Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Council of Governors Meeting: Monday 2 October 2023

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Title:	**Updating Oxfordshire's Health and Wellbeing Strategy**

Status:	**For Information**
History:	**n/a**

Board Lead:	**Chief Digital and Partnership Officer**
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Confidential:	**No**
Key Purpose:	**Strategy**

Executive Summary

1. Staff across NHS organisations and local councils, together with the ICB and Healthwatch Oxfordshire, have developed a first draft of an update to Oxfordshire's Joint Local Health and Wellbeing Strategy.
2. The strategy will offer a strong, unified vision for improved health and wellbeing at place and will act as the primary *place* strategy for health and wellbeing in Oxfordshire. A cross-organisational Task and Finish Group has met frequently to drive forward strategy development between board meetings, with representation from all organisations on the Health and Wellbeing Board.
3. This update summarises what has been heard during extensive engagement work with local people across Oxfordshire, especially those from communities we don't listen to often enough, and their priorities. In addition, it summarises the draft strategy's structure, content, and priorities before discussing next steps and implementation plans.

Recommendations

1. The Council of Governors is asked to:
    - Note the steering activity of the cross-organisational Task and Finish group, with representation from all organisations on the Health and Wellbeing Board including city and district councils, the County Council, the ICB, primary care, Healthwatch Oxfordshire, and NHS Trusts;
    - Note outcomes from extensive ongoing engagement with local people and communities;
    - Consider the draft strategy's structure, principles, and priorities and their interrelation with the ICS strategy and organisational strategies. An early draft of the full strategy is supplied in Appendix A;
    - Note that responsibility for publishing this strategy sits with Oxfordshire's Health and Wellbeing Board and will not come through OUH Board for approval.

Updating Oxfordshire's Health and Wellbeing Strategy

1. Purpose

1.1. The Oxfordshire Joint Health and Wellbeing (HWB) Strategy (2018-2023) is being refreshed. It will be signed off by the HWB Board as the statutory body with the responsibility for setting the Strategy.

1.2. A cross-organisational steering group convened by Oxfordshire County Council is leading work between Board meetings to oversee the refresh.

1.3. This paper outlines the process of developing the draft Strategy, the key messages heard through the public engagement which has taken place and summarises the draft strategy's structure, content, and priorities before discussing next steps and implementation plans.

1.4. The same content contained within this report is being shared with through the Governance structures of various organisations on HWB.

1.5. This paper asks the Council of Governors to note the process and evidence informing the new HWB Strategy.

1.6. An early draft of the full strategy is supplied in Appendix A.

2. Background: What and Why?

2.1. Oxfordshire's Health and Wellbeing Board last published its Health and Wellbeing Strategy in 2019. Since 2019, the social, economic, and health context has changed very significantly: we have all experienced Covid-19 and continue to experience the impacts of the cost of living crisis. Inequalities in health outcomes continue to widen—the most recent data shows that, on average, men in one of our poorest neighbourhoods (Blackbird Leys) live 14 years less than men from one of our wealthiest neighbourhoods (North Thame).1 Moreover, since 2019, the organisation of health and social care has changed: the Health and Care Act 2022 created statutory Integrated Care Systems (ICSs), aiming to closer integrate health and social care.

2.2. The Health and Wellbeing Board is a partnership board bringing together key organisations responsible for health and social care in Oxfordshire to ensure integration of services and collective effort to improve health and wellbeing of local people. City and district councils, the County Council, the ICB, primary care, Healthwatch Oxfordshire, and NHS Trusts are all

[1] https://public.tableau.com/views/OxfordshireLocalAreaInequalitiesDashboard/Home?embed=y:display_count=no&:showVizHome=no

represented on the Board, including senior staff and councillors/board members. It covers the geographical footprint of the county of Oxfordshire. The Health and Wellbeing Strategy outlines the Board's priorities to tackle needs identified in Oxfordshire's Joint Strategic Needs Assessment (JSNA)[2].

2.3. Since the formation of the BOB ICS in July 2022, partners have worked across the BOB area to create an overarching system wide ICS Strategy. The Health and Wellbeing Board continues to have a statutory responsibility to create and publish a health and wellbeing strategy and, in doing so, has ensured it aligns closely with the ICS strategy.

2.4. Updating Oxfordshire's Health and Wellbeing Strategy therefore offers a real opportunity for Oxfordshire to establish a strong local vision for improved health and wellbeing.

3. Footprint and Scope

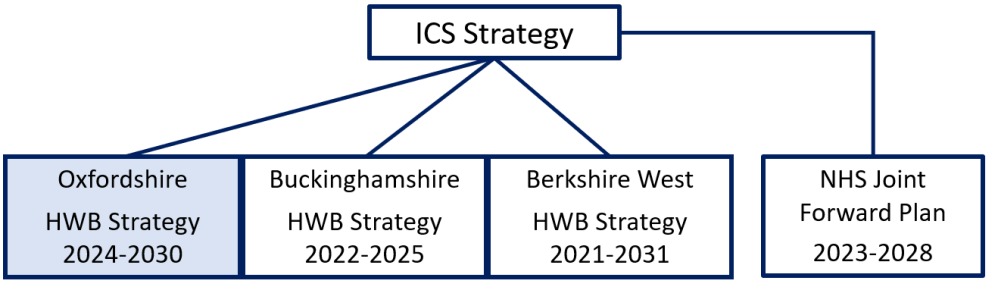
3.1. The Health and Wellbeing Strategy will act as the primary place strategy for health and wellbeing in Oxfordshire, bringing together partners to deliver a shared ambition: our "true north". The strategy relates closely to the ICS strategy, with the local vision aligning to our system-level vision. Many of the draft priorities, principles, and enablers mirror that of the ICS strategy.

3.2. There is alignment between the draft HWB strategy and the OUH Clinical Strategy agreed by the Trust in March 2023, particularly in the principles we set around collaborating with partners and ensuring we tackle inequality and focus on prevention and population health (especially as an anchor institution).

3.3. Figure 1 below outlines how this strategy intersects with the ICS Strategy and the NHS Joint Forward Plan, as presented to the Health and Wellbeing Board and Oxfordshire Place Based Partnership:

[2] Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies (publishing.service.gov.uk), pp. 8-9

Figure 1: intersection between ICS Strategy, NHS Forward Plan, and local Health and Wellbeing Strategy



3.4. The scope of the updated strategy is broad and moves beyond a clinical or service oriented view. The strategy reflects the building blocks of health, e.g. education, housing, employment, which significantly influence health and wellbeing.

3.5. Figure 2: Dahlgren and Whitehead rainbow to illustrate wider determinants of health and scope of the health and wellbeing strategy.

3.6. Given the broad scope of the Health and Wellbeing Strategy, the draft version has built on a wide range of existing strategies, policies, and plans across different organisations. All organisations represented on the Health and Wellbeing Board have fed into the development of the draft strategy, including the structure, principles, priorities, and thrust of the strategy. The strategy will achieve clear focus by outlining a limited set of priorities. Furthermore, to avoid duplication, the strategy's priorities will only reflect those ambitions which can only be delivered by the collaborative efforts of all organisations on the Health and Wellbeing Board. Other corporate priorities which primarily sit within a single organisation are not reflected in this strategy.

4. Process and governance

4.1. Below is the timeline for publishing an updated Health and Wellbeing Strategy.

1

Initial Planning

April-June 2023

2

Agree structure & principles

HWB on 29 June 2023

3

Strategy Development

Data deep-dive

Resident focus groups

July-September 2023

4

HWB Workshop

7 September 2023

5

HOSC

21 September 2023

6

Agree draft for consultation

HWB on 5 October 2023

7

Public Consultation

Oct 2023

8

Final sign-off

HWB on 7 Dec 2023

4.2. Oxfordshire's Health and Wellbeing Strategy Task and Finish Group continues to drive forward the strategy. The group is comprised of representatives from all organisations on the HWB, meets monthly, and is chaired by David Munday, Deputy Director of Public Health at OCC. The group has published JSNA 2023 and used its detailed insight to inform its themes and priorities. The group has also drawn up a longlist of priorities, presented to the Health and Wellbeing Board on 29 June 2023. Since then, the group has overseen a comprehensive programme of conversations and focus groups delivered with the support of Healthwatch. This engagement activity has asked people what helps and hinders their health and wellbeing, and what their priorities are. The longlist of priorities has been refined by considering: 1) data and insight from the JSNA; 2) the views of seldom heard people and communities; and 3) which priorities truly require cross-organisational collaboration.

4.3. Everyone in Oxfordshire will have the opportunity to input into our updated Health and Wellbeing Strategy. In particular, staff have undertaken additional work to hear, at an early stage in strategy development, from groups more impacted by or more at risk of poor health and groups we don't

listen to often enough. So, staff are undertaking a 'golden thread' of engagement that will run throughout the development of this strategy:

i. Between June and July, staff have reviewed **existing reports** and research which detail people's thoughts and opinions.
ii. Between July and August, OCC Public Health and CSI have organised and delivered **focus groups** among people we especially want to hear from, in partnership with existing community groups and voluntary organisations.
iii. Between July and August, **Healthwatch Oxfordshire** have surveyed people and spoken to them at events across the County, and will host an online conversation with the voluntary and community sector on 5 September.
iv. In October and November, partners will jointly launch and promote a formal **public and professional consultation**. Public events will accompany this consultation exercise.

