To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 25 June 2026 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

Date Not Specified

Contact Officer: ***Georgia Williams***
email: Georgia.Williams@Oxfordshire.gov.uk

Membership

Chair – District Councillor Helen Pighills
Vice Chair - District

Board Members:

Cllr Helen Pighills	Vale of White Horse District Council
Cllr Rachel Crouch	West Oxfordshire District Council
Cllr Kate Gregory	Cabinet Member for Public Health & Inequalities, Oxfordshire County Council
Cllr Georgina Heritage	South Oxfordshire District Council
Cllr Chewe Munkonge	Oxford City Council
Cllr Rob Pattenden	Cherwell District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Kate Holborn	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Mish Tullar	District Partnership Liaison
Robert Majilton	Healthwatch Oxfordshire Ambassador

Notes: Date of next meeting: 17 September 2026

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to

(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

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

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

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

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

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

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

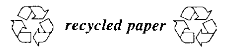
Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity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

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

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

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

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



AGENDA

1. Welcome by Chairman

14:00

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

6. Note of Decision of Last Meeting

14:05 – 14:10

To approve the Note of Decisions of the meeting held on 19th February 2026 and to receive information arising from them.

7. Performance Report (Pages 5 - 12)

14:10 -14:20

Presented by Derys Pragnell, Consultant in Public Health Oxfordshire County Council

8. Report from Healthwatch Ambassador (Pages 13 - 18)

14:20 – 14:30

Presented by Katharine Howell, Healthwatch Ambassador

9. Preventing the Harms Caused by Gambling (Pages 19 - 26)

14:30 – 14:55

This is a new public health requirement, supported by additional funding. This item should cover the new LA responsibilities, and progress and plans to deliver these, and how this will affect our communities. Presented by Tom Addey (Acting Consultant in Public Health) + Suzanna Miles (Public Health Practitioner).

10. Break

14:55 – 15:00

11. Key Priorities for Supporting People who use drugs and alcohol (Pages 27 - 46)

15:00 – 15:25

Presented by Tom Addey (Acting Consultant in Public Health) + Sam Read (Public Health Programme Manager)

12. Update on the Keystone Hub mental health service

15:25 – 15:50

How this is progressing at a community level, and how this service supports people affected by alcohol drugs and gambling.
Presented by Bhavna Taank (Head of Joint Commissioning LC Live Well)

13. AOB

15:50 – 16:00

Health Improvement Partnership Board

Thursday 25 June 2026

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 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:
8 indicators have NEW DATA *(Reference Numbers are highlighted in the report)*
These are: ***3.23, 3.31, 3.32, 4.11, 4.12, 4.13, 4.14, 4.33***
1 indicator(s) without rag rating.
18 green indicator(s).
5 amber indicator(s).
1 red indicator(s).

4.12 Percentage of physically inactive children - (less than average of 30 minutes a day)

Measure changes for 2026–27:

3.21 – Smoking prevalence in adults (18+) – current smokers (1-year period) should be replaced with Smoking prevalence in adults (18+) – current smokers (3-year period) to align with CAMMS reporting.

3.17 – Healthy Start voucher uptake(%) is no longer available and no direct replacement has been identified. Therefore we are exploring an alternative measure in-house to provide a crude rate trend data based on low-income population age group 0-4yrs.

4.21 – Percentage of adults walking/cycling for travel at least three days per week (age 16+) is no longer available on Fingertips. This will be replaced with the Sport England measure: percentage of adults walking/cycling for travel at least twice in the past 28 days (age 16+).

4.31 – Self-reported wellbeing: people with a low happiness score (16+). The ONS has paused development work on the Annual Population Survey (APS) due to capacity constraints. Therefore this measure will be removed.

Additional measures proposed for Mental Wellbeing

Two additional measures are currently being explored to strengthen monitoring of mental health and gambling-related harm. Subject to data availability and suitability, these measures will be incorporated into the 2026/27 reporting cycle.

Live Well Priorities

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	56.0%	23/24	58.6%	A	As part of the whole systems Approach to Healthy weight, a detailed action plan focuses on the following pillars: Prevention, environment, support and wider strategy. A New All age healthy lifestyles came into effect in September 2024. The number of adults people benefiting from this service is now increasing following a slow start. This includes targeted work to support Global Ethnic Majorities, those with low to moderate mental health condition and men – all of whom may otherwise not traditionally benefit from such services. Work continues across the system to improve the food environment in priority neighbourhoods through working with planning, advertising at city and district level and established food businesses is building moment	60% 40% 19/20 20/21 21/22 22/23 23/24
3.12	Year 6 prevalence of overweight (including obesity) * ‡	Annual	28.0%	24/25	30.5%	G	Oxfordshire performs well against the England average generally, but there are some areas in Oxfordshire where children have experienced excess weight over a long period. A new all age healthy weight service launched in September 2024 with a focus on addressing inequalities associated with weight is in place although has struggled to see the number expected. To increase referrals a new proactive follow up will start from January 2026. Beezee Oxfordshire will contact (text, call) families with children identified as overweight through the National Child Measurement Programme (NCMP). New NCMP Co-ordinator recruited to lead this work. Another new option that has launched in October 2025 - Beezee Youth an online programme for children aged 13-17 years old. Work to support more healthy environments continues; latest pilot includes healthier vending in leisure centres to launch Jan 2026.	40% 35% 30% 25% 20% 15% 10% 5% 0% 19/20 20/21 21/22 22/23 23/24 24/25
3.13	Reception prevalence of overweight (including obesity) * ‡	Annual	16.6%	24/25	20.5%	A	Our whole systems approach to healthy weight and specific programmes including You Move and the new, all age weight management service Beezee, commencing September 2024 continue. In October 2025: Health, Exercise and Nutrition for the Really Young (HENRY), was launched. An evidence-based approach, designed for families with children aged 0–3 years and Nurturing healthy beginnings, Nutrition in Early Years Training for early year settings is being offered from November 2025. A deep dive into healthy weight, including Early Years will be presented to HIB in the New Year	30% 20% 10% 0% 19/20 20/21 21/22 22/23 23/24 24/25
3.14	Achievement of county wide Gold Sustainable Food Award	Annual	Gold	2023	Silver	G	**Application delayed until Autumn 2026.** 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

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Targets set by local Public Health

Key

Supporting

Ref	Metric	Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.15	Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations *	Annual	45.0%	23/24	38.6%	A	A range of initiatives to support access to good food as part of the healthy weight agenda continues. From working with food retailers directly, to action plans lead by the districts and most recently a food Summit, Lead by Good Food Oxfordshire in June 2025 in which our director of Public Health is chair, to ensure continued and new commitment across the system. Programmes of support for children and young people also continue, with the view that healthy habits – such as eating 5-a-day can start early and continue into adulthood.	60% 40% 20% 0% 20/21 21/22 22/23 23/24
3.16	Of those residents invited for a NHS Health check, the percentage who accept and complete the offer.	Annual	45.0%	24/25	44.2%	G	Activity by Primary Care to deliver NHS Health Checks has been consistent throughout the year and an improvement on 2023/24. 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	60% 40% 20% 0% Mar-22 Mar-23 Mar-24 Mar-25
3.17	Healthy Start Voucher uptake	Monthly	63.0%	Mar-24	61.0%	G	**NB: NHS have reported an issue with source data -Therefore no new update for this report since Nov 2024.** 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.	No data available
3.18	Under 75 mortality rate from cardiovascular disease (Rate / 100k) (New name) *	Annual	57.6	2022-24	52.5	G	This outcome has remained similar in the current reporting period (22-24) compared to the previous period (21-23) which is a trend seen across the South East and the UK. However, the Oxfordshire data remains better than regional, national and similar authority comparators. Local activity to address this outcome sits within theme specific work on tobacco control, or whole systems approach to obesity, or physical inactivity or alcohol harm. Specific updates will be provided as per Health Improvement Board annual work plan.	80 60 40 20 0 18/20 19/21 20/22 21/23 22/24

