

29th February 2024

Oxfordshire Joint Local Health and Wellbeing Strategy- role of Health Improvement Board in supporting delivery

Purpose

This is an update to the Health Improvement Partnership Board (HIB) in relation to the new Joint Local Health and Wellbeing Strategy for Oxfordshire and the HIBs role in supporting delivery of the new strategy.

Recommendations

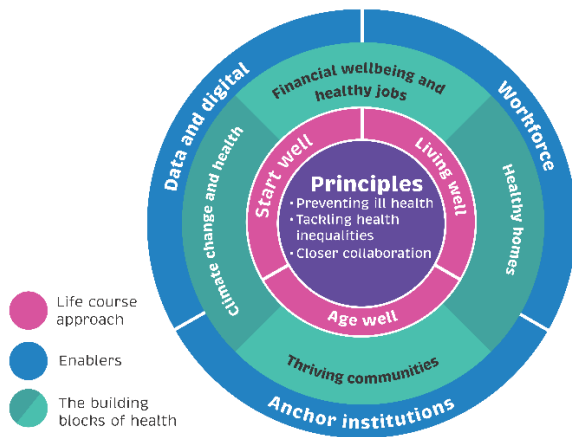
The Health Improvement Board is asked to;

- i. **Note the content of the new Joint Local Health and Wellbeing Strategy for Oxfordshire that was approved by the Health and Wellbeing Board in December 2023.**
- ii. **Review the “Live Well” priority area and its alignment to the existing priorities of HIB.**
- iii. **Agree to minor changes to HIB’s priorities in order to fully align with the Live Well priority and for HIB to become the Primary Partnership overseeing delivery of this priority**
- iv. **Work with Officers to ensure the performance reporting and agenda planning for future HIB meetings reflects these new priorities.**

Background

1. The Oxfordshire Health and Wellbeing board is required to publish a Joint Local Health and Wellbeing Strategy which lays out its strategic plan to improve health and wellbeing of local residents
2. Organisations represented on the Health and Wellbeing Board have developed a new Oxfordshire Health and Wellbeing Strategy for 2024-2030 (Annex 1), which has been informed throughout by the Integrated Care System (ICS) Strategy and the Oxfordshire Joint Strategic Needs Assessment (JSNA).
3. The strategy content has been developed through a process of early engagement with people and communities across Oxfordshire, a workshop with the Health and Wellbeing (HWB) Board, full public consultation and several HWB Board discussions. A cross-organisational Task and Finish group has led the work on behalf of the HWB Board throughout the process.
4. The strategy offers a strong, unified vision for improved health and wellbeing and will act as the primary place strategy for health and wellbeing in Oxfordshire. The Task and Finish group will then develop a delivery plan and outcomes framework which will be presented to the Health and Wellbeing Board in March 2024.
5. The Strategy has 4 sections to it, demonstrated in the figure below

Figure 1 Oxfordshire Health and Wellbeing Strategy Pin-wheel



6. The Health Improvement Board sits as a subgroup of the Health and Wellbeing Board and has had a strong focus over the past few years on the following 3 areas;
 - a. Mental Wellbeing
 - b. Tobacco Control
 - c. Healthy Weight and Physical Activity

Strategy Delivery and Relevant Priorities

7. Throughout the course of the strategy development during 2023 residents and a range of stakeholders have underlined the importance of the strategy being something that moves into action and makes a positive difference in people’s lives.
8. Therefore, the strategy task and finish group have been working over the last 3 months on formulating a Delivery Plan and Outcomes Framework to ensure effectively delivery of the strategies ambitions and accurate monitoring of it.
9. Sub-groups of the Health and Wellbeing Board, as well as other partnership forums, already exist within the Oxfordshire system and several are well positioned to be the Primary Partnership to oversee specific parts of strategy delivery.
10. The two Live Well priority with the new strategy aligns closely to the priorities of the HIB and are summarised below. The full details of these priorities are on pages 24-28 of Annex 1, and are summarised below

Live well

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 4: Physical activity and active travel
 Residents of Oxfordshire should be able to remain active throughout their lives, especially in our most deprived areas.

