



WEST OXFORDSHIRE
DISTRICT COUNCIL

Oxfordshire **NHS**
Primary Care Trust

West Oxfordshire Health and Wellbeing Strategy

2009 - 2012



Working together to improve your health and wellbeing

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Executive summary

The West Oxfordshire Health & Wellbeing Strategy incorporates ten key priorities for the district which all have outcomes and key actions detailed:

1. Work towards improving access to services and rural isolation
2. Address health issues specific to an ageing population
3. Improve the health of those who live in poor housing or are homeless
4. Reduce the number of accidents in all sectors of the population
5. Promote and address mental health issues
6. Enable people with learning disabilities to achieve maximum independence.
7. Improve local services for young people and families
8. Promote and support healthy lifestyle choices
9. Tackle drugs and alcohol abuse
10. Address the sexual health needs of all sectors of the population

These are to be carried out by the District Council, Oxfordshire PCT and a number of key partners, and run in parallel to the West Oxfordshire 'Shaping Futures' work (the Sustainable Communities Strategy).

Public consultation showed that residents felt strongly about two key challenges in particular - access to services and addressing health issues specific to an ageing population. This is unsurprising as there are many access issues due to the rural nature of the district, and statistics show that West Oxfordshire has the highest proportion of over 65s in Oxfordshire. Both challenges have been considered in some depth, although all of the priorities are addressed within the strategy.

Stakeholder consultation and workshops examining the issues for key service users highlighted the need to include a number of overarching actions, looking at:

- partnership working
- communications and signposting
- supporting carers
- financial security
- equalities issues in council service provision
- adapting to a changing climate
- the role of the Planning Service

There is an action plan that officers will use to set timescales and monitor the progress of actions, and the West Oxfordshire Health and Wellbeing Group will meet to discuss progress and share good practice. Other groups will also be set up to look at key groupings of residents, such as older people, and young people and children. This work sits alongside and incorporates a number of actions under the Shaping Futures strategy and action plan.

Health as a priority for West Oxfordshire District Council

Oxfordshire Primary Care Trust is the main authority responsible for health services in the county.

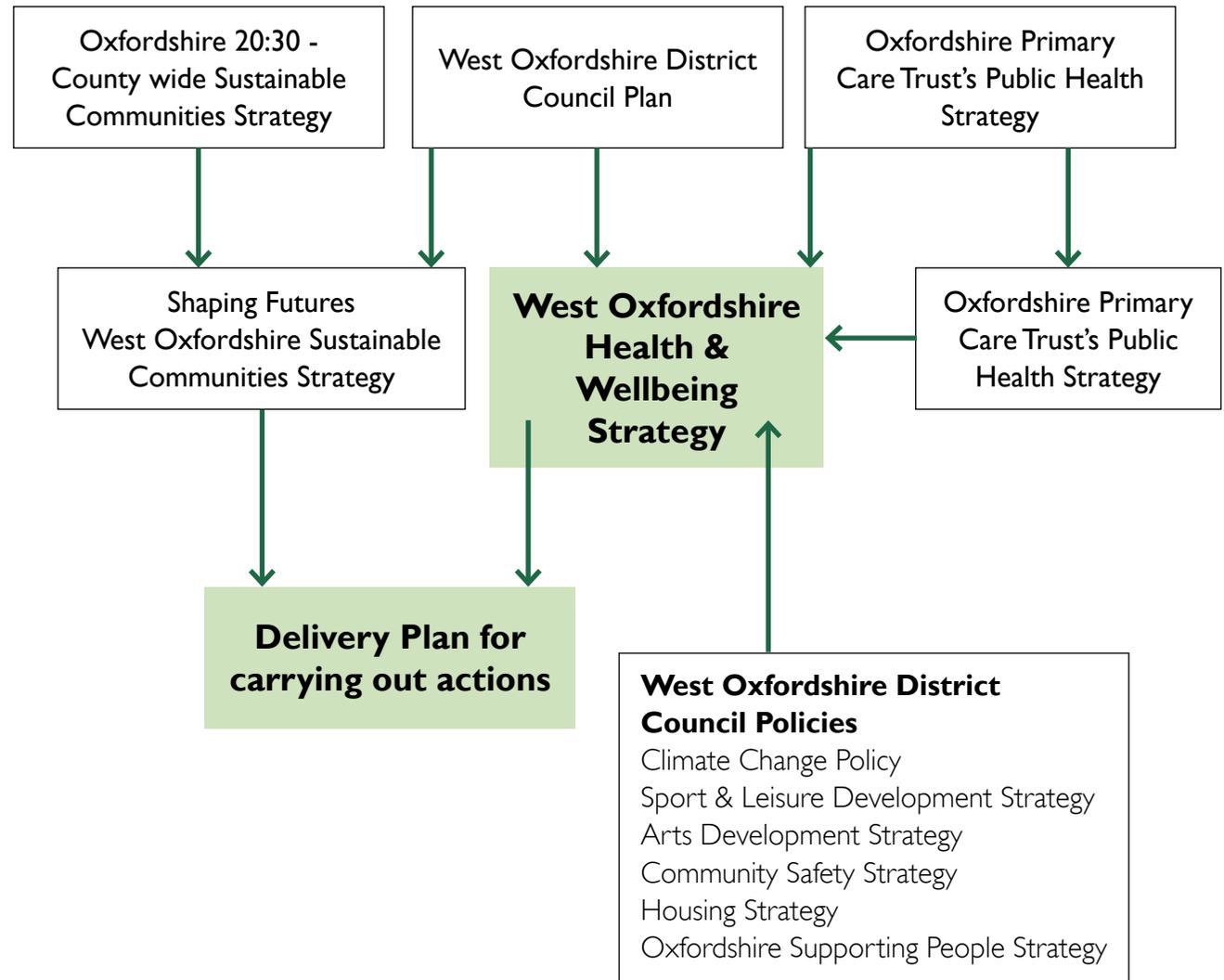
West Oxfordshire District Council does not have a statutory requirement to provide health services. However, it does have a responsibility to protect its residents through a number of its services. It has an important role as a community leader and health and wellbeing development partner. This Strategy clearly states where the Council has a role in providing an action and what that role is.

This Health and Wellbeing Strategy underpins a number of Council aims and outcomes set out in the Council Plan, West Oxfordshire District Council's strategic policy setting document.

4 The main health related priority is "to encourage tourism, leisure and cultural opportunities for all and promote healthy living". This includes a number of related outcomes:

- Increase active participation in arts and leisure.
- Promote and encourage positive activities for children and young people.
- Support Public Health Initiatives within the District focusing on physical exercise and healthy lifestyles, and support the Oxfordshire PCT Strategy to reduce health inequalities, maintain and enhance (access to) local services and meet the health needs of an ageing population.

West Oxfordshire Health & Wellbeing Strategy Process Chart



Setting the scene

West Oxfordshire is a predominantly prosperous area. With a population of about 100,000 people and an overall density of around 1.4 persons per hectare, it is one of the most rural districts in the South East.

