Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 21 September 2023 at 10.00 am
Room 2&3 - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link.
However, that will not allow you to participate in the meeting.

Membership

Chair - Councillor Jane Hanna OBE
Deputy Chair - District Councillor Elizabeth Poskitt

Councillors:	Nigel Champken-Woods	Jenny Hannaby	Nick Leverton
	Imade Edosomwan	Damian Haywood	Dan Levy
District Councillors:	Paul Barrow	Katherine Keats-Rohan	
	Douglas		
		McLean	
Co-optees:	Siama Ahmed	Barbara Shaw	

Date of next meeting: *23 November 2023*

Notes:

For more information about this Committee please contact:		
Scrutiny Officer	-	*Email: scrutiny @oxfordshire.gov.uk*
Committee Officer	-	*Scrutiny Team*
		Email: Email: scrutiny @oxfordshire.gov.uk

Martin Reeves
Chief Executive

September 2023

What does this Committee review or scrutinise?
- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?
We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer no later than 9 am on the working day before the date of the meeting.**

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:
- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:
- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

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, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

recycled paper

AGENDA

1. **Apologies for Absence and Temporary Appointments**

2. **Declarations of Interest - see guidance note on the back page**

3. **Minutes** (Pages 1 - 16)

   To approve the minutes of the meetings held on 08 June and 30 June 2023 and to receive information arising from them.

4. **Speaking to or Petitioning the Committee**

   Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

   NB Owing to the fact the incorrect details were originally posted, if you wish to register to speak please do so by 2pm on 20 September by contacting scrutiny@oxfordshire.gov.uk

   If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that your views are taken into account. A written copy of your statement can be provided no later than 9am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

5. **Local Area Partnership SEND Report** (Pages 17 - 24)

   Liz Brighouse (Cabinet Member for Children, Education and Young People's Services) and Anne Coyle (Director of Children's Services) have been invited to present the most recent Local Area Partnership SEND Report, with a particular focus on the Health and Wellbeing implications on Children.

   The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

6. **Chair's Update**

   Cllr Hanna will provide a verbal update on relevant issues since the last meeting.

   The Committee is recommended to **NOTE** the Chair's update having raised any relevant questions.

7. **Healthwatch Oxfordshire Update Report** (Pages 25 - 36)

Veronica Barry, Executive Director of Healthwatch Oxfordshire will present the Healthwatch update report. The Committee is invited to consider the report and **NOTE** it having raised any questions arising from the contents.

8. Report on Oxfordshire Healthy Weight (Pages 37 - 62)

Cllr Oconnor (Cabinet Member for Public Health and Inequalities), Derys Pragnell (Consultant in Public Health), and David Munday (Consultant in Public Health) have been invited to present a report on Oxfordshire Healthy Weight, with a focus on tackling Obesity with the County.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

9. Oxfordshire Health and Wellbeing Strategy Update (Pages 63 - 180)

Cllr Oconnor (Cabinet Member for Public Health and Inequalities) and David Munday (Consultant in Public Health) have been invited to present a report on the Oxfordshire Health and Wellbeing Strategy Update.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

10. Winter Planning (Pages 181 - 198)

Dan Leveson (BOB ICB – Place Director, Oxfordshire), Lily O' Connor (BOB ICB Programme Director Urgent and Emergency Care for Oxfordshire), Dr Ben Riley (Executive Managing Director- Primary, Community and Dental Care at OH), Lisa Glynn (Director of Clinical Services OUHFT), and Victoria Baran (Deputy Director of Adult Social Care), have been invited to present a report on Winter Preparedness.

11. Co-optee Report

Following the decision of Jean Bradlow to resign from her position as a co-opted member of the Committee, Tom Hudson, Scrutiny Manager, will present a report outlining suggested next steps. The Committee will be asked to **AGREE** those next steps.

NB This item is to follow.

12. Forward Work Plan (Pages 199 - 202)

To agree the Committee's work programme for the upcoming meetings throughout the remainder of the 2023/24 civic year, having raised any questions.

13. Actions and Recommendations Tracker (Pages 203 - 206)

The Committee is recommended to **NOTE** the progress made against agreed actions and recommendations having raised any questions.

Councillors declaring interests

General duty
You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?
Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest
Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception
Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests
Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.
Other registrable interests include:
  a) Any unpaid directorships
  b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

recycled paper

c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:
Where a matter affects the financial interest or well-being:
  a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
  b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

This page is intentionally left blank

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 8 June 2023 commencing at 10.00 am and finishing at 1.00 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair
	Councillor Imade Edosomwan
	Councillor Damian Haywood
	Councillor Dan Levy
	Councillor Dr Nathan Ley
	District Councillor Katharine Keats-Rohan
	City Councillor Sandy Douglas
Co-opted Members:	Jean Bradlow
	Barbara Shaw
	Siama Ahmed
Other Members in Attendance:	Cllr Gawryiask
	Cllr Hannaby
By Invitation:	Veronica Barry, Executive Director for Healthwatch Oxfordshire
	Britta Klinck, Deputy Chief Nurse, Oxford Health NHS Foundation Trust
	Rose Hombo, Deputy Director of Quality, Oxford Health NHS Foundation Trust
	Professor Bee Wee, Consultant in Palliative Medicine, Sobell House,
	Mary Walding, Lead Specialist Nurse, Oxford University Hospitals NHS Foundation Trust
	Kerri Packwood Cancer Personalised Care Project Manager, Oxford University Hospitals NHS Foundation Trust
	Jason Dorsett, Chief Finance Officer, Oxford University Hospitals NHS Foundation Trust
	Karren Fuller, Director of Adult Social Care, Oxfordshire County Council
Officers:	Tom Hudson, Scrutiny Manager

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as

set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

7/23   ELECTION OF CHAIR FOR THE 2023/24 COUNCIL YEAR
(Agenda No. 1)

The Scrutiny Manager welcomed Members and Officers to the HOSC meeting, and proceeded to oversee the election of the Chair of the HOSC. Cllr Hanna was nominated by Cllr Douglas, and seconded by Cllr Edosomwan for the role of Chair, with no other nominations. It was **AGREED** that Cllr Hanna be elected Chair of the HOSC for the 2023/24 council year. Cllr Jane Hanna assumed the position as Chair and thanked the committee Members for their support.

8/23   ELECTION OF VICE-CHAIR FOR THE 2023/24 COUNCIL YEAR
(Agenda No. 2)

The Chair asked if there were any nominations for the position of Vice-Chair of the HOSC for the remainder of the civic year. Cllr Elizabeth Poskitt was nominated by Cllr Aitman and seconded by Cllr Haywood as vice-Chair of the committee. No other nominations were proposed. It was **AGREED** that Cllr Poskitt be elected vice-Chair of the HOSC for the 2023/24 council year.

9/23   DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 3)

Cllr Damian Haywood declared that he has a contract with the NHS South, Central and West.
Cllr Jane Hanna declared her position as CEO of SUDEP Action.
Cllr Katharine Keats-Rohan declared her involvement in NIHR and OUHS in patient participation activities, and a lay partner on the Partnership Board of the Local Clinical Research Network, Thames Valley and Milton Keynes

10/23   APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 4)

The following members tendered their apologies

Cllr Paul Barrow, with Cllr Diana Lugova substituting.
Cllr Nigel Champken-Woods
Cllr Elizabeth Poskitt

Cllr Nick Leverton logged into the meeting remotely but did not participate.

11/23   SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 5)

12/23 **MINUTES**
(Agenda No. 6)

The Chair emphasised that as per a previous council motion, minutes should adopt the term "Chair" as opposed to "Chairman". The Chair explained that the minutes of the committee's meetings on 20 April and 11 May were to be assessed for their accuracy.

Some minor grammatical errors were highlighted by the Committee.

In respect of the 11 May meeting, the Chair emphasised the need for the minutes to adopt the terms Wantage and area, and that the scope of this area would be agreed in co-production with the Committee.

Subject to the amendments specified the minutes of the meetings of 20 April and 11 May were **AGREED** as an accurate record.

13/23 **CHAIR'S UPDATE**
(Agenda No. 7)

With the Chair's permission, Cllr Hannaby made a statement expressing concerns around the closures of the inpatient unit in Wantage Hospital, which have lasted for seven years. It was emphasised that the closure would not only impact Wantage residents in general but also those who could have potentially benefited from being treated at the hospital; and that residents would have to receive treatments in various other locations. Cllr Hannaby then proceeded to praise the workshop with Oxford Health and the Integrated Care Board (including the work of the Board's place lead for Oxfordshire) in attempting to resolve this. Cllr Hannaby referred to some of the transportation and access challenges for patients who would have to receive treatment elsewhere.

In response to Cllr Hannaby's statement, the Chair explained that the Committee would benefit from having an opportunity to receive relevant information and paperwork prior to any formal consultation, and for this to also be shared with stakeholders for increased transparency.

The Integrated Care Board's Place Director for Oxfordshire reiterated the willingness to embark on a public engagement, and stated that an information pack on this engagement will be shared with the Committee in due course. The Place Director also expressed a continued commitment to pursue a comprehensive engagement around the closure in Wantage Hospital. Cllr Hannaby then emphasised the imperative for any information relevant to the engagement to be shared well in advance.

The Chair concluded with a suggestion that Cllr Hannaby have an additional discussion with the Chair to discuss the nature and scope of the public engagement further, and reiterated Cllr Hannaby's emphasis on relevant information being shared with participants well in advance of any workshop. The Chair also stated that, as per the agreement of the committee at the last meeting, a shared history of developments is to be provided to NHS colleagues in relation to Wantage Hospital.

The Chair proceeded to raise concerns regarding issues with epilepsy medications, suggesting potential future safeguarding concerns. The epilepsy clinical and patient sectors have not been included on policy updates on these medications. The Chair requested that the committee has a point of contact at the Integrated Care Board as well as Place levels in relation to epilepsy medications. The Chair asked for two members of the committee to join her in gathering further information on this.

The Committee **NOTED** the Chair's update.

The Committee **AGREED** and **DELEGATED** to the Chair, alongside Cllr Haywood and Cllr Edosomwan, to look into gathering further information on potential future safeguarding concerns around epilepsy medications.

14/23 OXFORD UNIVERSITY HOSPITAL NHS FT QUALITY ACCOUNT
(Agenda No. 8)

The Chair stated that the Committee held a briefing with Dr Andrew Brent, Deputy Chief Medical Officer and Helen Cobb, Head of Clinical Governance at Oxford University Hospitals NHS Trust on 15 May 2023 to review the draft Quality Account and to provide its feedback.

The committee **NOTED** the feedback summary. The Chair stated that Oxford University Hospitals NHS Trust had made an official response to the feedback comments.

15/23 OJHOSC ANNUAL REPORT
(Agenda No. 9)

The Chair declared that a draft version of the annual report had been completed, and praised the report for being a manifestation of how active and effective the committee has been in its Health scrutiny activities. The Chair reiterated how much appreciated the committee members are for their active involvement in scrutiny, and for their contribution to the fulfilment of the Committee's role.

The Chair and Vice-Chair will review the report and make suggestions as to any amendments that may potentially be required.

The committee **NOTED** the requirement for the Committee to produce an annual report, and **AGREED** the following:

1. That Information on the committee's work around the Ear Wax Removal contract is to be included in the report.
2. For some further grammatical changes to be made, particularly around the paragraphs relating to Vaping.

The Committee **DELEGATED** to the Scrutiny Manager, in consultation with the Chair and Vice-Chair, responsibility for the design of the final publication, and to make minor updates or amendments as required.

16/23 WORK PROGRAMME
(Agenda No. 10)

The Chair invited the Committee to discuss its work programme for the 2022/23 municipal year.

These points were highlighted by the Committee during the debate:

- Helen Mitchell reminded the Committee that Scrutiny was a Member-led function within the Council and as such it was for the Committee to determine its work programme. Members of the Committee should take responsibility for both drawing up and managing their own work programme. The work programme was a dynamic document that was a subject to change and Members could add, subtract, and defer items as necessary.
- The Chair outlined that she would meet with Interim Chief Executive to discuss on resources to deliver the programme.
- Some Members felt that Primary Care update could be brought forward considering that a lot of concerns had been raised at the last meeting.
- In terms of the Primary Care update – the Committee expressed their concerns at the last meeting and going forward on this matter there may be a workshop in September
- The Chair informed the Committee that she had not lost sight of 'Covid recovery' and 'Community Services Strategy' items. The Chair reminded the Committee that concerns were raised by Members at March meeting in terms the lack of information and wider public, partners and community groups engagement (in particular for 'Community Services Strategy') on these issues, and for those reasons dates for above items were yet to be allocated.
- Members of the Committee were invited to engage in items on the work programme and therefore minimise pressure on scrutiny officers and internal/external officers. Such engagement could be in a way of visiting sites, discussions with public, partners and community groups, performing a research, etc.
- The Chair welcomed a proposal from the Committee to add 'Smoke Free Strategy' to the Work Programme. The Chair suggested that this item could be consider at September meeting of the Committee.
- The Committee debated next steps in terms of the Sub/Working Group work as well as progress with Briefings for Member Information. The Chair said that progress on these would depend on Member engagement and their time to participate in workshops, officers and partners availability and the timing of events relevant the nature of particular issues (i.e. development of ICB Strategy, details around section 106 agreement within housing developments and primary care neds, and similar).