Live Well Priorities

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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	9.9%	2024	7.5%	G	Data note: The 2024 Annual Population Survey (APS) returned to using face-to-face interviews as its main method. Based on this new data, the ONS recalculated its adjustment factor and revised all smoking estimates from 2020 to 2023. As a result, single-year smoking indicators for those years were updated in the APS 2024 release. The Oxfordshire Tobacco Control Alliance oversees works to reduce smoking in Oxfordshire. The Alliance has developed a new strategy and action plan for the next 5 years, working in partnership to build on the effective work of the last 5 years, with the aid of a comprehensive new Health Needs Assessment for smoking. This action plan includes work by: NHS trusts, Trading Standards The Fire Service Schools New Local Stop Smoking Service, Smokefree Oxon provided by Solutions4Health. The additional grant funding from government is helping to target work to priority groups whose prevalence rates are highest. This includes outreach work and alternative support option of Allen Carr Easyway, continued work with Swap to Stop in mental health settings and funding Trading Standards work to tackle illegal tobacco supply.	30% 25% 20% 15% 10% 5% 0% 2020 2021 2022 2023 2024
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers *	Annual	23.3%	2023	15.3%	G	Data Note - Due to sample size issues in APS, Data for 2024 is report across 3 years replacing the previous one-year metric until further notice. Oxfordshire's prevalence (18.3%) is statistically no different to both South East (18.8%) and England (19.2%). The new Local Stop Smoking Service, Smokefree Oxon, targets work with routine and manual workers as one its priority groups. The Public Health team track this work at quarterly monitoring meetings with the Smokefree Oxon provider, Solutions4Health. Outreach to places of work and in the community is planned with a new workplace wellbeing service which will deliver Very Brief Advice and make referrals/signpost to Smokefree Oxon. Campaigns in March 2025 for No Smoking Day and Stoptober focused on priority cohorts including routine and manual workers.	40% 30% 20% 10% 0% 2019 2020 2021 2022 2023
3.23	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) (New method) *	Annual	20.0%	23/24	22.6%	A	A Tobacco Dependency Service (TDS) funded by NHSE/ICB specifically supports adult inpatients with mental health conditions to quit smoking. The newly commissioned Local Stop Smoking Service ***Smokefree Oxon*** has key quit targets for people with mental health needs in the community. They are working with mental health partners, pharmacies and GP surgeries to ensure they can engage and support this group. **Data note: The 2024 results are not comparable with previous years because of changes to both the questionnaire and the mailing strategy.**	No data available for trend chart
3.24	Smoking prevalence in pregnancy	Annual	5.1%	24/25	5.5%	G	Most pregnant women who smoke, and their household members continue to be supported via the new maternity in-house tobacco dependency advisor service. The new national incentive quit scheme has been rolled out across the county and is showing small but increasing numbers of take up.	10 % 5 % 0 % 19/20 20/21 21/22 22/23 23/24 24/25

Live Well Priorities

New data is indicated by highlighted references number.

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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	Annual	40.0%	24/25	59.4%	G	The latest performance remains significantly above both the set target and the national average of 34.1%, and continues to increase from previous years. 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.	80% 60% 40% 20% 0% 22/23 23/24 24/25
3.32	Alcohol treatment progress	Annual	55.0%	24/25	75.0%	G	Latest performance is above both the set target and the national average (52%), demonstrating delivery against national and local strategic aims to ensure people receive effective support, engagement and treatment.	100% 50% 0% 22/23 23/24 24/25
3.33	Admission episodes for alcohol-related conditions (Narrow) Rate / 100K *	Annual	490	23/24	414	G	Oxfordshire rates are below the south east average (429). 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.	600 400 200 0 19/20 20/21 21/22 22/23 23/24
3.34	Alcohol only numbers in structured treatment	Annual	810	24/25	1002	G	In line with national strategic aims, extensive partnership working and targeted outreach to communities experiencing health inequalities have supported continued growth in the number of people in treatment over the past year.	1200 900 600 300 0 21/22 22/23 23/24 24/25

Live Well Priorities

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Targets set by local Public Health

Key
Supporting

Ref	Indicator	Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
4	**Physical activity and Active Travel**							
4.1	**Physical Activity**							
4.11	Percentage of physically inactive adults (Less than 30 minutes a week)	Annual	18.0%	Nov 23/24	18.7%	G	Adults in Oxfordshire are less likely to be physically inactive than the England average, with 18.7% of adults classed as inactive compared with 22% nationally. Inactivity is more common among older adults, people living in more deprived areas, those reporting a disability, pregnant women or those with a child under one, carers, and people who are overweight. Oxfordshire's Whole Systems approach seeks to address this through targeted initiatives such as You Move, Move Together and upskilling professionals, alongside a Physical Activity Health Needs Assessment to identify further opportunities for action. **It should be noted that data about physical activity is based on the Active Lives Survey which is not considered statistically robust at local authority level.**	30% 25% 20% 15% 10% 5% 0% 18/19 19/20 20/21 21/22 22/23 23/24
4.12	Percentage of phyically inactive children (less than average 30 minutes a day)	Annual	26.0%	Academic Yr 24-25	32.5%	R	Around 1 in 3 (33%) of children in Oxfordshire are 'inactive' (active for less than 30 mins daily) and higher than the England and South East averages of 28% In September 2024 You Move was expanded to include 'early years', by providing Jabadao training to Early Years professionals and partnering with Home Start. A Healthy Movers programme (supporting children and families via settings to move more), launched in January 2025, engaging nearly 1,000 children and 90 families, to date, showing early improvements in physical activity. A play sufficiency assessment is underway aiming to enhance play opportunities across Oxfordshire. The Physical Activity Health Needs Assessment, will offer further recommendations. **It should be noted that data about physical activity is based on the Active Lives Survey which is not considered statistically robust at a local level nevertheless it is the best data we have.**	40% 35% 30% 25% 20% 15% 10% 5% 0% 19/20 20/21 21/22 22/23 23/24 24/25
4.13	Uptake of Move together	6 monthly	1000	Apr-Sep-25	3370	G	**Move Together** is part of the Whole Systems Approach to Physical Activity, jointly funded by public health and Thames Valley ICB to support people with long term conditions (LTC). The target of an increase in 1000 steps per day was surpassed wiith participants on average achieving more than 3,000 additional steps. Referral criteria have been refined to ensue only those people who are inactive are referred into the programme.	5000 4000 3000 2000 1000 0 Apr-Sep24 Oct24-Mar25 Apr-Sep-25
4.14	You move programmes	6 monthly	45.1%	Apr-Sep-25	51.0%	G	**You Move** is part of the Whole Systems Approach to Physical Activity commissioned by Public Health, ICB and District Councils, supporting children and their Families meeting eligibility criteria i.e. the predominant group is families of children in receipt of free school meals. The programme delivers heavily subsidised or free physical activity. Over half (51%) of YM participants (returning a survey) reported an increase in activity levels between registration and 6-month follow up. This was based on a low 9.1% questionnaire return rate. Work to increase questionnaire return is being tackled by incentivisation and direct follow up with families.	60% 40% 20% 0% Apr-Sep24 Oct24-Mar25 Apr-Sep-25

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Targets set by local Public Health

Key

Supporting

Ref	Metric	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%	22/23 Nov	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.	60%, 40%, 20%, 0%; 2019, 2020, 2021, 2022, 2023
4.3	**Mental Wellbeing**							
4.31	Self reported wellbeing: people with a low happiness score (16+) *	Annual	9.0%	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	10%, 0%; 18/19, 19/20, 20/21, 21/22, 22/23
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	30%, 20%, 10%, 0%; 18/19, 19/20, 20/21, 21/22, 22/23
4.33	The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year.	Annual	-	24/25	1.5%		In 2024/25, the rate of newly diagnosed depression in Oxfordshire was 1.5%, representing 10,098 recorded diagnoses. This rate is not statistically different from the England average (1.4%). The most recent data indicate no significant change in trend, suggesting that diagnosis levels in primary care have remained broadly stable. Oxfordshire's rate lies within the central range of national variation.	
4.34	Emergency hospital admissions for intentional self-harm in all ages (Rate / 100k) *	Annual	126.3	23/24	97.3	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	200, 150, 100, 50, 0; 19/20, 20/21, 21/22, 22/23, 23/24

Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)
25th June 2026
Presented by Healthwatch Oxfordshire Research and Projects Officer, Katharine Howell

Purpose / Recommendation

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

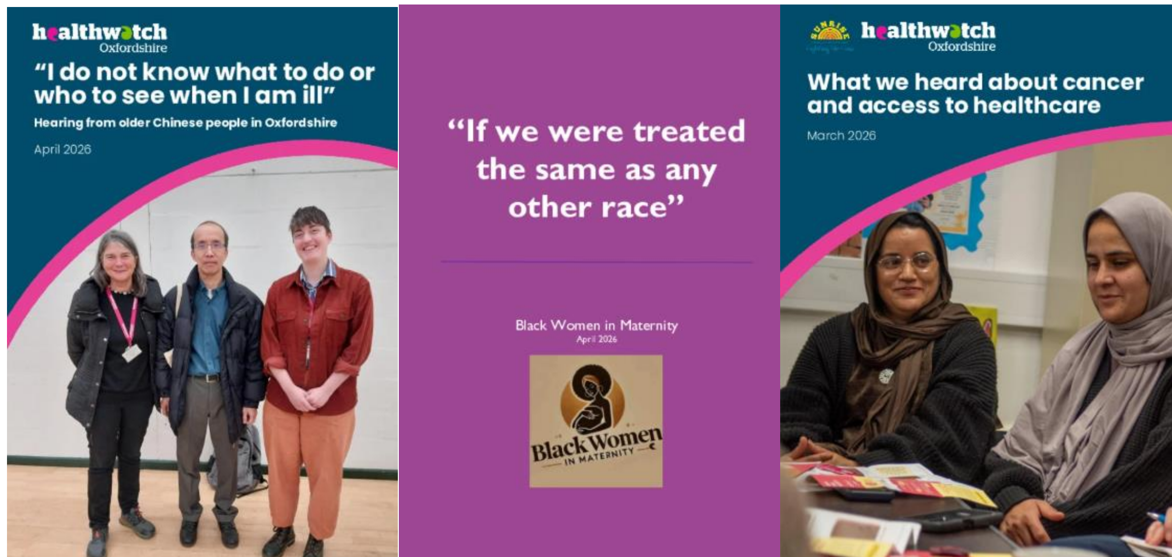
Background

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 February 2026:

- We published three **community research reports**:



- **What we heard about cancer and access to healthcare**
  We supported Sunrise Multicultural Project to hear from the communities they work with in Banbury Neithrop and Ruscote, particularly South Asian women, about cancer and access to healthcare. The report highlights how many women faced long waits for GP, dentist and hospital appointments, difficulties getting interpreting support, and mixed experiences of cancer information and diagnosis. It also includes recommendations to improve interpreting provision, GP access, cancer awareness and culturally appropriate care. We have shared the report and will continue dialogue with key local health decision-makers to bring about change as part of the community action research cycle, and will feed our findings into the local Cancer Alliance 10 Year Strategy, which is currently in development. Other outcomes include a translated leaflet about breast screening and a visit from breast care nurse Sam Evans to one of Sunrise's groups.
- **Hearing from older Chinese people in Oxfordshire**
  We supported community researcher Derek Ng to interview 20 older Cantonese-speaking people from Oxfordshire about their experiences of health and care services. We heard about language barriers and a lack of interpreting and communication support, including when booking and attending GP appointments. People told us that health and care services could use text messages and outreach to community centres to share information and hear their voices. The report has been shared with providers and decision-makers and we are working with the Oxfordshire Older Chinese People's Centre to connect people with services and information.

