

To: Members of the Health Improvement Partnership Board

## ***Notice of a Meeting of the Health Improvement Partnership Board***

**Thursday, 19 September 2024 at 2.00 pm**

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

If you wish to view proceedings online, please click on this [Live Stream Link](#).



Martin Reeves  
Chief Executive

19/09/2024

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

Chair – District Councillor Helen Pighills  
Vice Chair - District Councillor Joy Aitman

#### *Board Members:*

Cllr Helen Pighills	Vale of White Horse District Council
Cllr Georgina Heritage	South Oxfordshire District Council
Cllr Rizvana Poole	West Oxfordshire District Council
Cllr Nathan Ley	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
Cllr Chewe Munkonge	Oxford City Council
Cllr Rob Pattenden	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: 7 November 2024**

## 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](mailto: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 - 6)**

14:05 to 14:10  
5 minutes

To approve the Note of Decisions of the meeting held on 13 June 2024 and to receive information arising from them.

- 7. Performance Report (Pages 7 - 14)**

14:10 to 14:20  
10 minutes

Presented by Bethan McDonald, Consultant in Public Health, Oxfordshire County Council

To monitor progress on agreed outcome measures

- 8. Report from Healthwatch Ambassador (Pages 15 - 18)**

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

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

14:20 – 14:30  
10 minutes

- 9. Concordat Framework (Pages 19 - 26)**

14:30 – 15:00  
30 Minutes

Presented by Donna Husband, Head of Public Health Programmes, Becca Smith, Health Improvement Practitioner

## **10. Keystone Mental Wellbeing Hubs**

15:05 – 15:25  
20 Minutes

## **11. Berinsfield Community Insight Profile (Pages 27 - 32)**

Presented by Fiona Ruck, Health Improvement Practitioner, Nicola Wyr (Garden Communities Team Leader, South Oxfordshire District Council) and Lily Jones (Berinsfield Resident and Chair of the Berinsfield Health and Wellbeing Group)

15:25 – 15:50  
25 minutes

# Agenda Item 6



## HEALTH IMPROVEMENT PARTNERSHIP BOARD

**OUTCOMES** of the meeting held on 13 June at 14:00

**Present:**  
**Board members**

Cllr Helen Pighills, Vale of White Horse District Council  
Cllr Chewe Munkonge, Oxford City Council  
Ansaf Azhar, Director of Public Health  
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 Nathan Ley, Cabinet Member for Public Health & Equalities, Oxfordshire County Council

**In attendance**

Bethan McDonalds, Public Health, Consultant in Public Health in Data and research. Oxfordshire County Council  
Robert Majilton, Healthwatch Oxfordshire  
Hannah Fenton, Good Food Oxfordshire  
Imogen Coningsby, Health Improvement Practitioner, Public Health,  
Kate Austin, Public Health Principal, Public Health, Oxfordshire County Council  
Hannah Fenton, Good Food Oxfordshire  
Emma Collins, physical activity and wellbeing manager, City Council

**Officer:**

Taybe Clarke-Earncliffe, Business Support Team Leader, Minute taker, Oxfordshire County Council

**Absent:**

Cllr Rizvana Poole, West Oxon District Council  
Cllr Georgina Heritage, South Oxfordshire District Council  
Councillor Rob Pattenden, Cherwell District Council

**ITEM****1. Welcome**

2.

The Chair welcomed the new Councillors representing The Health Improvement Board and thanked the previous Councillors for all their input hard work and support.

New Councillors -

**Cllr Georgina Heritage**

South Oxfordshire District Council

**Cllr Rizvana Poole**

West Oxfordshire District Council

**Councillor Rob Pattenden**

Cherwell District Council

**Councillor Chewe Munkonge**

Oxford City Council

**3. Apologies for Absence and Temporary Appointments**

Cllr Georgina Heritage

Cllr Rizvana Poole

Councillor Rob Pattenden

**4. Declarations of Interest**

There were no declarations of interest.

**5. Petitions and Public Address**

There were no petitions and public address.

**6. Notice of any other business****6. Minutes of Last Meeting**

Action from last HIB meeting, Ansaf Azhar and Dr Sam Hart to discuss MMR uptake –

- Ansaf Azhar Oxfordshire County Council and Dr Sam Hart discussed looking at ways we can increase the uptake interventions in the most deprived areas.
- They shared some of the learnings from their work and discussed how they can apply them to other GP practices and primary care settings.
- The Health Protection team agreed to support their work and collaborate with them on expanding the uptake in different areas.

David Munday gave an overview of HIB's priorities to new Board members –

- New health and wellbeing strategy in Oxfordshire
- Focus on priorities 3 and 4: healthy people, healthy places, physical activity and active travel
- Three areas of focus for the board: tobacco and alcohol control, mental wellbeing, healthy weight and physical activity
- Update and overview on new health and wellbeing strategy in Oxfordshire, which aims to improve the health and wellbeing of the population and reduce health inequalities.
- The board agreed to focus on priorities 3 and 4 of the strategy, which are relevant to the board's remit and expertise.
- The board identified three areas of focus for its work: tobacco and alcohol control, mental wellbeing, and healthy weight and physical activity.
- The board agreed to explore the evidence, best practice, and local initiatives related to these areas of focus and to invite relevant speakers and stakeholders to future meetings.
- The board also agreed to monitor the progress and impact of the strategy and to provide feedback and recommendations to the Health and Wellbeing Board.

## **7. Performance Report**

Presented by Bethan McDonalds, Consultant in Public Health in Data, intelligence and research, Oxfordshire County Council

The performance report presented by Bethan gave an overview of the key indicators for the live well priorities 3 and 4 of the health and wellbeing strategy. Most of the indicators were within target tolerances or showing improvement, such as adult and child overweight, smoking prevalence, alcohol related harm, and health check uptake. However, the active travel indicator was below target and the five a day fruit and vegetable consumption indicator showed a decline. The board agreed to consider revising the targets for some indicators to make them more ambitious or relevant. The performance report was also used to inform the discussion on alcohol control and the potential actions for the board on this topic.

## **8. Report from Healthwatch Ambassador**

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

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

An update on the HealthWatch report was given by Robert, who highlighted some of the findings and recommendations from the Community First Oxfordshire report, the

mystery shopper exercise on dentistry, and the upcoming reports on children's oral health, discharge from hospital, and primary care. He also mentioned the projects on inequalities, mental health, and community-led research.

David Munday updated the board on –

The report on children's oral health by Healthwatch Oxfordshire is expected to be published soon, after the pre-election period. It will provide insights and recommendations on the oral health needs and experiences of children and young people in Oxfordshire, based on surveys and interviews. The report will also highlight the work of the Community Dental Service, which provides oral health promotion and prevention activities in schools and communities, especially in areas of high need.

## **9. Alcohol Control**

Presented by Kate Holburn, Head of Public Health Programmes, Public Health

The alcohol report gives an overview of the alcohol-related harm in Oxfordshire and the interventions that are in place to reduce it. The report highlights that alcohol is a major risk factor for many diseases and a causal factor for some cancers. It also has an impact on social issues such as unemployment, homelessness, and crime. The report shows that Oxfordshire has a lower level of unmet need for alcohol treatment than the national average, but still has 74% of people who could benefit from treatment not accessing it. The report indicates that there are differences in the mortality rate and hospital admissions linked to alcohol between the different districts in Oxfordshire.

