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NHS Oxfordshire Clinical Commissioning Group | OXFORDSHIRE COUNTY COUNCIL | healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 13 September 2018 at 2.00 pm

Town Hall, Oxford

Peter G. Clark
Chief Executive

September 2018

Contact Officer: ***Sue Gibbens, Senior Business Management Support Officer***
Tel: (01865) 323580; Email: susan.gibbens@oxfordshire.gov.uk

Membership

Chairman – District Councillor Andrew McHugh
Vice Chairman - District City Councillor Louise Upton

Board Members:

Cllr Anna Badcock	South Oxfordshire District Council
Dr Kiren Collison	Clinical Chair of Oxfordshire Clinical Commissioning Group
Christine Gore	West Oxfordshire District Council
Daniella Granito	District Partnership Liaison
Diane Hedges	Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Richard Lohman	Healthwatch Ambassador
Cllr Monica Lovatt	Vale of White Horse District Council
Cllr Norman MacRae	West Oxfordshire District Council
Dr Jonathan McWilliam	Strategic Director for People and Director of Public Health
Cllr Lawrie Stratford	Cabinet Member for Adult Social Care & Public Health, Oxfordshire County Council
Jackie Wilderspin	Public Health Specialist

Notes:

- ***Date of next meeting: 22nd November 2018***

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned….."*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. Welcome and Introductions

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

5. Introduction to the Health Improvement Board and update on changes to the Health and Wellbeing Board

2:05pm
15 minutes

Report presented by Dr Jonathan McWilliam.

To set the context for reporting on existing work and setting new priorities.

6. Note of Decision of Last Meeting (Pages 1 - 14)

2.20pm
15 minutes

To approve the Note of Decisions of the meeting held on 1st May 2018 and to receive information arising from them.

Active Oxfordshire Update, verbal update by Keith Johnson on progress and appointment of new Chief Executive, Paul Brivio.

7. Performance Report - end of year 2017-18 (Pages 15 - 18)

2:35pm
10 minutes

Performance report presented by Dr Jonathan McWilliam/Jackie Wilderspin.

8. Future priorities for the Health Improvement Board (Pages 19 - 42)

2:45pm
30 minutes

Reports presented by Jackie Wilderspin and Kiren Collison.

To include an overview of Social Prescribing in Oxfordshire

To consider the proposed priorities for the work of the Board in the context of the emerging Joint HWB Strategy for Oxfordshire

9. Mental Wellbeing Framework (Pages 43 - 58)

3:15pm
15 minutes

Report presented by Donna Husband

Proposed framework and details of the process to sign up to the Prevention Concordat.

10. Healthy New Towns - learning from work in Bicester and Barton and Community Placemaking Charter (Pages 59 - 76)

3:30pm
25 minutes

Report presented by Rosie Row, Azul Strong and Tom McCulloch.

Information presented on the progress since the event in April 2018. Outline of the Placemaking Charter from Communities First.

11. Making Every Contact Count - overview and current work (Pages 77 - 82)

3:55pm
5 minutes

Report presented by Kate Austin.

To inform all members of HIB of current work and opportunities to get involved.

12. Healthwatch Ambassador's Report (Pages 83 - 84)

4:00pm
10 minutes

Report presented by Richard Lohman.

13. Domestic Abuse Strategy Group update (Pages 85 - 86)

4:10pm

5 minutes

Report presented by Sarah Breton

To update the Board on recent work.

14. Any Other Business and Forward Plan

4.15pm
5 minutes

The forward plan is presented by District Councillor Andrew McHugh, Chairman of the Health Improvement Board.

The Board is asked to note the items on the forward plan and propose any areas for future discussion.

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HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Tuesday 1st May commencing at 2.30pm and finishing at 4.45pm.

Present:

Board members:	Councillor Anna Badcock (Chairman), South Oxfordshire District Council Councillor Marie Tidball (Vice-Chairman), Oxford City Council Councillor Jeanette Baker, West Oxfordshire District Council Councillor John Donaldson (Cherwell District Council) Councillor Monica Lovatt (Vale of White Horse District Council) Diana Shelton, West Oxfordshire District Council Sharon Barrington (for Diane Hedges, Oxfordshire Clinical Commissioning Group) Dr Jonathan McWilliam, Oxfordshire County Council Jackie Wilderspin, Oxfordshire County Council
Officers:	
Whole of meeting:	Daniella Granito, Oxford City Council Lauren Rushen, Oxfordshire County Council
Part of meeting:	
Agenda item 5	Keith Johnson and Mary Nicolls, Oxfordshire Sport and Physical Activity
Agenda item 6	Eunan O'Neill, Oxfordshire County Council
Agenda item 9	Kate Eveleigh, Oxfordshire County Council Hannah Fenton, Good Food Oxford
Agenda item 11	Donna Husband, Oxfordshire County Council
Agenda item 12	Kate Austin, Oxfordshire County Council

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

If you have a query please contact Helena Jones (Tel 07550 784428; Email: Helena.jones@oxfordshire.gov.uk)

ITEM	ACTION
1. Welcome The Chairman, Councillor Anna Badcock, welcomed all to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies were received from Cllr Hilary Hibbert-Biles, Richard Lohman and Diane Hedges and Joanna Barrett. Sharon Barrington substituted for Diane Hedges. **The Chairman advised that agenda item 10 'Rough Sleeping' had been withdrawn as the officer was unable to attend, a written briefing would be circulated by email and the update would be included at the September meeting on the Board.**	**Joanna Barrett**
3. Declaration of Interest There were no declarations of interest at this meeting	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Minutes of Last Meeting The minutes of the February meeting were approved. There were the following matters arising from the minutes: - Arising from item 6 'Performance Report': Jackie Wilderspin tabled a paper on breastfeeding rates in different areas of the County. - Arising from item 7 'Trailblazers Project and the City Conversation on Rough Sleeping': Jackie Wilderspin advised that the project has been linked to work being done by the Health Inequalities Commission. - Arising from item 11: Keith Johnson and Mary Nicolls Oxfordshire Sport and Physical Activity (OxSPA) provided a verbal update on the organisation and noted that an interim Chief Executive had been appointed with a permanent appointment due in June 2018. OxSpa were applying to become a charity incorporated trust and would relaunch under the name 'Active Oxfordshire' in July. Moving forward the organisation will be focusing on tackling inactivity particularly for lower socio-economic groups, disabled people and women and girls. OxSPA reported that they had written to district council leisure portfolio holders regarding funding and would be seeking to meet with leaders, portfolio holders and chief executives in due course. **The Chairman thanked OxSPA for their update and invited them to attend the next meeting in September to provide an update on the relaunch.**	**Helena Jones**

6. Performance Report Jonathan McWilliam presented the Quarter 3 performance report for 2017-18. It was noted that the baseline recording figures for physical inactivity had changed from those aged 16 and above to those aged 19 and above. This meant that it was difficult to achieve an effective comparison with earlier reports. Cllr Tidball queried the performance figure on young people leaving supported accommodation with positive outcomes (outcome number 10.5) that was currently graded amber. There had been a drop in this figure and wished to know at what point this would be graded red.. The Chairman asked whether there was scope to bring down the age of bowel screening packs from 60 to 50 years old so that this was in line with NHS Scotland. There was a discussion about uptake of bowel screening in the county generally. The Chairman was advised that this figure was set nationally by NHS England. **The Chairman requested a report on reasons for the discrepancy between NHS England and NHS Scotland Tobacco Control Services in Oxfordshire** Eunan O'Neill introduced a performance report in relation to tobacco control in Oxfordshire. He noted that smoking is widely accepted as one of the most detrimental behaviours which can affect the health of an individual, increase the risk of serious illness and premature death. A new Tobacco Control Plan was published in 2017 which aims to create a whole system approach to reach out to the large number of people engaged with healthcare services on a daily basis. In Oxfordshire the overall prevalence of smoking in the county is 11.9% which is below the national average but there are areas of concern: - 24.6% of routine and manual workers smoke - 5.7% of 15-year olds are regular smokers (compared to 5.5% nationally) A new 'Stop Smoking' service was commissioned from the 1st April 2018 which offers a blended model of services so that people can access support directly in the community without the need to be referred by a medical professional. Questions and Comments: Cllr Baker stated that people were often concerned about weight gain when they stop smoking and asked whether signposting existed to other support services. Kate Eveleigh from Public Health responded to say that the Stop Smoking Services works with the Healthy Weight Loss service and can make cross referrals. Cllr Tidball asked three questions about whether work was being done with schools and school nurses to address young people smoking,	**Eunan O'Neill**

publicity to target families who smoke including the 'Stopping to Save' message and whether work was being done with employers in the county to address manual workers who smoke. It was confirmed that work is being undertaken with big employers including BMW, Siemens and local authorities, this will be expanded to small and medium sized businesses as well. In relation to advertising, the service will always review and develop the messages it promotes and will look at targeting families and it was confirmed that the Tobacco Alliance is working across the whole system including schools and school nurses. **Cllr Tidball responded to say that consideration should also be given to engaging with the Small Business Saturdays initiative and the Local Enterprise Partnership.** The Chairman asked a question in relation to young people aged 15 and above smoking and what methods were being considered to tackle this. It was confirmed that consideration is being given to co-producing marketing materials with young people and that work was being undertaken with the school health service to ensure that there is a sustained message in schools about the dangers of smoking.	**Eunan O'Neill**
7. Joint Strategic Needs Assessment Jonathan McWilliam introduced the report and advised the Board that the report was for them to note. Questions and Comments: Cllr Tidball stated that she was concerned about the gap in male life expectancy between wards in the County. She went on to ask whether there was any information available about free school meal uptake and whether there were any projects planned to address holiday hunger in the County? **It was confirmed that free school meal data would be provided if it is available and noted that some individual schools were developing projects to address holiday hunger.** Cllr Donaldson asked a question about the work being undertaken to address those living in fuel poverty and whether there is data available in relation to unauthorised school absences. It was noted that the Board receives an annual report from the Affordable Warmth Network and that 463 interventions had been made in the last 2 quarters. Data is available in relation to unauthorised absences however it was noted that this is primarily a responsibility of the Children's Trust Board. The Chairman stated that she was pleased that there was more work being done to keep older people supported in their own homes and went on to ask whether special educational needs (SEN) support included mental health issues as it was noted that anxiety, depression and self-harm rates were a priority area. It was noted that mental health and wellbeing for younger people was a high priority for the Children's Trust Board.	**Jackie Wilderspin**

8. Review of Health Improvement Board priorities Jackie Wilderspin introduced the report and stated that it represented a starting point that would be followed up with a wider discussion with each organisation involved in the Board. It was noted that there have been significant changes to the strategic landscape that included: - The Five Year Forward view for the NHS - The recent CQC inspection of the Health and Social Care System in Oxfordshire - A clear role for all local authorities to address the wider determinants of health - The high level governance review of the Health and Wellbeing Board that includes the Health Improvement Board, Children's Trust Board and the Joint Management Groups The proposed aim was to agree a framework for preventing ill health, improving health, addressing inequalities and promoting wellbeing which would be agreed by all partners. The report suggested the following initial areas of focus for the framework: - Keeping yourself healthy - Primary prevention - Wider determinants of health - Secondary prevention - High-level outcomes - Monitoring progress Questions and Comments: Cllr Donaldson stated that Cherwell were generally supportive of the proposals. He went on to state that it was important to avoid duplication of effort, that it was important that any high-level outcomes were achievable and it would be beneficial if an organisational chart could be developed to understand the potential areas of overlap and responsibilities. **It was agreed that an organisational chart would be developed to illustrate how each contributed to shared priorities for prevention.** Daniella Granito stated that from a city perspective, they were broadly supportive of the framework and a whole system approach. It was important that all partners agreed and understood what was meant by the term 'prevention' and further information would be needed about how the Board would measure outcomes and understand the Board's impact. Sharon Barrington stated that the CCG supported the overall aim and that the prevention definition was useful. Cllr Baker stated that West would welcome the framework, particularly work around prevention and asked that consideration was also given to rural areas particularly in relation to access to services and mental health.	**Jackie Wilderspin**

Cllr Tidball stated that there were a lot of positive aspects in the report. She would like more consideration to be given to people leaving the criminal justice system and ensuring that their health needs are included and that mental health and wellbeing were also included as priority areas. The Chairman stated that she agreed that mental health and wellbeing should be included as a priority area. She also stated that it would be important to ensure that any goals were SMART and an organisational chart would be beneficial. **The Board resolved that it supported the overall aim, the definition of prevention and the high-level priorities. The Board agreed that Jackie Wilderspin would coordinate the development of the framework with partners. It was also agreed that a paper setting out the wide vision for prevention would be presented to the Health and Wellbeing Board by the Chairman and Vice Chairman in July 2018 so that all partnerships could see their contribution alongside that of the Health Improvement Board.**	**Jackie Wilderspin**
9. Healthy Weight Action Plan Kate Eveleigh and Hannah Fenton introduced the action plan. Key highlights from the action plan included: - Sugar Smart Oxford: This project raised awareness of the sugar crisis and promoted making health choices. - Oxfordshire Cooking Skills Framework: The framework was launched at the meeting and provided guidelines for organisations to use when delivering a 'cooking skills' framework to support consistency and building an evidence base across the county. Questions and Comments: Daniella Granito queried why some actions on the plan had not been achieved. It was noted that there were a mix of reasons for this including capacity, that some targets were not SMART and some actions were out of the Board's control. Cllr Donaldson stated that he thought the report was good and that the Cooking Skills Framework was a great step forward. Cllr Tidball stated that she was a sugar smart champion and asked whether there was also support available for young people with eating disorders? It was confirmed that this would be picked up through the School Health Improvement Plans and the broader healthy weight agenda. The Chairman stated that she thought the Sugar Smart Oxford project was excellent and hoped it would be rolled out countywide.	

10. Rough Sleeping The Chairman advised that this item had been deferred to the September meeting.	
11. Mental Wellbeing Workshop The Chairman and Donna Husband introduced the report, it was noted that the report did not tie partners to signing the Prevention Concordat for Better Mental Health but would direct officers to undertake further work and report back to the Board. The Chairman stated that she thought the workshop had been excellent, particularly the 5 Ways to Wellbeing. **The Board resolved that:** **1. The Health Improvement Board makes mental wellbeing a priority for their future work** **2. That Jackie Wilderspin and Donna Husband develop a shortlist of potential wellbeing indicators and report these back to the September Board meeting** **3. That a gap analysis be undertaken and taken back to a future Board meeting to understand the implications of becoming signatories to the Prevention Concordat for Better Mental Health** **4. That the Health Improvement Board agree to create an Oxfordshire wide Mental Wellbeing Framework in conjunction with Partners.**	**Jackie Wilderspin/Donna Husband**
12. Healthy New Towns Learning Event Kate Austin provided a verbal update on the Health New Towns Learning event. She reported that the event had stimulated lots of discussion. The outputs were still be collated by the organisers, but some of the emerging themes from the discussions included: o a focus on a place based and asset based approach o co-production with the community and stakeholders o importance of considering the interaction between people and places o collaboration and partnership working key in taking this work forward o Having infrastructure in the right place to make it easier for people to make healthier choices. The next step is for each organisation to reflect on the discussions and learning from the event in preparation for further discussion at the next Chief Executives meeting. **The Board resolved that:** • **The Health New Towns representatives be invited to the September Board meeting**	**JW**

.....Forward Plan and Any Other Business The Chairman stated that there were no other items of business to consider and added the following items to the forward plan for the meeting in September: 1. Health New Towns presentation 2. OxSPA update 3. The rough sleeping update to be included as part of the basket of housing indicators report 4. Results of the Prevention Concordat gap analysis and mental wellbeing indicators Cllr Tidball offered her apologies for the September meeting.	
The meeting closed at 4.45pm	

..... in the Chair

Date of signing

Active Oxfordshire

Supported by SPORT ENGLAND OXFORDSHIRE COUNTY COUNCIL

Our purpose

Working together to improve people's lives by growing participation in sport and physical activity in Oxfordshire

Our new role is to

ENGAGE, COLLOBORATE and SUPPORT partners and local people to make physical activity an everyday part of everyone's lives

Our Goal is

For Oxfordshire to be bottom of the inactivity league table by 2021

We will support the 5 Government Sport Strategy Outcomes

- PHYSICAL WELLBEING
- MENTAL WELLBEING
- INDIVIDUAL DEVELOPMENT
- SOCIAL & COMMUNITY DEVELOPMENT
- ECONOMIC DEVELOPMENT

We will prioritise

- BEGIN WELL
  - CHILDREN AND YOUNG PEOPLE and to reach every school and college in the County
- LIVE WELL
  - MENTAL WELL BEING and improve the lives of people in the County
  - Disabled people and people with long term health conditions who make up 1 in 5 of the population
  - Local Place based work in communities with the highest levels of inactivity in the County
- AGE WELL
  - Older People (in areas of high demography) to decrease levels of inactivity

Our tactics

- ACTIVATING the local workforce to increase skills, capacity and diversity
- Developing GO-ACTIVE as the County Brand for activity delivered with and through our partners
- Be ACTIVE at promoting 'What Works' to help learning
- INACTIVE focus through place based work in the 15 areas identified by the Health Inequalities Commission
- ACTIVELY promoting National/Local strategies, priorities and campaigns
- PROACTIVE collaboration with Public Health, OCCG, LAs and Sport England to make change happen

Supported by

Active Oxfordshire. Working together to improve people's lives by growing participation in sport and physical activity in Oxfordshire

Active Oxfordshire is a new organisation set up with charitable incorporated (CIO) status to focus on reducing physical inactivity in Oxfordshire. We go live in early September and we know we need to work in different ways with our partners to achieve a different set of results and outcomes and to make physical activity and sport a part of everyone's lives in Oxfordshire. Our immediate priority now is to provide a clear sense of direction for the new organisation and the stakeholders we want and need to work with. As a new CIO we will strive to work with our partners and stakeholders to show our **collective** contribution to national and local outcomes and priorities. To that end we need to listen well, deliver on what we say we will do, as well as been seen to be a great organisation to work with and for. In April 2019 we plan to communicate our Strategy and success criteria through to 2021. However, first we must listen and learn before we decide where we can be most of use, make the best impact and contribution to a "movement" that promotes physical activity and sport to all.

