritans, local media and communication teams in suicide awareness to reduce the risk of contagion through appropriate reporting of deaths.
- Monitor media reporting of suicides and encourage adoption of IPSO and Samaritans guidelines through training opportunities for journalists and communication teams.

PROMOTE RESILIENCE AND WELLBEING

Promotion of mental wellbeing by supporting both individual resilience [27] and facilitating community support networks can support the aim of reducing self-harm and suicide. Although increases in diagnoses of mental health conditions may partly represent heightened levels of awareness, mental health conditions continue to be under-estimated [28].

Nationally we know that living alone, unemployment, poor physical health and being LGBTQ+ can increase the risk of having a mental illness[29]. Levels of depression and anxiety in Oxfordshire adults is increasing, as are the social, emotional and mental health needs in children and young people.

We plan to:

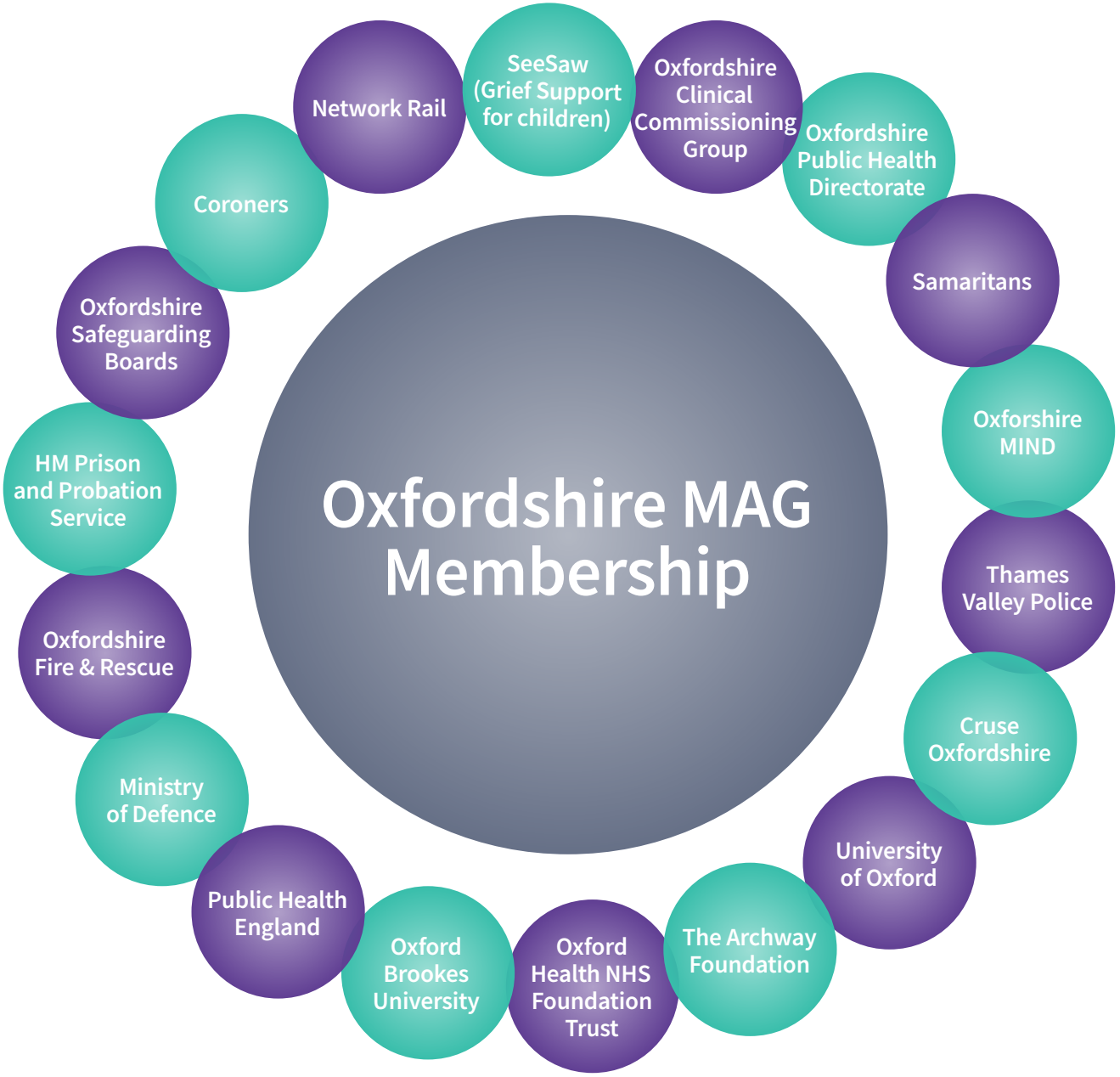
- Have a coordinated approach across partners to mental wellbeing campaigns for Oxfordshire, adopting national branding where appropriate
- Promote resilience and employee wellbeing across organisations in Oxfordshire, utilising existing networks and partnerships
- Implement Mental Health Support Teams in schools through the NHS
- Incorporate physical activity and green space into wellbeing promotion [30]
- Draw on the experience of our grassroots sector and upscale successful interventions where possible
- Upskill front line professionals and workplaces with online suicide prevention training to support development of healthy place shaping in Oxfordshire