The board members discussed topics such as the health and wellbeing strategy, the impact of alcohol on children and young people's oral health, and the return on investment and evaluation of tertiary prevention services for alcohol dependence. They also expressed interest in the idea of healthy place shaping and how to de-normalize the harmful levels of drinking in the community. The board members appreciated the work of the alcohol care team and the public health team in reducing alcohol-related harm and promoting prevention.

## **10. Making Every Contact Count Implementation Oxfordshire**

Presented by Imogen Coningsby, Health Improvement Practitioner, Public Health,  
Kate Austin, Public Health Principal, Public Health, Oxfordshire County Council  
Hannah Fenton, Good Food Oxfordshire

Overview of reports –



MECC stands for Making Every Contact Count, an approach to use every opportunity to support people to improve their health and well-being. It focuses on five lifestyle topics (smoking, alcohol, physical activity, healthy eating, and mental well-being) and some wider determinants of health (such as cost of living, housing, and employment).

Oxfordshire has a MECC partnership that feeds into wider regional groups and has an action plan to reduce health inequalities. Some of the activities and achievements of the MECC partnership in Oxfordshire are delivering MECC training to over 2,000 staff from various sectors and organizations, embedding MECC in contracts and policies of public health commissioned services and other organizations, and evaluating MECC using a simple question on how confident people feel to manage their health and well-being

During the meeting, there were detailed discussions on MECC, including its benefits, challenges, and barriers to implementation across different sectors and organizations. The board discussed the role they could play in supporting the MECC action plan and its expansion. The link between MECC and the health and well-being strategy, as well as the health impact assessment work, was also discussed. The sustainability of MECC after the funding from the CCG runs out was a topic of concern. The tailoring of MECC to different communities and settings, such as schools, libraries, or food services, was also discussed, as well as the embedding of MECC in contracts and policies of public health commissioned services and other organizations. The promotion of MECC to potential partners and participants and the resources used were also mentioned, along with the integration of MECC with other health promotion initiatives.

## **11. Case Studies, City Health Promotion Events**

Presented by Emma Collins, physical activity and wellbeing manager, City Council

A city health promotions update was given by Emma Collins, the physical activity and wellbeing manager for the City Council. Emma presented on the health promotion events that have been delivered in partnership with local primary care networks in three areas: Blackbird Leys, Littlemore, and Barton. The events aimed to improve patients' awareness of the support available for their health and wellbeing, and to engage with them in a less formal setting. The events involved inviting partners from various services and organizations, such as smoking cessation, dental services, MSK Connect, and local community groups. The events were evaluated by asking participants how confident they felt to manage their health and wellbeing before and after attending, and found an average two-point improvement. Emma also outlined some of the next steps and plans for future events.

**12. Any other Business**

Future HIB meeting dates:

19 September at 14:00

7 November at 14:00

## Health Improvement Partnership Board

19th September 2024

Performance Report

### Background

- 1 The Health Improvement Partnership Board has agreed to have oversight of delivery of two priorities (priorities 3 and 4) within Oxfordshire's Joint Health and Wellbeing Strategy 2024-2030, and ensure appropriate action is taken by partner organisations to deliver the priorities and shared outcomes. An important part of this function is to monitor the relevant key outcomes and supporting indicators within the strategy's outcomes framework. This HIB performance report has therefore been edited to reflect the relevant measures and metrics from the outcomes framework.
  
- 2 The indicators are grouped into the overarching priorities of:
  - 3 Healthy People, Healthy places
    - 3.1 Healthy Weight
    - 3.2 Smoke Free
    - 3.3 Alcohol related harm
  
  - 4 Physical activity and Active Travel
    - 4.1 Physical Activity
    - 4.2 Active Travel
    - 4.3 Mental Wellbeing

### Current Performance

- 3 The table report below show the agreed measures under each priority, the latest performance available and trend in performance over time. 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 (*refs numbers are highlighted*), or the same as that presented to the last meeting.

Of the 25 indicators reported in this paper:

7 indicators have NEW DATA     *Refs Numbers highlighted in report are 3.24, 3.31, 3.32, 4.21, 4.32, 4.33 and 4.34*

2 indicator(s) without rag rating, (data pending).

19 green indicator(s).

4 amber indicator(s).

0 red indicator(s).

New data is indicated by highlighted references number.  
 All metrics are reported at county level. \* Available at MSOA level

Targets set by local Public Health

Key  
 Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
<b>3 Healthy People, Healthy places</b>								
<b>3.1 Healthy Weight</b>								
3.11	Adults (aged 18 plus) prevalence of overweight (including obesity)	Annual	57.0%	22/23	57.8%	G	The adult healthy weight service supports approximately 5000 adults per year to become a healthy weight. The child/family healthy weight service also supports parents to make healthy choices re activity and food for their families. Both services are due to be recommissioned under one contract from September 2024. Work across the system to implement the recent health needs assessment recommendations continues, and includes improving the food environment in priority neighbourhoods through working with planning, advertising and established food businesses.	
3.12	Year 6 prevalence of overweight (including obesity)*	Annual	29.7%	22/23	30.7%	G	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.	
3.13	Reception prevalence of overweight (including obesity)*	Annual	17.6%	22/23	19.3%	G	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.	
3.14	Achievement of county wide Gold Sustainable Food Award	Annual	Gold	2023	Silver	A	Working towards Gold award by continuing to develop and grow activities across all the key issues and gather evidence; showing exceptional achievement in two areas. This will involve: launching a campaign to signal our goal of achieving Gold , promoting a county-wide effort, engaging with high profile ambassadors and creating ways people can engage e.g. pledge.	Not applicable
3.15	Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations	Annual	45.0%	22/23	36.2%	A	Biteback project to launch June 2024 working with young people in Oxfordshire aged 16-18 years old to better understand their views and experiences of the local food environment (junk food advertising, food available in leisure centres and hot food takeaways). Good Food Retail project working in target areas with convenience stores to develop a healthier food offer. Phase 1 working with 7 shops in Blackbird Leys/Greater Leys, creating a retail strategy with each business, phase 2 launched in Banbury May 1st 2024.	
3.16	Of those residents invited for a NHS Health check, the percentage who accept and complete the offer.	Annual	45.0%	23/24	50.9%	G	Activity by Primary Care to deliver NHS Health Checks has been consistent throughout the year and an improvement on 2022/23. Alongside this, the Supplementary NHS Health Check Service provider has been offering community health checks showing a high take up from the priority groups identified by the Council	

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New data is indicated by highlighted references number.  
 All metrics are reported at county level. \* Available at MSOA level

Targets set by local Public Health

Key  
 Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart												
3.17	Healthy Start Voucher uptake	Monthly	63.0%	Mar-24	61.0%	A	<p><b>NB: NHS have reported an issues with source data -Therefore no new update for this report.</b></p> <p>Launch of new messaging, marketing resources and campaign in May 2024 working with City/District Councils, Good Food Oxfordshire, Home Start and NHS. Based on insight from families and co-produced with local organisations working with ethnic minority groups (African Families in the UK, Sunrise Multicultural Centre). Raising uptake is more than just awareness; families need help applying, missed opportunities to get families signed up and a need for strong leadership and accountability.</p>	<p>New measure.                      Chart not yet available</p>												
3.18	Under 75 mortality rate from all circulatory diseases (Rate / 100k)	Annual	57.6	2020-22	52.1	G	<p>This outcome has worsened slightly in the current reporting period (20-22) to the previous (19-21) which is a trend seen across UK and presumed to be related to wider impacts of COVID-19 pandemic. However, the Oxfordshire data remains better than regional, national and similar authority comparators. Local activity to address this outcome is captured in the other updates in this report relating to smoking, physical activity and healthy weight.</p>	<table border="1"> <caption>Under 75 mortality rate from all circulatory diseases (Rate / 100k)</caption> <thead> <tr> <th>Reporting Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>16/18</td> <td>~55</td> </tr> <tr> <td>17/19</td> <td>~55</td> </tr> <tr> <td>18/20</td> <td>~55</td> </tr> <tr> <td>19/21</td> <td>~55</td> </tr> <tr> <td>20/22</td> <td>52.1</td> </tr> </tbody> </table>	Reporting Period	Value	16/18	~55	17/19	~55	18/20	~55	19/21	~55	20/22	52.1
Reporting Period	Value																			
16/18	~55																			
17/19	~55																			
18/20	~55																			
19/21	~55																			
20/22	52.1																			

