

To: Members of the Health Improvement Partnership Board

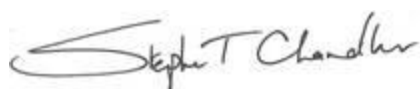
Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 19 May 2022 at 2.00 pm

Hybrid Meeting – please use this link for live stream

<https://oxon.cc/HIB19052022>

Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND



Stephen Chandler
Interim Chief Executive

May 2022

Contact Officer: **Sam Blacker, Partnership Board Officer**
Tel: 07500 793632; email: sam.blacker@oxfordshire.gov.uk

Membership

Chair – Councillor Louise Upton
Vice Chair - District Councillor Maggie Filipova-Rivers

Board Members:

Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Det Chief Insp Jonathan Capps	Thames Valley Police
Dr David Chapman	Clinical Chair of Oxfordshire Clinical Commissioning Group
Cllr Marilyn Davies	West Oxon District Council
Cllr Maggie Filipova-River	South Oxford District Council
Daniella Granito	District Partnership Liaison
Diane Hedges	Chief Operating Officer, Oxfordshire Clinical Commissioning Group
Cllr Mark Lygo	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
David Munday	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Cllr Helen Pighills	Vale of White Horse District Council
Cllr Louise Upton	Oxford City Council
TBC	Healthwatch Oxfordshire Ambassador
TBC	Cherwell District Council

Notes: Date of next meeting: 15 September 2022

County Hall, New Road, Oxford, OX1 1ND
www.oxfordshire.gov.uk Media Enquiries 01865 323870

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

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

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

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

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

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

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

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

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

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

List of Disclosable Pecuniary Interests:

Employment (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines.

<http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

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

AGENDA

- 1. Welcome by Chairman**
- 2. Apologies for Absence and Temporary Appointments**
- 3. Declaration of Interest - see guidance note opposite**
- 4. Petitions and Public Address**
- 5. Notice of Any Other Business**

14:03 to 14:05

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting

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

14:05 to 14:10

5 minutes

To approve the Note of Decisions of the meeting held on 10th February 2022 and to receive information arising from them.

7. Health Protection Update (Verbal Report)

14:10 to 14:20

10 minutes

Presented by Ansaf Azhar, Director of Public Health, Oxfordshire County Council

To update members of the public relating to COVID-19 situation in the county or current changes to health protection response work.

8. Performance Report (Pages 7 - 10)

14:20 to 14:30

10 minutes

Presented by David Munday, Consultant in Public Health, Oxfordshire County Council

To Monitor progress and agreed outcome measures

9. Screening and Immunisation Performance and Recovery (Pages 11 - 26)

14:30 to 14:50

20 minutes

Presented by Ruchi Baxi, Consultant in Public Health and Gemma Harris, Screening and Immunisation Manager

10. Report from Healthwatch Ambassador (Pages 27 - 30)

14:50 to 15:00

10 minutes

Presented by Veronica Barry, Senior Community Involvement Officer, Healthwatch Oxfordshire

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board.

BREAK

15:00 to 15:05

11. Performance Deep Dive (Pages 31 - 44)

15:05 to 15:20

15 minutes

Presented by Rosie Rowe, Head of Healthy Place Shaping, Public Health, Oxfordshire County Council

To review Healthy Place Shaping Indicators

12. Access to Nature Programme (Pages 45 - 62)

15:20 to 15:40

20 minutes

Presented by Lizzie Moore, Public Health Registrar, Oxfordshire County Council

13. Active Oxfordshire - PA Strategy (Pages 63 - 92)

15:40 to 16:00

20 minutes

Presented by Paul Brivio Active Oxfordshire

14. Any Other Business

16:00 to 16:05

5 minutes

Future HIB meeting dates

15 September 2022

17 November 2022

Health Improvement Partnership Board

Outcomes of the meeting held on Thursday, 10th February at 2.00 pm

As a Virtual Meeting

Board Members Present:	Amier Al Agab	<i>Healthwatch Oxfordshire Ambassador</i>
	Ansaf Azhar	<i>Director of Public Health, Oxfordshire County Council</i>
	Dr David Chapman	<i>Clinical Chair of Oxfordshire Clinical Commissioning Group</i>
	Cllr Louise Upton	<i>Oxford City Council (Chair)</i>
	Cllr Maggie Filipova-River	<i>South Oxfordshire District Council (Vice-chair)</i>
	Cllr Marilyn Davies	<i>Councillor for West Oxfordshire District Council</i>
	Daniella Granito	<i>District Partnership Liaison</i>
	Diane Hedges	<i>Chief Operating Officer, Oxfordshire Clinical Commissioning Group</i>
	Cllr Mark Lygo	<i>Cabinet Member for Public Health & Equalities, Oxfordshire County Council</i>
	Cllr Helen Pighills	<i>Vale of White Horse District Council</i>
	David Munday	<i>Consultant in Public Health/ Deputy Director, Oxfordshire County Council</i>
In Attendance:	Adam Briggs Claire Gray Derys Pragnell Veronica Barry Fiona Steel Katherine Eveleigh Sally Culmer Lauren Rushen Janette Smith Rosie Rowe	<i>Head of Healthy Place Shaping, Public Health, Oxfordshire County Council</i>
Officer:	Marie Murphy	<i>Oxfordshire County Council</i>
Apologies:	Cllr Andrew McHugh	<i>Cherwell District Council</i>
Absent:	Det Chief Insp Jonathan Capps	<i>Thames Valley Police</i>

- 1. Welcome by Chairman**
- 2. Apologies for Absence and Temporary Appointments:**
As noted above
- 3. Declaration of Interest:**
There were no declarations of interest in any agenda item.
- 4. Petitions and Public Address:**
There had been no notifications of any
- 5. Notice of Any Other Business:**
None
- 6. Note of Decision of Last Meeting**
The Note of Decisions of the meeting held on 18th November were approved. Oxfordshire Mind were unable to attend the meeting, but details of the project were included in the minutes.
- 7. COVID - 19 update**
Ansaf Azhar, Director of Public Health, provided an update. The current situation was that there were 1200 cases per 100,000 in Oxfordshire. In terms of age range it is largely driven by children of a young age.

Key message: we are at a point of transition but will have high COVID rates for some time to come. Good news story is that people are not getting seriously ill with it with some exceptions. Hospital admissions have started to stabilise and have not seen deaths increase significantly. What we are likely to see in the coming weeks is the ramping down of COVID measures including legal requirements around isolation but expecting it to be a recommendation to continue to do so. Key thinking is that we will be living with this for some time to come and we can't continue to have regulations impacting on our 'business as usual' but will ask people to use their own personal judgement around mask wearing for example.

We will see cases fluctuate in the coming weeks and there may be a need to strengthen messaging around those times. Going forward, COVID has had a direct impact on people through deaths and serious illness. Looking at the learning from longer term impacts and challenges being faced.

David Munday, Deputy Director of Public Health provide a summary of the cumulative impacts of COVID – learning used for COVID recovery.

Cases over time – second wave clear in January 2021 and third wave in December 2021. First wave doesn't really show as testing was not established then. Overall Oxfordshire's cumulative rate has sat slightly below South East and England cases. Some of this will be affected by demographics, populations and deprivation. There is no significant difference between genders. Ethnicity – white British is the dominant ethnic group in Oxfordshire, count in the data will be updated once the recent census numbers are released. Deprivation – graph shows that 50% more cases are in the most deprived areas.

Hospital admissions – the graph compared the number of cases to hospital admissions. It shows that with this winter wave, despite higher cases of COVID hospital admissions have been much lower since getting a good vaccine uptake and has remained more constant since June; demonstrating the control the vaccine has provided.

Mortality – In Oxfordshire is lower than seen in the South East and overall Nationally. The most common location of death in first wave was in care homes followed by hospital. This was addressed through a range of measures and then became much lower in the care homes once infection control was brought in and vaccination programme took hold for the second wave. Over a two-year period the deaths have been about 8% higher.

Indirect impact of COVID is likely to be around employment and education for which data is still being gathered. Likely to see a prevalence of obesity, physical inactivity, risk of alcohol intake and mental well-being. *Will this include those that would have been treated if hospitals had taken them?* Yes, it will be part of what is being looked at. If we have another pandemic this would be important to capture.

Wider impacts; educational, isolation/loneliness, employment changes, wider economic impact

This was a once in a lifetime pandemic from which a lot of learning has occurred. Really important that the learning from this is used in the recovery. This pandemic has had a massive impact on families but thanks to the system as a whole, without whose hard work, would have seen much higher numbers.

Comments/ Questions

Data around re-infections, can we tell if it is the same variance? It is hard to get this accurately, but it was decided that if the reinfection was within 90 days of each other, it is likely to be the same variant. Data also shows that we need to address the inequalities in the different wards.

8. Performance Report

Presented by David Munday, Consultant in Public Health, Oxfordshire County Council.

To monitor progress and agreed outcome measures:

Smoking was within target

Immunisation on MMR is on amber – has been a challenge around accessing routine vaccination during the pandemic

Smoking Cessation was amber

Cervical screening has been a challenge during the pandemic and is therefore on Red.

Bowel cancer screening is green as not affected by service capacity in same way as is primarily a postal service.

Healthy Weight performance in childhood weight is amber although Oxfordshire is lower than the England average. Green for obesity in pregnancy and green in overall adult weight. Physical activity is a mixed picture.

Adult overweight and Obesity:

Difference across city and other areas is probably down to demographics with the city having a much younger population. Tends to be higher in older age groups and deprived areas.

Excess weight in children:

The majority of children are at a healthy weight. The trend has changed to boys being more obese than girls by year 6, for both sexes it is significantly higher than in Reception age. There is also more of a tendency for obesity prevalence to be higher in the more deprived areas.

9. Developing a Whole Systems Approach to Obesity

Presented by Derys Pragnell

Presentation was shared with the meeting.

The whole system approach has 4 pillars to ensure breadth of activity to address unhealthy weight is included. The Adult population is more likely to be overweight or obese compared to children. Historically Oxfordshire have had lower rates of childhood obesity compared to nationally. COVID has prevented a full assessment/measurement programme but the county is looking to be more in line with the national average. There are clear links between obesity and food poverty. We are working up a support system for children. Focus work on take-away foods and advertising will be undertaken with the district councils. This interlinks with the food strategy. Once children get to obese it is very hard to reverse the trend. Doing a deep dive around children and looking at preventative early element.

Questions/comments

Vale of White Horse most deprived ward is Abingdon Caldecott Ward- will healthy weight work tie in with the ward profiling that is being undertaken and link in with inequalities? Yes and this profile will come to this board when ready

The things within the WSA will have the greatest impact – are they the weight management contracts? The is no single answer- we want to do more work around the preventative measures, also hoping to work with other areas of the country that have trailblazed some measures to understand what worked for them. Access to food is a key issue. Quick wins – changes to NCHP letter, better links into the services that are available. Also looking at how to pool the various resources. Looking at wards such as Littlemore that have brought obesity down. All present were happy to endorse.

10. Oxfordshire Food Strategy

Presented by Fiona Steel

This links to the levelling up white paper. Good Food Oxfordshire is lots of local organisations working as a multi-stakeholder partnership from producers to retailers to users. Food systems currently account for up to 37% of green house gases. Want a local food strategy, which pound for pound supports three times the number of jobs. Vision is for everyone in Oxfordshire to enjoy healthy and sustainable food they need every day. It's about improving health, environment, sustainability and linking people through food.

Questions/comments

The social aspect to eating food has changed so the food strategy needs to link to different lifestyles in homes such as teaching people to cook, this is in the food poverty and resilience strand. Pilots of cooking skills has been rolled out based on using up leftovers or whatever is to hand rather than following recipes but looking to develop that further. It would be good to have this available at Food Larders, Didcot Larder has started to do that; showing people what they could do with the food in their box.

11. Report from Healthwatch Ambassador

Presented by Amier Al Agab, Healthwatch Oxfordshire Ambassador

Since the last meeting, many calls being received are about access to Oxfordshire Dentistry and issues with Community Pharmacies which is being looked into. Report has

been done on health services with Albanian and Arabic communities and their understanding of the NHS system. Next one to look at will be Dentistry. There is a system wide oral health review. David and Amier will talk offline to pick up on the issues that are being raised and what influence we have on supporting local NHS dentistry access. At the moment Dentistry is commissioned by NHS England but the local ICS may be able to take on some specialised commissioning like this in 2023.

Action:

David and Amier to discuss offline the issues that are being raised.

12. Tobacco Control Update

Presented by Adam Briggs, Consultant in Public Health, Oxfordshire County Council

Update on the work around the Tobacco Control Strategy, more detail will be available at subsequent Health Improvement Board meeting later this year. Looking to be smoke free by 2025. This remains a priority for this board and county more widely. Beginning to get a picture of the impact of COVID on tobacco use. Smoking amongst people in manual work is high and those with mental health and those that are homeless can be up to 70%. Action plan, targets – prevention, support to quit, enforcement and environment
COVID response has prevented work in the community, visits to schools etc.
Smoking in pregnancy is a real driver of tobacco harm, there has been a significant reduction in this area and have now paired up to target vulnerable families to help reduce exposure to smoke in the home.

Questions/ comments

Range of data on using e-cigarettes is now available. Training being provided for those working with the homeless and to support them to find safe reliable e-cigarettes. Trading standards team have done good work on sales to underage users and with the removal of illegal e-cigarettes as the nicotine content is regulated. Exploring other pharmaceutical options to Varenicline as there is currently a national shortage of these.

14. Any other business

Change of date from 12 May to 19 May due to elections of some members.

Change of date in September to 15 September

No objections to the changes.

TBC if next meeting virtual or in Teams

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Performance Report

Background

1. The Health Improvement Board is expected to have oversight and of performance on four priorities within Oxfordshire's Joint Health and Wellbeing Strategy 2018-2023, and ensure appropriate action is taken by partner organisations to deliver the priorities and measures, on behalf of the Health and Wellbeing Board.
2. The indicators are grouped into the overarching priorities of:
 - A good start in life
 - Living well
 - Ageing well

Current Performance

3. A table showing the agreed measures under each priority, expected performance and the latest performance is attached. A short commentary is included to give insight into what is influencing the performance reported for each indicator
4. All indicators show which quarter's data is being reported on and whether it is new data or the same as that presented to the last meeting (if the metric is yet to be updated).

Of the 15 indicators reported in this paper:

Four indicators are **green**

Four indicators are **amber**

Five indicators are **red**:

- **2.16** Reduce the percentage of the population aged 16+ who are inactive (less than 30 mins/week moderate intensity activity)
 - **2.18** Increase the level of flu immunisation for at risk groups under 65 years
 - **2.21i** Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years)
 - **2.21ii** Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years)
 - **3.18** Breast screening – uptake (the proportion of eligible women invited who attend for screening)
5. A “deep dive” performance report is included as a separate agenda item and report. As discussed at the HIB meeting in September 2021, we are including this in each meeting to ensure the Board are sighted on performance against agreed priority areas.

This time the deep dive report relates to Healthy Place Shaping, and over a 12-month period will cycle through other areas (such as tobacco control, mental wellbeing, physical activity etc).

Health Improvement Board Performance Indicators 2021/22

	Measure (frequency)	New data since last HIB?	Target 2021/22	Reporting date	Latest	RAG	Change since last data point	Commentary
A good start for life	1.12 Reduce the level of smoking in pregnancy (quarterly)	Y	7%	Q3 21/22	5.8%	G	▲	The percentage of the population smoking at the time of delivery has been below 6% for the first three quarters of 2021/22 compared with above 6% for the whole of 2020/21. There will be some fluctuation in the percentage reported in each quarter given the overall small numbers.
	1.13 Increase the levels of Measles, Mumps and Rubella immunisations dose 1 (quarterly)	Y	95%*	Q3 21/22	93.6%	A	▲	The Pandemic impacted on all childhood immunisation. NHSEI continue to work closely with Child Health Information Services to monitor the impact of COVID-19 on the routine immunisation programmes. The Improving Immunisation Uptake (IIU) initiative continues to provide support to GP practices; ensuring improved uptake and reducing variation in uptake between practices. Particular focus has been given to pre-school boosters.
	1.14 Increase the levels of Measles, Mumps and Rubella immunisations dose 2 (quarterly)	Y	95%*	Q3 21/22	91.9%	A	▲	Same as above. There is on-going work on increasing MMR uptake across the Thames Valley, focusing in particular on areas with low uptake of preschool and MMR booster vaccines. A national campaign to increase childhood MMR vaccination took place throughout February and March with the aim to encourage parents and carers of unvaccinated children to contact their GP practice.
	1.15 Reduce the levels of children obese in reception class (annual)	N	7%	2019/20	6.7%	A	▼	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured via NCMP than is reportable. However the data we do have available suggest an increase in obesity levels (over the past year nationally there has been a reported increase in obesity via NCMP sampling). Reporting on smaller proportion of cohort. Cherwell 7.1% Oxford 6.5% South Oxfordshire 7.9% Vale of White Horse 5.5% West Oxfordshire 7.4%
	1.16 Reduce the levels of children obese in year 6 (annual)	N	16%	2019/20	16.2%	A	▲	It isn't possible to report 21/22 data due to COVID resulting in a smaller sample being measured than is reportable by LA. However data we do have suggests that, as is the case nationally, there has been an increase in obesity.

16/06/2021	2.16 Reduce the Percentage of the population aged 16+ who are inactive (less than 30 mins / week moderate intensity activity) (annual)	Y	18.6%	Nov-21	21.0%	R	▼	<p>During COVID levels of inactivity worsened across England and locally levels of inactivity remain higher than we would like, although this latest data shows this is now improving. New projects such as Move Together (launched July 2021 and not yet reflected in these figures) and You Move (launching 2022) expect to improve this target further.</p> <p>At a district level data shows : Cherwell 24.4% Oxford 15.1% South Oxfordshire 21.4% Vale of White Horse 23.7% West Oxfordshire 20.7%</p>
	2.17 Increase the number of smoking quitters per 100,000 smokers in the adult population (quarterly)	Y	1146 per 100,000	Q3 21/22	1306	G	▲	Changed to green (from amber and previously red)
	2.18 Increase the level of flu immunisation for at risk groups under 65 years (cumulative for flu season only)	Y	85%*	Sep 2021 to Feb 2022	60.4%	R	N/A	The flu programme continued until 31st March 2022. Providers continued to vaccinate opportunistically where possible.
	2.19 % of the eligible population aged 40-74 years invited for an NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q3 21/22	72.6%	-	▼	The NHS Health Check Programme, currently commissioned via GP Practices, remains significantly impacted since the onset of the COVID-19 pandemic and current activity is below target. This is in part due to GP staffing capacity being redeployed to vaccination clinics and a national supply issue with blood tubes to enable collection of blood samples. Officers are currently in a commissioning cycle for a supplementary delivery method of the NHS Health Check Programme that sits outside of GP settings and provides targeted outreach. Important to note that the programme was paused nationally in response to the pandemic in order to create additional capacity in primary care.
	2.20 % of the eligible population aged 40-74 years receiving a NHS Health Check (Q1 2017/18 to Q4 2021/22) (quarterly)	N	N/A	Q3 21/22	33.5%	-	▼	Commentary as per 2.19.
	2.21i Increase the level of Cervical Screening (Percentage of the eligible population women aged 25-49) screened in the last 3.5 years) (quarterly)	Y	80%*	Q2 21/22	67.1%	R	▲	Cancer screening programmes were paused for several months in 2020 due to the pandemic. cervical screening programmes in Oxfordshire have now recovered. In the recovery phase all programmes undertook targeted work to maximise uptake and minimise DNAs. Work is now underway to support programme resilience during the winter period.

Page 10 Ageing Well ¹	2.21ii Increase the level of Cervical Screening (Percentage of the eligible population women aged 50-64) screened in the last 5.5 years (quarterly)	Y	80%*	Q2 21/22	75.3%	R	-	As above.
	3.16 Maintain the level of flu immunisations for the over 65s (cumulative for flu season only)	Y	85%*	Sep 2021 to Feb 2022	86.4%	G	N/A	As per 2.18
	3.17 Increase the percentage of those sent Bowel Screening packs who will complete and return them (aged 60-74 years) (quarterly)	Y	60% (Acceptable 52%)*	Q2 21/22	71.7%	G	▲	Service is now restored and currently performs within national standards.
	3.18 Breast screening – uptake (The proportion of eligible women invited who attend for screening)	Y	80% (Acceptable 70%)*	Q2 21/22	66.6%	R	▼	COVID-19 restrictions impacted on this programme. Workforce sickness/self-isolation and availability was also an issue. Fewer women presented for breast screening; contributory factors may have included shielding and self-isolation.