Figure 2- Live Well priorities from new strategy

11. Priority 3- Healthy people and healthy places has a focus on ensuring the environment residents live, work and socialise in reduces their exposure to tobacco, drivers of unhealthy weight and alcohol harm. This takes the focus beyond simply these issues as lifestyle factors to the wider context within which key health behaviours occur.
12. This approach aligns with the work HIB has focused on in recent years on the 4 arms of the Oxfordshire Tobacco control strategy- preventing people from starting smoking, smoke free environments, local enforcement, supporting smokers to quit, as well as the 4 pillars to the Wholes Systems Approach to Obesity- Healthy weight environments, prevention, support to achieve healthy weight, system leadership. The HIB would need to have a new focus on reducing alcohol related harm to full encompass the work under this priority
13. Priority 4- Physical activity and active travel underlines the importance of physical activity to at all stages of life with the multiple benefits it has for both physical and mental health.
14. This aligns to the work of different physical activity initiatives under the Oxfordshire On The Move project. It also closely aligns to the Healthy Place Shaping work that has a focus on embedding active travel opportunities across the county. This priority also references the importance of good mental wellbeing and the role accessing nature has to support this. This aligns to the mental wellbeing updates currently received to the Board.

Delivery Plan and Outcomes Framework

15. The full delivery plan and outcomes framework for the strategy is in draft form and will be presented to the Health and Wellbeing Board on 14th March 2024. It is structured with Shared Outcomes that sit under each of the strategies 10 priorities. These outcomes are the key areas of focus needed to achieve the ambition of the priority. There are then a range of existing programmes or partnerships working in these focus areas. Where there are gaps in activity to achieve these outcomes, partners will need to work together to fill these. Under each priority there are also Key Outcome Indicators which are the high-level metrics that can be used to monitor progress on achieving these Shared Outcomes. There would then be supporting indicators that sit under these that help monitor progress on specific pieces of work.
16. Whilst they are currently in draft form, these shared outcomes and key outcome indicators for the Live Well priorities are included in Annex 2 of this report. The Health Improvement Board is asked to review these and provide feedback to the Task and Finish Group on these. It is also asked to agree to changing the quarterly performance report received at each HIB meeting to be focused on the Key Outcome Indicators and the supporting indicators that will sit under these.

Budgetary implications

17. There are no direct financial implications associated with this report. The Officer resource required to develop the work has required and continues to require contribution from partners of the Health and Wellbeing Board, as agreed by the

Health and Wellbeing Board on 16th March 2023. All partners will need to use organisational resource to support delivery of this strategy.

Equalities and Sustainability implications

18. Tackling health inequalities plays a key role in the draft Health and Wellbeing Strategy. The strategy places front and centre the need to tackle avoidable and unfair inequalities in health outcomes, experiences, and access to health and care services. This guiding principle is driven by insights from JSNA 2023.
19. Staff across organisations have all emphasised that people from disadvantaged groups should have a chance to help shape the Health and Wellbeing Strategy. As outlined in this report, officers have engaged with residents from disadvantaged groups across Oxfordshire during the process of updating the strategy, especially those whose health has been adversely impacted by their respective disadvantage. Officers have drawn on existing networks and community groups to run targeted focus groups to ensure their voice is heard.
20. The process of updating the strategy itself has no direct sustainability implications. However, the final strategy includes a priority regarding the impact of climate change on health, including air quality, access to nature, and the built environment. The final strategy builds on and affirms existing partnership-wide climate action commitments, recognising the impact this has on residents' health and wellbeing.

Risk Management

21. A detailed risk assessment is not required for this work. Regular oversight and input on the strategy development and implementation is provided by the Health and Wellbeing Board and the Task and Finish group.

