To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 27 May 2021 at 2.00 pm

Virtual Meeting

Please note that due to guidelines imposed on social distancing by the Government the meeting will be held virtually. If you wish to view proceedings, please click on this Live Stream Link https://oxon.cc/HIB27052021
However, that will not allow you to participate in the meeting.

Yvonne Rees, Chief Executive

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

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

Board Members:

Amier Al Agab	*Healthwatch Oxfordshire Ambassador*
Ansaf Azhar	*Director of Public Health, Oxfordshire County Council*
Det Chief Insp Jonathan Capps	*Thames Valley Police*
Dr Kiren Collison	*Clinical Chair of Oxfordshire Clinical Commissioning Group*
Cllr Suzi Coul - tbc	*West Oxfordshire District Council*
Cllr Maggie Filipova-Rivers - tbc	*South Oxfordshire District Council*
Daniella Granito	*District Partnership Liaison*
Diane Hedges	*Chief Operating Officer, Oxfordshire Clinical Commissioning Group*
Rosie Rowe	*Deputy Director, Public Health, Oxfordshire County Council*
Cllr Helen Pighills - tbc	*Vale of White Horse District Council*
Councillor Damian Haywood	*Cabinet Member for Public Health and Equality*
Vacant	*District Council Director Representative*

Declarations of Interest

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

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**
- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

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

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

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

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

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

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

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

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

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

AGENDA

1.   Welcome by Chairman

2.   Apologies for Absence and Temporary Appointments

3.   Declaration of Interest - see guidance note opposite

4.   Petitions and Public Address

5.   Notice of Any Other Business

14:03 to 14:05

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

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

14:05 to 14:15

To approve the Note of Decisions of the meeting held on 25th February 2021 and to receive information arising from them.

7.   Director of Public Health Update on COVID-19

14:05 to 14:15
10 minutes

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

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

8.   Performance Report (Pages 11 - 16)

14:15 to 14:30
15 minutes

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

To receive an update on performance and discuss any Red or Amber rated indicators.

9.   Report from Healthwatch Ambassador (Pages 17 - 18)

14:30 to 14:40
10 minutes

Presented by Amier Al Agab, Healthwatch Oxfordshire

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

10. Tobacco Control plans for 2021/22 (Pages 19 - 22)

14:40 to 15:05
20 minutes

Presented by Adam Briggs, Consultant in Public Health, Oxfordshire County Council

To confirm planned activity for tobacco control across Oxfordshire in 2021/22.

BREAK
15:05 to 15:10
5 minutes

11. Mental Health Prevention Concordat and Suicide and Self-Harm Prevention Strategy (Pages 23 - 30)

15:10 to 15:30
25 minutes

Presented by Claire Gray and Rosalind Jones, Public Health, Oxfordshire County Council

To report on progress with the Mental Health Prevention Concordat and suicide and self-harm prevention strategy after year 1 and to confirm activity planned for Year 2 of the mental health concordat and the suicide and self-harm prevention strategy.

Link to the video on the Prevention Concordat for Better Mental Health Project Report:
https://vimeo.com/551507662/e9978902ad

12. Healthy Weight and Physical Activity Story Maps (Pages 31 - 34)

15:30 to 15:50
20 minutes

Presented by Tom Gubbins, Cherwell District Council and Rosalind Jones, Oxfordshire County Council

To demonstrate how story maps can provide detailed insight into opportunities to improve physical activity and healthy weight in Oxfordshire.

13. Forward Plan

15:50 to 15:55
5 minutes

Discussion and suggestions for future items

14. Any other business

15:55 to 16:00
5 minutes

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NHS Oxfordshire Clinical Commissioning Group **OXFORDSHIRE COUNTY COUNCIL** **healthwatch** Oxfordshire

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on commencing at 25th February at 14:00

Present: **Board members**	Cllr Louise Upton, Oxford City Council (Chairing)
	Ansaf Azhar, Director of Public Health, Oxfordshire County Council
	Cllr Lawrie Stratford, Oxfordshire County Council
	Cllr Helen Pighills, Vale of White Horse District Council
	Eunan O'Neill, Consultant in Public Health, Oxfordshire County Council
	Daniella Granito, District Partnership Liaison, Oxford City Council
	Amier Al Agab, Oxfordshire Healthwatch Ambassador
In attendance	Veronica Barry, Senior Community Involvement Officer, Healthwatch Oxfordshire
	Sara Wilds, Head of Medicines Management, Oxfordshire Clinical Commissioning Group (standing for Diane Hedge)
	Pat Coomber-Wood, Chief Executive, Citizens Advice North Oxon and South
	Vicky Galvin, Sport & Physical Activity Manager, Oxford City Council
	Kate Austin, Health Improvement Practitioner, Oxfordshire County Council
	Carole Rainsford, Project Manager, Care and Long-Term Conditions, Oxfordshire Clinical Commissioning Group
Officer:	Julieta Estremadoyro, Oxfordshire County Council
	Cllr Andrew McHugh, Cherwell District Council
Apologies:	Kiren Collison, Clinical Chair of Oxfordshire, Oxfordshire Clinical Commissioning Group
	Diane Hedges, Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Absent:	Cllr Suzy Coul, West Oxfordshire District Council
	Jonathan Capps, Detective Chief Inspector, Thames Valley Police

ITEM	ACTION
1. Welcome Cllr Louise Upton chaired the meeting in absence of Cllr McHugh and welcomed to the meeting:	

Amier Al Agab, Oxfordshire Healthwatch Ambassador Pat Coomber-Wood, Citizen Advice Bureau Vicki Galvin, Oxford City Council Carole Rainsford, Oxfordshire Clinical Commissioning Group		
2. Apologies for Absence and Temporary Appointments Apologies received as per above.		
3. Declaration of Interest None were stated		
4. Petitions and Public Address There were none		
5. Notice of Any Other Business Farewell to Eunan O'Neill, who is leaving Oxfordshire County Council. Eunan was thanked by the Board for the huge contribution he has made to public health in Oxfordshire.		
6. Note of Decisions of Last Meeting The notes of the meeting held on 19th November 2020 were signed off as a true and accurate record. Action update: Cllr McHugh to circulate the letter regarding Vaping among the HIB members for approval/comments – This was done. **Completed**		
7. Director of Public Health Update on COVID 19 Ansaf Azhar, Director of Public Health, provided a verbal update. Case rates: Cases have come down significantly and are well below 100 per 100 thousand of inhabitants. 76.9 as 19th February. Oxford and Cherwell higher rates were expected because urban density. There is a bit of plateau at the moment and the number need to go down further. This has been reflected in the number of hospitalisations. At some point the number of people needed to go to hospital was highest that in the first peak but now is lower. *For up to date figures visit:* https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/latest-figures Road map out of lockdown We need to be cautious during this period and it all depends on how the situation changes. It is expected there will be a rise in cases as we gradually ease off. When we came out of lock down in November it only took 2 to 3 weeks to see this rise. At present there is a significant proportion of infections that are caused by the new UK variant and there is real concern that this would be the dominant variant		

when we come out of lock down. All the agencies are having a very cautious approach to this.

