Health and Wellbeing Board's Vision

To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire

Oxfordshire Prevention Framework 2019-2024

(working draft)

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Oxfordshire Prevention Framework – Summary

Prevention - The Headlines

"Half of all mental illnesses begin by the age of 14"

"Being overweight is linked to 11 types of cancer"

""Loneliness is as bad for your health as smoking 15 cigarettes a day"

"80% of health spending on diabetes is on its complications"

"Stress, anxiety and depression are the leading cause of lost work days"

Executive Summary

Whilst it seems that every strategy and plan being published calls for more prevention measures, what is often less well articulated are some key issues:

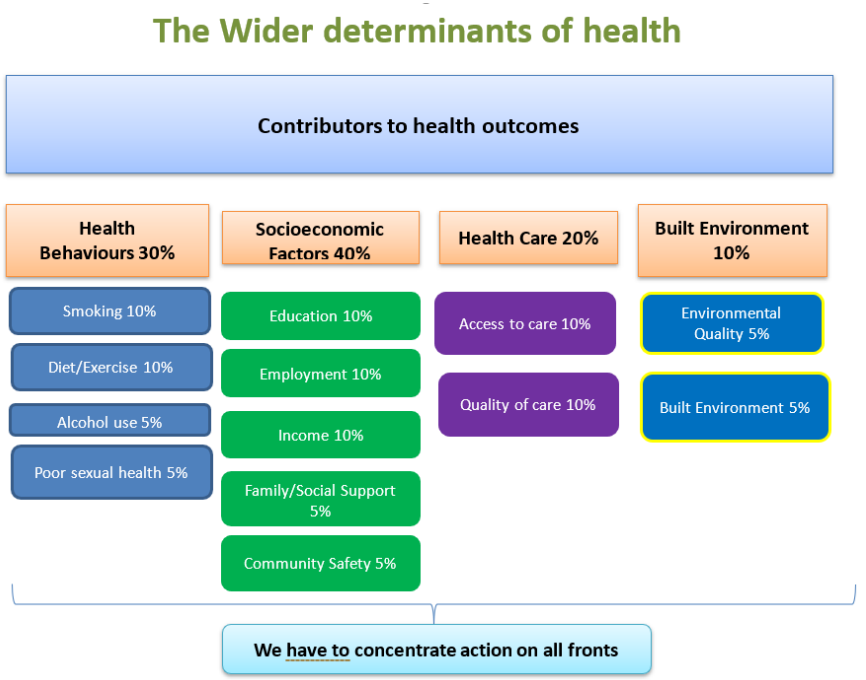
- What are our local prevention priorities?
- What are we already doing?
- How can we fill the gaps?
- How can we close the inequalities gap?
- How are we going to resource this work?

This framework aims to start addressing these questions.

We identified why people are dying or suffering from poor health. We then went back to basics to tell the story of why this is happening. These include a combination of individual choices and factors, social and economic circumstances and the places we live, learn, work, travel and socialise.

The overall structure for the framework covers the wider determinants of health as shown on the chart on the right. Our focus is on:

- **Lifestyle factors**: particularly obesity, poor diet, lack of physical activity, smoking and alcohol
- **Built environment and Socioeconomic factors** including Healthy Place Shaping, loneliness, low income and affordable warmth
- **Health care factors** and how prevention initiatives can be embedded in all parts of the health and care system.



The recommendations in this framework are based on an in-depth look at local health needs and the bedrock of proven good practice.

The resulting short list of priorities needs the attention of all partners in the system – which means the NHS, local government at all levels, the third sector and everyone who lives in Oxfordshire. We also need to encourage people to look after themselves so that they don't come into contact with health professionals until they really need to. There is something for everyone and it is hoped that you will all recognise your contribution and the need to build on what you are already doing, joining things up and working ever more closely together.

This is just the beginning of an ongoing process. Over time, we will need to keep renewing our focus and checking our priorities. There is already a lot going on. Let's do some more!

"Delivering big change with financial and operational pressures is hard, but the prize is great if we get it right"
Duncan Selbie, Chief Executive, Public Health England

Why is prevention needed?

Demand for health and care services is rising, yet the system's workforce and financial resources are struggling to keep pace. We need to work differently, shifting to a more pro-active approach to prevention as set out below:

PREVENT illness	**REDUCE** the need for treatment	**DELAY** the need for care
Preventing illness and keeping people physically and mentally well, e.g. being active, breathing clean air, having social connections (**primary prevention)**	Reducing impact of an illness by early detection e.g. cancer screening, and preventing recurrence e.g. lowering blood pressure or cholesterol to prevent another stroke (**secondary prevention)**	Soften the impact of an ongoing illness and keep people independent for longer (**tertiary prevention**)

The aim is to:

- Improve quality of life by creating and promoting health and wellbeing
- Reduce health inequalities
- Save our public services from the spiralling costs of treating avoidable illness and ongoing needs and improve the efficiency and wellbeing of the workforce.

Are we doing all we can on prevention in Oxfordshire?

There is a lot of good work already happening

- **Healthy life expectancy** in Oxfordshire is significantly higher than national and regional averages for both males and females (men 81.6yrs, women 84.6yrs)
- In Oxfordshire, the average **wellbeing** scores for life satisfaction have gone up recently
- The percentage of babies with **low birth weight** in Oxfordshire remains lower than national levels, and breastfeeding prevalence stays high in the county, well above national levels
- The rate of **teenage conceptions** in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national trends
- The **number of smokers** in the county is lower than the national average and is decreasing
- Pedestrian **casualties on the roads** have reduced in recent years.
- In 2015-16, Oxfordshire's rate of **emergency hospital admissions** due to falls was above the England average. Since then, the overall county rate has fallen and is now lower than the national and regional rates. The City rate remains significantly higher than national averages.
- There has been an increase in the proportion of older social care clients **supported at home**

Issues that continue to be a problem in Oxfordshire

Traditionally, there have been:

- Urgent, reactive matters crowding out preventative, proactive interventions (including the use of resources)
- Piecemeal prevention services
- Lack of joined up working between individuals, community groups, health organisations, emergency services and local authorities

- The top 4 causes of death for under 75s in Oxfordshire are: **cancer**, **cardiovascular disease, respiratory disease and liver disease.**
- **Half of these are considered to be preventable.**
- A higher proportion of these deaths is in areas of **deprivation**.

- Oxfordshire is generally a healthy county, but **cardiovascular disease, cancer, depression and musculoskeletal problems** (including a recent rise in osteoporosis), were more prevalent than the England average in the most recent year of data.
- The proportion of all **school pupils with social, emotional and mental health needs** has increased over recent years in Oxfordshire and in England.
- Since 2013/14, prevalence of **depression** has increased from 6.6% to 10.3% amongst adults
- **Smoking** prevalence in Oxfordshire is lower than the England average and is decreasing, but prevalence remains high for adults in **routine and manual occupation groups.**
- The latest data (2017/18) shows that smoking prevalence at time of delivery in Oxfordshire is 7.8% - indicates there were over **510 women smoking throughout pregnancy that year.**
- Over half of adults in Oxfordshire are **overweight or obese (**and the rates are rising), and three in ten adults are not meeting physical activity guidelines
- One in five children in Reception, and one in three children in Year 6 are **overweight or obese**. These rates seem to be fairly stable for both age groups but there are indications that it may be increasing among year 6 children
- **MMR immunisation rates** are declining**.** The immunisation rate for dose 2 of the Measles, Mumps and Rubella vaccination has recently dipped below the minimum threshold of 90% which is a cause for concern.
- 1 in 5 children in Oxfordshire have **tooth decay**. Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and in some cases, treatment under general anaesthetic. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children – for example, childhood obesity.
- **Isolation and loneliness** have been found to be a significant health risk and a cause of increased use of health services. Areas with the highest risk of loneliness are in Cherwell (Banbury, Bicester Town); Oxford (Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley) and South Oxfordshire (Didcot South)
- Indicators that are worse than average are: **killed and serious injured on roads**; hospital stays for **self-harm**; **diabetes** diagnosis rates and **alcohol**-specific hospital stays in young people.
- Oxford City has been the only Oxfordshire district with a rate of **falls** consistently significantly worse than England. Rates in the rest of the county have fallen recently and are in line with, or better than, national averages.

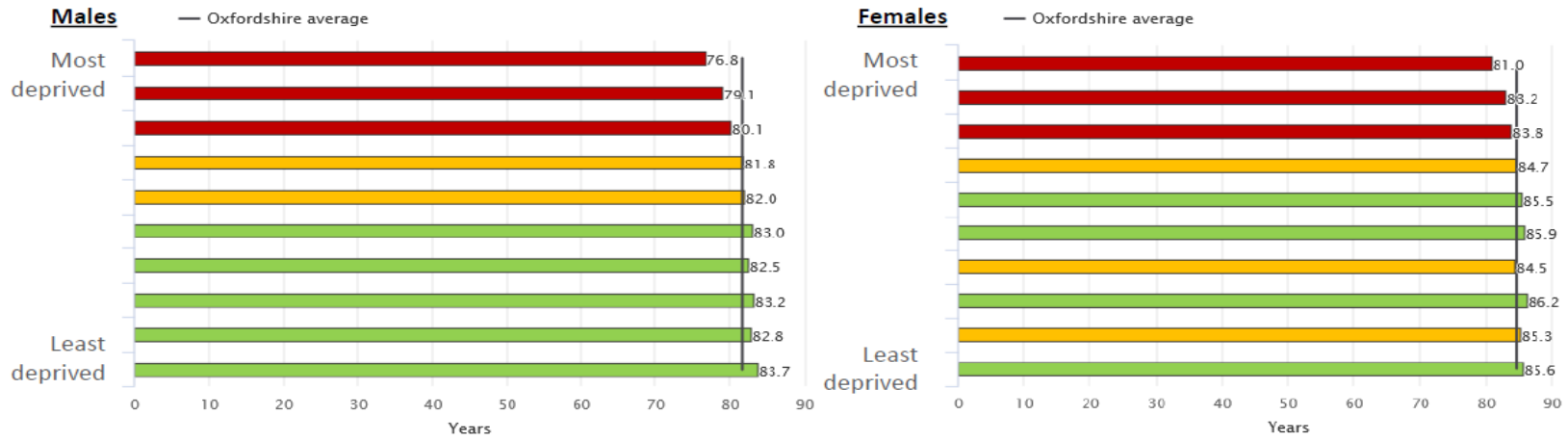
Health Inequalities

Whilst the overall **life expectancy** for men and women in Oxfordshire has increased in the last 30 years (with men's life expectancy increasing faster, closing the gap between the sexes to 3 years):

- **There is a gap of almost 7 years** for men between the most and least **deprived areas** (data for the combined years 2015 to 2017)
- For females this gap is just under **5 years**
- Many of the cases of illness and early death are more prevalent in areas of **deprivation**
- Health inequalities may also be linked to **ethnicity, age, sex** and other factors

This chart illustrates the differences in life expectancy across Oxfordshire as a result of multiple deprivation

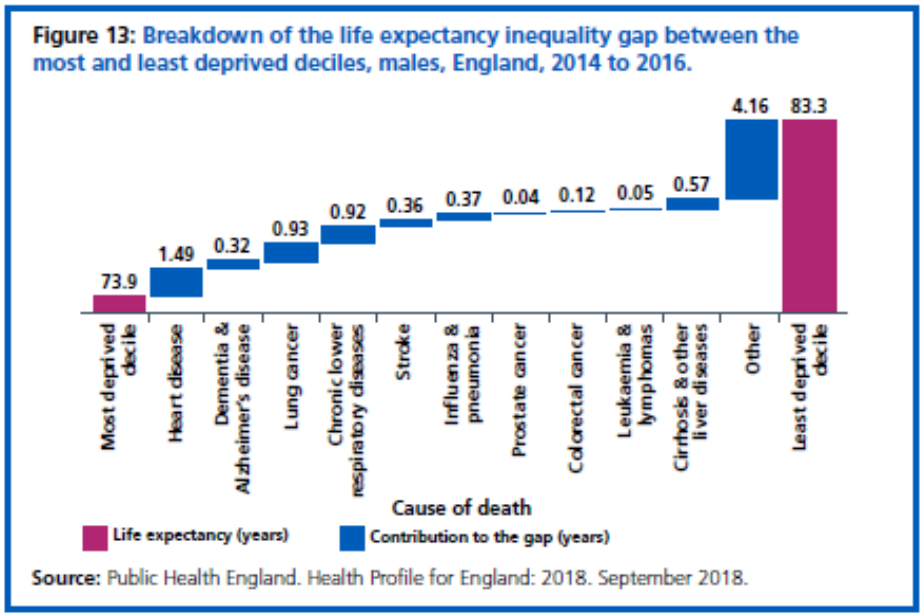
Oxfordshire Life Expectancy at birth by LSOA deprivation deciles: males and females, 2015-17



Source: Life Expectancy at Birth, ONS from PHE Public Health Outcomes Framework

The table below shows how long, on average, someone might expect to live without disability or long-term conditions in the most and least deprived areas of Oxfordshire (JSNA 2017):

	Most deprived 10%	Least deprived 10%
Men	60.7 years	70.8 years
Women	60.9 years	70.5 years



The table above illustrates the factors which add up to give a gap in life expectancy for men in England.

Oxfordshire Prevention Framework - How we will make a difference

- Address the biggest risk factors causing preventable premature death or disease
- Create healthy communities where people can maintain and improve their health as they live, learn, work, travel, connect and socialise
- Recognise that everyone and every organisation has a role in prevention.

Deciding on priorities

We need to consider:

- Which factors have the biggest effect on health?
- Which affects most people?
- What are the biggest health inequalities?
- Which are the lowest hanging fruit? (i.e. easiest for us to change)

Suggested system-wide priorities for the next 5 years (in addition to business as usual):

This is to be discussed at HWB and refined into a timeline for each priority over 5 years

1. Establishment of local cross-organisational leadership for prevention, making resources available.
2. Optimise the first 1000 days of life, including reducing smoking in pregnancy, focussing on maternal mental health, promoting healthy eating and increasing immunisation of children
3. Promote and create emotional wellbeing, including the '5 ways to wellbeing' and the 'CLANGERS[1]' approach to wellbeing, for children, young people, adults and families. (C
4. Shape Healthy Places throughout Oxfordshire, including the physical environment, the cultural offer and building communities.
5. Address priority socio-economic factors – loneliness and the impact of debt.
6. Tackle the growing problem of obesity through prevention and weight management interventions
7. Improve early detection, self-care and clinical management of long term conditions, particularly Cardiovascular Disease, Respiratory, Diabetes, Mental health and Cancer

Plus targeted work to reduce health inequalities in all of the above.

[1] CLANGERS = Connect, Learn, be Active, Notice, Give, Eat well, Relax, Sleep

Strategy

1. **Optimise first 1000** days of life to get the best start in life.
2. **Promote** healthy behaviours for all children and young people
3. **Prevent long term conditions (LTC)** through healthy lifestyles, addressing socio- economic factors and shaping healthy places to live and work (primary prevention)
4. **Reduce harmful impact** of physical and mental health conditions through early detection and optimal treatment (secondary prevention)
5. **Delay the need for care**, empowering people to remain independent in their own homes (tertiary prevention)
6. **Tackle health inequalities** and prevent premature deaths and illness

Actions

1. Optimise preconception, antenatal and postnatal care and health in early years.
2. Enable and promote physical activity, healthy eating and resilience in children and young people.
3. System wide weight management interventions including behaviour change approaches
4. Fill in gaps in current primary prevention programmes (smoking, alcohol, falls, debt advice, workplace health)
5. Improve early detection, self-care and clinical management of long term conditions, as highlighted in the NHS long Term Plan
6. Enhance independence by supporting carers, preventing falls and strengthening social networks through social prescribing

General Enablers

- Whole systems approach including individuals, healthcare access and wider determinants of health
- Shift in cultural mindset - embedding primary and secondary prevention in all clinical and care pathways
- MECC training embedded in all organisations
- Primary Care Networks using a proactive, holistic approach
- Healthy Place Shaping
- Development of health and wellbeing programmes in early years, schools, colleges and workplaces
- Targeted interventions to people and areas of high need to narrow health inequalities gap using Population Health Management methods
- Collaborate with and support voluntary sector and community groups who are engaged in supporting the health and wellbeing of their communities. Build on community assets.

Embedding Prevention in all decisions, plans and processes

Individuals	• Lifestyle choices • Being a good neighbour • 5 ways to wellbeing
Each organisation	• Prevention business as usual • Health in all Policies
All Service Providers	• Making Every Contact Count • Embedding prevention and early intervention
Healthy Settings	• Where we learn • Where we work • Healthy Place Shaping
All Partnerships	• Prevent, Reduce, Delay in all strategies • Tackle Wider Determinants of Health • Target health inequalities
The Whole System	• Focus on joint priorities on top of business as usual

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4. **The causes and influencers of poor health**
5. **Strategic context**
6. **Health needs in Oxfordshire**
    - Causes of premature death and disease and associated risk factors
    - Health inequalities
    - High patient impact and high cost complications of preventable disease

7. **What are the priorities for embedding prevention in all aspects of life in Oxfordshire?**
    A. Lifestyle Factors
        - Obesity
        - Alcohol
        - Smoking
        - Physical Inactivity

    B. Socioeconomic factors and the Built Environment
        - Built Environment and healthy place shaping
        - Low income and debt
        - Loneliness and social isolation
        - Better Homes, Better Health

    C. Healthcare factors - Embedding prevention in all aspects of the Health and Social Care System
        - Implementing the NHS Long Term Plan
        - Everybody's role and responsibility
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8. **Conclusion and Recommendations**

Bibliography, Annexes

Oxfordshire Prevention Framework

Foreword – The Purpose of the Prevention Framework-
The need for "Prevention" has a high profile these days, both nationally and locally.
It seems that every strategy and plan being published calls for more prevention measures. However, what is often less well articulated are some key issues: What are our local prevention priorities? What are we already doing? What are the gaps?