Appendices / accompanying documents attached

Annex 1- [Oxfordshire Joint Local Health and Wellbeing Strategy](#) especially pages 24-28

Annex 2- DRAFT Outcomes Framework for Live Well Priorities

Annex 3- DRAFT Delivery Plan for Live Well Priorities

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February 2024

Annex 2- DRAFT Outcomes Framework Live Well Priorities

Priority 3: Healthy People, Healthy Places (Live Well)	
<p>The length and quality of people’s lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight.</p> <p>People in Oxfordshire should live in healthy environments where they can thrive free from these harms.</p>	
Shared outcomes We want to see:	Key Outcome Indicators + Supporting Indicators
<p>3a. More residents living with healthy weight and reduced harm from unhealthy weight, with focus on priority groups. Using Whole Systems Approach:</p> <ul style="list-style-type: none"> i. System Leadership ii. Prevention iii. Support iv. Healthy weight environments 	<p>Percentage of adults (aged 18 plus) classified as overweight or obese Year 6 prevalence of overweight (including obesity) Reception prevalence of overweight (including obesity) Achievement of county wide Gold Sustainable Food Award</p> <hr/> <p>Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations % of the eligible population aged 40-74 years receiving a NHS Health Check Healthy Start Voucher uptake Reduction in levels of Type 2 Diabetes/Reduction in levels of Coronary Heart Disease</p>
<p>3b. Oxfordshire to become smoke free</p> <ul style="list-style-type: none"> i. Less people taking up smoking ii. Smokefree environments iii. Effective regulation and enforcement of illicit tobacco iv. More smokers supported to quit, targeting those populations where smoking rates remain high 	<p>Smoking Prevalence in adults (18+) - current smokers Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers</p> <hr/> <p>People smoking with mental health condition Smoking prevalence in pregnancy</p>
<p>3c. Reduced alcohol related harm</p> <ul style="list-style-type: none"> i. Address unmet need for alcohol support and treatment. ii. Improve earlier identification and prevention of alcohol harm iii. Close collaborative working between health and care services where there are overlapping needs iv. Supporting the vulnerable and complex needs population to address substance misuse and associated harms 	<p>Alcohol treatment completion Admission episodes for alcohol-related conditions</p> <hr/> <p>Adults engaged in evidence-based whole-family interventions Restrict clusters of premises licenced to sell alcohol Alcohol only numbers in structured treatment</p>
Primary partnership for priority	
Health Improvement Board	
Key Partnerships	Key strategies, action plans and work programmes
Oxfordshire Good Food Network Oxfordshire Tobacco Control Alliance Alcohol Partnership, Oxfordshire Oxfordshire Anchor Network	Oxfordshire’s Whole System Approach to Obesity Action Plan WSA Healthy Weight (oxfordshire.gov.uk) Oxfordshire Food Strategy Oxfordshire’s Healthy Place Shaping Action Plan Oxfordshire’s Tobacco Control Strategy and action plan - CCMT (oxfordshire.gov.uk) Drug and Alcohol Partnership Strategy NHS Joint Forward Plan BOB ICB Action Plan NHS Health Check Programme Making Every Contact Count /Here for Health programmes Healthy Start programme Stop for Life Oxon

Priority 4: Physical activity and Active Travel (Live Well)	
Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.	
Shared outcomes We want to see:	Key Outcome Indicators + Supporting Indicators
A system wide approach to physical activity, incorporating key physical activity programmes and active travel	Percentage of physically active adults Percentage of physically active children ----- Uptake of Move together /You move programmes Number of schools participating in Schools Active Programme
Whole system approach to improving access and uptake of active travel options	Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+) ----- Development of Local Cycling and Walking Infrastructure Plans Number of Cycling and Walking Activation initiatives that promote inclusion Number of Local Plans that include a specific Healthy Place Shaping policy
Recognition and action on the critical importance of being active for mental health and wellbeing	Self reported wellbeing: people with a low happiness score or ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile Percentage of people using outdoor space for exercise/health reasons ----- Adult patients recorded with a diagnosis of depression Emergency hospital admissions for intentional self-harm in all ages
Primary partnership for priority	
Health Improvement Board	
Key Partnerships	Key strategies, action plans and work programmes
Active Oxfordshire Safer Oxfordshire Partnership Community Safety Partnerships Oxfordshire Stronger Communities Alliance Oxfordshire Mental Health Prevention Concordat Partnership Group	Oxfordshire on the Move Move Together programme You Move programme Oxfordshire's Whole System Approach to Obesity Action Plan Oxfordshire Mental Health Prevention Framework 2020-2023 OxfordshireMentalHealthPreventionFramework Oxfordshire Mental Health Partnership partner programmes Oxfordshire Social Prescribing NHS Health Check Programme Making Every Contact Count programme