For more information about the road map out of lock down visit:
https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary

Testing provisions
The local community testing was launched 2 weeks ago and there are plans for expansion.

Rapid COVID-19 tests (also known as lateral flow tests) are available to anyone who does not have access to workplace testing. Results will be available in under an hour.

Pupils will be offered testing before going back to school.

More information on testing provisions visit:
https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/prevention-and-testing#paragraph-5969
For asymptomatic testing:
https://www.oxfordshire.gov.uk/council/coronavirus-covid-19/controlling-local-coronavirus-outbreaks/rapid-symptom-free-testing#no-back
For asymptomatic testing in school click here:
Asymptomatic testing in schools

Vaccination
Vaccination is expanding from cohort 1 to 5 to 6. Oxfordshire is following the guidance from the Joint Committee on Vaccination and Immunisation that has the evidence and science to inform this categorisation.
Further information:
https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-25-september-2020

The vaccination programme is really a good news story in the county.

Comments/Questions:

Vaccination uptake of the BAME communities
There has been very valuable and significant communication work, campaigns and meetings with a wide range of communities' groups assuring them that it is safe for them to take the vaccine. HIB partners around the table have contributed and participated in some of those. The uptake by BAME communities of the vaccine is higher than the national average. (Ansaf Azhar/Cllr Upton/Cllr Fillipova-River, Veronica Barry/Amier El Agab)

Testing in workplaces –
How to reach people in more insecure jobs with less people? There has been a communication on this, liaising with business authorities/organisations to reach people in high risk jobs such as taxi drivers and self-employed individuals. (Veronica Barry/Ansaf Azhar).

8. Performance Report – Effect of COVID 19 Ansaf Azhar referred to the document *Performance Report* (page 13 in the agenda pack) The report reflects the time when we were impacted by the pandemic. The aim is focus on how to come out of this and improve performance at all levels. There are key conversations going on among partners regarding recovery and picking up preventive activities again. There has been a lot of learning from the COVID – 19 vaccination programme that can be transferred to other immunisation programmes when these are fully resumed. <u>Comments/questions:</u> <u>Performance</u> The references in terms of baseline and performance should remain at the level before the pandemic. A radical improvement in relation to a year that was severely affected by the pandemic would not show much improvement in real terms. Additionally, there are categories in which the government has stopped recording data altogether. Despite the challenges, categories like bowel screening are above level of acceptable and not going to red. (Cllr Stratford/Cllr Upton) <u>Cervical screening</u> Concern about being always in red. There have been preventive measures to tackle this kind of cancer like the HPV vaccination, this is also a factor in the low uptake of the screening. It is expected an improvement in the future as home testing could become available. There is a long running programme to improve this. Districts can help in improving the uptake, particularly if there are specific cultural or other reasons that can be addressed locally. The granularity on the figures would be helpful. These concerns will be taken back to the teams working in the programme. (Cllr Fillipova River/Cllr Upton/Eunan O'Neill)	4
9. Cardiovascular disease (CVD) Prevention Update Ansaf Azhar and Carol Rainsford provided a verbal update. Ansaf as Director of Public Health launched an inequalities strategy in his Annual report with the aim to tackle the drivers of inequalities. CVD is a thematic area to look at in the ten most deprived wards. What are the risk factors that increase the rates of some diseases among people in disadvantageous life circumstances? There are 5 levels in the prevention spectrum from downstream to more upstream regarding CVD: 1 – tackling blood pressure, with this managing the biggest risk factor. 2 – using the NHS health checks in a more targeted way	

3- looking at the risk factors, lifestyle, behaviours such as smoking which is one of the highest factors.

4 – social prescribing, significantly upstream, such as making every contact count, (people to engage in promoting good health in an opportunistic way), programmes promoting physical activity and reducing obesity.

5 – healthy place shaping agenda.

Carol Rainsford explained the hypertension project and the support they are receiving from Public Health. One part of the project has involved providing blood pressure monitors and training on their use to service users in more disadvantaged areas. The first pilot has been happening in South Oxfordshire with the Primary Care Network (PCN) there. The plan is to roll it out to other areas.

Comments/questions:

Blood Pressure Monitors
Having a blood pressure monitor helps people to change their behaviour and lifestyle. It helps them to take ownership of their own health. There is a package of support offered when a blood pressure monitor is given. The expectation is that the services users are directed to/access other services such as practice nurses, health assistant and other social prescribers. The monitors are a starter, it goes further to try to understand the stressors that people are facing. (Cllr Upton, Ansaf Azhar, Carol Rainsford)

CVD and BAME communities
BAME people are more prone to suffer from CVD conditions, is there any specific project around this? Public Health and the NHS are working with different partners promoting campaigns. With Healthwatch a project was carried out with the East Oxford United football club about raising awareness of men's health, the project also involved reaching other occupations such as barbers and taxi drivers. The work trying to reach all communities will continue (Amier El Agab, Ansaf Azhar)

Work with the District Councils
South Oxfordshire has adopted a theme on wellbeing within its corporate plan. They are doing a mapping exercise of communities assets. They are gathering support from the business communities in the districts.

This work has been done already in Banbury Ruscote. This ward has been profiled and the local assets are being mapped. It is expected to carry out activities that bring communities together. All of this is being done with the relevant partners.

Banbury Brighter Futures project is an example and it involves talking to the communities and developing their resilience. *More information on this project at:* https://www.cherwell.gov.uk/info/118/communities/483/brighter-futures-in-banbury

The hypertension project is also carried out in South Oxfordshire, looking at current health pathway around diabetes. Colleagues in City, NHS and relevant district council officers have met to train and coordinate physical activities in the area. (Cllr Fillipova River/Ansaf Azhar/Cllr Stratford/Vicki Galvin)

10. Report from Healthwatch Oxfordshire Ambassador

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

Amier highlighted the partnership between Healthwatch and the Oxford Community Action. Healthwatch bringing its experience about health services and OCA the voice of the ethnic minorities. They carried out a joint action research during 2020 to understand what Oxford's new and emerging communities think about wellbeing. The report is available here (Healthwatch Oxfordshire website)

Comments/questions:

Mental Health
The report revealed that there is not enough awareness among people about what mental health is. Problems with Mental Health are not just serious conditions such as schizophrenia but basic things such as stress. People feel embarrassed to talk about not coping well. (Cllr Upton)
Understanding mental health as part of wellbeing and maybe emphasise this term more than talking about "mental" health when having conversation on depression and low self-esteem (Cllr Stratford)

