DIRECTOR OF PUBLIC HEALTH FOR OXFORDSHIRE

ANNUAL REPORT XI

Reporting on 2017/18
Produced: August 2018

Contents

Foreword

Every Director of Public Health must produce an Annual Report on the population's health.

This is my 11th Annual Report for Oxfordshire.

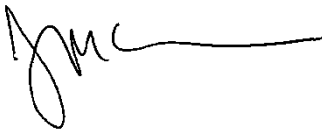
It uses science and fact to describe the health and wellbeing of Oxfordshire and to make recommendations for the future.

It is for all people and all organisations.

I hope you find it interesting, but more than that I hope it is found to be useful in stimulating debate and in shaping the County's services for the future.

I am responsible for its content, but it draws on the work of many colleagues. I thank you all for your help, support and encouragement.

With best wishes,



Dr Jonathan McWilliam
Director of Public Health for Oxfordshire.
August 2018

Acknowledgements

Compiling this report would not be possible without the administrative and statistical support of Alan Rouse, Sue Lygo, Margaret Melling and Philippa Dent – thank you all.

I would also like to thank Rosie Rowe from Cherwell District Council and Azul Strong Corcoran from Oxford City Council for their help in compiling the information for Healthy New Towns in chapter two – thank you.

Introduction and Overview

This is an independent report about the health and wellbeing of Oxfordshire residents in the broadest terms. It focusses on the two main questions which we face as a County, namely:

How do we cope with demographic growth and change
and
How do we adapt to the stresses and strains of modern life that affect our health.

The solutions lie in:

- Working together to meet the challenges of population growth and ageing by creating communities which help to promote good health, prevent disease and which encourage a stronger sense of community.
- Joining up our efforts to prevent ill health more coherently.
- Adapting lifestyles to increase physical activity and reduce obesity.
- Looking after our mental health by learning how to promote our mental wellbeing.
- Focussing on services for all which also target disadvantage.
- Remaining on our guard about infectious diseases.

My assessment of progress in the last year is positive overall:

- There is strong evidence that health and wellbeing in Oxfordshire is good compared with England as a whole and indicators of disadvantage on the whole are improving. Nonetheless pockets of disadvantage remain to be tackled.
- Unemployment remains low and the economy relatively prosperous.
- Organisations are working together more smoothly and creatively – there are many green shoots.
- We are working well with Government to attract investment and keep the value of the 'Oxfordshire Pound' high.

Relative prosperity also brings with it challenges, particularly around high house prices and workforce shortages.

The increasing number and proportion of older people remains a major challenge for services as does the rising rate of obesity.

The report documents these themes throughout.

The challenge is to now press home the gains we have made for the benefit of all while tackling the challenging topics and areas of persistent disadvantage.

In summary the main message is:

From a health and wellbeing point of view, the old distinctions between health planning, place planning, infrastructure planning and economic planning no longer hold good. They are inextricably intertwined and we must deal with them as a whole to ensure our future health and prosperity.

Chapter 1: Meeting the Demographic challenge

Demographic change is having an impact on the way we live in Oxfordshire. The big question is, how do we cope with it?

We all know that life is changing rapidly…….

Everyone says the pace of life has never been so fast. Many of us are busier than ever, our roads are crowded, many things are done on-line, and if it can't be delivered next day we are disappointed…….and you need a pretty good job (often with a partner) to get on the housing ladder at all.

Our young people are 24/7 plugged into electronic devices.

Food shops display a bewildering array of goods catering for a myriad of global cuisines.

GPs are hard pressed and instead of the traditional appointment you may well have a phone call, skype call or be seen by a nurse instead.

Our forebears simply wouldn't have recognised it.

Despite everything though, we are living longer and many diseases which carried people off 25 years ago (heart attacks and many cancers) are more under control…… this is great in itself, but brings its own 'new crop' of issues in its wake – loneliness, an ageing population of carers and the rise of diseases such as dementia.

Also, there are still the 'haves' and 'have-nots' in our County: there are still disadvantaged groups in which good health is less likely.

So, as this report is all about a factual, current portrait of the health of people in Oxfordshire, I want to use it to take a look at some of these issues and how we might tackle them.

Chapter 1 looks at the biggest issue – demographic change - and what that means for us all.

Chapter 2 looks at how we can cope with change by improving the design of our towns and villages. This is called creating healthy communities and it is one of the most promising new developments to emerge over the last decade.

Chapter 3 looks more closely at disadvantage and how it affects us

Chapter 4 looks at the contribution of modern lifestyles and the particular impact of obesity.

Chapter 5 considers how to be mentally healthy in a fast-moving world

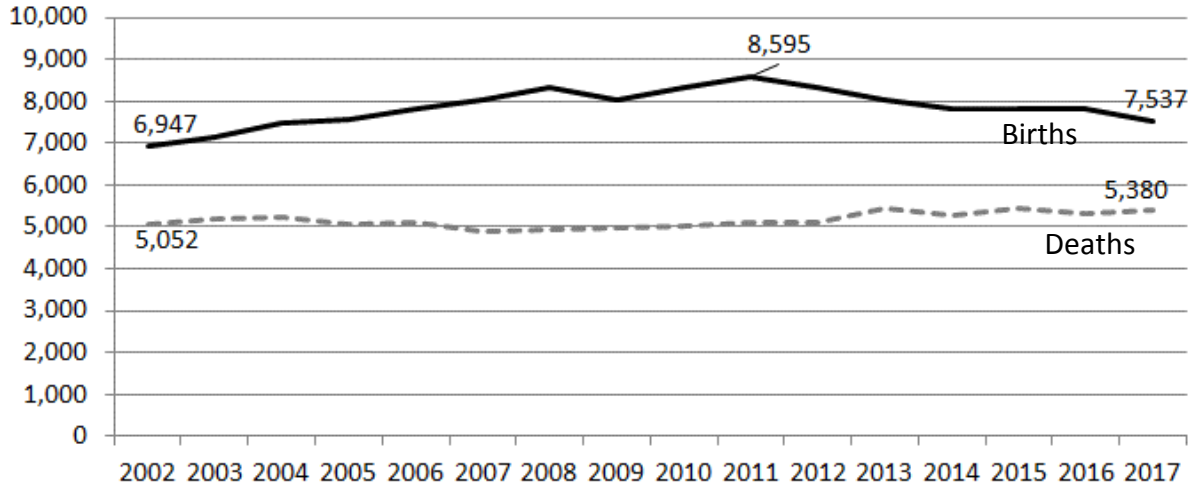
Chapter 6 takes a look at infectious disease - the *'Captain of the Men of Death'* still biding its time in the wings.

So, looking at demographic change directly, what do the facts show?
First, we'll take a look at the engine that drives demographic change: population growth. Basically, populations grow for two reasons which make common sense:

1) More people are born each year than die each year and;
2) More people move into a place than move out.

We can look at each in turn. First, births and deaths. The chart below shows the recent trends:

Oxfordshire: total number of births and deaths per year 2002 to 2017



ONS mid-year population estimates

The chart shows that:

- The number of births has grown overall from 6,947 per year to 7,537 per year and has fluctuated over time with a peak around 2011. This is a rate of 57.1 births per 1,000 women aged 15 to 44 (called the general fertility rate).

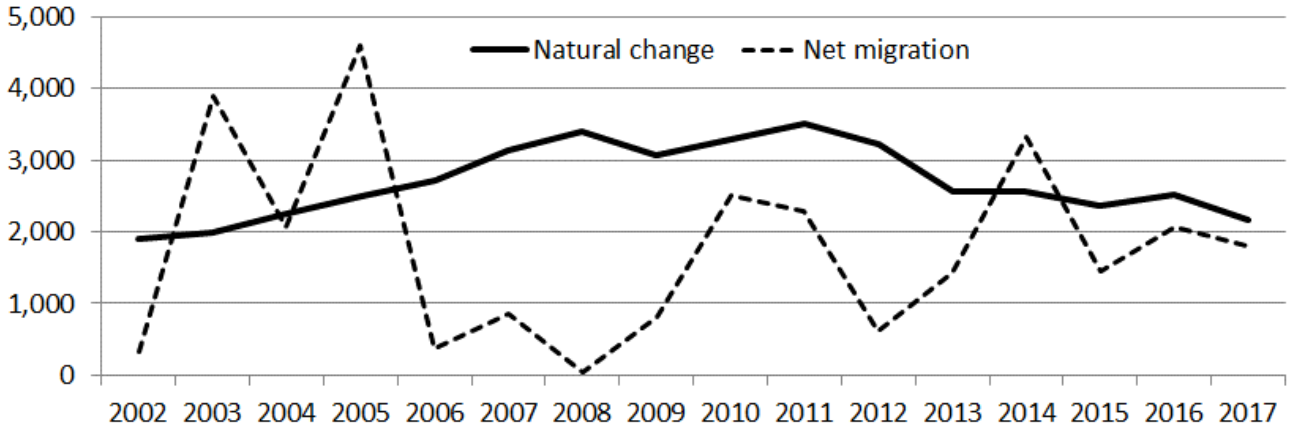
- The number of deaths has been fairly constant over the last 25 years at just over 5,000 deaths per year.

- **The number of births is greater than the number of deaths by roughly 2,500 per year – so, if all else were equal, the population would grow.**

However, people don't just stay put all their lives. They move around a lot within the UK and go overseas. Similarly, new migrants arrive from other countries. This is summed up in 'migration statistics'. Over the last 15 years, Oxfordshire has had 'net inward migration' of roughly 2,000 additional people per year.

Putting together population increase due to more-births-than-deaths (called 'natural change' in the jargon) and change due to migration gives the following picture:

Oxfordshire: Natural Change and Net Migration (ONS)



ONS mid-year population estimates

The chart shows that:

- The population of Oxfordshire is increasing each year.
- The size of the increase fluctuates widely from a minimum of around 2,200 more people per year to a maximum of around 7,200 more people per year.
- The average increase is around 5,000 more people per year.
- Almost every year births and deaths contribute more to the total than does migration.
- Natural change (births minus deaths) has been above net migration (internal and international, in-migration minus out-migration) for each year since mid-2002 with the exceptions of 2003, 2005 and 2014.

This is the engine of population growth. This is why Oxfordshire is growing.

Of course, some migrants settle in Oxfordshire and start families here too. The table below shows births in 2016 in Oxfordshire by their mother's country of birth.

Births by Mothers Country of Birth
Births in Oxfordshire by mother's country of birth (2016)

	within UK		EU incl. 'New EU'*		New EU*		Rest of Europe (non EU)		Middle East and Asia		Africa		Rest of World	
Cherwell	1,328	72%	249	14%	179	10%	28	2%	114	6%	56	3%	61	3%
Oxford	894	49%	315	17%	165	9%	57	3%	325	18%	102	6%	118	7%
South Oxon	1,229	80%	159	10%	105	7%	14	1%	51	3%	43	3%	44	3%
Vale of WH	1,098	76%	139	10%	77	5%	9	1%	86	6%	56	4%	48	3%
West Oxon	959	85%	102	9%	66	6%	7	1%	24	2%	20	2%	22	2%
Oxfordshire	5,508	71%	964	12%	592	8%	115	1%	600	8%	277	4%	293	4%
England		*71%*		*11%*		*8%*		*1%*		*10%*		*5%*		*2%*

Source: ONS live births by parent's country of birth; *The 'New EU' constitutes the countries which joined the European Union (EU) between 2004 and 2016.

The table looks a bit dry on the face of it, but it hides some interesting facts as follows:

- 7 out of 10 births are to mothers born in the UK and 3 out of ten mothers aren't born in the UK.
- This is the same as for England as a whole and shows just how mobile people are these days.
- In Oxfordshire as a whole, 21% of births in 2016 were to mothers born in Europe (excluding UK), 8% from the middle East and Asia and 4% from Africa.
- The same figures differ widely between the Districts: in Cherwell for example, 16% of mothers were from Europe (excluding UK), 2% from the Middle East and Asia and 2% from Africa.
- In the City a very different picture is seen, with 29% of mothers coming from Europe (excluding UK), 18% from the Middle East and Asia and 7% from Africa.
- This means that in the City, just over half of all births are to mothers not born in the UK.

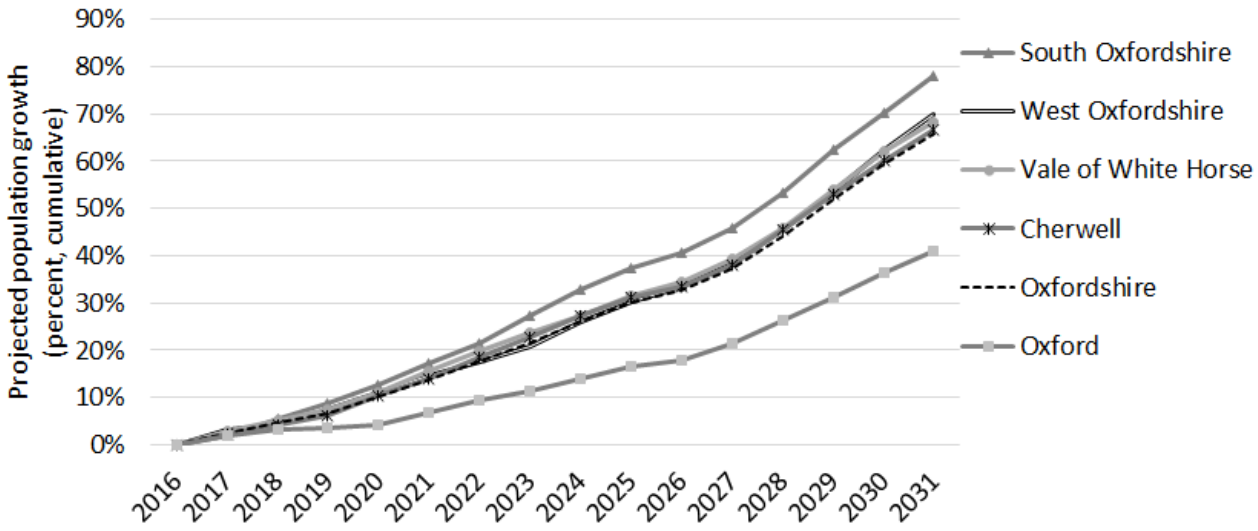
Demographic Change in the 85 plus age group

Let's drill down now into some of the more specific changes which demographic change brings.

The first big change is by now very familiar – the increase in older people as a result of living longer on average – fantastic news, which also brings challenges for services.

What does it look like across Oxfordshire for those aged 85+?

Cumulative growth in population aged 85+ in Oxfordshire 2016 to 2031



Office for National Statistics 2016-based population projections

The chart shows that:

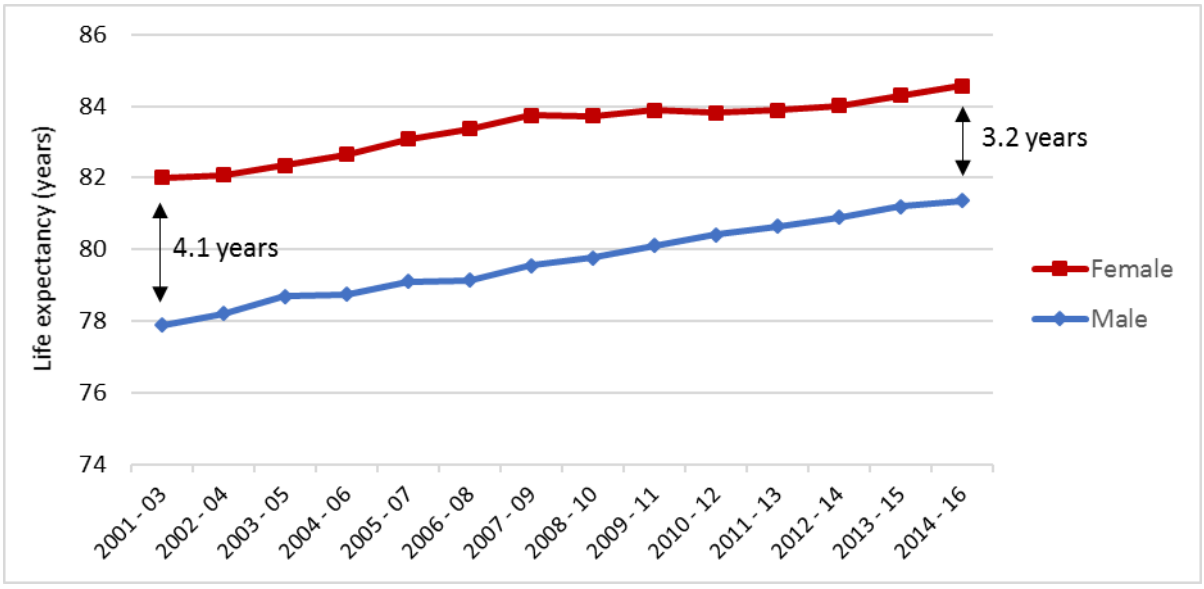
- Over the next 15 years the 85+ population will continue to increase rapidly at between 60%-80% in all Districts.....
- Except for the City where the growth will be lower – at around 40% - because of a younger population

This means that services will continue to find difficulty in coping with this most needy section of society in terms of health and social care. New methods of delivering care will need to be found which do not require intensive travel and which rely as little as possible on centralised hospital beds. New ways of keeping people healthier for longer will need to be found. The pressures on services experienced over the last decade are set to continue.

Life Expectancy

I've said already that this change is driven by longer lifespans and the chart below gives more information on life expectancy:

Change in Life Expectancy in Oxfordshire – males and females to 2014-16



Source: ONS Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. Note that scale does not start at 0

The chart shows:

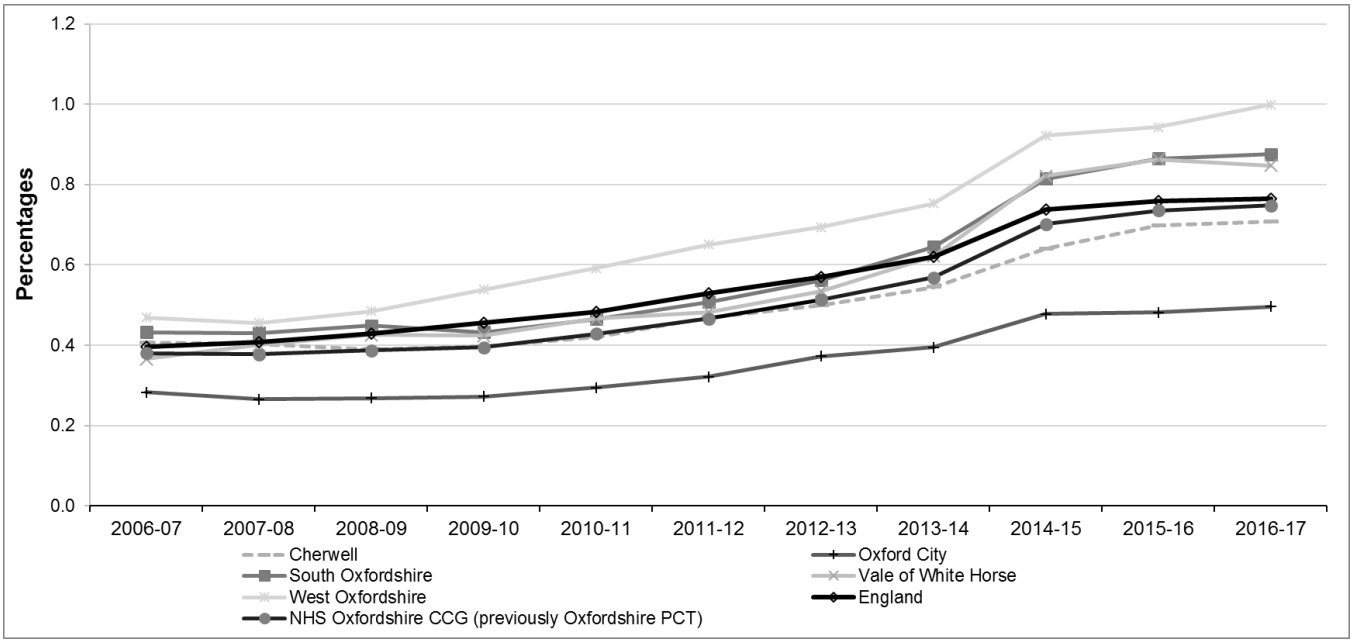
- Both males and females are living longer – the trend looked to be plateauing out a few years ago, but now is swinging up again so that women are now living on average to over 84 and men to just over 81.
- Women live longer on average than men - the gap is now 3.2 years, a slight increase on 3.1 years last year.

An ageing population is to be celebrated, but it also brings challenges. For example, longer life and a decline in heart disease and some cancers means that more people live for long enough to suffer from dementia.

Dementia

The chart below shows the current recorded cases of dementia as a percentage of those on GP's books.

**Percentage of patients with a recorded diagnosis of dementia in the GP registered population –
2006/07 to 2016/17**



Source: Quality Outcomes Framework 2016/17

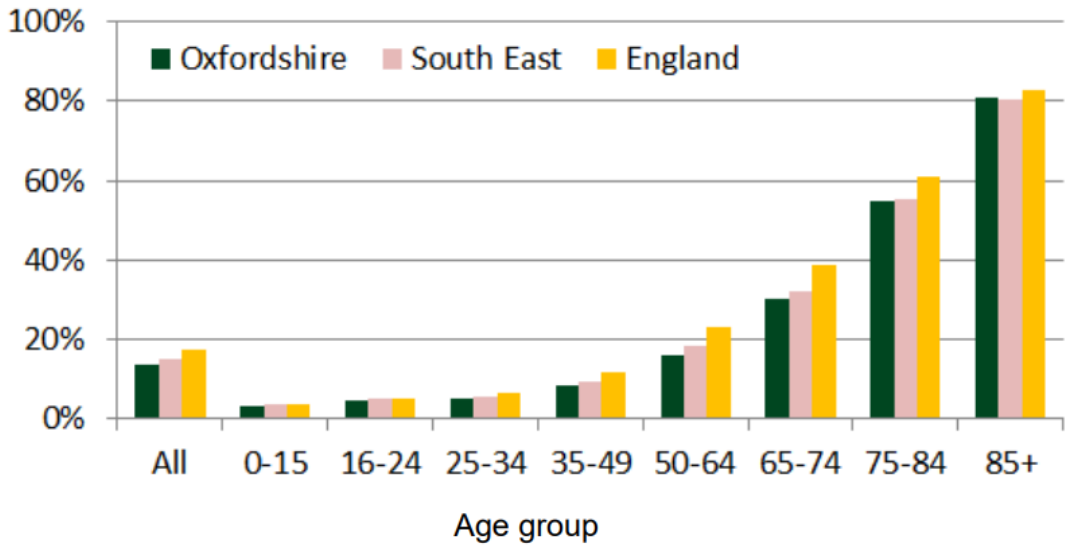
Some of this increase is due to better awareness of dementia in general, and better detection of dementia by GPs and some of it will reflect that there are more people surviving into the age groups where dementia is more common.

Chapter 2 looks at how communities might be designed better to help with this, and Chapter 4 looks at promoting mental wellbeing and positive mental health and looks at how dementia might be prevented or delayed.

Physical Disability

Old age also brings with it, on average, more physical disability. The chart below shows the percentage of people by age group who feel that they are limited by ill health or disability.

Percentage of residents in households* by age with daily activities limited by ill health or disability (a little or a lot) 2011, Oxfordshire vs South East and England



Source: ONS Census 2011 from nomis, table DC3302 *excludes people living in communal establishments such as care homes

The chart shows that:

- The percentage of people affected rises sharply with age – up to around 80% of people aged 85+ report ill health or disability of some kind.
- The figures for Oxfordshire are slightly better than for England as a whole but broadly mirror the national and regional pictures.

The positive message in these statistics is that there is scope to work with people in their 50s and 60s to find ways to prevent or delay chronic disease and disability.

Impact on carers

The other impact of an ageing population is the impact on carers of older people, many of whom are in their 60s and 70s themselves. The national survey of carers, carried out in 2016 gives a rough indication of the numbers of local carers.

- Around 60,000 Oxon residents provide unpaid care for others, of whom around 17,000 provide 20 or more hours per week.
- Many of the carers are over 65 and are suffering from ill health themselves.
- Around 35% of those who responded to the survey said that they had seen their GP because of their caring role.

These figures are inexact, but show that as a society we are heavily reliant on the ability of carers (usually family members or spouses) to care. Looking after their wellbeing remains a high priority. Continuing to work with this group to help them to stay healthy for longer is essential.

Ageing - there is good news!

Ageing brings its difficult issues but there would also seem to be compensations – Chapter 4 Promoting Mental Wellbeing and Positive Mental Health shows that many measures of wellbeing and contentment shoot up following retirement age.

Loneliness

Another fact of modern life is that many people experience loneliness.

A report on the Impact of Loneliness from Public Health England in 2017 highlighted the impact on individuals and for services:

Impact on individuals:

- Social isolation and loneliness are harmful to physical and mental health and increase the risk of illness and early death.
- Social isolation and feelings of loneliness can also cause stress resulting in behaviour that is damaging to health - such as drinking too much.
- Having good social networks and friendships not only have an impact on reducing the risk of early death or developing certain diseases, but they also help individuals to recover better when they do fall ill.

In terms of impact on services, lonely people are likely to:

- visit their GP more often;
- have higher use of medication;
- use accident and emergency services more;
- use adult social care more;
- make more use of mental health services;
- have early admission to residential or nursing home care.

Public Health England also found evidence to suggest a strong relationship between low socioeconomic status and social isolation. *In other words, disadvantage and loneliness go hand in hand – yet another reason for continuing to tackle social disadvantage. Social disadvantage experienced earlier in life can also increase the risk of isolation in younger age groups.*

Using national figures from the Community Life Survey the table below shows that it is estimated that 20,400 (around 1 in 6) older people in Oxfordshire (aged 65+) experience loneliness at least some of the time, of which **3,500** older people experience loneliness “often or always”.

Table 1 Estimate of the number of older people (65+) in Oxfordshire experiencing loneliness

		Lonely often/always		Lonely some of the time		
	Oxfordshire population mid-2016	Percentage	Oxfordshire estimate (count)	Percentage	Oxfordshire estimate (count)	TOTAL estimate
people aged 65-74	65,500	2.89	1,900	11.38	7,500	9,300
people aged 75+	55,500	2.95	1,600	17.04	9,500	11,100
TOTAL	121,000		3,500		16,900	20,400

Sources: ONS mid 2016 population estimate original release; Percentages are from ONS 2016-17 Community Life Survey (not including confidence intervals) as cited in ONS Analysis of characteristics and circumstances associated with loneliness in England

Developing new national measures of loneliness

The government is developing a strategy to alleviate loneliness in response to the report of the Jo Cox Commission on Loneliness published in December 2017. As part of this, the Office of National Statistics (ONS) is working on new national measures of loneliness with the help of a cross-government group, charities, academics and other stakeholders. This is to be welcomed.

A recently published (April 2018) ONS analysis, found three profiles of people at particular risk from loneliness:

- Younger renters with little sense of belonging to their area
- Unmarried, middle-agers with long-term health conditions.
- Widowed older homeowners living alone with long-term health conditions.

As this work develops it should give us better information with which to plan future communities and future services to help tackle loneliness.