  "Interpreter! I need help from an interpreter. It is quite troublesome if there was no help from interpreter. My daughter could not do the job right as both her Chinese and English languages were not fluent."

  "I think I did manage to understand up to like 70% of the whole conversation. It was because he sometimes used medical terms which I did not understand. So I guess I covered about 70% only."

  "It gets a bit more complicated as well in case you want a face-to-face appointment. They rather offer telephone appointment which is not ideal for me. I do have a problem in using phone as I find it difficult to express myself over the phone."

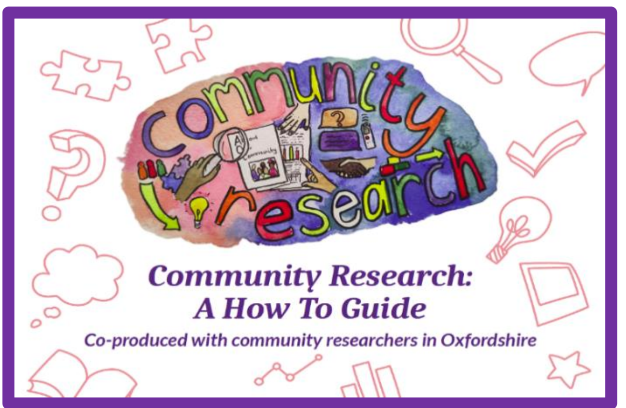
- **"If we were treated the same as any other race" - Black Women in Maternity (BWIM)**
  BWIM is a community project providing a maternity peer support and mentoring group for Black women in Oxford, funded by Well Together. Healthwatch

Oxfordshire supported BWIM to produce a community research report highlighting the maternity experiences of 52 Black women in Oxfordshire. The project heard that women valued being listened to, receiving clear and useful information, being offered pain relief when needed, and feeling supported by those providing their care. Women also shared their ideas for improving maternity care and support, including better education and postnatal support for new mothers.

BWIM shared its report with the Amos Review, a national independent investigation into maternity and neonatal Services in England. The findings have also been shared with local maternity services and decision-makers. BWIM is now working on next steps, including hosting an event and producing a leaflet to support dialogue with service providers and decision-makers, and to ensure women's experiences continue to inform improvements in care.

This report enhances and builds on past community research bringing the voice of lived experience into maternity (see for example film Black Women in Maternity by community researcher Omotunde Coker here Women's views on maternity care | Healthwatch Oxfordshire and subsequent development of Early Lives, Equal Start project and collaborative work with maternity services and grassroots communities Equal Start — Flo's - The Place in the Park)

- **We launched a 'How to Guide – co-produced with community researchers in Oxfordshire'** - to enable communities to do their own community action research about what matters to them



See here for online version https://healthwatchoxfordshire.co.uk/community-research-how-to-guide which can be used by anyone in Oxfordshire and is free for others to promote and use.

This is the culmination of work in Sept-Dec 2025 when we held a series of participatory workshops with local grassroots groups, including Oxford Community

Action, AFIUK, Transition Lighthouse, Sudanese and Nepali community among others, building on the insights and learning from community members skills and knowledge. (Funding for us to convene and run workshops by Oxford University, via Oxfordshire County Council).

Healthwatch Oxfordshire then resourced it to fruition, editing and designing the guide with local designer, getting it printed, and developing it in an online format. We are developing next steps for supporting groups to use the guide, continue skills development and working with members of Oxfordshire Community Research Network.

The development of this resource took has relevance and potential to wider community development, resident voice and asset-based capacity building approaches, including Neighbourhood Health and Marmot Place, and wider health inequalities work in Oxfordshire and Thames Valley ICB.

- We heard from **851 people** across 14 **rural areas** (Deddington, Cropredy, Heyford, Yarnton, Chipping Norton, Charlbury, Long Hanborough, Freeland, Chalgrove, Sonning Common, Faringdon, Stanford in the Vale, Shrivenham and Watchfield) for Oxfordshire County Council as part of the **Marmot focus on health inequalities**. We worked in partnership with Community First Oxfordshire and heard from people through surveys, outreach and focus groups. Emerging themes include gaps around transport, housing and provision for young people, the wealth of community groups supporting health and wellbeing in rural areas and the precarity of these groups and organisations due to challenges including funding. Publication due September 2026.

- We also published **four insight summary reports**:
    - **What we heard about GP services in Oxfordshire**, April 2025 - March 2026 – summarising feedback from 786 people about GP services. While most people were positive about the quality of care they received, we also heard about challenges accessing GP services – including contacting practices and booking appointments – as well as difficulties getting prescriptions and interpreting support.
    - **What you told us about using mental health services** – summarising the experiences of more than 100 people who told us about their experiences of seeking support for their mental health during 2025. We heard from some people about long waits and difficulties accessing appropriate services, while others shared positive experiences when support was timely and compassionate. This was shared with providers and presented to the Mental Health Prevention Concordat Partnership.

- **What you told us about Cora Health** – summarising what we have heard about Cora Health (formerly Connect Health), which provides musculoskeletal (MSK) services across Oxfordshire. This report brings together feedback we have received from 90 people between January 2025 and January 2026. While some patients experienced timely and effective care, most reported difficulties accessing support. Common concerns included poor communication, unclear information, long waits, cancelled appointments, challenges booking appointments and problems with referrals. We made recommendations to Cora Health and Thames Valley Integrated Care Board – their response is published on our website.
- **Hearing from men in Faringdon** – in November 2025, we spent a morning in Faringdon talking to men about their health in support of the Oxfordshire Men's Health Partnership's annual *30 Chats in 30 Days* initiative. The conversations we had with 30 men gave us valuable insight into what affects their health and wellbeing, and highlighted practical ways that support could be improved. We shared our findings with the Oxfordshire Men's Health Partnership.

All reports are available to read via our website, together with Easy Read, provider responses, and examples of the impact of our research.

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

- St Leonard's Ward at Wallingford Community Hospital
- Ashurst Ward at Littlemore Mental Health Centre
- Katharine House Hospice

Since the last meeting we also made an Enter and View visit to the Radiology OMRI unit at the John Radcliffe Hospital.

Other activity:

- We held two public webinars:
    - **Putting Marmot Principles into Practice**, March 2026 – with speakers including Olivia Clymer, Director of Strategy and Partnerships at Oxford University Hospitals, Community Health Development Officers Lydia Avann and Alexa Bailey, and Rachel Boland from Age UK Oxfordshire
    - **Help shape Oxford Health's new strategy**, April 2026 – run jointly with Healthwatch Bucks, giving people the chance to share their feedback on Oxford Health's new five-year strategy.

Recordings of these and previous webinars and joining details are available to watch on our website.

- In **Quarter 4** we engaged directly with approximately 352 people across the county through being on the streets, attending events, hospital stands, community gatherings and Patient Participation Group meetings. Our focus during this time was around talking to people about living in rural communities, but we also attended several community events to hear from women about their experiences of using maternity services. We have had great days out talking to people at the Oxford Eid Extravaganza events in Blackbird Leys and the Sanctuary Fair in Florence Park.
- We have been participating in Neighbourhood Health workshops, to highlight the need for pathways for patients and residents to be part of the design of this shift towards care closer to home.
- Our most recent **Board Open Forum** was on **Wednesday 20th May** online.

- **Future of Healthwatch**
  Healthwatch Oxfordshire continues an independent charity to be here to listen to people using health and care services and ensuring their voices are heard by decision makers – sign up to our news bulletin to hear about our work.

  The recent publication of the Health Bill https://bills.parliament.uk/bills/4124 includes removal of statutory function of Healthwatch as an independent voice. We are working closely with health and social care system to explore future iterations for our charity.

Health Improvement Board

25th June 2026

Gambling Harms Prevention Programme for Oxfordshire: Scoping the Approach

Purpose / Recommendation

The Health Improvement Board is asked to

1. Consider the contents of this report and questions/points to discuss, as outlined within it.

- Note the new public health requirement to reduce and prevent harms caused by gambling and changes in the national landscape regarding gambling harms prevention.
- Note the interdependencies between gambling and other public health areas including mental health and wellbeing, suicide prevention, drug and alcohol use, and domestic abuse.
- Note the approach and activities proposed for Oxfordshire to support gambling harms prevention, in line with national requirements and stipulations.
- Consider and advise on the next steps outlined in this report and provide strategic oversight and input, particularly where contents relate to priority 3 of the Oxfordshire Health and Wellbeing Strategy (2024-2030) (Healthy people and healthy places).
- Consider and provide guidance on next steps required to establish and strengthen county partnership working with district authorities and third-sector organisations to support gambling harms prevention workstreams.