It was RESOLVED to note the current Work Programme and take on board comments and suggestion from the Members on future items.

17/23 HEALTHWATCH REPORT
(Agenda No. 11)

The Chair highlighted that one of the Committee's key partners is Healthwatch Oxfordshire, and reiterated that the value of this partnership was mentioned in the HOSC's Annual Report. The Chair welcomed Veronica Barry, Executive Director for Healthwatch Oxfordshire, and praised Healthwatch's groundwork in gathering data on residents' Healthcare experiences as being synergistic with the HOSC's work. The Chair also cited the importance of gathering qualitative data on patients and their families' experiences with end of life care. The Executive Director was then invited to summarise some key aspects of Healthwatch's update report which included the following:

1. Feedback from online and paper surveys had been received from patients on the care they received at John Radcliffe, Horton, Nuffield and Churchill Hospitals. Overall, patients valued the care, professionalism and support they received from staff across these hospitals, and they highly valued the clear communication and information regarding the care they received. However, patients also recognised the pressures on hospital services including on staff and the impact of this on waiting times. Some impact was reflected in the quality of patient experiences of in Accident and Emergency for instance.
2. Healthwatch Oxfordshire had been provided with two patient stories regarding Palliative and End of Life Care by the Sue Ryder Foundation. Healthwatch were to use these patient insights to input into the HOSC agenda item on End of Life Care.
3. Healthwatch Oxfordshire would work with Community First Oxfordshire to help explore some of the health inequalities in the context of rural isolation.

On behalf of the Committee, the Chair reiterated the HOSC's commitment to remain up to date with the key work and research being undertaken by Healthwatch, and expressed that the Committee would also benefit from insights into health inequalities in the context of rural isolation.

The Committee recognised and noted the role of Healthwatch as a key repository of public experiences and feedback on Healthcare services, and asked about the extent to which this feedback has an effective impact on services and how it is received by Healthcare providers. The Executive Director for Healthwatch Oxfordshire responded that much of this remains contingent on the maintaining strong and positive working relationships between Healthwatch and local healthcare providers, expressing that the former were strongly pursuing this.

The Executive Director for Healthwatch Oxfordshire also emphasised their understanding that the NHS Website for Dentistry was out of date and that this should be monitored and looked at by the NHS commissioners.

It was also emphasised by Healthwatch that they are in a transition stage, in which they are also looking to hire staff to help Healthwatch execute its responsibilities. Healthwatch have also been running regular patient webinars where Patient Participation Groups and other Patient Groups can learn about health services as well as share information.

Daniel Leveson, the Integrated Care Board's Place Director for Oxfordshire also cited the responsibility of the NHS to be curious regarding what they learn from

Healthwatch, and highlighted that improvements have been made in this respect, and that Healthwatch are a permanent Member of the Place-Based Partnership. The ICB Place Director also recognised the value in Healthwatch helping to inform some of the changes that the ICB are undertaking in the Urgent Care System and around some of the work around prevention and Health Inequalities; and to work more closely with Patient Participation Groups to hear more from local communities.

The Committee **NOTED** the report.

18/23 DRAFT OXFORD HEALTH NHS FT QUALITY ACCOUNT
(Agenda No. 12)

The Chair welcomed Britta Klinck (Deputy Chief Nurse) and Rose Hombo (Deputy Director of Quality) of Oxford Health NHS Foundation Trust; and on behalf of the Committee, thanked the invitees for their comprehensive report as well as for the glossary. The Chair handed the floor to the invitees to provide a brief overview of the report.

The invitees summarised the following points:

1. The Annual Quality Account had been drafted in the context of a difficult time. The challenges being experienced are not unique to the Trust but analogous challenges were being experienced by counterparts Nationwide. It was highlighted that there has been a higher level of demand in various services delivered by the Trust, and that pressures within the healthcare system had reached heightened levels. This Quality Account had been published on the back of a staffing crisis which is affecting Oxfordshire but also other areas nationwide. It was also emphasised that the Trust, much in the same way as many other providers, are in the process of recovery from the Covid-19 Pandemic.

2. It was also reiterated that there was a significant critical incident within Oxford Health last year, which was elicited by the outage of the Trust's entire Electronic Patient Record System. The Provider of the Trust's electronic patient record system was subjected to a cyber attack which rendered the system unusable. The Trust was required to operate in the absence of their Patient Record Systems from August through to December last year. For instance, district nursing teams were significantly reliant on these systems for appointments with patients.

3. It was highlighted that there are fourteen objectives in the Trust's Quality Account, and that five of these have been achieved. It was emphasised that that was not as high a number as the Trust would have liked, although there has been a significant amount of progress on the five objectives that have been achieved. It was acknowledged that there still was further work to do further into the current year by the Trust to help meet its objectives, and it was expressed that there is a strong commitment to do so.

4. The Trust had been working on improving mental health services, by focusing on further prevention work. This is being undertaken through closer collaboration

with Primary Care and GPs in order to achieve early intervention for patients with mental health issues. The Trust also has teams in over 200 schools to help with prevention and early intervention work for mental health and have been expanding this programme.

The Chair thanked the invitees for summarising Trust's Quality Account, and expressed that the Committee had a keen interest in the wellbeing of all frontline practitioners during these challenging and unprecedented times.

The Committee acknowledged that the challenges from the Covid-19 Pandemic still remained and that this would continue to have challenging impacts on the Trust; including on workforce.

The Committee also felt that it was good to see a reduction in seventy percent of admissions for eating disorders, and that this was a positive development, particularly in light of an increase in eating disorder tendencies and statistics at the national level.

The committee asked about the extent to which Keystones mental health and wellbeing hub had elicited improvements across the population. The Trust responded that one of the consequences of the cyber attack on patient record systems was the lack of quantitative data, although there is a plethora of qualitative data relating to the experiences of patients who utilised that centre. Patients are able to access services much closer to home at the local level. It has also been a useful centre in incorporating contributions and collective work with Mind and other voluntary workers. It was also mentioned that the Trust is committed to help overcome some of the challenges with access to mental health services and for patients to not have to be bounced around services and to have to repeat their story multiple times.

The Committee asked for clarification as to whether there was a formal partnership between Oxford Health and the Frank Bruno Centre. The Trust responded that there was no partnership of any kind. The benefit here is that patients also face the prospect of self-referral, which avoids some of the challenges of having to go through avenues of accessing a GP initially and to then hope to be referred.

The Committee also queried some of the snowball effects that the outage of the patient record system has had, not only on the effectiveness of service delivery to patients, but also on staff health and wellbeing and staff retention as a result of increased pressures. The Trust responded that the migration of the historical data on patients has not yet completed; and that another consequence of the outage relates to challenges with reporting around waiting times and appointments being carried out. It was emphasised that the Trust would develop that functionality by July-August this year, and that this could/would? help staff to deliver care on the ground more effectively. However, staff would also require some time to get accustomed to new systems.

The Committee asked what the consequences of the aforementioned challenges are on the general health and wellbeing of the people of Oxfordshire, particularly given that there are many residents who make use of District Health services as part of people's everyday access to healthcare for instance. The Trust responded that clinical harm reviews were undertaken throughout the course of the critical incident,

but that not every harm can be easily ascertained or identified but that the Trust does its utmost to nonetheless review the impact of any challenges on the health and wellbeing of patients and wider residents.

The Chair enquired as to whether there were any lessons learned by the Trust, which could then be shared with other actors within the healthcare system so as to improve services overall. The Trust responded that there are always lessons learned and that these lessons are routinely shared with the Integrated Care Board. It was also highlighted that another useful source of collective learning was that it was approximately 15 other providers who were also affected by the outage of the patient record systems.

The Committee raised a point about the imperative to support staff wellbeing, and for the Trust to closely monitor the percentage of staff leaving relative to the numbers of staff being recruited, as this will help to ensure prompt and adequate staff recruitment and retention measures.

ACTION: For Oxford Health NHS Foundation Trust to share information with the Committee on the percentage/ratio of staff leaving the Trust relative to the numbers of staff being recruited.

The Committee was recommended to:

a) **AGREE** to provide comments on the account, in particular in relation to whether the account corresponds with HOSC member experience of the Trust over the last year, and whether they support the key areas of focus for the Trust over the forthcoming year.

b) **DELEGATE** to the Scrutiny Manager the task of compiling the Committee's comments on the Quality Accounts in consultation with the Chair, and submit the feedback to Oxford Health by 14 June 2023.

19/23   END OF LIFE CARE
(Agenda No. 13)

The Chair invited the Committee to withdraw this item from the agenda so this and a series of other items from the ICB could be presented at an extraordinary meeting in mid-July. By that time, the ICB would be a legal entity and it would be important that the Committee commence engagement with the ICB and its staff.

It was RESOLVED to withdraw BOB ICB Strategy for engaging the communities and the public from this meeting agenda.

20/23   ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 14)

Following an update on the progress, the Committee **NOTED** the action and recommendation tracker.

21/23 **RESPONSES TO PREVIOUS RECOMMENDATIONS**
(Agenda No. 15)

.... in the Chair

Date of signing   ....

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Friday, 30 June 2023 commencing at 9.00 am and finishing at 9.55 am

Present:

Voting Members: Councillor Jane Hanna OBE – in the Chair

District Councillor Paul Barrow
Councillor Nigel Champken-Woods
Councillor Damian Haywood
Councillor Nick Leverton
Councillor Dan Levy
District Councillor Elizabeth Poskitt (Deputy Chair)

By Invitation: Stephen Chandler, Executive Director (People)
Dan Leveson, Oxfordshire Place Director, BOB ICB
Susanna Butt, Transformation Director, Oxford Health NHS Foundation Trust
Cllr Jenny Hannaby, Chair of Wantage Town Council Health Committee

Officers: Tom Hudson, Scrutiny Manager
Paul Grant, Head of Legal
Simon Harper, Head of Governance

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

22/23   APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies were received from the following members:

- Barbara Shaw
- Siama Ahmed
- Jean Bradlow
- Cllr Keats-Rohan
- Cllr Douglas
- Cllr Ley

23/23 **DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE**
(Agenda No. 2)

Cllr Haywood declared an interest by virtue of his employment by NHS South Central

Cllr Hanna declared an interest as Chief Executive of SUDEP Action.

24/23 **SPEAKING TO OR PETITIONING THE COMMITTEE**
(Agenda No. 3)

It was **AGREED** that the registered speaker, Cllr Hannaby, speaking as Chair of the Wantage Town Council Health Committee be invited to contribute alongside other speakers on the substantive item.

25/23 **WANTAGE HOSPITAL: DECISION WHETHER TO REFER THE CLOSURE OF BEDS TO THE SECRETARY OF STATE**
(Agenda No. 4)

The Chair reminded the Committee of its previous agreement to defer the decision whether to make a referral to the Secretary of State in relation to the closure of beds at Wantage Hospital on the basis that a co-produced workshop had been offered by NHS colleagues between stakeholders to identify a common way forward. The current meeting was to assess, based on the outcomes of that meeting, the next steps.

The Chair fed back her experience of the workshop to the Committee, expressing her thanks to the many stakeholders who had given up time and effort to make it happen. As a prelude to this, she noted that a compendium of the HOSC's involvement with this issue, as detailed in the public record, had been distributed to the NHS and illustrated the commitment HOSC had shown to consideration of this issue.

The purpose of the workshop was to focus on a five-year future for the residents of Wantage and surrounding area in relation to the services provided at the hospital following the temporary closure of inpatient beds and the loss of the minor injuries unit, and to understand the situation with regards to outpatient services currently operating, largely as pilots. The Committee had previously expressed recommended greater reach-out to the community by the NHS, and that as new managers and strategies had been announced community members were left with a sense of 'groundhog day'. It was important that the meeting demonstrate a new approach compared to what had preceded it, and the Chair had spoken with almost all community representatives attending to hear their views on whether this had been achieved.

For the morning session, on balance, feedback was that there had been an improvement, and they saw enough evidence of a new approach to want to continue to work with the NHS to find a way forward in spite of the history. One criticism made was around the population data relied on for forecasts, which had been an issue raised by the OX12 Taskforce report. The data did not take account of registrations at GP practices as a proxy for healthcare demand, nor the growth of Wantage recently

and in the future. Feedback concerning the presentations received was mixed, with those more established and permanent services faring better. At times feedback was that some of the presentations were unduly positive and did not engage with the question of what would happen when healthcare-provided beds were the most appropriate form of provision or recognition of when services were not working.

For the afternoon session, those feeding back were more positive with the discussions held, stating they felt actively involved and listened to. At the end of the day there was real energy and evidence of creative co-production but there was insufficient time to build on that positivity fully. Important outcomes agreed by senior NHS members present were to look in detail at the business case for a minor injuries unit, provision of surge beds in the locality and exploration of accessing CIL funding to maximise the funding available. Issues around population data were also recognised.