Who will deliver this strategy and action plan

OXFORDSHIRE MAG BOARD MEMBERSHIP

(correct at time of publish)

Terms of reference, governance and accountability structures are in place to ensure effectiveness and sustainability of the group.



This approach of working across the system to reduce suicide and self-harm in Oxfordshire allows for reporting and accountability through the following routes;

- Director of Public Health
- Health & Wellbeing Board
- Health Improvement Partnership Board
- Children's Trust
- Oxfordshire Safeguarding Boards for Children and Adults
- Oxfordshire Clinical Commissioning Group Quality Committee
- Oxfordshire Five Year Forward View Mental Health

The quality criteria for self-assessment of Oxfordshire's local planning will be based on the recommendations from Samaritans and the University of Exeter. The renewed detailed action plan will include both input and output measures and have a RAG rated monitoring framework for reporting to the multi-agency group at each meeting.

Both learning and trends in data and risk factors will also be shared regionally through the Thames Valley Suicide Prevention Intervention Network (SPIN) and nationally to contribute to the knowledge base.

It is acknowledged that this work has many additional links to other organisations' strategies in broader approaches to whole systems public mental health planning. These have not been listed here but are available from individual organisations.

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27. Oxfordshire Joint Strategic Needs Assessment (2019) Available **here**
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Organisations who can support

Samaritans – for everyone
Call: 116 123

Oxfordshire MIND – for everyone
Call: 01865 247788

Campaign Against Living Miserably (CALM) – for men
Call: 0800 58 58 58

Papyrus – for people under 35
Call: 0800 068 41 41

Childline – for people under 19
Call: 0800 1111

The Silver Line – for older people
Call: 0800 4 70 80 90

Support After Suicide Partnership - support for people bereaved or effected by suicide.

Survivors of Bereaved by Suicide (SOBS)
Group, phone and email support.

Charlie Waller Memorial Trust – resources and training on mental wellbeing, depression and suicide prevention

Suicide Bereavement UK – training and research in suicide bereavement

Oxfordshire Cruse – bereavement support, including those bereaved by suicide Call: 01865 245398

See Saw – grief support for children and young people in Oxfordshire Call: 01865 744768

Oxford Safe Haven – weekend out of hours mental health crisis support Call: 01865 903 037

Oxfordshire Mental Health Partnership – six mental health organisations across NHS and charity sector

Rethink Oxfordshire Carers Support Service
Call: 01865 904499

Banbury Safe Haven - weekend out of hours mental health support (non-clinical)
Call: 01295 270004/07851 246546

Oxfordshire Mind Wellbeing Service – support and options discussions around mental health and wellbeing Call: 01865 247778

Oxfordshire Live Well
support services information for adults, families and carers

The NHS – for everyone

- Call your GP
- Call 111 (if you need medical help fast but it is not an emergency)
- Call 999 (if you think a life is at immediate risk)

All information was correct at time of publish, Spring 2020

Acknowledgements

The multi-agency partnership would like to thank all Oxfordshire residents who took the time to complete the online survey giving their views on suicide and self-harm prevention.

A special heartfelt thanks goes out to the Oxfordshire residents who spoke in depth at focus groups about their experiences of suicide, self-harm and being bereaved by suicide. In addition, we would like to express thanks to partners from Oxford Health NHSFT, Samaritans, Cruse and the School Health Nursing team who supported the focus groups with their time and expertise.

