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

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Tuesday, 1 May 2018 at 2.30 pm

Town Hall, Oxford

Peter G. Clark
Chief Executive

23/04/2018

Contact Officer: ***Helena Jones, Policy Officer***
Tel: 07500 784428; Email: helena.jones@oxfordshire.gov.uk

Membership

Chairman – District Councillor Anna Badcock
Vice Chairman - District Councillor Marie Tidball

Board Members:

Cllr Jeanette Baker	West Oxfordshire District Council
Cllr John Donaldson	Cherwell District Council
Cllr Hilary Hibbert-Biles	OCC – Cabinet Member for Public Health & Education
Cllr Monica Lovatt	Vale of White Horse District Council
Dr Jonathan McWilliam	Strategic Director for People and Director of Public Health
Dr Kiren Collison	OCCG -Clinical Chair
Diane Hedges	OCCG- Chief Operating Officer and Deputy Chief Executive
Richard Lohman	Healthwatch Ambassador
Diana Shelton	West Oxfordshire District Council
Jackie Wilderspin	Public Health Specialist
Daniella Granito	Oxford City Council

Notes:

- ***Date of next meeting: 13 September 2018***

Declarations of Interest

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

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

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

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

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

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

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

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

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

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

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

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

AGENDA

1. Welcome by Chairman, District Councillor Anna Badcock

2. Apologies for Absence and Temporary Appointments

3. Declaration of Interest - see guidance note opposite

4. Petitions and Public Address

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

2.35pm
5 minutes

To approve the minutes of the meeting held on 8 February 2018 and to receive information arising from them.

6. Performance Report (Pages 7 - 16)

2.40pm
25 minutes

Performance report presented by Dr Jonathan McWilliam, Director of Public Health, Oxfordshire County Council.

The Board is asked to note the report on progress against the targets of the Health Improvement Board in Quarter 3, 2017-18.

An overview of smoking in Oxfordshire and the national and local work around tobacco control will be presented by Dr Eunan O'Neil, Consultant in Public Health, Oxfordshire County Council.

7. Joint Strategic Needs Assessment (Pages 17 - 24)

3.05pm
10 minutes

Members are asked to note the recently published Oxfordshire Joint Strategic Needs assessment.

The executive summary of the 2018 Joint Strategic Needs assessment is attached. The full report can be found online here: http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

8. Review of Health Improvement Board priorities (Pages 25 - 34)

3.15pm
15 minutes

Report presented by Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council.

The Board is asked to discuss the best approach for setting priorities for the Board into 2018/19 and to comment on the proposed aim, outcomes and next steps.

9. Healthy Weight Action Plan (Pages 35 - 50)

3.30pm
20 minutes

Report presented by Kate Eveleigh, Health Improvement Practitioner, Oxfordshire County Council and Hannah Fenton, Good Food Oxford.

An update will be provided on the work of the partners involved in delivering the Oxfordshire Healthy Weight Action Plan for 2017-18. An Oxfordshire Cooking Skills Framework produced by Good Food Oxford will be launched at this meeting.

The Board is asked to note the national updates and approve continuing the actions of this year's plan for the remainder of 2018, with a view to refreshing the plan in 2019.

10. Rough Sleeping

3.50pm
15 minutes

Verbal report given by Joanne Barrett, Housing Needs Manager, Cherwell District Council and Chairman of the Housing Support Advisory Group.

The Board is asked to note case studies of people rough sleeping in Oxfordshire and information on the work being done by partners to prevent and reduce homelessness. A report on the first year of the Single Homelessness Pathway under new arrangements will be brought to the next meeting of the Board.

11. Mental Wellbeing Workshop (Pages 51 - 68)

4.05pm
15 minutes

An introduction to the workshop held on 19th March 2018 will be given by District Councillor Anna Badcock, Chairman of the Health Improvement Board and a summary of the outcomes of the workshop and proposed next steps will be presented by Donna Husband, Head of Commissioning Health Improvement, Oxfordshire County Council.

The Board is asked to agree to prioritising and monitoring mental wellbeing in their future work, and to become a signatory of the national Prevention Concordat for Better Mental Health. To advance this work, the Board is asked to agree to create an Oxfordshire wide Framework for mental wellbeing.

12. Healthy New Towns Learning Event

4.20pm
5 minutes

A verbal summary of the event held on 24th April 2018 will be shared by Kate Austin, Health Improvement Practitioner, Oxfordshire County Council.

The Board is asked to note the discussion at the event on how the model of healthy place making in the Healthy New Towns could be applied to other communities in Oxfordshire and the county wide support needed for this to happen.

13. Any Other Business and Forward Plan (Pages 69 - 70)

4.25pm
5 minutes

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

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

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NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on Thursday 8th February commencing at 2.00pm and finishing at 4.15pm.

Present:

Board members:	Councillor Anna Badcock (Chairman), South Oxfordshire District Council Councillor Marie Tidball (Vice-Chairman), Oxford City Council Councillor Jeanette Baker, West Oxfordshire District Council Councillor Hilary Hibbert-Biles, Oxfordshire County Council Joanne Barrett, Cherwell District Council (substituting for Cllr John Donaldson) Diane Hedges, Oxfordshire Clinical Commissioning Group Diana Shelton, West Oxfordshire District Council Richard Lohman, Healthwatch Ambassador
Officers:	
Whole of meeting:	Daniella Granito, Oxford City Council Helena Jones, Oxfordshire County Council
Part of meeting:	
Agenda item 6	Joanne Barrett, Cherwell District Council Dave Scholes, Oxford City Council
Agenda item 7	Nerys Parry, Oxford City Council
Agenda item 9	Paul Wilding, Oxford City Council
Agenda item 10	Sarah Breton, Oxfordshire County Council DI Matt Bick, Thames Valley Police
Agenda item 11	Keith Johnson, Oxfordshire Sport and Physical Activity

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

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

ITEM	ACTION
1. Welcome The Chairman, Councillor Anna Badcock, welcomed all to the meeting.	
2. Apologies for Absence and Temporary Appointments Apologies were received from Cllr Monica Lovatt, Dr Kiren Collison, Jonathan McWilliam and Cllr John Donaldson. Joanne Barrett substituted for Cllr John Donaldson.	
3. Declaration of Interest The following interests were declared: - Richard Lohman is employed by Oxford Health at the Luther Street GP Surgery.	
4. Petitions and Public Address No petitions or public addresses were received.	
5. Minutes of Last Meeting The minutes of the June meeting were approved, subject to the following amendments: • On the front sheet, add to the list of attending Board members: *Councillor Hilary Hibbert-Biles, Oxfordshire County Council* • On page 3, under Agenda item 8, in the second sentence replace '*…road layouts to reduce air quality*…' with '…*road layouts to improve air quality*…'	
6. Performance Report Jackie Wilderspin presented the Quarter 2 performance report for 2017-18. It was noted that the smoking cessation indicator has an amber status. A report card on smoking cessation will be brought to the next meeting of the Board with details of the new contract for services which commences in April. A member queried whether there is a breakdown on breastfeeding rates by areas in Oxfordshire. This data is no longer reported by individual areas so this may not be possible. **The possibility of sourcing data on breastfeeding rates in different areas will be examined and confirmed to the Board.** The Board considered the amber status of the obesity indicator for Year 6 pupils and noted that the overall Oxfordshire rate was significantly better than the national average, although there is considerable variation within the county.	**Jackie Wilderspin**

Rough Sleeping An exception report on rough sleeping indicators was presented by Joanne Barrett, together with Dave Scholes, on behalf of the Housing Support Advisory Group. The reasons for an increase in numbers of people rough sleeping, especially in Oxford City, were discussed. The change in the demographics of rough sleepers was highlighted, although the reasons behind this are harder to identify. The Board were keen to understand more about what can be done to improve rough sleeping. It was noted that projects such as the Trailblazer project discussed in this meeting have a role in the early prevention of homelessness. The Single Homelessness Pathway in Oxfordshire is the main means to help those who are rough sleeping. There are challenges currently being experienced with the single homelessness pathway including the entry into the pathway and meeting the target of 9 months for people to stay in placements. District officers are working with providers to reduce blockages in the pathways and enable suitable move on from the pathway to be achieved. This work includes: • Considering starting satellite services in the districts rather than only central provision of services • Reviewing allocations of local beds • Improving links to employment • Working on the private sector offer of rented accommodation, especially addressing the gap between local housing allowance and private sector rents • Considering the Housing First model There is currently a review of homelessness in process at Cherwell District Councils. This review is a process which happens every five years but is particularly important now since the Homelessness Reduction Act which comes into force in April changes the duties of local authorities in respect of homeless people. **Some case studies will be brought to the next meeting of the Board to help understand the stories of rough sleepers and look at common themes. Details of the governance of partnership work around housing will also be shared.**	**Joanne Barrett**
7. Trailblazer Project and the City Conversation on Rough Sleeping Two reports were presented on different projects related to homelessness. Trailblazer Project Nerys Parry presented the report on the Trailblazer Project which aims to improve on upstream prevention of homelessness in Oxfordshire. Board members were pleased to note that transfer figures into housing from hospital emergency rooms have improved linked to presence of an	

embedded housing worker based at the John Radcliffe Hospital. A question was raised about how this can be extended to other systems, such as the court and probation systems, and Board members were informed that a champions network is being developed to support professionals in other systems to develop knowledge about housing issues. **Officers are considering how the project could include a focus on targeting deprivation and were invited to link this to the work being done by the Health Inequalities Commission.** <u>City Conversation on Rough Sleeping</u> A report on the City Conversation on Rough Sleeping was shared. Dave Scholes responded to questions about the event, and the plans to take this work forward with partners. It was noted that the governance of this work will be via a steering group.	**Jackie Wilderspin**
8. Health Inequalities Commission Jackie Wilderspin presented a report on progress which has been made on the Health Inequalities Commission's recommendations. Work to identify and tackle inequalities has been progressed by breaking data down to a ward level which allows work to be targeted better. Board members suggested it would be helpful to identify the factors which make some wards perform better than others. The approach to considering inequalities in setting future priorities for the Board was also discussed. In the past, the Board's priorities have been set annually when the Joint Health and Wellbeing Strategy is updated. There is currently a major review of governance, membership and function of the Health and Wellbeing Board underway which provides an opportunity to review the priorities of the Health Improvement Board. **A paper will be brought to the next meeting of the Board to start the discussion about the Board's future priorities and how these should be agreed**.	**Jackie Wilderspin**
9. Welfare Reform Paul Wilding presented a report on the process and impact of the rollout of Universal Credit in Oxford City. Board members were pleased to note the good preparation work which had taken place to reduce negative impacts on people because of the change to the benefits system. There have been some challenges around tenants meeting rent payments during the transition period and making sure the right information is provided and used by the Department of Work and Pensions to calculate benefits.	
10. Domestic Abuse Strategic Board Sarah Breton presented an update on the strategic review of domestic abuse.	

Board members asked about plans to ensure support for groups who are less commonly considered in domestic abuse, such as heterosexual men, LGBTQ people. This was identified as a gap in the strategic review and work is underway to address provision of services in Oxfordshire, including a specialist input for black, Asian and minority ethnic groups. The importance of ensuring programmes consider wider family violence such as child- parent or sibling-sibling violence was expressed. Officers were also recommended to consider how data about vulnerable groups like those who experience child sexual exploitation could be used to identify possible victims.	
11. Oxfordshire Sport and Physical Activity (OxSPA) An update on the future structure and work of the organisation was presented by Keith Johnson. OxSPA been informed that it will not receive funding from Sports England due to a change where they now target funding at geographic areas with high levels of physical inactivity. OxSPA is now undergoing a review, including a restructure of their board and changing to become an independent charitable organisation. The target date for the new organisation to be formed is 1st July 2018. It was agreed that promoting physical activity remains an important objective in Oxfordshire and that the past success of OxSPA has been built on a culture of partners coming together to coordinate and support work across the county. **Board members were asked to consider how their organisation might support the future work of OxSPA financially and through a commitment to partnership.**	**All**
12. Healthwatch Ambassador's Report A verbal report was given by Richard Lohman on the recent work of Healthwatch Oxfordshire. Details of the next meeting were shared and the Board was informed of a project fund open to bids by small organisations. A new website for the organisation has also been launched.	
13. Review of Health Improvement Board Terms of Reference The Board considered the proposed update to the terms of reference. An addition to the membership section was requested to note that a representative of the Thames Valley Police would be invited to attend meetings when domestic abuse is discussed. **The terms of reference will be updated to reflect the Board's discussion and provided to the Health and Wellbeing Board on 22nd March for agreement.**	**Helena Jones**

14. Forward Plan and Any Other Business Details of upcoming events which are of relevance to the work of the Board were shared. • Mental Wellbeing Workshop (19th March) convened by the Board to gather partners and consider how to advance the promotion of mental wellbeing in Oxfordshire. • Healthy New Towns learning event (24th April) which builds on previous discussions by the Board about the role of health in planning. • Oxford: Naturally Healthy conference (17th May) exploring green social prescribing **Details of each of these will be circulated following the meeting.** From discussion at the meeting the following items will be added to the forward plan: • Rough sleeping case studies proposed for discussion 1st May	**Helena Jones**
The meeting closed at 4.15pm	

..... in the Chair

Date of signing

Tobacco Control Services in Oxfordshire.

A report to the Health Improvement Partnership Board

1st May 2018

1.0 Purpose of the report

1.1 This report will give an overview of tobacco control services from a national perspective and also in the Oxfordshire population, the wider changing behaviours of smoking and local cessation services. The report will provide a summary of the activity of the public health team in relation to tobacco use in the past twelve months.