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Targets set by local Public Health

Key  
Supporting

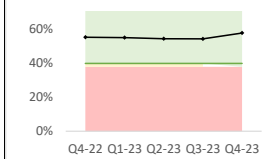
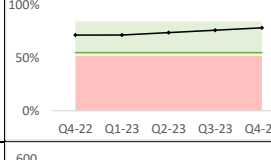
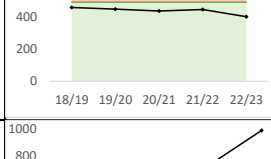

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
<b>3.2 Smoke Free</b>								
3.21	Smoking Prevalence in adults (18+) - current smokers	Annual	10.8%	2022	11.2%	G	<p>The local stop smoking service continues to support smokers to quit, with specific focus on priority groups. Further programmes are developing across the system to further support quits; these include:</p> <p>The NHSE funded tobacco dependency services within acute, mental health and maternity settings.</p> <p>An incentive quit pilot with citizen's advice clients.</p> <p>Additional vapes from DHSC to implement the 'Swap to Stop' scheme with specific populations as well as work with both mental health and social housing providers to support tenants to quit.</p> <p>Additional grant funding to boost smoking cessation efforts across England will filter to local authorities from April 2024 which will support driving forward these programmes and explore opportunity for innovation across the system.</p>	
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers	Annual	24.5%	2022 (Annual)	25.7%	G	<p>The local stop smoking service targets work with routine manual occupations through engagement in specific workplaces. It is anticipated that a pilot incentive quit programme of individuals experiencing debt issues (in partnership with Citizen's Advice Bureau) beginning in November 2023 will support improving the outcomes for this measure. There is additional potential via initiatives such as the national Swap to Stop initiative (if successful post bid) and work with housing associations.</p>	
3.23	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	Annual	20.2%	22/23	21.1%	G	<p>The Tobacco Dependency Service (TDS) funded by NHSE/ICB specifically supports adult inpatients with mental health conditions to quit smoking.</p> <p>In addition the local stop smoking service supports individuals with low level mental health challenges. Further work is planned to explore opportunities to engage community mental health patients to quit.</p>	
3.24	Smoking prevalence in pregnancy	Quarterly	6.0%	Q4 -2023	4.3%	G	<p>The new maternity in-house tobacco dependency advisor service (via NHS Long Term Plan funding) is live and supporting pregnant women to quit smoking. The local stop smoking service will also continue to support pregnant women to quit smoking.</p> <p>Younger pregnant women who smoke are offered an incentive to quit via the Family Nurse Partnership. A national incentive quit scheme for pregnant women via NHS England is due to be rolled out across the Country during 2024. The rollout date is still to be confirmed from NHSE.</p>	

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New data is indicated by highlighted references number.  
 All metrics are reported at county level. \* Available at MSOA level

Targets set by local Public Health

Key  
 Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
<b>3.3 Alcohol related harm</b>								
3.31	Alcohol only successful treatment completion and not requiring treatment again within 6 months	Quarterly	39.7%	Latest May-24	57.9%	G	The latest performance is significantly above national average of 34.25%, this is achieved through strong partnership and multi-agency working, extensive community based engagement and outreach, providing holistic person centred care, individualised goals, and supported by access to residential treatment where necessary.	
3.32	Alcohol treatment progress	Quarterly	55.4%	Latest May-24	79.0%	G	The latest performance is significantly above national average of 52%, and demonstrates delivery of the national and local strategic aims, which are ensuring people are supported through effective support, engagement and treatment.	
3.33	Admission episodes for alcohol-related conditions (Narrow) Rate / 100K	Annual	490	22/23	400	G	Oxfordshire rates are below the south east average. There is significant ongoing partnership and multi-agency work to prevent the number of people drinking to hazardous levels, and significant investment and activity in community services to ensure people receive the support they require to prevent escalation of need. Other indicators demonstrate the positive impact of these services.	
3.34	Alcohol only numbers in structured treatment	Annual	810	23/24	987	G	In line with national strategic aims, extensive partnership work and outreach with those with health inequalities has supported the partnership to continue to increase the number of people in treatment over the last year, and rates of increase are above the England average. This demonstrates the impact of additional investment from central government linked to the national strategy.	

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Targets set by local Public Health

Key  
 Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
<b>4 Physical activity and Active Travel</b>								
<b>4.1 Physical Activity</b>								
4.11	Percentage of physically inactive adults (Less than 30 minutes a week)	Annual	18.0%	Nov21-Nov22	19.2%	G	Efforts to increase physical activity across Oxfordshire adults are coordinated by Active Oxfordshire and supported across District, County and ICB, utilising a whole systems approach to physical activity. This takes an inequalities lens as per their Oxfordshire on the Move strategic approach. Programmes include upskilling professionals working with specific cohorts, active travel initiatives, as well as specific projects focusing on those with long-term conditions.	
4.12	Percentage of physically inactive children (less than an average of 30 minutes a day)	Annual	26.0%	Academic Yr 22-23	27.2%	G	Active Oxfordshire's strategy Oxfordshire on the Move has a commitment to support Oxfordshire children to become more active, learn to ride a bike and to swim. Wider programmes includes a whole school approach to food and physical activity in targeted neighbourhoods, creating an active schools framework, as well as heavily subsidised physical activity for those eligible/in receipt of free school meals.	
4.13	Uptake of Move together	6 monthly	TBC				Data available after Oct 24	New measure. Chart not yet available
4.14	You move programmes	6 monthly	TBC				Data available after Oct 24	New measure. Chart not yet available

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New data is indicated by highlighted references number.  
 All metrics are reported at county level. \* Available at MSOA level

Targets set by local Public Health

Key  
 Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
<b>4.2 Active Travel</b>								
4.21	Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+)	Annual	59.0%	Nov 22/23	55.2%	A	Oxfordshire County Council's cycling and walking activation programme comprises a range of measures to enable people to cycle and walk more such as school streets, travel planning, led walks and bike libraries. These activities in conjunction to improvements to cycling and walking infrastructure seek to deliver an increase in active travel.	
<b>4.3 Mental Wellbeing</b>								
4.31	Self reported wellbeing: people with a low happiness score (16+)	Annual	8.9%	22/23	5.8%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.32	Self reported wellbeing: people with a high anxiety score (16+)*	Annual	23.3%	22/23	18.1%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.33	Adult patients recorded with a diagnosis of depression	Annual	13.2%	22/23	13.1%	G	<i>For further insight, see paper in relation to mental health in the agenda pack presented on the 19th September 2024 .</i>	
4.34	Emergency hospital admissions for intentional self-harm in all ages (Rate / 100k)*	Annual	126.3	22/23	91.9	G	<i>For further insight, see paper in relation to mental health in the agenda pack presented on the 19th September 2024 .</i>	

