

## **Divisions Affected – All**

**CABINET**

**27 January 2026**

### **Business Management and Monitoring Report (with focus on Public Health)**

### **Report of Performance and Corporate Services Overview & Scrutiny Committee**

#### **RECOMMENDATION**

1. The Cabinet is **RECOMMENDED** to —
  - a) Note the recommendations contained in the body of this report and to consider and determine its response to the Performance and Corporate Services Overview and Scrutiny Committee, and
  - b) Agree that relevant officers will continue to update Scrutiny for 12 months on progress made against actions committed to in response to the recommendations, or until they are completed (if earlier).

#### **REQUIREMENT TO RESPOND**

2. In accordance with section 9FE of the Local Government Act 2000, the Performance and Corporate Services Overview & Scrutiny Committee requires that, within two months of the consideration of this report, the Cabinet publish a response to this report and any recommendations.

#### **INTRODUCTION AND OVERVIEW**

3. The Performance and Corporate Services Overview and Scrutiny Committee considered a report on the Council's Business Management and Monitoring (BMMR), with a specific focus on the Public Health service area, at its meeting on 05 December 2025.
4. The Committee would like to thank Cllr Kate Gregory, Cabinet Member for Public Health & Inequalities, Cllr Dan Levy, Cabinet Member for Finance, Property and Transformation, Ansa Azhar, Director of Public Health, Kathy Wilcox, Head of Corporate Finance, Kate Holburn, Deputy Director of Public Health, Sam Read, Public Health Programme Manager, and Carys Alty, Head

of Migration Policy and Partnership, for attending the meeting and responding to questions.

## **SUMMARY**

5. The Director of Public Health clarified that his remit included statutory public health, communities and asylum and migration. The report covered the ring-fenced public health grant budget and related functions including asylum, domestic abuse, and additional grants for drug, alcohol and smoking cessation. Performance across these areas was outlined, with amber-rated issues identified for discussion.
6. The Head of Corporate Finance reported that, as of October, there was no forecast variation for public health against a gross budget of just under £43 million, which included the £37 million ring-fenced public health grant and other grants such as domestic abuse and drug and alcohol treatment. An underspend of £0.9 million for 2024/25 had been transferred to the public health reserve, now totalling £4.6 million, with a forecast drawdown of £2.7 million for 2025/26. The scale of public health funding within the council's overall budget was emphasised.
7. The issue having been raised in the Committee's September meeting when considering the performance of Children, Education and Families, the Deputy Director of Public Health introduced the children and young person's substance misuse service. It was described as a small team with dedicated workers in family centres. The service provided psychosocial interventions for prevention, early intervention, and treatment, supporting both young people using substances and those affected by others' use. Interventions ranged from brief advice and drug diversion schemes to structured treatment, with clinical support rarely required. National reporting focused only on structured treatment, which represented just part of the service's work.
8. Following the introduction, the Committee began its questioning. Its questioning focused exclusively on aspects relating to Public Health, including the implications of being a Marmot County, the adequacy of domestic abuse refuges, smoking cessation, health checks, health visits, drug and alcohol services, and support for asylum seekers.
9. The Committee makes three recommendations, which seek to bring greater clarity over how Marmot principles will be embedded throughout the Council, recognise and monitor the health benefits and risks of vaping, and to learn lessons from the Homes for Ukraine scheme in other aspects of the Council's asylum and immigration policy.

## **RECOMMENDATIONS**

10. The Committee recognises that narrowing the inequalities gap takes time and that it is important to bring about meaningful change by working in partnership with a range of organisations including the NHS. This makes illustrating

meaningful change over the course of the Council's strategic plan is challenging. Nonetheless, it remains important to know that the Council is being effective, both internally and through partnership working with the NHS and other bodies.

11. The Committee understand that currently, and for the next two years, the Council has the support of the Institute of Health Equity to understand what data say are the most pressing expressions of health inequality in the county. This will ultimately lead to a series of recommendations for Oxfordshire's health 'system' which will provide a framework for planning with partners how to implement or scale long-term interventions to tackle Oxfordshire's specific health inequalities within a challenging financial environment. It is, however, vague as to what the Council thinks it needs to do, how it will do and by when in order to reach a shared cross-system approach that will begin to deliver on the Council's Marmot objectives. Over the course of an administration, the Council has the opportunity to make significant progress towards embedding Marmot principles and establishing interventions, particularly given the input of the Institute of Health Equity. The Committee would like it to outline its plans to do this more clearly.

