

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 16 November 2023 at 2.00 pm

Rooms 2&3 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this <https://oxon.cc/HIB16112023>



Martin Reeves
Chief Executive

Contact Officer: **Taybe Clarke-Earnscliffe**
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Membership

Chair – Councillor Helen Pighills
Vice Chair - District Councillor Maggie Filipova-Rivers

Board Members:

Cllr Helen Pighills	Vale of White Horse District Council
Cllr Louise Upton	Oxford City Council
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Cllr Joy Aitman	West Oxfordshire District Council
Cllr Nathan Ley	Cabinet Member for Public Health & Inequalities, Oxfordshire County Council
Cllr Phil Chapman	Cherwell District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
David Munday	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Dr Sam Hart	Oxfordshire BOB ICB GP
Mish Tullar	District Partnership Liaison
Daniel Leveson	ICB Place Director
Robert Majilton	Healthwatch Oxfordshire Ambassador

Notes: Date of next meeting: 16 November 2023

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 Chair**
- 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 - 8)

14:05 to 14:10

To approve the Note of Decisions of the meeting held on 14 September 2023 and to receive information arising from them

7. Performance Report (Pages 9 - 12)

14:10 to 14:25

Presented by Steven Bow, Consultant in Public Health, Oxfordshire County Council

To monitor progress on agreed outcome measures

8. Report from Healthwatch Ambassador (Pages 13 - 16)

14:25 – 14:35

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

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

9. Healthy Place Shaping (Pages 17 - 36)

14:35 – 15:10

Presented by Rosie Rowe, Head of Healthy Place Shaping, Oxford County Council, Kate Eveleigh, Health Improvement Practitioner, Oxford County Council, Pedro Abreu, Principal Air Quality Officer, Oxford City Council

10. Break

15:10 – 15:15

11. Tobacco Control (Pages 37 - 60)

15:15 – 15:50

Presented by Bethany Ferris, Public Health Specialty Registrar, Oxfordshire County Council. Jo Reeves, Prevention and Health Inequalities Network Manager, NHS. Ian Hiscock, Stop for Life.

12. AOB

15:50 – 16:00

Future HIB meeting dates:
February 2024

Agenda Item 6



HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 07 September 2023 at 14:00

Present: Cllr Helen Pighills, Vale of White Horse District Council
Board members Cllr Maggie Filipova-Rivers, South Oxfordshire District Council
Cllr Louise Upton, Oxford City Council
Cllr Andrew McHugh, Cherwell District Council (sub for Cllr Chapman)
David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Dr Sam Hart, Oxfordshire BOB ICB GP
Dan Leveson, Place Director for Oxfordshire, BOB ICB
Cllr Michael O'Connor, Oxfordshire County Council
Robert Majilton, Health Watch Oxfordshire
Ansaf Azhar, Corporate Director of Public Health & Community Safety

In attendance Steven Bow, Public Health, Consultant in Public Health in Data, intelligence and research, Oxfordshire County Council

Donna Husband, Head of Public Health Programmes – Start Well
Debbie Walton, Head of Service Adult and Older Adult Mental Health
Jayne Bolton, Community Wellbeing Manager and supported by Jo Paterson, Active Communities Team Leader
,
Sam Keen, Oxford City Council

Officer: Taybe Clarke-Earnscliffe, minute taker, Oxfordshire County Council

Absent: Cllr Joy Aitman, Cllr Chapman, Mish Tullar,

ITEM
<p>1. Welcome</p> <p>Welcome everyone</p> <p>Welcome Dr Sam Hart, Oxfordshire BOB ICB GP, thank you to Dr David Chapman for all his valuable input to the Health improvement Board membership over the years.</p>
<p>2. Apologies for Absence and Temporary Appointments</p> <p>Cllr Joy Aitman, Cllr Chapman (with Cllr McHugh as substitute), Mish Tullar</p>
<p>3. Declarations of Interest</p> <p>There were no declarations of interest.</p>
<p>4. Petitions and Public Address</p> <p>There were no petitions and public address.</p>
<p>5. Notice of any other business</p> <p>Discuss future dates for the Health Improvement Board</p>
<p>6. Minutes of Last Meeting</p> <p>Agreed as an accurate record of the meeting held on 15th June 2023</p>
<p>7. Performance Report</p> <p>Presented by Steven Bow, Consultant in Public Health in Data, intelligence and research, Oxfordshire County Council</p> <p>Steven presented the Performance report with the board –</p> <p>Key Areas from the paper -</p> <p>Indicators -</p> <p>The indicators are grouped into the overarching priorities of:</p> <ul style="list-style-type: none">• A good start in life• Living well

- Ageing well

Of the 15 indicators reported in the paper

Five indicators are green

Five indicators are amber

Five indicators are red

Key areas -

• 2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only) • 2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly) • 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly) • 3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only) • 3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening)

The thematic data on mental wellbeing in Oxfordshire was also presented as this relates to the focus on mental wellbeing at this meeting.

Questions/Discussion –

Discussion around the percentage of children with free school meals who are not school ready and where the school readiness and lifelong strategic plan sits? Data comes from the good level development but not seeing any increases in performance to make it better and this is due to the impact of covid. There is a strategic group who is looking in to this and this is lead by the early years within the council. Discussion around gaps in equalities and ensuring this is a focus point.

8. Report from Healthwatch Ambassador

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

Robert shared the Healthwatch paper with the board

Highlights of the report –

Healthwatch Oxfordshire Annual Impact Report (2022-23) presented in public on 4th July. Available here: <https://healthwatchoxfordshire.co.uk/our-work/annual-reports/>

Healthwatch are holding our open forum with our Board of Trustees on Tuesday 26th September from 4.30-5.30pm at Rose Hill Community Centre. Don O’Neal was appointed as new Chair taking over in June.

<https://healthwatchoxfordshire.co.uk/news/come-to-our-open-forum-on-tuesday-26th-september-and-have-your-say-on-local-health-service>

Discussion around challenges of cost of leisure centres, it looks like concessionary leisure centres membership has increased and some have gone down. Wondered what others were finding and if this was something people would give up due to the cost living increase and if anyone had any suggestions to what we could do about this?

City has been trying to give free swimming to people under 17 years, but leisure centres have been having issues trying to get people to book them.

In the local profiles that have been done over the last couple of years and looking at the Blackburn leys community profile, there was a lot of emphasis on how people could not access the leisure centres. Discussion around centres being available for people in the community and outside of the community have access to leisure centres and there is more work to be done on this.

David Munday commented on the health and wellbeing strategy workshop and how discussion was had around insight generated by HealthWatch via the early public engagement work within the strategy. Thank you to the HealthWatch team for all the work they are doing on this.

9. **Mental Wellbeing Hubs** (Pages 19 - 24)

Presented by Oxford Health, Presenter Debbie Walton, Head of Service Adult and Older Adult Mental Health

Debbie presented the presentation and shared a video which can be viewed using the link – <https://www.youtube.com/watch?v=030USrlmN7M&t=6s>

Questions/Discussion –

Patient referral app and self-referral app is this the same app or is it an app that runs alongside each other? Who would you be promoting these apps to? These are two different apps and the patient app from what we know when people are really struggling, they tend to google ways to potentially harm themselves and online there are places where they tell you how to commit suicide. We are trying to create an app so we can offer it to anyone who walks through the door with safe information, local events, websites, and support for carers. Self-referral app is different and will be available for download, Oxfordshire talking therapies which use to be IAP which have also signed up for this app and we will be the first SMI service that this will be developed for. It is an interactive app that collates data making sure you are going to the right place for assessments and recognises when people say they are feeling suicidal or anxious and will be put through to the right place for help and support.

Discussion around hubs and where they are best located due to locations, public transport and cost of venues. Looking at different options and possibly mobile hub in more rural areas which can travel round to surrounding areas. At presents hubs are open or planned in Oxford (cowley rd) Abingdon and Banbury

Cllr McHugh – Very pleased to hear that Oxford Health is working with veterans is that aligned with Op Courage? Second question is anything being done to support smoking cessation with mental health service users?

Yes, we work with about 5 charities who support veterans, and yes with smoking we are doing a huge amount of work with inpatient wards and community teams, focus on physical, health and wellbeing and working a long side smoking services.

Cllr Upton – discussed physical health needs and can be challenging for people suffering with mental health conditions to participate in physical activity. Will there be in any physical health check ups in these Hubs?

Debbie - There are major concerns about people dying 20 years earlier with severe mental health conditions than the average population because of co-existing poor physical health. Oxford Health have done a significant amount of work in secondary care and working with the PCNS utilising their disease registers to see who is and is not engaging with primary care.. They also actively engage with the people who have not attended annual physical health checks.

Cllr O'Connor – this is really wonderful to bring these services to the high street, this did take cllrs and public health a little bit by surprise. Recently been asked by a county councillor when the Abingdon hub would open, and we found it difficult to find the answer. I think this is great that this is happening but think we need to be careful and to make sure the information is shared and communicated.

Communication and collaboration points were discussed on how we link with other services and hubs and potentially working together. Ensuring Cllrs are included in future invites to when and where hubs are opening to ensure the right conversations with the right people are being had. Discussion around looking at ways to signpost free events on the apps. If anyone would like to discuss signposting and advertising events and services, you can email Debbie Walton on - Debbie.Walton@oxfordhealth.nhs.uk and [agreed that Debbie can use HIB members as a conduit of information on Hub development to disseminate to relevant Cllrs.](#)

David Munday suggested there may be opportunity to consider co-location/ join-up of services- such as drug and alcohol, smoking cessation etc- within the Hubs. Debbie assured that conversations were already in place with Turning Point (Drug and Alcohol treatment provider) on this

10. Break

11. Framework for supporting mental wellbeing and Suicide - Prevention update (Pages 25 - 30)

Presented by OCC, presenter Donna Husband, Head of Public Health Programmes – Start Well

Donna discussed key points, data on suicide prevalence, the local service that support families affected by suicide, training for staff members on how to support people with mental wellbeing and families, colleagues, friends who have been affected by suicide. The strategy [OxfordshireSSHPreventionStrategy](#) which can be viewed in the paper on pages 25 – 30.

Cllr Pighills – In Vale district council we have joined the zero alliance network, it is hosted by the Mersey cares and is part on a national network to prevent suicide. They offer free training and education to support suicide awareness and prevention. [Zero](#)

[Suicide Alliance \(ZSA\)](#) and this may be something other organisations represented on HIB may wish to also pursue.

Discussion around holistic approach to suicide and prevention and noticing that a percentage of people who complete suicide are not known to mental health services. Services to take responsibility on breaking down silos and recognising mental health in younger people and adults. To be mindful how suicide is reported and communicated as it can have a knock-on effect to the people around them, often referred to the ripple effect, people who are exposed to suicide are at a greater risk to mental health and suicide themselves.

It was noted that a new national suicide prevention strategy is expected to be published imminently. Once released the Oxfordshire Multi-Agency Group will review local plans accordingly.

POST MEETING NOTE- the national strategy was published on 11th September 2023 and can be viewed at <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028>

12. South and Vale Active communities' strategy (Pages 31 - 60)

Presented by South and Vale, Presenter Jayne Bolton, Community Wellbeing Manager and supported by Jo Paterson, Active Communities Team Leader.

Jayne and Jo presented the paper with the board –

Key points –

The importance of physical activity and how it has the potential to enhance wellbeing, self esteem and can reduce stress and anxiety. It can prevent the development of mental health problems and help improve quality of life of people experiencing mental health problems.

The Strategy was discussed, and the six themes can be viewed on page 34 of the paper.

Jo ran through some of the activity programmes that have been running through the summer holidays. These activities included cricket, football, table tennis, dance, yoga, skateboard, nature walks, nature fundays, Nordic walking and evening walks throughout the districts.

Feedback and discussion from the board –

Positive feedback was given and Cllr O'Connor suggested - with us reviewing the Health and wellbeing strategy it is really valuable to use this forum to share information and hear all the wonderful things that we are doing and how we can pull together and replicate what we are doing and work together.

Daniel Leveson – Public Health and ICB has committed to funding for You Move and move together for the next two years. The opportunity to increase our impact, deepen impact and spread our impact by coordinating better is key. As a system we all need to

commit supporting and investing to activity that contributes to emotional and physical wellbeing.

Ansaf Azhar – The Health Improvement Board committed to focus on key priority areas -smoking, mental health and physical activity. Today's focus on mental wellbeing has been positive and shared best practice and we have shared some fantastic examples today.

Jo can be contacted on - jo.paterson@southandvale.gov.uk if you would like to discuss anything from the presentation.

13. Any other Business

Future HIB meeting dates:
16th of November 2023

David Munday and Taybe Clarke-Earnscliffe to organise dates for next year.

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Performance Report

Background

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

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached. A short commentary is included to give insight into what is influencing the performance reported for each indicator.
4. All indicators show which period the data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).

Of the 15 indicators reported in this paper:

ELEVEN indicators have **NEW DATA**

Five indicators are **green**.

Six indicators are **amber**.