Strategic context

The Oxfordshire Health Inequalities Commission http://www.oxfordshireccg.nhs.uk/documents/corporate/oxfordshire-health-inequalities-commission-report-28-10-16.pdf made 60 recommendations identifying the following common principles we intend to build into our working practices.

- ***The profound influence and impact of poverty on health needs***
- ***A commitment to prevention***
- ***Resource reallocation will be needed to reduce inequalities***
- ***Statutory and voluntary agencies need to be better co-ordinated to work effectively in partnership***
- ***Data collection and utilisation needs to be improved for effective monitoring of health inequalities***

The Commission recognised the important role physical activity in delivering positive health outcomes and made the following key recommendations which Active Oxfordshire now want to put at the heart of its collaborative work

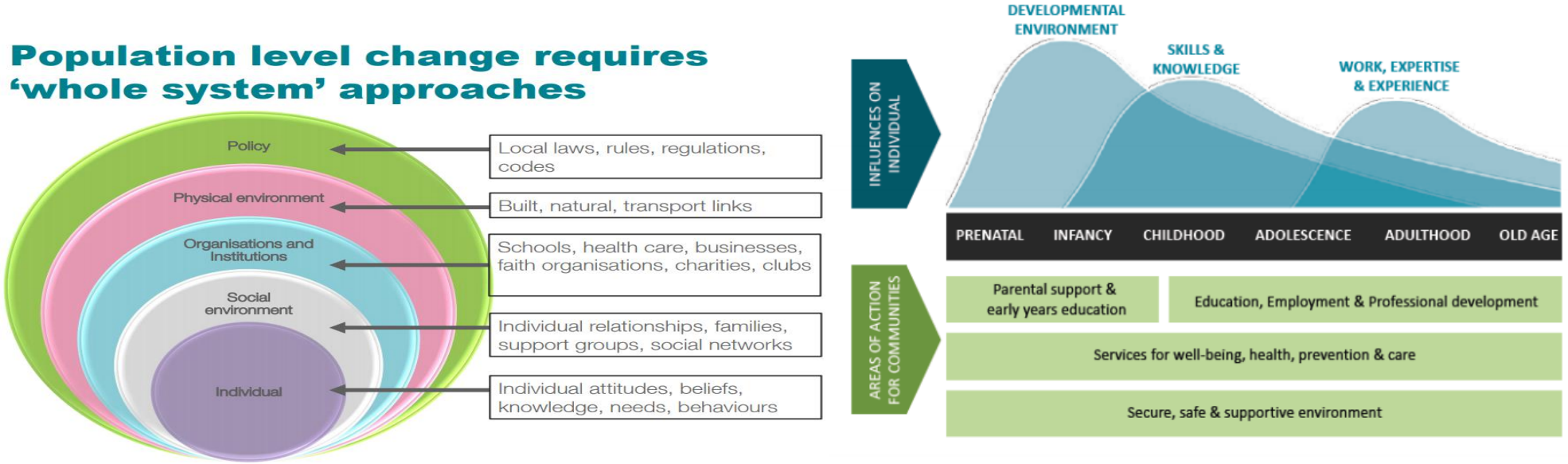
- **A set of Oxfordshire-grounded targets for increasing activity should be developed, targeting people living in deprived areas, older people, and vulnerable groups.**
- **Continuing investment and coordination of existing initiatives should be maintained supported by social marketing and awareness-raising of the benefits of physical activity to targeted populations.**
- **The County should :**
  1) Monitor and increase the number of disabled people participating in regular physical activity
  2) Achieve a measurable decrease in inactivity and in parallel an increase in mental well-being measures, measured using the Active People Survey and Health Survey for England datasets
  3) Demonstrate and increase a narrowing of the gap between the less socio-economically privileged groups and the norm

We would like to work closely with partners across the County including the Health Improvement Board to take this work forward and deliver transformational change for good. In so doing we believe we can make a valuable contribution to wider agendas around the local economy, education, skills, community safety as well as sports development in the County.

We also want to use the resources, skills and knowledge of the Public Health Team at Oxfordshire County Council who support us directly and with them we want to promote national and local campaigns that promote health and well-being. This sits alongside the need for high quality interventions on the ground which incorporate levels of monitoring and evaluation that can produce evidence of behaviour change and local impact on the people and communities we aim to serve. We have done some good things together before and we need to replicate this and build sustainable models of delivery with partners going forward. Examples include GO Active Get Healthy https://www.getoxfordshireactive.org/ and Active Body Healthy Mind https://www.oxspa.co.uk/active-body-healthy-mind/

We are now an integral part of the Sport England supply chain and County Sports Partnership Network and we are committed to play our part in creating a more active Oxfordshire by making use of best practice, insight and knowledge from across the country and by doing more of what works best locally to get people active, moving, playing and participating.

Our aim is to provide population- based change in activity levels through our work with children and young people and an increasing focus on the older generation whilst providing targeted interventions with and through our partners in the places where there is greatest need and for discrete audiences who have been under-represented in the past. This will require “systems change”, more place- based approaches to delivery as well as the promotion of “Active Design” - promoting the use of outdoor spaces for health and recreation in the County for example and Active Travel - promoting walking and cycling for example. Shaping the built and natural environment in a place like Oxfordshire so that physical activity is made easy and an everyday part of everyone’s lifestyle is a key issue for us to address with stakeholders.



Supported by

Our Drivers

Collaborative Leadership

- We will build strategic alliances with key stakeholders in the County including statutory agencies and voluntary/community organisations to help shape our work so there is genuine co-ownership and promotion of systems change.
- We want to plan our work using Life Course, Let's Get Moving and All Our Health principles to underpin our thinking and practice.
- We will deploy our small team of relationship managers and service development managers to work with key stakeholders. Service development teams will be set up in our key work themes and will involve and engage external partners from the outset while we will contribute to local development groups and fora.
- We hope to stage a leadership event in 2018 designed to bring key players together around a shared agenda
- We will contribute to and promote local and national campaigns including **Change4 Life, One You, Mental Health Week and This Girl Can** to help change behaviours.
- We will look to make a contribution to thinking around Active Travel , Active Design and Active Workplaces as part of Oxfordshire's Growth Strategy
- We will be outcome led working to both national and local priorities including the implementation of the physical activity recommendations laid out in the Health Inequalities Commission report.
- We will be transparent and accountable in the way we work and report

Understanding Place and People

- We will work with Oxfordshire County Council and other local/national agencies to provide and utilise resident/population data, information and insight in pursuit of our target audiences and communities.
- We will have an unrelenting focus on the 15 areas/communities identified by the Health Improvement Commission focusing initially on where we can make a contribution with a primary focus on Oxford City and Cherwell in particular.
- We will contribute the development and activation of the 2 Healthy New Towns in Bicester and Barton as well as the 3 Garden Towns/Villages in the County
- We will work with partners to develop new thinking and approaches to help improve mental well-being across the County
- We will work with schools, colleges and clubs/organisations across the County to reach every young person in the County but will target project funding at priority areas and on young women and girls.
- We will regularly consult with local communities, stakeholders and customers and will work hard to reach out and engage with people and organisations at the grassroots or frontline
- We will work with partners to do more of what works well and to develop new thinking and approaches that help sustain and extend activity levels in the older population focusing on the 60-74 age cohort in South Oxfordshire/Vale of the White Horse and West Oxfordshire in particular.

Partnerships and Brokering

- We will develop a Stakeholder Engagement Strategy to guide our communications and working relationships
- We will conduct annual external partner surveys in September to assess our performance and identify areas for improvement. We will involve key stakeholders in our annual meetings with Sport England. We will publish the results and provide feedback to those who take part.
- We will put together a programme of networking events and work hard to broker partnerships across the County as part of our strategic role.
- We will build on the strengths of local initiatives and partnerships to do more for disabled people and people with long term health conditions across the County

- We want to build on our existing relationship with the CCG and districts to ensure the GO Active Get Healthy commission around Diabetes referrals extends its reach to achieve maximum impact
- Provide an online portal that is easy to navigate for social prescribing and self- referrals and promote all physical activity services that are available for long term health conditions County wide to better effect.
- We want to develop the Get Oxfordshire Active (GO Active) brand so it supports partners in their work.

People and Skills Development

- We are putting together new governance arrangements and a new team formation to work more effectively with and through our stakeholders
- We will develop and support our team working closely with CSPN and other supporters to develop our capacity and skill/knowledge base
- We will put together a workforce development plan for submission to Sport England and engage in discussions with local partners/providers and community based organisations. Our investment in people should support development in our priority areas and engagement with our target audiences.
- We want to make sure the development of local people equips them to motivate, change behaviour, make every contact count and inspire as well as be technically proficient at what they do so we want to focus more on activators, community champions and explore how we can actively promote and support volunteers in the future.
- We want to help develop skills, employability and volunteering through the promotion of sport and physical activity so we play a part in supporting the local economy.

Continuous Improvement and Learning

- We will deliver on the new Sport England Performance Management and Improvement Framework which incorporates the external Quest quality assurance and continuous improvement model to demonstrate we are fit for purpose and able to deliver strategic outputs and outcomes over time that local stakeholders can validate.
- We will produce an annual Operational Plan that sets out our priorities, improvement priorities and ambitions within a wider Strategic Plan to be developed between now and March 2019 with stakeholders so we are in the right place with the right skills at the right time to provide added value.
- We will develop and then publish our Balanced Scorecard of Performance Indicators.
- We will develop an online portal around best practice and “what works” for stakeholders and partners to utilise to inform our own learning and knowledge as well as provide easily digestible information to partners which can be shared and utilised.
- We will convene regular events around best practice to help promote learning, improvement and innovation in the field.
- We will support funding bids and applications using our insight, knowledge and learning to leverage in additional investment and resource into the County.
- Monitoring and evaluation will be at the heart of everything we do. We will look to build on our relationship with Oxford Brookes to provide robust evidence against the work we are doing.

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Health Improvement Board
13 September 2018

Q4 2017/18 Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2012-2016, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.

2. The four priorities the Board has responsibility for are:

   Priority 8: Preventing early death and improving quality of life in later years
   Priority 9: Preventing chronic disease through tackling obesity
   Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness
   Priority 11: Preventing infectious disease through immunisation

Current Performance

3. A table showing the agreed measures under each priority, expected performance and current performance is attached as appendix A.

4. There are some indicators that are only reported on an annual basis and these will be reported in future reports following the release of the data.

5. For the indicators that can be regularly reported on, current performance can be summarised as follows:

   6 *indicators are Green.*
   4 *indicators are Amber (defined as within 5% of target).*
   0 *indicators are Red*
   2 *indicators do not yet have information available for Q4 – these are indicators 8.1 (Bowel screening data is usually 6 months in arrears) and 10.3 (H*ouseholds presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless

6. There will be a Rough Sleeper report (deferred from May meeting).

   Sue Lygo
   Health Improvement Practitioner
   28 August 2018

Updated: 28 August 2018

Oxfordshire Health and Wellbeing Board
Performance Report 2017/18 Q4

No	Indicator	Target	Q1 Apr-Jun	RAG	Q2 Jul-Sept	RAG	Q3 Oct-Dec	RAG	Q4 Jan-Mar	RAG	Notes
Priority 8: Preventing early death and improving quality of life in later years											
8.1	At least 60% of those sent bowel screening packs will complete and return them (aged 60-74 years) - and adequately screened	60%	58.3%	A	59%	A	56%	A	%		Data at least six months in arrears.
8.2	At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80%	95% over 5-year period Q1 84%, Q2 88%, Q3 92%, Q4 95%	85.2%	G	90.7%	G	95.1%	G	99%	G	All CCG localities have invited over 90% of the eligible population at the end of Q4 (range 94% to 100%)
8.3	At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%.	45% over 5-year period Q1 42%, Q2 43%, Q3 44%, Q4 45%	42.3%	A	44.7%	G	47.3%	G	49.8%	G	No CCG locality has recorded less than 40% (range 42% to 54%)
8.4	Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18	>2315	2432	G	2159	A	2219	A	2337	G	
8.5	The number of women smoking in pregnancy should remain below 8% recorded at time of delivery	<8%	8.0%	G	7.5%	G	7.9%	G	7.4%	G	
8.6	Oxfordshire performance for the proportion of opiate users who successfully complete treatment.	>6.8%	7.3%	G	8.4%	G	8.3%	G	8.8%	G	

8.7	Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment	>37.3%	44.6%	G	45.6%	G	39.5%	G	34.1%	A	-
Priority 9: Preventing chronic disease through tackling obesity											
9.1	Ensure that obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% (NCMP)	<=16%					16.8%	A			Cherwell 18.8%; Oxford 21.3%; South Oxfordshire 12.9%; Vale of White Horse 16%; West Oxfordshire 14.7%
9.2	Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%).	Reduce by 0.5% from baseline (17%)					18.6%	R			Nov. 18 next release (note change of definition from 16+ to 19+)
9.3	63% of babies are breastfed at 6-8 weeks of age (county). KEEP UNDER SURVEILLANCE IN 2017/18	63%	60.1%		62.3%		59.8%		61.9%		
Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness											
10.1	The number of households in temporary accommodation on 31 March 2018 should be no greater than level reported in March 2017 (baseline161 households in Oxfordshire 2016-17).	≥161			180	R					
10.2	At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17)	≥75%	85.6%	G	83.1%	G	80.3%	G	84.0%	G	Data incomplete due to some contractors not providing data. Total for year (Quarters combined) = 83.4%
10.3	At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 80% in 2016-17).	80%			80.0%	G			%		
10.4	Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79)	≥79					117	R			

10.5	At least 70% of young people leaving supported housing services will have positive outcomes in 2017-18	<=70% Aspire 95%			63.1%	A	55.3%	A	55.2%	A	Q1 to Q4 combined. The reduction in number of YP leaving singles pathway and moving on to greater independence has been steadily dropping. Reasons behind this are varied but may include difficulties in finding move on accommodation and increasing complexity of YP entering pathway.
10.6	At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. KEEP UNDER SURVEILLANCE in 2017/18	NO TARGET							463		Fuel poverty interventions for Q3 and Q4 (as reported previously)
Priority 11: Preventing infectious disease through immunisation											
11.1	1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) No CCG locality should perform below 94%	95%	95.0%	G	94.6%	A	93.2%	A	93.4%	A	
11.2	2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 5 (currently 93.1%) No CCG locality should perform below 94%	95%	93.6%	A	93.0%	A	91.5%	A	90.3%	A	
11.3	At least 55% of people aged under 65 in “risk groups” receive flu vaccination	≥ 55%							52.4%		This is lower than the target of 55%.
11.4	At least 90% of young women to receive both doses of HPV vaccination. KEEP UNDER SURVEILLANCE in 2017/18	≥ 90%							0%		Data available annually for school year Sept-Aug - published after September.

Health Improvement Board
Priorities – a discussion paper

Context and Purpose of this Paper

At the meeting of the Health Improvement Board in May 2018 it was agreed that a framework for prevention work should be drawn up, incorporating high level priorities for the Board to deliver in order to improve the health of the population and reduce health inequalities.

The next steps that were agreed were:

- Review the population health information from the latest Joint Strategic Needs Assessment to understand the health of the entire population. Then identify and prioritise health needs (through a process of population segmentation and risk stratification)
- Understand the prevention agenda set out by other parts of the HWB structure - making sure this all links up through the Joint HWB Strategy, and supports the prioritised health needs of population.
- Define the outcomes required for the priority segments of the population and the indicators which will be used to measure progress
- Decide which areas of the HIB's current partnership work need to be continued, renewed or revised.
- Consider whether any new areas of work should be developed in order to meet the agreed aims and, if so, whether these are the remit of the HIB.
- Include the agreed priorities for the HIB in the new Joint Health and Wellbeing Strategy and report progress to each meeting of the Health and Wellbeing Board.