Annex 3- DRAFT Delivery Plan for Live Well Priorities

Strategic Priority	Shared Outcomes	How will we achieve this	Actions	How will we measure improvements	Key Partnership and Key Contact Representative	Delivery Date/ Reporting Dates	RAG Rating
3. Healthy People, healthy places							
<p>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.</p>	<p>3. a. More residents living with healthy weight and reduced harm from unhealthy weight, with focus on priority groups.</p>	<p>A Whole Systems Approach to Healthy Weight implemented by all partners focussing on :</p>	<p>Identify and collaborate with other partners/stakeholders within and outside of HWB</p> <p>Effective implementation of Oxfordshire's Whole System Approach to Obesity Action Plan WSA Healthy Weight (oxfordshire.gov.uk)</p>	<p>More adults living with healthy weight</p> <p>More children and young people living with healthy weight</p> <p>Reduced harm from unhealthy weight</p> <p>Reduced inequalities in healthy weight</p>	<p>Health Improvement Board</p> <p>Oxfordshire County Council</p>	<p>June 2024</p>	
		<p>i. System Leadership</p> <p>Collaborative working with all partners to provide strategic oversight and effective implementation</p>	<p>Effective implementation of Oxfordshire's Food Strategy 2022</p> <ul style="list-style-type: none"> - Support governance for the Oxfordshire Food Strategy - OCC Food Strategy action plan to be agreed. - Food Action Working Group (FAWG) formed in each of the City/District area to develop a local action plan - Alignment and embedding with other important policy agendas and structures - Appoint food champions as conduits for food issues and action in partner organisations (GFO action recommendation) - Food offers within partner premises and commissioned services to be in line with Government Buying Standards for Food and Catering 	<p>Action plans agreed and implementation started</p> <p>Monitoring and evaluation of food action plans</p> <p>Audit/review of contracts</p>			

