

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 7 November 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

Contact Officer: **Taybe Clarke-Earnscliffe**
email: Taybe.Clarke-Earnscliffe@Oxfordshire.gov.uk

Membership

Chair – 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: Date Not Specified

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. **Note of Any Other Business**

To approve the Note of Decisions of the meeting held on (HIB5) and to receive information arising from them.

6. **Note of Decision of Last Meeting**

14:05 to 14:10
5 minutes

To approve the Note of Decisions of the meeting held on 19 September 2024 and to receive information arising from them.

7. **Performance Report (Pages 1 - 8)**

14:10 to 14:20
10 minutes

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

To monitor progress on agreed outcome measures

8. **Report from Healthwatch Ambassador (Pages 9 - 12)**

14:20 – 14:30
10 mins

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

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

9. **Tobacco Control Progress**

14:30 – 15:00

10. **Air Quality and healthy place shaping (Pages 13 - 18)**

15:05 – 15:30

Presented by Kate Eveleigh, Public Health Principal

Brief the board on the air quality actions in Oxfordshire

11. Marmot Place (Pages 19 - 32)

15:30 – 15:55

Presented by David Munday, Consultant in Public Health Oxfordshire County Council

12. AOB

15:55 – 16:00

Health Improvement Partnership Board

7th November 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.
Where data is available at sub-Oxfordshire level, this is indicated with * for District and ‡ for MSOA level.
- 4 In the current reporting period, a number of the smoking prevalence indicators have been updated. Targets have been set according to the trajectory needed to achieve the national smoke free by 2030 ambition (where prevalence falls to 5% or less by 2030). Each year the target for smoking prevalence indicators will be revised downwards to support the trajectory towards this ambition.
- 5 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 3.21, 3.22, 3.24, , 3.31, 3.32, 4.13, 4.14*

21 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 District * and MSOA ‡ level

Targets set by local Public Health

Key
 Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3 Healthy People, Healthy places								
3.1 Healthy Weight								
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	

Page 2

New data is indicated by highlighted references number.
 All metrics are reported at county level. Available at District * and 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>NB: NHS have reported an issues with source data -Therefore no new update for this report.</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																			

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

Targets set by local Public Health

Key
Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.2 Smoke Free								
3.21	Smoking Prevalence in adults (18+) - current smokers *	Annual	10.8%	2023	10.3%	G	<p>The local stop smoking service (LSSS) continues to support smokers to quit, with specific focus on priority groups. Additional programmes across the system to further support quits include:</p> <p>The NHSE funded tobacco dependency services within acute, mental health and maternity settings.</p> <p>Tobacco Dependency Advisors within the Targeted Lung Health Check Programme</p> <p>Additional vapes from DHSC to implement the 'Swap to Stop' scheme with specific populations as well as mental health and social housing providers to support tenants to quit.</p> <p>Additional grant funding to boost smoking cessation efforts across England was received in April 2024 is further supporting these programmes and expansion of the LSSS through a recommission ready for summer 2025. The new stop smoking campaign, 'It's Well Worth It' was launched on 30th September and is planned to direct residents to local stop smoking provision.</p>	
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers *	Annual	24.5%	2023	15.3%	G	<p>The local stop smoking service targets work with routine manual occupations through engagement in specific workplaces. Additional initiatives include the national Swap to Stop initiative for provision of free vapes and work with housing associations to support residents to quit. The new stop smoking campaign, 'It's Well Worth It' was launched on 30th September and plans to appeal to a range of residents including this priority group. A local insights project will also conclude in Autumn and inform how best to support this population in the recommission of the service.</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%	Q1-24	5.3%	G	<p>Most pregnant women who smoke are now being supported via the new maternity in-house tobacco dependency advisor service (via NHS Long Term Plan funding). The local stop smoking service continues to support pregnant women to quit smoking, but numbers are fewer. Younger pregnant women who smoke are offered an incentive to quit via our local Family Nurse Partnership. A national incentive quit scheme for pregnant women is due to be rolled out across the Country during 2024. BOB ICB have submitted a joint expression of interest on behalf of BOB ICB – inclusive our OUH Maternity.</p>	

New data is indicated by highlighted references number.

