16 November 2023

A Strategic Update on Healthy Place Shaping

Purpose / Recommendation

The purpose of the paper is to provide a Strategic Update that reports on:

- the findings of an evaluation into the effectiveness of healthy place shaping as an approach
- the results of a needs assessment to determine where and what to focus future healthy place shaping activity in Oxfordshire

The Health Improvement Board is requested to note the findings of the evaluation and to support the recommendations of the needs assessment in the future delivery of healthy place shaping by partners across the system.

Background

1. In Oxfordshire people in some of our communities are living in poor health for many years and dying earlier than they should. This is not due to problems with access to health services but because there are unfair differences in the environment in which they live and work. The Health Improvement Board has a central role in reducing these health inequalities because its members can influence the basic building blocks of health: education, work, food, transport, access to nature, air quality, the strength of family, friends and community networks. These factors account for 80% of our health and wellbeing [1] and are driving persistent and worsening inequality across our county, highlighted by the impact of Covid and made even more acute by the cost-of-living crisis.

2. Since 2019 Oxfordshire's system partners have been working together to collectively address these wider determinants of health, strengthening these building blocks in places of greatest need, through healthy place shaping.

3. Healthy place shaping (HPS) is a systems wide approach which aims to create sustainable, well designed, thriving communities where it is easy to be healthy and which provide a sense of belonging, identity and community. It involves action across the following three key workstreams:

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[1] Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. American Journal of Preventive Medicine 50(2):129-135. https://doi.org/10.1016/j.amepre.2015.08.024

- **The built environment** – Shaping the built environment, green spaces and infrastructure at a local level to improve health and wellbeing.
- **Community activation** – Working with local people, local community organisations, businesses and schools to engage them in developing places, facilities and services which create health
- **New models of care** – Re-shaping health, wellbeing and care services, and the infrastructure which supports them, to prevent future poor health and wellbeing.

4. HPS is both an approach and a programme of work. HPS principles need to inform policy and strategy but place based activity is also required to deliver tangible change to improve the building blocks of health. In so doing HPS also supports essential action to address the climate emergency as strengthening the building blocks of health and reducing our carbon footprint are deeply interconnected.

5. In 2019 the Growth Board (now Future Oxfordshire Partnership) agreed that it should be a cross cutting theme across its work programmes and the Head of Healthy Place Shaping in Public Health was asked to lead this activity, working with a network of officers drawn from the County, District and City Councils. This was identified as a key mechanism for linking health with planning and creating healthy communities was identified as a key part of the Strategic Vision for Oxfordshire. Progress in scaling HPS across Oxfordshire is reported here.

6. In 2019 the Health & Wellbeing Board included HPS as a key priority within its strategy and within Oxfordshire's Prevention Framework and delegated responsibility for reporting on progress to the Health Improvement Board. Progress reports have been provided to the Board on a yearly basis; the focus of this year's paper is to report on the findings of a three-year evaluation (funded by Sport England) of the system approach of healthy place shaping and those of a health needs assessment of healthy place shaping. The needs assessment was commissioned by OCC's public health team to gain a better understanding of the impact of healthy place shaping work to date, and to identify where there are gaps in our work and which are the priority interventions which will strengthen the building blocks for health. This is both to focus the public health team's programme of work and to inform the strategies and policies of our wider system partners including the new Health & Wellbeing Board strategy. There is also an additional paper that outlines specific action being taken to improve air quality across the county.

Key Issues

Healthy Place Shaping System Evaluation Findings

7. The health needs assessment has drawn on evidence and data generated by the three-year systems evaluation of HPS to understand its impact and gaps that need to be addressed in future work. The systems evaluation has been

completed by PHAST, an external specialist public health consultancy; its key findings are summarised in Table 1 and the following bullet points below:

Table 1: Key Mechanisms for Delivering Healthy Place Shaping

What is driving change?