Executive Summary

2. This report sets out the new public health requirement to reduce gambling-related harms, supported by national funding for upper-tier local authorities. It outlines the conditions of funding and options for gambling harms prevention activities, before setting out a proposed approach for the Oxfordshire Gambling Harms Prevention Programme for the current financial year (2026-27).

Background

National Landscape and Context:

3. The Office for Health Improvement and Disparities (OHID) is the national commissioner for gambling harms prevention under the new statutory gambling levy introduced in the financial year 2025-26 (gambling harms prevention represents 30% of funding from the levy; with 20% allocated for research [commissioned via UK Research and Innovation (UKRI)] and 50% for treatment [commissioned via NHS England]). Through OHID's new gambling harms prevention programme and dedicated local authority gambling harms prevention project, £118,144 has been allocated to Oxfordshire County Council for the 2026-27 financial year. The key

conditions of funding outlined in the joint Memorandum of Understanding between Oxfordshire County Council and OHID signed off in early May includes that this funding is to be used for gambling harms prevention activity involving a health needs assessment specifically on gambling harms prevention developed in the first year, highlighting the emphasis on conducting a local health needs assessment to inform additional and subsequent preventative activity and interventions.

4. Included in the Memorandum of Understanding are strategic objectives for the Local Authority Gambling Harms Prevention Project:
   Strategic objective 1: Build local capacity and intelligence to prevent gambling-related harms, including through the development of a local gambling harms health needs assessment.
   Strategic objective 2: Strengthen local partnerships and system leadership to support a coordinated approach to gambling harms prevention and early intervention.
   Strategic objective 3: Embed gambling harms prevention within local policy, regulatory, and strategic frameworks, including licensing, planning, and wider public health strategies.
   Strategic objective 4: Increase awareness, early identification, and appropriate support for individuals, families, and communities affected by gambling-related harms.
   Strategic objective 5: Reduce health and social inequalities by ensuring gambling harms prevention activity is proportionate to local need and focused on populations at greatest risk.

5. Separately to the local authority allocation funding, OHID have provisionally allocated a proportion of the prevention funding (£25,441,281) directly to 33 successful Voluntary, Community and Social Enterprise (VCSE) organisations via a national allocation process. The objectives of the fund are:
   - To sustain and strengthen the VCSE sector to deliver equitable and innovative prevention strategies.
   - To build capacity and capability for effective and sustainable project delivery.
   - To develop an independent, evidence-based approach to public health policy decision making.

   VCSE organisations with both regional and national footprints have been allocated funding, including those operating within Oxfordshire.

Local and National Evidence on Gambling Harms:

6. A South-East Gambling Harms health needs assessment was published in June 2023. The health needs assessment defined gambling as *“gaming, betting, or participating in a lottery that involves risking losing money (or other belongings of value), for a chance to win a larger sum money or another prize. The game may involve an element of skill or luck, and the outcome is uncertain”*. The needs assessment highlighted that common gambling activities include: lotteries, instant games (such as scratch cards), bingo, sports betting, and casino, card, and dice games. Wardle et al. (2018) developed a definition for gambling-related harms as: *“the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. These harms are diverse, affecting resources, relationships and health, and may reflect an interplay between individual, family and*

community processes. The harmful effects from gambling may be short-lived but can persist, having longer term and enduring consequences that can exacerbate existing inequalities". A key recommendation from the health needs assessment was to advocate for and re-frame gambling as a public health issue to support renewed regional effort.

7. In Oxfordshire, a county-wide Joint Strategic Needs Assessment (JSNA) for gambling harms was published in 2024. The JSNA highlights a 2021 report by Public Health England which identified a wide range of gambling-related harms including: financial impacts, relationship conflict or breakdown, mental and physical health harms, cultural harms, impacts on work and education. Furthermore, societal costs on healthcare, welfare and employment, housing, and criminal justice. The key findings reported in the JSNA were:
    - That OHID estimates excess costs of harmful gambling (direct financial cost to government plus societal value of health impacts) were between £1.05-£1.77 billion for England.
    - Males aged 18-44 have the highest gambling participation rates.
    - Nationally, 26% of 11–17-year-olds reported having spent their own money on gambling in the previous 12 months.
    - Estimates for Oxfordshire state that just over 18,000 adults who gamble may benefit from some type of treatment or support for harmful gambling, and that over 10,000 children live in household with an adult who gambles who may require treatment or support.
    - Acorn geodemographic segmentation show that gambling offline is more common in the group 'low income living'; this group makes up 2.3% (around 17,000) of residents in Oxfordshire. Conversely, gambling online is more common in the group 'luxury lifestyles'; this group makes up 5.4% (around 40,000) of residents in Oxfordshire.

8. Data from OHID shows that in 2025 there were 64 gambling premises in Oxfordshire, with a significantly lower number of gambling premises per 100,000 population (8.5) than the England average (12.9). 40% (26) of the gambling premises in Oxfordshire were in Oxford, which had a higher albeit not statistically significantly different number of gambling premises per 100,000 people (15.7) than the England average. This shows that gambling premises in the county are particularly concentrated in the Oxford area.

9. Data modelling using data from year 1 (2024) and year 2 (2025) of the Gambling Survey for Great Britain was released by OHID in April 2026. These include modelled estimates based on self-reported survey responses and are therefore not true population values, which should be noted. There are a range of estimates for gambling-related harms, each with their own strengths and limitations. It is important to take a holistic view of the data when assessing gambling-related harms. The data shows that estimated proportions of the population engaging in gambling activity in Oxfordshire outlined below are statistically similar to those in the South-East region, yet statistically significantly lower than England:
    - 41.5% of adults in Oxfordshire were estimated to have spent money on any gambling activity in the past 4 weeks, compared to 46.0% of adults in the South-East and 47.5% of adults in England.

- When these estimates exclude participation in lottery draws, the proportion of adults spending money on gambling activity in the past 4 weeks decreases to 22.7% in Oxfordshire compared to 25.3% in the South-East and 27.5% in England.

The proportion of adults gambling who experience negative consequences and a possible loss of control in Oxfordshire is point estimated at 1.4%, statistically similar to the estimated proportion in the South-East (1.7%) and significantly lower than the estimated proportion for England (2.7%). Within Oxfordshire, Oxford was estimated to have the highest point estimate of adults in this group of the districts (2.1%), however this did not statistically significantly differ from other districts. The broader category of adults gambling with a potential risk of or experiencing adverse consequences in Oxfordshire is point estimated as 13.21%, or just over one in every 7.5 adults, highlighting the extensiveness of gambling harms risk and impact in the county. This data does not capture the indirect impact of gambling harms on friends, family and broader society.

Strategic and Policy Context:

10. In Oxfordshire, gambling premises licensing is primarily the responsibility of district councils under the Gambling Act (2005). The Act outlines three licensing objectives:
    - Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime.
    - Ensuring that gambling is conducted in a fair and open way.
    - Protecting children and other vulnerable persons from being harmed or exploited by gambling.

    Currently, applications for gambling premises are made to individual district councils, who are each required under the Gambling Act (2005) to publish a statement of principles for exercising their licencing functions, which must be reviewed 'from time to time' (generally interpreted as every three years). Local planning authorities also sit at the district council level in Oxfordshire and are responsible for regulating local advertising space. Gambling premises licensing and local advertising are two key local government functions which could be leveraged to support the integration of public health gambling harms prevention principles and action.

11. There are also opportunities to embed the gambling harms portfolio area more widely within organisational strategies (including the business strategy), policies, and action plans and develop capacity and leadership within the Public Health team. Additionally, within broader local and regional networks, action plans, and strategies to raise awareness and foster activity within gambling harms prevention. Key priorities for Oxfordshire County Council include gathering evidence of need locally, raising the profile of gambling-related harms across the council and wider health system, and developing a local action plan for prevention and harm reduction.

12. Gambling harms has a number of interdependencies with other core public health portfolio areas including mental health and wellbeing, suicide prevention, drug and alcohol use, and domestic abuse. Developing a cohesive approach to Oxfordshire's Gambling Harms Prevention Programme and portfolio which embeds gambling harms prevention in ways of working, upskills professionals and develops system-wide strategy, leadership and actions is therefore a key priority.

Key Issues

13. The overarching aims of the Oxfordshire Gambling Harms Prevention Programme are:
    - Greater understanding and awareness of gambling-related harms, needs (including health needs), and services in Oxfordshire. This will support the key programme aim to effectively identify priorities and develop and implement evidence-based interventions to meet challenges and opportunities and improve support for residents.
    - Improved strategic insight and planning; embedding gambling harms prevention into existing and new ways of system working and policy.
    - Enhanced capacity and leadership to support gambling harms prevention: within Oxfordshire County Council, locally, and regionally.
    - New and strengthened partnerships including within local authority, health, voluntary, community, and social sectors.
    - Evaluate outcomes and monitor progress in tackling gambling harms in Oxfordshire.

