Board of Trustees Meeting October 24\textsuperscript{th} 2019

Physical Activity & Health Priorities : Recommendations to the Board

Active Oxfordshire’s response and alignment to the new and emerging Prevention Framework document produced by the CCG/Public Health team and approved by the Health and Well Being Board is attached. In this context, the Trustees are asked to consider the following recommendations to provide a clear sense of direction and clear priorities for our work with others in the short and longer term:

1. Establish AO as the driver for change by working closely with PH & the CCG as strategic lead for PA to address the recommendations outlined in the Prevention Framework document:
   a. Agree a specific joint work plan with the CCG which reflects the role of PA Lead.
   b. Engage a GP to land and embed key initiatives across PCNs, through buying a GP ‘session time’ for an initial 12- month period.

2. Support the role of trained PA Clinical Champions as part of the Moving Healthcare Professionals programme to embed the peer to peer training across the County, aiming to secure a Prevention/Physical Activity Champion within every PCN over the next 12 months.

3. Produce and deliver the Case for Physical Activity by November with a clear call to action committing key partners and stakeholders to collaborate and work together to reduce inactivity across the County:
   a. Provide a Summit meeting in February 2020 to act as a showcase event whilst bringing together county and national partners and stakeholders, to address the case for physical activity and critical agendas.

4. Embed ‘Go Active’ as the PA county-wide brand, that helps shape the offer to local residents:
   a. prioritise Go Active Gold county-wide intervention for older people with Age UK subject to attracting external funding for roll out in 2020.
   b. develop public facing Go Active materials around walking, running, cycling, outdoor activities in parks and swimming by the end of 2019

5. Promote Healthy Schools to help combat obesity and reduce sedentary lifestyles and support development of a Whole Systems Approach for healthy weight to be inclusive of PA.

6. Lead the development of consistent evidence-based exercise / activity programmes for patients with LTC and / or complex medical conditions:
   a. Develop and lead the implementation of a refreshed, exercise referral programme from January 2020 following a presentation to the HIB in November
   b. Extend the GAGH-Diabetes model across other LTCs (subject to funding) from April 2020.

7. Provide a co-ordinating role across the Exercise Referral pilot intervention in the short-term and a governance role for quality assured provision in the longer term, subject to funding.

8. Launch the new Active Medicine training programme for social prescribers in targeted PCNs.

9. Co-ordinate and support local national campaigning to promote active lifestyles:
   a. Promote the We are Undefeatable Campaign to ensure it lands locally.
   b. Promote the new Workplace Movement Tool developed by the Active Partnership Network to local employers focusing on employers in low-activity areas and of low- income workers.

10. Support the roll out of Healthy Place shaping across the county, with Sport England investment through the newly formed Steering Group chaired by Active Oxfordshire.
**Background Paper:**

**Active Oxfordshire**

**Health Prevention Priorities – alignment to National & County-wide priorities**

**A. Summary:**

Active Oxfordshire recognises that we, together with every organisation across Oxfordshire, has a key role to play in prevention. As such, a summary of our role is concluded here:

1. In recognition that physical activity cuts across many health priorities and has a cross prevention impact on individuals’ and communities’ health and wellbeing, Active Oxfordshire has a clear role as a key strategic player:
   - As an organisation which is a driver for change, work closely with PH and CCG to play a strategic role as experts of physical activity.
   - Support the local health and wellbeing systems to achieve the challenging shift from an illness culture, to a wellness culture, embracing a population health management approach.
   - Foster strong collaborative relationships with key organisations including the CCG, Public Health and District Councils.
   - Provide a county-wide strategic, action-focused collaborative role to enable a whole systems approach for physically active and healthy communities.
   - Develop ‘Physical Activity – the Case’ as a toolkit for enabling increased awareness and benefits of a physically active lifestyle.
   - Embed ‘Go Active’ as the physical activity county-wide brand that helps shape the offer to local residents ensuring provision is accessible by families, older people, disabled people, those with a long term health condition and those in lower-socio-economic groups.