The health of residents is generally better than the England average. However, there are pockets of deprivation and the district has an ageing population.

Access to health services such as major hospitals, out of hours GP service and ambulance services can be difficult for village-based residents to access due to limited or non-existent public transport. The need for a range of easily accessible services is important for the health of the area, particularly older residents.

Positive health findings

The 2009 Health Profile¹ and the Joint Strategic Needs Assessment (JSNA)² for the district show a number of ways in which the health of residents is better than the UK average, including:

- Life expectancy of 81 years 3½ months - compared to UK average of 79 years 5½ months
- Relatively low levels of child poverty and deprivation
- Relatively low levels of teenage pregnancy - although Witney is an exception to this
- Good health in children and breast feeding initiation

Challenges for the district

There are areas in which the health of residents compares negatively to the UK average:

- Road injuries and deaths
- Excess winter deaths, mainly in the elderly population
- Hip fracture in the over-65s

JSNA data also puts West Oxfordshire in a positive position compared to the rest of Oxfordshire with lower rates of early deaths from targeted killers (cancers, heart disease and stroke) than England average. However, it is important to note that this is because people are dying of these illnesses in later life as there are comparatively high general rates of deaths from cancers, heart disease, hypertension and stroke. In the older population, there are also many musculo-skeletal problems, genito urinary system problems, diabetes and falls

It has also been shown that there is less support being given for residents with mental health problems compared to the rest of Oxfordshire. Conversely, more people with learning disabilities in the district are receiving support compared to Oxfordshire wide figures.

Areas of deprivation

As a general rule, West Oxfordshire does not suffer from great deprivation. However, comparative to other Oxfordshire Wards, there are a number of Ward areas that can be considered 'pockets of deprivation'. Using a National Index of Multiple Deprivation 2007, these wards are mapped and detailed in Appendix I. Another indicator produced alongside the Index of Multiple Deprivation looks at the Income Deprivation Affecting Older People Index (IDAOPI). There are a number of areas in West Oxfordshire that score badly against this indicator in addition to some poor results for accessing local services. More detail and maps on all of these can be found in Appendix I.

¹ Profiles produced by the Association of Public Health Observatories each year, giving localised data for public health.

² This identifies 'the big picture' (in a number of ways including using local data) in terms of the health and wellbeing needs and inequalities of a local population.

The Health & Wellbeing Strategy

Strategy vision:

To improve the health and wellbeing of all residents in West Oxfordshire, particularly in areas of greatest need.

The previous Joint Public Health Strategy (2003-06)³ identified local priorities for health challenges. Following on from this work, the West Oxfordshire Health & Wellbeing Strategy aims to set out how the Council can contribute towards improving the health of people both living and working in the district and incorporates a number of actions and aims in the 'Shaping Futures' Strategy⁴.

In order to develop this piece of work, the 2007 and 2009 annual reports from the Director of Public Health⁵ were used. Together these highlighted five key challenges for Oxfordshire:

- an ageing population
- breaking the cycle of deprivation in children and families
- obesity
- fighting infections
- mental health and wellbeing

The above challenges and the 2007 Health Profile for West Oxfordshire have been used to inform the development of ten key priorities for the district:

1. Work towards improving access to services and tackling rural isolation
2. Address health issues specific to an ageing population
3. Improve the health of those who live in poor housing or are homeless
4. Reduce the number of accidents in all sectors of the population
5. Promote and address mental health issues
6. Enable people with learning disabilities to achieve maximum independence.
7. Improve local services for young people and families
8. Promote and support healthy lifestyle choices
9. Tackle drugs and alcohol abuse
10. Address the sexual health needs of all sectors of the population

Consultation (detailed in Appendix III) has been carried out with the public and key health stakeholders. Feedback has helped to develop the outcomes and key actions of the priorities in this Strategy. The consultation process also highlighted the need to include a number of overarching themes in the strategy. These have been set out on the next page, and detail key actions to be carried out.

These priorities are to be addressed by the Council, Oxfordshire PCT and a number of key partners, and run in parallel to 'Shaping Futures'.

There is an action plan that officers will use to set timescales and monitor the progress of actions, and the West Oxfordshire Health and Wellbeing Group⁶ will meet to discuss progress and share good practice. This work sits alongside and incorporates a number of actions under the Shaping Futures strategy and action plan.

³ Developed in partnership with Cherwell Vale Primary Care Trust, North Oxfordshire Primary Care Trust, Cherwell District Council and South Northamptonshire Council.

⁴ West Oxfordshire's Sustainable Communities Strategy - this details a number of actions for key organisations in West Oxfordshire to work together on, and is led by the Council

⁵ These reports are produced yearly and track key health challenges and trends for Oxfordshire. They also produce a number of recommendations.

⁶ This group will consist of Council, Oxfordshire PCT and other key organisations who are carrying out actions in the Strategy.



Priorities for West Oxfordshire - Priority one

Work towards improving access to services and tackling rural isolation

One of the biggest challenges for West Oxfordshire is the rural nature of the district. Health services such as major and community hospitals, Out of Hours GP service and ambulance services are more difficult for village based residents to access due to limited or non existent public transport.

It is widely recognised that there can be a negative impact on the health and wellbeing of people on low incomes who live in rural areas, with limited access to public transport, or poor mobility. Therefore, it is vital to have a range of localised, easily accessible services, particularly for older residents.

In the Strategy Consultation, the public were asked how easy they found it to access key services. The majority of respondents found it easy to access their local pharmacy and GP surgery. However:

- 62% of respondents found it difficult or very difficult to access a NHS dentist
- 65% of mental health service users found accessing the service difficult or very difficult.
- Accessing physiotherapy was a problem for many residents.



Outcome One:

To ensure that the district's needs are considered in local health service provision

Key actions for the Council:

1. To respond to all relevant healthcare consultations in order to protect and enhance health-related services. This includes responding to feedback from the consultation for this strategy - some members of the public indicated that it was difficult to access NHS dentistry and physiotherapy.
2. To continue to work with Oxfordshire health service providers to ensure that the residents of West Oxfordshire have equal access to services.
3. The Planning Service will continue to engage with key infrastructure providers such as Oxfordshire PCT and Oxfordshire County Council to ensure maximum health service provision in new developments.
4. To continue to work with and argue the case for West Oxfordshire District Council with Oxfordshire Joint Health

Overview and Scrutiny Committee in order to protect our health facilities and residents.

5. To carefully monitor the impacts of the proposed new gerontology service in Witney hospital to ensure that local residents can still access the same level of community hospital care in the district.
6. To monitor the development of the Chipping Norton hospital and associated facilities.
7. To carefully monitor the Ambulance response times in the district as they are presently not meeting national standards.
8. Using JSNA data, the Council will work with the Oxfordshire County Council Health & Social Care department to determine where service provision needs increasing or promoting to target residents.

Outcome Two:

To address the specific challenges of living in rural West Oxfordshire in terms of access to services and facilities.