BAME communities
The pandemic has put a spotlight on what has been an issue for a long time. It has also highlighted the importance of having conversations with communities to identify relevant issues with this group regarding improving their health. From the Public Health and NHS perspectives, articulating what the communities' priorities are is very important and it involves getting the right partners to work with. It has been happening and, in the county, there are a number of initiatives. *It could be useful to have a workshop on this piece of work.* (Eunan O'Neill).
There is a need for continuous work within the communities and with Public Health and the NHS to get them to open up to speak about mental health and understanding what is involved. (Amier El Agab)
It is important not to look at physical illness as a silo as it is necessary to look at lifestyle and life circumstances to identify the causes. Tackling smoking, domestic abuse among other problems will help with prevention. Social prescribing is important as well as the healthy place shaping agenda to improve overall health. Public Health is keen to develop further work on this (Ansaf Azhar)

11. Community Activation for Wellbeing

Cllr Upton and Eunan O'Neill introduced this item. Simple actions can improve wellbeing. There are examples of work that are the result of combining NHS, Public Health and community work.
It is evidence of the need to carry on with prevention work which aims to improve wellbeing within community settings, energising community assets with this objective.

Pat Coomber-Wood referred to the paper *Citizens Advice - Addressing Health Issues and Inequalities in Oxfordshire (page 21 in the agenda pack)*

The CAB services collectively address social determinants affecting health and wellbeing of our communities. They provide advice on serious social issues such as poverty, debts, family problems, secure housing, and employment among others.

They were providing services to 16,000 households in Oxfordshire before the pandemic. Last year the numbers were lower because the restrictions and the change in the way they provided services. Services have been delivered mainly by the phone replacing face to face appointments and with services users facing complicating circumstances advice has been taken longer, the document files of each client could not be put on a desk. Advisors were supervised in a digital remote way as well. They were seeing new issues as the legal and policy landscape changed during the pandemic. Furlough, more people having to access benefits such as universal credit and employment benefits are complex issues that need training and support.

Pat highlighted the following programmes: Benefits in place and Community Connect Social Prescribing explained in the report.

Vicki Galvin referred to the document *Supporting Community Activation around Wellbeing in the City: Sport & Physical Activity – Oxford City Council* (page 25 in the agenda pack)

The lockdown has put people's wellbeing at risk with fewer people doing exercise or reducing exercising, lost interest in hobbies (e.g. crafts), no social interaction. People with disabilities have been even more affected.

The reduction of all these activities has affected the mental health of people because less beneficial activity are carried out while the levels of stress and worry has increased. Disadvantaged communities have been more at risk and this has shown up the existing health inequalities.

The report detailed a whole range of activities that have been implemented or will be implemented to tackle those issues through locality Hubs, Community Impact Zone in Oxford and core work strands around the Healthy Place Shaping agenda.

Kate Austin referred to the document *Making Every Contact Count' (MECC) in Oxfordshire* (page 33 in the agenda pack)

MECC aim to encourage people to talk about health and wellbeing in general and being inspired to change their behaviour and take steps to improve their health and wellbeing.

More information about MECC can be found here:
http://www.makingeverycontactcount.co.uk/

A range of organisations within Oxfordshire are already engaging with MECC but there is potential to scale this up and increase the reach to other organisations that have contact with public.

An essential element to achieve MECC plans, as described in the document, is to continue receiving support and endorsement from the Health Improvement Board.

In this sense, the Health Improvement Board members are asked *to discuss how partners could support the MECC approach. Issues that the Board are asked to reflect on include:*

☐ *How could the Board members take the MECC message back to their organisations and encourage the support of MECC?*
☐ *How can MECC become a prevention element to contribute to reducing inequalities?*
☐ *Could members identify champions to join the Systems Implementation Group to help drive this forward and be ambassadors for the approach?*
☐ *What opportunities can be capitalised upon as a result of the new ways of working and relationships that have developed, arising from the response to the COVID-19 pandemic?*

Comments/Questions

Financial stability and socio-economic issues are very important to consider when designing a prevention agenda. These are wider determinants. It demands thinking outside the box to achieve a good outcome. How to empower people, how to link together all the initiative in a cohesive collaborative plan across the county. Partners working with these communities has the blueprint to do this and working together our ambitions can become a reality. (Eunan O'Neill)

How to apply lessons learnt from COVID 19, how do we take this agenda forward working together and using resources at our disposal plus the assets from the community. There should be more officers to officer forum to make the system-wide approach more effective (Cllr Fillipova-River)
Dani Granito offered to send Cllr Fillipova-River further details on other officer forums that she can connect with to gain access to this sort of learning (comment in the chat).

Officers from the City, District Councils and OCC has been meeting and working together. Those meetings were happening more regularly pre-COVID but there is communication between colleagues doing the same work. Perhaps there is a need to make those officers conversation more available to councillors (Vicky Galvin/Cllr Upton)

CAB has tended to work in silo but since COVID there has been the need and opportunities to work in a more cooperative way. It is very important to ensure that staff in the Adults Social Care teams are aware of those opportunities to work with the voluntary sector. (Pat Coomber-Wood)

Ansaf Azhar concluded that it has been a useful and positive discussion to take forward and develop better partnership and communication among all the local authorities, health partners and voluntary sector. We are learning from what's happening in our area and could be applicable to another or it may be that this other area needs to develop their specific projects and define its priorities. Public Health is keen to explore all possibilities with the right partners.

12. Health Improvement Board Priorities

Eunan O'Neill referred to the diagram *Proposed Oxfordshire Health Improvement Board Priority Reconfiguration* (page 35 in the agenda pack)

The proposal is the result of a discussion at the January workshop on streamlining the agenda and setting the HIB priorities.

The frequency and the length of the meetings will remain the same, but members are asked to read the reports in advance and come prepared with questions, so the time is mainly dedicated for discussion and feedback.

Agenda items will be strategically decided and intelligence-led and only reports on issues that require attention will be brought to the meeting.

The general HIB priorities were determined by the Health and Wellbeing Board and are shown in the diagram attached. There are other forums that have a monitoring role such as the Health Protection Forum so there is no need for monitoring everything at the HIB meetings.

Members are asked if they agree with the three priorities as described in the diagram.

Comments/questions:

Ansaf clarified that these three issues will not be looked at in silo those three elements are interrelated and that will be the focus going forward. These three areas will be the priorities and will be an easier way to manage the flow of number of items that come for discussion.

Cllr Fillipova-River expects the HIB to be a forum to discuss good practice that could be replicated in other districts/areas.

Ansaf and Cllr Upton commented that the HIB is about sharing good practice and encouraging a more fluid way of working between OCC, NHS, district councils and voluntary sector. It is important to take the reports presented and sharing them among the members' organisations.