This framework sets out the priorities for prevention in Oxfordshire. It is a companion document to the Joint Health and Wellbeing Strategy (2019-24) which has recently been revised and which has Prevention as a major cross cutting theme.

We want to focus on identified need in Oxfordshire, draw from evidence of what will work and recognise the valuable assets and enablers that are already in place and which need to be maintained. So, in order to draw up this framework, we have looked at local population health needs (using our Joint Strategic Needs Assessment (JSNA) and other analyses of need), learned from published evidence of effectiveness, discussed the issues with a wide range of colleagues and identified gaps.

The resulting short list of priorities needs the engagement of all partners in the system – which means the NHS, local government at all levels, employers, the third sector and everyone who lives in Oxfordshire. There is something for everyone to do and we encourage you to recognise your contribution and the need for building on what you are already doing, joining things up and working ever more closely together.

This is just the beginning of an ongoing process. We will monitor our progress and will need to keep renewing our focus and checking our priorities. There is already a lot going on. Let's do some more!

1. **Aim**

Prevention interventions aim to:

- Improve quality of life by creating and promoting health and wellbeing
- Reduce health inequalities
- Save our public services from the spiralling costs of treating avoidable illness and ongoing needs and improve the efficiency and wellbeing of the workforce.

This framework is to be used by all partners in Oxfordshire to embed “Prevention” in our services, our workforce and our planning.

The 3 main ways we will do this are:

1. Recognise that every individual and every organisation has a role in prevention. We want to develop those roles even further
2. Create healthy communities where people can maintain and improve their health as they live, learn, work, travel and socialise - where healthy choices are the easiest choices
3. Address the biggest risk factors causing preventable premature death or disease and soften the impact of existing disease

2. Definitions

Prevention can mean different things to different people. Defining what we mean is important to allow all partners to be aligned. We are using the definition set out here throughout this document and want it to become the **definition adopted throughout the county**.

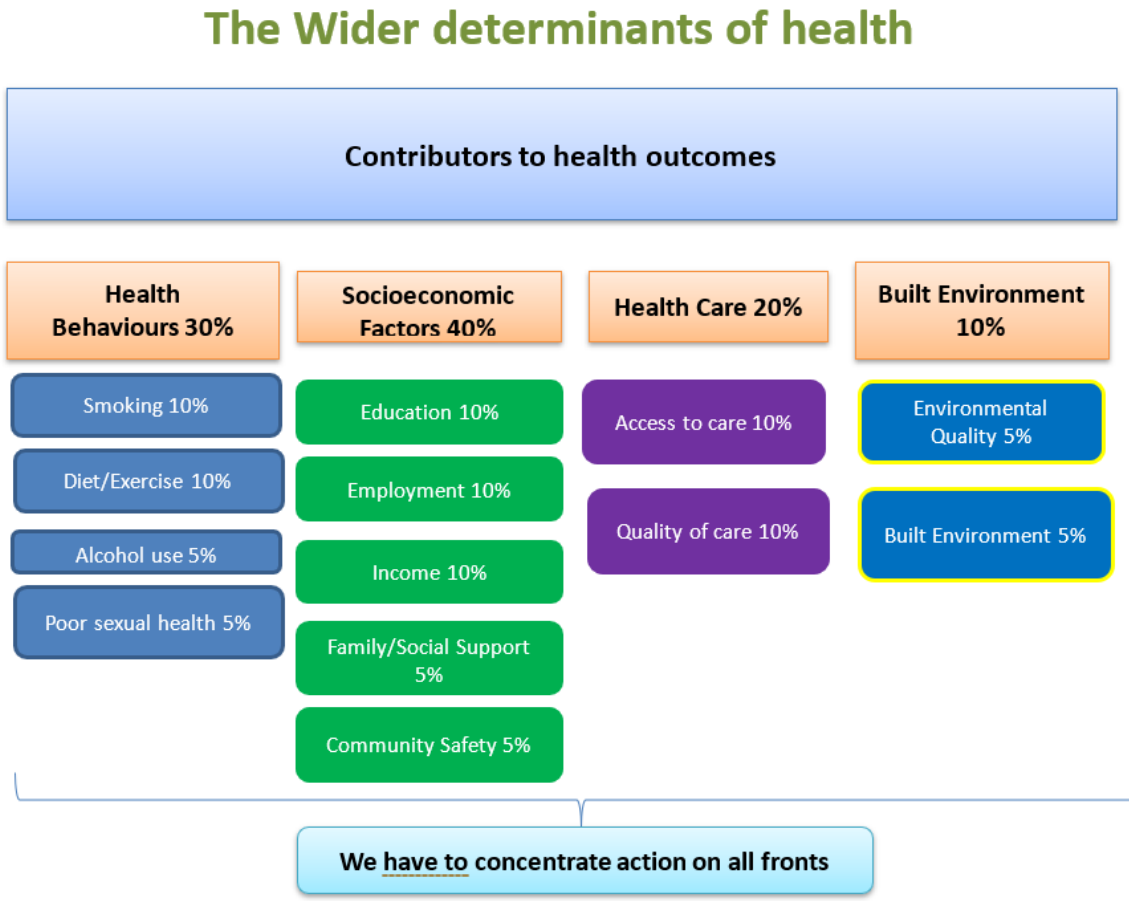
PREVENT illness	**REDUCE** the need for treatment	**DELAY** the need for care
Preventing illness and keeping people physically and mentally well, e.g. being active, breathing clean air, having social connections (**primary prevention)**	Reducing impact of an illness by early detection e.g. bowel screening/smear tests, and preventing recurrence e.g. lowering blood pressure or cholesterol to prevent another stroke (**secondary prevention)**	Soften the impact of an ongoing illness and keep people independent for longer (**tertiary prevention**)

Prevention can also be categorised according to the causes and influencers of poor health

Multiple factors influence health

- **Lifestyle factors/health behaviours**: particularly obesity, poor diet, lack of physical activity, smoking and alcohol
- **Socioeconomic factors:** including low income, social isolation
- **Health care factors:** detection and treatment of physical and mental health conditions (see Annex 4 for more detail on interventions)
- **Built environment:** such as green spaces, cycle lanes, air quality, housing quality, accessibility of services and facilities

Diagram 1: Marmot's wider determinants of health (The Marmot Review 2010)



Everyone has a role in this work – whether they are individuals managing their own health or organisations from every sector, shaping the living, learning or working environment or providing services for the population.

4. The Strategic Context

National Strategies setting out the imperative for increasing prevention work include:

- The Five Year Forward View for the NHS
- The Five Year Forward View for Mental Health
- The Five Year Forward View for Primary Care
- The NHS Long Term Plan (January 2019) and Implementation Framework (June 2019)
- The Care Act (2014)
- Advancing our Health: prevention in the 2020s. Green Paper published July 2019

Our local partnership strategies which embed this principle include:

- The Joint Health and Wellbeing Strategy (2019-24)
- The Children's Plan
- The Older People Strategy
- Oxfordshire Health Inequalities Commission report (2016)
- The agreed priorities of the Health Improvement Board
- Oxfordshire Mental Health Partnership
- Endorsed by Oxfordshire Growth Board for inclusion within strategic outputs including the Oxon Plan 2050, the Local Industrial Strategy and Local Transport and Connectivity Plan 5.

The **Health Inequalities** Commission recommended 5 principles for ensuring health inequalities issues are considered and addressed, which are worth repeating here:

1. The profound influence and impact of poverty on health needs to be widely recognised and systematically addressed
2. Commitment to prevention needs to be reflected in policies , resources and prioritization
3. Resource re-allocation will be needed to reduce inequalities
4. Statutory and voluntary agencies need to be better co ordinated to work effectively in partnership organizations
5. Data collection and utilization needs to be improved for effective monitoring of health inequalities

The **Integrated Care System (ICS) for Buckinghamshire, Oxfordshire and Berkshire West** are developing their 5 year plan as this framework is being finalised in Autumn 2019. The Guiding Principles for Prevention in that plan also contribute to the strategic context here. They are:

- **Strategic and Clinical Leadership** on prevention and inequalities needs to be identified and recognised in each organisation and ICS workstream.

- The whole system should adopt the steps **Prevent, Reduce, Delay** – as follows:
    - **PREVENT** illness. Preventing illness and keeping people physically and mentally well, e.g. being active, breathing clean air, having social connections. (**primary prevention)**
    - **REDUCE** the need for treatment. Reducing impact of an illness by early detection e.g. bowel screening/smear tests, and preventing recurrence e.g. lowering blood pressure or cholesterol to prevent another stroke. (**secondary prevention)**
- **DELAY** the need for care. Soften the impact of an ongoing illness and keep people independent for longer. (**tertiary prevention**)

    - It should be noted that the top risk factors set out in the NHS Long Term Plan are smoking, obesity, alcohol, air pollution, anti-microbial resistance and stronger NHS action on health inequalities. All will need to be addressed during the lifetime of this plan.

- **Everyone has a role in prevention**. Every part of the system and every workstream of the ICS is to identify priority areas and actions it can take.
    - As a minimum it is expected that in year 1 of this plan there will be improved outcomes for workforce wellbeing and for identification, intervention and referral for people who smoke or misuse alcohol.

- **Identify priority areas** for improving population health and addressing inequalities by using agreed and consistent evidence and methodology e.g population health management methodology.

- **Recognise and respond to the impact of socio-economic factors** (including housing and poverty) and the physical environment on health and the role of the wider system in prevention.

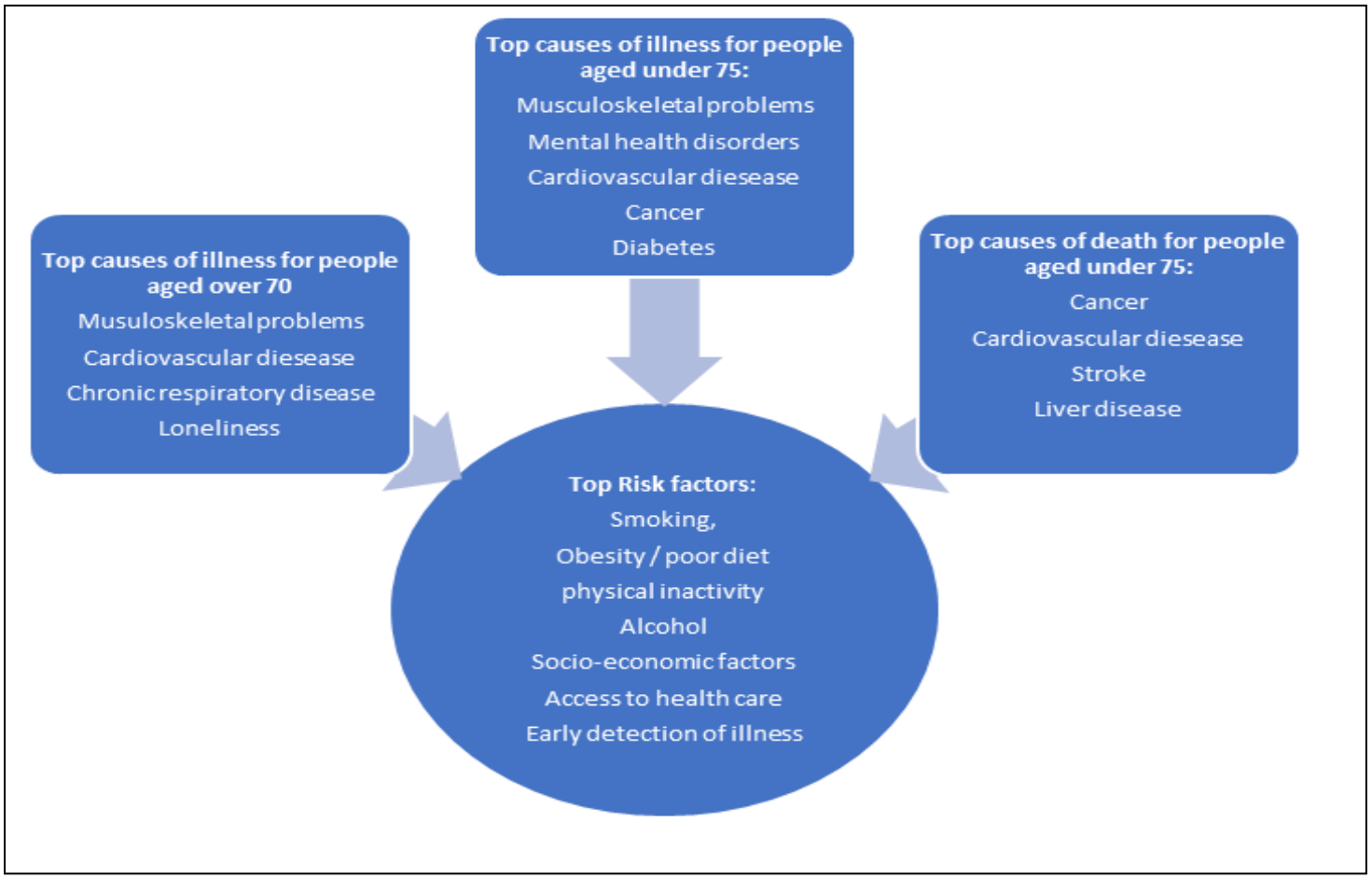
- Ensure that a system wide view is applied to decisions on **how all resources are allocated** to address prevention and inequalities priorities.

5. Health Needs in Oxfordshire

A detailed analysis of causes of death and disease in Oxfordshire has led to the conclusions summarised in the diagram below. Details from the analysis are included as Annex 1

The focus of the health needs analysis is on:

- **Premature death and premature ill-health** (those dying or ill aged under 75)
- **The top preventable causes** of premature death and ill-health (taken from Global Burden of Disease and Marmot's "Social determinants of Health")
- **High patient impact and high cost complications of preventable disease**
- **Health inequalities**
- **Causes of ill-health for people aged over 70**



Health Inequalities

Impact of Deprivation on health outcomes

There are much higher rates of premature death in some areas of Oxfordshire. For example, **there is a 15-year difference in life expectancy between the most and least deprived areas of Oxford City.**

In the same way that there is variation in death rates across the County, there is also variation in prevalence of diseases. For example, **people suffer from ill-health ten years earlier on average in the most deprived areas compared to the least deprived of Oxfordshire**. This is linked to multiple deprivation and differences between ethnic groups.

There are 7 wards which include smaller areas (super output areas) that are among the worst 20% for multiple deprivation in England. These wards are the most likely to have significantly worse outcomes for a wide range of indicators including life expectancy, disability-free life expectancy, obese children, emergency admissions and deaths from preventable diseases. The wards are:

- Banbury Grimsbury and Hightown (Cherwell)
- Banbury Ruscote (Cherwell)
- Barton and Sandhills (Oxford)
- Blackbird Leys (Oxford)
- Northfield Brook (Oxford)
- Rosehill and Iffley (Oxford)
- Abingdon Caldicott (Vale of White Horse)

Source: Basket of Inequalities Indicators, Oxfordshire JSNA
Details of the indicators for which these wards have significantly worse outcomes than the rest of Oxfordshire can be found here: https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA%202018%20ANNEX%20Inequalities%20Indicators%2012Apr18.pdf

Social and Economic factors affecting inequalities

Some aspects of deprivation relate to social and economic factors which also need to be addressed as part of a comprehensive approach to prevention as they have an impact on health outcomes. Housing and homelessness rank as one of the high priorities for addressing the wider determinants of health in Oxfordshire.

The JSNA summary of issues related to housing and homelessness in 2019 included:

- The cheapest market housing is over 10 times the lower earnings in each district in Oxfordshire
- Tenure estimates suggest that 26% of private dwellings in Oxfordshire were privately rented in 2017, up from 22% in 2012.
- The cost of renting privately in Oxfordshire remains well above the South East and national averages
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas with the highest risk of loneliness are in Cherwell (Banbury, Bicester Town); Oxford (Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley) and South Oxfordshire (Didcot South)
- There has been a fall in the number of people in temporary accommodation
- The number of people sleeping rough has continued to rise

(Source: http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment)

Population Groups - sex, age, minority communities

Inequalities are also visible between sexes, for people of different ages, for particular minority ethnic communities and others such as LGBTQ+ groups. It is important to explore these issues in planning prevention initiatives. The groups or areas affected will vary with the issues being addressed. The table below includes some headlines on inequalities affecting the population in Oxfordshire which link to our priorities.