Cllr Barrow shared his views to the Committee too. He expressed frustration that discussion of what future provision might look like was limited to the afternoon, particularly in light of the lack of time to build on the good work which had been undertaken then. The day was, nevertheless, positive. The key issues of discussion were around bed-provision and the minor injuries unit; in light of the high cost of a minor-injuries unit it was fundamental that all sources of financial support was accessed.

Dan Leveson, Place Director for Oxfordshire, BOB ICB, confirmed the sense of positivity and forward momentum. It was clear the community wished to re-engage on the future of Wantage and come to a resolution. The current timeline for producing a suggested outcome was for November. However, increased co-production activity could negatively impact that. It was confirmed that there was confidence the original timeline committed to for this process would be met should additions to it not be made.

Susannah Butt, Transformation Director, Oxford Health NHS Foundation Trust, confirmed Oxford Health and the ICB's ambition to work with all stakeholders present at the workshop, alongside the rest of the community, to identify a more permanent solution for the use of Wantage Hospital. Oxford Health was equally committed to ensuring its previous commitment to the HOSC for delivering a proposal that would be met by the November deadline. Resources within the Trust had been specifically dedicated to this workstream.

Stephen Chandler, Executive Director (People), Oxfordshire County Council, addressed the Committee in place of Karen Fuller, who had attended the workshop but was unable to attend the meeting. He had been briefed following the workshop. The comments made reflected what had already been heard, which was that the meeting reached a positive place by its conclusion. From a County Council perspective, the Council would work with partners on planning this service reorganisation. Having been involved in previous service reorganisations it was important that all stakeholders, particularly the community, were clear on the final outcomes they would want to achieve through the process. Co-production was a key way of getting there but it needed to be informed by the ways care was delivered had

changed over time, as well as adaptations in the care and, particularly, nursing home market.

Cllr Hannaby, Chair of the Wantage Town Council Health Committee, provided her perspective to the Committee. It was noted that there were, within the county, other community hospitals which were flourishing. A very important outcome of the OX12 Taskgroup was the identification of the tangible things that local residents would want provided in their area. Attending the afternoon of the workshop, her impressions were that it had been excellent, with strong evidence of stakeholders working together and wanting to find a mutually positive outcome. Work remained to do to identify which hospital services could be provided on the site to prevent elderly and young families from having to travel to the larger, more distant hospitals. Speaking on behalf of the residents of Wantage, it was important that there should be sufficient and nearby bed provision. Residents had valued the minor injuries unit which had been provided by the hospital and would want to see similar provision in any future plans. It was her view that the hospital site could be better used to be able to house more services.

It was proposed and **AGREED** that:

1. The ICB and Oxford Health continue to co-produce with Wantage Town Council Health Committee and its invitees, and following receipt of the draft report from the independent facilitator, agree next steps, to include:
   - progressing unfinished co-production work from the workshop on action-planning
   - to agree how best to involve the wider-circle of invitees as discussed at the meeting
   - plans for co-production to meet a final timeline of presenting to HOSC in November 2023.
2. That the ICB and Oxford Health give assurance that there is sufficient capacity to deliver its engagement exercise to time.
3. That the ICB and Oxford Health meet with representatives of Vale of the White Horse District Council to improve understanding of how CIL money allocated to health can be accessed in a timely way, and that this knowledge is jointly communicated by the NHS and the Vale of the White Horse District Council to the Wantage Town Council Health Committee.
4. That representatives of the ICB, Oxford Health and Oxfordshire County Council meet with members of the Oxfordshire Joint Health Overview and Scrutiny Committee Working Group on Substantial Change on a monthly basis, which would be virtual, to discuss progress on co-production against agreed timelines.

The Committee **AGREED** to adjourn for five minutes.

Following resumption advice from the Head of Legal, Paul Grant, was asked whether the Committee would have sufficient notice of removal of its powers to refer to the Secretary of State to convene and make a final decision. In response, it was explained that the way that powers were introduced by government through statutory instrument did vary and it was not known by the Head of Legal which way this would be implemented. Some ways gave little or no notice so the Committee's concern was legitimate. However, the most likely way would be through the form of a

commencement order with additional regulations to flesh out how any reconfiguration of powers would be changing. Draft secondary legislation would be expected to go through parliament, meaning some forewarning was likely. However, categoric assurance of notice of the removal of the Committee's powers could not be provided. The Committee asked the Head of Legal to look into this issue and find out as much as is available on the proposed process.

A further question was discussed with the Head of Legal over the appropriate body or person the Committee could delegate decisions to refer to the Secretary of State to. A working group was not deemed legal but the Chair, in consultation with others, was. it was proposed and **AGREED** that the Committee would defer the decision of whether to refer the issue of the closure of Wantage Hospital inpatient beds to the Secretary of State and delegated to the Chair in consultation with the Director of Law and Governance and the Scrutiny Officer the power to write and send a suitable report to the Secretary of State for Health and Social Care should the need arise.

.... in the Chair

Date of signing   ....

This page is intentionally left blank

Agenda Item 5

Area SEND inspection of Oxfordshire Local Area Partnership

Inspection dates: 13 to 21 July 2013

Dates of previous inspection: 14 to 17 October 2019

Inspection outcome

There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

A monitoring inspection will be carried out within approximately 18 months. The next full reinspection will be within approximately 3 years.

As a result of this inspection, HMCI requires the local area partnership to prepare and submit a priority action plan (area SEND) to address the identified areas for priority action.

Information about the local area partnership

Oxfordshire County Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Oxfordshire.

The commissioning of health services changed across England in 2022. In Oxfordshire, the responsibility for health services passed from Clinical Commissioning Group (CCG) to the Buckinghamshire, Oxfordshire and Berkshire West ICB on 1 July 2022. There have been more recent changes to some senior leadership posts in the local area partnership. These include the appointment of a new chief executive for the ICB and the recent appointment of an interim Director of Children's Services for Oxfordshire County Council, who has stepped up to this role since being in Oxfordshire since 2022.

Oxfordshire County Council commissions a range of alternative provision for children or young people, including for those who cannot attend school due to social, emotional, and mental health and medical needs, or for those who are at risk of or have been permanently excluded. Many of these places are commissioned at Meadowbrook College and the Oxfordshire Hospital School.

What is it like to be a child or young person with SEND in this area?

The experiences of children and young people in Oxfordshire depend on who they meet along their journey. If dedicated professionals recognise their needs early on, collaborate with others effectively and are then able to access the right support, they are one of the few whose needs are met. Sadly, this is too rare due to long-standing failings in local partnership arrangements. For most children, young people and their families, their experience is one of confusion and delay, alongside frustration that their presence and their voice are not listened to or valued. Consequently, many do not receive the right support or have their needs met effectively.

Conversely, children and young people who experience the pockets of stronger multi-agency working thrive. Where they encounter these dedicated practitioners, their quality of life is improved. As one young person commented, 'I now have a life worth living.' However, far too many children and young people are lost in the system. The processes that are intended to support them hinder them.

Children's and young people's needs are not consistently identified accurately or assessed in a timely and effective way right from the start. Where they are involved, early years settings, health visitors and school nurses do their best to identify and respond to emerging needs in babies, children and young people. However, there are lengthy waiting times for help and leaders have not acted effectively enough to ensure that appropriate support is available to mitigate the negative impact of excessive waiting times. While recent service changes are being implemented in some health teams, the impact of these changes are yet to be felt.

When families and professionals face an absence of early intervention, some feel the only way to get help is to secure support through an education, health and care (EHC) plan. Additionally, for those children and young people with an EHC plan, families too often report the need to intervene and advocate to secure provision in line with the plan for their child. This creates inequity in the system. Although the views of children, young people and their families are usually sought, they are not always listened to and acted on sufficiently well, for example when considering young people's views regarding how well their educational needs are being met.

Too many children and young people do not receive the right help until they are close to crisis point. This is hampered by the lack of cohesive communication systems between services across the partnership, which inhibits joined-up working. Poor information-sharing means that important knowledge of children, young people and their families is not connected across services efficiently and effectively.

In schools, staff are not always well supported to understand and meet the different needs of children and young people with SEND. Leaders know there is a lack of appropriate specialist settings and alternative provision (AP). This means that some children and young people are not able to get the right help quickly enough. At times, this contributes to the breakdown of placements, and leads to children and young people spending too much time out of school. Leaders recognise this and are planning a new

strategy to address these concerns.

Where children and young people receive support within specialist statutory teams, for example the Children's Disability Team, they receive timely assessment and appropriate advice to meet their needs. Here, practitioners effectively assess, review and support children and young people to achieve positive outcomes and experiences. For these children and young people, their transitions are well organised.

Children and young people who can access the right support and setting have their needs understood and met. This sets them up well for their future. For others, lengthy delays in finding the right setting to meet their needs means too many children and young people miss out on important learning and help for an extended time.

What is the area partnership doing that is effective?

- Recently appointed area leaders recognise the significant weaknesses of the current system and acknowledge the wide-ranging concerns found during the inspection.

- All agencies involved with looked after children with SEND have a sharp focus on working together to help them to achieve ambitious outcomes. This leads to effective monitoring and multi-agency work across the partnership for children living out of area. Their health, education and social care needs are prioritised. Consequently, their needs are better met and professionals work in partnership with parents and carers. Children are frequently seen by staff, including social workers, and their safety is prioritised.

- Early years practitioners get useful training and advice from the Early Years SEN Inclusion Team. They use the Early Years SEND toolkit to produce 'support and outcomes plans' that outline children's needs clearly. These plans guide practitioners to ensure that children work towards personalised outcomes one careful step at a time. This helps to prepare them for their next steps, if these are known and agreed.

- Where there is strong practitioner knowledge and expertise, children and young people benefit from cohesive, proactive planning for their needs. For example, families accessing the early help service benefit from plans that describe their needs well. The Learning Disabilities Child and Adolescent Mental Health Services team provides welcomed support and useful strategies to families and practitioners.

- The Oxfordshire Parent Carer Forum are committed to working with the local area partnership. They are well connected with training and workforce development initiatives and recently led on a well-received 'Moving into Adulthood' event alongside the partnership. Oxfordshire SENDIASS (SEND information advice and support service) is held in high regard by parents, carers and professionals. When they are able to access this, families receive helpful advice and training.

- Local area leaders acknowledge the lengthy waiting times for the neurodevelopmental conditions pathway. Children, young people and their families

are now being offered support while they are waiting for an appointment. Treatment and support are therefore moving towards a needs-led rather than diagnosis-led pathway.

■ Many young people aged 18 to 25 who are known to adult social care receive effective assessment and intervention to meet their needs. Planning for transition is coordinated and avoids delays in meeting the needs of these young people into adulthood. This group receives professional support to participate in decision-making about their futures. Where professionals in further education settings know young people well, they help to support smooth transitions into young people's next steps.

What does the area partnership need to do better?

■ Oxfordshire local area partnership has been characterised by frequent changes and interim arrangements in important roles within the SEND system. There is a disconnect between strategic thinking and operational practice which has contributed to a widespread lack of confidence in area leadership. This has negatively impacted the partnership's ability to undertake transformation and make sustainable change.

■ Parent and carer confidence in the local area partnership to meet their children's needs is low. Around 2,000 parents and carers took time to share their views with inspectors. A tangible sense of helplessness runs through their descriptions of their lived experiences. These were typically about the years spent waiting or struggling to be heard to get support in education, health and care. Leaders openly acknowledge the urgent need for a 'reset' to repair the fractured relationships with parents and carers and other stakeholders.

■ Agencies within the local area partnership do not work cohesively to ensure that children and young people get the right help at the right time. Although inspection activities supported multi-agency professionals to come together and understand more about children's and young people's needs, the absence of system-wide processes to support this collaboration on a day-to-day basis inhibits access to education, health and multi-agency services.

■ The sufficiency of specialist provision is a significant area of concern. Too many children and young people are unable to access the education provision they need. Some wait for years. Despite their commitment to inclusion, some school leaders are unable to meet pupils' increasingly varied needs. This is due to a lack of suitable advice, guidance and support from specialists. Consequently, many school leaders and staff feel overwhelmed because they cannot support children and young people as well as they aspire to.

■ Over time there has been little strategic oversight of AP. Area leaders do not know registered or unregistered providers well and relationships with commissioned providers have been notably weak. Area leaders, school leaders and AP leaders all have concerns about the effectiveness of the current system. Commissioning arrangements are unhelpful, and providers are concerned about delays in decision-making, including about transition arrangements.

- Many schools prioritise transition work. However, when there are delays to decision-making and naming suitable placements, this work is undone. Poor communication exacerbates this, adding to the feeling of helplessness expressed by many professionals, parents and carers. These delays impact planning and preparation for next steps.

- The timeliness of EHC plans has recently improved from the published 4% which are completed within the 20-week statutory time frame. EHC plans considered during the inspection rely heavily on education input. There is little inclusion of the contribution from health or social care. Internal quality assurance reviews are thorough and identify precisely where improvement is required. However, there has been no sharing of learning from this work. Therefore, this has not contributed to improving the quality of EHC plans. Frequently, EHC plans do not describe the child or young person accurately enough to ensure that their needs are met effectively, particularly at the point of transition.

- Co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them all) is undervalued across the partnership. Evidence indicates there is late-stage consultation rather than true co-production from the outset. Children's and young people's voices are not well heard or sought at the earliest opportunity. Parents and carers report communication both within and across the local area partnership as a significant challenge. They state that 'parents are the last to know', for example, if there are changes in professionals involved with the family.