*National target

Oxfordshire Health Improvement Board – Screening and Immunisation Update

May 2022

NHS England and NHS Improvement



- Introduction to screening and immunisation programmes
- The impact of Covid-19 on the delivery of screening and immunisation services, including performance with a focus on:
 - Measles, Mumps and Rubella vaccination
 - Flu vaccination
 - Cervical screening
 - Breast screening
 - Bowel screening
- Opportunities for partnership working

Section 7a programme overview



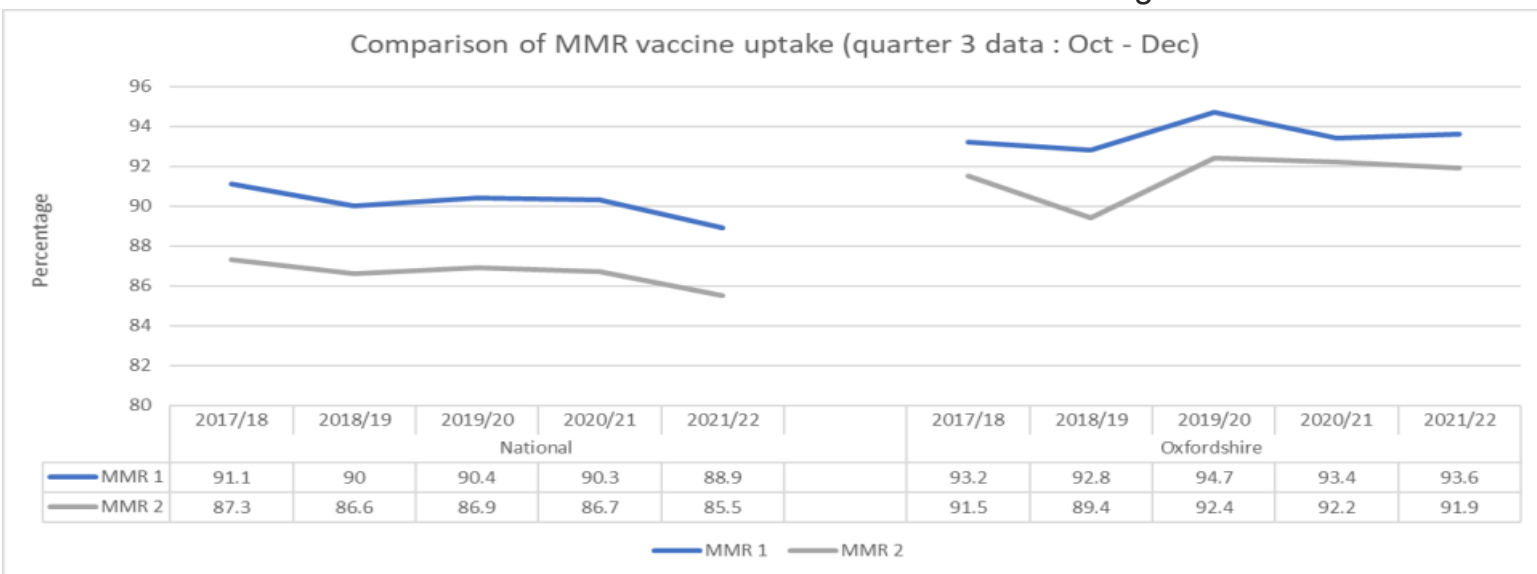
- Immunisation programmes across the lifecourse
- Breast Cancer Screening
- Bowel Cancer Screening
- Cervical Screening
- AAA (Abdominal Aortic Aneurysm) Screening
- Diabetic Eye Screening
- Antenatal and Newborn Screening:
 - NHS fetal anomaly screening programme (FASP)
 - NHS infectious diseases in pregnancy screening (IDPS) programme
 - NHS sickle cell and thalassaemia (SCT) screening programme
 - NHS newborn and infant physical examination (NIPE) screening programme
 - NHS newborn blood spot (NBS) screening programme
 - NHS newborn hearing screening programme (NHSP)

- Public Health s7A commissioning and programme management is one of 5 direct commissioning functions carried out by NHSEI (alongside primary care, specialised, health and justice and armed forces). The function sits within the primary care and public health commissioning directorate in the wider regional commissioning directorate.
- Each sub-regional Public Health Commissioning Team (regional PHCT) has two embedded place-based screening and immunisation teams (SITs) each led by a Consultant in Public Health – Screening and Immunisation Lead (CinPH-SIL). Each sub-regional team also has a team of commissioning and contracts managers, led by a Senior Commissioning Manager
- Professional public health leadership for the function is provided by the regional public health director's team / regional Office of Health Improvement and Disparities
- Whilst commissioning of some services such as dentistry, pharmacy and optometry is in the process of transferring to Integrated Care Systems, planning for screening and immunisation services is in its infancy and commissioning is not expected to transfer before 2024

Measles, Mumps and Rubella (MMR) vaccination

- Oxfordshire **uptake for both 1st and 2nd doses of MMR vaccine has plateaued** at similar levels to pre pandemic uptake.
- Uptake in Oxfordshire for the **second MMR vaccine**, offered at 3 years 4 months, is lower than uptake of the first vaccine at 13 months.
- Since 2017/18 there has been a **decline in MMR uptake nationally**.
- Measles is a highly infectious disease and even small declines in uptake can lead to a rise in cases, with **sustained coverage of 95% necessary to prevent outbreaks**.

Page 15 WHO measles elimination status was retraced for the UK in 2018 following an increase in cases.



Source: Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): October to December 2021, 2020, 2019, 2018, 2017

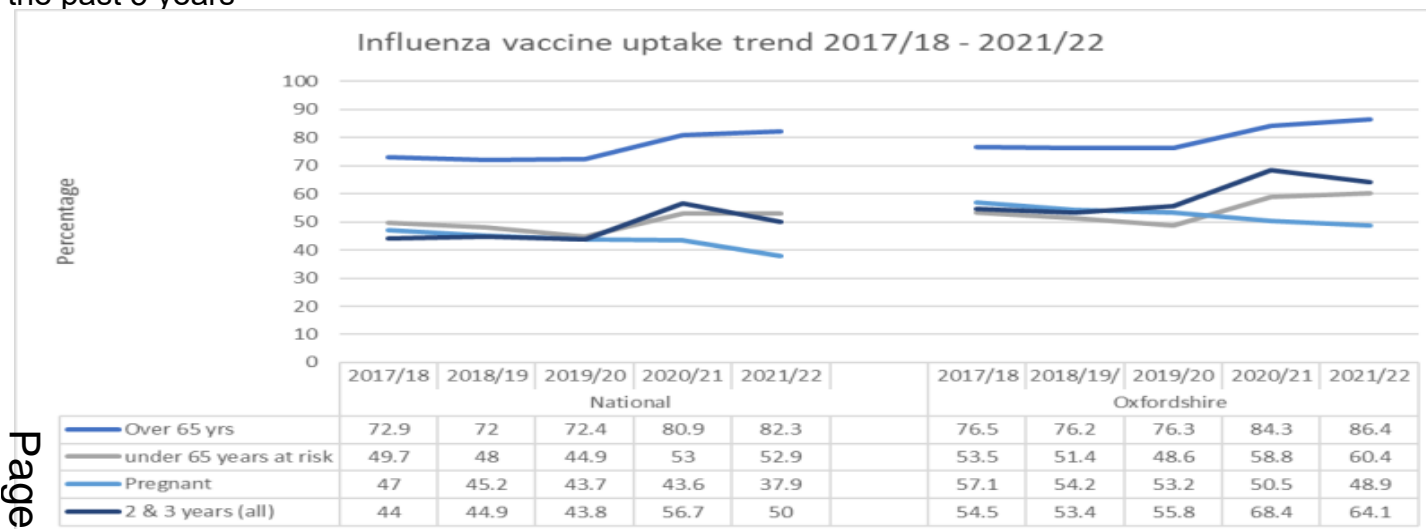
Measles, Mumps and Rubella (MMR) vaccination

Actions and recommendations

- NHSEI **commissions the Improving Immunisation Uptake team** (IIU) to work with GP practices across Oxfordshire with a particular focus on improving uptake of the 2nd MMR vaccine and 4-in-1 preschool booster
- The Thames Valley Screening and Immunisation Team are **working with partners** to develop and implement an immunisation strategy to reduce to reduce inequalities and improve uptake for 0-5 year imms
- **BOB ICS** is currently considering the inclusion of a **health inequalities target** to increase uptake of the MMR second dose and 4-in-1 preschool booster, particularly in groups with a lower uptake
- A planned **national call/recall** of all partially or unvaccinated children is scheduled for Summer 2022
- A **national campaign to raise awareness** of measles and the MMR vaccine launched in Feb 22



- Flu vaccine **uptake in Oxfordshire** across all eligible cohorts has been **consistently above the national average** for the past 5 years



Source: Seasonal flu vaccine uptake in GP patients: monthly data, 2021 to 2022 , 2020/21, 2019/20, 2018/19, 2017/18

- Oxfordshire County Council has been a key partner during the campaign
- School aged children are offered their flu vaccination within school settings by the Oxford Health NHS Foundation Trust
- Settings including general practice, community pharmacy and acute trusts are available to facilitate delivery to all other cohorts.
- In 2021/22 all school aged children from reception to year 11 along with all of those aged 50-64 years became eligible for a flu vaccine due to an expansion to the programme, which was aimed at reducing the risk of co-circulating waves of infection of both COVID and Flu
- Children who miss their appointment at school and home-schooled children can access their flu vaccine via community clinics also offered by the school-aged immunisation service
- During the 2021/22 flu season secondary school pupils were also offered their COVID-19 vaccination in school settings

Actions and recommendations

NHSEI Public Health Commissioning Team is **working with partners to produce a flu programme evaluation** for the 2021/22 seasonal influenza season to inform delivery and improve uptake and for the forthcoming flu season.

Recommendations from the flu programme evaluation include:

Page 18

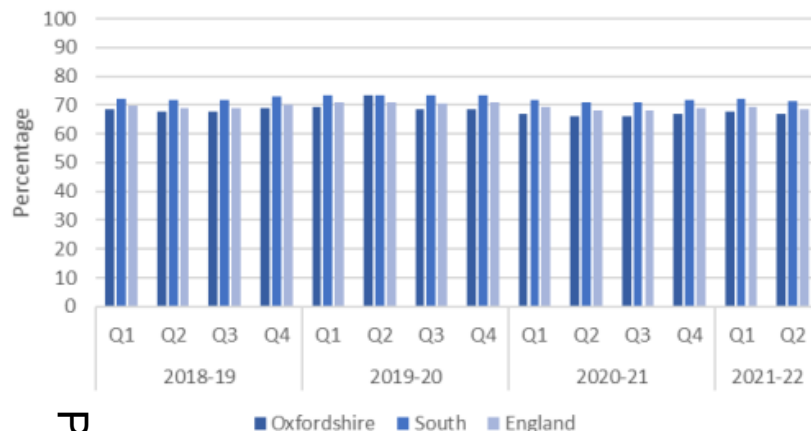
- **Targeting of 'high risk'** patient groups and geographical areas of low uptake from the start of the 2022/23 programme;
- **Use of mobile vaccine units** such as 'Health on the Move' vans to target areas of low vaccine uptake;
- Continued collaboration between PCNs and community pharmacies to give **greater patient choice** and maximize availability of vaccine and vaccinators;
- **Text messaging** to patients in clinical risk groups to ensure awareness of eligibility for the flu vaccine;
- To continue to administer the **alternative intramuscular flu vaccine** to children in the school setting where LAIV* is not acceptable due to porcine gelatine.

*LAIV: *Live Attenuated Influenza Vaccine (nasal vaccine)*

Cervical Screening



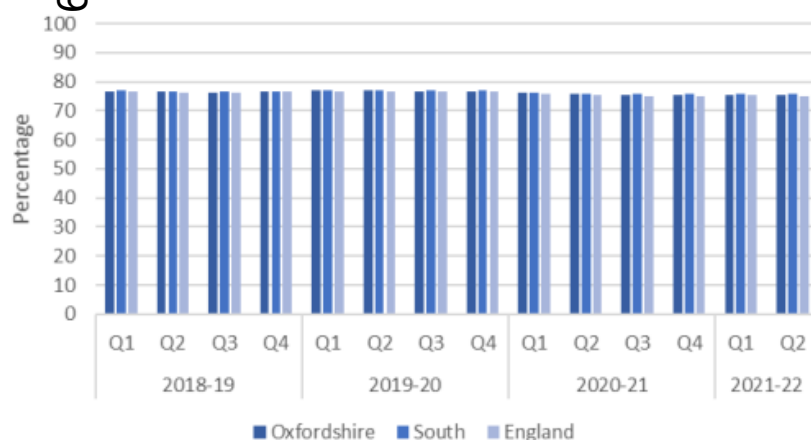
Cervical Cancer Screening - Coverage 25-49



Cervical screening coverage by CCG (25-49 years) - The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years.
Performance thresholds
Acceptable $\geq 80.0\%$

The coverage in Oxfordshire for those aged 25-49 is slightly lower than the rates achieved for the whole of the South and England. The achievement for Oxfordshire has remained relatively stable over the past few years, dipping slightly during the pandemic. The target remains challenging Oxfordshire is below the regional and national achievements.

Cervical Cancer Screening - Coverage 50-65



Cervical screening coverage by CCG (50 years and above)- The proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of reported period who were screened adequately within the previous 5.5 years
Performance thresholds
Acceptable $\geq 80.0\%$

The coverage in Oxfordshire for those aged 50-65 is similar to the average for the whole of the South and England and is higher than that achieved for the younger age group. Whilst coverage remains stable it does not meet the 80% target.

Data sources:

[NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2021-to-2022)

[NHS screening programmes: KPI reports 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2020-to-2021)

[NHS screening programmes: KPI reports 2019 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2019-to-2020)

[NHS screening programmes: KPI reports 2018 to 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2018-to-2019)

Impact of the pandemic on cervical screening

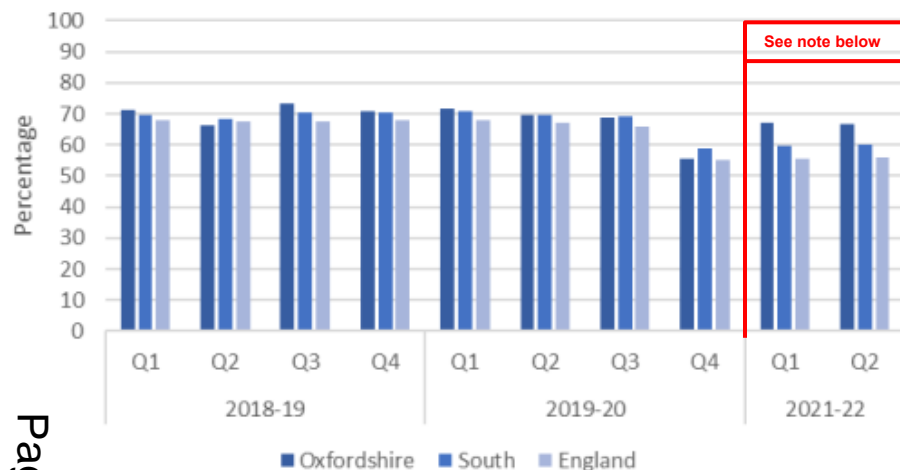
- During the spring of 2020 intervals for cervical screening invitations were extended briefly to relieve some of pressure faced in primary care. Normal invitations were resumed in summer 2020. During this time primary care provision of cervical screening sample taken continued and NHSE screening and immunisation team worked closely with General Practice to ensure women were able to continue to access cervical screening.
- Women with low grade referrals attending colposcopy appointments experienced short delays in 2020 but these were within normal waiting times by January 2021. Women with high grade referrals continued to be offered appointments within national standards throughout the pandemic.

Actions and recommendations

- The NHSE screening and immunisation team are working closely with primary care networks and the Thames Valley Cancer Alliance to support the requirements of the primary care Direct Enhanced Service (DES) around Earlier Diagnosis of Cancer and Screening by agreeing the PCN's contribution to local efforts to improve uptake in screening programmes
- Our priority is to reduce inequality and narrow the gap between the practices with the highest and lowest cervical screening coverage for 25-49-year-olds within the BOB ICS.
- We plan to adopt a targeted approach by working with an agreed cohort of GP practices with lower cervical screening coverage.
- We have identified younger women and those of an Asian ethnicity as our top priorities for targeted improvement. We plan to work with GP practices to ensure these groups are prioritised.

Breast Screening

Breast Screening uptake



Breast Screening uptake - The proportion of eligible women invited who attend for screening

Performance thresholds

Acceptable $\geq 70.0\%$

Achievable = 80%

The uptake achieved in Oxfordshire is below the acceptable target but in Q1 and 2 it is higher than the average rates achieved for the South and England.

Breast Cancer Screening - round length



Acceptable $\geq 90.0\%$
Achievable $\geq 100.0\%$

■ Oxfordshire ■ South ■ England

Breast screening – screening round length by service- The proportion of eligible women whose date of first offered appointment is within 36 months of their previous screen.

Performance Thresholds

Acceptable $\geq 90.0\%$

Achievable = 100%

During Q1 the programme was paused in line with national guidance. The service is working through the backlog to return to national standards. Further information is presented on the following slide.

Data sources:

[NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2021-to-2022)

[NHS screening programmes: KPI reports 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2020-to-2021)

[NHS screening programmes: KPI reports 2019 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2019-to-2020)

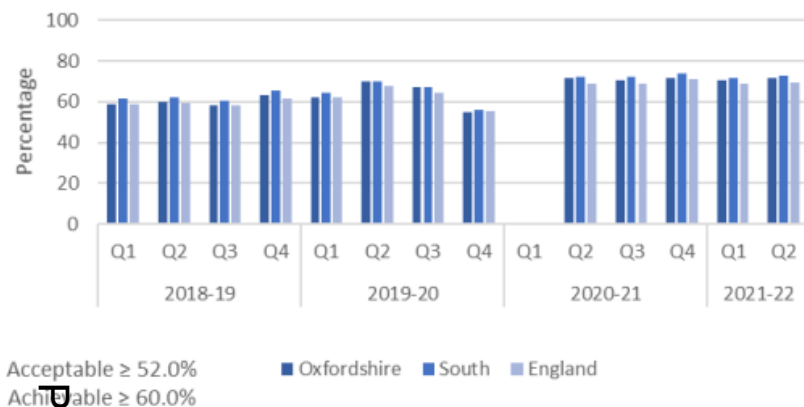
[NHS screening programmes: KPI reports 2018 to 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2018-to-2019)

Actions and recommendations

- Impact of Covid on Breast Screening
 - Following a pause in the national programme, the Oxfordshire service recommenced screening at its static site in June 2020 and on mobile vans in July 2020.
 - Uptake was lower than pre-pandemic with the service experiencing high rates of DNA/cancellations
 - Social distancing and strict infection control procedures made women and the staff feel safe but reduced overall daily screening capacity
 - The service has faced challenges with mammography staffing levels which is mirrored nationally and this has hampered recovery efforts.
 - The service has retained the use of timed appointment letters to woman which seems to have resulted in a higher uptake than other programmes in the region where the invitation model was changed.
 - The service is utilising all staffing options to increase capacity across the service
 - The service is putting on additional weekend appointments to increase capacity
- There are national workforce challenges in Breast Screening services particularly with mammography staffing. We have been collaborating with our service, national colleagues and those in the education sector to explore possible solutions.
- We are supporting the service to work towards implementation of text message reminders for screening appointments. There is evidence to show that text reminders improve attendance for appointments.
- The screening and immunisation team are working with the ICS to improve uptake especially in underserved populations e.g. individuals with learning disabilities and areas of deprivation.
- The screening and immunisation team are undertaking some mapping work to identify any geographies that may require additional interventions to improve engagement in screening

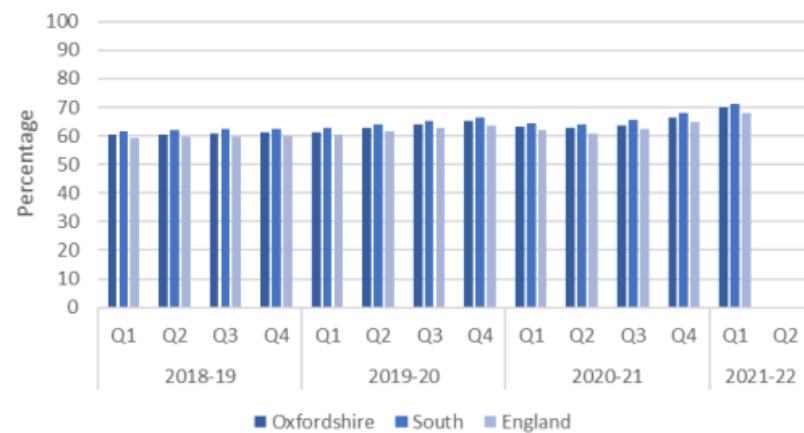
Bowel Screening

Bowel Cancer Screening - Uptake



- BCS1 - The proportion of eligible men and women aged 60 to 74 years invited to participate in bowel cancer screening who adequately participate.
- Oxfordshire has consistently been meeting the achievable target and performing better than the national average.
- *Publication of regional and provider level data for BCS1 was withdrawn for Q1 2020/21 due to impact of the COVID-19 pandemic on screening activity that occurred during this time period.

Bowel Cancer Screening - Coverage



- BCS2 – The proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBT) screening result in the previous 30 months.
- Coverage in Oxfordshire has been comparable to the Southern region and better than the national average.
- *Coverage is available 6 months in arrears; The data is expected to be published for Q2 in May 2022.

