



Our Health Prevention and Physical Activity Work –Aligned to County and National priorities

Introduction

This is the second occasion on which the new Active Oxfordshire has had the opportunity to present to the Health Improvement Board so we can demonstrate our commitment to promoting physical activity across the County in support of the Oxfordshire Health and Well Being Strategy.



Our Purpose

We help people in the most need across Oxfordshire by working with partners to increase physical activity

Our Vision

Everybody in Oxfordshire is physically active



Our Aims

1. Increase PA levels of the most inactive children and young people
2. Improve the mental wellbeing of people in Oxon through PA
3. Increase PA levels of those with long-term health conditions or disability
5. Decrease levels of inactivity among older people



Our Tactics

1. Activate the local workforce to increase skills, capacity and diversity
2. Develop GO Active as the county-wide brand for activity delivered with and through partners
3. Be pro-active at sharing
4. Focus on Inactivity in place-based working in the areas of the greatest need
inactivity
5. Actively land national strategies, local health priorities and new marketing campaigns
6. Collaborate with PH, OCCG, LAs and Sport England to initiate change

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Our top and bottom line is the focus on reducing physical inactivity levels in the County as measured every 6 months by the Sport England Active Lives Survey. Latest results collated in the last 6 months show that inactivity rates in the period between November 17 and November 18 for adults remains static at 19.1%. This makes Oxfordshire the second most active County and the least inactive County in England. However, the first ever Active Lives survey of Children and Young People showed that only 21% of our young people are meeting the recommended CMO guidelines of 60 minutes activity per day. Again, Oxfordshire performs better than national trends, but this level of inactivity remains a deep concern.

Full analysis of the Active Lives data can be made available for Members of the Board and three-year trend data will be available in June 2019 which will help inform our focus going forward. While the overall picture is a positive one relatively speaking, there are clear issues to address – notably in addressing increasing levels of inactivity in Cherwell, some emerging evidence of increasing inequalities, some under-performance around women’s participation/activity levels against national trends as well as the challenge of an increase in the older population where activity currently drops off a cliff edge at 74. So, we need to be vigilant and pro-active with our partners and other stakeholders to help deliver system change and meet our ambitious target of reducing adult inactivity by another 1% for May 2020.

To do this Active Oxfordshire has

1. Re-affirmed its core purpose and vision for the County
2. Developed better analysis of Insight Date now available
3. Brought together partners in a Leadership Forum that has now met 3 times to help collaborative working
4. Defined the main drivers for change and fed these into the development work being undertaken on a Prevention Framework
5. Helped to facilitate additional investment from Sport England of over £1m in the next three years to support Programme Development, Healthy Place Shaping and Workforce Development
6. Secured additional investment from the CCG into the “Go Active Get Healthy” programme targeting people with and at risk of Diabetes
7. Initiated work on a Theory of Change Model with partners to help create common outcomes and an evaluation framework which will help us all “tell our story” as a collective.

This is set out as headlines in the powerpoint presentation attached

Critically we are attempting to put what we do into a framework that ensures we work shoulder to shoulder with partners and stakeholders and to a common purpose of creating a healthy and active Oxfordshire so that we do not work in isolation. This is set out below in the body of the report below.

Recommendations

1. To note the report and the results of the latest Active Lives Surveys for adults and CYP
2. To support the strategic direction set out in the report.

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The NHS Long-Term Plan (2019) – summary priorities

- **New service model integrating joined-up patient care**, in optimal care setting – better options, better support: [Social Prescribing](#)
- **Strengthen contribution to prevention and health inequalities** – help people stay healthy (empowerment): cut smoking, [reduce obesity](#), increase access to [T2 NDPP](#), improve support for people with [LT MH problems](#) and learning disabilities.
- **Tackle unmet need for biggest killers and disablers**: cancer, [MH](#), [diabetes](#), [multimorbidity](#), [dementia](#), [CVD & respiratory conditions](#): service model redesign to include system architecture – technology, [innovation and efficiency](#).
- **Tackle workforce pressures** – address education and training needs including on-going [professional development - MECC](#).



