# Draft Joint Health and Wellbeing Strategy

## Health Improvement Board section, Priorities 8 – 11

**Background**
The Joint Health and Wellbeing Strategy(JHWBS) for Oxfordshire sets out 11 priorities for the Oxfordshire Health and Wellbeing Board (HWB). The publication of the JHWBS is a statutory requirement under the Health and Social Care Act (2012). Work to take forward the priorities is monitored through a set of outcome measures which are monitored at each meeting of the Board and the whole strategy is revised and refreshed annually.

The priorities set out in the Oxfordshire JHWBS are shared between the 3 partnership boards as set out below:

**Children's Trust**
**Priority 1**: All children have a healthy start in life and stay healthy into adulthood
**Priority 2**: Narrowing the gap for our most disadvantaged and vulnerable groups
**Priority 3**: Keeping all children and young people safe
**Priority 4**: Raising achievement for all children and young people

**Joint Management Group (for Older People, Mental Health)**

**Priority 5** Working together to improve quality and value for money in the Health and Social Care System

**Priority 6**: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

**Priority 7**: Support older people to live independently with dignity whilst reducing the need for care and support

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

The final JHWBS for last year can be found here:
https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf

**The purpose of this paper**
This paper sets out draft narrative and proposed outcome measures for 2017-18 for priorities 8 to 11. This draft is based on discussions held at the Health Improvement Board in April 2017.

The members of the Health Improvement Board are asked to comment and finalise the draft below. It will then be included in the revised draft Joint Health and Wellbeing Strategy and discussed at the Health and Wellbeing Board in July 2017.

# Joint Health and Wellbeing Strategy - Priorities for Health Improvement *(draft)*

A new approach to addressing priorities

The Health Improvement Board has overseen and delivered improvements across each of the 4 priorities that it leads. At the end of 2016-17 the Board discussed progress and noted that all outcomes measures set at the beginning of the year were rated either amber or green. Some of these had been rated red earlier in the year or had been deliberately set as "stretch" targets. The discussion, therefore, centred on whether the Board should move to work on other topics instead.

In discussing the prospects of "dropping" some of the existing work where targets have been met, the Board members reviewed data on the inequalities of outcomes. For many of the areas of work there is still considerable variation, with some areas or groups still facing poor outcomes, even though a county wide improvement may have been made. For this reason the Board members decided they did not want to drop any topic completely, as there is still a need to focus on reducing the variation in outcomes. However, it was suggested that some topics could be placed into a "watching brief" while others stayed in the spotlight with more active work for improvement.

The Board members proposed new topics for discussion in the year ahead so that needs can be assessed and plans can be drawn up for health improvement. These areas are

- more work on tackling health inequalities, especially in preventing chronic disease,
- exploring how the board can work to improve mental wellbeing,
- work to improve the chances of a healthy older age, including an understanding of whether the Board can add more value to work being done to address loneliness.
- The Health Improvement Board has also offered to oversee the strategic work of joint commissioning of domestic abuse services and this is also a new topic for discussion.

The Joint Health and Wellbeing Strategy will therefore reflect this new approach to addressing priorities in the Health Improvement Board. Each of the sections on priorities will include

1. The rationale for continuing to focus on this priority
2. A summary of the current situation – "where are we now?"
3. Topics to be discussed and developed during 2017-18 but which do not yet have any specific outcome measures
4. Specific outcomes where it is the ambition of the Board to bring further improvement which will be monitored at every meeting.
5. A list of outcomes which will be kept under surveillance by the Board to ensure that recent improvement is sustained.

## Priority 8: Preventing early death and improving quality of life in later years

Rationale

This priority aims to add years to life and life to years – something we all aspire to. The biggest killers are heart disease, stroke and cancers. Some of the contributing factors to these diseases are beyond the influence of the individual or of health services but we can encourage healthier lifestyles and prevent disease through early detection and screening to improve outcomes. The role of Social Prescribing can also be explored as a prevention strategy.

A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men, though the gap between women and men is narrowing as life expectancy for women seems to be reaching a plateau while that for men is still increasing. People living in more deprived areas are likely to die sooner and be ill or disabled for longer before death. These health inequalities remain and need to be addressed by targeting those areas and communities with the worst outcomes.

Promoting healthy lifestyles and access to screening programmes is a cost effective way of reducing the risk of chronic disease and premature death.