Key actions for the Council:

1. To act as lead partner to develop and maintain relevant evidence base on general rural access issues
2. To support Oxfordshire Rural Community Council (ORCC) to use rural proofing⁷ to adapt policy and projects to recognise rural issues
3. To support ORCC to link with existing work by partner organisations to share intelligence on access to services
4. The Council will support ORCC to work with transport and service providers around rural and community transport issues

Outcome Three:

Increase resident awareness of existing services and therefore access to them.

Key actions for the Council:

1. To develop a communications strategy for the district, in particular for older people, people with learning disabilities, mental health service users and young people.
2. To design a contact list of key Council services for the general public which would also cater for external agencies working with older people, younger people, mental health service users and people with learning disabilities.
3. To develop networks for workers with targeted service users to optimise partnership working.
4. To set up a Health & Wellbeing section on the Council website to include information and links to useful health providers such as hospitals, out of hours services etc.

⁷ Practices put in place to ensure that rural issues are not overlooked when policies are made.

Priorities for West Oxfordshire - Priority two

Address health issues specific to an ageing population

One of the biggest challenges in West Oxfordshire over the coming years is the ageing population.

The Institute of Ageing at Oxford University indicates that this is a global issue and increasing life expectancy and decreasing fertility means that society needs to look differently at life cycles, retirement and the role older people play. The impact of a reduced birth rate and increased life expectancy is a 'maturing society', with more over sixty fives and less younger people.

In Oxfordshire, there is a predicted 150% increase in over 85s up to 2029, and in West Oxfordshire the picture is even more dramatic.

The Joint Strategic Needs Assessment (JSNA) data, right, shows a 29% increase from 2007 - 2016 in the proportion of older people (65+) alongside a 7% decrease in the proportion of children. This means that there will be a smaller proportion of tax payers supporting the State in the future. West Oxfordshire has fewer 20-34 year olds and more 55-85+ than any other district in Oxfordshire.

JSNA data also highlights that, due to the ageing population, there are:

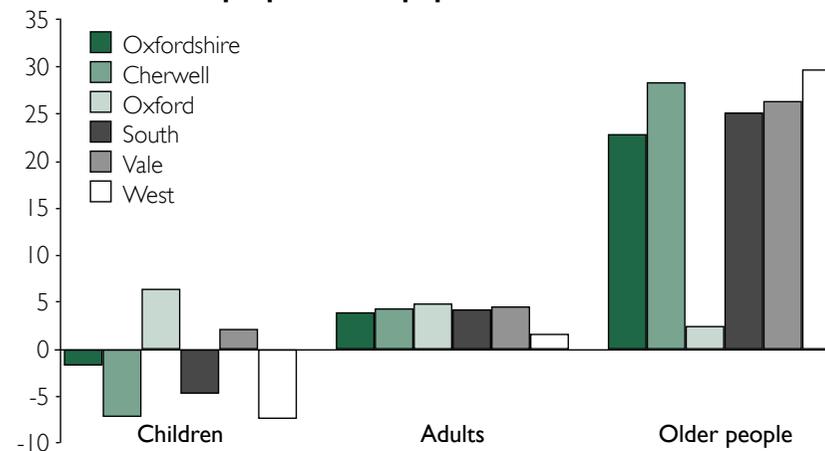
- Higher than county average rates and highest rate of deaths from cancers, heart disease, hypertension and stroke.
- Higher than county average rates of diabetes and number of falls (hospital admissions for hip fracture)

Recent Oxfordshire research promotes, amongst other things, partnership working, support for independence and choice, and highlights the importance of prevention work (i.e. promoting healthy behaviours in the earlier years).

The Oxfordshire Director of Public Health's 2009 Report supports these messages and also makes a stark prediction that demand for informal care by older people is predicted to exceed supply by 2017, due to the relative drop in the proportion of younger people. There are a number of recommendations for statutory services but this also emphasises the vital role of carers if the needs of an ageing population are to be met.

West Oxfordshire supports partnership working, and also independence and choice where appropriate.

Rate of increase/decrease of different age groups as a proportion of population 2007-2016



Outcome 1:

Promote partnership working, communication and sharing of good practice across West Oxfordshire

Key actions for the Council:

1. To work in partnership with Oxfordshire County Council to develop existing and future plans related to older people, and monitor their implementation
2. To use the findings of Age Concern's Grass Roots realities project (older people's experience of living in rural WO) to inform development of strategy in general and service delivery
3. To set up an Older Persons Working Group incorporating key organisations within West Oxfordshire to guide and monitor work with older people.
4. To produce a communications plan and signposting information for all local organisations working with older people
5. To promote and support healthy lifestyle choices for older people
6. To work in partnership with local community and statutory providers such as Oxfordshire

PCT, Oxfordshire County Council, Age Concern, Learning Disability Trust and Mental health services.

7. To work in partnership to produce a West Oxfordshire Older People's directory listing useful contact numbers and information.

Outcome 2

Prepare the district for a maturing society⁸ while promoting a positive impression of older people and their contribution to society

Key actions for the Council:

1. Building on existing policies, the Council will re-evaluate appropriate Council services to ensure that they consider older peoples issues and health implications.
2. Planning policy work will consider the long term impacts of an ageing population.
3. To work in partnership to inform staff and residents about the maturing society and its implications, in line with positive messages on volunteering and working into later life.

Outcome 3

Promote good health and wellbeing in older people living in West Oxfordshire

Key actions for the Council:

1. To support joint commissioning of new accommodation based services for older people such as extra care housing
2. To work in partnership to commission housing related support for older people to promote their independence
3. To work in partnership to tackle fuel poverty including home insulation promotions, and setting up a fuel poverty network.
4. To work in partnership to promote all local services that can help and support older people
5. To engage with the 'preventative work' led by Oxfordshire County Council, aiming to prevent poor health in older years through promotion of healthy lifestyles in the younger years.
6. The Council is a partner in the 'Go Active' scheme which will target 'Active 50 years plus' to increase their activity levels.

7. To work with partners to ensure that appropriate activities are available in localities to support physical and mental wellbeing.
8. To ensure that its leisure centres continue to offer appropriate classes for older people.
9. To develop a Member and Officer Carers Champion role within the Council.

⁸ This is a society with more older people of 65+ and less children aged 0-14 years.

Priorities for West Oxfordshire - Priority three

Improve local services for young people and families

There are areas where poor life prospects and poor health are handed down from one generation to the next.

While overall poverty is below the England average, in the 2009 West Oxfordshire Health Profile, 1,575 children were living in low income households.

Providing health related services for all young people and families is vital, but in particular those most at risk. In addition, we know that the population is ageing and it is important to keep people healthy as long as possible. The lifestyles that are learned during childhood are key to health outcomes throughout life, promoting longevity of life and preventing ill health in old age.

'Young people and families' covers a broad age range, from the period of pregnancy through to any stage of life as families exist throughout much of our lifespan. Therefore the main focus will be on existing actions within the Shaping Futures document and families who suffer from particularly poor health outcomes such as the gypsy and traveller community.