Effective Systems Working and Place Based Programmes, based on:

- **Relationships:** Post Covid systems working is stronger across Oxfordshire and supports Healthy Place Shaping
- **Behaviour:** Healthy Place Shaping Behaviours and way of working
- **Common Purpose:** There is a community of stakeholders with a shared understanding as to how HPS can promote healthy communities and a desire to work together to deliver change
- **Strategy:** Healthy Place Shaping Principles are being embedded in Policy and Strategy across Oxfordshire
- **Interventions:** The review confirmed that there is good evidence to support the programme of interventions taking place in Oxfordshire. But more evidence is needed to identify which activities might have the most impact
- **Data:** more consistent use of common metrics and evaluation tools; recognising the importance of stories and statistics
- **Sharing Learning:** across local authority, VCSE and health and social care
- **Resources:** HPS as an approach is not resource intensive but funding is required to demonstrate tangible improvements for local communities

PHAST
HEALTHIER OUTCOMES FOR EVERYBODY

- HPS is addressing a broad range of the priority health needs and challenges across Oxfordshire through action on some of their determinants.

- While there are limited data on the impacts of HPS on the whole population or on specific communities, HPS has started to use data more systematically to understand the impacts of specific initiatives and on the whole population including communities with higher deprivation levels.

- Much of the evaluation has been focused on understanding what is driving change and identifying levers and contextual factors. This has shown the importance of the system approach, behaviours and leadership as well as the importance of more upstream interventions that influence strategy and policy. The HPS systems behaviours (see Annex 1) are being demonstrated in many of the HPS-related meetings; however, behaviours have not been embedded at a more senior strategic level.

- The findings recommend that HPS should continue to be funded to be embedded across Oxfordshire, using HPS as both a programme of work and as an approach. Programme work - including specific targeted projects in our most communities with greatest needs - is necessary alongside more systems-level approaches, in order to demonstrate to the population, community and leaders, how local activities can improve health and wellbeing.

Successes and challenges in the three workstreams:

8. Built environment

This has been the most successful workstream, with many projects focused on creating places to support physical activity such as 'Bicester's Blue line' interactive wayfinding project. At a policy level, HPS is increasingly included in local plans such as the Local Transport & Connectivity Plan, and in planning policies including 20-minute neighbourhoods, community activation and active travel. The new Health Impact Assessment toolkit and its integration into the planning process has been an important success. There is an active planning officers' network to get HPS principles reflected in new developments.

9. Community Activation

Successes include good demonstration projects such as the wayfinding project in Kidlington, with residents directly involved. A renewed focus on nature and HPS input to the Local Nature Partnership has meant that its work seeks to ensure Oxfordshire is a county where people and nature thrive. Good existing relationships helped the activation of local community support during the early covid lockdowns and in the cost-of-living crisis to develop cross system support to address poor housing conditions and reduce energy costs.

10. New models of care

There has been good progress in supporting the delivery of The Oxfordshire Way and promoting prevention to ensure that people are able to live independently in their own home with community support. However, there has been less progress with NHS engagement, partly due to the pressure of covid, recovery and reorganisation on the NHS. There is a specific issue with infrastructure where there is seen to be a disconnect between developers who would like to be able to plan for a small two or three partner GP practice on their big development to attract residents, and the new model of primary care that tends to focus on bigger 'health hubs'. There is also a lack of capacity within the NHS to progress estates issues.

The new Integrated Care System offers a renewed opportunity for HPS to connect with the NHS on HPS in relation to prevention, inequalities, social value and connections to the voluntary sector.

Strategic Recommendations:

11. The evaluation also made a number of recommendations:

- HPS is an effective programme and approach, and it would be appropriate to continue to invest public funds into HPS

- Continue to invest time and resource in building a community of stakeholders to support HPS across Oxfordshire and strengthening the existing network. This should continue to include people from statutory and voluntary sectors and people from the local communities

- Move towards 'distributed leadership' across HPS. This means training and professional development across the HPS network so that leadership for HPS is shared rather than resting in one or two individuals

- This HPS community should be encouraged to adopt both the ethos and definitions of Healthy Place Shaping, and also the HPS behaviours

- Encourage professionals and organisations to cross traditional boundaries in their work

- Consider the need for training/professional development programmes on population approaches to public health, and effective communications

- Further embed HPS 'upstream' into policies and strategies of all organisations across Oxfordshire in order to ensure sustainability of HPS

- HPS should direct its activities as "upstream" as possible, focussing on policies and strategies that address the wider determinants of health

- Develop an approach to better engage with health organisations to address the HPS new models of care work stream and inequalities

- HPS needs to sustain its focus on inequalities both within the development of the HPS programme itself and in further evaluation work

Health Needs Assessment Findings and Recommendations

12. The needs assessment identified a number of high-level recommendations. While these are largely structured around the three HPS workstreams, they also include specific recommendations on inequalities and on more strategic cross cutting issues.