			Services (GBSF) (Section B nutrition).					
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		<p>ii. Prevention</p> <p>Whole school approaches to food and healthy weight</p> <p>Improved access to healthy foods, especially for priority groups</p> <p>Vibrant, healthy communities that have access to skills and spaces for sharing knowledge and support.</p>	<p>Pilot project in priority neighbourhoods; Strategic School Food and Physical activity advisor to support schools implementation (2024-26)</p> <p>Improve uptake of Healthy Start initiative across the county and ensure support is in place for vulnerable families key groups like pregnant women, inclusion groups including social marketing campaigns (promoted by HV teams, homestart)</p> <p>Expand and strengthen existing services and programmes aimed at those at risk of food poverty, including Community Food Networks (foodbanks, larders, and fridges), Healthy Start Vouchers, Holiday Activities and Food.</p> <p>Promote and support community groups and businesses working for a better food system through public procurement and access to resources</p> <p>Promote Oxfordshire Good Food Charter and join network for collective action for a better food system for everyone in Oxfordshire</p> <p>Support Community Wealth Building approaches to preventing food poverty, building resilient communities, and developing skills, jobs, and enterprises that retain wealth locally.</p> <p>Councils and major institutions commit to being anchor organisations, increasing local procurement, making local assets available to local enterprises, and</p>	<p>Case study reports from pilot schools – evaluation measurements for whole schools approach</p> <p>HSV uptake (available by LA) – as percentage of total entitled/eligible beneficiaries</p> <ul style="list-style-type: none"> - Evaluation of campaigns <p>Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations</p> <p>More eligible people accessing existing schemes that tackle health and nutrition inequality</p> <p>Case study reports</p> <p>Progress measures in programmatic evaluation</p>			
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		<p>Awareness and promotion of healthy diet</p>	<p>championing local enterprise.</p> <p>Recommendation report for cooking and healthy eating activities. To inform future approach for interventions and increase uptake in key target groups (life transitions; leaving home or becoming a parent).</p> <p>Amplified national and local campaigns on healthy eating and food for example Eat Them to Defeat Them, Switch Up Your Lunch Deliver a learning and skill development offer for early years and childcare settings for healthy eating and food provision</p>	<p>Progress measures of programmatic evaluation</p>			
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		<p>iii. Support</p> <p>Reduced diet-related ill health and health inequalities related to unhealthy weight</p> <p>A workforce that is confident talking about and supporting healthy weight</p>	<p>Commission an all age healthy weight service to include bespoke programmes for diverse and multi-ethnic communities, for people with mental health conditions, learning disabilities and healthy weight in pregnancy</p> <p>Develop an adult healthy weight pathway across the system to connect offers in primary care with specialist services and improved uptake of support services in Oxfordshire.</p> <p>NHS health checks ongoing programme</p> <p>Support dissemination of information on healthy weight action to professionals in health and care organisations</p> <p>Support Making Every Contact Count local training and MECC requirement Support Here for health training and requirement – OUH Trust</p> <p>Continued support of social prescribing processes, referral pathways and community resources.</p>	<p>Healthy weight screening/uptake of CHD/diabetes screening</p> <p>Prevalence of Type 2 Diabetes/Coronary Heart Disease</p> <p>Number of people with healthy weight in priority populations</p> <p>Uptake of NHS health checks</p> <p>Referral and attendance of newly diagnosed to educational courses to support self-management</p>			
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		<p>iv. Healthy weight environments</p> <p>Adopt Healthy Place Shaping approach to Healthy Weight</p> <p>Embed healthy and sustainable food and healthy weight environments within existing policies, plans, and targets</p> <p>Take opportunities to shift the environment toward being more healthy</p> <p>Building relationships between food retail and health sectors</p>	<p>Implementation of Oxfordshire's Healthy Place Shaping Action Plan</p> <p>Local plans to consider including one of the following:- No new hot food takeaways within 400metres of school (preferred)</p> <p>No new hot food takeaways in geographical areas within the district with consistently high levels of excess weight</p> <p>High Fat Salt Sugar advertising restrictions in place (policy) Continue to Review and shared best practice around shifting advertising in the Oxfordshire from High, Fat, Salt and Sugar (junk food) to healthier food advertising. Assessment of advertising spaces in Oxfordshire and who owns those spaces underway.</p> <p>Oxfordshire Good Food Retail project - to support convenience stores to improve access to healthier food options (targeted in areas of highest excess weight – delivery 2023 - 25)</p>	<p>Achievement of county wide Gold Sustainable Food Award (universities/anchor institutions/district +city councils/VCSO, businesses) is a good system wide indicator, the framework assesses the whole County against areas including diet related ill-health, food poverty, talking climate emergency, catering and procurement.</p> <p>Priority Places for Food Index- Measures a variety of domains (composite measure) to estimate food insecurity risk, used as a tool for informing areas to target projects/interventions</p> <p>TBC: FEAT tool Local Planning data</p> <p>Evaluation of pilot projects</p>			
	3b. Oxfordshire to become smoke free	<p>i. Less people taking up smoking</p> <p>ii. Smokefree environments</p> <p>iii. Effective regulation and illicit tobacco enforcement</p> <p>iv. More smokers supported to quit, targeting those populations where smoking rates remain high</p>	<p>Ensure smoke free pathways are in place through all NHS services.</p> <p>Smokefree communities to protect our residents from tobacco related harm and the harms of second-hand smoking.- Smokefree Communities Toolkit</p> <p>Embedding smoking cessation adverts into housing association regular communications with their tenants</p> <p>Housing officers completing VBA training</p>	<p>Smoking Prevalence in adults (18+) - current smokers</p> <p>Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)</p> <p>Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers</p>			