What about demographic changes in the population of young children?

Well, it depends on what you count! If you just use the current birth rate, you would predict a fall in the number of very young children by 2031, but if you add in planned housing growth you get an increase.

The chart below shows the disparity – looking at Vale of White Horse District and Cherwell District for example, without housing growth one might expect a decrease but with housing growth one would expect a 36% increase – that's 2,700 more children in the Vale and 3,400 more children in Cherwell - a massive difference.

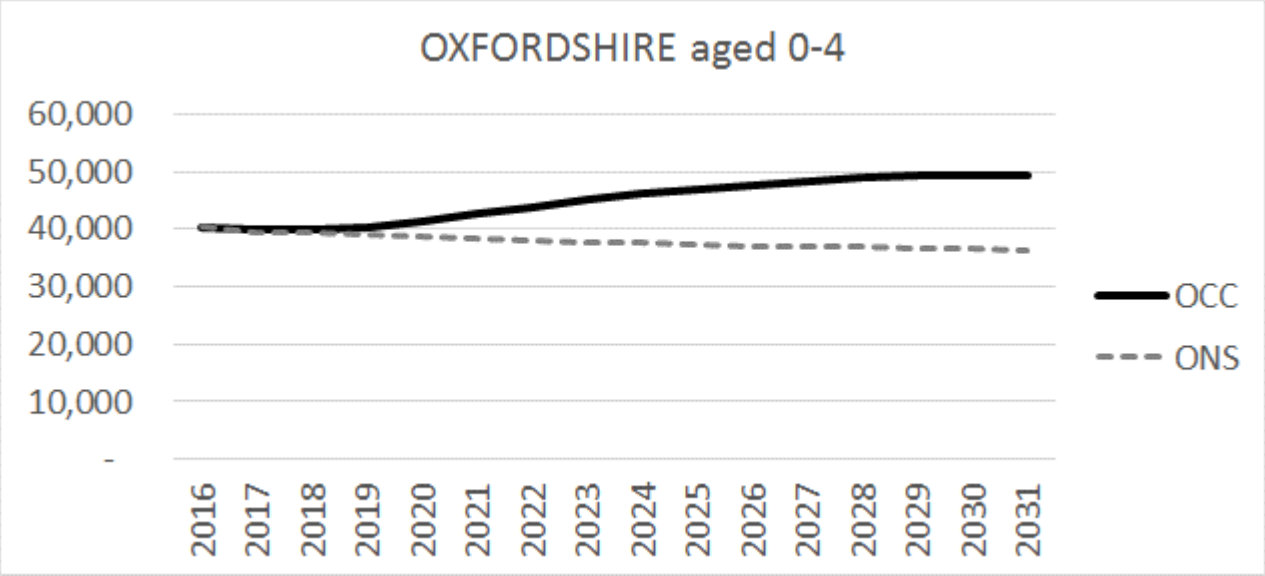
Count of children aged 0-4, 2016 and 2031, ONS vs Oxfordshire County Council projections

	ONS 2016-based				Oxfordshire County Council 2016-based			
	2016	2031	difference		2016	2031	difference	
Cherwell	9,269	8,346	-923	-10%	9,400	12,800	3,400	36%

Oxford	9,033	7,449	-1,584	-18%	9,100	8,000	-1,100	-12%
South Oxfordshire	8,161	7,638	-523	-6%	8,200	10,900	2,700	33%
Vale of White Horse	7,647	7,208	- 439	-6%	7,600	10,300	2,700	36%
West Oxfordshire	6,248	5,697	-551	-9%	6,200	7,500	1,300	21%
Oxfordshire	40,358	36,338	-4,020	-10%	40,300	49,300	9,000	22%
South East	542,383	515,877	-26,506	-5%				
England	3,429,046	3,269,597	-159,449	-5%				

The data in the table is shown below in a more user-friendly format and shows the difference housing growth is predicted to make to the County as a whole.

Count of children aged 0-4 2016 to 2031:
Oxfordshire County Council vs Office of National Statistics projections



The chart clearly shows an increase from 40,000 to 50,000 children in the 0-4 age group by 2031 if one takes housing growth into account. These are clearly the figures we need to use for planning and they will have a clear impact on our future need for schools, health visitors, social services and GP services.

Housing Issues

I want to turn now to look at the impact of housing on demographic growth. More people means that more accommodation is needed to house them. Oxfordshire's Strategic Housing Market Assessment sets out a need for 100,060 additional homes between 2011 and 2031.
In the 5 years 2011-12 to 2016-17, a total of 16,800 new homes have been built in Oxfordshire (an average of 3,000 per year). This leaves 82,300 to be built by 2031, this is equivalent to a rate of just under 6,000 homes per year.

The table below shows the number of houses planned by each District up to 2031. In total, 47,000 homes are planned.

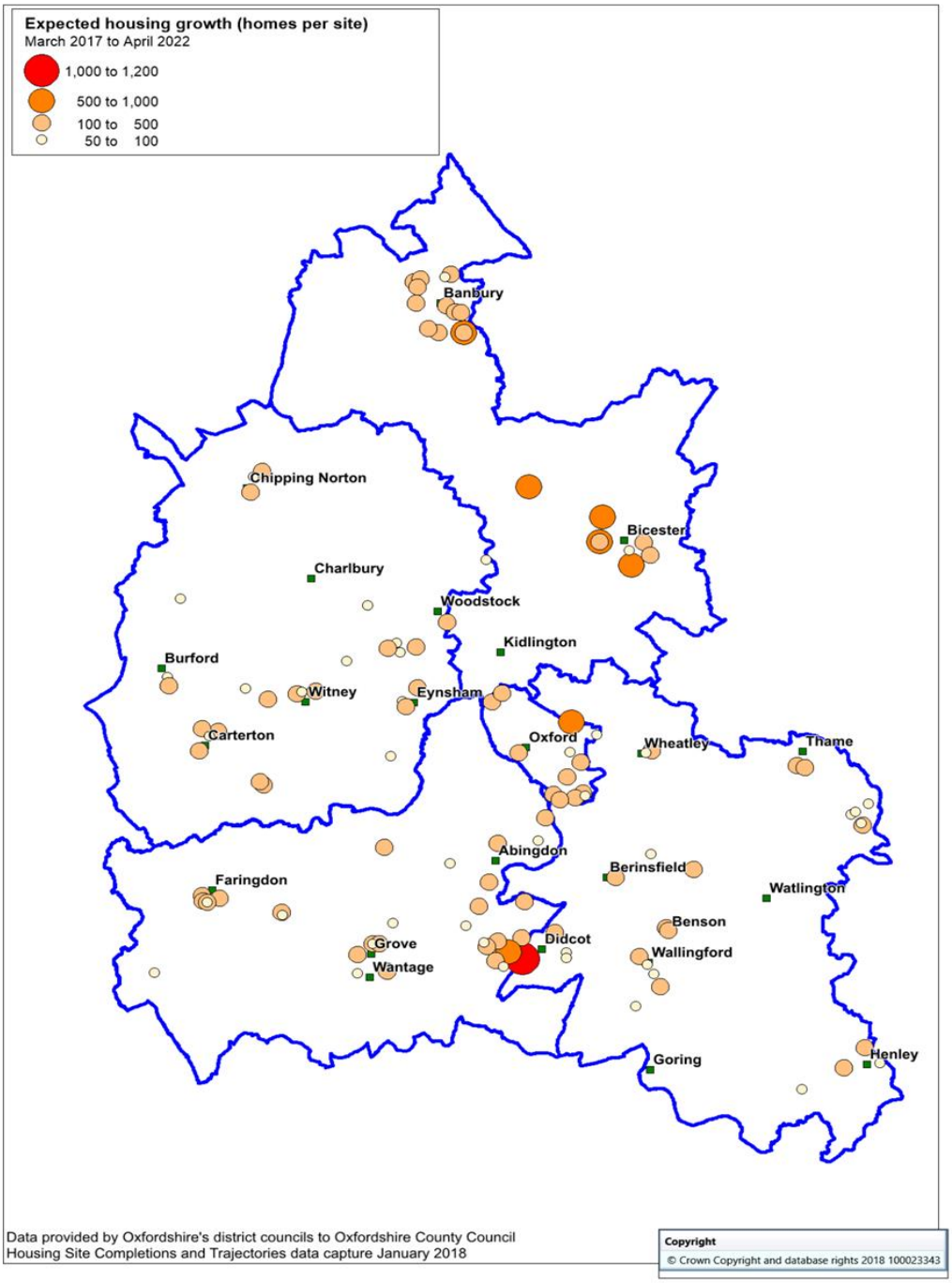
Homes built in Oxfordshire and expected housing growth in Oxfordshire 2011 to 2031

	Total new homes needed over 20 years 2011 to 2031 (inc re-allocation of Oxford's unmet housing need)	Homes built 2011/12 to 2016/17	Remainder by 2031 to meet 100,060 new homes
Cherwell	27,200	4,579	22,621
Oxford City	13,700	1,744	11,956
South Oxfordshire	20,450	3,397	17,053
Vale of White Horse	22,760	4,680	18,080
West Oxfordshire	15,950	2,369	13,581
Oxfordshire	100,060	16,769	83,291

The map on the next page shows where the areas of housing growth are most likely to be. The bigger and the darker the spot, the more houses are planned.

You can see at a glance that:

- Planned housing growth is spread across the County.
- Didcot and Bicester stand out as areas of particular growth with clusters of development around Banbury, Oxford and many of our market towns
- The expected growth around market towns such as Faringdon, Grove and Carterton is smaller but significant. The growth is less than elsewhere but is high compared to the number of existing homes, which may affect the character of the local community.



House prices and stresses in the care market

Of course, building houses is one thing. Being able to afford to live in them is another - and is a pressing problem in Oxfordshire. Expensive housing makes it difficult for lower paid workers and their families to live in Oxfordshire. This leads to the staff shortages we see across the County – for example, there are over 500 nursing vacancies in Oxfordshire at any one time and 'home care' workers are also strongly affected.

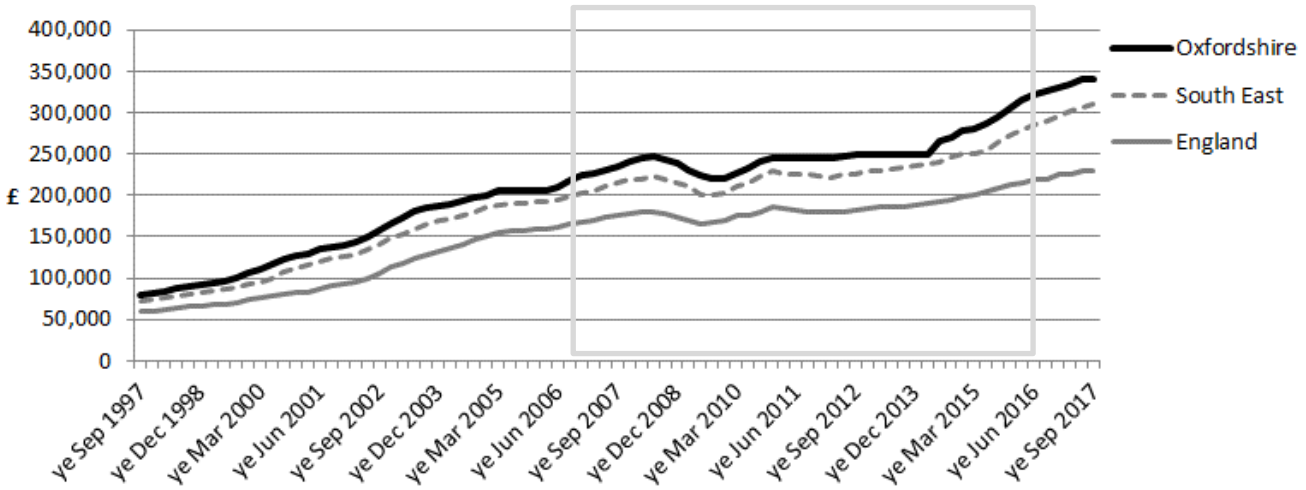
Unemployment is very low in Oxfordshire and the local economy is one of the most buoyant in the UK. This success has a down side however – an equally buoyant - and therefore expensive - housing market…….

The table below shows the latest data on average house prices.

Median house prices 2007 to 2017

The chart below shows how house prices in Oxfordshire have outstripped England's prices and topped the South-East Region's prices.

20 year trend in Median house prices (year ending) September 1997 to September 2017



Source: ONS Median house prices for administrative geographies, released April 2018

The table below shows prices across the Districts, looking at the cost of a mid-priced house.

Median house prices 2007 to 2017

	Year ending Sept 2007	Year ending Sept 2017	*Difference*	*%*
Cherwell	£195,000	£297,500	*£102,500*	*+53%*
Oxford	£250,000	£400,000	*£150,000*	*+60%*
South Oxfordshire	£270,000	£380,000	*£110,000*	*+41%*
Vale of White Horse	£244,950	£340,000	*£95,050*	*+39%*
West Oxfordshire	£230,000	£329,995	*£99,995*	*+43%*
Oxfordshire	**£235,000**	**£340,000**	***£105,000***	***+45%***
South East	£215,000	£310,000	*£95,000*	*+44%*
England	£175,000	£230,000	*£55,000*	*+31%*

Source: ONS Median house prices for administrative geographies, released April 2018

The chart shows that:

- Oxfordshire's average house price is well above the average for England and above the South East as a whole.
- Prices have risen sharply over the past 10 years – more sharply than in England or the South East - making a sort of 'Oxon inflation factor' of 45% compared with 44% in the South East and 31% for England as a whole.
- Within the County, prices in the City have risen faster than elsewhere, up 60%, making working in the city's hospital services and living locally even more difficult for lower paid staff.
- During the same period house prices in Cherwell have also risen dramatically by 53%

So, to sum up:

Demographic change presents a distinct cocktail of triumphs and challenges to Oxfordshire:

- Health is generally good and the local economy buoyant.
- The population is growing fast.
- House prices are high and recruitment to essential staff groups is difficult.
- Housing growth is set to continue which will bring more young families and children
- The population is increasingly culturally diverse.
- The population is ageing and new patterns of disease have emerged eg dementia.
- Carers are vital to service delivery.

So, what do we do?

We can't spend our way out of this situation given the current financial situation, so we have to innovate our way out.

For public services this means:

- Working together in a more joined-up way and working positively across organisational boundaries
- Linking the planning work of the NHS, Social Care, District and City Councils and Public Health together much more strongly
- Finding solutions which use the new technologies now available to support people electronically rather than face to face contacts.
- Helping communities and residents to help themselves.
- Preventing problems before they start and joining up our preventative services more coherently.
- Systematically targeting services at those who are already ill and in whom further deterioration can be prevented. This means getting 'upstream' and working with people who have chronic diseases or care needs to stabilise them and keep them healthier for longer.
- Using all of these factors to create a new range of services
- Using all these factors to design communities which support good health.

These issues and solutions are amplified throughout this report. The next chapter looks at bringing together health concerns with local planning to create healthy communities. Chapter 3 looks at the challenges of those particularly at risk – the disadvantaged. Chapter 4 looks more closely at obesity and its impact on disease patterns, and chapter 5 looks at promoting good mental health which is a key ingredient to staying well for longer.

What did we say last year and what did we do about it?

Last year's recommendations called for a much more joined-up planning system overall across Oxfordshire. And there are many positive initiatives to report. All local authorities are working together to create a Joint Strategic Spatial Plan. This is good progress. We also secured a Growth Deal with Government enabling infrastructure to keep pace with housing growth (see chapter 2 for details)

The Healthy New Towns approach (also discussed in detail in the next chapter) has also moved forward and the shared learning from this has begun to influence planning of new and existing settlements in the County -this is very good news.

NHS, Social Care and Public Health services are now working much more closely together under a re-designed Health and Wellbeing Board. A new strategy for services for older people is being drafted as I write. This change was helped by a Care Quality Commission review of services for people going into, through and out of the hospital system which strongly supported better joined-

up working under a re-organised Health and Wellbeing Board. All organisations are responding strongly and positively.

The NHS nationally has the bit between its teeth when it comes to promoting preventative initiatives at scale through a policy known as 'Population Health Management' which is also being embraced by Local Government. This means looking at whole populations, or subgroups, identifying why people become ill, and creating services aimed at preventing further deterioration. This is a very important shift in thinking and is to be welcomed. This includes the coordination of preventative services across the County recommended in last year's report.

The NHS has begun to change the basis on which it works in a helpful way. Health policy five years ago was dominated by creating 'internal markets' in health care with distinct commissioning and providing organisations linked by negotiated contracts. This policy is now giving way to a more collegiate approach in which all organisations work together for the good of Oxfordshire, drawing on one 'bag' of tax-payers' money. This also includes finding new ways of working with social care and public health services. This is a positive development.

Recommendations

1. The Health and Wellbeing Board should develop as a priority a Joint Health and Wellbeing Strategy which embraces the philosophy of 'population health management' as well as creating a new strategy for older people and targeting inequalities.

2. Joint work between the NHS, County Council and District Councils to get health and wellbeing issues into the planning of places and highways should continue apace.

3. Work already begun to coordinate preventative services better between all Local Authorities, the NHS and Social Care should continue as a priority.

Chapter 2: Creating Healthy Communities

There has been a sea change in thinking about how we should plan communities over the last decade – and it is still gathering pace. It is no longer a matter of simply planning houses and sewers and roads, it is a matter of planning vibrant communities which support people to live healthier lives – and it is a vitally important issue.

If we are to cope as a society we need to integrate health and wellbeing issues into the way we plan our communities locally, regionally and nationally.

I'm talking here about health concerns on the large scale - issues such as:

- coping with demographic growth
- building health promotion into community design to prevent obesity, chronic disease and loneliness and to be 'dementia friendly'.
- coping with an ageing population structure and planning for a projected 2 million cases of dementia nationally by 2030.
- hard-wiring provision of future health services into planning systems
- designing community facilities and schools which reach out to engage the whole community
- considering ambulance journeys and patient access in the design of new roads
- planning major roads that make the best use of hospitals across the country and beyond

All easy to say, but difficult to do without teamwork, creativity and political will at all levels - and harder to do in times of financial restraint.

Why is it a challenge?

The existing planning system is complex and labyrinthine, depending as it does on a cocktail of government policy, local plans, agreements between Local Authorities, deeply held public views, developer contributions, legislative frameworks and the commercial interests of developers.

Major schemes are even more complex, requiring the interaction of many government departments, multiple agencies, pressure groups and many local authorities across neighbouring counties.

Money is scarce, and the prizes go to schemes which also deliver more economic growth and more houses for more people who must then also be catered for in terms of health and social care, schools and amenities.

The goal is to achieve a 'winning hand' combining future economic prosperity with communities one actually wants to live in. These in turn must make healthy lives easier to lead and build in access to the facilities we will all need.

I want to use this chapter to review some of the key stages of our local journey along this path and to showcase the contribution of the Cherwell District Council and City Council led Healthy New Towns.

The initiatives of local leaders to put health issues into planning.

The key stages I have seen in recent years towards these goals have been:

- Closer working between key organisations to achieve important deals from Government resulting in road improvements around the County (e.g. at Harwell and the Oxford ring road), the Growth Deal and current work on a Housing Infrastructure Fund bid. Close working between all Local Authorities, the Local Enterprise Partnership and the Universities has been an important success factor.

- Strategic infrastructure planning has also benefitted, first with a shared assessment of Oxfordshire's strategic requirements and secondly through the agreement to have a Joint Strategic Spatial Plan for Oxfordshire which will be put together over the next few years and which will incorporate health and wellbeing issues from the outset.

- The successful bidding for two of the ten Healthy New Town pilot sites in England led by Cherwell District Council and Oxford City Council (see more below).

- The initiative of local leaders to generalise the lessons learned from putting health into planning through local conferences culminating in an event earlier this year hosted by Cherwell District Council and the City Council. At this event Leaders and senior officers from Local Authorities, the NHS, the Local Enterprise Partnership and other key organisations met to review progress made through the Healthy New Towns and began to discuss how to generalise the emerging lessons.

- Discussions held over the last 18 months between Chief Executives of our two large NHS Trusts, Local Government the Local Enterprise Partnership and our Universities to discuss the long-term planning aspirations of those bodies.

- During this time, the Public Health team have worked closely with the County Council Communities team so that it is now second-nature to include active travel and features such as cycle paths in new developments. This can be seen clearly in our Local Transport Plan.

- The recent re-design and strengthening of the Health and Wellbeing Board also improves opportunities for it to work alongside the Growth Board as part of a constructive dialogue.

- ……And last but not least, the recent difficult discussions over the recent consultation about re-shaping health care across the County really did serve to put the issues of transport, travel and access issues at the top of the agenda, showing that these issues cannot be considered in isolation.

In all this I need to say that I am a doctor, not a planner. I come at this from a public health point of view, but over the last five years there has been a really creative exchange of ideas between us as the penny has dropped that we won't cope with population growth and ageing unless we plan for health and wellbeing as part of infrastructure and housing planning.

The acid test for all these approaches to get health and wellbeing into planning is: do they actually work on the ground?

That is where the value of the Healthy New Town pilots comes in - they are practical experiments in what can actually be done and are therefore extremely valuable to us all. ***The learning from these two sites is pure gold and a real gift to Oxfordshire.***

Focus on the Healthy New Towns in Bicester and Barton.

I believe that many of the initiatives in the Healthy New Towns can be applied in other areas across the County and that they help point the way forward for the County as a whole. I think it is vital that this learning is shared so I am going to go into the topic in some detail.

The Healthy New Towns chime with so many of the concerns raised in this report and link to:

Chapter 1 on population growth, house prices, dementia and loneliness

Chapter 3 on tackling inequalities and disadvantage

Chapter 4 on obesity and healthy lifestyles and 'shifting to prevention'

Chapter 5 on mental wellbeing.

The Healthy New Towns offer new solutions to some of the key problems facing Oxfordshire over the next decade – that is why they are vital and that is why they are exciting, and that is why the learning should be sustained.

To push the point home, I am including below a checklist of the types of issue that can be tackled. You will see that they are the pressing priorities for the County as a whole:

Potential Benefit to Oxfordshire of the Heathy New Towns: Checklist	
Plan healthy communities and healthy housing growth: bring organisations together with a common ambition	
Engage local people in planning and health care	
Encourage exercise	
Fight obesity	
Help to cope with dementia	
Fight loneliness	
Bring together NHS and Local Authority planners and developers	
Involve the voluntary and community sector	
Work with local schools to improve children's health	
Find new ways of delivering health services	
Help tackle chronic diseases like diabetes	
Reduce social disadvantage and inequalities	
Promise help to an overburdened NHS	

What does the term 'creating healthy communities' mean?

As set out in the previous chapter we know that one of the key challenges for Oxfordshire is population growth linked to the need to provide more housing. The shortage of affordable homes is particularly acute in Oxfordshire and this has been one of the driving forces for the county and district councils agreeing a Growth Deal with national government to build 100,000 new homes by 2031.

The scale of the Growth Deal means that Oxfordshire now has a great opportunity to ensure that it supports the creation of healthy communities, not just large housing estates. Creating healthy communities is described as:

'a collaborative process which aims to create sustainable, well designed communities where healthy behaviours are the norm and which provide a sense of belonging, a sense of identity and a sense of community'

Crucially, creating healthy communities 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.

Over the past two years Bicester and Barton in Oxford have been testing out how to create healthier communities as two of ten demonstrator sites for NHS England's Healthy New Towns programme. NHS England has provided three years of modest 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. They are the test beds for all our futures.

The following section describes the progress that both sites have made over the past two years in testing innovations in the built environment, working creatively with local people through 'community activation', and developing new models of care, and how they have started to share the learning with a view to replicating this approach across Oxfordshire.

Barton Healthy New Town

Barton is an area on the western outskirts of Oxford, just outside the ring road, bounded by the A40 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 2015 Index of Multiple Deprivation showed Barton to be among the 20% most deprived areas in England. Life expectancy at birth in Barton and Sandhills is 77.5 years for males, 81.6 for females. For males this is 12.6 years less than North Oxford ward (about 4 miles away) and 5.5 years less for females.

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 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. Cherwell District Council has recently adopted its Local Plan (July 2015) which allocates housing and commercial sites for development in Bicester and covers the period from 2011- 2031. 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 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. (In Bicester 1 in 4 of children aged 2-10 are overweight or obese and 58% of women and 65% of men are overweight or obese)**

- **To reduce the number of people who feel socially isolated or lonely in order to improve their mental wellbeing (17% of older people are in contact with family, friends and neighbours less than once a week).**

How can the built environment encourage healthy living?

The ***Neighbourhood Centre located in Barton*** is undergoing a major refurbishment, funded through pooling of 'section106 funding' (the money developers pay to contribute to new infrastructure like schools and road access), City Council funding from capital investment from the 'Investing in Barton' regeneration programme and from its maintenance programme. This will see the ***expansion of the medical practice***, which will ***triple primary care space*** from 74m^2 to 249m^2, providing enough capacity for existing and new residents in Barton. This is alongside the ***modernisation of the community and youth spaces***, including the installation of youth art, ***dementia friendly signage and improvements*** to the reception area. All of this will convert the Neighbourhood Centre into a ***Health and Wellbeing Hub***, with additional capacity to cope with the increased demands from the new population within six months of the first occupants moving in.

Over the last year Barton took part in the Town and Country Planning Association's (TCPA) Developers and Wellbeing project to look at how working with developers improves health. The project culminated with a parliamentary launch in February 2018 which featured a profile on Barton. This initiative was also featured by the Local Government Association as part of its 'Planning Positively through Partnership' publication.

As a result of the project, spatial planners now have a much richer understanding of how development can shape the health and wellbeing of future generations and the project has had a permanent impact on planning policy within the City Council including a policy within the Oxford Local Plan 2036 stipulating that '*for major development proposals of more than 9 dwellings or 1000m^2 the Council will require a health impact assessment to be submitted to include details of implementation and monitoring*'.

Other initiatives at Barton include *a* ***wayfinding project with three new dementia-friendly trails*****.** These provide opportunities for people to be more active, create routes between community facilities and link the new development with existing areas in Barton and neighbouring communities. These are due to be launched in spring 2019 when Barton's Park opens (a 3.84 hectare linear park) connecting Barton and Barton Park.

In Bicester ***three 5K circular Health Routes for walkers, joggers and runners*** have been marked out in blue in residential areas of the town to encourage people to get active. There is no cost to participation and it is suitable for a wide range of ages, at any time of the day. When ***'Bicester's blue lines'*** were launched they attracted over 50,000 views on Facebook, resulted in an increase in footfall of 27% along one of the routes, and are supporting community cohesion with people walking them with family and friends and using them to explore different parts of Bicester. ***They have been so popular that a new Discovery Walk is planned*** for Bicester town centre to encourage people to take a ***brisk 15 minute walk during their lunchbreak***. The graphic below gives the idea:

Other built environment initiatives in Bicester include the installation of ***wayfinding signs*** across the town which provide ***information on cycling and walking times*** to key local destinations, and the opening of ***a 'community house'*** at Elmsbrook, to provide an early facility for residents to support them to come together and run community events and activities and develop a sense of community in the eco development in Bicester.