13. **On HPS overall**
    - HPS should continue to be supported to develop its potential to improve health and decrease inequalities in Oxfordshire, both as a programme and as an approach.

    - HPS should retain the focus on the 3 workstreams, but also specifically recognise cross cutting activities [below]. In addition, HPS should explicitly take a "Health in All Policies" approach within and across the 3 workstreams and continue to collaborate with wider partners.

14. **On inequalities**
    - Retain the HPS focus on the current 10 most deprived areas across Oxfordshire.
    - If more resources are available, identify and focus on small MSOAs of high deprivation elsewhere within each District. These should be recognisable communities.

- Ensure that coordination of Oxfordshire wide and intra-organisational approaches and activities related to inequalities is improved.
- Specifically consider how to identify and enable better access to health and well-being for those individuals and sub populations with the greatest need.

15. On each of HPS's workstreams

16. Built environment
- The approach to Health Impact Assessments is good and well received but needs to go further into Health in All Policies.
- Build in access to nature / green spaces / climate change adaptation and mitigation more.
- Explore how to improve the use of section 106 by better training and links with NHS / ICBs / other organisations or funding sources.
- Look at how to improve existing urban environments, drawing on good practice elsewhere.
- Consider how to address existing housing infrastructure / quality, including via Housing Associations.
- Consider whether it is possible to amend existing planning permissions to include provision for health and healthy behaviours.
- Use licensing mechanisms to control gambling, fast food, alcohol etc.
- Consider how to use leisure centres better and differently e.g. co-location with social prescribing and other services, with their role one of supporting physical activity not just as a physical building.

17. Community activation
- This is central to all HPS but be creative about how to support and drive it, so use social media as well as existing third sector organisations.
- Continue to use asset-based approaches, behavioural insights and small grant approaches.
- Explore how to connect locally with PCN activity including health coaches and social prescribers.

18. New models of care
- Consider re-naming this workstream
- New Models of Care needs to focus on prevention including population health management prevention activities and social prescribing.
- Use opportunities offered by anchor institutions for HPS prevention initiatives with communities, patients, workforce and environment.
- Use opportunities offered by Oxfordshire Way for prevention in the community

19. Cross cutting activities
- Strengthen high level strategic partnerships with NHS including both ICB and PCNs.
- More specific place-based initiatives should be developed bottom up, drawing on good community activation.

- Develop a strategic and operational communications plan covering communications about HPS and its initiatives with/to public [including social media], between and within organisations
- Consider banning advertising of unhealthy products broadly or near schools, learning from experience of other areas' achievements
- Recognise and build on the role of national partners in supporting local strategy and development.
- Sustain focus on use of data to support evaluation and to drive change and progress. Expand the basket of HPS indicators reported for the first time in the 2023 JSNA and encourage use of a Minimum Data Set for HPS projects
- On funding, beyond HPS's specific resources, there is a need to resource inequalities better, including trying to mainstream increased investment in prevention.

20. As part of the needs assessment there was discussion with system partners as to priority areas for action given the ongoing impact of the cost-of-living crisis and the legacy of Covid on communities. These priorities are summarised in Table 2 and were broadly supported by system partners.

Next Steps

21. The findings of the HPS evaluation and needs assessment will inform the recommendations of the new Health & Wellbeing Board strategy and delivery plan.

22. System partners have been involved in the health needs assessment process and it is hoped that the recommendations reflect and align with their organisation's strategic priorities. Discussions will be held with each of the District and City Councils, with NHS partners, and with the VCSE to agree how collectively we can ensure their delivery, recognising the resource constraints that all organisations face in the current financial climate.

23. Following discussions with partners a delivery plan for further embedding healthy place shaping in Oxfordshire will be developed and shaped by the Health Inequalities Forum and brought to the Health Improvement Board for approval.

Budgetary implications

24. The system evaluation identified that HPS is a cost-effective approach to promoting prevention. It does require investment as a programme of work and the needs assessment identifies where resources should be prioritised. It is hoped that the findings of the evaluation and the needs assessment will be used by partners to make the case for ongoing investment in HPS from their organisation.