This paper

1. Sets out a summary of the review of population health need that has been completed
2. Proposes 3 priority areas of work for the Health Improvement Board with some overarching objectives.
3. Proposes that the work is delivered by a range of working groups (many already well established) and suggests some principles for how they work.
4. Suggests some outcome indicators that could be used to monitor progress and report to the Health and Wellbeing Board.

Recommendations:

1. The members of the Health Improvement Board are asked to discuss the content of this paper and reach final agreement on
   - The proposed priority areas of work
   - The arrangements for working groups

2. The Board members are also asked to consider the suggested indicators for monitoring progress and agree that targets for 2018-19 should be set by the November meeting.

1. Review of Population health needs and inequalities issues

At the last meeting it was agreed that the overall aim of our work is to increase life expectancy and disability-free life expectancy and narrow the gap between best and worst. It was agreed that this could be demonstrated by increasing self-reported wellbeing, reducing premature and preventable deaths, reducing prevalence of long term conditions and reducing the number of people with complex co-existing long term conditions.

It was agreed that is was necessary to review the latest information available for Oxfordshire to help decision making on which prevention activities should be prioritised. In order to do this a systematic Population Health Management approach was used, including

- Reviewing the health of the whole population as reported in the JSNA
- analysing needs in detail, using the aims agreed at the last HIB meeting - to improve life expectancy and reduce health inequalities
- segmenting the population according to need and stratifying risk for the various segments of the population that had been identified.
- defining the target outcomes for this population
- identifying services/initiatives unique to each population group/locality, based on evidence of good practice.

This review was broken down into these areas of investigation:

1. Leading causes of death in people aged 65-79
2. Top causes of disease in people aged 15-49
3. Top causes of disease in people aged 50-59
4. Risk factors causing these diseases
5. Health inequalities issues

The findings are summarised in the tables below and were sourced from the Office of National Statistics NOMIS dataset and the Global Burden of Disease website https://vizhub.healthdata.org/gbd-compare/

a. Leading Causes of death in people aged 65-79 (2016 Oxfordshire)

	Top causes of death 65-79 years (Source: ONS NOMIS)	**Risk Factors** (see Annex 1 for chart showing how these factors contribute to cause of death)
Men	1. Ischaemic heart disease 2. Lung Cancer 3. Chronic lower respiratory disease 4. Prostate Cancer 5. Colorectal cancer	Behavioural risk factors • Dietary risks • Tobacco smoke • Low physical activity • Alcohol and drug use Metabolic Risk Factors • High blood pressure • High Body Mass Index • High cholesterol level • High fasting blood glucose • Low glomerular filtration rate (kidney function) Environmental factors • Air pollution
Women	1. Chronic lower respiratory disease 2. Lung cancer 3. Dementia and Alzheimer's 4. Breast Cancer **5.** Stroke	

b. Top causes of disease in people aged 15-49 (South East England)
(Source: Global Burden of Disease https://vizhub.healthdata.org/gbd-compare/)

	Top causes of disease aged 15-49 yrs	**Biggest risk factors causing disease in ages 15-49**
Men	1. Mental disorders 2. Musculo-skeletal 3. Other non-communicable diseases 4. Neuro 5. Chronic Respiratory	1. Alcohol and drug use 2. Occupational risks 3. High Body Mass Index 4. Tobacco 5. Dietary risks 6. High fasting plasma glucose
Women	1. Mental disorders 2. Musculo-skeletal 3. Other non-communicable diseases 4. Neuro 5. Diabetes, urogenital, blood & endocrine disease	1. Alcohol and drug use 2. High Body Mass Index 3. Occupational risks 4. Tobacco 5. Sexual abuse and violence 6. High fasting plasma glucose

c. Top causes of disease in people aged 50-69 (South East England)

(Source: Global Burden of Disease https://vizhub.healthdata.org/gbd-compare/)

	Top causes of disease aged 50-69	Biggest risk factors causing disease in ages 50-69
Men	1. Musculo-skeletal 2. Other non-communicable diseases 3. Mental disorders 4. CVD 5. Diabetes, urogenital, blood & endocrine disease	1. High Body Mass Index 2. High fasting plasma glucose 3. Tobacco 4. Dietary risks 5. High blood pressure 6. Alcohol and drug use
Women	1. Musculo-skeletal 2. Mental disorders 3. Other non-communicable diseases 4. Neuro 5. Diabetes, urogenital, blood & endocrine disease	1. High Body Mass Index 2. High fasting blood glucose 3. Tobacco 4. Dietary risks 5. High blood pressure 6. Occupational risks

Note: This analysis does not include risk factors and diseases affecting younger people. Important (additional) prevention factors at younger ages include

- mental wellbeing
- effective immunisation and screening programmes
- prevention of communicable diseases such as sexually transmitted infections.

d. Inequalities issues

There are variations in death and disease rates across Oxfordshire which are too numerous to list here but which need to be taken into consideration in action planning and delivery. In general these can be summarised as

- Life expectancy for men is lower than for women, with a gap of over 3 years on average. This means that premature and preventable death rates are higher in men – more detail can be found for each cause of death using the PH Surveillance Dashboard (http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard).
- Life expectancy is lower and disease rates are higher in areas of multiple deprivation – more detail is available on specific diseases in the Basket of Inequalities Indicators (https://insight.oxfordshire.gov.uk/cms/annex-inequalities-indicators-jsna-2018)
- Some diseases are likely to affect some Black and Minority Ethnic groups more than others. National figures are available through PHE Health Equity Audit report (https://www.gov.uk/government/publications/health-inequalities-reducing-ethnic-inequalities) and local Health Equity Audit is encouraged to give local insight.
- Inequality of access to services results in poorer outcomes from some e.g. because of distance to services, language barriers, other factors.

e. Conclusion

From this review of local information on causes of premature death and the burden of disease it can be concluded that the Health Improvement Board has already been delivering a range of work which addresses most of the issues listed above.

By systematically reviewing the health of the entire population, additional health needs in local "at risk cohorts" have been identified, which could improve with the following targeted interventions:
:

- Improving Mental wellbeing
- Alcohol harm reduction
- Diabetes prevention

Work on these areas should be discussed with a view to broadening the scope of the Board even further.

In addition the Board may wish to discuss how they can reduce variations in health outcomes by bringing a holistic approach to communities, building on the work of the Healthy New Towns and incorporating new approaches to Social Prescribing in order to deliver these priorities.

2. Proposed Priorities for the Health Improvement Board

a. Aims and Objectives

It is suggested that the Health Improvement Board acknowledge and adopt the overarching vision and objectives of the Health and Wellbeing Board which are:

Health and Wellbeing Board Shared Vision: "To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire"

Objectives (from the draft Joint Health and Wellbeing Strategy)

a. Living well and staying independent for longer
Prevention measures will allow us to live longer lives (**prevent** illness), live well for longer (**reduce** need for treatment) and keep us independent for longer (**delay** need for care).

b. Addressing inequalities including

- Inequalities in outcome - by targeting the people who have worse outcomes
- Inequalities of access - by ensuring people know about the right services and can use them.

Health Improvement Board Aim:
It is proposed that the Health Improvement Board also adopt an overall aim alongside the HWB objectives. The Board members are asked to discuss this suggestion:

Aim: "*Health Improvement Board partners will work together to ensure that living, working and environmental conditions enable good health for everyone*."

Objectives:

- Living well and staying independent for longer (Prevent illness, Reduce need for treatment)
- Addressing Inequalities of outcome and access
- Work to contribute to financial sustainability in the long term for public services by reducing demand

b. Priorities

It is proposed that the Health Improvement Board has 3 priorities

1. Keeping Yourself Healthy (Prevent)

- Reduce Physical Inactivity / Promote Physical Activity
  - Promote activity in schools to make it a lifetime habit
  - Promote active travel for all ages
  - Provide excellent leisure services including access to green spaces and the countryside

- Enable people to eat healthily
  - Starting with breastfeeding
  - Sugar Smart
  - Access to healthy food for all

- Reduce smoking prevalence
  - In community groups with higher smoking rates
  - In pregnancy

- Promote Mental Wellbeing
  - 5 ways to Wellbeing / CLANGERS (Connect, Learn, be Active, Notice, Give, Eat healthily, Relax, Sleep)
  - Adopt the principles of the Mental Wellbeing Prevention Concordat

- Tackle wider determinants of health
  - Housing and homelessness
  - Air Quality

- Immunisation
  - Routine childhood immunisations
  - Seasonal immunisations, such as influenza
  - Immunisations for vulnerable groups such as Pregnant women (including whooping cough) or ‘at risk’ groups, such as pneumococcal

2. Reducing the impact of ill health (Reduce)

- Prevent chronic disease though tackling obesity
  - Weight management initiatives
  - Diabetes prevention

- Screening for early awareness of risk
    - NHS Health Checks
    - Cancer screening programmes (e.g. Bowel, cervical, breast screening)

- Alcohol advice and treatment
    - Identification and brief advice on harmful drinking
    - Alcohol liaison in hospitals
    - Alcohol treatment services

- Community Safety impact on health outcomes
    - Domestic abuse

3. Shaping Healthy Places and Communities

- Healthy Environment and Housing Development
    - Learn from the Healthy New Towns and influence policy
    - Ensure our roads and housing developments enable safe walking and cycling
    - Ensure spatial planning facilitates social interaction for all generations – giving opportunities for people to meet who might not do so otherwise

- Social Prescribing
    - Referral from Primary Care to non-medical schemes e.g. for physical activity, social networks, support groups

- Making Every Contact Count
    - In NHS settings
    - In front line services run by local authorities e.g. libraries, Fire and Rescue, leisure centres
    - In local communities and through the voluntary sector

- Campaigns and initiatives to inform the public
    - Through workplaces including the Workplace Wellbeing Network
    - The media, including social media, or community initiatives using local assets

3. How will the Health Improvement Board deliver this work?

The Health Improvement Board has already established several working groups who have been effective at taking work forward over the last 5 years. These are listed in Annex 2 (with details of membership where appropriate).

It is proposed that these groups will be able to take forward most of the priorities proposed above, but where necessary new groups may have to be formed. Partners on the HIB will be encouraged to take leadership of these groups and to make sure all the right people are involved. To help with this a draft set of principles is proposed for discussion (below). These can be applied to existing groups and borne in mind in setting up any new ones:

Principles for working groups

- Develop working groups that involve a range of relevant individuals and organisations who are equipped and active in delivering the agenda.
- Gain a clear understanding of population health needs and inequalities issues from the latest Joint Strategic Needs Assessment, and identify “at risk cohorts” whose outcomes could be improved.
- Define the outcomes to be achieved for the population segments.
- Devise and deliver targeted interventions to meet the outcomes agreed for segments of the population identified.
- Apply knowledge of effective and cost-effective interventions to be sure we are leading initiatives that are affordable and will have a positive impact.
- Ensure the proposed priorities reflect (or can be incorporated into) each partner’s own organisational priorities.
- Report regularly to the Health Improvement Board on progress, performance and tackling inequalities.

4. How will the Health Improvement Board measure the impact of this work?

For the last 5 years the Health Improvement Board has been receiving performance reports at every meeting and it is suggested that this should continue. A new performance framework will need to be drawn up to ensure progress on all areas of work can be monitored.

These measures should enable the Board to monitor overall progress and particular issues for identified segments of the population, including inequalities of outcome or access.

Initial suggestions for inclusion in the performance framework are listed in Annex 3, but until the final set of priorities is agreed this list remains incomplete. It is suggested that this work is finalised before the next meeting in November, with baselines set so that progress can be measured in subsequent meetings.

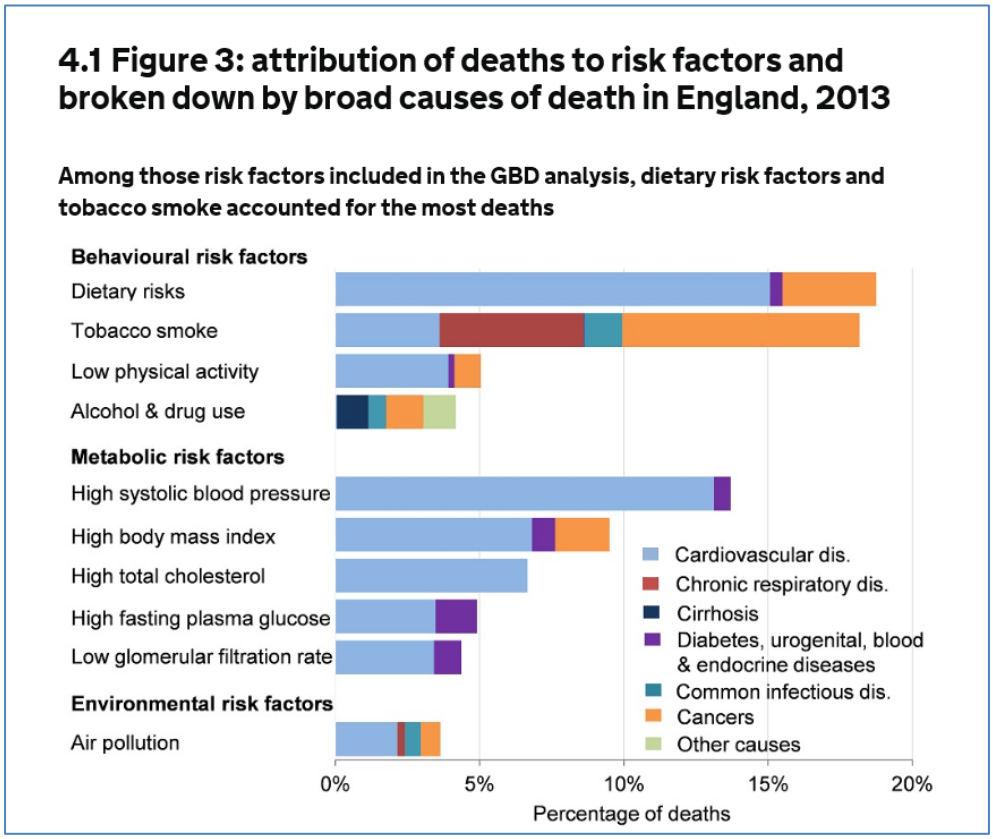
Recommendations:

3. The members of the Health Improvement Board are asked to discuss the content of this paper and reach final agreement on
   - The proposed priority areas of work
   - The arrangements for working groups

4. The Board members are also asked to consider the suggested indicators for monitoring progress and agree that targets for 2018-19 should be set by the November meeting.

Jackie Wilderspin, Public Health, August 2018

Annex 1 Risk factors and how they contribute to causes of death.
Source: Global Burden of Disease https://vizhub.healthdata.org/gbd-compare/



Annex 2. Health Improvement Board Working Groups

1. Public Health, Health Protection Forum

Purpose: Enable the Director of Public health to ensure that all organisations working within Oxfordshire coordinate their activities and provide high quality services to protect the population. This includes screening, immunisations, air quality, communicable disease control.

Membership

- Director of Public Health, Oxfordshire County Council (Chair)
- Oxfordshire County Council Portfolio Holder for Public Health
- Consultant in Public Health/Public Health Medicine with responsibility for Public Health Protection/emergency planning – Oxfordshire (Deputy Chair)
- Director, Public Health England – Thames Valley (or nominated deputy)
- District representation of Environmental Health colleagues
- Associate Director Medicines Management, Quality and Innovation, Oxfordshire Clinical Commissioning Group
- Head of Public Health Commissioning, NHS England Thames Valley
- Consultant in Public Health Screening and Immunisation, NHS England Thames Valley
- Consultant in Health Protection/CCDC with responsibility for Health Protection in Oxfordshire – Public Health England
- Specialist advisors invited as necessary

2. Healthy Weight

Purpose: delivery of the Healthy Weight Action plan had 4 main themes

- Healthy eating
- Schools
- Environmental planning for enabling active travel
- Workplace wellbeing.

New working arrangements will be put in place following an agreement at the HIB meeting in May 2018 on Whole Systems approach to taking this work forward. Oxfordshire will be part of a national exercise to pioneer this new approach and working arrangements will reflect national guidance.

3. Physical Activity steering group – may be reconvened following new launch of Active Oxfordshire (formerly OxSPA).

Purpose: to reduce the proportion of people who are physically inactive

4. Domestic Abuse Strategy Group

Purpose: to deliver the vision that “Everyone in Oxfordshire lives a life free from the harmful impacts of domestic abuse”. This strategy group works alongside an Operational Group and also manages a pooled budget for joint commissioning of domestic abuse services (money from district councils and county council).

Membership:

- Oxfordshire County Council – adults, children, safeguarding, Public Health.
- Oxford City Council
- Cherwell DC
- West Oxfordshire DC
- South and Vale DCs
- Local Criminal Justice Board
- Thames Valley Police
- Oxford University Hospitals Trust
- Oxfordshire Clinical Commissioning Group
- Office of the Police and Crime Commissioner

5. Affordable Warmth Network

Purpose: to reduce fuel poverty by improving energy efficiency of homes, especially where people are vulnerable or in poor health, enabling switching to cheaper fuel or providing advice to help people maximise their income for keeping their homes warm.