2.0 Introduction

2.1 Smoking is widely accepted as one of the most detrimental behaviours which can affect the health of an individual and increase the risk of suffering serious illness and premature death. In England there have been concerted efforts to reduce the number of smokers in the population through national policy and the increased education of the harm that smoking has on the health of smokers. Whilst there have been considerable reductions in the smoking population from 60% at the start of 1950s, still nearly one in six adults smoke (15.5%). However, while in England over 150,000 people stopped smoking in 2016/17, many still start using tobacco, nearly all of whom are in their teens or early twenties.

2.2 Cigarettes are the cause of death for about half of all long-term smokers and greatly contribute to increased morbidity in those who are long term smokers. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementias, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

2.3 Nicotine is highly addictive and this is why it is difficult for smokers to quit. Whilst addictive nicotine is not the major cause of smoking related deaths, it is the other chemicals in tobacco which cause the harm to health.

"People smoke for nicotine but they die from the tar." Prof Michael Russell

2.4 About half of attempted quits are made without the use of Nicotine Replacement Therapy (NRT) or other aids. The use of NRT and licensed pharmacotherapy helps reduce the nicotine cravings that arise with stopping smoking. However, the likelihood of successfully quitting in the long term is increased through the use of Local Stop Smoking Services (LSSS) along with behavioural support.

3.0 Tobacco Control Plan for England 2017-22

3.1 Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes. In 2017 the Government published a new Tobacco Control Plan[1], to pave the way for a smoke free generation. Since the introduction of the last Tobacco Control Plan, smoking

[1] Department of Health (2017) Towards a smoke-free generation: a tobacco control plan for England https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

prevalence among adults in England has dropped from 20.2% to just 15.5%—the lowest level since records began.

3.2 The new Plan targets a further reduction in smoking rates, from 15.5% down to 12% by 2022, as the first step toward a generation of non-smokers—which will be achieved when smoking rates are 5% or below.

3.3 The Plan prioritises working with NHS organisations in reducing the rates of smoking in pregnancy, as well as addressing the huge variation in harm across England—which disproportionally falls on vulnerable communities, including patients with mental health conditions.

3.4 Effective tobacco control includes various national policies, overseen and implemented by central Government. However locally the Council, and other local stakeholders, have a responsibility alongside central Government to support the implementation of these to maximise their potential to reduce smoking prevalence rates. The new Tobacco Control Plan has the following actions directed towards local services.

3.5 *Stamping out inequality: smoke-free pregnancy*

The Department of Health wants to see:

- All CCGs, Trusts and Local Authorities fully implementing NICE Guidance including Smoking: stopping in pregnancy and after childbirth (PH26)[2] which recommends that all pregnant women are CO screened and those with elevated levels referred via an opt-out system for specialist support.
- Local areas - especially those with smoking in pregnancy prevalence above the national average - identifying local Smoke-free Pregnancy Champions to consider how prevalence can be reduced in their locality and lead action to achieve this.

3.6 LSSS

- Local Authorities to refocus support to quit with PHE support.
- Local areas developing their own tobacco control strategies, based on evidence-based guidance

3.7 Parity of esteem: supporting people with mental health conditions

- Commissioners and providers of the local health and social care system assessing the need of stop smoking support for people with mental health conditions and delivering targeted and effective interventions.
- NICE guidance PH48[3] and PH45[4] fully implemented in all mental health contexts. This will mean the full roll out of comprehensive smoke-free policies in all mental health units by 2018, as recommended in the 2016 Independent Mental Health Taskforce Report 'The Five Year Forward View for Mental Health'.[5]

[2] NICE (2010) Smoking: Stopping in pregnancy and after childbirth https://www.nice.org.uk/guidance/ph26
[3] NICE (2013) Smoking: acure, maternity and mental health services. https://www.nice.org.uk/guidance/ph48
[4] NICE (2013) Smoking: harm reduction https://www.nice.org.uk/guidance/ph45
[5] Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

3.8 *A smoke-free NHS, leading by example***:** Create and enable working environments which encourage smokers to quit.

- All employers making good use of information and momentum generated by national campaigns such as 'Stoptober' and regional campaigns to promote stopping smoking amongst their employees.

3.9 *A whole system approach:* Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis.

- All health professionals engaging with smokers to promote quitting.
- All commissioners taking up the 2017-19 Commissioning for Quality and Innovation framework which includes tobacco as a national indicator for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status.
- All NHS hospitals fully implementing NICE PH48[6] guidance supporting cessation in secondary care.

3.10 *Local inequalities:* Eliminating health inequalities through targeting those populations where smoking rates remain high.

- Regions and individual local councils coming together to agree local ambitions around which collective action can be organised.
- Local health and wellbeing partners participating in 'CLeaR', an evidence-based improvement model that can assist in promoting local tobacco control activities.
- Local councils identifying the groups and areas with the highest smoking prevalence within their local communities and taking focused action aimed at making reductions in health inequalities caused by smoking in their population.

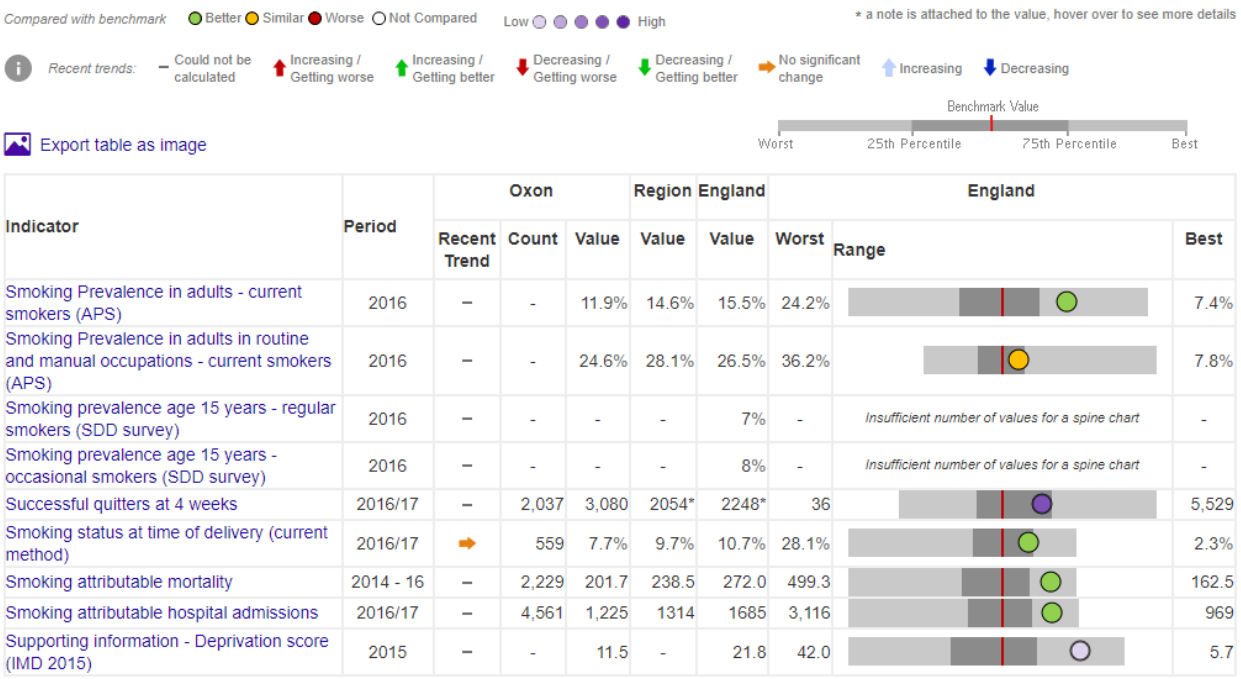
3.11 *Public awareness:* Use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking.

- Local areas working together to explore if regional and cross-regional approaches could offer a greater return on investment for stop smoking campaigns.

4.0 Smoking Data for Oxfordshire

4.1 The most recent data for smoking activity in Oxfordshire is provided in Figure 1 below. Overall the prevalence of smoking in the county is 11.9% which is better than the National Average. However, there are inequalities in smoking within the local population. Of most significant concern;

- 24.6% of Routine & Manual Workers Smoke
- 5.7% of 15-year olds are regular smokers (5.5% nationally)
    - 10.4% have recently tried smoking



Indicator	Period	Oxon			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Smoking Prevalence in adults - current smokers (APS)	2016	–	-	11.9%	14.6%	15.5%	24.2%		7.4%
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2016	–	-	24.6%	28.1%	26.5%	36.2%		7.8%
Smoking prevalence age 15 years - regular smokers (SDD survey)	2016	–	-	-	-	7%	-	*Insufficient number of values for a spine chart*	-
Smoking prevalence age 15 years - occasional smokers (SDD survey)	2016	–	-	-	-	8%	-	*Insufficient number of values for a spine chart*	-
Successful quitters at 4 weeks	2016/17	–	2,037	3,080	2054*	2248*	36		5,529
Smoking status at time of delivery (current method)	2016/17	→	559	7.7%	9.7%	10.7%	28.1%		2.3%
Smoking attributable mortality	2014 - 16	–	2,229	201.7	238.5	272.0	499.3		162.5
Smoking attributable hospital admissions	2016/17	–	4,561	1,225	1314	1685	3,116		969
Supporting information - Deprivation score (IMD 2015)	2015	–	-	11.5	-	21.8	42.0		5.7

Figure 1. Smoking Activity in Oxfordshire (Source PHE)

4.2 Smoking cessation activity has been recorded for several years as number of successful 4 week quits. This is a crude measure, makes benchmarking difficult, and is less effective in reflecting the number of successful quits in relation to the declining number of smokers. From 2016/17, a change was made to monitor activity by the rate of successful quitters per 100,000 smokers aged 18 or over. The rate achieved in 2016/17 was 2432. Details of 2017/18 Quarters 1-3 is provided in table 1 below. The data for Quarter 4 is currently unavailable at time of writing the report.

Indicator	**Target**	Q1	Q2	Q3
Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-	2432	2159	2299	2337

Table1. Rate of successful quitters per 100,000 smokers in Q1-Q3 2017/18

5.0 Public Engagement

5.1 The activity observed over the past few years has shown a decrease in the number of recorded successful quits in stop smoking services nationally and locally as shown in figure 2 below.

Figure2. Trends in 4 week quits 2003- 2016 (Source PHE)

5.2 Local data suggests that people are using GP and Pharmacy services less to successfully stop smoking and prefer to quit successfully using community based services or stop independently.

5.3 Financial evaluation of stop smoking services by commissioners has shown that the cost per quit is lower in community based services than in GP surgeries. Latest guidance and best practice recommends a whole community based approach to services which targets high priority groups whilst using tobacco control and prevention measures to target wider access and understanding of the benefits on not smoking.

5.4 Considering this the public health team conducted a pre- consultation engagement with local stakeholders in which participants expressed that nearly 8 out of 10 people would prefer to access services without having to access their GP surgery. Participants in the pre- consultation exercise also expressed that current services could be more accessible and that there was interest in expanding services to an online offer.

5.5 Based on the findings of the pre- consultation engagement exercise and the models of best practice and latest guidance, commissioners developed a range of options for future models of stop smoking services. The options for services are outlined in table 2.

5.6 The options opened to public consultation from 14th July- 17th August 2017. There were 189 responses to the consultation in which the respondents were asked which option they preferred (187 voted). 109 (58%) respondents selected option 3 as their preferred option and 60 (32%) selected option 1. Of those 60 who selected option 1, 36 (60%) were providers. Closer examination of comments made by respondents selecting option 1 was a concern about losing the opportunity to quit

smoking with a GP. In the consultation documentation it may not suitably reflected that whilst a change in model away from the GP based services was in line with best practice, the GP providers are still able to provide smoking cessation advice and support to their patients if the requested it.

Option 1	Recommission GP Practices and Community Pharmacies to provide Local Stop Smoking Service based on current provision. Exercise the extension clause of the existing Community Outreach Services until 31st March 2020. Maintain current wider tobacco control activity/investment (the 'Status Quo').
Option 2	Commission GP Practices and Community Pharmacies to provide Local Stop Smoking Service for anyone who wants to stop smoking only. This would not include any Community Outreach Services.
Option 3	Commission a combined service based on a model which would incorporate Local Stop Smoking Service with open access and referral to face to face services, targeted outreach for priority groups, an online/telephone offer and prevention education. Increase wider tobacco control activity/investment.
Option 4	Commission Service Provider/s to provide Local Stop Smoking Service that targets priority groups only on a Community Outreach basis only, offering to the wider community and target groups.
Option 5	Commission an online and telephone based Local Stop Smoking Service only.
Option 6	Commission prevention and education only, and have local people self-fund stopping smoking. No Local Stop Smoking Services.

Table 2. Options for smoking cessation services in 2017 consultation.

5.7 The findings of the consultation supported a change in the shape of LSSS from April 2018 to an evidence based model, with open access and referral to face to face services, targeted outreach for priority groups, an online/telephone offer and prevention education. Increase wider tobacco control activity/investment. More information on the consultation can be access on the County Council website at https://consultations.oxfordshire.gov.uk/consult.ti/OxonSSS/consultationHome .

6.0 New model of services

6.1 The trends in smoking quits, changing attitudes to accessing services and stopping smoking, changing NICE guidance and the new tobacco control strategy have all contributed to a strengthened case to remodel the delivery of tobacco control services in the county.

6.2 With the natural end in contracts for GP and Pharmacy services along with a break point in the community services contract, there was an opportunity for commissioners to remodel LSSS's to better meet changing need. A competitive tender process was held from September – December 2018 and a new contract was awarded to Solutions4Health Ltd. (trading as SmokefreeLife Oxfordshire) which commenced roll out of the new model from 1st April 2018.