2. Work in partnership across settings to provide a physical activity pathway that offers layered interventions according to individual choice and need:
   - Develop consistent models of evidence-based exercise and physical activity programmes, for patients with LTC and / or complex medical conditions to improve their health and disease management, including a refreshed, quality-assured exercise referral programme.
   - Develop a cohesive approach to the wider physical activity offering, to motivate individuals across the life course including those sedentary, to increase levels of activity.
   - Increase knowledge and skills of Healthcare Professionals including Social Prescribers, to recommend / signpost individuals and families, into appropriate physical activity opportunities across a variety of settings.
   - Explore opportunities for implementation of a monitoring and evaluation framework, to enable rigorous analysis of outcomes across specific interventions, to demonstrate impact.
   - Develop and utilise insight that provides deep analysis of those who are inactive, to inform appropriate intervention and pathway development.

3. Co-ordinate and support local and national campaigning to promote active lifestyles and health literacy:
   - Work closely with national Active Partnerships, Sport England and PHE, to deliver campaigns locally.
   - Localise campaigns to ensure maximum impact and coverage, by working cohesively with local partners / stakeholders across marketing and communications teams.

4. Promote active travel and design to help make walking and cycling part of everyday life:
Through the Healthy Place shaping project, support development of well-designed plans, to enable thriving communities. 
- Ensure an evidence-based approach is applied to inform local development and contribute to national learning, as the project progresses.

B. National and Local Alignment – the NHS Long Term Plan and Prevention Framework:

The NHS Long-Term Plan (2019) – summary priorities

- **New service model integrating joined-up patient care**, in optimal care setting – better options, better support: Social Prescribing
- **Strengthen contribution to prevention and health inequalities** – help people stay healthy (empowerment): cut smoking, reduce obesity, increase access to T2 NDPP, improve support for people with LT MH problems and learning disabilities.
- **Tackle unmet need for biggest killers and disablers**: cancer, MH, diabetes, multimorbidity, dementia, CVD & respiratory conditions: service model redesign to include system architecture – technology, innovation and efficiency.
- **Tackle workforce pressures** – address education and training needs including on-going professional development - MECC.

Oxfordshire Health and Well-being Strategy - Summary Priorities

**Prevent – Reduce – Delay**

**Tackle Inequalities**

1. **A good start in life**
   - Illness prevention: promote PA and active travel / MWB / Healthy Weight
   - Inequalities issues: address childhood obesity

2. **Living Well**
   - Prevent development of LTC: live healthy lives, live in healthy places
   - Sustained accessible services: work together with customer & stakeholders
   - Healthy communities: enabling participation and activity
     - Prevent: Promote healthy lifestyles – decrease physical inactivity; increase PA
     - Reduce: prevent chronic disease – tackle obesity

3. **Ageing Well**
   - Increase individual mobility & years of active life (75+)
   - Support care of frail OP
     - Prevent: address loneliness & improve MWB
     - Reduce: address falls prevention & improve self-management
     - Delay: provide care closer to home

4. **Improve health by tackling wider issues**
   - Healthy place shaping
     - Prevent - poor health outcomes by good spatial planning

Health Improvement Board Priorities

- Prevent childhood obesity
- Promote PA / active travel
- Improved MWB for all
- Support healthy place shaping

- Healthy /Weight – WSA
- Reduce physical inactivity
- Mental Wellbeing & prevention concordat
- Social Prescribing
- Healthy Lifestyles

- Healthy Place shaping
- Social prescribing

- Healthy Place shaping
- Social prescribing
The overall structure of the framework covers the wider determinants of health, with a focus on Lifestyle factors including lack of physical activity, the built environment as root causes and how prevention initiatives can be embedded in all parts of the health and care system.

**Aim of the Prevention Framework:**
- Improve quality of life by creating and promote good health and wellbeing
- Reduce health inequalities
- Save public services from spiralling costs of treating avoidable illness and ongoing needs; improve efficiency & wellbeing of the workforce.