- Children and young people with a high risk of admission for mental health concerns and/or placement breakdown are considered on the dynamic support register. All cases reviewed during the inspection demonstrated a lack of a multi-agency approach to meeting needs effectively.

- Commissioning does not always underpin the service provision needed in Oxfordshire. There is a lack of clarity in the planning and commissioning of services to meet the needs of children and young people. This leads to education and health services being unable to balance capacity and manifests in long waiting times for children and young people.

- Many service reviews and new projects are started. It is unclear if or when these are completed, or what the tangible outcomes are. As a result, parents and carers have lost faith in the area's ability to deliver on promises that have been made for impactful positive change. Leaders continue to work in a context where they are endeavouring to establish stability in key roles in the SEND system.

Areas for priority action

Responsible body	Areas for priority action
Oxfordshire County Council and NHS Buckinghamshire, Oxfordshire, and Berkshire West ICB	Leaders in the local authority, ICB and education, health and care providers should urgently prioritise systems to gather the views of children and young people with SEND effectively. Leaders should use these views to inform their strategic planning for, and evaluation of,

	SEND services that improve the outcomes and experiences of children and young people with SEND and their families.
Oxfordshire County Council and NHS Buckinghamshire, Oxfordshire, and Berkshire West ICB	Leaders in the local authority, ICB and education, health and care providers should develop communication systems across the partnership to improve the efficiency and quality of their information-gathering processes to ensure that children's and young people's needs are understood and met effectively through coordinated approaches.
Oxfordshire County Council and NHS Buckinghamshire, Oxfordshire, and Berkshire West ICB	Leaders across the partnership should establish rigorous processes to help ensure the improved timeliness and quality assurance of EHC plans. Leaders should use this learning to improve the quality of new and existing EHC plans.
Oxfordshire County Council and NHS Buckinghamshire, Oxfordshire, and Berkshire West ICB	Leaders across education, health and care should improve the commissioning of services to ensure that children, young people and their families receive sufficient support to better meet their needs and improve parental confidence in the SEND system.
Oxfordshire County Council and NHS Buckinghamshire, Oxfordshire, and Berkshire West ICB	Leaders, including education, health and care providers, should identify the steps that they will take to collectively monitor and measure the impact of their strategy and actions. These plans should be co-produced with and communicated clearly to children, young people and their families so that their experiences and outcomes improve.

Areas for improvement

Areas for improvement
The local area partnership should evaluate the quality and impact of services and joint working more effectively in order to inform improvements that lead to better outcomes and experiences for children and young people with SEND.
Leaders should improve their strategic approach to transition planning at all ages so that children and young people receive the right help and support they need to lead successful lives.
Leaders must continue to develop their oversight, strategy and commissioning arrangements of suitable alternative provision so that there is sufficient suitable provision that meets the needs of children and young people with SEND.
Leaders across the partnership should continue to address the long waiting times for children and young people requesting support from health services. The local area partnership should ensure that support is in place from health services for children and young people who are awaiting assessments.

Local area partnership details

Local Authority	Integrated Care Board
Oxfordshire County Council	NHS Buckinghamshire, Oxfordshire, and Berkshire West
Anne Coyle, Director of Children's Services	Nick Broughton, Chief Executive Officer
www.oxfordshire.gov.uk	www.bucksoxonberksw.icb.nhs.uk
County Hall New Road Oxford OX1 1ND	Buckinghamshire, Oxfordshire, Berkshire West ICB Sandford Gate Sandy Lane West Oxford OX4 6LB

Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: one of His Majesty's Inspectors and an Ofsted Inspector from education and social care; a lead Children's Services Inspector from Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

Inspection team

Ofsted
Jo Petch, Ofsted HMI, lead inspector
Anna Gravelle, Ofsted HMI
Hilary MacDonald, Ofsted Inspector

Care Quality Commission
Lee Carey, CQC Lead inspector
Claire Mason, CQC Inspector

If you are not happy with the inspection or the report, you can complain to Ofsted.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at http://reports.ofsted.gov.uk/.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: http://eepurl.com/iTrDn.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

© Crown copyright 2023

Report to the Oxfordshire Joint Overview Scrutiny Committee

21st September 2023

Table of Contents

Update since the last Health Overview Scrutiny Committee (HOSC) Meeting June 2023:
Healthwatch Oxfordshire reports to date:

https://healthwatchoxfordshire.co.uk/reports

- We held an **Open Forum** on September 21st for people to meet our Board of Trustees, ask questions and hear about our work and activities. https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/

We published **Enter and View** reports on visits to the following services:

- Oxford Haemophilia and Thrombosis Centre (July 2023)
- Day Case Unit Horton Hospital (September 2023)
  https://healthwatchoxfordshire.co.uk/our-work/enter-and-view

Key issues we are hearing from the public:

We continue to hear about the lack of access to NHS dentistry, GP waiting times and access, waiting times for Mental Health services, autism diagnosis and SEND.

## Overview of Healthwatch Oxfordshire activity April - June 2023
Activity update

- Healthwatch Oxfordshire Annual Impact Report (2022-3) was published on 29th June and available online https://healthwatchoxfordshire.co.uk/report/healthwatch-oxfordshire-annual-impact-report-2022-23/ with public presentation online to the public on July 4th available on video. 26 people attended this event.

- Successful application to NHS South-East Community Participatory Action Research (**CPAR2**) Programme Phase 2 for Healthwatch Oxfordshire to act as host organisation to two community researchers during 2023-4. The researchers from Oxford Community Action will focus over the year on learning research skills and exploring challenges from the impact of the cost of living and impact on black and minority ethnic communities. They will receive training with Reading University, and Scottish Community Development Centre, as well as on the ground support, hosting and enabling in their research through ongoing work with Healthwatch Oxfordshire. The funding covers the time spent by the researchers in training and projects focus over the year.

- Building on our outreach work to hear from **working men** in Carterton, we have supported development of plans for further focused and collaborative work on men in West Oxfordshire via the Oxfordshire Men's Health Partnership in October. We presented on this work at a webinar on 14 June attended by over 12 people nationally on Men's Health hosted by Oxford Academic Health Science Network (available here https://www.youtube.com/watch? v=W1ostkl-GOY

- Outreach included at Witney Pride Festival in May- where we spoke to 60 people, and heard views on health and care services, mental health and access. We later met with a representative of Pride to discuss potential future in depth work.

- We attended other events in some of the ten most deprived areas or groups, including Blackbird Leys 'Marmelade Event' in May to speak about Community research (30 attendees), Witney Larder (Food distribution), Oxford Community Action Community café event (40 attendees).

- Other groups we had direct contact with during this time include Africans in the UK (AFIUK) around their cancer workshops, Action for Deafness, as well as attending Health and Wellbeing Network meetings for Barton and Rose Hill, and meeting with Sue Ryder Foundation around palliative and end of life care.

Signposting and advice

In the first quarter of this year (April to June) Healthwatch Oxfordshire were contacted by 90 people looking for information and advice. People contacted us by either telephone, email or via the live chat function on our website or via the Healthwatch England webform.

Contact by method

- E -Mail ■ Telephone ■ Website
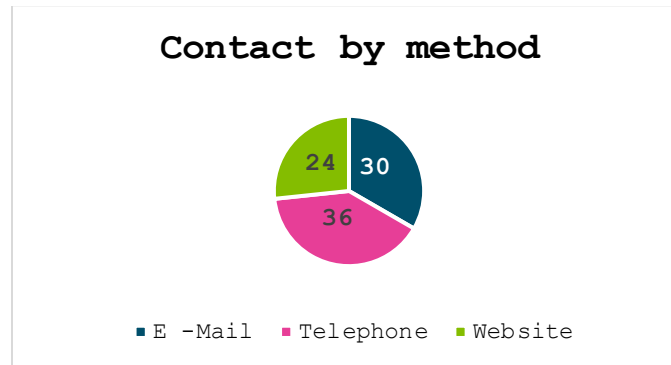
The **top three services** people contacted us about were NHS Dentistry, GP services and Mental Health services.

Top three services people contacted us about

■ GP

■ Community Mental Health Services
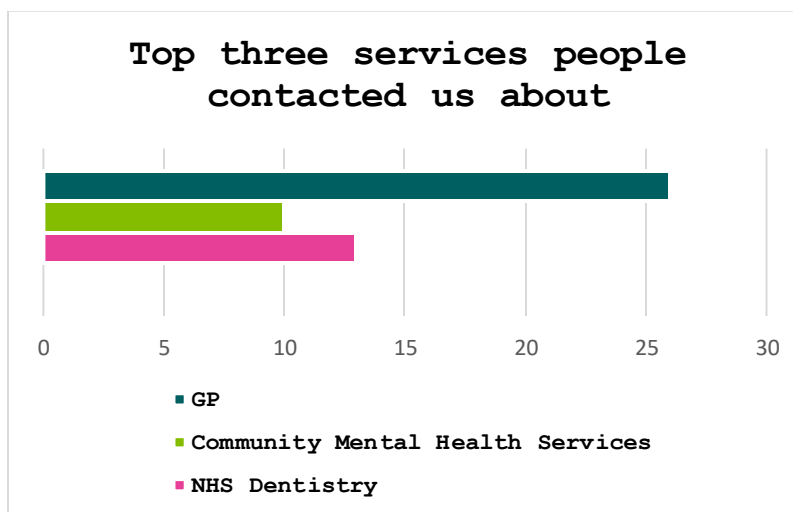
■ NHS Dentistry

- The top theme people mentioned by people when contacting us about these three services was **access to those services**. All but one of the calls Healthwatch Oxfordshire received about NHS Dentistry was about people being able to access NHS dental services.
  - *"Been trying to find an NHS dentist for my two young children. I have called around 15 dentists in our area - None of them are not taking on new patients and their waiting lists are closed. I have noticed a hole in my child's tooth. I can't afford to go private."*

Service feedback reviews

- **Q1 April- June** we received **86 reviews** via online and paper feedback centre https://healthwatchoxfordshire.co.uk/services. These comments gained 59 responses directly from service providers; 37 on GPs, 27 on hospitals. In this way people can see how their comments and feedback are taken seriously and can help to improve services for all.

Brief of what we have heard between June and September

GP and dental access remained the top issues we heard about

- **1. Getting an appointment with a GP**
  - *"Because it's so difficult to get an appointment here, I haven't bothered which means that the issue I'm concerned about is just getting worse"*
  - *"It takes weeks to get an appointment, you are asked to call on the day your GP is working. If you don't know you are asked to go on their portal to find out"*
  - *"It says on the website amongst other things it is possible to make appointments, I messaged recently and a week later still no appointment. I sent another message a week later and a doctor phoned me. The centre know I cannot use the phone, I am extremely deaf"*

- **2. Communication with GP surgeries**
  - *"No matter what your need, there is no way to make contact with a GP other than by making a telephone appointment, and for those there's a five/six week wait"*
  - *"I was made to feel unimportant, dismissed my condition and outright rude in his approach and the way in which he conducted himself"*
  - *"My GP retired in early this year. I wrote to the [member of practice team] to ask who my new GP would be. They do not reply to letters"*
  - *"My partner took me in there. It was for 11.15 in the morning, we arrived on time. By the time I had queued to book in it was 11.30 I sat there for another hour and a quarter before they told me it was because I was late I was made to wait, but I wasn't late!"*

- **3. Compliments about GP services:**
  - *"The staff are brilliant - it's the system that is poor"*
  - *"The receptionists are particularly helpful when you ring up. All very nice people"*
  - *"Saw [name], who always listens to me, always asks how I am and remembers what was wrong last time. She is kind, funny and just puts me at ease every time I see her. She is truly amazing, I'm never uncomfortable and always feel like I can ask her anything without feeling stupid"*
  - *"As a patient of almost 12 years, myself and members of our household have always received outstanding service from everyone we have encountered"*

- **Access to NHS Dental Services**

- *"I can't sign up for a dentist anywhere on the NHS ...I have big problems that I want to treat because my teeth hurt. Can you find me a clinic that will not refuse me visits to the NHS and will not offer private visits because I can't afford them"*

- *"....our dentist is going to be completely private I have three children that have had to wait over a year and half to have an appointment with the NHS dentist there....with just a week before their appointment it got cancelled... now we are told they are not doing NHS treatment"*

- *"I'm really struggling with finding an appointment. I need to be seen ASAP...tooth pain for over a week now and at my practice they don't have any appointments.... I've called so many other practices and no one to see me. Private is out of question, I don't have the money"*

Healthwatch Oxfordshire reports to external bodies

Healthwatch Oxfordshire attended and reported what we hear from public to the Health and Wellbeing Board, Health Overview Scrutiny Committee (HOSC), Health Improvement Board (HIB), and Oxfordshire Quality Committee (**5 meetings** in this quarter: HOSC in April and June, and one 'extraordinary HOSC meeting in June, HWBB and HIB meetings in June, Children's Trust Meeting in May, and Oxfordshire Safeguarding Adults Board).

External bodies that we attend and these reports can be found online at:
https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

We also attend the Oxfordshire Place Based Partnership meetings under (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) as well as giving input into committees at ICB level.