4.4. Overarching themes from (i)-(iii) are now emerging, including:

a. The cost of living crisis continues to be a significant challenge, impacting health and wellbeing
b. Mental health and wellbeing is a clear priority
c. Physical activity and exercise is key to helping people stay healthy
d. Oxfordshire's health and care system should do more to engage with and listen to local people, especially our underserved communities
e. NHS, GPs, local councils, and the general public must better understand and respect the strengths and needs of a diverse range of people e.g. transgender people & people living with depression or paranoia
f. Access to healthcare, including follow-up care: across a broad spectrum of issues, people regularly brought up that the standard and attentiveness of healthcare was brilliant—but it was hard to access and, after their short period of care, they felt abandoned
g. People strongly value community events and organisations to stay socially connected—but people want to see more, especially for children and young people
h. Creative pursuits, personal self-care, and time spent with animals are all key enablers of good health and wellbeing
i. The costs of food, opportunities for physical activity, and transport are key barriers to health and wellbeing
j. The need for stable and affordable housing that supports health
k. People prize an environment with good access to nature and green spaces, accessible pavements and buildings, and active travel options

4.5. The process of gathering this insight has been invaluable. It is positive that the health and care system is aware of many of people's concerns and priorities. By undertaking in-depth engagement, we now have a deeper understanding of the strengths and challenges of staying healthy and well in Oxfordshire, especially among underreached communities. The process has also brought to light some perspectives not heretofore considered.

5. Draft Structure & Content

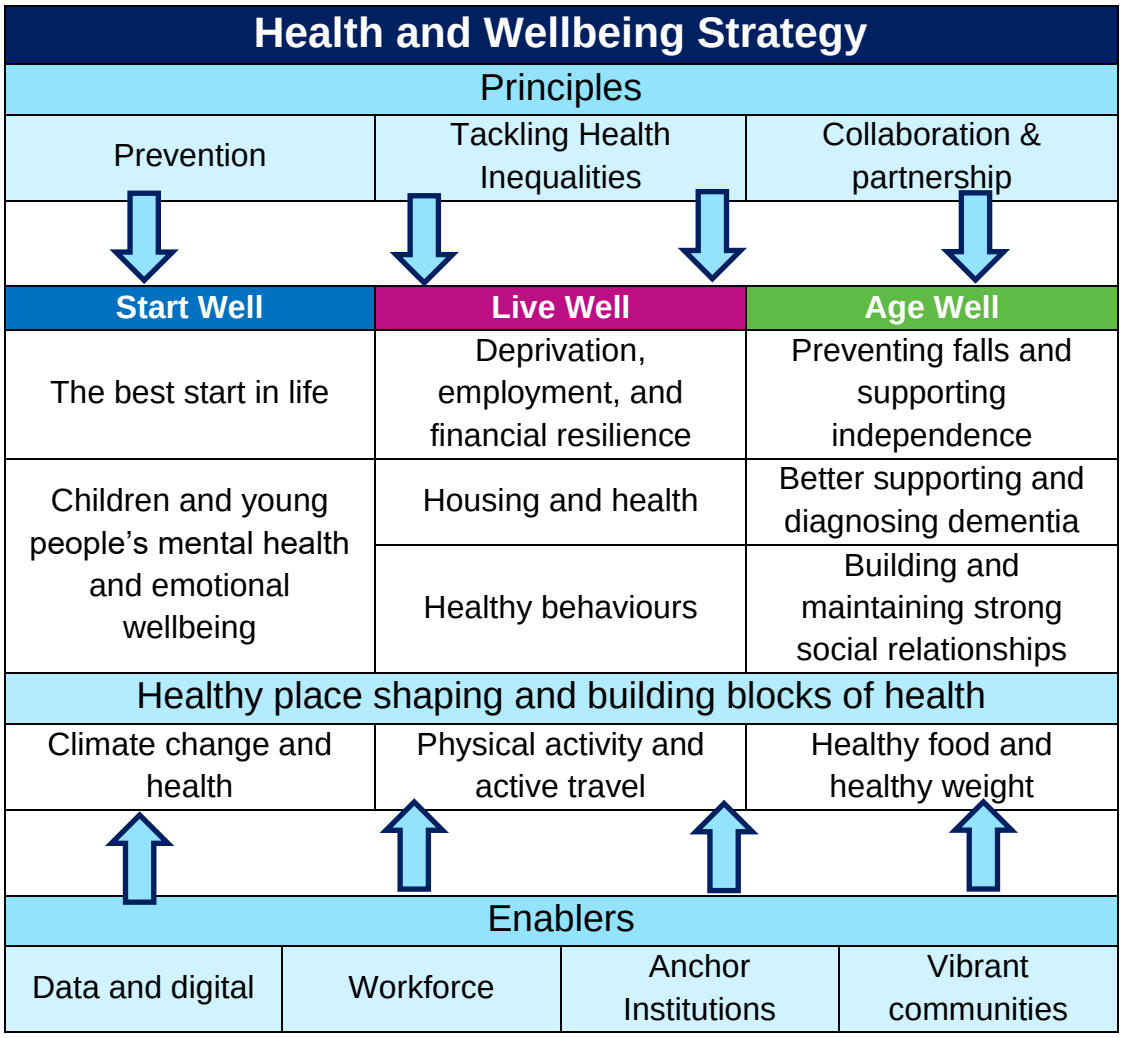
5.1. Staff have developed an early draft of the full strategy and will work through September to improve and finalise the strategy. The draft adopts the following structure:

Figure 4. Draft high level structure of Health and Wellbeing Strategy

5.2. Taking a Life Course approach to health and wellbeing enables the Health and Wellbeing Strategy to appropriately respond to the wide range of factors we encounter at different stages of our life that can either support or detract from our health and wellbeing. The strategy therefore prioritises maximising protective factors and minimising risk factors across the broad range of building blocks that determine health and wellbeing.

5.3. The three guiding lights of the strategy are prevention, tackling health inequalities, and working in collaboration—both as an Integrated Care System and with communities. Consequently, all our priorities will focus on prevention, will especially focus on groups at risk of health inequalities, and opportunities for delivering in collaborating with each other and communities. As with the ICS strategy, the priorities are organised by Life Course theme. The strategy also outlines key 'enablers': drivers of change without which this strategy and its ambitions will not come to fruition.

Figure 5. Draft strategy's principles, priorities, and enablers



6. Next Steps and Implementation

6.1. On initial review, it appears that the above mostly reflects what was heard in focus groups and in surveys, as well as the needs of Oxfordshire's population as outlined in JSNA 2023. Over the next month, staff will carefully consider the results of this engagement work—as well as JSNA 2023 and the ICS strategy—and refine the strategy accordingly. The result will then be published for public and professional consultation in October 2023 to further understand whether it appropriately reflects the public's priorities.

6.2. The strategy will outline, at a high level, how we will achieve our ambitions in the medium- to long-term. In addition, it will build in immediate actions, outlining how the Board will drive change over the first 1-2 years.

6.3. The Task and Finish Group has proposed that the strategy and its priorities is linked to an associated delivery plan and outcomes framework. The outcomes framework will outline key KPIs and outcomes for each priority

area. The delivery plan will outline in depth how respective organisations will work together to deliver these priorities, KPIs, and outcomes, year-on-year.

6.4. The Task and Finish Group proposes to draw up early draft versions in Winter and, subsequently, bring both to the Health and Wellbeing Board for approval in March 2024. Both the delivery plan and outcomes framework would be monitored by existing or to-be-formed groups, which would report directly to the Health and Wellbeing Board. The Health and Wellbeing Board would receive annual reports about progress on the delivery plan and outcomes framework.

7. Conclusion

7.1. Health and Wellbeing Boards have a statutory duty to publish a Health and Wellbeing Strategy. As both a leader in the local health and care system and important member of the Health and Wellbeing Board, OUH has been involved in the process updating of the Oxfordshire HWB strategy.

7.2. Extensive work has been undertaken to update the strategy, which has included an update of the JSNA, engagement of over 1,000 local people and several focus groups with seldom heard groups. Findings of this have been summarised here, along with an overview of the structure and content.

7.3. Once a draft is agreed by the Health and Wellbeing Board, the strategy will be subject to a formal public consultation in the Autumn. Approval of a final version of the new strategy by the Health and Wellbeing Board is planned for December 2023. A more detailed delivery plan will follow.

8. Recommendations

8.1. The Council of Governors is asked to:

- Note the steering activity of the cross-organisational Task and Finish group, with representation from all organisations on the Health and Wellbeing Board
- Note outcomes from extensive ongoing engagement with local people and communities;
- Consider the draft strategy's structure, principles, and priorities and their interrelation with the ICS strategy and organisational strategies (see Appendix A);
- Note that responsibility for publishing this strategy sits with Oxfordshire's Health and Wellbeing Board and will not come through OUH Board for approval.

Background Papers

- Final ICS Strategy: Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Partnership | http://yourvoicebob-icb.uk.engagementhq.com
- Previous HWS: Oxfordshire Joint Health and Wellbeing Strategy 2019-2023
- Joint Strategic Needs Assessment | Oxfordshire Insight
- Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies (publishing.service.gov.uk)
- Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)

HEALTH AND WELLBEING STRATEGY

Oxfordshire, 2024-2030

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Background

The following is all forthcoming:

- Foreword
- Progress since last Strategy
- Priority populations and wards

Introduction

This strategy is all about how different organisations and communities in Oxfordshire can work together to support the health and wellbeing of all residents in our County.

Life-course Approach

The strategy has been built around a **"life course approach"** to wellbeing. This is because we know that that are a wider range of factors- some positive and some negative- that will influence our health and wellbeing throughout life and by working together with this holistic viewpoint, we can do more to enhance those protective or positive factors and minimise those risk or negative factors. Therefore, the detail of the strategy fits within **start well, live well and age well** headings. That is not to say that priorities within start well are only relevant to children, but rather that across the life course this is a priority and if often is most relevant to children.

Building blocks of Health

Spanning across the life course are some foundations that we all need to experience happy and healthy lives, these are the building blocks of health. This takes the focus of the strategy far beyond accessible and good quality health services- as important as they are- to things like physical activity and active travel, air quality and the built environment.