Membership: The Affordable Warmth Network (AWN) partnership comprises the County, City and District councils, who all contribute to the network's annual running costs of £39,740 including VAT as well as non-paying partners including Age UK, Citizens Advice and the Oxford Diocese

6. Housing Support Advisory Group and Joint Management Group

Purpose: To work together and coordinate local work on preventing homelessness and supporting vulnerable tenants. Monitoring outcomes and sharing best practice. The Joint Management Group oversees joint commissioning of housing related support services through a pooled budget (money from District councils, County Council and CCG)

Membership: All District Councils, County Council Joint Commissioning and Public Health, CCG

7. Tobacco Control Alliance

A recently formed group which aims to bring partners together to address a range of issues including health inequalities arising from higher smoking rates in some population groups.

Membership of the Alliance includes but is not exclusive to

- Director of Public Health, Oxfordshire County Council (Chair)
- Oxfordshire County Council Portfolio Holder for Public Health
- Deputy Director of Public Health England Centre- Thames Valley (or nominated representative)
- Commissioning team for stop smoking services OCC
- Commissioning lead 0-19 years OCC
- OCC trading standards

- OCC Fire & Rescue Service
- Oxfordshire Clinical Commissioning Group
- Oxfordshire Stop Smoking Services
- Oxfordshire School Health Nurse and College Health Nurse Services
- Oxfordshire Health Visitor Service
- Oxfordshire District Council Environmental Health teams
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Thames Valley Police
- HMRC
- Oxfordshire Healthwatch

Other groups

- **Barton Healthy New Town**
- **Bicester Healthy New Town**
- **Workplace Wellbeing network**

Annex 3 How will the HIB measure the impact of its work?

Proposed new priority area	Current performance measures that could be taken forward	Current performance	Current inequalities from JSNA	Note / recommendation
Prevent • Physical inactivity • Healthy eating • Smoking prevalence • Mental wellbeing • Housing and homelessness • Air quality	8.4 Smoking quitters per 100,000 population	2337 per 100,000 (target >2315)	Higher prevalence in routine and manual workers (24.5%) compared to whole population (11.9% in 2016)	The data is available by District Council area but can only be reported annually. Recommend this indicator is used and a new target is set for 2018-19
	8.5 smoking in pregnancy	7.4% (target – remain below 8%)		
	9.3 Breastfeeding at 6-8 weeks	61.9% (surveillance only)	*Locality data has been unavailable*	Locality data will be reported again so variation could be reported in future
	9.2 Percentage of the population who are inactive (less than 30 mins / week moderate intensity activity)	18.6% (Target – reduce by 0.5% from baseline of 17%)	District level data available	Recommend that Active Oxfordshire is consulted on this and targets match their organisational plan.
	10.1 Households in temporary accommodation	180 (Target >161)	Households in temp accomm significantly higher in the City	Recommend that Housing Support Advisory Group advise on this indicator
	10.3 Prevention of homelessness	80% (Target 80%)	Number of Households accepted as priority need significantly higher in City	Recommend that Housing Support Advisory Group advise on this indicator
	10.2 people receiving housing related support	84%		Recommend that Housing Support Advisory Group

	departing services to take up independent living,	(Target 80%)		advise on this indicator
	10.5 young people in supported housing having positive outcomes	55.2% (Target – 70%)		Recommend that Housing Support Advisory Group advise on this indicator
	10.4 Rough sleeping	117 (Target to not exceed 79)	Higher numbers in the City	Recommend that Housing Support Advisory Group advise on this indicator
	10.6 Uptake of Affordable Warmth initiatives	No target	40 wards have significantly higher rates of fuel poverty than Oxon average (2014)	Recommend that Affordable Warmth Network advise on a practical outcome measure
Reduce • Obesity • Diabetes prevention • NHS Health Checks • Hypertension • High cholesterol • Cancer screening • Alcohol • Domestic abuse	8.1 Bowel screening uptake	**56%** **(Target 60%)**	Rates of bowel cancer deaths were above average in Oxfordshire in 2016 for both males and females	Note – Bowel Screening uptake is reported quarterly but there is a delay. Cervical and Breast Screening is reported annually but only at county level PH Protection Forum to advise
	8.3 NHS Health Checks uptake	**49.8%** **(Target at least 45%)**	CCG locality data available	Note: Some changes to reporting have recently changed how these figures are reported. Recommend continue with this indicator and set new target for 2018-19

	9.1 Overweight or obese children in Year 6	**16.8%** **(Target hold at 16%)**	9 wards have significantly higher rates than Oxfordshire. Four are signif higher than England – Littlemore, Rose Hill, Banbury Ruscote, and Blackbird Leys	Recommend continue with this indicator and consider new target for 2018-19
	11.1 / 11.2 Uptake of MMR doses 1 and 2	**Dose 1 - 93.4%** **Dose 2 – 90.3%** **(Target – 95% for each dose)**	NHSE has been targeting outreach to unimmunised families. Locality reports may no longer be available – this is being checked	Consider whether to add other immunisation rates to this report or ask PH Protection Forum to give exception reports to HIB on a wider range of immunisations.
	11.3 Uptake of flu immunisations (under 65 at risk groups)	**52.4%** **(Target 55%)**	Not known if smaller area figures are available.	

Additional indicators that could be used - for discussion

Proposed new priority area	Additional indicators that could be used	Can Inequalities issues be highlighted?	Note
Prevent • Physical inactivity • Healthy eating • Smoking prevalence • Mental wellbeing • Housing and homelessness • Air quality	**Healthy eating** • Percentage who eat 5 or more fruit and veg per day (PHOF) **Mental wellbeing** • Self reported wellbeing – happiness score (PHOF) **Air quality** • Proportion of the population living within AQMAs (PHOF)	• District level reports but this is survey data so not robust • County level report only • County level report only	Not recommended Recommended and working group to be asked for advice when convened PH Protection Forum to be asked to advise
Reduce • Obesity • Diabetes prevention • NHS Health Checks • Hypertension • High cholesterol • Cancer screening • Alcohol • Domestic abuse	**Adult obesity** • Percentage of adults (aged 18+) classified as overweight or obese (PHOF 2.12) **Diabetes prevention** • Estimated diabetes diagnosis rate (PHOF 2.17) • QOF measures of GP-recorded diagnoses; PHOF is expected (estimated) prevalence measured every 2 years • QOF data? No longer in QOF – retired indicator – unsure where we can get these data from	• District level report, but this is survey data so not robust • District level reports, but estimated data • QOF data should be available at practice level, but comparison may not reflect local need	To be discussed CCG to advise CCG to advise

	Alcohol • Admission episodes for alcohol related conditions (Male and female) Alcohol profile • Admission episodes for alcohol specific conditions aged under 18 (Male, female) Alcohol profile **Domestic abuse** • *tbc*	County and District level data 3 year combined data as very low numbers	PH to advise Domestic Abuse Strategy Group to advise
Place Shaping • Healthy environment • Social prescribing • Making Every Contact Count • Campaigns	**Healthy environment** **Social prescribing** **Making Every Contact Count** **Campaigns**	**To be advised**	

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Oxfordshire
Clinical Commissioning Group

Report for the Health Improvement Board, 13th September, 2018

Social Prescribing in Oxfordshire

1.0 Context

Social prescribing was highlighted in 2006 in the White Paper '*Our health our care our say'* as a means of promoting health, independence and access to local services. The objectives of social prescribing also support the principles set out in subsequent NHS policy documents, including '*The NHS five year forward view'* (2014), which promotes a focus on prevention and wellbeing, patient-centred care, and better integration of services, as well as highlighting the role of third sector organisations in delivering services that promote wellbeing. More recently, the *General practice forward view* (2016) has also emphasised the role of voluntary sector organisations – including through social prescribing specifically – in efforts to reduce pressure on GP services.

(King's Fund, 'What is Social Prescribing?)

1.1 Definition

There have been several definitions of Social Prescribing. The King's Fund (2017) describe social prescribing as a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. White and Salamon (2010) define social prescription as being 'preventative, social, non-medical, flexible, demand-led and evidence-based.'

Social prescribing seeks to address people's needs in a holistic way, recognising that people's health is determined by a range of social, economic and environmental factors. It aims to improve mental health outcomes for patients; improve community well-being and reduce social exclusion (Bungay et al, 2010). It also aims to support individuals to take greater control of their own health.

The beneficiaries of social prescribing are varied, but mostly it is targeted at people with "social, practical or emotional needs" (Brandling & House 2007, Brown et al 2004) and the schemes are typically provided by voluntary or community sector organisations (King's Fund 2017).

1.2 Evidence

There is increasing evidence that social prescribing can have positive benefits to patients in terms of emotional, mental and general wellbeing and levels of depression and anxiety. For example, a social prescribing project in Bristol found

improvements in anxiety levels and in feelings about general health and quality of life.

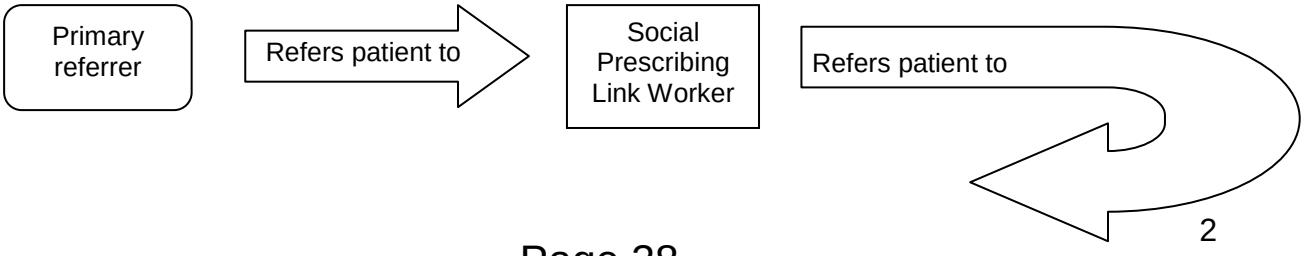
It has been estimated that 20% of patients consult their GP for what are primarily social problems (*Torjesen,2016)* and the Low Commission (2015) reported that 15% of visits to GPs were for social welfare advice. There is evidence that social prescribing schemes may lead to a reduction in the use of NHS services. A scheme is Bristol showed reductions in GP Practice attendance rates for most people who had had a social prescribing intervention. In addition, a scheme in Rotherham showed that for more than 8 in 10 referred patients who were followed up three to four months later, there were reductions in NHS use for accident and emergency (A&E) attendance, outpatient appointments and inpatient admissions.

However, robust and systematic evidence is limited and most studies are small scale and qualitative with self-reported outcomes. The cost effectiveness is also difficult to determine, however, economic analysis of the Rotherham project suggested that it could pay for itself in 18-24 months in terms of reduced NHS costs.
(King's Fund, 'What is Social Prescribing?)

2.0 Social prescribing models

The University of Westminster 'Making Sense of Social Prescribing' states that 'schemes will be and should be different in different areas. Despite the differences, there are essential ingredients that successful social prescribing schemes have in common.' One of these essential ingredients is the link worker. This involves the primary referrer (usually a healthcare professional) referring patients to a link worker (who can have varying job titles such as Practice Care Navigator; co-ordinator etc). The link worker uses motivational interviewing and action planning to co-design a non-clinical social prescription that will aim to improve their health and wellbeing and use services provided by the voluntary and community sector *(Social Prescribing Network).* Funding for all projects in Oxfordshire (apart from South West) has been to enable recruitment of the link worker post(s).

Onward referrals can be to a variety of activities and services which are usually provided by voluntary and community sector organisations. Examples include volunteering; arts, such as singing and dancing; gardening; befriending; lunch clubs; benefits advice and a range of sports and physical activity initiatives. The link worker will follow up with the patient to ascertain their take up of the referral and if not, explore the barriers. Sometimes the link worker will accompany a patient to a voluntary sector group or initiative for the first time.



3.0 Evaluation and Outcomes

Broadly, each project is collating data and using patient outcome measures (e.g. Warwick & Edinburgh Mental Well Being Scale). KPIs measured are generally: reduced GP appointments for non-medical reasons; reduced emergency admissions and reduced A&E attendance where applicable. However, there will be project specific variations.

3.1 Elemental software

This software offers the opportunity to develop an infrastructure that might enable a number of prevention initiatives to be managed and tracked, as well as acting as an embedded referral process operating from within the EMIS system. Elemental links with EMIS but is able to track patients through their pathway and have outcomes embedded within it, which are visible to clinicians using EMIS. It allows the referrer to see any goals set and whether these have been met. The licence cost is £20 per patient/service user and OxFed is piloting it as part of their Practice Care Navigator scheme.

4.0 Principles for Social Prescribing

As the Oxfordshire system moves towards an integrated care system it will be important to have a set of overarching principles for social prescribing that can be applied at locality or Practice level. Whilst recognising that all schemes should reflect local needs, OCCG has recommended a set of agreed principles to be used, which would apply to all social prescribing schemes.

Proposed principles include:

a) Analysis of local need and identification of cohorts most likely to benefit
b) Person related outcomes in terms of physical activity, mental wellbeing, connectivity with others, better able to manage their own health and wellbeing, better able to manage practical issues such as housing, money etc.
c) System related outcomes to include a reduction in non-elective admissions and A&E attendances, as well as a reduction in the number of visits to the GP.
d) Single system of evaluation against pre-determined outcomes.

e) Patients and stakeholders are involved in the scheme design to ensure it best meets patient need.
f) Scheme delivers value for money.
g) Robust information on the voluntary and community sector offers must be developed so that people can be appropriately referred on.
h) The voluntary/ community sector support to which the person is referred will not normally be funded through Social Prescribing.

5.0 Social Prescribing Schemes in Oxfordshire

Scheme	**Locality**	**Funded/ Model**
OxFed Practice Care Navigators (PCNs)	Oxford city	Funded by OCCG. Prime Minister's Challenge Funding (PMCF) for this project was initially for working with frail, elderly, housebound patients. It is now expanding to work with other adults who are identified as vulnerable and would benefit from Social Prescribing. The model follows the primary referrer referring to the PCN who makes onward referrals to the voluntary and community sector. This type of link worker would be part of the bronze/silver frailty pathway helping to build resilience.
Hedena Health (Barton surgery)	Oxford city	Practice funded. The project is delivered from Barton branch surgery which employs their reception staff member part time as a Social Prescribing Co-ordinator. The model follows the primary referrer who refers to the co-ordinator who makes onward referrals to the voluntary and community sector.
Chipping Norton Health Centre	North Locality	Practice funded. The surgery employs one of

		their reception staff part time as a Social Prescribing Co-ordinator. The model follows the primary referrer referring to the co-ordinator who makes onward referrals to the voluntary and community sector.
Cherwell/ West Oxfordshire (VCSE Fund)	North, North East and West Localities	Scheme initially funded by the PHE/ DH VCSE fund. Expected to start October 2018 Funding phases out with full contibution required from Yr 4 from OCCG and WODC and CDC. Citizens Advice will employ 1 Lead Navigator and 2 Community Navigators and recruit volunteer Link Workers to engage patients referred by identified referral sources and self-referrals.
Practice Care Navigators	South West Locality	Practice funded – mainly in Abingdon following PMCF pilot. Active signposting is in all the practices, where Care Navigators refer to relevant community information through use of the COACH website.
Age UK	South East Locality	CCG funded with non-recurrent funding (12 month project). Scheme expected to start September 18. The service will build 35 hours of additional capacity into the Community Information Network, which connects people to sources of support within their local community. The additional capacity will provide a named, dedicated Community Networker for each 'cluster' of GP practices, who will work closely with the practices, taking referrals directly from GPs and other members of the primary health care team.
Mind Wellbeing workers	Oxford city and South West locality	This will act as a social prescription model linking patients with mental health issues with appropriate

		wellbeing services which have a mental health interest. They will use Mind well-being link workers based in Practices who will also deliver short interventions where appropriate. In Oxford city the Elemental software will be used to track patients and outcomes.

6.0 Purpose of the Paper

Through this paper, OCCG is requesting the Health Improvement Board to:

- Ratify Social Prescribing as a means of supporting patients to improve their health and wellbeing through being better socially connected;
- Agree that a cross organisational approach is required, recognising that people's health is determined by a range of social, economic and environmental factors;
- Agree to the proposed Social Prescribing principles;
- Agree to monitor and review the progress and outcomes of Social Prescribing schemes in Oxfordshire.

Dr Kiren Collison
Clinical Chair, OCCG

Health Improvement Board – Mental Wellbeing in Oxfordshire

13th September 2018

Recommendations

1. The Health Improvement Board is asked to
    a. Agree the approach of focusing efforts on promoting and supporting mental wellbeing
    b. Recognise that this is in addition to the mental ill-health overview provided by other partnerships (Joint Management Group for Adults and Children's Trust)
    c. Recommend the Health and Wellbeing board to endorse the consensus statements of the Prevention Concordat programme.
    d. Set up a working group to develop an Oxfordshire Mental Wellbeing Framework including actions needed for HIB partners to sign up to the Prevention Concordat and proposed indicators that can be used to measure progress.