Four indicators are **red**:

- **2.18** Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)
- **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)
- **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)
- **3.16** Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)

Health Improvement Board Performance Indicators 2022/23

*National target

1 - Targets set by Local Authority Public Health

2 - RAG: **G** has exceeded or is close to target **A** is borderline but within threshold **R** is off target

	Measure	New data since last HIB	Frequency	Target ¹ 23/24	Latest Period	Latest Data	RAG ²	Direction of travel	Trend	Commentary
A good start in life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	Quarterly	6.0%	23-Q1	5.9%	G	↓		Variation across quarterly reporting is expected due to overall low numbers. The public health funded stop smoking service is in place to support pregnant women to quit. A new maternity tobacco dependency service (NHSE funded, implemented via the ICB) is anticipated to commence soon. The Family Nurse Partnership incentivised quit scheme to support young mothers and their significant others to quit is also in situ.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	Quarterly	95% 22/23	23-Q1	93.9%	A	↑		The Thames Valley Improving Uptake of MMR Vaccination Action Plan 2023-28 has been finalised. Included is a plan to strengthen engagement with Early Years services; in education and health settings, and to develop toolkits to enable confidence in non-clinical staff when discussing MMR vaccination. The Thames Valley Improving Immunisation Uptake Team continues to provide direct support to practices with low preschool immunisation uptake rates.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	Quarterly	95% 22/23	23-Q1	96.1%	G	↑		Over the summer of 2023 NHSE Thames Valley Screening and Immunisation Team in collaboration with GPs launched a targeted communication campaign to promote the MMR vaccine ahead of the new school year. NHSE Thames Valley Screening and Immunisation Team is reviewing the impact of this focussed communication campaign.
	1.15 Reduce the levels of children overweight (including obese) in reception class (NCMP data) - (Annual-Dec)	Y	Annual (Nov)	18.4%	22/23	19.3%	A	↓		There has been a small decrease in Reception overweight and obesity which is similar to pre-pandemic levels in 2018/2019. Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.
	1.16 Reduce the levels of children overweight (including obese) in Year 6 (NCMP data) - (Annual Dec)	Y	Annual (Nov)	31.0%	22/23	30.7%	A	↓		There has been a small decrease in Year 6 overweight and obesity levels however this remains higher than 2018/2019 (pre-pandemic). Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the child healthy weight service, Gloji Energy.
Living Well	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (Annual-Feb)	N	Annual (Jun)	20.0%	Nov 21/22	19.2%	G	↓		During COVID, levels of inactivity worsened across England. New projects such as Move Together (launched July 2021) and You Move (launched June 2022) to help improve this measure and latest data from Sport England shows this is now improving. This year a local physical activity framework, Oxfordshire on the Move launched in April 2023, coordinated by Active Oxfordshire to galvanise partners to increasing physical activity through specific ambitions.
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	Quarterly	1628 per 100,000	23-Q1	1003	A	↓		Additional capacity has been added to the Local Stop Smoking service to anticipate increased referrals from work with key priority groups such as routine manual workers, housing association tenants, debt management providers, and via the Tobacco Dependency Service within acute and mental health hospitals, commissioned by ICB). This figure is anticipated to improve as efforts to increase referrals are realised as part of this approach.*

1-Targets set by Local Authority Public Health

2- RAG: **G** has exceeded or is close to target **A** is borderline but within threshold **R** is off target

	Measure	New data since last HIB	Frequency	Target 23/24	Latest Period	Latest Data	RAG ¹	Direction of travel	Trend	Commentary
Living Well	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	N	Annual	60.4% (annual) 22/23	Sep22-Feb23	56.5%	R	↓		Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.
	2.19 % of the eligible population aged 40-74 who have been offered an NHS Health Check in 2023 -24 (quarterly)	Y	Quarterly	5.0%	23-Q2	4.9%	A	↑		The NHS Health Check invitations have increased compared to Q1 2023/24 and are closer to the 5% quarterly target. This is due to an increase in activity by NHS Health Care providers in Q2 23/24. NB: The methodology has been slightly adjusted and backdated from April 2022 to match the public reporting from Public Health Outcome Framework.
	2.20 Of those residents invited for a NHS Health check, the % who accept and complete the offer (annual - Jun)	N	Annual (Jun)	45.0%	2022/23	45.2%	G	↑		GP Practices are actively inviting eligible patients and a countywide marketing campaign is currently underway alerting the public to the NHS Health Check programme and urging them to attend their appointments when invited. The newly commissioned supplementary NHS Health Check Services began the service implementation phase between October - December 2022 and service delivery through outreach clinics began from 1st February 2023. The Oxfordshire service continues to benchmark higher than regional and national averages.
	2.20i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)	Y	Quarterly	80%* 22/23	22-Q4	65.1%	R	↑		The NHSE Thames Valley Screening and Immunisation Team are now working with targeted practices in central Oxford with the lowest cervical screening coverage in the 25-49-year-old cohort to support completion of audits to understand uptake of cervical screening by ethnicity and student status.
	2.20ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)	Y	Quarterly	80%* 22/23	22-Q4	74.9%	R	↑		Direct work between NHSE Thames Valley Screening and Immunisation team and practices with low cervical screening coverage rates in the younger cohort will be expanded to better understand specific reasons for lower coverage in the older cohort.
Ageing Well	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	N	Annual	86.4% (annual) 22/23	Sep22-Feb23	84.9%	R	↓		Uptake for the 22/23 season surpassed the baseline of 2017/18 but did not meet the uptake of 21/22. This is mirrored in the regional data, where uptake has dropped compared to 21/22. One reason is that the public may be less sensitised to the need for vaccinations this year compared to the height of the COVID pandemic. The NHS England Thames Valley Public Health Commissioning Teams are completing a review of the 22/23 flu vaccination programme with a view to maximising uptake and reducing inequalities in 23/24.
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	Y	Quarterly	60% (Acceptable 52%)* 22/23	22-Q4	69.5%	G	↑		The programme is meeting the achievable standard for uptake. Age-extension for the bowel screening programme is being phased in with age-extension to include those from 54 year being completed. Work on the remaining cohort 50-52yrs will start shortly.
	3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening) (quarterly)	Y	Quarterly	80% (Acceptable 70%)* 22/23	22-Q4	71.1%	A	↑		The breast screening programme was significantly impacted by the pandemic. Uptake is comparable to the South East (63.1%) and above the England (58%) averages. Unpublished data suggest improvements in uptake in the next quarter in Oxfordshire. NHSE South East regional teams are working collaboratively to develop a breast screening workforce plan. The service is planning to carry out a Health Equity Audit to inform the focus of future improvements using NHSE allocated money from bowel scope decommissioning for OUH Trust to implement approaches to reduce inequalities and improve uptake. The service has implemented test messaging to those that DNA their appointments.

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Healthwatch Oxfordshire report to Health Improvement Board (HIB). November 16th 2023 Presented by Healthwatch Ambassador for the HIB **Robert Majilton**

Purpose / Recommendation

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

Background

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including surveys, outreach, community research, and work with groups including Patient Participation Groups (PPGs), voluntary and community groups and those who are seldom heard. We build on our social media presence and other communication channels to raise the awareness of Healthwatch Oxfordshire and to support signposting and encourage feedback. We ensure our communications, reports and website are accessible with provision of Easy Read and translated options.

Key Issues

Since the last meeting in September, we have published the following **research and reports** (and Easy Read summaries):

Enter and View reports and visits continue. Once complete, all reports and provider responses are available here: <https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/> including:

- Day Case Unit Horton Hospital (Sept 2023)

What people have told us about Foot Care in Oxfordshire (Sept 2023)

highlighted impact on independence and active life for those with limited access to footcare:

- NHS treatment thresholds have become higher and can be confusing for some patients.
- Referral pathways between NHS and private clinics could be clearer, in particular for high-risk patients.
- Appointments are difficult to get and the time between appointments is irregular, increasing and often too long, impacting on mobility and independence.

- ***How people experience joined up care*** in Oxfordshire (Oct 2023) with patient stories and insights into what this means for patients
- ***Health and Wellbeing Board Strategy Engagement Report (Sept 2023)*** based on what we heard from over 1,114 people in the county
- ***Community Research in Oxfordshire – an overview (Nov 2023)*** based on interviews and to feed views of community members into the emerging community research network in the county, and a clearer understanding of the pressures on communities around engagement and insight gathering.

All recent reports are on our website:

<https://healthwatchoxfordshire.co.uk/reports>

Other work:

- We convened a **webinar session** online on 9th November for member of the public to give their views on the draft new health and wellbeing strategy, and meet members of the Health and Wellbeing Board
<https://healthwatchoxfordshire.co.uk/news/draft-health-and-wellbeing-strategy-for-oxfordshire-get-involved-and-have-your-say/>
- Other patient webinars included with Connect Health (Oct 27th) and on November 24th with Reducing the Risk. Recordings available on website.
<https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/>
- Our regular Healthwatch Oxfordshire **hospital stands** continue with recent visits to Horton and John Radcliffe to hear directly from members of the public.

Current and recent surveys:

- We continue to host and support two community researchers from Oxford Community Action through Health Education England **Community Participatory Action Research Programme** (Phase 2). They are exploring impact of cost of living and health inequalities through looking at insight from their emergency food provision support with training and mentoring as part of the programme. They have extended their research to work with OX4 Food Crew members from Oxford Mutual Aid and Waste2Taste to hear from people using these services.
- We are seeking views on our priorities for our work in 2024-5
<https://healthwatchoxfordshire.co.uk/news/have-your-say-what-do-you-think-our-priorities-should-be-2/>

Key issues we are hearing:

We continue to hear from the public via our feedback centre, phone calls, and to reach people via our regular news and active social media channels:

- In October we heard from residents of Didcot about barriers to Covid vaccines for those who may not be able to travel to Wantage. We have

raised this at Health and Wellbeing Board and with the integrated Care Board.

- Some people told us they are facing long waits for medication and prescriptions in pharmacies.
- GP access continues to be a concern of members of the public, and some issues raised with reconfiguration of Botley and Kennington surgeries.
- We continue to raise what we hear about interpreting support and challenges for patients. We met with members of the D/deaf community in September and highlighted their concerns about lack of interpreting support to Oxfordshire University Hospitals NHS Foundation Trust who are now working to further focus on this. As the Integrated Care Board moves into recommissioning interpreting services, we have fed our past reports and recommendations on this issue to them to consider.

Outreach:

- We continue being out and about in the county e.g. we attended outreach in Carterton with the Men's Health Partnership building on the report we did 'Men in Carterton' in 2023, as well as other events including Oxford Older People's day, and Black History Month at Rose Hill.
- We are reaching out in Banbury and with parents and carers who have experience of a child with autism to focus on oral health in under 10's via Core 20 Plus 5 funding <https://healthwatchoxfordshire.co.uk/news/could-you-be-an-oral-health-community-connector/>

Key Dates

- We are holding our **open forum** with our Board of Trustees on Tuesday 21st November from 4.30-5.30pm online. <https://healthwatchoxfordshire.co.uk/news/come-to-our-online-open-forum-on-tuesday-21st-november-and-have-your-say-on-local-health-services/>
- We are convening a webinar for the public to meet representatives of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board to hear about the Primary Care Strategy on December 1st (for details see website)

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Health Improvement Board

ITEM x

16 November 2023

A Strategic Update on Healthy Place Shaping

Purpose / Recommendation

The purpose of the paper is to provide a Strategic Update that reports on:

- the findings of an evaluation into the effectiveness of healthy place shaping as an approach
- the results of a needs assessment to determine where and what to focus future healthy place shaping activity in Oxfordshire

The Health Improvement Board is requested to note the findings of the evaluation and to support the recommendations of the needs assessment in the future delivery of healthy place shaping by partners across the system.

Background

1. In Oxfordshire people in some of our communities are living in poor health for many years and dying earlier than they should. This is not due to problems with access to health services but because there are unfair differences in the environment in which they live and work. The Health Improvement Board has a central role in reducing these health inequalities because its members can influence the basic building blocks of health: education, work, food, transport, access to nature, air quality, the strength of family, friends and community networks. These factors account for 80% of our health and wellbeing ¹ and are driving persistent and worsening inequality across our county, highlighted by the impact of Covid and made even more acute by the cost-of-living crisis.
2. Since 2019 Oxfordshire's system partners have been working together to collectively address these wider determinants of health, strengthening these building blocks in places of greatest need, through healthy place shaping.
3. Healthy place shaping (HPS) is a systems wide approach which aims to create sustainable, well designed, thriving communities where it is easy to be healthy and which provide a sense of belonging, identity and community. It involves action across the following three key workstreams:

¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

- **The built environment** – Shaping the built environment, green spaces and infrastructure at a local level to improve health and wellbeing.
 - **Community activation** – Working with local people, local community organisations, businesses and schools to engage them in developing places, facilities and services which create health
 - **New models of care** – Re-shaping health, wellbeing and care services, and the infrastructure which supports them, to prevent future poor health and wellbeing.
4. HPS is both an approach and a programme of work. HPS principles need to inform policy and strategy but place based activity is also required to deliver tangible change to improve the building blocks of health. In so doing HPS also supports essential action to address the climate emergency as strengthening the building blocks of health and reducing our carbon footprint are deeply interconnected.
 5. In 2019 the Growth Board (now Future Oxfordshire Partnership) agreed that it should be a cross cutting theme across its work programmes and the Head of Healthy Place Shaping in Public Health was asked to lead this activity, working with a network of officers drawn from the County, District and City Councils. This was identified as a key mechanism for linking health with planning and creating healthy communities was identified as a key part of the [Strategic Vision for Oxfordshire](#). Progress in scaling HPS across Oxfordshire is reported [here](#).
 6. In 2019 the Health & Wellbeing Board included HPS as a key priority within its strategy and within Oxfordshire’s Prevention Framework and delegated responsibility for reporting on progress to the Health Improvement Board. Progress reports have been provided to the Board on a yearly basis; the focus of this year’s paper is to report on the findings of a three-year evaluation (funded by Sport England) of the system approach of healthy place shaping and those of a health needs assessment of healthy place shaping. The needs assessment was commissioned by OCC’s public health team to gain a better understanding of the impact of healthy place shaping work to date, and to identify where there are gaps in our work and which are the priority interventions which will strengthen the building blocks for health. This is both to focus the public health team’s programme of work and to inform the strategies and policies of our wider system partners including the new Health & Wellbeing Board strategy. There is also an additional paper that outlines specific action being taken to improve air quality across the county.