6.3 The aims of the service are;

- 6.3.1 Prevent early death from smoking-related disease and improve quality of life, through delivering a Service that contributes to reducing the smoking prevalence in the geographical area covered by the Council.
- 6.3.2 Provide free access to quit support for all Oxfordshire's tobacco smokers, with focus on reducing inequalities in prevalence in priority groups, with the aspiration of them stopping for good.
- 6.3.3 To deliver the core business of delivering quit support using evidence-based interventions, whilst exploring new methodologies and innovative approaches, grounded in established theories from other appropriate sectors and professions.

6.4 The new service will achieve these aims by;

- 6.4.1 To provide an easily identifiable access point that is the "digital front door" of the service for potential service users and potential referral sources/personnel.
- 6.4.2 To work in partnership with a range of referral sources and /personnel to develop accessible and robust referral pathways and systems with specific focus on priority groups.
- 6.4.3 To promote, through a marketing and communications plan, the service to tobacco smokers. The marketing and communications plan will motivate tobacco smokers to quit and access the service for support with specific focus on priority groups.
- 6.4.4 Provide a range of appropriate training to clinical and non-clinical personnel that provides them with sufficient confidence, competencies and qualifications to an accredited standard relevant for either a referral source, or provision of Level 2 stop smoking support.
- 6.4.5 Provide a variety of evidenced-based intervention approaches that includes a combination of behavioural support for 6-12 weeks and access to licenced pharmacotherapy. This will meet the needs of service users and achieve service outcomes to help Service Users to stop smoking tobacco for at least four-weeks post setting a quit date and empower them to continue independently well beyond this time frame.
- 6.4.6 To proactively target the evidence-based interventions to increase access, motivate and support residents/employees from priority groups.
- 6.4.7 Provide appropriate support to other local providers that support smokers of tobacco to quit that are not under contract, ensuring they have the confidence and competencies to do so; such as Primary and Secondary Care settings where licensed pharmacotherapy is provided.

6.5 Commissioners are currently working with the provider to deliver the successful transition of services to the new model. An official launch of the new model of services will take place at the end of the summer. Details on how to access LSSS are available at https://www.smokefreelifeoxfordshire.co.uk/ .

6.6 In addition to the remodelling of LSSS, public health has also widened their tobacco control offer. A play called "Meet the Stinkers" has been piloted in 10 schools in the County. This play is aimed at children aged around 10 years of age and addresses the issues of tobacco use. The play has been delivered in March-April 2018 and has been well received by schools and the children who attended the

play. The public health team are currently evaluating the pilot of the play as part of planning for further tobacco control services in 2018/19.

7.0 Oxfordshire Tobacco Control Alliance

7.1 Smoking, the effects of second hand smoke and illicit tobacco use are primary causes of preventable death and illness in Oxfordshire. Tobacco use has substantial financial costs outside of health, costing the wider society in England more than £13.9 billion. This includes significant costs to Local Authorities such as costs from increased social care needs as a consequence of smoking tobacco. This cost to Oxfordshire is estimated at approximately £147.2m a year which equates to £2038 per smoker per year. A breakdown of some of the estimated costs is detailed in Figure 3 below.

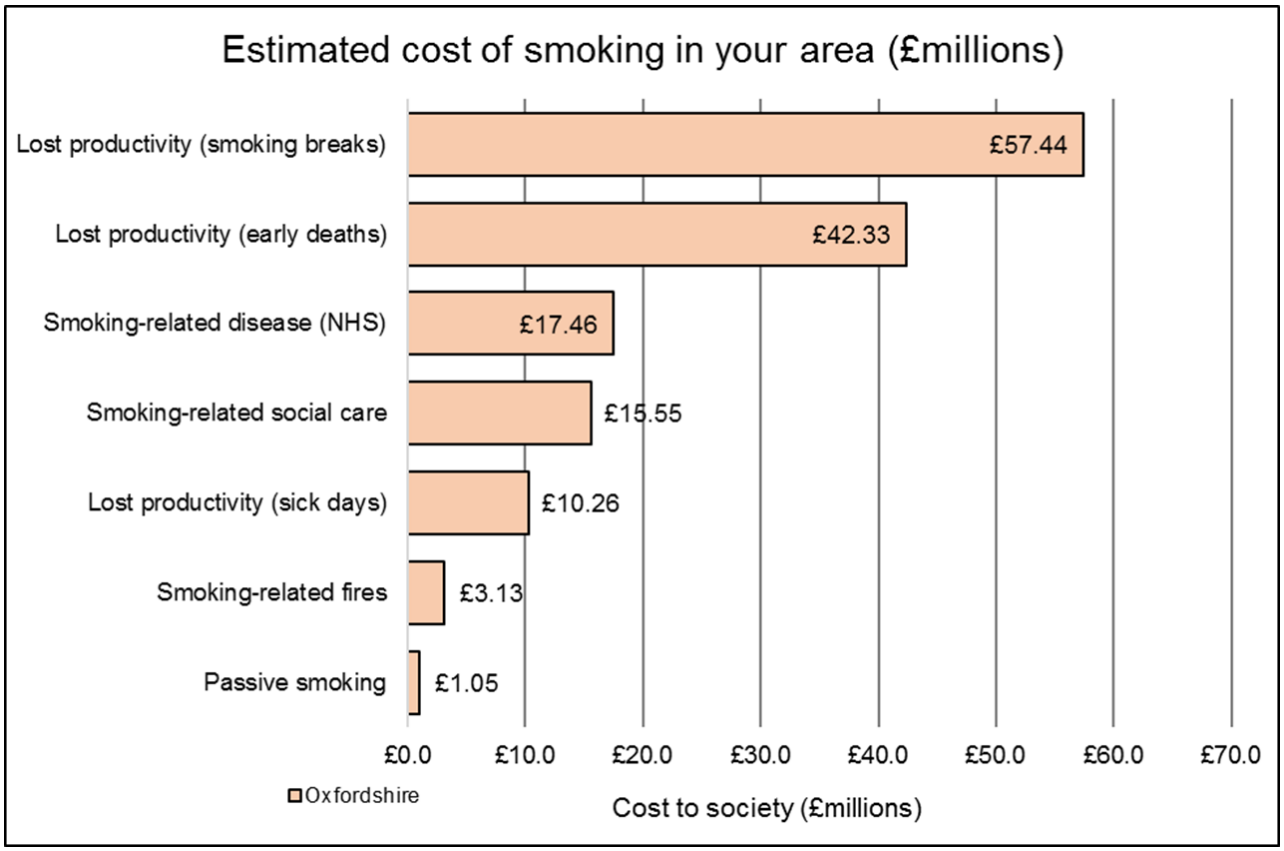


Figure 3. Estimated societal cost of smoking in Oxfordshire (Source ASH ready reckoner)

7.2 Local stakeholders have a critical role in working collaboratively to achieve the ambitions of the national tobacco control plan and achieve a smoke free generation in Oxfordshire. To achieve this the Oxfordshire Tobacco Alliance has been established with its inaugural meeting on 11th April. This meeting was attended by a wide range of local stakeholders with the aim to:

- 7.2.1 provide a platform for partners to advocate, coordinate and monitor activities and projects that contribute to creating a healthier Oxfordshire.
- 7.2.2 serve as a forum for information exchange between partners.
- 7.2.3 Link with regional and national control networks

- 7.2.4 Commit resources to develop and implement local action plans

7.3 The initial meeting of the alliance was positive and there is a clear willingness for local partners to work collaboratively in reducing tobacco use locally. The group are planning to use a framework audit tool (CLeaR) developed by Public Health England to assess local tobacco control in Oxfordshire which will inform future work of the alliance.

8.0 Local Public Health Priorities for tobacco use in 2018/19

8.1 There has been significant activity by the public health team in the past year to redefine the delivery of services to address changing tobacco use in Oxfordshire. The team will be continuing to work on meeting the changing need through the following priorities:

- 8.1.1 Ensuring the successful transition of services to the new model of delivery.
- 8.1.2 Working with local partners to establish strong pathways into stop smoking services for priority groups in the community.
- 8.1.3 Ensuring that the newly established Oxfordshire Tobacco Control Alliance develops as a group to identify local issues and develop local ways of working collaboratively to address tobacco use.
- 8.1.4 Continue to monitor and assess local tobacco use and need, ensuring that the local services can adjust accordingly to meet any change in need.

Eunan O'Neill – Consultant in Public Health
Public Health Team
Oxfordshire County Council

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1 Executive Summary

This section summarises key findings from the JSNA report. Sources are included in footnotes throughout the relevant sections of the report.

Please note that more detailed and additional findings are in the main body of the report.

Population and population groups (chapters 2 and 3)

A growing and aging population

- As of mid-2016, the estimated total population of Oxfordshire was 683,200[1].
- Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).
- The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.
- District Councils' plans for new housing in existing (adopted) and draft local plans set out an ambition for new housing in Oxfordshire of 34,300 by the end of March 2022 and a further 47,200 homes by end March 2031, a total of 81,500 new homes in the next 15 years.
- Oxfordshire County Council population forecasts, based on these plans for housing growth, predict an increase in the number of Oxfordshire residents of +187,500 people (+27%) between 2016 and 2031, taking the total population of the county from 687,900 to 874,400.
- By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+64%) and Vale of White Horse (+66%).

Increasing life expectancy. Inequalities remain

- Life expectancy is increasing. Between 2001-03 and 2014-16, the gap between male and female Life Expectancy in Oxfordshire decreased from 4.1 years to 3.2 years.
- Life expectancy by ward data for Oxford shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15. Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.

[1] NOTE the Office for National Statistics revised the local authority 2016 mid-year population estimates on 23 March 2018. These have not yet been included in this JSNA publication as Oxford City Council and Oxfordshire County Council (as well as other Local Authorities outside Oxfordshire) have significant concerns about the revisions, which are being discussed with ONS. The revised estimates give Oxfordshire's population as 678,500, a reduction of 4,700.

Data has been updated in this version

Data has been reviewed and is unchanged

Health of carers affected by caring role

- The latest survey of carers shows that around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was a similar proportion in carers of all ages.
- It is possible that this action – to see their GP as a result of their caring role – is an early indication that their caring role is at risk, potentially affecting around 6,200 people in Oxfordshire currently being supported by an informal carer.

Wider determinants of health (chapter 4)

An affluent county with areas of deprivation

- Earnings remain relatively high for Oxfordshire residents.
- Despite relative affluence, income deprivation is an issue in urban and rural areas.
  - 14,000 children and 13,500 older people in Oxfordshire were affected by income deprivation.
  - Snapshot HMRC data (Aug14) shows almost 1 in 5 children aged 0-15 in Oxford were living in low income families.
- The increase in claimants of employment-related benefits in the older age group in Oxfordshire was above average.

Housing remains unaffordable

- House prices in Oxfordshire continue to increase at a higher rate than earnings and Centre for Cities has again ranked Oxford as the least affordable UK city for housing. In Oxford City, social rents charged by private registered providers in 2017 were 18% above the national average.

Homelessness remains an issue and benefit changes are affecting more households

- Over the past 6 years there has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire, although the latest data for 2016-17 shows a decline.
- Loss of private rented accommodation is an increasing cause of homelessness.
- The latest data shows a significant increase in the number of people rough-sleeping in Oxford.
- The number of households affected by the benefit cap across Oxfordshire has increased.
- There has been an increase in the proportion of households defined as “fuel poor” in each district of Oxfordshire.
- Oxfordshire’s Citizens Advice agencies have seen significantly more people needing help in relation to benefits, especially housing, employment and personal independence payments. Universal Credit has just been introduced in Oxfordshire, so it is too early to assess any impact.

Data has been updated in this version

Data has been reviewed and is unchanged

Well qualified residents. Disadvantaged children doing less well than national average

- Oxfordshire has an above-average proportion of people with high level qualifications and a low proportion of people with no qualifications.
- Between 2016 and 2017 there was an increase in the proportion of children achieving a good level of development in all Early Learning Goals in each district in Oxfordshire, except for Cherwell where the rate declined. Girls continue to outperform boys.
- Early Years attainment for 5 year olds with Asian or Black ethnic backgrounds in Oxfordshire was below the South East average.
- The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard at Key Stage 2 was below the England average in 2017
    - For pupils with SEN support, the proportion was 17% in Oxfordshire compared with 21% nationally.
    - For pupils with a first language other than English, the proportion was 55% in Oxfordshire compared with 61% nationally.
    - For pupils eligible for Free School Meals, the proportion was 38% in Oxfordshire compared with 43% nationally.
- Oxfordshire has a relatively high rate of unauthorised absences from school.

Environmental pressures

- Public Health England analysis found 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford. The ward with the highest number of fast food outlets was Banbury Grimsbury & Castle (39 outlets).
- Oxfordshire continues to have 13 Air Quality Management Areas where the annual mean objective for nitrogen dioxide is being exceeded including the whole of Oxford city.
- The UK Health Alliance has identified opportunities from climate change including the co-benefits of emission reduction activities leading to healthier lifestyles (more walking/ cycling, insulating homes and others).
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as "high risk" for isolation and loneliness in Oxfordshire are mainly in urban centres.
- The British Social Attitudes Survey (national) shows an increasing willingness to walk short journeys of less than 2 miles, rather than go by car.
- A walking to school initiative, taken up by 18 schools in Oxfordshire so far, is showing an increase in active travel rates since September 2017 from 65% to 84% (+19pp).

Health conditions and causes of death (chapter 5)

A relatively healthy county overall

- The Public Health England health profile for Oxfordshire shows that, for the majority of health indicators, Oxfordshire is statistically better than the national average.

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Data has been reviewed and is unchanged

- Indicators at county level where Oxfordshire is worse than average are: hospital admission episodes for alcohol-specific conditions in under 18s; killed and seriously injured on roads.
- For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396.
- Of these **1,959** (58%) were considered preventable.