Members agreed to have Mental Wellbeing, Obesity and Smoking Cessation/Prevention as priorities of the Board

13. AOB

Cllr Upton, Ansaf Azhar and Cllr Stratford expressed their appreciation in the name of all Board members to Eunan O' Neill for the invaluable knowledge and experience that he brought to Public Health in Oxfordshire. There are people in the county who are alive and healthier because of Eunan. The Director of Public Health is very grateful for Eunan's contribution to the Health Protection Forum, for his instrumental participation in setting the Tobacco Control Alliance the ambition of a smoke free county by 2025, also for his contribution to the Integrated Care System Inequality Board and the DoPH Annual Report.

9

Ansaf shared that Public Health is recruiting for Eunan's position and the job alert is available at: Consultant in public health job Cllr Fillipova-Rivers proposed to discuss how to recover the mental health of children and young people that have been affected by COVID 19 to look at it in our communities in future meetings. *(To avoid duplication of work, as this falls under the remit of the Children's Trust Board, we will contact the Children's Trust Board to check that they will be looking at this issue)*	10

Health Improvement Board
27ᵗʰ May 2021

Performance Report

Background

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

2. The indicators are grouped into the overarching priorities of:
   - A good start in life
   - Living well
   - Ageing well
   - Tackling Wider Issues that determine health

Current Performance

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

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

5. Some areas of work will be monitored through achievement of milestones. These are set out on page 5 of this report. For Q3 and Q4 achievement progress is shown for Whole Systems Approach to Obesity and Mental Wellbeing.

6. The latest update for most indicators relates to 2020/21; therefore, RAG rating for those indicators refers to 2020/21 targets. Performance for indicators included in this report can be summarised as follows:

   Of the 21 indicators reported in this paper:
   Five indicators are **green**
   Four indicators are **amber**
   Six indicators are **red:**
   - **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
   - **2.17** Increase the number of smoking quitters per 100,000 smokers in the adult population
   - **2.18** Increase the level of flu immunisation for at risk groups under 65 years
   - **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
   - **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
   - **3.18** Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

1

Health Improvement Board Performance Indicators 2020/21

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
A good start in life	1.12 Reduce the level of smoking in pregnancy	8% (Q1 18/19)	7%	L (N target <6% by 2022)	Q3 20/21	6.7%	G	Oxfordshire CCG level, Year to date
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1	94.3% (Q2 18/19)	95%	N	Q3 20/21	93.5%	A	
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2	92.7% (Q2 18/19)	95%	N	Q3 20/21	92.9%	A	
	1.15 Reduce the levels of children obese in reception year	7.8% (17/18)	7%	L	2019/20	6.7%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6	16.2% (17/18)	16%	L	2019/20	16.2%	A	Measuring stopped in March 2020 by NHS/PHE - interpret with caution Cherwell 19.9% Oxford 16.4% South Oxfordshire 14.7% Vale of White Horse 15.6% West Oxfordshire 13.6%

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
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 20	21.3%	R	Cherwell 24.7% Oxford 13.4% South Oxfordshire 15.0% Vale of White Horse 16.5% West Oxfordshire 19.5%
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population	>2,337 per 100,000 (2017/18)	2,919 per 100,000	L	Q4 20/21	2,774	R	
	2.18 Increase the level of flu immunisation for at risk groups under 65 years	52.4 (2017/18)	75%	N	Sep 2020 to Feb 2021	58.9%	R	
	2.19 % of the eligible population aged 40-74 years invited for a NHS Health Check (Q1 2015/16 to Q4 2019/20)	97% (2018/19)	N/A	L	Q3 20/21	81.4%		No targets set for 2020/21 as Programme primarily paused due to COVID-19
	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)	N/A	L	Q3 20/21	40.0%		
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)	68.2% (all ages) Q4 2017/18	80%	N	Q2 20/21	65.9%	R	
	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years		80%	N	Q2 20/21	75.7%	R	
Ageing Well	3.16 Maintain the level of flu immunisations for the over 65s	75.9% (2017/18)	75%	N	Sep 2020 to Feb 2021	84.4%	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 20/21	71.4%	G	
	3.18 Increase the level of Breast Screening - Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)	74.1% (Q4 2017/18)	80% (Acceptable 70%)	N	Q4 19/20	55.4%	R	

	Measure	Baseline	Target 2020/21	National or Locally agreed	Update	Latest	RAG	Notes
Tackling Wider Issues - issues that determine health	4.1 Maintain the number of households in temporary accommodation in line with Q1 levels from 18/19 (208)	208 (Q1 2018-19)	208	L	Q2 20/21	-	-	Cherwell: 28 Oxford: 86 S. Oxon: 25 VoWH: 55 W. Oxon: not available at time of publication
	4.2 Maintain number of single homeless pathway and floating support clients departing services to take up independent living	tbc	75%	L	Q2 20/21	87.9%	**G**	
	4.3 Maintain numbers of rough sleepers in line with the baseline "estimate" targets of 90	90 (2018-19)	90	L	Q3 19/20	80	**G**	
	4.4. Monitor the numbers where a "prevention duty is owed" (threatened with homelessness)	no baseline	Monitor only	-	Q2 20/21	247	-	Cherwell: 31 Oxford: 60 S. Oxon: 66 VoWH: 77 W. Oxon: 13
	4.5 Monitor the number where a "relief duty is owed" (already homeless)	no baseline	Monitor only	-	Q2 20/21	201	-	Cherwell: 33 Oxford: 75 S. Oxon: 14 VoWH: 25 W. Oxon: 54
	4.6 Monitor the number of households eligible, homeless and in priority need but intentionally homeless	no baseline	Monitor only	-	Q2 20/21	7	-	

Health Improvement Board Process Measures 2020/21

Measure	Quarter 3			Quarter 4		
	Process	**Progress**	**Rag**	**Process**	**Progress**	**Rag**
Whole Systems Approach to Obesity	Expand the network group for the whole systems approach to healthy weight	Network group expanded to represent all focus areas of the WSA (childhood obesity, physical activity, climate action and food). 3 WSA virtual stakeholder events held for all focus areas with a system map for each theme created to inform the WSA action plan. Further consultation planned for working with schools.	G	Expand the network group for the whole systems approach to healthy weight Building a local picture (Phase 2) and mapping the local system (Phase 3) Healthy Weight Framework for Oxfordshire	WSA Network group now has over 75 cross sector members (childhood obesity, physical activity, climate action and food). 5 WSA virtual stakeholder events delivered to inform the development of the Healthy Weight Framework and Phase 4 (Action). Completed the first phase of the Oxfordshire Healthy Weight Story Map. Phase 2 in progress to focus on the built environment. Launched a community insight project April 2021- 22 to understand the reality of healthy weight from the perspective of residents. In progress to be completed Spring 2021.	G
Mental Wellbeing	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 1 action plan. Mental Wellbeing Prevention Framework development following the sign up to the Concordat for Better Mental Health	Next MAG meeting on 24th February 2021. Review of year 1 progress on strategy to be agreed in the meeting. Real time suicide surveillance continues and informs work of the MAG and action plan. Mental wellbeing health needs assessment in progress to inform further work – due Spring 2021. Review of progress of year 1 of the partnership in progress. Partnership comms group to support a joined-up approach is successful. Mental Health and Suicide First Aid training needs identified, and training rolled out to priority groups.	G	Suicide Prevention Multi-Agency Group (MAG) active and delivering to the strategy and year 2 action plan. Mental Health Prevention Concordat Partnership delivering the framework and Year 2 priorities.	Next MAG meeting on 20th May 2021. Continue to work with a wide range of partners to prevent suicide and self-harm in the community. Real time suicide surveillance continues and informs work of the MAG and action plan. Monitor and review our actions as more information becomes available on the impact of COVID-19 on vulnerable groups. Next Concordat meeting 14 June 2021. Year 1 progress report now complete (video). Partnership comms group now has 15 members. Mental health and suicide prevention training continues. Mental wellbeing needs assessment available June 2021 to inform Year 2 priorities.	G