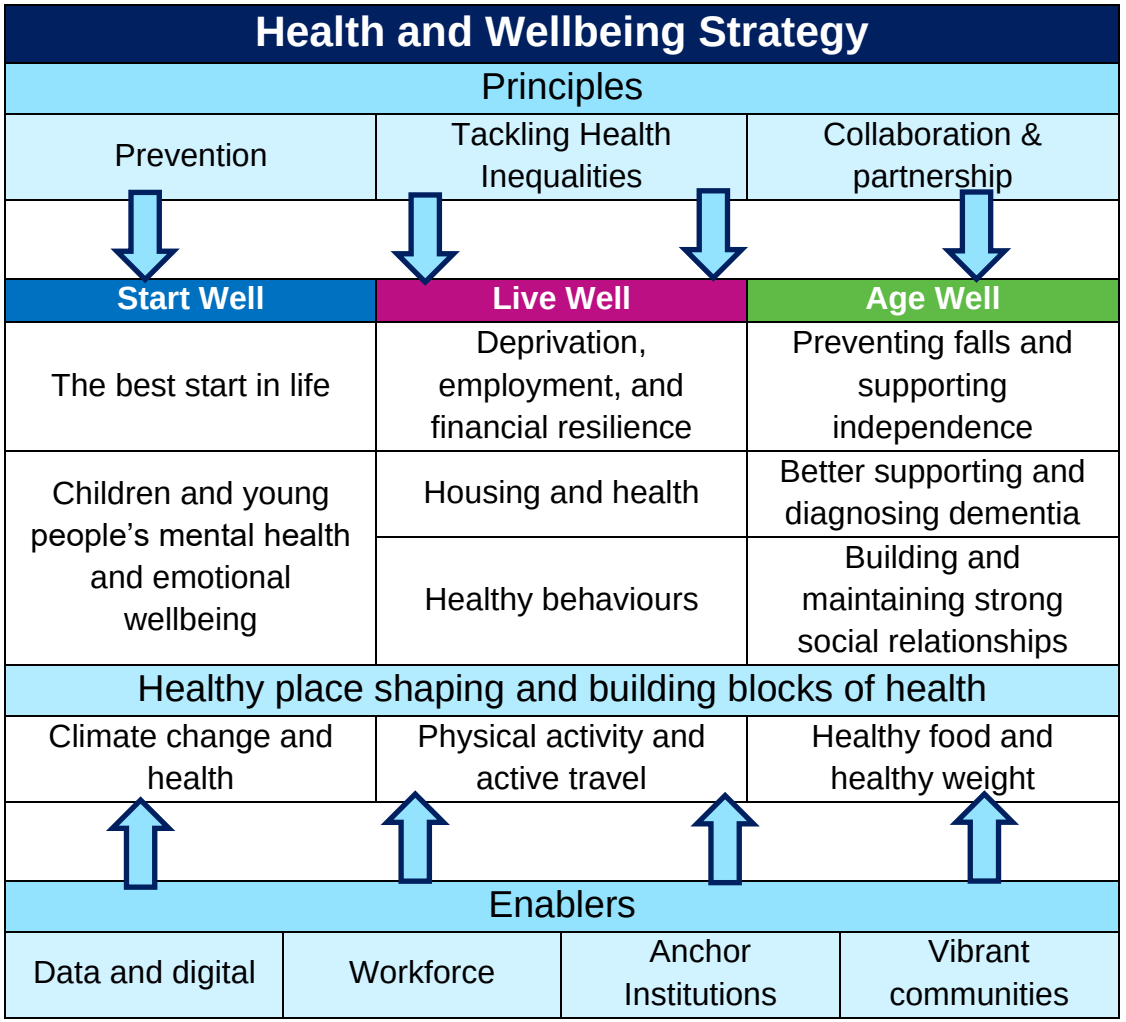
Principals

The strategy also presents 3 overarching principals to all that we do; addressing health inequalities, preventing ill-health and closer collaboration. By this we mean that these 3 themes are fundamental to everything we do and whatever the topic area or priority being addressed, we need to constantly use these 3 lenses to inform the actions that are required.

Enablers

We must ensure this strategy informs tangible action, and we have listed some key elements that will support strategy delivery. These areas build on much of what is already happening in Oxfordshire to support health and wellbeing for all residents and through this strategy we will look to enhance further these enablers to be able to go further and faster with delivery

Plan on a Page



Oxfordshire Context (in development)

Overall, **healthier** than national average

Most **rural** county in South East England

Average **290m** from a green space in Oxford vs **533m** in Vale

House prices **61%** **higher** than in England

15,900 children and **8,200** older people living in poverty

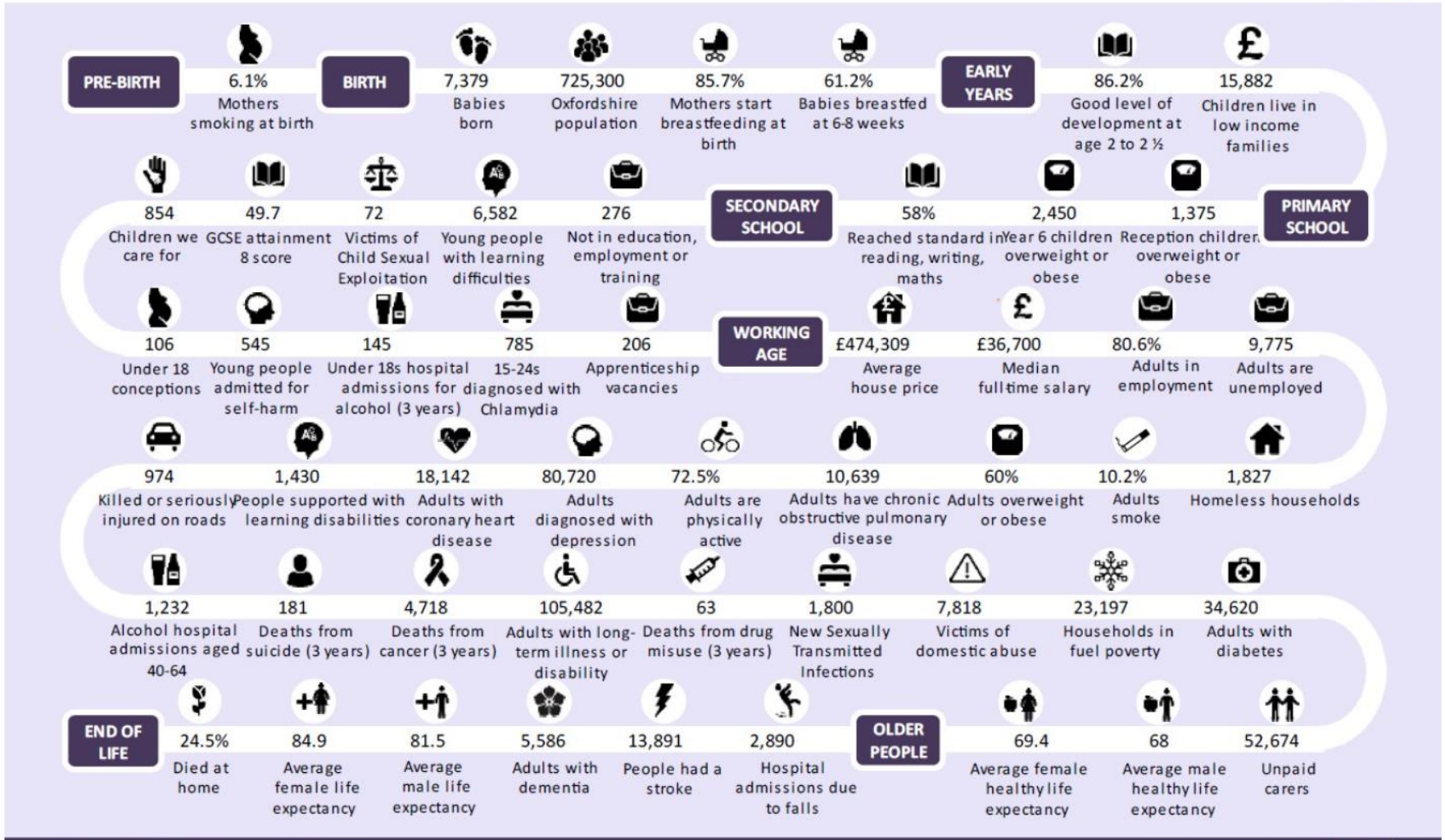
Life expectancy gap: over **10** years

725,000 people

Employment rate above England average: **80.6%**

Population growth higher than in England – and highest in Vale of White Horse

Oxfordshire JSNA, health and wellbeing facts and figures 2023



insight.oxfordshire.gov.uk/jsna

June 2023

Icons designed by Freepik from Flaticon

Principles

Health Inequalities

At the heart of this strategy is our ambition to work together to reduce avoidable and unfair differences in the health of different groups of residents in Oxfordshire. This is *everyone's* responsibility.

Overall, Oxfordshire is a relatively healthy and affluent county. However, this experience is deeply unequal. Right now, residents in our poorest neighbourhoods are dying 10 years earlier than residents in our wealthiest neighbourhoods. Just as important, those same residents are much more likely to experience poorer quality of life due to ill-health. This is a particular challenge in 10 of Oxfordshire's wards that are in the 20% most socioeconomically deprived wards in the UK. Our commitment to tackling health inequalities is a commitment to adding years to life and life to years.

Residents can experience inequalities in **access** to health and care services, unequal **experiences** of those health and care services, or inequalities in **overall health outcomes**. These avoidable and unfair differences are sometimes experienced by people of different gender, age, socioeconomic status, ethnicity. We also know that residents who at greatest risk of being socially excluded- including people who are homeless, vulnerable migrants, sex workers- are at high risk of worse health outcomes (sometimes called "health inclusion groups"). Living in a rural area can also compound the effect of experiencing deprivation. This is because there is less access to societal support: fewer opportunities for social connection, less extensive and less reliable travel options, and less access to services such as GPs and pharmacies.