Increase in rates of anxiety and depression, above-average self-harm and suicides of young people

- In Oxfordshire, the average wellbeing scores for: life satisfaction, "things you do are worthwhile" and happiness, are slightly lower in 2016-17 compared with 2015-16 and the anxiety mean is higher.
- The number and rate of GP-registered patients in Oxfordshire with depression or anxiety has increased significantly each year for the past 4 years.
- The percentage of GP-registered patients with a recorded diagnosis of a severe and enduring mental health problem has increased in all districts. The rate in Oxford City remains well above the average for NHS Oxfordshire CCG.
- Rates of intentional self-harm in Oxfordshire are now statistically above the England average.
- There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England.
- There were 23 suicides of people aged under 25 in the Oxfordshire Clinical Commissioning Group area in 2014-16. The OCCG rate was statistically above the England average.

Above average cancer diagnosis and lower (preventable) cancer mortality rate

- The proportion of GP-registered patients with a cancer diagnosis in Oxfordshire has remained above the national average.
- Preventable deaths (preventable mortality) from cancer in Oxfordshire remains better than the England and South East averages.
- The cancer mortality rate for females in Cherwell increased to just above the national average.
- Rates of bowel cancer deaths were above average in Oxfordshire in 2016 for both males and females.

Stroke and Dementia

- Stroke in females in Oxford and males in Vale of White Horse each above average in 2016.
- In West Oxfordshire, the age-standardised mortality rate for females due to Dementia and Alzheimer's disease increased in 2014, 2015 and again in 2016 to well above the national and regional averages.

Data has been updated in this version

Data has been reviewed and is unchanged

- The mortality rate for females due to Dementia and Alzheimer's disease was above the national average in Cherwell in 2015 and 2016.

Knee and back pain affecting health and social care workers

- Work-related musculoskeletal disorders account for 35% of all working days lost due to work-related ill health (national survey).
- Human health and social work activities is one of the four industries with significantly higher rates of WRMSDs when compared with the rates for all industries.

Lifestyles (chapter 6)

Over half of adults overweight or obese. Slight increase in obesity of children

- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average.
- Data from the National Child Measurement Programme shows a similar level of obesity in younger children (aged 4-5 years) in Oxfordshire and a slight increase in obesity of children aged 10-11.
- In the 2016/17 academic year, a measure of prevalence of severe obesity was introduced. In Oxfordshire, around 110 (1.4%) reception year children were severely obese. In year 6, around 220 (3.4%) children were severely obese. Levels were highest in Oxford City.

Overall decline in smoking and consumption of alcohol, with exception of some groups

- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- Admissions for alcohol-related conditions were better than the England average in Oxfordshire overall and in rural districts. Oxford City had a similar rate to the national average.
- The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.

Increasing number of recorded victims of abuse

- Police data shows an increase in recorded victims of most categories of abuse and exploitation in Oxfordshire (other than Child Sexual Exploitation which declined). There were over 100 recorded victims of modern slavery in Oxfordshire, almost three times in the number in 2016.

Data has been updated in this version

Data has been reviewed and is unchanged

Service use (chapter 7)

High levels of health staff vacancies and health staff turnover

- In September 2017, there was a total of 644 advertised NHS vacancies (full time equivalents), 44% were for nurses/midwives and 22% were administrative and clerical.
- Turnover of Oxfordshire NHS Acute nursing & midwifery staff, other clinical and non-clinical staff in 2016-17 was well above the England average.

Increasing use of health services and increasing complexity of conditions

- Use of health services is increasing overall and per person. The number of times people visit their doctor or are treated in hospital has increased significantly in Oxfordshire (and nationally), especially in the older age group.
- After contacting an NHS service outside of GP surgery hours, 30% of Oxfordshire respondents attended A&E (34% nationally).
- The proportion of hospital inpatients with complicating comorbidities is increasing.

Falls causing highest use of ambulance services and above-average rate of injuries

- Ambulance data show the top condition requiring an ambulance for Oxfordshire residents was falls.
- Oxfordshire's comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has recently improved, from statistically worse than average to similar to the South East average.

Delayed transfers of care have fallen, remaining above average

- The rate of delayed transfers of care (DTOC) within Oxfordshire has fallen but remains significantly higher than the England average.

Increase in referrals of children and young people to mental health services

- In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people.
- As of December 2017, two thirds (66%) of young people, in the Oxfordshire Clinical Commissioning Group area referred to CAMHS, were seen within 12 weeks. In the previous 3 months (Sept-Nov17), less than half of referrals were seen within 12 weeks.

Increase in older clients supported at home, decline in number provided with social care reablement.

- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- Between 2015-16 and 2016-17 there was a 9% drop in the number of adults provided with short-term reablement services.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care.

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Data has been reviewed and is unchanged

Increase in children referred for social care services and children who are looked after

- Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after.
- Care leavers in Oxfordshire are less likely than average to be in employment, education or training.

Expected growth in the oldest population is likely to increase demand for local health and social care services

- Assuming the use of health and social care services remains at current levels for the oldest age group (85+) would mean the forecast population growth in Oxfordshire leading to an increase in demand of:
  - +7,000 additional hospital inpatient spells for people aged 85+: from 12,600 in 2016-17 to 19,600 in 2031-32.
  - +1,000 additional clients supported by long term social care services aged 85+: from 1,900 in 2016-17 to 2,900 in 2031-32.

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Health Improvement Board review of priorities
May 2018

Discussion Paper

1. Why review our priorities?

The Health Improvement Board is responsible for delivering 4 priorities of the Joint Health and Wellbeing Strategy (JHWBS). Other priorities are delivered by the Children's Trust and the Joint Management Groups for Better Care and for Adults of Working Age. The priorities for the Health Improvement Board (HIB) are:

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

Each of these priority areas is broken down into particular aims and has a set of outcomes measures that are monitored at every meeting through the Performance Framework. These outcome measures are also monitored at every meeting of the Health and Wellbeing Board.

The current priorities of the Health Improvement Board and the outcome measures for 2017-18 are listed in Annex A

The Joint Health and Wellbeing Strategy is updated every year and the Health Improvement Board has always reviewed its priorities as part of that update. To do this the Board members consider the needs set out in the Joint Strategic Needs Assessment and the performance in delivering their priorities in the past year.

There is currently a major review of governance, membership and function of the Health and Wellbeing Board underway. A paper setting out the feedback from engagement activity related to the review was discussed at the HWB in March. This feedback included *"The sub-groups called the Children's Trust and Health Improvement Board were generally seen to be functioning well over a wide range of topics."* This leads to the assumption that the Health Improvement Board (HIB) should continue to develop its work as the review will not propose extensive change for this group. The HWB will consider proposals for change at a special meeting on May 10th 2018 where this assumption may be confirmed.

However, even though the HWB review may not propose change for the HIB, it does provide an opportunity for a fresh look at priorities and ambition to be included in the Joint Health and Wellbeing Strategy. This paper aims to start the discussion.

2. Strategic drivers

Since the JHWBS was first drafted there have been significant changes to the strategic landscape. Now seems a good opportunity to consider some of the drivers for our partner organisations. For example:

- The Five Year Forward View for the NHS includes an imperative to include prevention in NHS plans: **"If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness"** – Five Year Forward View

- A recent inspection by CQC of the Health and Social Care System concluded that a review of primary prevention activity would be beneficial in Oxfordshire.

- There is a clear role and remit for all local authorities in the health and wellbeing of local communities. Councils may not necessarily recognise this as "prevention" but they make a major contribution across the wider determinants of health such as housing, homelessness, leisure, economic development, air quality etc.

- There have been changes within organisations and representation on the HIB during the lifetime of the current JHWBS which means a renewal of aims and vision will be beneficial and engage the newer membership.

- High level objectives and outcomes set out in the JHWBS will set direction across the health and social care system, local government and wider afield. It will also provide a framework for partners in the voluntary and community sector and business to recognise their part. It will also give a clear focus for funding and commissioning decisions.

- Other elements of the JHWBS are also being reviewed. The Children's Trust have recently revised the Children's Plan and are working on an Implementation Plan for 2018-19. An Older People's Strategy is being co-produced by partners and members of the public and will also set out priorities.

3. What should the HIB focus on?

As stated above, the current JHWBS is a combination of priorities from the Children's Trust, Older People Strategy and Health Improvement Board. The following ideas have arisen from early discussions:

- It is proposed that the Children's Trust, the Older People Strategy and the HIB should all include work to promote health and wellbeing and prevent ill health. This is not exclusively the work of the HIB.
- The work of the different partnerships should complement each other.
- The HIB membership includes all local authorities as well as the CCG and is therefore well placed to address some of the wider determinants of health.
- The HIB should continue to build on current work, especially where the job is not finished.
- The Joint Strategic Needs Assessment can be used to prioritise areas of work for health improvement in the population.
- Some Health Inequalities Commission recommendations, which address variation in outcomes across the population, still need to be delivered.

4. Aim and components of prevention plan

Proposed aim:

To agree a framework for preventing ill health, improving health, addressing inequalities and promoting wellbeing which is agreed by all partners.

- The framework should be a set of aims and objectives, not a collection of action plans
- This should include ambitious high-level outcomes for the population.
- All partners should be able to identify how the work of their organisation contributes to the overall outcomes.
- It will be clear how partners can work together to improve population health outcomes

The figure below sets out some early thinking on the various components of a "prevention plan". Features of this figure include:

- **Keeping Yourself Healthy**. Examples of the contribution that people can make to their own health (in the left hand column of the diagram) – to show that not all components of health improvement need to be commissioned or provided. We all have responsibility for our own health.
- **Primary prevention** services help to keep people well. Many are commissioned by Public Health in the County Council but others rely on several organisations and the public working together - such as the framework for mental wellbeing and the Healthy Weight Action Plan, both of which are being discussed at this meeting too.
- **Wider determinants of health** are often under the influence of local or central government and are an important component of health improvement and reducing inequalities.
- **Secondary prevention** aims to help people live with health conditions, improve their health and, if possible, prevent further poor health. Many relevant services are within the remit of the NHS, but discussion will show where partnership work can enhance delivery and ensure people benefit fully from these services.
- **Some specific and high-level outcomes** are proposed in this draft - namely Life Expectancy and Disability Free Life Expectancy. All partners can be engaged in making their own contribution to preventing early death, preventing disease or disability and improving health and wellbeing. The elements of primary prevention, secondary prevention and addressing wider determinants of health are all needed to do this. The JSNA and robust evidence of effective interventions need to be used to decide which areas of work to focus on for the population of Oxfordshire.
- **Monitoring progress**. Other indicators should be used to monitor outcomes of specific work which will be more responsive to initiatives. These need to be identified soon. The Joint Strategic Needs Assessment will highlight health issues in the population and provide baseline data so that improvement can be monitored.
- ***Bold italics*** on the table below show the topics already addressed through the HIB

Diagrams setting out definitions of the different aspects of prevention and of "wider determinants of health" are included in Annex B

Components of prevention and overall outcomes (draft for discussion at Health Improvement Board)

Keeping Yourself Healthy	Support for Primary prevention	Improving wider determinants of health	Support for secondary prevention	Specific outcomes	High level outcomes
Healthy eating	***Smoking cessation***	***Housing and homelessness***	***Smoking cessation***		
Physical activity	Exercise on prescription	Planning	Weight management / diabetes prevention	**Self reported wellbeing**	**Longer life expectancy and Disability Free Life Expectancy (men and women)**
Healthy choices in settings e.g. schools, workplaces	Weight loss	Work and income		**Reduce preventable, premature deaths**	
Campaigns to promote healthy choices	***Immunisation***	Education / Training	Alcohol liaison	**Reduce prevalence of long term conditions**	
5 ways to wellbeing	Contraception	***Leisure and Sport***	Managing hypertension & cholesterol	**Reduce number of co-morbidities of long term conditions**	**Narrow the gap in life expectancy and Disability Free Life Expectancy between best and worst by improving the worst.**
Access to leisure, green spaces, active travel	***NHS Health Checks***	***Air Quality***	Social prescribing		
	Mental wellbeing and suicide prevention	***Affordable Warmth***	Cancer screening		
	Making Every Contact Count	Social networks and community assets	IAPT for long term conditions		
		Crime e.g. ***domestic abuse***	Falls prevention		
		Targeting areas of inequality / poor outcomes			

5. Next steps

There needs to be discussion on this approach before more detail can be put into this work. This will start at the HIB meeting but may need to continue after the meeting. It is suggested that next steps might include

- Gaining a clear understanding of population health needs and inequalities issues from the latest Joint Strategic Needs Assessment.

- Getting a good overview of each partner's own organisational priorities and how this fits in. Also of how new JHWBS priorities could influence individual organisations plans and by when.

- Applying knowledge of effective and cost-effective interventions to be sure we are leading initiatives that are affordable and will have a positive impact.

- Deciding which areas of the HIB's current partnership work need to be continued, maybe with renewed ambition and with more partners engaged.

- Considering whether any new areas of work should be developed in order to meet the agreed aims and, if so, whether these are the remit of the HIB.

- Deciding which outcome indicators will be used to measure progress.

- Understanding the prevention agenda set out by other parts of the HWB structure – especially the Children's Trust and the formative Integrated Care Delivery Board. Making sure this all links up through the Joint HWB Strategy.

- Final agreement on priorities for the HIB to be included in the JHWBS.

6. Questions for discussion

Members of the HIB are asked to comment on this approach. In particular

a. Do you agree with the proposed aim?
b. Is the definition of prevention helpful and do you recognise your contribution in the overview?
c. Are the high-level outcomes useful for all partners? If not, what would be better?
d. Do you agree with the proposed next steps?