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Healthwatch Oxfordshire Report to Health Improvement Partnership BoardMay 2021
Presented by Amier AlAgab- Healthwatch Ambassador

Since the last HIB meeting in February 2021 Healthwatch Oxfordshire has continued to reach out and gather people's experiences of health and social care services in the county.

The following gives an overview of our activity since the last meeting.

1. Outreach and communication

- We continue to engage using a range of methods including surveys (paper and online), zoom events and direct communications via local groups and media. We are also increasing face to face engagement as the Covid restrictions lift.

2. Recent reports

Full and summary sheets of all reports, plus responses from commissioners and providers available on: https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/

We have recently published:

Experience of using pharmacists in Oxfordshire in 2020.

We heard from 370 people between February and September 2020 about their experiences of using pharmacies in the county. Respondents valued the role, service, and presence of community pharmacies, particularly important during COVID-19;, although there was some anxiety about need to queue and social distance, and initial delays to medications.

Using pharmacies for advice varied- 52% respondents 'sometimes' asked the pharmacy for advice, and 30% 'never' used pharmacy for advice. People are not always clear who they are talking to in the pharmacy, and sense 'too busy' to talk. If aspirations for role of pharmacies in NHS Long Term Plan are to be fulfilled, more needs to be done to:

- Educate the public and communicate the pharmacist's role in support of minor conditions, advice, and prevention along with specialist commissioned roles.
- Provide clear information in the pharmacy about the role, qualification, and expertise of pharmacists to provide information and support.
  - Clearly signpost pharmacist personnel within staff team at pharmacies - including availability of confidential space
  - Actively encourage the public to 'ask your pharmacist'.
- Address issues highlighted with repeat prescriptions including delays, errors, and reliability.

Seeing a dentist during COVID-19 (Nov-Jan 228 responses).

Overall people who responded said they had had access to timely emergency and routine care from dentists during COVID-19. However, some face continued challenges in accessing emergency care and NHS dentists. Our report on *Access to Oxfordshire Dental Services during Covid 19 Restrictions* captured people's experiences of dental care from later in the pandemic:

- restricted access has meant that people who cannot see a dentist for urgent care have been left in pain or with worsening oral health. • While wealthier people were able to access treatment during this time by paying privately, this effectively excludes those on lower incomes. • People told us they wanted more and fairer access to dental care across public and private sectors, especially for urgent or emergency treatment.

Despite NHS England targets being imposed, many people are still finding it difficult to get a dentist appointment. **Full report and response** from NHS Dental Commissioner available on our website.

Voices of the loved ones of care home residents during the Covid-19 Pandemic
Between November 2020 and the end of February 2021 59 people told us about their personal experiences of having a family member living in a care home during the COVID-19 pandemic. We will bring together organisations involved in commissioning and regulating care homes, along with local care providers, to hear responses to this report and explore way forward.

Other reports published at this time (as noted in previous meeting) available on website.

- Living in and around Didcot (April 2021)
- Adult Unpaid Carers (March 2021)- and round table to discuss findings
- Employed Home Carers (2021)
- GP website accessibility- review supported by Patient Participation Groups

Ongoing surveys

- **Covid Vaccine**- ongoing survey. 522 responses to date. Report forthcoming. Responses showed positive views towards the vaccine along with some concerns about mixed messaging from government around second dose timing etc. Additional survey heard from people using Kassam Stadium.
- Involved in wider group looking at **vaccine hesitancy** and ways forward (convened by Oxfordshire Clinical Commissioning Group) and have supported system linking up to Boater community and other seldom heard groups
- Views on **Ear Wax Treatment** – survey investigation in response to ongoing inquiries received

3. **Wider Healthwatch Oxfordshire Activity**
- Continued events for Patient Participation Groups (PPG) https://healthwatchoxfordshire.co.uk/what-we-do/ppgs/ 60 PPG members met on 26th March via Zoom to hear about social prescribing. Fortnightly newsletter for PPGs
- We are supporting three **Community Researchers**- to undertake training and small research projects (Community Participative Action Research), via funding from Health Education England and Public Health South East. They are at the stage of identifying area of focus and will develop skills in research in their communities over the coming year.
- Holding an **Oxfordshire Wellbeing Network** (OWN) event for community outreach workers to support information sharing and networking May 19th.

Delivering a Smokefree Oxfordshire by 2025
Health Improvement Board, 27th May 2021

Summary
This paper describes the priorities for tobacco control in Oxfordshire in 2021/22 and its ambition to be smoke free by 2025.

The paper highlights the importance of creating healthy smoke free environments and preventing people from starting smoking. It emphasises the need to directly tackle the stark inequalities in smoking rates and tobacco-related harm across the County – particularly among people with long term mental health conditions, and the shared responsibility for achieving this across the member organisations of the Oxfordshire Tobacco Control Alliance.

Oxfordshire's Smokefree 2025 ambition
On the 31st May 2021 Oxfordshire will celebrate the first anniversary of its Tobacco Control Strategy[1]. The Strategy has four pillars which underpin a whole systems approach to reducing tobacco use:
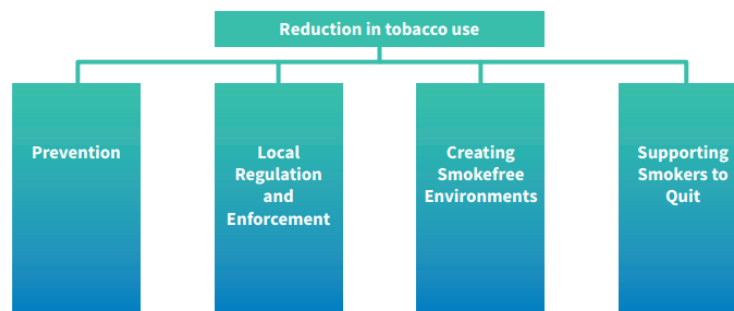
The Strategy's ambition is for Oxfordshire to be smokefree by 2025 (defined as less than 5% of the adult population smoking). County and District Councils across Oxfordshire signed up to this ambition, along with Oxford Health NHS Foundation Trust, Oxfordshire University Hospital NHS Foundation Trust and Oxfordshire Clinical Commissioning Group.