Developed by Oxfordshire Public Health, on behalf of the Oxfordshire Suicide Prevention Multi-Agency Group, March 2020.

Report to Health Improvement Board 14th May 2020 -
Covid-19 and Homelessness

1. Introduction

The Housing Support Advisory Group has been asked to provide an update on how people who are homeless, particularly rough sleepers, have been supported during the Covid-19 period. This summary report has been prepared in place of the usual performance data. Reporting will return to normal for the September 2020 meeting of HIB.

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

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

Key points from the District Councils' responses to this directive are :

- 223 homelessness placements have been made across the county (as at 1st May 2020)
- All additional accommodation that has been sourced is short-term, mainly comprising of hotels and is not equivalent to supported housing or hostel accommodation which is specifically commissioned for homeless people
- Additional costs are still to be fully quantified but are significant
- Compliance with social distancing can be difficult to enforce, however accommodation providers backed up by neighbourhood policing teams are working to promote and ensure compliance
- As at 1st May there appeared to be very few cases of Covid-19 among the rough sleeping population
- Providers experienced difficulty initially in obtaining supplies of PPE and guidance about how to deal with Covid-19 in hostels and supported accommodation settings but these issues seem to have been resolved
- There are different arrangements in each District but local authorities have arranged for food to be provided to most of the people accommodated
- Move-on plans based on a commitment that no one accommodated should have to return to rough sleeping are being worked on county-wide. As a county wide system local authority partners are working together to coordinate analysis of need, properties available and support packages required
- The complex nature of many of the people accommodated is recognised and move-on plans need to reflect this e.g. the need for more Housing First units and options for people who have previously refused accommodation offered through the Adult Homeless Pathway
- There are positive signs that some social and private sector landlords are willing to offer properties to people that need to be housed post-Covid, particularly as there will be voids in the system as we come out of lockdown.

However, appropriate support packages for people moving on will need to be provided and also landlord incentives/safeguards

- Increases in Local Housing Allowance levels and in Discretionary Housing Payment budgets are welcome and should help with accessing the private rented sector
- All the local authorities are working together to submit proposals for additional funding from MHCLG to assist with move-on and to resource the support that people will need in order to access and sustain long-term accommodation.

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

Summary

District	Homelessness placements made during Covid-19 (from 27th March 2020)
Cherwell	34
South	24
Vale	20
West	27
City	118
Total	**223**

Cherwell	
Rough Sleepers Accommodated	34 homelessness placements have been made including 2 out of area 20 temporary households were in temporary accommodation pre Covid-19 Additional 5 people in extended Winter bed provision
Sourcing and additional cost	2 hotels - in Banbury and Bicester 1 jointly procured hotel in Oxford (10 rooms) Actual full costs are still to be fully determined
Move-on plans	As outlined in the Countywide update
Other Issues	As outlined in the Countywide update 2 placements of people fleeing domestic abuse

South	
Rough Sleepers Accommodated	24 homelessness placements have been made 11 placements in temporary accommodation Pre Covid-19
Sourcing and additional cost	1 hotel in South Oxfordshire 1 jointly procured hotel in Oxford (10 rooms) Actual full costs are still to be determined

Move-on plans	As outlined in the Countywide update
Other Issues	As outlined in the Countywide update

Vale	
Rough Sleepers Accommodated	20 homelessness placements have been made 14 placements in temporary accommodation pre Covid-19
Sourcing and additional cost	1 Bed & Breakfast in the Vale 1 jointly procured hotel in Oxford (10 rooms) Actual full costs are still to be determined
Move-on plans	As outlined in the Countywide update
Other Issues	As outlined in the Countywide update

West	
Rough Sleepers Accommodated	27 homelessness placements made 15 placements in temporary accommodation pre Covid-19
Sourcing and additional cost	Hotels in the Cotswolds and Cheltenham 1 jointly procured hotel in Oxford (10 rooms) Actual full costs are still to be fully determined
Move-on plans	As outlined in the Countywide update
Other Issues	As outlined in the Countywide update