Within this section are a number of actions that aim to address two other priorities in this strategy; addressing sexual health needs and tackling drugs and alcohol abuse:

- Sexual health involves more than having children, avoiding sexually transmitted diseases and unwanted pregnancies but these are key components. Teenage pregnancy is a particular issue in Witney, and screening sexually transmitted diseases (STDs) as early as possible is important in reducing the spread.
- Drug misuse and alcohol abuse have enormous health and social costs and cause not only ill health, but homelessness, poverty, unemployment or criminal activities. They are not likely to occur in isolation and are associated with other social and physical problems that influence misuse, such as unemployment, low self-esteem, perceived failure, relationship problems and psychological problems. Childhood and adolescence is a key time in a person's life to promote positive messages around drug and alcohol use.

Outcome one:

Promote partnership working, communication and sharing of good practice across West Oxfordshire

Key actions:

1. The Council will be a lead partner in auditing and looking at ways to promote the current services available in West Oxfordshire to Children and Young People
2. The Council will draw together a Young People's Group to deliver agreed priorities, building on work with the Rush Project.

Outcome two:

Increase children and young people's participation in healthy and positive activities

Key actions for the Council:

1. Work with specialist sports and arts colleges to develop robust links and leadership opportunities for young people
2. Support local clubs and groups through training and advice so they can offer opportunities to local children and young people.
3. Be the lead partner to improve access to opportunities, activities and facilities for children and young people with disabilities
4. Through the 'Taking Part' programme, the Council will support local groups to build capacity and meet local needs and aspirations in terms of community activity to increase rural participation in arts and leisure
5. Be a lead partner to support further development of the Rush programme across West Oxfordshire, an early intervention youth project.

Outcome three:

Improve the health of specific groups

Key actions:

1. The Oxfordshire PCT and other Council partners' health promotion activity will effectively target gypsies and traveller communities.
2. Partners are providing debt advice, health promotions and other support to families on RAF Brize Norton.

Outcome four:

Tackle drugs and alcohol abuse

Key actions for the Council:

1. To work with the Safer Communities Partnership to continue to organise regular alcohol workshops for families of young people drinking outside licensed premises.
2. To work with the Safer Communities Partnership to set up displays in retail establishments and schools to raise awareness amongst parents and young people of the consequences of under-age drinking.

3. To work in partnership to test underage drinking in local establishments.
4. To develop a programme of interventions to complement/support the West Oxfordshire Drug & Alcohol Strategy as agreed by Drugs and Alcohol Action Group.

Outcome five:

Address the sexual health needs of young people

Key actions:

1. To support the Oxfordshire PCT in carrying out health promotion campaigns on sexual health
2. The Council will encourage more schools to sign up to responsible existing Oxfordshire County Council sexual health information, advice and support programmes.

Promote and support healthy lifestyle choices

A number of behaviours such as smoking, obesity, poor diet and lack of exercise contribute to poor health and limited life expectancy.

Smoking

Smoking is a major cause of preventable illness and death in the country as a whole and also in the district. Smoking during pregnancy means that mothers have an increased risk of having a miscarriage, stillbirth, premature baby or a baby with a lower than expected birth weight. There are also problems with passive smoking⁹.

The 2009 West Oxfordshire Health Profile indicated that fewer adults are smoking in the district than the county or UK average but that there were still 131 smoking related deaths in the year. Additionally 96 women were estimated to be smoking during pregnancy so smoking cessation work remains important for health in the district.

Obesity, healthy eating and exercise

Obesity is a particular problem countrywide but also locally. In 2008, 11% of children measured in Oxfordshire schools (reception class) were overweight or obese, increasing to 13.9% for children measured at age 10-11¹⁰. Both the human and financial cost of obesity is high as it is linked to health problems such as heart disease, diabetes, high blood pressure and osteoarthritis.

Factors that contribute to obesity are diet and exercise levels. A good, balanced diet with at least five pieces of fruit or vegetables daily is an important way of protecting health. Unhealthy diets which include too much sugar, salt and fats, are linked to cancer, heart disease and stroke, as well as tooth decay.

⁹ Passive smoking refers to the involuntary inhalation of tobacco smoke and can affect people of all ages.

¹⁰ National Child Measurement Programme.

The health benefits of exercise are:

- reduction in the overall risk of cancer
- reduction in the risk of diabetes
- maintenance of weight loss
- protection against osteoporosis
- promotion of healthy growth in childhood
- reduced risk of depression and dementia in later life

Non health-related benefits include social interaction and also saving money and the environment through active travel.

Sir Liam Donaldson, Chief Medical Officer, states that all adults should achieve at least 30mins of moderate intensity exercise on 5 or more days of the week. This is 60 minutes every day for children and young people. The government's target is to get 2 million people more active by 2012.

Nationally, only one fifth of men, and a third of women are achieving these targets. In the last Active People survey (2007/08) only 26.7% of adults in Oxfordshire, and 27.7% in West Oxfordshire achieved this target set by Sport England.

Statistics in the 2009 West Oxfordshire Health Profile show that adults are reasonably active and less obese than the national average in West Oxfordshire. However, there are less than average physically active children, a factor that can lead to obesity and associated health problems. Programmes promoting healthy eating and exercise are key to tackling the obesity problem.

With an ageing population, living a healthily is increasingly important to maintain a good quality of life into and during the later years.

The Council promotes a healthy lifestyle to staff with activities made easily available outside working hours helping to keep staff sickness levels low and ensure maximum productivity. Eventually this work will be promoted to other organisations where possible.

Breast feeding

Breastfeeding provides perfectly balanced nutrition, the composition changing during each feed and over time as the baby matures. Many short term and long term benefits for mothers and babies are known. Some of the commonly described benefits of breastfeeding for the baby are:

- better developed immune system, making it easier for the baby to fight infections.
- breast milk is more nutritious than formula milk, provides increased protection against complaints such as asthma, eczema, and other allergies, helps with wind, colic and other digestive problems, and bonding.

Breastfeeding initiation rate in Oxfordshire is 77.4% (2008 calendar year), down from 78.3% in 2007. Nationally, breastfeeding initiation rates in 2008 were 69.2% per cent in England.

Outcome One:

The Council supports its own staff in healthy lifestyles

Key actions of the Council:

1. The Council has an internal smoking cessation adviser and information is made available for any Council staff wishing to stop smoking.
2. To continue its Fit@Work programme, a calendar of activities for Council staff promoting healthy lifestyles and classes/walks.
- 16 3. To support reduced price corporate gym membership and its promotion to Council staff.
4. As a partner in the 'GO Active' scheme, to support and promote locally based initiatives to Council staff such as cycle rides.
5. To promote cycling and walking to work and meetings through updating the existing 'green travel plan and' setting up a 'pool bike' scheme.
6. The Council has made a cycle loan scheme available to staff.

Outcome two:

Promote and support good health in all residents

Key actions of the Council:

1. To work in partnership to produce air quality action plans for areas with poor air quality, and take forward key actions in Chipping Norton and Witney.
2. To work with partners on smoking cessation projects.
3. To investigate the feasibility of supporting the development of a 'healthy eating' scheme with local food establishments.
4. To support the appropriate agencies on communicating advice on pandemics to staff and residents, for example Swine Flu.