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**Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)**  
**19th September 2024**

Presented by Healthwatch Oxfordshire 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 output 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 June 2024, our current work focus includes:

- Hearing from people about their **experiences of leaving hospital and getting care and support afterwards**, through in-depth interviews with patients and unpaid carers, and two online surveys – one for patients and unpaid carers, and one for health and care professionals. Preliminary analysis suggests that most going home from hospital with additional care and support are happy to get home, and that more multi-disciplinary and multi-agency working has helped professionals to support patients to go home. However, there are some gaps in care and around communication, including making sure unpaid carers know about support available to them. We will publish a full report in November 2024.
- **Community insight gathering in Wood Farm**, which HWO has been commissioned to undertake as part of Oxfordshire County Council Public Health’s programme of community insight profiles of the most deprived areas in Oxfordshire. Through an online survey, in-person outreach and work with local community groups during July- Sept, we have been hearing about what supports people living in Wood Farm to be healthy and well, what could be improved, and people’s ideas for making it a happier and healthier place to live. Our findings will form part of the final Community insight reports for Public Health later in the year.

- Hearing from **women and people who use women's health services** about their experiences of using health services in Oxfordshire, via an online survey (open until 28<sup>th</sup> October 2024) , in-person outreach and working with community groups. <https://www.smartsurvey.co.uk/s/womenshealthservices>
- Hearing from **working men about how they look after their health** and their experiences of accessing and using health services in Oxfordshire, through in-person outreach across the county. Focused outreach will take place during November.

### Recent reports:

- Our **Annual Impact report 2023-24**, which highlights our achievements over the last year. These included hearing from 4786 people across the county about their experiences of health and care services, and using what we heard to work with providers and decision-makers to improve services. <https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2023-24/>
- **Patient Participation Groups in Oxfordshire (July 2024)** – we heard from 78 people involved in Patient Participation Groups (PPGs) at GP practices across the county about how PPGs are working and what support they need. We identified potential for practices to work proactively with PPGs to tackle health inequalities <https://healthwatchoxfordshire.co.uk/report/patient-participation-groups-in-oxfordshire-july-2024/>
- **Supporting Children's Oral Health** (July 2024)- we heard from caregivers in Banbury Neithrop and Ruscote, and caregivers of children with special educational needs and disabilities, about their experiences of looking after their **children's oral health**. This was supported by NHS Core 20 Plus 5 funding (via BOB ICB), working with local 'community connectors' to reach a wider range of people. Our report was published in July, along with a joint overview report on learning across the BOB ICB Core 20 Plus areas, in conjunction with Healthwatch Bucks and Healthwatch Reading. <https://healthwatchoxfordshire.co.uk/report/supporting-childrens-oral-health-july-2024/>
- **Food and the Cost of Living in OX4** – our **community research** project, part of the NHS South-East Community Participatory Action Research (CPAR2) Programme Phase 2 culminated in a showcase event in London on June 6<sup>th</sup>. Two community researchers from Oxford Community Action (OCA) have taken part in a year-long programme, with HWO as host. They reached 166 members of OX4 Food Crew to hear about experiences of food insecurity and the cost of living. The report highlighted the significant impact of cost of living on people's ability to meet basic household expenses and the difficult choices made to make ends meet. The report and a film are now on our website: <https://healthwatchoxfordshire.co.uk/report/what-we-heard-about-food-and-the-cost-of-living-impact-on-our-communities-in-ox4-july-2024/>

[https://www.youtube.com/watch?v=5\\_P3MMGUirl](https://www.youtube.com/watch?v=5_P3MMGUirl)

A **follow up event and conversation** are being planned together with OX4 Food Crew for **October**. Learning has been shared with community members and the Oxfordshire Community Research Network.

**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:

- Health Visitor Services at the Bluebell Centre, Didcot (July 2024)
- The Surgical Emergency Unit at the John Radcliffe Hospital (July 2024)

All recent reports are on our website: <https://healthwatchoxfordshire.co.uk/reports>

#### **Other activity:**

- Our staff focus on general and targeted outreach to listen to and build relationships with community and grassroots groups. We feed back what we hear from people to providers and commissioners, and pick up on emerging themes to help shape our research projects. We have attended 10 community play days and events over the summer, hearing from members of the public about their experiences of health and care services and what matters to them.
- We attended an **Action for Deafness** coffee morning and heard about the challenges d/Deaf people face around a lack of interpreters and services not making reasonable adjustments around communication, which can have a significant impact on people's ability to access care and to understand and manage health conditions.
- We support **My Life My Choice** in establishing and running a user led Health Voices Group to ensure the voices and experiences of people with a learning disability are heard by commissioners and providers. The next meeting, on the theme of healthy eating and diabetes, will take place in September 2024.
- We held a **public webinar** on 17<sup>th</sup> September on the topic of '**Care closer to Home**' and heard from Karen Fuller (Corporate Director of Adult Services, Oxfordshire County Council) and Dan Leveson (Oxfordshire Place Director, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board).  
<https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/>
- The next webinar will be on **Men's Health** and is on Tuesday 19<sup>th</sup> November.
- We reprinted our '**Access to health**' card and distributed over 1000 cards to local groups including Luther Street Medical Practice, Asylum Welcome, Refugee Resource, Oxford Community Champions among others.  
<https://healthwatchoxfordshire.co.uk/information-and-advice/access-to-health-card-how-to-register-with-a-gp/>

**Key issues we are hearing:**

- Praise for the good care most people receive from health professionals once they receive treatment.
- People give us feedback on their experience including getting GP appointments, long waits for appointments, and feeling of lack of face-to-face GP appointments. Some people told us they found it hard to make appointments using online or phone systems.
- Delays in accessing hospital services – including delays in receiving follow-up appointments, waiting for surgery, long waits in A&E or delays in getting diagnostic test results.
- Problems accessing support for musculoskeletal conditions from Connect Health, including long waits between referrals and appointments.
- Difficulty finding an NHS dentist.

## Health Improvement Board

### 12<sup>th</sup> September 2024. Prevention Concordat for Better Mental Health Update and mental health initiatives.

#### 1. Purpose / Recommendation

The purpose of this paper is to present the new Framework and Action Plan for the Mental Health Prevention Concordat, provide a 6-month progress update for the mental health training and outline the new digital offer for Children and Young People (CYP). The Health Improvement Board are asked to:

- Support the Mental Health Framework and action plan for 2024-2027
- Note the progress of the Suicide Prevention Strategy refresh
- Note the Mental Health Training Service
- Note the Children's and Young People's Digital Offer
- Note the Better Mental Health Fund

#### 2. Background

In 2023, around 1 in 5 children and young people aged 8 to 25 years in England had a probable mental disorder. This was 20.3% of 8- to 16-year-olds, 23.3% of 17- to 19-year-olds and 21.7% of 20- to 25-year-olds. Probable rates were similar for boys and girls, while for 17- to 25-year-olds, rates were twice as high for young women than young men<sup>1</sup>. This suggests there are around 35,000 children and young people with a probable mental disorder in Oxfordshire.

As of 2022/23 there were a total of 3,691 school pupils in Oxfordshire supported with a primary need of social, emotional and mental health. Rates are increasing and above average for both primary and secondary school ages. The greatest increase between 2019 and 2023 were females at secondary school, where those with social, emotional and mental health as a primary need increased by 391 (134%).