City	
Rough Sleepers Accommodated	118 homelessness placements made (including those decanted from communal settings at Floyds Row and a small number from shared rooms in O'Hanlon House). 10 of these placements are in 'Covid-Protect' accommodation for people who are asymptomatic but high clinical risk
Sourcing and additional cost	A combination of hotels, hostels, university accommodation and other leases means that 124 units have been secured Full costs are still to be determined
Move-on plans	As outlined in the Countywide update
Other Issues	• Outreach activity has scaled back to targeted interventions as the team have been deployed to staff the temporary settings

	• However, Outreach is starting to see a return to normal service with 2 shifts operating per week • There is an ongoing street population of 12-15 people who have refused offers of accommodation • No current requests for people to be accommodated because of domestic violence • 'Covid-Care' accommodation units have been put in place for people who are symptomatic but there has not been a need to place anyone to date • A triage process was set up in early April made up of St Mungos, City Council Housing Options and Luther Street providing clinical input to enable and support new rough sleepers into accommodation on an ongoing basis

Author : Gillian Douglas
Role : Assistant Director, Housing and Social Care Commissioning
Organisation : Oxfordshire County Council and Cherwell District Council
Date : 4th May 2020

Update on Oxfordshire's strategic response to Domestic Abuse under Covid-19 restrictions

Purpose

This paper is to update members of the Health Improvement Partnership Board on domestic abuse work in Oxfordshire and, more specifically, on our multi-agency response to victims and families under Covid-19 measures.

Context

It was clear very early on that there would be increased risks for victims if restrictive measures were put in place to avoid the spread of coronavirus. Once measures were announced on 23 March we drew on the rich pool of knowledge and expertise within our Domestic Abuse Operational and Domestic Abuse Strategic Boards to act quickly to identify increased risks. Our "co-ordinated-community response" approach in Oxfordshire means that all key agencies work together to develop policy and practice and all agencies work with a view to ensure that the victim and their children are at the centre of all activity. In response to covid-19 we set up a multi-agency "cell", a group with members of our Domestic Abuse Boards including experts by experience, all key statutory, independent and voluntary and community sector agencies to meet on a weekly basis using a virtual platform.

Oxfordshire's Covid-19 Domestic Abuse Response Cell

Our Covid-19 DA group initially looked at what had happened for countries locked down earlier than us and saw the impacts being reported including a spike in incidents. There was initial understanding that restrictions on movement might enable perpetrators opportunities to exercise further power and control over victims and families which of course raises risk. There was also an understanding that such conditions make it much harder for victims to seek help or to disclose abuse and receive advice on how to keep themselves and their children safe. And of course much harder for people to flee. Victims would likely be afraid to leave (especially if they are included as one of the shielded or those at increased risk due to age or underlying health conditions). We were also aware that there may be new cases of domestic abuse that were in part triggered by the increased stress and anxiety of the current living conditions.

The focus of the weekly multi-agency meetings has been

1. To share and monitor any change in
    - service provision across specialist and core agencies as a result of the restrictions
    - patterns of referrals / police call outs for domestic abuse incidents
    - risk levels and covid-19 restriction impacts on the nature of incidents being reported / disclosed

2. Increase awareness of domestic abuse and the availability of services despite the lockdown, developing bespoke information using a range of media to target the following key audiences
    - Victims of domestic abuse – ensuring they know that they can leave, that services are available to support them and how they can get help / keep themselves safe
    - General public – advice to everyone on how to look and listen out for family friend and neighbours who may be experiencing domestic abuse and unable to seek help
    - Guidance for people delivering specific services who may have the opportunity to check if someone is safe, spot the signs of domestic abuse so that they know how to help if they have concerns or receive a disclosure of abuse.

3. Develop creative and proactive interventions to enable victims to receive help

    - Development of an app to increase access to support for victims during lockdown
    - Work to develop specific guidance for particular professionals (including children's social care and health professionals) who are in a position to give support and identify people at risk of abuse and make safeguarding referrals.

Current impacts of Covid-19

During the first 2 weeks of lockdown from 23 March all services had seen a drop in referrals / police call outs ranging between 30 - 50%. In week 3 there was an increase to more usual level. We will continue to track and share data comparing with the same period in previous years.

All agencies are reporting that they have capacity to meet the current need and many agencies have developed creative ways of responding to the current situation so that they can continue to support clients / adults and children at risk of domestic abuse.