BCS1 and BCS2 are the national bowel cancer screening key performance indicators

Data sources:

[NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2021-to-2022)
[NHS screening programmes: KPI reports 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2020-to-2021)
[NHS screening programmes: KPI reports 2019 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2019-to-2020)
[NHS screening programmes: KPI reports 2018 to 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-screening-programmes-kpi-reports-2018-to-2019)

Actions and recommendations

- Bowel cancer screening services nationally were paused during Q1 2020/21 due to the pandemic. When the service recommenced the invitation rate was increased to recover the backlog of patients not invited during the pause. In Oxfordshire the service fully restored and recovered their backlog in July 2021.
 - The service is performing within national standards.
 - Following UK National Screening Committee recommendations, NHSE/I discontinued bowel scope screening in 2020/21.
- Page 24 All individuals whose bowel scope screening appointment was delayed due to the COVID-19 pandemic were offered a faecal immunochemical test (FIT) home testing kit from April 2021.
- The bowel cancer screening programme is being extended to include 50 - 59 year olds in a phased roll out starting with 56 year olds.
 - 56 year olds in Oxfordshire were invited from 6th September and the service is currently planning to go live with 58 year olds in May with additional age cohorts being invited in subsequent years.
 - Oxfordshire was one of the first programmes in the region to roll out age extension for 56 year olds.
 - Joined-up efforts by the health and social care teams led to an increase in the rate of uptake of bowel cancer screening by men in Wantage. The targeted approach was supported by social prescribers and designed by various stakeholders including the BOB ICS.
 - The screening and immunisation team are currently exploring opportunities to work with partners to improve uptake, especially in underserved populations e.g. individuals with learning disabilities.

Opportunities for partnership working

- Sharing of timely data to identify geographical areas or particular population groups with lower uptake and coverage
- Targeted community engagement with groups known to have lower uptake of screening and/or immunisations
- Leveraging to influence planning and delivery of ICS led population health initiatives aimed at improving uptake and coverage of screening and immunisations
- Amplification of communications including national, regional and local campaigns
- Working with partners to identify potential screening locations
- Effective working with relevant stakeholders to support families and communities to take up the 0-5 immunisation offer

Page 25

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Healthwatch Oxfordshire report to Health Improvement Board 19 May 2022.

Presented By: Veronica Barry- Healthwatch Oxfordshire.

Amier AlAgab is now employed as Enter and View Officer at Healthwatch Oxfordshire, and as a result has stepped down as Ambassador to the HIB. We are in the process of recruiting a new Ambassador here:

<https://healthwatchoxfordshire.co.uk/about-us/volunteer/>

Purpose / Recommendation

- For questions and responses to be taken in relation to Healthwatch Oxfordshire insights

Background

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including survey, outreach, community research, and work with specific groups including Patient Participation groups, voluntary groups and seldom heard. We have increased our social media presence and output to raise the awareness of Healthwatch Oxfordshire.

Key Issues

Current work focus includes:

- Recent and forthcoming reports are on:
<https://healthwatchoxfordshire.co.uk/our-work/research-reports/>

Reports published since last meeting Feb 2022:

- *Using interpreting services:* views of service users and health professionals GP website review update. Followed by roundtable event for commissioners and agreements for joint promotions, and OUH piloting focus on interpreting within hospital maternity services.
- *Contacting your GP:* report presenting to Health Overview Scrutiny Committee (HOSC) forthcoming
- *Remote blood pressure monitoring* report
- *Listening to Chipping Norton* and surrounds

- *Rural Isolation* in Oxfordshire – a report with Communities First Oxfordshire
- **Enter and View** visits have recommenced, with recent visits to Eynsham Health Centre, Lloyds Pharmacy Eynsham and Long Hanborough Pharmacy. Reports forthcoming.

Community Researchers

- Work with **community researchers**, (*Community Participative Action Research- CPAR*) initiative supported by Health Education England (HEE) and Public Health England South-East. The two community researchers with Healthwatch Oxfordshire have now completed their work with the following results:
- Community researcher Omotunde Coker explored ***Black Women's experiences of maternity***, with conversations with women from Oxford's diverse and multi-ethnic communities. The **resulting film** can be seen here: https://www.youtube.com/watch?v=dWrLPS2Ublg&feature=emb_imp_wo yt This was shown to midwives and Oxford University Hospitals and other health professionals, and members of the Maternity Voices Partnership at an event in March and conversations with the women who took part. Positive progress has been made in raising the voice of these women and their experiences, and in supporting the community outreach and understanding of maternity services. Omotunde continues to link into these networks and for change.
- Community researcher Nagla Ahmed explored ***views on healthy lifestyles among the Sudanese Community***. See report here: <https://healthwatchoxfordshire.co.uk/our-work/research-reports/> Hearing from 22 members of the community identified barriers to physical activity including need for more women only sessions in pools and gyms, and also identified need for more culturally appropriate outreach around physical activity and healthy eating programmes. Nagla is engaged in conversations to highlight the report to Oxford leisure providers.
- Wider **showcase event of this CPAR initiative** (HEE and NHS Improvement) across the S.E. takes place online from 10-12 May with presentations from all across S.E. who did community research. Places can be booked here: https://crowdcomms-ltd.reg.crowdcomms.com/South_East_CPAR_Showcase_Event
- Ongoing work with **Patient Participation Groups**, including regular newsletter, webinars and work linking to Primary Care Networks (PCN). A webinar on **Refugees and Asylum Seekers** was held for PPGs on 29th April, supported by Asylum Welcome.

Current surveys:

- Views on visiting care homes
<https://www.smartsurvey.co.uk/s/visitingcarehomes/>
- Getting prescriptions from pharmacies
<https://www.smartsurvey.co.uk/s/Gettingprescriptions/>
- Forthcoming Oxford University Hospitals Medical Helpline survey

Key issues we are hearing:

- GP waiting and access, community pharmacy, impact of cost of living.

Key Dates

Priorities for Healthwatch Oxfordshire in 2022 are:

- Current development of targeted insight focus for 2022
- Increase the voice of seldom heard communities – through ongoing outreach, and development of community research model
- Increase the influence of Healthwatch Oxfordshire in ensuring voices of the public are heard by the health and social care system – through working with Patient Participation Groups, Primary Care Networks and Oxfordshire Wellbeing Network

Report by: Veronica Barry – Healthwatch Oxfordshire Ambassador.
May 2022

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Divisions Affected - All

Health Improvement Partnership Board

19 May 2021

Plan for the development of indicators for monitoring Oxfordshire's progress on the delivery of Healthy Place Shaping

Report by Head of Healthy Place Shaping

RECOMMENDATIONS

1. **The Health Improvement Partnership Board is RECOMMENDED to:**
 - a) Review the proposed key indicators for monitoring progress on Healthy Place Shaping (HPS) in Oxfordshire.
 - b) Support the proposal for the continued development of HPS indicators and the associated 20-minute neighbourhood tool, including participation in a shared project to define and set up new HPS consultation questions and consistent consultation methods to gather and share community feedback across Oxfordshire.
 - c) Support the recommendation that reporting on HPS indicators becomes part of the established annual cycle of updating and sharing the findings of the Oxfordshire Joint Strategic Needs Assessment.

Executive Summary

2. Healthy Place Shaping (HPS) involves local government working in partnership with a wide range of local stakeholders to create sustainable, well-designed communities where healthy behaviours are the norm and which provide a sense of belonging and safety, a sense of identity and a sense of community.
3. HPS is a priority for the Health and Wellbeing Board and the Future Oxfordshire Partnership. As such it is important to gather evidence on the impact of work being undertaken across the county to embed this approach at a strategic and policy level and to deliver place based healthy place shaping activities.
4. This paper reports on progress in developing a basket of indicators that address the wider social determinants of health and that can report on the impact of healthy place shaping across the county. A group of analysts have worked together to develop an indicator set and have assessed the validity,

accuracy and relevance of proposed indicators, including whether they can be updated with local evidence and reported regularly.

5. The basket of indicators has not been finalised but this progress report is being brought to the Health Improvement Board to approve the key measures identified to date, as shown in Appendix B, and to seek its support for a shared project to generate local data for certain indicators, such as sense of community belonging, where this information is not routinely collected.
6. In addition, the paper reports on progress with the development of a “20 minute neighbourhood” tool to support the development of ‘liveable neighbourhoods’, see Appendix A, which are accessible by active travel and which promote social interaction and a sense of belonging (key objectives of healthy place shaping). Once this tool has been further refined it will be available to colleagues in planning policy and community development to support their work.
7. It is recommended that reporting on the HPS indicators becomes part of the established annual cycle of updating and sharing the findings of the Oxfordshire Joint Strategic Needs Assessment.

Background

8. In 2019, following the conclusion of the two successful Healthy New Towns pilots in Bicester and Barton, Healthy Place Shaping (HPS) was adopted as a priority for the Health and Wellbeing Board and the Future Oxfordshire Partnership.
9. The work to scale up HPS is led by Public Health and in early 2020, the Public Health Consultancy PHAST¹ was commissioned to carry out a system evaluation of Healthy Place Shaping across Oxfordshire. In July 2020, PHAST drafted ‘A Systems Evaluation Plan for Oxfordshire Healthy Place Shaping’. This was agreed by the Evaluation Advisory Group with minor changes. It described what evaluation work would be done over the first year of the evaluation. One element of this plan was a project to ‘Review and collate the data available from Cherwell on HPS results, evaluation and impact’.
10. The report of this data project was delivered in July 2021, and the most relevant recommendation in the report was:
 1. *“a suite of indicators should be developed that builds on the analysis in this paper; this could be developed through a workshop of key organisations and individuals. The aim would be to agree indicators noting what is technically possible now or in the near future, and which areas are most important. Developments might include further population surveys being embedded into the HPS programme or collaboration with Sport England or other organisations who already undertake regular population surveys. One particular focus should be social isolation/loneliness and community cohesion – these are core priorities*

¹ [About Us | PHAST CIC](#)

that have been identified in Bicester and Kidlington and are likely to be central to HPS as it rolls out more widely. PHAST would propose facilitating such a workshop”

11. A small workshop was held in late August 2021, and since then a working group of analysts across Oxfordshire County Council including Cherwell District Council, Oxford City Council, South and Vale District Councils, West Oxfordshire District Council and Active Oxfordshire has developed the proposals and thinking from the workshop.
12. The working group agreed that the principles for selecting HPS indicators should be to:
 1. use routinely available data as much as possible;
 2. address the wider social determinants of health (as this is key to HPS). This means that they should not measure disease specific health outcomes such as diabetes, or some health behaviours such as smoking or income-related measures such as people claiming unemployment benefits, but focus on wider issues such as:
 - levels of loneliness/isolation
 - sense of community connection
 - strength of the community and voluntary sector
 - the design of the environment
 - some behavioural factors such as healthy eating and physical activity.
13. Once a draft set of indicators had been compiled, the group evaluated and scored each indicator with reference to the following questions:
 1. How relevant is this indicator to the purpose of HPS?
 2. Validity: does the indicator measure what it claims to measure?
 3. Is it technically possible to populate the indicator with reliable, accurate data?
 4. Meaning: is the indicator sensitive enough to show changes that matter?
 5. Implication (a): how difficult or easy is it to influence this indicator?
 6. Implication (b): any unintended consequences of using this indicator?
14. Further work is continuing in order to fill in the gaps in the indicator set with local evidence that can be updated and reported regularly.
15. In addition to the ongoing work on the indicator set, Oxfordshire County Council's Data, Analysis and Modelling team has started the development of an “interactive 20-minute neighbourhood tool” that allows users to visualise and explore geographical areas of Oxfordshire where residents are more or less likely to be within 20 minutes (10 minutes each way) by walking or cycling of local community amenities. [See Annex A](#) for further information.

Proposed Healthy Place Shaping indicators

16. The proposed Healthy Place Shaping indicators are organised under five main headings, covering the three HPS workstreams:
 1. Built environment
 2. Community activation
 3. New models of care
 4. Process indicators (which count activities rather than outcomes)
 5. Wellbeing Outcome Measures
17. The table in [Annex B](#) lists the proposed indicators under each main heading, the status of work to populate the indicators and next steps.
18. Looking at each main heading:
 1. Built environment
 - Includes measures of air pollution, access to takeaways and alcohol, fuel poverty and feelings of safety.
 - District Council-held data are important for this section. Further work is ongoing on most measures to set up data gathering processes.
 2. Community activation
 - Includes people making use of outdoor space, perceived sense of belonging and the strength of the voluntary sector.
 - Most measures in this section rely on collecting opinion data from residents across Oxfordshire (see 19 below).
 3. New models of care
 - Includes people supported by social prescribing, pharmacies and community-based services plus monitoring data from the Make Every Contact Count programme and use of digital devices.
 - Collaborative work is ongoing to agree measures in this section and links between HPS and the Joint Commissioning-led Promoting Independence and Prevention Group will continue to be important.
 4. Process indicators
 - This section is focused on the operational processes to implement and support HPS.
 - Indicators show progress on projects and programmes related to HPS including Local Cycling and Walking Infrastructure Plans, Health Impact Assessments and place-based partnerships.

5. Wellbeing Outcome Measures

- Includes wellbeing (happiness, anxiety, satisfaction), physical activity, active travel, diet, weight and obesity, volunteering and loneliness.
 - As most data in this section are based on nationally-defined surveys, indicators are available at district level, but not for small areas. The exception is child weight from the National Child Management Programme where data are available at a small area level.
 - [Annex C](#) provides a summary of the latest HPS indicator data for the Wellbeing Outcomes Measures.
19. The following HPS indicators measure the opinion of (a representative sample of) Oxfordshire's district local authority residents:
- 1.6 Feeling safe / perception of crime
 - 2.2 Sense of belonging, "great place to live"

To achieve this, it is proposed that the HPS data group is asked to coordinate the work to define and gather opinion via existing consultation processes, and, if this is not achievable, to submit a proposal to fund additional consultation.

Governance and reporting process

20. A new Healthy Place Shaping data working group was set up in 2021 and is meeting every 6-8 weeks to collaborate on the development of the HPS indicators. Membership of the group includes representatives of Oxfordshire County Council, District Councils and Active Oxfordshire. The remit of this group is developing the basket of indicators.
21. Once the HPS basket of indicators has been finalised it is proposed that from 2023, HPS monitoring will form part of the annual update to the Oxfordshire JSNA, a well-established process on behalf of the Oxfordshire Health and Wellbeing Board. The way in which these could be displayed is shown in Appendix C.

Next steps

22. The Health Improvement Partnership Board is RECOMMENDED to:
23. Review the proposed key indicators for monitoring progress on Healthy Place Shaping (HPS) in Oxfordshire.
24. Support the proposal for the continued development of HPS indicators and the associated 20-minute neighbourhood tool, including participation in a shared project to define and set up new HPS consultation questions and consistent consultation methods to gather and share community feedback across Oxfordshire.

25. Support the recommendation that reporting on HPS indicators becomes part of the established annual cycle of updating and sharing the findings of the Oxfordshire Joint Strategic Needs Assessment.
26. Agree that a paper presenting the final basket of indicators for HPS is brought to the Health Improvement Board for its approval in autumn 2022.

Financial Implications

27. The overall approach to developing and sharing Healthy Place Shaping indicators is to make use of Oxfordshire's existing analytical resources, data collections and/or data collection processes where possible.
28. Work to-date, however, has found some important gaps in the evidence base which would benefit from further investigation. If these require additional funding any potential additional costs will be identified before finalising the set of indicators.

Legal Implications

29. The proposed work on Healthy Place Shaping indicators and the associated 20-minute neighbourhood tool supports the Health and Wellbeing Board's statutory duty to publish a Joint Strategic Needs Assessment each year.
30. There are no further legal implications.

ROSIE ROWE
Head of Healthy Place Shaping
Oxfordshire County Council

Contact Officer: Margaret Melling
Senior Research Officer
margaret.melling@oxfordshire.gov.uk

May 2022

ANNEX A: Developing an Oxfordshire 20-minute neighbourhood tool

In a *20-minute neighbourhood*, residents can reach local facilities within 10 minutes (each way) by cycling or walking.

In March 2021 the Town and Country Planning Association (TCPA) published guidance on the 20-minute neighbourhood for local planning authorities².

The TCPA's introduction to the guide outlines the history, benefits and ongoing collaborative work to introduce 20-minute neighbourhoods into the English planning system.

- *The idea of the '20-minute neighbourhood' (also known as 15-minute cities) has grown with interest around the world, especially since the COVID-19 pandemic put a spotlight on the importance of the liveability of where we live.*
- *Another way of describing a complete, compact and connected neighbourhood, where people can meet their everyday needs within a short walk or cycle, the idea of the 20-minute neighbourhood presents multiple benefits including boosting local economies, improving people's health and wellbeing, increasing social connections in communities, and tackling climate change.*
- *The TCPA with Sport England have been working with partners including Sustrans, Design Council, Fields in Trust, CLES and others to look at how the idea could be introduced in the context of the English planning system.*

As part of the Oxfordshire Healthy Place Shaping data work, a new interactive tool is being developed to allow local planners and others to see where in Oxfordshire communities are more or less able to access local amenities within a 10 minute walk or cycle (each way).

There are two key elements to the development of this tool:

1. Agreement of which local amenities to include and sourcing the best local location data for mapping.
2. Development of the methodology to create a composite picture of 20-minute neighbourhoods in Oxfordshire. This includes deciding whether there is a minimum standard to apply across rural Oxfordshire and urban Oxfordshire.

Local amenities

Community assets that have been mapped and included in the initial version of the tool are:

- Supermarkets
- Community centres
- Leisure centres
- Green space
- Blue space

² [The 20-Minute Neighbourhood - Town and Country Planning Association \(tcpa.org.uk\)](https://www.tcpa.org.uk/the-20-minute-neighbourhood)

- Primary schools

Further work is being carried out to map location data for:

- Community-based activities (possibly by linking with Live Well Oxfordshire)
- Other sports locations outside of leisure centres

In addition a recent research project carried out by CoHSAT³ has identified local facilities that are most valued by residents and we are investigating how the findings can inform the modelling.

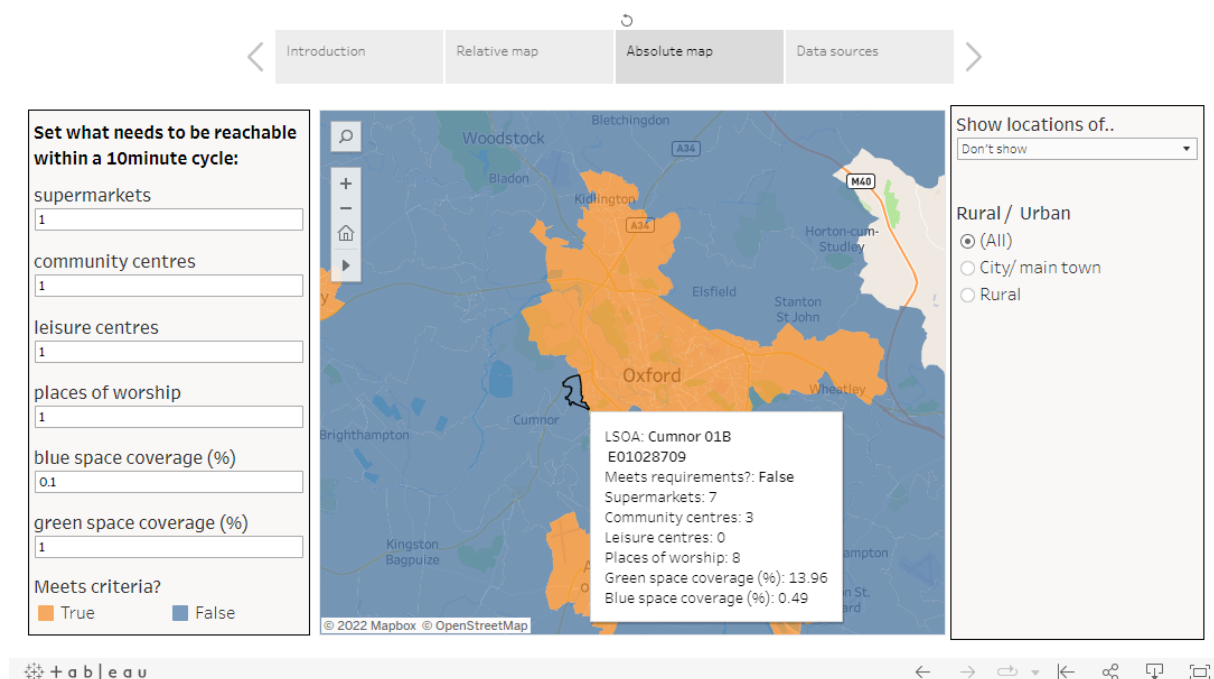
Methodology

The Oxfordshire 20-minute neighbourhood tool uses Lower Layer Super Output Areas (LSOA) – a statistical geographical boundary set developed by ONS and used to publish social statistics including the Indices of Deprivation and Census data.