Building social cohesion and enabling people to live healthier lives through 'Community Activation'

Community activation builds on the idea of actively engaging communities to be partners in the development of new ideas which will benefit both individuals and the whole community. The notion was floated in the NHS's 'Five Year Forward View' and, is about putting into practice the principles set out in the graphic below through the real and dynamic involvement of local people and communities:

fyfv@nationalvoices.org.uk 2016. Six principles for engaging people and communities

Over the last year ***Bicester's primary and secondary schools*** have been actively supporting young people in a range of ways to increase both their physical and mental wellbeing. ***Five primary schools have introduced the 'Daily Mile'*** into the school day with the result that 2,000 children now run a mile a day at school promoting not just their physical health but aiding concentration and mental wellbeing. All schools in the town took part in ***Walk to School Week*** in May to encourage parents and children to leave the car at home for their school commute and ***Cherwell's Sports Activators have trained play leaders to increase active play*** at break time providing more playtime equipment and activities.

Encouraging children to be active outside of school hours is equally important and ***St Edburg's school has successfully tested a family fun club*** in the early evening to get families together and take part in fun and healthy activities. Across the 10 week programme there was a total of 173 attendances with new friendships formed between families as well as enthusing them to have active family time. There has been a 50% increase in children attending the ***active fun clubs run in the school holidays*** by Cherwell District Council.

Addressing the ***mental health of young people*** is equally important and ***Healthy New Town Ambassadors in the secondary schools have provided input into the development of a website by the local mental health trust offering access to mental health advice and services for young people, parents and teachers.***

Training has also been provided to primary school teachers to promote the mental wellbeing of under 11s, with practical 'SATS relax' sessions provided in all schools to help reduce any stress felt by Year 6 children as they took their exams.

In Barton, there has been a particular emphasis on building and embedding community resilience using an 'asset-based community development approach'. In practice, this means working with local voluntary and community groups to use their strengths to address health issues in their community supported by small grants. Through the grants programme in year one, 11 pilot projects were funded, supporting over 1,800 people, with several project levering in additional external funding to continue the projects when NHS funding comes to an end in March 2019.

The funding was complemented with special training for 122 professionals and in community development skills to support directly those who need help the most. Skilling-up local people and professionals in this way will make the legacy of the project last longer than the end of NHS England's funding. The fruits of this are shown by the local Community Association having health and wellbeing as their number one priory in their strategy for 2017 – 2020.

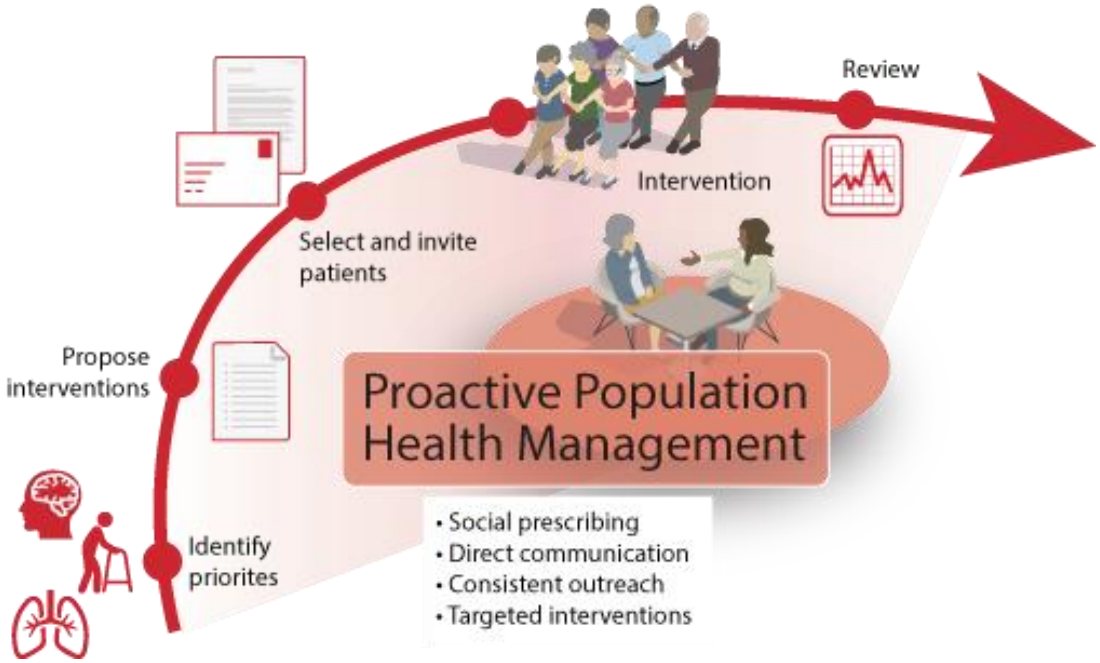
One of the local organisations funded was Getting Heard, which was piloting an 'Appointment Buddies' project. This project provided advocacy for older people attending a health appointment to ensure that they understood the information they received, especially around medication or any secondary care referral. The project was successful and went on to successfully apply for *£204,326* of Big Lottery funding to expand the project over a 3 year period.

Year two saw an increase in 'social prescribing' (prescribing activities like exercise and hobbies instead of the traditional 'pills and powders') and led to commissioning a range of physical activity sessions. For example, a Zumba session started in late 2016 in partnership with Barton Community Association and Oxford City Council's Sport and Physical Activity Team and has now been running for two years and attracts around 30 local residents each week.

Testing new ways of delivering health and social care

In both Barton and Bicester, a range of **service innovations** have been tested designed to ***prevent problems and to reach out to people before crises occur***. The emphasis has been on providing services in a community setting and promoting self-care.

In Barton an 'asset mapping' exercise was undertaken to understand current services, how well-used they are and service gaps. A range of new services started in January 2018 to fill those gaps. This included local GP Practices running a **Proactive Population Health Management** initiative (defined in Chapter 1). This involved the ***two GP surgeries which serve Barton sending proactive, direct invitations to patients with long term conditions inviting them to attend the practice for preventative and early interventions*** specific to their health needs. In schematic form it works like this:



A promising example is the prevention of falls which often lead to hospital admission in the elderly. In a small pilot project, local GPs sent out invitations to people at risk of falls to take part in dance sessions designed to improve their balance and coordination. In the three months this pilot project 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.

Other initiatives include:

- Oxfordshire Clinical Commissioning Group running the ***National Diabetes Prevention Programme*** and;

- ***coaching to 12 unemployed people experiencing mental health issues***, to support them back to employment.

The point here is to experiment with new ways of reaching out to people to improve health, prevent further deterioration and avoid crises. A key lesson is that the ***involvement of the voluntary sector*** can enhance health care and use the whole community's resources.

In year three in Barton, the programme has been specifically funded to develop and deliver a 'Team Around the Patient' (TAP) for frequent 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. A TAP meeting is convened to find the root causes of their frequent use of services, and a support package is provided to address these root causes, which may be more social than clinical.

In Bicester there has been a focus on ***improving care for people with diabetes***. ***Digital technology*** is now being used by GPs to ***access expert advice remotely*** from consultant colleagues, ensuring that ***patients only travel to Oxford for specialist care when they really need it***. Patients have been encouraged to get active to help control their diabetes, with practices in Cherwell making the most referrals in the county to ***motivational coaching support*** services run by the District Council and Oxfordshire Sports Partnership so that people access activities that meet their interests. Practices have also been working closely with diabetic nurses and consultant colleagues to ***coordinate the care they provide with the result that there has been a 7% increase in people receiving all the care they need.***

For many people diabetes stems from being overweight and in efforts to prevent this Bicester has launched a ***'Healthy Bicester' Facebook Page to provide regular tips on how to be active and eat more healthily.*** It promotes self-care through the use of ***Public Health England apps*** and over the last year 414 people in the Bicester area have downloaded apps such as 'Active 10'.

Looking ahead to 2018/19

2018/19 is the last year of central funding from NHS England and so both sites will be focusing on completing delivery of planned short term initiatives, evaluating the impact of various interventions, sharing the learning from the programme and planning for development of creating further healthy communities in the next three years.

How do we keep this approach going?

We are reaching an important point for the Healthy New Towns. They have promised much, they have fulfilled their role as test-beds for innovation and the lessons learned are important. Realistically three years isn't long enough to demonstrate the full value of these trailblazing projects – Titanics take time to turn, engaging communities is a lengthy process and finding the initiatives that really fly all require a degree of experimentation.

The real gain will come from generalising the learning across the whole planning system – and this is precisely what the recent event held in Bicester described above was intended to do.

So, the question is how do we keep this learning and this initiative going in some form? The answer to that question will be taxing leaders across the County during this year and into next. In my view, these projects press so many positive buttons for future success that between all organisations we need to find a way – and that is the basis for my recommendation for this chapter.

Recommendation

Leaders of all organisations should continue to find ways of keeping the learning from these initiatives alive until the long-term benefits emerge, and they should continue to explore ways to

generalise the learning, making it an integral part of the planning system for new developments and for health services.

What did I say last year and what has happened since?

Last year I looked in detail at the health effects of poor air quality. There is little new health information about these effects during the year and last year's recommendation to see this as another way of 'getting health into planning' still holds good and reinforces the message of this chapter. If we can include health issues in planning, we can build in improved air quality too.

I also recommended close monitoring of progress for 'Healthy New Towns' and, as this chapter demonstrates, this has been achieved.

Chapter 3: Breaking the Cycle of Disadvantage

Part 1
Keeping the Torch aflame: The Health Inequalities Commission

What was the Health Inequalities Commission?

- The independent Health Inequalities Commission for Oxfordshire was commissioned by the Health and Wellbeing Board and carried out its work throughout 2016.
- The idea was to take an independent look at inequalities across Oxfordshire and to make recommendations for action.
- It took two years of persistent effort to create it.
- The Clinical Commissioning Group, the County Council's Public Health team, along with many other partners, including Oxfordshire Healthwatch, played a midwife role.
- The report of the Commission was presented by the independent Chair, Professor Sian Griffiths, to the Health and Wellbeing Board in November 2016 and at a launch event on 1st December, chaired by the Leader of the County Council, attended by the media and a wide range of partners.
- The Health Inequalities Commissioners were independent members selected from statutory and voluntary sector organisations and academia.
- The report made 60 recommendations covering a very wide range of topics. The recommendations were just that – recommendations – they have no force apart from our willingness to consider them and make changes where appropriate.
- The practical work is being taken forward by a multiagency implementation group.

This was an important piece of work and I want to use this report to keep the torch aflame

Progress has been reported regularly to the Health and Wellbeing Board and the Health Overview and Scrutiny Committee (HOSC) for the last 18 months.

So what is happening?

- The Health and Wellbeing Board agreed that organisations need to adapt and develop existing ways of working to ensure that health inequalities were identified and addressed. This will form part of the to-be-revised Joint Health and Wellbeing Strategy.
- Rather than set up a range of new, possibly short-lived projects, the Implementation Group wants to see existing projects develop a stronger focus on tackling inequalities, maybe by targeting particular localities or groups of people instead of just taking a general approach for everyone.

- The Commission also highlighted the need to step up the whole 'prevention agenda' aimed at including people who are likely to have worse outcomes. This is now gaining traction and the Clinical Commissioning Group are working with the Public Health Team to join up their preventative action across the County.

Has anything changed?
There are some good signs of progress but entrenched health inequalities will not be eradicated overnight. This is a long haul and it is only by sustaining the effort and really embedding inequalities in all our work that lasting improvements will be seen – hence my desire to keep the torch aflame. We need to keep going. It is about considering inequalities in every one of our new strategies and plans that will make the difference.

Q: Universal or targeted?
A: Both!

There is an old question: should we aim to reduce inequalities right across the board, or should we start off with those who are the worst-off? The answer is both – we need a general approach to increase benefit for everyone – and narrow the gap between best and worst….. and target those at the very end of the scale.

The good signs so far include:

- The big-ticket item is that health inequalities and their reduction are now included in all our major strategies. Increasingly, vulnerable groups are having specific work focussed on them e.g. people suffering from domestic abuse.

- Establishment of a (very modest) Innovation Fund through the Oxfordshire Community Foundation which will be used to fund projects to have a measurable impact on health inequalities. Working with Oxfordshire Community Foundation has already meant more money can be added to the pot.

- Social prescribing initiatives (prescribing things like walks or joining clubs rather than having a prescription for medicine) are being developed across the county, including a project in North and West Oxfordshire with West and Cherwell District Councils which has won national funding. More people will be "prescribed" activities instead of medicine to help with their health problems and prevent them getting worse. (see chapter two on Healthy New Towns for further examples).

- A new analysis of areas of the county which have worse outcomes for some health issues has been published and is being used to target services.

- Well@Work activities in the NHS, local authorities and the private sector are being used to raise awareness of mental wellbeing and the benefits of physical activity

What else is still needed?

- Reporting success and good practice will fuel the flame and keep the momentum going – we need to learn from each other.
- Better data for use in needs assessments and equity audits is coming on-stream and needs to be used more widely.

- The new Joint Health and Wellbeing Strategy and other major strategies need to address inequalities issues and be explicit about what can be done.

- The 'population health management' initiative mentioned in Chapter 1 will help to combat inequalities and spread preventative activity.

Part 2

Report on the Basket of Indicators

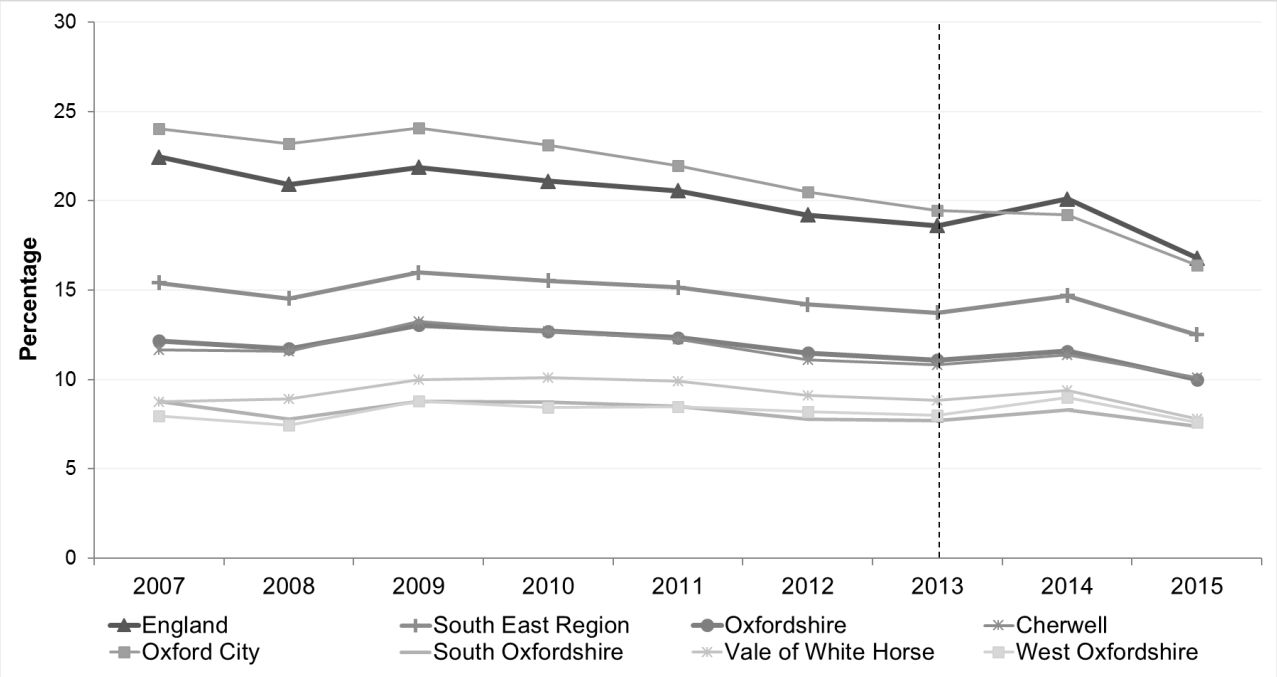
Two years ago I identified a basket of high quality indicators which would help us to measure progress in the fight against disadvantage. I set a baseline figure for comparison (shown as a vertical dotted line on the charts in this chapter) and will report on progress against these one by one.

Indicator 1. Child Poverty

The proportion of families classed as having 'children in poverty' fell both nationally and locally last year after a worrying upward' blip' last year. **This is good news.**

The correct name for this is indicator is 'relative poverty'. Poverty is not an absolute – it is a comparison of the best-off with the worst-off. Poverty in a 'wealthy' country might look like wealth in a 'poor' country. An individual is considered to be living in relative poverty if their household income is less than 60% of median national income. Nationally two-thirds of children classified as being in poverty are living in households where at least one adult is in work. The most up to date data comes from 2015.

Percentage of Children in poverty (Under 16 years)



Public Health Outcomes Framework, from PHE

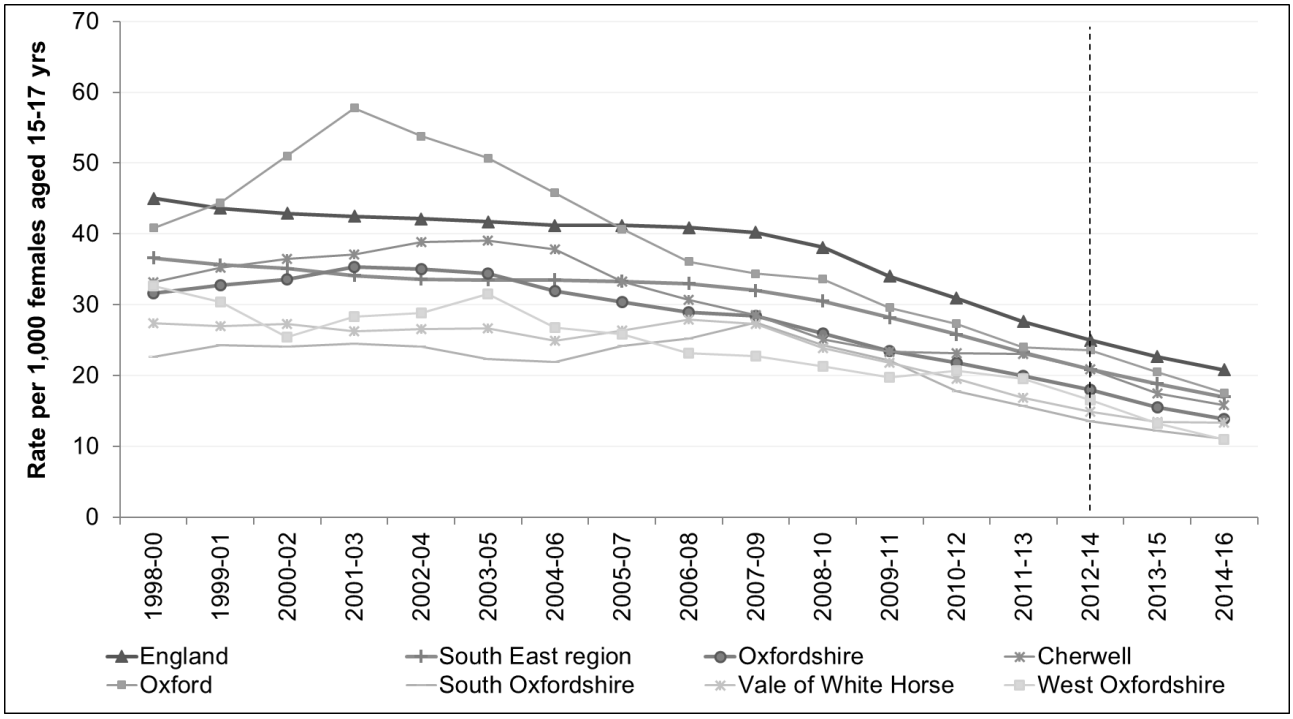
The chart shows that:

- There is a national and local trend downwards – this is very welcome.
- Overall Oxfordshire has a significantly lower percentage of children in low-income families than England. This is good news.
- Oxford City has had a significantly higher percentage of children in low-income families than England until more recently – it has been lower than or similar to the national figure for the last couple of years. This is encouraging.
- All other districts in Oxfordshire have significantly lower levels of children in low-income families.

Indicator 2. Teenage Pregnancy

This indicator measures all conceptions in females under 18 years of age whether the pregnancy ends in birth or termination.

Under 18 conception rate per 1,000 female population aged 15-17 years



Office for National Statistics

The chart shows that:

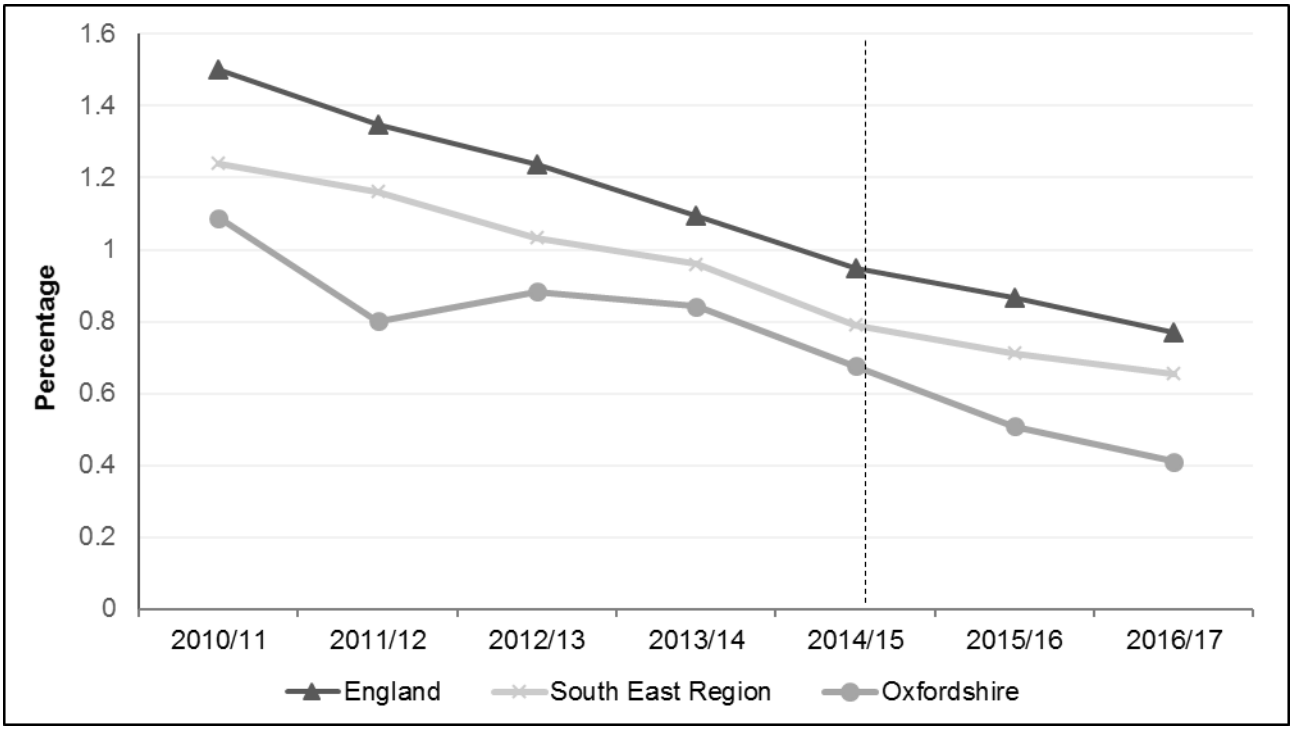
- The general downward trend in under 18 conceptions continues. More good news.
- The teenage conception rate in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends.
- There has been a welcome sharp decline in Oxford City since 2001-03
- Most recent data (2014-16) continues on a downward trend across all geographies.
- This is a good result.

Indicator 3. Teenage mothers

Not all teenage conceptions end with a live birth. About half result in termination. This indicator measures live births to mothers under 18 as a percentage of all births. These children will, on the whole, be at risk of experiencing disadvantage and poorer life chances.

The chart below shows a percentage, but to give a more human context we are talking about 30 births to mothers in this age group in 2016/17 and this number has more than halved over the last decade.

Percentage of births where mother is aged <18 years



Hospital episode statistics (HES), from PHE

The chart shows that:

- In Oxfordshire, the proportion of births where the mother is under 18 is significantly lower than in the South East and England, and is decreasing.

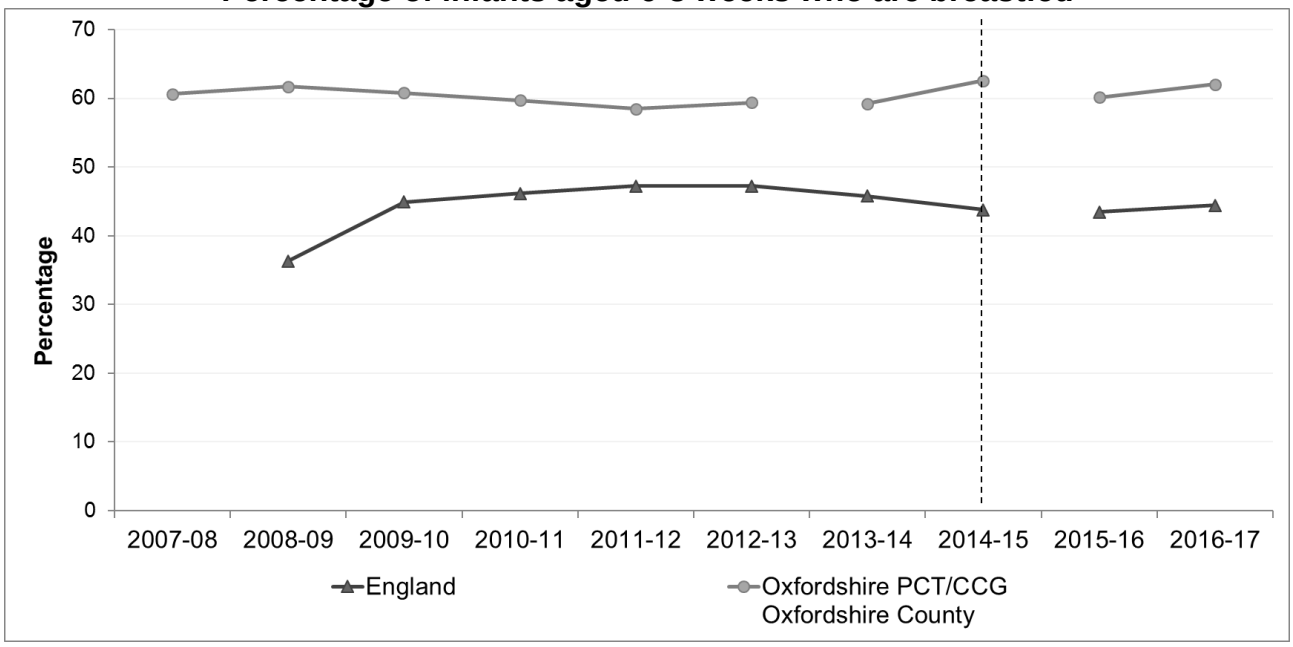
- This is very good news. It means that a lower proportion of children in Oxfordshire are at risk from this form of disadvantage.

Indicator 4. Breastfeeding at 6-8 weeks.