			<p>Stop for Life Oxon local stop smoking service</p> <p>Schools engagement work on local youth smoking and vaping</p> <p>Trading Standards enforcement work around illegal vape sales</p> <p>National Swap to Stop scheme with the aim of expanding the provision of free e-cigarettes to all Oxfordshire residents and with a promotional push to NHS and Social Care staff to support them to quit smoking.</p> <p>Tobacco Dependency Advisors within healthcare services to distribute voucher codes for e-cigarettes to patients</p> <p>Pilot schemes – Stop for Life Oxon referral from Citizens Advice Bureaus</p> <p>Stopping the start: our new plan to create a smokefree generation – new measures to be implemented</p>	<p>HIB 1.12 Reduce the level of smoking in pregnancy (quarterly)</p> <p>Tobacco dependency services process measure – currently reporting to ICB</p> <p>Process indicators</p> <ul style="list-style-type: none"> - Trading Standards indicators - TBC <p>Swap to Stop scheme - Stop Smoking Services Quarterly Monitoring Return.</p>			
	3c. A reduction in alcohol related harm in Oxfordshire	<ul style="list-style-type: none"> i. address unmet need for alcohol support and treatment. ii. Improve earlier identification and prevention of alcohol harm iii. Close collaborative working between health and care services where there are overlapping needs iv. Supporting the vulnerable and 	<p>Alcohol Partnership and the Alcohol and Drugs Strategy</p> <p>Alcohol treatment services through Turning Point</p> <p>Making Every Contact Count local training and MECC requirement</p> <p>NHS Health Checks with good levels of take-up across the county. Checks include AUDIT to assess risk of harm from drinking alcohol.</p> <p>Identification and Brief Advice Training commissioned by Public Health for a range of organisations</p>	<p>Current HIB Measures - PHOF C19a,b,c- successfully completing treatment the proportion of all in treatment who successfully complete treatment and do not represent within six months</p> <p>PHE C19 Drug and alcohol treatment completion and drug misuse deaths</p> <p>Reduction in alcohol attributable hospital admissions</p> <p>Reduction in A&E attendance for alcohol related injury or ill health</p> <p>Alcohol only numbers in structured treatment</p>			