**How this will be done - embed prevention:**
- Everyone has a role to play – develop roles
- Create healthy communities
- Recognise that everyone and every organisation has a role in prevention
- Address biggest risk factors causing preventable premature death / reduce impact of existing disease
- Mental wellbeing is an enabling factor for all the priorities in prevention

**Avoid:**
- Urgent, reactive matters crowding out preventative, proactive interventions
- Piecemeal prevention services
- Lack of joined up working between individuals and organisations across sectors

**Top 4 causes of death for under 75s**
- Cancer, CVD, respiratory and liver disease
- Half of these are considered preventable
- Higher proportion of these deaths are in areas of deprivation

The Prevention Framework document includes Physical Inactivity as a specific topic outlining the evidence-base, the challenges and recommendations for action. This is included in the table on the following page. The remainder of this document then lays out the role of Active Oxfordshire detailing how we will support and deliver across a wide-ranging prevention agenda.
### Topic: Physical Inactivity (extracted from the Prevention Framework document)

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

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

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

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

#### How will we know we are successful?
- Percentage of adults considered inactive to decrease
- Percentage of young people considered fully active to increase.
- Percentage active journeys (cycling, walking) to increase

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

The role of Active Oxfordshire: supporting and delivering a wide-ranging prevention agenda

Rationale:
Active Oxfordshire’s purpose is to work together with partners to increase physical activity and contribute towards the Government’s outcomes outlined in ‘Towards an Active Nation’. Our priority is to improve the health and wellbeing of the local populations across Oxfordshire who are most in need and / or have the poorest outcomes.

It is widely acknowledged that there is substantial global evidence for the health benefits of undertaking regular physical activity. Physical activity can reduce the risk of many chronic conditions including CHD, stroke, T2 Diabetes, cancer, obesity, mental health problems and musculoskeletal problems. In addition, it is widely accepted that even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life. However, new research suggests it is no longer enough just to meet minimum levels recommended by health guidelines. Both physical inactivity and sedentary behaviour have their own health hazards and need to be addressed separately. Hence, physical inactivity is recognised as a key risk factor in the prevention and control of diseases including cardiovascular disease, and consequently increased participation in physical activity is associated with reduced all-cause mortality and lowered incidence of coronary artery disease.

Physical activity, therefore, is a powerful commodity that can reduce the burden of preventable death, disease and disability, and support people and their communities to achieve their potential. As a key lifestyle behaviour that contributes to the wider determinants of health, physical activity cuts across many health priorities and has a cross prevention impact on individuals’ and communities’ health and wellbeing. As an organisation which is a driver for change with inherent expertise in Physical Activity, Active Oxfordshire is fully committed to support the local health and wellbeing systems to achieve the challenging shift from an illness culture, to a wellness culture, embracing a population health management approach.

Furthermore, in recognition of the World Health Organisation’s Global Action Plan on Physical Activity (2018-2030), increasing physical activity at a local, national or global scale requires a systems-based approach. Creating an environment where more active people create a healthier world, requires a collective and co-ordinated approach which recognises the interconnectivity and opportunities across settings and stakeholders, to fully embrace and impact on healthier active
lifestyles. Across Oxfordshire, AO is uniquely placed to play a key role as the ‘broker’ or backbone of the stakeholder / partner infrastructure and provide leverage to galvanise the implementation of specific identified priorities within the Prevention Framework. By working cohesively and collaboratively with partners across the sectors, AO will be able to support Oxfordshire’s PH / CCG to achieve successful outcomes more efficiently and effectively.


Active Oxfordshire’s Alignment to the Prevention Framework to embed Prevention – making a difference:

**Supporting the strategy**
1. Promote healthy behaviours for all children and young people.
2. Prevent long term conditions through healthy lifestyles, addressing socio-economic factors and shaping healthy places to live and work (primary prevention).
3. Reduce harmful impact of physical and mental health conditions through optimal treatment (secondary prevention).
4. Delay the need for care, empowering people to remain independent in their own homes (tertiary prevention).

**Actions**
1. Enable and promote physical activity in children and young people.
2. System wide management interventions including behaviour change approaches
3. Fill in gaps in current primary prevention programmes (falls, workplace health).
5. Enhance independence by supporting carers, preventing falls and strengthening social networks through social prescribing.

**Supporting the Enablers**
1. WSA
2. Shift in cultural mindset – embedding primary & secondary prevention in all care pathways.
3. MECC training embedded in all organisations.
4. PCNs – proactive, holistic approach.
5. Healthy Place Shaping. Health and wellbeing programmes in EYs and schools.
6. Targeted interventions to people and areas of high need to narrow health inequalities gap.
7. Collaborate with and support voluntary sector and community groups.
Health Inequalities
There is a 15-year difference in life expectancy between the most and least deprived areas of Oxford City. People suffer from ill-health ten years earlier on average in the most deprived areas compared to the least deprived areas of Oxfordshire.