Background

The Health Improvement Board agreed in May 2018 for mental wellbeing to be a priority for Oxfordshire, after noting the results of the workshop in March 2018.

In order to demonstrate the Board's commitment to this priority it was suggested that adopting the Prevention Concordat for better mental health (by signing up to the Consensus Statement) is the start of the process for making mental wellbeing a priority.

All partners are already taking a prevention focussed approach to improving the public's mental wellbeing.

The Board already works across sectors and can continue to encourage partners to adopt mental wellbeing approaches.

Defining mental wellbeing.

Achieving a positive state of health, physical or mental, is highly reliant on having good mental wellbeing. If you are resilient and empowered you are better able to make positive lifestyle choices and better able to respond to adverse events.

"Mental Health" and "Mental Wellbeing" tend to be terms that are used interchangeably, when talking about a person's ability to cope with adversity and thrive in live. The following definitions give more clarity:

- **Mental ill-health** is concerned with disorders (such as depression, anxiety, schizophrenia, personality disorder) that are used to imply the existence of a

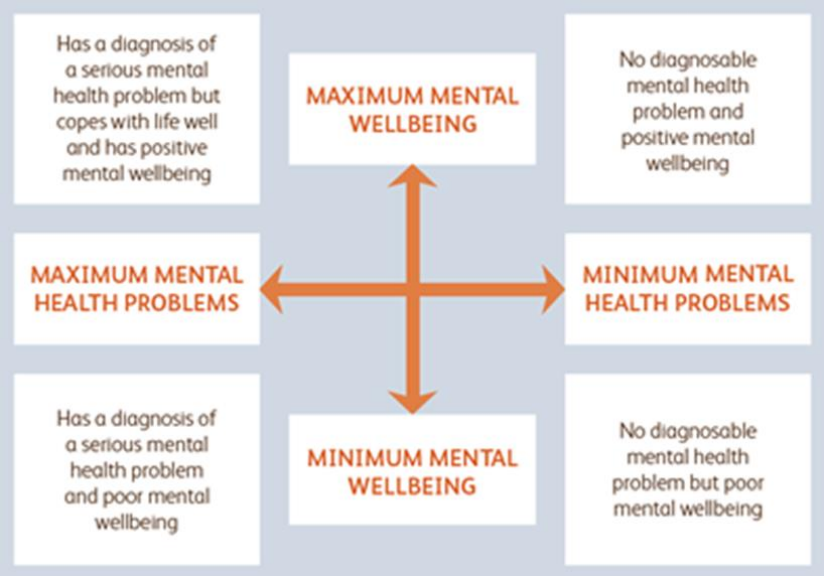
clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions[1].

- **Mental Health: a state of wellbeing** in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community[2].

- **Mental wellbeing** can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole[3].

There are two schools of thought about the relationship between mental health and mental wellbeing. The first is that mental wellbeing is on a continuum with mental wellbeing at one end, leading through to mental ill health at the other. The second, is that mental wellbeing is entirely separate from mental health, though there is a relationship between the two.

Figure 1 shows the dual continuum model[4] which recognises that a person with mental health problems can simultaneously be experiencing positive mental wellbeing, and vice versa.



<u>It is proposed</u> that the Board adopts the understanding of mental wellbeing as being separate to mental health. From this point on mental wellbeing will be the primary term used at the Health Improvement Board.

Since the mid-1990s academics have studied mental health in a more positive way, looking at what conditions create positive mental wellbeing. Based on these theories and models, the New Economic Foundation[5] (NEF) in 2012 formulated the Five Ways to Wellbeing. This approach has been adopted nationally by MIND and is recognised by many.

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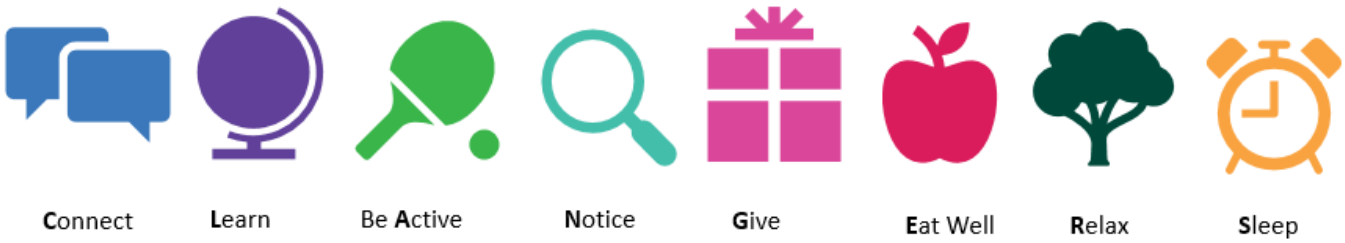
[1] http://www.who.int/classifications/icd/en/bluebook.pdf
[2] http://www.who.int/features/factfiles/mental_health/en/
[3] New Economics Foundation (2012) *Measuring Wellbeing: A guide for practitioners*, London: New Economics Foundation. https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it#_ftn1
[4] K Tudor "Mental health Promotion: Paradigms and Practice" 1996
[5] **Staying Alive: How to Get the Best From the NHS by Dr Phil Hammond 2015**



In Dr Phil Hammond's[6] book, this concept was added to and perhaps been made more memorable. CLANGERS, is made up of the 5 Ways to Wellbeing - Connect, keep Learning, be Active, take Notice, Give, with three additional factors which spell the "ERS" at the end of CLANGERS - Eat Well, Relax and Sleep.

It is proposed that the Health Improvement Board uses the concept of CLANGERS when describing the different elements of Mental Wellbeing.

An Oxfordshire Mental Wellbeing Framework

The proposed Mental Wellbeing Framework will build on work and activities already in place for promoting mental wellbeing, highlight gaps and give an outline of what all partners are committed to do. It will serve as an action plan for this topic and can be monitored by the HIB. It will include actions that need to be delivered to enable Oxfordshire HWB to sign up to the Prevention Concordat (see the section below)

Having reviewed the outputs of the HIB workshop at the May 18 meeting, it is recommended, that an Oxfordshire Framework is jointly owned and therefore jointly created – Mental Wellbeing is everyone's business and all partners have a contribution to make

Actions need to be owned by and relevant to the partners and therefore increase the likelihood of them being delivered. A co-designed framework will help support this outcome and working jointly is one of the key principles of the consensus statements

It is recommended that the Board commissions a Task and Finish group of its respective organisations, with representation from a range of departments that can influence wellbeing (HR, Leisure and Parks/Environment, Public Health) as well as views of those with lived experience. This group will recommend a framework to the Board which will progress future work, including details of how progress will be measured. The group will report back to the HIB at a future meeting.

Prevention Concordat for Better Mental Health

The Prevention Concordat for Better Mental Health was discussed in the May 2018 Health Improvement Board meeting and there was interest in finding out more about what partner organisations would need to do to sign up to the concordat.

To recap, the aim of the Prevention Concordat for Better Mental Health is to help every local area to put effective prevention planning arrangements in place. It guides organisations through a series of actions, that will help them deliver on the aim of improving mental health and wellbeing.

It aims to do this by raising the profile and securing commitment to some actions. There is a two-page application form (Appendix 1) per partner organisation which is submitted to Public Health England who will publish their commitment on Prevention Concordat website[7].

In order to be able to demonstrate that an organisation has signed up to the Consensus Statements (see appendix 2), there are several requirements. The following four are needed for each of the HIB partner organisations.

1) **Organisations need to show that they intend to continue to promote and support mental health and wellbeing.**

Each partner organisation should demonstrate delivery of a range of actions, perhaps based on (but not limited to) the following ideas from other areas who have already signed up to the Concordat

1) Supporting mental wellbeing campaigns/messages on organisations websites, social media accounts and newsletters.
2) Convene communications officers across the key partners to plan a mental wellbeing literacy campaign in 2019 and report back to the board on the outcomes.
3) Share best practice with partners of where evidence based planning and commissioning has been used to reduce the impact of health inequalities.
4) Train staff in how to sensitively facilitate conversations with those with a lived experience of poor mental wellbeing and ill health, to improve their services.
5) Carry out a review of HR policies and practices related to encouraging opportunities to promote the 5 ways to wellbeing. For example, to move more whilst at work, learning (for example the promotion and use of free online courses or accessing local adult learning courses), maximising volunteering take up of staff. Promote best practice of HR/employment policies between partners.
6) Promote examples of where culture and the arts were incorporated in a novel way, to existing services, to enhance mental wellbeing of users of the service or the local area.
7) Include a standard clause in contracts that require contracted out services to promote the mental wellbeing of their employees.
8) Assess community based interventions for grants against how mental wellbeing will be improved as a result of any new, or additional activity is being implemented.
9) Send a communication to all employers and partners (e.g with more than 50 employees) in the area encouraging them to sign up to the concordat.

2) **Organisations promoting the adoption of these principles make a public statement that this is what they are and will be doing to tackle mental health.**

The Board members may wish to identify what parts of this proposal they will be able to recommend to their respective organisation.

[7] https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health

- Liaise with communications officers to put together a locally tailored media content, such as a press release, including photograph of signing a document, and/or comment demonstrating what the signatories personally do to take care of their wellbeing, as per Five Ways to Wellbeing. That is launched on the same day/week.
- Include an article in next local residents' e/newsletter
- Host the information on front page of organisations website
- Host information and relevant content on social media pages. Ask residents what they do to relax/look after their wellbeing. Use suggested hashtag such #Oxon5ways
- Encourage other partners to host the media content in their newsletters etc

3) **Sign off from the Health and Wellbeing Board** that all partners take forward the the Mental Health Prevention Concordat.

   The HIB will discuss whether to make a proposal to the Health and Wellbeing Board, requesting that it endorses the Prevention Concordat and call for action across all its sub-partnerships and working groups.

4) Nominate a **mental health champion[8],** ideally for each organisation, but at least one representing Oxfordshire. Details of what is required of a Champion can be found in Appendix 3

There are other requirements for being able to sign up to the Concordat, which Oxfordshire already has in place

- A suicide prevention plan
- An Oxfordshire Mental Health Joint Strategic Needs Assessment.
- Evidence of current mental health and wellbeing support and promotion. We can use the results of the March 2018 mental wellbeing workshop to demonstrate this.

Next steps

If all partners on the HIB are in agreement that this proposal can be taken forward**, it is recommended** that the Mental Wellbeing Task and Finish group should ensure the process of signing up to the Concordat is completed. This will require a member of staff from each of the respective organisations being appointed to work on the group.

Actions which need to be completed in order for the Concordat to be adopted will be set out in the Mental Wellbeing Framework so that the HIB can monitor progress.

Indicators

As the Board is recommended to adopt the positive mental wellbeing approach, it should follow that the indicator to monitor progress should reflect this.

It is proposed that the Health Improvement Board monitors indicators for wellbeing by using the Office for National Statistics' (ONS) subjective well-being questions[9]. There are four wellbeing related

[8] http://www.mentalhealthchallenge.org.uk/.
[9] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/januarytodecember2017

questions, with a response scale of 0-10 are intended to capture what people think about their happiness, satisfaction with life and anxiety levels. From April 2011 these questions have been included in the Integrated Household Survey, which is a composite survey that gathers information from over 200,000 people in UK.

The indicators suggested are as follows.

a. Self-reported well-being - high happiness score: % of respondents
b. Self-reported well-being - high satisfaction score: % of respondents
c. Self-reported wellbeing - people with a low happiness score

Appendix 4 shows the performance of Oxfordshire over the past six years.

The data presents annual estimates of personal well-being on a rolling quarterly basis. These estimates provide a timelier picture of how the UK population are feeling and allows us to monitor how well-being is changing in the UK more frequently. This data is also included within the Public Health Surveillance Dashboard[10].

However, this is a very high-level indicator and will not show whether local work is having an impact on local people. Therefore it is also recommended that we also report on activity or other local outcomes to supplement this.

It is recommended that the Task and Finish Group propose relevant indicators for monitoring progress as part of their Mental Wellbeing Framework. These might include proxy indicators of wellbeing such as volunteering activity, participation in learning, physical activity and others linked to CLANGERS.

Summary of proposals in this paper. The Health Improvement Board is asked to

a. Agree the approach of focusing efforts on promoting and supporting mental wellbeing
b. Recognise that this is in addition to interventions to treat mental ill-health led by other partnerships (Joint Management Group for Adults and Children's Trust)
c. Recommend the Health and Wellbeing board to endorse the consensus statements of the Prevention Concordat programme.
d. Set up a working group to develop an Oxfordshire Mental Wellbeing Framework including actions needed for HIB partners to sign up to the Prevention Concordat and proposed indicators that can be used to measure progress.

August 2018

Contact:
Kate Eveleigh, Health Improvement Practitioner,
Donna Husband, Head of Commissioning Health Improvement, 07827 979240

[10] https://insight.oxfordshire.gov.uk/cms/system/files/documents/F-008_FourMeasures_PersonalWellBeing_1.pdf

Appendix 1 – Concordat application form

Concordat application form (*with suggested responses that partner organisations may be able to cite added in italic font)*

Prevention Concordat for Better Mental Health: information required from signatories to the Consensus Statement
We are delighted that you are interested in becoming a signatory to the Prevention Concordat for Better Mental Health Consensus Statement. You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.
Please can you complete the template below to enable us capture your pledge and the key contacts in your organisation. Once completed, please send to: publicmentalhealth@phe.gov.uk

Lead Contact	
Name of Organisation	
Type of Organisation	Public Sector X☐ Private company ☐ Membership Organisation ☐ Charity ☐ Other (please state) **……**
Are you a national organisation?	Yes ☐ Please State which regions you cover **……**
Please tell us more about your organisation's work *(no more than 150 words)*	***Name of organisation** provides essential public services to **** residents of Oxfordshire, from eg education, public health, child and adult social care to fire and rescue, trading standards, roads, environment and strategic planning.*
What are you currently doing on: • **prevention of mental health problems and suicide** • **promotion of mental health**	*Details from the Mental Wellbeing workshop* *E.g Our HR Policies have recently been reviewed* *We have an employee wellbeing service which provides counselling support* *Our managers have access to mental health and wellbeing training and are encouraged to attend* *We support the national 5 Ways to Wellbeing campaigns* *We recognise the value of the arts in mental wellbeing and employ Arts Officers to promote the arts in local communities*.
What contribution would you like to commit to in 2018/19	*As per discussed in HIB meeting 13th September, with local amendments - these will be set out in the Mental Wellbeing Framework*

and beyond	
Can you provide a brief communication plan to indicate how you will promote your commitment?	*As per discussed in HIB meeting 13th September, with local amendments*
Please provide a confirmation from the CEO or Board of your organisation *(include name and date)*	
Name of the signatory from your organisation.	County Councillor xxxxx/Chief Executive

Appendix 2 – Mental Health Prevention Concordat Consensus Statements

The undersigned organisations agree that:

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focussed leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.
2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action[1].
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

Appendix 3 - Details of what is required of a Mental Health Champion

The Challenge - find a champion!

Local authorities have a key role in promoting wellbeing and improving mental health in their communities. We want to support and encourage local authorities to take a proactive approach to this crucial issue. So we've set up the Challenge.

Mental Health Challenge Poster

Local authorities

We are asking all local authorities to take up The Mental Health Challenge and have produced a template motion to enable councils to promote mental health across all of their business.

This council notes:

- 1 in 4 people will experience a mental health problem in any given year.
- The World Health Organisation predicts that depression will be the second most common health condition worldwide by 2020.
- Mental ill health costs some £105 billion each year in England alone.
- People with a severe mental illness die up to 20 years younger than their peers in the UK.

This council believes:

- As a local authority we have a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health.
- Mental health should be a priority across all the local authority's areas of responsibility, including housing, community safety and planning.
- All councillors, whether members of the Executive or Scrutiny and in our community and casework roles, can play a positive role in championing mental health on an individual and strategic basis.

This council resolves:

- To sign the Local Authorities' Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, AMHP, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds.
- We commit to appoint an elected member as 'mental health champion' across the council.
- We will seek to identify a member of staff within the council to act as 'lead officer' for mental health.

The council will also:

- Support positive mental health in our community, including in local schools, neighbourhoods and workplaces.
- Work to reduce inequalities in mental health in our community.
- Work with local partners to offer effective support for people with mental health needs.
- Tackle discrimination on the grounds of mental health in our community.
- Proactively listen to people of all ages and backgrounds about what they need for better mental health.

The member champion

Enthusiasm and commitment are more important than formal position in becoming a member champion. What is crucial is that an elected local authority member takes on this role in order to influence the full range of the authority's activities and responsibilities.

The role of champion will be defined locally but key activities might include:

- Advocating for mental health issues in council meetings and policy development
- Reaching out to the local community (eg via schools, businesses, faith groups) to raise awareness and challenge stigma
- Listening to people with personal experiences of mental ill health to get their perspectives on local needs and priorities
- Scrutinising the work of local services that have an impact on mental health: eg health, social care, housing, police.
- Fostering local partnerships between agencies to support people with mental health problems more effectively
- Encouraging the council to support the mental health of its own workforce and those of its contractors.