The tool calculates the number of community assets reachable within a (one way) 10 minute cycle or walk and allocates a population-weighted average value to each LSOA in Oxfordshire.

Note that the modelling includes cycling restrictions on roads, but does not take into account the terrain or conditions e.g. hills or areas of heavy traffic.

The image below shows a view of the draft Oxfordshire 20-minute neighbourhood tool.



[Explore the draft tool](#) (opens a Tableau dashboard)

³ Coalition of Healthy Streets and Active Travel [Home - CoHSAT](#)

ANNEX B: Proposed Healthy Place Shaping Indicators

**Priority / phase is an overall score from the HPS data group evaluation. "Medium" priority (phase 2) indicators are those which require significant further development and scored lower on the assessment of relevance / validity / meaning / implications.*

	Indicator	Priority/ phase*	Status / comment	Trend data for districts?	Small area data?
	1. Built environment				
1.1 and 1.2	Reduce air pollution (NO2 and particulates)	High / phase 1	<i>Available for AQMA monitoring sites and grid squares</i>	Yes - from existing data	Yes
1.3	Restrict hot food takeaways around secondary schools	Medium / phase 2	<i>Selected as this ambition is in National Planning Policy Guidance (para 6)</i>	Yes – needs further development	Yes
1.4	Restrict clusters of premises licenced to sell alcohol	Medium / phase 2	<i>Work completed in 2020 to share and map lists held by Districts of alcohol premises</i>	Yes – needs further development	Yes – snapshot as of 2020
1.5	Reduce the % of households experiencing fuel poverty	Medium / phase 2	<i>Limited direct local data. Annual fuel poverty statistics published by the Department for Business, Energy & Industrial Strategy is used to model local results.</i>	Yes	Yes
1.6	Improve residents feeling of safety in their area (linked to perception of crime)	Medium / phase 2	<i>Oxford City will include q in 2022 residents survey, Offices of PCC may jointly carry out a national survey TBC</i>	Not yet available	Not feasible from sample survey

	2. Community activation				
2.1	Increase the proportion of people making use of outdoor spaces	High / phase 1	<i>Metric included in Natural England People and Nature survey, requested cost to boost sample in Oxfordshire</i>	Not yet available – cost requested	Not feasible from sample survey
2.2	Improve perceived sense of belonging, % of people reporting “great place to live”	Medium / phase 2	<i>Measure was included in the (discontinued) “Place Survey” carried out by local authorities.</i>	Not yet available	Not feasible from sample survey
2.3	Increase the strength of the voluntary sector (number, type, location and resilience)	Medium / phase 2	<i>Investigating linking with a subset of data hosted by Live Well Oxfordshire and other sources</i>	Not yet available	Not yet available
	3. New Models of Care				
3.1	People supported by social prescribing	Medium / phase 2	<i>GP practice patients referred to social prescribing and action taken</i> <i>Lack of common data standards and limited data at present. Initial indicators will count activity, ambition to move to outcomes.</i> <i>Significant partnership data work needed to progress</i>	Not yet available	Not yet available
3.2	People supported by community pharmacy services (as alternative to GP)	Medium / phase 2	<i>Percentage of pharmacies delivering (out of 105). Number of consultations per 1,000 people (NHS England)</i> <i>Initial indicators will count activity, ambition to move to outcomes</i>	Not yet available	Not yet available

3.3	People supported by community-based health and care services	Medium / phase 2	<i>Linking with the Promoting Independence and Prevention Group to agree possible measures to show impact of transformation of social care and The Oxfordshire Way, e.g. number (and proportion of) social care users who are supported with a personal budget number (and proportion of) social care users who receive community based support by the voluntary sector instead of formal care packages</i>	Not yet available	Not yet available
3.4	People in contact with Make Every Contact Count programme	Medium / phase 2	<i>Number of MECC champions Number of MECC conversations Limited data at present - OCC Library Service collecting data on conversations</i>	Not yet available	Not yet available
3.5	Use of digital devices and extent of digital literacy	Medium / phase 2	<i>Linking with Digital Inclusion Strategy under development Availability of devices, ability to use. Able to source one off data modelling (eg CACI Digital Inequalities data, free for a limited time). Not yet able to identify trend data for monitoring.</i>	No source identified	Yes – snapshot data from CACI
	4. Process indicators				
4.1	Development of Local Cycling and Walking Infrastructure Plans (LCWIPs)	High / phase 1	<i>LCWIPs for Oxford (March 2020) and Bicester (Sept 2020) Future plans for LCWIPs in Abingdon, Banbury, Didcot and Kidlington</i>		
4.2	Local Cycling and Walking Activation Programmes	High / phase 1	<i>Incl. Active Travel to School interventions such as School Streets, Street Tag, Schools Park and Stride, Way Finding projects, Active Travel to Work activities</i>		
4.3	Completion of Health Impact Assessments	High / phase 1	<i>Use of HIA assessment tools for new housing developments and new infrastructure schemes</i>		

4.4	Inclusion of Healthy Place Shaping in District Local Plans	High / phase 1	<i>As reported by District Councils</i>		
4.5	Development of place-based partnerships	High / phase 1	<i>e.g. Brighter Futures Banbury, South Abingdon Health and Wellbeing Partnership, Oxford Health and Wellbeing Partnerships, Healthy Bicester and K5 Better Together Programme</i>		
4.6	How Oxfordshire is doing on the development of 20-minute neighbourhoods	High / phase 1	<i>Incl. 20 minute neighbourhood policy and use of 20 minute neighbourhood tool in County strategies and Local Plans</i>		
	5. Wellbeing Outcome Measures				
5.1	ONS wellbeing measures of anxiety, happiness, satisfaction and worthwhile	High / phase 1	<i>From ONS Annual Population Survey</i>	Yes	No
5.2	Children physically active (from Sport England)	High / phase 1	<i>From Sport England C&YP</i>	Yes	No
5.3	Adults physically active (from Sport England)	High / phase 1	<i>From Active Lives, Sport England</i>	Yes	No
5.4	Active travel - percentage of adults walking for travel at least three days per week (age 16+)	High / phase 1	<i>From DfT (based on Active Lives Sport England)</i>	Yes	No
5.5	Active travel - percentage of adults cycling for travel at least three days per week (age 16+)	High / phase 1	<i>From DfT (based on Active Lives Sport England)</i>	Yes	No

5.6	Diet: 5 a day	High / phase 1	<i>From Active Lives, Sport England</i>	Yes	No
5.7	Reception children overweight or obese	High / phase 1	<i>From NCMP from OHID fingertips tool</i>	Yes	Yes
5.8	Year 6 children overweight or obese	High / phase 1	<i>From NCMP from OHID fingertips tool</i>	Yes	Yes
5.9	Adults (age 18+) overweight or obese	High / phase 1	<i>From Sport England Active Lives</i>	Yes	No
5.10	Any volunteering in the last 12 months: any role	High / phase 1	<i>From Sport England Active Lives</i>	Yes	No
5.11	Percentage reporting "often or always" feeling lonely	High / phase 1	<i>From ONS Opinions and Lifestyle Survey</i>	Yes	No

ANNEX C: Example of how HPS indicator results for Wellbeing Outcome Measures could be displayed

The chart below shows Healthy Place Shaping Wellbeing Outcome Measures available from the Office for Health Improvement and Disparities with the dots showing Oxfordshire's ranking compared with the England benchmark and the range of values for Counties and Unitary Authorities in England.

● Better 95% ● Similar ● Worse 95%

Indicator	Period	Oxon			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Self-reported wellbeing - people with a low happiness score (Persons, 16+ yrs)	2020/21	—	-	7.3%	8.7%	9.2%	-	Insufficient number of values for a spine chart	-
Self-reported wellbeing - people with a high anxiety score (Persons, 16+ yrs)	2020/21	—	-	24.7%	23.6%	24.2%	32.4%		15.9%
Percentage of physically active adults (Persons, 19+ yrs)	2019/20	—	-	73.0%	69.5%	66.4%	49.4%		80.2%
Percentage of physically inactive adults (Persons, 19+ yrs)	2019/20	—	-	17.4%	20.1%	22.9%	35.2%		14.2%
Percentage of physically active children and young people (Persons, 5-16 yrs)	2020/21	—	-	51.2%	45.4%	44.6%	-	Insufficient number of values for a spine chart	-
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons, 16+ yrs)	2019/20	—	-	60.2%	58.3%	55.4%	41.4%		66.9%
Percentage of adults cycling for travel at least three days per week (Persons, 16+ yrs)	2019/20	—	-	6.6%	2.4%	2.3%	0.0%		11.3%
Percentage of adults walking for travel at least three days per week (Persons, 16+ yrs)	2019/20	—	-	15.3%	14.9%	15.1%	6.8%		33.4%
Reception: Prevalence of overweight (including obesity), 3-years data combined (Persons, 4-5 yrs)	2017/18 - 19/20	—	3,575	19.3%	21.2%	22.6%	30.0%		15.3%
Year 6: Prevalence of overweight (including obesity), 3-years data combined (Persons, 10-11 yrs)	2017/18 - 19/20	—	5,165	29.3%	30.9%	34.6%	44.7%		22.1%
Loneliness: Percentage of adults who feel lonely often / always or some of the time (Persons, 16+ yrs)	2019/20	—	-	24.21%	20.83%	22.26%	36.28%		13.86%

[Your indicator lists - OHID \(phe.org.uk\)](https://phe.org.uk) (accessed 22 April 2022)

Divisions Affected - All

Health Improvement Partnership Board

19 May 2021

Access to Greenspace and Nature for Health and Wellbeing: A Scoping Paper for Public Health Programme of Work in Oxfordshire

**Report by Lizzie Moore (Public Health Specialty Registrar)
and Rosie Rose (Head of Healthy Place Shaping)**

“Spending time in the natural environment – as a resident or a visitor – improves our mental health and feelings of wellbeing. It can reduce stress, fatigue, anxiety and depression. It can help boost immune systems, encourage physical activity, and may reduce the risk of chronic diseases such as asthma. It can combat loneliness and bind communities together.”

(25 Year Environment Plan)

RECOMMENDATIONS

1. The Health Improvement Partnership Board is RECOMMENDED to:
 - a. Review the proposed outline of a public health programme of work on access to greenspace and nature for health and wellbeing.
 - b. Support the core strategic objectives that have been suggested to inform the development of this programme.
 - c. Agree to review implementation of the programme after a period of nine months, including reporting on specific projects.

EXECUTIVE SUMMARY

2. Access to, engagement and connection with greenspace and nature are key determinants of physical and mental health and wellbeing.
3. A strong policy context at national and local level supports a public health programme aiming to improve equity in access to greenspace and nature in Oxfordshire.
4. Although this is a relatively new area of focus for public health, there are multiple examples ‘on the ground’ of organisations working with communities to improve health and wellbeing through nature.
5. A public health approach to improving equity in access to greenspace and nature can be conceptualised through frameworks of healthy place shaping and personalised care.

6. Suggested strategic objectives for public health on this theme include:

- a. Raise the profile of 'nature for health' across relevant sectors and advocate for equitable access as a key health and sustainability goal
- b. Ensure that local planning policy reflects national guidance and best practice in relation to green infrastructure standards
- c. Collaborate with all districts, the NHS and other partners to support delivery of targeted nature-based activities or interventions to address health inequalities, including through green social prescribing
- d. Work with a range of stakeholders to raise public awareness of opportunities to participate in nature-based activities, including facilitated sessions and 'self-care' through nature
- e. Identify and address local and national gaps in data, evidence and insight

INTRODUCTION

7. Improving access to greenspace and nature for health and wellbeing is a key feature of Healthy Place Shaping – defined as a collaborative approach which aims to create sustainable, well designed, thriving communities, where healthy behaviours are the norm, and which provide a sense of belonging, identity, and community.
8. An increasing body of evidence suggests that access to greenspace and connection with nature are key determinants of physical and mental health and wellbeing. This includes a positive effect on a wide range of specific outcomes, such as overall mortality, self-assessed general health, healthy weight, mental wellbeing, common mental disorder, and emotional wellbeing and cognition in children¹.
9. Greenspace and nature are also said to have an 'equigenic' effect, whereby greener living environments reduce the impact of other socioeconomic determinants of health, whilst nature-based activities or specific interventions offer the greatest health benefits to people from more deprived backgrounds².
10. These effects are thought to be due to several different mechanisms, including increased physical activity, social contact and community connectedness, development of skills and capabilities, mediation of environmental harms such as air pollution, and increasing nature connection³.
11. Yet access to nature and associated health benefits is currently inequitably distributed, with specific groups consistently missing out^{4,5,6}. These include people living in areas of high deprivation, those on low incomes or unemployed, older people, black and minority ethnic groups and people with a long-term health condition or disability. It is not a coincidence that many of these groups also experience significant health inequality. Barriers to accessing and engaging with greenspace and nature are associated with a range of physical, practical and sociocultural factors that are often poorly understood^{Error! Bookmark not defined.}.

¹ Public Health England. Improving access to greenspace: A new review for 2020. London: Public Health England, 2020. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf

² Mitchell R, Popham F. Effect of exposure to natural environment on health inequalities: an observational population study. *Lancet*. 2008 Nov 8;372(9650):1655-60.

³ Natural England. Access to Evidence Information Note EIN015. Connection to Nature: evidence briefing. London: Natural England, 2016. Available from: <http://publications.naturalengland.org.uk/publication/4792791243161600>

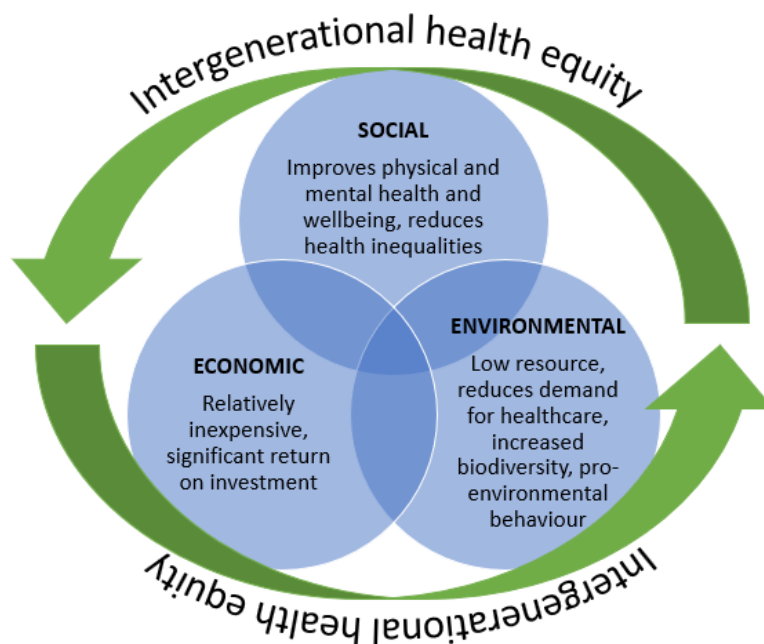
⁴ Armstrong, A., Brockett, B., Eustice, T., Lorentzon, A., O'Brien, L., Williams, S. Why society needs nature Lessons from research during Covid-19. London: Environment Agency, 2021. Available from: <https://www.forestresearch.gov.uk/research/why-society-needs-nature/>

⁵ Institute of Health Equity. Health Equity in England: The Marmot Review 10 Years On. London: Institute of Health Equity, 2020. Available from: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

⁶ Groundwork. Out of Bounds Equity in Access to Urban Nature. London: Groundwork, 2021. Available from: <https://www.groundwork.org.uk/about-groundwork/reports/outofbounds/>

12. Whilst the benefit for humans is clear, improving equity in access to nature also has positive environmental and economic⁷ effects, and therefore plays an important role in the necessary shift to sustainable health and social care systems (Figure 1).
13. In particular, nature-based interventions are associated with reduced demand for (carbon intensive) healthcare, promotion of pro-environmental behaviours, and greater value placed on so-called 'natural capital'⁸. With the climate and ecological crisis as the number one threat to human health in the twenty-first century⁹, public health initiatives that contribute to conserving and protecting our natural assets for the health of current and future generations have never been more important.

Figure 1: Improved access to greenspace – a sustainability issue



14. These issues are now recognised in health and environmental policy, with increasing attention to high quality green infrastructure that offers regular incidental connections with nature, and targeted initiatives to support vulnerable groups. This includes allocation of national funds to explore the potential of Green Social Prescribing, through seven 'Test and Learn' sites¹⁰, and a commitment in the UK's COVID-19 Mental Health and Wellbeing Recovery Action Plan¹¹ to improve access to greenspace for health and wellbeing. Improving access to greenspace is also a key area with greater public consensus for action, as part of an overall package to 'build back better' from the COVID19 pandemic¹².
15. The aim of this paper is to introduce the theme of access to greenspace and nature as a new area of focus for public health in Oxfordshire, and to identify workstreams where we are likely to have the greatest impact on health inequalities. Whilst this is a relatively new theme for public health, we are well-placed to learn from and work with multi-sectoral partners, for a meaningful influence on social, economic and environmental sustainability across a complex system.

⁷ Natural England. An estimate of the value and cost effectiveness of the expanded Walking the Way to Health Initiative scheme 2009 (TIN055). <http://publications.naturalengland.org.uk/publication/35009>. 2009.

⁸ Richardson M, Hunt A, Hinds J, Bragg R, Fido D, Petronzi D, et al. A Measure of Nature Connectedness for Children and Adults: Validation, Performance, and Insights. Sustainability. 2019;11(12):3250.

⁹ The Lancet Countdown on health and climate change. The Lancet [online] 2021.

<https://www.thelancet.com/countdown-health-climate>

¹⁰ <https://www.england.nhs.uk/personalisedcare/social-prescribing/green-social-prescribing/>

¹¹ [UK's COVID-19 Mental Health and Wellbeing Recovery Action Plan](#)

¹² Demos. What Next? Priorities for Britain. Demos [online], 2020. <https://demos.co.uk/project/what-next-priorities-for-britain/>

16. Rather than set out a clear programme of work with specific activities and deliverables, this is very much a scoping paper to explore ideas to be drawn into a more detailed plan in time.
17. First we summarise the context for a public health programme of work around access to nature for health and wellbeing in Oxfordshire. We then introduce suggested strategic objectives for a longer-term programme of work. Finally, we summarise selected current projects on this theme.

KEY TERMS

18. Throughout this paper, several terms are used that are worth defining from the start:

- a. **Nature:** All types of natural environment and all the plants and animals living in them. Nature can be close to where you live in towns, the countryside or wilderness areas further away.
- b. **Greenspace:** Any area of vegetated land, urban or rural. This includes both public and private spaces such as parks, gardens, playing fields, children's play areas, woods and other natural areas, grassed areas, cemeteries and allotments, green corridors, disused railway lines, rivers and canals, derelict, vacant and contaminated land which has the potential to be transformed. For simplicity, we do not distinguish between green and blue space (a term that is sometimes used to describe outdoor environments that prominently feature water).
- c. **Nature-based activities:** Activities that include exposure to nature as a core element, such as local walking for health schemes, community gardening and food-growing projects, mindfulness in nature, conservation volunteering, sports/recreational activities in a natural setting, etc.
- d. **Nature-based interventions:** Structured and facilitated nature-based activities targeted at specific groups, in order to improve one or more aspects of health and wellbeing.
- e. **Nature connection/connectedness:** An individual's subjective sense of their relationship with the natural world.
- f. **Green infrastructure:** A network of multi-functional green space and other green features, urban and rural, which can deliver quality of life and environmental benefits for communities.
- g. **Green social prescribing:** social prescribing initiatives that aim to link people to nature-based interventions and activities to improve their health and wellbeing.

OXFORDSHIRE CONTEXT

Access to greenspace for mental health

19. The 2021 Mental Health and Wellbeing Needs Assessment for Oxfordshire¹³ identified the importance of addressing inequitable access to greenspace as one of four themes influencing differences in mental wellbeing between groups (alongside finances, employment and debt; physical activity; and connections to others and place). Salient findings from this report include:
- a. Although Oxfordshire scores relatively highly on several indicators for mental wellbeing, this masks inequalities across different communities and protected characteristics, many of which were exacerbated by the COVID19 pandemic and associated lockdowns.
 - b. Groups identified as having a particular risk of deteriorating mental health and wellbeing during the initial stages of the pandemic included: young people, people living alone, people with low income/unemployed, lone mothers, people with a diagnosed mental illness and longstanding physical illness and some ethnic minority populations.
 - c. According to findings of the 2019 and 2020 OxWell Survey, life satisfaction and mental wellbeing decrease with increasing age among children and adolescents, particularly for girls.
 - d. These effects are reflected in clinical data, including year-on-year increases in diagnoses of common mental disorder amongst adults and referrals to child and adolescent mental health services (CAMHS).
 - e. Data analysed for Oxfordshire from the last 10 years of the national Monitor of Engagement with the Natural Environment (MENE) survey (now the People and Nature Survey, PNS), shows that

¹³ [Mental Health and Wellbeing | Oxfordshire Insight](#)

most visits to natural environments are made by wealthier families and those that identify as White.