Breastfeeding gives children a great start in life. Its positive effects on health are long-lasting and as well as providing a perfect diet and providing immunity from disease. The breastfeeding rate at 6-8 weeks remains high in Oxfordshire compared to England at just over 60%. England's figure is 15 to 20 percentage points lower. We should remember however that despite best efforts not all mothers can breastfeed.

The challenge is to get the rates higher in the lowest areas which are historically: Banbury, Bicester, Kidlington, Didcot, Wantage and South East Oxford.

Percentage of infants aged 6-8 weeks who are breastfed



Public Health England National Child and Maternal Health Intelligence Network

NB Breaks in the Oxfordshire line indicate that 1) reorganisation from PCT to CCG, and 2) change in methodology which has not yet been backdated – breastfeeding data is now reported by county (i.e. residence) rather than CCG (i.e. GP population).

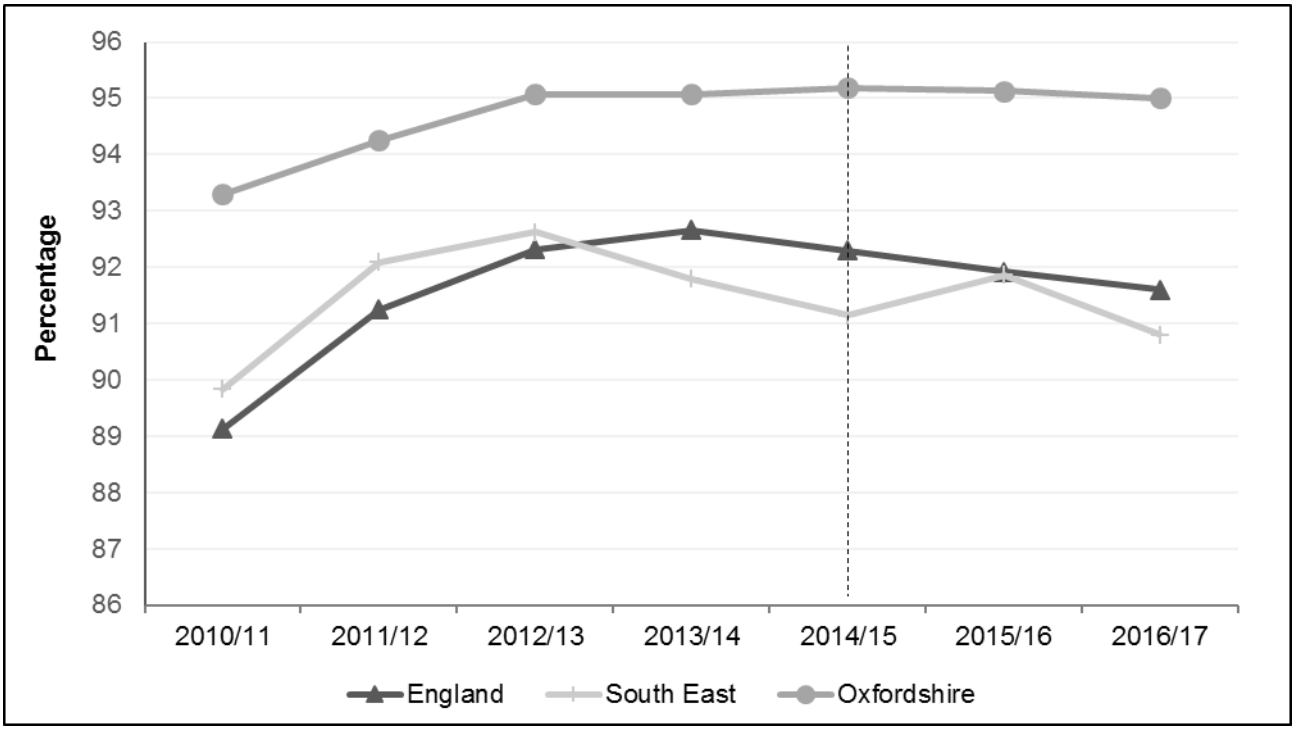
The chart shows that:

- Oxfordshire has a significantly higher percentage of infants breastfed at 6-8 weeks than the national and South-East averages.
- The Oxfordshire figure has increased slightly.
- Nationally the prevalence of breastfeeding at 6-8 weeks increased and now appears to be levelling off.
- This is another good result.

Indicator 5. Childhood Immunisation

Immunisation for Measles, Mumps and Rubella is a good proxy measure for the take up of all immunisations. Children should receive two Measles, Mumps and Rubella (MMR) vaccinations, the first by the time they are 2 years old and the second by 5 years old. All immunisation rates are monitored thoroughly through the Public Health Protection Board and through the Health Improvement Board. Oxfordshire's results are very good and NHS England and Public Health England are to be congratulated. The key is to monitor these figures really closely and respond to the smallest dip.

Percentage of 2 year olds that have received one dose of MMR vaccination



Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Please note axis does not start at zero.

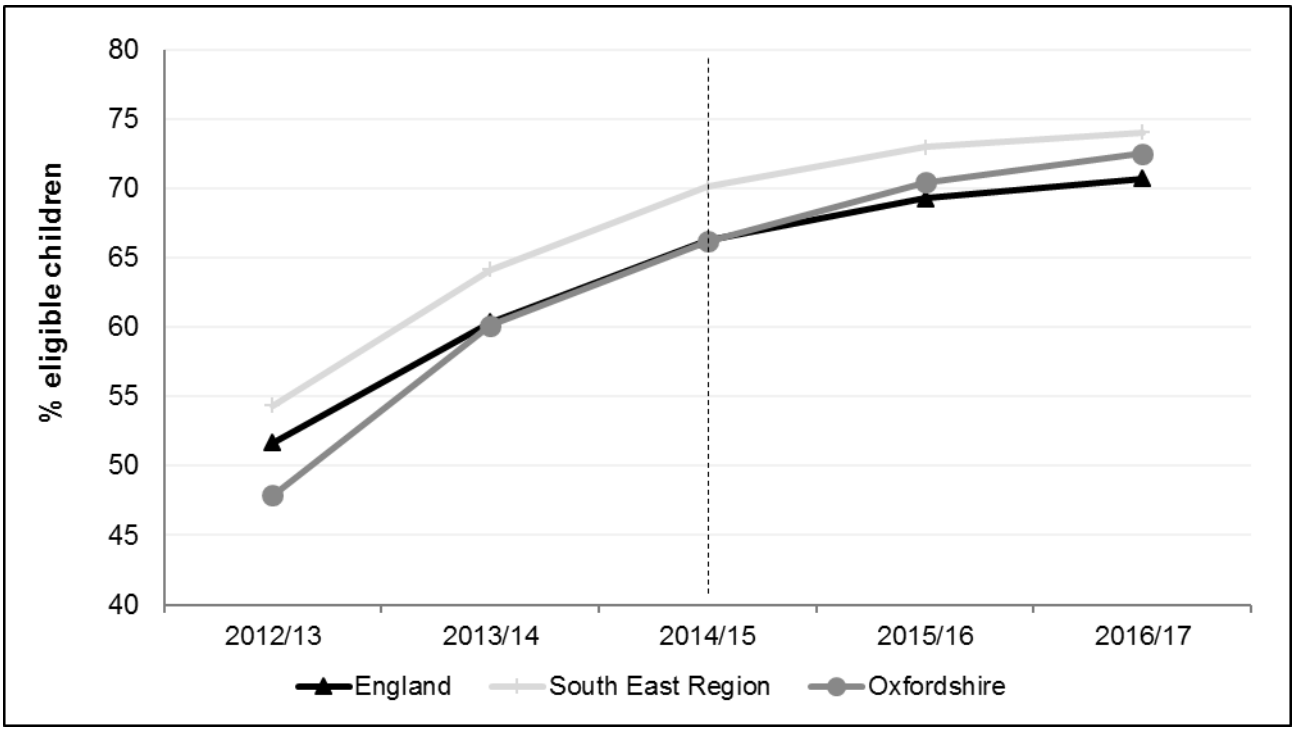
The chart shows that:

- The percentage of eligible children receiving MMR vaccination has consistently been better in Oxfordshire than in the South East and England overall.
- Vaccination coverage in Oxfordshire is among the highest in the region at 95% - the national target - which very few areas meet.
- Oxfordshire's coverage appears stable over the past five years, where regional and national coverage has decreased. This is due in part to the very close scrutiny we give to these figures quarter by quarter.

Indicator 6. School Readiness: the percentage of children achieving a good level of development at the end of reception year.

This is a useful measure of health in its broadest sense of 'life potential' and a useful marker for disadvantage between different groups of children. This indicator measures children defined as 'having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children'. Children are defined as having reached a good level of development if they achieve at least the expected level in their 'early learning goals' in the following areas: personal, social and emotional development; physical development and, communication and languages, as well as early tests of mathematics and literacy.

School Readiness: the percentage of children achieving a good level of development at the end of reception



Department for Education (DfE) EYFS Profile. Please note axis does not start at zero.

The chart shows that:

- Since 2012 Oxfordshire has been gradually 'catching up' with rest of our Region – this is very encouraging.
- In 'catching up', Oxfordshire's figure was 'lagging behind' the England figure but has now overtaken it – another good result.
- It should be noted that if one drills down into this data, the results for children in receipt of free school meals an indicator of disadvantage) are lower than the group who do not receive free school meals (see more detail below).

Indicator 7. School results

Educational attainment is a fundamental and profound indicator of disadvantage. **It is an indicator of a child's life chances.** How our children perform compared with all children nationally is important and helpful information.

The national system for measuring educational attainment is changing. Looking at our overall performance in GCSEs over the last decade shows two main trends:

1. Gradual improvement on an initially weak position compared with neighbours

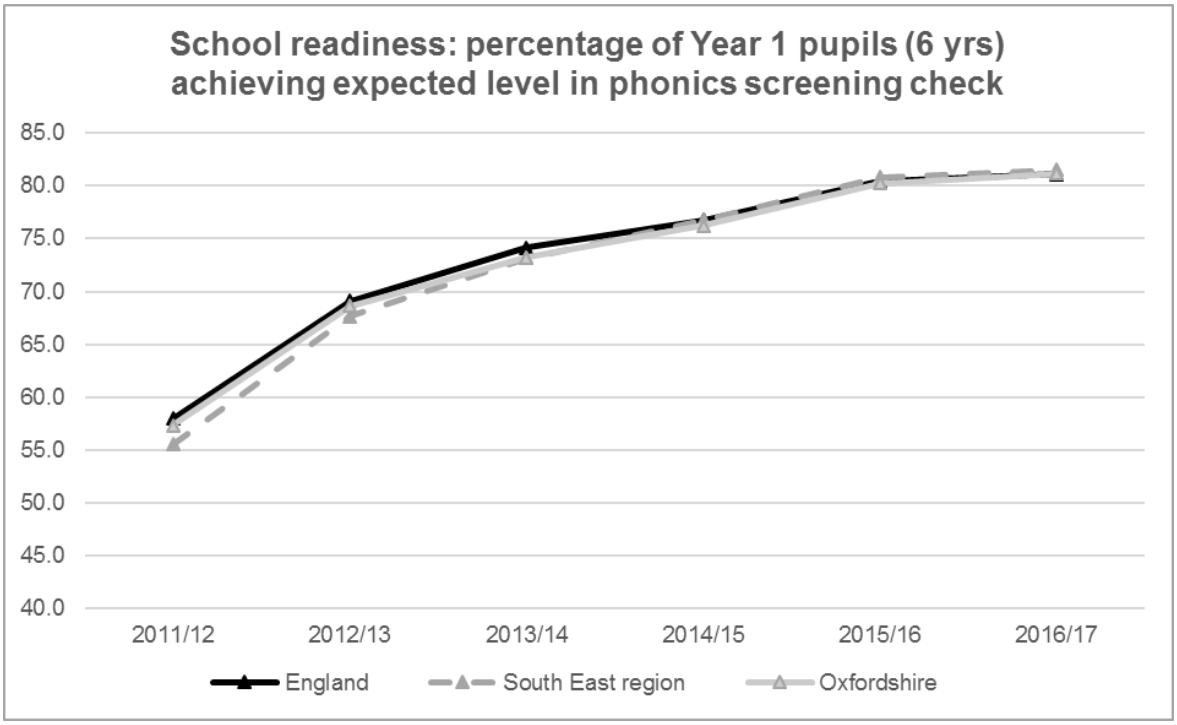
2. Concerns that (as elsewhere in the country) children identified as having a disadvantage either because of poverty or ethnicity performed less well on the whole.

The section below sets out some of the new ways of comparing our children's performance with elsewhere.

Because this is an important indicator I am going to explore the figures in some depth.

The first measure, in Year One (age 6), is the 'phonics screening check'. Phonics is a method of teaching people to read by learning the sounds that letters make. The test takes 5 to 10 minutes and tests children's ability to read short words or bits of words that form the building blocks for longer words e.g. cat, sand, windmill. It also includes nonsense words to make sure children can really link the writing to a spoken sound.

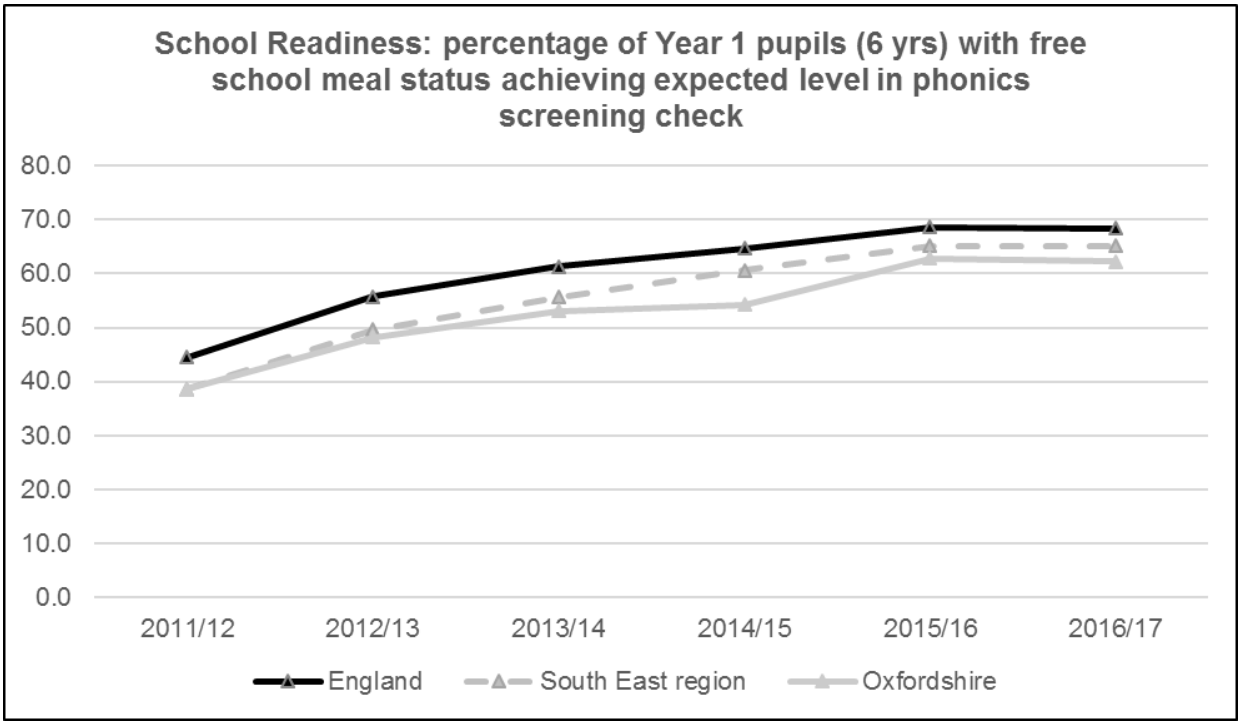
Oxfordshire's performance compared with regional and national figures looks like this:



Please note axis does not start at zero

The chart shows that there are no notable differences in the phonics test results across England, South East and Oxfordshire and all follow a similar upward trend.

However, if we look at the children who receive free school meals, we get the following picture:



The chart shows that:

- Oxfordshire's attainment for phonics for children receiving free school meals is lower than national and regional levels.

- This is a concerning result. It shows we have work left to do to at least catch up with, if not exceed, the national figure.

Ethnicity

The results for school readiness are not spread evenly across ethnic groups – highlighting a further source of potential inequality. Recent results are shown in the table below:

% achieving a good level of development	White	Mixed	Asian	Black
Cohort in Oxon.	6239	526	460	174
Oxfordshire	**74 (72)**	**74 (71)**	**68 (59)**	**68 (65)**
National	72 (70)	73 (71)	69 (68)	70 (68)
Similar Local Authorities (average score)	73 (72)	74 (71)	68 (70)	64 (63)

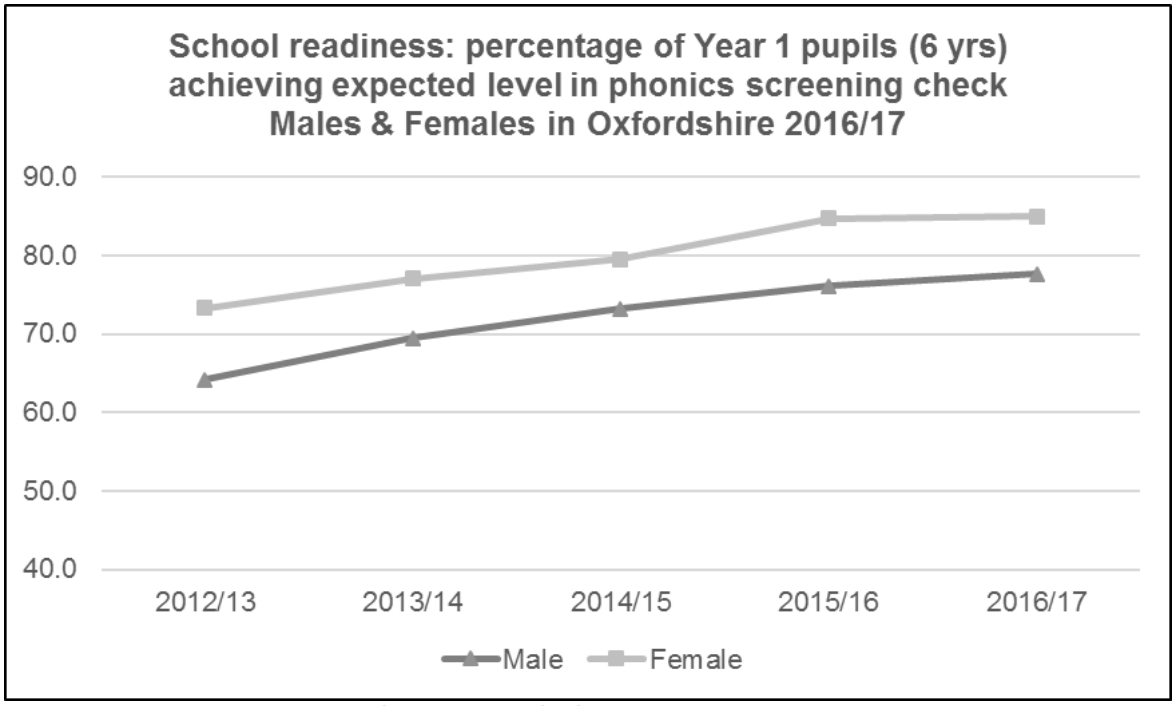
The figures in brackets show last year's results, so the picture is generally improving.

The table shows that a lower proportion of children from Asian and Black ethnic groups score lower on this measure.

This finding is similar to those seen in England and amongst similar Local Authorities and gives an indication of ongoing disadvantage.

Gender

There is a further inequality in this data regarding phonics – girls outperform boys overall. This may mirror underlying genetic and social differences in some way. The chart below shows the picture for measures of school readiness regarding phonics:



Please note axis does not start at zero

The chart shows that:

- Girls achievement stands at around 85%, boys' at around 78%
- Achievement for both genders has been steadily improving.

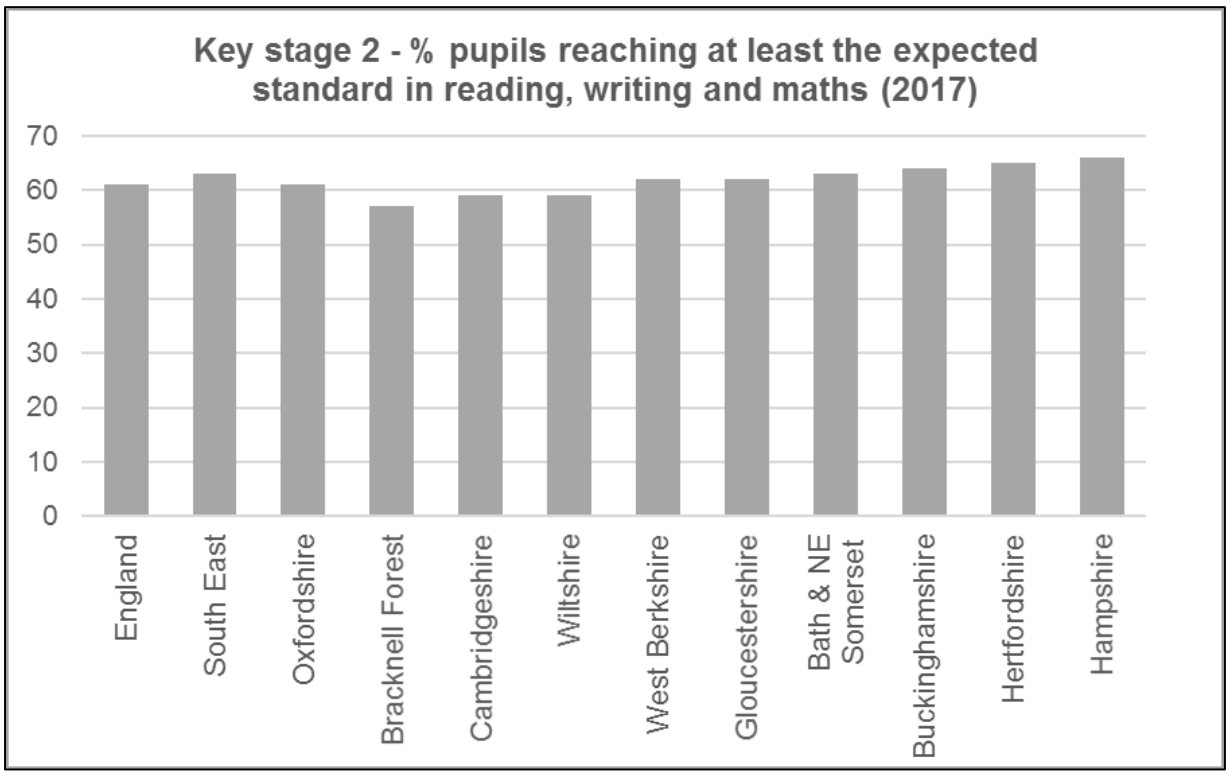
Other Key Stage 1 results

Summarising the other County's many other results at key stage 1 (6-7 years), in the interests of space, gives the following comparative position and shows mixed results. Taken as a whole, the figures are better than England and lower than in similar Authorities indicating again that there is room for improvement.

Test	Oxon compared to similar counties	Oxon compared to England
Maths	Just below	Just above
Reading	Just below	Above
Science	Similar	Above
Writing	Slightly below	Slightly below

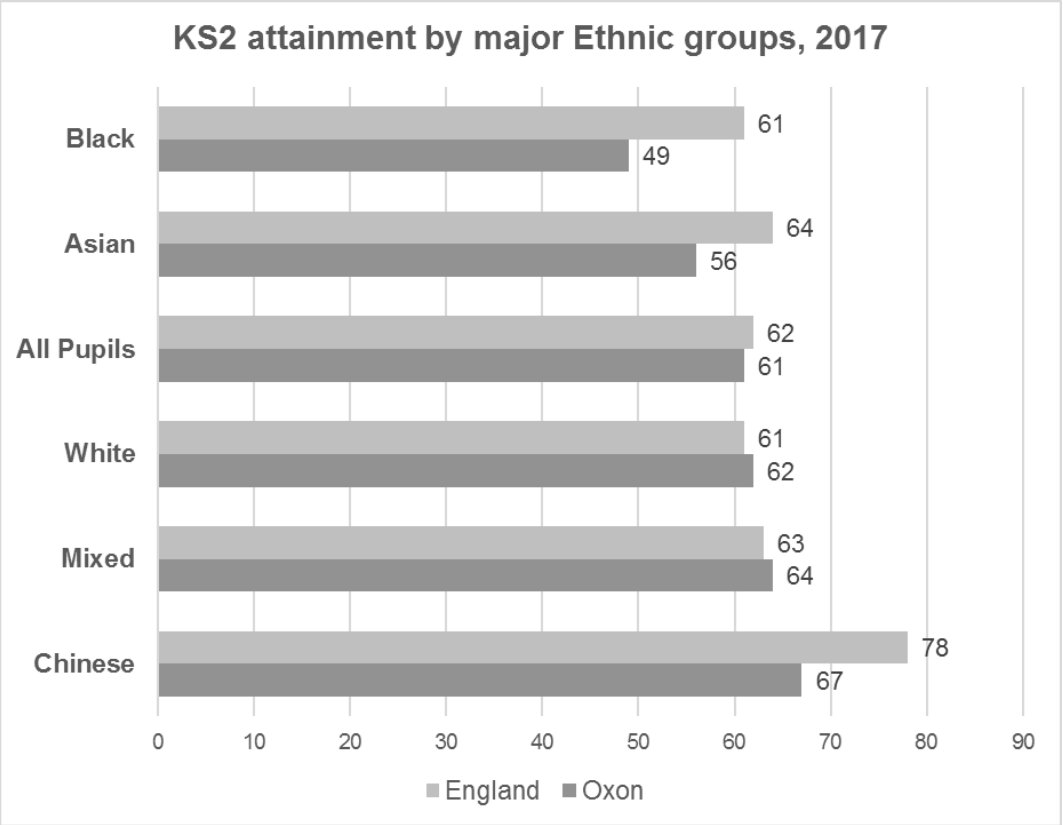
Results at Key Stage 2 (age 10-11 years)

At Key Stage 2 (10-11 years) the method of assessment has changed. Data for 2017 shows the following picture. It combines reading, writing and maths. The results look like this, comparing Oxfordshire with similar Local Authorities:



The chart shows that Oxfordshire's performance is around the national average and slightly below the regional average. The results for similar Local Authorities show a mixed picture with some performing less well than Oxfordshire and some better. It will be important to monitor these results to see what trend emerges over time.