Oxfordshire Health and Well-being Strategy - Summary Priorities

Prevent – Reduce - Delay

1. A good start in life

- Illness prevention: [promote PA and active travel / MWB / Healthy Weight](#)
- Inequalities issues: [address childhood obesity](#)

2. Living Well

- Prevent development of LTC: live healthy lives, live in healthy places
- Sustained accessible services: work together with customer & [stakeholders](#)
- Healthy communities: enabling participation and activity
 - **Prevent:** Promote healthy lifestyles – decrease physical inactivity; increase PA
 - **Reduce:** [prevent chronic disease – tackle obesity](#)

3. Ageing Well

- Increase individual mobility & years of active life (75+)
- Support care of frail OP
 - **Prevent:** address loneliness & improve MWB
 - **Reduce:** address falls prevention & improve self-management
 - **Delay:** provide care closer to home

4. Improve health by tackling wider issues

- Healthy place shaping
 - **Prevent** - poor health outcomes by good spatial planning

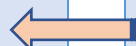
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Priorities**

- Prevent [childhood obesity](#)
- Promote [PA / active travel](#)
- Improved [MWB](#) for all
- Support [healthy place shaping](#)

- [Healthy /Weight – WSA](#)
- Reduce [physical inactivity](#)
- [Mental Wellbeing](#) & prevention concordat
- [Social Prescribing](#) [Healthy Lifestyles](#)

- [Healthy Place Shaping](#)
- [Social Prescribing](#)

- [Healthy Place shaping](#)
- [Social prescribing](#)