There is growing evidence of the link between physical inactivity (lack of physical activity) and preventable disease and early death. For example, regular and adequate levels of physical activity in adults can reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls.

The following areas for action will remain the priorities in the year ahead:

- To reduce levels of smoking in the county by encouraging more people to quit as smoking remains a major cause of heart disease and cancer.
- To boost our cancer screening programmes so that more people are protected, focusing on the bowel cancer screening programme.
- To promote the 'Health Checks' programme which offer adults a full health 'MOT' and looks at many lifestyle factors such as obesity, physical activity smoking, blood cholesterol levels, diabetes, blood pressure and alcohol consumption.
- Reducing the harm caused by the over-consumption of alcohol is another priority of the Health and Wellbeing Board. It is being taken forward by the Oxfordshire Alcohol and Drugs Partnership and progress will be monitored by the Health Improvement Board.
- To continue to monitor measures of success for those in drugs or alcohol treatment services with the aim of improving recovery rates.
- Building a multi-agency collaborative approach to increasing participation in physical activity within Oxfordshire
    - To consider issues affecting mental well-being in the population and what outcomes could be used to monitor it.
    - A programme of public awareness campaigns will support this work by raising awareness of prevention and early intervention services.

Addressing Inequalities

Wherever possible the outcome measures will target poor outcomes to reduce inequalities.

**Where are we now?**

- The national target of 60% people eligible for bowel screening should complete and return the kit was nearly met. Latest figures show 59.1% people completed the screening (Q1 in 2016-17). Death rates from bowel cancer in Oxfordshire are similar to the national average.
- Targets were met for the number of people invited for NHS Health Checks and a steady increase in uptake was noted throughout the year. Latest figures show poorer uptake in the City and NE Oxfordshire.
- Estimated prevalence of smokers in Oxfordshire is now down to 15.5% (2015) but fewer people are quitting using the commissioned services. It is thought that use of e-cigarettes has had an impact on this. There are still twice as many smokers in "routine and manual" occupations than in the Oxfordshire population as a whole.
- Less than 8% of women are recorded as smoking during pregnancy, less than the national figure of over 10%
- The numbers of people successfully completing treatment for drugs use has improved markedly. Oxfordshire is now above the England rate.

**Topics to be discussed and developed in 2017-18**

1. Health and Wellbeing of Older Adults, including participation in physical activity and access to social networks / preventing loneliness. This work will build on what is already being done in the County including the Oxfordshire Sport and Activity work to increase participation of older people in physical activity and the Loneliness Summit which will be held in July 2017.
2. Promoting Mental wellbeing. An overview of current work to promote mental wellbeing will be presented to the Health Improvement Board in the autumn of 2017. The Board will consider how value can be added to existing work and a plan will be drawn up.

**Outcomes for 2017-18**

8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-74 years). ***Responsible Organisation: NHS England***

8.2 At least 95% of the eligible population 40-74 will have been invited for a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 80% (Baseline at Q3 2016/17 Oxon was 77.1%, England at Q3 is 69.7%, South East is 65.3%) ***Responsible Organisation: Oxfordshire County Council***

8.3 At least 45% of the eligible population 40-74 will have received a health check between 1/4/2013 and 31/3/2018. No CCG locality should record less than 40%. (Baseline at Q3 2016/17 Oxon was 37.6%, England at Q3 is 33.8%, South East is 29.4%) ***Responsible Organisation: Oxfordshire County Council)***

8.4 Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-18 (Baseline: 2016/17 Oxon baseline was 2315 quitters per 100,000 adult smokers. ***Responsible Organisation: Oxfordshire County Council)***

8.5 The number of women smoking in pregnancy should remain below 8% recorded at time of delivery (baseline 2015-16 was 7.9%). ***Responsible Organisation: Oxfordshire Clinical Commissioning Group***

**Indicators to be kept under surveillance in 2017-18**

8.6 Oxfordshire performance for the proportion of opiate users who successfully complete treatment ***Responsible Organisation: Oxfordshire County Council***

8.7 Oxfordshire performance for the proportion of non-opiate users who successfully complete treatment ***Responsible Organisation: Oxfordshire County Council***

**Priority 9: <u>Preventing chronic disease through tackling obesity</u>**

After smoking, obesity is the biggest underlying cause of ill health (obesity is defined by a BMI of over 30). It can lead to high blood pressure, heart disease, stroke, diabetes, cancer and early death. It also increases immobility and makes any other disability more severe than it would otherwise be. There is a national trend for rising obesity rates across the population and although Oxfordshire fares better than the national picture, this remains a local priority and needs a long term perspective.

