Report to the Health and Wellbeing Board, 13 June 2021

Report from	Health Improvement Partnership Board
Report Date	13 June 2021
Dates of meetings held since the last report:	27 May 2021
HWB Priorities addressed in this report	 □ A coordinated approach to prevention and healthy place-shaping. □ Improving the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan). □ An approach to working with the public so as to re-shape and transform services locality by locality. ✓ A Healthy Start in Life ✓ Living Well ✓ Ageing Well ✓ Tackling Wider Issues that determine health
Link to any published notes or reports: Priorities for 2021-22	Papers for May 2021 meeting were published and can be found here: Agenda for Health Improvement Partnership Board on Thursday, 27 May 2021, 2.00 pm (oxfordshire.gov.uk) In the light of the Coronavirus Pandemic, the Board undertook a review of its key priorities within its overarching objectives to promote prevention and address inequalities. It was agreed that its focus for 2021/22 will be: Obesity Smoking Mental Well-being. These priorities are all supported by recent strategies endorsed by the Board and will have significant impact on inequalities.

1. Progress reports on priority work to deliver the Joint HWB Strategy (priority, aim, deliverable, progress report)

A. Delivering a Smokefree Oxfordshire by 2025

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Priority	A coordinated approach to prevention	
Aim or Focus	The priorities for tobacco control in Oxfordshire in 2021/22 and its ambition to be smoke free by 2025 were presented to the Board.	
Deliverable	The Strategy's ambition is for Oxfordshire to be smokefree by 2025 (defined as less than 5% of the adult population smoking). County and District Councils across Oxfordshire have signed up to this ambition, along with Oxford Health NHS Foundation Trust, Oxfordshire University Hospital NHS Foundation Trust and Oxfordshire Clinical Commissioning Group.	
Progress report	The strategy highlights the importance of creating healthy smoke free environments and preventing people from starting smoking. It emphasises the need to directly tackle the stark inequalities in smoking rates and tobacco-related harm across the County – particularly among people with long term mental health conditions. It highlights the shared responsibility for achieving this across the member organisations of the Oxfordshire Tobacco Control Alliance	
	 Inequalities in Smoking Prevalence Whilst the overall adult smoking rate in Oxfordshire is 12%, it is higher in more deprived parts of the County, with smoking rates among routine and manual workers at 22.5% - nearly double the county average. In Oxfordshire, 17.3% of adults with a long-term mental health condition smoke and for those with serious mental illness, smoking prevalence is over three times the average in the County at 36.4%. 	
	Our tobacco control priorities for 2021/22 focus on prevention and creating healthy smoke free environments, alongside providing targeted stop smoking services for those who need it most, and using enforcement for retailers who break the law.	
	In 2021/22 we are working with senior leaders from member organisations of the Oxfordshire Tobacco Control Alliance (OTCA) to update, finalise, and deliver the OTCA action plan for 2021/22 at all levels. The action plan is not just about smoking cessation services, system partners have a key role to play in shaping, as had the NHS in addressing smoking amongst people being treated for mental health needs.	

This will include working more widely with health service partners across the Integrated Care System

B. The Mental Health Prevention Concordat Partnership and Framework

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Priority	A coordinated approach to prevention		
Aim or	The Board was updated on progress against the framework for		
Focus	action in Year 1 of the Mental Health Prevention Concordat		
	Partnership and next steps for 2021-2022.		
Deliverable	The Health Improvement Board (HIB) signed up to the Public Health England (PHE) Prevention Concordat for Better Mental Health in May 2019. It aims to galvanise local cross-sector action and increase public mental health approaches to support the prevention of mental health problems and the promotion of good mental health and wellbeing across the whole system.		
Progress	The partnership has come together five times since May 2020 to		
report	 share organisation updates, progress against the areas for action, and insight on the emerging needs and challenges as a result of COVID-19. It has: Developed a three year evaluation framework 2020-23 with Oxford Brookes University to understand the impact and learning of the partnership. Formed Oxfordshire communications multi agency group which as of May 2021 has 15 members. We have delivered five joint mental health and wellbeing campaigns on: Sleep, Men's Health Week, World Mental Health and Suicide Prevention Day and Festive campaign targeted at key workers and students. Delivered mental health and suicide prevention training to 200 frontline staff and volunteers including: Community Food Services, District Councils, NHS and Faith Settings. Launched a Mental Wellbeing Small Grant scheme in March 2021 for community groups to support local initiatives: 75 applications received and awarded £72,000 to six local organisations. 		

