

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 27 November at 14:00

Present:

Board members Cllr Georgina Heritage, South Oxfordshire District Council
Cllr Cllr Chewe Munkonge, Oxford City Council
Ansaf Azhar, Director of Public Health
Kate Holburn, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Cllr Rob Pattenden, Cherwell District Council
Cllr Rachel Crouch, West Oxfordshire District Council
Cllr Kate Gregory, Cabinet Member for Public Health and Inequalities
Clare Keen, District Officer

In attendance Katherine Howell, Healthwatch Oxfordshire
Panagiota Birmbili, Public Health Registrar
Paul Wilding, Programme Manager
Melissa Goodacre, Place shaping
John Lee, Health Improvement Practitioner
Derys Pragnell, Consultant in Public Health

Officer

Taybe Clarke-Earnscliffe

Apologies: Robert Majilton, Jayne Bolton, Cllr Helen Pighills

ITEM**Welcome**

Chair opened and welcomed everyone to the meeting.

Welcome to Solomon who is an apprentice in Taybe's team and is shadowing the meeting.

Declarations of Interest

There were no declarations of interest.

Petitions and Public Address

There were no petitions and public address.

Notice of any other business

No

Minutes of Last Meeting

Signed off as correct

Active Travel Update and Healthy Place Shaping

Presented by Melissa Goodacre, Place shaping, supported by John Lee, Health Improvement Practitioner

Melissa provided an overview of the Local Transport and Connectivity Plan (LTCP), highlighting its role as the guiding policy document for transport, including active travel and healthy place shaping strategies.

Melissa explained the integration of supporting strategies under the LTCP, such as active travel, freight, air quality, public transport, mobility hubs, and sustainable school travel.

Melissa discussed the use of local cycling and walking infrastructure plans (LCWIPs), which are required for grant funding and set out improvements for walking and cycling networks, developed with local stakeholders.

Melissa noted recent changes in data availability for walking and cycling trips, with the Department for Transport discontinuing certain statistics, prompting a shift to local sensor-based monitoring.

The purpose and application of active travel grants were described, including funding for infrastructure, staff, engagement activities, and behaviour change initiatives, with a move toward multi-year settlements based on local authority ratings.

Melissa mentioned ongoing developments and the need to adapt monitoring and funding approaches due to changes in national data and grant processes.

Healthy Place Shaping and Active Travel

John Lee introduced himself as a health improvement practitioner supporting Melissa Goodacre on the paper.

John provided an update on the Healthy Place Shaping grants, stating that £450,000 of public health funds are being distributed equally across the five districts and city over three years to support sustainability of funded projects.

John gave examples of funded projects, such as rural bike libraries in Cherwell (facing volunteer recruitment challenges) and safe cycling courses in South and Vale districts (with instructor recruitment issues).

John noted that while projects have strong intentions, momentum can take time to build due to these challenges.

The grants also fund non-active travel initiatives, such as Park Yoga.

Questions Raised During the Meeting

Cllr Rachel Crouch raised a concern about the lack of a promised crossing on a main road near West Whitley Primary School, especially with the new Windrush school not fully open, leading to safety worries for children crossing from the Windrush estate. Cllr Rachel Crouch requested Melissa to take this issue away for further investigation.

There was interest in how monitoring of cycling and walking will proceed in the future given the discontinuation of national data sources, and support was expressed for improving connections between rural villages and towns for safer active travel

Cllr Rob Pattenden asked about the implications of the discontinuation of national data for cycling and walking, expressing concern that without this data, there may be no way to compare future progress to historical benchmarks. Melissa confirmed that the discontinuation of national data is a potential problem and explained that the team had expected to receive 2024 data soon, but this will no longer be available. Melissa stated that they are planning to deploy local sensors around the county to gather their own data for monitoring walking and cycling patterns, which was already being considered even before the announcement.

Cllr Chewe Munkonge expressed support for the increase in walking and suggested that making pavements more walkable in Oxford, especially addressing uneven pavements that discourage elderly people, would be beneficial. Cllr Chewe Munkonge raised concerns about the implementation of school streets, giving examples where some schools have them and others nearby do not, leading to parking and connectivity issues for parents and students. Cllr Chewe Munkonge highlighted the lack of direct connectivity between certain schools and suggested this should be reconsidered in future planning. Melissa acknowledged that uneven pavements are a common barrier to walking, especially for those less steady or using mobility aids, and mentioned ongoing work with maintenance colleagues and a review of dropped curb policy to improve walkability. She also suggested using "Fix My Street" for specific issues. Regarding school streets, Melissa confirmed that a county-wide review is underway to assess which schools are suitable for school streets, noting that some may not be prioritized due to road type or bus routes. Melissa will ask the school engagement officer to look into Windmill School and Wood Farm, emphasizing that school streets are implemented based on school interest.