All agencies are reporting that they currently have appropriate access to Personal Protective Equipment (PPE).

There are also sub-groups reporting into the Covid-19 DA Response Cell one for development of communications during Covid, one looking at development of technological responses to DA under lockdown and another looking at the specific needs of victims of so-called Honour based Abuse, Female genital mutilation and forced marriage.

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

Updates from specialist domestic and sexual abuse services

- The domestic abuse helpline and outreach and Independent domestic violence adviser (IDVA) services have been running as usual throughout with support workers delivering support by telephone / online remotely from their own homes.

- Refuge provision is currently being delivered as usual with support being given to families and referrals being accepted. Both refuges were put in social isolation for period of 14 days in March due to illness that was suspected covid-19. Referrals opened again on 1 April and 6 April respectively. There are currently spaces available.

- All clients have had support plans updated to take account of the current circumstances as would be the case when any significant change takes place for individual services users.

- Sexual assault and rape crisis centres and services for young victims of crime have seen a change in the *nature* of referrals that reflects impacts from some of the restrictions imposed and the impacts of the illness touching individual families

- Group work to support recovery is running in some services using secure virtual platforms while other services are in the process of adapting materials to work in this way.

Updates from core partner agencies

- Court services are functioning remotely with non-molestation orders being granted on application without the victim needing to be “present”. In the last 2 weeks we have seen an increase in the granting of Domestic Violence Protection Notices / Orders and no issues with perpetrators finding alternative places to be accommodated during the Order.

- Police have not seen an increase in new incidents of domestic abuse as compared to non-covid times.

- Our Thames Valley representative from the National Probation Service no changes in terms of perpetrators of domestic abuse and Covid-19 although recalls to prison for those in breach of their order are being actioned as usual.

- Local housing authorities are not currently reporting an increase in demand for accommodation as a result of domestic abuse during covid-19 restrictions.

- NHS and other health professionals are working well to identify and support patients/clients who may be at risk.

- Face to face visits on a risk assessed basis are being completed by adult and children’s social care services and PPE protection is being used as appropriate.

Domestic abuse information campaign

We know that a drop in domestic abuse referrals is not a good thing and we are very aware of the reduced opportunity for victims to reach help. There is clearly reduced ”visibility” amongst agencies and professionals who might normally spot the signs of abuse during face to face interactions. Thames Valley Police have confirmed that the picture seen in Oxfordshire is replicated across the whole of the Thames Valley.

One of the ways in which we have responded to the drop in referrals / police call outs is by developing a range communications including television, radio and social media campaigns, posters in retail venues that are open to the public and dissemination of messages through a broad range of agencies.

Annex 1 is a message sent out by the Independent Chairs of the Oxfordshire Safeguarding Children’s Board (OSCB) and the Oxfordshire Safeguarding Adults Board (OSAB). The message includes information and some links to key documents that have been developed and shared by our Covid-19 DA cell to raise awareness and support professionals identify and respond to victims and families. Please can **Please would you look through the attached message from our OSCB & OSAB Chairs and the links to information and guidance included and share these within your networks and with your constituents where safe to do so (guidance on this is included).**

We are aware that a “spike” in cases is likely to come and in particular we expect to see referrals rise once lock down restrictions begin to ease. We are working to ensure all agencies are working together to prepare for that increase in need at the same time as developing as many alternative ways of working and communicating to ensure victims and families can get the support they need.

This is a very challenging time for all but we hope you will be assured by how impressively agencies have worked to quickly and creatively respond to changed needs and circumstances. We anticipate there will be much helpful learning on how we can most effectively support victims of domestic abuse and their families and enhance the way that we work to keep families safe in the long-term, post Covid-19.

Sarah Carter

Strategic Lead Domestic Abuse

Please contact me if you have any particular concerns or issues you would like to raise on any of the above or any other domestic abuse related matter.

Oxfordshire County Council **I** 4th Floor County Hall **I** New Road **I** Oxford OX1 1XD
07795061438 Sarah.Carter@Oxfordshire.gov.uk

Dear Colleagues,

We are contacting you to tell you about the work that is currently progressing to address domestic abuse here in Oxfordshire and to ask for your support to help address the increased risks for families and individuals during the Coronavirus outbreak.