C. Oxfordshire's Suicide and Self-Harm Prevention Strategy

Priority	A coordinated approach to prevention and improving the resident's
	journey through the health and social care system (as set out in the
	Care Quality Commission action plan).
Aim or	To provide an update on the work of the Suicide Multi Agency Group
Focus	since the launch of the Oxfordshire Suicide and Self-Harm
	Prevention Strategy in March 2020
Deliverable	The Suicide and Self-Harm (SSH) Prevention Strategy sets out the
	long-term focus and commitment of the Suicide Multi Agency Group
	partners to reduce suicide and self-harm in Oxfordshire over the
	next 4 years.

The suicide rate in Oxfordshire in 2017-19 was 8.9 per 100,000 of population (all ages) compared to the England rate of 10.1 per 100,000. This is a slight increase from the rate observed in 2016-18 of 8.6 per 100,000.

The suicide rate in Oxfordshire males is statistically similar to England with a rate of 14.9 per 100,000 in 2017-19. This is a slight increase on the previous year (2016-18) which showed a rate of 14.2.

Among females in Oxfordshire, the rate of suicide per 100,000 in 2017-19 was 3.1, down from 3.2 in the previous year. Compared to a 4.9 per 100,000 population in England.

Progress report

The Oxfordshire strategy, based on national policy, combined with the local knowledge, insight and personal experiences, has four focus areas:

- Suicide & self-harm: safer communities
- Suicide & self-harm safer professionals & work settings
- Accessible support for those effected by suicide & self-harm
- Strong, integrated suicide & self-harm network

Progress Update

- Real Time Surveillance System (RTSS) continues to monitor deaths by suspected suicide.
- Through partnership working, Public Health delivered geotargeted digital campaigns to raise awareness of support available for mental health and wellbeing in West Oxfordshire and Cherwell.
- The Oxfordshire strategy has an objective to prevent suicides at public places. British Transport Police (BTP) have worked in conjunction with Network Rail to carry out a review of the rail line in Oxfordshire to determine if there were any mitigating actions which could be completed to make the rail line less accessible. Locations on the rail line which have historically been used to gain access for fatalities are frequently patrolled by officers, and Network Rail staff are encouraged to report concerns to the BTP.
- Suicide and self-harm prevention training has been a key deliverable for the partners of the Suicide MAG with many focusing on delivering training to front line staff and volunteers throughout the COVID-19 pandemic. Local third sector partners of the Suicide MAG have continued to provide support for the mental health needs of high-risk groups throughout the COVID-19 pandemic.

D. Report on the Healthy Weight Story Map for Oxfordshire and Physical Activity Story Map for Cherwell District Council

Priority	A coordinated approach to prevention
Aim or	To provide an update on the development of the Oxfordshire Healthy
Focus	Weight Story Map and the Physical Activity Story Map for Cherwell
Deliverable	A story map is a visual way to present data and information for a given geographical area. It is made up of several layers of maps, typically zooming in closer at each layer. The maps are accompanied by a narrative - the story that the mapped data helps to tell. Relevant indicators are chosen (such as proportion of people inactive) to help tell the story of the geographical area That data is then plotted on the map by chosen geographical scale (MSOA, LSOA etc), and displayed, for example in coloured quartiles to show differences across the area. The maps are interactive, meaning you can choose which mapped data you wish to view from any of the indicators presented.
Progress report	As part of the Whole Systems Approach to Healthy Weight in Oxfordshire, OCC has developed the story map to engage cross sector stakeholders, providing a clear picture and evidence to present the case for healthy weight in Oxfordshire. A visual data tool has been created to provide information across the life course about residents most at risk of being overweight or obese. The next phase of development of the map is to be completed during Summer 2021 and will include data on Oxfordshire's built environment. In Cherwell the physical activity story map has been created to better understand activity levels across the District and to map the assets in the District to support people to become more active and to create targeted interventions. The information on the story map will help Cherwell DC and partners better understand its residents and communities, so that collectively we can plan more effectively in areas that need support the most while also demonstrating impact of projects.

2. Note on what is being done in areas rated Red or Amber in the Performance Framework

Of the 21 indicators reported in this paper: Five indicators are green, four indicators are amber, six indicators are red:

- 2.16 Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
- 2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population
- 2.18 Increase the level of flu immunisation for at risk groups under 65 years
- 2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)

- 2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
- 3.18 Increase the level of Breast Screening Percentage of eligible population (women aged 50-70) screened in the last three years (coverage)

The impact of COVID 19 and the lockdown earlier in the year is reflected in performance, particularly on the uptake of health screenings and NHS health checks, among other face to face services which were affected. Part of the recovery plan is to now restart and improve preventive services.

Rosie Rowe, June 2021