Latest data from 2019 suggests that 65,000 adults in Oxfordshire (12%) still smoke.[2] Smoking remains the leading preventable cause of premature death and disease from conditions such as cancer and cardiovascular disease, with wider costs the County amounting to over £120m per year in lost productivity, health care, and social care.

Inequalities in Smoking Prevalence
Whilst the overall adult smoking rate in Oxfordshire is 12%, it is higher in more deprived parts of the County, with smoking rates among routine and manual workers at 22.5% - nearly double the county average.

In Oxfordshire, 17.3% of adults with a long-term mental health condition smoke and for those with serious mental illness, smoking prevalence is over three times the average in the County at 36.4%. People with a long-term mental health condition have

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[1] https://www.oxfordshire.gov.uk/sites/default/files/file/public-health/OxfordshireTobaccoControlStrategy.pdf
[2] Public Health Profiles - PHE

a 10-20-year shorter life expectancy than average, with smoking being the single largest preventable cause.

There are also a range of other marginalised groups with high smoking rates, such as Gypsies and Travellers, those who are homeless, suffer from substance misuse, and people in contact with the criminal justice system.

Finally, the age group most likely to smoke in Oxfordshire are 25-34 year olds - the parents of today and tomorrow. Children with parents who smoke are three times more likely to smoke themselves, with two thirds of smokers starting smoking before they are 18 years old. Preventing uptake is key in creating a sustainable approach to a smoke free Oxfordshire.

Oxfordshire's Tobacco Control Priorities for 2021/22
Our tobacco control priorities for 2021/22 focus on prevention and creating healthy smoke free environments, alongside providing targeted stop smoking services for those who need it most, and using enforcement for retailers who break the law.

To be smoke free by 2025, smokers need supportive environments to quit and young people need environments where being smoke free is the easy option. On average, around 30% of smokers per year make a serious attempt to quit, with only 5% of smokers being successful. And whilst stop smoking services increase the likelihood of quitting for good, only 2% of smokers nationally quit use this support. Instead, the vast majority of smokers choose to quit with the help of family and friends, and by switching to less-harmful sources of nicotine such as e-cigarettes.

We will therefore be working closely with workplaces, communities, and our smoke free partner organisations to support the implementation of smokefree indoor and outdoor places, and to improve access to nicotine replacement and pharmacotherapy for those who need it most. This includes people working in routine jobs, communities in the most deprived part of the County, people with long term physical and mental health conditions, and women who are pregnant and their partners.

Mental Health and Smoking
People with a long-term mental health condition are more likely to smoke than the general population and are more likely to die prematurely. Meeting the needs of this population is key to Oxfordshire achieving its ambition to be smoke free by 2025 and in narrowing inequalities in tobacco use and tobacco-related harm.

People with mental health conditions want to quit smoking as much as other smokers. While there may be concerns that quitting could negatively affect mental health, evidence suggests that quitting reduces symptoms of anxiety and depression, as well as improves physical health[3].

The majority of mental health provision takes place in the community, requiring action and ownership of actions across the local health and social care system, and between primary, community, and inpatient settings.

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[3] https://www.cochrane.org/CD013522/TOBACCO_does-stopping-smoking-improve-mental-health

The national Mental Health and Smoking Partnership has made a range of recommendations in advance of the government's Tobacco Control Plan for England 2021, due to be published in the Summer.[4] The opportunities for Oxfordshire include:

1) **Data collection and recording of smoking status**. ICT systems of the local NHS Trusts and primary care need to have appropriate functionality to record quit status and staff trained to enter that information correctly and consistently.

2) **Improving access to medication and other aids to quitting such as e-cigarettes.** One of the key barriers is trained staff who are competent and confident in giving advice about medication, including e-cigarettes.

3) **Supporting smokers in community and inpatient mental health settings**
Provision of training in very brief advice for staff and volunteers who support residents who smoke when working with the Oxfordshire Mental Health Partnership (OMHP). And a clear referral pathway between the offer of support from members of the OMHP and the County Council commissioned stop smoking service.

4) **Addressing smoking through Improving Access to Psychological Therapy (IAPT) services**
IAPT services have teams with the knowledge and confidence to offer very brief advice and clear referral pathways into locally commissioned stop smoking services.

5) **Supporting groups with both high rates of smoking and poor mental health**
There are groups such as those who are homeless or have substance misuse issues where smoking rates can be as high as 60%. Services may wish to consider the use of embedded stop smoking services to maximise the benefit the therapeutic relationship, including the provision of e-cigarettes.

6) **Improving the mental health of all smokers**
The findings of a recent Cochrane review show that the benefits to the mental health of quitting smoking is similar to the impact of taking anti-depressants. Partners can promote this messaging when considering messages about general population mental health[5].

Next Steps for Smokefree 2025 and the Oxfordshire Tobacco Control Alliance
Over the coming weeks and months, we are looking forward to working with senior leaders from member organisations of the Oxfordshire Tobacco Control Alliance (OTCA) to update, finalise, and deliver the OTCA action plan for 2021/22.

We will also be developing an evaluation framework to understand the impact of the work of the OTCA and the county's progress towards being smoke free by 2025. This will take a broader view than simply looking at four week quits, to align with the range of ambitions of the county's tobacco free strategy, particularly in areas of creating healthy smokefree environments and prevention.

Report by Dr Adam Briggs, Consultant in Public Health   **May 2021**

Contacts: Dr Adam Briggs (Consultant in Public Health, Oxfordshire County Council), Stephen Pinel (Health Improvement Principal, Oxfordshire County Council) and Kate Eveleigh (Health Improvement Practitioner, Oxfordshire County Council)

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[4] Mental Health and Smoking Partnership – Smokefree Action Coalition
[5] https://www.cochrane.org/CD013522/TOBACCO_does-stopping-smoking-improve-mental-health

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MEETING NAME   Health Improvement Board
ITEM 10

Thursday 27 May 2021

Report on the Mental Health Prevention Concordat Partnership and Framework

Purpose

To summarise the work of the Mental Health Prevention Concordat Partnership since the last update in May of 2020; to show progress against our framework for action in Year 1 and next steps for 2021-2022.

A supplementary video report detailing the work of the partnership is available to watch on Oxfordshire County Council You Tube or Vimeo page and will be presented at the meeting.