Health inequalities are bad for everyone, not just those who experience them. Places with greater inequalities in health tend to have worse overall health outcomes for all. Health inequalities can often place extra financial pressure on organisations delivering key services.

Covid-19 has demonstrated how stark our society's persistent health and wider inequalities are – and, in many cases, has widened those inequalities. As we build back life after Covid-19, we must undo that trend. We must make sure no one is left behind as we build a healthier Oxfordshire.

A range of factors cause inequalities in health: the building blocks of health, such as quality of education, the houses we live in, the quality of the jobs we work, having enough money to meet basic needs, the air we breathe, our access to green space, and the strength of the community we live in. Factors also include unhealthy lifestyles caused by the environment people find themselves in rather than individual choice: tobacco and alcohol use, unhealthy diet, and physical inactivity.

Oxfordshire Director of Public Health Annual Report for 2019/20 has prompted community leaders and relevant organisations to come together to develop our Oxfordshire Community Profiles. These focus on the 10 ward areas where residents are most likely to

experience inequalities in health. They take an asset-based community development (ABCD) approach to understand what is already working well and is strong in those areas, what residents think would make a positive impact on their health and wellbeing, and reviewing the data on health challenges there. These profiles are generating action plans and will receive dedicated funding to address the issues causing avoidable and unfair differences in health access, experiences, and outcomes.

Reducing the gap in life expectancy and years lived in good health between different population groups must sit at the heart of all we do. That's why, for each of our priorities, we will identify which populations and places are experiencing the poorest health outcomes—and prioritise support for them.

Prevention

We will work with residents to help them stay well and independent, enjoying better health and wellbeing for longer. We will help shape healthy places and thriving communities to create the conditions for a happy and healthy life and prevent ill-health wherever possible.

We believe that preventing ill health is more effective and kinder than curing ill health. Our approach to prevention in Oxfordshire is to Prevent, Reduce, Delay, as outlined in the Oxfordshire Prevention Framework:

- **Prevent** illness, by helping people and communities keep themselves healthy (primary prevention)
- **Reduce** the need for treatment by identifying any health issues early and supporting people to manage their long-term conditions (secondary prevention)
- **Delay** need for care by providing the right support at the right time (tertiary prevention)

We know that the outcomes from early preventative support are better for residents and for services than downstream support: early prevention avoids ill-health and reduces the number of people needing treatment and support. Early prevention makes good financial sense: residents are less likely to miss work or education due to ill-health or to undergo treatment. It's also more cost effective to intervene early, making better use of public money.

In the past 15 years, the number of deaths in Oxfordshire that could be avoided by effective primary prevention – 'preventable mortality' - have decreased. However, that trend has now stopped, especially in men. Rates of preventable deaths remain higher in areas of Oxfordshire with higher socio-economic deprivation.

We are all responsible for adopting a preventative approach—not just one organisation. Preventative work that one organisation does may positively benefit another organisation—so we must take a system-wide approach. A public health tobacco control programme will prevent hospital admission for respiratory disease and cardio-vascular disease, while increased physical activity due to district council leisure services will reduce the number of people accessing primary care for a wide range of physical and mental health conditions.

In Oxfordshire we have already made good progress on prevention. For example our joint work in Adult Social Care to establish the Oxfordshire Way has shown how effective a preventive approach can be. Success requires working with communities and avoiding people becoming dependent on already-stretched services. We know that healthy behaviours such as living "smoke free", regulating alcohol intake, eating healthily, and exercising regularly can prevent a wide range of health problems. That's why the Health and Wellbeing Board has already prioritised the 'Make Every Contact Count' initiative to support a proactive approach to prevention: having conversations about changing behaviour with residents at opportune times.

We will see the best outcomes for residents' health and wellbeing if we take a preventative approach to all we do. That is why this strategy identifies opportunities for joint working for each of our priorities. This requires action at the level of individuals, communities and health and care services.

Closer Collaboration

The Health and Wellbeing Board members will work in closer collaboration to effectively deliver this strategy. Central to this is working more closely, collaboratively, and creatively with residents and communities themselves, especially in areas of greatest deprivation. We will support and enable all of Oxfordshire's communities to meaningfully shape their local area and services to contribute to better health and wellbeing.

We know that there are significant challenges to improving health and wellbeing. No one organisation holds the solution—we can only make a difference by working together more effectively and enabling communities to participate and lead. We recognise that there is much more we can do to work well with communities. We must be open to collaborating in different ways where power is placed more firmly with communities. We therefore commit to build ongoing dialogue and relationships with communities, benefiting from their imagination, energy, and intimate knowledge of their people and place. This means:

- **Recognition**: communities bring a wealth of lived experience, expertise, and insight - and we value that
- **Equity**: community expertise is equally as valuable as public health, clinical and administrative expertise – so we will build 'a dialogue of equals'
- **Celebrating difference**: different communities in different places have different perspectives and needs - there is 'no one size fits all'

The need for health and social care to collaborate and integrate drove the formation of Health and Wellbeing Boards in 2013. The formation of the Integrated Care System in 2022 is the natural next step as we come together further and faster. COVID-19 taught us that when organisations and communities come together around a common purpose - however challenging - we can deliver truly positive outcomes across Oxfordshire. Having a shared purpose and a willingness to work side by side is more important than any statutory change or structural re-organisation.

Working together with communities is important because it:

- More effectively identifies, tackles and reduces persistent health inequalities
- Empowers people and gives them greater confidence to take personal action to live healthy lives
- Increases understanding of a diverse range of people's perspectives, strengths, and needs
- Enables more appropriate and accessible services

We want to move away from simply informing communities what we are doing. At our best, we work with and learn from community-based organisations, local residents, and community researchers. We recognise that this requires resource and infrastructure.

In Oxfordshire we have worked in partnership across statutory and community partners to develop community profiles, seeking to address local inequalities in health. Local steering groups have spearheaded these profiles, chaired by a community leader from the local neighbourhood and supported and funded by the County Council.

Oxfordshire also has one of the largest pooled budgets between Social Care and Health in the country. This allows us to deliver integrated services for people including those with learning disabilities and severe mental illness. It also means we can better prevent hospital admission for those with dementia or at risk of falling due to frailty.

Over the past few years, Healthwatch Oxfordshire have developed models of community research that focus on inequalities, empower residents, and benefit the community involved. One project produced a film exploring black women's experiences of maternity. Results of this project include: the grassroots organisation has started a community women's session and the hospital's maternity services have improved their provision of interpreters.

We strongly believe that *the whole is greater than the sum of its parts*. We will use this strategy to ensure this closer collaboration underpins all we do here in Oxfordshire.

Start Well

- Introduction to be added on what we mean by start well and why it matters

The best start in life

We want to support all babies and children to have the best start in life, especially in our most deprived wards. This means healthy births, minimal stress and adverse experiences, and developing all-important physical, linguistic, social, emotional, and cognitive capabilities. We want more five year olds to be ready for school, especially in our most deprived communities, so they can get the most from their education.

The first five years of a child's life are critical, laying down the fundamental building blocks for future development. These years build a baby's brain, influence how a baby's genes are expressed, and provide the foundations for a baby's cognitive, emotional and social capabilities: a child's experiences from conception to age five will shape the rest of their life. Stress and adverse experiences, including repeated abuse, severe maternal depression, or extreme poverty, can negatively impact babies' development.

The first 1001 days – from pregnancy to age two – are when babies are most vulnerable: some are diagnosed with a disability while others have a developmental need which, if not provided for, may become a special educational need. A healthy pregnancy is the first crucial step in a baby's journey, and it is important that the mother has a safe and comfortable home environment. Evidence shows that when pregnant mothers suffer from stress, unborn babies can become distressed, increasing the risk of social and emotional problems later on. Poor mental wellbeing is more common in women living with deprivation and women who are Black or Asian, as are complications during pregnancy.

From birth to age two, babies are deeply influenced by their loving attachment to and reliance on their parents. Babies' mental health can be damaged by adverse childhood experiences (ACEs)—traumatic events that may result from exposure to poor parental mental health, abuse, neglect, and parental drug and alcohol misuse—as well as parental conflict. This is also a critical period for developing language and physical skills; by age two, babies can usually walk without help, kick a ball, say around 50 words, climb furniture, and scribble. We must support our parents and carers to encourage babies to learn these abilities—and monitor their progress. If we identify and address any delays at an early stage, we can prevent problems later on.

Parent and carer mental health can impact a baby's health and have lifelong consequences. It is therefore crucial we proactively support parents and families to improve perinatal wellbeing. If we help them meet their own needs, they will better meet their baby's needs.

Covid-19 lockdowns have impacted the development of many younger children, who lost time in school and nursery and missed out

on many social and developmental opportunities. Consequently, more children are neither ready to learn at two years old nor ready for school at five years old. By age five, children should be curious and confident about learning, resilient and ready to take part, able to take risks, ask questions and find solutions, confidently active and healthy, independent with self-care skills, comfortable making friends and taking turns, cared for and feel safe and secure, and able to vocalise choices. When children aren't ready for school, this creates future demand on services.