Reports currently in draft:

We completed insight gathering during this period and will shortly publish reports on:

- What Does Joined up Care Look Like to You?
- Peoples Experience of using Podiatry Services

Health and Wellbeing Strategy Engagement:

As independent member of the Oxfordshire Health and Wellbeing Board, we have been keen to make sure residents' voices are brought into the development of the new Health and Wellbeing Strategy. We have undertaken engagement to hear from 'the people on the street' and have **reached over 1,124 people** between July and September, the majority through face-to-face outreach – on the streets, at play days and events, and in shopping centres across the county, attending a total of nineteen community events. We also held a joint webinar with Oxford Community and Voluntary Association (OCVA) to listen to the views of voluntary and community sector. What we heard was also fed into the development of the draft strategy, and to a workshop for the Health and Wellbeing Board in early September.

A **detailed report** on who we heard from and what we have heard from all we spoke to will be available here: https://healthwatchoxfordshire.co.uk/report/health-and-wellbeing-board-strategy-engagement-report-september-2023/

Initial analysis of feedback from 200 responses revealed the following themes:

Q1. What helps you stay healthy and well?

1. Physical activity & exercise
2. Infrastructure & environment
3. Green spaces & nature
4. Access to health care
5. Family & relationships
6. Access to healthy diet & food (See Appendix 1 summary at the end of the report)

Q2. What makes it difficult to stay healthy and well?

7. Cost of living- (food, rent, housing, and access to leisure facilities)
8. Infrastructure & environment (green space, transport, built environment)
9. Access to healthy diet & food- food environment
10. Access to health care (waiting times, GP and dental, and mental health)
11. Work-life balance
12. Mental health support

Q3. What is most important for health and wellbeing?

13. Access to health care
14. Infrastructure & environment (including transport, cycling routes)
15. Access to healthy diet & food
16. Psychosocial support
17. Cost of living/financial support

Healthwatch Oxfordshire will bring people's voices to the draft Health and Wellbeing Strategy, and advocate for an accessible, easy read strategy which reflects what we have heard.

Healthwatch Oxfordshire Board

Q1 report and opportunity to meet the Board of Healthwatch Oxfordshire will take place in public in an Open Forum at Rose Hill Community Centre on 26 September. Report and notes can be seen here: https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/

Don O'Neal was elected as Chair of Healthwatch Oxfordshire in April, as Sylvia Buckingham finished her term of office.

Appendix A

What we have heard about the food and the food environment

During our engagement this summer for the Health and Wellbeing strategy, Healthwatch Oxfordshire heard from 1,124 people across the county. Food and the food environment featured strongly in people's comments and can **contribute on HOSC meeting discussions in the agenda on Oxfordshire's obesity strategy**:

Our first question asked people to tell us '*What helps you stay healthy and well in Oxfordshire?*' Food featured in 107 responses, focusing on needing to have a healthy diet, 'good food', fresh produce, food growing, as well as affordability of food, and access to healthy food. Keeping a healthy weight and support for this also was important. We have summarised some of the issues highlighted by residents about food, along with people's own comments:

Have used Achieve Oxfordshire for weight loss support very good gave me additional support and incentive I needed

The second question focused on *'What makes it difficult for you to stay healthy and well in Oxfordshire?'*.

The 'cost of living' in broadest sense was noted by 248 people (22%) – within which 68 responses focused on the cost of food specifically, or cost of healthy food, which in turn impacted on ability to maintain a healthy lifestyle. Families, and those with children spoke about the stresses of food bills and work-life balance. Some people also noted the importance of emergency food support as a back up.

Poverty. I cannot afford to buy fresh fruit and vegetables

The cost of living is crippling my family. As a mother I am constantly worried about how to feed everyone on a shoe string when both of us work it shouldn't be this hard.

Access to cheaper food and bills.

Aldi has cheap fruit and vegetables. Use food larder helps with costs. Use more frozen veggies

Expensive food and cost of living

Cost of Rent and food all very high

Stress from work, price of food

Healthy food is hard to afford I work 2 jobs as the cost of living is high in Oxford and I have no time to care for myself

Food prices have gone up so much. Used to buy branded food now buy own brand.

Cost of food, can limit amount of fresh fruit & veg purchased

Cost of living. Expensive to buy healthy foods. Easy to buy already made meals

Cost//expensive to eat and stay healthy

A number of people made use of emergency food provision

BBL Larder cost £3.50 per week which is quite expensive when you are on benefit

Having help with the larder & food banks which would never have been here before

Access to cheaper healthy food. Getting food from a food bank

Many comments focused on the impact of the unhealthy food environment, noting proliferation of 'fast food' options and 'temptations' of 'junk foods' high in fats, sugar and salt. This again, made it challenging for people to make healthy choices, even though they were aware of healthy eating habits and information.

35 comments noted the temptations of a 'junk food' environment- noting processed foods, limited healthy options, and promotion of sugary foods…making healthy choices hard to take:

High sugar and high fat foods endlessly promoted and cheap

Food temptation – too many junk foods

Expensive food and too much junk food

Distraction of junk food//Cost of living too expensive

Too much ultra processed foods in shops, cafes and takeaways in town.

High sugar and high fat foods endlessly promoted and cheap

Work in a nursery and healthy eating difficult parents buy a lot of pre packed snacks that are not healthy.

Too many tempting snacks

There should be no junk food

Sugar cravings -cheap sweets

A further 30 comments noted the impact of 'fast food' or hot food takeaways and pressures on people, including their proliferation in certain areas, as well as the impact on people's food choices where fast food was more affordable than healthy foods:

too many fast food places in Cutteslowe and Summertown

Too Many takeaways

Volume of takeaways accessible in Blackbird Leys

Too many junk food places

Lack of good eateries (mainly takeaways or pizza very little places to walk

Price of fast food too cheap, healthy food is expensive

Fast food/Stress

Fast food chains (food easy to get).

Cost of living/access to healthy food most shops cafes sell limited healthy options

easy access to cheap fast food

Speaking to small shopkeepers in Oxford their comments indicated their view that more could be done by local councils to support and encourage healthier food shops, for instance through rate or rent incentives:

As a shopkeeper (oxford - ethnic foods) there are no healthy options for people to buy food and the biggest business takes over.

As a small shopkeeper the cost of renting is very stressful and cost of living.

If people want healthy choices of food then small businesses need better support from the city council the business rates and costs of starting up are so high and there is no support. They need to work with the local shopkeepers rents are so high businesses rates are so high that private businesses can't afford to come

Other comments about food, included pressures of lack of time to cook, balancing caring for family, work and food demands,

Food prices, lack of time for cooking or having time for myself

work commitments and do not have the time to cook

Food availability when there is no time to cook

Cooking different meals. ADH for children

Others focused on ability to maintain a healthy weight and need for more accessible and affordable support. Access to affordable leisure services and gyms, including swimming were highlighted strongly in cost of living comments:

Weight loss support charged me and too expensive

Cost of anything class based, gym memberships, swimming etc-too expensive and can't deem it as a necessity budgeting wise.

Sedentary lifestyle was seen as impacting on ability to maintain healthy weight:

I used to sit 14 hours a day 7 days a week in work, and constant snacking

Working from my house is very sedentary

When asked *'What's most important to you to support health and wellbeing in Oxfordshire?'* food and food environment again featured as something people would like to see support and action on:

This included comments again about cost of living and financial support, as well as being able to access affordable health and wellbeing support including affordable healthy foods, and leisure activities including gyms. Comments also included tackling the unhealthy food environment.

Enough income to be able to buy fresh fruit and vegetables. I live in a flat with no outside space, I cannot grow my own.

Cheaper food

More foodbanks/ Food banks are a godsend for people like me/Larder helps a lot of people

A decent income where I can buy food

The cost of good food is hard to hold up against cheap fast food

Ensure everyone has easy access to food banks, community larders & fridges. When these are set up they need to be in more rural areas and outlying villages + suburbs with public transport access. Not everyone can walk or jump in a car when they need to get food

Support with food literacy and cooking skills was also seen as important:

Ensuring a healthy upbringing for our young generation better knowledge for all about food.

More cooking lessons

More affordable help to training on low cost food meals

Lack of healthy eating education, I am unable to cook as I lack the skills to do so, tend to eat fast food.

Some comments related specifically to support to people with obesity:

Access to mental health services in Witney and bariatric surgery post op support

More support for people with multiple health issues, more support for people struggling with obesity.

Mody diabetes support group. Opportunity to swim in therapeutic pools but no hoist for very overweight people. General more opportunity for people to come together to support and share hobbies

This page is intentionally left blank

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
21st SEPTEMBER 2023

Report by Corporate Director for Public Health on Healthy Weight

1. RECOMMENDATION

The Committee is RECOMMENDED to

a) Consider the contents of the report and put relevant questions to the Cabinet Lead Member and supporting officers.
b) Note the key actions required and support their progression
c) Recommend any additional actions for progressing this work

2. Executive Summary

Living with excess weight poses a significant challenge to living a healthy life. It is one of the leading causes of preventable early deaths, increasing the risks for a wide range of health conditions, including Type 2 diabetes and some cancers. It is also associated with worse mental health and lower educational attainment in children and needing to take more sick leave in adults. On average living with obesity reduces someone's life expectancy by around three years with severe obesity shortening life by as much as lifelong smoking – by up to 10 years.

Excess weight also comes with high social costs due to its impact on residents' quality of life and increased need for health and social care, costing an estimated 3% of the UK's GDP.

Reducing excess weight is a priority for Oxfordshire's Health Improvement Board and the Health and Wellbeing Board and was the focus of the Director Public Health Annual Report 22/23. A comprehensive Health Needs Assessment (HNA) (2023) focussing on excess weight was recently undertaken and made more than 20 recommendations[1]. A key change is the focus required on eating more healthily and enabling this through the wider environment within which food purchasing and consumption occurs. While physical activity is an important component of maintaining a healthy life, including to maintain healthy weight, it is primarily excess calories through food consumption that cause excess weight.

The initial development of an Oxfordshire Whole Systems Approach (WSA) to healthy weight coincided with the COVID-19 pandemic. An action plan was already in place and has now been refreshed following the publication of the HNA. There is a focus on four key areas: prevention, healthy weight environment, support and system leadership. The recommendations have shifted a greater focus towards prevention and wider changes to the food environment though it is still important to maintain an offer of effective support to people who are already experiencing excess weight. Input is required from a broad range of partners for progress to be made, particularly with environmental related actions.

---

[1] Oxfordshire County Council (2023) Health Needs Assessment for Promoting Healthy Weight. Available here

3. Background

3.1 Mortality and morbidity

In Oxfordshire our latest data (21/22) shows that of 4 years olds entering Reception Year, one in five (20%) are overweight or obese, rising to over one third in year 6, (34%) and 60% in adulthood. These figures have risen over recent years, particularly during the pandemic.

On average, obesity reduces someone's life expectancy by around three years with severe obesity shortening life by as much as lifelong smoking – up to 10 years.

Tackling the risk factors for obesity such as diet and physical activity reduces the risk of more than 20 long term conditions, increases economic productivity and reduces demand on health and social care services.

As shown in Figure 1 below, the risk of developing some diseases are much higher in people living with obesity. For example, there is a 12.7 times greater risk of developing Type 2 diabetes amongst women who are obese than women who are not and a high proportion of some conditions are attributed to obesity (Figure 2).

Table 1: Relative risk factors for men and women living with obesity, compared to those not living with obesity, of developing selected diseases[7].