- f. Barriers to visiting natural and green spaces included older age, long term health conditions and disability and being too busy at work or home.
- g. Unfortunately, the MENE/PNS dataset is not large enough to offer any insights below county level for adults. Sample sizes are even smaller for children and young people, for whom Oxfordshire-level insights are lacking.
- h. As with other wider enablers of wellbeing, there are major gaps in evidence and insight around access to greenspace and the experience of this among probable underserved groups, or groups most at risk or poor access and associated poor mental wellbeing.

20. Among other conclusions, the report points to the importance of primary prevention targeting those most at risk, as well as the adoption of a systems approach to wellbeing.

Local policy context

21. In Oxfordshire, several policies and strategies are directly relevant to the theme of greenspace and nature for health and wellbeing:

- a. Key priorities of Oxfordshire County Council's Fair Deal Alliance include '*putting action to address the climate emergency at the heart of our work*'; '*improving access to greenspace and nature*'; '*prioritising the health and wellbeing of residents*'; and '*tackling inequalities in Oxfordshire*'.
- b. The 2019-2024 Oxfordshire Joint Health and Wellbeing Strategy commits to prioritising Healthy Place Shaping. In order to align with the work of the other sub-groups of the Health and Wellbeing Board, the Health Improvement Partnership Board has committed to addressing Mental Health and Wellbeing as a key priority.
- c. The Oxfordshire Prevention Framework 2019-2024 recognises the importance of investment to develop and maintain green spaces that feel safe, are attractive to people of all ages, and promote biodiversity.
- d. Oxfordshire's Mental Health Prevention Framework 2020-23, developed by representatives from Mental Health Prevention Concordat Partnership Group, identifies outdoor spaces as a key enabler of mental wellbeing.
- e. The Director of Public Health's Annual Report highlighted the importance of Healthy Place Shaping and initiatives that prioritise access to greenspace in order to address health inequalities.
- f. Oxfordshire's Climate Action Framework 2020 identifies Healthy Place Shaping as one of six key principles.
- g. Other significant strategies include:
 - i. Oxfordshire's Strategic Vision for Long-Term Sustainable Development
 - ii. Local Plans and Green Infrastructure Strategies for each District
 - iii. Oxfordshire's fifth Local Transport and Connectivity Plan
 - iv. Oxfordshire's Physical Activity Strategy (led by Active Oxfordshire)
 - v. A Food Strategy for Oxfordshire (led by Good Food Oxfordshire)

22. Oxfordshire County Council has recently commissioned a report entitled 'Making the case for investment in Green Infrastructure in Oxfordshire', published earlier this year. The planning department is also currently working with Natural England to pilot their new national Green Infrastructure Standards.

Examples of existing work in this area

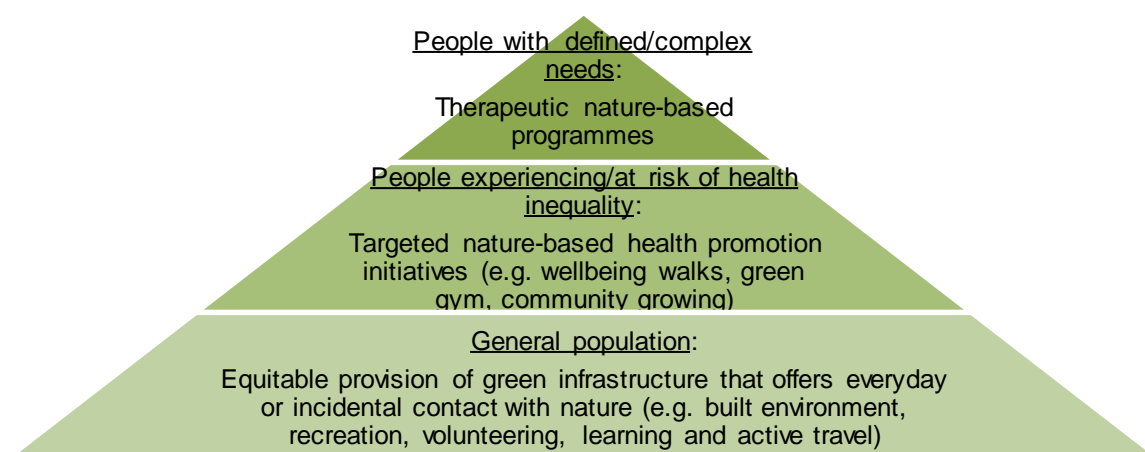
23. In Oxfordshire, there are many examples of voluntary and community sector organisations, and local government (sometimes in partnership), delivering innovative initiatives to connect people with nature for health and wellbeing. Whilst it is not within the scope of this paper to map or describe all of these, the following give a flavour of what is happening on the ground, and an indication of the type of partnerships that we might wish to build on in the future. A major theme running through these examples is the need for additional resources to build capacity to support people with complex needs. More detail on projects mentioned here can be found in Appendix 1.

- a. Oxford City Council's Go Active Outdoors Programme aims to provide the public with all the information they need to be more active outdoors. Dedicated web pages include a section on green spaces and nature, including links with information on how to access city parks, local nature reserves, walking routes and wellbeing walks, developed in partnership with the Centre for Sustainable Healthcare.
- b. Cherwell District Council's Community Nature Officer works with the Wellbeing Team, with close links to the well-established Healthy Place Shaping Team. Current projects include funded community wilding initiatives, and digitisation of Cherwell's circular health walks, in collaboration with Go Jauntly, to support people to explore and connect with their local natural environment.
- c. Oxford City Farm's Growing Well Together project is designed to support people with known mental health problems and under-represented ethnic minority communities, through inclusive farming volunteering sessions which run on a regular bi-weekly basis. Strong relationships with local mental health organisations provide a clear pathway for referral and all staff have been trained in Mental Health First aid.
- d. The Bridge Street Community Garden in Banbury is an open access site owned by Cherwell District Council and Banbury Town Council and managed by Banbury Community Action Group. It aims to create a sociable space where people can connect with food and nature, to showcase a productive urban green space, educate people how to grow their own food and the benefits of healthy eating, produce food for people who need it, and enhance links with other community groups and gardens.
- e. Boundary Brook Nature Reserve is a 3-acre nature reserve in East Oxford, managed by Oxford Urban Wildlife Group (OUWG). In addition to its core conservation work, OUWG has built several collaborative partnerships for learning, community engagement and wellbeing, including partnerships with local schools and nurseries, a family centre, a community college and Restore.

KEY PRINCIPLES, AIMS AND OBJECTIVES FOR A PUBLIC HEALTH PROGRAMME OF WORK AROUND ACCESS TO NATURE

24. The suggested aim of a public health programme of work around access to nature is to apply public health principles and healthy place shaping approaches to increase opportunities for those with the greatest health need to spend time in greenspace and connect with nature, in order to improve physical and mental wellbeing and address health inequalities.
25. A public health approach to access to nature can be conceptualised using the framework of Personalised Care. This starts with a whole population approach that offers everyday contact with nature for all, building up to nature-based health promotion initiatives for those experiencing or at risk of health inequalities, followed by targeted therapeutic interventions for people with complex health and/or social needs (Figure 2).

Figure 2: A public health approach to access to nature



26. Given the current Oxfordshire context, an initial programme will focus on the following specific populations who experience health inequalities to increase opportunities to access and connect with nature:
- Young people aged 13-18 (particularly girls)
 - People living in areas of deprivation
 - People from minoritized ethnic backgrounds
 - People experiencing loneliness, isolation, anxiety or depression
 - People with long term physical or mental health conditions
27. Suggested strategic programme objectives in the short- to medium-term (2 years) include:
- Raise the profile of 'nature for health' across relevant sectors and advocate for equitable access as a key health and sustainability goal
 - Ensure that local planning policy reflects national guidance and best practice in relation to green infrastructure standards
 - Collaborate with all districts, the NHS and other partners to support delivery of targeted nature-based activities or interventions to address health inequalities, including through green social prescribing
 - Work with a range of stakeholders to raise public awareness of opportunities to participate in nature-based activities, including facilitated sessions and opportunities for 'self-care' through nature
 - Identify and address local and national gaps in data, evidence and insight

Table 1 explores these objectives in more detail and introduces current projects with direct public health involvement, as well as suggested future areas of work over the next 2 years. Further detail for selected projects is given in the next section.

Table 1: Strategic objectives for a public health programme of work around access to greenspace and nature for health and wellbeing

Objective	Detail/rationale	Desired long-term outcome	Current activities contributing to this objective	Opportunities for further work over the next 2 years
1) Raise the profile of 'nature for health' across relevant sectors and advocate for equitable access as a key health and sustainability goal	<p>This includes working with the wider public health and other local authority teams, health and social care partners and other external partners in the environment and other relevant sectors, to improve understanding of the actual and potential benefits of improving access to greenspace locally.</p>	<p>A shared vision for nature and human wellbeing to support collaboration across organisations and sectors.</p>	<p>Stakeholder mapping and developing relationships with key stakeholders, including commissioners and providers of primary health care.</p> <p>Inclusion of strategic objectives for green social prescribing in a Social Prescribing Strategy for Oxfordshire (in partnership with Oxfordshire Clinical Commissioning Group)</p> <p>Influencing development of the Local Nature Partnership for Oxfordshire to integrate a health and wellbeing perspective into approaches to Nature Recovery.</p> <p>Presentation at or contribution to relevant stakeholder events.</p>	<p>Work with colleagues in public health, across local government functions and the integrated care system to ensure that local policies and strategies are informed by evidence of need for sufficient access to greenspace.</p> <p>Explore options for integrating access to greenspace/green prescribing into existing or planned public health programmes or care pathways (with a focus on healthy weight, physical activity and mental wellbeing).</p>
2) Ensure that local planning policy reflects national guidance and best	<p>Access to high quality Green Infrastructure is absolutely vital to ensuring opportunities to</p>	<p>The health impacts of adequate greenspace provision are considered as standard in all new</p>	<p>Access to greenspace is a core principle in the proposed healthy place</p>	<p>Contribute to work to pilot Natural England's new Green Infrastructure Standards, led by</p>

<p>practice in relation to green infrastructure standards</p>	<p>engage and connect with nature. Important policy levers now exist to support advocacy in this area, such as the 2021 National Planning Policy Framework and national Green Infrastructure Standards. Additional tools are also available to better understand the welfare value of specific greenspaces, including the health benefits they are likely to offer.</p>	<p>and planned retrofit residential and other developments in Oxfordshire.</p>	<p>shaping policy for the Oxfordshire 2050 Plan.</p>	<p>Natural England, OHID Healthy Places Team and OCC's Planning Department.</p> <p>Collaborate with District councils in development of Local Plans, to ensure prioritisation of improving access to greenspace and creating greener communities especially in areas of deprivation or where there is poor or unequal access.</p>
<p>3) Collaborate with all districts, the NHS and other partners to support delivery of targeted nature-based activities or interventions to address health inequalities, including through green social prescribing</p>	<p>This involves strategic and operational cross-sectoral collaboration, to deliver activities that are accessible to underserved populations and are successful in influencing long-term behaviour change.</p> <p>Whilst we recognise that the voluntary and community sector is leading in this area, additional 'support' might include funding/grant management, input of a public health perspective in the planning process (e.g. to ensure an evidence-based approach), co-planning and delivery of projects,</p>	<p>Public health is confident and successful in commissioning, supporting and co-delivering inclusive, effective and sustainable initiatives that increase access to nature and wellbeing for those with the greatest health needs.</p>	<p>Contributing to service model development and evaluation planning for green social prescribing pilot initiatives in Cherwell</p>	<p>Work with community-based providers of nature-based activities, to build capacity and improve access for underserved populations.</p> <p>Use learning from a green social prescribing pilot in Cherwell to adapt scale this approach as a new model of care.</p> <p>Explore opportunities to partner with NHS organisations to develop and measure the impact of therapeutic green social prescribing programmes to support people with complex needs (e.g. young people or adults waiting</p>

	<p>or academic support (e.g. evaluation/research).</p> <p>Ideally, support should be given to a range of initiatives that cater to different groups and levels of need. Public health should champion co-production and be flexible to the needs of beneficiaries and delivery partners.</p>			community-based mental health services)
<p>4) Work with a range of stakeholders to raise public awareness of opportunities to participate in nature-based activities, including facilitated sessions and 'self-care' through nature</p>	<p>This involves working with existing providers of nature-based activities, potential 'signposters', and those specialising in communications, to improve access to information via a range of channels, targeted to reach specific groups that are underserved with opportunities to access greenspace and nature.</p>	<p>Public health is successful in partnering with relevant organisations to promote widespread public understanding of the benefits of nature to human health and wellbeing.</p>	<p>Work with commissioners of Livewell Oxford to develop relevant information pages available to the public and to social prescribers.</p> <p>Work with partners delivering green social prescribing initiatives in Cherwell to ensure adequate information availability and accessibility.</p>	<p>Develop a targeted comms strategy to promote access to nature for health and wellbeing.</p>
<p>5) Identify and address local and national gaps in data, evidence and insight</p>	<p>This includes addressing important evidence gaps identified by the 2021 Mental Health and Wellbeing Needs Assessment. Public health is well-placed to use established theories of behaviour change to better understand local</p>	<p>Public health has a good understanding of:</p> <ul style="list-style-type: none"> - Levels of access to and connection with nature among different population groups in Oxfordshire - Barriers and enablers that influence access 	<p>Community insights project exploring access to nature for teenage girls.</p> <p>Evaluation of a Green Social Prescribing pilot framework in Cherwell.</p> <p>Collaboration in a feasibility study of urban</p>	<p>Undertake further insights work into access to greenspace for other underserved populations, including people from minoritized ethnic backgrounds.</p> <p>Establish collaborative research working group</p>

	<p>inequities through working directly with underserved populations.</p> <p>Partnerships with academia can also help to understand and address system factors that increase wellbeing through access to nature, whilst contributing to sustainable health and care systems and local economies.</p>	<p>- for specific underserved population groups</p> <p>Local system factors that improve population health and wellbeing through equitable access to nature</p>	<p>food growing in Marston led by Oxford Brookes University.</p> <p>Inclusion of key metrics relating to access to and engagement with greenspace and nature in the Healthy Place Shaping basket of indicators.</p>	<p>to better understand the health benefits of specific local interventions (e.g. in relation to sustainable local food systems, community growing and wellbeing).</p>
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CURRENT PUBLIC HEALTH PROJECTS WITH A FOCUS ON ACCESS TO NATURE FOR HEALTH AND WELLBEING

28. A couple of projects that contribute to some of these objectives have been initiated at an accelerated pace, due to availability of Contain Outbreak Management Fund (COMF) and other sources of funding.

Greenspace & Us community insights project with teenage girls in East Oxford

29. The Greenspace & Us project is designed to explore issues around inequitable access to greenspace for teenage girls, as a key determinant of health and wellbeing and health inequality. It is a community insights partnership project between funded by Natural England, between Oxfordshire County Council (Public Health and iHub, with additional support from the Engagement Team), Oxford Youth Enterprise (Name It Project), Fig Studios, RESOLVE Collective, the University of Oxford and Natural England. Oxford City Council Green Spaces Team and Active Oxfordshire have also been instrumental in implementation of the project. This project focuses on East Oxford as a geographical area of interest, which contains four of the ten most deprived wards in Oxfordshire which are also identified as having lower than minimum standard for publicly accessible local park and greenspace provision¹⁴.

30. The Greenspace & Us project has two main aims:

- a. To build shared knowledge and understanding to inform future initiatives to improve teenage girls' access to greenspace for and health and wellbeing, in a way that is equitable and sustainable. This includes understanding current use of local greenspace; the extent to which local greenspace provision meets the needs of teenage girls; and the barriers and enablers that influence access to and engagement with greenspace.
- b. To do this by engaging with teenage girls living in deprived areas of Oxford, using participatory, creative and empowering approaches.

31. Specific objectives are to:

- a. Work with an east Oxford-based youth organisation and community-based arts organisation to develop and deliver a series of exploratory workshops with 15-20 girls aged 11-16 that will build shared knowledge and understanding of their relationship with, use of and access to greenspace.
- b. Develop and deliver further workshops with a focus on reimagining greenspaces, to build a creative manifesto for design and management of greenspace that is inclusive of the needs of teenage girls.
- c. Develop a short survey around use of and access to greenspace, to be implemented in an east Oxford secondary school, in order to offer a quantitative context to the workshop findings.
- d. Present findings in a way that is engaging and accessible to a range of audiences – ensuring that project outputs are co-produced by participants and working group members.
- e. Commission an independent project evaluation, which will use predominantly qualitative methods to report on the extent to which we have met our objectives and desired outcomes.

32. At the time of writing, the survey has been implemented, six workshops have been delivered, and an interim report submitted to our funders at Natural England. Work is ongoing with our creative partners to bring together the co-produced creative elements, which will take the form of a written manifesto for inclusive design and management of greenspace and a piece of artwork to embody and illustrate some of the manifesto concepts.

33. Following completion of the project, a full report on workshop findings and the creative process will be available for circulation amongst stakeholders. This project is being independently evaluated, with a focus on the process of engagement through creative activities.

¹⁴ <https://fieldsintrust.maps.arcgis.com/apps/webappviewer/index.html?id=c633ad3588d3466b8937b110b94120d4>

A green social prescribing pilot for Cherwell

34. Social prescribing is a way for local agencies to refer people to a link worker, who give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. Link workers help people connect with community groups and statutory services for practical and emotional support. Green social prescribing aims to link people to activities and programmes that include exposure to nature as a core element, such as community gardening groups, walking groups, mindfulness in nature, conservation volunteering etc¹⁵.
35. In Cherwell, we are working closely with the Healthy Place Shaping Team and Community Nature Officer to pilot and evaluate social prescribing as a mechanism to increase participation in nature-based activities among those with the greatest need, and as a means of improving health and wellbeing and reducing pressure on health services.
36. Cherwell District Council has recently agreed to fund two providers of community nature-based activities over the next two years, using COMF funds, on the understanding that they offer certain social value related to the offer of targeted intervention for specific cohorts within the community and the ability to harness capacity within the voluntary sector. These two projects are complementary in their overall aims, yet are likely to provide opportunities for people to engage with nature, based on different levels of need and provider expertise:
- a. The Growing Spaces Project, delivered by Cherwell Collective, will work in areas of deprivation in Bicester, Kidlington and Banbury, to establish several sites in the community focusing on culturally relevant food growing and community engagement.
 - b. Community Wilding Projects, delivered by Berkshire, Buckinghamshire & Oxfordshire Wildlife Trust (BBOWT) (Wild Bicester and Wild Banbury) and Wild Oxfordshire (Wild Kidlington), will work with the local community to enable residents to improve spaces for wildlife and help people connect with nature on a hyper local scale, with a focus on areas of relative deprivation and/or communities that are less well-served with opportunities to participate in nature-based activities.
37. Following initial stakeholder engagement, we have developed a framework to strengthen green social prescribing through these two projects, which will be implemented over coming months. We are also working on a theory of change and monitoring and evaluation plan, in order to be able to apply learning from this demonstrator site to the wider Oxfordshire area.

¹⁵ James Fullam, Harriet Hunt, Rebecca Lovell, Kerry Husk, Richard Byng, David Richards, Dan Bloomfield, Sara Warber, Mark Tarrant, Jenny Lloyd, Noreen Orr, Lorna Burns, Ruth Garside (2021) *A handbook for Nature on Prescription to promote mental health*. Version 1. University of Exeter. Available from: [Nature on Prescription Handbook - European Centre for Environment and Human Health | ECEHH](#)

NEXT STEPS AND RECOMMENDATIONS

38. This paper has described the context for a programme of work in Oxfordshire on access to greenspace and nature for health and wellbeing, making the case for investment of time and resources as a key health inequalities and sustainability issue. It has proposed some strategic objectives to achieve the greatest impact with limited public health resources, and summarised current projects that offer insight into the range of activities that could form part of a longer programme of work.
39. Whilst the Healthy Place Shaping Team in public health is well placed to lead some aspects of the proposed programme, we also aim for this approach to become 'everybody's business', by supporting colleagues to identify opportunities to integrate access to greenspace and nature into wider public health programming.
40. The Health Improvement Partnership Board is recommended to:
- a. Review the proposed outline of a public health programme of work on access to greenspace and nature for health and wellbeing.
 - b. Support the core strategic objectives that have been suggested to inform the development of this programme.
 - c. To agree to review implementation of the programme after a period of nine months, including reporting on specific projects.

APPENDIX 1: EXAMPLES OF LOCAL INITIATIVES TO INCREASE ACCESS TO GREENSPACE AND CONNECT PEOPLE WITH NATURE

Oxford City Council's Go Active Outdoors programme and Green and Blue Spaces network

Oxford City Council's GO Active Outdoors¹⁶ programme aims to provide the public with all the information they need to be more active outdoors. This is managed by the Sport & Physical Activity Manager in the Active Communities Team, in close collaboration with the Green Spaces Development Team within Community Services and conservation volunteer coordinator. The programme has dedicated web pages on green spaces and nature, including links with information on how to access city parks, local nature reserves, walking routes and wellbeing walks, and is a provider and licensor of Forest School activities. The Council has also partnered with the Centre for Sustainable Healthcare, to produce neighbourhood maps¹⁷ that highlight green spaces and walking routes for all fitness levels, with walks going from local health centres and back. An ongoing project seeks to develop a network map of all Oxford's Green and Blue Spaces, with active travel routes and additional information linking different parts of the city. Oxford City Council also coordinates a Green and Blue Spaces network, with a broad membership base, to support sharing of information and ideas, and collaboration across organisations and sectors.