Surveillance of these issues shows that

- Rates of obesity in the county continue to rise. Data from surveys show a cause for concern.
- The percentage of people diagnosed with diabetes by their GP continues to rise across the county.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates, but show over 16% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

To tackle obesity we propose to keep our focus in the following areas:

**Promoting breastfeeding**

Breastfeeding gives the best start to life and has been proven to lead to fewer overweight children and adults. The national figure for breastfeeding prevalence at 6-8 weeks is just under 44% but in Oxfordshire we want to keep the stretching target of 63% and will only achieve this if we focus on the areas where rates are low.

**Halting the increase in childhood obesity**

Children in Reception class and Year 6 are weighed and measured every year and results show that around 7% of reception year and 16% of Year 6 children are obese. This feeds through into ever increasing levels of obesity in young adults. Making parents aware of problems early helps them to take action if they choose to. Healthy eating initiatives are part of the approach though the Healthy Weight action plan in Oxfordshire also includes physical activity, environmental planning and

workplace based initiatives. Levels of obesity are also linked to social deprivation, with more deprived parts of the County showing higher rates of obesity along with some ethnic groups, so some targeting of effort is called for here too.

**Promoting physical activity in adults**

Physical activity is an important component of maintaining a healthy weight for all ages and there is local encouragement here, with Oxfordshire still doing well according to the 'Active People' survey. However, the survey showed that almost 17% of the population are inactive – not even attaining 30 minutes of physical activity a week. Regular participation in physical activity will have an impact on mental wellbeing and be critical to good health in the county.

**Where are we now?**

- Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year and declined slightly in year 6. In reception obesity increased from 6.6% to 7%, and in year 6 declined from 16.2% to 16%.
- There is variation in the percentages of children who are overweight or obese with higher rates in some minority ethnic groups and in more disadvantaged communities.
- Oxfordshire continues to have high numbers of people who are physically active and the proportion that are inactive has fallen.
- **82%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74.3%) and that for the South East (78.0%).
- At 6-8 weeks after birth, over **60%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%

**Topics to be discussed and developed in 2017-18**

1. Addressing inequalities issues in preventing chronic disease by tackling obesity and improving participation in physical activity. In order to implement the recommendations of the Health Inequalities Commission, all of the work to tackle this priority area will include a focus on reducing inequality of outcome.

**Outcomes for 2017-18**

9.1 Ensure that the obesity level in Year 6 children is held at below 16% (in 2016 this was 16.0%) No district population should record more than 19% ***Data provided by Oxfordshire County Council***

9.2 Reduce by 0.5% the percentage of adults classified as "inactive" (Oxfordshire baseline Nov 2016 of 17%). ***Responsible Organisation: District Councils supported by Oxfordshire Sport and Physical Activity***

**Indicators to be kept under surveillance in 2017-18**

9.3 63% of babies that are breastfed at 6-8 weeks of age ***Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group***

**Priority 10: <u>Tackling the broader determinants of health through better housing and preventing homelessness</u>**

Housing and health are intimately connected and inextricably linked. Having a home, living in good housing conditions and in a good neighbourhood with the right kind of support, are vital ingredients to health and well-being.

There are several ways in which housing issues impact on health, including the following:

- 'Fuel poverty' affects people of all ages and in all types of housing. Having a poorly heated home shows itself in greater incidence of respiratory disease, allergies, asthma and risk of hypothermia. Excess winter deaths are directly related to poor energy efficiency in houses
- Homeless people die earlier and suffer worse health than people with a stable home. The threat and experience of homelessness also has an impact on mental wellbeing.
- Safe, secure housing contributes to improving health outcomes. Some vulnerable people need support to maintain their tenancies and live ordinary lives as fully participating members of the wider community. This is an essential ingredient for preventing ill health and homelessness.

These housing issues all have to be tackled in partnership.

Surveillance and sharing of good practice over the last few years through the Health Improvement Board has already seen a higher profile for this area of work.