You will not need us to tell you that while staying at home is incredibly important to reduce the spread of Covid-19 for many home is **not** a safe place. To be trapped at home with someone who harms you can be very frightening. Isolating somebody from their friends, family, and the outside world is already something many perpetrators of domestic abuse do to control their partners. The current restrictions on movement will add opportunities for more extreme isolation and harm also make it much harder for people experiencing abuse to reach out and get help. Further, that Children at home due to school closures will be experiencing increased emotional and psychological harm by witnessing domestic abuse and parental conflict within their home as well as a likely increase in direct abuse which may also include physical harm. Both adults and children experiencing domestic abuse will have fewer opportunities to speak to someone or ask for help. Younger children are less able to express what is happening and therefore at risk of increased harm. Older people who may have less access to support and information online will also be more at risk.

Since movement restrictions began on 23 March, a domestic abuse Covid-19 multi-agency group has been meeting regularly to ensure that services are in place to meet current and changing needs of people in Oxfordshire. The group has focused on:

- ensuring services can offer help using more telephone or online support
- monitoring referrals, incidents and disclosures across all agencies
- developing targeted information to raise awareness of domestic abuse and tell people how to get help

The work around the campaign and publicity around Domestic Abuse has drawn from national materials that they are looking to localise to Oxfordshire and has three strands; all of which have links and resources associated with them:

1. **Speaking out to victims** – ensuring victims and children can get help, which has the following elements:

- Identifying the Oxfordshire relationship help and support during covid-19 – which are accessed by following this link here
- Oxfordshire help and support during covid-19 which can be accessed here
- A safety planning infographic from West Sussex County Council available online here
- A Thames Valley Police Domestic Abuse Poster Campaign
- The Government #YouAreNotAlone campaign and information
- The Reducing the Risk website which has information about what abuse might look like, how to stay safe, and what to do if you're worried about somebody.

2. **Listening from home** – information for everyone to help them look and listen out for friends and family, neighbours or others in their community with the following elements:
- https://www.ourwatch.org.uk/get-involved/help-and-advice/crime-prevention-toolkits/domestic-abuse/how-help
- Listening from home national campaign, led by Hestia

3. **Direct access** – guidance for those who may be able to help because they are directly in contact with an adult or child suffering domestic abuse
- Safely asking about domestic abuse during Covid-19 (for professionals and volunteers already in phone contact with members of the public)

In addition the partnership are working locally, regionally and nationally to deliver the following:
- A media campaign, with interviews on local TV and radio, social media shares and poster campaigns with local retailers.
- A "safe spaces" initiative operating from named pharmacies offering a place where victims can discreetly call for help and support for domestic abuse
- An instant messaging App for victims of abuse to access discreet advice and support from home
- Further support from retailers, delivery companies and volunteers to enable victims to know that help is there and to disclose abuse and get support.

Clearly with such a great range of activity underway and planned, it makes sense for the OSCB and the OSAB to join with and support this fabulous level of activity. So we have asked all OSCB and OSAB members to cascade this letter/information sheet to all of you so that we reach as wide an audience as possible and promote this campaign,

We are also hoping you may feel able to personally share "Domestic abuse during Covid-19" here (*a poster to be shared online and printed out, if printing select 'shrink to page' option*) on your work/personal social media accounts (if safe to do so).

Finally, we are aware a number of Facebook pages have sprung up around mutual aid and support to vulnerable folks during the current situation. If you are a member of these Facebook groups and would be willing to share the poster on to the group pages that would ensure a much wider audience.

Thank you all for taking the time to read this briefing and please do join with us in this campaign and activity.

Thank you.

Richard Simpson
Chair of OSCB

Sue Ross
Chair of OSAB

Health Improvement Board
Forward Planning

Meeting Date	Other papers that could be scheduled	Standing items
Thursday 10th September – Freemen's Room/Long Room	Items could include: • Diabetes Transformation and Prevention data • Final Alcohol and Drugs Strategy • Director of Public Health Annual Report • Local Clean Air initiatives, including School Streets • Active Oxfordshire report on actions currently underway to reduce physical inactivity on areas of deprivation, particularly in West Oxfordshire and Cherwell DC • Presentation on AccessAble to lunch in Oxford in May - it is the app which allows people with all sorts of disabilities to check whether venues and public buildings are suitable for them. • Housing Support Advisory Group update • Domestic Abuse Strategy Group update • Social Prescribing update • GP referral scheme pilot progress report • Healthy Place Shaping update • CVD prevention update • Affordable Warmth annual update • Making Every Contact Count update	Minutes of the last meeting Performance Dashboard Forward plan Healthwatch Ambassador Report
Thursday 19th November – Freemen's Room/Old Library		