All metrics are reported at county level. Available at District * and MSOA † level

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.3 Alcohol related harm								
3.31	Alcohol only successful treatment completion and not requiring treatment again within 6 months	Quarterly	39.7%	Jun-24	57.8%	G	The latest performance remains significantly above the national average of 34.2%. 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%	Jun-24	77.0%	G	The latest performance remains significantly above the national average of 51% 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	347	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.	

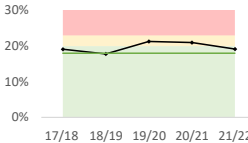
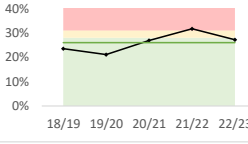
New data is indicated by highlighted references number.

All metrics are reported at county level. Available at District * and MSOA † level

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
4 Physical activity and Active Travel								
4.1 Physical Activity								
4.1.1	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.	
4.1.2	Percentage of physically inactive children (less than a 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.	
4.1.3	Uptake of Move together	6 monthly	1000	Apr-Sep_24	2024	G	Move Together is jointly funded by public health and BOB ICB to support people with long term condition (LTC). Providing a snapshot of what can be achieved through public health influences on a cohort with higher inactivity levels. The target of an increase in 1000 steps per day, was surpassed, an average of 2042 steps per day being achieved across all participants meeting who engaged with the programme. A snap shoot of what can be achieve through public health income, with a priority cohort of people.	Reported for the first time. Chart not yet available
4.1.4	You move programmes	6 monthly	45.1%	Apr-Sep_24	52.0%	G	You Move, a physical activity programme delivered by Active Oxfordshire, jointly commissioned by public health and ICB, supports children and their Families who are entitled to You Move Programme. The criteria includes children who are in eligible for free school meals, children in care, or some other vulnerable groups such as young carers. Families who are entitled receive Heavily subsidised or free physical activity. 52% of participants self-report an increase in physical activity via questionnaire.	Reported for the first time. Chart not yet available

Page 6

New data is indicated by highlighted references number.

All metrics are reported at county level. Available at District * and MSOA † level

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
4.2 Active Travel								
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.	
4.3 Mental Wellbeing								
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	For further insight, see the paper on Adult and Older Adult Mental Health in Oxfordshire which was presented at the Oxfordshire Joint Health Overview & Scrutiny Committee on the 12th September 2024	
4.34	Emergency hospital admissions for intentional self-harm in all ages (Rate / 100k) *	Annual	126.3	22/23	91.9	G	For further insight, see the paper on Adult and Older Adult Mental Health in Oxfordshire which was presented at the Oxfordshire Joint Health Overview & Scrutiny Committee on the 12th September 2025	

Page 7

This page is intentionally left blank

Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)
7th November 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 September 2024, our current work focus includes:

- **Community insight gathering in Wood Farm.** HWO has been commissioned to undertake this work by Oxfordshire County Council Public Health as part of the 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-Oct, 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, in-person outreach and working with community groups. We have heard from over 500 people so far, particularly around menopause, periods and mental health. This insight will help contribute to thinking around the development of women’s health hubs in Oxfordshire.
- 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 to men on the streets will take place in Didcot on 21st November as part of the '30 chats in 30 days' initiative for men's mental health. We will also hold a webinar on Tuesday 19th November on the theme of '[Designing services with men in mind](#)', in collaboration with Oxford Community Champions and the Oxfordshire Men's Health Partnership.

Recent reports:

- **People's experiences of eye care services in Oxfordshire** – September 2024. We heard from 141 people about their experiences of using eye care services. We asked about getting appointments, information and communication, referral to specialist care, the quality of consultations and treatment, and any additional support provided to manage an eye condition. We heard that people were generally positive about their experiences of appointments at eye care services and slightly less positive about their experiences of travelling to appointments, costs of care, and referrals. The full report is [on our website](#).
- **What you told us about hospitals August 2023–July 2024** – September 2024. A summary of the feedback we have received from 399 members of the public about Oxford University Hospitals NHS Foundation Trust (OUH) hospital services. We heard how much people value the high quality of care they receive from OUH services and the difference that good and accessible communication makes to patients' experiences. We also heard about problems with waiting for care, quality of care and communication. The full report is [on our website](#).
- **People's experiences of leaving hospital in Oxfordshire** – forthcoming in November 2024. We heard from 293 patients, unpaid carers and health and social care professionals about experiences of the process of leaving hospital and getting care and support afterwards. People told us about good experiences as well as gaps including around communication, follow-up care and support for unpaid carers.