At an England level, the groups that were most likely to be persistent absentees<sup>2</sup> in 2021/22 were pupils with social, emotional and mental health primary educational needs (50.4%)<sup>2</sup> and children with a mental health disorder financially less likely to be able to access activities<sup>3</sup>.

We have seen improvements in average wellbeing scores for people aged 16 and over in Oxfordshire with mean scores for feeling "worthwhile", "happiness" and "life satisfaction" each increasing by 0.1%, 2% and 1.7% ([Oxfordshire JSNA 2023](#)).

The latest 2022-23 ONS wellbeing scores for Oxfordshire – happiness, life satisfaction, worthwhile – show a similar level to the previous year. Between 2021-22 and 2022-23 in England the average level of anxiety increased significantly. Levels of anxiety appear to have decreased in Oxfordshire, although are not statistically different to the England average.

<sup>1</sup> [MHYP Wave 4 - Briefing Presentation \(Final\).pdf \(digital.nhs.uk\)](#)

<sup>2</sup> [Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)

<sup>3</sup> [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - GOV.UK \(www.gov.uk\)](#)

According to the latest Active Lives Survey (Nov22-Nov23) almost a quarter of people aged 16+ (24%) in Oxfordshire feel lonely *often/always* or *some of the time*, just below the England average (25%)<sup>4</sup>.

Over the 20 years from 2001 to 2021, the number of people aged 75+ in Oxfordshire increased by 20,600 (+49%). In the 20-year period between 2021 and 2041, this age group is expected to increase by 40,200 residents (+62%), almost double the number added in the previous 20 years. According to the 2024 Carers Week report, by far the biggest negative impact due to unpaid caring is on mental health<sup>5</sup>.

**3. Key Progress**

**Mental Health Prevention Framework**

Mental health and a wider sense of wellbeing is a local and national public health priority and is now widely recognised as an asset to invest in throughout our lives. We know that mental health is complex and multi-faceted, and prevention efforts should take a multi-agency approach, utilising the skills and knowledge from local partners, stakeholders, and those with lived experience.

Partners (shown below) across Oxfordshire signed up to the Prevention Concordat for Better Mental Health in 2019 and developed the first Oxfordshire Mental Health Prevention Framework 2020-2023 to ensure the promotion of good mental health remained a local priority in Oxfordshire.



<sup>4</sup> [Active Lives data tables | Sport England](#)

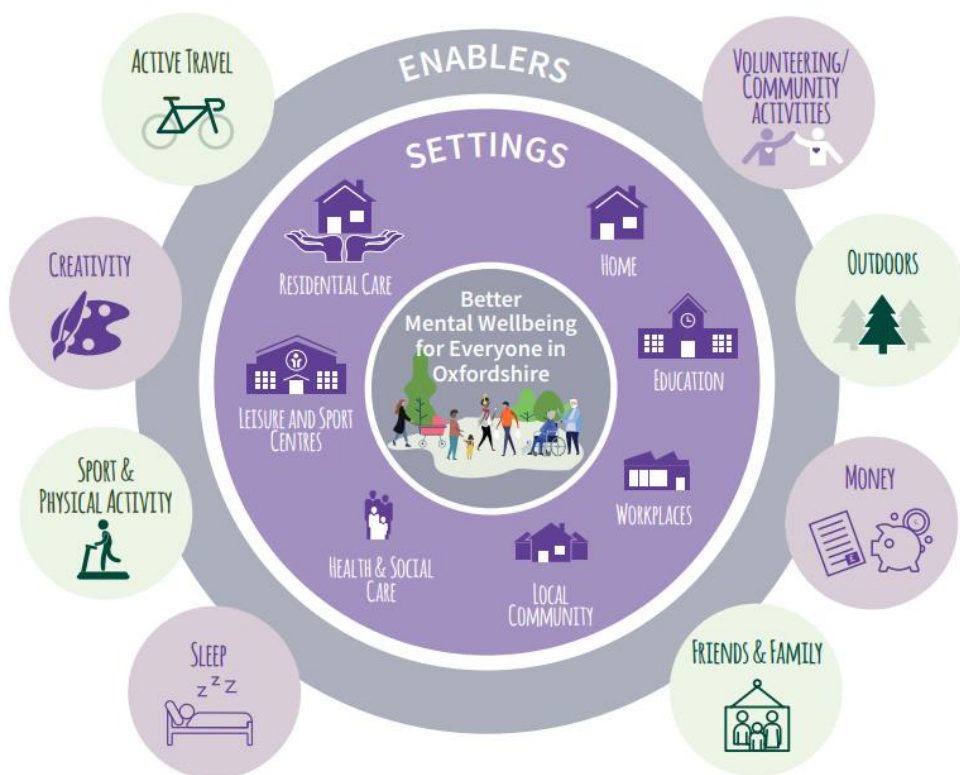
<sup>5</sup> [Carers Week Report 2024](#)



Lots of progress has been made since 2020 despite the challenges throughout this time. A Mental Wellbeing Needs Assessment was completed to inform priorities, the Oxfordshire Communications Group was set up and delivered 9 joint mental health and wellbeing campaigns, and the Oxfordshire Men’s Health Partnership successfully developed and launched their 30 Chats in 30 Days Campaign.

The Oxfordshire Men’s Health Partnership continues to grow and promote work focused on reducing the inequalities in men’s health, particularly in relation to suicide data and wellbeing. The partnership meetings are well attended with around 20 organisations attending each quarterly meeting including: Oxfordshire County Council, Oxford City Council, Oxford University Hospitals, Oxfordshire Mind, Thames Valley Police and Oxfordshire Libraries.

[The updated Mental Health Prevention Framework 2024-2027](#) has been developed to continue the work the partnership group has committed to do, and to identify opportunities for further collaboration and innovation to support people at risk of and experiencing poor mental health. To succeed, we recognise we need to address the wider social determinants of health, focus on the enablers of good mental health (shown below) and tailor our approach to address the needs of our communities.



The Concordat’s vision is that everyone in Oxfordshire has the opportunity to achieve good mental health and wellbeing. Partners have worked together to develop actions within four key focus areas:

## **Collaboration and Co-production**

- Continue to support and maintain the effectiveness of the Concordat Partnership and sub-groups including the Oxfordshire Communications group and Oxfordshire Men's Health Partnership.
- Co-ordinate and communicate mental wellbeing campaigns for partners, adopting national branding where possible.
- Broaden the reach and influence of the Concordat Partnership using opportunities to influence policy and strategy.

## **Insight and Evaluation**

- Identify and analyse emerging community insight on mental health to capture the local (Oxfordshire) voice.
- Seek good practice and research opportunities to support the work of the Concordat.
- Stay up to date with national and local latest insights and findings on mental health.

## **Confident Workforce**

- Upskill frontline staff and volunteers around Mental Health Awareness and Suicide Prevention, prioritising settings and groups identified in the Mental Wellbeing Needs Assessment.
- Develop a network to share good practice, identify further need and empower people to develop their role in supporting the mental wellbeing of individuals and communities.
- Support employers to feel confident talking about mental health with their workforce in a way that is culturally and socially relevant and uses inclusive language.

## **Resilient Communities**

- Continue to explore, identify and share funding opportunities with the group to deliver community-based initiatives.
- Promote wellbeing through connection to people and place.
- Focus on groups in the community with identified need.