Cherwell District Council's Healthy Place Shaping Team and Community Nature Officer

Cherwell District Council has a strong focus on Healthy Place Shaping approaches, with a dedicated team that works closely with colleagues across the District and Parish Councils. In more recent years, partnership projects have been developed with an explicit focus on access to greenspace and nature for wellbeing at their heart. The Council also employs a community nature officer within the Wellbeing team, whose role it is to ensure opportunities for people to connect with and take action to protect nature in their local area (including managing a dedicated webpage¹⁸), and with whom the Healthy Place Shaping Team works closely. Relevant partnership projects include

- Working with Berkshire, Buckinghamshire & Oxfordshire Wildlife Trust (BBOWT) and Cherwell Collective to strengthen green social prescribing provision.
- The well-known Bicester 'Blue Lines' walking routes, which offer 5km guided trails designed to help residents become more active and explore their local area, including greenspace assets, which are now funded to be expanded to Banbury and Kidlington.
- Funded targeted programmes to support early years outdoor education.
- Digitisation of Cherwell's circular health walks, in collaboration with Go Jauntly, to support people to explore and connect with their local natural environment.
- Commissioned insights study of access to local parks, in collaboration with the national charity, Women in Sport.

Oxford City Farm

Oxford City Farm is an East Oxford based charity with a vision of empowered communities learning and working together to produce food locally and live healthy, enriched, and sustainable lives. Volunteers are at the heart of everything they do. The neighbourhoods around the Farm site are very diverse, ethnically, culturally, by age and by income. Some are among the most deprived in Oxford, whilst other areas are relatively affluent, yet there is limited opportunity for people from different groups to mix.

The Growing Well Together project is designed to support people with known mental health problems and under-represented ethnic minority communities, through inclusive farming volunteering sessions which run on a regular bi-weekly basis. Strong relationships with local mental health organisations provide a clear pathway for referral and all staff have been trained in Mental Health First aid in order to increase confidence and success of the programme overall.

¹⁶ https://www.oxford.gov.uk/info/20315/go_active_outdoors

¹⁷ <https://nhsforest.org/projects/green-health-routes/east-oxford-health-routes/>

¹⁸ <https://www.cherwell.gov.uk/connect-with-nature>

Community Farming volunteer sessions actively address mental wellbeing by helping people to engage with each component of the “5 ways to wellbeing” framework:

- Connection – sessions are facilitated in a way that enables people to work together and share experiences that help people feel part of something meaningful
- Be active – staff ensure that there are opportunities for people of all fitness and ability levels to be involved in the work of the farm, from gentle weeding to caring for animals or constructing a greenhouse, participation is possible for all.
- Learn new skills – many volunteers come to learn more about food growing that is in harmony with nature, but all bring a wealth of life experience. Exchange of ideas and skills is actively encouraged.
- Help others – a key piece of volunteer feedback is that the opportunity to help others through providing fresh local produce for others in the community makes them feel good.
- Take notice – being in nature observing the changes that come with seasons, listening to birdsong, or the sheep munching, or chickens scratching, is fertile territory for taking time out from habitual worries or preoccupations.

The city farm receives regular feedback from users on the positive effect of volunteering on their mental health. These effects can be understood in more detail and colour through individual stories. One such story included in the latest funding monitoring report features a man who after initially being withdrawn, depressed and anxious, eventually became able to connect with others, offer a wealth of skills and train as a volunteer co-leader.

The success of this project, which was partially supported by a public health grant in April 2021, has now led to further public health funding through the Healthy Hearts grant. This will support delivery of 7 sessions per month, and showcase seasonal vegetables and dishes with a focus being placed on the benefit of beans and legumes on cardiovascular health. A concurrent programme of work to enhance the Farm’s approach to equality, diversity and inclusion is also ongoing which involves mapping of local organisations and outreach to groups to access the farm. Despite ongoing success of the farm, sustainable funding sources to adequately meet costs remains a challenge.

It is vital that where social prescribing is taking place that additional funding is made available to organisations. An increase in referrals of individuals with more complex needs means that additional staff training and volunteer co-leader capacity is needed, especially given that Oxford City Farm is not principally a mental health support organisation.

Bridge Street Community Garden, Banbury

The Bridge Street Community Garden in Banbury is an open access site that is owned by Cherwell District Council and Banbury Town Council, and managed by Banbury Community Action Group and financed through various short-term grants, including from Good Food Oxfordshire, Cherwell District Council, the National Lottery Community Fund, and the Trust for Oxfordshire’s Environment.

The Garden aims to create a sociable space where people can connect with food and nature, to showcase a productive urban green space, educate people how to grow their own food and the benefits of healthy eating, produce food for people who need it, and enhance links with other community groups and gardens.

The Garden itself is divided into several hexagonal shaped raised beds based on Forest Gardening approaches, that are managed by various community groups representing underserved populations, including the Sunrise Multicultural Project, Homestart and Restore, with support of a regular freelance member of staff.

A central shelter provides a calm space for individuals or groups to meet and relax. Regular Volunteer Gardening sessions are held on a bi-monthly basis and welcome people of all abilities. Social prescribing links have been made with the local health centre, which has enabled a few vulnerable people to enjoy the space and contribute to regular volunteer sessions. Despite enthusiasm to work on a more regular basis with social prescribers, their Freelance Garden Officer, currently working 10 hours a week, confirms that at the moment they don’t have capacity or support to carry out a comprehensive social prescribing program.

Despite going from strength to strength, like other community-based initiatives, it is a constant challenge to seek adequate and sustainable sources of funding, with grants often offering to cover costs of materials, but not staff time. Given better resourcing and appropriate partnership, the garden space is an ideal venue to be used by groups of people working with a practitioner, for a targeted health and wellbeing programme.

Boundary Brook Nature Reserve/Oxford Urban Wildlife Group

Boundary Brook Nature Reserve is a 3-acre nature reserve in East Oxford, leased and managed by the Oxford Urban Wildlife Group (OUWG) and owned by Oxford City Council. The reserve is situated in an area of significant deprivation, neighbouring Donnington and Cowley wards. Access is through membership, which costs just £5 per year for individuals and £8 per year for families, concessions available (a code to the gate is given to new members), with current membership of around 260. The site itself is described as a 'delicate mosaic of wildlife habitats' and includes mixed woodland, freshwater habitats, grassland, butterfly glades, a demonstration wildlife garden and a forest school site. Trustees and members are all volunteers, sharing and learning conservation skills, developing ecological understanding, and building cohesive communities related to wildlife concern.

In addition to its core conservation work, OUWG has built a number of collaborative partnerships for learning, community engagement and wellbeing. In their latest 5-year management plan, alongside Habitat Wildlife Management sits Community Engagement, which features public events (including wellbeing in nature themed days), activities for members, conservation work training courses, species ID events and volunteering. OUWG actively reaches out to local institutions and community groups, aiming to increase accessibility for local people of all ages, backgrounds and abilities, including those within underserved communities. Current partnerships include:

- working with Larkrise Primary School, as a site for Forest School activities and an opportunity for selected children with special educational needs to join in volunteer activities
- working with Donnington Doorstep Family Centre to develop opportunities for families to connect together in nature in a wildlife reserve setting in their local community.
- working with Flo's in the Park nursery to develop opportunities for nursery age children to spend time together in the nature reserve and connect to nature.
- working with Restore to support long-term volunteers, who have experienced, or are experiencing poor mental health, to build self-confidence and self-esteem in a community setting.
- working with EMBS community college to provide opportunities for language students to connect with nature in a calm environment for students who are refugees or coming through the asylum system

OUWG are hoping to further the reach of their work into the surrounding communities and are grateful to all the volunteer members who take time to support this work. Volunteers benefit from a feeling of giving back to their local community and being a part of ensuring local land is being managed with benefit to both wildlife biodiversity in the urban environment and for fostering guardianship of the local land by future generations.

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Towards a Co-active Oxfordshire

▼ Co-creating a collective physical activity strategy in Oxfordshire

Update: May 2022

<https://www.activeoxfordshire.org/creating-healthy-active-oxfordshire-together>

coactive adjective

 Save Word

co·ac·tive | \ ,kō-'ak-tiv \

variants: or **co-active**

Definition of *coactive*

: acting in concurrence or together

// *coactive* partners

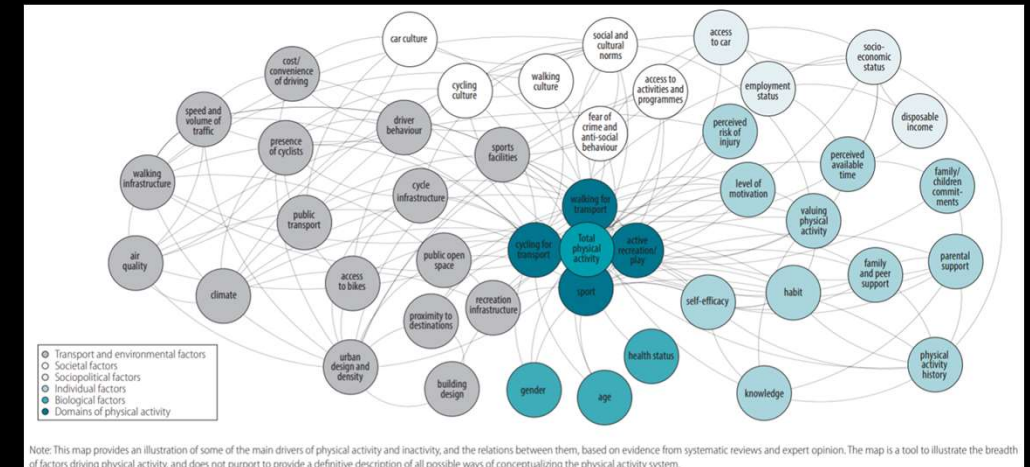
Contents

A: Co-creating a collective strategy

B: Emerging themes:

1. WHY is physical activity important to us? Finding our shared purpose
 2. WHO & WHERE should we focus?
 3. Shared AMBITIONS & GOALS
 4. WHAT change do we need to affect?
 5. HOW will we work together to change the system for activity?
-

The need and value of a collective strategy for physical activity



Why?

- Physical activity behaviours are influenced by a wide range of inter-connected factors, indicating the need for a system-change approach.
- Inactivity and wider inequalities are inextricably linked.
- The benefits reach beyond physical activity into wider social outcomes.
- The need for collaborative, distributed leadership & to make physical activity everyone's business.
- Lots of current good practice but a need for it to be better joined up.

Why Now?

- The pandemic has highlighted the importance of activity for physical and mental wellbeing, but has also exacerbated existing inequalities and increased inactivity for many.
- a unique window of opportunity to build on the collaborations, partnerships and support networks that emerged during the crisis, and to move forward together with a collective vision, mission and renewed determination to make sure that every adult and child in Oxfordshire has an equal chance at an active life.

What are we co-creating? Partners views...

Page 66

A **high-level framework** that can be co-owned and focuses on the how as well as the what

Use the process to continue to build and **extend the collaborative working** across the county

Link **national to local** including links with relevant national strategies including Sport England's [Uniting the Movement](#)

Specific to the unique story of Oxfordshire, the opportunities, and system barriers and enablers.

A **strengths-based approach** that builds on and seek to pull together the many existing strategies current good practice, programmes and assets

A **place-based approach** that recognises the unique circumstances that impact on activity levels.

Engagement of all stakeholders including local VCS organisations, giving a voice to those with **lived experience**

It should support **advocacy efforts and inform investment**

Strategy outline

Supporting pandemic recovery
and reinventing for the future

(a flexible framework with a
5-year planning horizon?)

Page 67

The creation of a **shared mission & purpose** that we co-own and are collectively responsible for.

The key **shared social outcomes and priorities** for Oxfordshire that physical activity can contribute more to, and the system enablers or barriers to being active.

The **shared priority audiences, places**, communities and neighbourhoods we should collectively focus on.

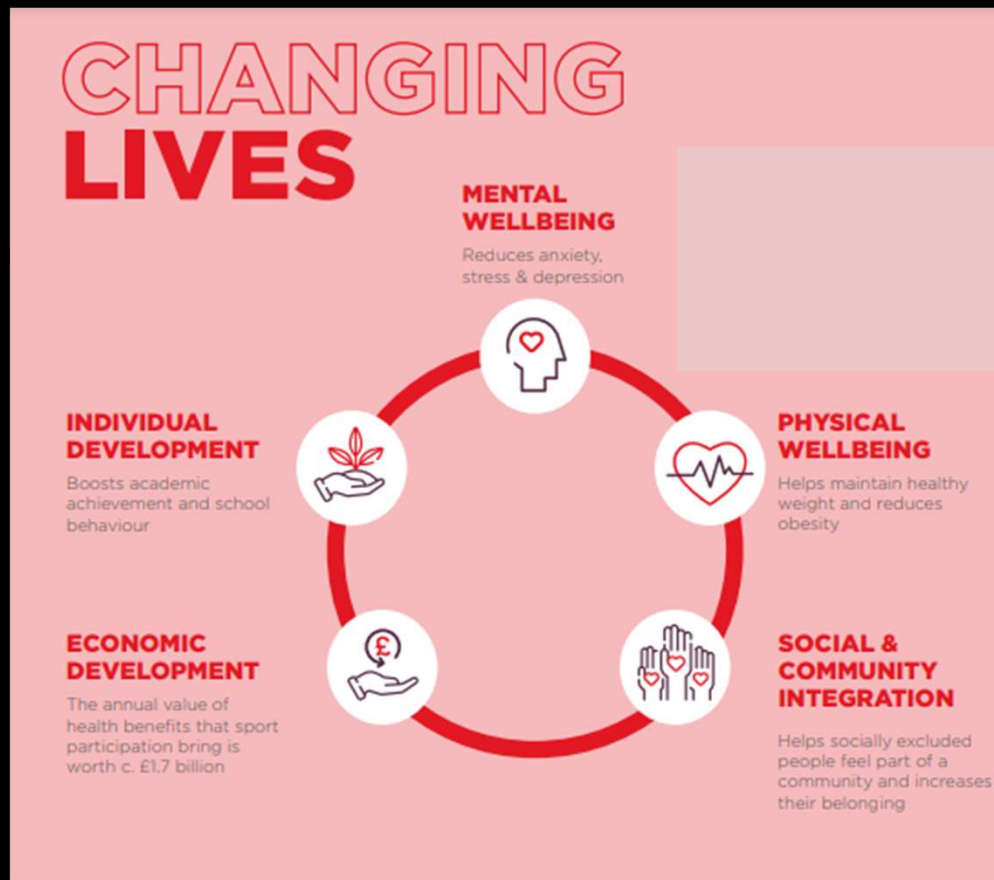
HOW we want to work together and the approaches we want to adopt, such as system change, movement building and healthy place shaping as well as our collective approach to measurement, evaluation and learning.

Shape **Active Oxfordshire's role** in supporting the delivery of the strategy, building on its role as system partner with Sport England.

Emerging Themes...

suggestions arising from early co-creation

The value of being active



The opportunity

The Economic opportunity gained by investing in physical activity

The forecasted value** of every additional 10,000 people who we invest in to become regularly active, will save:
Based on Sheffield Hallam and Sport England Report, 2021



£2,610,000

On Residents Physical Wellbeing

Value of changes in productivity, with a reduced risk of developing long term health conditions and instead developing good health



£12,740,000

On Residents Mental Wellbeing

Savings in health and social care, with improved life satisfaction and social capital derived from social networks

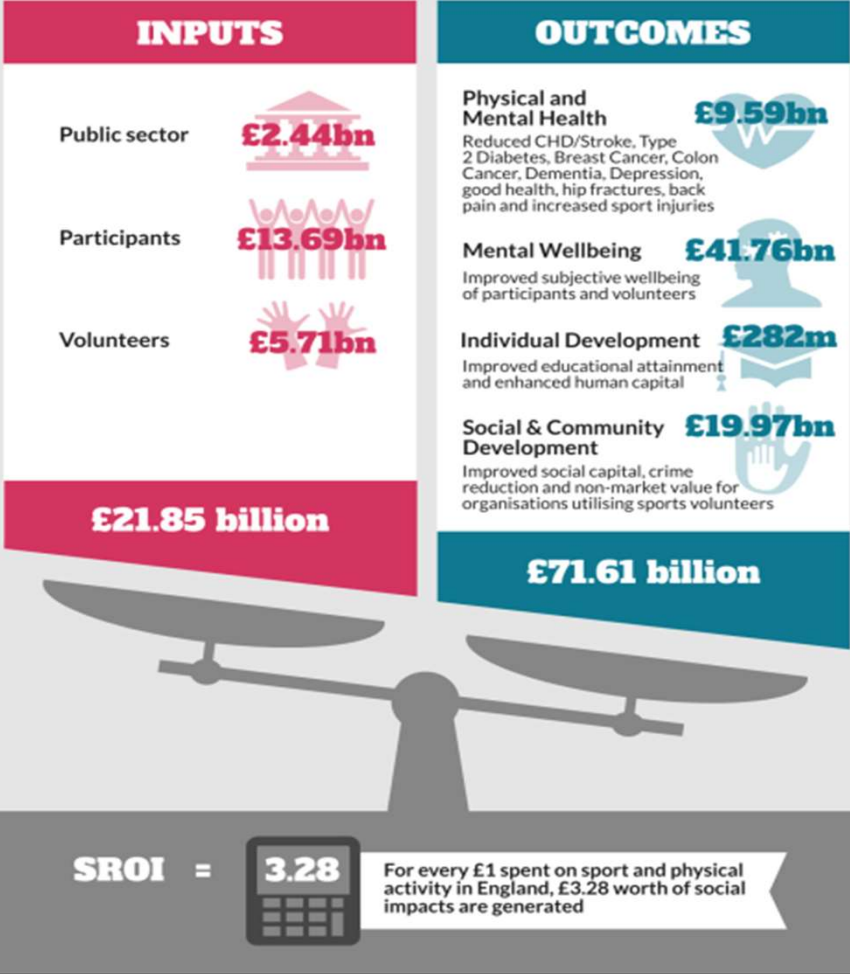


£5,820,000

On Social and Community Development

Savings in criminal justice systems and the non-market benefits acquired by organisations using sports volunteers

SROI for Sport and Physical Activity in England Base Model - 2017/18



But inactivity and inequality in Oxfordshire is increasing

As with other areas of life in Oxfordshire, the countywide figures on activity are strong, but conceal significant disparities and inequality. Many of these have been exacerbated through the pandemic.

children living in the most deprived areas are more than twice as likely to be obese than those living in the least deprived areas (NCMP)

almost half of children and young people and a third of adults in Oxfordshire do not meet CMO activity levels.

inactivity is 3 times higher in our poorest areas compared to our wealthiest (active lives)

children from low-income households are 4 times as likely to experience mental health problems as children from higher income families (Oxwell -check)

too many children leave primary school unable to swim and cycle safely.

84% of children in North Oxford are able to swim, in Cowley only 30% can swim.

What would you highlight or like to explore further?



UNITING THE MOVEMENT

A 10-year vision to transform lives and communities through sport and physical activity



RECOVER AND REINVENT

Recovering from the biggest crisis in a generation and reinventing as a vibrant, relevant and sustainable network of organisations providing sport and physical activity opportunities that meet the needs of different people.



CONNECTING COMMUNITIES

Focusing on sport and physical activity's ability to make better places to live and bring people together.



POSITIVE EXPERIENCES FOR CHILDREN AND YOUNG PEOPLE

An unrelenting focus on positive experiences for all children and young people as the foundations for a long and healthy life.



CONNECTING WITH HEALTH AND WELLBEING

Strengthening the connections between sport, physical activity, health and wellbeing, so more people can feel the benefits of, and advocate for, an active life.



ACTIVE ENVIRONMENTS

Creating and protecting the places and spaces that make it easier for people to be active.

Utilising national approaches where relevant to Oxfordshire

ISPAH'S EIGHT INVESTMENTS THAT WORK FOR PHYSICAL ACTIVITY

5

8 INVESTMENTS FOR PHYSICAL ACTIVITY



1. WHOLE-OF-SCHOOL PROGRAMMES



2. ACTIVE TRANSPORT



3. ACTIVE URBAN DESIGN



4. HEALTHCARE



5. PUBLIC EDUCATION, INCLUDING MASS MEDIA



6. SPORT AND RECREATION FOR ALL



7. WORKPLACES



8. COMMUNITY-WIDE PROGRAMMES

Significant New Consensus Statement: *The Benefits outweigh the risks (for people with LTHC)*

One in four people would be more active if advised by a GP or nurse.