Key Issues

Healthy Place Shaping System Evaluation Findings

7. The health needs assessment has drawn on evidence and data generated by the three-year systems evaluation of HPS to understand its impact and gaps that need to be addressed in future work. The systems evaluation has been



completed by PHAST, an external specialist public health consultancy; its key findings are summarised in Table 1 and the following bullet points below:

Table 1: Key Mechanisms for Delivering Healthy Place Shaping

What is driving change?

Effective Systems Working and Place Based Programmes, based on:

- **Relationships:** Post Covid systems working is stronger across Oxfordshire and supports Healthy Place Shaping
- **Behaviour:** Healthy Place Shaping Behaviours and way of working
- **Common Purpose:** There is a community of stakeholders with a shared understanding as to how HPS can promote healthy communities and a desire to work together to deliver change
- **Strategy:** Healthy Place Shaping Principles are being embedded in Policy and Strategy across Oxfordshire
- **Interventions:** The review confirmed that there is good evidence to support the programme of interventions taking place in Oxfordshire. But more evidence is needed to identify which activities might have the most impact
- **Data:** more consistent use of common metrics and evaluation tools; recognising the importance of stories and statistics
- **Sharing Learning:** across local authority, VCSE and health and social care
- **Resources:** HPS as an approach is not resource intensive but funding is required to demonstrate tangible improvements for local communities



- HPS is addressing a broad range of the priority health needs and challenges across Oxfordshire through action on some of their determinants.
- While there are limited data on the impacts of HPS on the whole population or on specific communities, HPS has started to use data more systematically to understand the impacts of specific initiatives and on the whole population including communities with higher deprivation levels.
- Much of the evaluation has been focused on understanding what is driving change and identifying levers and contextual factors. This has shown the importance of the system approach, behaviours and leadership as well as the importance of more upstream interventions that influence strategy and policy. The HPS systems behaviours (see Annex 1) are being demonstrated in many of the HPS-related meetings; however, behaviours have not been embedded at a more senior strategic level.
- The findings recommend that HPS should continue to be funded to be embedded across Oxfordshire, using HPS as both a programme of work and as an approach. Programme work - including specific targeted projects in our most communities with greatest needs - is necessary alongside more systems-level approaches, in order to demonstrate to the population, community and leaders, how local activities can improve health and wellbeing.

Successes and challenges in the three workstreams:

8. Built environment

This has been the most successful workstream, with many projects focused on creating places to support physical activity such as ‘Bicester’s Blue line’ interactive wayfinding project. At a policy level, HPS is increasingly included in local plans such as the Local Transport & Connectivity Plan, and in planning policies including 20-minute neighbourhoods, community activation and active travel. The new Health Impact Assessment toolkit and its integration into the planning process has been an important success. There is an active planning officers’ network to get HPS principles reflected in new developments.

9. Community Activation

Successes include good demonstration projects such as the wayfinding project in Kidlington, with residents directly involved. A renewed focus on nature and HPS input to the Local Nature Partnership has meant that its work seeks to ensure Oxfordshire is a county where people and nature thrive. Good existing relationships helped the activation of local community support during the early covid lockdowns and in the cost-of-living crisis to develop cross system support to address poor housing conditions and reduce energy costs.

10. New models of care

There has been good progress in supporting the delivery of The Oxfordshire Way and promoting prevention to ensure that people are able to live independently in their own home with community support. However, there has been less progress with NHS engagement, partly due to the pressure of covid, recovery and reorganisation on the NHS. There is a specific issue with infrastructure where there is seen to be a disconnect between developers who would like to be able to plan for a small two or three partner GP practice on their big development to attract residents, and the new model of primary care that tends to focus on bigger ‘health hubs’. There is also a lack of capacity within the NHS to progress estates issues.

The new Integrated Care System offers a renewed opportunity for HPS to connect with the NHS on HPS in relation to prevention, inequalities, social value and connections to the voluntary sector.

Strategic Recommendations:

11. The evaluation also made a number of recommendations:

- HPS is an effective programme and approach, and it would be appropriate to continue to invest public funds into HPS
- Continue to invest time and resource in building a community of stakeholders to support HPS across Oxfordshire and strengthening the existing network. This should continue to include people from statutory and voluntary sectors and people from the local communities

- Move towards ‘distributed leadership’ across HPS. This means training and professional development across the HPS network so that leadership for HPS is shared rather than resting in one or two individuals
- This HPS community should be encouraged to adopt both the ethos and definitions of Healthy Place Shaping, and also the HPS behaviours
- Encourage professionals and organisations to cross traditional boundaries in their work
- Consider the need for training/professional development programmes on population approaches to public health, and effective communications
- Further embed HPS ‘upstream’ into policies and strategies of all organisations across Oxfordshire in order to ensure sustainability of HPS
- HPS should direct its activities as “upstream” as possible, focussing on policies and strategies that address the wider determinants of health
- Develop an approach to better engage with health organisations to address the HPS new models of care work stream and inequalities
- HPS needs to sustain its focus on inequalities both within the development of the HPS programme itself and in further evaluation work

Health Needs Assessment Findings and Recommendations

12. The needs assessment identified a number of high-level recommendations. While these are largely structured around the three HPS workstreams, they also include specific recommendations on inequalities and on more strategic cross cutting issues.

13. On HPS overall

- HPS should continue to be supported to develop its potential to improve health and decrease inequalities in Oxfordshire, both as a programme and as an approach.
- HPS should retain the focus on the 3 workstreams, but also specifically recognise cross cutting activities [below]. In addition, HPS should explicitly take a “Health in All Policies” approach within and across the 3 workstreams and continue to collaborate with wider partners.

14. On inequalities

- Retain the HPS focus on the current 10 most deprived areas across Oxfordshire.
- If more resources are available, identify and focus on small MSOAs of high deprivation elsewhere within each District. These should be recognisable communities.

- Ensure that coordination of Oxfordshire wide and intra-organisational approaches and activities related to inequalities is improved.
- Specifically consider how to identify and enable better access to health and well-being for those individuals and sub populations with the greatest need.

15. On each of HPS's workstreams

16. Built environment

- The approach to Health Impact Assessments is good and well received but needs to go further into Health in All Policies.
- Build in access to nature / green spaces / climate change adaptation and mitigation more.
- Explore how to improve the use of section 106 by better training and links with NHS / ICBs / other organisations or funding sources.
- Look at how to improve existing urban environments, drawing on good practice elsewhere.
- Consider how to address existing housing infrastructure / quality, including via Housing Associations.
- Consider whether it is possible to amend existing planning permissions to include provision for health and healthy behaviours.
- Use licensing mechanisms to control gambling, fast food, alcohol etc.
- Consider how to use leisure centres better and differently e.g. co-location with social prescribing and other services, with their role one of supporting physical activity not just as a physical building.

17. Community activation

- This is central to all HPS but be creative about how to support and drive it, so use social media as well as existing third sector organisations.
- Continue to use asset-based approaches, behavioural insights and small grant approaches.
- Explore how to connect locally with PCN activity including health coaches and social prescribers.

18. New models of care

- Consider re-naming this workstream
- New Models of Care needs to focus on prevention including population health management prevention activities and social prescribing.
- Use opportunities offered by anchor institutions for HPS prevention initiatives with communities, patients, workforce and environment.
- Use opportunities offered by Oxfordshire Way for prevention in the community

19. Cross cutting activities

- Strengthen high level strategic partnerships with NHS including both ICB and PCNs.
- More specific place-based initiatives should be developed bottom up, drawing on good community activation.

- Develop a strategic and operational communications plan covering communications about HPS and its initiatives with/to public [including social media], between and within organisations
 - Consider banning advertising of unhealthy products broadly or near schools, learning from experience of other areas' achievements
 - Recognise and build on the role of national partners in supporting local strategy and development.
 - Sustain focus on use of data to support evaluation and to drive change and progress. Expand the basket of HPS indicators reported for the first time in the 2023 JSNA and encourage use of a Minimum Data Set for HPS projects
 - On funding, beyond HPS's specific resources, there is a need to resource inequalities better, including trying to mainstream increased investment in prevention.
20. As part of the needs assessment there was discussion with system partners as to priority areas for action given the ongoing impact of the cost-of-living crisis and the legacy of Covid on communities. These priorities are summarised in Table 2 and were broadly supported by system partners.

Next Steps

21. The findings of the HPS evaluation and needs assessment will inform the recommendations of the new Health & Wellbeing Board strategy and delivery plan.
22. System partners have been involved in the health needs assessment process and it is hoped that the recommendations reflect and align with their organisation's strategic priorities. Discussions will be held with each of the District and City Councils, with NHS partners, and with the VCSE to agree how collectively we can ensure their delivery, recognising the resource constraints that all organisations face in the current financial climate.
23. Following discussions with partners a delivery plan for further embedding healthy place shaping in Oxfordshire will be developed and shaped by the Health Inequalities Forum and brought to the Health Improvement Board for approval.

Budgetary implications

24. The system evaluation identified that HPS is a cost-effective approach to promoting prevention. It does require investment as a programme of work and the needs assessment identifies where resources should be prioritised. It is hoped that the findings of the evaluation and the needs assessment will be used by partners to make the case for ongoing investment in HPS from their organisation.

25. Table 2: Healthy Place Shaping System Priorities 2023-26

Focus	HPS pillar	Key external partners	Proposed activity
Support Cycling and Walking Activation to increase physical activity – especially in communities with greatest need	Built environment and community activation	District Council sports and leisure teams and environmental health teams, VCSE	Cycling and Walking Activation programme – partnership steering group to increase active travel
Promote green prescribing and access to nature to improve mental wellbeing	Built environment and community activation and new models of care	PCNs, District Council, community development and conservation officers, VCSE	Support the work of the Local Nature Partnership and development of the Local Nature Recovery Strategy. Promote place based activities to promote access to nature
Provide support to Oxfordshire Inclusive Economy Partnership (OIEP)	Community activation	District Council Economic Development teams, VCSE, OXLEP, major employers	Support the OIEP delivery plan and the development of an anchor network to promote a more inclusive economy
Promote warm, safe homes	Built environment, new models of care	District/City Council Housing teams, VCSE, PCNs, ICS, Community Health Services, PI	Better Housing, Better Health services and increased engagement with housing associations
Promote asset-based prevention through the Oxfordshire Way Support population health management that promotes prevention	New models of care and community activation	PCNs, ICS, Community Health Services, District Councils	Promote new models of care that support prevention through asset based approaches
Support ongoing work between health and planning	Built environment	District/City Council/OCC planners, developers, consultants	Provide data and advice to inform Local Plans to ensure that they identify creating healthy communities as a strategic priority. Proactively inform the plans of strategic developments, including using Health Impact Assessment to encourage the creation of healthy enabling environments
Promote climate action Take action to improve air quality	Built environment	District/City Council, ICB, NHS Trusts/environmental VCSE	Work to reduce air pollution and support activities that reduce the health impacts of climate change and that support delivery of net zero targets

Equalities and Sustainability implications *[considering the impact on our customers]*

26.HPS aims to focus support for places and people within communities that experience greatest inequalities.