Table: Specific examples of health inequalities across different groups and conditions

(Source: The NHS Long Term Plan and Oxfordshire Joint Strategic Needs Assessment, also see Annex 4 for more detail)

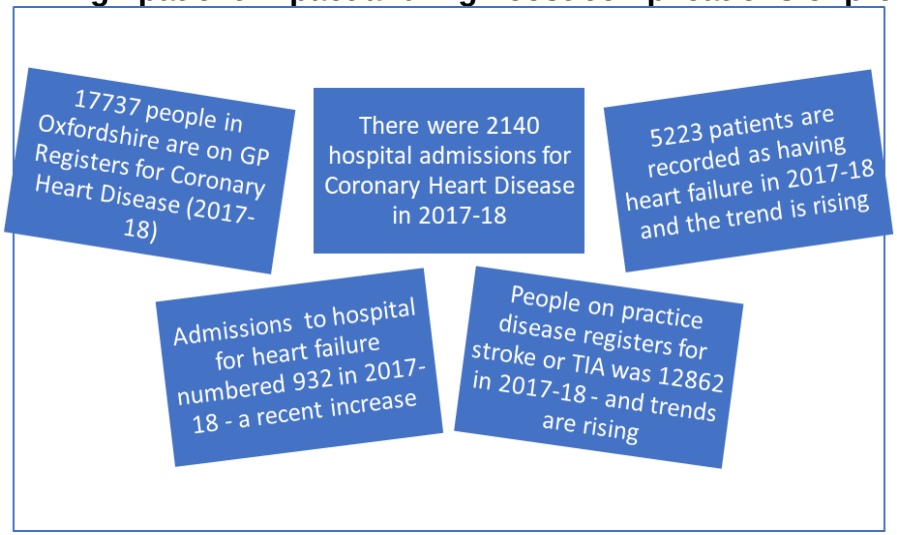
Cardiovascular disease and stroke	The largest cause of premature mortality in areas of deprivation
Respiratory disease	Increased incidence and mortality in areas of deprivation
Type 2 diabetes	The risk is up to six times higher in certain Black, Asian and Minority Ethnic (BAME) groups
Maternity	Women from the poorest backgrounds and mothers from Black, Asian and Minority Ethnic (BAME) groups are at higher risk of their baby dying in the womb or soon after birth.
Obesity	Higher prevalence of childhood obesity in areas of deprivation
Tooth decay	Higher in areas of deprivation

Physical activity	Less physical activity in women, with increasing age and in areas of deprivation
Physical health	Poorer outcomes if severe mental health problems, learning disabilities and autism
Use of emergency department	Higher from people from areas of deprivation
Healthcare access	Lower if housebound

Further detail on disease prevalence and death rates in Oxfordshire wards and GP practices can be found in The Basket of Inequalities Indicators, which is published as part of the Oxfordshire Joint Strategic Needs Assessment. Find it here: https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA%202018%20ANNEX%20Inequalities%20Indicators%2012Apr18.pdf

Targeting our prevention work will help to reduce this variation, using a Population Health Management approach. This is outlined in the outline of our approach to implementing the NHS Long Term Plan later in this document.

High patient impact and high cost complications of preventable disease



Source: PHE Fingertips https://fingertips.phe.org.uk/profile/general-practice

Source: SUS data. Commissioning Support Unit, July 2019

What are the priorities for Prevention in Oxfordshire?

We must address the biggest preventable risk factors causing premature death or disease. As we have seen above, there is a useful way to categorise the factors which affect health which was set out by Sir Michael Marmot

A. Lifestyle factors: particularly obesity, poor diet, lack of physical activity, smoking and alcohol
B. Built environment and Socioeconomic factors
C. Health care factors

This framework sets out each of these major factors in turn and uses the layout below to consider a range of issues in Oxfordshire. This approach aims to gives practical detail, setting out relevant information to galvanise action across the range of issues that have to be tackled.

A section on Mental Wellbeing is included first as this underpins every other topic in this framework.

<table>
<tr><th colspan="3">Name of the preventable risk factor</th></tr>
<tr><td>Describe the local challenge</td><td colspan="2">Set out what can be done (including as recommended by the Public Health England menu of preventive interventions and the NHS Long Term Plan)</td></tr>
<tr><td colspan="2">List what will be prevented if action is taken</td><td rowspan="2">Describe what is already in place (Assets and Enablers)</td></tr>
<tr><td colspan="2">Outline how will we know we are successful</td></tr>
</table>

The enabling effect of mental wellbeing in addressing these priorities

Mental Wellbeing is a key issue that needs to be highlighted here. Achieving a positive state of health, physical or mental, is highly reliant on having good mental wellbeing. If you are resilient and empowered you are better able to make positive lifestyle choices and better able to respond to adverse events. This means that work on all the initiatives outlined in this framework needs to be underpinned by our collective efforts to maximise mental wellbeing across the population.

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

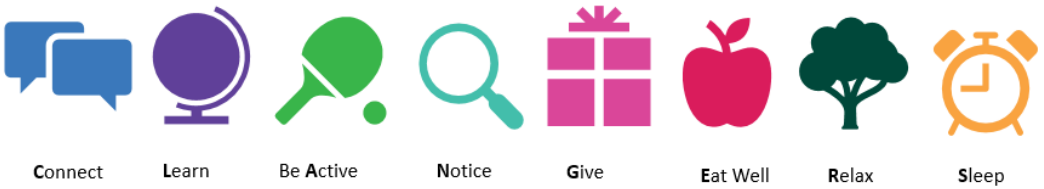
- **Mental ill-health** is concerned with disorders (such as depression, anxiety, schizophrenia, personality disorder) that are used to imply the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions.
- **Mental Health: a state of wellbeing** in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
- **Mental wellbeing** can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole.

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

In Dr Phil Hammond's book "Staying Alive" (2015), this concept was added to and perhaps been made more memorable. CLANGERS, is made up of the 5 Ways to Wellbeing plus Eat Healthily, Relax and Sleep. The elements of both these models are illustrated below:

Five Ways to Wellbeing

CLANGERS: Connect, keep Learning, be Active, take Notice, Give, Eat Well, Relax and Sleep



Topic: Mental Wellbeing

What is the challenge?

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

Measuring wellbeing is difficult so national survey figures are used. The data presents annual estimates of personal well-being on a rolling quarterly basis. These estimates provide a timelier picture of how the UK population are feeling and allows us to monitor how well-being is changing in the UK more frequently.

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

Consensus Statements from PHE Prevention Concordat for Better Mental Health

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

Definitions related to prevention – what are we trying to do?

Mental ill-health is concerned with disorders (such as depression, anxiety, schizophrenia, personality disorder) that are used to imply the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions.

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

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

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

What is already in place? (Assets and Enablers)

- Many partners have already signed up to the Mental Health Prevention Concordat and pledged to do more to create and sustain mental wellbeing in their workforce and in the population by agreeing to the Consensus Statements above.
- Recognition and promotion of 5 Ways to Wellbeing across the county.
- A vibrant and proactive voluntary sector who support wellbeing across

<table>
<tr><td colspan="2">Improvement Board has adopted the understanding of mental wellbeing as being separate to mental health. This means that promoting mental wellbeing is a universal approach.</td><td>the county.
• Talking Space to help people with mild to moderate mental health problems such as anxiety and depression. By referral or self-referral.
• Community Asset Based Development approaches embedded in our Healthy Place Shaping work</td></tr>
<tr><td colspan="2">How will we know we are successful?
The Mental Wellbeing Framework needs to include a range of measures which can be used at population level to monitor mental wellbeing. This is an area for development.

Reference to the 5 Ways to Wellbeing or CLANGERS will enable some measurement.</td><td></td></tr>
<tr><td colspan="3">Recommendations
• The Mental Wellbeing Framework for Oxfordshire should set out comprehensive plans to create, promote and sustain mental wellbeing for all ages. Following up from signing the Prevention Concordat,
a. Organisations need to show that they intend to continue to promote and support mental health and wellbeing.
b. Organisations promoting the adoption of these principles will make a public statement that this is what they are and will be doing to tackle mental health.
c. Sign off and ongoing leadership from the Health and Wellbeing Board
d. Nominate a mental health champion, ideally for each organisation
• Review what is covered in the NHS Health Check with a view to adding a mental health element
• Health Inequalities must be addressed with a focus on communities with poorer health and wellbeing outcomes
• Implementation of the Mental Health Support Teams in schools and promoting ‘whole school working’</td></tr>
</table>

A Lifestyle factors

Our analysis of local prevention priorities has given us a short list of lifestyle factors that have a big impact on health. These will be outlined in turn:

- Obesity
- Alcohol
- Smoking
- Physical inactivity

As stated above, all this work needs to be underpinned by creating and promoting Mental Wellbeing in the population.

Topic: Obesity

What is the local challenge?

- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese. (JSNA) These figures are taken from survey data so it isn't possible to show if some areas have higher prevalence.
- Data from the National Child Measurement Programme (2017-18) shows a similar level of obesity in younger children (aged 4-5 years) as last year in Oxfordshire (7.3%) and a slight increase in obesity of children aged 10-11.(16.3%). There is great variation linked to deprivation, with the ward of Littlemore having the highest percentage of obese children in the county (28.2%) and other deprived wards being significantly worse than Oxfordshire too.
- In the 2016/17 academic year, a measure of prevalence of severe obesity was introduced. In 2017-18, around 180 (2.7%) children were severely obese – lower than the year before. Levels were highest in Oxford City.

Evidence based recommendations from PHE and the NHS Long Term Plan

- **Tackle the obesogenic environment**. CCGs and local authorities work together to support healthier food and drink choices, increase physical activity opportunities and reduce sedentary behaviour and access to energy dense food and drinks
- **Implement Government Buying Standards for food and catering services (GBSF)** across a range of public settings and facilitate the uptake of nutrition policy tools. CCGs and local authorities to require providers to do this and promote consistency across hospital and health settings and local businesses
- **Make every contact count**. Health and care professionals empower healthier lifestyle choices and improve access by sign posting to relevant and appropriate obesity services supported by All Our Health.
- **Weight management services:** CCGs and local authorities to ensure there are evidence-based services accessible to their local population through commissioning together across the obesity pathway and that these are robustly evaluated
- **Integrate weight management and mental health services and/or with learning disabilities**. CCGs and local authorities work together with providers to enable access into appropriate community and clinical obesity services for these individuals
- **National Diabetes Prevention Programme: access to be doubled** (NHS LTP)

What will be prevented?

Reduce the risk of a wide range of long-term diseases, principally type 2 diabetes, hypertension, cardiovascular disease, stroke and some cancers (including being three times more likely to develop colon cancer)

How will we know we are successful?

Prevalence of obesity in the population will be reduced. Increase in prevalence of type 2 diabetes will slow down

What is already in place? (Assets and Enablers)

- **Healthy Place Shaping Principles** – endorsed by the Growth Board, included in the Joint HWB Strategy
- **Whole System Approach to Healthy Weight**– led by Health Improvement Board
- **Achieve Weight Loss service** commissioned by Public Health enabling access to Slimming World, Weight Watchers, Man v Fat and tier 2 support
- **National Diabetes Prevention Programme**
- **NHS Health Checks** with good levels of take-up across the county. Checks include Body Mass Index.
- **Making Every Contact Count** local training and also requirement SC8 in the NHS Standard Contract
- **Here for Health** offering advice and support to patients, relatives and staff at OUH hospitals
- **Sugar Smart initiatives** to encourage sale and demand for sugar-free alternatives

Recommendations

- **Healthy Place Shaping principles to be embedded** in Oxfordshire 2050 and embedded in the Growth Agenda. This will tackle the "obesogenic environment"
- **Commission joined up services for obesity treatment:** A review of weight management services in 2017 concluded that tier 3 services (providing specialist psycho-social support for people with BMI 40+ who do not want bariatric surgery) should be developed.
- **Integrate weight management and mental health services and/or with learning disabilities**
- **Whole System Approach to Healthy Weight** to be fully developed (it is currently in early stages), Sugar Smart and MECC to be rolled out more widely.
- **Capacity of National Diabetes Prevention programme to be doubled** (as set out in the NHS Long Term Plan)
- **Implement Government Buying Standards for food and catering services (GBSF)**

Topic: Alcohol

What is the local challenge?

- Hospital admissions for alcohol attributable conditions were significantly worse than the England average in 6 wards in Oxford City
- National figures indicate that 20% of the population may be drinking at levels which are harmful to health. A further 4% are at increased risk of ill health because of their alcohol consumption and another 1% are classified as dependent drinkers. Many people in these groups may be among the 17% of the population who binge drink – that is having at least double the recommended maximum in one session.
- It is estimated that over 86% of people who would benefit from treatment for harmful and hazardous drinking are not known to services

Evidence based recommendations from PHE and the NHS Long Term Plan

- Alcohol focussed identification and brief advice (IBA) in **primary care** including increasing screening of patients (using Audit-C scratch cards); providing brief advice on alcohol consumption to cover potential harm and strategies to reduce alcohol intake; referral for specialist treatment where relevant. This can be facilitated in primary care by ensuring effective delivery within NHS Health Check
- Alcohol care teams (ACT) in **secondary care** along with training for healthcare staff on screening, and brief advice (refer to the associated national CQUIN). Work should also incorporate comprehensive alcohol use assessments, Care planning, Delivering medically assisted alcohol withdrawal management and psychotherapeutic interventions when appropriate, Planning safe, accelerated discharge and continued alcohol treatment in community services (note: alcohol assertive outreach teams should be considered as a complementary intervention)

What will be prevented?

Alcohol misuse contributes significantly to 48 health conditions, wholly or partially, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cardiovascular conditions, cancers, depression and accidental injuries. Risk of ill health increases exponentially as regular consumption levels increase. Most of these harms are preventable

How will we know we are successful?

Reduction in alcohol attributable hospital admissions
Reduction in A&E attendance for alcohol related injury or ill health
Reduction in estimated unmet need for services to alcohol users
Community safety and social factors improved.

What is already in place? (Assets and Enablers)

- Alcohol Partnership and the Alcohol and Drugs Strategy
- Alcohol treatment services through Turning Point - rated Outstanding by CQC (2019)
- Preventing ill health - alcohol and tobacco CQUIN for 2017-19,
- Making Every Contact Count local training and MECC requirement SC8 in the NHS Standard Contract
- NHS Health Checks with good levels of take-up across the county. Checks include AUDIT to assess risk of harm from drinking alcohol.
- Identification and Brief Advice Training commissioned by Public Health for a range of organisations
- Community Safety Practitioner based in A&E – following up all patients who attend due to alcohol use
- Here for Health offering advice and support to patients, relatives and staff at OUH hospitals
- Access to Self help for all levels of alcohol users - including Drink Coach app
- Successful capital bid for improvements to alcohol clinics.
- Licensing policy and enforcement by District Councils
- Health Promotion about the impact of drinking on health in schools and colleges

Recommendations

- Revise and articulate a joint ambition for addressing alcohol related harm across the partnership
- The Alcohol Care Team (ACT) in the hospital trust is expanded to cover more in-patient departments and funding is sustained. Further training in Fibrosis scanning to enable ACT and others to assess alcohol related liver damage early.
- The Community Safety Practitioner service in the Emergency Dept is increased in capacity to work with the ACT and other services.
- Identification and Brief Advice / referrals in primary care are increased.
- Offer alternative access points for alcohol services to increase accessibility to the whole population, including those drinking at harmful but not hazardous levels.

Topic: Smoking

What is the local challenge?

In 2018 an estimated 10.1% of adults in Oxfordshire were smokers (down from 15.5% in 2015), this equates to 54,804 residents. Whilst there has been an overall decline in smoking locally, some groups within the population are being left behind. For example:

- *Smoking prevalence in adults in routine and manual occupations was estimated at 17% in Oxfordshire*
- *Smoking at time of delivery (i.e. during pregnancy) in Oxfordshire has reduced to 7.8%, remaining below the England average however 513 residents remained smokers.*
- *Smoking prevalence in adults with a long term mental health condition was estimated at 23.4%*

Evidence based recommendations from PHE and the NHS Long Term Plan

- Provide screening, advice and referral in secondary care settings. Secondary care providers to provide screening, advice and referral in acute and mental health trusts, and ensure that the care plan at discharge of patients who smoke addresses their tobacco dependence
- Trusts to implement NICE guidance PH45 "Smoking: Harm reduction". Trusts to provide support for temporary abstinence for smokers unready to stop smoking completely or permanently. May include cutting down to quit and long-term nicotine use to prevent relapse to smoking.
- Assess all pregnant women for carbon monoxide to identify potential smoking and refer for specialist support. Healthcare professionals screen all pregnant women at ante-natal appointments and refer women with elevated levels to specialist services.
- All mental health trusts to have smokefree buildings and grounds with staff trained to facilitate smoke cessation. CCGs require acute trusts to implement smokefree policies on estate grounds and support staff to encourage compliance with the policy

What will be prevented?

Smoking causes cancers, circulatory disease, respiratory disease and premature labour (leading to high neonatal intensive care unit costs) as well as impotence and infertility. Smokers that manage to quit reduce their lifetime cost to the NHS and social care providers by 48%.

How will we know we are successful?

- Reduction in smoking prevalence, especially in routine and manual groups
- Reduction in smoking at time of delivery

What is already in place? (Assets and Enablers)

- Smokefreelife Oxfordshire, a specialist stop smoking service commissioned by Public Health, targeting routine and manual smokers, pregnant women, living with a long-term condition and mental ill-health
- NHS Health Checks with good levels of take-up across the county. Checks include smoking status
- Tobacco Control Alliance with clear priorities following a peer led assessment process.
- Preventing ill health - alcohol and tobacco CQUIN for 2017-19
- Making Every Contact Count local training and requirement SC8 in the NHS Standard Contract
- Here for Health offering advice and support to patients, relatives and staff at OUH hospitals
- Integrated Respiratory Team project using a Population Health Management Approach to reduce the impact of respiratory conditions.