Jackie Wilderspin, April 2018

Annex A

Joint Health and Wellbeing Strategy 2017-18 - Priorities for Health Improvement

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

Rationale

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

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

Topics to be discussed and developed in 2017-18

1. Health and Wellbeing of Older Adults, including participation in physical activity and access to social networks / preventing loneliness.
2. Promoting Mental wellbeing.

Outcomes for 2017-18

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

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

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

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

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

Indicators to be kept under surveillance in 2017-18

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

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

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

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

Topics to be discussed and developed in 2017-18

1. Addressing inequalities issues in preventing chronic disease by tackling obesity and improving participation in physical activity.

Outcomes for 2017-18

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

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

Indicators to be kept under surveillance in 2017-18

9. 63% of babies that are breastfed at 6-8 weeks of age ***Responsible Organisation: NHS England and Oxfordshire Clinical Commissioning Group***

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

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

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

Topics to be discussed and developed in 2017-18

1. Domestic abuse – strategic approach to joint commissioning.

Outcomes for 2017-18

10.1 The number of households in temporary accommodation on 31 March 2018 should be no greater than the level reported in March 2017 (baseline161 households in Oxfordshire in 2016-17). **Responsible Organisation: District Councils**

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

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

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

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

Indicators to be kept under surveillance in 2017-18

10.6 At least 1430 residents are helped per year over the next 4 years where building based measures account for 25% of those interventions by the final year. **Responsible Organisation: Affordable Warmth Network.**

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

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

Outcomes for 2017 -18

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

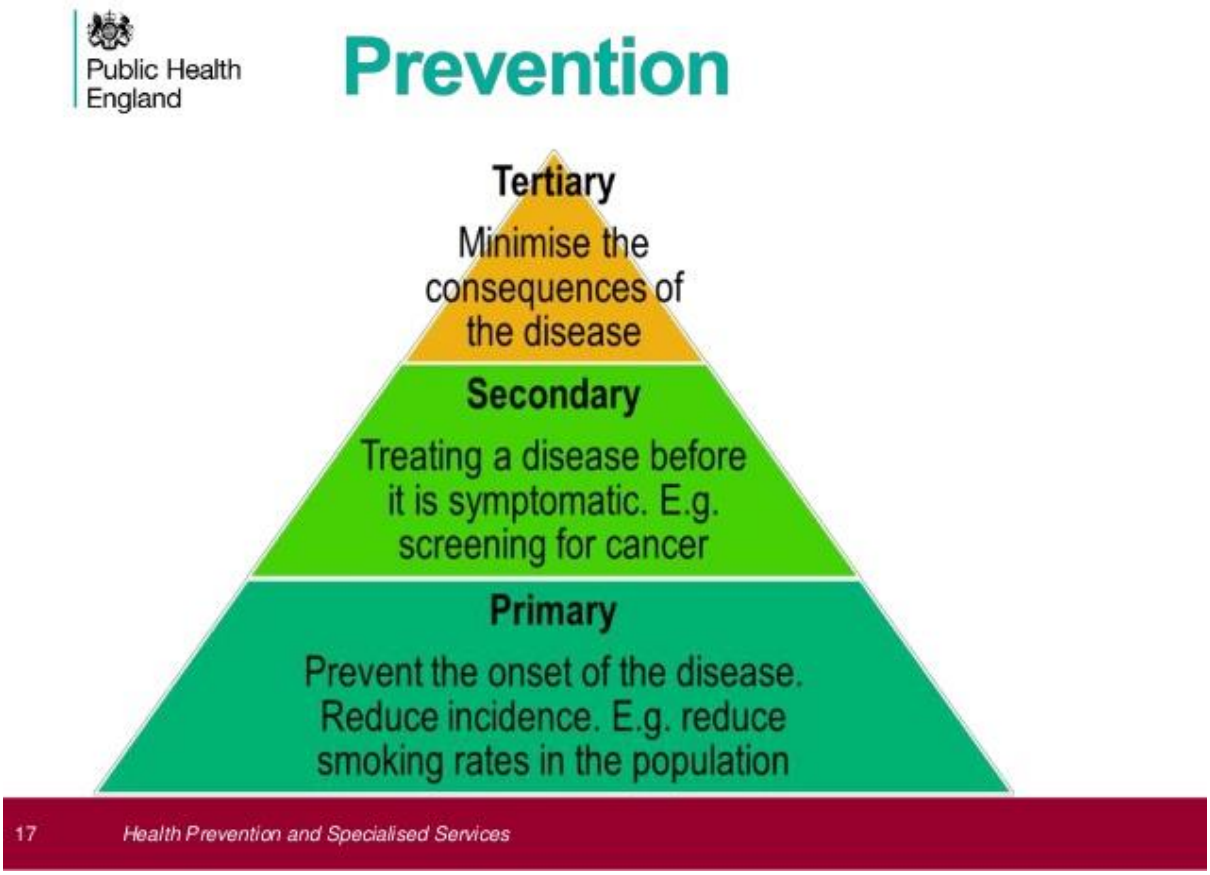
11.2 At least 95% children receive dose 2 of MMR (measles, mumps, rubella) vaccination by age 2 (currently 93.1%) and no CCG locality should perform below 94% ***Responsible Organisation: NHS England***

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

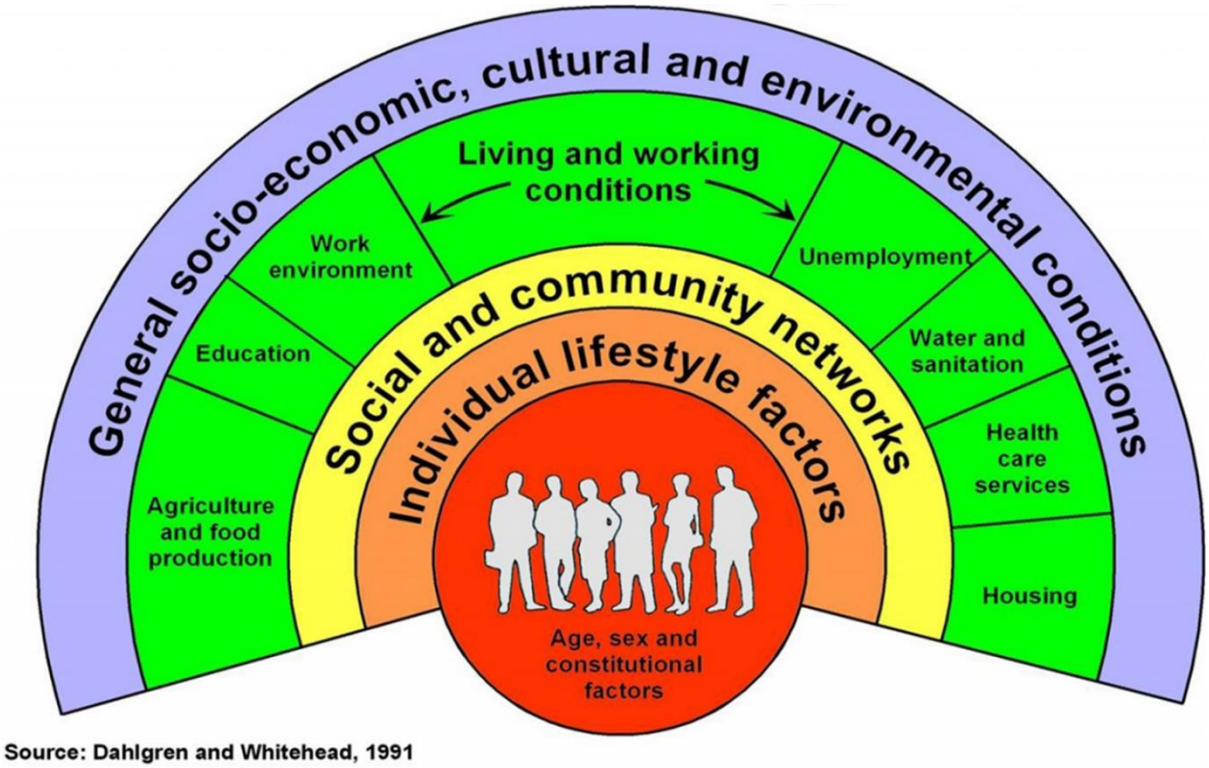
Indicators to be kept under surveillance in 2017-18

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

Annex B Definitions



Wider Determinants of Health



Source: Dahlgren and Whitehead, 1991

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Report for Health Improvement Board 1st May 2018
Healthy Weight in Oxfordshire

Summary

This report includes an update of the work of the partners involved in delivering the Oxfordshire Healthy Weight Action Plan for 2017-18 and information about the national activity. **The Health Improvement Board is asked to note the national updates and approve continuing the actions of this year's plan for the remainder of 2018, with a view to refreshing the plan in 2019.**

Background

A healthy weight reduces the chance of people suffering ill health through diabetes, cancers, joint pain and cardiovascular disease. Oxfordshire's population is 65% overweight (a BMI of more than 25), with 27% being Obese (BMI more than 30). At a population level much of weight gain and subsequent loss is related to the amount of calories consumed[1]. Physical activity plays a smaller part in preventing weight gain / helping with weight loss but has additional other benefits such as improving mental wellbeing and reducing high blood pressure[2]. Oxfordshire has a lower prevalence of childhood obesity in Reception than the national average - the local level is 7% whereas for England it is 9.6%. In Year 6, locally it is 16.9% compared to 20% in England.[3]

This issue is a priority in the Oxfordshire Joint Health and Wellbeing Strategy;
Priority 9: Preventing chronic disease through tackling obesity.

In April 2016 the Health Improvement Board held a workshop on what partners could contribute to tackling obesity. In October 2016 the HIB was updated on the action plan which included the need to consider longer term progress and identified the national changes at the time as well as the launch of the Governments Childhood Obesity Plan. The Board received updates on progress in February 2017 and endorsed the suggestion that OxSPA should put together a Children's and Young Peoples physical activity plan.

Oxfordshire Action Plan Update

Progress has been made in most of the actions, across all of the four subject areas;

- Healthy Eating
- Environment
- Schools
- Workplaces.

Some highlights of good progress include:

- work on improving design to reduce obesogenic environments through providing planning guidance and policy for new developments
- The formation of the Oxfordshire wide Catering and Procurement Group.

[1] WHO. Obesity: preventing and managing the global epidemic. Report of a WHO Consultation. WHO Technical Report Series 894. Geneva: World Health Organization, 2000.
[2] Guidance Physical activity: applying All Our Health https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health
[3] Oxfordshire Joint Strategic Needs Assessment 2016

- Oxford becoming a Sugar Smart city, which involves a host of local activities, such as food businesses signing up to being “Sugar Smart” with the Turl Street Kitchen being the first business to sign up.
- Physical Education conference for schools was run by OxSPA was on 2nd February 2018 to support schools in their local offer.
- A Cooking Skills Framework has been produced which will be launched at this meeting.

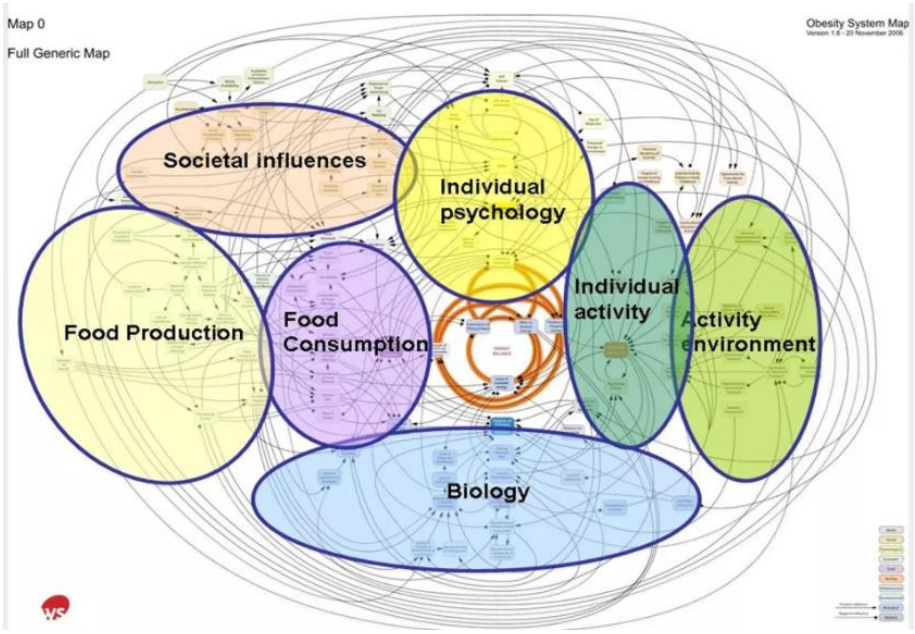
Details of the plan and updates, along-side a RAG rating of progress against the original action can be found in Appendix 1.

Strategic Developments

1) Whole Systems Approach to tackling obesity

This is an approach which has been around since 2007, but has been gaining more traction recently.

The following diagram demonstrates the complexity of obesity.



Foresight Report 2007

Foresight has published a report entitled ‘Tackling obesities; future choices’ which states that the causes of obesity are multiple, complex and interlinked. They reach far beyond any one organisation or subject area. Traditional approaches that focus on single interventions do not tend to work at a population level. The whole system approach uses the lens of “systems”, to understand the complex relationships and circumstances in public health and health care. The conclusion is that everybody has a part to play in tackling obesity but we need to look at different ways that this is done.

The Whole System Obesity (WSO) programme was commissioned by Public Health England in 2015 to develop a practical guide to help councils create a Whole Systems Approach (WSA) in their local area. It builds on learning from current national and international practice. The guide, to be published in 2019 will take the form of a ‘route map’ with supporting material and tools. The programme is keen to emphasise the need

to create the right environment for change in the local area, including collaborative working across the local system and the ever-changing nature of the local system.