Communications

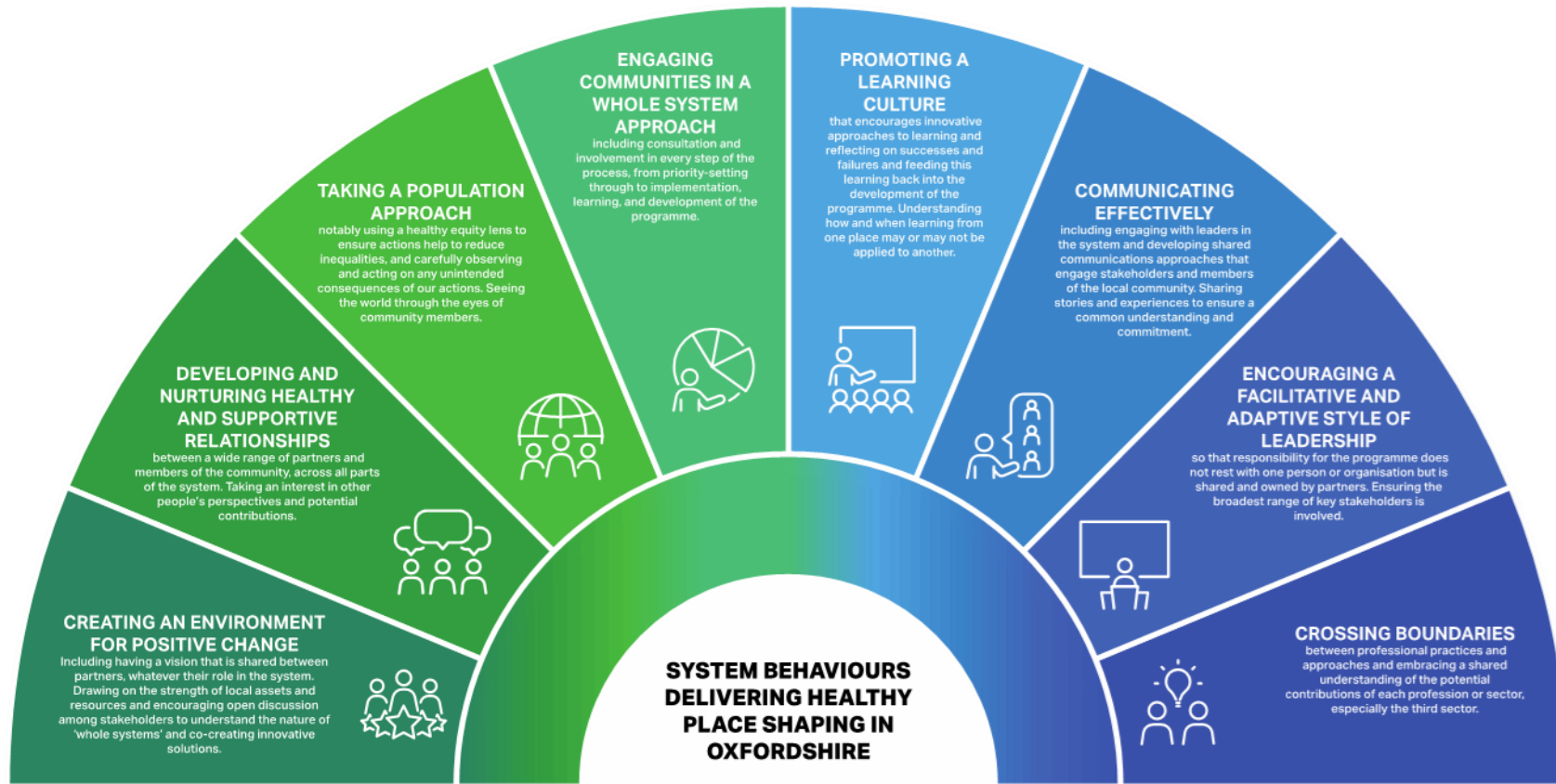
27.HPS has reported to both the Future Oxfordshire Partnership and the Health Improvement Board. A paper reporting on progress is scheduled to be presented at the meeting of the Future Oxfordshire Partnership on 30 January 2024.

Report by Rosie Rowe
Head of Healthy Place Shaping, Oxfordshire County Council
November 2023

Contact: rosie.rowe@oxfordshire.gov.uk

Annex 1: System Behaviours that Support Healthy Place Shaping

SYSTEM BEHAVIOURS DELIVERING HEALTHY PLACE SHAPING IN OXFORDSHIRE



16th November 2023

Air quality in Oxfordshire

Purpose / Recommendation

1. The Health Improvement Board is asked to note:
 - The impact poor air quality has on health
 - How Air Quality is monitored locally
 - Strategic action being taken through a partnership approach to improve air quality in Oxfordshire, including the launch of a new websiteand recommends that its members take opportunities to promote good air quality.

Background

2. Poor air quality is the largest environmental risk to public health in the UK. Long term exposure to air pollution in England is equivalent to between 26,000 and 38,000 deaths per year¹. In Oxfordshire, it was estimated that air pollution's effect on mortality was equivalent to 320 early deaths at typical ages in 2021².
3. Crosscutting work in the County has already implemented many actions that will help to improve air quality, and more are due to be delivered in the coming years. However, air quality improvements are often a by-product of this work rather than being a priority or driver.

Key Issues

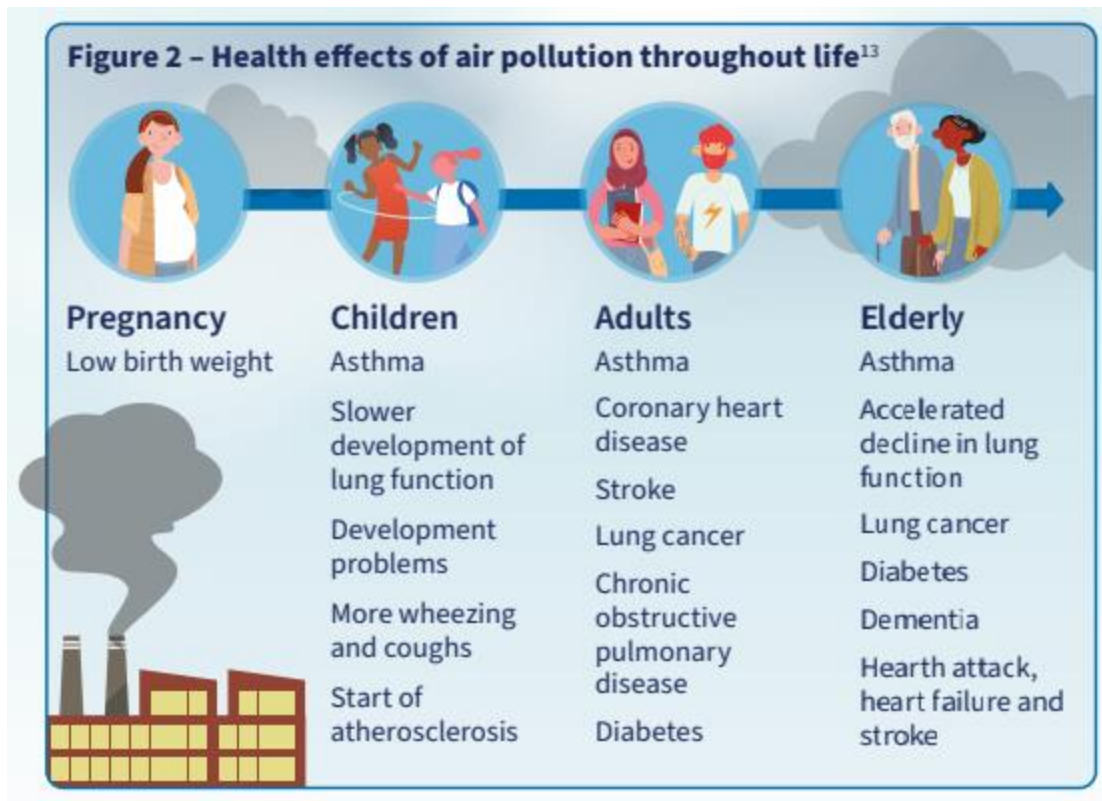
Health Impacts of poor air quality

4. Long-term exposure to air pollution can also cause chronic conditions and have negative effects on physical and mental health³. Those conditions linked to air pollution include low birth weight, asthma, diabetes, lung cancer, strokes and chronic obstructive pulmonary disease (COPD).

¹ <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2022-air-pollution>

² https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA_Bitesize_AirQuality_Apr2023.pdf

³ <https://www.imperial.ac.uk/news/244355/review-highlights-lifelong-health-impacts-pollution/>

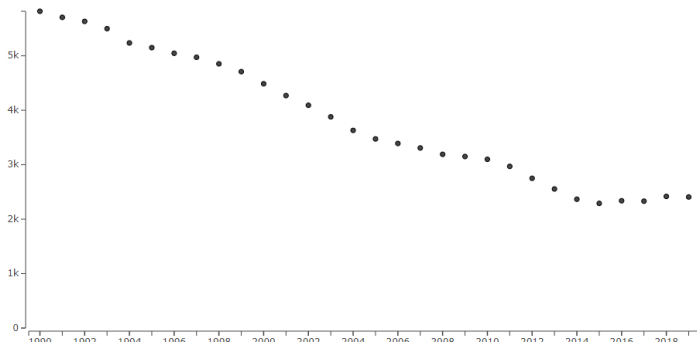


In Oxfordshire these conditions currently affect the population in the following way⁴:

- In 2021/22 there were 125 hospital admissions for asthma for under 19 year olds, 70 for 0-9 year olds, and 60 for 10 to 18 year olds.
 - In 2021/22 there were over 46,000 people over 6 years old who have asthma
 - In 2020 the recorded prevalence of Dementia for those over 65 was 5321
 - Over three years between 2017 and 2019 there were 1210 lung cancer cases
 - In 2021/22 there were just under 14,000 people with strokes.
 - In 2021/22 there were just under 11,000 people with COPD. There were just under 1000 emergency hospital admissions for COPD for those over 35
 - In 2021/22 there were just under 35,000 cases of diabetes of those over 17 years
5. Furthermore, over 2,300 years of healthy life (DALYs) were lost due to air pollution in 2019. These were mainly attributed to cardiovascular diseases and chronic respiratory diseases⁵. The graph below shows the trend in DALYs lost due to air pollution in Oxfordshire since 1990. As demonstrated by the graph, the health impacts of air pollution in Oxfordshire have decreased since 1990 but have stalled since 2014.

⁴ https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA2023_FINAL.pdf

⁵ Oxfordshire Joint Strategic Needs Assessment 2023



Disability Adjusted Life Years lost to air pollution in Oxfordshire⁶

6. More detailed research was conducted in Oxford by King’s College London in 2019. The research found that cutting air pollution in Oxford by one fifth would result in:
 - 83 fewer cases of coronary heart disease each year.
 - 28 fewer cases of lung cancer each year.
 - 77 fewer children with low lung function each year.
 - 38 fewer asthmatic children with bronchitic symptoms each year.
 - 31 fewer children with a chest infection (acute bronchitis) each year.
 - 1 less baby born underweight each year.
 - Increase in children’s lung capacity by around 2.8%.
7. Similarly, research undertaken by the University of Birmingham and University of Oxford suggests that the reductions in nitrogen dioxide during COVID-19 lockdown could prevent 48 lost life years among those living in Oxford city, with economic benefits up to £2.5M⁷.
8. This evidence highlights that there is a need to do more to tackle air pollution across the county, not just in Oxford city. Doing so would deliver significant health and economic benefits. Developing the collaborative approach and building a “bigger picture” narrative around the causes of poor air quality are critical.

Measuring and monitoring air quality in Oxfordshire

9. Air quality in Oxfordshire is generally good⁸, however there are currently 13 Air Quality Management Areas (AQMAs). AQMAs are where government standards have been exceeded in the past three years.
10. The table below provides trend lines for each of the 13 AQMAs, the level of Nitrogen Dioxide in the year the area was originally declared and the past three years of Nitrogen Dioxide levels.
11. Oxford City Councils AQMA is different to the other 12 as it covers the entire city of Oxford, whereas the other AQMAs are much smaller areas. Details of the AQMAs can be found in the Annual Status Review of each District and City council on the Oxonair website⁹

⁶ IHME, Global Burden of Disease tool

⁷ <https://www.sciencedirect.com/science/article/pii/S0269749121021667?via%3Dihub>