Enter and View reports and visits continue. Once complete, all reports and provider responses are available [on our website](#) including:

- The Ambulatory Care Unit at the Churchill Hospital (September 2024)
- The Oxford Eye Hospital at the John Radcliffe Hospital (September 2024)
- The Outpatient Department at Wantage Community Hospital (September 2024)

All recent reports are [on our website](#).

Other activity:

- **Feeding Oxford** – on 17th October we supported the OX4 Food Crew (Oxford Community Action (OCA), Oxford Mutual Aid, Waste2Taste) to hold an event sharing the findings of our community research, with researchers from OCA under CPAR2 programme. It focused on what we heard about access to food and the

cost of living, and identified solutions such as developing a 'social supermarket' and embedding advice workers in food distribution hubs. The event was attended by over 50 people including community members and representatives from local authorities, health providers and BOB ICB.

- 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 community group meetings and events, including Oxford Older People's Day, the 7 O'Clock Club (social club for people with a learning disability), The Happy Place (older Chinese people's social club), Asian Women's Group, Banbury Mosque, Men's Breakfast Club in Banbury. We have also carried out outreach at the Nuffield Orthopaedic Centre and on the street in Wood Farm, to hear from members of the public about their experiences of health and care services and what matters to them.
- We supported **My Life My Choice** to establish and run a user-led Health Voices Group to ensure the voices and experiences of people with a learning disability are heard by commissioners and providers. A meeting on the theme of healthy eating and diabetes took place in September 2024. The next meeting, on a theme to be decided by members of the group, is scheduled for December 2024.
- We held a **public webinar** on 17th 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).
- The [next webinar](#) will be on **Men's Health** and is on Tuesday 19th November.
- Our next [Board Open Forum](#) is on Wednesday 20th November and is open to all, to hear about our work and share views about health and care services.

Key issues we are hearing:

- Appreciation for caring staff, being seen and treated quickly, reasonable adjustments for communication needs or people with a learning disability, and providers listening to patients' preferences.
- Difficulty getting an appointment with a GP and/or a face-to-face appointment, and difficulty contacting health services (including pharmacies, GP practices and community hospitals). We heard about challenges with digital inclusion such as accessing the NHS app, long queues for covid vaccine clinics. People told us about situations where people had been through rounds of tests and passed between different health providers without getting the care they need. Other issues include the impact of the cost of living such as costs of healthcare including audiology, podiatry, parking or transport to appointments, and access to and gaps in provision of and offer of interpreting services (an ongoing theme we continue to hear).

This page is intentionally left blank

Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 7 November 2024 @ 14:00

Hybrid Meeting

County Hall Ground Floor Meeting room 1 + 2, County Hall, Oxford

This meeting will be livestreamed by the following link:

Martin Reeves
 Chief Executive

Contact Officer: **Taybe Clarke-Earnscliffe,**
 Tel: 07761447929
 Email: commissioning.partnershipboard@oxfordshire.gov.uk

Membership

Chair Councillor Helen Pighills
 Vice Chair Councillor Joy Aitman

Board Members:

Cllr Helen Pighills	Vale of White Horse District Council
Cllr Maggie Filipova-Rivers	South Oxfordshire District Council
Cllr Joy Aitman	West Oxfordshire District Council
Cllr Nathan Ley	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
Cllr Louise Upton	Oxford City 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

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.

**DRAFT
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

14:05 to 14:10
5 minutes

To approve the Note of Decisions of the meeting held on 19 September 2024 and to receive information arising from them.

7. Performance Report

14:10 to 14:20
10 minutes

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

To monitor progress on agreed outcome measures

8. Report from Healthwatch Ambassador

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

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

14:20 – 14:30

9. Tobacco Control Progress

Please can I have presenters names and job titles?

Derys Pragnell

14:30 – 15:00

10. Air Quality and healthy place shaping

Please can I have presenters names and job titles?

Rosie and Simon Hill?

15:05 – 15:10

11. OUH prevention activity

15:10 – 15:50

Please can I have presenters names and job titles? Olivia Clymer

AOB

15:50 – 16:00

10 Minutes

**Marmot Place
Health Improvement Board
7th November 2024**

David Munday
Deputy Director of Public Health

Purpose and Recommendations

The purpose of this item is to ensure members of the Health Improvement Board and fully aware of the plans for Oxfordshire to become a Marmot Place to go further and faster in tackling local inequalities in health.