Concerns remain including

- Changes to local funding and arrangements for commissioning housing related support.
- Changes to the welfare benefit system which has potential to put more households at risk of homelessness.
- The high cost and low availability of private sector housing within the County.
- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Young people, especially those who have been Looked After, may need support to find and remain in appropriate housing.

**Where are we now?**

- The number of households in temporary accommodation fell by 29, to 161 from 190 in 2016-17
- There were 3,057 households presenting at risk of being homeless that were prevented from being homeless because of the efforts of district councils; compared to 2,992 cases in 2015/16.
- The number of rough sleepers fell to 79 (from a figure of 90 in 2015/16).
- New contracts are to be let for housing related support based on a joint commissioning arrangement and pooled budget.

**Topics to be discussed and developed in 2017-18**

1. Domestic abuse – strategic approach to joint commissioning. The work to jointly commission high quality services for prevention, early intervention and support for victims of domestic abuse is building on a major review carried out in 2016. The Health Improvement Board will consider its role in governance and strategic leadership for this work.

**Outcomes for 2017-18** were set as follows and outturns will be reported at the meeting:

10.1 The number of households in temporary accommodation on 31 March 2017 should be no greater than the level reported in March 2017 (baseline161 households in Oxfordshire in 2016-17). **Responsible Organisation: District Councils**

10.2 At least 75% of people receiving housing related support will depart services to take up independent living (baseline 87.3% in 2016-17). **Responsible Organisation: Oxfordshire County Council**

10.3 At least 80% of households presenting at risk of being homeless and known to District Housing services or District funded advice agencies will be prevented from becoming homeless (baseline 80% in 2016-17). **Responsible Organisation: District Councils**

10.4 Ensure that the number of people estimated to be sleeping rough in Oxfordshire does not exceed the baseline figure from 2016-17 (baseline 79) **Responsible Organisation: District Councils**

10.5 Measure on young people's housing related support to be confirmed at the HIB in July 2016. Proposed measure is "at least 70% of young people leaving supported housing services will have positive outcomes in 16-17, aspiring to 95%" (baseline 70.7% in 2016-17). **Responsible Organisation: Oxfordshire County Council Children, Education and Families Directorate.**

**Indicators to be kept under surveillance in 2017-18**

10.6 At least 1,430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. **Responsible Organisation: Affordable Warmth Network.**

**Priority 11**: **Preventing infectious disease through immunisation**

Immunisation is the most cost-effective medical public health intervention. Levels of immunisation for childhood diseases in Oxfordshire remain good, but it is imperative that this is maintained. Constant vigilance is needed to make sure that individual children have access to immunisation. This means working closely with GPs, community nurses and individual families.

It is important that immunisation rates remain high throughout the population to maintain "herd immunity". Responsibility for commissioning immunisation services sits with NHS England. High levels of coverage need to be maintained in order to continue to achieve the goal of protection for the population.

New immunisations were introduced in 2013-14. This includes flu immunisation being given to children, (which started with 2-3 year olds and is adding more ages each year), and Shingles vaccinations are offered to people aged 70 and 79.

The Oxfordshire Joint Strategic Needs Assessment shows high levels of coverage but some targets are still not being met. The leadership for these services has changed during the last few years and maintaining our current position will be a real challenge.

We are proposing priorities for improving immunisation levels across the board, focussing on childhood immunisation and ensuring that flu immunisation reaches those at particular risk.

**Where are we now?**

- Rates of immunisation for Measles, Mumps and Rubella remained high but just failed to reach the national target of 95%. This was true for both first and second doses. NHS England have given details of their work to improve this performance and ensure the children who are missing out are included.
- The rate of take up for people aged under 65 who are invited for flu vaccination fell in the last year and did not meet the target.
- All targets have been met for HPV vaccination of young women to protect them from some causes of cervical cancer.

**Outcomes for 2017 -18**

11.1 At least 95% children receive dose 1 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 94.6%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***

11.2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 93.1%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***

11.3 At least 55% of people aged under 65 in "risk groups" receive flu vaccination (baseline from 2015-16 45.9%) ***Responsible Organisation: NHS England***

**Indicators to be kept under surveillance in 2017-18**

11.4 At least 90% of young women to receive both doses of HPV vaccination. (Baseline in 2015-16 tbc) ***Responsible Organisation: NHS England***