Condition	Men	Women
Type 2 diabetes	5.2	12.7
Hypertension (high blood pressure)	2.6	4.2
Myocardial Infarction (heart attack)	1.5	3.2
Cancer of the colon	3	2.7
Ovarian cancer	N/A	1.7
Osteoarthritis	1.9	1.4
Stroke	1.3	1.3

Figure 1: Figure showing relative risk of living with obesity vs a healthy weight for developing disease

Page 38

Table 2: Percentage of cases in England attributable to obesity

Condition	Percentage of cases attributable to obesity
Type 2 diabetes	47%
Gout	47%
Hypertension	36%
Colon cancer	29%
Myocardial infarction	18%
Angina	15%
Gallstones	15%
Endometrial cancer	14%
Ovarian cancer	13%
Osteoarthritis	12%
Stroke	6%
Prostate cancer	3%
Rectal cancer	1%

Figure 2: Figure showing percentage of cases in England attributable to obesity

Excess weight impacts negatively on children and adult's health and wellbeing outcomes as demonstrated in Figure 3 and 4 respectively below:-

Obesity harms children and young people

Emotional and behavioural
• Stigmatisation
• Bullying
• Low self esteem

School absence
School attendance

Educational attainment

High cholestrol
High blood pressure
Pre-diabetes
Bone and joint problems
Breathing difficulties

Increased risk of becoming overweight adults

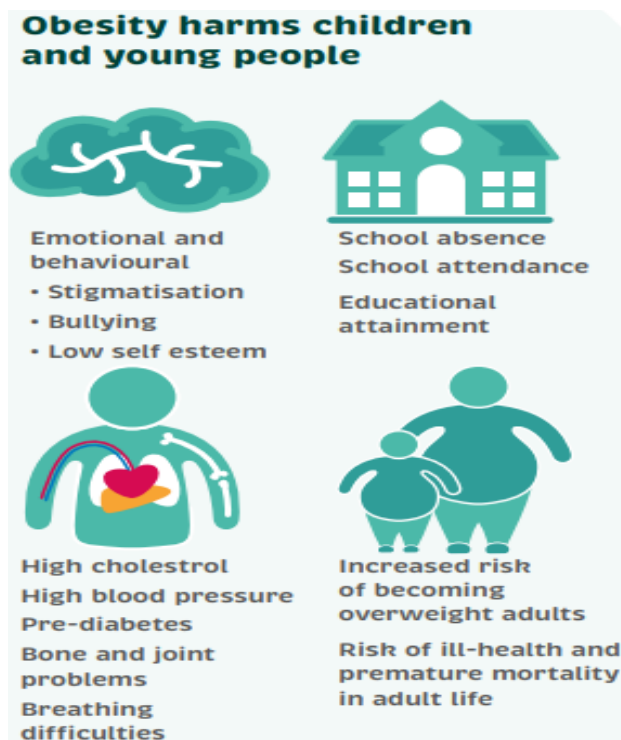Risk of ill-health and premature mortality in adult life

Figure 3: Figure showing health and wellbeing outcomes of experiencing overweight and obesity in childhood

Social impacts of living with excess weight in adults

Less likely to be in employment

Discrimination and stigmatisation

Increased risk of hospitalisation

Obesity reduces life expectancy by an average of 3 years

Severe obesity reduces it by 8-10 years

Adapted from Adult obesity: applying All Our Health - GOV.UK (www.gov.uk)

Figure 4: Figure showing social impacts of living with excess weight in adults

3.2 The National Picture

3.2.1 Costs

The estimated annual costs of obesity in the UK are £58billion, rising to £62 billion with unemployment benefits related to obesity are added[2]. This equates to around 3% of the UK GDP[3]. National costs of obesity on health services are estimated to be £6.5billion and related to increased visits to GP, hospital admission rates and medications and community services[4].

There are increased hospital and social care costs associated with obesity related conditions such as musculoskeletal, digestive disorders and circulatory diseases.

In the UK, excess weight is strongly associated with higher annual rates of hospital admissions with over one million of these annually having obesity as a main or contributing factor.

The report by the Government Office for Science's Foresight Programme, 'Tackling Obesities: Future Choices'[5], identified more than one hundred variables that influence weight from biological factors, early life experiences, education, media, food production and supply, macroeconomic drivers, built environment, transport, nature of work and healthcare, identifying no single intervention can reverse the trends of increasing excess weight. This led to recognition that a systematic programme of multiple interventions and wide-ranging partnerships (known as a 'whole systems approach') is required to successfully reduce levels of excess weight. In July 2019 the concept of the Whole System Approach to Healthy Weight was introduced nationally.

---

[2] Frontier Economics (2022) Estimating the full costs of obesity. Available here
[3] ONS. 2022. Gross Domestic Product: chained volume measures: Seasonally adjusted £m - Office for National Statistics (ons.gov.uk) https://www.ons.gov.uk/economy/grossdomesticproductgdp/timeseries/abmi/pn2
[4] PHE. 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19__FINAL.pdf
[5] Government office for Science (2007) Foresight: Tackling Obesities: Future Choices – Project Report. Available here

3.3 Trend in Oxfordshire

Nationally there was a rise in rates of overweight and obesity during the COVID-19 pandemic which was reflected in Oxfordshire.

As aforementioned, in Oxfordshire on entering reception, one in five children (20% in 21/22) are overweight or obese, rising to over one third in year 6, (34% in 21/22) and 60% in adulthood. These figures have risen over recent years, particularly during the pandemic.

There is variation by District with greatest numbers of excess weight amongst **adults** ranging from 48% in Oxford City Councils geography to 66% in Cherwell District Council (see Figure 5 below).

Figure 5: Bar chart showing percentage of adults (aged 18+) classified as overweight or obese by District, County, Region and England

3.4 Inequalities

The percent of people living with excess weight is rising and this is particularly affecting our most deprived and disadvantaged communities. The differences in adult excess weight across Oxfordshire are likely to be due to a combination of both differences in socio-economic deprivation, ethnicity, as well as the age profile of people living in different parts of the county.

Some ethnic groups are more likely to experience excess weight. For example, national rates show 48.1% of black Caribbean and 49.6% of black African Year 6 children experiencing overweight or obesity, and 68% of black adults are overweight or obese.

While Oxfordshire's overall rates of overweight and obesity in childhood are lower than the England average, some areas have similar (amber) or even higher (red) rates than England overall (Figure 6 below).

Figure 6: Tables showing Oxfordshire wards with highest rates of overweight and obesity in Reception and Year 6, including some more deprived than the national England average

When we look in more detail there are clear inequalities in excess weight that need to be considered when focussing our work. For example, for children in year 6 the rate of those who are overweight in Oxfordshire averages 34% but ranges from 15% in Shiplake (South Oxfordshire) to 43% in Blackbird Leys (Oxford City).

There appears to be a strong gradient difference in the least to most socio-economic deprived areas for excess weight, but caution is required as we cannot say that every deprived area also has the highest rates of excess weight (see Figure 7 below).

Figure 7: Figure showing gap in five most and least deprived areas for Oxfordshire for % of children overweight/obese

In addition to the above statistics, we know that areas of greatest socio-economic deprivation have residents with the lowest rates of fruit and vegetable consumption and have easier access to fast food (often high in calorie, salt, sugar, fat and portion sizes) due to a higher density of fast-food outlets within these areas.

3.5   Pregnancy
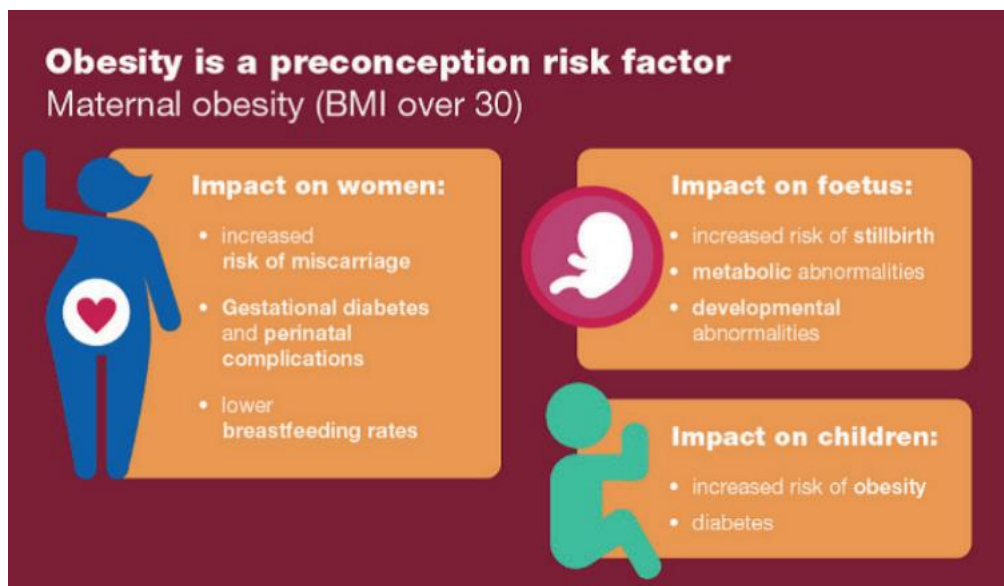
Source: OHID guidance Health matters: Prevention - a life course approach

Figure 8: Figure showing health outcomes for women and their offspring when experiencing antenatal obesity of BMI>30

Experiencing excess weight in pregnancy is a risk factor for a number of health issues for women, their baby, and their childbirth experience (see Figure 8 above). These include gestational diabetes and hypertension, pre-eclampsia, a large (or conversely a small) for gestational age baby, miscarriage, still birth and even death[6]. There is an increased risk of needing medical intervention during childbirth, resulting in increased recovery time, challenges with breastfeeding and risk to bonding experience with their baby as well as poorer mental health outcomes.

Having parents that have increased BMI results in an increased risk of BMI for the child. Having an obese mother increases the child risk of experiencing excess weight by over 40%, see Figure 9.
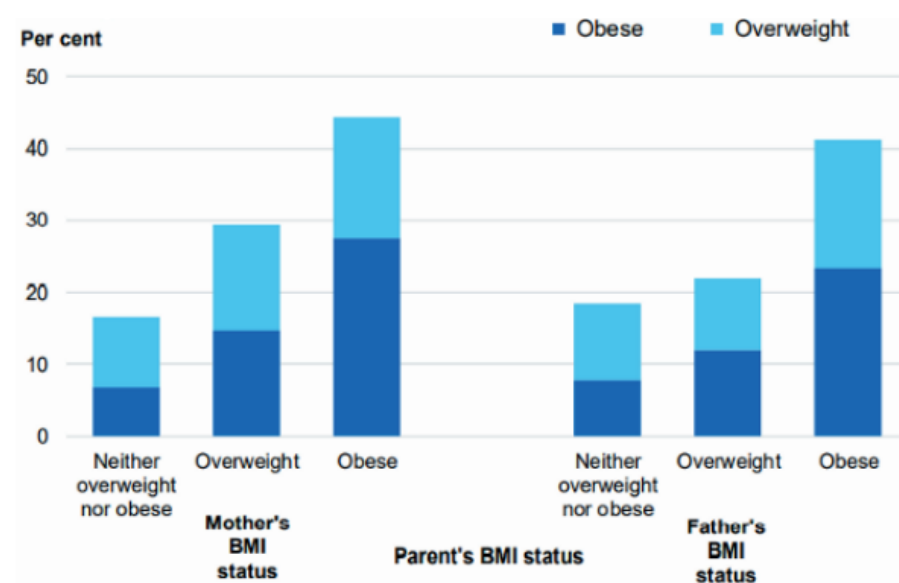
Analysis based on data from 2019, the most recent year for which data are available.

Source: Health Survey for England, 2019

Figure 9: Figure showing increased risk of overweight for child according to weight status of mother and father

---

[6] NICE (201) Weight management before, during and after pregnancy. Available here

There are prevailing cultural myths around energy and physical activity requirements during pregnancy; however, guidance suggests an additional 200 calories per day are required only in the final 3 months of pregnancy and continuing to engage in moderate-intensity physical activity.

Latest available national data from the Public Health Outcomes Framework shows 20% or women in Oxfordshire are already obese in early pregnancy and local data highlighted between March 2022 and Feb 2023, found over 1900 pregnant women had a BMI of 30 or over at the time of booking (within the first 12 weeks of pregnancy).

4.0 Oxfordshire's Whole Systems Approach to Healthy Weight

The causes of excess weight are complex, resulting less from individual behaviours and more from the many factors which collectively make up an obesogenic environment. No single organisation has the knowledge tools or power to solve it and so a 'whole system' approach is needed to make change happen.

To date in Oxfordshire more than 125 stakeholders have worked together on a collaborative approach to develop and deliver an Oxfordshire Whole Systems approach to Healthy Weight (WSA), based on guidance issued in July 2019[7].

The process in Oxfordshire began in late 2019 following HIB endorsement of the approach, with development of a WSA action plan working across wide-ranging stakeholders. As the progress update below shows, some actions have moved forward despite being hindered during the COVID-19 pandemic.

A refresh and review in 2022 identified key action areas to move forward. A comprehensive Health Needs Assessment (HNA) for promoting healthy weight was published in 2023, using a range of sources to collate evidence including community engagement projects, stakeholder needs, national and local data and national guidance and research literature. 23 recommendations were made to stall the upward trajectory of overweight and obesity levels in Oxfordshire (Appendix 1).

Of note, the HNA acknowledges the changing patterns of excess weight for Oxfordshire during the peak of Covid-19 pandemic and foreseeable challenges resulting from the rising cost of living. In addition, it focuses on prevention; recognising that to address a population level problem, whole systems prevention-focused approaches are needed

Since publication of the HNA, the WSA action plan has been refreshed (Appendix 2). Actions centre around four areas of focus as per Figure 10, below. While acknowledging the importance of continuing to provide evidence-based comprehensive support services to help residents living with overweight and obesity to be a healthy weight, key actions focus on the need for prevention, particularly in the early years and on the healthy weight environment. These will require leaders from across the Oxfordshire system to contribute and support.