The Health Improvement Board is asked to;

- **Note the content of the background paper on Marmot Place that went to the Health and Wellbeing Board on 26th September 2024**
- **Consider the process by which Marmot Principles are being reviewed to determine which to focus on initially in Oxfordshire**
- **Discuss how this work programme can meet the specific inequalities faced in Oxfordshire and be successfully implemented**

Background

Members of the Health and wellbeing board are directed to the paper taken to the Health and Wellbeing Board in September 2024 that provides a full background to this work <https://mycouncil.oxfordshire.gov.uk/documents/s72652/7.%20Marmot%20Place-%20Health%20and%20Wellbeing%20Board%20report%20Sept%202024.pdf> .This report has also been provided as an annex to this report.

Key Issues

The Health and Wellbeing Board agreed to endorse this programme of work and minutes of the discussion at September's meeting are available here

<https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=897&MId=7575&Ver=4>.

Since this agreement, plans have been expedited to arrange a launch event on 25th November for system partners and key stakeholder to build momentum for this work.

The Marmot Place approach is based around the 8 evidence based Marmot Principles and for initial stages of the work, a focus is needed on just 2 or 3 of the principles so that some specific work can be undertaken and the scope is not spread too broadly.

To support selection of these principles Officers have been undertaking a mapping process of existing data, HWB strategy priorities, other key strategies, work programmes and evidence, as per the table below

Table 1- Criteria to prioritise Marmot Principles

	HWB Strategy	Other Strategies	Existing work programmes/ projects	Data on local need	Evidence
Give every child the best start in life					
Enable all children, young people, and adults to maximise their capabilities and have control over their lives					
Create fair employment and good work for all					
Ensure a healthy standard of living for all					
Create and develop healthy and sustainable places and communities					
Strengthen the role and impact of ill health prevention					
Tackle racism, discrimination, and their outcomes					
Pursue environmental sustainability and health equity together					

This mapping work is in-progress, but initial findings suggest that the following 3 principles may have the most relevance for initial focus in Oxfordshire

Table 2- Possible Marmot Principles for initial focus

Give every child the best start in life	Ensuring that children have equal opportunities for health and development, regardless of their background or circumstances.
Create fair employment and good work for all	Focusing on decent working conditions, job security, and fair wages.
Ensure a healthy standard of living for all	Addressing economic disparities and providing access to essential resources such as housing, food, & healthcare.

Whilst the full mapping needs to be completed and there will be fuller discussion on the principles of focus at the launch event on 25th November, the Health Improvement Board meeting on 7th November gives an early opportunity to consider what value a focus in these areas would add to our joint work in Oxfordshire to tackle health inequality.

In addition to these principles, one of the 5 strategic aims of the Oxfordshire Marmot Place work outlined in the background paper is to better identify and understand rural inequalities and to develop required actions to address these.

Budgetary implications

The cost of engaging the Institute of Health Equity in this work is approximately £150k over a 2-year period and will be covered by the Oxfordshire Public Health Grant. However, the recommendations and actions they will develop out of this work programme will require action and budgetary prioritisation for all partners within the Oxfordshire system

Communications

Communications to promote the initiative will be developed as part of the launch event on 25th November

Key Dates / Next Steps

The work programme will be more fully developed after the launch event on the 25th November and will regularly report into the Oxfordshire Health and Wellbeing Board. A system-wide steering group is already in place to support the development of the work and has representation from all key organisations/ sectors within Oxfordshire.

Appendices / accompanying documents attached

Annex 1- Marmot Place- Health and Wellbeing Board report Sept 2024

Annex 2- Oxfordshire Marmot Place Proposal Draft Work Programme

This page is intentionally left blank

Divisions Affected - All

OXFORDSHIRE HEALTH AND WELLBEING BOARD

26th September 2024

**MARMOT PLACE - GOING FURTHER AND FASTER ON
ADDRESSING HEALTH INEQUALITIES IN OXFORDSHIRE**

Report by Ansaf Azhar

RECOMMENDATION

1. The Health and Wellbeing Board is **RECOMMENDED** to

Endorse the proposed partnership with the Institute of Health Equity to develop Oxfordshire as a Marmot Place to advance our local programmes of work to tackle health inequalities in Oxfordshire, noting the rationale for this work and its connection into the new Oxfordshire Health and Wellbeing Strategy

Agree to act as the existing system partnership board that has oversight of the developing Marmot Place work programme, and receive updates on progress at future Board meetings.

