

## Oxfordshire Health & Well Being Partnership Board 20<sup>th</sup> March 2008 Cherwell Joint Public Health Strategy 2007 to 2012

### Background

In 2002, Cherwell District Council in partnership with the then North Oxfordshire PCT Partnership, developed a joint Public Health Strategy and action plan, covering the period 2003 to 2006, which resulted in many successful outcomes.

As a result of the Primary Care Trusts (PCTs) restructuring to form the Oxfordshire PCT, a new county-wide Public Health Strategy has since been produced. After consultation at strategic level, it was agreed to continue the strong partnership that has developed between the PCT and Cherwell District Council, by producing a new joint strategy that will feed into the Oxfordshire Public Health Strategy.

### Cherwell Community Plan 2006 – 2011

The Cherwell Community Plan incorporates a Health Theme vision (2) to:

***“Co-ordinate, improve and provide more diverse and accessible health provision and advice through improved education, partnership working, better local access and increased choice”***

<b>Its aims are to:</b>	
1.	Ensure local health care and social service provision meets the needs of the local population, particularly in relation to local accessibility
2.	Minimise the barriers that some people may experience in accessing services and care
3.	Promote and support health lifestyle choices for all Cherwell residents
4.	Protect the public's health through monitoring and inspection

<b>The key actions are to:</b>	
1.	Continue to support the local provision of key health services within North Oxfordshire and in particular the continuation of the Horton as a District General Hospital providing a wide range of sustainable clinical services
2.	Continue to work with the local Primary Care Trust (PCT) to deliver appropriate health care provision for Bicester which meets the needs of the growing population
3.	Reduce the number of people who smoke
4.	Tackle obesity and increase exercise
5.	Promote and improve sexual health
6.	Improve mental health and well-being
7.	Reduce harm and encourage sensible drinking
8.	Improve access to services for all disadvantaged groups
9.	Increase the use of the health bus across all areas of the community

10.	Continue to promote and support transport services such as Dial-a-Ride
11.	Minimise the incidence of food-borne disease or occupational ill-health through a risk based inspection programme
12	Promote active lifestyles

### Health Profile for Cherwell

Generally the health indicators for the local population are good when compared with England.

- Life expectancy is increasing and is above average.
- Early death rates from Coronary Heart Disease and Stroke are lower than average and, on the whole, people lead healthier lifestyles.

However, there are differences in life expectancy between income groups.

The recently published Health Profile of Cherwell shows:

Smoking	Each year 170 people in Cherwell die from smoking related diseases
Diabetes	Over 4,200 people have diabetes
Obesity	About 1 in 5 adults is obese
Activity	Only 24% of Cherwell's population does at least 30 minutes of moderate intensity activity, three times a week.
Older people	From 2004 to 2029 there will be around 150% increase in the number of people aged over 85
Homelessness	Out of a total of 3,767 houses on the housing register, 310 households were statutorily homeless in 2004/5.
Binge drinkers	Approximately 15% of the population are binge drinkers.
Violent crime	Violent offence rates were 17.5 per 1000 population in 2005/6, or 2,332 offences in the population
Child poverty	3000 children live in low income households, from a total child population of 27,691
GCSE attainment	GCSE achievement is lower than the England average of 57.5%. 49.4% of Cherwell young people achieved 5 or more GCSEs at A star to C grade in 2005/6
Teenage pregnancy	There was a total of 290 conceptions in a population of 7477 girls aged 15 to 17 from 2002/04..

### The challenges for the future are:

1.	Demographic change i.e. an ageing population, which will have a huge potential impact on services from increased numbers of older people.
2.	Deprivation affecting children and families. Health outcomes are worse for people in the deprived wards, with lower educational attainment, lower incomes, earlier deaths, lower breastfeeding rates and more teenage pregnancy.
3.	Increasing levels of obesity means a higher risk of diabetes and other long term conditions.
4.	New and recurrent threats of infection such as increased levels of Sexually Transmitted Infections (STI), the return of TB and the threat of

### **Developing the Joint Public Health Strategy**

Maggie Dent, Health Improvement Practitioner of the PCT and Wendy Kingsbeer, Health Strategy Officer of Cherwell District Council have jointly led the process throughout. This was particularly important to ensure integration with PCT health activities and Cherwell's community planning process.

The aim of both the Oxfordshire and Cherwell strategies is to set out a framework for partnership work to improve the public's health. The Cherwell strategy reflects the strategic aims set out in the county document, with four sections in the draft document covering:

- Longer and healthier life for adults
- Long and healthy life for children and young people
- Reducing threats to health and well-being
- Giving everyone a fair chance

A Scoping Workshop was held in June 2007 to engage and consult with partners where it was agreed that the proposed four sections, as outlined above, should be the key health priorities for the future. Public consultation also took place, via the Cherwell Link, which is delivered to each household in the Cherwell area.

### **Developing the Action Plan**

Actions and potential programmes of work will be defined by priorities outlined in the county strategy and the Community Plan, alongside outcomes from the Scoping Workshop and public consultation. Existing projects will be built on and all work programmes will continue to tackle health inequalities through partnership working. However, the challenges already highlighted outline key generic actions. These are as follows:

#### ***For the adult population-***

- preventing and tackling obesity
- preventing the onset of type 2 diabetes, heart disease, stroke and cancers, through smoking cessation, healthy eating and physical activity
- preventing long-term conditions and improving the health of older people to achieve maximum independence for as long as possible
- improving mental health and well-being
- improving living conditions through better housing
- improving working conditions and promoting work place health.

#### ***For children and young people-***

- ensuring a good start in life through antenatal screening, supporting pregnant women to stop smoking, promoting breastfeeding and supporting parents
- preventing and tackling obesity through the promotion of and access to physical activity and healthy food choices
- ensuring healthy school years
- improving access to services to promote children's mental health and emotional wellbeing

- improving support to reduce teenage pregnancy and Sexually Transmitted Infections (STIs).

***Ensuring a safer life-***

- preventing accidents
- tackling infectious diseases, promoting immunisation and addressing food safety issues
- reducing crime and the fear of crime and promoting safer communities
- tackling domestic violence
- reducing drug and alcohol misuse
- raising awareness of climate change.

***Ensuring a fairer life-***

- targeting vulnerable groups which have unequal access to services or have poor health outcomes
- identifying rural issues like access to services and isolation
- improving housing conditions
- reducing homelessness
- addressing fuel poverty and access to benefits
- providing support to carers.

**The Oxfordshire Health & Well Being Partnership Board is asked to note the successful development of a joint public health strategy for Cherwell and to commend this approach elsewhere in Oxfordshire.**

Ian Davies, Strategic Director Environment and Community, Cherwell District Council.