		<p>complex needs population to address substance misuse and associated harms</p>	<p>Community Safety Practitioner based in A&E – following up all patients who attend due to alcohol use</p> <p>Here for Health offering advice and support to patients, relatives and staff at OUH hospitals</p> <p>Offer alternative access points for alcohol services to increase accessibility to the whole population, including those drinking at harmful but not hazardous levels. Eg. Access to Self help for all levels of alcohol users - including Drink Coach app</p> <p>Licensing policy and enforcement by District Councils - Restrict clusters of premises licenced to sell alcohol</p> <p>Health Promotion about the impact of drinking on health in schools and colleges</p> <p>Reducing the risks to children and young people associated with substance misuse - within action plan – see Supporting Families Framework/ Early Help assessment and referral</p>	<p>Identification and Brief Advice / referrals in primary care are increased.</p> <p>Audit/review of Local policies and plans</p> <p>Adult engaged in evidence-based whole-family interventions with evidence of adult implementing those strategies and improved outcomes for children and the family</p> <p>Adult/ Child engaging with, and benefitting from, appropriate level of support and completing specialist treatment, if necessary</p>			
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Strategic Priority	Shared Outcomes	How will we achieve this	Actions	How will we measure improvements	Key Partnership and Key Contact Representative	Delivery Date/ Reporting Dates	RAG Rating
<p>4. Physical Activity and Active Travel</p> <p>Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.</p>	<p>A system wide approach to physical activity, incorporating key physical activity programmes and active travel</p>	<p>Every child learning to swim, ride a bike and be active for 60 minutes per day</p> <p>Whole School Approach</p> <p>Older people and those with long term conditions moving more</p> <p>Increased physical activity levels in priority neighbourhoods, levelling the playing field.</p> <p>Joined up collaboration and investment in working together in the community to reach and engage people with health conditions, at-risk groups and older people.</p> <p>Co-ordinated local and national campaigning to promote active lifestyles and raise levels of health literacy.</p>	<p>Continued implementation on Oxfordshire on the Move action plans by Active Oxfordshire – the physical activity and sports partnership for the County</p> <p>Expand provision of subsidised/free physical activity for families eligible for free school meals – the ‘You Move’ programme</p> <p>Develop a schools active programme</p> <p>Promotion of PE Pupil premium to schools to enable schools and nurseries to be active learning environments and adopt the Daily Mile</p> <p>Expand the ‘Move Together’ programme helping adults with long term health conditions to move more</p> <p>Work together to target parents & children who are inactive e.g. FAST – families active, sporting together</p> <p>Early Help assessment and referral, intersectoral collaboration</p> <p>Community Safety partnerships enabling confidence that open spaces are safe</p> <p>MECC, social prescribing pathways and training/development programmes around Moving Medicine for primary and secondary practitioners.</p>	<p>Key Impact Indicators: Percentage of physically active adults Percentage of physically active children</p> <p>Percentage of adults considered inactive to decrease Percentage of adults 65+ considered inactive to decrease</p> <p>Activity by sex, ethnicity, deprivation levels</p> <p>General physical activity data from active lives survey</p> <p><i>Process Measures:</i></p> <p>Uptake of You Move programme</p> <p>Number of schools participating in Schools Active Programme and a measure around implementation</p> <p>Uptake of Move Together Programme</p> <p>Evaluation of MECC/social prescribing/Here for health</p>	<p>Health Improvement Board</p>	<p>June 2024</p>	

		Increase knowledge and capabilities of the Health Care Professional network across Oxfordshire	Making Every Contact Count local training and also a requirement in NHS Standard Contract	Evaluation of health promotion campaigns			
	Whole system approach to improving access and uptake of active travel options	<p>More cycling and walking to workplaces and school, especially among underserved populations</p> <p>Improved cycling and walking routes across the county.</p> <p>Work with local government and OXLEP to encourage business investment that will provide a range of local work opportunities that enable active travel</p> <p>Develop a coordinated approach between local councils and voluntary organisations to promoting walking and cycling.</p> <p>Implementation of Healthy Place Shaping objectives</p> <p>Work with developers so any new developments have cycling and walking routes that effectively connect with existing active travel infrastructure.</p>	<p>Effective implementation of Healthy Place Shaping action plan</p> <p>Include policies promoting physical activity in local plans</p> <p>Ensure all health and social care organisations have an active travel plan and monitor active travel levels.</p>	<p>Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+)</p> <p>Utilisation of outdoor space for exercise / health reasons</p> <p><i>Process Measures:</i></p> <p>Percentage of Health and social care organisations to have a active travel plan</p> <p>Development of Local Cycling and Walking Infrastructure Plans</p> <p>Number of Cycling and Walking Activation initiatives that promote inclusion</p> <p>Number of Local Plans that include a specific Healthy Place Shaping policy</p>			
	Recognise and action the critical importance of being active for mental health and wellbeing	<p>Supporting community groups, local sports clubs and voluntary organisations across the county</p> <p>Targeted funding for people with or at risk of long-term</p>	<p>Leisure Services, Parks and Green spaces provided by District Councils</p> <p>NHS Health Checks with good levels of take-up across the county. Checks include levels of physical activity</p>	<p>Self reported wellbeing: people with a low happiness score or ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile</p>			

		<p>health conditions (including mental health) to provide activity and exercise in prevention / treatment pathways.</p> <p>Leisure Services, Parks and Green spaces provided by District Councils</p>	<p>Health and social care professionals to promote Better Health NHS advice and guidance, including Every Mind Matters</p>	<p>Utilisation of outdoor space for exercise / health reasons</p> <p>Process measures: NHS check up uptake</p>			
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