Looking at Key Stage 2 results for ethnicity shows the following results:



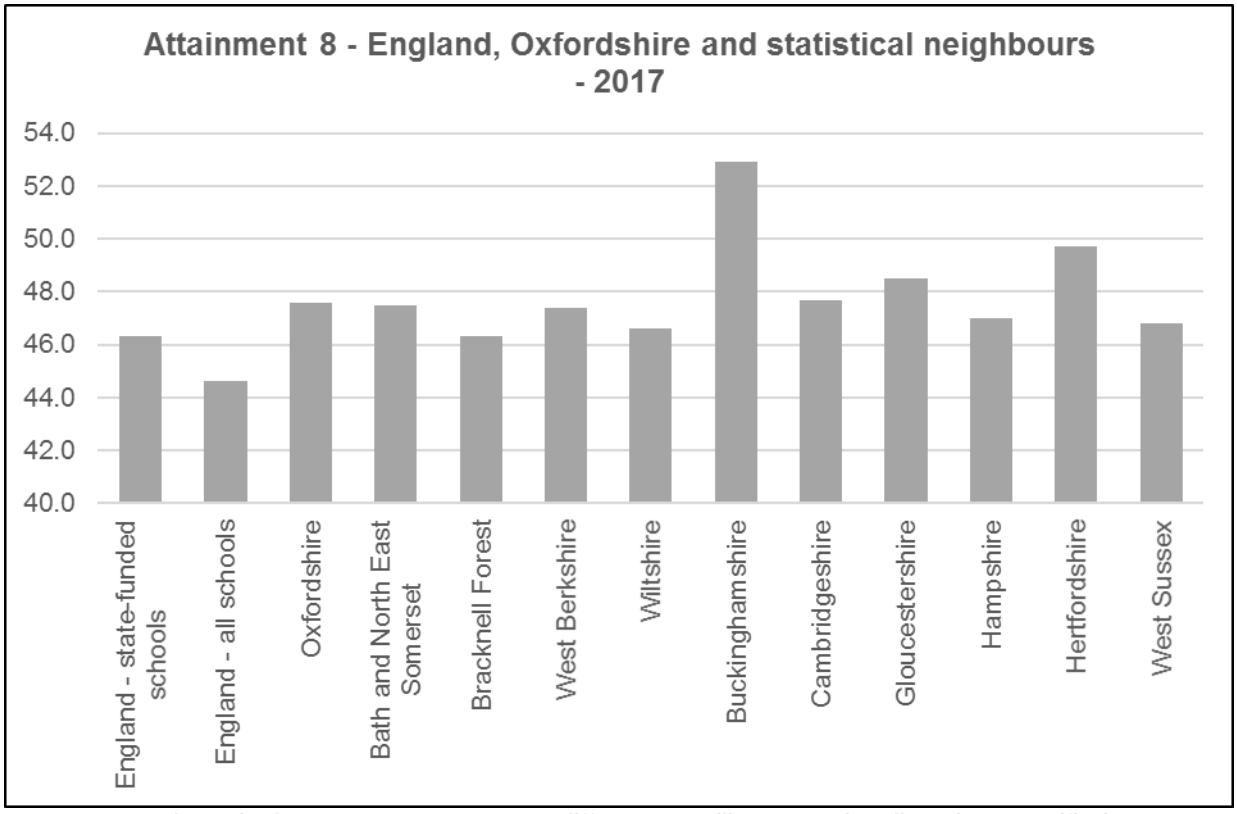
The chart shows that:

- Attainment at the end of key stage 2 varies between different ethnic groups. Chinese pupils are the highest achieving group in 2017 as in the last few years, although this cohort is only 13 pupils, and so the statistics are less reliable.
- Attainment of 'mixed', 'white' and all pupils is broadly similar to the national average.
- Pupils from Black and Asian background are lower in attainment than the England average and this is a source of inequality, although the numbers of students in Oxfordshire are small and so the statistics are less reliable.

Results at the end of secondary school

The new system aims to capture the progress a pupil makes from the end of primary school to the end of secondary school in measures called Attainment 8 and Progress 8. New GCSE qualifications will be added in 2018 and 2019 so measures may not be comparable over time.

Attainment 8 scores add up attainment in 8 subjects and average them. Results are shown below:



NB the axis does not start at zero so differences will appear visually to be magnified.

The chart shows that:

- Oxfordshire performs better than England and is comparable with similar Authorities, although some, such as Buckinghamshire score higher.

Progress 8 is a measure of improvement between key stage 2 and key stage 4 (i.e. during secondary schooling). Oxfordshire's children are compared with a similar national peer group to see if they do better or worse than the peer group. Oxfordshire scores 0 which means we do as well as the average. However, compared with similar authorities, five of our statistical neighbours have a below average score and three have an above average score.

Regarding free school meals, the attainment 8 gap in Oxfordshire is slightly wider in Oxfordshire than that recorded nationally and shows that this inequality persists throughout the 'school career'.

We need to keep a watching brief on these new scores as they develop and more data is added.

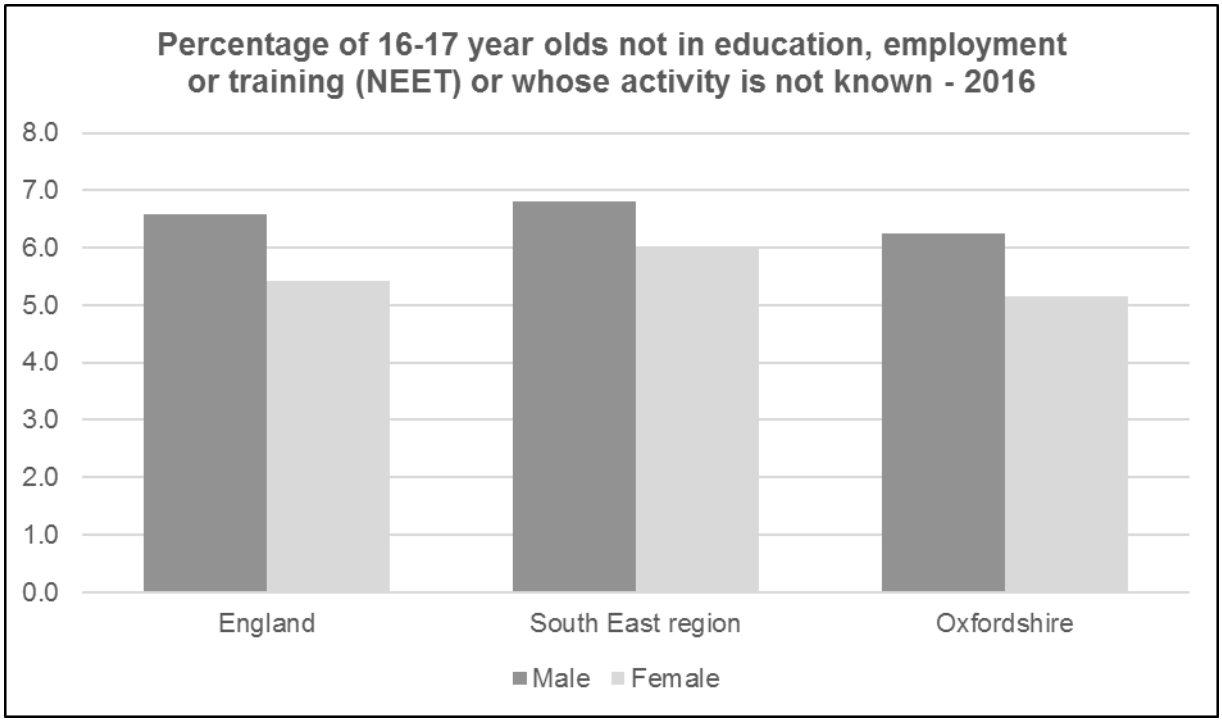
Overall for school attainment the themes are:

- Oxfordshire's scores are improving overall.
- However, inequalities are a cause for concern amongst children with free school meals and children from Asian and Black ethnic groups.

Indicator 8. 16-17 year olds not in education, employment or training.

From September 2016 the Department for Education changed the requirement on Authorities to track school age 18-year-olds. Local Authorities are now only required to track and submit information about young people up to the end of the academic year in which they have their 18th birthday i.e. academic age 16 and 17-year-olds. This means that accurate comparisons can't be made as before.

In the new system only one year of data is available, the results are shown below for males and females:

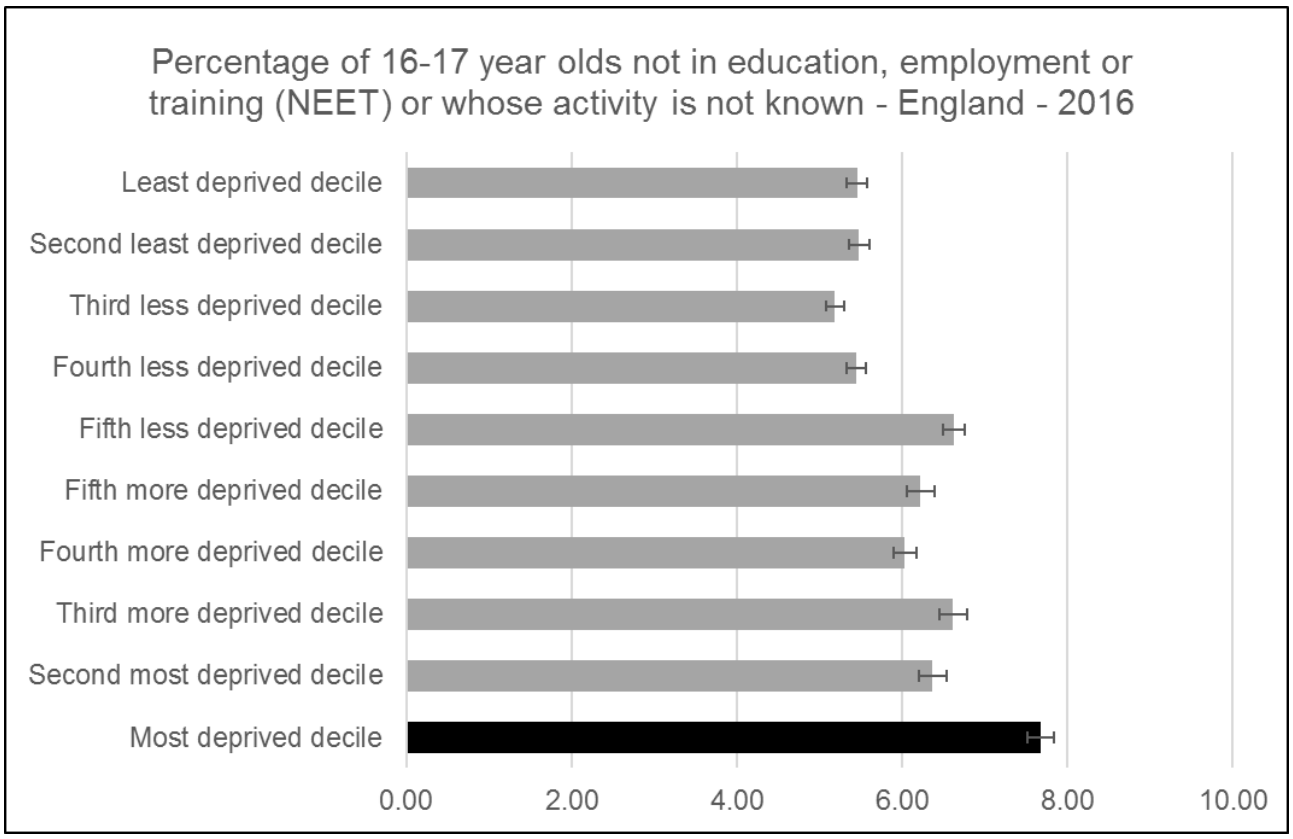


The chart shows that:

- Oxfordshire's figures for males and females are better (i.e. lower) than both the national and regional figures at just over 6% for males and just over 5% for females.
- This is a good result.

Improvement is possible however as some similar Local Authorities have lower figures – Hertfordshire for example is around 3% overall.

National figures show the following result:

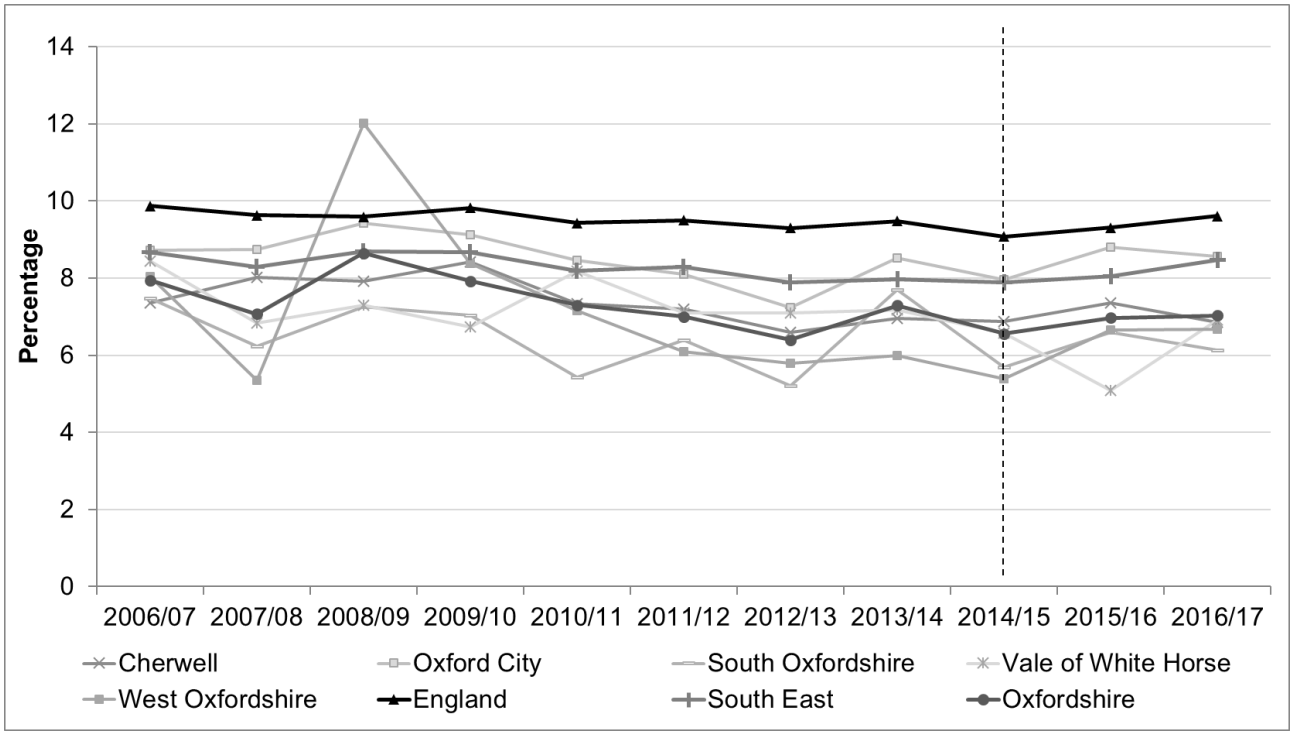


There is an 'inequalities gradient' at play here in the national data, with children in the most disadvantaged tenth of the population being about 2% more likely to be not in education, employment or training than those in the least disadvantaged tenth.

Indicator 9. Obesity in children in reception year.

Obesity is one of the biggest threats to health and wellbeing and it starts young. This indicator looks at children as they enter school. Obesity is more common in disadvantaged children.

Percentage of children in Reception Year who are obese



National Child Measurement Programme (NCMP)

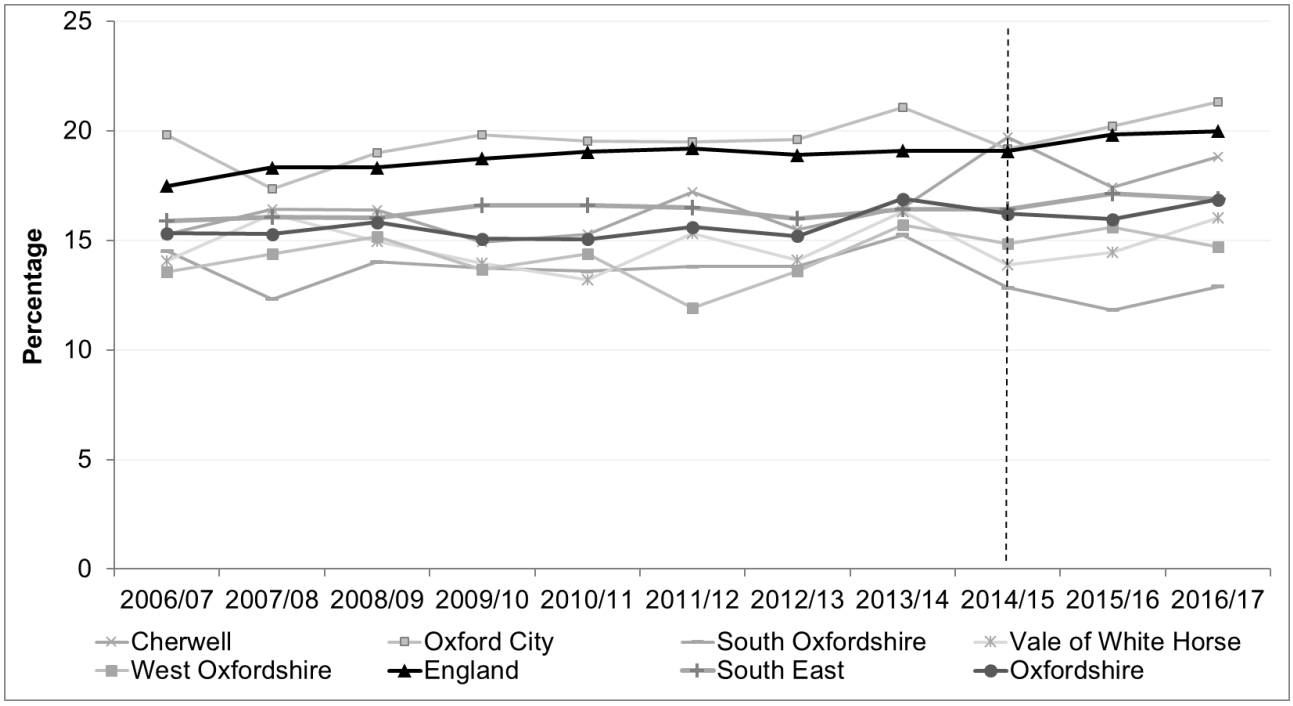
The chart shows that:

- Oxfordshire continues to buck the national trend, having obesity levels in reception year of around 7% compared with almost 10% nationally. Both these figures are too high – but it is a good result for Oxfordshire comparatively speaking.
- The trends are fairly static over time.
- Oxford City continues to have a higher rate – this will be due largely to higher levels of social disadvantage. The figure for more disadvantaged parts of the City will be higher still as the poor result is offset by very low levels in more affluent parts of the City.

Indicator 10. Obesity in year 6 (10/11 year olds)

The last indicator showed an average of 7% obesity for Oxfordshire's children in reception year. By the time children become 10-11 years old the Oxfordshire figure rises to around 17%. This is better than England's figure of 20%, but it is still a concerning increase in such a short time. This trend continues into adulthood when over 50% of people are overweight or obese.

Percentage of Year 6 children who are obese



National Child Measurement Programme (NCMP)

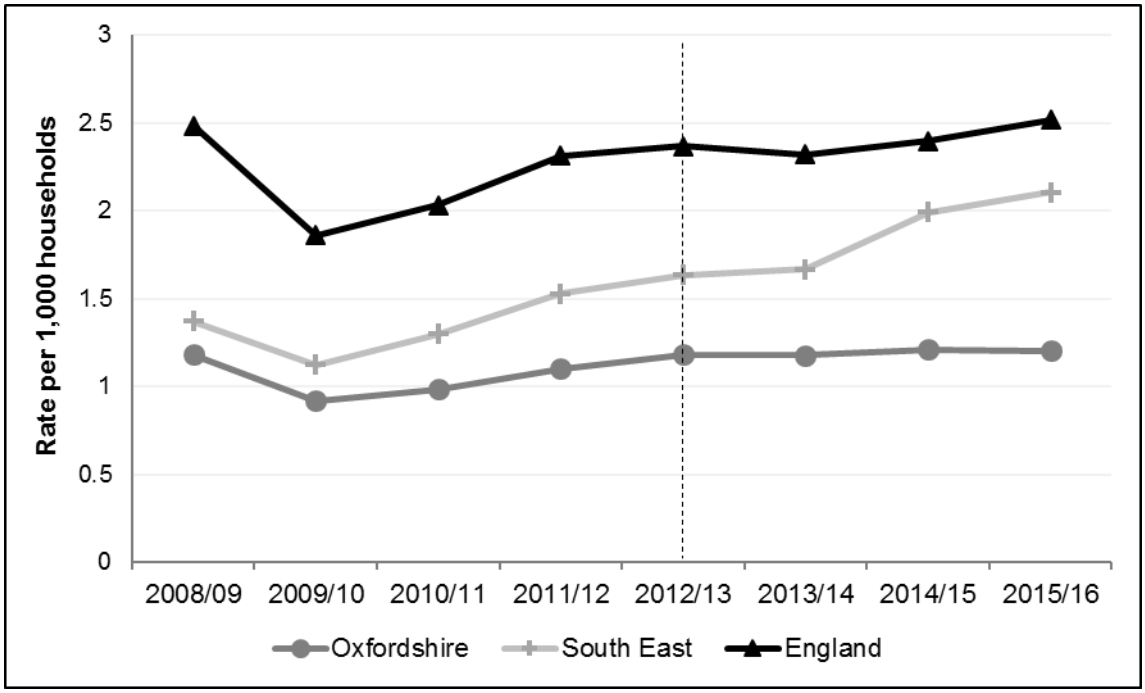
The chart shows that:

- Oxfordshire as a whole performs significantly better than the national average for prevalence of obesity in Year 6 children.
- Oxford City and Cherwell are the only districts which do not have significantly lower rates than England, and the City's figure is higher. This is a reflection of the fact that these areas have a greater number of disadvantaged children.
- Over time childhood obesity shows a slow gradual rise with some possible levelling off over recent years.

Indicator 11. Homeless Households

To be homeless is a direct measure of disadvantage and gives us a useful overall indicator.

Statutory homelessness: crude rate per 1,000 households, Oxfordshire, the South East and England.



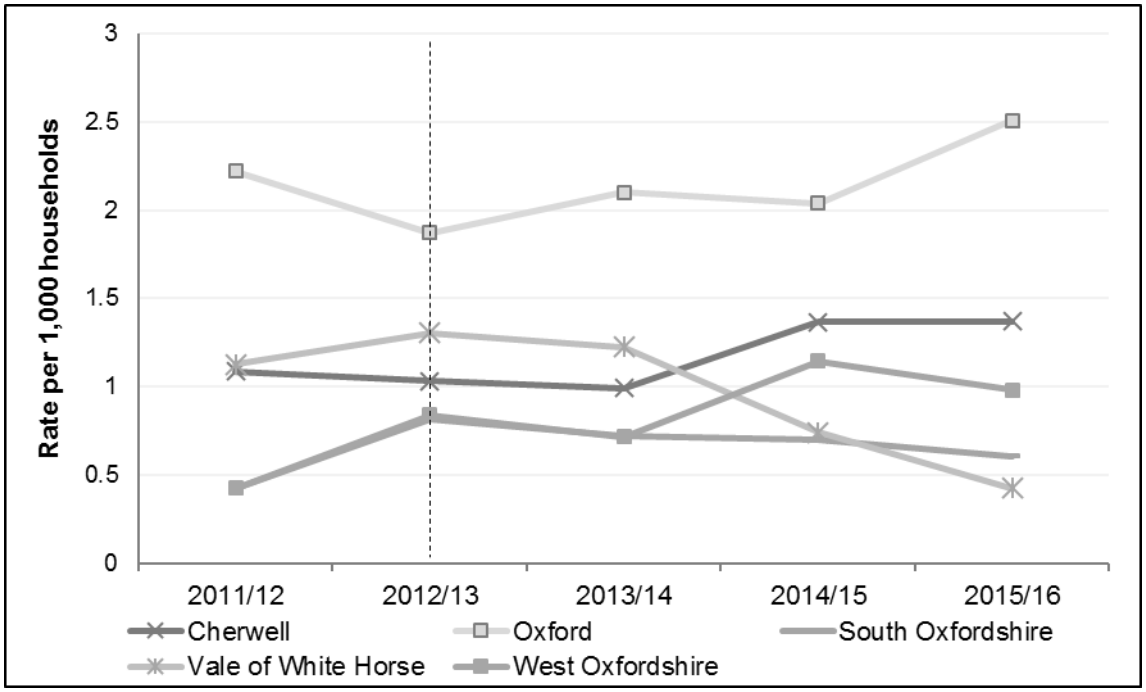
Department for Communities and Local Government

The chart shows that:

- The Oxfordshire figure is much lower than the regional and national average.
- The Oxfordshire rate is stable at just over 1% of households while national and regional rates are rising and more than double this figure.
- This is a good result which bucks the national trend.

If we drill down into the Oxfordshire data we get the following picture at District level:

Statutory homelessness: crude rate per 1,000 households, Districts in Oxfordshire.



Department for Communities and Local Government

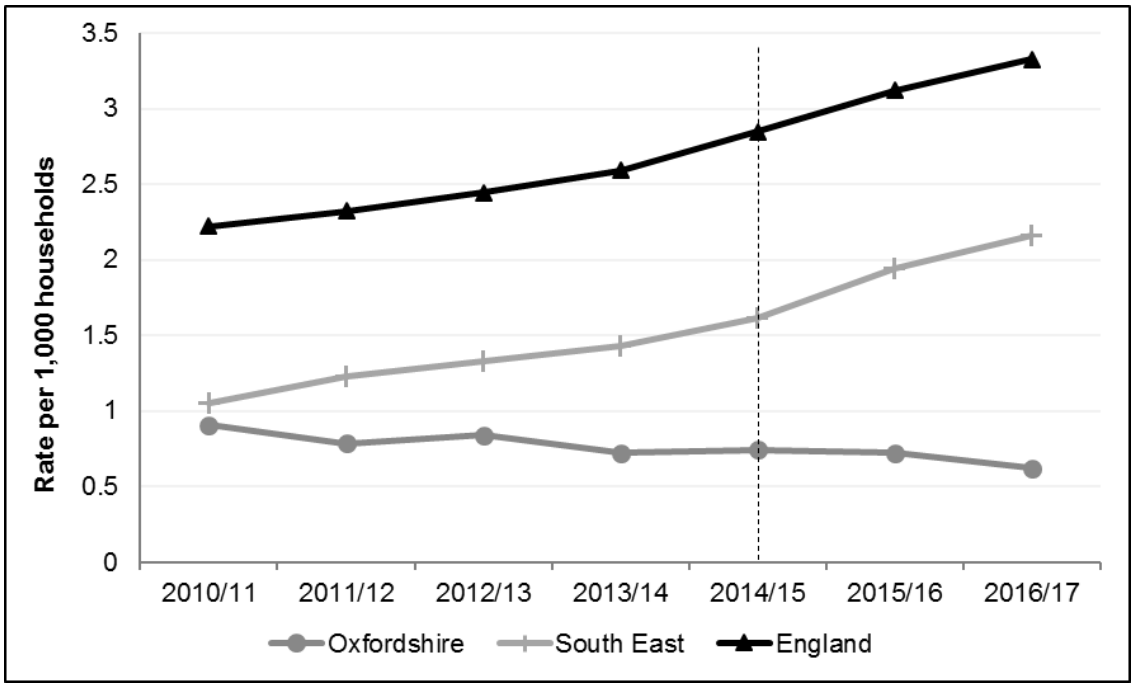
The chart shows that:

- Homelessness is most prevalent in Oxford City and is similar to the England rate.
- All other districts are significantly lower than England.