Outcome three:

Provide a range of activities to tackle obesity, particularly in rural areas and with hard to reach groups

Key actions:

1. The Council is a partner in the 'Go Active' scheme which engages with local health and community services to create opportunities for people to increase their activity levels.
2. To work in partnership to refer more 'at risk' residents to local Council leisure centre classes and facilities through the exercise referral scheme¹¹.
3. To promote the Council Leisure Centres' discounted 'Leisure Card' scheme to include targeted groups to increase activity.
4. To support the Oxfordshire PCT and Cottesway Housing to develop a healthy eating education project with children and families.

Outcome Four:

Oxfordshire Primary Care Trust will support and increase the number of mothers initiating breast feeding of their babies

Key actions for Oxfordshire PCT:

1. Antenatal education on healthy eating for pregnant women and the benefits of breastfeeding.
2. Practical postnatal support to help mums successfully establish breastfeeding.
3. Staff training and local support groups, with breastfeeding resources.
4. The Council will encourage the NHS to allow new mothers to stay in hospital until breast feeding is established.

¹¹ This free scheme refers people at risk of fatal illness to exercise classes and support. Healthcare professionals including practice nurses, occupational health and GPs can refer.



Priorities for West Oxfordshire - Priority five



Reduce the number of accidents

Most accidents do not result in death, but they may cause serious injury or disability which has an impact on the person's health and quality of life. However, accidents are still a major cause of death in the population.

Death rates from accidents reflect small numbers and can vary considerably from year to year, which makes comparison difficult, particularly as the major causes are different between the young and old. Many accidents are actually preventable, and targeting groups is vital. Young children, older people and road users are particularly vulnerable.

Oxfordshire data from 2005 - 2008 showed that falls were highest in young men aged 10-19 and older women 70+, especially those over 85. In the 2009 Health Profile, West Oxfordshire was shown to have a slightly higher rate of both road injuries/deaths and hip fractures in the over-65s than the county average. Therefore two key areas of work in the district around accidents are reducing falls in older people and minimising road accidents.

Outcome One:

Continue to provide an excellent service, as a Council, to protect our residents in the district.

Key actions of the Council:

1. The Private Sector Housing team will continue to respond to complaints on housing standards with property assessments to check hazards, and carry out any necessary enforcement.
2. The Building Control department will continue to enforce the building regulations to a high standard.
3. To provide business health and safety advice plus enforcement.

Outcome Two:

The Council will work with partners to reduce falls in older people.

Key actions of the Council:

1. To support the Oxfordshire PCT in falls prevention advice.
2. To work in partnership to raise awareness of the Primary Care Trust's Referrals for Prevention scheme and ensure that all its relevant services are included within the project.
3. To educate older people about the dangers of distraction burglaries and letting strangers into their home.
4. To help reduce accidents from falls on stairs, the Council will continue to utilise Occupational Therapists' referrals for installation of stair lifts through the process of the Local Authority's disabled facilities grants.
5. The Council's Private Sector Housing team will continue to respond to complaints on housing standards with property assessments to check hazards, and carry out any necessary enforcement.

Outcome Three:

Minimise road accidents in the district.

Key actions:

1. The Council has a designated speeding reduction champion.
2. The Council will continue with partnership work to increase the number and impact of neon speed reminder signs in the district.
3. The Council will consider cycle safety when promoting cycling as a healthy activity.

Improve the health of those who live in poor housing or are homeless

The links between poor health (both physical and mental) and poor housing are well established. A key objective of the District Council's allocations policy for affordable housing is to enable applicants to move to more suitable accommodation where it can be shown that this would improve their health.

Housing need caused by disrepair or substandard accommodation, lack of adequate heating, overcrowding and homelessness can also impact significantly on people's general health and well being. These issues can be addressed by the adequate provision of good quality affordable homes in the District.

Outcome One:

The Council will continue to consider health issues within its housing work.

Key actions for the Council:

1. To seek to improve the health of housing applicants by enabling them to access more suitable accommodation.
2. To work with housing association partners to implement an action plan to tackle overcrowding in homes.
3. To continue to work with the NHS to facilitate the effective administration of hospital discharge protocols.
4. To expand usage of the protocol for notifying the Oxfordshire PCT when families are housed in emergency housing in Oxford.
5. To participate in joint commissioning of new accommodation-based housing related support services for young people, teenage parents and care leavers.
6. To promote the use of education packs in schools and with excluded pupils to reduce homelessness of 16 and 17 year olds.

Priorities for West Oxfordshire - Priority seven

Promote and address mental health issues

At any one time, one in six adults suffer from some form of mental illness with a high social cost to the individual, their relationships, families and the wider economy - therefore us all. The stress caused by the recession is likely to bring out additional mental health problems, and job losses may strike particularly hard.

It is also important to emphasise the positive state of mental wellbeing. The World Health Organisation describes this as:

"a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Work throughout this strategy supports mental wellbeing in residents including the numerous activities and projects that the Council is involved through their community and leisure services work. We are also leading by example with our own staff.

Outcome One:

Support people with mental health issues or those who are at risk of experiencing them.

Key actions - The Council will work in partnership to:

1. Be a lead partner in organising pilot sessions of physical activity work with Restore (mental health charity).
2. Promote West Oxfordshire facilities for people with or at risk of mental health.
3. Develop a Mental Health and Housing Strategy for the County
4. Support the Improving Access to Psychological Therapies (IAPT) programme
5. Raise awareness of the importance of understanding and promoting 'mental wellbeing' within the Council, its partners and residents in the district.
6. Support the Oxfordshire PCT who run an employment support project for employees with mental health needs within West Oxfordshire.

Outcome Two:

Lead by example by ensuring that Council staff have good mental wellbeing and therefore remain healthy, positive and productive

Key actions for the Council:

1. To continue to make available mentoring or coaching for staff
2. To continue a discounted staff corporate health plan.
3. Council staff will be offered the chance to sign up to a volunteering project in the community outside working hours.
4. The Council's Fit@Work programme is a calendar of activities for Council staff promoting healthy lifestyles and classes/walks outside working hours. This will be used as a pilot for other workplaces in the district
5. To continue the WIN One to One which is an internal network of Council staff trained to be the first port of call if someone has an issue that they feel they cannot talk to their managers or HR about eg bullying and harassment.



Priorities for West Oxfordshire - Priority eight

Enable people with learning disabilities to achieve maximum independence.

To have a learning disability, someone needs to have an IQ of below 70, but also their life needs to be impaired in more than one area. This is different to a 'learning difficulty' which can impair life in just one area (such as dyslexia).

Providing services and support for people with learning disabilities is important as there is clear evidence that they have poorer health than the rest of the population and are at greater risk of poor health outcomes.

Increasing appropriate housing, employment opportunities and relationship building will give people with learning disabilities a more fulfilling and independent life. However, this should only occur where this is appropriate to need and should not replace provision of necessary health related services for people with learning disabilities.