Oxfordshire level data forthcoming

How we will make a difference

Over the next three to five years, we will:

- Supporting parents experiencing mental health difficulties during pregnancy and after their baby is born
- Better collaborate collection of information about the 2-2½ year check to design better services targeted to the right families
- Invest in community organisations running parenting programmes and play and baby sessions, especially for our more deprived communities
- Continue to provide good advice for parenthood and run information campaigns
- Make services accessible to diverse communities by providing better translation services and improving awareness of cultural differences

Immediate actions

- Increase the focus on school readiness within our 0-19 services
- Develop and introduce easy-to-access community hubs across the county
- Support increased uptake of Healthy start vouchers
- Launch maternity tobacco dependency service and extend our family nurse partnership incentive to quit scheme to include wider household members
- Offer more regular leisure and wellbeing classes during pregnancy and early child years
- Offer pre- and post-natal activities for parents and babies, especially in deprived areas

Accountable body to be identified.

Children and young people's emotional wellbeing and mental health

We want all children and young people in Oxfordshire to be able to achieve good mental health and emotional wellbeing. We want to reduce the number of children and young people experiencing mental health crisis and increase their resilience.

We must both promote emotional wellbeing and prevent mental ill health. Emotional wellbeing is about how our children and young people think, feel, and behave – their ability to cope with the stresses of life and realise their abilities. Mental ill health is defined clinically and includes depression and anxiety.

"Personally, my own mental health is the most challenging thing I face" Young person, WODC Youth Needs Assessment, p63

Over the past five years, children and young people's emotional wellbeing has worsened, and their mental health needs have increased: in 2021, over half of young people did not feel good about themselves. This has been intensified due to lost opportunities during the Covid-19 pandemic, including social activities, school, time with friends, and access to support services: 44% of children and young people in West Oxfordshire said Covid-19 impacted their mental health.

In Oxfordshire, 11% of 0-19 year olds were referred to mental health services. Children and young people are becoming more lonely, anxious, and depressed—especially among girls. However, most young people don't receive help with their mental health. Risk of poor mental health and wellbeing is higher among looked after children, young carers, LBGTQ+ children, children from diverse ethnic heritage, with autism and/or ADHD, living with a disability, living in poverty, children who have been adopted or are on the edge of care, and children who have witnessed domestic abuse or other adverse childhood experience (ACEs). Between 2020-21, those in England's most deprived areas were twice as likely to be in contact with mental health services than those living in the least deprived areas. One local survey of young people found that the biggest challenge for their mental health was **pressure** – in another survey, the biggest challenges were **negative thoughts and feelings** and **studying and exams**.

Most our children and young people look to their families, friends, and schools for support with their mental wellbeing. So, we will support them where they live, work, and play as well as improving mental health services. We will also make sure the right building blocks are in place for their mental wellbeing: including all children in education and enabling better educational attainment, improving air quality, tackling child and intergenerational deprivation, and providing all children access to nature and good quality housing.

Our focus will be on prevention and early intervention: promoting positive mental wellbeing, preventing people from experiencing poor mental health, and identifying and supporting struggling children and young people at the earliest opportunity. For example, developing our perinatal service and mental health support teams prevent poor mental health and intervene early where children and young people are experiencing poor mental health. Further, our hospital at home and home treatment work provides quality care for small groups with very high level need, avoiding admission and the cost of residential care homes. We will also target support to those most in need to tackle local health inequalities. Our recently published 'Better Wellbeing and Mental Health Strategy for Children and Young People' outlines how we will make a difference. Over the next three to five years, we will:

- Address health inequalities to improve service access for key vulnerable groups
- Place children and young people at the heart of designing support services e.g. co-producing CAMHS

- Implement a schools resilience programme to create supportive environments that are positive for wellbeing and mental health
- Prepare children and young people for positive transitions to adulthood and, in some cases, to adult mental health services, ensuring none fall through the net
- Simplify existing support pathways, better co-ordinate existing support, and direct children and young people to the right place at the right time
- Increase the range of support options to include a mix of face-to-face, telephone, and digital support
- Implement integrated service responses for children with complex needs
- Improve understanding among staff in education, social care, and the NHS of what support neurodiverse children and young people need

Immediate actions

In the next 1-2 years, we will:

- Build capacity and confidence in our workforce by providing all-ages Mental Health and Suicide Prevention training for professionals and volunteers
- Establish a Mental Health Aware Network to embed learning and facilitate peer-to-peer support
- Provide a safe and anonymous digital platform for children and young people's wellbeing—a space to talk about anxiety, depression and self-esteem, seek self-help, share experiences and peer support one another
- Review the family learning and support programme available for parents/carers to support them with practical advice and guidance to support their children in response to a range of mental health or neurodiversity needs
- Develop our CAMHS offer so we are more responsive to children, young people, and their families, providing timely offers of support such as advice and psychoeducation groups, and guided self-help—in addition to consultation, assessment, and intervention when appropriate
- Continue our quality learning disability specialist CAMHS teams
- Research more streamlined ways to assess and review possible online assessment
- Support the voluntary and community sector to help children and young people

The Children and Young People Wellbeing and Mental Health Strategy Board will be responsible for this priority.

Live Well

- Introduction to be added on what we mean by live well and why it matters

Deprivation, Employment, and Financial Resilience

All of Oxfordshire's people should have good living standards, positive financial wellbeing, and access to the basics: food and water, shelter and heating, the internet, clothes, and physical activity. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute to the economy through life-long learning and good quality and stable work.

The cost of living crisis remains a challenge for people across Oxfordshire—and this has impacted on our residents' health and wellbeing. We also know that longer-term deprivation is a key contributor to ill-health among residents. By this, we mean situations where money pressures absorb mental, financial, and physical capacity to access the opportunities that support people to thrive. Deprivation can mean not eating enough food, or food of a good quality. High costs are preventing people from cooking and running household appliances like the fridge. Being able to regularly stay active, do exercise, and cycle all come with costs that can exclude people in poverty. Poverty also affects how much time and energy people have to make choices that benefit them and the planet, such as walking and cycling to work while balancing childcare and multiple jobs. Deprivation especially impacts mental wellbeing due to the constant stress of securing stable warmth, shelter, and food. Given the impacts of a rapidly increasing cost of living, more residents will be feeling the pressures of debt, maintaining housing, providing for children, and affording food which can all contribute to serious mental and physical health conditions.

We know from listening to residents that the cost of living crisis has added considerable stress to household finances in Oxfordshire: 62% of residents' financial situation is worse now than a year ago and 15% of residents always or mostly struggle to pay household bills.

"If you've not got enough money, it affects your mental health and makes you deteriorate and get worse—it may even make you homeless, which is really bad for your mental health" (resident, Cowley Mill, Oxfordshire Mind)

We know the base cost of living is higher in Oxfordshire. This means some residents in Oxfordshire who are not in poverty and not receiving benefits will still be struggling with the cost of living. For many, this is worsening their health and financial security.

In Oxfordshire we must lead the way tackling deprivation and ensuring that our strong economy benefits everyone—and we must especially focus on our most deprived wards, children, intergenerational poverty, and rural areas. Where possible, we must focus on preventing poverty by tackling its root causes: education, developing skills, and good employment. However, supporting people into work is not enough to lift them out of poverty: almost 3 in

5 people in poverty live in a household where someone works. And an increasing number of working people are struggling to make ends meet. So, we must also work with our partners including the Oxfordshire Inclusive Economy Partnership (OIEP) to provide good, well-paid and stable employment opportunities. Recognition that tackling poverty can also produce better outcomes for individual and planetary health must run through all our work.

How we will make a difference

In the long-term, we will:

- Ensure our vibrant health and care economy contributes to a resilient and fair local economy, benefiting our most marginalised populations, building on Oxfordshire's revised Strategic Economic Plan and the Oxfordshire Inclusive Economy Partnership
- Play our part in the skills economy so that young people and those already in the workplace are better enabled to participate in Oxfordshire's highly skilled jobs market
- Increase the number of Oxfordshire's residents in well paid and stable employment
- Continue to support and expand apprenticeship programmes
- Develop work with community groups and the voluntary sector to support community activation and pride of place
- Support the Oxfordshire food system so that residents have increased access to affordable, healthy and sustainably sourced food

Oxfordshire residents can access the Better Housing Better Health scheme which offers free, local telephone support to help people stay warm and well in their homes. This includes providing energy advice, support with energy bills, applying for energy efficiency grants and referral to relevant statutory services. Residents who require additional support can receive a home visit.

Last year BHBH helped over 2,600 residents, enabling 1187 households to identify new income with over £30,000 of fuel vouchers issued and 234 energy efficiency improvements to be installed.

BHBH not only improves health but makes Oxfordshire greener and fairer too—it brings together health, climate action, and reduced costs.

Immediate Actions

Over the next 1-2 years, we will:

- Continue to deliver emergency support for residents in acute need
- Support residents to increase energy efficiency in their homes, and consequently reduce energy bills, including retrofit programmes and advice services like Better Housing Better Health
- Work with the Oxfordshire Inclusive Economy Partnership to support their work and build the foundation of an inclusive economy across the County
- Enhance data-led understanding of deprivation and connect up approaches across health, social care and local authorities in Oxfordshire

Accountable body to be identified.

Housing for health

Everyone will have access to quality, affordable, and energy efficient homes which support their health and wellbeing. Social, private rented, and new build homes will be of a good material standard and maintained to prevent health issues, especially from cold, damp, and overheating. We will focus on preventing homelessness upstream and, where that's not possible, ensure we rapidly rehouse individuals into suitable accommodation.

Oxfordshire has some of the highest house prices in the UK and the cost to rent properties in Oxford is above parts of London. Last year, the average rent for a 2 bedroom property in Oxfordshire was £1,174—in Oxford, it was £1,376, 31% above the South East average and 53% above England and similar to parts of outer London such as Bromley, Harrow and Enfield. *Further data and insight forthcoming.*

We know that high house prices render housing unaffordable for many, reducing access to stable, safe, and secure housing. People experiencing homelessness die younger than those living in stable and appropriate housing. Access to stable housing gives them stability and security to tackle other issues such as mental health and addiction. Access to safe accommodation helps victims-survivors of domestic abuse to escape their abuser and can provide the first step towards a life without fear. Stable and appropriate housing can play an important role helping patients recover. Providing a home for young people leaving care provides them with the security they need to live connected and fulfilling lives, achieving their goals.