Recommendations

- Adopt and implement the recommendations in the NHS Long Term Plan
  - **a.** By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
  - **b.** A new smoke-free pregnancy pathway including focused sessions and treatments
- A universal smoking cessation offer as part of specialist mental health services, and in learning disability services
- Develop a Tobacco Control Plan for Oxfordshire
- All workplace sites to actively promote and support being smoke free environments with support in place for them to effectively achieve this

Topic: Physical Inactivity

What is the local challenge?

- There are 105,700 physically inactive people in Oxfordshire (May 2018) - 19.1% of adult population of Oxfordshire
- Only 21.2% of children and young people in Oxfordshire meet the recommendations for 60 mins of activity a day. 29.5% are considered "less active" - doing less than 30 mins per day.

Evidence based recommendations from PHE and the NHS Long Term Plan

- Healthcare professionals to deliver effective brief advice on the benefits of physical activity. Invest in raising skills and knowledge of healthcare professionals such as the PHE Clinical Champions Programme
- NICE guidance on "Physical Activity: encouraging activity in the community" – local authorities and healthcare commissioning groups have senior level physical activity champions who are responsible for developing and implement local strategies, policies and plans.
- Increase active travel for staff, patients and local population. Influence strategic plans and Develop travel plans with supporting local activation to get staff, patients and the local population to walk and cycle
- CCGs and local authorities to invest in evidence-based exercise programmes for patients. For example, providing exercise referral schemes where patients receive supervised support by trained professionals
- Adopt and promote PHE's campaigns. Partners to draw on Start4Life, Change4Life and One You campaigns.
- Local authorities to encourage employers through Chamber of Commerce and NHS procurement levers to participate in local workplace health accreditation schemes such as the Better Health and Work Award, Workplace Wellbeing Charter and Mindful Employer Charter to put in place a structured, evidence-based approach to employee health and wellbeing.
- NICE guidance on physical activity interventions published June 2019

What will be prevented?

Physical activity can reduce the risk and help the management of over 20 long-term conditions. It is an independent risk factor (not just linked to obesity).

How will we know we are successful?

Percentage of adults considered inactive to decrease
Percentage of young people considered fully active to increase.
Percentage active journeys (cycling, walking) to increase

What is already in place? (Assets and Enablers)

- Active Oxfordshire – the physical activity and sports partnership for the County
- Healthy Place Shaping – active travel and access to green spaces
- Community Safety partnerships enabling confidence that open spaces are safe
- Leisure Services, Parks and Green spaces provided by District Councils
- Making Every Contact Count local training and also a requirement in NHS Standard Contract
- Five Ways to Wellbeing includes physical activity.
- NHS Health Checks with good levels of take-up across the county. Checks include levels of physical activity
- Community groups, local sports clubs and voluntary organisations across the county
- Moving Medicine in some hospital wards and Here for Health to encourage physical activity for patients.

Recommendations

- Increase knowledge and capabilities of the Health Care Professional network across Oxfordshire through MECC, social prescribing pathways and training/development programmes around Moving Medicine for primary and secondary practitioners.
- Co-ordinated local and national campaigning to promote active lifestyles and raise levels of health literacy.
- Work together to target parents & children who are inactive e.g. FAST – families active, sporting together
- Joined up collaboration and investment in working together in the community to reach and engage people with health conditions, at-risk groups and older people.
- Work with local government and OXLEP to encourage business investment that will provide a range of local work opportunities that enable active travel
- Targeted funding for people with or at risk of long- term health conditions (including mental health) to provide activity and exercise in prevention / treatment pathways.
- Focus investment and layered interventions to create healthier communities in existing places of clearly identified need and address inequalities.
- Promote active travel and active design to help make walking and cycling part of everyday life as part of Oxfordshire's Growth Agenda
- Promotion of PE Pupil premium to schools to enable schools and nurseries to be active learning environments and adopt the Daily Mile, Walking to School etc.
- Promotion of workplace health and well- being targeting major employers with good numbers of low socio economic workers

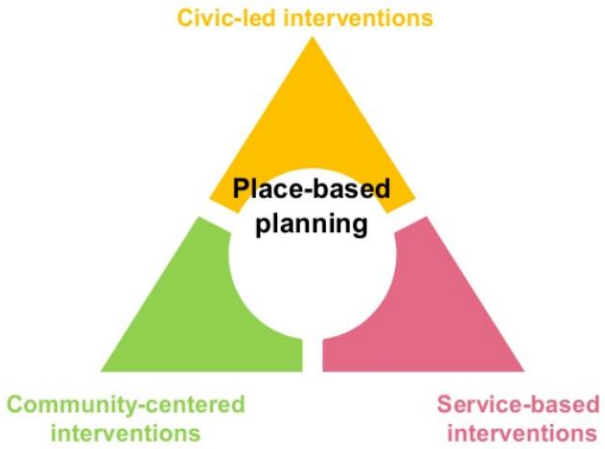
B. Socioeconomic factors and the Built Environment

In our summary of the factors which determine health it is stated that socio-economic factors such as education, employment, income, family and social support and community safety have a big impact on health. These factors also need to be addressed in any effort to prevent ill health and address inequalities in health outcomes for the population. When we also add the impact of the built environment and environmental quality these factors make up 50% of the impact on health. This is especially important in the context of a fast-growing economy and plans for new housing developments – we need to make sure Growth is Inclusive and health improving.

The diagram below is taken from the publication "Place Based Approaches for Reducing Health Inequalities" by Public Health England (PHE), the Association of Directors of Public Health and the Local Government Association. This sets out a very useful model showing the equal importance of Civic-led, Community Centred and Service Based interventions. Together these have been shown to have an impact on Place-Based planning for reducing health inequalities and can be applied to prevention initiatives.

Civic-led interventions: focus on the wide-ranging policy actions that impact populations

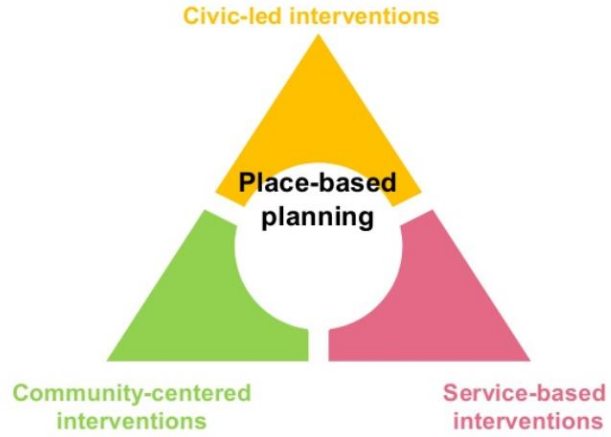
Community-centred interventions: focus on place and shared identity. They centre on community life, social connections and ensuring people have a voice in local decision-making



Service-based interventions: focus on services, in particular addressing unwarranted variability in quality, delivery and use.

Deliberate joint working between the civic, service and community sectors can help the whole be more than the sum of its parts.

The **Civic-led interventions** include the work of both national and local government. The national policy framework for our work is set out in the framework, but here we will focus on the role of local government in addressing the socio-economic factors which affect health.



In the **Community-centred interventions** from the model above, the role of voluntary and community sector is vital. Oxfordshire has a vibrant and thriving Voluntary and Community sector (VCS) and their invaluable contribution to prevention is acknowledged. Small local groups and county wide / national charities all play a vital role. Some are commissioned by the public sector and many provide additional resources, adding value, engaging professionals and volunteers and bringing expertise to countless initiatives. They have a major role to play in promoting Mental Wellbeing. They support people of all ages and are responsive to local need. Their role in this work is essential and the support they need has to be considered if this 3 strand model is to be robust. There are many examples of community centred interventions which address socio-economic factors e.g. mentoring and befriending schemes, support for new parents, advice centres, car sharing schemes etc.

Service-based interventions include ensuring good access for everyone. The services in scope for reducing inequalities and promoting prevention are not just within the NHS. From a very wide range of services, some examples that impact socio-economic factors include Personal, Social and Health and Economic Education (PSHE) in Schools, workplace wellbeing schemes, unemployment services, social prescribing etc.

Our local authority system in Oxfordshire means that different services are provided by different authorities, as set out in the table below**.**

Oxfordshire County Council	**Cherwell, Oxford City, South Oxfordshire, Vale of White Horse and West Oxfordshire District Councils**	**Town and Parish Councils** **responsibilities may include:**
• Education • Transport • Planning • Public health • Fire and Rescue / Public Safety • Social care • Libraries • Waste management • Trading standards • Cultural services e.g museums, music, arts.	• Rubbish collection • Recycling • Council Tax collections • Housing • Planning applications • Environmental health • Leisure and sport • Community development • Economic development • Development and maintenance of green spaces	• Allotments • Bus shelters • Community centres • Play areas and play equipment • Grants to help local organisations • Consultation on neighbourhood planning • Levying fines for litter, graffiti, dog offences

Source: Local Government Association / District Councils' Network "Shaping Healthy Places, exploring the district council role in health" February 2019

What do we need to do?

We need to create healthy communities where people can maintain and improve their health as they live, learn, work, travel and socialise.

The needs of the population vary and therefore the best approach to addressing socio-economic factors is to work locally, focussing on particular issues that are highlighted as important needs or on particular places to give a holistic approach. Three areas of work are outlined in the following tables

1. Healthy Place Shaping
2. Social isolation and loneliness
3. Low Income and Debt
4. Healthy Homes, Healthy People

1. Built environment - Healthy place shaping

The pioneering work of the Healthy New Towns in Bicester and Barton have produced valuable learning that can be applied elsewhere. As part of a national pilot scheme funded by the NHS they have shown that planning a healthy environment, working with the local community and designing health services for a particular place can have a positive impact on health.

This is why our priority is Healthy Place Shaping. This is an approach that has been adopted by the Oxfordshire Growth Board and the Safer Oxfordshire Partnership as well through the Joint Health and Wellbeing Strategy (2019-24).

There are different types of communities where the work of preventing ill health can be focussed. These include:

- Residential housing – both new and existing. Healthy Place Shaping seeks to ensure that new and existing housing developments in Oxfordshire will promote health, enable active travel, support community activation and provide access to green space, cultural and heritage and community facilities (among other things!). It is crucial to create healthy communities in this era of housing growth and apply the principles to existing areas too. These principles can be designed in.

- Access to green spaces and the natural environment are fundamental to both individual wellbeing and planetary health. Investment is required to develop and maintain green spaces so that they feel safe, are attractive to people of all ages, and promote biodiversity.

- Workplaces are communities where prevention can be developed. This is not only in terms of health and safety and reduction of occupational hazards, but also in promoting health and wellbeing of the workforce.

- School communities and Early Years settings are already doing a lot to keep children and young people healthy and are an ideal setting for this. Sharing experiences between schools and adopting good practice is a way to keep the momentum going and investment is required to build their capacity to sustain this work.

- Communities where people can meet, socialise, share interests and look out for each other are also health enabling. These are sometimes in a particular place but may also be groups of people with shared interests. Social prescribing can help people get involved who might otherwise be lonely, lack confidence or are otherwise unsure how to access services and participate in local activities.

Topic: Healthy Place Shaping

What is the local challenge?

To use Healthy Place Shaping as a practical mechanism for creating healthier communities. This has been defined as follows:

"Healthy Place Shaping is a collaborative process which aims to create sustainable, well-designed communities where healthy behaviours are the norm and which provide a sense of belonging and safety, a sense of identity and a sense of community.

It is also a means of shaping local services, infrastructure and the economy through the application of knowledge about what creates good health, improves productivity and benefits the economy, thus providing efficiencies for the tax-payer."

What will work to meet this challenge?

Local learning from the Healthy New Towns in Bicester and Barton along with the other 8 demonstrator sites has been published. https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

The Government has recently issued planning guidance (in June 2019) to improve housing provision for older people in order to keep older people active, well and independent for longer see https://www.gov.uk/guidance/housing-for-older-and-disabled-people

What will be prevented?

- Physical inactivity and the results of inactive lifestyles which include a range of preventable diseases
- Loneliness and poor mental wellbeing
- Poor productivity
- Air pollution
- Crime and community safety issues

How will we know we are successful?

- Healthy Place Shaping principles will be embedded in planning policy and processes
- Increased active travel
- Enhanced Community development and social networks
- Improvements in a range of health and wellbeing indicators

What is already in place? (Assets and Enablers)

- Healthy New Towns in Bicester and Barton
- The Growth Deal in Oxfordshire and the sign-up of the Growth Board to the principles of Healthy Place Shaping
- Embedding the principles of Healthy Place Shaping in the Joint Strategic Spatial Plan (currently being drafted for consultation) and other Growth Deal policy documents.
- Local government services
- Evaluation being conducted to determine impact and change in deprived communities in Bicester, Kidlington and Banbury (Sport England)

Recommendations

- Sustain healthy place shaping as a county wide strategic priority and work with district councils to ensure that it is reflected in their business plans and service delivery
- Public health to work closely with colleagues in planning, transport and highways so that Local Plans and transport policies reflect good practice, address local health needs and align with healthy place shaping principles
- Invest in the capacity of the third sector to increase community capacity and support social cohesion
- Workforce wellbeing and skills development to be promoted through Oxfordshire's Local Industrial Strategy and District Industrial/economic strategies so that economic development in the county supports inclusive growth
- Support good practice in the stewardship of green and blue spaces, with investment to increase their attractiveness to people of all ages and to sustain their biodiversity
- NHS providers and commissioners to engage with place based approaches to promoting health and wellbeing and to ensure that our health estates reflect new models of care
- Social prescribing. Encourage referrals to social prescribing schemes and evaluate and share learning of different approaches across the county.
- Commissioning of new schools to include criteria which embed healthy place shaping principles and invest in the capacity of education providers to follow good practice in developing and sustaining healthy behaviours

Topic: Social Isolation / Loneliness

What is the local challenge?

- An estimated 20,400 people in Oxfordshire experience loneliness at least some of the time, with at least 3,500 experiencing loneliness 'often or always'. They are likely to be of all ages and include people new to Oxfordshire or in insecure housing.
- In a wide ranging consultation on developing the Older People Strategy for Oxfordshire, the key findings showed that the 4 most important issues for people as they grow older were Loneliness and isolation, Keeping active and healthy , Access to services, Planning and lifestyle
- Loneliness and isolation are not only experienced by those living alone but also by others, including those who have become carers
- National studies have found that, aside from age, several other factors are associated with loneliness. These include living alone, never being married, widowhood, support network type, poor health, cognitive impairment or poor mental health.
- ONS Measuring National Well-being (2018) shows that in 2017-18, 8% of 25 - 34 year olds reported feeling lonely often or all of the time, compared to 5% of 50 - 64 year olds and 3% of 65 – 74 year olds. These proportions remain constant since 2013 - 14

What works to meet this challenge?

The Campaign to End Loneliness and Age UK have developed a framework to tackle loneliness. The framework features four distinct categories of intervention that could be put in place to provide a comprehensive local system of services to prevent and alleviate loneliness:

Foundation Services that reach lonely individuals and understand their specific circumstances to help them find the right support.

Gateway Services like transport and technology that act as the glue that keeps people active and engaged and makes it possible for communities to come together.

Direct Interventions that maintain existing relationships and enable new connections – either group-based or one to-one support, as well as emotional support services.

In developing these services, commissioners should consider what **Structural Enablers** are needed in their communities to create the right conditions for ending loneliness, such as volunteering, positive ageing and neighbourhood approaches.

What will be prevented?

Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services.

- Loneliness can be as harmful for our health as smoking 15 cigarettes a day1.
- Lonely individuals more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care2

How will we know we are successful?

There will be reduced levels of people reporting that they experience loneliness 'often or always'

What is already in place? (Assets and Enablers)

- Older people strategy with a strategic priority to reduce loneliness.
- A partnership of organisations including Active Oxfordshire, Age UK Oxfordshire, Archway, Oxfordshire Mind, Oxfordshire Youth, Oxfordshire Community Foundation and OSAB are working together to alleviate loneliness
- Leisure, sport, arts and creative activities in our communities - keeping active was cited by respondents to a consultation on the Older People Strategy as a way of remaining socially connected and avoiding loneliness
- Vibrant and proactive voluntary and community sector organisations who provide a range of befriending and volunteering opportunities.
- Recognition and promotion of 5 ways to wellbeing across the county
- An approach to Healthy Place Shaping which includes community activation and community asset based approaches including through local assets such as libraries.
- Age Friendly Banbury, Age Friendly Oxford, Healthy Abingdon and other local initiatives

Recommendations

- To implement the Older People Strategy priority to reduce loneliness
- Ensure that Healthy Place Shaping is embedded in the Growth Deal and Health and Wellbeing Strategy (see above)
- To learn from the summit on Loneliness to be held in October 2019 and take forward priorities in partnership.
- Support the development of Age Friendly Communities across Oxfordshire.
- Review what is covered in an NHS Health Check with a view to increasing the range of health and care advice that the checks can offer.

Topic: Low Income and Debt

What is the local challenge?