Indicator 12. Households in temporary accommodation

Placing homeless families in temporary accommodation is a means of preventing homelessness and provides a stop-gap. It is also an indicator of significant disadvantage. The first chart shows the big picture:

Households in temporary accommodation, Oxfordshire, the South East and England



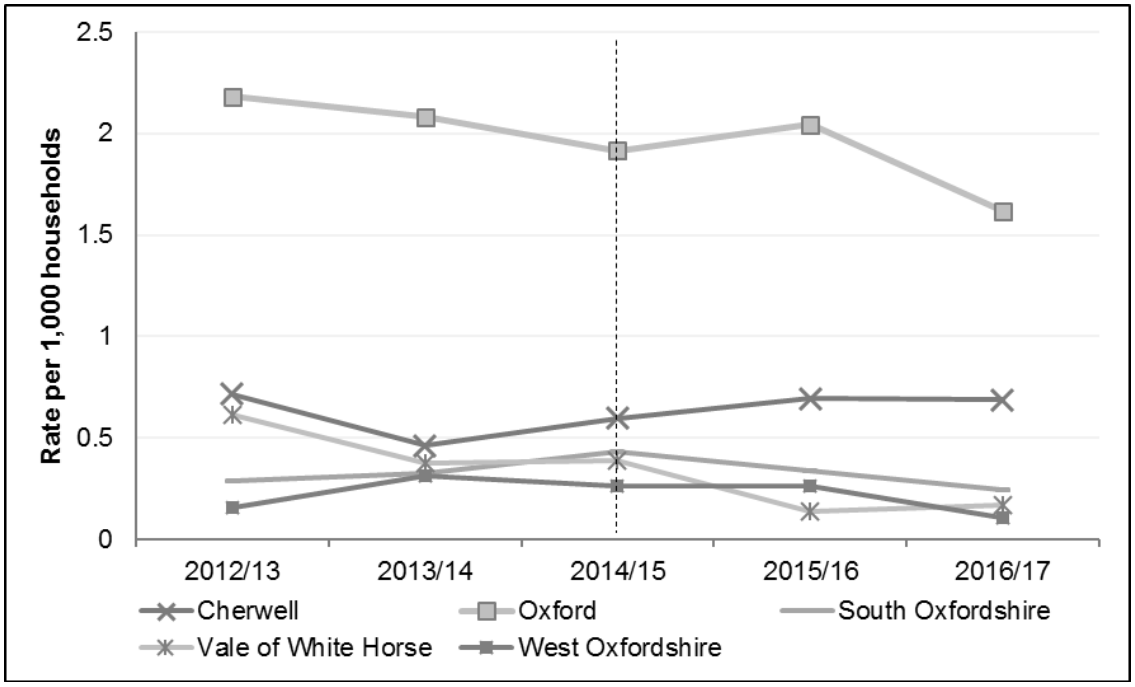
Department for Communities and Local Government

The chart shows that:

- Oxfordshire performs very well indeed on this measure. The rates are falling and are much lower than the national figures. In contrast the national figures are rising steeply.
- This is an excellent result.

The next chart shows the same data at District level:

Households in temporary accommodation, Districts in Oxfordshire



Department for Communities and Local Government

The chart shows:

- Another very good result over the last year's data overall.
- Rates in general are low.
- Rates in Oxford are higher but have fallen sharply and are lower than the national average.
- Rates in Cherwell are steady.
- Rates in Vale of White Horse, West Oxfordshire, and South Oxfordshire are among the lowest in the region.

Overall Assessment and Conclusion

Overall the indicators show a general reduction in these measures of disadvantage over the year which is a heartening result. However, inequalities are hard-wired into our society based on income, education, ethnicity and gender. We need to take a systematic and sustained approach to tackling disadvantage in Oxfordshire – we are on the right track at present, but vigilance is required.

Educational attainment among children with free school meals and from Asian and Black ethnic groups is a source of concern.

What did we say last year and what has happened since?

For convenience I have inserted last year's recommendations and have given an assessment of progress beneath each one.

Recommendations from last year

1. The Health and Wellbeing Board should ensure that the work of the Health Inequalities Commission continues to be taken forward.
   This is being achieved.

2. The Basket of indicators of inequalities in childhood should be reported in the DPH annual report next year. The Health Improvement board should monitor homeless acceptances closely during the year.
   This has been achieved.

3. The next phase of the Oxfordshire Sustainability and Transformation Plan should target disadvantaged groups and seek to level up inequalities. The service 'offer' should not be 'one size fits all' and the needs of different parts of the county should be recognised.
   This has been superseded by the intervening review of the Health and Wellbeing Board outlined in Chapter 1. This recommendation is now being taken on actively by the Health and Wellbeing Board.

Recommendations

1. The Health and Wellbeing Board should ensure that dealing with inequalities features prominently in the new Joint Health and Wellbeing Strategy and that all health and social care and public health strategies plan for such reductions.

2. The basket of indicators of inequalities in childhood should be reported in the DPH annual report next year.

Chapter 4: Lifestyles and Preventing Disease Before It Starts

If you want to boost your odds of a long and disease-free life, your lifestyle really matters. I've said it before and I'll say it again.

We are what we eat, drink, breathe, think and do.

These things shape our whole lives.

In this chapter we're going to look at some lifestyle choices and their consequences, and we're going to start with the most important issue of the last decade or two: diet, exercise and obesity.

Obesity – why it matters.

Everything in our current culture pushes us towards obesity. We enjoy:

- Less physical labour
- A cornucopia of foods from across the world on tap
- Cars and public transport
- Relatively more cash to spend
- Every shape and size of restaurant
- A vivid advertising industry – now messaging us 24/7
- Many, many fast food options – delivered from armchair to front door if we want it – as close as the nearest app
- Cheap alcohol and relaxed licensing laws
- Electronic communication so we don't even have to go out to have company

The snag is that these things are a cocktail that tends to end up in one place – Under-exercised. Overweight. Obese.

It's been creeping up on us for years, just like it has already in a more extreme form in the USA.

And as a result, more than half of all adults are overweight or obese. And once it becomes the new norm, who notices?

People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030.

'We are the first generation to need to make a conscious decision to build physical activity into our daily lives.'

So what's the catch? What's the problem?

Well, ***unfortunately obesity leads to more of all the long-term things we don't want.*** It increases our chances of heart disease, stroke, diabetes, cancer, dementia and makes any disability worse and it costs the national economy an estimated £27bn, the NHS £6bn and social care £350m each year.

Of course, it's also a big inequalities issue and affects women more than men, unskilled workers more than skilled and Black and Asian ethnic groups more than White.

The UK Millennium Cohort Study showed in 2017, for example, that the higher a woman's educational level the less likely is it was her children will be overweight.

Definitions of Physical Activity and Obesity

Physically active*: Percentage of adults (aged 19+) who meet Chief Medical Officer recommendations for physical activity (150+ 'moderate intensity equivalent minutes' – which means doing enough to make you breathe a little harder - per week).*

Physically inactive: *Percentage of adults (aged 19+) that are physically inactive (less than 30 'moderate intensity equivalent minutes' per week).*

Excess weight: *Percentage of adults (aged 18+) classified as overweight or obese, based on Body Mass Index (BMI) which is your weight in Kgs divided by your height in metres squared. For most adults, a BMI of:*

- *18.5 to 24.9 means you're a healthy weight*
- *25 to 29.9 means you're overweight*
- *30 to 39.9 means you're obese*
- *40 or above means you're severely obese*

So why do we keep going in this direction?

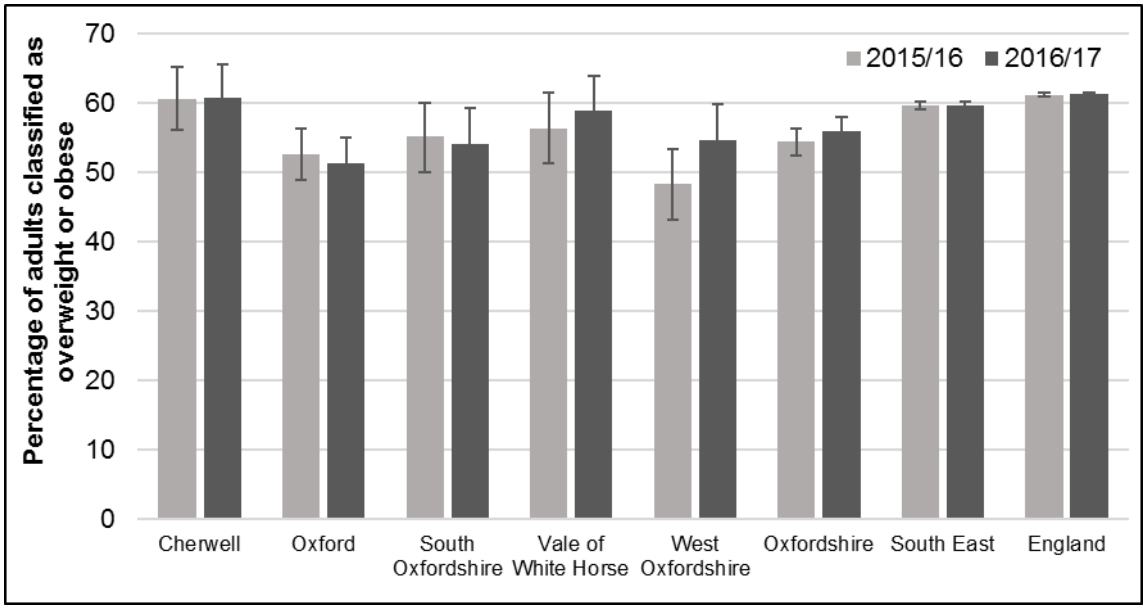
Well, lifestyles are hard to turn around. They are the warp and weft of what we are day to day and changing is difficult – we are programmed for short term pleasure rather than long term wisdom - and changing and sticking to a change in lifestyle is even more difficult…… ask anyone who has lost weight on a diet how easy it is to keep the pounds off long term – it isn't easy, is it?

What is the situation in Oxfordshire?

We have already looked at obesity in children in detail in Chapter 3 on inequalities. To recap, by the time they reach school, 7% of children are obese. More are overweight. By the time they are in Year 6, the figure is more like 17% and so it goes on increasing into adulthood.

The Active Lives Survey tells us that the picture for adults from who have 'excess weight' in our Districts and county looks like this:

Excess weight in adults (18+)



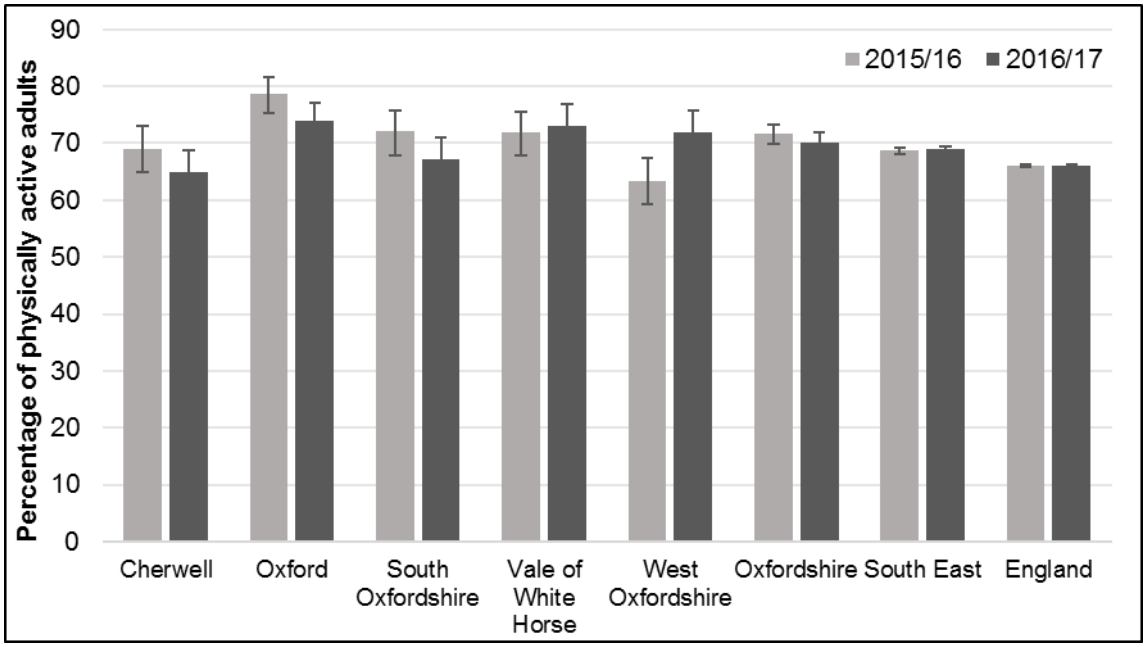
Active Lives Survey

The chart shows that:

- In Oxfordshire, over 5 in every 10 adults are either overweight or obese.
- Oxfordshire has had a significantly lower proportion of adults overweight or obese than in England overall. This is relatively good news.
- The chart reflects the different age-structures of the different Districts, the younger structure of the City keeping its figure lower.

Let's take a look at some of the factors underpinning obesity. Physical activity is very important as it burns calories and thus burns fat…… and any physical activity is OK, even standing instead of sitting, or taking one flight of stairs, or getting off the bus a stop early – it doesn't need to come clad in lycra!

Physical activity in adults (19+)



Active Lives Survey

The chart shows that:

- Oxfordshire has had a higher proportion of physically active adults than England in both survey years. This is good news.
- Again, the differences between Districts will mostly be due to different age structures – younger adults being more active than older ones.

Inequalities are at work in the realm of physical activity too:

- Those who are working are more likely to be active than those unemployed or economically inactive
- Those less disadvantaged are more likely to be active than those more disadvantaged
- Those of White or Mixed ethnicity are more likely to be active than those from Asian, Black, Chinese, or Other ethnicities
- Males are more likely to be active than females
- Participation in physical activity decreases with age. Nationally, 76% of 19-24 year olds were physically active in 2016/17 compared to 26% aged 85+

So what do we do about it?

The answer set out in last year's report holds good:

'the answer has to come through teamwork between the individual, family, government, employers, planners and organisations. It's about 1000 adjustments to 1000 tillers to turn the flotilla we all sail in.'

To be more specific, I think the answer comes at 3 levels:

1. Government/ National

2. County/District

3. Personal

Government/ National level

Government can help to create an overall climate in which exercise and healthy eating become easier.

This has begun with initiatives such as the sugar tax, food labelling and starting a debate on protecting children from advertising. **This is gradual work.** It begins with voluntary agreements and ends in legislation. **It is for the long haul and Public Health England have done a good job in championing the debate**….. but…… ***we*** are the electorate and the consumer, and ***we*** have to want these changes too… which means that ***we*** have to understand the issues and want change. Once they become ballot-box issues we should see the pace of change increase. The ever-increasing demand on the NHS due in part to obesity-generated diseases may in time provide the fillip policy makers need.

Government can make changes in many other helpful ways too e.g. emphasising exercise in the curriculum and onto Ofsted's agenda; also through rewarding transport schemes which reward active travel and so reduce traffic congestion. These things are happening, but the pace is gradual.

The national campaigns on nutrition such as '5 a day' have been very effective in raising public awareness. You can tell when campaigns are effective as the message enters the vernacular.

At County and District level there is much we can do too - especially if Government supplies the framework and the incentives.

This is the level at which we plan the road schemes, put in the cycle paths, design the communities, and work with the schools and local organisations and assemble the Growth Deals.

This is where 'getting health into planning' comes in. Initiatives such as the Healthy New Towns initiative and all the other measures detailed in chapter 2 are excellent examples of how we can work together to reduce the threat of obesity, as well as reducing heart disease, cancer and reducing the impact of dementia (and thus demand on our hospitals). It is also the level at which

we work with schools on travel plans not involving cars, social prescribing by our GPs and enticing people into using parks and green spaces.

On a personal level.

If you cast your eyes back to the list of modern lifestyles that heads up this chapter, the changes we all need to make are pretty obvious and you don't need a Director of Public Health to tell you what to do. The point is,

This isn't nannying, it is enlightened self-interest. It is backing your own team in the game of life – and it's up to you.

We can all do a little more activity and we can all eat a little healthier, and it's those small daily changes that add up to make the difference…….

How are we doing overall in Oxfordshire?

There are three main points to make in summary:

- We are still better than the national averages on exercise and obesity measures – this is good progress.

- The Health Improvement board is taking a sound approach to coordinating effort – this needs to continue and the recent interest in prescribing activity for people is a great boost.

- The addition of a stronger 'getting health into planning' aspect of this work has tremendous potential if it can be tapped – this would be a major step forward. Chapter 2 is all about this.

On the strength of this assessment I would make the following recommendations.

Reviewing what I said last year, the recommendations have the same thrust but good progress on the Healthy New Towns and spreading their message more widely means that I am repeating these recommendations more emphatically this year.

Recommendations

1. The Health Improvement Board should continue to coordinate this work and ensure that the Health and Wellbeing Board retains an overview. The current emphasis on prevention within the NHS is very promising.

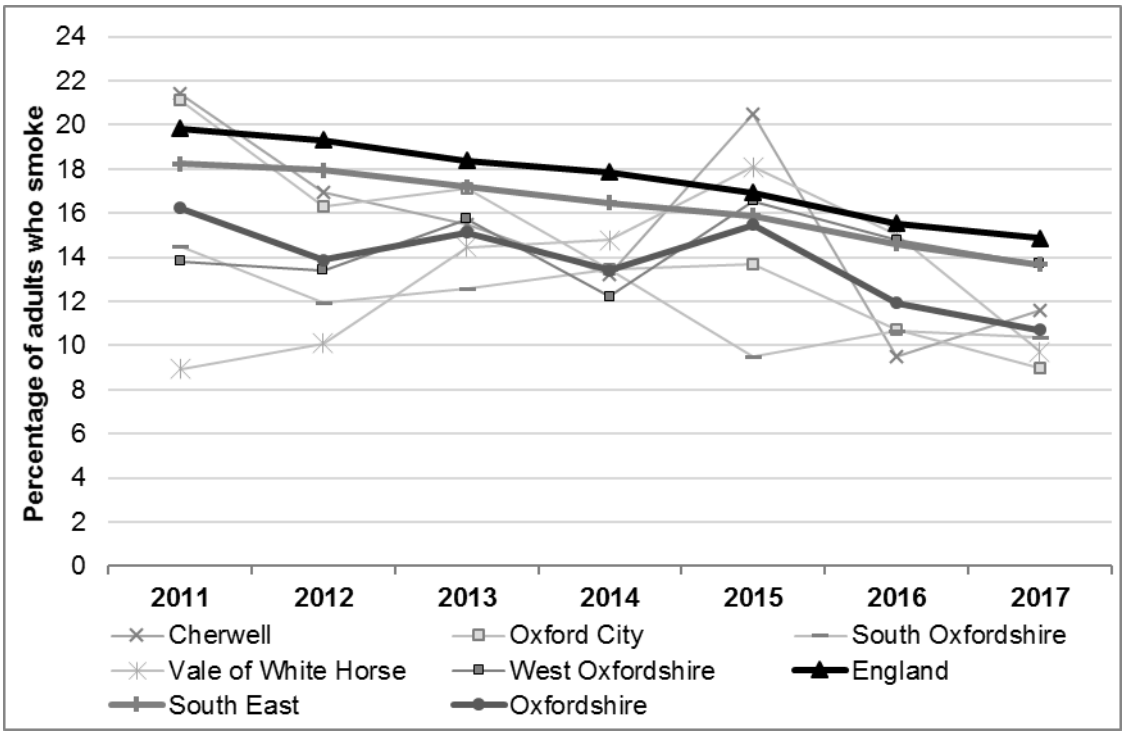
2. All organisations should work together to generalise the benefits of initiatives such as the Healthy New Towns and find a way to build health issues squarely into the planning process.

Smoking and Tobacco Control

Smoking tobacco continues to be the single most harmful thing you can do to damage your health. Smoking causes conditions ranging from cancers, heart attacks, strokes, rheumatoid arthritis and dementia.

In Oxfordshire, the prevalence of adult smokers has seen a continued decline in the past few years. This is excellent news. The decline is shown in the chart below. The prevalence of adults who smoke in Oxfordshire is currently estimated to be around 11% which is lower than the national prevalence of around 15%. **This is very good for the health of Oxfordshire.** The estimated rates in Districts will vary from year to year because the numbers are small.

Smoking prevalence in individuals aged 18+ by District in Oxfordshire



Active People Survey

The chart shows:

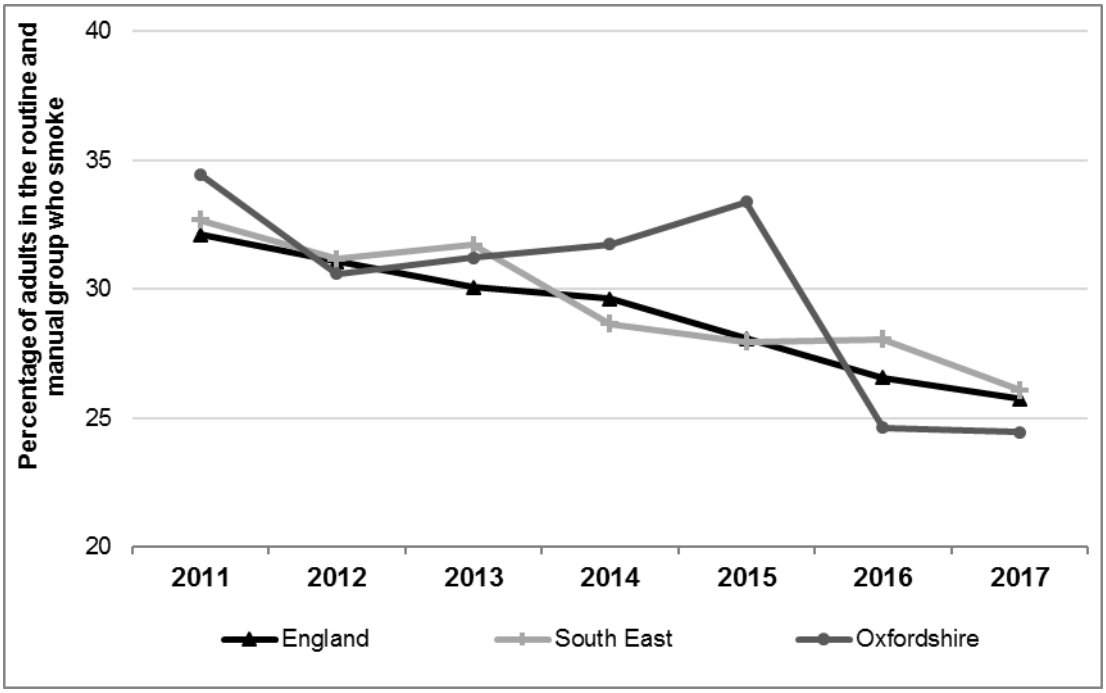
- The general decrease in the number of smokers at all levels. This bodes well for the future.
- The fact that Oxfordshire performs better than national and regional levels.
- The variation between Districts – caused mainly by the modest sample size of the survey.

While falling smoking rates in the County are what we want to see, there is no room to be complacent. ***There is still a large inequality in who smokes, with much higher levels of smoking found in more disadvantaged communities.*** **The level of smoking in routine and manual workers in the County is 24.4%, more than double the average.** To meet the need, services are being targeted at the groups who need it most.

The chart below shows the higher figures for smokers in manual groups across the County.

Adults smoking: 18+ in Routine and Manual groups

Active People Survey



Active People Survey

The chart shows:

- The higher levels of smoking in manual workers at all geographical levels.
- The same downward trend as for all smokers.
- Oxfordshire's figure showing variation year on year but currently lower than regional and national averages.

Tobacco Control

Tobacco control is an umbrella term used to describe a broad range of activities aiming to reduce smoking and the problems it causes. In 2017, the Government published a new Tobacco Control Plan, to pave the way for what they dubbed a 'smoke free generation'. Since the introduction of the last Tobacco Control Plan, smoking prevalence among adults in England has dropped from 20.2% to just 15.5%—the lowest level since records began.

The National Plan prioritises working with NHS organisations in reducing smoking in pregnancy, the harm to disadvantaged communities and the harm to people with mental health conditions.

Locally the County Council and other local stakeholders have a responsibility alongside central Government to help reduce smoking rates. To achieve this the Oxfordshire Tobacco Alliance has been established as a partnership between organisations to monitor the situation, advocate stopping use of tobacco, and coordinate activities across the County. This will help us to act as a single unit in the fight against tobacco.

Last year I recommended that a new stop-smoking service should be commissioned that targets stop-smoking effort at the groups with the highest smoking rates. This has been achieved. I also recommended that the Health Improvement Board should monitor the situation which has also been done.

Recommendations

- The Health Improvement Board should continue to monitor activities of local stop-smoking services and wider agencies to help people quit smoking and also not to start in the first place.

- The Oxfordshire Tobacco Alliance should develop coordinated plans to reduce the use of tobacco in Oxfordshire.

NHS Health Checks

NHS Health Checks (commissioned from GPs by the County Council's Public Health team since 2013) specifically target the top seven causes of preventable death: High blood pressure, smoking, high cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

Eligible individuals aged 40-74 years are invited for a check every 5 years (191,000 people). The 40- 74 years age range of the programme was set nationally because this is the group in which detection and prevention of heart and circulatory disease is most cost effective.

Since 2013 in the first five years of the programme in Oxfordshire, 190,000 invitations (98.7% of eligible population) were sent to residents. **There were 95,485 health checks given to residents -** 50.4% of those invited - which is a good result compared to other areas. The programme has achieved the following impressive results:

- **26,422 people were given advice about their weight**

- **21,173 people were informed they had high blood pressure**

- **9,072 people were given smoking cessation advice**

- **8,426 people were advised to increase physical activity**

- **4,522 people were given advice on lowering alcohol consumption**

- **3,494 people were told they were on the threshold of developing Type 2 diabetes**

- **1,357 people were informed they were Type 2 diabetic**

- **900 people were diagnosed with Chronic Kidney Disease**

What we said before and what we are doing about it

Last year I recommended that we should continue to market the NHS Health Check programme in new and innovative ways to increase its uptake. *This is being done and a comprehensive programme is in place.*

I recommended that we should continue to work with GPs to improve on the uptake of Health checks and investigate new ways to improve the way people are invited. *Currently plans are being developed to advertise Health Checks on-line, targeting the catchment areas of the local practices as invitations go out.*

I recommended that we should better identify and engage with high risk groups to take up the offer of a free NHS Health Check. *A health equity audit has identified groups in the community who are not taking up the offer of the free health check. We are working with minority groups to learn why they do not have a health check and what can be done to their take-up.*

I recommended that we should continue to work with partners to improve on the quality of the programme locally and to the knowledge base supporting the programme nationally. All the GPs have signed up to continue delivering the health check programme. *We are continuing to work with the practices on auditing services to deliver continued quality improvements.*

Recommendations for NHS Health Checks

The first five years of the NHS Health Check programme have been a success locally and is well embedded in the health system. While it is well received by the public, we cannot be complacent. 50.4% of people offered had their free health check which is commendable, but 49.6% of people didn't. We need to reach out to these people and do more to encourage them to have a free health check. The concerted efforts to raise the profile of this programme with the public and improve on the programme must be maintained. In order to achieve this the public health team should:

1. Continue to market the NHS Health Check programme in new and innovative ways which take advantage of emerging technologies.