14. Key activities for the Oxfordshire Gambling Harms Prevention Programme are proposed under each of the five strategic objectives outlined in the joint Memorandum of Understanding between Oxfordshire County Council and OHID below:

Gambling Harms Prevention Activity	Proposed Actions for Oxfordshire
1. Building local capacity, capability and leadership in relation to gambling harms prevention	1. Creating responsible portfolio and designated roles in the Oxfordshire County Council Public Health team. 2. Increasing awareness and capability in the Oxfordshire County Council Public Health team as part of raising the profile of gambling harms prevention and embedding into ways of working. 3. Inclusion of gambling harms in data collection and reporting, including the Joint Strategic Needs Assessment.
2. A health needs assessment specifically on gambling harms prevention in the first year	1. Creation of a health needs assessment working group. 2. Conducting stakeholder engagement. 3. Developing the evidence base, including through literature review. 4. Collecting and analysing data for the needs assessment including community insights. 5. Mapping gambling and gambling harms prevalence and service provision. 6. Production and publication of the health needs assessment.

3. Partnership development (including VCSE engagement)	1. Identification and mapping of current VCSE organisations in Oxfordshire (supported through the needs assessment). 2. Supporting the South-East Gambling Harms Prevention Network, which has held regular meetings since January 2026. 3. Develop a further local network for gambling harms prevention. 4. Incorporate the voice of lived experience locally.
4. Policy, regulatory and environmental approaches	1. Engage with partners in district councils and planning and environment to develop and agree policy, regulatory and environmental approaches. 2. Map current policies (including advertising and licensing) and identify areas relevant to the prevention of gambling-related harms.
5. Awareness, early intervention and harm reduction activity	1. Develop an educational workstream to raise awareness of gambling harms and services locally. 2. Develop an elected members engagement plan to raise awareness of gambling harms. 3. Explore joint opportunities with services in the Public Health Directorate, across Council Directorates, and those operating across the county to raise awareness and support early intervention.

15. Gambling harms prevention particularly aligns with the following Oxfordshire Health and Wellbeing Strategy (2024-2030) priorities, with the Health Improvement Board responsible for oversight of delivery of priorities 3 and 4 of the strategy:
    - **Priority 2:** Children and young people's emotional wellbeing and mental health – *"More children and young people in Oxfordshire should experience good mental health and emotional wellbeing."*
    - **Priority 3:** Healthy people and healthy places – *"The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms."*
    - **Priority 6:** Strong social relationships – *"Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially in rural areas."*
    - **Priority 7:** Financial wellbeing and healthy jobs – *"All of Oxfordshire's people should have good living standards and financial wellbeing. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality and stable work."*
    - **Priority 10:** Thriving communities – *"We will support and enable all communities to play their key role delivering better health and wellbeing for people across Oxfordshire."*

Budgetary implications

16. This programme will be funded through the national statutory gambling levy via OHID allocated funds for the gambling harms prevention project for local authorities, these funds are ring-fenced solely for gambling harms prevention activities.

17. OHID have committed to allocating gambling harms prevention funding to upper-tier local councils for the 2026-27 and 2027-28 financial years. Allocations for Oxfordshire County Council during the 2027-28 financial year will be agreed towards the end of the financial year 2026-27.

Equalities implications

18. The Oxfordshire Gambling-Related Harms Health Needs Assessment and other gambling harms prevention activities proposed for the Oxfordshire Gambling Harms Prevention Programme will have an equalities focus and aim to both identify existing inequalities and reduce these inequalities across the county footprint.

Sustainability implications

19. Sustainability implications are dependent on the approach and activities undertaken and will continue to be assessed throughout the 2026-27 financial year and beyond.

Legal implications

This section was completed by a member of the legal service

20. The report notes that the funding allocation is designed to support councils to prevent and reduce gambling-related harms and is subject to councils meeting eligibility and governance conditions. Once those conditions are met a MOU setting out common goals and intentions must be signed by the Director of Public Health confirming that the funding will be used for gambling harm prevention activity.

21. The report further sets out how the funding is to be used locally, in accordance with those conditions, to address gambling related harms.

22. There are no further specific legal implications arising from the report.

Comments checked by:

Janice White, Principal Solicitor – ASC, SEND and Education

Risk Management

23. The key risks and mitigations which have been identified for the Oxfordshire Gambling Harms Prevention Programme include:
    - The requirements to meet the stipulations and requirements outlined in the joint Memorandum of Understanding between Oxfordshire County Council and OHID, using the full allocation of funding to support gambling harms prevention under the strategic objectives. This includes requirements to submit financial and activity reporting to OHID. The main mitigations for this

risk involve proactive planning of programme activities, timelines and outcomes, mapping and optimising spend, and early engagement with colleagues and partners to organise capacity and accommodate any changes or setbacks during the programme.

- The topic of gambling harms prevention leads to the potential for conflicts of interest to arise and therefore there is a need to be assured of the partners Oxfordshire County Council works with and involved within the Oxfordshire Gambling Harms Prevention Programme. A key mitigation will involve the use of conflict-of-interest forms to ensure transparency as part of partners' conditions for involvement in the programme.
- The area of gambling harms prevention is traditionally less recognised and embedded within the field of public health. This leads to the potential for local gambling harms prevention activity to generate interest, with work required to build awareness and understanding of this topic area and of Public Health's role and involvement.

Communications

24. A communications and engagement plan will be developed as part of implementing the gambling-related harms health needs assessment within the programme. Further engagement with elected members and people with lived experience of gambling-related harms will be an integral objective within this plan.

Key Dates

25. Activity and financial reporting will be required to OHID on a regular basis. Core activities outlined in the Memorandum of Understanding will need to be delivered within the 2026-27 financial year, ending 31st March 2027.

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June 2026

Template for Health Improvement Board reports

Health Improvement Board

25 June 2026

Reducing harm from drug and alcohol use in Oxfordshire

Purpose / Recommendation

1. The purpose of this paper is to describe the main drug and alcohol issues affecting Oxfordshire residents and set out the direction for the new Oxfordshire drugs and alcohol strategy.

2. The Health Improvement Board is asked to:

- **NOTE** the harms relating to drugs and alcohol experienced by Oxfordshire residents
- **SUPPORT AND ENDORSE** the approach to the Oxfordshire drug and alcohol Strategy, informed by the Health Needs Assessment, collaboration stakeholder workshop and wider partner engagement and **NOTE** the next steps
- **FEEDBACK** on the early strategic direction, vision and aims of the strategy
- Continue to **CHAMPION** a whole-system approach to reducing drug and alcohol harm, with a particular focus on prevention, reducing inequalities, and strengthening partnership working

Executive Summary

3. Whilst lower than national averages, Oxfordshire continues to experience substantial harm from drugs and alcohol.
4. Harm is not evenly distributed, with areas of higher deprivation, people with mental health conditions, people experiencing homelessness and other inclusion health groups typically experiencing higher compared to the general Oxfordshire population.
5. Although treatment access and outcomes have improved in several areas, and are above national averages, significant unmet need remains—particularly for alcohol dependence. Whilst performance in adult services remains strong, numbers of children and young people in treatment have declined over recent years.

6. In response, the paper sets out the early strategic direction for a refreshed Oxfordshire Drugs and Alcohol Strategy for 2027–2030, with a vision of making Oxfordshire a place where it is easier for everyone to live a life free from drug and alcohol harms. The proposed strategy is built around five aims: tackling underlying causes, addressing drug supply-related harm, strengthening prevention and early intervention, improving treatment and harm reduction, and supporting recovery and long-term success. Cross-cutting themes include reducing inequalities, tackling stigma, embedding lived experience, and improving partnership working.

Background

7. Local Authorities' statutory responsibilities for the public health services are set out in the Health and Social Care Act 2012 . This includes responsibility for a range of public health services, such as services to address drug and alcohol use.

8. In Oxfordshire, strategic oversight of this agenda sits with the Oxfordshire Combatting Drugs Partnership, a multi-agency partnership established in October 2022 as the local delivery mechanism for the national drug strategy, From Harm to Hope[1]. The partnership is chaired by the Director of Public Health and Communities and brings together local government, the NHS, police, probation, prison, treatment providers and the voluntary and community sector.

9. The current Oxfordshire Drug and Alcohol Strategy was published in 2020[2]. A new Oxfordshire Drugs and Alcohol Health Needs Assessment[3] was published in late 2025 which provided an updated assessment of need, service provision, and made recommendations for action. During April 2026, Oxfordshire partners also attended a strategic planning workshop and survey exercise to identify system strengths, gaps and priorities for further improvement. In May 2026, the Combatting Drugs Partnership annual report[4] was presented to the Health and Wellbeing Board providing a summary of delivery progress and key challenges.

Strategic fit:

10. Substance use services are an integral part of Oxfordshire County Council's strategic direction, values, and principles, as detailed in the Strategic Plan 2025–2028[5]. The Council's vision includes supporting people to live healthy lives and ensuring access to services that can improve quality of life across local communities.

11. These services also make a direct contribution to the Marmot Place Programme[6], which aims to create a fairer, healthier Oxfordshire. In particular, substance use services support the principle of 'ensuring a healthy standard of living for all' and 'giving every child the best start in life'.