There are 7 wards that are among the worst 20% for multiple deprivation in England:

- **Cherwell:**
  - Banbury Grimsbury and Hightown
  - Banbury Ruscote
- **Oxford**
  - Barton and Sandhills
  - Blackbird Leas
  - Northfield Brook
  - Rosehill and Iffley
- **Vale of White Horse**
  - Abingdon Caldicott

AO will prioritise its work in areas of health inequalities.

D. Prevention Framework recommendations for actions, Active Oxfordshire’s priority objectives:

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<thead>
<tr>
<th>A.</th>
<th>Physical Inactivity</th>
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<tr>
<td>1.</td>
<td>Increase knowledge and capabilities of the Health Care Professional network across Oxfordshire through MECC, social prescribing pathways and training/development programmes around Moving Medicine for primary and secondary practitioners.</td>
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<td></td>
<td>a) Improve social prescribers’ awareness through provision of bespoke training as part of the Workforce Innovation Fund, ‘Active Medicine’ (SE funded).</td>
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<td>b) Work closely with MM colleagues to maximise opportunities to embed resources / toolkits into HPs’ everyday practice</td>
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<td>c) Work closely with developing PCNs to identify a Physical Activity Champion per network.</td>
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<td>d) Support PHE’s Physical Activity Clinical Champions programme to increase uptake across Oxon, through working closely with PCN Clinical Leads &amp; CCG.</td>
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<td>2.</td>
<td>Co-ordinated local and national campaigning to promote active lifestyles and raise levels of health literacy.</td>
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<td>a) Adopt and promote co-ordinated national campaigns</td>
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<td>b) Promote Active Travel opportunities and associated benefits for CYP i.e. Living Streets WOW programme, Daily Mile.</td>
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<td>c) Support Primary Schools to effectively spend the PE &amp; School Sport Premium to ensure CYP become physically literate (key driver to higher activity levels).</td>
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<td>d) Provide support to the ongoing comms and an annual campaign including Walk to School Week.</td>
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<td>3.</td>
<td>Joined up collaboration and investment in working together in the community to reach and engage people with health conditions, at-risk groups and older people.</td>
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</table>
| 4. | Targeted funding for people with or at risk of long-term health conditions (including mental health) to provide activity and exercise in prevention / treatment pathways. | Provide strong leadership role by engaging and empowering key partners and stakeholders in the mission of promoting physical activity supported by a strong county-wide brand; provide bespoke opportunities for at-risk populations and older people in line with need; develop / co-ordinate a network of activity and exercise opportunities that cohesively align to support individuals and communities to adopt a more habitually physically active lifestyle. 
   a) Review and scope Exercise Referral processes and procedures (as part of the wider PA pathway), for a consistent county-wide approach. Develop a model for investment, enabling sedentary individuals with LTC / at high risk of CVD to access structured interventions to include provision of chronic disease exercise interventions, e.g. Phase IV CR. 
   b) Review existing structured PA opportunities and develop wider menu of choice across the spectrum of PA, being cognisant of diverse needs and barriers to changing physical activity behaviour across specific communities.
   c) Review provision of activities / services to provide prevention and rehabilitation opportunities for identified priorities, including CVD, Stroke, Cancer, MSK, MH disorders, Respiratory disease, Diabetes, working with key partners across the county. 
   d) Pursue other opportunities to work across health initiatives to provide opportunistic as well as systematic approaches to promoting PA, e.g. NHS Health Check. 
   e) Identify opportunities to work collaboratively to tackle risk factors and identify those at high risk of CVD. 
   f) Embed a WSA approach to a physically active lifestyle whilst simultaneously reducing physical inactivity. |
| 5. | Promote active travel and active design to help make walking and cycling part of everyday life as part of Oxfordshire’s Growth Agenda | a) Increase active travel for staff, patients and local population. 
   b) Work with local partners and national organisations (such as British Cycling) to increase safe active travel options. |
| 6. | Focus investment and layered interventions to create healthier communities in existing places of clearly identified need and address inequalities. | a) Review and develop the physical activity offering, across the life course and particularly in areas of need. 
   b) Through review of the Exercise Referral scheme and development of the wider PA pathway for people with LTC / chronic diseases, pilot a revised scheme/pathway in areas of health inequalities. 
   c) Conduct robust evaluation to encourage county-wide investment, particularly in areas of identified need and inequalities. |
### B. Mental Wellbeing