Background

The Health Improvement Board (HIB) signed up to the Public Health England (PHE) Prevention Concordat for Better Mental Health in May 2019. It aims to galvanise local cross-sector action and increase public mental health approaches to support the prevention of mental health problems and the promotion of good mental health and wellbeing across the whole system.

A partnership group formed in September 2019 and developed The Mental Health Prevention Framework - 2020-2023 which outlines how organisations are planning on working together in Oxfordshire across the four focus areas:

Strategy Update

- **The partnership has come together 5 times since May 2020** to share organisation updates, progress against the actions areas and insight on the emerging needs and challenges as a result of COVID-19.

- **Developed a 3-year evaluation framework 2020-23** with Oxford Brookes University to understand the impact and learning of our partnership.
- **Oxfordshire communications multi agency group formed in June 2020**, as of May 2021 it has 15 members. We have delivered 5 joint mental health and wellbeing campaigns on; Sleep, Men's Health Week, World Mental Health and Suicide Prevention Day and Festive campaign targeted at key workers and students.
- **Delivery of the mental health and suicide prevention training from December 2020** to 200 frontline staff and volunteers including; Community Food Services, District Councils, NHS and Faith Settings.
- **Mental Wellbeing Small Grant scheme launched March 2021** for community groups to support local initiatives, received over 75 applications and awarded £72,000 to 6 local organisations. Read a case study here.

Next Steps

Public Health will continue to support the work that each of the partners is doing for better mental health for everyone in Oxfordshire. As a multi-agency network, we will agree our Year 2 priorities and key deliverables across the four focus areas:

Informed partners
The Oxfordshire communications group have identified the following campaigns so far to work together on in 2021:
- connect with nature (news article here)
- men's health
- maternal mental health
- youth mental wellbeing.

Our latest campaign Removing Barriers to Support Men's Health in Oxfordshire webinar took place on 20th May 2021. Partners included; Achieve Oxfordshire, Oxfordshire Mind, Healthwatch Oxfordshire, The Lions Barbers Collective and Samaritans are exploring the need for a *men's health partnership* to continue this targeted work. And to support engagement a story map; visual data tool for men's health in Oxfordshire.

Organisations across Oxfordshire are looking at *equality, diversity and inclusion* we will share learning and best practice with our partners. For example the Oxfordshire Equality Framework brought together by Oxfordshire All In.

Influence across cross sector policies to build back fairer considering structural inequalities that have been brought sharp into focus and emerging lessons from COVID-19 pandemic.

Insight and Evaluation
Public Health plan to complete a *Mental Wellbeing Health Needs Assessment* in Spring of 2021 to inform our year 2 priorities including; gaps to explore for lived experience of inequalities, COVID-19 recovery and focus areas for developing communications.

Share learning on new evaluation methodologies for mental wellbeing activity in Oxfordshire. For example Storytelling funders, providers and beneficiaries come together to explore learning from stories.

Insight from Community Participation Action Research in Oxfordshire with diverse and multi- ethnic communities in Banbury and East Oxford, addressing the inequalities built into traditional research practices.

Confident professionals and volunteers
Mental Health Aware Network formed and co-ordinated by Oxford City Council, connecting people to share resources and continue skill development.

By March 2022 we plan to have trained over 300 frontline staff and volunteers in the *mental health aware training* delivered by Oxfordshire Mind. We will also explore sustainable models for training.

Wave 4 NHS England Suicide Prevention Transformation Funding has been awarded to Buckinghamshire, Oxfordshire and Berkshire (BOB), this will provide an education and training post to map existing training and target groups across BOB.

Resiliant Communities
Engagement on a locality footprint 'place-based approach' to shape emerging plans .
Connecting existing assets, activities and partners in communities, opportunities include:

- [Community Mental Health Framework](#) a new way of working to improve mental health services and working better together for communities. Pilot areas in Oxfordshire: City, Abingdon and Banbury.
- District Councils new wellbeing hub models as part of COVID-19 recovery.

Report by   Health Improvement Practitioner
Contact Officer   Claire Gray, Health Improvement Practitioner,
                   claire.gray@oxfordshire.gov.uk

May 2021

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Health Improvement Partnership Board

27 May 2021

Report on the Oxfordshire Suicide and Self-Harm Prevention Strategy to the May 2021 Health Improvement Board

Purpose

The purpose of this paper is to describe the work of the Suicide Multi Agency Group since the launch of the Oxfordshire Suicide and Self-Harm Prevention Strategy in March 2020.

Background

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

In 2019, the suicide rate in England was 10.8 deaths per 100,000 population (a total of 5,316 deaths). This is consistent with the rate observed in 2018 (10.3 deaths per 100,000) and is the highest rate seen since 2000.[1]

Oxfordshire Context

The suicide rate in Oxfordshire in 2017-19 was 8.9 per 100,000 of population (all ages) compared to the England rate of 10.1 per 100,000. This is a slight increase from the rate observed in 2016-18 of 8.6 per 100,000.[2]

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

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

The Oxfordshire strategy, based on national policy, combined with the local knowledge, insight and personal experiences, has four focus areas which are underpinned by four

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[1] Ons.gov.uk. 2021. *Suicides in England and Wales - Office for National Statistics*. [online] Available at: <Suicides in England and Wales - Office for National Statistics (ons.gov.uk)> [Accessed 11 May 2021].

[2] (Public Health England), P., 2021. *Suicide Prevention Profile - PHE*. [online] Fingertips.phe.org.uk. Available at: <Suicide Prevention Profile - PHE> [Accessed 11 May 2021].

action areas. The Suicide and Self-Harm (SSH) Prevention Strategy[3] sets out the long-term focus and commitment of the Suicide Multi Agency Group partners to reduce suicide and self-harm in Oxfordshire over the next 4 years. It represents the combined work of the Oxfordshire Suicide Prevention Multi-Agency Group combined with residents' views.

Strategy Update

Below is a summary of the main achievements of the group in the first year since the launch of the Oxfordshire strategy. The work highlighted below is not exhaustive and there have been more achievements which have not been included here.

Real Time Surveillance System (RTSS) continues to monitor deaths by suspected suicide. The RTSS launched in 2016 through partnership working with Public Health, Thames Valley Police and the Coroner. Public Health receive weekly updates from the Coroner's Office on recent unexpected deaths which allows an early identification of patterns and surveillance across the County.

Through partnership working, Public Health delivered geo-targeted digital campaigns to raise awareness of support available for mental health and wellbeing in West Oxfordshire and Cherwell. These campaigns promoted support services for mental health and wellbeing using Facebook and Google adverts.

The Oxfordshire strategy has an objective to prevent suicides at public places. British Transport Police (BTP) have worked in conjunction with Network Rail to carry out a review of the rail line in Oxfordshire to determine if there were any mitigating actions which could be completed to make the rail line less accessible. Locations on the rail line which have historically been used to gain access for fatalities are frequently patrolled by officers, and Network Rail staff are encouraged to report concerns to the BTP.