⁸ <https://www.oxonair.uk/>

⁹ <https://www.oxonair.uk/policies-and-reports>

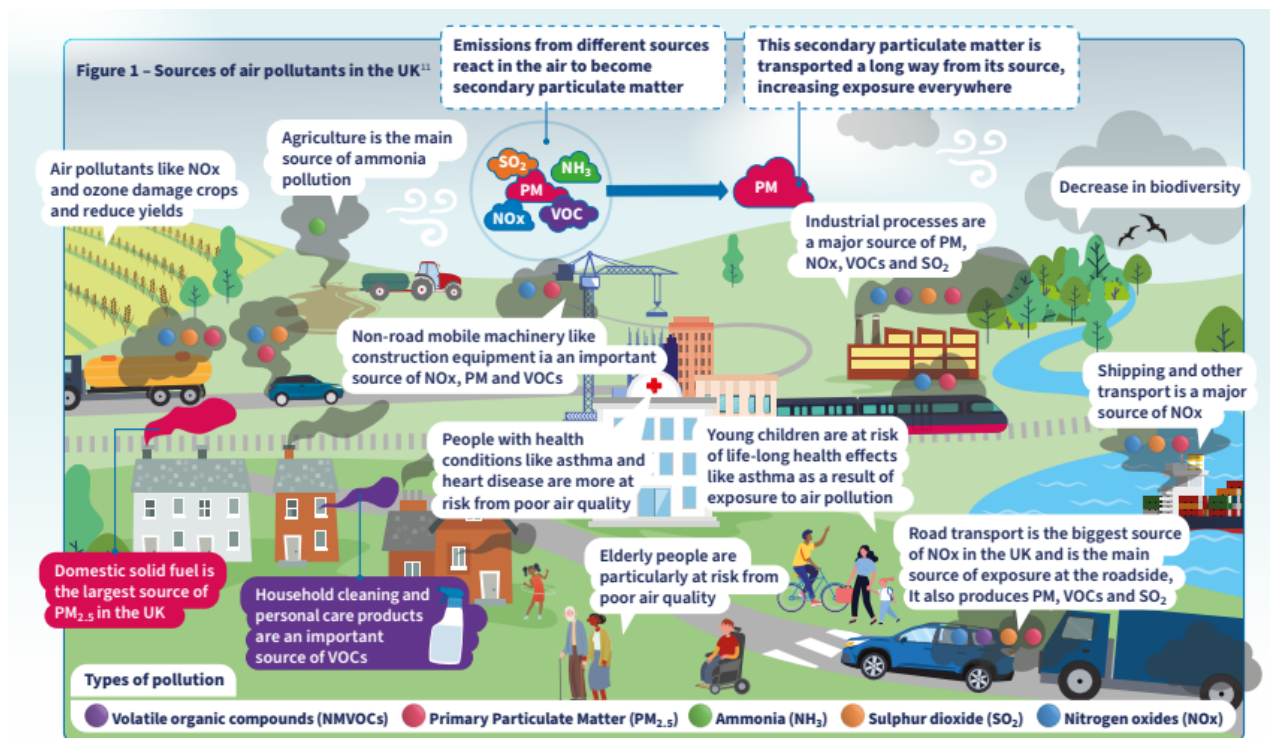
Trend	AQMA Name	Level of Exceedance: Declaration $\mu\text{g}/\text{m}^3$	Level of Exceedance: Current Year 2019 $\mu\text{g}/\text{m}^3$	Level of Exceedance: Current Year 2020 $\mu\text{g}/\text{m}^3$	Level of Exceedance: Current Year 2021 $\mu\text{g}/\text{m}^3$	Level of Exceedance: Current Year 2022 $\mu\text{g}/\text{m}^3$
	City of Oxford	78	53	36	39	43
	AQMA No. 1 Cherwell	86.4	74.9	72.1	52.2	55
	AQMA No. 2 Cherwell	48.4	38.7	36.4	30.4	33.7
	AQMA No. 3 Cherwell	47.5	36.5	32.5	26.6	28.1
	AQMA No. 4 Cherwell	46.9	41.9	34.5	34.9	32.6
	Henley	45.1	39.6	38.7	34	30.5
	Wallingford	48.3	37.5	28.4	29.2	28.5
	Watlington	51.3	38.5	28.1	28.5	28.9
	Abingdon	63.2	36.3	27.6	35.3	31.1
	Botley	58.8	50.3	50.9	55.1	53.7
	Marcham	53.9	50.9	24.3	31.3	30.4
	Witney	48	48.2	44.8	36.8	35.8
	Chipping Norton	50	47.3	41.4	35.5	34.3
	Total mean	55.83	45.66	38.13	36.06	35.82

12. World Health Organisation standards if applied to Oxfordshire would mean most areas would fail for all pollutants of interest¹⁰.

	UK Government Standard	WHO Standard
Nitrogen Dioxide	$40\mu\text{g}/\text{m}^3$	$10\mu\text{g}/\text{m}^3$
PM10	$10\mu\text{g}/\text{m}^3$	$15\mu\text{g}/\text{m}^3$
PM2.5	$10\mu\text{g}/\text{m}^3$	$5\mu\text{g}/\text{m}^3$

13. Air pollution comes mostly from the burning of fossil fuels, for transportation and heating, but also relevant for Oxfordshire, agricultural practices. Air pollution is made up of both very local, regional and international sources, from traffic congestion and bonfires to industry to forest fires and desert storms on the other side of the world.

¹⁰ <https://friendsoftheearth.uk/climate/air-pollution>



14. The two key pollutants are nitrogen dioxide and tiny particles (known as PM2.5). Nitrogen dioxide levels are generally improving due to improvements in engines and are becoming less of a threat to health. However, there are no safe levels of air pollution¹¹. The challenge with setting a limit or a level is the perception that it is “safe” once that level has been achieved. The alternative is a measure called an “exposure reduction target”. Work is ongoing in how Oxfordshire can calculate this type of measurement and target.

Climate and Air Quality

15. There are clear co-benefits in taking action to address climate change as many of the interventions will also address air quality. This includes action being led by local government and NHS initiatives as part of delivery of their Green Plans. Care must also be taken as there are also some climate interventions which may worsen air pollution such as the use of biomass for heating¹². Putting action to reduce air pollution on a similar footing to climate action may improve the case that can be made for the changes to how we travel, design our neighbourhoods and heat our homes.

Indoor air pollution

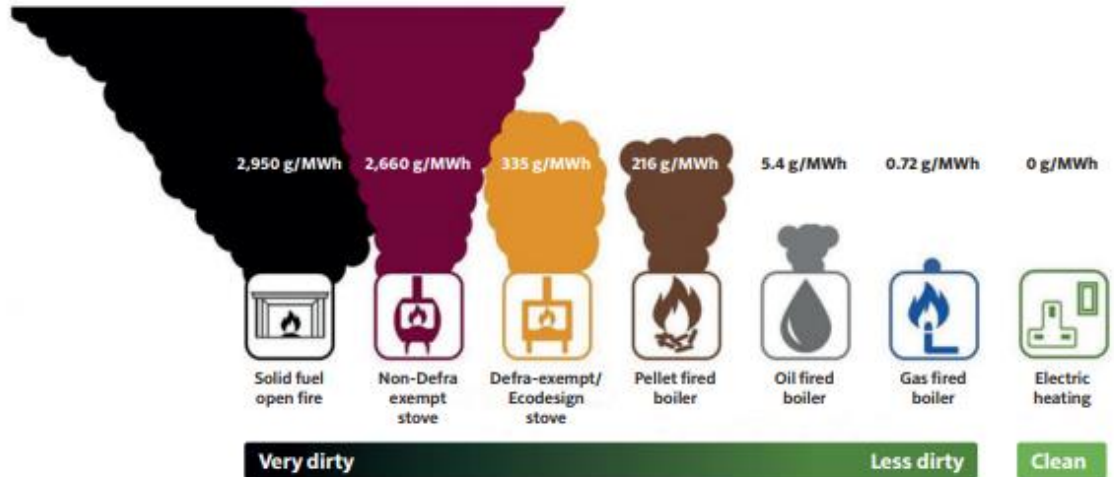
16. There are also risks to health from indoor air pollution from sources such as mould¹³, heating and cooking, especially in relation to wood burning stoves¹⁴.

¹¹ <https://theconversation.com/air-pollution-science-shows-theres-no-safe-limit-heres-how-laws-must-change-167223>

¹² https://uk-air.defra.gov.uk/assets/documents/reports/cat11/1708081027_170807_AQEG_Biomass_report.pdf

¹³ <https://www.gov.uk/government/publications/damp-and-mould-understanding-and-addressing-the-health-risks-for-ported-housing-providers/understanding-and-addressing-the-health-risks-of-damp-and-mould-in-the-home--2>

¹⁴ <https://www.cleanairhub.org.uk/clean-air-information/the-basic-information/wood-burners>



17. Mould in rented properties is managed by the statutory [housing and environmental health teams](#) to enforce housing standards. Mould caused by cold homes can be prevented by improving energy efficiency and the Better Housing Better Health service can signpost or support residents to the variety of local grants now available. With respect to raising awareness of wood burning stoves Oxford City Council developed the campaign “Do you Fuel Good?” with Friends of the Earth. Oxfordshire Trading Standards are also taking action to educate local suppliers on the sale of [Ready to Burn](#) wood.

Action in Oxfordshire to reduce air pollution

18. City and District Councils have for over 20 years delivered their statutory duties to monitor and report on air quality through the Defra Annual Status Reviews. This includes the co-ordination of the development and publication of Action Plans with statutory and other partners. The Action Plans list the initiatives and interventions which partners will be taking over a five year period.

19. More recently the Environment Act 2021 has highlighted the role anchor institutions, such as the County Council, has in contributing to those action plans¹⁵. Recognising, the need to do more and to work better with air quality partners, Public Health and Environment and Place directorates jointly developed the County Council Air Quality Strategy¹⁶. The strategy was approved by Cabinet on 23rd May 2023 and launched on Clean Air Day on 15th June 2023.

¹⁵ <https://www.local.gov.uk/publications/get-act-environment-act-2021>

¹⁶ <https://news.oxfordshire.gov.uk/efforts-to-reduce-air-pollution-launched-on-clean-air-day/>



The strategy sets out a vision, objectives and strategic approach to guide future work on air quality. The three pillars of the Strategy are to:

- Reduce emissions of indoor and outdoor air pollution
- Extend distance from pollution sources
- Protect those most at risk

The strategy is supported by a Route Map¹⁷ for 2023-2026 which identifies 45 actions related to county council work on air quality. These include work that is already underway, existing work that can be expanded, and new work.

Strategic alignment

20. Work to improve air quality meets the objectives of the following local strategies:

- Oxfordshire Joint Health and Wellbeing Strategy¹⁸ – identified the priority to address the wider determinants of health.
- BOB ICS Strategy¹⁹ – includes the need to take action to address the factors that influence our health and wellbeing.

¹⁷ <https://news.oxfordshire.gov.uk/download/1f6c57d9-d16e-402a-9fb5-5b3fbfed6696/oxfordshirecountycouncilcleanairroutemap2023.pdf>

¹⁸ <https://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejointhwbstrategy.pdf>

¹⁹ https://mycouncil.oxfordshire.gov.uk/documents/s60442/JHO_MAY1022R07%20BOB%20Engagement%20Strategy.pdf

- District and City Council Air Quality Action Plans²⁰ – update on the progress of the measures that district and city councils and their air quality partners have formally committed to deliver.
- OCC Local Transport and Connectivity Plan²¹ – includes the outcomes to improve health and wellbeing and to reduce health inequalities.
- OCC Climate Action Framework – many actions have both climate action and air quality benefits.

21. The strategy also supports objectives of local partner organisations and collaboration is ongoing. One example is the Community Action Group Network organising a webinar to inspire community groups to address air quality, including speakers from Mums for Lungs and Thame Green Living Group²². The City Council has worked with Friends of the Earth on a wood burning campaign, “Do you fuel good?”²³. Citizen science projects are also being supported for example through the SAMHE²⁴ initiative which works with schools to explore indoor air pollution.

Oxfordshire air quality website

22. Besides ongoing work to reduce the number of journeys by private car or to switch to more sustainable modes of transport, and improvements to the energy efficiency of homes by better insulating them and using more energy efficient heating systems, a more recent development has been the new website on air quality in Oxfordshire.
23. In October 2020, Oxford City Council, together with all the District Councils in Oxfordshire and the County Council have been awarded £162,500 from DEFRA’s Air Quality Grant after a successful bid for the development of a brand-new air quality website for Oxfordshire, in replacement of the old website.
24. The new website is seen as an important tool to inform, communicate and raise awareness of air pollution to visitors and residents across Oxfordshire. It will support those who suffer from regular exposure to air pollutant exceedances and vulnerable groups, allowing them to make conscious choices and adapt their day-to-day behaviour. One of the main objectives of the project was also to allow complete integration of all relevant air quality information from all district councils in Oxfordshire under one single platform.
25. The website ([oxonair.uk](https://www.oxonair.uk)) was launched in September 2023. It was designed taking into account significant [input](#) from members of the public with regards to what they considered to be the most valuable air quality information to be displayed, and includes specific features and interactive tools, such as: maps, forecasting, an air pollution alert system, air pollution footprint calculator (just to name a few). This regularly updated information is meant to promote constant interaction between visitors and the platform and to keep residents and visitors informed of air quality in their local areas.

²⁰ <https://www.oxonair.uk/policies-and-reports>

²¹ <https://www.oxfordshire.gov.uk/residents/roads-and-transport/connecting-oxfordshire/ltcp#:~:text=Our%20Local%20Transport%20and%20Connectivity,which%20was%20adopted%20in%202015.>

²² <https://www.tickettailor.com/events/communityactiongroupsoxfordshire/1021175>

²³ <https://www.oxonair.uk/local-initiatives>

²⁴ <https://samhe.org.uk/>

26. Initial google analytics data show a total of 3000 visits to the website, just during the week of the launch. This compares with a total amount of 8000 visitors per year in 2021 from the old website, which already gives an indication of the success and immediate impact of this project.

27. Other activities can be found on the "[local initiatives](https://www.oxonair.uk/local-initiatives)" page of the website and new additions are welcomed.

Budgetary implications

28. Funding for the statutory work is provided by the District and City Councils. Much of the County work is funded through transport programmes but in addition Public Health has committed £180,000 of reserves across the next three years to progress the strategy and route map.

Additional funding can be sourced from the government for example the Defra air quality grant or DNEZ for energy efficiency measures or DfT for transport schemes.

29. The inclusion of air quality improvements in business cases may improve the return on investment, in addition to the other benefits a particular scheme or project may be primarily commissioned for.

Equalities implications

30. Good air quality is good for everyone's health. The very young, old and those with certain health conditions; those in areas where lower income is more prevalent²⁵ are affected more by air pollution than the general population.

Some measures which are introduced to improve air quality may have short term negative impacts, if those groups needs are not properly considered.

Communications

- The action plans are consulted on publicly by the District and City councils.
- The Strategy as an internal document, has been made publicly available.
- The website included a phase of consultation and is open to ongoing feedback and development. It has been publicised by targeted advertising on Facebook to those areas where COPD/Asthma are high and posters and bookmarks are available in libraries and on request.

Key Dates

- Annual reports on air quality are available for comment in the Spring of each year.
- [Clean air day](#) is on the 15th June, a [new winter version](#) is planned for January 2024 on the theme of wood burners and [International Clean air day](#) the 7th September.