12. There is strong alignment with wider council priorities such as Families First[7] and Best Start in Life.

13. Oxfordshire's drugs and alcohol strategy directly supports key strategic priorities of the Health Improvement Board[8]. It will contribute towards the following priorities:

[1] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK
[2] Item 10 - DA partnership strategy FINAL DRAFT HIB Sept 20.pdf
[3] ExecutiveSummary-DrugsandAlcoholHNA.pdf
[4] https://mycouncil.oxfordshire.gov.uk/documents/s81890/Oxfordshire%20Combatting%20Drugs%20Partnership%20Annual%20Progress%20Report_%202024-2026.pdf
[5])CC Strategic Plan 2022 to 2025
[6] Marmot Places - IHE
[7] FFP Programme guide: delivery expectations for statutory safeguarding partners in England: year 2 (2026 to 2027)
[8] Health Improvement Board | Oxfordshire County Council

- Preventing physical and mental ill health by helping individuals keep themselves healthy, identifying health issues early and providing the right support at the right time
- Closer collaboration by working more closely, collaboratively, and creatively with residents and communities, especially in areas of greatest deprivation
- Reducing alcohol-related harm.
    - Addressing unmet need for alcohol support and treatment
    - Improving earlier identification and prevention of alcohol harm
    - Close collaborative working between health and care services where there are overlapping needs
    - Supporting the vulnerable and complex needs population to address substance use and associated harms

Key Issues

14. This paper sets out a draft vision and priorities for a new Oxfordshire drugs and alcohol strategy. These priorities are informed by national strategies and guidance, such as the landmark 2021 10-year drugs strategy 'From Harm to Hope'[9], Oxfordshire County Council's 2025 Drugs and Alcohol Health Needs Assessment[10], and stakeholder engagement through the Combatting Drugs Partnership. Further engagement is planned with partners to jointly agree the priorities for the strategy, recognising the vital role of partnership and joint accountability to achieve a whole-systems approach.

15. Recognising the significant system change over the coming years due to local government reorganisation, implementation of the NHS 10 Year Health Plan[11] and implementation of the Neighbourhood Health framework[12], police reforms[13] and other system changes, it is recommended that the refreshed Drugs and Alcohol Strategy is proportionate and delivery-focused.

16. The performance of adult drugs and alcohol services remains very good in Oxfordshire, and maintaining and building on this will be an important part of the strategy.

17. Children's drugs and alcohol services have performed less well, with ongoing challenges engaging children and young people in services. The new strategy provides an opportunity as a whole system to strengthen the support provided to children and young people alongside effective prevention and education.

Summary of health needs:

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[9] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK
[10] ExecutiveSummary-DrugsandAlcoholHNA.pdf
[11] 10 Year Health Plan for England: fit for the future - GOV.UK
[12] Neighbourhood health framework - GOV.UK
[13] From local to national: a new model for policing - GOV.UK

18. In 2024, there were over 200 deaths and over 9,000 hospital admissions linked to alcohol[14] and between 2022-24 there were 65 drug related deaths[15].

19. The 2025 Health Needs assessment[16] described the following picture for Oxfordshire:

Adults

- The number of adults accessing treatment for alcohol and/or drug use in Oxfordshire has increased significantly since 2020, as has the number of adults with a substance use treatment need who successfully engage in community-based structured treatment following release from prison. This has reduced the gap between the estimated numbers of people requiring treatment and those in treatment, thus representing lower unmet need and success in services engaging with people requiring this support.
- Overall rates of alcohol dependency are lower in Oxfordshire than the England average however there is significant variation within the county
- The proportion of people with an identified alcohol treatment need who are not engaged in services (unmet need) has declined substantially in Oxfordshire since 2015/16, falling below national levels
- Overall rates of opiate and/or crack cocaine use are lower in Oxfordshire than the England average, however there is significant variation within the county
- The level of unmet need for opiate and/or crack cocaine use treatment remained relatively steady in Oxfordshire, consistently below the England average
- The number of adults in treatment for opiate use increased over the period to March 2025, but remains the hardest group to identify and bring into services
- Overall, deaths and hospital admissions for adults related to drug use are substantially lower than national averages, with rates remaining steady, compared with increasing rates nationally. However, parts of Oxfordshire have rates in line with national averages
- Overall alcohol related deaths and hospital admissions have seen a slight increase but remain substantially below the national average
- Areas within Oxfordshire with higher rates of deprivation show higher rates of alcohol related hospital admissions, showing inequality within the county
- Rates of alcohol related unintentional injuries, and intentional self-poisonings have reduced and remain similar to national averages

Children and young people

- In Oxfordshire, more than 20% of secondary school aged children report drinking alcohol at least once in the past month, and around 6% report taking something to get high or self-medicated with drugs in 2025.
- It is estimated that 4.3% of children and young people are affected by parental alcohol or drug use in Oxfordshire, equating to around 6,000 individuals and is higher than the national average.

[14] Alcohol Profile - Data | Fingertips | Department of Health and Social Care
[15] Fingertips | Department of Health and Social Care
[16] ExecutiveSummary-DrugsandAlcoholHNA.pdf

- The number of children and young people in treatment for substance use has declined over the last three years; work to identify and engage them remains a priority

2027-2030 Drugs and Alcohol Strategy – DRAFT strategic direction

20. The draft vision for the 2027-2030 strategy is for *"Oxfordshire to be a place where it is easier for everyone to live a life free from drug and alcohol harms"*

21. The key outcomes are to work in partnership to:
    - *monitor trends in drug and alcohol use, identifying emerging threats and unmet needs*
    - *prevent and reduce individual and societal harms from drug and alcohol supply and use in Oxfordshire*
    - *provide high quality and accessible services, and*
    - *enable those most impacted by drugs and alcohol to recover and thrive.*

22. This will be delivered through the following five proposed aims:

1) Shine a spotlight on, and support work to tackle, the **underlying causes** of drug and alcohol harm (such as risk factors including socioeconomic deprivation, adverse childhood experiences, poor mental health, housing instability and social isolation)
2) Target **drug supply** related violence (such as organised crime, child exploitation/county lines, spiking)
3) Focus on **prevention** and **early intervention** (such as availability and promotion of drugs and alcohol [regulation and enforcement], education and training, brief intervention and screening)
4) Provide high quality and evidence-based **harm reduction**, **support and treatment** (such as access, identification and promotion of evidence based harm reduction and treatment interventions)
5) Enable **recovery** and create conditions for **long-term success** (such as employment and housing support and preventing relapse)

23. Proposed cross cutting themes include:
    - Tackling health inequalities and reducing stigma
    - Inclusion of the lived experience voice
    - Partnership working and information sharing

24. Proposed target populations include:
    - Children, young people and families (incorporating the Think Family approach)
    - People experiencing poor mental health
    - People experiencing homelessness
    - People involved in the criminal justice system
    - Other groups experiencing complex needs

25. A detailed description of the local context and drivers underpinning each aim and priority area is described in appendix 1 .This also highlights the relevant recommendations from the 2025 HNA.

- Importance of whole-system improvement over isolated solutions

Next steps

26. The following next steps are proposed for the strategy development:

- Engage with wider partners on the proposed vision and aims and jointly develop a delivery focussed action plan, owned by the Combatting Drugs Partnership. This action plan will build on the large number of activities already underway across the system (examples set out in appendix 1) . (July 2026)
- Agree key outcomes to be delivered through the strategy and mechanisms for monitoring and evaluation (August/September 2026)
- Review the governance and terms of reference for the Combatting Drugs Partnership and its task-and-finish groups, including whether the current structure remains fit for purpose during strategy implementation. (July/August 2026)
- Ensure that the action plan is realistic and phased, recognising system priorities, capacity pressures and local government reform.

It will be critical to embed lived experience and co-production in both the strategy and the action plan

Role of the Health Improvement Board

27. The health improvement board is asked to:

28. **SUPPORT AND ENDORSE** the approach to the Oxfordshire drug and alcohol Strategy set out in this paper. This includes:

    - Proposals to publish a new drugs and alcohol strategy for 2027-2030
    - Plans to develop the strategy in partnership with local government, police, health and care, VCS and criminal justice, driven through the Combatting Drugs Partnership
    - Planned further engagement work and intention to publish the strategy in Autumn 2026 (subject to governance timelines)

29. **FEEDBACK** on the strategic direction, vision and aims presented in this paper. This includes:
    - The draft vision, 5 strategic aims, proposed cross cutting themes and target populations.

30. Additionally the Health Improvement Board plays an important system leadership role in tackling harms from drugs and alcohol. Board members are asked to:

- **Champion prevention**, early intervention and harm reduction across partner organisations, including work on stigma, the night-time economy, mental health, housing and neighbourhood approaches.
- Support ongoing **alignment with the Oxfordshire Health and Wellbeing Strategy**, Marmot ambitions and neighbourhood working, so that drug and alcohol harm is considered within broader prevention and place-based agendas.
- Encourage partners to maintain **focus on inequalities**, including the concentration of harm in specific communities and the barriers faced by rural residents, people experiencing homelessness or who are vulnerably housed, people leaving prison, families affected by substance use and under-represented groups.
- **Maintain visibility** of drugs and alcohol harm as a wider health inequalities issue, not only a treatment issue.
- Receive future updates on strategy implementation and progress, particularly where multi-agency action is needed to address barriers that sit outside specialist treatment services alone.