## **Suicide Prevention Strategy refresh**

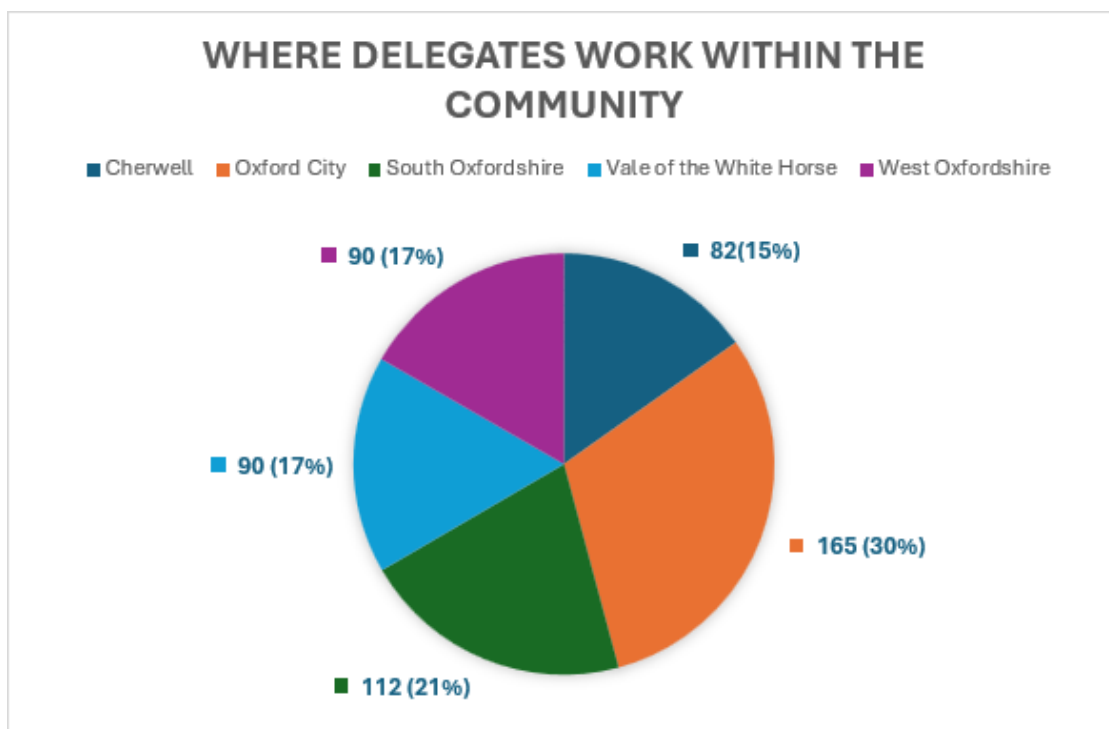
Work began in July to update and refresh the Oxfordshire Suicide and Self-Harm Prevention Strategy with a multi-agency strategy workshop, where partners were given the opportunity to shape the new strategy. Several other projects to analyse the current priorities in Oxfordshire have been undertaken by the Oxfordshire County Council public health team and further engagement is planned in Autumn to gather feedback from people with lived experience. All this data and insight will then be used to create the new strategy, which is due to be released in early 2025, with the Oxfordshire Suicide Prevention Multi-Agency Group holding governance and monitoring progress with system-wide partners.

## **Mental Health Training**

The need for a comprehensive Mental Health and Suicide Prevention training service across the county was highlighted by the Prevention Concordat for Better Mental

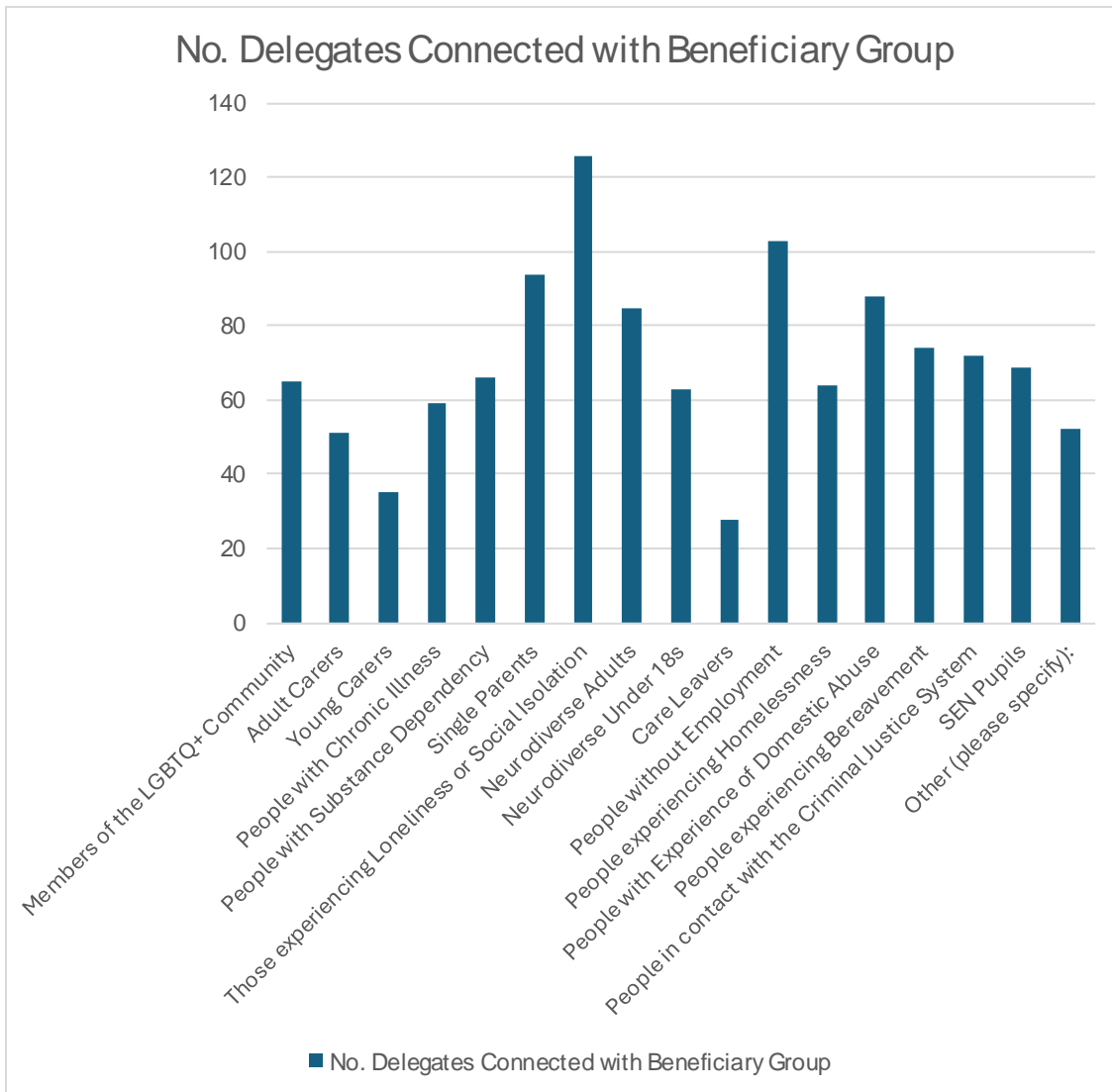
Health Partnership group and commissioning a new service was a key action in the previous framework.