The member champion will have access to the following benefits to help them in these roles:

- Advice and support from the mental health challenge national partners (usually by phone or email)
- Access to resources on the challenge web site
- A monthly update on relevant news, events and key policy developments
- An annual meeting with other member champions to share intelligence, experiences and ideas.
- Workshops and other learning events on key topics

As local leaders for better mental health, we expect all member champions to:

- Provide a vocal presence for mental health within their council where this is necessary
- Identify at least one priority each year for focused work

- Seek the views of people with lived experiences of mental ill health when identifying priorities and concerns
- Work respectfully, sensitively and empathically with people with mental health problems at all times
- Respond to occasional requests from the challenge coordinator for updates on activities undertaken in the role of member champion.

We are aware that member champions are elected members of councils who have a number of competing priorities and limited time to put into the role of member champion.

The national partners reserve the right to raise concerns where member champions whose conduct falls below the expectations set out above. Where steps are not taken to address concerns expressed by the national partners, councils may be removed from the challenge membership.

Lead officer role description:

The role of lead officer can be taken by any staff member in the council. Their role may include, but not be limited by:

- Providing information to the member champion to support their work
- Advising the member champion on current issues and priorities
- Supporting implementation of strategies initiated by the member champion
- Raising awareness within the council's staff about mental health issues
- Seeking external support for activities led by the council to promote mental health and wellbeing
- Liaising with the mental health challenge national partners to secure information and advice.

The lead officer will also have access to the benefits described above for member champions.

Support from national organisations

National mental health organisations will support local authorities that take on the challenge by:

- Providing resources (for example published evidence, expert opinion and briefings) to help councils to take local action.
- Offering networking opportunities and peer support for mental health champions, including an annual meeting and through use of electronic media.
- Recognising and acknowledging publicly the councils that sign up to the challenge and the champions they appoint.

Appendix 4

Proposed mental wellbeing indicators are explained below, with latest results for Oxfordshire shown in the charts.

The 4 personal well-being questions asked of the Survey sample are:

- overall, how satisfied are you with your life nowadays?
- overall, to what extent do you feel the things you do in your life are worthwhile?
- overall, how happy did you feel yesterday?
- overall, how anxious did you feel yesterday?

People are asked to respond on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”.

People are asked to respond on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”. We produce estimates of the mean ratings for all four personal well-being questions, as well as their distributions, using thresholds.

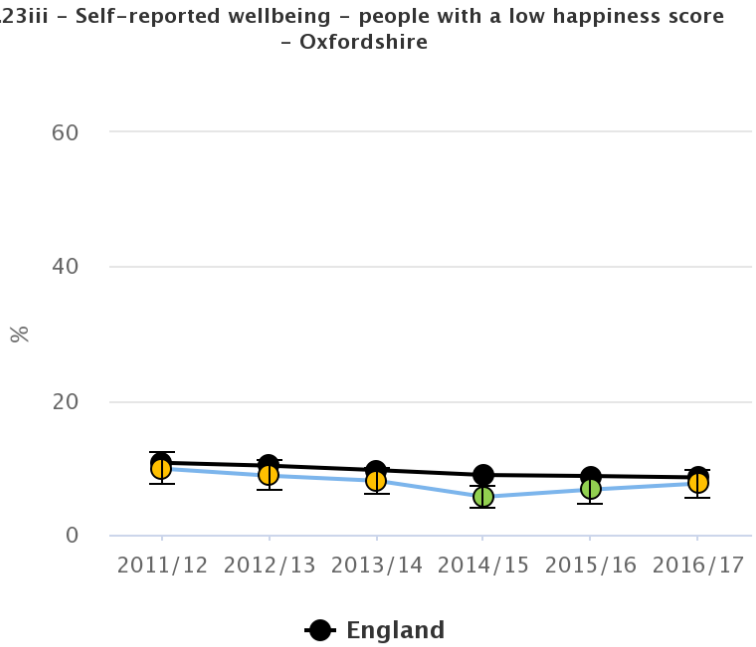
Labelling of thresholds

Life satisfaction, worthwhile and happiness scores		Anxiety scores	
Response on an 11 point scale	Label	Response on an 11 point scale	Label
0 – 4	Low	0 – 1	Very low
5 – 6	Medium	2 – 3	Low
7 – 8	High	4 – 5	Medium
9 – 10	Very high	6 – 10	High

Latest Oxfordshire Figures, compared with England

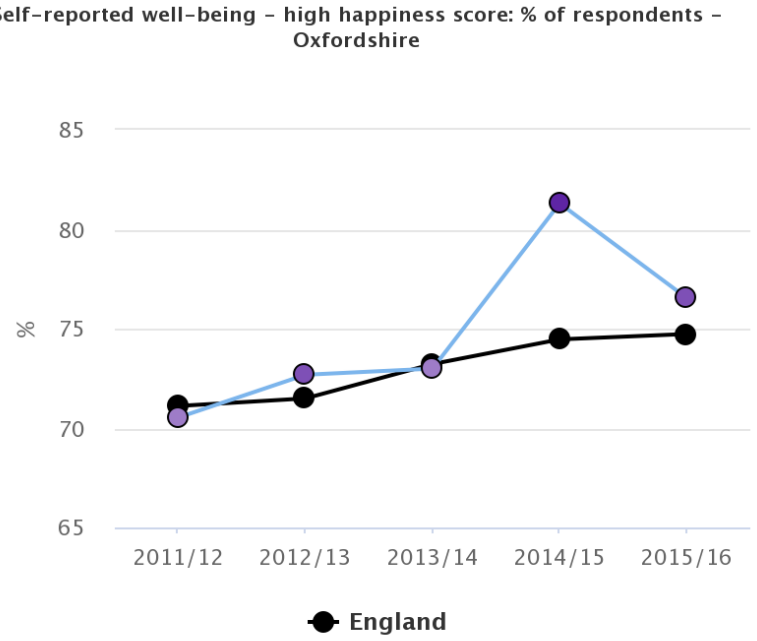
Note – Statistical significance, nor confidence intervals have been calculated for these figures, so it is not possible to say the differences are significant.

a. **2.23iii - Self-reported wellbeing - people with a low happiness score**



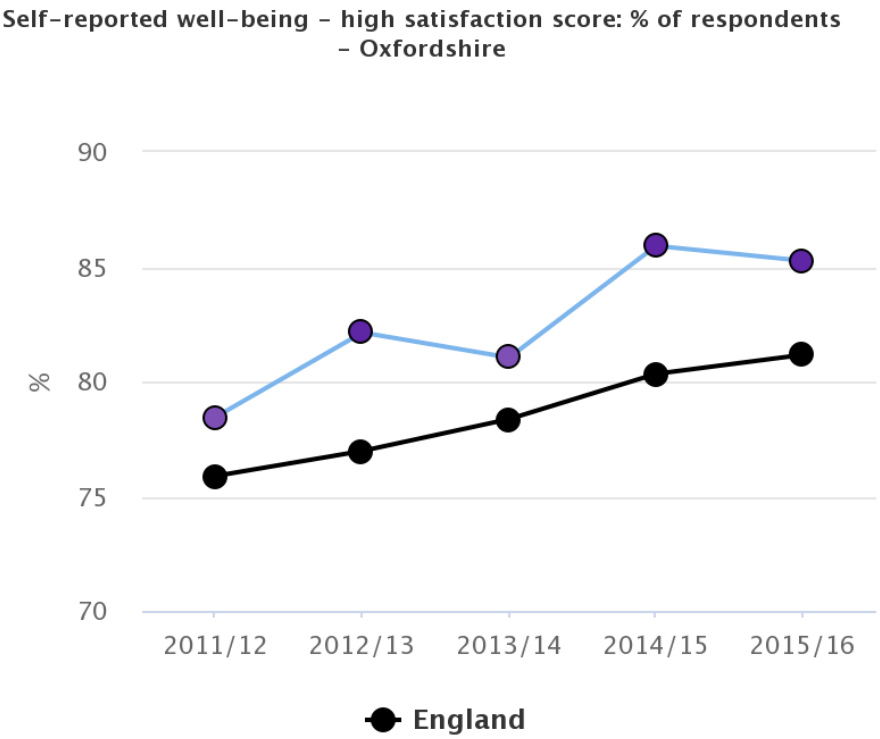
The percentage of people with a low happiness score for Oxfordshire is similar to England and the trend is generally better than England.

b. **Self-reported well-being - high happiness score: % of respondents**



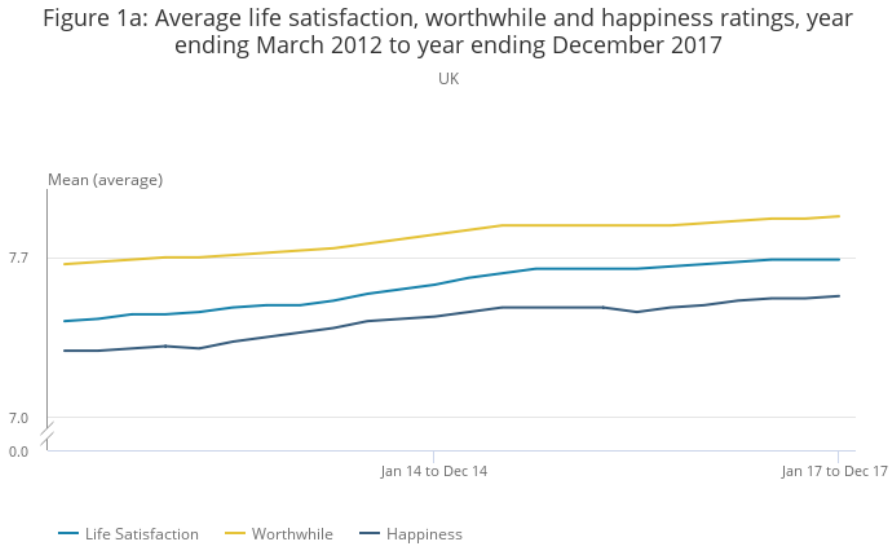
Oxfordshire has a higher percentage (76%) of people reporting a high happiness score, compared to England (74.9%).

c. **Self-reported well-being - high satisfaction score: % of respondents**



The score for high satisfaction levels in Oxfordshire (85%)is higher than the England average (81%), (noting that the graph starts at 70%).

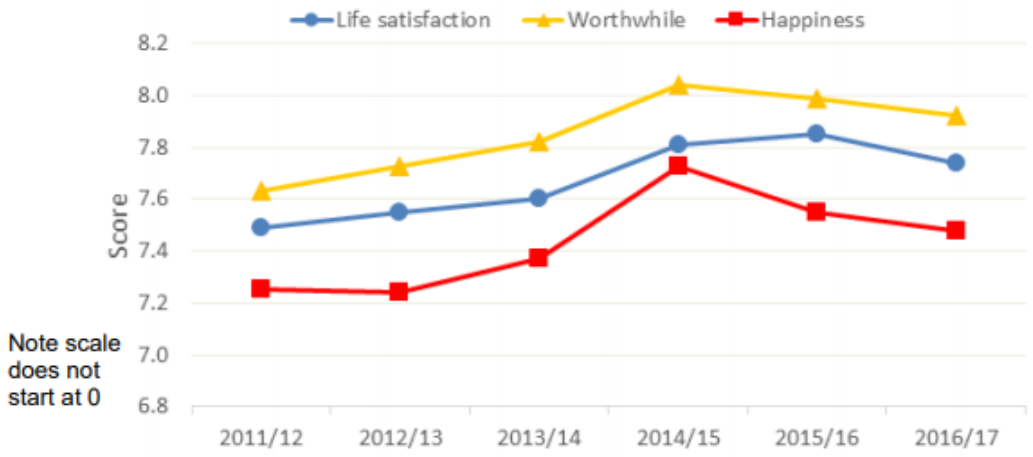
The graph below shows the combined figures against the scores people assign out of ten, for life satisfaction, worthwhile and happiness in England.



Source: Annual Population Survey, Office for National Statistics

Below are the figures for Oxfordshire, which can be found in the Mental Health Joint Strategic Needs Assessment.

Figure 15 Trend in average wellbeing scores in Oxfordshire for (a) life satisfaction, (b) things you do that are worthwhile and (c) happiness



Source: Office for National Statistics Personal Wellbeing released Nov17

Oxfordshire Health Improvement Board
Healthy New Town Programme Update

Introduction

Over the past year Barton in Oxford and Bicester have been testing out healthy place making as two of ten demonstrator sites for NHS England's Healthy New Town programme. The NHS has provided three years of funding for these sites to test out innovative ways of shaping communities to promote health and wellbeing, prevent illness and rethink the way that health and care services are provided. Both projects have taken a partnership approach to improving health and wellbeing in their communities as described below.

Barton Healthy New Town

Barton is an area on the western outskirts of Oxford, just outside the ring road and only 3.5 miles from Oxford City Centre. . Built in 1946, the estate was originally developed to provide social housing for residents of Oxford. The population of the Barton and Sandhills ward has grown by 9% since 2006 and now stands at 7,411. With a further 885 new homes planned at Barton Park (delivered by Barton Oxford LLP a joint venture between Oxford City Council and Grosvenor) in the next 7 years, a further 3,000 new people are likely to move into the area as a result of the new development.

*The Barton Healthy New Town programme is being delivered through a partnership between Oxford City Council, which is the lead delivery partner, Grosvenor Developments Ltd, Oxfordshire County Council's Public Health team and Oxfordshire Clinical Commissioning Group. The project aim was set early on in year one for '**All Barton residents (Barton and Barton Park) to have an equal opportunity to good physical and mental health and good health outcomes.'***

Bicester Healthy New Town

Bicester is a market town located within Cherwell District Council's administrative area in North Oxfordshire. The town currently has approximately 13,000 dwellings and a population of about 30,000 people. Over the next 20-30 years a further 13,000 homes are planned to be built which will effectively double the size of the population. Bicester was designated as a Garden Town in 2014 under the government's Garden Cities initiative and is a strategic location for growth within the Oxfordshire Strategic Economic Plan.

The Bicester Healthy New Town programme is a partnership initiative led by Cherwell District Council, Oxfordshire Clinical Commissioning Group, Oxford Academic Health Science Network, A2 Dominion developer of the ecotown Elmsbrook at North West Bicester, and supported by a further 25 different community organisations, health and care providers and Bicester schools and businesses. In Bicester the two key priorities are:

- *To increase the number of children and adults who are physically active and a healthy weight.*
- *To reduce the number of people who feel socially isolated or lonely in order to improve their mental wellbeing*

Healthy place making is not just about new developments; it applies to any place experiencing significant housing growth and is a mechanism for integrating new estates with existing communities so that all residents have the opportunity to benefit in terms of health and wellbeing.

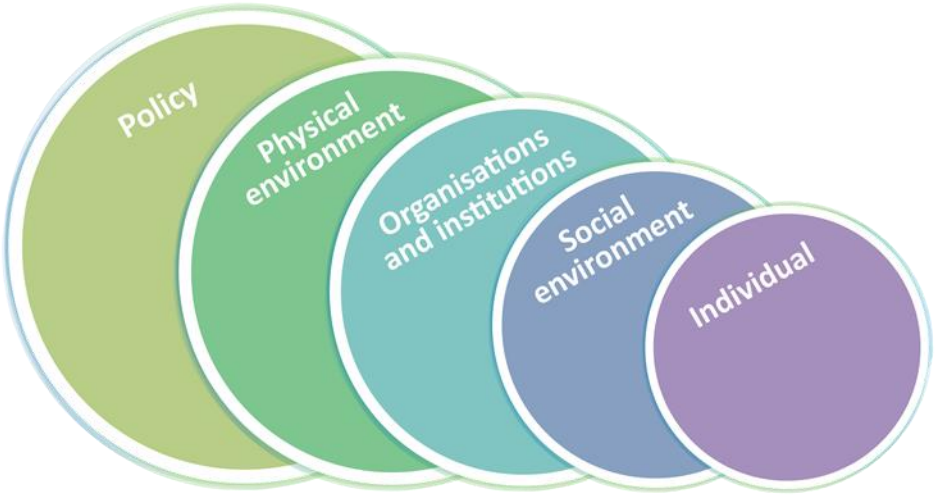
In Barton and Bicester the three years of NHS England funding is delivering projects within three key work streams:

- **The Built Environment:** making best use of Bicester's built environment and green spaces to encourage healthy living and in Barton delivering a health hub which triples primary care for existing and new residents.

- **Community Activation:** helping local people to live healthier lives with the support of community groups, schools, and employers. Encouraging innovation, collaboration and strengthening links between existing community assets.

- **New Models of Care:** delivering new approaches to care closer to home and minimising hospital-based care, including a proactive population health model.

The programmes have been co-designed with residents and local stakeholders, using their insight and lived experience to identify effective interventions for promoting healthier behaviours. It has adopted a systems based approach to delivering change, identifying how the policy and built environment can support healthy living and how organisations and social networks can encourage people to adopt healthier behaviour.