---

[7] PHE (2019) Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight. Available here
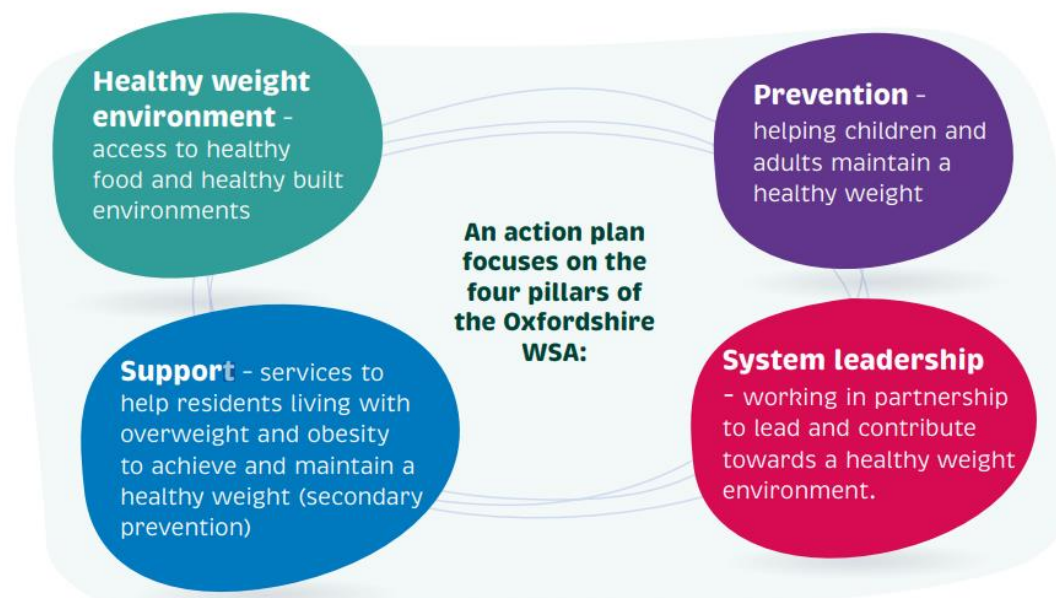
Figure 10: Figure showing the four pillars of the whole system approach to healthy weight for Oxfordshire

The pie charts in Figure 11, below, show the development and shift of actions across pillars for the WSA from conception to date. To note the development of an additional pillar of 'prevention' since 2019/2020, and the split across the four pillars being more equal. This signifies a move away from most responsibility being on the individual, and instead showing how preventative and environmental changes are key in next steps.
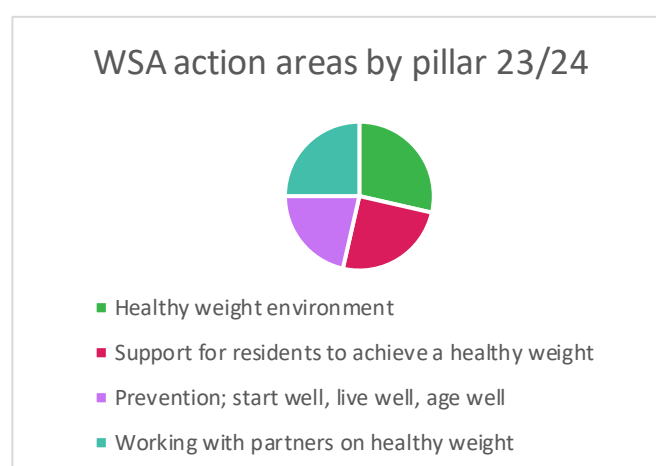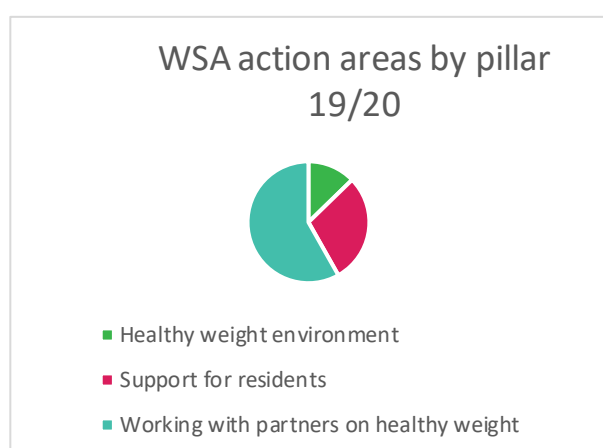
Figure 11: Pie charts indicating shift in actions from whole systems approach in 19/20 to 23/24

There have been many achievements of the Oxfordshire WSA action plan since conception.

Tables 1 and 2 (below), present a summary of work in progress and in plan, and what more can be done. It must be acknowledged that in addition to this plan there are other ongoing initiatives within Oxfordshire that continue to support the WSA that are not explicitly named for example, increasing breastfeeding rates and other initiatives undertaken by the health visiting and school nursing services for early years, parents and families.

While it remains important to identify people with excess weight and to provide them opportunities for advice and support, if we are really to make a shift-change we have to focus on the wider environment, particularly that which influences food consumption.

Table 1 Oxfordshire Whole System Approach To Healthy Weight: Work undertaken or in progress

Pillar	Actions completed to date (end of 22/23)	Planned for 2023/24
System Leadership	Complete a comprehensive Health Needs Assessment and updated action plan. Publication of the Countywide Food Strategy Part 1 Achieved Sustainable Food Places Silver Award for the County Coordinated and delivered workshop for senior leaders to explore taking forward healthy food environment recommendations from HNA across the County Ensure policies, strategies, communications, campaigns, and weight management programmes avoid perpetuating weight stigma	Support Governance group for Oxfordshire on the Move Recruitment of strategic schools' advisor to work in schools in targeted priority neighbourhoods Support governance for the Oxfordshire Food Strategy, (SRO Ansaf Azhar, DPH), OCC Food Strategy action plan to be agreed. Food Action Working Group (FAWG) formed in each of the City/District area to develop a local action plan by end of 2023 Public Health member of the OHID Southeast compassionate approach to weight working group, - developing a consensus statement to be adopted.
Prevention	Implement a pilot of Active Schools Framework for a whole school approach to physical activity, evaluation to be completed in 2024. Healthy Start raising awareness through marketing and training for example stickers on all 'red books' and retailers in priority neighbourhoods, online training for frontline professionals and volunteers. Cycling and walking activation programmes Delivery of the evidence-based Healthy Smiles Accreditation Scheme to support good oral health in early years. Survey of Early Years and Childcare settings to inform future approach of support; education, training and knowledge on healthy eating and food provision.	Social marketing campaign related to Healthy Start Programme Focus groups with Early Years setting to 'deep dive' into survey results Provision of licenses to access training on 'Fussy Eating' for Early Years and Home Start workers (working with vulnerable families) Recommendation report for cooking and healthy eating activities. To inform future approach for interventions and increase uptake in key target groups (life transitions; leaving home or becoming a parent).

Pillar	Actions completed to date (end of 22/23)	Planned for 2023/24
	Mapping and gap analysis for cooking and healthy eating activities across Oxfordshire underway. Amplified national and local campaigns on healthy eating and food for example Eat Them to Defeat Them, Switch Up Your Lunch	
Support	Expansion of the adult healthy weight service to include bespoke programmes for diverse and multi-ethnic communities and for people with mental health conditions Revised content of National Child Measurement Programme letters and signposting leaflet including offer for parents Commissioned and evaluated a pilot healthy weight support service for 4–12-year-olds and their parents/carers Developed and physical activity programme to support adults with long-term conditions (Move Together) Developed and delivered physical activity opportunities for young people/families eligible/in receipt of benefits related free school meals (You Move) Social prescribers linking residents with active recreation opportunities	Develop an adult healthy weight pathway across the system to connect offers in primary care with specialist services and improved uptake of support services in Oxfordshire. Support dissemination and identification to (health care) professionals via webinar. Commission an all age healthy weight service.
Environment	Completed a community insight project, to explore how residents' feelings about how where they live, work, learn and play could motivate or support them to attain and/or sustain a healthy weight. Reviewed and shared best practice around shifting advertising in the Oxfordshire from High, Fat, Salt and Sugar (junk food) to healthier food advertising. Assessment of advertising spaces in Oxfordshire and who owns those spaces underway.	Oxfordshire Good Food Retail project - to support convenience stores to improve access to healthier food options (targeted in areas of highest excess weight – delivery 2023 - 25). Oxfordshire County Council Catering has signed up to Food for Life Served Here award to ensure they provide healthy and sustainable food in schools. Menus are being assessed to identify good practice and where adaption and improvement is needed.

Pillar	Actions completed to date (end of 22/23)	Planned for 2023/24
	Reviewed and shared best practice around consultation and wording in Local Plans to support potential restriction of new fast-food outlets within specific radius of schools Reviewed evidence and best-practice on potential provision of an accreditation and support offer across Oxfordshire for existing food businesses/outlets	

However, there is more to be done; the actions in Table 2 below are required to further progress work. They will need significant support and input from ALL partners across the Oxfordshire system.

Table 1 Oxfordshire Whole System Approach To Healthy Weight: further progress.

Pillar	
System Leadership	Identify key senior leaders within key organisations to support the development of a healthy weight steering group/alliance to drive forward the recommended actions from the HNA and WSA. Consider signing up to the Food Active Local Government Healthy Weight Declaration to galvanise further senior buy in across the system to support a healthy weight in Oxfordshire. Take action to revise Local Plans to support improving the food environment Take actions within licensing to support a healthier food environment Promote healthy catering and food provision policies and practices within organisations belonging to the Health Improvement Board, identifying where they can further influence Key learning and new relationships developed through the strategic schools' advisor in schools and opportunities for change.
Prevention	Deliver a learning and skill development offer for early years and childcare settings for healthy eating and food provision Evaluate the engagement and impact of the Healthy Start social marketing campaign Review evaluation for the Creating Active Schools framework

	Review recommendations for cooking and healthy eating interventions across Oxfordshire
Support	Embed healthy weight screening and referrals into acute NHS services
	Put in place support for pregnant women who are overweight and consider prevention approaches
	Review best practice for supporting prevention and provision for learning disabilities
	Commission a Tier 3 weight management service for adults aged 18+
	Explore the need for a Tier 3 weight management clinic for children and young people
	Close the Tier 4 Gap (referral to Bariatric)
Environment	Working with local existing food providers (food, convenience stores/shops, street traders) to support provision of healthier options and develop a Good Food Retail criteria to enable the expansion of the pilot across the County
	Exploring opportunities to restrict less healthy options particularly in and around schools, such as new hot food takeaways
	Change the focus on advertising of food with high fat, salt and sugar content.

5 Corporate Policies and Priorities

This report reflects priorities both in the Oxfordshire County Council Corporate Plan and Oxfordshire Health and Wellbeing Strategy.

Climate action – physical activity contributes towards a healthy weight with active travel (walking and cycling) being an element of this. Takeaway food contributes to additional waste and littering. can contribute to additional waste and littering.

Tackle inequalities – excess weight affects some communities, particularly those in areas of socio-economic deprivation and people of black, Asian and ethnic populations more than others, increasing poor health outcomes and shortening their lives.

Prioritise the health and wellbeing of residents – becoming a healthy weight supports residents to reduce their risk of long-term conditions such as diabetes, cardiovascular disease and musculoskeletal issues, resulting in improved chance of longer, disability free, life

Support carers and the social care system – adults aged 65 and over with a BMI of 40+ are over twice as likely to use formal social care than a person with a BMI in the healthy range[8]. Social care costs are estimated to be a total of 12% of the overall costs obesity to the UK system (data not available at an Oxfordshire level).

Preserve and improve access to nature and green spaces – reducing the proliferation of fast food outlets will support reduction in associated litter/waste that is often not biodegradable. It would also support a more diverse high street in large villages, towns and Oxford City.

Create opportunities for children and young people to reach their full potential – habits and behaviours formed during early years (first 1000 days) influence those into later life[9]. Experiencing excess weight as a child means they will be twice as likely to becoming overweight/obese in adulthood[10] and associated health risks, as well as reduce attainment within school, and impact poorly on mental health and wellbeing.

Work with local businesses and partners for environmental, economic and social benefit – healthy weight is everyone's business as demonstrated by a systems wide approach. There is opportunity to make environmental and social change to local communities through the identified environmental actions addressing fast-food proliferation, improving access to healthier, affordable food (particularly in areas of socio-economic deprivation) and supporting healthier food (vs high fat salt sugar). Creating a more diverse high street will further support the economic benefit of local places.

6. Financial Implications

Funding for the Tier 2 healthy weight services, as well as other initiatives (Healthy Start social marketing, School Food Advisor, creating Active Schools Framework, some physical activity

---

[8] LGA (2020) Social care and obesity. Available here
[9] UNICEF (2013) The first 1000 days of life: The brain's window of opportunity. Available here
[10] Singh et al (2008) Trackling of childhood overweight into adulthood: a systematic review of the literature. Available here https://doi.org/10.1111/j.1467-789X.2008.00475.x

programmes) comes from the ringfenced Public Health Grant. Other partner organisations fund their healthy weight work directly and partnership work across the system takes officer time/resource.

4. Appendices

6.1 Appendix 1: Recommendations from Healthy Weight Health Needs Assessment

20230824 HNA
Recommendations Su

2 Summary list of recommendations

For a comprehensive list of recommendations with rationale see Appendix 11.14.