But nearly three-quarters of GPs don't speak about the benefits of physical activity to their patients because of either a lack of knowledge, skills or confidence, with 80% reporting being unfamiliar with the national physical activity guidelines.

Almost 50% of GPs indicated that a barrier to effectively advising patients about physical activity were concerns by the patient about perceived risks of taking up physical activity, but this is a recognised barrier across healthcare professions and not just those in primary care.

“There has previously been some concern that long-term conditions could be made worse by physical activity. However, the evidence is that physical activity has an important role to play in preventing and treating many conditions and that, for most people with long-term conditions, the benefits outweigh the risks. This expert consensus, supported by the Office for Health Improvement and Disparities, will help healthcare professionals to have informed, personal conversations with their patients living with long-term conditions.”

Dr Jeanelle de Gruchy, Deputy Chief Medical Officer

1. The benefits outweigh the risks

Physical activity is safe, even for people living with symptoms from multiple medical conditions.



Building on strong foundations of collaborative work over the last few years, accelerated in response to the pandemic.



ACTIVE REACH PHASE 2 - ABINGDON CALDECOTT

A CONSORTIA BETWEEN LOCAL ORGANISATIONS

The Abingdon Caldecott Youth Project

- To address the most critical levels of inactivity and the inequality gap across Oxfordshire, which is set to widen as a result of the coronavirus pandemic.
- Community-based, collaborative project to increase the activity levels to reach those in the greatest need, supporting physical and mental wellbeing, and life chances.
- Co-designed approach developed cooperatively with system partners and community bodies working with under-represented groups utilising a multi-faceted and place-based approach.

ACTIVITIES

- Family Walking Challenge
- Family Physical Activity Packs
- Yoga Sessions
- Boot Camps
- Elderly Walking Challenge
- Sit Less, Get Active Course
- Gentle Yoga - Tone up, relax and unwind
- Traditional Family Games - Open events

180+ PARTICIPANTS

47% reported an increase in physical ability

**Male - 47%
Female - 53%**

Day to day activities limited because of health condition or disability.

Yes 23%

No 77%

Families needing support were identified through local schools and received Equipment and Activity Packs

"The youngest one mostly uses it, in fact she has barely put it down. She's only stopped for lunch" - South Abingdon Resident

"Straight away my little brothers went to the field with a ball and the cones, set up a pitch and played football" - South Abingdon Resident

"Active Reach" is funded by the Sport England Tackling Inequalities Fund (TIF)

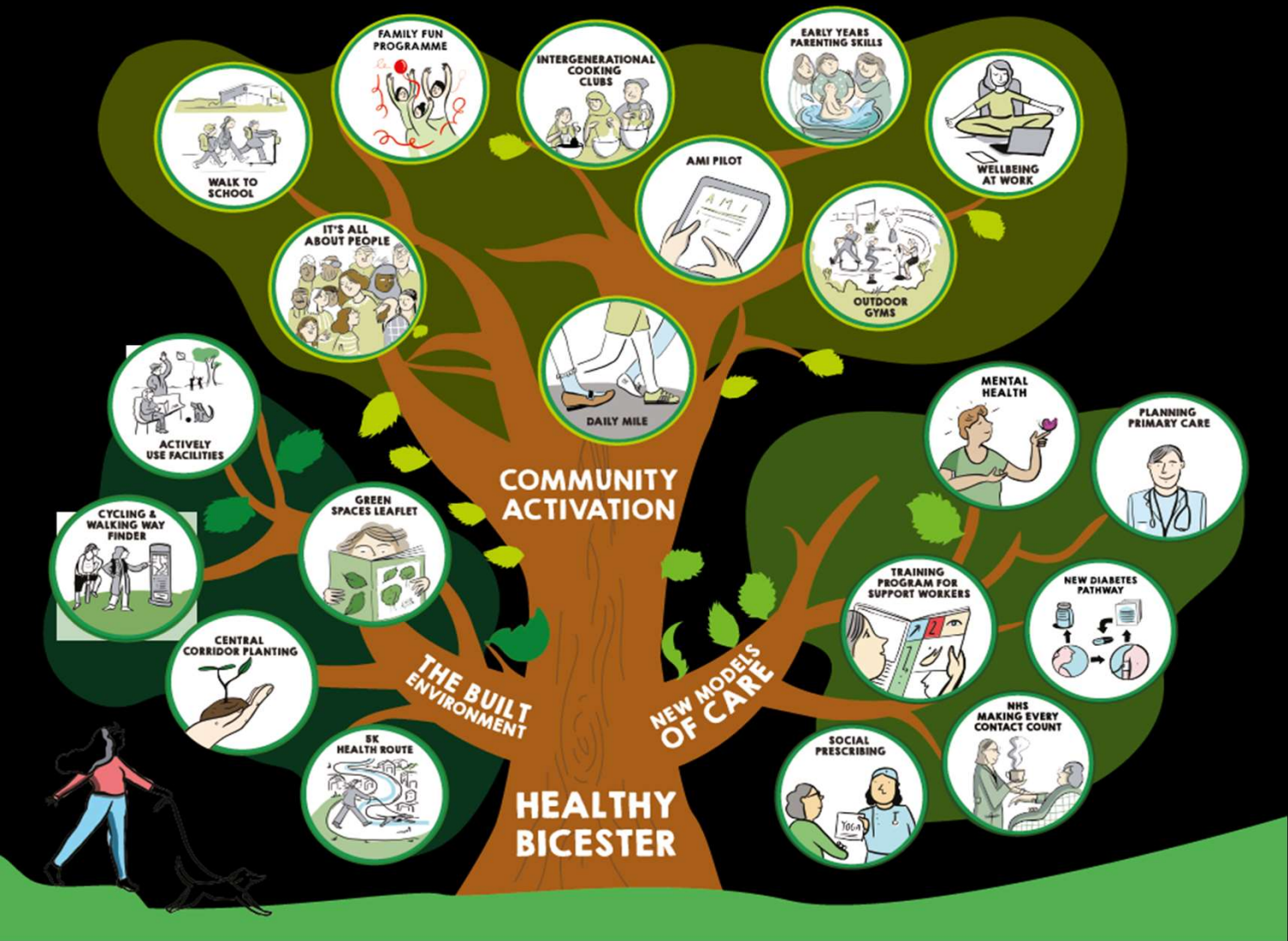
Active Bodies, Healthy Minds

Improving our mental wellbeing through physical activity

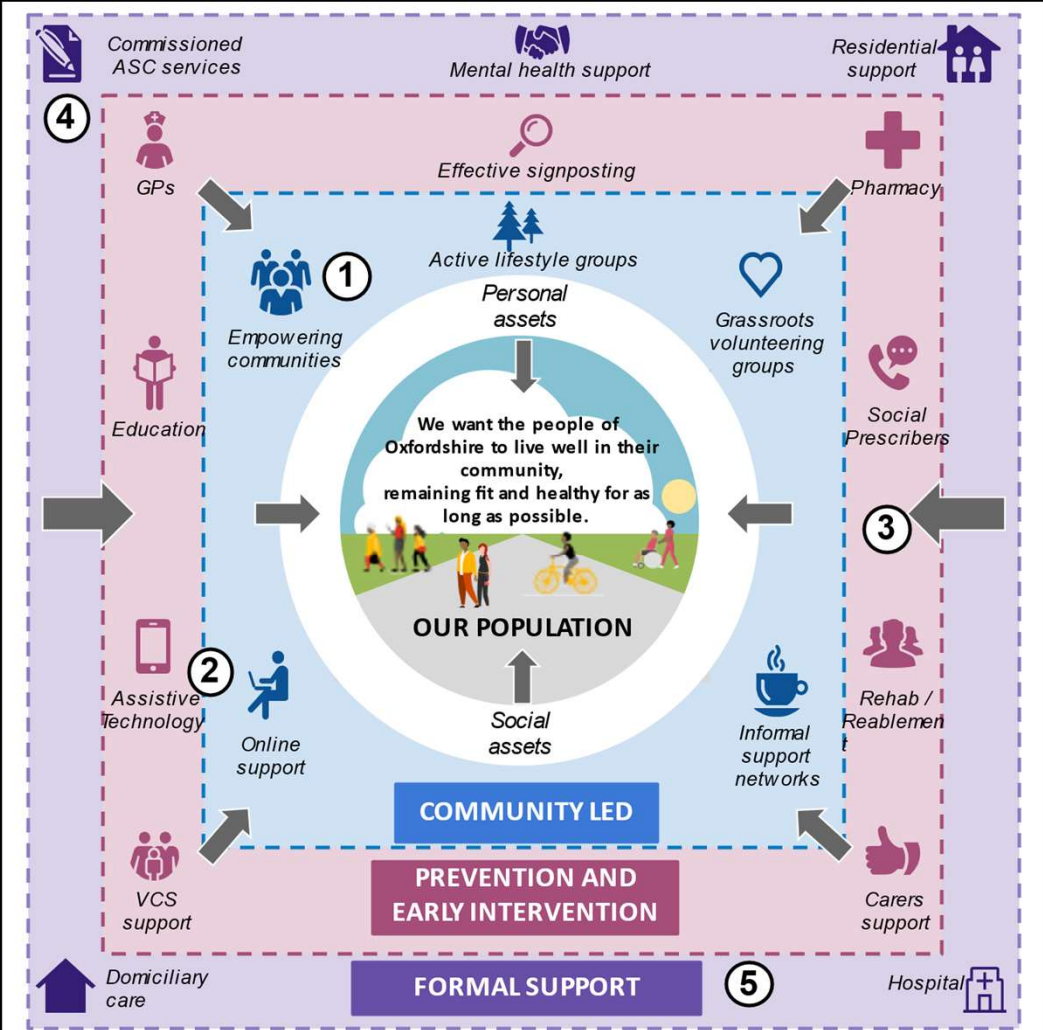
Robust independent evaluation and learning programmes are in place to learn from current practice and inform future direction.

Learning from and building on emerging system change practice in the county

Healthy Place Shaping

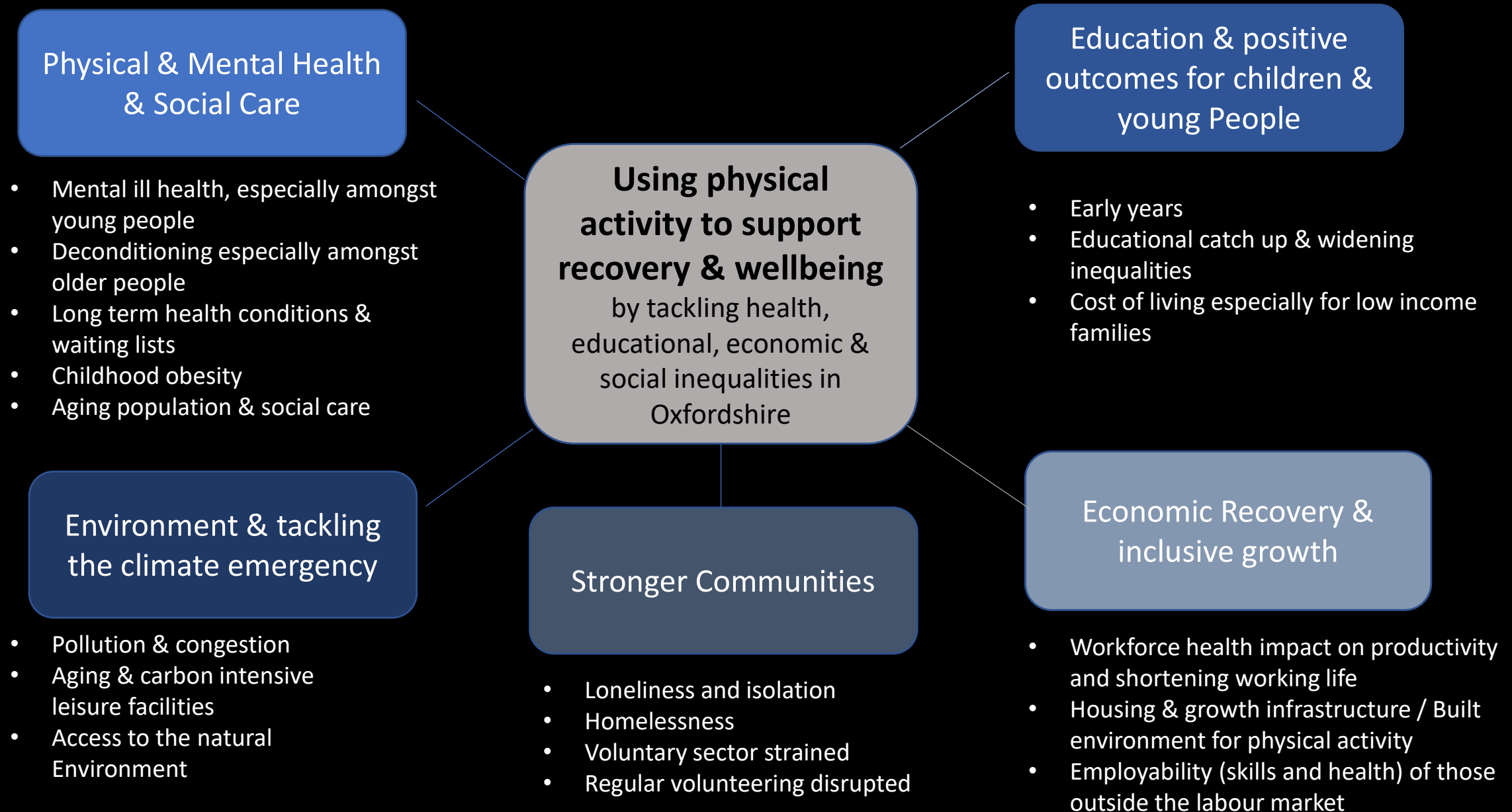


The Oxfordshire Way

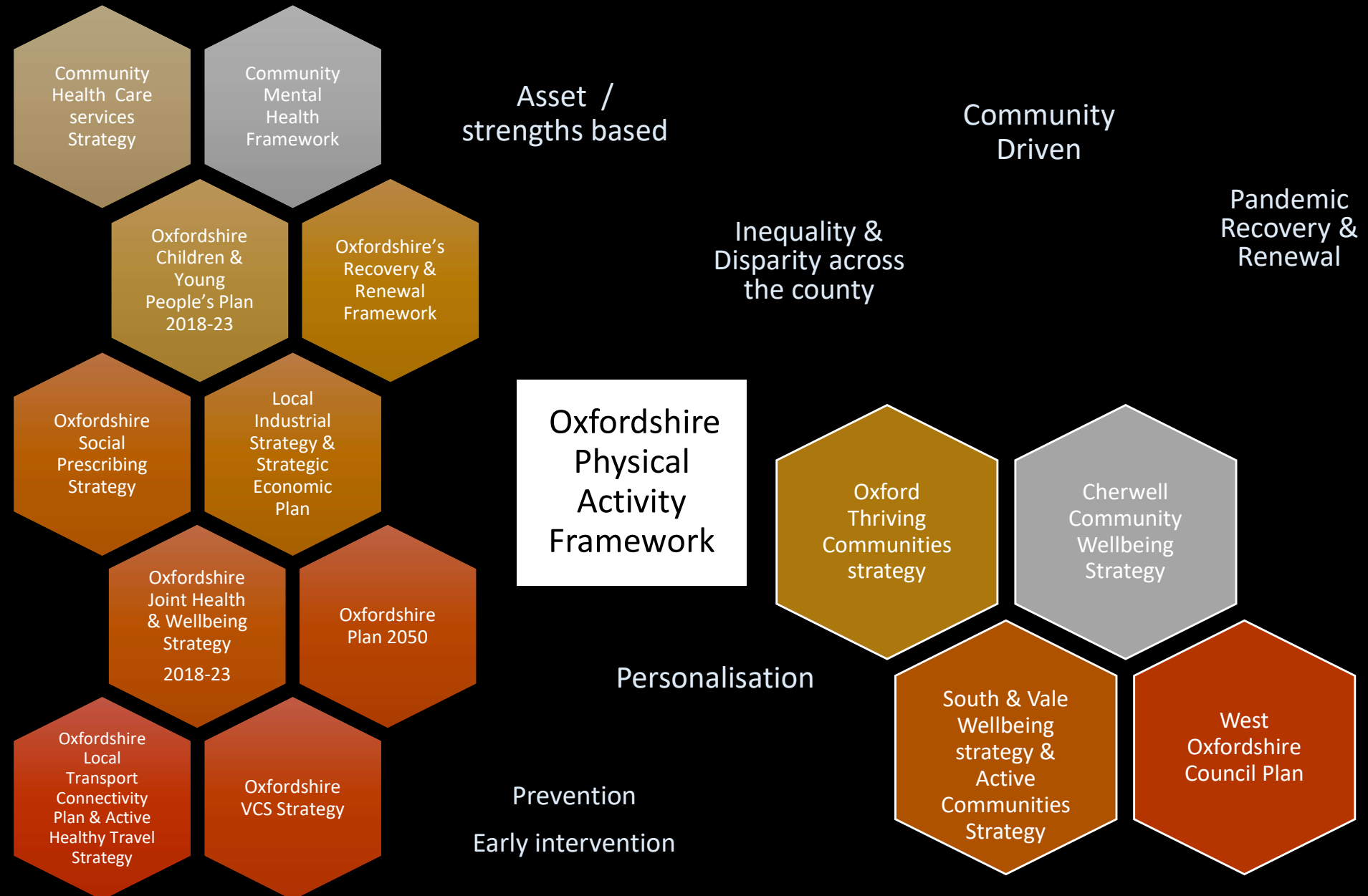


Underpinned by robust measurement of impact and communication of the Oxfordshire

How can physical activity help tackle the big strategic issues in Oxfordshire?

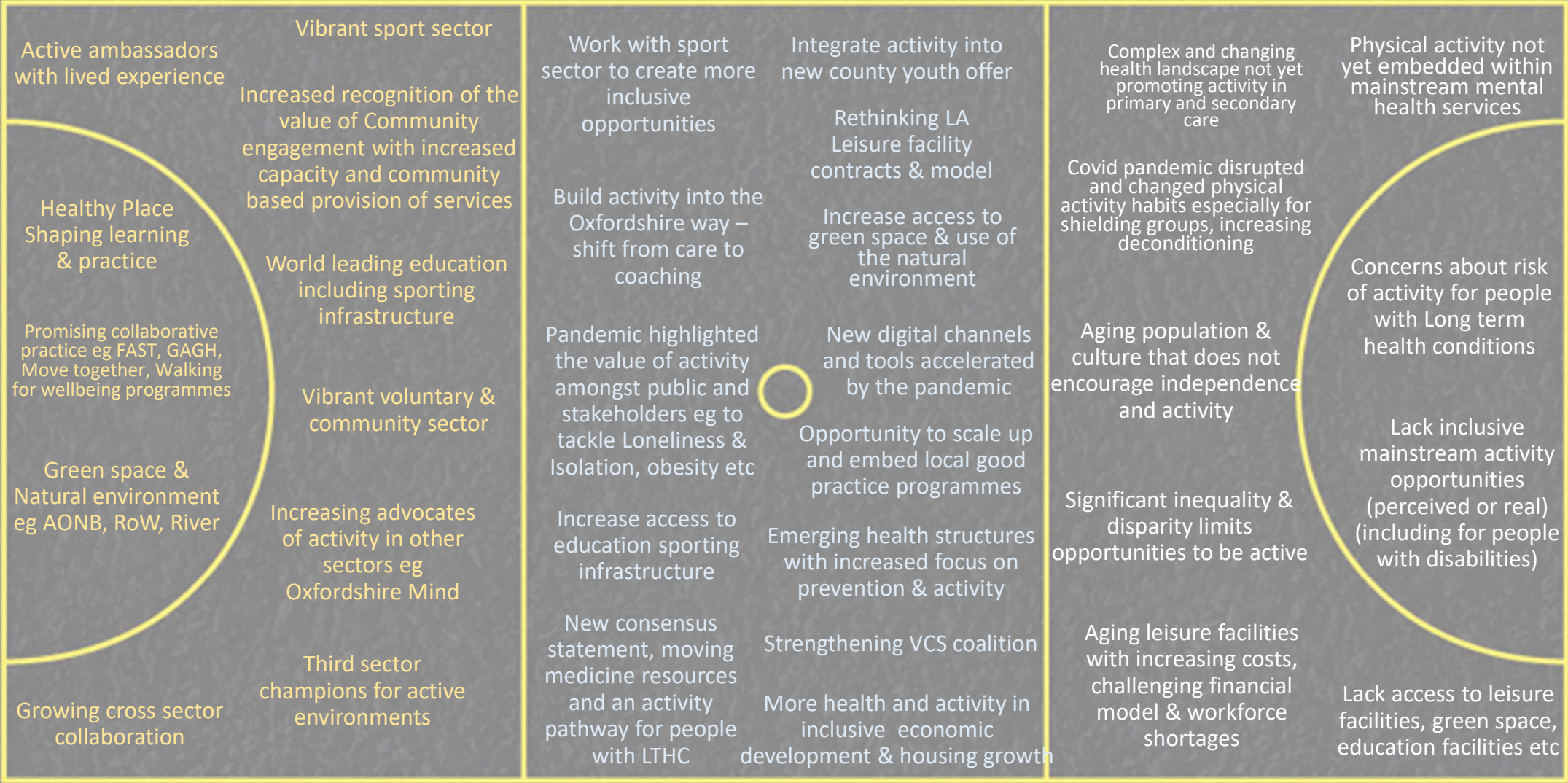


Physical activity framework aligning with other strategies in the county



Strengths, challenges & opportunities for physical activity in Oxfordshire

Page 78



Strengths & Assets

Opportunities

Challenges

our emerging SHARED PURPOSE?