Oxfordshire Mind was commissioned to provide a mental health training service for staff and volunteers working with established priority groups in October 2023 and training delivery commenced in January 2024. The training has been made available to those supporting or in consistent contact with groups of the community that have an elevated risk of ill mental health and organisations that traditionally would not routinely receive mental health training, including staff and volunteers working within Bullingdon prison, care leavers, care staff, taxi drivers and bar staff. To date, the training has been delivered across Oxfordshire, see graph below.



There are a range of courses on offer, including half-day awareness sessions that explore mental health as a topic and instruct delegates on how to have a conversation around mental health, and 2-day Youth Mental Health First Aid that goes into detail on topics like eating disorders, suicide and psychosis. Suicide First Aid Lite and SPEAK training, both half-day courses dedicated to the topic of suicide and instructing delegates on how to safely approach the topic with someone experiencing crisis are also available.

The Oxfordshire Mind training suite is suitable for staff and volunteers working with people of all ages and has been delivered both in-person and online. The content is comprehensive, allowing people with no background knowledge of the topic to engage and learn. Bespoke courses, tailored to the needs of individual delegate groups will be available in the future. To date, the training has been delivered to organisations working across a range of beneficiary groups, shown in the graph below.



Enthusiasm for the project is incredibly high, and we have heard how valued this training is in the community. Feedback has been excellent, with 100% of delegates reporting “Good” or “Excellent” satisfaction scores after the training, with 91% reporting an increase in confidence around mental health topics and 94% reporting an increase in knowledge on the subject.

*“Thank you for a very useful, thought provoking course. I feel I gained confidence, learned a lot and was able to reflect on my own mental health too. It was also an enjoyable and well run half day (which I hadn't been looking forward before I attended). I'm now looking forward to following up with other courses.”*

*“A good opportunity to refresh and consolidate as I am dealing with clients with mental health issues and being an active listener on a daily basis in my job”*

*“It was a confronting yet positive training experience. (The tutor) made me feel comfortable about a potentially uncomfortable topic.”*

## **Children and Young Peoples Digital Offer – Tellmi**

Partnership working in Oxfordshire across the Prevention Concordat for Better Mental Health, The Suicide Prevention Multi-Agency Group, and the Children and Young People’s Mental Health and Wellbeing Project Board has proved instrumental in the new commission of Tellmi in Oxfordshire to support and improve the mental health of young people.

[Tellmi](#) is a digital mental health service available 24/7 365 days a year, which delivers pre-moderated peer and counsellor support to children and young people from the age of 11. It has been designed with the input of over 6,000 young people and has safely supported over 85,000 young people since its launch in 2017. It is anonymous and provides a safe space in which young people can help themselves by helping each other. Young people can discuss their challenges and provide each other with reciprocal support, advice, and empathy.

This has been evidenced to improve emotional resilience, social functioning, and overall mental health outcomes. The app also features a directory of 700+ crisis and specialist services, and psychoeducation and self-care tools, which can be filtered by topic and postcode. [More on Impact and Evidence](#)

It will be available in Oxfordshire from September 2024 to provide access to the app to all 11- to 18-year-olds and partners will additionally be engaging with schools and community organisations to offer training, resources, and workshops as well as data insights to Oxfordshire County Council.

## **Better Mental Health Fund**

Working in partnership with Oxfordshire Community Foundation (OCF), the Better Mental Health fund awarded £210,000 of mental health grants in August 2024 to 8 grassroots organisations across Oxfordshire. The Prevention Concordat for Better Mental Health group will oversee the grants in partnership with OCF and a small working group will be set up to provide advice and support to recipients where appropriate. The grants have aim to:

- Support the prevention of poor mental health and cultivate good mental wellbeing for the people of Oxfordshire in their communities.
- Narrow inequalities in mental health and wellbeing; and support community-based activities including peer support and community support groups.

Local mental health data has informed the target recipients who are:

- Pregnant women and new mothers, including their families.
- Autistic children and young people and their families.
- LGBTQ+ young adults.
- 30–59-year-old men, especially those experiencing relationship issues.

## **4. Budgetary implications**

The partnership has been operating without a dedicated budget; however, the Prevention Concordat partners have provided staff time and resources.

## **5. Equalities implications**

The Mental Wellbeing Needs Assessment helped to identify groups that may be more at risk of poor mental wellbeing and the partnership shared learning from the community Participation Action Research and other local insight. This informed previous actions and has been used to develop the action plan for 2024-27, which aims to further target action to meet these identified needs.

## **6. Communications**

The Oxfordshire Communications Group continues to work in partnership with the Concordat and the Oxfordshire Men's Health Partnership in a triangular approach, which has led to several successful collaboration projects and the joint delivery of several mental health campaigns including around Sleep, Men's Health Week, World Mental Health Day and Maternal Mental Health Awareness Week.

The Mental Health Training offer has been promoted across all groups and several organisations from the Communications Group and Men's Health Partnership have received training in 2024, reaching many of the priority groups. An example of effective collaboration across groups is the partnership between the Men's Health Partnership and Oxfordshire Mind, who worked collaboratively to deliver suicide prevention training to staff members at HMP Bullingdon.

Members of the Communications Group have also co-produced a Communications Toolkit. The concept of creating guidance for inclusive communications originated from discussions within the group, in recognition of the different levels of capacity when developing communications, especially in smaller teams, and in reflection of the rapidly evolving landscape of language and recommendations for inclusive communications. This is due to be released in Autumn 2024 and will be shared widely across these multi-agency groups to promote effective, inclusive communication.

Report by  
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September 2024  
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Health Improvement Board

ITEM x

19 September 2024

A Community Profile for Berinsfield

## Purpose / Recommendation

1. **The Health Improvement Board is asked to:**
  - 1.1 Note the findings and rich insight contained within the Berinsfield Community Profile
  - 1.2 Support the promotion and sharing of the Berinsfield community profile with partners and colleagues across the system
  - 1.3 Use the insight from the Berinsfield community profile to inform service delivery plans of partner organisations on the Board in order to address the profile's recommendations

## Background

- 2.1 The purpose of creating a Community Insight Profile is to ensure we understand as fully as possible the health outcomes and factors that influence these outcomes within areas in Oxfordshire where residents are most at risk of poor health, or experience health inequalities.
- 2.2 We have been working with communities to produce Community Insight Profiles to cover the 10 areas identified in the Oxfordshire [Director of Public Health Annual Report](#) (2019) which have the greatest number of small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation update (published November 2019) and are most likely to experience inequalities in health.
- 2.3 The profiles map the assets in each area, capture community insight around enablers and challenges to health and wellbeing and detail a data set of indicators for each area to help inform high level recommendations. The methodology of the community insight capture and asset mapping are explained in each of the individual community insight reports. The profiles can be accessed here [Community Insight Profiles | Oxfordshire Insight](#).
- 2.4 The community insight profiles are developed using an asset-based community development (ABCD) approach, with an emphasis on starting with what's strong not what's wrong. This involves ensuring that local voices are heard by engaging with communities, to collect community insights from residents, local organisations, and stakeholders, with a focus on recognising and building on existing assets and resources to strengthen and enable



improvements in the local community. The creation of the profiles also involves analysing the available health data for the area. Each Community Insight Profile contains three interlinked reports namely:

- A community insight report
- A data pack
- An executive summary

2.5 The [profiles](#) link to the Joint Strategic Needs Assessment (JSNA) and contribute to the local evidence base to inform service delivery, as well as being a resource for local communities to support their work.