Workshops on this topic area indicated that there were a number of statutory services being provided for people with learning disabilities but the eligibility criteria are strict. Therefore, an ideal role for the Council was to support the community and voluntary sector who provided services for those that weren't receiving this support. Key areas included signposting to services, knowledge sharing and using available training locally.

Outcome One:

Improve communication channels for organisations working with people with learning disabilities

Key actions for the Council:

1. To set up a user group and contact list to ensure engagement and networking.
2. To ensure that key organisations working with people with learning disabilities have a checklist of relevant Council services.
3. To circulate information on relevant Council services to key places in the district to further promote signposting.
4. To support further dialogue to determine how best the Council can support vulnerable people unable to meet the learning disabilities criteria.

Outcome Two:

Ensure that residents with learning disabilities are considered in Council service provision.

Key actions for the Council:

1. To encourage representation of different service users on the Citizen's panel.
2. To ensure equal opportunities across the Council in terms of services and employment opportunities for people with learning disabilities.
3. To roll out a project to help people with disabilities access leisure activities and facilities
4. The Council's key published documents will, as far as possible, be appropriate to need.

Over arching priorities for West Oxfordshire

Communication and signposting to services

Some services may have a lower take up due to a lack of knowledge about their existence by residents. These include the benefits service and various Age Concern classes. It is important that the council and outside agencies are clear how they access each others services. Clarity on available services and signposting will be a key priority of this Strategy.

Key actions for the Council:

- Development of communications strategy and signposting checklist for Council in particular for older people, learning disabilities, mental health service users and young people.
- Development of a signposting checklist for external agencies in particular for older people, learning disabilities, mental health service users and young people.
- Set up a Health & Wellbeing section on the council website including contact details for hospitals, GP Out of Hours service and other local health services (supplemented by other ways of communicating in particular to older people).
- Work with Oxfordshire County Council to improve local knowledge of and access to their services.

Partnership working

There are a number of partnerships, strategies and networks working on issues related to health and wellbeing across the county. One of the Councils most important roles is to support partnership working across the district. Workshops as part of the consultation highlighted the need to continue this work - to ensure this happens there will be regular meetings of those working with older people, and children and young people.

For more details on Partnership working in health across Oxfordshire and West Oxfordshire, please see Appendix II.

Supporting carers

Carers provide regular unpaid support or assistance to someone who needs their help because they are ill, disabled or frail.

In Oxfordshire in 2001 there were 53,435 people who identified themselves as carers, of whom approximately 75% were of working age. However, national figures indicate that more than half of carers give up work to care.

With an increasingly ageing population, valuing the role of and supporting carers over the next ten years will be vital. The Council will work in partnership to support carers to continue working where relevant and maintain a good quality of life.

Key actions:

- The Council will work in partnership to increase identification of carers in the district.
- The Council will work in partnership to implement the Oxfordshire Carers Strategy 2009 - 2012.
- The Council will continue to engage with Carer Centre North and West.

Financial security

At a time of increasing financial instability, promoting economic opportunities and available benefits is important for both mental wellbeing and enabling residents to engage in healthy lifestyles.

- The Council's benefits service will consider ways of further promoting available benefits, particularly to increase uptake in older people.
- The Council will work in partnership to offer support for people or groups looking for funding of community work and other important projects.

The role of the Planning Service

Planning plays an important role in shaping our environment. It influences the mental and physical health and wellbeing of communities through the provision of well located and designed housing, green spaces, employment and social facilities including those for sport, recreation and open space, as well as for specific local health services such as pharmacies, doctor's surgeries and hospitals.

Key actions for the Council's Planning service:

- Proactive work on health and green infrastructure.
- Continue to engage with other key health service providers in preparation of development plans and consideration of major planning applications which have potential health implications.
- Consideration of the special needs of the elderly, traveller community and other target communities.

Consideration of disabilities, carers, older people and mental health issues in Council service provision

The workshops suggested that the Council takes action to ensure that more targeted groups, such as people with learning difficulties or mental health issues, be included within the Citizen's panel¹², and that as many documents and pieces of publicity material as possible be amended to be suitable for people with learning disabilities. The Council will also use its Equalities Working group and its Fair Play project to further ensure that facilities and services are made readily available for disabled residents.

Key actions:

- The Council will commit to further work to ensure representation of different service users on the Council's Citizen's panel.
- The Council's Equalities Group and the Equalities Impact Assessment process will be used to ensure that targeted service users are further considered within Council services and support any necessary training.
- The Council will work in partnership to help people with disabilities access leisure activities and facilities

Adapting to a changing climate

Changes in weather patterns (as a result of climate change) are predicted to affect the environment and public health. It is important to understand the risks that a changing climate is likely to pose to councils services. It is important to work with the community, health partners and emergency services to consider the health risks of extreme weathers.

Key actions for the Council:

- To widely publicise its own work on the impacts of weather for Council services
- To work with the local and County wide Local Strategic Partnerships to consider implications for the broader environment
- To engage county wide and health partners to consider health risks of a changing climate.

¹² Residents can sign up for this panel which is contacted automatically when the Council needs to consult with its residents.

Appendix I - Geographical areas of deprivation

JSNA data looks in more detail at the deprivation score¹³ under the national Index of Multiple Deprivation 2007. Nowhere in West Oxfordshire is worse than the mean average for Oxfordshire. However, six West Oxfordshire wards show relative deprivation when compared alongside other Oxfordshire wards (not UK wide) in terms of the median score. This looks at the score of the ward in the 'middle' and helps to identify more a typical level of deprivation for the area. Often referred to as pockets of deprivation, these local wards are Alvescot and Filkins, Chadlington & Churchill, Chipping Norton, Kingham Rollright & Enstone, Witney Central and Witney South.