- Estimates of annual household income (after housing costs) for small areas in Oxfordshire show a wide variation across the county from £49,200 in the Shiplake/Highmoor area of South Oxfordshire (rural area outside Henley-on-Thames) to £23,100 in part of Blackbird Leys ward, Oxford
- As of May 2018 there were 12,320 claimants of Employment and Support Allowance (for people where illness and disability affects ability to work) in Oxfordshire. Over half of these people have a primary condition of mental and behavioural disorder.
- More people are seeking advice on financial matters, either because of low income, debt, gambling or gaps in knowledge about entitlement to benefits. The switch to Universal Credit has also had an impact for some people.
- Money worries are shown to have a negative impact on mental wellbeing and overall health.

The 2019 Green Paper "Advancing Our Health: Prevention in the 2020s" states

"We need to lay the foundations for good mental health across all parts of our society. This is because the circumstances we're born into – and the conditions in which we live – all have a major bearing on our mental health. We need to take urgent action to tackle the **risk factors** that can lead to poor mental health, such as adverse childhood events, violence, poverty, problem debt, housing insecurity, social isolation, bullying and discrimination. We also need to **invest in the protective factors** that can act as a strong foundation for good mental health throughout our lives, such as strong attachments in childhood, living in a safe and secure home, access to good quality green spaces, security of income, and a strong set of social connections."

What will be prevented?

- Mental ill health related to debt / low income
- Insecure housing tenure due to rent arrears
- Food and fuel poverty

How will we know we are successful?

Variation in household income across the county will reduce
The number of children deemed to be living in poverty will fall
Local monitoring of advice centres, food banks will be needed.

What is already in place? (Assets and Enablers)

- Advice services and Advice Centres including Citizens Advice, Mind, Age UK, MacMillan and local neighbourhood centres around the county
- Benefits in Practice initiative which enables people to access advice in some GP practices. Work is also underway to find out whether this also results in tangible health improvement, including reduced demand on health services.
- Food banks and community cupboards
- Oxfordshire Industrial Strategy, setting out the case for tackling inequalities and improving life chances for everyone by promoting Inclusive Growth.
- Health Inequalities Commission Implementation Group, reporting to the HWB
- Oxfordshire's economic activity rate remains significantly above the England average. Residents are counted as economically active if they are employed, self-employed or unemployed. This excludes people who are retired, looking after home/family or full time students. The rate is calculated as a proportion of the working age population.

Recommendations

- Ensure good access to debt and benefits advice is developed and sustained
- Monitor feedback from organisations such as food banks, advice centres etc on the pressures faced by residents and respond by adjusting services as needed.
- Complete and report the evaluation of benefits advice services, showing any impact of increasing income on health improvement
- Join up the effort to help people who experience money problems across the health and care system.
- Work with OXLEP and district economic development teams to support skills development, career progression, and flexible working patterns in local employers and to ensure Inclusive Growth across the county.
- Maintain awareness of NHS initiatives to commission specialist help for people with serious gambling problems as set out in the Long Term Plan and work together to tackle the problem at source

Topic: Better Housing, Better Health

What is the local challenge?

Living in poor quality inaccessible homes, whether owned or rented, has a detrimental impact on older people's physical and mental wellbeing, according to the All Party Parliamentary Group for Ageing and Older People.

Housing conditions, including cold and damp, affect health and wellbeing. People with long term conditions, especially respiratory disease, will be adversely affected by poor living conditions. Improvement in the quality of their accommodation will enable prevention of ill health and enable them to recover from bouts of sickness.

The current challenge in Oxfordshire includes a lack of join up between health and social care services and the agencies who can improve living conditions for people most at risk. Help is available to replace old boilers, repair windows, install cavity wall and loft insulation, install heating controls and make onward referrals on to other sources of financial and social support. Appropriate referrals from health and social care services will make the most of this work.

What works to meet this challenge?

Housing investment which improves thermal comfort in the home can lead to health improvements, especially where the improvements are targeted at those with inadequate warmth and those with chronic respiratory disease. Best available evidence indicates that housing which is an appropriate size for the householders and is affordable to heat is linked to improved health and may promote improved social relationships within and beyond the household. (*Cochrane 2013*)

What will be prevented?

Emergency and unplanned admissions, particularly during the winter months, due to heart attacks, stroke, COPD/asthma

How will we know we are successful?

- Reduction in fuel poverty
- Downward trend in excess winter deaths
- Fewer cold homes with excess damp and mould growth
- Annual formal reporting of Quality Standard 117
- More referrals to the "single point of contact" for Better Housing Better Health

What is already in place? (Assets and Enablers)

- Oxfordshire Councils oversee and fund the NICE recommended "single point of contact" referral hub Better Housing Better Health (BHBH) in order for clinicians and residents to access support to repair and maintain their homes. BHBH can navigate funding sources from energy company schemes and the grants and loans provided by the District Councils to help residents improve their homes.
- There is a "placeholder" on EMIS for cold homes for GPs to refer to BHBH on line.
- There is an EMIS code for housing advice so it is possible to search for patients who have received advice.
- Some links are being made with the community respiratory team and
- Awareness is being raised via screens in GP practice waiting rooms to encourage self referral.
- Fire and Rescue Community Wardens project and Safe and Well visits incorporating Making Every Contact Count

Recommendations

- Request reports to the Health and Wellbeing board on Quality Standard (QS117) which will include numbers of people who have been screened due to risks from cold homes and referred to the Single Point of Contact for Better Homes, Better Health.
- Establish working links between the Better Homes Better Health work and the Winter Team and other appropriate services.
- Train staff in the health and social care system on the support and services available to improve the health and safety of people's homes, with particular regard to cold, damp, falls and overcrowding, and providing information and advice about housing options for older people, so as to increase referrals to support.
- Review what is covered in an NHS Health Check with a view to increasing the range of health and care advice that the checks can offer .

C. Embedding prevention in all aspects of the Health and Social Care System

Health care factors play a part in influencing health outcomes, albeit not as much as one might expect, with lifestyle choices, housing, employment and social networks being the key drivers of preventable illness.

In addition, the NHS Long Term Plan (January 2019) prevention programme outlines the top five risk factors for premature deaths: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use, in addition to air pollution and lack of exercise.

However, the NHS Long Term Plan also sets out interventions for addressing secondary prevention of specific conditions including: cardiovascular disease, stroke, respiratory disease, mental health, cancer, maternity and children (interventions summarised in **Annex 2**.

This section of our Prevention Framework considers the priorities for Oxfordshire in implementing the NHS Long Term Plan and sets out our recommendations for

- **The First 1000 days**
- **Implementing the NHS Long Term Plan across the system**
    a. **Primary Care Organisations**
    b. **County Wide organisations**

However, it can also be stated again here that change to the overall health of the population is the product of the choices of **individuals in the community**. As set out in the executive summary, the choices we all make on what we eat and drink, whether we smoke and how much we exercise are important. In addition, our mental wellbeing and capacity to be good neighbours are also essential in building our healthy communities. So our prevention framework needs to include not only the system wide focus set out below, but also the individual responsibility of each of us.

It is also worth pointing out that some recommendations keep cropping up in these areas of work. These include the evidence based initiative of **Making Every Contact Count** – raising the topic of health at every appropriate opportunity. This is an effective tool for helping people consider their health behaviours and needs to be adopted widely across the system, building on the good work already in place. This is not just for the NHS but for everyone.

Topic: The First 1000 Days

What is the problem?

Giving children the best start in life is a key priority of the Oxfordshire Joint Health and Wellbeing Strategy. The main challenge in a relatively healthy population is to address inequalities by making sure we build on our assets to give the same access and outcomes to everyone. Some of the inequalities issues are:

- **Smoking during pregnancy** - latest figures show it is still 7.8% of women are smoking at time of delivery in Oxfordshire (between 550 and 600 women a year). The national target is 6%
- **Maternal health** – including substance abuse, mental health, poor nutrition and maternal obesity
- **Perinatal Mental health** – in 2017-18 there was an estimated number of 168 women in Oxfordshire with perinatal mental illness[2]
- **Oral health** – this is worse for children from deprived circumstances (who have 3x the rate of dental caries than more affluent children nationally).
- **Breastfeeding** – generally much better than national averages in Oxon but maybe lower in younger women and more deprived communities.
- **Immunisation** rates – have been falling in Oxon
- **Childhood obesity** – we know there is a range by deprivation and ethnicity across the county, even though on average we are better than England.
- Children and Young People **mental health** including the impact of **Adverse Childhood Experience**. This might include the impact of domestic abuse, parental substance misuse and mental health issues.
- Environmental factors such as **air quality, housing quality and poverty**
- **Accidents and injuries** – including water safety, blind cord safety, safe sleeping but also traffic, self-harm and suicide

Evidence based recommendations from RCPCH Prevention Vision for Child Health

- The DHSC Prevention Vision published in November 2018 identifies smoking cessation as “a major priority” and identifies “stopping smoking before or during pregnancy [as] the biggest single factor that will reduce infant mortality”.
- Substance abuse (e.g. drug/alcohol use), smoking and poor maternal nutrition before and during pregnancy are all associated with adverse outcomes for both underweight and overweight women. Obesity before and during pregnancy and gestational diabetes are associated with an increased risk of stillbirth and foetal and infant deaths.
- Tooth decay is almost entirely preventable. It remains the most common single reason that children age five to nine require admission to hospital.
- Breastfeeding is important to ensuring children have a healthy start in life. It is a natural process that is highly beneficial for infant and mother, and benefits the child across their lifespan. Breastfeeding helps protect against infections and against risks of infant mortality (especially for infants born preterm).
- Infants should not be given sugar-containing drinks and where possible, sugar should be consumed in a natural form through human milk, milk, unsweetened dairy products and intact fresh fruits. This is particularly important during the weaning process
- The DHSC’s 2018 Prevention Vision notes the importance of helping families to take a “whole families approach” to child health, including supporting families to address parental conflict and acknowledging the wider health impacts of household problems including housing, debt and mental and physical health
- children living in poverty are more likely to die before the age of one, become overweight, have tooth decay or die in an accident
- Evidence suggests air pollution’s impact on children’s health can be profound: exposure of pregnant women to air pollution is linked with higher risk of premature birth, low birth weight, adverse respiratory outcomes and adverse neurological development. Toxic air can stunt growth of children’s lungs, heighten the risk of developing asthma, and make children more prone to coughs, wheezes and lung infections. Children living in highly polluted areas are four times more likely to have reduced lung function in adulthood.

[2] The estimated number of women with severe depressive illness, calculated by applying the national prevalence estimate (30 in 1,000) to the total number of maternities (including stillbirth deliveries) in the area.

What will be prevented?	What is already in place? (Assets and Enablers)
How will we know we are successful?	• Midwifery, Health visiting services and school health nurses • Linked to sugar in drinks and food. Sugar Smart is a local initiative that has been making progress, but I am not sure whether the oral health of young children is improving yet. • Adverse Childhood Experiences are central to service planning in Oxfordshire e.g. the Safeguarding Families project with multi-agency teams addressing substance misuse, domestic abuse and mental illness in parents • Accident prevention initiatives for Year 6 primary school pupils include Injury Minimisation Programme for Schools and the Junior Citizen programme. • Community Dental Services target schools in areas where children have worse dental health • Addressing Adverse Childhood Experiences through the Family Safeguarding Project and Domestic Abuse Strategy • Services and support delivered through libraries such as stay and play encourage lifelong learning (self empowerment) and access to ongoing information and support
Recommendations	

Topic: Implementing the NHS Long Term Plan

What is the local challenge?

- Address the top five risk factors for premature deaths: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use, in addition to air pollution and lack of exercise.
- address secondary prevention of specific conditions including: cardiovascular disease, stroke, respiratory disease, mental health, cancer, maternity and children

What evidence does the Long Term Plan cite for prevention?

"Chapter Two of the Long Term Plan sets out new, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities. Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation. Nevertheless, every 24 hours the NHS comes into contact with more than a million people at moments in their lives that bring home the personal impact of ill health. The Long Term Plan therefore funds specific new evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, partly by doubling enrolment in the successful Type 2 NHS Diabetes Prevention Programme; to limit alcohol-related A&E admissions; and to lower air pollution."

What will be prevented?

The overall aim of the NHS Long Term Plan is:

"The longstanding aim has been to prevent as much illness as possible. Then illness which cannot be prevented should where possible be treated in community and primary care. If care is required at hospital, its goal is treatment without having to stay in as an inpatient wherever possible. And, when people no longer need to be in a hospital bed, they should then receive good health and social care support to go home."

How will we know we are successful?

- Reduction in premature death from cardio vascular disease, cancer and other diseases
- Fewer people getting ill from preventable diseases during their working life e.g. diabetes, respiratory illness, musculo skeletal problems
- Early detection of cancer and other long term conditions

What is already in place? (Assets and Enablers)

- The Health and Wellbeing Board have agreed that Prevention and Tackling Health Inequalities are cross cutting priorities across the system
- Individual NHS organisations have their Operating plans which include prevention initiatives
- A 5-year plan for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System will be implemented from April 2020, including a range of prevention initiatives
- We have well-established partnerships and a shared history of collaborative work
- Population Health Management methodology - This approach uses data to identify health and care needs of the local population including cohorts with the poorest outcomes or the highest needs. This then enables targeting of services and interventions for specific populations. It aims to reduce unwarranted variation in outcomes and to achieve maximum impact in improving health and care.

Recommendations

- Ensure that the prevention initiatives set out in the NHS Long Term Plan are included in our system wide and individual organisation plans and are implemented
- Put the NHS Health Check at the heart of local CVD prevention planning and commissioning
- Consider and act on the opportunities of Primary Care Networks for population level prevention work and also targeting particular groups with poor outcomes.
- Work across the health and social care system to embed Prevent, Reduce, Delay into all relevant clinical pathways.
- Increase the numbers and spread of front line professionals trained and delivering behaviour change interventions including Making Every Contact Count, brief advice and onward referral to appropriate support
- Address health inequalities using the PHE Toolkit and other enablers to identify and focus on variation in outcomes.
- System wide approach to tackling the determinants of health including investment in **the protective factors** that can act as a strong foundation for good mental health throughout our lives - strong attachments in childhood, living in a safe and secure home, access to good quality green spaces, security of income, and a strong set of social connections

a. Prevention through GP practices and Primary Care Networks

A Primary Care Network is a group of GP practices (covering 30 000 - 50 000 population) working closely with each other and with other health, social care and third sector partners to enable coordinated preventative, proactive, planned and urgent holistic care in local communities.

This section gives a practical guide to evidence based initiatives from the Long Term Plan and local good practice that can be undertaken in primary care.

Menu of practical options for Primary Care prevention plans

<table>
<tr><td colspan="2">In my practice or neighbourhood, I might consider implementing primary prevention by:
• Upskilling my team by “making every contact count (MECC)” or “All Our Health” training and nudging people to improve their lifestyle choices
• Becoming a “Park run” practice to lead by example
• Referring my patients to social prescribing teams to enable them to develop social connections, learn new skills and gain confidence
• Improving systems to maximise immunisation uptake
• Increasing referral into the NHS Diabetes Prevention Programme for those at risk of Type 2 diabetes (in the non-diabetic hypergycaemia range)
• Referring my patients to weight management and exercise referral and coaching schemes</td></tr>
<tr><td colspan="2">I might consider implementing secondary and tertiary prevention by:</td></tr>
<tr><td></td><td>a. Earlier detection and treatment of disease by:
- Increasing uptake of NHS Health Checks and focus on risk management pathways – both lifestyles and clinical follow up
- Case finding of atrial fibrillation or high blood pressure by nurses or pharmacists or through use of technology (e.g. self measurement of BP or practice use of Alivecor machines for AF)
- Case finding and then treatment of COPD when the history suggests high risk
- Encouraging patients to attend for cancer screening, reduce referral threshold and raise awareness to both patients and healthcare professionals</td></tr>
</table>

	- *Encouraging patients to make lifestyle changes that will help them to better manage their long term condition*
b. Identifying patient cohorts that have complex needs: - *Patients with frailty, in care homes or housebound will receive holistic proactive and reactive care by multidisciplinary health, care and 3rd sector teamsPatients with multimorbidity (but who are not necessarily frail) may benefit from more joined up care instead of separate condition-specific pathways* - *Patients with similar health needs may benefit from group consultations or educational sessions e.g. lifestyle advice for patients with type 2 diabetes, obesity or cardiovascular disease*	
	c. Reducing the impact on hospitals *The Long Term Plan is turning to Primary Care Networks to influence avoidable A&E attendances, avoidable emergency admissions, timely hospital discharge and avoidable hospital outpatient appointments. This may include adopting:* - *'Anticipatory Care Service' and 'Enhanced Health in Care Homes'* - *Primary and community integrated teams to support timely discharges* - *Some elective care/appointments closer to home that were traditionally provided in the hospital"* -
Addressing health inequalities - *Identifying and engaging with cohorts at highest risk e.g. BAME communities (diabetes) or deprived populations (obesity/cardiovascular/respiratory disease)* - *Identifying and engaging with cohorts who engage less frequently with preventative services e.g. patients with severe mental illness or learning disabilities (for annual health check), deprived populations (for cancer screening) or those who have inequality of access (e.g. in rural settings or housebound)* - *Improving recognition and support for carers, including young carers*	

b. Prevention across our countywide organisations

An Integrated Care System (ICS) is now being established across Buckinghamshire, Oxfordshire and Berkshire West (BOB), with a "place-level" focus on Oxfordshire. This Prevention Framework is the prevention plan for Oxfordshire, complementing and adding detail to the 5-year plan for BOB which is to be implemented from April 2020.