25. **Table 2: Healthy Place Shaping System Priorities 2023-26**

Focus	HPS pillar	Key external partners	Proposed activity
Support Cycling and Walking Activation to increase physical activity – especially in communities with greatest need	Built environment and community activation	District Council sports and leisure teams and environmental health teams, VCSE	Cycling and Walking Activation programme – partnership steering group to increase active travel
Promote green prescribing and access to nature to improve mental wellbeing	Built environment and community activation and new models of care	PCNs, District Council, community development and conservation officers, VCSE	Support the work of the Local Nature Partnership and development of the Local Nature Recovery Strategy. Promote place based activities to promote access to nature
Provide support to Oxfordshire Inclusive Economy Partnership (OIEP)	Community activation	District Council Economic Development teams, VCSE, OXLEP, major employers	Support the OIEP delivery plan and the development of an anchor network to promote a more inclusive economy
Promote warm, safe homes	Built environment, new models of care	District/City Council Housing teams, VCSE, PCNs, ICS, Community Health Services, PI	Better Housing, Better Health services and increased engagement with housing associations
Promote asset-based prevention through the Oxfordshire Way Support population health management that promotes prevention	New models of care and community activation	PCNs, ICS, Community Health Services, District Councils	Promote new models of care that support prevention through asset based approaches
Support ongoing work between health and planning	Built environment	District/City Council/OCC planners, developers, consultants	Provide data and advice to inform Local Plans to ensure that they identify creating healthy communities as a strategic priority. Proactively inform the plans of strategic developments, including using Health Impact Assessment to encourage the creation of healthy enabling environments
Promote climate action Take action to improve air quality	Built environment	District/City Council, ICB, NHS Trusts/environmental VCSE	Work to reduce air pollution and support activities that reduce the health impacts of climate change and that support delivery of net zero targets

Equalities and Sustainability implications *[considering the impact on our customers]*

26. HPS aims to focus support for places and people within communities that experience greatest inequalities.

Communications

27. HPS has reported to both the Future Oxfordshire Partnership and the Health Improvement Board. A paper reporting on progress is scheduled to be presented at the meeting of the Future Oxfordshire Partnership on 30 January 2024.

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November 2023

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Annex 1: System Behaviours that Support Healthy Place Shaping

SYSTEM BEHAVIOURS DELIVERING HEALTHY PLACE SHAPING IN OXFORDSHIRE

ENGAGING COMMUNITIES IN A WHOLE SYSTEM APPROACH
including consultation and involvement in every step of the process, from priority-setting through to implementation, learning, and development of the programme.

PROMOTING A LEARNING CULTURE
that encourages innovative approaches to learning and reflecting on successes and failures and feeding this learning back into the development of the programme. Understanding how and when learning from one place may or may not be applied to another.

TAKING A POPULATION APPROACH
notably using a healthy equity lens to ensure actions help to reduce inequalities, and carefully observing and acting on any unintended consequences of our actions. Seeing the world through the eyes of community members.

COMMUNICATING EFFECTIVELY
including engaging with leaders in the system and developing shared communications approaches that engage stakeholders and members of the local community. Sharing stories and experiences to ensure a common understanding and commitment.

DEVELOPING AND NURTURING HEALTHY AND SUPPORTIVE RELATIONSHIPS
between a wide range of partners and members of the community, across all parts of the system. Taking an interest in other people's perspectives and potential contributions.

ENCOURAGING A FACILITATIVE AND ADAPTIVE STYLE OF LEADERSHIP
so that responsibility for the programme does not rest with one person or organisation but is shared and owned by partners. Ensuring the broadest range of key stakeholders is involved.

CREATING AN ENVIRONMENT FOR POSITIVE CHANGE
Including having a vision that is shared between partners, whatever their role in the system. Drawing on the strength of local assets and resources and encouraging open discussion among stakeholders to understand the nature of 'whole systems' and co-creating innovative solutions.

CROSSING BOUNDARIES
between professional practices and approaches and embracing a shared understanding of the potential contributions of each profession or sector, especially the third sector.

SYSTEM BEHAVIOURS DELIVERING HEALTHY PLACE SHAPING IN OXFORDSHIRE