Executive Summary

1. Oxfordshire faces significant inequality despite being a county of relative high affluence. A range of work programmes exist that see to address these inequalities, but there is not a unifying umbrella or methodology that guides these activities, and it is difficult to know how effective the range of action is.
2. This paper summarises an opportunity to partner with Professor Michael Marmot's Institute of Health Equity (IHE) who are the leading international experts in approaches to addressing social determinants of health to review our current activity and support more effective action going forward.
3. The strategic aims of this partnership would be to:
 - a. Provide a high-quality evidence based external review of the range of activities happening in Oxfordshire to tackle health inequality and inform potential gaps
 - b. Act as a glue to bring together all activities to tackle health and social inequalities across Oxfordshire
 - c. Provide a corporate evaluative framework for above initiatives across Oxfordshire
 - d. Enable to measure rural inequality and take effective actions.
 - e. Mobilise our policy research to find innovative solution to tackle health inequality and help secure external funding for future work.

4. This approach supports the implementation of the Oxfordshire Health and Wellbeing Strategy agreed by the Board in December 2023.

Background

5. Oxfordshire experiences persistent inequalities in health outcomes between different areas of the county. As reported by the [Director of Public Health Annual Report 2019](#), there are 10 wards in Oxfordshire which include areas ranked in the 20% most deprived in England. These areas tend to have worse health outcomes than their more affluent counterparts.
6. We understand that inequalities also exist within rural settings, but to date there has been limited work to explore this issue and work with local communities to find solutions. Our work on non-geographically bound health inequalities, for example those experienced by “inclusion groups” or minority ethnic groups could still be strengthened.
7. The main drivers of health inequality are the wider determinants of health or what we increasingly refer to as the [“building blocks” of health](#).
8. Professor Michael Marmot and his [Institute of Health Equity](#) (IHE) are the international experts on evidence-based action to address inequality and based on their research. More than 10 years on now since the first Marmot report, the team and IHE are now focused on developing and implementing the following 8 “Marmot Principles” to guide effective action.

Marmot Principles

- i. Give every child the best start in life.
- ii. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- iii. Create fair employment and good work for all.
- iv. Ensure a healthy standard of living for all.
- v. Create and develop healthy and sustainable places and communities.
- vi. Strengthen the role and impact of ill health prevention.
- vii. Tackle racism, discrimination and their outcomes.
- viii. Pursue environmental sustainability and health equity together.

9. Some local areas such as Coventry, Manchester, Gwent, Luton, Lancashire & Cumbria have partnered with Marmot’s team to adopt these principles or methodology to their work on inequality and are referred to as [Marmot Places](#).
10. An independent [evaluation](#) of this work in Coventry demonstrated positive impact after 6 years and showed
 - a. A 20% reduction in the number of neighbourhood areas listed as the most deprived according the ONS Index of Multiple Deprivation

- b. Stabilising of different in life expectancy between women in the most and least deprived areas, despite a national increase in this gap
- c. A 6-month reduction in the gap in male life expectancy, again against a national increase

Oxfordshire as a Marmot Place

11. System partners in Oxfordshire are already active in running a range of projects and programmes that seek to address inequalities in Oxfordshire. Some of these programmes address a particular building block of health (such as housing or employment) or a particular health behaviour (such as physical inactivity or tobacco use) whilst others are broader taking an asset-based community development approach (including the Community Profiles, Brighter futures in Banbury, Well Together Programme, Oxfordshire Food Strategy and the Oxfordshire Way prevention programme)
12. The aim of the Marmot Place partnership is not to duplicate any of these existing programmes but to provide an overall strategic and evidence-based framework that brings these different strands of work together. It aims to ensure there is a common methodology- underpinned by the Marmot Principles- that exists across all programmes of work
13. The proposed Marmot Place partnership builds on the new [Oxfordshire Health and Wellbeing Strategy](#) which identified action on health inequalities as one of the 3 cross cutting principles that spans across all priority areas for action. The Strategy's 10x priorities span across four thematic areas- the first 3 being stages of the life course- with the fourth the Building Blocks of Health. This final theme aligns closely with the action on what the Marmot team describes as the social determinants of health that are the structural drivers of much of the inequality we see locally.
14. Various areas in the country have now partnered with the Marmot team to become a Marmot Place. Oxfordshire has some specific features which will be of interest to the Marmot team and make Oxfordshire as a Marmot Place different from others. These include the increasingly close working with the Universities in Oxford to take place-based approaches to research and wellbeing and the more rural than inner-city nature of the County.
15. The Marmot Principles listed above are the key pillars that Marmot Place work is built around. The team at IHE recommend that, at least initially, Places prioritise 2 principles to focus the work on. This ensures that the work-programme can be focused and provide some tangible impact and is not spread out too thinly.
16. To select the right principles for Oxfordshire, one of the first tasks to work on- with the input from IHE colleagues- is to use the following criteria to map out where our initial focus should be. The suggested criteria include;
 - a. How does the principle align with the HWB Strategy?
 - b. Are the principles reflected within other existing strategies in the County