We also know that poor quality building and maintenance, including energy inefficiency, causes significant health issues and widens health inequalities. Disabled people are much more likely to rent social housing and are less likely to own their own home—and lots of housing does not have key accessibility features which disabled people need. As climate change leads to more extreme heat, housing not built to cope with high temperatures will accelerate of death or illness and worsen chronic conditions. Meanwhile, living in a cold home—which can become a damp and mouldy home—increases the chance of a vulnerable person falling seriously ill or dying. Cold homes increase the risk of heart attack or stroke, breathing problems, flu, depression, and falls. We know that the cost of living crisis has meant many people are unable to heat their homes—and this will have an impact on their mental and physical health.

So, providing affordable and quality housing will have a positive impact on health and narrow health inequalities.

How we will make a difference

Between now and 2030, we will:

- Use local government enforcement powers to monitor and increase the quality of homes in the private rented sector
- Undertake home improvements and retrofitting to social housing to improve material standards and energy efficiency, reducing health issues from damp and cold
- Continue to commit to the 'housing first' approach to tackling rough sleeping, preventing and reducing rough sleeping by providing settled homes
- Provide enough and appropriate supported living and care home accommodation for people in the homeless pathway who cannot live fully independently, those with disabilities, and the elderly

- Increase the number of homes that are affordable at social rent levels
- Continue to provide a Better Housing Better Health service for Oxfordshire residents who are experiencing or at risk of fuel poverty
- Support more community led housing projects, especially those designed to help specific vulnerable groups

Immediate actions

In the next 1-2 years, we will:

- Ensure major developments carry out Health Impact Assessments and aspire to the Future Homes Standard
- Offer grants to households so they can build better disabled facilities at home
- Raise awareness of and facilitate residents to access government funding for energy efficiency measures
- Increase proportion of homes that are accessible, including wheelchair accessible
- Transform how statutory partners work together to meet the health, wellbeing and accommodation needs of individuals experiencing homelessness, providing timely and effective interventions

Accountable body to be identified.

Healthy Behaviours

Content forthcoming

Age Well

- Introduction to be added on what we mean by age well and why it matters

Preventing falls and supporting independence

We want to reduce the number of falls among older people, helping them stay active, healthy, and independent for longer and reducing hospital admissions. We want to better prevent older people from falling and better identify and support those at risk of more serious falls after less serious incidents.

Older population groups are most likely to suffer significant harm due to a fall. Falls are the most common cause of emergency hospital admissions for older people and affect about 30% of the older population. Falls significantly impact on older people's long term health outcomes and reduce their independence. During the pandemic, people became more physically inactive on the whole—this reduces strength and balance, especially among older people, increasing the risk of falls. Falls often lead to hospital stays and, after leaving hospital, continued care support—for many, this prevents them being able to return to their home. Some evidence suggests people from communities of greatest socioeconomic disadvantage are more likely to suffer a fall.

We want to enable older people to continue to do activities they love for longer, adopting a strengths-based approach that recognises and supports their existing hobbies and interests. When older people stay active, they're better able to maintain strong social relations and be involved in their community, spend time in nature, and access services – all of which benefit their health and wellbeing. We want to support people to stay comfortable and live independently in their own homes and among their communities for as long as possible. We must take a preventative approach, supporting older people to improve their balance and strength and reducing the risk of subsequent falls for people with a history of more minor falls.

Oxfordshire data and insight forthcoming.

How we will make a difference

Over the next three to five years, we will:

- Support more older people to attend activities which develop balance and core strength, decreasing the risk of a fall and enabling independent living
- Cultivate vibrant communities that are age friendly, enabling and encouraging older people to stay socially and physically active
- Comprehensively predict which people are at risk of falls based on contact with services across multiple organizations
- Intervene early when people are at high risk of falls, supporting people's independence and minimizing poor health outcomes
- Optimize the mobility of people who have experienced minor falls which didn't require hospital admission to reduce risk of a future more significant fall

Immediate actions

- Better co-ordinate falls prevention services and interventions so that everyone, at all levels of risk, can access the right support at the right time
- Create simple and cohesive pathways of support in care homes and care settings
- Use data sources to more accurately identify people at greatest risk of falls and intervene early, supporting them to improve strength and balance
- Continue and extend local falls service provided by Age UK
- Continue to offer the Move Together activities, which offer core strength & exercise classes
- Use Oxfordshire's Fire and Rescue Service Safe and Well visits to assess and predict risk of falls

Accountable body Joint Commissioning Executive (TBC)

Better supporting and diagnosing adults with dementia

We want to prevent as many people as possible from developing dementia. Where dementia occurs, we will improve the number of people who get formally diagnosed and improve services for the individual and those that support them.

Dementia is an increasingly common disease that predominantly affects people in older age. It can be hard to diagnose at an early stage and its natural slow but on-going progression puts significant strain on the health and care system as well as family and friends of those with dementia.

Dementia is an increasing problem in Oxfordshire: more people than ever suffer from the disease and is an increasingly common cause of death. Yet we are accurately diagnosing less than two thirds of all cases in Oxfordshire, meaning many people don't access the support they need. Some parts of our community are more likely than others to develop dementia. Those already most at risk of other health problems are most likely to suffer. Indeed, rates of vascular dementia are higher in areas of deprivation. Large numbers of unpaid carers provide support for dementia—and they are not always supported well enough.

Oxfordshire data and insight forthcoming.

Given the challenges facing Oxfordshire now and in the future, we must focus on preventing illness among those at greatest risk as well as support services. We must promptly diagnose dementia to improve support. Fundamentally, though, we must anchor a preventative approach, changing society so that Oxfordshire's communities become dementia friendly and people with dementia can live full, independent, and normal lives. We must build community capacity so that communities can support people with dementia. We both recognise and embrace how ambition this aspiration is.

How we will make a difference

In the next three to five years, we will:

- Use vehicles such as the 40-74 year old 5 yearly NHS Health Check program to reduce risk factors for future generations
- Continue to invest in community-centred activities that support older people and intergenerational activities, enabling social activity

Key outcomes

We want to achieve:

- An increase in the proportion of people with dementia receiving a formal diagnosis
- A reduction in the unfair and avoidable difference in the prevalence and diagnosis rate of dementia
- An improvement in the support available to patients and their friends/ family who have dementia
- Effective prevention plans in place to reduce prevalence in future generations.
- A reduction in the number of hospital admissions due to falls to below England average
- An increase in the targeting of support for those most at risk of hospital admission due a fall

Immediate actions:

Over the next 1-2 years we will:

- Improve the support for carers of people with dementia through all age carers strategy
- Implement our carers strategy action plan...
- Review our dementia diagnosis pathway, assessing whether people other than GPs—e.g. trained care home staff—can diagnose dementia.
- Review our memory clinic capacity, currently a major bottleneck

Accountable body to be identified.

Building and maintaining strong social relationships

All Oxfordshire residents should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially among rural areas.

Meaningful social contact is a key foundation of a healthy and happy life, preventing social isolation and loneliness and enabling us to take part in a variety of activities. We know that uptake of support and healthy behaviours is better when it is wrapped around meaningful social activities.

Social isolation and loneliness are related but different. People can be isolated—alone—but not feel lonely. Others may be surrounded by people but still feel lonely. Isolation is an objective measure—the quantity and accessibility of relationships you have. Loneliness is a

subjective measure—whether you have as much social contact as you would like, and the quality of that contact.

"I try to mix as much as possible… to put aside any negativity. You only tend to get angry or depressed when you're on your own too much"

Loneliness increases the risk of poor health: adults in England with poor health are more than three times as likely to report feeling lonely than those with good health. Loneliness and social isolation can increase the risk of death by as much as obesity or smoking. Building and maintaining strong social relationships can mitigate the risk of coronary heart disease and stroke, high blood pressure, and disability. Having poor social relationships can affect our mental health and is linked to cognitive decline, increased risk of dementia, and depression and risk of suicide.

In August 2023, 25% of people across the UK reported sometimes, often, or always feeling lonely. Oxfordshire is lonelier than the UK on average, and worse than similar counties across the country. People are also more likely to be lonely if they have an underlying health condition. In a 2022 GP survey, 12.7% of GP patients felt isolated—more than the national average (12.2%) and our neighbours in Buckinghamshire (10.8%) and Berkshire West (11.2%).

"it's important to get out and about, but it's been harder since Covid, I'm a bit nervous to go out"

Improving social relations is one of Oxfordshire's priorities. However, we acknowledge it's not easy and challenges from the pandemic persist. Tackling loneliness requires not only more opportunities to meet and speak, but to build, maintain, and re-establish meaningful relationships. This is especially challenging in rural areas, where about 40% of Oxfordshire's residents live, because it's harder to meet new people, maintain friendships, or access services due to less extensive and less reliable travel options. People who are lonely or isolated in rural areas may also be less likely to be noticed. However, rural areas also offer unique strengths, with many people looking to local faith leaders or GPs when they are struggling.

"getting out there and mixing makes a big difference… it makes you realise we're in same boat"

We will take a person-centred, asset-based approach to cultivating stronger community networks and better social relationships. Keeping people socially connected is key to providing good anticipatory care.