The BOB plan sets out some priorities across the ICS on smoking, obesity, alcohol, air quality and anti-microbial resistance. It also emphasises the action needed to address health inequalities and ensure prevention is embedded in all workstreams.

This section gives a practical guide to evidence based initiatives from the Long Term Plan and local good practice that can be undertaken by county-wide organisations in Oxfordshire. These complement and add value to the BOB level plan.

Menu of practical options for county wide organisations to draw up prevention plans

We can implement the specialist prevention measures set out in the NHS Long Term plan with: • *Upskilling teams by "making every contact count (MECC)" or "All Our Health" training and nudging people to improve their lifestyle choices* • ***Smoking****: Smoking cessation services for hospital inpatients, expectant mothers and mental health service users* • ***Alcohol****: Establishing and expanding alcohol care teams in hospitals* • ***Obesity****: Treating children who have severe complications related to obesity e.g. diabetes, cardiovascular disease, sleep apnoea, poor mental health.* • ***Mental health****: Expanding access to therapy for anxiety and depression* • ***Learning disabilities and autism****: Providing the right care for children with learning disabilities and reducing waiting times for autism assessments.* ***Maternity****: Reducing still births and mother and child deaths by 50% and expanding support for perinatal mental health conditions"*	
	"Across the county, we can ensure that prevention is embedded in planning and policy. ***We might consider implementing prevention by****:*

	- *Embedding Healthy place-shaping principles (see section 6.2)* - *Warm homes* - *Cleaner air* - *Promotion of healthy living in schools and workplaces (e.g. through Chamber of Commerce and NHS procurement levers to participate in local workplace health accreditation schemes)* - *Health champions in local communities and organisations* - *Promoting Public Health England's campaigns including Start4Life, Change4Life and One You campaigns* - *Use of digital technology to enable patients to access advice and care* - *Central government can support us in our aims by implementing its policy on salt reduction, folic acid food fortification, pricing of alcohol and nutrition training in medical schools"* -	
We can use a common approach to incorporating Prevention into every patient pathway **A. PREVENT** This is preventing illness, slowing the progression of illness or prolonging independence by building and maintaining resilience, optimising management of long term conditions and building social networks. This addresses the 'Prevent, Reduce, Delay' approach to prevention as set out in the Health and Wellbeing Board Strategy 2018 and the Health Improvement Board Strategy 2018: 1. **PREVENT** illness developing and build up resilience (primary prevention) 2. **REDUCE** the need for treatment by detecting illness early (e.g. screening) or optimising management of disease (secondary prevention) 3. **DELAY** the need for care by keeping people independent for as long as possible (tertiary prevention) **B. PROACTIVE** By identifying a person's needs early, anticipating any deteriorations and intervening early, avoidable hospital attendances may be reduced. **C. RESPONSIVE**		

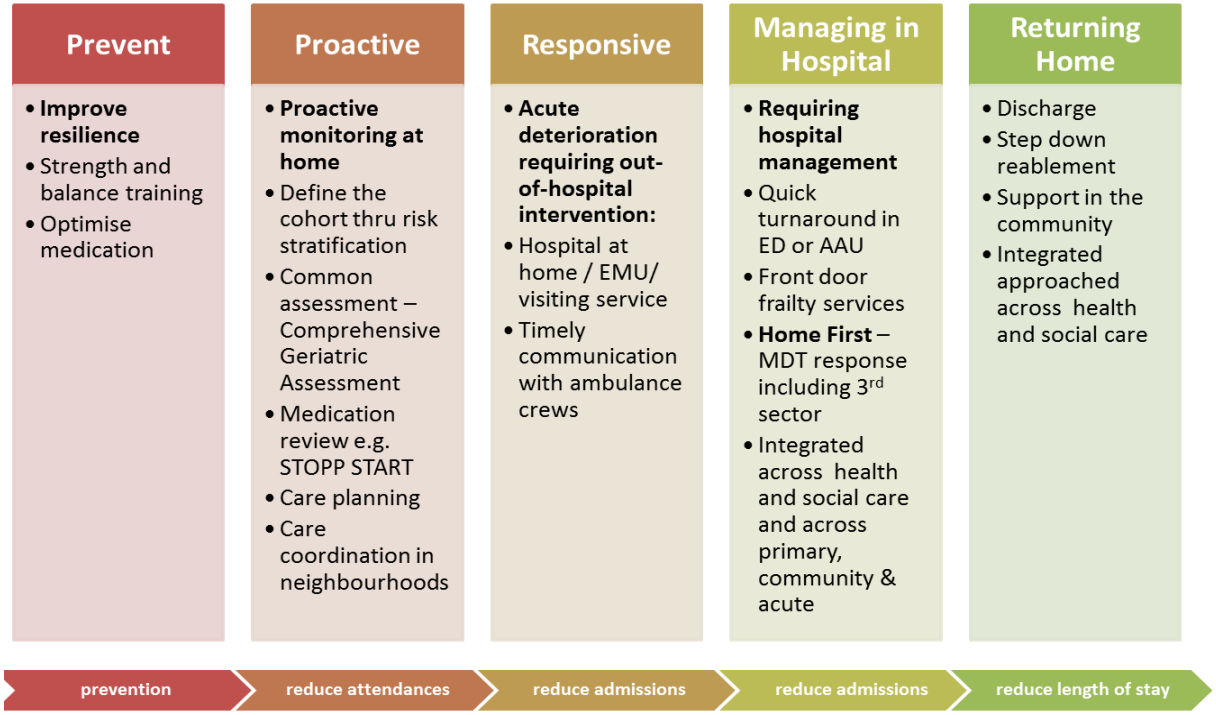
The development of an effective care plan and responding to deteriorations in out-of-hospital settings may reduce the need for hospital care.

D. MANAGING IN HOSPITAL AND RETURNING HOME

Quick discharges and reduced length of stay may be supported by step down reablement and integrated health and social care teams in the community.

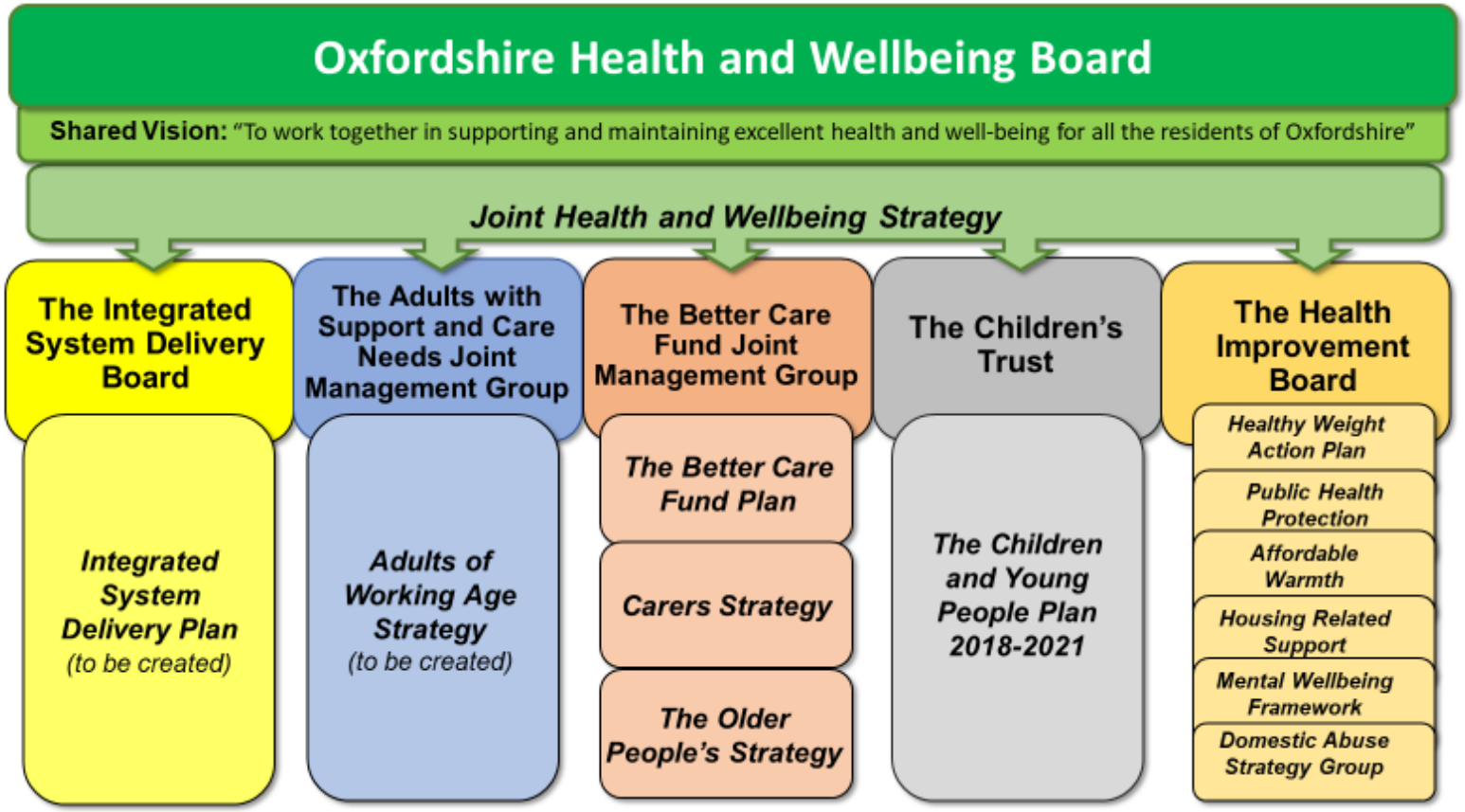
Every step may have input from integrated teams involving primary care, community health, public health, mental health, hospital services, domiciliary care and the voluntary sector.

For every model of care, this 5-step pathway may be considered, with a particular emphasis on the upstream step of prevention. The below is an example for frailty but these 5 steps could be applied to all conditions:



Governance

This framework underpins the Joint Health and Wellbeing Strategy approved by the Health and Wellbeing Board and is governed through the structures of that Board, illustrated in the diagram below. Monitoring progress and reporting is an essential role for this governance structure.



Conclusion

Prevention interventions may be planned and delivered at different scales. There is plenty of evidence of what works and a strong strategic imperative to act. In order to do this, we recognise that everyone and every organisation has a role in prevention

These range from an individual decision to eat more fruit or fewer takeaways to a system wide decision to embed prevention into plans and processes. These levels of decision making could be categorised:

a. **Self empowerment**. Individual lifestyle choices related to healthy eating, physical activity, going smoke free, drinking sensibly, being a good neighbour and practicing the 5 Ways to Wellbeing. People may need support to make changes e.g. to give up smoking or lose weight and Making Every Contact Count is a good tool to prompt this.

b. In an **individual organisation.** For example through workplace wellbeing initiatives such as encouraging employees to take a walk at lunchtime or providing cycle racks for them to make active travel to work an easier option.

c. Through **services** where there is an emphasis on prevention and early intervention e.g. encouraging people to attend for screening or Making Every Contact Count by asking open questions about health and wellbeing.

d. Through **partnerships** where all plans include elements of Prevent, Reduce, Delay as appropriate. For example, the Whole System Approach to Obesity will cover the whole range of environmental, personal, cultural and treatment factors that link to achieving and maintaining a healthy weight.

e. In particular settings such as **workplaces or schools**, where health and wellbeing programmes can ensure consistency of approach and provide opportunities which may be difficult to access outside working hours.

f. Across **the whole system** of health and local government services where the actions and plans of part of the system have a knock-on effect on others.

Next steps - Deciding on priorities

We need to consider these questions:

- Which factors have the biggest effect on health?
- Which affects most people?
- What are the biggest health inequalities?
- Which are the easiest for us to change?

Suggested system-wide priorities for the next 5 years (in addition to our Business as Usual for Prevention):

1. Establishment of local cross-organisational leadership for prevention[3].
2. Optimise the first 1000 days of life, including reducing smoking in pregnancy and increasing immunisation of children
3. Promote and create emotional wellbeing, including the '5 ways to wellbeing' and the 'CLANGERS' approach to wellbeing, for children, young people, adults and families.
4. Shape Healthy Places throughout Oxfordshire, including the physical environment and building communities.
5. Address priority socio-economic factors – loneliness and the impact of debt.
6. Tackle the growing problem of obesity through prevention and weight management
7. Improve early detection, self-care and clinical management of long term conditions, particularly Cardiovascular Disease, Respiratory, Diabetes, Mental health and Cancer

Plus targeted work to reduce health inequalities in all of the above

This is to be discussed at HWB and refined into a timeline for each priority over 5 years.

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[3]A King's Fund paper (Nov 2018) suggests: **"Local and regional system leaders and politicians should champion population health and ensure that there is clear leadership and plans are in place which are co-ordinated across the area and across those responsible for the wider determinants of health"** *https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf*

Recommendations to the Health and Wellbeing Board:

1. Ensure that the implementation of the Joint Health and Wellbeing Strategy (2019-24) in Oxfordshire delivers a wide-ranging prevention agenda so that each individual, organisation and partnership can play their part.

2. Set priorities for each year for the whole system to address, while also implementing business as usual and new initiatives at organisational level.

Kiren Collison, Clinical Chair of Oxfordshire Clinical Commissioning Group
Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council

List of all Recommendations from the document

A Lifestyle Factors

Mental Wellbeing

- The Mental Wellbeing Framework for Oxfordshire should set out comprehensive plans to create, promote and sustain mental wellbeing. Following up from signing the Prevention Concordat,
    a. Organisations need to show that they intend to continue to promote and support mental health and wellbeing.
    b. Organisations promoting the adoption of these principles will make a public statement that this is what they are and will be doing to tackle mental health.
    c. Sign off and ongoing leadership from the Health and Wellbeing Board
    d. Nominate a mental health champion, ideally for each organisation
- Review what is covered in the NHS Health Check with a view to adding a mental health element
  Health Inequalities must be addressed with a focus on communities with poorer health and wellbeing outcomes

Obesity

- **Healthy Place Shaping principles to be embedded** in Oxfordshire 2050 and embedded in the Growth Agenda. This will tackle the "obesogenic environment"
- **Commission joined up services for obesity treatment:** A review of weight management services in 2017 concluded that tier 3 services (providing specialist psycho-social support for people with BMI 40+ who do not want bariatric surgery) should be developed.
- **Integrate weight management and mental health services and/or with learning disabilities**
- **Whole System Approach to Healthy Weight** to be fully developed (it is currently in early stages), Sugar Smart and MECC to be rolled out more widely.
- **Capacity of National Diabetes Prevention programme to be doubled** (as set out in the NHS Long Term Plan)
- **Implement Government Buying Standards for food and catering services (GBSF)**

Alcohol

- Revise and articulate a joint ambition for addressing alcohol related harm across the partnership
- The Alcohol Care Team (ACT) in the hospital trust is expanded to cover more in-patient departments and funding is sustained. Further training in Fibrosis scanning to enable ACT and others to assess alcohol related liver damage early.

- The Community Safety Practitioner service in the Emergency Dept is increased in capacity to work with the ACT and other services.
- Identification and Brief Advice / referrals in primary care are increased.
- Offer alternative access points for alcohol services to increase accessibility to the whole population, including those drinking at harmful but not hazardous levels.

Smoking

- Adopt and implement the recommendations in the NHS Long Term Plan
    - **a.** By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
    - **b.** A new smoke-free pregnancy pathway including focused sessions and treatments
- A universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services
- Develop a Tobacco Control Plan for Oxfordshire

Physical Inactivity

- Increase knowledge and capabilities of the Health Care Professional network across Oxfordshire through MECC, social prescribing pathways and training/development programmes around Moving Medicine for primary and secondary practitioners.
- Co-ordinated local and national campaigning to promote active lifestyles and raise levels of health literacy.
- Work together to target parents & children who are inactive e.g. FAST – families active, sporting together
- Joined up collaboration and investment in working together in the community to reach and engage people with health conditions, at-risk groups and older people.
- Work with local government and OXLEP to encourage business investment that will provide a range of local work opportunities that enable active travel
- Targeted funding for people with or at risk of long- term health conditions (including mental health) to provide activity and exercise in prevention / treatment pathways.
- Focus investment and layered interventions to create healthier communities in existing places of clearly identified need and address inequalities.
- Promote active travel and active design to help make walking and cycling part of everyday life as part of Oxfordshire’s Growth Agenda
- Promotion of PE Pupil premium to schools to enable schools and nurseries to be active learning environments and adopt the Daily Mile, Walking to School etc.