Prevention Framework: Summary Priorities

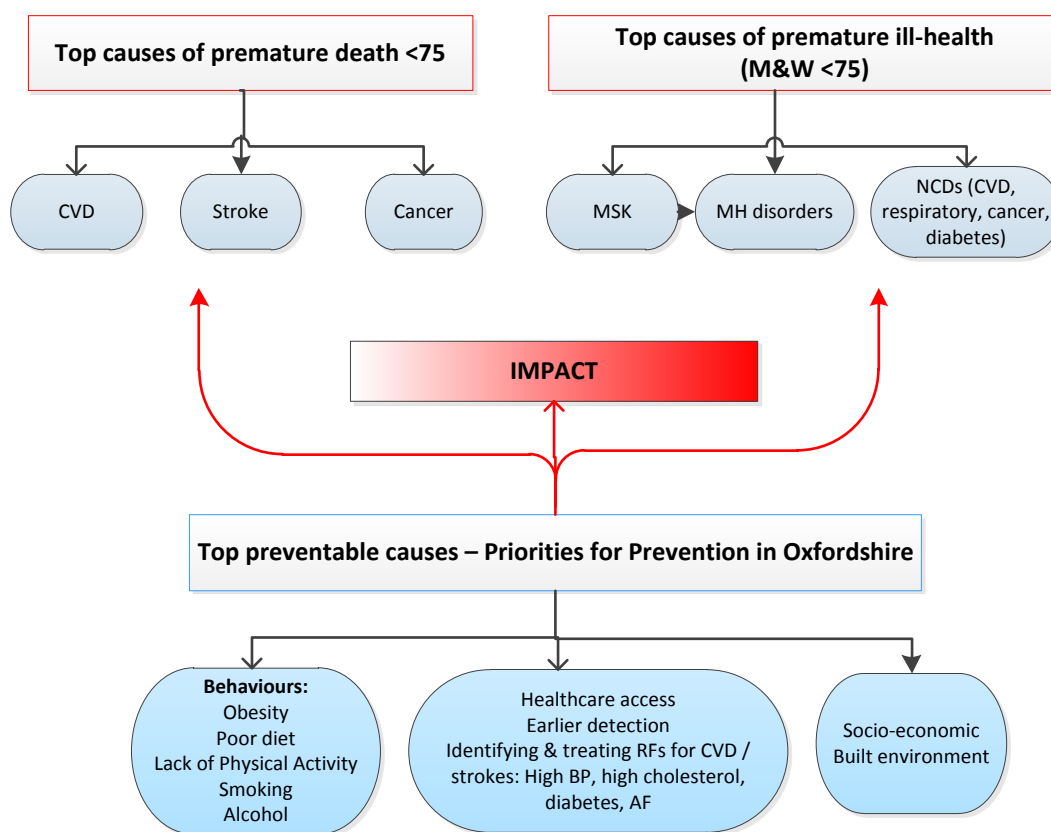
Prevent – Reduce - Delay

Prevention intervention:

- Improve quality of life
- Reduce health inequalities
- Reduce service costs by addressing issues early to reduce ongoing need

Embed prevention:

- Everyone has a role to play – develop roles
- Create healthy communities
- Address biggest risk factors causing preventable premature death / reduce impact of existing disease



1. Prevention Framework: PH / CCG Priority Actions - Lifestyle

A. Obesity:

- Whole Systems Approach to be fully developed
- Tackle the obesogenic environment including:
 - Increase PA opportunities & reduce sedentary behaviour
- MECC:

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- HCPs empower healthier lifestyle choices
- Weight Management services:
 - accessible evidence-based services through co-commissioning
 - T3 service development
- NDPP
 - Double the access
- Healthy Place Shaping principles to be embedded

B. Proposed Physical inactivity priorities

- Increase knowledge and capabilities of Health Care Professionals
 - MECC training for HCPs – to provide effective brief advice on benefits of PA
 - PHE Clinical Champions Programme
 - Social Prescribing
 - Moving Medicine resources / tools
- Healthy Place shaping
 - Increase active travel and explore Active Environment pilots with Sport England funding
 - Develop active travel plans to walk and cycle including Living Streets
 - Roll out learning and best practice from Bicester/Barton with Sport England funding
- Invest in evidence-based exercise programmes for patients
 - Review current Exercise referral scheme
 - Develop evidence based GAGH model to work across all long- term health conditions
- Adopt and promote co-ordinated national/local campaigns
 - Promote active lifestyles
 - Raise levels of health literacy
- Workplace health accreditation schemes
 - Evidence-based approaches to employee health and wellbeing via Awards / charters
- Joined up collaboration and investment in trusted organisations working together in the community to:
 - Reach and engage people with health conditions
 - At-risk groups
 - Older people

2. PH / CCG Priority Actions - Socioeconomic & Built Environment

Healthy Place Shaping

Create healthy communities where people can maintain and improve their health as they live, learn, work, travel and socialise.

- Learn from Healthy New Towns in Bicester and Barton.
- Prevent physical inactivity and impact of inactive lifestyles across a range of preventable diseases

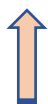
3. PH / CCG Priority Actions – Healthcare Factors

Healthcare factors influence health outcomes, e.g. lifestyle choices which is a key driver of preventable illness.

- Address top 5 RFs for premature death (primary prevention):
 - Smoking
 - Poor diet
 - High blood pressure
 - Obesity
 - Alcohol and drug use
 - **Plus - lack of exercise**
- Provide interventions to address secondary prevention, including:

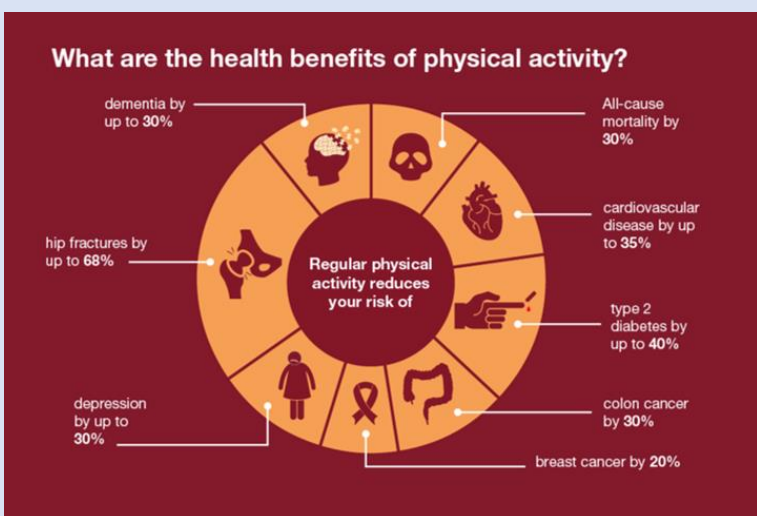
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- CVD
- Stroke
- Respiratory disease
- Mental health,
- Cancer
- Apply a Population Health Management approach
 - Targeted approach for those with poorest outcomes or highest need
 - Reduce variation in outcomes
 - Reduce health inequalities



Active Oxfordshire: supporting and delivering a wide-ranging prevention agenda

Active Oxfordshire's purpose is to work together with partners to increase physical activity and contribute towards the Government's outcomes outlined in 'Towards an Active Nation'. Our priority is to improve the health and wellbeing of the local populations across Oxfordshire who are most in need and / or have the poorest outcomes. It is widely acknowledged that there is substantial global evidence for the health benefits of undertaking regular physical activity. Physical activity can reduce the risk of many chronic conditions including CHD, stroke, T2 Diabetes,



cancer, obesity, mental health problems and musculoskeletal problems. In addition, it is widely accepted that even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life. However, new research suggests it is no longer enough just to meet minimum levels recommended by health guidelines. Both physical inactivity and sedentary behaviour have their own health hazards and need to be addressed separately. Hence, physical

inactivity is recognised as a key risk factor in the prevention and control of diseases including cardiovascular disease, and consequently increased participation in physical activity is associated with reduced all-cause mortality and lowered incidence of coronary artery disease.

Physical activity, therefore, is a powerful *commodity* that can reduce the burden of preventable death, disease and disability, and support people and their communities to achieve their potential. As a key lifestyle behaviour that contributes to the wider determinants of health, physical activity cuts across many health priorities and has a cross prevention impact on individuals' and communities' health and wellbeing. As an organisation which is a driver for change with inherent expertise in Physical Activity, Active Oxfordshire is fully committed to support the local health and wellbeing systems to achieve the challenging shift from an illness culture, to a wellness culture, embracing a

population health management approach.

Furthermore, in recognition of the World Health Organisation’s Global Action Plan on Physical Activity (2018-2030), increasing physical activity at a local, national or global scale requires a systems-based approach. Creating an environment where more active people create a healthier world, requires a collective and co-ordinated approach which recognises the interconnectivity and opportunities across settings and stakeholders, to fully embrace and impact on healthier active lifestyles. Across Oxfordshire, AO is uniquely placed to play a key role as the ‘broker’ or backbone of the stakeholder / partner infrastructure and provide leverage to galvanise the implementation of specific identified priorities within any Prevention Framework. By working cohesively and collaboratively with partners across the sectors, AO will be able to support the Health Improvement Board and key agencies to achieve successful outcomes more efficiently and effectively.



WHO Global Action Plan on Physical Activity 2018-2030, more active people for a healthier world.

Overview of Priorities	Active Oxfordshire’s Role
<ul style="list-style-type: none"> ▪ Obesity <ul style="list-style-type: none"> a) Develop a WSA: b) Tackle obesogenic environment c) Tier 3 service development d) Evidence-based services – co-commissioning. 	<ul style="list-style-type: none"> a) Work with Public Health b) Increase PA opportunities by working with DCs / other partners etc. c) Work with the CCG d) Support co-commissioning process
<ul style="list-style-type: none"> ▪ Diabetes <ul style="list-style-type: none"> a) Double the provision and access into NDPP 	<ul style="list-style-type: none"> a) Support promotion and awareness for increased uptake.