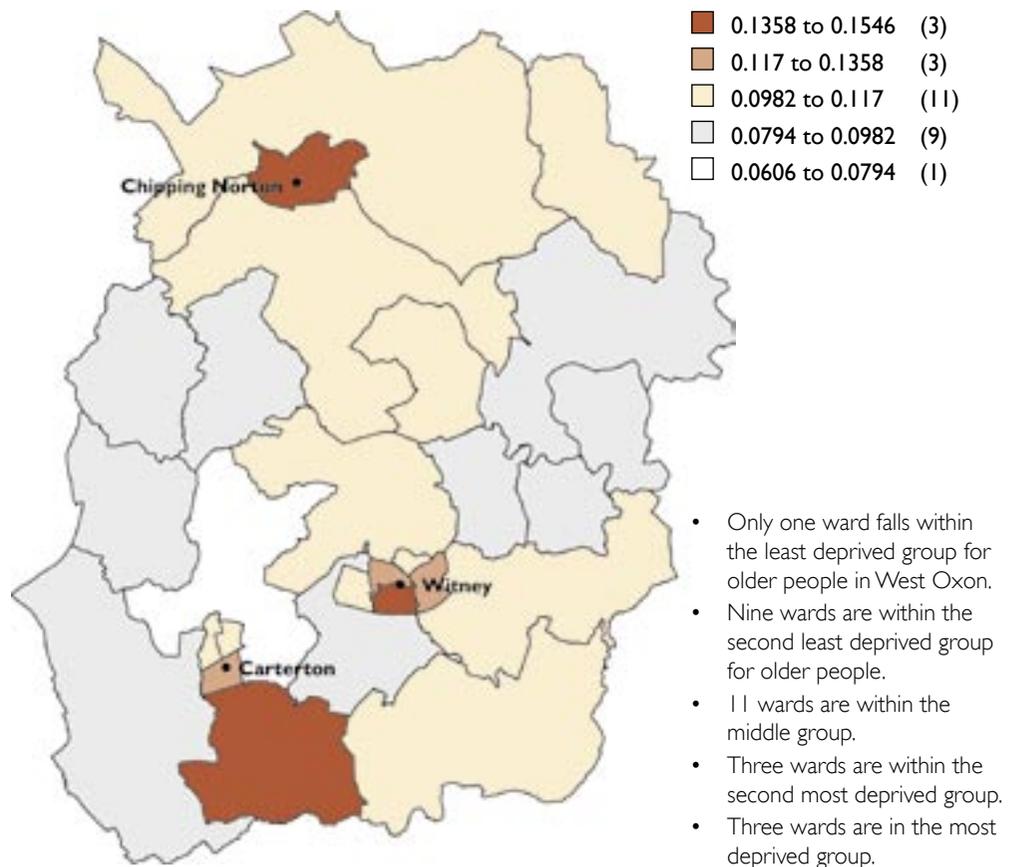
West Oxfordshire: Geographical areas of deprivation



Another indicator produced alongside the Index of Multiple Deprivation looks at the Income Deprivation Affecting Older People Index (IDAOPI). This shows where more older people (ie 60 or over) are living in pension credit households as a proportion of all those 60 or over. Higher scores, or red/pink on the map, indicate greater deprivation for older people.

¹³ Indicators under seven domains determine this overall score - the domains are income, employment, health and disability, education skills and training, barriers to housing and services, crime, and living environment.

West Oxfordshire: Income Deprivation Affecting Older People Index



Deprivation in terms of access to services

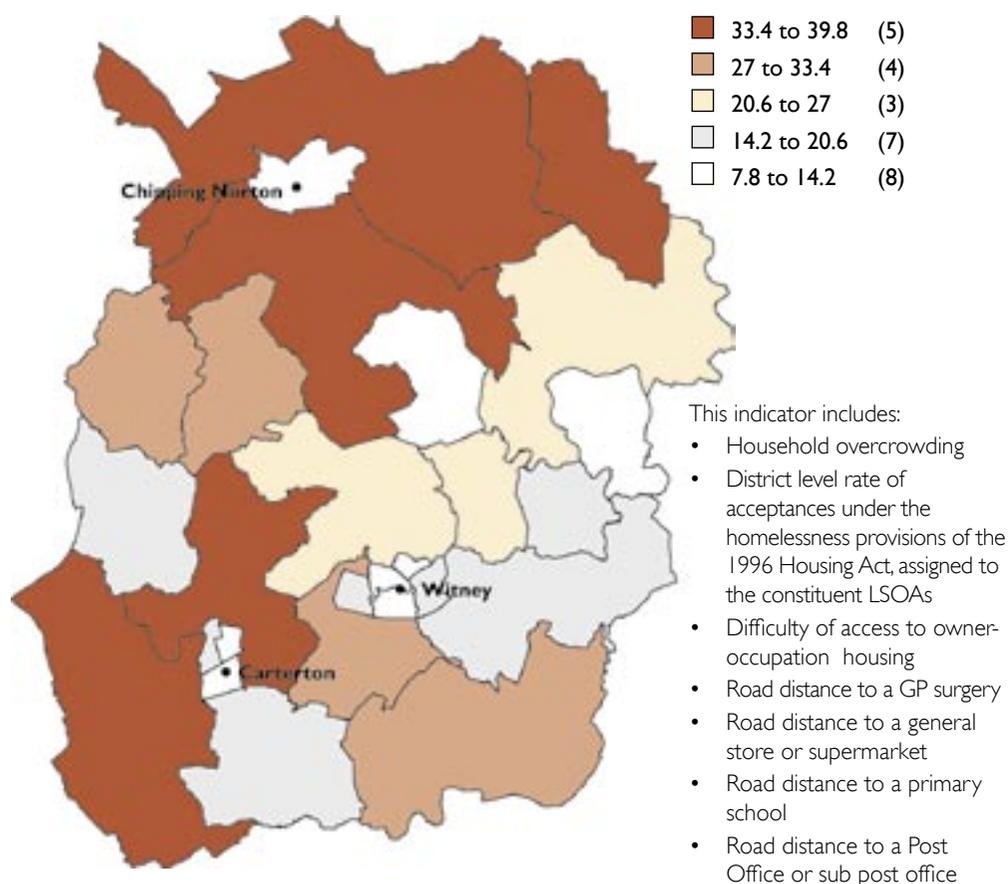
West Oxfordshire has poor access to services. This is shown by the findings of the national Index of Multiple Deprivation (2004) measure of geographical accessibility of services. Out of the 64 'super output areas'¹⁴ in the district, 20 (31%) were in the worst 10% of areas in England in terms of accessing local services. The district has 3 of the 12 most deprived Super Output Areas in Oxfordshire on this indicator¹⁵. Over two thirds of households with no

car in rural areas in the county are occupied only by people aged over 65 years. In the map, below right, red and pink indicates the areas of poorest geographical accessibility.

¹⁴ Small local areas of a consistent size that provide a good basis for working out statistics - ONS website.

¹⁵ Source: Understanding Rural Oxfordshire - Oxfordshire Data Observatory Aug 2007.