This new approach is now being promoted. This is illustrated in the figure below.

Figure 2: The draft route map: key elements involved in taking a WSA

Early research has confirmed that having the support of elected members and chief executives is vital to achieve this change of approach. More information can be found in the 25 page, easy to read LGA guidance, 'Making Obesity Everybody's Business: A Whole Systems Approach to Obesity'[4] (WSA) which includes several case studies of how other local authorities are progressing.

How the Oxfordshire Plan compares to the Whole Systems Approach

It was thought that it would be useful to compare the areas of activity which are set out in the whole systems approach with our current action plan, to see if there are any potential areas of work we should consider in Oxfordshire. This comparison is set out in the table below. The conclusion is that actions of the local plan map fairly well to the areas identified from the national pilots.

Note that the access to weight management support is delivered through the adult weight management contract commissioned by Oxfordshire Council, Achieve Healthy Weight Loss, provided by Thrive Tribe and specialist weight management services are commissioned by Oxfordshire Clinical Commissioning Group.

The table provides a comparison between the 4 sections of Oxfordshire's healthy weight action plan (the top row) and the topic areas identified within the Whole Systems Approach document (list in the left column). The numbers in the table below relate to the local action plan number for each of the four headings.

[4] https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf

Common areas of obesity activity identified by the pilots (WSA)	Oxfordshire's Local Action Plan Headings			
	Healthy Eating	Environment	School	Workplaces
Planning a healthier food environment	1,2 & 5	3	2 & 3	3
The school and childcare setting	2 & 3		1,2,3	
Increasing healthy food consumption	1, 2, 3 & 5			3 & 7
Planning and creating an environment that promotes activity including active transport		1,2 & 3	1 & 3	4, 5 & 7
Providing access to weight management support				
Creating healthy workplaces	2			1, 2, 3, 4, 5,6, 7 & 8
Educating people about the benefits of healthy eating and exercise and promoting opportunities in the local community	2, 3 & 4	2 & 3		1, 4 & 8

This review of our current plans have suggested some points to note:

a. The lack of impact the current environment actions seem to have on increasing healthy food consumption across the County.
b. There has been good progress in the interventions for improving physical activity but less good progress on actions to reduce calorie intake. There is greater impact on preventing weight gain and supporting weight loss through limiting the number of calories consumed than by increasing physical activity.
c. Where an action has been executed well, it has been where it has aligned well with an enthusiasm and commitment of a few individuals and their respective organisation.
d. Areas where actions haven't been completed or only partially so, have been due to a lack control over partners priorities and the appropriate levers to secure buy in.
e. Some of the actions where no or limited progress have been made, could be due to the actions being vague ("learn", "explore" "engage"), lacking a specific outcome and/or lacking a deadline for completion and associated report.

2) Launch of Oxfordshire Cooking Skills Framework

Cooking skills programmes have been demonstrated to improve nutritional intake, enable social interaction and address anxiety about getting enough food (food insecurity)[5], the latter of which has become more prominent over recent times of austerity as families struggle to source and afford healthy food options[6].

[5] Lacovou (2013) social health and nutrition impacts of community kitchens: a systematic review, *Public Health Nutrition*, 16(3), 535-543.
[6] Loopstra et al (2015) Austerity, sanctions and the rise of food banks in the UK, *BMJ*. doi: 10.1136/bmj.h1775 Available from: http://researchonline.lshtm.ac.uk/2145730/1/bmj.h1775.full.pdf

Although a variety of cooking courses have been running within Oxfordshire, there are issues with consistency of what is on offer, funding, evaluations and measuring and reporting results. The healthy weight action plan, as agreed with the Health Improvement Board in June 2016, identified cooking courses as one of the main priorities to achieve in supporting the local population to achieve a healthy weight.

After consulting with Public Health England, who confirmed there is currently no widespread use of cooking skills guidelines and no one example that is used effectively, Oxfordshire County Council Public Health team decided to produce some guidelines to fill this gap. Good Food Oxford were commissioned, to produce a resource that provides overarching guidance for organisations (third sector or otherwise) to use when delivering a 'cooking skills' programme to support consistency and building an evidence base across the County.

Today that guidance has been published online at http://goodfoodoxford.org and is being launched at the Health Improvement Board meeting on the 1st May 2018.

3) National Childhood Obesity Plan

The long awaited national Government plan for Childhood Obesity[7] plan was published in summer 2016.

The Obesity Health Alliance (OHA), a coalition of over 40 health organisations, marked the Government's progress in tackling childhood obesity over the past year. Below are the comments of the OHA on the degree of progress made over that year.

Bringing in the Soft Drinks Industry Levy The Government has made progress over the last year with the soft drinks industry levy agreed by Parliament and came into force in April 2018. Several soft drink manufacturers and retailers have already made promising moves to reduce sugar from their drinks.
Removing sugar, salt and saturated fat from everyday foods The sugar reduction programme led by Public Health England has started and are awaiting results showing an initial 5% reduction in sugar from foods most commonly eaten by children in March 2018.
Reducing junk food marketing to children No action to close loopholes related to junk food adverts during peak family TV viewing time has yet been taken.

Equalities Implications of local plan

Obesity prevalence is higher in groups who live in deprived areas. Work with schools and through the planning environment are likely to have a universal benefit.

[7] https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action

Recommendations

1) For the HIB to endorse the current approaches which are in line with Whole Systems Approach and to plan for a more comprehensive adoption of the Whole Systems Approach from April 2019.
2) For the board to continue to monitor the progress of the existing actions in the current plan.
3) To refresh the existing plan once more is understood about WSA.

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April 2018

Appendix 1 – Oxfordshires Health Weight Action Plan 2017-2018 Update

A	Healthy Eating for Healthy			Progress
	Action	**Responsibility**	**Progress April 2018**	**RAG**
Eat.1	Public Health England (PHE) South East Obesity, Healthy Eating Network and Physical Activity Network to explore the offer a workshop of how to implement the nutrition framework of the Government Buying Standards for Food (GBSF) to District Councils and Leisure providers in Oxfordshire.	PHE and Districts	Reformulation work outlined in the Childhood Obesity Plan (COP) taking priority for PHE National Team. Updates on approaches to healthy eating across the South East Network are provided at each meeting.	R
Eat.2	Learn from other Local Authority's to develop a coordinated approach to introduce GBSF 'healthier vending' standards into Council buildings, Leisure centres, schools and community buildings. This should include consistent communications/campaign strategies across venues.	PHE and extended partners Good Food Oxford (GFO), partners and District partners	Oxfordshire representation at Regional PHE network on Healthy Weight, where other local authorities share experiences around healthy vending and catering. Public Health monitor local guidance and research that is published. Oxford City Council - Through Sugar Smart Oxford we are working with Fusion Lifestyle to introduce sugar content information for vending machines via floor stickers. Oxford "business commitments" are being implemented in 6 Oxford leisure centres, Town Hall café and Parks kiosks, and with Town Hall caterers. The options are: • Promote free tap water • Make healthier options more visible • Adopt a traffic light sticker system on canteen/café drinks menus • Make 80% of drinks offered sugar free • Display sugar content information on vending machines • Introduce a 10p sugar tax on sales of sugary drinks, to go to a children's health fund	A

			In leisure centres, the following have been taken up: • Free tap water stations in all leisure centres • Floor sticker in front of all vending machines displaying sugar content of drinks • Traffic light sticker system on drinks No traction yet with schools or County Hall caterer. GFO coordinates a Catering & Procurement Working Group to discuss ideas, challenges and opportunities to improve procurement in catering with local businesses and organisations. Topics so far have included food waste, healthy eating, GBSF and Sugar Smart commitments. Members include: • Oxford University • Oxford Brookes University • Oxford City Council Economic Development • Oxfordshire County Council Public Health • Oxford University NHS Foundation Trust (John Radcliffe Hospital) • The School Lunch Company • Blenheim Palace • A&J Catering • Said Business School • Environmental Change Institute • Lady Margaret Hall • Vaults & Garden Café • Trax • Turl Street Kitchen	

Eat.3	Explore cooking courses for adults utilising community based assets such as community centres, primary schools and leisure centres. Target in areas of deprivation where levels of obesity are highest. Work with local supermarkets to provide food for cooking groups in community venues.	All partners	In order to help commissioners and local practitioners provide quality education and training in delivering local cookery courses, an Oxfordshire Cooking Skills Framework has been produced, which will be launched imminently Oxford Brookes provides cookery courses to students on how to make sweet recipes without using sugar.	G
Eat.4	Adopt national PHE campaigns to work alongside the above actions. For example; One You – making a campaign relevant to individuals Eat well Plate – in local settings Use the opportunity to educate local populations about how long it takes to see a change/establish a maintained behaviour change.	All Partners	Oxford City Council – Engaging with the One You campaign through our corporate social media account and linking in to Sugar Smart where relevant. Local weight loss service Achieve running the national 400-600-600 campaign, supported by HealthOxon Facebook page.	G

Eat.5	Good Food Oxford have successfully bid for funding to run a Sugar Smart City campaign across Oxford City.
	This will include
	• Sugar Debate with declarations by partners to reduce sugar
	• Public consultation on sugar
	• Deliver content/materials in the following locations:
	  ○ Schools (assemblies/debates)
	  ○ Business (commitments from business)
	  ○ Leisure centres (vending)
	
	If successful this could be replicated across other areas in the County
		Good Food Oxford and relevant partners	665 individuals took part in Oxford's Great Sugar Debate
			Two thirds of respondents thought they had too much sugar
			92% of people were concerned about the amount of sugar in drinks in particular
			99% of people thought action was needed in Oxford's cafes, canteens, workplaces, restaurants and leisure centers
			5 businesses have signed up so far to Sugar Smart Business commitments (Target = 10)
			Turl Street Kitchen has been awarded the first Sugar Smart award.
			6 leisure centers are taking part across Oxford.
				G

B	Environment and Healthy			
	Action	**Responsibili**	**Progress**	**RAG**
Env 1	Partners to engage with and comment on relevant Local Plans, Neighbourhood Plans and planning applications via district websites and through engagement with district planning teams (links below): http://www.cherwell.gov.uk/planning https://www.oxford.gov.uk/info/20000/planning http://www.southoxon.gov.uk/services-and-advice/planning-and- building http://www.whitehorsedc.gov.uk/services-and-advice/planning-and- building http://www.westoxon.gov.uk/residents/planning-building/ Refer to the Town Country Planning Association (TCPA) Healthy Weight Checklist (summary on p12&13) http://www.tcpa.org.uk/pages/planning-out-obesity-2014.html, the Oxfordshire JSNA http://insight.oxfordshire.gov.uk/cms/joint-strategic- needs-	All Partners	Work has been done with influencing Supplementary Planning Documents to include physical activity content. Liaison with Oxford City to include a policy to include Health Impact Assessments for all developments of more than 1000m^2 or 9 dwellings. The Health Impact Assessment requires the developers to consider how the development might impact on obesity. South Oxfordshire District Council already has such a policy. Discussions have started with Vale of the White Horse District Council about adopting a HIA policy for developments.	G

Env 2	Partners to identify opportunities to encourage building activity into everyday life e.g. encouraging active travel on websites and meeting invites, walking meetings, design of new buildings/towns to encourage health e.g. positioning of stairs.	All partners	The Active and Healthy Travel Steering Group (AHTSG) brings together partners from across the County including representation from Districts and County planning teams, Public Health and representation from the cycling and walking community including Oxford Pedestrian Association, Oxfordshire Cycling Network and Oxfordshire Sport and Physical Activity. The group meets on a quarterly basis to share good practice and lessons learnt. Oxfordshire County Council have produced separate Walking Design Guidance and Cycling Design Guidance which are aimed at influencing the development process and can be found here. Eg planners, developers,	G
Env 3	Partners to continue working on the NHS Healthy New Towns (HNT) programme for Bicester and Barton Park. Learn from these projects and upscale to other new developments.	NHS Healthy New Towns Partnerships	Partners continue to work together to deliver the HNT programmes. There was a Bicester and Barton HNT joint learning event on 24th April 2018 to bring together key stakeholders from across the whole County. HIB members were invited to attend the event.	G

C	Schools and Healthy			
	Action	**Responsibilit**	**Progress**	**RAG**
Sch 1	Children &Young People Physical Activity Plan to be developed. To include increasing physical activity in the most inactive young people.	Oxfordshire Sport and Physical Activity	OxSPA led a Physical Education Conference in February 2018 for schools and provided information about the Pupil Premium Allocation. Work on the Children and Young People Physical Activity plan is ongoing.	R
Sch 2	School Health Nursing Service to include healthy eating initiatives in School Health Improvement Plans (SHIPs) and explore opportunities with the school according to population need. Collaborate with GFO on using Sugar Smart City materials for assemblies in Oxford City schools during 17/18 Include in SHIPs: • 10 primary schools/300 children • 5 secondary schools/150 young people	Oxford Health NHS Foundation Trust GFO	SHIPs include a healthy eating section. There is a core offer around healthy eating assemblies, display boards and healthy events for year 7s. Topics focused on energy drinks, encouraging drinking water, and awareness of sugar in good. Several schools have ran breakfast clubs and encouraged pupils to eat breakfast. Some schools have removed unhealthy options from vending machines, such as sugary drinks as well working with canteens to reduce sugary drinks and consider portion sizes. SHNs have also worked with tutors and food technology staff to promote healthy eating messages and cooking skills. GFO produced an assembly plan for Sugar Smart that has been e-mailed to SHNs to use.	A