2. Continue to work with GPs to improve on the uptake of the offer of a free NHS Health Check.

3. Better identify and engage with high risk groups to take up the offer of a free NHS Health Check.

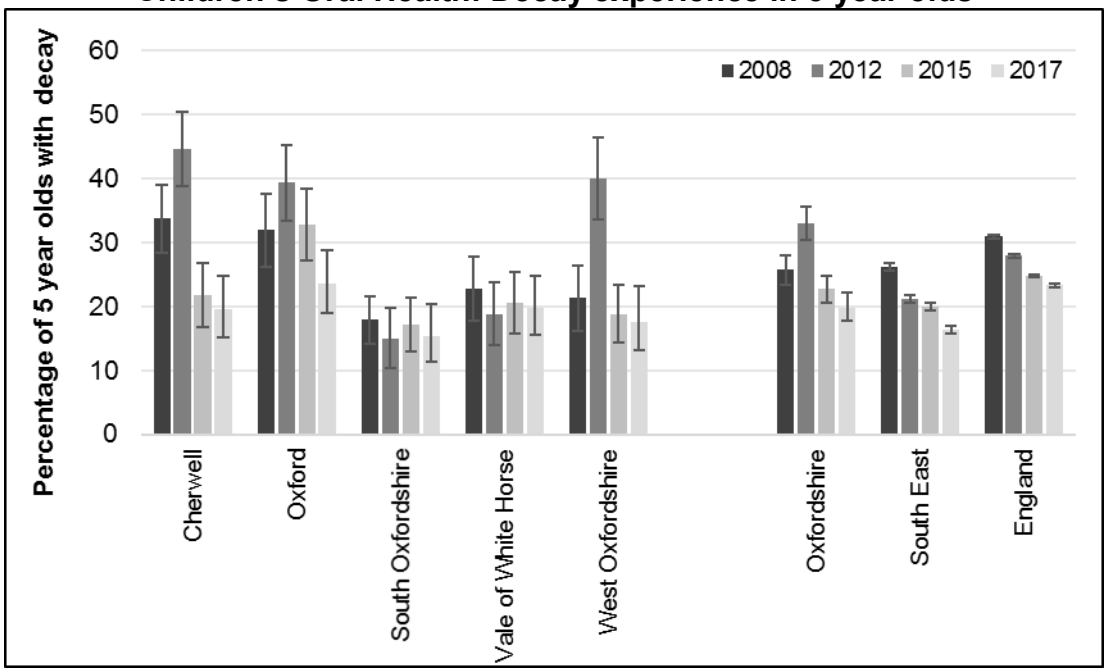
Oral Health The marked improvement in oral health and the number of adults keeping their teeth is a result of better brushing with fluoride toothpaste and more awareness of oral health. This is welcome. Tooth decay is one of the most easily preventable diseases.

The picture in children

Local data is based on national surveys whose sample size is really too small to draw firm conclusions beyond a County basis. Looking at the national data we can see that tooth decay is linked with other measures of general social disadvantage and so is a further source of inequality in the County. Latest data from the 2016/17 oral health survey of five-year-old children shows that in Oxfordshire 80% of 5 year old children were free from any decay which is significantly better than the national average of 77%. This is a good improvement locally from 67% who were

free of decay in the 2012 survey. The range of decay is still unequal in the county, 76% of children in Oxford are decay free whereas in South Oxfordshire this number is 84%.

Children's Oral Health: Decay experience in 5 year olds



National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children

The chart shows that:

- These are estimated figures, making it hard to draw firm conclusions. The small bars at the top of the columns on the graph indicate the amount of uncertainty about the figures – they are best estimates. The taller the thin line, the bigger the uncertainty.

- There is an improving trend over time in Oxfordshire which mirrors improvement in the South East and in England.

- Oxfordshire performs better than England but not as well as the South East as a whole.

Last year I recommended that the oral health promotion service should continue its policy of training staff in oral health so that a small 'army' of professional can reach out to educate people about oral health in setting such as maternity, schools and care homes. *This has been achieved and these principles will inform the re-commissioning of the service.*

Recommendations re oral health

1. The Director of Public Health should continue to monitor trends in tooth decay.

2. A new oral health service should be commissioned which aims to train front line workers in oral health promotion

A word about alcohol

Alcohol consumption continues to fall nationally and locally. This is part of a secular trend. In its wake, indicators such as alcohol related deaths are also improving. At the same time, our partnership group working on reducing harm from alcohol has continued to make good progress, and so, apart from this update I am not going to report further on this topic this year.

Last year I recommended that opportunities should be taken to give people brief advice about drinking and alcohol related harm*. This is now also part of the 'Making Every Contact Count' programme. The work is progressing at a steady pace and is being led at Buckinghamshire-Oxfordshire-West Berkshire level.*

Chapter 5: Promoting Mental Wellbeing and Positive Mental Health

For the past 2 years I have looked in detail at the mental health of young people.

This year I want to devote a major part of this report to mental wellbeing, positive mental health and promoting mental wellbeing for all age groups.

It isn't an easy topic to capture for a number of reasons that are worth stating up-front:

- Mental wellbeing and mental health problems are less easy to define than physical health problems. The two often occur together and it is better to treat the whole person.

- The statistics reflect this – there is a notorious dearth of good hard data on mental health and wellbeing – it is quite different from physical health.

- We tend to know when we don't experience good mental health e.g. when we are anxious or depressed, but we tend to overlook it when we do have it.

- Talking about mental health problems can be stigmatising. Coming forward to seek help can be difficult leading to many problems staying undetected. This is less of an issue than 20 years ago, and our young people of school age are coming forward with problems much sooner than they used to.

So, let's look at some definitions.

The World Health Organisation defines positive mental health as:

'... a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.'

This is an interesting definition. It includes the concept of stresses of life as a cause of problems and has contributing to the community as a yardstick of positive mental health.

It's worth unpacking stress as something that makes us lose our sense of mental wellbeing. This seems to operate in 3 ways:

1. Stress early in life can predispose us to mental health problems in later life

2. Stress in the day to day sense can veil our sense of mental wellbeing leading to discontent or dissatisfaction…..something many people feel much of the time. This can be as simple as coping with the daily round – exams – young children – work.

3. Stress can also act as a trigger in those predisposed to serious mental illnesses such as schizophrenia and bipolar disorder.

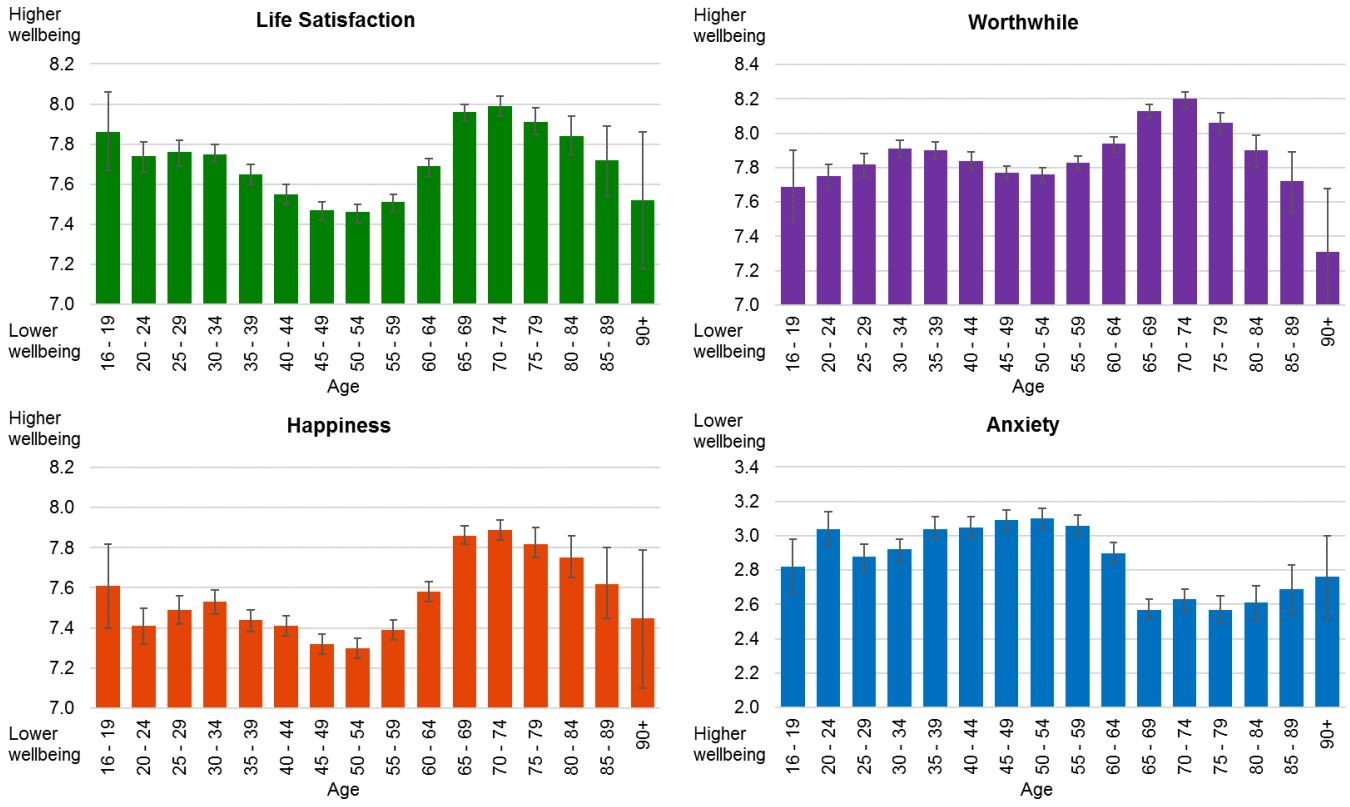
Looking at stress more closely in younger people led the Chief Medical Officer to evidence the following list of factors which build resilience in young people and so helps them withstand the stresses and strains of modern life. These are:

- Positive relationships with caring adults
- Effective caregiving and parenting
- Intelligence and problem-solving skills
- Self-regulation skills
- Perceived efficacy and control
- Achievement / motivation
- Positive friends or romantic partners
- Faith, hope, spirituality
- Beliefs that life has meaning
- Effective teachers and schools

The reverse of this list leads to decreased resilience and vulnerability to stress.

We can get a handle on mental wellbeing in over 16s from a UK survey which asked about people's levels of satisfaction with life, happiness and anxiety. It shows some surprising results. The results are shown below in 5-year age bands from age 16 onwards below

Average personal wellbeing ratings in the UK by age, 2016-17



Source: Office for National Statistics

The results show:

- All measures of happiness and wellbeing tend to start well in one's teens and early twenties, dip rather steeply and progressively in the 30s, 40s and 50s and then improve dramatically around retirement age.

- Anxiety levels do the opposite – they are lower in the teens and early twenties, rise in adults of working age and then fall dramatically.

- As older age increases, life satisfaction and happiness do fall, and anxiety increases a little.

It is tempting to see this as evidence of the stresses of life mounting as jobs, families and mortgages add to responsibilities leading to increasing measures of mental unrest. This leads to a general period of wellbeing in the retirement years with some decline as the stresses of old age take effect.

Just how common are mental health problems across the age groups?

The following facts from Public Health England and Government sources tell the story – and the numbers are surprisingly high.

Children and Young People

- 1 in 5 children have a mental health problem of some kind. In Oxfordshire this equates to 28,700 children in the 0-17 age group

- In those suffering lifelong mental health problems, 50% have begun by age 14 and 75% by age 25.

- Children from the poorest 20% of households have a 3-fold greater risk of mental health problems than children from the wealthiest 20%

Mental health of all Adults

- 1 in 4 adults suffer from a mental health disorder at some point.

- 15 million working days were lost in England due to stress, depression and anxiety in 2014 – up 24% from 2009.

- 1 in 6 people of working age have a mental health disorder

- Mental health problems are the biggest single reported form of disability.

- Of people with long term conditions, 1 in 3 have a mental health disorder, usually anxiety or depression.

- People with mental health problems in England and Wales have a reduced life expectancy of about 10 years compared with those who do not.

Impact of work and impact on the economy

- 19% of long term sickness is due to mental health problems.

- Each year mental ill health is estimated to cost the economy £70bn in lost productivity, NHS costs and care benefits.

Women and Maternity

- Postnatal depression affects 1 in 10 women within a year of giving birth. In Oxfordshire this equates to around 700 women per year.

Learning Disability

- People with learning disabilities have six times the risk of developing mental health problems.

Older People

- Depression in over 65s affects around 22% of men and 28% of women. In Oxfordshire this equates to around 12,400 men and 18,700 women.

- 850,000 people are living with dementia in the UK – by 2020 the figure will top 1 million. In 2016-17 there were almost 5,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of Dementia and Alzheimer's disease, up from 5,200 in 2015-16. The estimated total number of people living with dementia in Oxfordshire (diagnosed and undiagnosed) is thought to be around 8,000.

These facts give an eloquent picture of just how common mental disorders are and just what a prize mental wellbeing really is.

The facts and figures above refer to the general population. The figures are even higher in specific groups. This is set out in the section below.

Vulnerable groups and inequalities in those at risk of mental health problems

The Local Government Association reports that the risk of mental health problems is higher in the following groups of people experiencing:

- Poverty
- Homelessness
- Disability
- Long term illness
- Violence or abuse

The risks are also higher in the following groups:

- Veterans
- Lesbian, gay, bisexual and transgender communities
- Looked after children
- Refugees and asylum seekers
- Some Asian, black and minority ethnic groups.

Here we see the all too familiar impact of social disadvantage and inequalities. The take-home message has to be that,

'Tackling inequalities also reduces the burden of mental health problems and promotes positive mental health'

I would also add carers to the list of people particularly at risk – 57% of carers in the latest Oxfordshire survey reported general feelings of stress. Just under half reported feeling depressed.

Protecting ourselves and promoting good mental health

There seem to be several factors that nurture mental wellbeing and promote good mental health. Together these could be seen as a programme of 'mental health self-defence'. They are easy to list but rather more difficult to achieve in practice.

Protective factors are:

- A nurturing childhood.
- Good community design which fosters safety, communication, access to greenspaces, makes exercise easy and is 'dementia friendly'.
- Being more active in everyday life.
- Investing in one's 'life assets' i.e. maintaining a network of friends, maintaining hobbies and interests, contributing to the local community.
- Practising Mindfulness and the '5 ways to wellbeing' (see below)
- Achieving a healthy work-life balance.
- Being in steady work.
- Catching problems early.
- Reducing social inequalities.
- Proactive and early help for vulnerable groups.

So, reviewing these factors, how well are we doing in Oxfordshire?

This is a massive topic and there is only space to give a high-level overview in this report. My view would be:

A nurturing childhood

We are doing a lot to support families to achieve this through our Community Midwifery and Health Visiting Services, through our school health nurse service, through partnership work in the Children's Trust and through the Children's Safeguarding Board.

For example we can look more closely at the County Council's **Health Visiting** service provided by Oxford Health NHS Foundation Trust. It is rated by the Care Quality Commission as 'outstanding'. **Health Visitors assessed 7,253 new mothers for maternal mood last year by the time baby was 8 weeks old, this is 97.1% of the eligible population and is a very good result.**

Mental wellbeing is promoted at every Health Visiting contact and women with existing mental health problems receive additional support.

If there is a mild to moderate risk of mental health problems then the service uses the 'Knowing Me Knowing You' model which helps mothers to help themselves to find long term solutions and strengthen the all-important bond with their baby. There is also a focus on building a good social network through meeting other mothers and community groups.

The low figures for **teenage conceptions** in Oxfordshire mentioned elsewhere in this report are also a positive indicator of future mental wellbeing. Oxfordshire's high figures for **breastfeeding** are also helpful to the bonding process between mother and child.

Although still concerning, levels of **childhood poverty** are relatively low**,** providing another useful positive indicator.

Referral to children's social care gives us another side-light on children who are in difficulties. In 2016-17, 6,429 children were referred to **children's social care**. This number is increasing but is in line with similar Local Authorities and is part of a national trend.

Overall our Children's social care service is rated by Ofsted as 'good' which is an excellent result. Services are working with partners to offer **'early help'** to intervene before situations reach a crisis. This has been successful and early help assessments have risen steadily throughout the year. It is expected that over 1,300 of these assessments will be carried out in Oxfordshire this year. This is a good development aimed at solving problems early.

There is also a welcome emphasis on **children leaving local authority care**, aiming to build their resilience and maximise their life chances. This is a good development. By March 2017 there were 230 known care leavers in Oxfordshire. The County Council stays in touch with 94% of care leavers and takes an active interest in their lives. This compares with the England average of 90% - a good result.

Schools of course have a vital part to play in young people's mental wellbeing. The County Council's **school health nurse service** (run by Oxford Health NHS Foundation Trust and rated by the Care Quality Commission as 'outstanding') shows just how important this is. **In 2017/2018 school health nurses saw children for emotional wellbeing or psychological**

support on 7,665 occasions from a total of 33,276 interventions (22%). This was a rise from 7,224 occasions the previous year. Emotional and psychological problems were the most common reason young people saw a school health nurse. Our school health nurse service is more comprehensive than in neighbouring areas and this is a major weapon in our fight to detect and treat problems early. Our nurses are trained in common childhood mental health and wellbeing issues including self-harm, low mood, eating disorders and building resilience. They may help the child directly or signpost them on to other services.

Good Community Design

This is the subject of Chapter 2 of this report and it is of vital importance. If we can design communities to strengthen social interaction, make exercise easy, make access to good food easy and help people with conditions such as dementia, we are hard-wiring mental wellbeing into the fabric of our villages and towns.

The Healthy Towns initiative really does point the way forward. Please see Chapter 2 for more detail.

Exercising and increased physical activity

Exercising makes people feel good both mentally and physically and makes us more resilient to the stresses and strains of life. It also protects against anxiety, depression, heart disease, stroke, cancer and dementia - it is a real all-round winner!

We have high levels of exercise in Oxfordshire, but we still need to make it easier to stay active. A number of useful initiatives have been strengthened over the last year:

- Building in cycleways and walkways has become standard in transport planning – this is good news.

- Our Healthy New Towns have had success with their planned parks and 'blue lines' which map out 5 kilometre and 2 kilometre walks.

- Our Sports Partnership which aims to promote sport across the County has been re-branded and re-launched as Active Oxfordshire. Their mission is to Get Oxfordshire Active - Every person in Oxfordshire including sport & physical activity as an essential part of their daily routine.

- 21 Oxfordshire primary schools are participating in an initiative called 'WOW'. WOW is run by Living Streets, the UK charity for everyday walking, as part of their Walk to School Campaign and it has been proven to make pupils healthier and happier, as well as reducing congestion around school gates. The County Council's Public Health team have contributed funding towards this programme. The baseline rate of active travel amongst the 21 participating schools in September 2017 was 65%. In July 2018 this had risen to 86%.

- Oxfordshire School Sport Games, during the 2016-17 academic year, 95% of primary schools and 100% of secondary schools took part, involving nearly 30,000 participants.

- School Health / College Health Improvement Plans also focus on mental health and wellbeing and physical activity within the education community

- See chapter 2 for involvement of schools in Bicester in getting more exercise through the Healthy New Towns initiative.

Overall this is a positive story for Oxfordshire.

Social Prescribing

Social prescribing means prescribing exercise or participation in clubs and hobby groups instead of traditional prescribing. It is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical well-being.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

The City GP Locality of the Clinical Commissioning Group have an established programme and have 'care navigators' who link to GP practices and signpost people to activities.

North & West GP localities have won a national bid for funding of a social prescribing scheme and are working with Cherwell and West District Councils and Citizens Advice locally from September 2018. This is a good development.

Details of social prescribing as part of the Healthy New Towns initiative are detailed in Chapter 2

Mental health self-defence – 5 Ways to wellbeing

The excellent programme of what I call 'mental health self-defence' - the 5 ways to wellbeing - is becoming better known. This is something everyone can practise and I recommend it. Researchers have set out 5 practical and simple things anyone can do to improve mental wellbeing. They are:

According to the 'NHS Choices Moodzone' webpages they are:

- **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.

- **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.

- **Keep learning** – learning new skills can give you a sense of achievement and new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

- **Give to others** – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.

- **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

I've also seen this set out as 7 things you can do via the Mental Health Foundation and the Civil Servants' Charity website:

1. **Keep active** Physical activity does wonders for your mental health

2. **Talk about it** Get together with friends, family or colleagues and have a good old natter!

3. **Eat well** Good food is another great way to support your mental health. Vitamins and other nutrients can protect your mental wellbeing.

4. **Drink sensibly** Why not pass on the alcohol and have a mocktail party? By replacing alcohol with your favorite juices, you might discover a new favorite whilst having a healthy evening in.

5. **Keep in touch** Spending time with friends and loved ones, whether it's a BBQ or full on dinner party is a great way to open up and share your story with the people that matter most.

6. **Be mindful** Learn a technique called mindfulness to help yourself cope during stressful times.

7. **Be you** We're all different. Do what you're comfortable with. By talking about mental health locally, you will be helping to break down some of the stigma surrounding mental health issues.

The point I want to make here is that there is a growing awareness of these common things that improve people's sense of wellbeing in the broadest sense. It's something you do for yourself.

For example, there is a thriving workplace 'mindfulness' group which County Council staff run for themselves, and this sort of initiative is expanding rapidly…… try it!

Earlier this year the County Council's Public Health Team worked with MIND to run a 5 Ways to Wellbeing campaign which used social media, posters and Tea and Talk events in libraries all around the county to highlight mental health and wellbeing. Mind also used the launch event at event at County Library in Oxford to display their World Mental Health Day book – a collection of stories and contributions from their clients and supporters.

The campaign gained good coverage on social media and in the press. Overall more than 9000 people saw the campaign via Facebook and 8000 on Twitter, while others attended the library sessions to join in small group discussions.

Work-life balance

This is a difficult issue given the pace of modern life and the nature of working patterns. Duncan Selbie, Public Health England Chief Executive has said,

'Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers should take steps to achieve'

Good quality work is important for good mental wellbeing: The Health Foundation report that over 1 in 4 employees feel depressed when they work long hours. They also report that 61% of workers in insecure employment have worked when unwell for fear of losing their job or pay. The TUC report that in-work training and further education makes people happier and more effective at work.

This is a matter for individual employers but it begins close to home. In the County Council for example there has been a real emphasis placed on training and development of staff over the last year. It's good for the employee and good for the employer, and it promotes good mental health. We also have a long-standing programme of Health in the Workplace events led by our Human Resources team which promotes physical activity, health checks and mental health self-defence.

Being in steady work

Being out of work is decidedly bad for mental wellbeing. Chapter 3 reports on our very low levels of employment which is a boon, but, as Duncan Selbie points out above, the quality of the job also matters a great deal.

Domestic abuse

This topic covers a wide range of issues from domestic violence to controlling and coercive behaviour covering physical, psychological and sexual aspects. This is a major stress and puts mental health seriously at risk. An estimated 28,000 residents aged 15 + are thought to be affected altogether, around 1000 people access specialist services and around 300 individuals are classed as 'high risk'.

A major review of services for domestic abuse was carried out in 2016 and a new service was launched on the 4th of June 2018. This pulls together all services, County and District, into a single 'pathway' under a new service provider A2 Dominion. This is a major step forward. It is too early to evaluate the service yet and it requires a watching brief.

Armed Forces and Veterans

There are more than 8,500 military personnel and almost 5,000 family members living and working in the county. The nature of their work means that they are vulnerable to emotional pressures both in active service and as veterans. Partnership work is strong and Oxfordshire's close relationship with the military is cemented in the Community Covenant, which is a statement of mutual support between the civilian community and the local armed forces. An updated Covenant was signed by a wide range of partners in June 2018, signifying their willingness to continue to work together for the good of armed forces, families and local communities.

The County Council Armed Forces Champion co-chairs the Veterans' Forum which meets annually and oversees a wide range of work to ensure that veterans are able to get the services they need locally. Although a huge network of organisations supports the armed forces community, the Veterans Forum highlighted that finding the right service or assistance is not always easy. In response the 'Veterans' Gateway' was launched last year (June 2017) as a single point of contact for veterans and their families to enable them to get the right advice and support from local organisations both within and outside the armed forces sector: https://www.veteransgateway.org.uk/

Special consideration has been given to ensuring access to mental health services over the last few years not only for veterans but for families of serving personnel too. Local NHS providers have been able to fast-track individuals who need treatment for Post-Traumatic Stress Disorder, for example. Oxfordshire Mind have also delivered training and support services to families of serving personnel on the Oxfordshire military bases, helping them through times when members of their families were on active service in war zones and returning home. Grants from the Community Covenant Fund have enabled this work to expand. In addition, the Armed Forces Primary Care Services personnel regularly attend training set up by the Public Health team to help them identify and give treatments such as brief advice on alcohol use, which may be linked to mental health concerns.

Reducing inequalities

Any action to reduce health inequalities and reduce social disadvantage is highly likely to improve mental wellbeing and protect against mental health problems. Chapter 3 deals with this issue in more detail, but it is very clear that any programme of mental health improvement will also be a programme which reduces inequalities.

Preventing dementia

Dementia is estimated to cost the UK £11.6 Bn in unpaid care, £4.5 Bn on state funded social care and £4.3 Bn on health care. It is a massive issue with the number of cases set to top the 1 million mark in the UK by 2025.

The good news is that it can be prevented or delayed to some extent – how? Public Health England point to the following factors:

At societal level:

- By helping people to give up smoking or never start – some cases of dementia are linked to disease of the blood vessels.
- By improving environments where people can be more active – another boost for the healthy New Towns initiative.
- By promoting healthy eating
- By addressing loneliness and creating better community spaces

At an individual level (reminiscent of the 5 ways to wellbeing mentioned above):

- By volunteering and socialising
- By reading, doing puzzles and crosswords
- By learning new things such as a second language

The great work of the Voluntary and Community Sector and Faith Groups

The work of many charities is key to keeping people mentally healthy. Charites such as MIND RESTORE and Age UK do a great deal to improve the quality of people's lives and to improve their social networks. It doesn't stop with the big specific charities though – carers groups and the different condition-based support groups for sufferers and families have a major role to play too. Any organisation which promotes better connections, more activity and a sense of purpose is contributing to mental wellbeing.

Faith groups have a tremendous part to play too as does the scouting movement and groups like the WI.

All of these endeavours promote a really crucial sense of focus, purpose, creativity and belonging which is highly effective in promoting mental wellbeing. It protects the mental health of the users of these services and is also protective for those who organise them and take part.

The examples are too numerous to cover here – I would simply like to pay a heartfelt tribute to the work done by 1000s of (largely unsung) heroes and heroines across the County who carry out this work.

Mental Wellbeing: Conclusion

This a major public health issue now and increasingly in the future. Everyone has a role to play from individuals, to community groups, to organisations, to employers, to schools, to Government. We have many useful initiatives in place. We now need to take this work to the next level as organisations and coordinate our activities better. The recommendations below drive at this, but first I want to review what I said last year.