Suicide and self-harm prevention training has been a key deliverable for the partners of the Suicide MAG with many focusing on delivering training to front line staff and volunteers throughout the COVID-19 pandemic. The format and type of training has varied across the county and varied by agency. The Samaritans have worked in partnership with the Archway Foundation, British Transport Police, HMP Bullingdon, Network Rail and Oxford Brookes University to offer online training workshops and training modules.

The pilot Thames Valley Suicide Bereavement Support Service (funded by NHS England) is being delivered by providers across Buckinghamshire, Oxfordshire and Berkshire West (BOB) in conjunction with Thames Valley Police. Oxfordshire County Council Public Health, on behalf of the BOB locality, are conducting an evaluation of the programme.

Local third sector partners of the Suicide MAG have continued to provide support for the mental health needs of high-risk groups throughout the COVID-19 pandemic.
- Oxfordshire Mind provides a wide range of Wellbeing Services including peer support, psychoeducation & coping skills courses and the 'Benefits for Better Mental Health' service, offering benefits advice for service users.

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[3] Oxfordshire Suicide and Self-Harm Prevention Strategy (2020). [online] Available at: <OxfordshireSSHPreventionStrategy> [Accessed 11 May 2021]

- Rethink mental illness have continued to provide emotional support to carers of people living with mental illness, including suicide and self-harm.
- The Samaritans helpline became 24/7 over the first COVID-19 lockdown and continues to be accessible 24 hours a day.
- The Archway Foundation have provided telephone support for service users and pathways of referral for those at risk of suicide are in place.

Post incident support and employee wellbeing has been delivered by many of the Suicide MAG partners since the launch of the strategy. BTP and HMP Bullingdon offer Trauma Risk Management (TRiM) to staff post serious incident or fatality. Oxford Health NHS Foundation Trust offer Post Incidence Psychological Support (PIPS) to staff. Also, Oxford Health NHS Foundation Trust and the Oxford Centre for Suicide Research have worked collaboratively to produce a resource for psychiatrists who experience the death of a patient by suicide.

Next Steps

As we move into Year 2 of the strategy, we will continue to work with a wide range of partners to prevent suicide and self-harm in the community. We will monitor and review our actions as more information becomes available on the impact of COVID-19 on vulnerable groups.

Report by   Health Improvement Practitioner

Contact Officer   Rosalind Jones, Health Improvement Practitioner,
                  Rosalind.Jones@oxfordshire.gov.uk

May, 2021

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MEETING NAME   Health Improvement Board
ITEM 11

Thursday 27 May 2021

Report on the Healthy Weight Story Map for Oxfordshire

Purpose

The purpose of this paper is to present the Oxfordshire Healthy Weight Story Map, an interactive demonstration will be presented during the meeting.

Background

As part of our Whole Systems Approach to Healthy Weight in Oxfordshire we have developed the map to support building a local picture through:

- Data
- Evidence
- Lived experience.

Public Health have created the map using ArcGIS software, working with the Business and Customer Insight Team at Oxfordshire County Council.

The aim was to use this visual data tool to engage cross sector stakeholders. To provide a clear picture and evidence to present the case for healthy weight in Oxfordshire; across the life course and for residents most at risk of been overweight or obese.

Update

The interactive map is hosted on the **Oxfordshire Insight** webpage. It allows users to investigate data related to healthy weight; our food and physical activity environment to discover information on different population groups, local areas and factors that make it harder to be healthy.

The open source data on the map includes:

- Population
- Deprivation
- Adult obesity
- Adult physical activity
- Child obesity
- Child physical activity

Next Steps

The next phase of the map is to be completed during Summer 2021 and will include data on our Oxfordshire built environment, see below:

- Hot food takeaway outlets
- Green and blue spaces
- 20-minute neighbourhood (active travel for food accessibility)
- Community food services.

As part of building a local picture we will also deliver a Community Insight Project to understand the reality of healthy weight from the perspective of residents; considering where they live, work, shop, learn and play. There will be a steering group to help shape the project and build upon existing insight.

We ask Health Improvement Board members to share this information across your organisations and with wider partners. If you have any interested people from your organisations for Phase 2 of the Healthy Weight Story Map and Community Insight Project, please get in contact details below.

Report by   Health Improvement Practitioner
Contact Officer   Claire Gray, Health Improvement Practitioner,
                   claire.gray@oxfordshire.gov.uk

May 2021

MEETING NAME	Health Improvement Board

Thursday 27th May 2pm

Story Map Demonstration

Purpose / Recommendation

Showcase the new story map for Cherwell District Council which is a visual tool that pulls together and display data from a range of partners and sources to help better understand communities. The information collected and displayed is in a range of different areas such as demographics, health inequalities, physical activity, local assets, opportunities and many more. The information on the story map will help Cherwell DC and partners to better understand the people and communities, so that collectively we can plan more effectively in areas that need it the most while also demonstrating impact of projects. To also see if there are any layers to the map the Health Improvement Board (HIB) would like to see on the free to use map

Executive Summary

A story map is a visual way to present data and information for a given geographical area.
It is made up of several layers of maps, typically zooming in closer at each layer.
The maps are accompanied by a narrative - the story that the mapped data helps to tell.
Relevant indicators are chosen (such as proportion of people inactive) to help tell the story of the geographical area
That data is then plotted on the map by chosen geographical scale (MSOA, LSOA etc), and displayed, for example in coloured quartiles to show differences across the area.
The maps are interactive, meaning you can choose which mapped data you wish to view from any of the indicators presented.

Background *[why the issue is a matter for CLT/etc]*

To showcase how the story map works to the HIB and how this can benefit partners across Oxfordshire on a wider scale to target work and demonstrate impact. HIB to also think and have the chance to consider any additional layers to add into the map going forward.

Key Issues

Main consideration for the presentation is information sharing on how the story map works and the benefits of how this has been put together collaboratively along with highlighting how the Health Improvement Board can use the map to help showcase communities on a deeper level looking at both need and impact

Budgetary implications

NA – Free to use and new layers of the map can be suggested by the HIB

Equalities implications

Equaility processes have been followed throughout the process with the GIS, IT and communications teams to ensure that the story map is available to everyone.

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

The Story Map will be regularly updated by Cherwell DC GIS mapping team on a monthly basis for data that changes monthly. Data that is updated less frequently (eg Census) will be changed at the first possible instance
New layers to the map will be added on a needs basis through consultation with partners.

Risk Management *[considering the risks and opportunities of the policy for the council]*

The map is fully equitable and available to the wider public. This will hopefully be seen as a positive so the general public can see deeper into their community and help voluntary organisations plan work and not as a tool just for local authorities and partners which it isn't.

Communications

The story map has been promoted internally to staff at all levels along with partners at presentations being readily available on our website, through press releases and social media channels.

Key Dates

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