Role of district councils in the strategy

31. District councils are not the lead commissioners of drug and alcohol treatment, but they have a significant contribution to make to prevention, harm reduction and recovery through their influence over local conditions. In a refreshed strategy, district councils can play a crucial role in supporting:

- Housing, homelessness prevention and recovery-supportive accommodation, including stronger links between local housing pathways and substance use services.
- Place-based prevention and outreach, particularly in communities affected by deprivation, rough sleeping, anti-social behaviour, local alcohol harms or lower awareness of support services.
- Community safety, and local action on the night-time economy, using district-level intelligence to reduce alcohol-related harm and support safer public spaces.
- Licensing decisions to regulate the availability of alcohol in areas experiencing high alcohol harm.
- Controls on the promotion of alcohol through advertising, particularly towards children and other vulnerable groups.
- Local communications, and neighbourhood partnerships that help residents understand what support exists and how to access it.
- Supporting work to reduce stigma around substance use
- Stronger coordination between district, county, voluntary and health partners in local hubs or neighbourhood settings, particularly where residents have multiple and intersecting needs.

Links to other services

32. Drug and alcohol harm intersects with a wide range of services and policy areas. There are strong links with mental health, suicide prevention, housing and homelessness, domestic abuse, children's services, criminal justice, community safety, and health services. There are also opportunities to work more closely with related agendas such as gambling harm, financial wellbeing and employment support. The strategy refresh should therefore continue to frame substance use as a whole-system issue rather than the responsibility of any one service alone.

Budgetary implications

33. Funding for substance use services comes from the Public Health Grant. This is a ring-fenced grant, provided to give Local Authorities the funding required to discharge their public heath responsibilities and is spent solely on fulfilling their public health obligations. Substance use funding is allocated and ring-fenced within the Public Health grant as a requirement of the grant conditions.

34. It is estimated that investment in drug treatment yields a return of £4 per £1 invested, which rises to a total of £21 over 10 years, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care[17].

35. This paper itself does not create a direct new funding commitment. However, the evidence reviewed for the strategy refresh highlights wider system pressures and unmet need, particularly in relation to alcohol, housing support, mental health interfaces, children and young people, and recovery infrastructure. The refreshed strategy and action plan will therefore need to prioritise those actions where collective impact is greatest and where existing resources can be aligned most effectively.

Equalities implications

36. The paper is directly concerned with reducing inequalities. The Health Needs Assessment and partner engagement both show that drug and alcohol harm is not spread evenly across the county. Greater harm is experienced in more deprived urban areas, among some homeless and inclusion health populations, among people involved in the criminal justice system, and among children and families affected by substance use. Rural access barriers, cultural barriers, stigma and communication needs also require attention. Equality and inclusion impacts will need to be considered in any future service changes or commissioning decisions arising from the strategy refresh.

Sustainability implications

[17] Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK

37. There are no direct sustainability implications arising from this paper alone. However, place-based and neighbourhood approaches that bring support closer to communities may have indirect sustainability benefits where they reduce avoidable travel and improve coordination between local services.

Legal implications

The legal implications section should be completed by a member of the legal service

38. The report sets out the direction for the new Oxfordshire drugs and alcohol strategy. There are no specific legal implications arising from the same.

    Comments checked by:

    Janice White, Principal Solicitor – ASC, SEND and Education

Risk Management

Risk	Mitigation
Impact of local government reorganisation on strategy implementation	Ensure a clear and focused strategy - set and agree clear priorities and vision to guide action during period of transition Maintain strong partnership and governance arrangements Support providers to maintain delivery through procurement and contracting arrangements
Delivery becomes overly focused on treatment performance over prevention	Explicit priorities and actions to be agreed on prevention, with accountability provided through the Combatting Drugs Partnership which is chaired by the Director of Public Health Identify and track prevention related indicators
Average county-level performance masks worsening harm or unmet need in particular groups and places	Ensure use of local intelligence and performance monitored at sub-county level where available
Wider system pressures in partner agencies, including mental health and housing services, impact progress	Agree key priorities for partners and maintain close working relationships to proactively identify pressures and risks.

	Explore innovative models of delivery that support wider system pressures alongside addressing drug and alcohol harms
Lack of engagement from partners	Establish effective governance arrangements including partner responsibilities. Review and update Combatting Drugs Partnership terms of reference.

Communications

39. Consultation has taken place with a range of stakeholders via a collaboration workshop in April 2026. Further engagement is planned through the Combatting Drugs Partnership which will include engagement with people with lived experience.

40. The strategy refresh should be communicated carefully and in a way that reduces stigma. Profession-first or blaming language should be avoided. There is also scope to use the strategy to improve public and professional awareness of local support pathways and to support consistent messaging across council, health and community partners.

41. Once completed the strategy will be published on the Combatting Drugs Partnership website

Key Dates

- **25 June 2026:** Health Improvement Board consideration of key priorities and next steps.
- **Summer 2026**: Further drafting and engagement on the refreshed strategy and supporting action plan.
- **Autumn 2026**: Proposed completion and sign off by Combatting Drugs Partnership and Health and Wellbeing Board (final publication date TBC).

Report by Tom Addey, Acting up Consultant in Public Health
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June 2026

Template for Health Improvement Board reports

Appendix 1: Context and recommendations from partner engagement and 2025 HNA

Heading	Context and Health Needs	Examples of current actions already underway	Recommendations from the HNA
1. Tackling the underlying causes	• Drug and alcohol harm is closely linked to wider determinants of health, especially deprivation, trauma, housing instability and homelessness. Oxfordshire may perform well on average, but the most deprived urban communities continue to experience a higher level of harm. • The Health Needs Assessment notes that the greatest numbers of new treatment presentations come from the most deprived urban areas, while rural areas report lower presentation numbers however transport can act as a barrier to accessing support. This indicates both concentrated urban need and barriers to access in rural places. • Trauma, adverse childhood experiences and social exclusion were prominent themes in the collaboration workshop. Participants highlighted the need to intervene earlier with children and families, improve transition from children's to adult services, and better connect substance use support with wider support around mental health, domestic abuse, education, employment and income instability. • Under-represented groups may face additional barriers related to stigma, culture, language, neurodiversity, communication difficulties and service design. Partner engagement has called for more flexible, culturally and	• Significant investment in face-to-face interventions, home visits and funded travel to reduce barriers to entry for those in rural areas • Development of dedicated housing projects, supported by community substance use service for those accessing treatment or moving into recovery • Provision of Family Support and Safeguarding team within social care. An improved focus of family interventions within the Children and young people's substance use service, and improvements to pathways between child and adult substance use services • Training within services on neurodiversity as well as a project to reduce stigma planned.	• Continue close collaboration with police, probation and community safety partners to tackle drug-related crime

	trauma-informed approaches, alongside better information for professionals and communities. • Alcohol is widely available and nationally the affordability of alcohol has steadily increased over the past 30 years[18]. • Illicit substances also remain quite widely available, although the nature of some substances have changed in recent years for example through the emergence and expansion of synthetic opioid supply.		
2) Target drug supply related violence	• Drug-related crime in Oxfordshire remains below the national average at an estimated 2.8 offences per 1,000 people in 2024, but there has been a small increase in recent years. Higher rates are concentrated in urban and more deprived areas, particularly Oxford, Banbury and Didcot.	• Ongoing work with Thames Valley Police to disrupt drug supply networks and manage high-harm individuals, while improving information-sharing and coordination between community safety and treatment partners.	
3. Prevention and early intervention	• Alcohol remains the most widely used substance. Although Oxfordshire overall has lower estimated alcohol dependence than the national average, around three in four people estimated to be alcohol dependent do not access treatment, indicating substantial unmet need and the importance of earlier identification and intervention. • Stakeholder engagement highlighted strong support for expanding prevention activity beyond specialist treatment, including alcohol awareness, earlier conversations in schools and colleges, training for front-line staff, public campaigns to reduce stigma, and local outreach in communities that currently present late or not at all.	• Implementation of an alcohol harms dashboard to inform licensing decisions • Fibro-scanning within treatment services to detect liver disease • Communications plan to raise awareness of alcohol related harms including alcohol awareness week • Review of and investment in communications to ensure	• Strengthen alcohol awareness campaigns • Promotion of screening for individuals with a harmful level of alcohol intake