- Promotion of workplace health and well- being targeting major employers with good numbers of low socio economic workers

B Socio-economic factors

Healthy Place Shaping

- Sustain healthy place shaping as a county wide strategic priority and work with district councils to ensure that it is reflected in their business plans and service delivery
- Public health to work closely with colleagues in planning, transport and highways so that Local Plans and transport policies reflect good practice, address local health needs and align with healthy place shaping principles
- Invest in the capacity of the third sector to increase community capacity and support social cohesion
- Workforce wellbeing and skills development to be promoted through Oxfordshire's Local Industrial Strategy and District Industrial/economic strategies so that economic development in the county supports inclusive growth
- Support good practice in the stewardship of green and blue spaces, with investment to increase their attractiveness to people of all ages and to sustain their biodiversity
- NHS providers and commissioners to engage with place based approaches to promoting health and wellbeing and to ensure that our health estates reflect new models of care
- Social prescribing. Encourage referrals to social prescribing schemes and evaluate and share learning of different approaches across the county.
  Commissioning of new schools to include criteria which embed healthy place shaping principles and invest in the capacity of education providers to follow good practice in developing and sustaining healthy behaviours

Social Isolation and Loneliness

- To implement the Older People Strategy priority to reduce loneliness
- Ensure that Healthy Place Shaping is embedded in the Growth Deal and Health and Wellbeing Strategy (see above)
- To learn from the summit on Loneliness to be held in October 2019 and take forward priorities in partnership.
- Create Age Friendly Communities across Oxfordshire.
- Review what is covered in an NHS Health Check with a view to increasing the range of health and care advice that the checks can offer

Low Income and Debt - A priority issue across the county

- Ensure good access to debt and benefits advice is developed and sustained

- Monitor feedback from organisations such as food banks, advice centres etc on the pressures faced by residents and respond by adjusting services as needed.
- Complete and report the evaluation of benefits advice services, showing any impact of increasing income on health improvement
- Join up the effort to help people who experience money problems across the health and care system.
- Work with OXLEP and district economic development teams to support skills development, career progression, and flexible working patterns in local employers and to ensure Inclusive Growth across the county.
- Maintain awareness of NHS initiatives to commission specialist help for people with serious gambling problems as set out in the Long Term Plan and work together to tackle the problem at source

Better Housing, Better Health

- Request reports to the Health and Wellbeing board on Quality Standard (QS117) which will include numbers of people who have been screened due to risks from cold homes and referred to the Single Point of Contact for Better Homes, Better Health.
- Establish working links between the Better Homes Better Health work and the Winter Team and other appropriate services.
- Enable staff in the health and social care system to receive training on the support and services available to improve the health and safety of people's homes, with particular regard to cold, damp, falls and overcrowding, so as to increase referrals to that support.
- Review what is covered in an NHS Health Check with a view to increasing the range of health and care advice that the checks can offer

C Health care factors

The first 1000 Days

- **tbc**

Implementing the NHS Long Term Plan

- Ensure that the prevention initiatives set out in the NHS Long Term Plan are included in our system wide and individual organisation plans and are implemented
- Put the NHS Health Check at the heart of local CVD prevention planning and commissioning

- Consider and act on the opportunities of Primary Care Networks for population level prevention work and also targeting particular groups with poor outcomes.
- Work across the health and social care system to embed Prevent, Reduce, Delay into all relevant clinical pathways.
- Increase the numbers and spread of front line professionals trained and delivering behaviour change interventions including Making Every Contact Count, brief advice and onward referral to appropriate support
- Address health inequalities using the PHE Toolkit and other enablers to identify and focus on variation in outcomes.
- System wide approach to tackling the determinants of health including investment in **the protective factors** that can act as a strong foundation for good mental health throughout our lives - strong attachments in childhood, living in a safe and secure home, access to good quality green spaces, security of income, and a strong set of social connections

Conclusion

- Ensure that the implementation of the Joint Health and Wellbeing Strategy in Oxfordshire delivers a wide-ranging prevention agenda so that each individual, organisation and partnership can play their part.
- Set priorities for each year for the whole system to address, while also implementing business as usual and new initiatives at organisational level.

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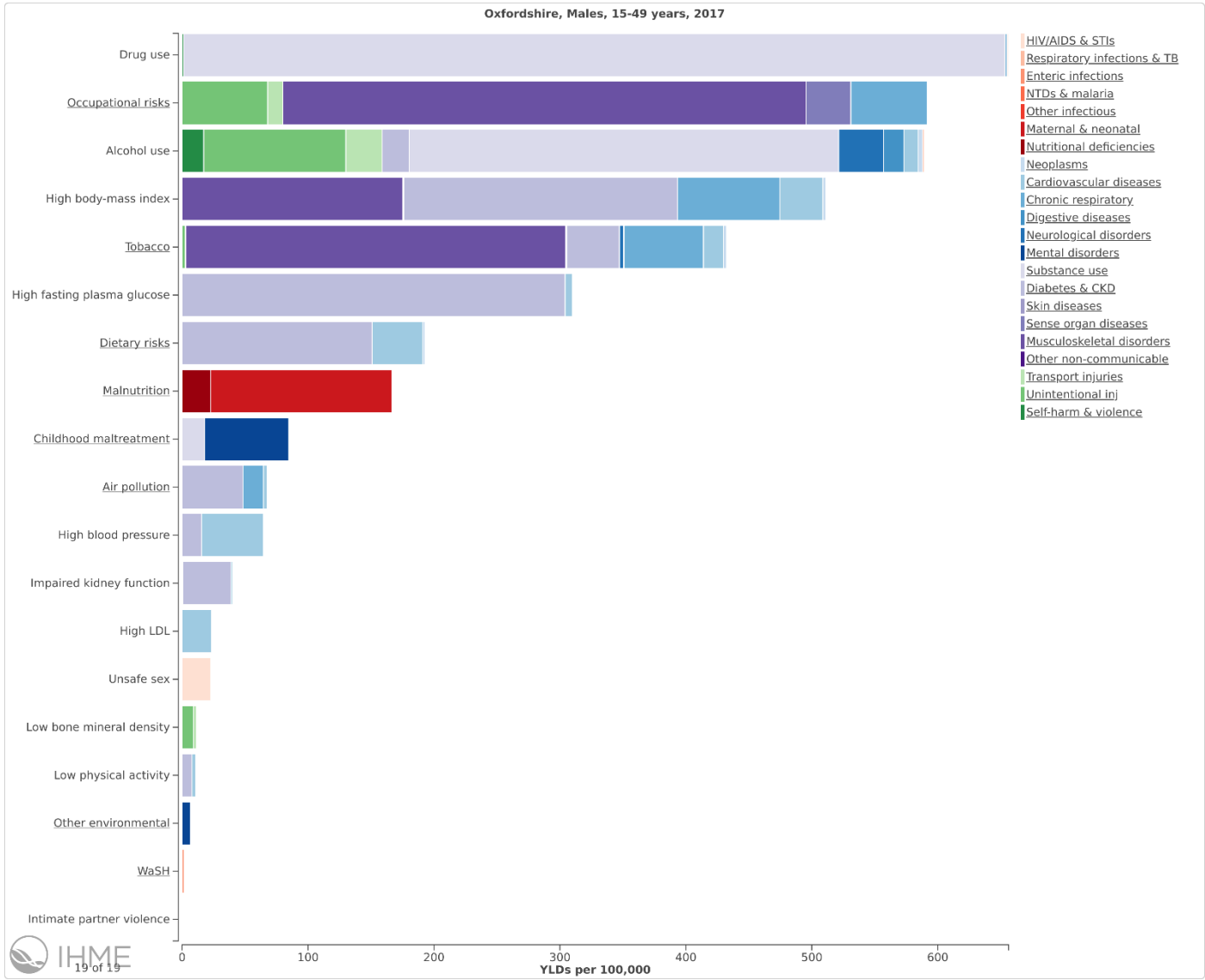
Annex 1 Top causes of disease

Oxfordshire
Males, 15-49 years, YLDs per 100,000
2017 rank

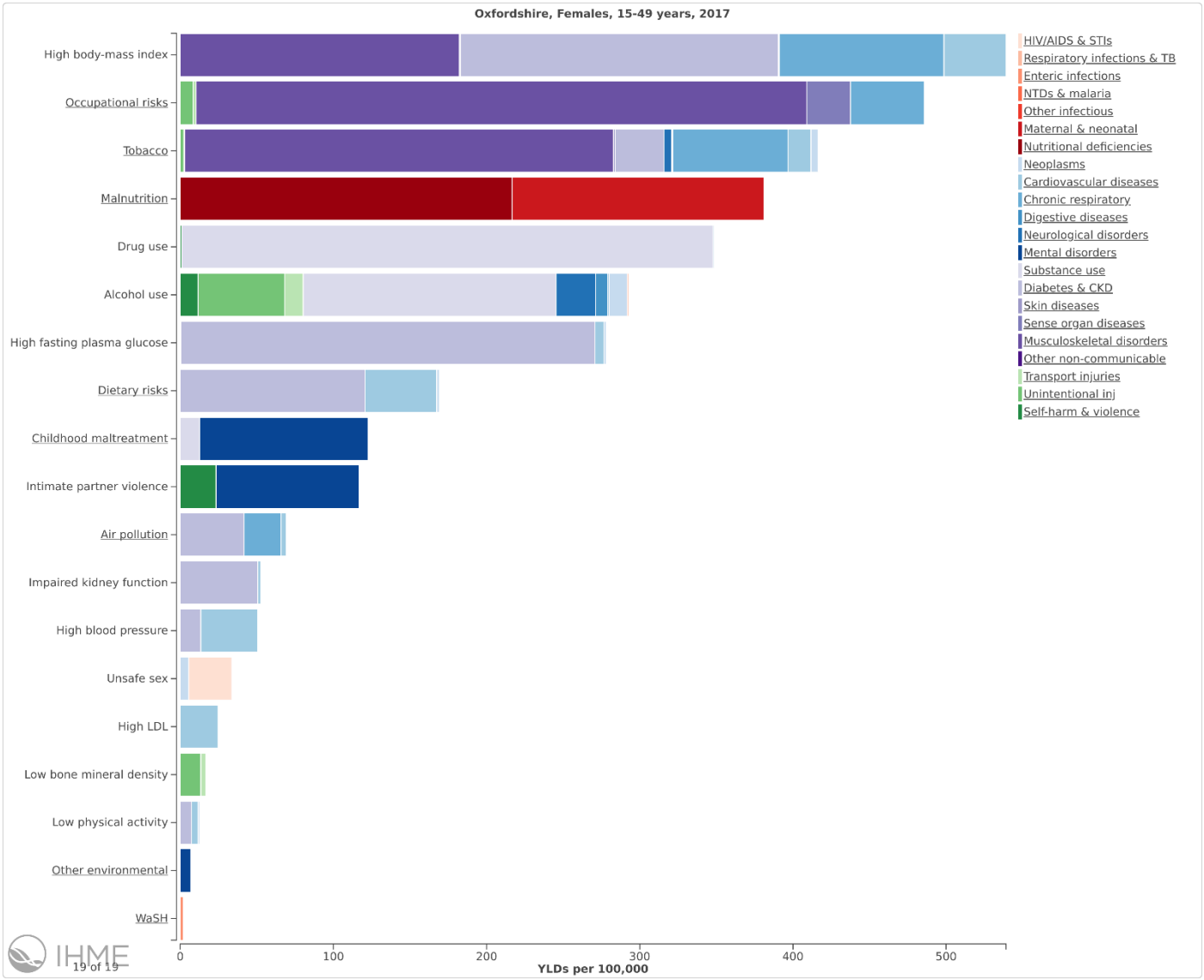
1 Musculoskeletal disorders
2 Mental disorders
3 Substance use
4 Neurological disorders
5 Unintentional inj
6 Skin diseases
7 Chronic respiratory
8 Other non-communicable
9 Maternal & neonatal
10 Diabetes & CKD
11 Digestive diseases
12 Sense organ diseases
13 Transport injuries
14 Respiratory infections & TB
15 Cardiovascular diseases
16 Neoplasms
17 Self-harm & violence
18 Enteric infections
19 Nutritional deficiencies
20 HIV/AIDS & STIs
21 Other infectious
22 NTDs & malaria



Oxfordshire
Females, 15-49 years, YLDs per 100,000

2017 rank

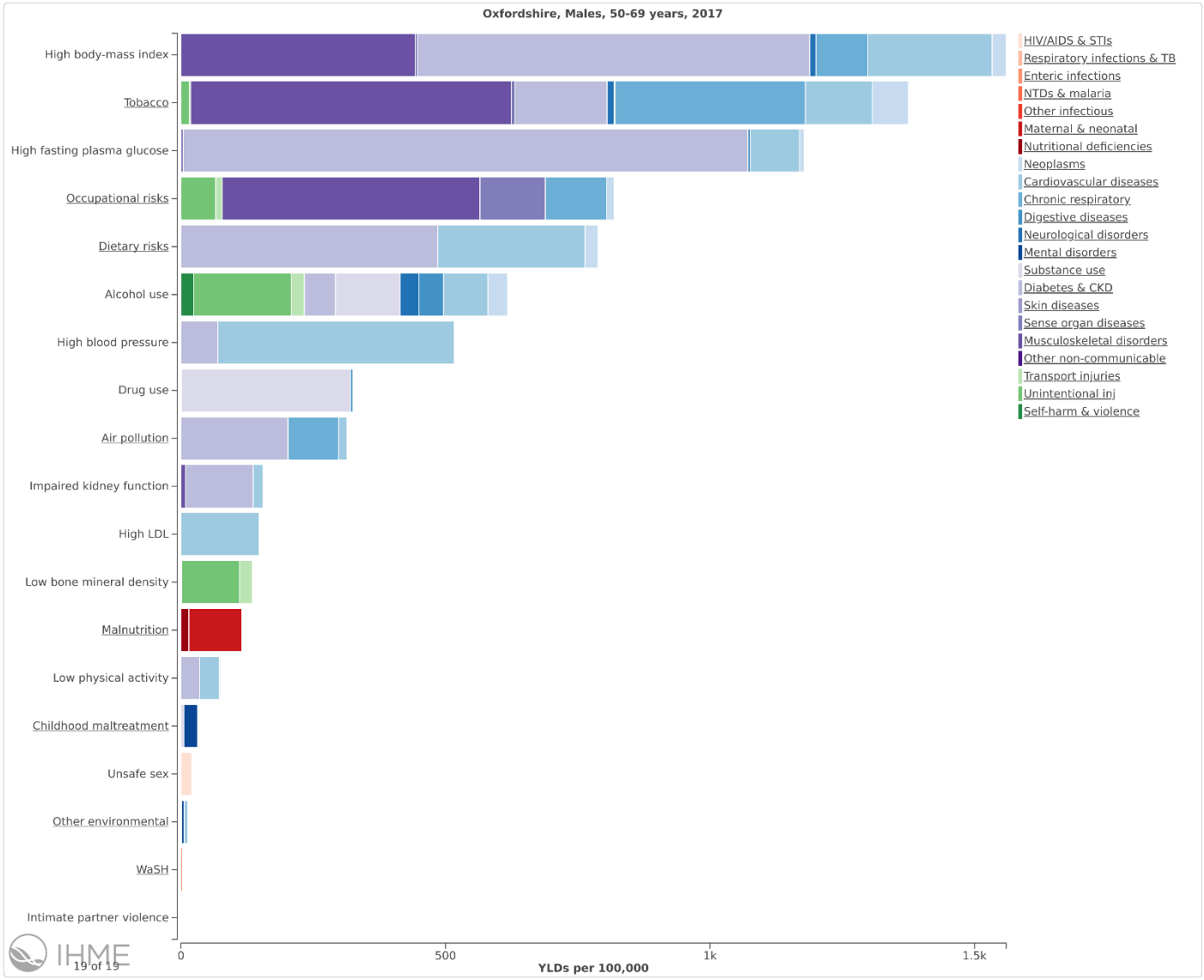
1 Musculoskeletal disorders
2 Mental disorders
3 Neurological disorders
4 Other non-communicable
5 Skin diseases
6 Chronic respiratory
7 Unintentional inj
8 Substance use
9 Maternal & neonatal
10 Digestive diseases
11 Diabetes & CKD
12 Sense organ diseases
13 Nutritional deficiencies
14 Neoplasms
15 Cardiovascular diseases
16 Respiratory infections & TB
17 Transport injuries
18 Self-harm & violence
19 Enteric infections
20 HIV/AIDS & STIs
21 Other infectious
22 NTDs & malaria



Oxfordshire
Males, 50-69 years, YLDs per 100,000

2017 rank

1 Musculoskeletal disorders
2 Mental disorders
3 Unintentional inj
4 Sense organ diseases
5 Diabetes & CKD
6 Chronic respiratory
7 Neurological disorders
8 Cardiovascular diseases
9 Other non-communicable
10 Skin diseases
11 Neoplasms
12 Digestive diseases
13 Substance use
14 Maternal & neonatal
15 Transport injuries
16 Respiratory infections & TB
17 Self-harm & violence
18 Enteric infections
19 NTDs & malaria
20 Nutritional deficiencies
21 HIV/AIDS & STIs
22 Other infectious