In this update we focus on two examples of how a system approach can support new models of care that enable people to better manage their health conditions and reduce their need for more acute services in the future.

Bicester's New Model of Care for People with Diabetes

In Oxfordshire 4.92% of the Oxfordshire GP-registered population is on practice diabetes registers (age 17+) with the actual number equalling 29,461 (2016/17). There is a clear need to improve the care of patients with diabetes given that:

- Compared to other CCGs in England, Oxfordshire is in the highest quintile for additional risk of mortality among people with Type 1 and Type 2 diabetes compared with the general population

- Achievement of the three NICE treatment targets (HbA1c ≤58mmol/mol, blood pressure < 140/80 and cholesterol <4mmol/l) for Type 2 diabetes patients across Oxfordshire is 40.2%, which is worse than the national average of 40.4%.

- In delivery of the 8 care processes for both Type 1 and Type 2 diabetes patients, Oxfordshire is worse than the national average and local/similar CCGs.

In Bicester and the rest of the North East GGC locality we have been testing an integrated care model and population health outcomes approach to improve care for diabetes patients. Integrated care aims to provide continuous and coordinated care that puts the patient perspective at its heart, reshaping traditional 'silo' working and enabling the planned and efficient delivery of care both within – and beyond- the NHS.

The model includes:

- Practice multidisciplinary meetings
- A diabetic dashboard
- Virtual Skype outpatient clinic appointments
- An alliance of providers including local GPs, Oxford University Hospital Foundation Trust, Oxford Health Foundation Trust and Diabetes UK
- A strategy for diabetes prevention
- Engagement of community assets

This new model of care seeks to engage partners in the community to support people with diabetes. This is exemplified by an educational evening to encourage patients to become more physically active to manage their diabetes. This event was organised by Montgomery House Surgery in partnership with Active Oxfordshire (OxSPA), Legacy Leisure who provide services at Bicester Leisure Centre, the Health Walks Team from Cherwell District Council, Achieve weight management services, Citizens Advice North Oxfordshire and Bicester Healthy New Town Programme.

Being more physically active is an important part of managing diabetes but often patients are intimidated by the thought of going to the gym. Active Oxfordshire has been commissioned by Oxfordshire CCG to lead the GO Active (with diabetes) Programme to offer motivational pathways for patients and to provide affordable, accessible community classes. This service helps to identify local community groups that offer exercise opportunities that are more closely aligned to an individual's interests, such as social cycling or the green gym which helps you get active by doing outdoor conservation work.

Fifty–six patients attended the evening educational meeting where they heard from their practice GP about the benefits of exercise, were taken through a seated exercise session by a trainer from Legacy Leisure and were encouraged to sign up

for the motivational coaching service. They also heard about some of the exercise opportunities in the community such as the Health Walks programme and Bicester's 'Blue Lines', circular 5K health routes marked in residential neighbourhoods to promote walking/running, as well as services to support weight loss run by Achieve Oxfordshire.

As a result of the meeting: -

- 7 patients joined GO Active during event
- 4 patients joined GO Active post event
- 2 joined Achieve
- 2 signed up as patient volunteer drivers for Citizens Advice
- 1 joined Bicester Health Walk

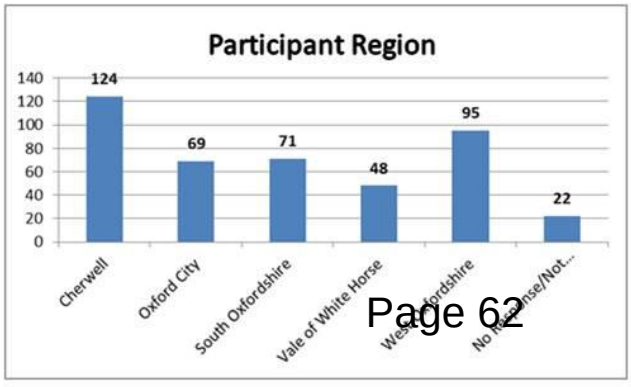
Comments on the event included:

> *"An inspirational evening - it was packed out! You could feel the infectious enthusiasm empowering patients to take control of their health"*
>
> Dr Ellen Fallows

> *'I didn't know all of these were available and there are activities I can join just down the road from where I live.'*
>
> Bicester Resident

Further educational events are planned with the other practices in Bicester and Montgomery House are organising a follow-up event focused on healthy eating for people with diabetes.

As a result of the partnership working between GP practices, health commissioners, community services and district councils that the Healthy New Town Programme has promoted to increase support for patients with diabetes, Cherwell has achieved significantly higher referrals to Active Oxfordshire, see Figure below.



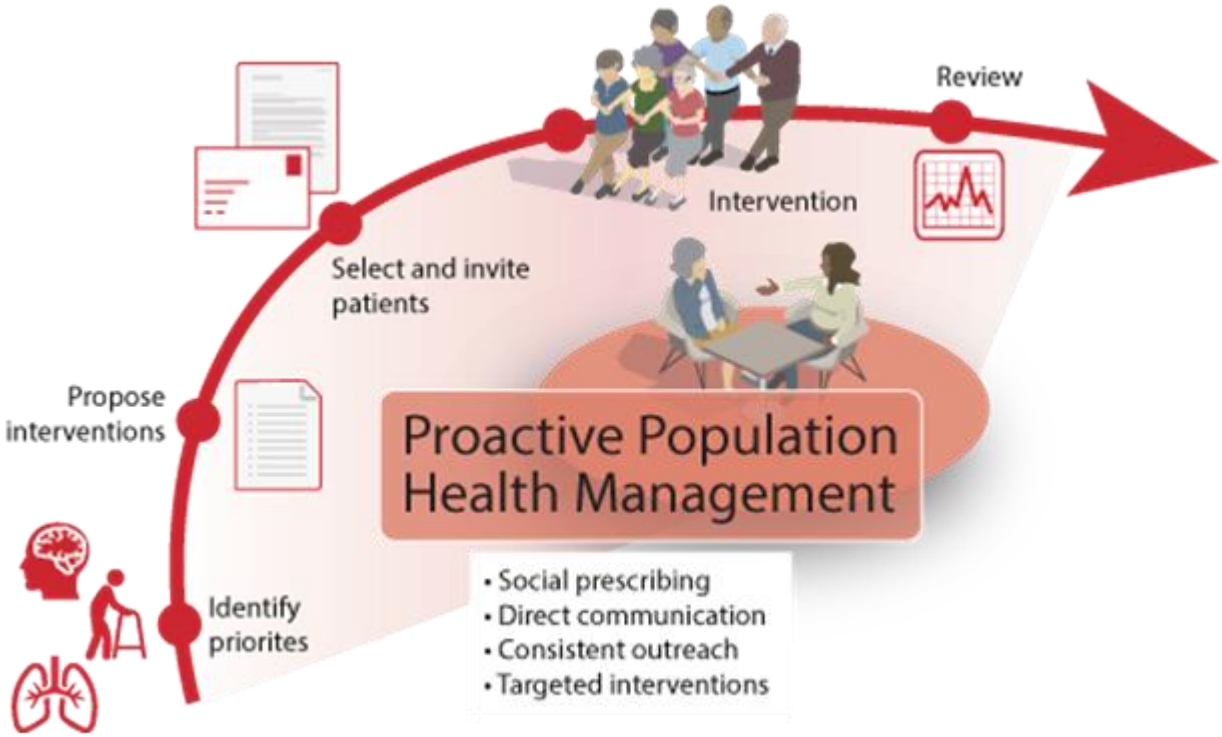
Most importantly, although it is still early in the implementation of the new model of care, there are indications that care is improving with a 7.43% increase in all 8 care processes being provided by practices in the North East. Even such small improvements in diabetic care will result in lower healthcare costs in the future.

Barton's Proactive Population Management Model

The health priorities for Barton were developed using the Barton Health Plan (developed in collaboration with Barton Health and Wellbeing Partnership) and from baseline health research undertaken in 2017 identifying significant health inequalities around life expectancy, long term conditions, food poverty, mental health issues and social isolation.

Under the New Models of Care work stream, the Barton project team developed a proactive population health management model with Hedena Health and Manor GP surgeries proactively contacting patients with long term conditions, promoting the specific benefits to their health conditions of attending community-based preventative and early intervention activities.

Undertaking an asset based approach the project mapped out current physical and social assets as well as current provision, participation levels and service gaps. By matching these gaps to the health inequalities a range of new commissioned services started in January 2018 to address the identified health needs and to fill those gaps.



To demonstrate the impact of the proactive invitations from GP surgeries, a falls prevention programme was initially promoted only through traditional means, but only one resident attended in week one. In week two, after the invitations sent by the GP practice, 20 people attended and after 12 weeks there was still regular attendance by 15 people. In comparison, when the same programme ran in another area of deprivation in the county, it took a full three months to get to 12 people regularly attending. In the three months this pilot ran, 53 patients with long term conditions took part with 29 patients sustaining participation. This approach is now being scoped for replication in other Oxford localities, as part of a Health Inequalities Commission joint project between Oxford City Council and Oxfordshire Clinical Commissioning Group.
The project also commissioned service provided by a local mental health charity which offered coaching to 12 unemployed people experiencing mental health issues to support them back to employment.

One person supported by this service was Mrs A, a carer for her husband, who engaged for several sessions before starting to become involved in community activities and joining a Recovery Group. She is now actively seeking paid employment and has arranged regular care/respite care for her partner to free up her time to pursue her own wellbeing.

However, one particular intervention, a class to support people with pain management and anxiety, wasn't as successful. The reflection on this poorer performance was that this was a more specialist intervention and therefore identifying the relevant patients in the first place was more difficult.

The development of this model has demonstrated that the voluntary sector supporting health can increase capacity in primary care through initiatives such as social prescribing and better use of community resources. For example, the social prescribing co-ordinator in Barton Surgery was able to refer patients directly to the activities due to her knowledge of the patients. She also trained a member of staff at the other surgery serving Barton to develop social prescribing there.

In year three, Barton HNT is developing and delivering a 'Team Around the Patient' (TAP) model for high users of health and public services, linking in with a city wide health inequalities project. GPs will work with the local Accident and Emergency Department, Ambulance Service, Social Housing providers and other partners to identify individuals who place the highest demand on services, convene a TAP meeting to identify the root causes of their high use and then provide a support package to address these root causes, which may be more social than clinical.

This model will evaluate the impact and usage levels on primary care, acute services and local authority services, as well as the wellbeing of the patients involved to report back to NHS England and shared with local partners. This model will also look to develop an 'early warning system' to identify signs before patients become high users of services.

Spreading the Learning and Scaling Healthy Place making across Oxfordshire

With one year of funding remaining for the demonstrator sites a workshop was held with representatives from all the District Councils, County Councils and Oxfordshire CCG. At that meeting Barton and Bicester shared the key learning from the pilots,

identifying some key 'ingredients' that are fundamental to healthy place making, Irrespective of size of community:

Principles of Healthy Place making

- **A whole population approach** is required which involves existing residents and people moving into new developments. Growth is often seen as a challenge by existing residents but the place making process could help turn this into an opportunity to improve the quality of life for all.

- **A built environment that promotes health is key to healthy place making.** Developing a built environment that promotes health is central to healthy place making. It needs to ensure that housing meets the needs of the whole population including all generations, and that healthy lifestyles can be supported through the built environment. This includes making provision for social spaces, access to open space for recreation and natural areas and positively planning for active travel. In addition homes that are warm and comfortable and of sufficient size to accommodate activities such as shared meals. The growth deal offers a window of opportunity for system leaders to ensure that Oxfordshire develops healthy communities that benefit existing as well as new residents, rather than simply creating new housing estates.

- **Partnership working is fundamental to effective healthy place making.** Healthy place making is not just about planning and the built environment and community development which fall within the remit of district councils. It involves the participation of services delivered at a County level such as highways and education as well as public health, social care, and children's services. Close working with the local voluntary sector and community groups, health and care services and other public services is key to activating the community, in order to increase social capital, community cohesion and a sense of belonging. The NHS, both commissioners and providers, have a key role in shifting the focus to proactive prevention. Healthy place making will only work if system leaders agree that it is a strategic priority and actively commit to work together to deliver it.

- **Healthy place making only works when it is undertaken alongside and in partnership with local people.** They are able to articulate the existing sense of place, the assets present in the community and the gaps that place making may be able to help them to address. Place making needs to build on and add value to existing activities, taking an assets based approach to community development. Only by engaging honestly and working closely with local stakeholders and residents will council services and place making projects be welcomed and valued by local residents and enable healthy communities to be sustainable.

These principles have been noted by NHS England who are developing a publication *Putting Health into Place* due for publication in March 2019 which will draw on the experience and learning from all ten demonstrator sites.

Within Oxfordshire leaders from across the County are considering how best to sustain these initiatives in Barton and Bicester and spread them across the County.

Recommendations

- The Health Improvement Board is asked to note the progress that Barton and Bicester Healthy New Town programmes have achieved.

- The Health Improvement Board is asked to agree that it is important to sustain and spread healthy place making across Oxfordshire and to make a request of the Health & Wellbeing Board that this becomes one of its strategic priorities.

- It is proposed to develop and promote *Oxfordshire's Principles of Good Practice for Healthy Place Making* which can build on the work of Community First Oxfordshire and integrate the national guidance on healthy place making due for publication by NHS England in March 2019. This publication will be brought to the Health Improvement Board for approval.

- The Health Improvement Board is asked to consider what resources could be mobilised to support the spread of healthy place making across Oxfordshire.

Placemaking Charter

for Oxfordshire

Local authorities, developers and organisations that commit to this charter will practice a Placemaking approach on new housing developments in Oxfordshire

Placemaking is about creating thriving, healthy and socially active communities, designed and led by the unique characteristics of people and place. It takes a grassroots approach to working with residents and partners on a broad range of issues which shape and affect where people live, work and play.

PEOPLE, COMMUNITY AND LOCAL SERVICE PROVISION ARE THE HEART OF PLACEMAKING

Development is not just about houses and infrastructure. It is about community. It is about the people and the place, and the nature and range of local services they can access, that shapes and creates a unique community. Placemaking means balancing a community's current needs, their future needs and the need to create a sustainable community. Bringing people together to achieve positive change using their own enthusiasm, knowledge, skills and lived experience of issues they encounter is a vital part of the development process. This means creating opportunities for communities to influence their own futures rather than having to shoulder the unreasonable burden created by new development without sufficient new infrastructure provision.

ENGAGEMENT AND COLLABORATION BETWEEN COMMUNITY AND PARTNERS

Placemaking brings together residents, developers, planners and others in a spirit of genuine collaboration to best meet the needs of all partners in a manner that maximises the positive impacts on the community. Forums will be established for all major development sites to facilitate this process. Experience shows that community engagement and grassroots involvement from the early stages of new housing developments has significant positive impacts in building a sense of place, identity and community cohesion.

BUILDING COMMUNITY CAPACITY AND TAKING ACTION

The placemaking approach allows people in the community, the developer and other agencies designing and supporting new development to work together on projects to shape and strengthen that place. These projects will reflect existing community wants and future community needs and will make it a sustainable community in the long-term. By definition, these projects will therefore be unique to that place and will help to create, empower and sustain the new community.

SUPPORT FOR SOCIAL AND NOT JUST PHYSICAL INFRASTRUCTURE

Infrastructure does not just mean roads, power and water. It also means social infrastructure. But we cannot expect thriving new communities to simply 'emerge'. Placemaking means a commitment by developer, local authorities and others to maximise contributions which provide on the ground, community development support as well as community assets.

ACHIEVING POSITIVE, LASTING RESULTS

What's in it for residents?	A thriving neighbourhood, self-confidently playing the lead role in building community in line with its changing needs and aspirations.
What's in it for developers?	Facilitated engagement with the community and fewer conflicts and delays.
What's in it for Local Authorities?	Less officer and member time spent in conflict management, and happier communities.

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Helping communities help themselves

Community First Oxfordshire, August 2018
www.communityfirstoxon.org

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Placemaking – towards a collective vision

Tom McCulloch: Community First Oxfordshire

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Placemaking

The creation of thriving, socially active and successful places which have strong relationships with neighbouring communities and where people have a positive sense of belonging.

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Research overview

- Desk-top study
- Review of community development models and reports
- Various spatial planning scenarios
- 30 interviews

>>>

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Six steps to effective Placemaking

1 - Involve the community in the development process
2 - Get the design right
3 - Provide indoor community meeting spaces
4 - Invest early in community development support
5 - Build and release capacity: VCS support, training and funding
6 - Support community management of assets and facilities

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Heyford Park Community Development Partnership

- 2½ year CDW position
- identify the wants and needs of the residents
- working with stakeholders to translate these requirements into the provision of suitable facilities and opportunities
- stimulating local interest in volunteering
- overcoming potential social isolation
- link in with Healthy New Town initiatives, social prescribing etc.

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Placemaking – a collective vision for Oxfordshire

- A Placemaking Charter
- Growth Deal opportunity – social infrastructure capacity funding
- More developer, Local Authority, VCS partnerships on major development sites

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Any questions?