[18] Microsoft Word - The rising affordability of alcohol.docx

	• The HNA highlighted the importance of early intervention and case finding in high risk populations (alcohol)	increased awareness of screening, support and treatment services, • Commissioning of a new Health MOT service incorporating alcohol screening and brief advice to start in autumn 2026 • Commissioning of a new Coaching service providing online alcohol brief interventions which started in 2025	
4. Treatment and harm reduction	• Adult treatment performance in Oxfordshire remains strong. Local treatment outcomes, including successful completion and progress in treatment, are better than regional and national averages. • Numbers of children and young people in structured treatment remain below national targets. • Unmet need for alcohol dependence has improved but remains a significant treatment gap. In 2024/25, unmet need for alcohol dependence in Oxfordshire was estimated at 75%, meaning that a large majority of people with alcohol dependence were still not accessing treatment. Partners have emphasised concern about alcohol-related liver disease, alcohol-related brain injury, detox pathways and what support comes after detox. • There are important place-based inequalities in harm. Oxford City has higher drug- and alcohol-related harm than less deprived areas. The Health Needs Assessment also notes increasing hospital admissions for alcoholic	• Expansion of take-home naloxone provision to include a Pharmacy service • Commissioning of a new Pharmacy Liaison service to support Pharmacies to deliver public health services • CYP service models have been designed to meet the flexible needs of CYP and reduce barriers to entry • Grant funding provided to Street Pastor Schemes across Oxfordshire to support people and keep them safe in the night-time economy • Substance use services work with primary care and secondary care services to	• Co-production of services and integration of the viewpoints of people with lived experience • Continue to increase the availability of naloxone to wider range of services, communities and individuals and their families • Enhance night-time safety provisions to reduce risk of substance use-

	liver disease and highlights that males in Cherwell, West Oxfordshire and Oxford City are particularly affected. • Stakeholder engagement highlighted the interface between substance use and mental health as a key factor in providing effective support. • Harm reduction has strengthened in recent years. The Combatting Drugs Partnership reported major expansion of naloxone, including community pharmacy supply and carriage by police officers, and Oxfordshire has maintained successful micro-elimination of Hepatitis C. However, Hepatitis B vaccination uptake among people who inject drugs has fallen nationally and remains an area requiring attention. • Maintaining service provision, access and quality during the period of LGR is a key priority for services.	ensure smooth pathways between them to meet the substance use and health need of individuals – including at risk groups such as pregnant women.	related injuries and poisonings • Enhance partnership working with primary care services and secondary care services to improve avenues to implement and access physical health services • Incorporate the Neighbourhood Health approach alongside partners including voluntary, community and social enterprise organisations to ensure that services are locally tailored and accessible, particularly for individuals in need who have not yet engaged with treatment services

			• Ensure children and young people services are developed to deliver in line with strategic priorities and that delivery models increase accessibility and meet local needs
5. Recovery and conditions for long-term success	• Homelessness and housing instability are major treatment and recovery issues. Around 26% of new presentations to treatment services report an urgent or non-urgent housing problem, above the national average of 20%. Local partner feedback identified gaps in housing pathways.. • Feedback from partners emphasised the need to plan beyond treatment entry and detoxification, including aftercare, peer support, family support, housing, employment, and social connection. There was also support for stronger lived experience involvement and for more recovery-supportive community settings.	• Implementation of a successful Employment Individual Placement Support service within the adult substance use service to support people to access education, training and employment. • Recovery events held across the county to celebrate success and make recovery visible to people in treatment and the local community • Commissioning of a new Lived Experience Advisory Group (LEAG) underway for 2026 • (See below for housing related support)	

Children, young people, and families	• More than one in five secondary school aged children in Oxfordshire reported drinking alcohol at least once in the previous month in 2025, while around 6% reported taking something to get high or self-medicating with drugs. Although national trends are downward, these figures show that prevention and early support remain important.	• Grant funding for VCSE organ-isations to increase awareness of CYP treatment services and train staff on pathways • Co-production project within the Children and Young Per-sons Substance Use Service to review pathways and ac-cess to improved engagement with young people and uptake of treatment. • A Children and Young Peo-ple's task and finish group sits under the CDP with the pri-mary focus of increasing the number of children and young people accessing support and treatment	• Enhance support for children and young people with a greater emphasis on the whole family and accounting for risk factors such as domestic abuse • Review education and prevention initiatives within schools and colleges to ensure they reflect best practice and deliver effective outcomes
People in contact with the criminal justice system	• Oxfordshire continues to demonstrate strong collaboration across criminal justice partners. Continuity of care for prison leavers with a substance use need is substantially better than regional and national averages. • Partners emphasised the value of single access points, integrated appointments, better prison discharge planning and more consistent joint working between probation, treatment providers, housing and mental health services. • Stakeholder feedback identified a need to keep criminal justice responses closely linked to harm reduction and recovery. This included support for continued community pathways for people leaving prison, improved communication between prison and community services,	• Robust joint working between treatment services and criminal justice partners including multi-agency working • Additional grant funding utilised to enhance capacity to engage and support people coming through the Criminal Justice system • A Criminal Justice Task and Finish Group oversees performance relating to DRR,	• Support community alcohol and drug services to meet the needs of the increasing number of people on a Drug Rehabilitation Requirements (DRR) and/or Alcohol Treatment

	and more trauma-informed and person-centred approaches.	ATR and HMTR, as well as the adult prison-to-community drug and alcohol treatment measure, which remains significantly above the national and South East averages.	Requirements (ATR)
People experiencing poor mental health	• Mental health problems are a common comorbidity associated with substance use. Nationally, admission rates for drug-related mental and behavioural disorders are estimated to be around 31 per 100,000 population, with Oxfordshire reporting significantly lower rates at under 8 per 100,000 in 2023[19]. • • However, such data often only examines the more severe substance use related mental health conditions, and misses out on individuals with mild and moderate mental health issues, which have been highlighted as a major issue by stakeholders and people with lived experience. In particular, improving access to appropriate services and addressing stigma associated with substance use and mental health problems remain central priorities for the strategy.	• Substance use services work jointly with mental health services to smooth pathways between services • Ongoing support to the Alcohol Care Team • Work with Thames Valley ICB to support pathways with primary care	• Continue to engage with primary care and mental health services to strengthen collaboration and develop more accessible pathways
People experiencing homelessness	• Homelessness continues to be a major risk factor for substance use, with national research showing that individuals experiencing homelessness are much more likely to die from and drug related conditions than those in the general population.	• Oxfordshire has a dedicated housing support service within the adult substance use service to support those who are homeless or vulnerably	

[19] NHS England. Statistics on Public Health, England 2023.

	• Homelessness is a key risk factor for developing substance use disorders. Estimated homelessness population has remained relatively stable with Oxford City seeing rates higher than national averages. An estimated 26% of new presentations to treatment services across the county report an urgent or non-urgent housing problem which is higher than the national average of 20%.	housing including dedicated housing projects for those accessing treatment or moving into recovery • Existing housing project dedicated to those leaving residential treatment and returning to Oxfordshire • Existing successful peer mentoring service supporting people in recovery.	
Other groups experiencing higher needs	• Socioeconomic deprivation is closely linked with substance use. More deprived areas experience substantially greater levels of substance use and its related harm. For example, although Oxfordshire's hospital admission rates for alcohol attributable conditions remain well below the national average, the most deprived communities in Oxfordshire such as Blackbird Leys see higher rates, up to double that of the county average. • There are also clear differences in the forms of need between urban and rural areas. Urban centres such as Oxford City and Banbury show higher levels of substance use, resulting in greater demand for services. However, rural communities can face barriers to accessing services, such as difficulties in getting transport to treatment clinics. Overall, these differences highlight the importance of tailored services according to need. • Smoking remains one of the most commonly co-occurring substance use behaviours, and is associated with numerous physical consequences such as chronic obstructive pulmonary disease and lung cancer. Among	• Substance use services provide targeted outreach, in-reach and community engagement events in areas of identified need. Including the use of Fibroscan's to encourage engagement. • Substance use services provide advice and information at engagement events such as community and military health and wellbeing days across the county. • Reducing stigma will be an aim of the new LEAG service. • Adult substance use service provides smoking cessation interventions targeting groups	• Expand language and accessibility support within services, including provision of digital and non-digital information on resources available, and support for those with communication difficulties • Tackle stigma to remove barriers and reduce inequalities among groups that currently do

	those entering substance use treatment in Oxfordshire, smoking prevalence was estimated at 37% in 2021–22, significantly below the national average of 62% for treatment users but substantially higher than the general public (12%)[20]. • Domestic abuse is a serious criminal offense that often is associated with substance use. In 2023/24, 24% of domestic violence incidents occurred when the victim believed the offender(s) to be under the influence of alcohol[21]. • Both alcohol and drugs are contributing risk factors to domestic abuse, as substance use can cause behavioural changes such as heightened aggression and impaired judgement resulting in an increase in the likelihood of carrying out such acts. • In Oxfordshire, around 7,000-8,000 incidents of domestic abuse are estimated to occur each year[22]. Additionally, victims of domestic abuse are more likely to use alcohol or drugs, often to help with processing the difficult circumstances that they have been through. It is estimated that 1 in 5 victims aged 16-59 report using drugs in the last year and/or consumed alcohol almost every day[23].	such people experiencing homelessness. • Work to review and implement the substance use recommendations of the recent Domestic Abuse needs assessment will commence in summer 2026.	not access services • Strengthen the Marmot principle of proportionate universalism by continuing to develop targeted outreach work in the most deprived, urban areas and ensuring that support reaches the most vulnerable individuals. • Scoping of how to develop services in rural areas to improve uptake of services and strengthen community connections

[20] Office for Health Improvement and Disparities. National Drug Treatment Monitoring System.
[21] Violence and crime - Institute of Alcohol Studies
[22] Oxfordshire County Council internal data.

[23] Oxfordshire Domestic Abuse Strategic Board. Oxfordshire's Overarching Domestic Abuse Strategy.

District and place-based considerations	• Oxford City experiences a higher concentration of risk and harm than other districts in several measures, including higher alcohol licensing density, higher drug- and alcohol-related harm, higher levels of homelessness, and higher rates of drug-related crime in some areas. • The HNA identified that Cherwell, West Oxfordshire and Oxford City are districts where alcoholic liver disease is a growing issue, particularly among males. • Rural areas across the county may present a different type of need: fewer presentations to treatment services, but evidence from lived experience suggesting that travel and transport barriers may be impacting on access	• Implementation of a alcohol harms dashboard to inform licensing decisions	