1. **The Mental Wellbeing Framework for Oxfordshire should set out comprehensive plans to create, promote and sustain mental wellbeing. Following up from signing the Prevention Concordat.**

   **Support the work of the Prevention Concordat for Mental wellbeing:**
   - a) Support joint national and local mental health and wellbeing campaigns to land locally, to increase PA.
   - b) Develop asset mapping to identify current mental wellbeing provision across the county.
   - c) Provide relevant insight data regarding mental health, wellbeing & PA.

2. **Nominate a mental health champion.**

   - a) An identified lead for Mental Health, to support and guide AO & other organisations as appropriate, in relation to increasing PA opportunities to promote mental wellbeing.
   - b) Lead the Oxfordshire Network Group for Physical Activity & Mental Health.

### C. Obesity

1. **Commission joined up services for obesity treatment: A review of weight management services in 2017 concluded that tier 3 services (providing specialist psycho-social support for people with BMI 40+ who do not want bariatric surgery) should be developed.**

   - a) As a member of the Adult WM review services group, provide technical support and advise for review and development of an integrated approach to prevention, management and treatment of obese individuals.
   - b) Support clinical pathway review for childhood obesity services, to map and integrate existing provision and make recommendations for future service development to address high levels of obesity.
   - c) Support revision and development of prevention and weight management services for overweight and obese adults, through co-commissioning opportunities.

2. **Whole System Approach to Healthy Weight to be fully developed.**

   - a) Work closely with PH colleagues to support development, integration and development of WSA for Healthy Weight.
   - b) Support with provision of relevant insight and intelligence to develop assess mapping for physically active lifestyles.
   - c) Contribute to WSA pathway through use of digital resources to create a Story Map which encompasses a healthy approach to physical activity.

3. **Develop the GAGH-Diabetes intervention, to increase capacity of NHS Diabetes Prevention Programme.**

   - a) Co-ordinate the delivery and implementation of the GAGH-Diabetes pathway, ensuring a consistent but localised approach achieving measurable outputs and outcomes.
   - b) Extend and adapt the GAGH-D intervention to support sustained PA opportunities post early patient engagement in the NDPP pathway; supporting increased capacity with the local Provider.

### D. Healthy Place Shaping

1. **Sustain healthy place shaping as a county wide strategic priority and work with district councils to ensure that it is reflected in their business plans and service delivery.**

   - a) Work closely with key partners / stakeholders to develop physical connectivity and enable habitual physically active residents as part of the ‘Scaling Healthy Place Shaping’ (funded by Sport England), across the county, promoting active travel and design to help make walking and cycling part of everyday life.
   - b) Through collaborative working apply the learnings from Bicester Healthy New Town and scale healthy place shaping by testing this at a county-wide level.
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<th>2.</th>
<th>Social prescribing. Encourage referrals to social prescribing schemes and evaluate and share learning of different approaches across the county.</th>
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<tr>
<td>a)</td>
<td>Through the review and development of the Physical Activity pathway, identify opportunities to work with PCNs to be inclusive of Social Prescribers; include Social Prescribers in pilot scheme, specifically within areas of inequalities.</td>
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<td>b)</td>
<td>Through the Active Medicine programme support development of Social prescribers’ awareness and knowledge of Physical Activity to integrate into social prescribing schemes.</td>
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<td>c)</td>
<td>Utilise evaluations from Exercise Referral / LTC PA pathway and the Active Medicine programme to share learnings across the county.</td>
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<td>Contribute to and support meetings and events regarding healthy place shaping.</td>
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<td>d)</td>
<td>Maximise opportunities to provide an evidence-based approach to provide practical evidence and applied learning of well designed, thriving communities to contribute to national learning.</td>
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<td>e)</td>
<td>Support the evaluation of the county-wide project which will include significant insight and learnings from specific targeted interventions which engage with those least active populations who either have a LTC or are socioeconomically deprived.</td>
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