Sch 3	Explore with schools their experience of catering contracts, spending pupil premium and how they promote and share good practice with relation to healthy eating and physical activity.	Healthy Eating Network and Oxfordshire Sport and Physical Activity	There is opportunity to work with catering contracts since the changes in Carillion. Contact has been made internally within Oxfordshire County Council to take these discussions forward. Pump priming funding to Walk Once A Week (WOW) for primary schools to then use PE Pupil Premium to fund Living Streets, 'WOW' year-round walk to school programme Since the first 21 Oxfordshire schools started the programme in September 2017: • active travel rates (walking, cycling, scooting, park & stride and getting off the bus early) have increased by 20 percentage points from 65% to 85% • walking rates have increased 12 percentage points, from 45% to 57% • park and stride has increased 7 percentage points, from 9% to 16%	R

D	Workplaces for Healthy			
	Action	**Responsibility**	**Progress**	**RAG**
Work 1	Utilise workplaces to adopt national and local Public Health campaigns around healthy weight issues.	Workplace wellbeing network	Oxford City Council – These are promoted through the Oxfordshire Employee Wellbeing website which has been pulled together by local partners and hoping to launch in the Spring. The Oxfordshire Workplace Wellbeing LinkedIn group also promotes and advertise national campaign material for businesses. There are currently 142 members so quite a wide reach. Achieve Healthy Weight has ran a campaign which includes a	A
Work 2	Encourage workplaces to sign up to the Workplace Wellbeing Charter – a free, national framework for workplaces to self-assess against demonstrating commitment to employee health.	Workplace wellbeing network	The Workplace Wellbeing Charter is currently being redeveloped with a launch due in Spring 2018.	R
Work 3	Influence workplaces to sign up to Government Buying Standards for Food (GBSF) to adhere to nutrition and vending guidelines providing a standardised approach across the County as far as	Workplace wellbeing network	Discussions with PHE needed about how the GBFS fits with the national 400-600-400 campaign.	R
Work 4	Scale up existing resources and initiatives to be advertised and delivered in workplaces	Workplace wellbeing network Service providers	Resources related to healthy weight and physical activity in the workplace are shared on the LinkedIn group	A
Work 5	Make offers to small and medium-sized enterprises similar to those of larger business (e.g. corporate	Leisure Providers and Districts	On-going work	R

Work 6	Encourage workplaces to have wellbeing champions. Demonstrate evidence of best practice via the	OxSPA Workplaces & network	On-going work	R
Work 7	Workplaces to encourage healthy weight behaviours; Walking meetings Healthy snacking Organised lunchtime walks Social eating (not at desks) Inter-company competitions Organisational support for staff to attend health related benefits Cycle storage, showers	Workplace wellbeing network Businesses Workplaces Senior management Human Resources OxSPA	Workshop on physical activity and healthy eating within the workplace took place in January 2018. Over 50 delegates heard a range of examples of active travel, Physical Activity initiatives and Sugar Smart in the workplaces.	G
Work 8	Encourage businesses in Oxford (including the Network) to engage in the Sugar Smart City campaign by making pledges. These may include: Providing free tap water Traffic light system on food and beverages 20% maximum sugary drinks	GFO Workplace network	5 businesses signed up so far (Target = 10) Showcasing so far: - Oxford Mail front page - That's Oxford TV BBC Radio Oxford	A

ITEM 11

Health Improvement Board

1 May 2018

Mental Wellbeing Workshop

Purpose / Recommendation

This report is to summarise the outcomes and suggest next steps following the Mental Wellbeing workshop held by the Health Improvement Board on 19th March 2018.

1. **The Health Improvement Board is recommended to make mental wellbeing a priority for their future work.**

2. **It is suggested that the Board agree a mechanism for monitoring mental wellbeing drawing on the range of indicators suggested by Public Health England.**

3. **The Health Improvement Board and partner organisations should become signatories to the Prevention Concordat for Better Mental Health.**

4. **The Health Improvement Board is recommended to agree to creating an Oxfordshire wide Mental Wellbeing Framework, to be overseen by the Board.**

Background

5. The Health Improvement Board has identified improving mental wellbeing as an area to explore further under its priority on preventing early death and improving quality of life in later years.

6. Issues around mental wellbeing reach across a wide range of areas and some aspects of improving mental wellbeing also link to the work of other Boards and groups which report to the Health and Wellbeing Board. Specifically, the Children's Trust has a focus on improving mental health for children and young people and the Joint Management Groups have a priority for work commissioned under the pooled budget to enable adults with existing mental health problems to meet their full potential and to access mental health services.

7. In September 2017, the Health Improvement Board discussed suicide prevention in Oxfordshire. The Board heard about importance of promoting mental wellbeing to contribute to better physical health, interpersonal relationships and contribute to suicide prevention.

8. It was noted that the Health Improvement Board might be in a strong position to provide leadership for mental wellbeing in Oxfordshire to encourage, co-ordinate and oversee wellbeing initiatives by a variety of organisations. The Board agreed to facilitate a workshop bringing partners together to evidence what is already happening to promote mental wellbeing in the county.

Summary of the workshop

9. The mental wellbeing workshop was held on 19th March 2018 at The King's Centre, Oxford. Partners were invited from local authorities, Oxfordshire Clinical Commissioning Group, health providers and voluntary and community sector groups.

10. Chandraa Bhattacharya, National Public Mental Health Manager from Public Health England gave a keynote talk on mental wellbeing. She provided a national perspective on mental wellbeing and presented the Prevention Concordat for Better Mental Health, a programme which aims to provide a focus for work to improve public mental health approaches across a wide range of organisations.

11. A presentation was given by Public Health, Oxfordshire County Council on measuring mental wellbeing in Oxfordshire. This introduced the measures related to mental wellbeing provided by the Joint Strategic Needs Assessment 2018 and the trends of these measures. It also introduced a set of more than 100 possible indicators identified by Public Health England which could be used in a future JSNA to measure aspects of mental wellbeing.

12. All partners spent time in smaller groups discussing the work to improve mental wellbeing in Oxfordshire. The discussion questions focused on identifying current work to promote mental wellbeing, the opportunities and challenges to this work and the priorities for promoting mental wellbeing. The outputs from all the discussions can be seen in Appendix 3

Prevention Concordat for Better Mental Health

13. The Prevention Concordat launched on 30th August 2017 with 30 signatories from national cross-sector partners. A second wave of signatories were announced in March 2018, including the first phase of local area sign ups. The full wording of the consensus statement and a list of signatories is provided at Appendix 1.

14. The focus of the concordat is on galvanising local and national action, to prevent mental health problems and promote good mental health. The concordat promotes:

- evidence-based planning to increase impact on reducing health inequalities
- cross-sector action to adopt public mental health approaches across local authorities, NHS, educational settings, employers and public, private and VCSE organisations

- the active role played by people with lived experience of mental health problems, individually and through user-led organisations

15. A set of resources have been produced alongside the concordat to help local areas to put into place effective prevention planning arrangements. An infographic which summarises the approach is included at Appendix 2.

16. For a local area, such as Oxfordshire, to become a signatory to the concordat, the appropriate Health and Wellbeing Board nominates a representative to approach Public Health England and register an interest.

Work to promote mental wellbeing in Oxfordshire

17. Partners were invited to come to the workshop prepared to share information about work being carried out in Oxfordshire by their organisation. Details of different projects and programmes were shared in group discussions and captured by facilitators.

18. Two examples of positive work were shared with the wider group. These included a project to support Asian women in East Oxford set up by Oxfordshire Mind and work carried out under the Barton Healthy New Town programme to promote wellbeing at a local level.

19. It was apparent from the discussions that there is a wide range of excellent work occurring across the county, which focuses on different aspects of promoting mental wellbeing and which is reaching a broad range of different people. However, it also revealed that there may be some gaps where there are opportunities to work with people which are not being used or groups of people who are not being reached as extensively. Further work would be needed to identify these more fully.

20. A number of opportunities and challenges were identified by the groups. These included the challenges around coordinating and funding projects in Oxfordshire and the opportunity to use the Prevention Concordat as a basis to focus work in Oxfordshire.

21. A full summary of the group discussions is included at Appendix 3.

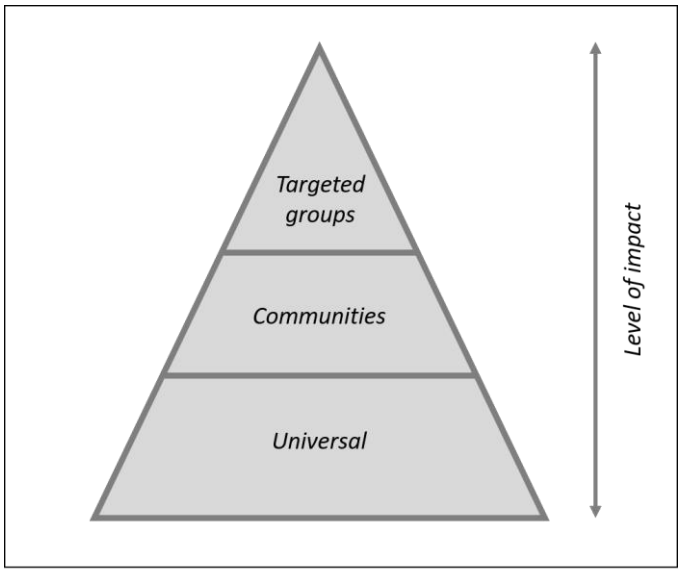
An Oxfordshire wide Mental Wellbeing Framework

22. The proposal to develop a county-wide framework is one of the priorities suggested by partners at the workshop. The framework would enable a comprehensive understanding of what is currently happening in the county and would enable gaps to be identified more clearly.

23. To avoid overlap with the role of other groups which report to the Health and Wellbeing, including the Children's Trust and the Joint Management Groups, it is proposed that the framework developed under the Health Improvement Board would focus on work which is aimed at over-18s and which is not commissioned under the pooled budget.

24. Some good approaches to understand and structure work to improve mental wellbeing are provided by resources within the Prevention Concordat. These include the report *Better Mental Health for All: a public health approach to mental health improvement*[1], published by The Faculty of Public Health and the Mental Health Foundation and *Prevention Concordat for Better Mental Health: Prevention planning for local areas*[2], published by Public Health England.

25. Work to promote mental wellbeing may be aimed at different groups of people and may have a narrow or a wide scope, as shown below:



Types of work to promote mental wellbeing

26. Using the approaches given in the resources referenced above, and the information already shared about work in Oxfordshire, the following structure is suggested to group the work being carried out:

		Scope of impact			
		Individuals	Communities	Wider systems	Campaigns
Group of people impacted	Adults				
	Older People				
	Vulnerable Groups				

[1] http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640749/Prevention_Concordat_for_Better_Mental_Health_Prevention_planning.pdf

27. To develop this framework, it is suggested that the information provided in the workshop is mapped into this structure. The next step would be to identify possible gaps and there would be the opportunity to contact lead organisations for more information as needed. It is suggested that Public Health officers facilitate this work, involving other partners.

Future work on mental wellbeing

28. The Health Improvement Board is recommended to keep mental wellbeing as a priority for their future work.

29. If they Board agrees, a recommendation about selecting a suitable indicator to monitor mental wellbeing in Oxfordshire can be brought to a future meeting of the Board. This could then be included in a future Joint Strategic Needs Assessment.

30. At a future meeting of the Board, a detailed county-wide framework could be presented by Public Health, with commentary around possible gaps and recommendations for further work.

Communications

31. It is suggested that a message should be sent to the attendees of the mental wellbeing workshop, to include those who expressed and interest but were unable to attend. This would include informing them of the next steps which the Health Improvement Board agrees to take and an invitation to share any further areas of work in Oxfordshire which they believe should be included in a framework.

32. Communications might also be sent to the Children's Trust and the Joint Management Groups to inform them of outcomes of the workshop and the Board's plan. This could also be an opportunity to pass on information shared during the workshop about work in Oxfordshire to promote mental wellbeing which focuses on the areas they oversee.

Report by Public Health team, Oxfordshire County Council
April 2018

Appendix 1- Prevention concordat for Better Mental Health

About the concordat

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.

The concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:

- local authorities
- the NHS
- public, private and voluntary, community and social enterprise (VCSE) sector organisations
- educational settings
- employers

It acknowledges the active role played by people with lived experience of mental health problems, individually and through user led organisations.

This definition of the concordat has been agreed by the organisations listed at the end of this document. It represents a public mental health informed approach to prevention, as outlined in the NHS Five Year Forward View, and promotes relevant NICE guidance and existing evidence based interventions and delivery approaches, such as 'making every contact count'.

Consensus statement

This consensus statement describes the shared commitment of the organisations signed below to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

The undersigned organisations agree that:

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.