How we will make a difference

Over the next three to five years, we will:

- Continue to invest in our voluntary and community organisations and the vibrant social activities they offer
- Social prescribe from primary care and other community connectors to community activities that help people to live life to the full
- Support people to remain virtually connected by providing the right technology and improving digital skills

- Better understand the unique strengths and challenges of living in rural areas in Oxfordshire and embed this understanding into decision making
- Co-ordinate local area coordinators and integrated neighbourhood teams to enable strong social connection

Immediate actions

In the next one to two years, we will:

- Launch our Well Together 'in the community' programme, a collaborative health project offering community activities to residents in Oxfordshire's 10 most deprived wards, including recruiting community capacity builders
- Launch a second round of Community Capacity Grants, funding grassroots organisations to prevent isolation and loneliness
- Utilise Community Health Development Officer roles to built community connection in areas of greatest socioeconomic deprivation
- Pilot a Local Area Coordination approach to how social care support is delivered

Accountable body Oxfordshire Promoting Independence and Prevention (PIP) group (TBC)

Healthy Place Shaping and the Building Blocks of Health

Our health is shaped by the world around us. When we don't have the things we need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on our bodies. This directly results in increased stress, high blood pressure, and a weaker immune system. When we live in a healthy environment, with good-quality affordable homes, strong social connections, and access to natural spaces, we are better able to eat better food and exercise more.

Healthy place shaping will enable us to deliver our ambition of creating sustainable, well designed, thriving communities where it is easy to be healthy and which provide a sense of belonging, identity and community. It involves action across the following three areas:

The built environment – Shaping the built environment, green spaces and infrastructure at a local level to improve health and wellbeing.

Community activation – Working with local people, local community organisations, businesses and schools to engage them in developing places, facilities and services which create health.

New models of care – Re-shaping health, wellbeing and care services, and the infrastructure which supports them, to prevent future poor health and wellbeing.

Action to create healthy places will also help us address the climate emergency because the building blocks of health also reduce our carbon footprint. Our healthy place shaping approach is a long-term approach that will guide us throughout the duration of this strategy.

Climate change and health

As a health care system we will prepare for and seek to reduce climate change and take action to reduce its health impacts.

Climate change has enormous implications for health and wellbeing. This includes direct effects including heat-related illness, deaths due to high/low temperatures, the physical and mental health impacts caused by flooding, the impact of poorer air quality, and an increase in food, water, and vector borne disease. Indirect effects include impacts on food supplies, the economy, and migration.

Climate change is already impacting Oxfordshire residents, with those experiencing health inequalities at increased risk of its effects. Heatwaves are becoming more frequent—in Oxfordshire, the risk is greatest in towns like Oxford and parts of Abingdon. High temperatures particularly affect older people, children, people with long-term conditions and people who work outside. There are 51 care homes, 4 hospitals and 40 health care and GP facilities that are already at high risk of heat related climate change. There were 88 excess deaths in Oxfordshire due to heat in 2021-2022.

Flooding is occurring more frequently; since 2007 there have been 18 separate significant floods—people living in Witney, Oxford, and Abingdon are most impacted. Around 19% of the population are exposed to high risks relating to flooding from rivers and surface water.

Drought, high winds and storms, and low temperatures remain important climate hazards and pose a risk to people's health as well as infrastructure and business.

We must urgently act to manage the risks of climate change that has already occurred and to minimise future temperature rises to prevent poor health and wellbeing.

How we will make a difference

Between now and 2030, we will:

- Develop and deliver health and care services that are low or zero carbon
- Promote individual action to reduce climate change, e.g. cycling and walking rather than taking the car
- Improve the way we heat and cool housing so that homes are more energy efficient and resilient to climate change
- Provide greater access to greenspace through promotion of green social prescribing, increasing tree cover and biodiversity to provide shade and enable carbon capture
- Continue to act to improve air quality – both internally through reducing the use of wood burning stoves and externally by reducing transport related air pollution
- Provide proactive advice and support to communities at greatest risk of heat waves or flooding

Immediate actions

In the next 1-2 years, we will:

- Publish the Director of Public Health's Annual Report for 2023 on climate change and health with a call for action to reduce its impacts on health and wellbeing.
- Ensure that all healthcare buildings have adaptation policies and a delivery plan as part of providers' Green Plans.
- Seek funding for climate adaptation measures as well as initiatives that will reduce an organisation's carbon footprint
- Work as a system to promote staff and resident awareness of the health impacts of climate change, measures that organisations are taking to address them, and action that individuals can take

Accountable body to be identified.

Physical activity and active travel

We will enable children and adults in Oxfordshire to be and stay physically active and encourage walking and cycling, especially in our most deprived areas.

Being and staying physically active helps maintain a healthy weight, builds strength, and improves balance, concentration, and mental wellbeing. It reduces the risk of many common and serious illnesses, such as cardiovascular disease, stroke, diabetes, osteoporosis and some cancers. Active travel, such as walking and cycling, is an important way people of all ages can meet physical activity targets. It also improves air quality, reduces carbon emissions, supports road safety, and creates more inclusive communities.

In Oxfordshire, 18% of adults do less than 30 mins activity each week, while almost half of Oxfordshire's children aren't doing the recommended levels of physical activity. This was worse amongst people living in areas of greatest deprivation. So, this priority will focus on people living in our priority neighbourhoods and adults living with long term conditions.

You Move – physical activity for families

You Move was launched in June 2022 to provide heavily subsidised or free physical activity opportunities for families eligible for free school meals. Active Oxfordshire coordinate the initiative, working with Oxfordshire's district councils and wider partners to provide a whole range of activities, including leisure and sport. Local activators work closely with families, engaging them in the right activity for them.

"I would rate the FAST sessions at school 10/10 because it was a new activity each week and as a family we really enjoyed playing the variety of games together that we could also do at home"

You Move learned from Cherwell District Council's Families Active and Sporting Together (FAST) programme, funded by Sport England. This programme is based on the principle that parents are influential role models for their children and can lead by example. Nearly 1/3 of FAST participants live in Oxfordshire's most deprived wards and 14% are from minority ethnic groups. Over 3000 individuals and 800 families registered in the first four months of the scheme.

We will develop a Whole Systems Approach to physical activity which will incorporate much of the good work already occurring, including You Move. Our 'Oxfordshire On the Move' approach has four ambitions:

- Every child learns to swim, ride a bike and be active for 60 minutes per day
- Older people and those with long term conditions live well by moving more
- Increase physical activity levels in priority neighbourhoods, levelling the playing field
- Recognise the importance of activity for mental health and wellbeing

How we will make a difference

In the next three to five years, we will:

- Develop a system wide approach to physical activity, incorporating key physical activity programmes and active travel
- Implement the Moving Medicine initiative in Oxfordshire so that physical activity is embedded in a wide range of NHS clinical pathways
- Improve cycling and walking routes across the County to support active travel
- Continue to encourage, enable, and activate people to change their mode of travel
- Promote active travel to workplaces and school, including school streets and school travel plans
- Conduct community outreach activities to reduce the barriers to cycling and walking among people living in underserved populations

- Work with new infrastructure developments so they include and enable active travel opportunities

Immediate actions

In the next 1-2 years, we will:

- Expand provision of subsidised or free physical activity opportunities for families eligible for free school meals – the 'You Move' programme
- Expand the 'Move Together' programme helping adults with long-term health conditions to move more and improve their physical and mental wellbeing
- Develop a Schools Active Programme
- Include policies promoting physical activity in Local Plans
- Work with developers so new developments' cycling and walking routes effectively connect with existing active travel infrastructure
- Ensure all health and social care organisations have an active travel plan and monitor levels of cycling and walking to work among staff to assess their plan's effectiveness
- Develop a co-ordinated approach between local councils and voluntary organisations to promoting walking and cycling in our communities

Accountable body to be identified.

Healthy Food and Healthy Weight

We will increase the levels of people living with healthy weight in Oxfordshire, especially in our most deprived areas.

The unhealthy food environment all around us plays a crucial role beyond individual choices and habits, including: the shops, restaurants, and food advertising all around us; the food served in schools and workplaces; the high price of healthy food and cheapness and availability of unhealthy food. Although physical activity is very important to general health and wellbeing, excess weight is primarily caused by unhealthy eating and consuming excess calories. Excess weight is used to describe excessive fat accumulation that presents a risk to health. This may vary depending on your age, sex, and ethnicity. For example, people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic background are at greater risk of diabetes and heart attacks at lower weight.

"I try to eat well but fruit and veg is getting expensive. Cost of weekly shop has almost doubled. It's cheaper to eat at MacDonalds" Abingdon Caldecott CIP

Living with excess weight poses a significant challenge to living a healthy life. On average, living with obesity reduces life expectancy by around three years—and in more severe cases, up to ten years. Oxfordshire reflects national trends: average weight is increasing. The pandemic in particular increased rates of excess weight. Excess weight is one of the leading causes of preventable early deaths and increases the risk of many health conditions, such as Type 2 diabetes and some cancers. It is also linked to worse mental health, poorer

educational attainment among children, and more sick leave in adults. By improving diet and physical activity – some of the risk factors for excess weight – we can reduce the risk of over 20 long term conditions, boost productivity, and reduce demand on health and social care services.

When tackling this priority, we will focus preventing excess weight in the first place and supporting residents living with excess weight by creating a healthy weight environment and focusing on areas of deprivation. We must take a whole systems approach: we must all work together to cultivate a healthy weight environment.

How we will make a difference

Between now and 2030, we will:

- Effectively implement Oxfordshire's Food Strategy
- Support Early Years settings on knowledge and best practice on food provision
- Develop plans to improve healthy choices in convenience stores and existing food premises in priority neighbourhoods
- Explore levers and opportunities to improve access to healthier food through planning, policy and advertising
- Develop a whole school approach to food and physical activity in priority neighbourhoods

Immediate actions

In the next 1-2 years, we will:

- Improve the uptake of Healthy Start initiative across the County
- Ensure support is in place for key groups such as pregnant women
- Develop an all age healthy weight support offer
- Develop a clear healthy weight pathway for adults
- Explore option to adopt the Food Active Healthy Weight Declaration

Accountable body to be confirmed.