- Growing focus on enhancing **'wellbeing'** as our binding purpose?
- Maintaining our focus on the least active and fighting **inactivity**?
- With a laser-like focus on tackling **inequalities** in and through physical activity.

WHO and WHERE?

- Inactive people with a particular focus on **low income families**, people with **long term health conditions**, **vulnerable** young and older people*
- Greater recognition of **intersectionality**, (perhaps reinforcing a focus on low income groups and deprived communities?)
- A more specific and targeted approach to a broader range of smaller **priority neighbourhoods**?

*in or on the edge of care, leaving care, a young carer, or part of a family eligible for Free School Meals (FSM)

Page 81 SHARED AMBITIONS & GOALS?

We want every child facing barriers to activity to learn to swim, ride a bike safely, and have 60 active minutes every day.

We want older people in Oxfordshire to stay active to live longer, better.

We want everyone living with long term health conditions to move more to help manage their condition.

We want everyone to recognise the critical importance of being active for their mental health and wellbeing.

We want to increase activity levels in places of highest deprivation to level the playing field and help create healthy places to live.

WHAT change do we need to affect to the system for activity?

- Increase provision and awareness of inclusive sport and physical activity opportunities
- Enhance movement and activity within early years settings.
- Broaden the focus from PE and sport to creating active healthy schools & other educational settings.
- Create year-round, low-cost activity (and healthy food) opportunities for low-income children and families.
- Embed sport and physical activity into emerging new county youth offer.
- Embed activity in social prescribing and health care pathways for people with long term health conditions
- Help the county community mental health framework prioritise physical activity in the prevention and treatment of mental health conditions
- Embed physical activity within 'The Oxfordshire Way' to ensure clear provision for older and vulnerable adults.
- Scale and embed healthy place shaping and strengthen the role of physical activity.
- Highlight the importance of health and physical activity in economic development for workforce productivity and employability.
- Use Moving Medicine resources to support the health care and other front-line roles and develop a stronger and more diverse physical activity workforce.

HOW will we work together to change the system for activity?

- **More collaborative, place-based, strengths-based work with communities**
- Strengthen connections with emerging health structures and workforce
- **Shared approaches to measurement, evaluation & learning**
- Enabling Systems leadership and thinking
- **Growing a social movement for physical activity**

such a right is thought to exist). Or

movement (mu:vm(e)nt)/ noun:

1. A group of people who come together to advance an idea.
2. Coordinated activities that work toward a shared objective.
3. A societal shift where people change the way they think and act.

Where next?

Reflections, feedback,
refinement and agreement
of framework headlines

Ongoing engagement and
exploring links across the
system to co-create the
future together

Deep dive sessions into key
thematic areas

Exploring further if / how
we grow a social
movement together

Progress update on Co-creating a Collective Physical Activity Framework and Growing a Movement for Movement in Oxfordshire

Report from Active Oxfordshire

Please also see attached slides.

Purpose / Recommendation

HIB members are asked to:

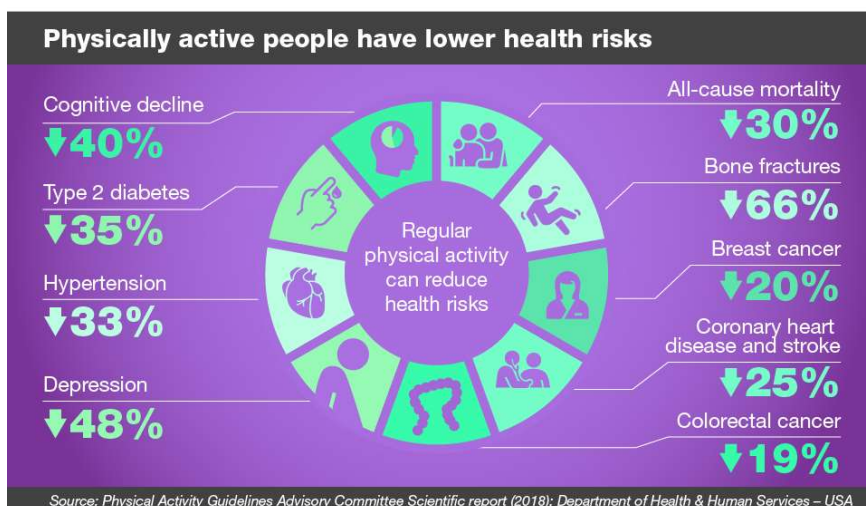
- Note the summary of activity taken place to date and endorse next steps including proactive support for the development of the social 'movement for movement' in the county.
- Advocate this approach to the Health and Wellbeing Board so that it feeds into and supports the Joint Health and Well-Being Strategy and is owned by the wider health system for the whole population of Oxfordshire.
- Consider the role of the HIB and how it might play a co-ownership role in overseeing implementation of the framework, particularly aspects related to the health system.

1.0 Background & Data Update

HIB members will be aware of the critical importance of active lifestyles, not only for its major contribution to physical and mental health and wellbeing as set out below, but also the contribution to wide range of social impacts and priorities in the county (explored further later).

Public Health England

Health Matters



However, while the countywide figures on activity levels are relatively strong, levels of inactivity amongst the population remain stubbornly high, and county figures conceal significant disparities and inequality, many of which have been exacerbated through the pandemic, with significant risks ahead of 'locking in' these impacts through the emerging cost of living crisis.

- The most recent data for the year to November 2021 shows that there are over 118,000 inactive adults in the county (less than 30 minutes per week), which remains 19,000 higher since pandemic (at its height 26,900 adults were inactive compared to pre-pandemic levels).
- 34% of adults aged over 65 are inactive.
- Half of children and young people are not doing enough activity to protect their health and wellbeing, not meeting CMO guidelines for activity levels.
- Inactivity is 3 x higher in our poorest areas compared to our wealthiest.
- Far too many people leave primary school unable to swim and cycle safely with significant disparity, for example, 84% of children in North Oxford are able to swim, where as in Cowley only 305 can swim.

2.0 Why a Physical Activity Framework?

At the Oxfordshire Physical Activity [Leadership Event](#) last autumn, more than 50 key stakeholders from a variety of sectors with a shared interest in tackling inactivity, expressed a strong view that we should work together to facilitate the development of a collective physical activity strategy for the county.

It was felt that we need a collective strategy as physical activity behaviours are influenced by a wide range of inter-connected factors, indicating the need for a system-change approach, in line with the approach being taken to tackling obesity and other system challenges on the county.

We co-produced a scoping paper (available on request) exploring why a framework would be beneficial, what kind of framework we wanted to create, whether now was the right time and how we should do it.

This led to a consensus that we should take this forward in a way that would build on the good progress made in recent times towards a collaborative approach; that aligns with existing strategies; builds on emerging practice; reflects the importance of place; and addresses stubborn inequalities.

How we want to co-create the future together...



3.0 The current picture

Since Christmas we have held a series of discussions with stakeholders across the county, including individually with over 30 organisations and with a number of key groups including the county System Leaders and CEOs Groups, exploring why physical activity is important to us and the strengths, challenges and opportunities for physical activity in the county. These discussions have not only helped begin to shape a collective framework but have reinforced existing collaboration and raised awareness of the value of activity across the system.

There is a fantastic physical activity offer in the county, both our natural resources, a vibrant voluntary and community sector as well as statutory partners who understand the value and importance of activity, with lots of good and emerging collaborative practice.

But our shared challenge is to ensure everyone has equal access to these opportunities. We have heard concerning stories of the number of children, particularly in deprived communities, leaving school unable to swim, or without access to a bike for example.

There is some excellent emerging collaborative practice which is being co-created to affect system change and tackle inequalities in the county including:

- The **Bikes for key workers** project created during the pandemic which is now being built upon as Sanctuary Wheels to support refugees in the county to both enhance their wellbeing and help assimilate them into the county.
- The **Move Together** programme which was co-created during the pandemic to support vulnerable and shielding people to find ways to remain active, and is now being extended through to March 2023 and expanded to provide support for people with long term health conditions building on the successful Go Active Get Healthy Diabetes (GAGH-D) programme. The programme has already supported over 1,000 participants to be active and an initial evaluation report is available.
- The new **You Move** programme, a countywide extension of the successful FAST programme in Cherwell which was funded by Sport England, providing accessible activities for low-income families. This will link with the existing Holiday Activity & Food (HAF) offer to provide a year-round offer across the county for children on Free School meals and those in care and on the edge of care.

In the attached slides you will see a summary of the strengths, challenges and opportunities we have collectively identified for physical activity in the county, and we would welcome further suggestions.



4.0 Finding our Shared Purpose...

At the heart of these early discussions has been a focus on understanding the current situation and building a shared purpose for what we want to achieve together.

A recurring theme has been that within physical activity, as with other areas of life in Oxfordshire, the countywide figures on activity levels are strong, but conceal significant disparities and inequality, many of which have been exacerbated through the pandemic and now with a cost-of-living crisis.

It has become clear from these discussions, that whilst physical activity and sport have intrinsic value, the focus for colleagues is the wider value to both the individual and society.

- For the individual – the impact physical activity has on the physical, social, emotional and cognitive development of people on Oxfordshire – notably this point was made in the context of both children and older people.
- For society – the wide-ranging impact physical activity can have on physical and mental health, wellbeing and social care; the environment and climate emergency; loneliness, isolation and the strength of local communities; economic development and inclusive growth; and personal development, educational attainment and positive outcomes for children and young people.

In both cases, the recurring theme is tackling health, educational, economic & social inequalities in and through physical activity, as well as supporting recovery from the pandemic, to ensure these benefits reach those who need them most.

In recognition of this context, there is a sense that there is an opportunity for the more traditional sport, leisure and activity sector to become more inclusive, help tackle these inequalities and pivot to being part of a wider effort to improve wellbeing.

5.0 The Emerging framework

Building on this emerging shared purpose, we have begun to co-create a framework, with suggestions for a set of collective 'ambitions', as well as for 'who' and 'where' we want to achieve these, and a set of system level changes (the 'what') we want to affect to focus our collective effort.

The suggestion is that we prioritise the least active as this is where the health and other gains can be greatest and often where inequalities are most evident, and that those on low incomes, with long term health conditions or otherwise considered vulnerable should be a particular shared priority.

Colleagues have also suggested we continue to focus on the 10 most deprived wards but also identify and agree a broader range of smaller neighbourhoods that we need to collectively support.

Many colleagues felt 'how' we are going to work together to deliver is as important as the 'what' and that the principles developed through the Healthy Place Shaping work in Oxfordshire are supported and should be more widely adopted, strengthening the role of physical activity within this approach.

It is also recognised that a whole system approach is needed aligning with other work in the county such as the approach to tackling obesity and the Oxfordshire Way.

With the evident growing support for the need for more active communities throughout the system, it is proposed we together adopt an approach to grow a social movement for activity (or 'movement') in the county.

See below and the attached slides for more detail on this emerging framework and let us have your feedback.

Emerging collective physical activity framework in Oxfordshire

Shared Purpose <ul style="list-style-type: none">• The individual value and social impact of physical activity, enhancing 'wellbeing'• Supporting the least active and fighting inactivity• Tackling health, social, economic and educational inequalities in and through physical activity. Collectively targeting <ul style="list-style-type: none">• Inactive people with a particular focus on low income families, people with long term health conditions and vulnerable young and older people.• Recognising intersectionality and targeting a broader range of priority neighbourhoods How we will work together <ul style="list-style-type: none">• Growing a social movement for physical activity• Strengthen connections with emerging health structures and workforce• More collaborative, place-based, strengths-based work with communities• Enabling Systems leadership and thinking• Shared approaches to measurement, evaluation & learning	Shared Ambitions & Goals <ul style="list-style-type: none">We want every child facing barriers to activity to learn to swim, ride a bike safely, and have 60 active minutes every day.We want older people in Oxfordshire to stay active to live longer, better.We want everyone living with long term health conditions to move more to help manage their condition.We want everyone to recognise the critical importance of being active for their mental health and wellbeing.We want to increase activity levels in places of highest deprivation to level the playing field and help create healthy places to live.
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WHAT change do we need to affect to the system for activity?

The following key system-level actions to help achieve the collective ambitions have been proposed to date and will be explored further in the next phase.

- Increase provision and awareness of inclusive sport and physical activity opportunities
- Enhance movement and activity within early years settings.
- Broaden the focus from PE and sport to creating active healthy schools & other educational settings.
- Create year-round, low-cost activity (and healthy food) opportunities for low-income children and families.
- Embed sport and physical activity into emerging new county youth offer.
- Embed activity in social prescribing and health care pathways for people with long term health conditions
- Help the county community mental health framework prioritise physical activity in the prevention and treatment of mental health conditions
- Embed physical activity within 'The Oxfordshire Way' to ensure clear provision for older and vulnerable adults.
- Scale and embed healthy place shaping and strengthen the role of physical activity.
- Highlight the importance of health and physical activity in economic development for workforce productivity and employability.
- Use Moving Medicine resources to support the health care and other front-line roles and develop a stronger and more diverse physical activity workforce.

6.0 Taking stock at our Leadership forum

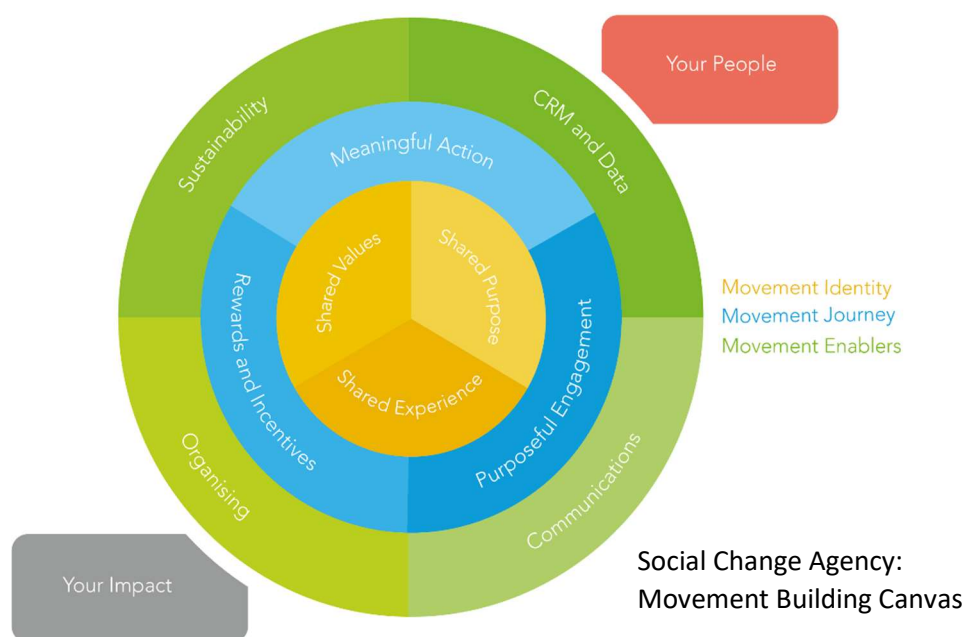
The county Physical Activity leadership forum at the end of March was attended by 50 partners and was an opportunity to take stock of the progress made so far, share the emerging framework to ensure it is on the right track, and to seek commitment to further input to build out the framework and for the concept of growing a social movement for physical activity.

We presented the framework and asked for views particularly on the collective ambitions which were unanimously supported.

We also had a number of speakers from the county including.

- Yvonne Rees, Chief Executive at Cherwell District Council & Board Member of Active Oxfordshire, who highlighted the importance of physical activity contributing to pandemic recovery & renewal amongst system leaders in the county.
- Dr Louise Upton, Councillor, Oxford City Council & Chair Oxfordshire Health Improvement Board, who spoke about the wider HIB priorities and the important role of active lifestyles, highlighting the importance of active travel and of tackling inequalities.
- Pippa Corner, Deputy Director Health, Education & Social Care Commissioning, Oxfordshire County Council, who spoke about the importance of activity for older people and how the framework could align with the Oxfordshire Way and benefit from more collaborative commissioning processes being pursued.

- Sir Muir Gray, who urged us to continue to highlight the wider benefits of physical activity for older people - physical, social, emotional and cognitive development.
- Ansaf Azhar, Director Public Health, Oxfordshire County Council, who highlighted the need for a system change approach to tackling health inequalities and explained the importance of a proportionate universalism approach to our collective work.
- Adrian Sell, who shared key learnings from Oxfordshire All-In – the collective response to the pandemic in the county.
- Amy Hulme, Director of Practice, The Social Change Agency who shared examples and a developmental canvas we can use to shape our work to growing a social Movement (see below).



7.0 Where next? from co-creation to co-ownership and growing the movement

As we reflected on the inputs and discussion at the Leadership Forum, and the explanation and support for growing a social movement, thinking is shifting now - from thinking about social movement building as an element of the framework, to thinking of the co-creation of the collective framework as one element of our work together to grow a movement for movement.

To ensure we are thinking about action as well as strategy, we should also bring together the co-creation of the framework with the ongoing co-creation of some of the major system change programmes in the county such as Move Together and You Move as well as others.

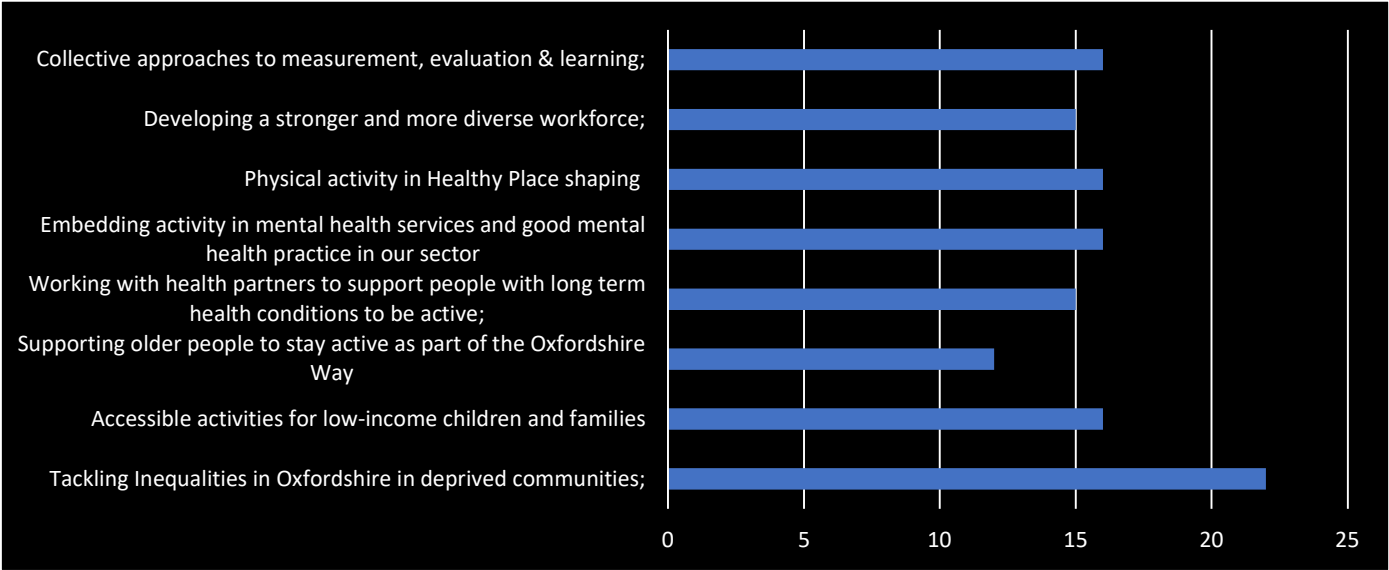
So, to take the work forward, it is proposed there should be 3 inter-related strands of work, ie

Movement co-creation - Framework co-creation - Programme co-creation.

- Movement co-creation will focus on further building together our approach to growing a social 'movement for movement', and how we evolve the leadership forum as a community of practice to take this forward.
- Framework co-creation will include refining the emerging framework and a series of deep dive sessions into how we deliver the ambitions set out.
- Programme co-creation will integrate with the deep dives to ensure the work is grounded but also systemic.

Colleagues at the leadership forum expressed interest in being involved in these further discussions and we will open up a series of ‘deep dive’ sessions to other interested parties.

I would like to be involved in further discussion (Deep Dives) about....



Finally, we also want to ensure we build **co-ownership** of the framework, discussing with other key networks and partners in the system, the role they can play and the elements of the framework they might ‘co-own’. This is something we would like to explore with the Health Improvement Board, which we see as a key oversight group for this work.

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