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<p>b) Improve T2D management to prevent CVD.</p>	<p>Provide sustained PA opportunities post early patient engagement in the NDPP pathway.</p> <p>b) Implement and develop GAGH-Diabetes pathway, ensuring measurable outputs and outcomes.</p>
<p>▪ Physical inactivity</p> <p>a) Increase HCPs' knowledge to provide effective brief advice on benefits of PA.</p> <p>b) Moving Medicine resources</p> <p>c) PHE Clinical Champions programme</p> <p>d) Evidence-based programme development – Exercise Referral.</p> <p>e) Review, develop and promote other structured PA opportunities.</p> <p>f) Review provision of structured exercise interventions and physical activity opportunities for older people.</p> <p>g) Identify opportunities to work collaboratively to tackle risk factors and identify those at high risk of CVD.</p> <p>h) Promote active lifestyles and raise levels of health literacy.</p> <p>i) Embed a WSA approach to a physically active lifestyle whilst simultaneously reducing physical inactivity.</p>	<p>a) Improve social prescribers' awareness through provision of bespoke training as part of the Workforce Innovation Fund (SE funded).</p> <p>b) Work closely with MM colleagues to maximise opportunities to embed resources / toolkits into HPs everyday practice</p> <p>c) Identify opportunities to support and develop CC programme within Oxfordshire, through PC networks.</p> <p>d) Review and scope Exercise Referral processes and procedures, for a consistent county-wide approach; enabling sedentary individuals with key risk factors / LTC to access structured interventions; to include provision of Phase IV CR.</p> <p>e) Review existing structured PA opportunities and develop wider menu of choice; being cognisant of diverse needs and barriers to changing physical activity behaviour across specific communities.</p> <p>f) Review provision of Pulmonary Rehab / Respiratory rehab and other PA opportunities, working with key partners, such as Age UK.</p> <p>g) Pursue other opportunities to work across health initiatives to provide opportunistic as well as systematic approaches to promoting PA, e.g. NHS Health Check.</p> <p>h) Adopt and promote co-ordinated national campaigns; promoting Active Travel opportunities and associated benefits for CYP i.e. Living Streets WOW programme; support Primary Schools to effectively spend the PE & School Sport Premium to ensure CYP become physically literate (key driver to higher activity levels)</p> <p>i) Provide a strong leadership role by engaging and empowering key partners and stakeholders in the mission of promoting physical activity supported by a strong county-wide brand; provide bespoke opportunities for at-risk populations and older people in line with need; develop / co-ordinate a network of activity and exercise opportunities</p>

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	that cohesively align to support individuals and communities to adopt a more habitually physically active lifestyle.
<ul style="list-style-type: none"> ▪ Healthy Place Shaping <ul style="list-style-type: none"> a) Create healthier communities using healthy place shaping as a mechanism to increase physical activity amongst residents. b) Through collaborative working apply the learnings from Bicester Healthy New Town and scale healthy place shaping by testing this at a county-wide level. c) Maximise opportunities to provide an evidence-based approach to provide practical evidence and applied learning of well designed, thriving communities to contribute to national learning. 	<ul style="list-style-type: none"> a) Contribute to and support meetings and events regarding healthy place shaping. b) Work closely with key partners / stakeholders to develop physical connectivity and enable habitual physically active residents as part of the 'Scaling Healthy Place Shaping' (funded by Sport England), across the county. c) Support the evaluation of the county-wide project which will include significant insight and learnings from specific targeted interventions which engage with those least active populations who either have a LTC or are socioeconomically deprived.

Paul Brivio, Chief Executive, Active Oxfordshire.