Enablers

Workforce

Our staff are our greatest strength, the heart of our organisations. We cannot deliver better health and wellbeing for people across Oxfordshire unless we can recruit and retain a diverse social care and NHS workforce. We want to develop a workforce that is healthy and well, feels valued and respected, reflects our communities, and is empowered to make a difference for the people of Oxfordshire.

This is undoubtedly one of our biggest challenges. Brexit, Covid-19, and the cost of living crisis have all added significant pressures to retaining and recruiting staff. Our population is growing and people in Oxfordshire are ageing, becoming more unequal, and increasingly living with one or more long-term health conditions. Staff are leaving the NHS due to burnout, low job satisfaction, and concerns over health and wellbeing. Increasing caseloads and lack of team stability due to increasing numbers of temporary staff—in social care and NHS—increase stress and lower morale. Our adult and children's social care staff face increasing population demand and increasing skill requirements—all the while other sectors with less demanding roles can offer better or similar pay. These challenges are not unique to Oxfordshire, but local factors such as the high cost of housing, strong labour market, and rurality exacerbate the challenge here.

Local data and insight forthcoming.

The challenges are real, but so are the opportunities. There is renewed interest in NHS careers. Careers in local government and the NHS are public-minded, compassionate, and offer the opportunity to make a meaningful difference. With the right support, local careers in public sector organisations can become more desirable and to give back to our staff.

To realise this potential, we must:

- Support our staff's health and wellbeing and career development, so they want to stay and grow their careers with us
- Value our staff and support them to make a difference, so they feel fulfilled
- Ensure all staff feel welcome and safe in work, develop a more equal, diverse, and inclusive workforce, and challenge and tackle inequality and discrimination in the workplace so that we can cultivate a workforce representative of Oxfordshire's broader population
- Invest in leadership development programmes to build and strengthen the diversity of our pipeline to senior leadership and critical roles
- Hire more staff locally so our staff include and reflect our local communities
- Move to new ways of working, including flexible working, part-time working, and shared roles, to support people to work differently
- Create pathways of talent by engaging and hiring young people, including by increasing the number and types of apprenticeships we offer

- Work together to fill staff vacancies to ease the significant pressures on frontline services
- Work collaboratively as a health and care system to recruit and retain staff while reducing reliance on costly agency workers

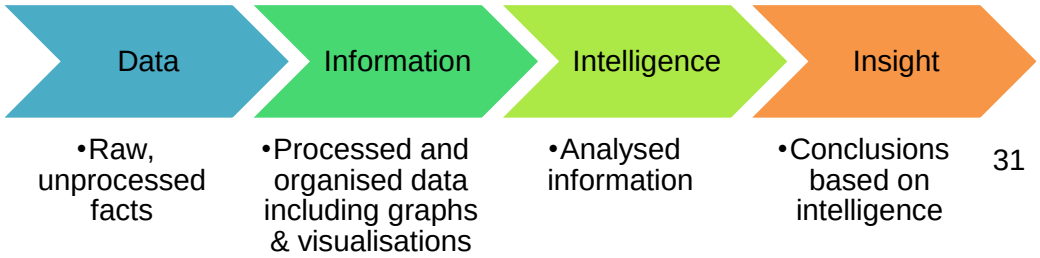
Data and Digital

To successfully deliver better health and wellbeing for Oxfordshire's residents, we will improve the extent, quality, and accessibility of digital infrastructure and more effectively generate insight from data to inform decision-making.

Effective action to improve residents' health and wellbeing requires good qualitative and quantitative data about health needs, experiences of services, and health outcomes. Our ambition is to provide openly accessible information that is accurate, timely, complete, and consistent to decision-makers—including residents—at the right time. Digital innovation will also support people to access health and care records remotely and enable us to move care closer to people's homes.

To achieve this, we must better process, organise, and analyse data and information to develop intelligence and generate insight. We must also increasingly digitise and automate collection, management, processing, and reporting of information to increase efficiency and reduce costs.

From data to insight



By doing this, we will cultivate a compassionate and inclusive culture where a skilled workforce can belong and flourish.

We also want to provide people direct access to use digital and data tools such as patient engagement portals and personal health records. This will enable better resident experience, more accurate self-referral, and clearer explanation of available services.

NHS organisations have worked closely with Oxfordshire County Council to generate shared care records. These records enable clinicians and social workers to see a full picture of the people they support.

How we will make a difference

In the next three to five years, we will:

- Develop an intelligence function integrated across NHS and local councils
- Ensure that integrated intelligence arrangements are able to support best practice research and evaluation
- Cultivate data skills among staff, including data organisation and analysis for engineers and analysts, data collection quality and completeness for frontline staff, and data literacy among decision-makers
- Create secure and connected data infrastructure that integrates data across health and social care, enabling the right people to access information at the right time

- Promote technical innovation to improve efficiency and outcomes e.g. digitisation of information
- Better standardise the collection and storage of data and rationalise across the system where appropriate
- Continue to support technological innovation such as VR headsets to enable health and care closer to home
- Develop more advanced research methods for identifying people at greater risk e.g. of falls or suicide
- Learn from other Integrated Care Systems to develop intelligence and analytics capabilities

Immediate Actions

In the next 1-2 years, we will:

- Explore opportunities to add further data and interactivity to the Joint Strategic Needs Assessment
- Recommission and engage in the re-development of Oxfordshire Insight
- Create interactive community insight profiles
- Publish a health and inequalities research strategy
- Develop a shared data platform with key partners

Accountable body to be identified.

Anchor Institutions

We will make a positive contribution to our communities' health and wellbeing by strengthening our roots and links to our local people and populations.

Anchor institutions are deeply rooted in and linked to our communities. Simply by being in Oxfordshire, we influence our communities' health and wellbeing. Through size and scale, we can make a positive contribution to local areas in many ways beyond just providing health and care. We can support our staff and their families, spend our money in ways that benefit local communities, make better use of our buildings and land, and reduce our carbon footprint.

Anchor institutions are large organisations that have a stake in Oxfordshire and are unlikely to move to another place. This includes most of the organisations on the Health and Wellbeing Board—local councils and NHS trusts—as well as local universities, other large public sector organisations, large private sector organisations, and voluntary and community organisations. As important organisations in Oxfordshire's social fabric, we can and should lead by example.

Over the next year, we will come together to explore how we can embrace our roles as anchor institutions. We will develop an anchor institution network to lead this work going forward.

Workforce

We directly employ around 30,000 staff. One of our priorities is that everyone in Oxfordshire can access good quality work, so we should lead by example. We can directly improve the health and wellbeing of about 30,000 staff - and their families - by providing well-paid, stable jobs which support staff's wellbeing and offer good working conditions. We can create a fairer economy by recruiting and

investing in people furthest from the labour market. We can strengthen local communities and better respond to their needs by ensuring our workforce is more representative of Oxfordshire's populations. We can support planetary health and reduce emissions by recruiting locally and offering agile working policies. Over the next three to five years, we will:

- Continue to promote and champion the Oxfordshire Inclusive Economy Partnership and its Charter
- Improve equity of access to quality employment for people furthest from the labour market eg. offering more apprenticeships
- Review our hiring practices so we recruit more inclusively from diverse and local communities to accessible jobs
- Implement agile and flexible working policies, enabling as many staff as possible to work where they are
- Improve employees' working conditions, work-life balance, and opportunities for personal growth, professional development and career progression

Local and social economy

As anchor institutions, we spend millions of pounds procuring and commissioning goods and services. By shifting how we spend this money, we can drive an inclusive local economy and make sure the money we spend benefits our communities. Evidence shows money spent locally is more quickly reinvested into the local community and stimulates inclusive growth. We also know that some suppliers provide more social and environmental benefits, supporting the building blocks of health. Between now and 2030, we will:

- Increase how much we buy from small and medium enterprises (SMEs), particularly those based in Oxfordshire, by changing our procurement weighting and working with SMEs to better engage them in the procurement process
- Evaluate goods and services we might buy by considering the benefit to society and the environment e.g. locally created jobs, carbon footprint
- Develop and embed a shared social value Themes, Outcomes, & Measures (TOMS) framework into our procurement processes

One Public Estate

If we use our land and physical assets correctly, we can support local community wealth building and development, local groups and businesses, and the development of affordable housing or housing for vulnerable residents. Crucially, if we all work together and view our collective land and buildings as 'One Public Estate', we will make much more effective use of this estate, saving ourselves money and providing better facilities to communities, closer to communities. For example, we are building various 'Community Hubs' across Oxfordshire - buildings close to the community that provide a wide range of services. This makes it easier for our people to access us and makes sure that we go to people rather than requiring them to come to us. Between now and 2030, we will:

- Significantly reduce our carbon footprint and emissions
- Develop a 'One Public Estate' which most effectively uses land and buildings owned by public services in Oxfordshire
- Support the natural environment, maximising access to green spaces on our estates, especially for lower-income groups

- Open some of our buildings and land for public use, encouraging social interaction and supporting voluntary and community organisations as well as small and medium enterprises
- Consider using our land to support affordable housing options for key workers and the most vulnerable groups in our communities
- Re-purpose and re-brand leisure centres as health and wellbeing centres

Environment

As large public sector organisations, we have a significant impact on the environment, are big polluters, and have a large carbon footprint. By changing how we operate, we can reduce our emissions – and by changing how we spend our money, we can influence many other organisations to do the same.

The environment is so important that we have dedicated a full chapter to this building block of health: to learn more about how we will make a difference on this between now and 2030, read our section on 'Climate Change and Health'.

Accountable body to be identified.

Vibrant Communities

Content on the importance of vibrant communities to improving health and wellbeing is forthcoming.

Next steps: Delivery and monitoring

Explanation forthcoming re how we will develop a delivery plan and outcomes framework in early 2024.