Regular Reports from working groups	When to schedule	Note
PH Health Protection Forum	Once a year	Meets quarterly. Report Feb 2020
Affordable Warmth Network	Once a year	Last reported Sept 2019
Housing Support Advisory Group	Twice a year	Last update Nov 2019 – COVID 19 update on May 2020
Domestic Abuse Strategy Group	Twice a year	Last report Sept 2019 COVID 19 update on May 2020
Tobacco Control Alliance	Annually	Final Strategy May 2020
Mental Wellbeing Working group	At least annually	Last report May 2020
Healthy Weight – whole systems approach	At least annually	Last reported Sept 19
Active Oxfordshire	Tbc	Update Nov 2019
Healthy Place making	tbc	County wide Master Class events planned for 2019-20
Social prescribing	Tbc	Update as appropriate
Making Every Contact Count	Twice a year	Information item Sept 19
Alcohol and Drugs partnership annual report	Annually.	Draft strategy discussed Nov 2019

Healthwatch Oxfordshire - Brief Note to Health Improvement Board Meeting 14 May 2020.

Rather than our usual report format for HIB updating on our work to date, we thought that we would make comment on how we have been working since the Covid-19 lockdown:

Healthwatch Oxfordshire has continued to be accessible online and on the phone for all signposting and information for residents in Oxfordshire. We are keeping up to date Covid19 information and making use of social media channels as much as possible.

We are now able to take referrals into the NHS Responders scheme - in line with other Healthwatch groups nationally.

We have released some staff capacity to contribute to working with Oxfordshire All In up to three days a week.

We have become increasingly aware of the need to ensure that information is available about Covid-19 support in multiple forms and that all organisations try proactively to tackle digital exclusion, through provision of phone contacts, and through making paper-based information available.

We have been actively reaching out to support seldom heard communities. To this end we have worked in partnership with Oxford Community Action group to make sure new and emerging communities in the county have access to information about Covid-19 advice and support available both nationally, and locally. Together with Oxford Community Action we have provided paper leaflets translated by community members in Swahili, Arabic, Tetum, Amharic, Somali. Over 700 translated leaflets have been delivered safely by hand by volunteers from these communities. For many, this was the first information that they had received about managing in Covid-19.

We have actively worked with Doctors of the World who have kindly responded to our request to provide Tetum in their translated materials bank on Covid-19. We have become aware of the lack of translated materials for Covid-19 in general with government and public health information being difficult to find, and only representing limited languages.

Whilst undertaking this work, we also have become aware of the gaps experienced by these communities in access to food support. Whilst the response by food banks and community groups, and Oxford Hub has been

admirable - we have heard that many of these communities have not accessed mainstream food provision due to stigma and wanting confidentiality about seeking support. Oxford Community Action are in the process of setting up a food distribution point at Hurst Street Oxford college, run with volunteers from the Somali, Sudanese, East Timorese, East African and Syrian communities to deliver food in confidence to households. Support from mainstream food banks for food supplies whilst slow is finally being put in place, and Healthwatch Oxfordshire have supported Oxford Community Action Group with this navigation of contacts.

Health inequalities

There is no doubt that Covid-19 is exposing already present inequalities in health, and socioeconomic status. It has also highlighted underlying gaps within the way that the system responds, engages and meets the needs of seldom heard communities.

Healthwatch Oxfordshire are keen to support learning from this, and to contribute to post Covid-19 learning and recovery for the health and care system. It is important that these voices are heard, and that Oxfordshire's seldom heard communities have a part to play in building future resilience.

Future directions could include:

1. Ensuring Oxfordshire has a robust, strategically delivered food security strategy in place, moving beyond food banks to ensure that people have financial resources to access an adequate diet.

2. That Equalities Impact Assessments are undertaken involving local communities in understanding the differential impacts of the crisis. We suggest the Health Inequalities Commission and Public Health must play a lead role in this.