What the report said last year and what's been done about it.

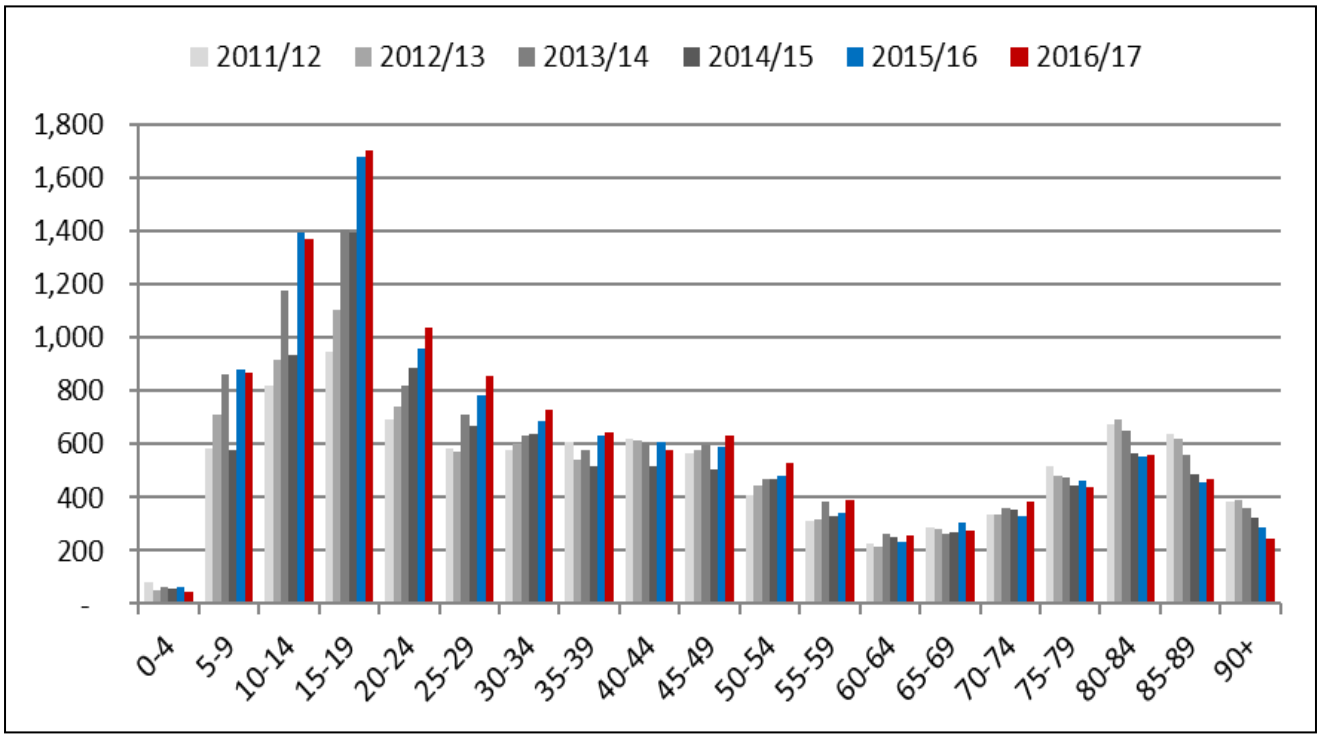
Last year I reported on children's mental health problems and self-harm. There was particular concern as the number of referrals to children and young people's mental health services were increasing and that services were under pressure to cope – this is part of a national issue.

The reality is that we are dealing with a new phenomenon – children and young people coming forward in increasing numbers seeking help with emotional distress. This is a good development. The question is, how should services cope?

The significant contribution our School Health Nurses are making has been highlighted earlier in the chapter.

The latest data on referrals looks like this:

Number of Oxfordshire residents referred to Oxford Health mental health services 2011-12 to 2016/17



This shows that:

- Referrals for 0-4s, 5-9s, 10-14s all fell slightly in latest data, and referrals for 15-19 rose slightly.

- Referrals in the 10–19 year age group are by far the highest in any age group and this is mirrored nationally.

In terms of action taken:

Waiting times for Children's mental health services remain a huge challenge locally and nationally as services try to cope with the ever-increasing number of referrals and the increasing number of children waiting for a first appointment.

The local service model implemented over the last year is sound, but it has taken longer to settle in than expected. Crucially, the overall service is supported as the model of choice by children and parents as well as by the professionals.

The aim now is to be more ambitious in trying to increase self-referral by young people rather than waiting for a professional referral. This is likely to increase demand further but is felt to be the right thing to do. This will allow assessment to be done 'live' and immediately on the phone and treatment begun immediately rather than waiting for cumbersome referral processes. This also helps to not medicalise and stigmatise these common emotional problems.

Oxford Health NHS Foundation Trust (which runs the service) is also putting together an improvement plan to reduce the number waiting by seeing if additional support can be brought in to help with initial assessments.

Time will tell if these initiatives are effective.

Regarding hospital admissions for self-harm, the figures remained broadly similar to last year and are broadly in line with national and regional trends. The specific numbers of admissions fluctuate year on year in the different age groups. In 15-19 year olds in Oxfordshire the rate has risen for the past three years, and is just above the England average. The rate is lower for 10-14 year olds. This fluctuation is to be expected as the numbers are statistically fairly small overall. The key fact is that this is a national trend.

In terms of specific action:

The County Council Public Health team commissioned the play 'Under My Skin' for the third year in a row. It is a play performed in schools by Pegasus Theatre to raise awareness of self-harm for Oxfordshire's young people, and access to support services. It was developed via the multi-agency self-harm network in collaboration with Pegasus Theatre. This was a response to an increase in self-harm rates in the north of the County.

Headline Outcomes for the play

- Year on year outcomes continue to be excellent
- 26 schools in Oxfordshire received the play with a total of 28 performances
- 5078 young people in Years 8 and 9 saw the play
- The cost was £3.94 per pupil
- 95% of young people said their awareness of self-harm had increased since seeing the play
- 90% know where to get support since seeing the play
- 87% felt using theatre was a good way of learning about difficult topics
- 69 young people saw their School Health Nurse on the topic of self-harm in the immediate two weeks post performance

The play will be commissioned again for 2018/2019 school year.

Recommendations regarding mental wellbeing and mental health promotion

1. There is good activity across the County. This now needs to be taken to the next level.

2. The Health Improvement Board should receive a specific Joint Needs Assessment on mental health issues alongside this annual report and should use these to direct planning by the end on 2018/19

3. The Health Improvement Board should coordinate this effort and should create a new framework for mental health promotion activity by the statutory sector and beyond.

Chapter 6: Fighting Killer diseases

Part 1. Epidemics, Flu and Antimicrobial Stewardship

The improvement in the quality of our living conditions and the advances in modern medicine have meant that threat of major illness and large numbers of deaths due to communicable disease are considered as a problem from the past or a problem for poor and developing countries.

Most people don't see or know about the efforts made to keep them safe from infectious diseases. There are still stark reminders of the continuing threat that can arise at any time and present a very real risk to us all irrespective of countries and borders, as seen with Ebola and Zika in recent years. The concerns about flu last winter is a reminder of the continued vigilance that is still needed to safeguard our population's health from communicable disease.

A lot of the work that goes on to protect the community from communicable diseases is relatively unseen and out of the public eye. This work must still be a priority and continue to be delivered every day of the year to make sure that suitable preparations are in place for the worst scenarios. Directors of Public Health and their teams have worked closely with Public Health England and the NHS across the Thames Valley to make sure we can respond when the need arises. **This cooperation and 'behind the scenes' effort is vital.**

The right response continues to be systemic and calm planning. We need to ensure that we are organised so we can respond when the need arises without fear or panic. The need to remain vigilant continues to hold true.

Last winter saw an increase in the level of flu compared to the previous few years of low activity. This put pressure on the health system and caused the cancellation of planned procedures nationally. This increased flu activity was expected and world-wide surveillance helped us in planning how to limit the effect of flu during the winter season. This included a concerted effort to encourage people who work as carers of vulnerable people in our community to take up a free flu vaccine.

The threat of **antibiotic resistance** and the rise of "superbugs" remains a cause for concern. Antibiotics are important drugs in the fight against bacterial infections which were once life threatening in animals and humans. Bacteria are highly adaptable and the widespread misuse of antibiotics and inappropriate prescribing of antibiotics continues to lead to increasing numbers of bacteria which have developed resistance to antibiotics which once were effective.

Failure for us all to act responsibly now could see antibiotics becoming ineffective and the return of people dying of once curable infections and returning us to the situation before the discovery of penicillin.

How do we keep this work going?

Success depends on several key elements:

- Maintaining a well-qualified and well-trained cadre of Public Health specialists in Local Government.

- Continuing to build and maintain long standing relationships with colleagues in Public Health England and the NHS.

- Mainstreaming our plans by working with the Police, Military and many of the other organisations under the auspices of the Thames Valley Local Resilience Forum (LRF).

- Educating and advising the public of their role as individuals in limiting antibiotic resistance.

Our work on this in Oxfordshire has been strong. It is vital to keep the specialist workforce we have now to continue with this important work.

Part 2. Infectious and Communicable Diseases

Health Care Associated Infections (HCAIs)

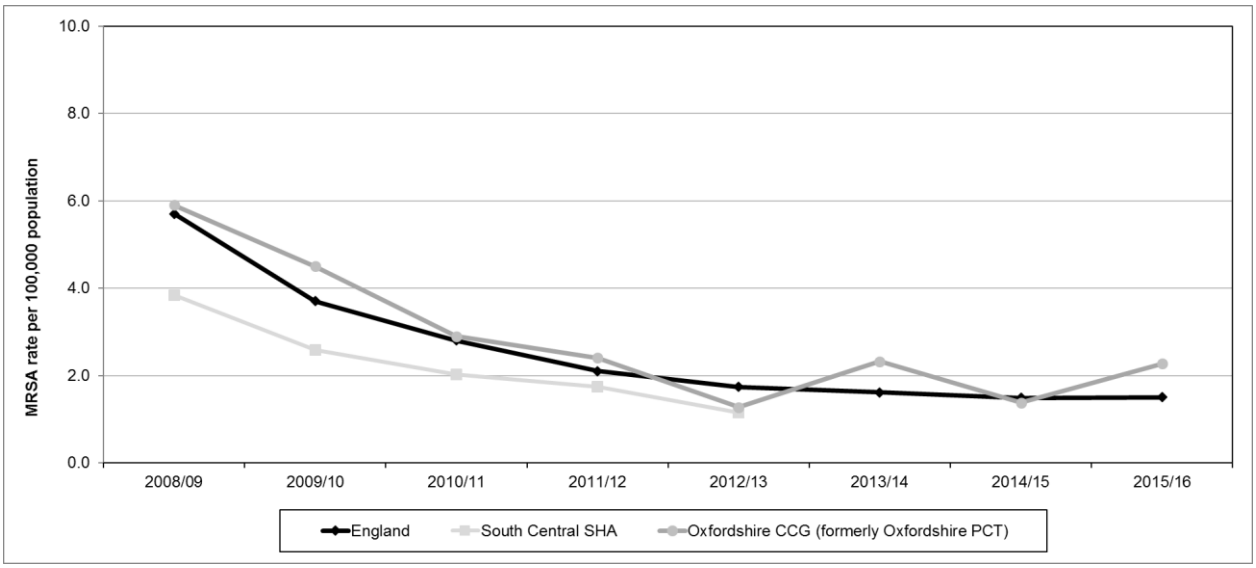
Infections caused by superbugs like Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. diff.) continue to be an important cause of avoidable sickness and death, both in hospitals and in the community. These infections do not grab headlines as they have in the past but they still need everyone to remain vigilant to limit an increase in the incidence of infection.

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a bacterium found commonly on the skin. If it gains entry into the blood stream (e.g. through an invasive procedure or a chronic wound) it can cause blood poisoning (bacteraemia). It can be difficult to treat people who are already very unwell so it is important to continue to look for causes of the infection and identify measures to further reduce our numbers of new cases of infection. MRSA has fallen gradually in Oxfordshire in response to the direct measures taken by hospital and community services to combat it. The local situation is shown below.

Infections can be limited by using traditional hygiene methods. Nationally there is a zero-tolerance policy and the rate of MRSA is still higher than we would like to see. The improvements over the past years in Oxfordshire have reflected the efforts to reduce MRSA and continued vigilance is still required by all hospital and community services to combat MRSA infections.

Methicillin Resistant Staphylococcus aureus (MRSA) - crude rate per 100,000 population (2008/09 – 2016/17)



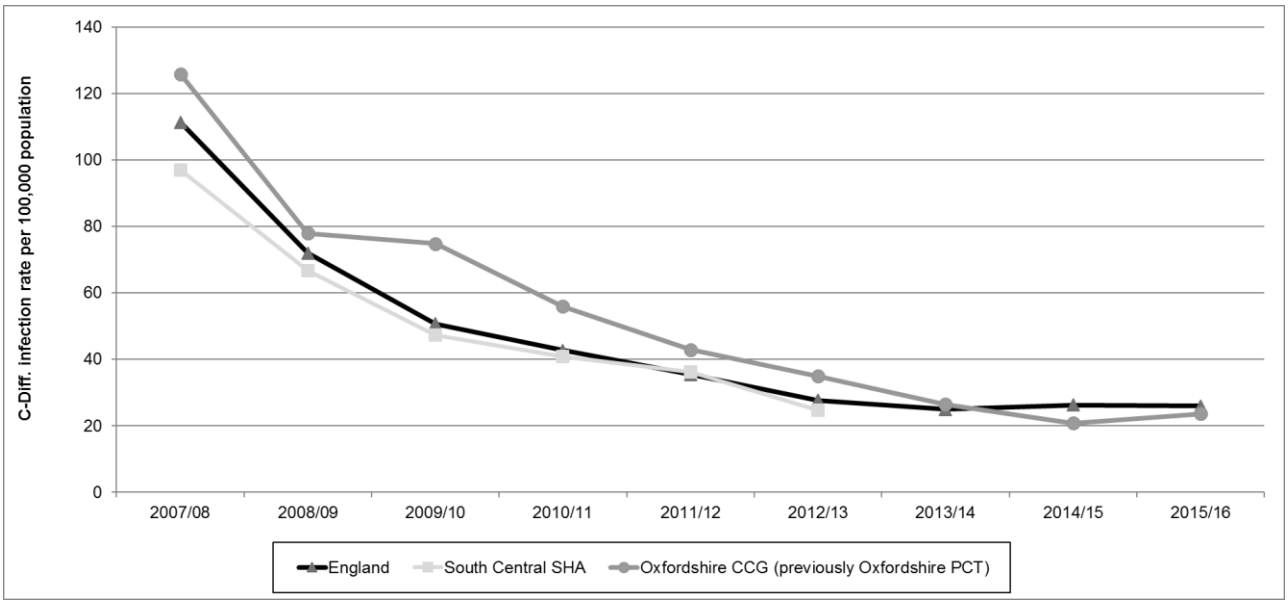
Public Health England (PHE), Health Protection Agency (HPA)

Clostridium difficile (C.diff)

Clostridium difficile is a bacterium that causes mild to severe diarrhoea which is potentially life-threatening especially in the old and infirm. This bacterium commonly lives harmlessly in some people's intestines but commonly used broad spectrum antibiotics can disturb the balance of bacteria in the gut which results in the C.diff bacteria producing illness.

The focussed approach on the prevention of this infection has resulted in the steady reduction of cases in Oxfordshire since 2007/08 as shown in the chart below which is in line with the national trend. This reduction in C. diff involved coordinated efforts of healthcare organisations to identify and treat individuals infected and careful use of the prescribing of certain antibiotics in the wider community.

Clostridium Difficile Infection (CDI) - crude rate per 100,000 population (2007/08 to 2016/17)



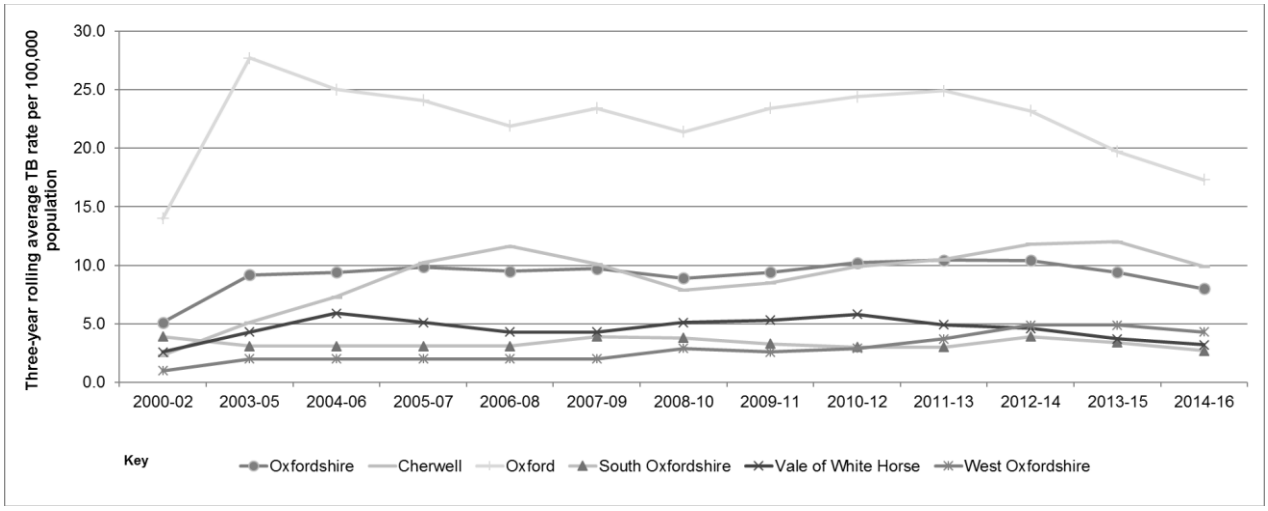
Public Health England (Health Protection Agency)

Tuberculosis (TB) in Oxfordshire

TB is a bacterial infection caused by Mycobacterium Tuberculosis which mainly affects the lungs but which can spread to many other parts of the body including the bones and nervous system. If TB is not treated, active TB can be fatal.

In Oxfordshire, the numbers of cases of TB at local authority level per year are very low. The local figures are shown below.

Tuberculosis (TB) – Incidence rate per 100,000 population (2000-2 to 2014-16)



Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance

The levels of TB in the UK are continuing to show a reduction due to the ongoing coordinated efforts by TB control boards across England to improve TB prevention, treatment and control.

The rate of TB in Oxfordshire remains lower than the national average and is similar to average levels in Thames Valley. In the UK, the majority of cases occur in urban areas amongst young adults, those moving into the area from countries with high TB levels and those with a social risk of TB (e.g. homeless). This is reflected in the higher rate of TB in Oxford compared to other districts in the County.

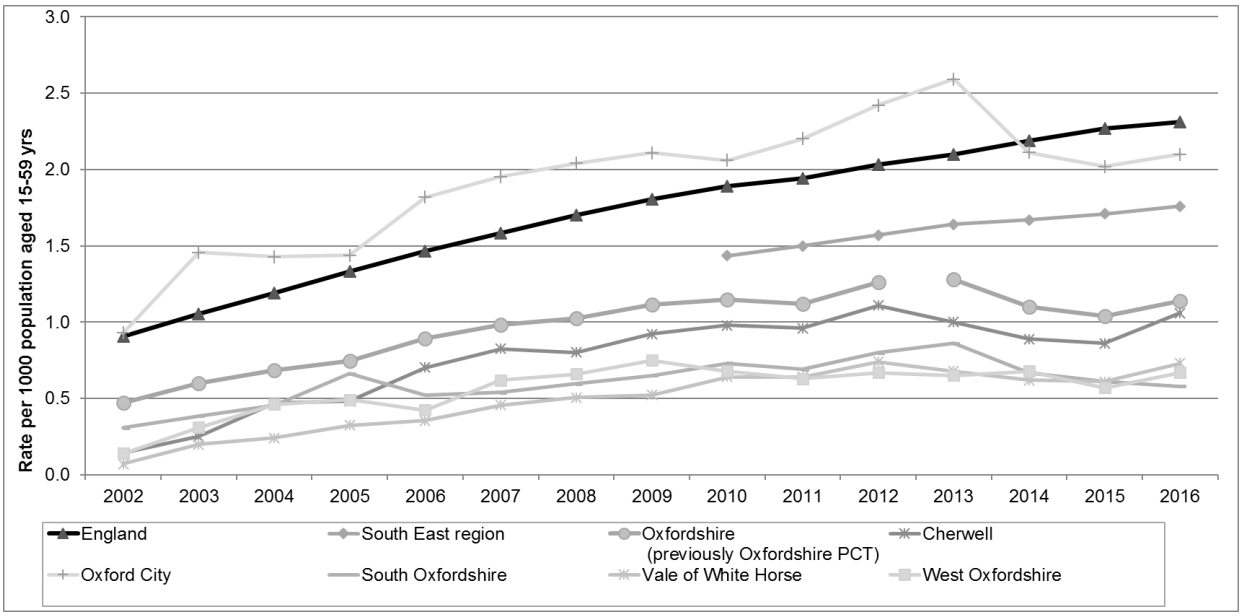
The National TB strategy which has been developed by Public Health England is beginning to realise a reduction in the levels of TB in England.

Sexually transmitted infections

HIV & AIDS

HIV does not raise public alarm like it did in the 1980s, but it remains a significant disease both nationally and locally. Due to the advances in treatment, HIV is now considered a long-term condition and those who have HIV infection can now expect to have a longer lifespan in health than previously expected by HIV carriers. As such we expect to have more people living with HIV long term. 2016 data shows that there were 463 people diagnosed with HIV living in Oxfordshire, 233 out of these 463 were living in Oxford City. This trend is shown in the chart below and shows another decrease this year across the County.

Percentage of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 years. England, South East region, Oxfordshire and districts



Public Health England Sexual and Reproductive Health Profiles

Finding people with HIV infection is important because HIV often has few symptoms and a person can be infected for years, passing on the virus before they are aware of the illness. The sooner an infected individual begins their treatment the more effective treatment is with a better prognosis for the individual concerned. Trying to identify people with undiagnosed HIV is vital. We do this in three ways:

- Providing accessible testing for the local population. In 2017 the sexual health service provided 15,495 HIV tests.

- Through community testing. Local residents who are at high risk of HIV can now access a testing kit online which is part of a national service led by Public Health England. This increases convenience and accessibility of testing.

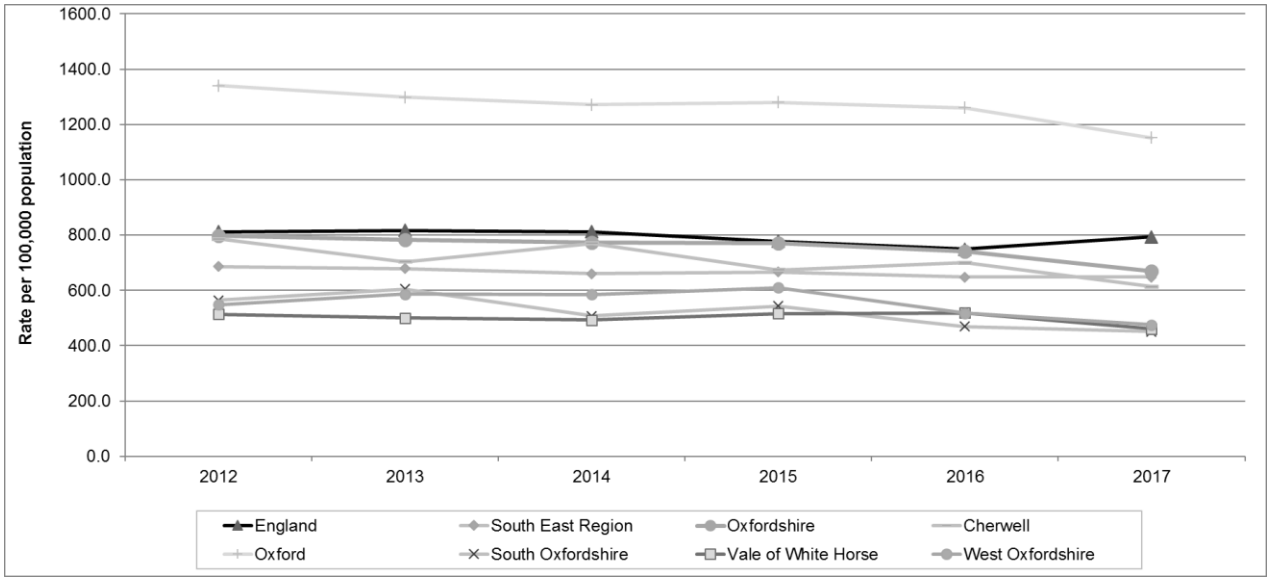
- Prevention and awareness. Educating the local population about safe sexual practices and the benefit of regular testing in high risk groups. The eligibility for accessing our condom scheme is available to men who have sex with men (MSM) and commercial sex workers, both groups being higher risk of contracting HIV.

Once diagnosed, the prognosis for HIV sufferers is now good, with effective treatments available. HIV still cannot be fully cured but the progression of the disease can be slowed down considerably, symptoms suppressed and the chances of passing the disease on greatly decreased. The trial of using drugs to halt transmission in high risk groups (PrEP) is currently being conducted nationally by NHS England. Local services are part of this trial and residents who meet the criteria can take part. The outcome of this trial is expected in a couple of years.

Sexual Health

Sexually Transmitted Infections (STIs) are still fairly common in England with the greatest number of cases in young heterosexual adults, and men who have sex with men (MSM). STIs are preventable through practicing 'safe sex'. Total rates of STIs in Oxfordshire are still below the national average except in the City which has improved since 2013. The local picture is shown in the chart below.

All new sexually transmitted infections (STIs) rate per 100,000 population aged 15-64 years - 2012 to 2017



Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles

The different types of STI each show a mixed picture which is generally still good. Looking at each disease in turn gives the following picture.

- Gonorrhoea - Is below the national average for Oxfordshire overall and all districts except in Oxford City. The systems of testing which were introduced to reduce the number of false positive diagnoses has produced the expected decrease in the number of diagnosed cases.

- Syphilis - there was a slight increase which is in line with national activity. However, the rates are still below the national average in all Districts.

- Chlamydia - levels are lower than the National average in all Districts.

- Genital Warts – rates are still below national average and have seen a decline in line with the National trend. Oxford City still has significantly higher number of cases (reflecting the significantly younger age group) but the trend is still declining rates. With Human Papilloma Virus vaccination programmes in place nationally we anticipate a decline in rates over the coming years.

- Genital Herpes – rates are similar to national average except in the City which has higher levels. Again, this reflects the predominantly younger population of the City.

The County Council's integrated sexual health service which began in 2014 continues to see good levels of activity and this is welcomed.

In addition to the integrated service our GP surgeries have provide contraception services and pharmacies have provide access to emergency hormonal contraception.

The established partnership of local organisations continues to work together to identify and address priorities locally to further meet the sexual health needs of Oxfordshire.

Recommendation

The Director of Public Health should report on progress of killer diseases in the next annual report and should comment on any developments.