**Recommendation 1: That the Council clarifies its plan as to how it will lead on developing with system partners a shared understanding of and common approach to addressing local health inequality priorities.**

12. One of the key metrics monitored by Public Health is the proportion of smokers in the county, and Oxfordshire has seen significant success in this area following the launch of its Smoke Free Strategy in 2020. The percentage currently stands at approximately 7.5%, having previously stood at approximately 11%. Importantly, this number counts the number of tobacco smokers, and not those who vape. The number who vape is not monitored.
13. The Committee recognises that there is significant nuance to understanding the health impacts of vaping. For instance, for those who give up smoking cigarettes and take up vaping instead, there is a significant health benefit. However, those who pick up vaping having not previously been a smoker will experience negative health outcomes by doing so.<sup>1</sup> Basic monitoring of vaping levels, therefore, is unhelpful in understanding the impacts on public health of vaping. However, vaping clearly does carry negative health impacts, and likely outsized impacts in certain cohorts, such as the young. On this basis, it is important that the Council as the body responsible for public health in the county seeks to reduce these harms as far as possible. The first step in addressing this is to collate and monitor data. Notwithstanding the challenges, this is what the Committee recommends that the Council begin to do.

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<sup>1</sup> Details of the negative health outcomes of vaping are still contested given that vaping remains a relatively new phenomenon. Nonetheless, the following detail areas of concern which it would be preferable for non-smokers to avoid: <https://www.cdc.gov/tobacco/e-cigarettes/health-effects.html> and <https://www.hopkinsmedicine.org/health/wellness-and-prevention/what-does-vaping-do-to-your-lungs>

**Recommendation 2: That the Council devises a relevant metric or metrics to enable it to understand vaping prevalence in the county, to allow it to take informed steps to reduce its harms.**

14. The Committee devoted some time during this item to understand the Council's responsibilities and performance around asylum and immigration. One important issue explored was over the evolving immigration policy landscape, in which national government has implemented a scheme of 'community sponsorship,' which enables community organisations to host and provide practical support to resettled families.<sup>2</sup> The Council is directly involved in this process, needing to approve requests to host a family in its area so as to allow the impacts on local services to be considered.
15. It was confirmed that the Council had been involved in discussions about resettling a family, but that the application had fallen through due to the difficulties of finding appropriate accommodation. At present, no families have been resettled in Oxfordshire under this scheme. In readiness for possible new arrivals, however, the Committee is keen that Public Health reviews the successes and areas for improvement from the Homes for Ukraine scheme to ensure that lessons are learnt on the types of support necessary to help families settle, in order that any families arriving under this scheme might have the greatest chance to integrate and thrive.

**Recommendation 3: That the Council undertakes a review of the successes and areas for improvement of the Homes for Ukraine scheme to inform the types of support necessary to maximise the chances of arriving families integrating and thriving under Community Sponsorship**

## **FURTHER CONSIDERATION**

16. The Committee expects to continue its ongoing oversight of the Council's BMMR report, with the focus at its April meeting to be Adult Social Care. The Committee has also requested that a progress report be presented in December 2026.

## **LEGAL IMPLICATIONS**

17. Under Part 6.2 (13) (a) of the Constitution Scrutiny has the following power: 'Once a Scrutiny Committee has completed its deliberations on any matter a formal report may be prepared on behalf of the Committee and when agreed by them the Proper Officer will normally refer it to the Cabinet for consideration.
18. Under Part 4.2 of the Constitution, the Cabinet Procedure Rules, s 2 (3) iv) the Cabinet will consider any reports from Scrutiny Committees.

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<sup>2</sup> Additional details may be found here: <https://www.gov.uk/government/publications/apply-for-full-community-sponsorship/community-sponsorship-guidance-for-prospective-sponsors#introduction>

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Annex: Pro-forma Response Template

Background papers: None

Other Documents: None

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