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

Signatories

This first Prevention Concordat for Better Mental Health was co-produced by:

- Association of Directors of Public Health UK - Dr Andrew Furber, President
- Association of Mental Health Providers - Kathy Roberts, Chief Executive
- Centre for Mental Health - Sarah Hughes, Chief Executive
- Children and Young People's Mental Health Coalition - Professor Dame Sue Bailey, Chair
- Department of Health - Jonathan Marron, Director, General Community Care
- Faculty of Public Health - John Middleton, President
- Local Government Association - Councillor Izzi Seccombe
- Mental Health Commissioners Network - Dr Phil Moore, Chair, NHS Clinical Commissioners
- Mental Health Foundation - Jenny Edwards, Chief Executive
- National Survivor User Network - Sarah Yiannoullou, Managing Director
- NHS England - Claire Murdoch, National Mental Health Director (and National Senior Responsible Officer for Five Year Forward View for Mental Health)
- Public Health England - Duncan Selbie, Chief Executive

The Concordat has been endorsed by:

Statutory organisations and professional bodies:

- Care Quality Commission - Paul Lelliott, Deputy Chief Inspector (Mental Health)
- Health Education England - Ian Cumming, Chief Executive

- National Institute for Health and Care Excellence - Gillian Leng, Deputy Chief Executive
- NHS Digital - Rob Shaw, Interim Chief Executive
- NHS Improvement - Tim Kendall, National Clinical Director for Mental Health
- Royal College of Nurses - Janet Davis, Chief Executive and General Secretary
- Royal College of Psychiatrists - Wendy Burn, President

Wider organisations and bodies:

- Age UK - Caroline Abrahams, Charity Director
- British Dietetic Association - Andy Burman, Chief Executive
- British Islamic Medical Association - Arshad Latif, Lead for Health Promotion Talks 2018
- British Institute of Learning Disabilities - Ben Higgins, Chief Executive
- Catholic Bishops' Conference of England and Wales - Right Reverend Richard Moth, Bishop for Mental Health
- Citizens Advice - Gillian Guy, Chief Executive
- Clinks - Anne Fox, Chief Executive
- Cruse Bereavement Care - Debbie Kerslake, Chief Executive
- Diabetes UK - Chris Askew, Chief Executive
- Homeless Link - Rick Henderson, Chief Executive
- Housing Associations' Charitable Trust - Andrew van Doorn, Chief Executive
- Maternity Action - Rosalind Bragg, Director
- Men's Health Forum - Martin Tod, Chief Executive
- METRO Charity - Greg Ussher, Chief Executive
- Mind - Paul Farmer, Chief Executive
- Muslim Council of Britain - Harun Khan, Secretary General
- Nacro - Jacob Tas, Chief Executive
- National Development Team for Inclusion - Rob Greig, Chief Executive
- National Suicide Prevention Alliance - Brian Dow and Ruth Sutherland, Co-Chairs
- The National LGBT Partnership - Paul Martin, Chair
- National Voices - Jeremy Taylor, Chief Executive
- Rethink - Mark Winstanley, Chief Executive
- Samaritans - Ruth Sutherland, Chief Executive
- Student Minds - Rosie Tressler, Chief Executive
- Young Minds - Sarah Brennan, Chief Executive
- Young People's Health Partnership - Emma Rigby, Lead
- Youth Access - Barbara Rayment, Director

The first wave of local authority area (geographical) signatories was announced by Duncan Selbie, Chief Executive, Public Health England on 9 March 2018:

- County Durham - Amanda Healy, Director of Public Health
- Derby City Council - Cate Edwynn, Director of Public health
- Hertfordshire County Council:
    - Jim McManus, Director of Public and County Councillor
    - Richard Roberts, Executive Member for Public Health, Prevention and Performance

- Middlesbrough Council - Edward Kunonga, Director of Public Health
- Redcar and Cleveland Council - Edward Kunonga, Director of Public Health

Appendix 2- Prevention Concordat Infographic

Appendix 3- Summary of group discussions from the workshop

1. Current areas of work in Oxfordshire

Project	Type of impact on mental wellbeing	Who is impacted/where?	Lead organisation
Table 1			
Wellbeing service & Mind guide	Promoting wellbeing; access to IAPT	Anyone aged over 16 (starting targeted work for under 16s)	Mind
GP training on mental health champions	Better awareness for GPs and services	Primary care staff	CCG + GPs
School Health Nurses	Mental health promotion for whole school, classroom and on 1:1s	Secondary school pupils	Oxford Health
Community safety partnerships	Mental health is a priority for some CSPs- forum for discussion/awareness of small organisations		
'Connect 5' mental health training	Train the trainer model	Front line services; communities	PHE
National Mental Health campaign	Increase mental health literacy, reduce stigma- aiming for 1 million MH first aiders	Workplace mental health	PHE
Physical activity with young people	Concentration	Young people	Small groups
Various		Target groups e.g. Ark T- Dad's group, countrywide venues	Oxfordshire Arts partnership – range of agencies
Peer support groups	Arts and crafts	Volunteers, service users	Mind
Recovery College	Arts; activity; natural environment; meaningful activity		Oxford Health, Oxfordshire Mental Health Partnership
Health walks	Physical activity, natural environment		Districts, Ramblers Associations
CZ(?) YP volunteering forum	Mental health is often an issue		

Mental wellbeing training		Headteachers and Special educational needs coordinators in schools	Mind
Barton GP surgeries	Mental health focus in GP surgeries- community asset		
Table 2			
Mental health first aid			Mind
Oxfordshire youth mental health first aid		Teachers and voluntary agencies	?
Wheels for All	Physical activity	People with disabilities	OxSPA
Parasol project	Accessible arts holiday/after school programme	Young people	(Fusion?)
?	Music and arts	People in hospitals	Artscape/Fusion
Open Door	Food/reduce social isolation	Refugees, East Oxford	
Kingsmoor Intergenerational Arts Club (pilot)	Intergenerational arts	South Oxford	Fusion Arts
Well at work	Mental health first aid, thriving at work assessment	Employees	County council
Safer places	Reduce anxiety	Younger people, people with disabilities	Oxfordshire Family Support network
Wellbeing support service	Social isolation	People with disabilities seeking employment	OCC (Joint commissioning)
Education partnership	Arts	Young people, East oxford	Youth Ambition/Fusion
C-DAN (Creative Dementia Arts Network)	Inclusion in arts programmes	People with dementia, Oxford City centre	
OYAP	Arts intervention	Young people, East Oxford/ Blackbird Leys	OYAP
ACKHI	E.g. Black History Month	BME groups, East Oxford/Blackbird Leys	
Community centres	Food banks/hot meals/social isolation	Rose Hill, Cutteslowe	OCC, Green Square
Recovery Festival	Recovery mental wellbeing	East Oxford	Mind/Restore
Active Body,	Physical activities	Countywide	South & Vale DC

Healthy Mind			in partnership with OxSPA
Go Active	Less social isolation	60 + groups, women, young people	OxSPA
Community Centres	Safer spaces, autism friendly cinema screenings	Beaconsfield and Wantage, Mothers, Carers, Older people	South & Vale DC
Oxfordshire Workplace Wellbeing	Sharing good practice, leisure provision	Employees	BMW/ Unipart/ Public Health/ OxSPA
Table 3			
IAPT	Activity, social prescribing	Those with long term conditions- diabetes/respiratory diseases/cancer	CCG
Musculoskeletal services (MSK)	Signposting to psychological wellbeing, exercise, stopping smoking		CCG
Community impact zone		Young people	City council/OCC/TVP
Adult Mental Health Partnership	Improving services		Oxford Health (with charities)
Children's Mental Health Partnership	Delivery of mental health services, early intervention, transition to adult services		Oxford Health (with charities)
Housing First		Those with serious mental health problems	
	Including mental health on national policies		Oxford City Council
JSSP (joint statutory spatial plan)	Planning future growth to enable social cohesion, active travel	New communities	OCC
Bicester Healthy New Town	Workplace wellbeing with smaller businesses (mental health first aid), mindful employers	Bicester	Cherwell DC?
Bicester Healthy New Town	MECC training using mental health		Cherwell DC?
Bicester Healthy New Town	Promoting active travel		Cherwell DC?
Bicester Healthy New Town	Resilience in schools, mindfulness, link to		Cherwell DC?

	CAMHS		
Bicester Healthy New Town	Social prescribing and volunteering	Older people	Cherwell DC?
Bicester Healthy New Town	CCG- reducing health inequalities, resilience in social housing		Cherwell DC?
Barton Healthy New Towns	Social prescribing		Oxford City Council
Barton Healthy New Towns	Use of parks, green spaces		Oxford City Council
Table 4			
Mental Health High Usage		Those who use services	Oxford City Council/CCG
Theatre plays	Education; safety	Schools	OCC Public Health
Children's Home workers	Education	Looked after children	CCG
Suicide prevention service (EDPS)			Oxford Health
Young people's diversionary projects	Streetwork	Henley (Nomad), Didcot (Didcot Train), Abingdon (Damascus), Young people with complex issues	South & Vale, also funding from PCC
Outdoor gym equipment	Physical activity	Oxford City, also countywide	Oxford City Council and other local authorities
Mindfulness centre			Oxford Health
Social prescribing	Tackling wider determinants	Oxford, Wood Farm, Headington, Barton	Oxford City with Hedena Health
Calm (campaign against living miserably)	National campaign	Middle-aged men	Oxford Health
Talking spaces plus		People with long term health conditions	Oxford Health
SOFEA	Food distributed from supermarkets	People in South Oxfordshire	SOFEA
Skilling job club leaders	Education about wellbeing	Barton, people with employment issues	Barton HNT with Oxfordshire Mind
Coordinating local solutions	Coordinating existing stakeholders around health and wellbeing	Barton, Blackbird Leys, Rose Hill	City Council
Generation Games	Physical activity	Older people	Age UK

Free/ Discounted swimming	Physical activity	Free for under-17s, discounts for those with bonus life card e.g. on benefits	City Council
Mental Health First Aid		Barton community leads	Oxford City Council
Future in Mind	Mental Health awareness	Schools, 3rd sector organisations working with children	CAMHS, 3rd sector lead from Response
5 ways to wellbeing training		Barton, Tenancy managers/community managers	
System-wide promotion	Improving referrals onwards from local organisations	Barton	City Council, Oxfordshire Mind
Holiday Hunger	Reduce hunger, via community cafes	Barton, children	City Council
Coffee and crafts	Social	Barton	City council

2. Challenges and opportunities

Challenges

- Transition phase for 16-18 years and NEETS
- Emotional literacy
- Recruitment
- Knowledge of languages for campaigns (so don't increase inequality)
- Digital exclusion
- Peer support groups not understanding themselves as improving wellbeing
- Primary schools- many schools, no uniform approach, difficult to get coherence
- Fragmentation of education system and budgets- can't have economy of scale with work being done
- Working with employers – to have a specific focus
- Measuring success – return on investment
- Measuring interventions
- rural isolation and deprivation- car ownership/access to services/public transport x3
- Live Well Oxfordshire- no single oversight but based in Audlt Social Care
- Knowing what's going on is difficult, importance of making every contact count, signposting people to what is offered by others too
- Lack of coordination of work- where it's done well it's often done locally
- Challenges coordinating with certain partners e.g. Police and Crime Commissioner's office
- No ownership of social prescribing initiatives
- Lack of funding so that people focus on measurable outcomes too much
- Short-term approach often taken with pilots/projects for deprived areas
- Money x3
- Some cultural groups not recognising mental health

- Communications plans not always coordinated- too many messages
- Communication between project organisers and those who might use services
- Lack of engagement with services that do exist
- Older people- high proportion of population- need for support in community and in care homes
- Growth in Oxfordshire – new communities present challenges

Opportunities

- Prevention Concordat framework – using a national, evidence based, initiative to drive local work and coordination.
- Working with arts partnerships and funding for a worker on arts and mental health
- Peer support groups
- Pool resources to upscale projects- to create a joint campaign for population level, social movement
- Schools newsletters and social media to showcase examples
- Teachers- training those with responsibility for wellbeing of students – school and university level
- Education system provides structure to reach people
- Community asset based approach
- Listening to carers
- Use of business networks- Reciprocate and ROBIN- to promote mental health
- Workplaces- opportunity to reach people, and workers are often also parents so can impact children
- Universities- research capacity and knowledge base
- Volunteering database for the county, including flexible roles
- Communication with GPs to make social prescribing effective- to establish 3 or 4 directories for GPs to use or people to access for themselves
- Involving communities to find solutions, not delivering at people
- Faith communities
- Better culture of talking about mental health with young people and less stigma
- New green paper- opportunity for involvement of schools and wider community
- Use of technology to reach those who are isolated/distant from services
- Supermarkets – can donate food
- Data- that we have some and can see problems coming
- Growth in Oxfordshire – new communities are an opportunity for changing behaviours
- Wider policies that can involve mental wellbeing e.g. Oxford City Council children and young people strategy
- Partners- e.g. mental health partnership

3. Priorities

- Shared vision for mental wellbeing in the county for all partners x2
    - Based on 5 ways to mental wellbeing?

    - E.g. Heads together
    - Including 3rd sector partners
    - To commission against and prioritise
- Getting all partners to sign up to the Prevention Concordat to give a unified approach and help coordination. Common language and purpose.

- Start early x3
    - involving parents
    - primary schools
    - transition from primary to secondary
    - emotional literacy
    - perinatal mental health
    - early intervention

- Using people with lived experience of mental wellbeing as champions/advocates
- Alignment of partners via communication/knowledge sharing,
- Shared communication routes with service users
- Technology and connectivity
- Training- identifying the right people to deal with the issues
- Interventions based on need and not on assumptions
    - Using intelligence beyond the data- who are the people affected?
    - Holistic approach
- Universal access to services
- Resources- understanding current allocation and how it's being used to tackle mental wellbeing across the county
- Workplace wellbeing
- Black and ethnic minority groups
- Informed by data
- Older people
- Building resilience in schools and communities

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Health Improvement Partnership Board
Forward Plan 2018/19

Date	Item
13th September 2018 2-4pm	• Housing Related Support Joint Management Group annual report • Basket of Housing Indicators • Intersection of Health and Disabilities • Domestic Abuse Strategic Board Report
22nd November 2018 11am-1pm	• Health Protection Forum Annual Report • Air Quality Management Annual Report
Standing items:	
• Minutes of the last meeting and any matters arising • Performance Report (including any report cards) • Report from HIB Healthwatch Ambassador • Forward Plan	
Proposals/periodically:	
• Oxfordshire Sport and Physical Activity • Drug Abuse- safe injecting spaces and county lines • Oral Health Needs Assessment • Healthy Weight Action Plan • Health Protection Forum • Air Quality Management • Domestic Abuse services	

Upcoming events

- Mental Wellbeing workshop- 19th March 2018
- Healthy New Towns learning event- 24th April 2018

30th January 2018

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