²⁵ https://uk-air.defra.gov.uk/assets/documents/reports/cat09/0701110944_AQinequalitiesFNL_AEA T_0506.pdf

Report by Kate Eveleigh, Health Improvement Practitioner, Joe Kay, Strategic transport planner Oxfordshire County Council and Pedro Abreu, Air Quality Officer Oxford City Council
October 2023

31.Contact: Rosie Rowe, Head of Healthy Place Shaping, 01865 816413

A Smokefree NHS – Progress towards the Long Term Plan BOB ICB Update

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Presentation to the Oxfordshire Health Improvement Board
– 16th November 2023
Jo Reeves, Prevention and Health Inequalities Network Manager

Agenda Item 11

NHS Long Term Plan 2019



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.

A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

Primary Prevention - Smoking

Objective 1: Increase the capacity of, and the number of referrals to, smoking cessation services

Objective 2: Deliver the inpatient Tobacco Dependence Treatment Service in all acute, mental health and maternity settings

Objective 3: Improve recording of smoking status in order to target our services and resources to communities in most need

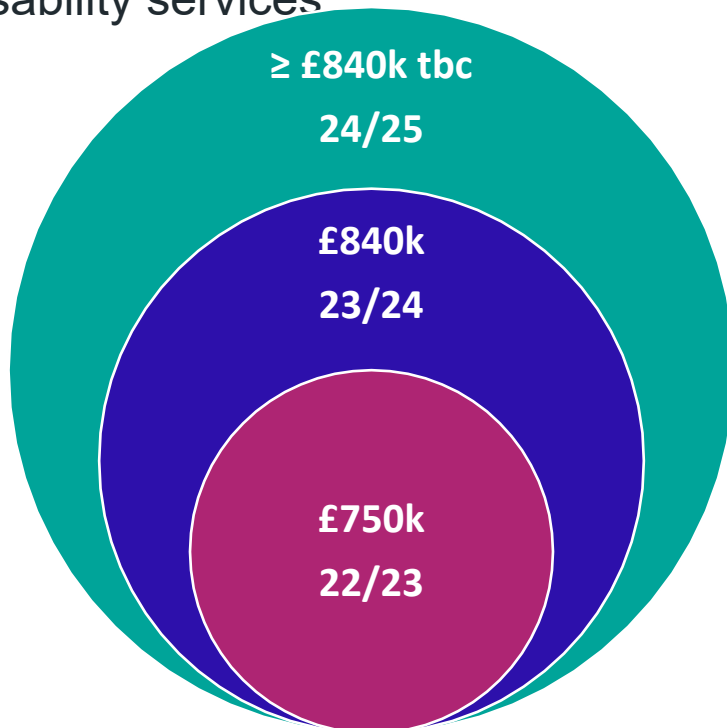
Objective 4: Sign and implement the NHS Smokefree Pledge

Objective 5: Improve the skill and ability of our workforce to talk to patients about their smoking

Tobacco Dependence Treatment Services

NHS Long Term Plan Ambition: by 2023/24 NHS-funded tobacco treatment services will be offered to all in-patients, expectant mothers/ birthing people and their partners and long-term users of specialist mental health, and in learning disability services

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Tobacco dependency services have started in 7/8 settings across BOB, we want to see these fully implemented with continued investment.

Recruitment challenges of tobacco dependency advisers has slowed progress in some trusts.

Concerns regarding prescription of NRT – funding sustainability.

Need to understand and mitigate impact on LSSS and Community Pharmacy SC services.

Maternity



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

RAG Rating by provider	Oxford University Hospitals Foundation Trust- Maternity
TDA: Recruited (WTE)	2
TDA: Vacant (WTE)	0
Essential implementation metrics captured	
Patient's smoking status is recorded at first antenatal appointment	Mostly all, above 75%
If CO reading < 4 ppm VBA provided	Mostly all, above 75%
If CO reading >= 4 ppm or woman has quit smoking since conception VBA provided alongside direct supply of NRT	Some, below 40%
Opt-out referral to Tobacco Dependence Support made	Mostly all, above 75%
If above not delivered at first appointment the woman is contacted within 24 hours and face to face appointment with TDA is scheduled within 5 days	Some, below 40%
CO test repeated at all antenatal appointments. Not already engaged in TD support women provided VBA and Opt-out referral to TD support. Previously opted-out women re-offered referral.	Mostly all, above 75%
4 weekly face to face appointments with TDA , with further 6 face to face appointments throughout the pregnancy taking place	Some, below 40%
The woman supported to set quit date as early as possible	Some, below 40%
Combination NRT is available and accessible throughout pregnancy	Some, below 40%
CO validated status at 36 weeks and updated status on smoking status at time of delivery is recorded	Mostly all, above 75%
If a pregnant woman relapses , restart on the pathway established ASAP	Mostly all, above 75%
Desirable implementation metrics captured	
Smoking status is a mandatory field for all first antenatal appointments	Mostly all, above 75%
Advice to support partners to stop smoking provided	Mostly all, above 75%
Electronic opt-out referral made	Mostly all, above 75%
Combination NRT is available and accessible after birth	Some, below 40%
CO testing occurs at all appointments	Mostly all, above 75%

Narrative – successes, challenges

- NRT costs are greater than service funding so concern of introducing inequity in service if not all smoking patients are able to benefit

Mental Health



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

RAG Rating by provider	Oxford Health Foundation Trust - MH Inpatient Oxon
TDA: Recruited (WTE)	2.5
TDA: Vacant (WTE)	0
Essential implementation metrics captured	
Patient's smoking status is recorded during the admission process	Partially, between 40%-75%
Initial stop smoking medication is prescribed with delivery of very brief advice on tobacco dependence and stopping smoking on admission.	Mostly all, above 75%
Opt-out referral made	Some, below 40%
A 1:1 meeting with a tobacco dependence adviser to agree a personalised plan to support a quit attempt or temporary abstinence takes place	Mostly all, above 75%
NRT provided during stay	Mostly all, above 75%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge	Mostly all, above 75%
Referral to Community Pharmacy Service in place	Mostly all, above 75%
Post discharge: a follow-up phone call at 1-2 weeks is arranged	Mostly all, above 75%
28 Day follow up in person via telephone to ascertain the self-reported quit status)	Mostly all, above 75%
Verify smoking status at 12 weeks to track long-term quits	Mostly all, above 75%
Desirable implementation metrics captured	
Smoking status is a mandatory field in all admission processes	Partially, between 40%-75%
This is given within 2 hours of admission . (30 mins if MH provider)	Mostly all, above 75%
Electronic opt-out referral made	Some, below 40%
This takes place within 24 hours of admission (48 if MH provider)	Partially, between 40%-75%
NRT provided during Stay: this includes Vapes/ E-cigs	Mostly all, above 75%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge alongside referral to a service that will continue to supply	Mostly all, above 75%
Referral to Community Provider in place	Mostly all, above 75%
Post discharge: A further follow-up arranged at 28-days post discharge	Partially, between 40%-75%
28 day follow up face-to-face to undertake a carbon monoxide (CO) test	Partially, between 40%-75%

Narrative – successes,
challenges

Inpatients



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

RAG Rating by provider	Oxford University Hospitals Foundation Trust - Physical Acute
TDA: Recruited (WTE)	3
TDA: Vacant (WTE)	0
Essential implementation metrics captured	
Patient's smoking status is recorded during the admission process	Some, below 40%
Initial stop smoking medication is prescribed with delivery of very brief advice on tobacco dependence and stopping smoking on admission.	Some, below 40%
Opt-out referral made	Some, below 40%
A 1:1 meeting with a tobacco dependence adviser to agree a personalised plan to support a quit attempt or temporary abstinence takes place	Some, below 40%
NRT provided during stay	Some, below 40%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge	Some, below 40%
Referral to Community Pharmacy Service in place	Some, below 40%
Post discharge: a follow-up phone call at 1-2 weeks is arranged	Some, below 40%
28 Day follow up in person via telephone to ascertain the self-reported quit status)	Some, below 40%
Verify smoking status at 12 weeks to track long-term quits	Some, below 40%
Desirable implementation metrics captured	
Smoking status is a mandatory field in all admission processes	Some, below 40%
This is given within 2 hours of admission. (30 mins if MH provider)	Some, below 40%
Electronic opt-out referral made	Some, below 40%
This takes place within 24 hours of admission (48 if MH provider)	Some, below 40%
NRT provided during Stay: this includes Vapes/ E-cigs	Some, below 40%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge alongside referral to a service that will continue to supply	Some, below 40%
Referral to Community Provider in place	Some, below 40%
Post discharge: A further follow-up arranged at 28-days post discharge	Some, below 40%
28 day follow up face-to-face to undertake a carbon monoxide (CO) test	Some, below 40%

RAGs used here relate to % of ALL inpatients.

- Tobacco Dependency Service commenced in July
- Where patients are referred, they are seen promptly by TDAs, offered NRT and a quit date set.
- Automation of referrals using EPR – all smoking patients will be referred to TD from mid October
- TD team training ward staff

Next Steps

Understand capacity and service utilisation of local authority commissioned smoking cessation services.



Encourage more Community Pharmacies to sign up to SCES, especially in more deprived areas



Increase the number of providers who have signed the NHS Smokefree Pledge



Increase the number of patients whose smoking status is recorded in primary care and upon admission



Improve the skill and ability of our workforce to use every 'teachable moment' to deliver 'very brief advice' on quitting

16th November 2023

Oxfordshire Tobacco Control Strategy (OTCS) Annual Update

Purpose / Recommendation

This is an annual update to HIB related to progress against the Oxfordshire Tobacco Control Strategy and action plan.

The Health Improvement Board is asked to note updates against the Oxfordshire Tobacco Control Alliance (OTCA) Action Plan 2023-24 and recent national changes proposed to tobacco and smoking policy. The Health Improvement Board is asked to;

- Note the update on some of the key projects of interest to HIB
- Note the current consultation on new national policy measures to achieve a SmokeFree Generation and make a response endorsing these proposals.
- Each organisation on HIB to consider making an endorsement of the proposed smoke free generation policy through its own governance routes (such as full council motions or similar)
- To receive an overview of and update from Jo Reeves (Prevention and Health Inequalities Network Manager from BOB ICB) on the progress towards the implementation of NHS inpatient Tobacco Treatment services and pathways in Oxfordshire
- To receive an overview of and update from Ian Hiscock (Service Manager of Stop for Life Oxon) on the work done by Oxfordshire's Stop Smoking Service to reach and support priority groups to quit smoking

Background

Smoking tobacco is the single biggest cause of preventable illness and death in England – up to 2 out of 3 lifelong smokers die of smoking¹

Smoking is the single biggest driver of health inequalities and is responsible for half the difference in life expectancy between the most and least advantaged in society²

Tobacco is also the leading driver of inequalities between the rich and the poor with **23,655 working age adults in Oxfordshire living in poverty when expenditure on tobacco** is taken into account. The average smoker spends £2,500 on tobacco each year.

Smoking is a huge drain on local economies, and it is estimated to cost an estimated **£163.5 million** in **Oxfordshire**.

¹ [Minister Neil O'Brien speech on achieving a smokefree 2030: cutting smoking and stopping kids vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/speeches/minister-neil-obrien-speech-on-achieving-a-smokefree-2030-cutting-smoking-and-stopping-kids-vaping)

² [Tackling Inequalities - ASH](#)

The Oxfordshire Tobacco Control Alliance (OTCA) was set up in 2020 to deliver on the Oxfordshire Tobacco Control Strategy (OTCS) – a four-pillared approach to reduce adult smoking prevalence to less than 5% across Oxfordshire by 2025 (5 years earlier than the 2030 national target³).

The four pillars for a whole system approach to reduce tobacco use are prevention, local regulation and enforcement, creating smokefree environments and supporting smokers to quit.

Work is being done across the National Health System (NHS) as stipulated in the NHS Long Term Plan (LTP)⁴ to offer NHS-funded tobacco treatment services to - anyone admitted to hospital overnight who smokes; pregnant women and members of their household; and long-term users of specialist mental health services.

HIB received a detailed update in September 2022 of work related to reducing smoking prevalence in Oxfordshire, available here: [CCMT \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/ccmt) This is an annual update on the activity that has happened since then.

Key Issues

Progress Towards Oxfordshire's 2025 Smokefree Ambition

Smoking Prevalence - the latest Oxfordshire data shows a downward trend in smoking prevalence from 2020, when the original smokefree aspiration for Oxfordshire was set. Adult smoking prevalence has fallen from 13.2% (2020) to 11.2% (2022). The 2021 prevalence of 10.2% has confidence intervals that cross over with the 2022 prevalence and OHID are investigating a potential data flaw. This compares favourably to adult smoking prevalence in the South East (11.5%) and in England (12.7%)

Disparities in Smoking Prevalence - we continue to see higher rates of smoking in key population groups – those working in routine and manual occupations (25.7%) and those living with a serious mental illness (36.4%),

Smoking in pregnancy is a leading contributor to poor health outcomes during both pregnancy and childbirth for both the mother and the infant. Smoking at the time of delivery (SATOD) has fallen to 6.1% (2022) from 7% in 2021.