Ansaf thanked Melissa and John for their work and highlighted the effective cross-council and partnership collaboration on active travel initiatives. Ansaf shared an anecdote from Chris Boardman about the challenges of safe walking in rural areas, relating it to the importance of

removing barriers for active travel in Oxfordshire. Ansaf noted that Oxfordshire is ahead of the curve in active travel efforts and emphasized the need to continue this work. He commented on the 2023 data, suggesting that changes in work patterns post-COVID have impacted cycling and walking statistics. Ansaf raised the issue of equity, questioning whether new active travel modes are being adopted by deprived and rural communities or mainly by already empowered groups, and suggested tracking uptake in these areas to address the inverse care law. He recommended considering data collection to monitor active travel uptake in areas of deprivation and rural locations for future planning.

Cost of Living

Presented by Paul Wilding, Programme Manager

Paul provided an overview of the cost of living programme, primarily funded by the Household Support Fund from the government, which has gone through several short-term funding rounds but will move to a three-year settlement next year.

The programme started as a crisis fund focused on essential living costs and has gradually expanded to include more preventative measures.

Key areas of spending include support for free school meal-eligible children during holidays, a resident support crisis scheme, and funding for city and district councils—these account for about 80% of the funding.

The remaining funds are used for targeted projects, especially in areas of deprivation.

A new data tool, the Low-Income Family Tracker, has been introduced to better target support and identify additional benefits for low-income households, with a steering group meeting monthly to guide its use.

Planning for the next year will align the programme with strategic objectives and Marmot principles, but details depend on forthcoming government guidance, especially regarding changes to the Household Support Fund and its transition to the Crisis and Resilience Fund. There may be a shift away from blanket support (such as for free school meal children) toward more resilience-focused interventions, pending government review.

Free School Meals Administration

Cllr Chewe Munkonge asked how free school meals are administered and how eligible families are encouraged to participate, mentioning issues with families not applying at Swan School.

Paul explained that schools manage the normal application process, but the Low Income Family Tracker now allows councils to target families who appear eligible. Letters have been sent to such families, resulting in increased uptake, and this will be repeated regularly. Paul also noted ongoing stigma and other reasons for non-participation.

Auto-Enrolment for Free School Meals

Kate Holburn added that auto-enrolment for free school meals has recently been introduced, which should help address challenges related to stigma and lack of awareness.

District Council Use of Funding and Tracker

Cllr Rob Pattenden commented on the positive impact of secure funding and the Low Income Family Tracker, noting that Cherwell has used targeted letters (likely via the tracker) and small grants for food banks and community groups. Paul confirmed Cherwell was an early adopter of the dashboard and highlighted strong collaboration and uptake.

Report from Healthwatch Ambassador

Presented by Katherine Howell, Healthwatch Oxfordshire Ambassador

Katherine provided an update on Healthwatch activities since the last meeting, including the launch of a survey on end-of-life care experiences, developed with the Oxfordshire Palliative Care Alliance, to inform the Integrated Care Board's dying well strategy.

Reports published include one on trans and non-binary people's experiences with GP services, highlighting mixed experiences, barriers to accessing gender dysphoria clinics, postcode lottery for therapy, and issues with NHS records and app access. Positive experiences were also noted when GP staff were compassionate and proactive.

A major report on digital healthcare and the NHS app was shared, based on feedback from over 800 people. While many found the app useful, a significant portion struggled or were unaware of it, with barriers not limited to age or language. There is also geographical variation in app functionality, and people value human contact in healthcare.

Community research projects are ongoing, including work with South Asian women on cancer screening, people in temporary accommodation on food access, and the Chinese community, with reports expected in early 2026.

Healthwatch has conducted visits to Marston Pharmacy and is preparing reports on Watford Hospital's winter ward. Public webinars have been held on cancer care, with an upcoming session on Neighbourhood Health.

Engagement continues with rural communities and seldom-heard groups, including recent outreach in Farringdon as part of work on rural inequalities.

Katherine encouraged members to read the detailed report for further information.

A question was raised about the focus on end-of-life and palliative care, expressing strong support for this area and interest in its importance.

There was a question about whether the "postcode lottery" for gender dysphoria therapy waiting times is general across Oxfordshire or specific to certain areas. Catherine clarified that it is very much a GP practice lottery, which can relate to postcode, and varies depending on the confidence and policy of individual GPs and practices. She noted that West Oxfordshire, in particular, has fewer GPs comfortable with prescribing gender-affirming therapy, making access more challenging there.