- c. What existing projects or activity is already in place against each principles
 - d. What does the data within the JSNA tell us about the local need in Oxfordshire regarding each principle
 - e. What is the evidence of positive impact further action might make
17. In initial discussions with the Marmot team a high-level draft work programme has been developed with an aim to start the partnership this autumn. **A copy of this work-programme is included as annex 1.** It is anticipated that this work-programme will iterate over the 2-year partnership to ensure it meets the specific needs and shape of partnership working in Oxfordshire.
18. To build momentum with this work and to draw in wider partners, including community groups and community leaders, to this project, it is proposed that a launch event is held in November. This would include hearing directly from Michael Marmot and his team on the national picture regarding health inequalities and the positive impact that Marmot Place work has had in other areas. It may also provide opportunity to hear directly from residents most impacted by the inequalities we see and ensure opportunity for meaningful conversation and dialogue between attendees.
19. It is suggested that regular updates on the progress of the Marmot Place work programme will be provided to the Health and Wellbeing Board. In addition, board members and officers from represented organisations will be asked to engage in relevant specific meetings and workshops to progress the work.

Corporate Policies and Priorities

20. As noted in the section above, this proposed Marmot Place project will support delivery of the Oxfordshire Health and Wellbeing strategy. The commitment to address inequalities is also common to other system wide strategies such as the BOB Integrated Care System Strategy and organisation strategies for example, District Council Local Plans, Corporate Strategies & Wellbeing Strategies, NHS Trust Clinical Strategies

Financial Implications

21. The cost of engaging the Institute of Health Equity for 2 years is £150,000 and funding has been identified from the Public Health grant to enable the system to benefit from this work

Legal Implications

22. There are no legal implications associated with this report and the Marmot Place initiative should support the requirement that when using public health grants, local authorities must consider reducing inequalities in health between people in their area.

Staff Implications

23. There are no staffing implications associated with this report

Equality & Inclusion Implications

24. This project will actively seek to improve healthy equity and the health and wellbeing of inclusion groups. A formal Equity Impact Assessment is not required

Sustainability Implications

25. There are no direct sustainability implications relate to this report. One of the Marmot Principles relates to environmental sustainability and therefore it is anticipated that the

Risk Management

26. A detailed risk assessment is not required for this work. Oversight and input on the work programme will be provided by the Health and Wellbeing Board.

Consultations

27. Public Consultation is not required for this proposal, however meaningful engagement and joint work between organisations on the Health and Wellbeing Board and communities themselves lies at the heart of what will make this work successful.

ANSAF AZHAR, DIRECTOR OF PUBLIC HEALTH AND COMMUNITIES

Annex: Annex 1- Oxfordshire Marmot Place Proposed Work Programme

Background papers: Nil

Contact Officer: David Munday
Deputy Director of Public Health
Oxfordshire County Council
david.munday@oxfordshire.gov.uk

September 2024

This page is intentionally left blank

Oxfordshire Marmot Place Draft Proposal

Introduction

This proposal suggests a proactive approach to health inequalities using the Marmot principles and resulting in a long-term plan for sustained change in Oxfordshire. This approach is being employed by a growing number of areas in England and Wales that are declaring themselves 'Marmot Places' to lend traction to their aims.