³ [Advancing our health: prevention in the 2020s \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103111/advancing-our-health-prevention-in-the-2020s.pdf)

⁴ [Overview: NHS Long Term Plan tobacco commitments - ASH](https://www.nhs.uk/longtermplan/long-term-plan-tobacco-commitments/)

National Update

In October 2023, the government announced a number of policy changes towards 'Stopping the Start: our new plan to create a smokefree generation'⁵

This included the following key aspirations:-

- **Raise age of sale** of tobacco products by one year every year from 2027 onwards. This means that children turning 14 this year and younger (born on or after 1st January 2009) will never be legally sold tobacco products. The aim of this policy is to stop the start.
- Additional government investment into **national anti-smoking campaigns**.
- **Additional ring-fenced funding** to support local authority stop smoking services – to be utilised over and above existing funding.
- **Additional funding** to provide evidence-based financial incentives to pregnant smokers.
- **Consultation** on potential measures to reduce the appeal and availability of vapes to children (closing on 6th December) and available here: [Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care \(dhsc.gov.uk\)](https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping-your-views)
- **Strengthening enforcement activity** by offering additional funding to trading standards, Border Force and HMRC, introducing new powers for local authorities to issue on-the-spot fines to enforce age of sale legislation of tobacco products as well as vapes, and enhance online age verification to stop underage sales of tobacco products and vapes.
- A **Swap to Stop** scheme, aiming to distribute 1 million vapes, alongside behavioural support, to smokers in England by March 2025 has also opened for bids⁶.

Action on Smoking and Health (ASH) have highlighted the influence local leaders have and have suggested Health and Wellbeing Boards and in our case Health Improvement Boards have a role in making both a strong response to the Consultation and in publicising their support for the measures. A draft response is included in the appendices should HIB wish to adopt it.

Oxfordshire Tobacco Control Alliance Action Plan and update against key projects of interest to HIB

The current OTCA Action Plan is arranged under the four pillars of prevention, environment, enforcement and support. Work is ongoing against a suite of projects (see appendix 1).

In September 2022, HIB were updated on new proposed actions for the TCA Action Plan 2022-23 following the publication of '[Making Smoking Obsolete](#)', the [Javed Khan Review](#) and the ASH report on youth vaping (2022). These actions related to supporting social housing tenants to quit and Trading Standards work to address

⁵ [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)

⁶ [Smokers urged to swap cigarettes for vapes in world first scheme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/smokers-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme)

under-age sales of e-cigarettes. HIB also requested further information around youth vaping and work to support smokers in debt.

A brief update against each of these areas is below:-

Smokefree Communities – Social Housing Work

Of all socio-economic measures, housing tenure appears to be the strongest independent predictor of smoking in England⁷. Across Oxfordshire, there are around 49,000 social housing stock with around 8,000 of these owned by district councils. On average, 1 in 3 people living in social housing smoke⁸.

A Smokefree Communities Toolkit was launched in February 2023 and attended by representatives from 6 housing associations. The toolkit was sent to a wider audience of housing associations across all five Oxfordshire districts. We are scoping work with Oxford City Council about the prospect of embedding smoking cessation adverts into their regular communications with their tenants. Some Oxford City housing officers have completed VBA training. We are currently working with Clarion housing who own social housing stock in Wantage in the Vale of White Horse (VWH) district. They are keen to promote our local stop smoking service (Stop for Life Oxon) through their charitable arm, Clarion Futures. Further work needs to be done on how we can evaluate the impact of this via data collected from Stop for Life Oxon. If this project is successful, we would look to expand to other housing providers.

E-Cigarettes/ Vaping

HIB are reminded that quitting smoking is one of the best things an individual can do for their health. Vapes are an effective quit tool for adults who want to quit smoking and are more effective than other nicotine replacement therapies. There is limited evidence for adult smokers about the long-term (>12 months) effects of vapes; they are less harmful than smoking tobacco as they do not contain tar or carbon monoxide (two of the most harmful products of smoking tobacco). However, vapes are not risk-free and are not recommended for use by non-smokers.

Our local Stop Smoking Service added in reusable e-cigarettes as a quit aid to the service in July 2022. Since this time, 238 number of clients have chosen to use a vape to quit smoking and 149 have successfully quit smoking at 4 weeks.

As reported at the last HIB, information about the prevalence of smoking and vaping amongst young people locally is limited however, nationally it is estimated that 20.5% of children, aged 11-17 years, have tried vaping⁹. Locally, data from the OxWell survey (2021) – 1500 school pupils in Oxfordshire found a similar proportion 22% had tried e -cigarettes, with 1.5% using them regularly.

A number of resources have been distributed to schools in Oxfordshire including: advice and guidance on managing vapes in schools which includes parent letters,

⁸[Tackling Inequalities - ASH](#)

⁸[Smoking and social housing: Supporting residents, addressing inequalities - ASH](#)

⁹[Use of e-cigarettes among young people in Great Britain - ASH](#)

policy information and general guidance, links to posters, leaflets and a short animated film for display and use in PHSE lessons with pupils, and lesson plans and resources for use with Key Stage 3 pupils [resources for use with KS3 pupils](#) .At the same time a local youth smoking and vaping survey was distributed with a closing date of 21st December. Preliminary results are similar to findings from OXWELL Survey: 22% had tried e-cigarettes. We have requested more responses from older pupils in year groups 9 to 13 as the majority of respondents were from year groups 7 to 9 who may have been less likely to have vaped. A link to the survey is available - <https://forms.gle/VP5L6Yza81NsCfzt7>

The **national consultation** on potential measures to reduce the appeal and availability of vapes to children (closing on 6th December) is available here: [Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care \(dhsc.gov.uk\)](#)

At the September 2022 HIB meeting Trading Standards gave a detailed update around their enforcement work. They continue to carry out enforcement work with respect to e-cigarettes. They have regular contact with secondary schools and council staff involved with supporting young people in care and displaced families in order to seek information about premises that are making illegal vape sales. Since June 2021, the following activities have been carried out:

- 51 business advice visits made to follow up on complaints regarding underage sales, with 11 more due to be made
- 5,539 illegal e-cigarettes have been seized (all excess strength or capacity devices)
- 36 stores visited during test purchases
- 9 businesses investigated following failed test purchases, resulting in 4 prosecutions and 5 cases resolved via other means
- 3 businesses under investigation for continuing to sell illegal high capacity vapes after we previously made seizures & warned them
- Held our first joint illegal tobacco and e-cigarette community engagement event in Witney, with the intention to do more around the county soon
- Provided up to date advice to businesses on products of concern (<https://www.oxfordshire.gov.uk/business/trading-standards/advice-communities/e-cigarettes-and-vape-pens>)

As mentioned in the September 2022 HOSC paper ([aebhdfh \(oxfordshire.gov.uk\)](#)), we aim to increase the availability of e-cigarettes to smokers who wish to quit. We have submitted an expression of interest to the national Swap to Stop scheme with the aim of expanding the provision of free e-cigarettes to all Oxfordshire residents and with a promotional push to NHS and Social Care staff to support them to quit smoking. We are looking into future possibilities of working with Tobacco Dependency Advisors within healthcare services to distribute voucher codes for e-cigarettes to patients.

Supporting people experiencing debt

As well as work to increase awareness and availability of Stop Smoking Service through Food Banks as reported at previous HIB, a pilot scheme is in the process of

development in some Citizen Advice Bureaus (CAB) in Cherwell District. CAB advisors have undertaken VBA training, with a focus on the financial gains of quitting smoking and will be inviting clients to take part in a smoking incentive scheme. Smokers who wish to take part in the scheme will be referred to Stop for Life Oxon where they will receive free nicotine replacement therapy of their choice, alongside behavioural support and the opportunity to receive financial vouchers based upon continued abstinence from smoking. This pilot will be evaluated by colleagues at the Nuffield Department of Primary Care Health Sciences at the University of Oxford, with the first evaluation expected at 6 months in May 2024 and the final evaluation at 12 months in January 2025. If the pilot is successful in meeting the Key Performance Indicators, we may look to roll it out across Oxfordshire.

Challenges

The key challenges include:

- Reaching/engaging providers who work with key priority groups such as local authority and social housing providers, job centres and workplaces employing routine and manual workers.
- Utilising the Swap to Stop scheme – the eligibility criteria for receiving vapes from the Office for Health Improvement and Disparities (OHID) includes a requirement for data to be submitted via the existing Stop Smoking Services Quarterly Monitoring Return.

Key Dates

Report by: Beth Ferris, Speciality Registrar in Public Health & Derys Pragnell, Consultant in Public Health, Senior Responsible Officer for Tobacco Control, Oxfordshire County Council (from February 2022)

Contact Officer: Derys Pragnell, Consultant in Public Health, Oxfordshire County Council. derys.pragnell@oxfordshire.gov.uk

[October 2023]

Appendices

Appendix 1: OTCA summary of projects

Prevention	Environment	Local Enforcement	Support
Report on actions following local data related to smoking and vaping prevalence including sourcing data in children and young people – <i>data has been collected from the OxWell survey, West Oxfordshire Youth Needs Assessment, school focus groups and a school nurse survey with further data expected from second phase of a school survey in December 2023</i>	TCA membership outdoor premises being smokefree with clear signage indicating this.	Undertake regular proactive visits to “bricks and mortar” retailers to inspect for any illegal tobacco products, using tobacco detection dogs where appropriate – <i>5 proactive visits undertaken leading to seizure of 21,080 illegal cigarettes and 9150g of illegal hand-rolling tobacco</i>	Mass media campaigns are developed and promoted by all Alliance members – <i>2023 Stoptober campaign was promoted by Alliance members and other OCC partners- review/evaluation underway.</i>
Undertake a gap analysis against guidance associated with preventing the uptake of smoking (and e- cigarettes) in CYP, recommend and implement recommendations practice – <i>this has been completed, gaps and recommendations in process of being addressed.</i>	Staff Smokefree Policy in place including time-off to attend smoking cessation support, promotion of Stop Smoking Support, regular reminders to employees of the benefits of stopping smoking, promotion of Stop for Life through payslips – <i>ongoing</i>	Undertake regular proactive monitoring of popular online marketplaces such as Facebook groups – <i>ongoing but difficult to get Facebook to remove groups selling illegal cigarettes</i>	Maximise opportunities in primary care to support people to quit smoking – <i>GP-surgery-level smoking prevalence data has been collected; Stoptober campaign was advertised via BOB ICB primary care bulletin. Further opportunities to advertise LSSS across Primary care being explored</i>

Prevention	Environment	Local Enforcement	Support
<p>Quitting during pregnancy Continuation of Family Nurse Partnership Incentive Scheme launched May 2022 . Twelve month review found of 25 clients deemed eligible, 7 enrolled in the scheme and 2 successfully quit smoking. The scheme has <i>now been incorporated into the 0-19 contract for ongoing monitoring and review.</i></p> <p>Continued support for pregnancy women to quit via Stop Smoking Service - <i>53 achieved 4-week quit through specialist service (2022-23)</i></p> <p>Plans for expansion of direct quit support to pregnant women via NHS Tobacco Dependency Service.</p>	<p>Explore the possibility of expanding the above to promote Stop for Life Oxon through business rate advertisements, Council Tax bills (specific for DCs), etc.</p>	<p>Respond to complaints and/or intelligence from members of the public, other businesses, and other agencies without undue delay (<i>ongoing, subject to available resources – 1.5 officers funded by PH</i>)</p>	<p>Increase staff training in providing advice to quit (VBA) and explore incorporating into MECC training – <i>VBA training has been provided to staff at Citizens Advice Bureau, housing staff and staff working for the FNP scheme</i></p>
	<p>Smokefree parks – <i>in place in Witney and Oxford City. Further engagement needed across high prevalence areas</i></p>		<p>Map opportunities to support smokers utilising debt management services and food banks to access support. Consider piloting an incentive scheme in debt management – <i>CAB pilot scheme due to commence November 2023.</i></p>

Prevention	Environment	Local Enforcement	Support
	Smokefree school gates – <i>toolkit promoted in June 2023. 2 schools have in place. Requires further drive and engagement in areas of high prevalence in particular</i>		Work with social housing tenants and providers to support smokefree initiatives – <i>work ongoing with Clarion housing, difficulties with engaging social housing providers needs to be addressed</i>
	Smokefree side-lines – <i>61 (half of football clubs) taking part. Exploration of expansion to RFU and other sports clubs planned.</i>		Explore opportunities to develop a workplace wellbeing offer for external workplaces with a smoking support focus on RM workers (including engagement with OXLEP and Unions) – <i>bid for funds planned</i>
	Smokefree community fund in place <i>6 applications granted</i>		Continue to work towards successful implementation of NHS Tobacco Dependency Services within Maternity, Acute and MH – <i>ICB ongoing work</i>

Health and Wellbeing Board/Health Improvement Board Briefing “Stopping the start- plan to create a smokefree generation” – DHSC consultation

Adapted from materials developed by [Fresh](#) in the North East

1. Impact of tobacco smoking on England and Oxfordshire:

Tobacco is the [single greatest entirely preventable cause of ill health, disability and death](#) in this country, responsible for [64,000 deaths in England](#) a year. [No other consumer product kills up to two-thirds of its users](#). Smoking causes harm throughout people’s lives. It is a [major risk factor for poor maternal and infant outcomes](#), significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average [a decade earlier than they would have otherwise](#), often while still of working age. [Smokers lose an average of ten years of life expectancy](#), or around one year for every four smoking years.

Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the [great majority of lung cancer cases](#). Smoking is also a major cause of [premature heart disease, stroke and heart failure](#) and [increases the risk of dementia in the elderly](#). Non-smokers are exposed to second-hand smoke (passive smoking) which means that many come to harm through no choice of their own - in particular children, pregnant women, and their babies.