West Oxfordshire: Access to services - calculated value

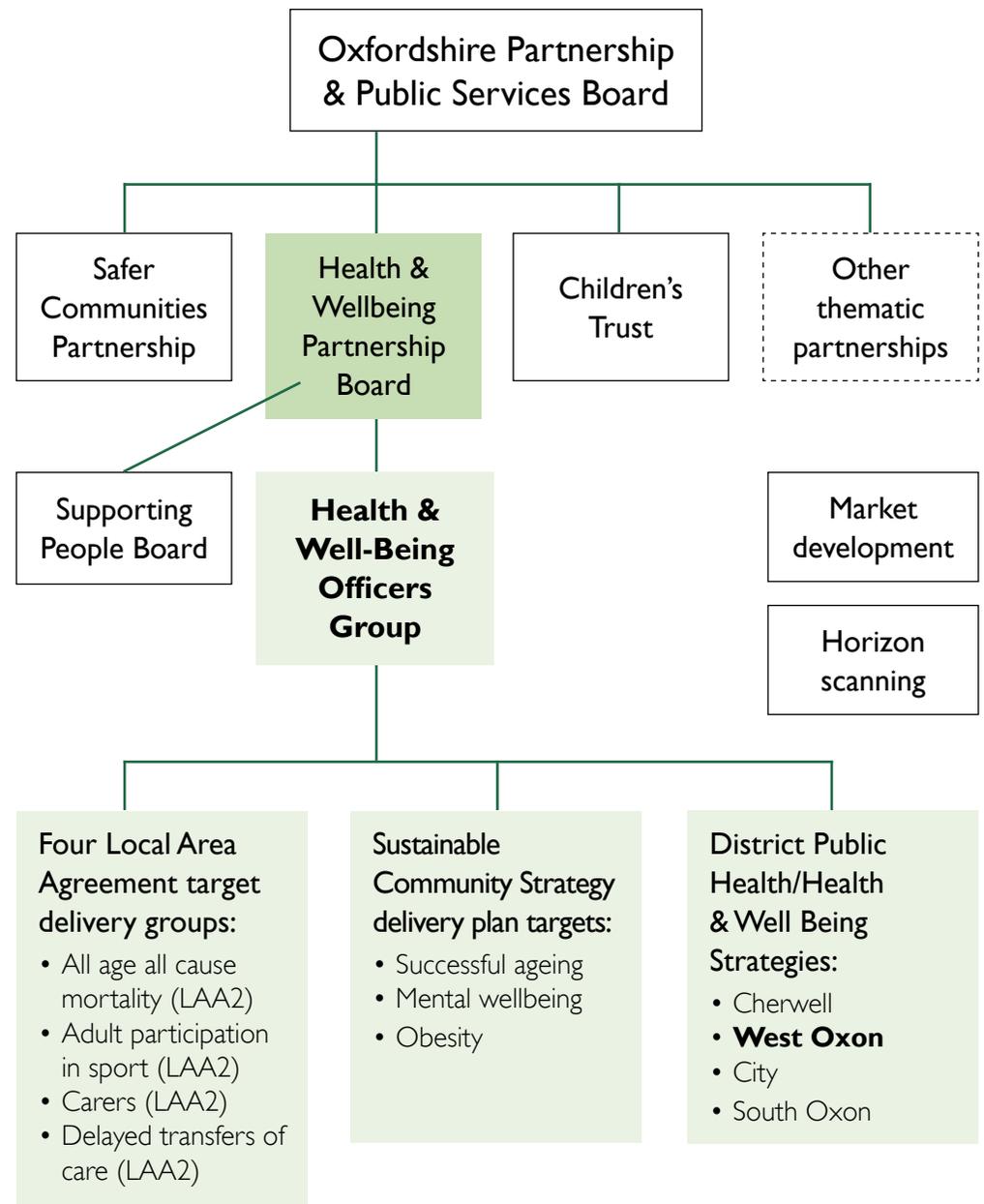


Appendix II - Partnership working in Oxfordshire

West Oxfordshire is signed up to a Local Area Agreement (LAA). This is a three-year agreement between the government and a local area. It is overseen by Oxfordshire County Council on behalf of the Oxfordshire Partnership and the Government Office for the South East.

Local area agreements contain a range of improvement targets which are based on local and national outcomes. These targets are agreed by negotiation with the Government Office. Outcomes are delivered jointly in partnership giving local areas greater responsibility for delivery of priority outcomes. The Public Service Board was set up by the Oxfordshire Partnership in 2005 to oversee development of the local area agreement. It is responsible for the development and delivery of priority outcomes. A number of health related delivery Boards are in place to feed back to this Board - these are the Health and Wellbeing Partnership Board, Supporting People¹⁶ Board, Children's Trust and Safer Communities Partnership.

The most relevant of these for health-related outcomes are the Supporting People Board, Children & Young Peoples Trust Board and the Health and Wellbeing Board which considers the Oxfordshire Strategic Partnership and Sustainable Communities Strategy alongside its strategic priority groups which are for Older People, Improving mental well-being and Reducing Obesity. Strategies are in place for each of these areas of work. The diagram right illustrates the structure:



¹⁶ Delivers assisted housing to support vulnerable groups such people who have mental health problems, learning difficulties, physical or sensory disability or been at risk of domestic violence.

A number of other district and county wide networks and groups also exist and the main health related ones are detailed below:

District wide

- West Oxfordshire's Council Plan
- West Oxfordshire's Local Strategic Partnership and Sustainable Communities Strategy (Shaping Futures)
- Rush Steering Group (to become Young People's Group)
- Area based schools partnerships
- West Oxfordshire Divisional Youth Forum

County wide

- Children and Young People's Board
- Extra Care Housing Strategy and group
- Carers Forum
- Community Sports Network
- Go Active project (although there is a West Oxon team)
- Drugs and Alcohol Action Groups
- Schools Sports Partnership
- Chief Leisure Officers Group
- Oxford Sports Partnership

Appendix III - Consultation

Consultation has been carried out with the public and key health stakeholders and feedback has helped in the development of this Strategy:

Public consultation

In summer 2008, questionnaires were sent out to:

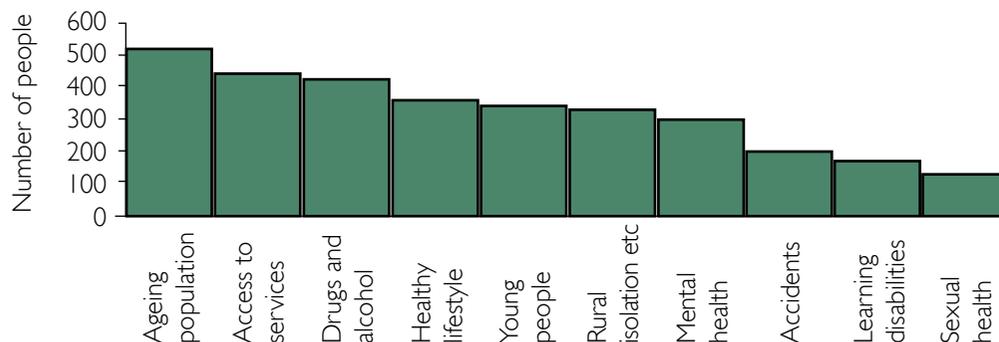
- A random sample of residents (5,000 people)
- Local GP surgeries
- Community hospitals
- Libraries
- Leisure centres
- Citizens' Panel members (1,000 people emailed)
- District Councillors and staff (350 people emailed)

The survey was also available online at www.westoxon.gov.uk

There were 768 responses - the majority of which were female (60.5%) and 55 years old or over (54%).

Public consultation showed that residents felt strongly about two key challenges in particular - access to services and addressing health issues specific to an ageing population. These have been looked into in some depth, although all of the priorities are addressed within the strategy.

Order of public's priorities



Stakeholder consultation

In addition to two general stakeholder events held in July 2008, a number of workshops were carried out with key District Council officers and external agencies in early 2009. These looked at older people, young people and families, people with learning disabilities and people who have mental health needs.

The Council was encouraged to consider the following in their strategy:

- The importance of sustainability and consistency of services
- Need for services to work together across geographical patches:
- The need for clear and centralised provision of information
- The role of the community and voluntary sector in supporting those beneath threshold for statutory services

These recommendations were considered within the 'over arching priorities' of this Strategy.



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