Oxfordshire
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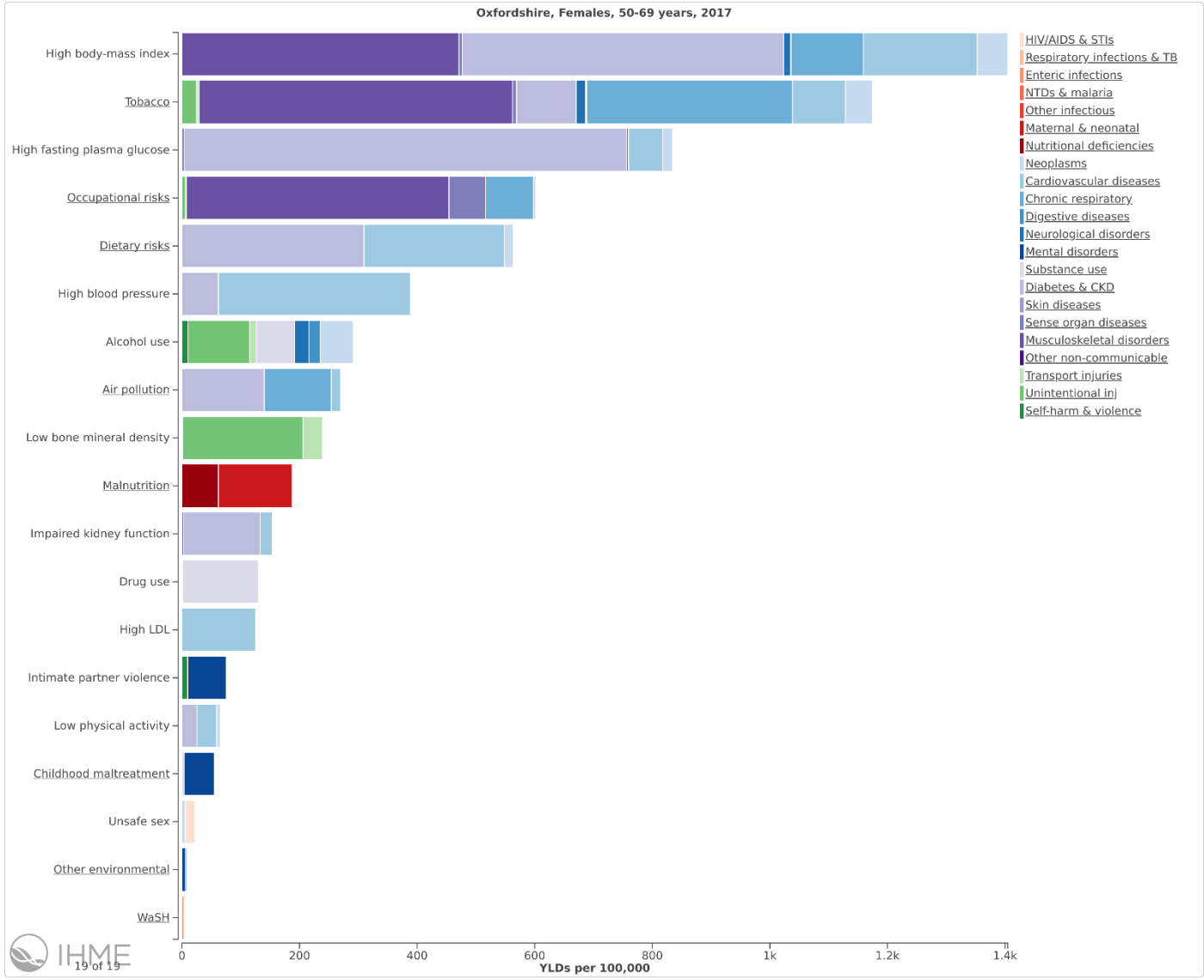
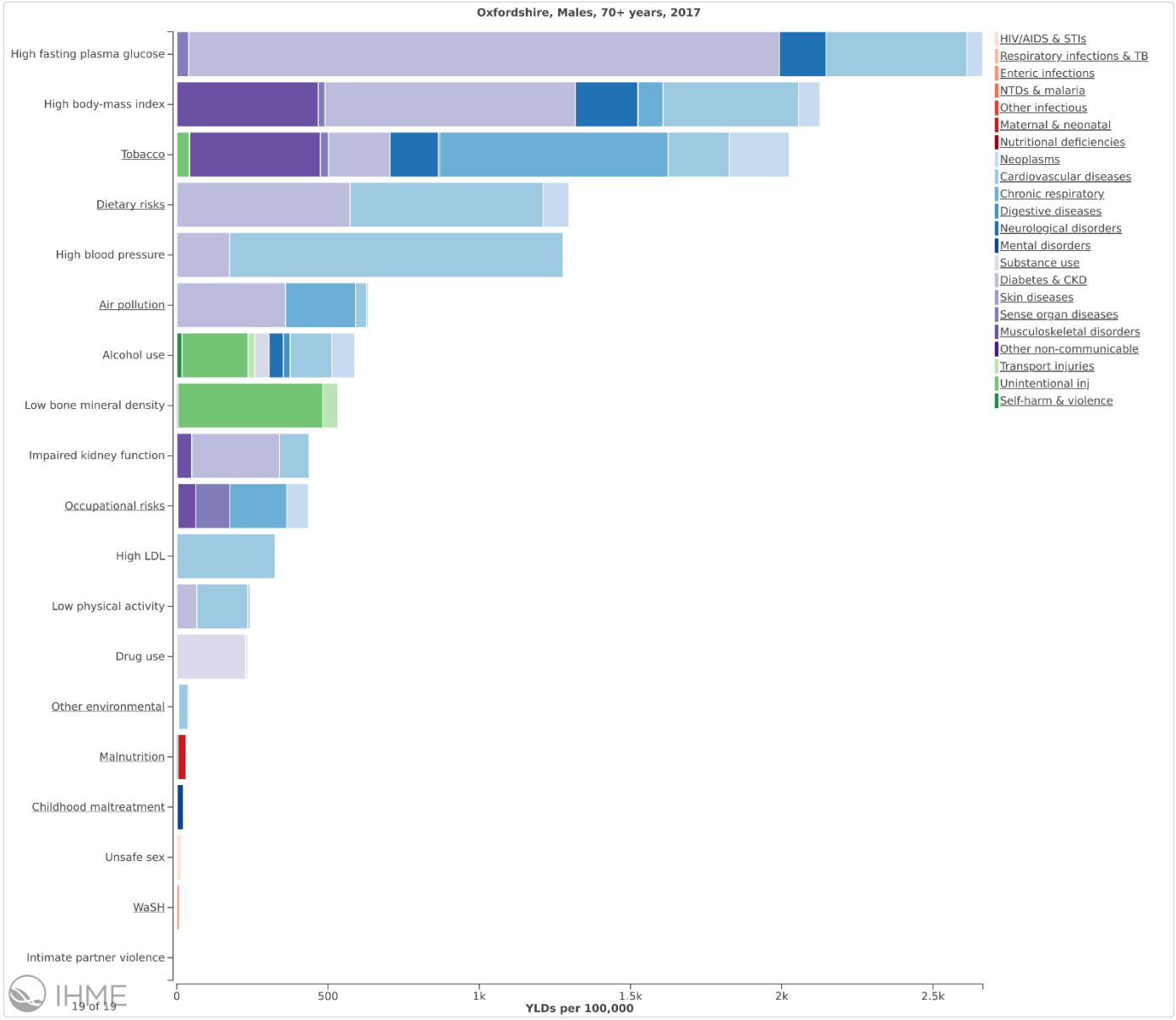


Oxfordshire
Males, 70+ years, YLDs per 100,000
2017 rank

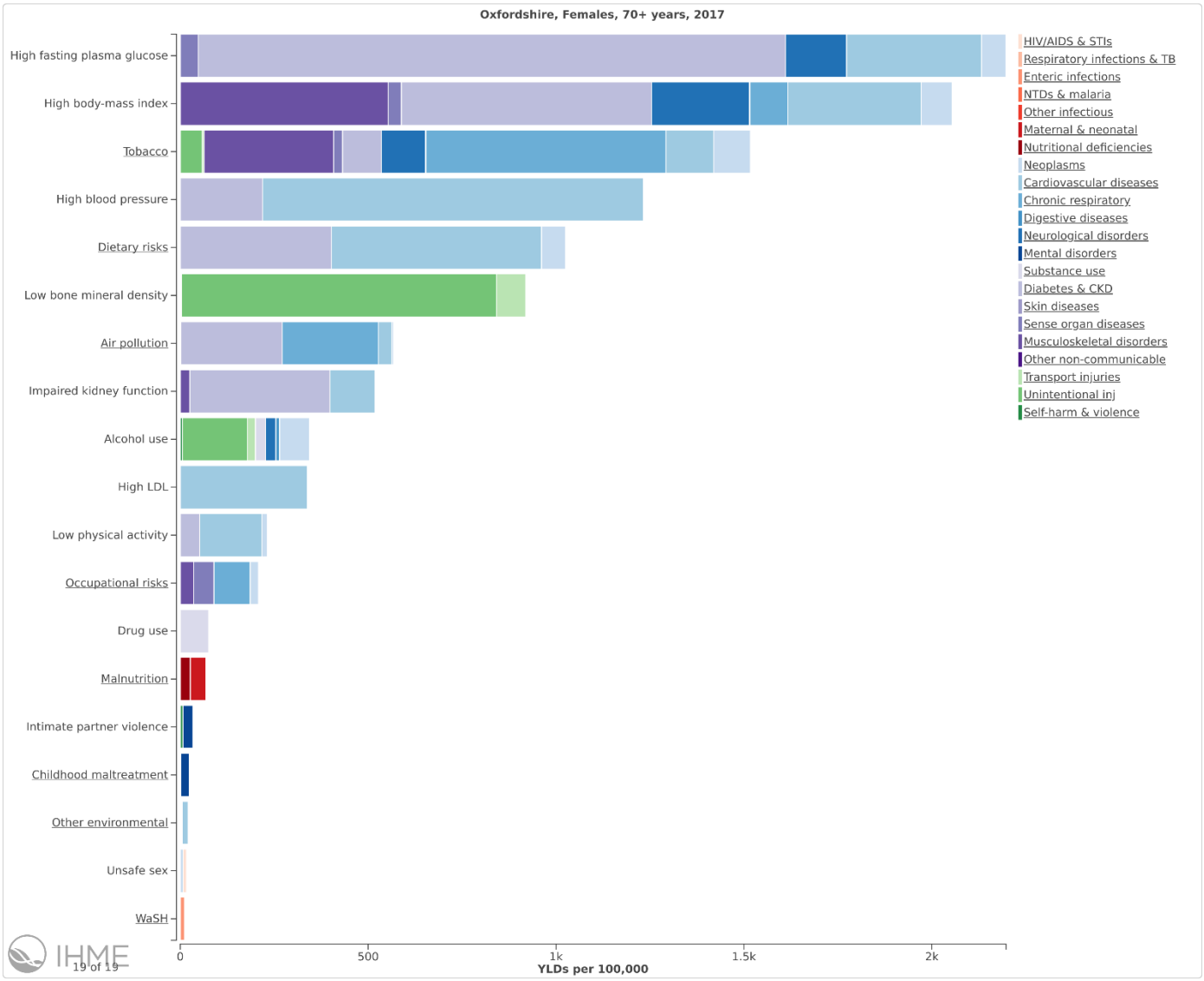
1 Musculoskeletal disorders
2 Sense organ diseases
3 Cardiovascular diseases
4 Chronic respiratory
5 Diabetes & CKD
6 Unintentional inj
7 Neurological disorders
8 Neoplasms
9 Mental disorders
10 Other non-communicable
11 Skin diseases
12 Digestive diseases
13 Transport injuries
14 Substance use
15 Enteric infections
16 Maternal & neonatal
17 Respiratory infections & TB
18 Self-harm & violence
19 NTDs & malaria
20 Other infectious
21 Nutritional deficiencies
22 HIV/AIDS & STIs



Oxfordshire
Females, 70+ years, YLDs per 100,000

2017 rank

1 Musculoskeletal disorders
2 Sense organ diseases
3 Neurological disorders
4 Cardiovascular diseases
5 Chronic respiratory
6 Unintentional inj
7 Mental disorders
8 Diabetes & CKD
9 Neoplasms
10 Other non-communicable
11 Skin diseases
12 Digestive diseases
13 Transport injuries
14 Enteric infections
15 Maternal & neonatal
16 Substance use
17 Respiratory infections & TB
18 NTDs & malaria
19 Self-harm & violence
20 Nutritional deficiencies
21 Other infectious
22 HIV/AIDS & STIs



Causes of death for under 75s considered preventable (JSNA 2019)

8

Oxfordshire Joint Strategic Needs Assessment

Cancer is the highest cause of preventable deaths in Oxfordshire in people under 75 years

These deaths could be prevented by reducing associated risk factors, such as obesity, inactivity, smoking and alcohol consumption

- Overall, preventable mortality in all ages is decreasing nationally as well as locally
- Preventable deaths continue to make up almost half of all deaths in those under 75 years of age and there is a higher proportion of these deaths in areas of deprivation
- Between 2015 and 2017 there were a total of 3,474 deaths from cardiovascular disease, cancer, respiratory or liver disease, 2,011 (58%) of which were considered preventable
- There was a gender difference, with 59% male deaths under 75 from these causes considered preventable and 56% of female deaths
- The highest cause of preventable deaths for people aged under 75 in Oxfordshire was cancer, with just over 1,000 deaths from 2015 to 2017

Deaths under the age of 75 from four causes considered preventable, Oxfordshire 2015-2017

Deaths aged under 75 by cause	All deaths aged under 75			Deaths considered preventable		
	Males	Females	Total	Males	Females	Total
Cardiovascular diseases	590	280	870	398	136	534
Cancer	1,024	920	1,944	527	513	1,040
Liver disease	153	84	237	127	69	196
Respiratory disease	240	183	423	135	106	241
Total of these four disease groups	2,007	1,467	3,474	1,187	824	2,011
% of total considered preventable				*59%*	*56%*	*58%*

Source: Public Health Outcomes Framework, PHE

Annex 2 Summary of NHS Long Term Plan Prevention Programme for specific conditions (adapted)

Condition	What is the problem?	Suggested solutions for prevention
Cardiovascular disease and stroke	CVD causes a quarter of all deaths in the UK It is the largest cause of premature mortality in deprived areas **This is the single biggest area where the NHS can save lives over the next 10 years** Stroke is the fourth single leading cause of death in the UK and the single largest cause of complex disability	**Primary prevention:** Addressing lifestyle factors of smoking, obesity, inactivity, diet and alcohol (see section 6.1 above) Salt reduction: government has agreed to set out by Easter 2019 the details of how the programme's targets will be met. **Secondary prevention:** As above plus - Early detection and treatment of 'ABC' risk factors (atrial fibrillation, blood pressure, cholesterol), including increased access to NHS Health Checks and case finding by pharmacists and nurses in Primary Care Networks and focussing on risk management pathways – both lifestyles and clinical follow up
Diabetes	Complications of diabetes can be debilitating 80% of the budget spent on diabetes is on its complications The risk of developing type 2 diabetes is up to six times higher in certain Black, Asian and Minority Ethnic (BAME) groups	**Primary prevention:** Preventing and treating obesity (as above in 6.1a) Increased access to NHS Diabetes Prevention Programme for those at risk of Type 2 diabetes. Access for all but also targeted at those at highest risk e.g. BAME **Secondary prevention:** Access to weight management services in primary care to be targeted at people with type 2 diabetes or hypertension with a BMI > 30 Very low calorie diets for obese Type 2 diabetics to be tested
Respiratory	Three top causes for years of life lost in the UK: lung cancer, chronic obstructive airways disease and lower respiratory tract infections Increased incidence and mortality in areas of	**Primary prevention:** Target smoking, cold homes, air pollution, immunisation

	deprivation Hospital admissions for lung disease have risen at 3x the rate of all admissions generally and are a major factor in the winter pressures faced by the NHS.	**Secondary prevention**: Diagnose earlier – 1 in 3 people with a first hospital admission for a COPD exacerbation have not been previously diagnosed. Optimise clinical management: right medications, integrated team around the patient to address all needs Address health inequalities
Mental health	The life expectancy of people with severe mental illnesses can be up to 20 years less than the general population Stress, anxiety and depression were the leading cause of lost work days in 2017/18 - reducing the impact of common mental illness can increase our national income and productivity	**Primary prevention:** Multifactorial root causes but Global Burden of disease cite the top *preventable* cause to **be alcohol and drug use** **Secondary prevention:** Increased access to IAPT * with an increased focus on those with long-term conditions Increased access to an annual physical health check for those with severe mental health problems, learning disabilities and autism Single, universal point of access for people experiencing mental health crisis NHS LTP cites plans for a new community access to psychological therapies, improved physical health care, employment support and support for self-harm and coexisting substance use Increased access to Mental Health Support Teams for children and young people, including in schools
Cancer	Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival	**Primary prevention:** Lifestyle factors above (section 6.1) **Secondary prevention:** Detect and treat earlier including - raising awareness

		- lowering threshold for referral by GPs - optimise screening
Maternity	Stillbirths and maternal death are reducing but pre-term birth is increasing. Women from the poorest backgrounds and mothers from Black, Asian and Minority Ethnic (BAME) groups are at higher risk of their baby dying in the womb or soon after birth. 700-900 pregnancies a year are affected by neural tube defects	**Primary prevention** Reduce smoking in pregnancy Targeting higher risk mothers: younger and from deprived background Government will consult on the mandatory fortification of flour with folic acid to prevent foetal abnormalities Introduction of a perinatal mental health services
Children (aspects also covered in sections above)	Children and young people account for 25% of emergency department attendances and are the most likely age group to attend A&E unnecessarily Tooth decay experienced by a quarter of England's five year olds	**Primary prevention:** Improvement in childhood immunisation The Starting Well Core initiative to support dentists to see more children from a young age to form good oral health habits and preventing tooth decay **Secondary prevention:** NHS LTP proposes that local areas will design and implement models of care that are age appropriate, closer to home, to prevent unnecessary A&E attendances

***** IAPT = Improving Access to Psychological Therapies programme treats common mental health conditions (using techniques such as cognitive behavioural therapy)