As a result, smoking puts significant pressure on the NHS. [Almost every minute of every day](#) someone is admitted to hospital because of smoking, and up to [75,000 GP appointments could be attributed to smoking each month](#) - equivalent to over 100 appointments every hour.

Those who are [unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population](#). Smoking attributable mortality rates are [2.1 times higher](#) in the most deprived local authorities than in the least deprived. In Oxfordshire, there are 10,534 families pushed into poverty due to spending on tobacco which totals around £2,500 a year for the average smoker¹⁰.

Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. [Three-quarters of current smokers would never have started if they had the choice again](#) and on average [it takes around 30 quit attempts to succeed](#). The majority of smokers start in their youth and are then addicted for life. [More than 4 in 5 smokers start before the age of 20](#). In short, it is much easier to prevent people from starting smoking in the first place.

[It is estimated that the total costs of smoking in England are over £17 billion](#). This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion.

¹⁰[Economic and health inequalities dashboard - ASH](#)

Action on Smoking and Health have calculated that the overall annual costs to Oxfordshire are £209.7 million, made up of £17.4 million in healthcare costs, £178.4 million in productivity costs, £10.8 million in social care costs and £3.0 million in fire costs¹¹.

2. Background to DHSC consultation

The smokefree 2030 ambition for England

In 2019, the government published its green paper on preventative health; [Advancing our health: prevention in the 2020s](#). Here, it announced an ambition for England to become ‘smokefree’ by 2030 – achieved when adult smoking prevalence falls to 5% or less.

The All Party Parliamentary Group on Smoking or Health published a [report](#) on delivering a Smokefree 2030 in June 2021 which set out detailed recommendations on how to reduce smoking to 5% by 2030. Oxfordshire’s Tobacco Control Alliance endorsed this report.

The Khan Review

The government commissioned Javed Khan to carry out a review into the government’s ambition to make England smokefree by 2030. Mr Khan published his independent review, the [Khan Review: making smoking obsolete](#), in June 2022 which found that “without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044”.

The review set out a package of 15 recommendations aimed at supporting the 2030 ambition. This included four “critical must dos” for the Government, centred on increasing investment in smokefree policies, increasing the age of sale of tobacco by one year every year, promoting vaping as a smoking cessation tool, and improving the prevention of ill health by offering smokers advice and support to quit at every interaction within the NHS.

Oxfordshire’s Tobacco Control Alliance endorsed the Khan review and welcomed the overall recommendations which were also endorsed by HIB.

Raising the age of sale of tobacco for those born on or after 1 January 2009

In October 2023, Prime Minister Rishi Sunak set out plans to [introduce legislation to prohibit children born on or after 1 January 2009 from legally buying cigarettes in England](#). This would effectively raise the smoking age by one year, every year, until it applies to the whole population. The government would also prohibit people above the age of sale from purchasing tobacco products for people below the age of sale (‘proxy purchases’).

The proposal formed part of the government’s ambition to create the first ‘smokefree generation’, discussed below.

3. Creating the first ‘smokefree generation’

¹¹[RR-Autumn-2023-Table-of-Costs-to-Local-Authorities-PDF.pdf \(ash.org.uk\)](#)

In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, [Stopping the start: our new plan to create a smokefree generation](#), where the government set out an intention to create the first 'smokefree generation'.

The government proposed several proposals to reduce youth vaping, including restricting vape flavours, regulating vape packaging and point of sale displays, and restricting the sale of disposable vapes.

The government also committed to funding several initiatives to improve smoking cessation support, including an additional £70 million annually to support local authority led stop smoking services, and £45 million over two years to roll out the national 'Swap to Stop' scheme, supporting people to stop smoking with the free provision of a vape kit and behavioural support.

4. Consulting on the new proposals

The Department of Health and Social Care [launched a consultation on the proposals set out in the policy paper](#) on 12 October 2023, and is inviting responses until 6 December 2023.

Specifically, DHSC is seeking views on introducing new legislation to raise the age of sale for tobacco, further regulating vaping to reduce its appeal to children, and introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes.

4.1 Age of sale of tobacco proposal

It is recommended that Oxfordshire HWB responds to this important consultation and given its previous endorsement to both the APPG on Smoking or Health report and Khan Review **supports the key recommendation around raising the age of sale of tobacco to those born after 1st January 2009.**

Rationale for this support is clear:

- **Smoking is not a free choice it is an addiction**

Smoking is an addiction, not a free choice. The only free choice is whether to smoke that first cigarette. Two thirds of those trying just one cigarette, usually as children, go on to become daily smokers, and daily smokers are addicted smokers. Most adult smokers want to stop smoking, but on average it takes 30 attempts, and many never succeed.

- **This is a package of measures including significant investment in measures to help smokers quit**

The proposal is coupled with a package of measures to help smokers quit which includes doubling the grant for local authority stop smoking services for the next five years, increasing funding for awareness raising campaigns about the harms of smoking, providing one million free vapes to smokers to help them quit, financial

incentives and stop smoking support to all pregnant smokers. These are all welcomed and will help Oxfordshire to reduce smoking rates to 5% by 2030 as per our local and regional ambition.

- **Raising the age of sale will not increase the black market**

Concerns have also been raised that it would lead to an increase in the black market, but experience from previous tobacco control policies tells us this is unlikely. Raising the age of sale will have a gradual impact over time, so is unlikely to significantly impact the black market. When the tobacco age of sale increased from 16 to 18 in 2007 it had no impact on the black market. The size of the illicit market is mainly an issue of enforcement. The UK has strong enforcement which has led to the illicit market for cigarettes shrinking from 22% of the market in 2000 to 11% in 2022. The introduction of tough anti-smoking policies such as smokefree laws in 2007 and plain cigarette packs in 2015 did not lead to an increase in black market sales.

- **This is a major step towards a smokefree future.**

This is only possible because smoking rates among children have now fallen from one in five at the turn of the century to only 3% now. Already shortly after it was first announced it has majority public support, far higher than for the ban on smoking in pubs and clubs when it was first introduced. When first proposed the ban on smoking in public places was considered a step too far and people said it would be unenforceable. Compliance was 97% from the outset and it was largely self-enforcing. No-one would now consider repealing the law on smoking in public places.

- **It is workable.**

The raising of the age of sale will be coupled with an increase in budget and enforcement powers for local trading standards, who are ready to support this legislation. Further, there have been some suggestions that this would criminalise smoking and take up police time. This is not the case, only the sale of tobacco will be legislated against and the possession or smoking of tobacco will not be illegal for anyone. The legislation will also not be a police matter but will only be enforced by trading standards.

4.2- Vaping proposals

The government is consulting on a range of measures aimed at reducing youth vaping whilst ensuring that adult smokers have easy access to vapes as part of their quit attempts. Smokers who use vaping products as part of their quit attempts are 60% more likely to be successful than those using NRT products. The availability of vapes and the choice of flavours are important factors in facilitating these quit attempts and the benefits of helping smokers to move away from smoking must be balanced against the need to tackle youth vaping.

The proposals the government is looking at include:

- restricting vape flavours
- regulating vape packaging and product presentation
- regulating point of sale displays
- restricting the sale of disposable vapes
- introducing an age restriction for non-nicotine vapes
- exploring further restrictions for other nicotine consumer products such as nicotine pouches
- preventing industry giving out free samples of vapes to children

ASH made four key policy changes aimed at reducing youth vaping whilst maintaining vapes as an accessible and attractive alternative to smoking for adult smokers, laid out in the [call for evidence on youth vaping](#). These are:

- **Increase Price**

Put an excise tax on disposable vapes to reduce their affordability and accessibility to young people. ASH survey data shows that the growth in youth vaping, in particular experimentation, has been driven by a growth in the market for disposable vapes, which are cheap, widely available and easy to use.

- **Prohibit instore promotion of e-cigarettes**

In 2023 more than a half (54%) of children were aware of e-cigarette promotion in shops up from 37% in 2022, and the most frequent source of vapes for current underage vapers in shops (48%). Removing in store promotion and ensuring vaping products are only displayed behind counters will help to keep vapes out of sight and reach of children.

- **Prohibit branding with appeal to children**

Remove the use of sweet like naming that appeal to children and regulate packaging so that it does not include cartoon characters or references to sweets or other consumable products popular among children. However, ASH has not found that flavours are the main reason children try products, with most being influenced by peers, but have found that flavour options are popular amongst adult users. Therefore, ASH does not recommend flavour options are completely removed but instead are regulated to have simple names.

- **Public health campaigns which frame vapes as a quitting aid**

ASH found that four in ten smokers wrong believe that vaping is as or more harmful as smoking. Concerns around youth vaping have led adult smokers to believe that vapes are harmful, public campaigns are needed to redress this, to ensure adult smokers are aware that vaping is a far safer alternative to smoking, whilst reminding young people that vapes are a harm reduction tool that should not be taken up by nonsmokers.

4.3- Enforcement proposals

We support proposals around issuing Fixed Penalty Notices around breaches of sale of both tobacco products and vaping products. We believe that £200 is too low given the lethal nature of tobacco products and the potentially lethal outcome of selling such a product to someone who is underage. This needs to be thought through

carefully, in consultation with Trading Standards, to determine the most appropriate level.

5. Public support for more action on smoking is high

There is strong support across the England for national measures to reduce tobacco harm, with 75% supporting the smokefree 2030 ambition. Raising the age of sale by one year, every year, was popular before the Prime Minister made his announcement, but support has grown since. A YouGov poll for The Times found that 63% of people in the South support this policy:

	North	Midlands	London	Rest of South
Support (%)	64	63	65	63
Oppose (%)	25	26	18	24

https://d3nkl3psvxxpe9.cloudfront.net/documents/TheTimes_VI_AdHoc_231005_W.pdf (see page 5 of the poll)

In the South East, 79% of adults believe the Government could be doing more to limit smoking, with wide support across a range of tobacco control policies including raising the age of sale from 18 years to 21 years (64% of adults support this) and raising the age of sale by one year every year until no one can buy a tobacco product in this country (50% of adults support this). The majority of adults in the South East support cigarette packs containing inserts to advise on quitting smoking (68%), introduction of a license to sell tobacco which can be revoked if evidence of underage sales (84%), health warnings on cigarettes (67%), increasing government investment in public education campaigns (71%), banning names of sweets, cartoons and bright colours on e-cigarette packaging (76%), banning point of sale promotion of e-cigarettes (76%), sources of funding revealed by anyone who submits evidence to the government (90%) and support for banning smoking in more public outdoor areas including outdoor areas where children play sport (77%), outdoor seating in restaurants, pubs and cafes (62%), beaches (59%), parks (55%), university and college campuses (64%) and further education colleges (70%).

6. Next steps

The consultation is just the first stage and there will be ongoing discussions, debate as the parliamentary process around any planned legislation starts. This could take months and may not be completed within this parliament.

Based on previous tobacco legislation this an important period to build further public and partner support and liaise with politicians. It is an opportunity to keep smoking within the media and public eye. We know that many smokers also use this time as a trigger for further quit attempts as the rationale for stopping is reinforced when there is framing of messages around how uniquely dangerous and lethal cigarette smoking is.

ASH and regional partners will strive to keep Health and Wellbeing Boards updated on this by supporting the Directors of Public Health and local tobacco control leads. Appendix 3: ASH Council Motion in support of smokefree generation proposals

**Draft Council Motion –
Smokefree Generation and Smokefree Future**
Adapted from materials developed by [Fresh](#) in the North East

Council notes:

That smoking is still THE key driver of health inequalities and premature death in Oxfordshire, and we support any action to help reduce smoking rates. Reducing smoking rates further will have a positive impact on the NHS – present and future – and help to boost economic productivity and prosperity.

Nearly all smokers regret taking up smoking and want to stop, with the vast majority becoming addicted as children. They also don't want their own children to get hooked to a uniquely lethal product guaranteed to kill 2 in 3 long term users when used as intended. According to annual [YouGov polling](#) commissioned by ASH in 2023, 77% of adults in England support Government action to limit smoking or think the government should do more, compared to only 7% of adults who say the Government has gone too far. Support is consistent across voters from all the main political parties.

Smoking costs Oxfordshire £209.7 million each year¹².

Council is concerned:

We warmly welcome the [announcement](#) from the Government on 4th October 2023 around a smokefree generation and the plans to stop the start of a new generation of children and young people getting hooked to such a lethal addiction. We note the [strong public support](#) for this measure. We are committed to doing all we can to reduce local smoking prevalence to 5% by 2030. We welcome the subsequent consultation "[Stopping the start – a plan to create a Smokefree generation](#)" which has questions around raising the age of sale for tobacco, measures to reduce youth vaping and enhanced enforcement.

Council resolves:

1. To respond to the Government consultation with our support for the age of sale proposal.
2. To respond to questions on vaping to call for evidence-based measures to tighten the promotion, packaging, branding and pricing of vapes to reduce their appeal to children and young people while ensuring vapes continue to be available for adult smokers who would benefit from using them to quit smoking. (See ASH response to call for evidence on youth vaping [here](#))
3. To sign the [Local Government Declaration on Tobacco Control](#)

¹²[RR-Autumn-2023-Table-of-Costs-to-Local-Authorities-PDF.pdf \(ash.org.uk\)](#)