Contact: tom.mcculloch@communityfirstoxon.org

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Making Every Contact Count (MECC) Update
Health Improvement Partnership Board - 13th September 2018

Kate Austin – Health Improvement Practitioner, Oxfordshire County Council, Public Health

Purpose of Report

1. To request that the board notes:
   (a) the opportunities of Making Every Contact Count (MECC) to improve population health
   (b) the progress made so far in Oxfordshire.

2. To request that the board:
   (a) supports and encourages organisations in Oxfordshire to embed the principles of MECC into their work as part of their wider prevention programme
   (b) encourages representation and participation in the Systems Delivery Group by other appropriate organisations from across the County.

Introduction:

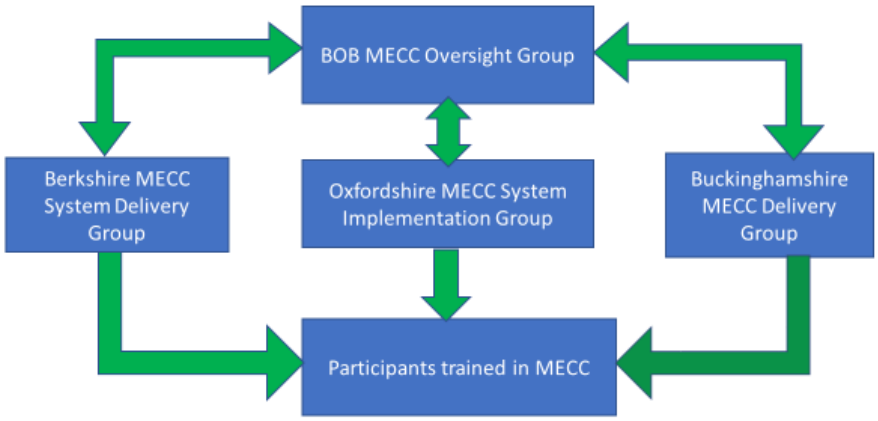
Making Every Contact Count (MECC) is an evidence based approach to health improvement which involves training people to give them the confidence to raise issues about health with others and follow up with very brief advice and signposting for support. MECC involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing.

MECC works through opportunistic conversations in everyday life – this could be at work, at school pick up time, in a shop. Anywhere, where there is contact between individuals, not just in health-related settings. The wider the range of settings where people are trained in the principles of MECC means the greater the number of people who can potentially be reached with these conversations.

Training in MECC can take various forms including face to face and on-line training. The training typically covers five lifestyle behaviours: healthy eating and maintaining a healthy weight; physical activity; smoking; alcohol and mental wellbeing. People who receive MECC training are not expected to be health experts but will understand the basis of MECC and gain confidence to use the skills gained.

MECC contributes to the prevention agenda in population health management and there is a MECC Co-ordinator that supports and guides the roll out of MECC across the Berkshire, Oxfordshire and Buckinghamshire (BOB) Sustainability and Transformation Partnership (STP) footprint.

Consistency of the MECC message is key and there is a structure in place to help facilitate this as below.



As MECC is a key objective of the BOB STP prevention work, a BOB wide MECC launch event took place in March 2018, led by the STP MECC Co-ordinator.

A discussions took place around what does great MECC look like, to achieve a shared consensus and there was a planning session covering themes of: workforce development, identifying teachable moments (and opportunities for MECC/lifestyle changes), mapping of activity and discussions around links to social prescribing. There was also a discussion around the scope of influence for MECC e.g. NHS contracts, levers, opportunities to explore and strategies and opportunities for each area to take forward.

For Oxfordshire, the initial quick wins identified in the session were around NHS contract monitoring (where standard NHS contracts have a requirement for a MECC action plan to be put in place by the provider) and addressing health inequalities through MECC.

MECC in Oxfordshire

The first Oxfordshire MECC System Implementation Group meeting took place in March 2018 with the group scheduled to meet monthly as a task and finish group since then. Progress and subsequent frequency of meetings will be reviewed in December 2018.

As taken from the draft Terms of Reference, the purpose of the Oxfordshire MECC System Implementation Group will be ‘to facilitate inter-organisational collaboration by bringing together broad representation from statutory, voluntary and charity sector stakeholders in Oxfordshire. The group will seek to maximise development and delivery of strategic and implementation plans by working collaboratively. This group will connect with other delivery and implementation groups. The group will share ideas and learning to encourage MECC being rolled out at scale and pace.’

The main functions of the group are expected to involve:

- Scoping each represented organisation's needs, assets and position for implementing MECC and tracking MECC activity within the organisations represented.
- Producing a shared logic model/action plan with clear objectives and timescales.
- Sharing experiences of activities and resources
- Working collaboratively to be able to take advantage of future scalable options for implementation and encourage others
- Contributing to the development of metrics to support further learning and evaluation of MECC

It is expected that the core membership of the group will comprise of representation from the organisations below, with other key stakeholders invited as the group develops.

- MECC programme lead (BOB STP)
- Oxfordshire County Council, Public Health
- Oxfordshire Clinical Commissioning Group
- Oxfordshire Fire & Rescue
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Oxfordshire Mind
- Oxfordshire Healthy New Towns
- Oxfordshire District Local Authorities
- Local Pharmaceutical Committee Thames Valley
- South Central Ambulance Service
- Academic Health Science Network
- Age UK Oxfordshire

As taken from the draft Terms of Reference for the group, 'group representatives will cascade information and updates within their own organisations and with other relevant Health related Boards, Partnerships and Committees as appropriate, including the BOB STP Prevention work stream.'

Progress to date:

There are several MECC training initiatives being rolled out in Oxfordshire already. But there is an opportunity to spread this even further with the HIB's support, to develop a joined up and consistent approach. The ultimate aim is to work towards MECC becoming business as usual within organisations and communities in Oxfordshire. The list below highlights some of the progress already made with this:

- Public Health and the Library Service have been working together to pilot a project in several Oxfordshire Libraries to train library staff in the principles of

MECC. With funding from Health Education England Thames Valley this has included e-learning and face to face workshops.

- Work in Regeneration areas of Oxford City through the Health and Wellbeing Partnerships, where very local work is taken forward. The partnerships focus on targeted locality areas through a Community Asset Based Approach and involve local stakeholders including statutory and voluntary sector representatives working together to address issues of health inequality. A half day workshop was held in Barton in March 2018 linked to the Barton Healthy New Town Programme and an introductory/awareness session was held in Wood Farm in April 2018. A further training session for all locality areas and partners/stakeholders took place in July 2018.

- Following a MECC training session that raised awareness for the strategic team, Oxfordshire Fire and Rescue Service have been working closely with Public Health to embed MECC within Safe and Well visits that are carried out by staff across the service. The key members of staff within the Home and Community Safety team that deliver this prevention service to the most vulnerable, have now all received face to face MECC training. The continued close partnership working has resulted in the co-design of guidance and paperwork which has MECC embedded throughout. This digital, tablet based guidance will be used for the effective delivery of visits to provide signposting, support and simple interventions for residents to improve safety and wellbeing in the home.

- NHS Contracts are being reviewed by the Oxfordshire Clinical Commissioning Group for providers to complete a MECC Action Plan as per the standard conditions.

- MECC links with the sign posting principles of some of the social prescribing projects being developed in Oxfordshire, where people are sign posted to evidence based sources of information and resources. Participants being trained in MECC are encouraged to particularly sign post to the Live Well Oxfordshire website https://livewell.oxfordshire.gov.uk/ which links to sources of health information as well as a directory of services and activities in Oxfordshire. Other Local Authorities are being encouraged to add to this database also.

- Bicester Healthy New Town have a programme of training for public facing business people and others working in the community as part of the Community Activation workstream in the Bicester HNT Delivery Plan.

- Oxford City Council Sport and Physical Activity Team coordinated a MECC Taster Session as part of a Partner Focus Group in April 2018 and as a result have a half-day training session for Sport & Physical Activity partners planned for 26th September 2018.

- Oxford Health NHS Foundation Trust have rolled out training to their Wellbeing Champions this summer and have made MECC training available on their Learning and Development portal for staff on request.

Next Steps for MECC in Oxfordshire

- Agreeing the Terms of Reference for the Systems Implementation Group and finalising the Action Plan and Logic Model to guide future work.
- A MECC session for Banbury planned for October 2018 as part of the Brighter Futures in Banbury Regeneration Partnership work. There will be an hour long information session followed by a 3 hour long training session targeting locality stakeholders.
- A training session for Refugee Resource front line staff which has been planned for October 2018.
- Scoping for a pilot programme to roll out MECC training within the South Central Ambulance Service and also within Oxfordshire Pharmacies.
- Active Oxfordshire are scoping a MECC workshop session to be included in their Active Oxfordshire Schools Conference in November 2018.
- South Oxfordshire District Council and the Vale of White Horse District Council are scoping MECC training for their physical activity instructors and leisure facility staff.
- Training for Thames Valley Police Banbury Neighbourhood Officers is being scoped.
- Continuing to encourage other partners to embed the principles of MECC within their organisations.

Recommendations:

1. That the Health Improvement Partnership Board:
   (a) supports and encourages organisations in Oxfordshire to embed the principles of MECC into their work as part of their wider prevention programme
   (b) encourages representation and participation in the Systems Delivery Group by other appropriate organisations from across the County.

Sources of further information:
https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources

https://www.e-lfh.org.uk/programmes/making-every-contact-count/

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Healthwatch Oxfordshire Report to Oxfordshire Health Improvement Board

September 2018

1. Our Annual Report 2017/18 was published in June and can be found on our web site www.healthwatchoxfordshire.co.uk
2. 'Treatment only when needed: Dental services in Care Homes' Healthwatch Oxfordshire report was published in August 2018. The report details our findings of a survey carried out of all the care homes in Oxfordshire. One in five care homes responded and the main findings are that nearly half people living in the care homes did not access dentistry at all; there are significant gaps in provision; and that some care homes struggle to obtain dental services for their residents. The full report can be found here https://healthwatchoxfordshire.co.uk/our-reports/healthwatch-oxfordshire-reports/

2018/19 First quarter update April to June 2018

Luther Street video nominated

Healthwatch Oxfordshire has been shortlisted for a national award by Healthwatch England. The nomination is for the video 'Patient Voices…Our Story', which Healthwatch Oxfordshire and local filmmaker Nicola Josse made with the Patient Participation Group of Luther Street Surgery, Oxford, and Oxford Health. This GP practice service the city's homeless population and the film highlighted how the patients themselves were getting involved to shape how services are run.

The film was made with a grant from NHS England's Celebrating Participation in Healthcare scheme and was recorded earlier in the year. The overall winner from each category will be chosen by a panel of judges at Healthwatch England's annual conference in October 2018.

Feedback Centre continues to attract reviews

During the first quarter of the year, 312individual reviews were left on Healthwatch Oxfordshire's new Feedback Centre.

Topics ranged from GP services and dental surgeries — most notably in Wantage and Grove, through to people's experiences with community physiotherapy services since they were out-sourced to a private provider, Healthshare.

Reviews came both from members of the public visiting the web-site, and staff members collecting reviews at events and entering them on to the site later.

Meeting the public

During the first quarter of the year, Healthwatch Oxfordshire attended 49 outreach events, including:

- Bicester Volunteer Fair
- Oxford Eid Extravaganza
- 13 group visits including 10 as part of the Wantage town project

- nine meetings with voluntary sector organisations as part of our Voluntary Sector Projects activity
- three hospital sessions
- eight meetings with community support centres as part of Healthwatch Oxfordshire's Day Centre project
- five patient participation group events attended,
- eight outreach stands in Wantage,
- 2,870 people listened to in groups, on the street, in public places and surveys.

Reporting back on what we heard

Healthwatch Oxfordshire published five reports during the first quarter of 2017/18. These were:

• Enter & View (1)

• Focus on OX4 (town event)

• Health Overview Scrutiny Committee (2)

• Wantage Voluntary Sector Forum (with video on Healthwatch Oxfordshire website).

In addition, both verbal and written reports were made to: Healthwatch Oxfordshire Board, Oxfordshire County Council, Oxfordshire Health & Wellbeing Board, Health Improvement Board, Children's Trust, Oxfordshire Adult Safeguarding Board, Care Quality Commission, Thames Valley NHS Committees.

Showing we have teeth

We reported to the Oxfordshire Health Oversight & Scrutiny Committee (HOSC) on our findings concerning dentistry, both in Bicester and the wider county. HOSC has asked for the finished report to be taken to its September meeting, and may ask NHS England to attend. This is the first time the committee has looked at dentistry.

In September, Healthwatch Oxfordshire will also report back to HOSC and the clinical commissioning group on what we have been hearing about Healthshare, the company which has taken over musculoskeletal services in the county.

Making the news

During the first quarter of the year, Healthwatch Oxford-shire appeared in the local media or was approached for comment 70 times.

These included live radio inter-views, pre-recorded television interviews, quotes in the press on health-related issues, and coverage of Healthwatch Oxfordshire's own activities. Healthwatch Oxfordshire also published 12 online newsletters and other updates.

OXFORDSHIRE COUNTY COUNCIL

SUMMARY
Oxfordshire Domestic Abuse Strategic Board Meeting
Wednesday 25th July 2018

Present:	Sarah Breton (SB) *Chair*	Oxfordshire County Council
	Sarah Carter (SC)	Oxfordshire County Council
	Gillian Douglas (GD)	Cherwell District Council
	Liz Jones (LJ)	Oxford City Council
	Diane Foster (DF)	South & Vale DC
	Melanie Pearce (MP)	Adult Safeguarding, OCC
	Clare Knibbs (CK)	Thames Valley Police
	Alison Chapman (AC)	Oxfordshire CCG
	Agya Poudyal (AP)	TV BAMER Project
	David Colchester (DC)	Local Criminal Justice Board
	Abigail Wycherley (AW)	Oxfordshire County Council
Apologies:	Wendy Walker (WW)	OPCC Thames Valley
	Nicola Riley (NR)	Cherwell DC
	Jackie Wilderspin (JW)	Oxfordshire County Council
	Laura Clements (LC)	CSC, Oxfordshire County
	Caroline Heason (CH)	Oxford University Hospitals
	Diana Shelton (DS)	West Oxfordshire DC

Agenda Item: Commissioning Progress

Oxfordshire County Council are continuing to meet with A2Dominion fortnightly to discuss progress with implementation of the new contract. The Strategic Lead had a positive meeting with district housing leads to discuss the Places of Safety model in Oxfordshire.

Agenda Item: Operational Board Feedback

The July meeting had a thematic focus on perpetrators exploring the recent implementation of perpetrator focussed initiatives, including:

- Positive Relationships Programme, a 12-week group work intervention for perpetrators of domestic abuse
- Operational Vocal, a disruptive approach to perpetrators consistently driving demand within Thames Valley Police (TVP)
- 'MARDAP', multi-agency meetings focussing on perpetrators according to TVP's recency, frequency, gravity index.

The Operational Board agreed to return to this thematic focus in January 2019 to see how well these new initiatives are performing and identify any gaps that remain. Their October 2018 meeting will have a thematic focus on prevention.

Agenda Item: Domestic Abuse Training Progress

The Board considered two approaches to training; one that is being developed by the domestic abuse training subgroup, and another that was offered by Reducing the Risk which has been developed for use elsewhere in the Thames Valley. The Board opted to proceed with Reducing the Risk's offer of modular training on the basis that it is already up and running, appears to be working well elsewhere, and will be the quickest to implement in Oxfordshire.

Agenda Item: Domestic Abuse Communications

Domestic abuse is high on everyone's agenda and keeping people informed will reduce anxiety and ensure everyone is up to date with progress. Board members were asked to ensure effective communication processes were in place within their own organisations. Anyone requiring information should know there is a Strategic Board member who they can contact for information.

Agenda Item: Domestic Abuse Pathway for Young People

The pathway is ready to agree, following numerous meetings with key partners. The Board decided to remove 'peer-on-peer' from the title as it didn't fully capture all of those who should be going through the pathway (e.g. young people in a relationship with an older adult). The Board agreed that the pathway should be launched at the start of August. The pathway will be further embedded via specifically developed training to be delivered in October, and its implementation evaluated around April 19.

Agenda Item: Domestic Abuse Pathway

The Board agreed on the local dissemination of the pathway; adapted from a Thames Valley partner's pathway with permission.

Agenda Item: Places of Safety

The Board discussed the Places of Safety model; a dispersed accommodation alternative to refuge. The model was included in our recent recommissioning following stakeholder consultation highlighting a need for a model that was more inclusive and accessible for a range of individuals and families.

There is an opportunity to bid for money for accommodator based support for domestic abuse through the MHCLG 2018-2020 Domestic Abuse funding opportunity. The possibility of putting in a bid for across the Thames Valley to both enhance and expand the Places of Safety provision has been discussed with our Thames Valley partners. The Board approved the approach, the Strategic Lead will be and leading on the Thames Valley wide bid.

Future meetings:

	2018/19 Domestic Abuse Strategic Board Meetings
Q3	Wednesday 7th November 2018
Q4	Wednesday 13th February 2019