Kate commented on the importance of the NHS app research for the analogue-to-digital transition in the 10-year health plan, emphasizing its value for the Oxfordshire approach to neighbourhood health.

Rachel asked about Healthwatch's community research, specifically regarding asylum hotels in West Oxfordshire and cancer screening for residents. Catherine responded positively, suggesting they connect after the meeting to discuss collaboration.

Performance Report

Presented by Panagiota Birmipili, Public Health Registrar, Oxfordshire County Council

Panagiota presented eight new indicators with updated data, covering healthy weight, smoking, and alcohol-related harm.

For healthy weight, Year 6 overweight and obesity prevalence is green (30.5%), slightly below target and within tolerances. Reception age overweight and obesity is amber (20.5%), above target but below the national average, with Vale of White Horse performing less well than other districts. Oxfordshire ranks third lowest among statistical neighbours for obesity prevalence.

Under-75 mortality from cardiovascular disease is green, with stable performance matching regional and national trends.

Smoking indicators are all within target and performing well; further discussion on these is scheduled for the next agenda item.

Alcohol-related harm indicators faced data sharing restrictions, reverting to annual figures. Performance remains significantly above target and national averages. Successful alcohol treatment completion has increased due to strong partnership and multi-agency work.

Panagiota invited questions on the presented indicators.

Cllr Chewe Munkonge asked why Vale of White Horse has the lowest performance in healthy weight among districts. Panagiota explained it may be due to low numbers and wide confidence intervals and suggested further investigation into healthy weight programme uptake in that area.

Cllr Rachel Crouch raised concerns about data accuracy, noting that overweight children often avoid being weighed, which may affect Year 6 obesity data.

Cllr Rachel Crouch also asked about the percentage of physically inactive children and whether the data relates only to the You Move programme or a broader group

Derys Pragnell introduced themselves as a consultant in public health, leading on physical activity, smoking, and healthy weight.

They clarified that the 4.12% figure for physically inactive children refers to general physical activity among all children, not just those in the Move Together or You Move programmes.

Derys mentioned a health needs assessment is underway to better understand physical activity in children and identify areas for improvement

Tobacco Control

Presented by Panagiota Birmpili, Public Health Registrar and Sam Casey-Rerhaye, Public Health Lead

Sam and Panagiota presented the tobacco control update, including new data, activities funded by the Smoke Free Generation Grant, and the proposed Oxfordshire Tobacco Control Strategy for 2026–2030.

Adult smoking prevalence in Oxfordshire dropped to 7.5%, a statistically significant decrease and the lowest recorded, attributed to coordinated efforts by the tobacco control alliance and local stop smoking services.

Smoking prevalence trends are declining across all districts, though district-level data has wide confidence intervals due to small sample sizes.

Priority groups with higher smoking rates include routine/manual workers, people with long-term mental health conditions, and those in social housing. The stop smoking service is required to focus on these groups, as well as people who are homeless, certain ethnic groups, and the LGBTIQI community.

The new stop smoking service is more community-based, with a mobile van, app, and partnerships with GPs, pharmacies, and community organizations. Activities funded by the grant included piloting the Allen Carr Easyway seminar, public campaigns, joining the Southeast Smoke Free Alliance, and outreach with Community First Oxfordshire and the Fire & Rescue Service.

Challenges include engaging housing providers, misconceptions about vaping, and uncertainty over long-term funding for tobacco dependency advisors in hospitals. 9 10

The new strategy aims for a smoke-free Oxfordshire (prevalence below 5%) by 2030, with specific targets for priority groups and children. Public consultation showed strong support for ambitious targets, especially for children and pregnant women.

Five strategic priorities: prevent uptake (especially among youth), support smokers to quit (with focus on priority groups), create smoke-free environments, regulation/enforcement, and partnership working.

Next steps include launching a major campaign on smoking and mental health, expanding Allen Carr seminars, and developing an action plan for the new strategy.

Questions Raised Around Tobacco

Cllr Rob Pattenden asked about the role of vaping in the decline of smoking rates and whether vaping is being considered as a major factor or tool in tobacco control strategy. Sam clarified that vaping is encouraged as a cessation tool for smokers, but there is concern about non-smokers, especially youth, taking up vaping. Research and surveys are ongoing to monitor vaping trends and inform support pathways.

Cllr Chewe Munkonge asked about the root causes of women smoking at the time of delivery, questioning links to cost of living or deprivation. Sam and Panagiota responded that while there is overlap with deprivation and other priority groups, specific Oxfordshire data is limited due to staffing issues in maternity services. National incentive schemes and targeted support are in place, but further local exploration is needed.

There were requests for feedback and suggestions from the board on challenges such as engaging housing providers and misconceptions about vaping.

Any other Business