The Marmot Principles
Give every child the best start in life
Enable all children, young people, and adults to maximise their capabilities and have control over their lives
Create fair employment and good work for all
Ensure a healthy standard of living for all
Create and develop healthy and sustainable places and communities
Strengthen the role and impact of ill health prevention
Tackle racism, discrimination, and their outcomes
Pursue environmental sustainability and health equity together

Oxfordshire County Council Public Health will commission the UCL Institute of Health Equity (IHE) over a period of two years to conduct a review to highlight inequalities and their underlying causes, engage with health and individual partner organisations, identify plans and actions already in place to tackle inequalities, identifying gaps and recommending ways to achieve positive change.

There is no additional funding as part of this approach but the joint focus, detailed understanding of underlying factors and shared commitment will galvanise and maintain local actions.

Strategic Aim

Oxfordshire becoming a Marmot Place aims to improve the lives of residents and reducing health inequalities. The Marmot approach will act as a catalyst for joint-up action and sustained change, driven by local communities and organisations. There are five strategic aims:

- a. Provide a high-quality evidence based **external review of the range of activities** happening in Oxfordshire to tackle health inequality and inform potential gaps
- b. Act as a **glue to bring together** all activities to tackle health and social inequalities across Oxfordshire
- c. Provide a **corporate evaluative framework** for above initiatives across Oxfordshire
 1. Enable to **measure rural inequality** and take effective actions.
- e. **Mobilise our policy research** to find innovative solution to tackle health inequality and help secure external funding for future work.

Delivery and Outcomes

PHASE 1. October 2024-October 2025

1. Launch October 2024
 - i. Presentation by Michael Marmot
2. Assessment of current activity to address health inequality
 - i. Mapping of existing work programmes across different organisations/ parts of the Oxfordshire system that is addressing inequalities/ building blocks of health in different ways. This could be mapped against the 8x Marmot principles and/or mapped geographically to the different areas of Oxfordshire
 - ii. An assessment of the overall effectiveness of above programmes in improving health equity
 - iii. Review of our system wide working and maturity of our local system for health equity

Outputs:

1. IHE attend advisory and steering group meetings
2. Workshops and meeting with relevant stakeholders and community groups to identify opportunities for action.
3. Review of Oxfordshire health inequalities system: mapping and overview of programmes and approaches from range of partners on the SDH and identification of gaps
4. Two deep dives into agreed areas of activity

Time Commitment

Deputy Director	15 days
Senior Researcher	20 days
Researcher	30 days
Michael Marmot	2 days
Senior advisor	3 days

3. Insight into nature of health inequality in Oxfordshire beyond our 10 wards with LSOA in quintile 5 of IMD
 - i. Understand the nature of rural health inequalities in Oxfordshire- often smaller than/at a lower level than LSOA level. What are its key features and how is it different to urban Oxford/Banbury
 - ii. Understand the prevalence and health needs of inclusion health groups in the County

Outputs

1. Mapping of approaches to address rural health inequalities and identification of gaps
2. Workshop and meeting with relevant stakeholders and community groups to identify gaps in knowledge and understanding.
3. Report and recommendations for action developed in collaboration with partners

Time Commitment

Deputy Director	10 days
Senior Researcher	25 days
Researcher	15 days
Michael Marmot	1 days
Senior advisor	6 days

PHASE 2. October 2025 - October 2026

4. Evidence-based actions for health equity
 - i. Based on insight from Phase 1
 - What should we stop, what should start, what should carry on- focused on 2 or 3 priority Marmot Principles for Oxfordshire?
 - What action is required to address any identified inequality?
5. Research and evaluation
 - i. Develop a framework for the evaluation of new or existing programmes that aim to improve health equity
 - ii. Work with the Oxfordshire “Policy Lab” and local research partnership to develop an approach to researching new and innovative ways to address the building blocks of work and reduce health inequality
6. Monitoring & implementation
 - i. Development of monitoring tool that can be used to track progress against improving health equity in Oxfordshire
 - ii. In doing i) ensure interaction/ compliments existing outcomes framework of the local Health and Wellbeing Strategy
 - iii. System support for implementation/ oversight of action to improve health equity, including approach to governance

Outputs

1. IHE activities across Oxfordshire to make the case and disseminate the findings from Phase 1
2. Work in partnership with the Policy Lab to develop health equity framework for evaluation and other accountability tools
3. Develop monitoring tool
4. Continuing meetings with steering and advisory groups and partners

Time Commitment

Deputy Director	20 days
Senior Researcher	20 days
Researcher	30 days
Michael Marmot	1 days
Senior Advisor	3 days

This page is intentionally left blank