2.6 While the last of the 10 areas of initial focus were nearing completion, we began looking at a fourth phase of this work which took the learning from earlier phases to other geographical areas, where data and local insight suggested the communities are at risk of experiencing health inequalities, including some more rural areas. This includes a selection of areas across the county that are ranked in the 30-40% most deprived nationally and may be at risk of poorer health outcomes. This phase includes Berinsfield and the additional areas listed below.

Table 1: Profile areas in Phase 4

Profile Area	District Partner	Expected Publication Date
Berinsfield	South Oxfordshire District Council	September 2024
Wood Farm	Oxford City Council	March 2025
Witney Central	West Oxfordshire District Council	March 2025
Bicester West	Cherwell District Council	June 2025

2.7 In all the areas where Community Insight Profiles have been developed, we have worked with local partners to establish a locally based steering group to help shape the direction of the profiles along with an external organisation capturing the community insight.

2.8 In this case, Oxfordshire County Council Public Health have partnered with South Oxfordshire District Council, providing funding for them to:

- Lead the project management of the programme of work including facilitating the Berinsfield Health and Wellbeing Partnership
- Carry out the community insight including surveys, focus groups, interviews and compiling the insight report
- Disburse the grant funds (£25,000)
- Provide officer time to take forward the recommendations from the Community Insight Profile (£25,000)



- 2.9 The development of the Community Insight Profile was guided by the Berinsfield Health and Wellbeing group, which included representatives such as residents, voluntary organisations, local businesses, the local school, the Berinsfield Parish council and District council representatives, and some members from the Berinsfield Garden Village Steering group.
- 2.10 The Community Insight Profiles will help to inform local planning of programmes that support the health and wellbeing of residents and reduce health inequalities. A series of locally led recommendations have been included in the profile, which set out objectives to build on the assets identified in Berinsfield, to strengthen the opportunities available for development.
- 2.11 The creation of the Berinsfield profile is timely to fit with the planned expansion of the Berinsfield Garden Village. The Berinsfield Health and Wellbeing Partnership is a subgroup of the Berinsfield Garden Village steering group where findings from the profile will be shared.

### Key Issues

3. A summary of findings from the Berinsfield Community Insight Profile and recommendations are detailed below.

#### 3.1 Key assets and strengths

- **Community facilities and activities** – 69% of adult survey respondents reported community facilities and activities as something they liked about living in Berinsfield.
- **Green spaces** – 72% of adult survey respondents highlighted spending time outdoors to keep physically and mentally well. 100% of young people and 78% of adult survey respondents reported using walking to travel in and around Berinsfield.
- **Community spirit** – 61% of young and adult survey respondents reported that they feel part of the local community with 85% of young people (survey respondents) reporting that a strong social support network helps keep them healthy.

#### 3.2 Challenges

- **Cost of living** – Both residents and local organisations highlighted the cost of living as a challenge to staying well. 48% of adult survey respondents felt cost and affordability was one of the biggest challenges faced to keeping healthy.
- **Travel and transport** – 59% of young people survey respondents reported a lack of transport as a barrier to keeping healthy. Local organisations highlighted poor transport in the area leading to inaccessibility of services that improve health and wellbeing.
- **Personal motivation** – 74% of young people (survey respondents) and 44% of adult survey respondents reported personal motivation was one of the biggest challenges faced to keeping healthy
- **Loneliness and Isolation** – 38% of adult and 24% of young people survey respondents reported feeling lonely sometimes.

3.3 A summary of the recommendations from the Berinsfield Community Insight report include:

- Improving communication, coordination, and coproduction among stakeholders
- Enhancing community activation and cohesion
- Tackling loneliness as well as fostering a sense of identity, and belonging
- Supporting healthy food and eating habits
- Supporting improved access to education, employment and other learning opportunities
- Improving access to local services and information
- Addressing fuel poverty, including through energy efficiency of homes
- Targeted provision of physical and mental wellbeing initiatives
- Improvements to the built environment and infrastructure by employing healthy place shaping principles
- Improving transport links and encouraging active travel

## **Next Steps and Sustainability**

### **Action Planning**

3.4 An action plan has been developed outlining tasks related to the outcomes of the community insight to help with the implementation of recommendations. The steering group partners are working together to take forward these recommendations and they will be supported by a Community Health Development Officer starting in post in August 2024.

### **Grant Funding**

3.5 As well as the anticipated longer term strategic action arising from the Community Insight Profiles, it will be important that communities also see some more immediate action. To follow on from the completion of the profile, a grant fund of £25,000 has been allocated for Berinsfield and an arrangement has been put in place for the Berinsfield Parish Council to hold and disburse the funds with a funding award panel being set up. The grants scheme will fund local community projects, that help meet the recommendations set out in the profile. Outcomes and monitoring data will be reported back to the steering group from the organisations receiving the grant funding.

### **Community Profile Interactive Dashboard**

3.6 We have initiated the development of a web based interactive community insight profile dashboard covering all the areas where Community Insight Profiles have been developed. The aim of dashboard is to improve accessibility by providing easy to find information on health and wellbeing indicators for the areas to influence the work of partner agencies and to support with the data requirements for local grant applications by groups in the community. It will increase the impact of community insight profile resources and improve efficiency by offering

automatically updateable quantitative data on the areas where profiles have been developed as well as incorporating existing community insight.

### **Budgetary implications**

4. The funding for this profile, associated grant schemes and officer time came from within the Public Health grant (Wider Determinants cost centre) and were paid over to South Oxfordshire District Council to manage in July 2024. The funds were allocated, and work started within the 2023-24 financial year, however there were delays in completing the governance processes and so the budget allocated was accrued into the 2024-25 financial year for payment.

<b>Berinsfield Profile FY 2023-24</b>	
Community insight	£5000
Project management	£5000
Community grants	£25,000
Officer time to take forward recommendations	£25,000
<b>Total Budget</b>	<b>£60,000</b>

### **Equalities implications**

5. These Community Insight Profiles seek to help to address inequalities by providing insight into communities experiencing inequality, to help inform service planning and to act as evidence for funding applications for activities in those areas.

### **Communications**

6. Engaging with community members and local stakeholders has been essential in the outreach efforts to collect insights for the profile. The community engagement was carried out using a variety of methods including on-line/paper surveys, interviews and focus groups. The work feeds into the wider Garden Village steering group.

- 6.1 The Berinsfield Community Insight Profile and related action planning has been developed in collaboration with the Berinsfield Health and Wellbeing Partnership. Examples of organisations represented in the partnership are shown below:

- South and Vale District Council
- Public Health, Oxfordshire County Council
- Local Councillors
- SOHA Housing Association
- Children's Services, Oxfordshire County Council
- Citizen's Advice South and Vale
- Berinsfield Parish Council
- Age UK Oxfordshire
- Local Schools

- Achieve Oxfordshire
- Berinsfield Health Centre and Long Furlong Surgery
- Berinsfield Community Association
- Local Church
- Community Resident Representatives

<b>Key Dates</b>
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7. Dates for the grant scheme are show in the table below:

Table 2 Berinsfield Grant Scheme Dates

Berinsfield Grant Scheme Process	Expected Date
Grant scheme launch	September 2024
Deadline for grant applications	October 2024
Application assessments and allocation of grants	October/November 2024
Six-month monitoring check on grant scheme	June 2025
12-month evaluation and closure of grant scheme	October 2025

**Report by**

Ansaf Azhar  
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 Oxfordshire County Council

**September 2024**

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