KEY OBJECTIVE 1

System - address healthy weight inequalities in everything we do

1. Prioritise actions based on, and measure progress against, addressing healthy weight inequalities.

2. Ensure our policies, strategies, communications, campaigns, and weight support programmes avoid perpetuating weight stigma and use co-production approaches in the design of weight support services

KEY OBJECTIVE 2

Prevent - To prevent excess weight, start early

A substantial proportion of children are already affected by excess weight by the time they start Reception. From national data, we know that the majority of these children will still be affected by overweight in Year 6 and see that health inequalities in excess weight already start developing from this early age. This highlights the need to promote a healthy weight in parents during pregnancy, breastfeeding, through early years providers and in school settings. Residents identified being exposed to healthy eating habits and a cooking culture at home early in life as key factors that support their motivation to cook themselves later in life. The research evidence suggests childhood Physical Activity (PA) levels predict PA levels later in life (for example levels later in childhood, during adolescence and adulthood).

3. Collate up-to-date small area data to assess for inequalities in breastfeeding initiation and continuation within Oxfordshire, taking action to address inequalities if required

4. a) Work with early years providers to assess current food provision against, and understand facilitators and barriers to adherence to, national nutritional guidance and work to improve adherence where it is currently low
b) Understand the opportunities for breastfeeding support, promotion of the Healthy Start scheme and increasing children's confidence to engage in physical activity through these settings

5. Review the evidence on programmes to prevent childhood obesity aimed at children aged 0-3 years to identify those that have been demonstrated to have longer term impacts on enabling healthier diets and physical activity.

6. Ensure a continued focus on increasing uptake of the Healthy Start scheme across Oxfordshire via the OCC Healthy Start working group action plan and District Food Action Working Groups

7. Implement a 'whole school approach' to promote healthier eating and physical activity in schools, prioritising areas with high excess weight prevalence amongst children.

KEY OBJECTIVE 3

Environment - Enable healthy weight by building healthy places and environments

In community engagement, residents described the constant exposure to less healthy foods through neighbourhoods, social media and advertising as making it easy for less healthy dietary habits to develop. It is estimated that nationally around one in five meals are eaten outside of the home. Meals from out-of-home food outlets tend to have higher levels of saturated fats, sugar, and salt, and lower levels of essential micronutrients. National data show that less affluent areas have a higher concentration of fast-food outlets. Research has found that the proportion of school pupils regularly purchasing food outside of school is much higher in these areas, with the most commonly purchased foods including chips, sandwiches, sweets and chocolate. This highlights the importance of healthy food environments around schools as well as within schools.

8. Use available levers to restrict advertising of less healthy food in public sector spaces and externally owned spaces across Oxfordshire

9. Introduce planning policy to limit proliferation of less healthy food vendors, prioritising areas with the highest levels of excess weight and around schools

10. Use levers within licensing to increase exposure to healthier foods and limit exposure to less healthy foods

11. Use evidence-based levers to support and incentivise local food outlets to provide a healthier food offer

12. Ensure Government Buying Standard-based criteria are used in the procurement of food and catering services by public sector facilities

13. a) Identify and act on opportunities to increase the healthiness of the food offer provided by
Community Food Services

b) Ensure information on best practice for addressing stigma associated with accessing services and improving accessibility is shared between Community Food Services

14. Develop Local Cycling and Walking Infrastructure Plans in all market towns in Oxfordshire

15. Work with partners to implement the priorities of the Local Transport and Connectivity Plan and review progress in achieving its targeted aims of increasing walking and cycling. Including work with Local Enterprise Partnerships to ensure physical activity is integrated into local economic growth and infrastructure plans

16. Sustain support for cycling and walking activation programmes, especially aiming to increase engagement amongst those who are least active, and evaluate their impact and reach

17. Support community engagement activities to improve the quality of existing green spaces in order to increase use of green space in the population groups known to be at the highest risk from low physical activity levels

18. Consider the added value a workplace wellbeing programme for Oxfordshire could contribute to improving healthy eating and increasing physical activity (as well as other health promoting behaviours such as smoking)

SUMMARY LIST OF RECOMMENDATIONS

KEY OBJECTIVE 4

Prevent - Environment - Enable healthy weight by building healthy places and environments

19. a) Review existing cooking-related training to ensure it is meeting the specific needs identified by residents during community engagement.
b) Work with providers of cooking-related training to measure and increase uptake in key target groups (including those at important life transitions such as leaving home or becoming a new parent).

20. Use and expand upon existing evidence from community engagement with residents to ensure the active recreation offer in Oxfordshire aligns with activity preferences across different age groups

21. Ensure information about programmes that support physical activity (including what activities are available), healthy diet and weight support services, is promoted to the public and partners working with those at the greatest risk from excess weight

KEY OBJECTIVE 5:

Support - Ensure those living with excess weight are connected with healthy weight-promoting programmes and weight support services

Several weight management support programmes are offered in Oxfordshire for children and adults, as well as specific programmes for adults living with a mental health condition(s) (Gloji Mind+), residents from a Black, Asian or minority ethnic background and for men. Offers need to be joined up across the lifecourse.

22. a) Address the gap in provision at Tiers 3 and 4 in Oxfordshire. At Level 2 ensure support is provided for groups that experience a high prevalence of excess weight where gaps have been identified (those with learning disabilities, women peri-pregnancy, young people aged 12-18 years) alongside promoting prevention-orientated approaches in these groups
b) Develop a clear healthy weight care pathway for children and adults across all ages and commissioning bodies

23. a) Identify brief intervention approaches for excess weight that complement the MECC ('Making Every Contact Count') approach.
b) Identify professional groups who have a high amount of contact with groups at high risk of excess weight with whom to implement the MECC/brief intervention approaches to excess weight, monitoring the effectiveness of training where delivered.

6.2 Appendix 2: Whole systems approach to healthy weight action plan 23/24

20230823 WSA
Action Plan Summary.

Pillar			ACTION	LEAD	PRIORITY AND TIMESCALE
Strategic Leadership	1		Maintain oversight of new guidance related to healthy weight - ensure regular review, dissemination and updates.	Core Group	Ongoing
	2		Develop a suite of outcomes/monitoring data related to healthy weight and a related trend/trajectory to enable monitoring	Core Group	Ongoing
	3		Ensure recommendations related to 2023 HNA for promoting healthy weight are embedded into action plan.	Core Group	End of 2023
	4		Ensure policies, strategies, communications, campaigns, and weight management programmes delivered in Oxfordshire avoid perpetuating weight stigma	Core Group	Ongoing
	5		Work towards relevant partners Adopting the Healthy Weight Declaration	Exec leads for District/City/County Councils & ICS	23/24 24/25
	6		Support the implementation of the Food Strategy for Oxfordshire. Ensure relevant recommendations are embedded in the healthy weight action plan and vice versa.	Good Food Oxford, Core Working Group	Y1- High Sep 2021-May 22

	7		Support the implementation of the Physical Activity Strategy and ensure relevant recommendations are embedded in the healthy weight action plan (and vice versa).	Active Oxfordshire /Public Health /5 DCs, Core Working Group	Y1- High, Launch May 2022

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
Page 57 Prevention	1	Review the evidence on programs to prevent childhood obesity aimed at children aged 0-3 years (or their families) to understand if any have been demonstrated to have longer term impacts on enabling healthier diets and being more physically active in children and their families.	Public Health/HW in Childhood Group	23/24 24/25
	2	Early Years. 1. Establish baseline level of knowledge, skills and capacity in relation to nutritionally balanced food provision amongst Early Years and Childcare Providers and develop plan to improve. 2. Work with early years providers to assess: - current food provision against national nutritional recommendations and understand facilitators and barriers to adhering to national recommendations	HW in Childhood Group	2023 24/25 to implement offer
	3	Breastfeeding: 1. Ensure accreditation to best practice standards for infant feeding (e.g. Unicef Baby Friendly Initiative/support with 'fussy eaters'). 2. Collate up-to-date small area data on breastfeeding initiation and at 6-8 weeks to assess for inequalities in breastfeeding continuation within Oxfordshire.	HW in childhood group	24/25

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
	4	Improve the uptake of Healthy Start vitamins and vouchers across the County, including promoting the service, communications and training for relevant frontline professionals and volunteers.	Healthy Start Working Group and City and Districts Food Action Working Groups - formed April 2023	Action plans for City/Districts end of May 2023

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
	5	Amplify national and develop and promote local campaigns and programmes on healthy eating and food to partners and the public.	Food Sustainability and Health Group	Ongoing
	6	Develop a School Food and Physical Activity Advisor role to manage a suite of work for a 'whole school approach' to healthy weight/physical activity in identified targeted areas/schools.	Public Health and Children, Education and Families (CEF) at OCC	April 2023 - High - Q2 & Q3
Physical Activity – Oxfordshire on the Move	1	Development of You Move programme to support low-income families with a year-round physical activity offer across all 5 districts, building on the learning from Families, Active and Sporting Together.	Active Oxfordshire	Launched May 2022
	2	Support residents to find active recreation activities they enjoy by using insights collected on activity preferences to influence commissioning provision and ensure information about activities available is easily accessible	Active Oxfordshire	24/25
	3	Review and implement Creating Active Schools Framework with Oxfordshire schools to embed a whole school approach in addressing physical inactivity.	ACTIVE OXFORDSHIRE	Y1- High, launch Jan 2021

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE

Support	1	Develop a clear, streamlined healthy weight pathway for adults (Tier 1-4) and improve the integration and referral protocols across the pathway for adults and children.	ICB and Public Health	Y2- High 23/24
	2	Understand, monitor and promote opportunities within frontline settings to prompt healthy weight conversations and onward referral. Including Primary Care, Pharmacy, Adult Social Care and other frontline professionals by 1. Ensure information about support and programmes is promoted 2. Identify and target MECC training to certain roles.	MECC Lead. Core Group	TBC
	3	Evaluate and review findings of the child healthy weight pilot for Oxfordshire (Gloji Energy).	JS/DP/SC, HW in childhood group	July 2022 service launch 23/24 Service evaluation complete Used to inform the recommission of all age healthy weight service 24/25
	4	Commission a Tier 3 Weight Management Service for Adults (age 18 years and above)	ICB	May 2022 options paper submitted – progress paused?
	5	Explore the need for a Tier 3 Weight Management Clinic for Children and YP (age 2 up to 16 years old).	HW in childhood group/ICB	Y1 High . Sept 2022
	6	Understand the Tier 4 Gap (referral to Bariatric) which has been paused during COVID (provided by OUH)	ICB	23/24 24/25

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
	7	Address gaps identified in HNA (learning disability, pregnancy, teens). Including exploring best practice and recommending local approach for both prevention and support	Public Health, OUH Maternity Lead & Dietetics LD lead within OCC and ICB.	23/24 24/25

Pillar		ACTION	LEAD	PRIORITY AND TIMESCALE
Healthy Weight Environment	1	Complete mapping and gap analysis of existing activity, organisations, community assets and needs supporting **cooking and healthy eating** to inform future approach to interventions.	Good Food Oxfordshire Food Sustainability and Health Group	April 2023 (start of work) - December 2023 report with recommendations
	2	Work with providers of cooking-related training to measure and increase uptake in key target groups (including those important life transitions such as **leaving home or becoming a parent**).	Good Food Oxfordshire	
	3	Oxfordshire to achieve the **Sustainable Food Places** Gold award by 2025.	Good Food Oxfordshire, Food Sustainability & Health Group	Target of May 2025 to achieve Gold
	4	Deliver the **Oxfordshire Good Food Retail project** in target areas to improve the accessibility of healthier food options (convenience stores, wholesalers)	Public Health, Rice Marketing	23/24 24/25
Pillar		**ACTION**	**LEAD**	**PRIORITY AND TIMESCALE**
	5	**Healthier food advertising** - reduce advertising of less healthy foods by 1. Conduct an assessment of advertising spaces in Oxfordshire and who owns those spaces 2. Identify levers to restrict advertising of less healthy food in public sector spaces and externally-owned spaces across Oxfordshire 3. Work with Sustain on a healthier food advertising policy	Public Health District, City and Town (& Parish?) Councils	23/24 24/25

6	Introduce planning policy to limit proliferation of less healthy food vendors (ie **hot food takeaways - planning, street trading close to schools**).	Public Health, District, City Councils	23/24 24/25
7	**Provision of healthier food in public sector facilities:** 1.Use Government Buying Standard-based criteria in the procurement of food and catering services by public sector facilities (excluding educational settings) 2. Review opportunities to embed these guidelines into contracts or leases	Oxfordshire County Council and ICB	23/24 24/25
8	**Support local food outlets (hot food takeaways, mobile food vendors, shops) to provide a healthier food and drink offer -** utilising levers such as healthy catering/eating out award schemes, dedicated support/capacity roles and training to incentivise.	Public Health, District, City Councils	23/24 24/25

This page is intentionally left blank

Health Overview and Scrutiny Committee

21st September 2023

Updating Oxfordshire's Health and Wellbeing Strategy

Report by Ansaf Azhar, Director of Public Health

RECOMMENDATION

The Joint Health Overview and Scrutiny Committee is RECOMMENDED to

- Note extensive engagement work with residents and communities across Oxfordshire and outcomes from that work;
- Consider the relation between the draft strategy and residents' views/perspectives;
- Comment on the themes, priorities, and approach of the draft strategy;
- Note the strategy development work of the cross-organisational Task and Finish group, with representation from all organisations on the Health and Wellbeing Board.

1. Executive Summary

1.1. Staff across NHS provider organisations and local councils, together with the ICB and Healthwatch Oxfordshire, are developing an update to Oxfordshire's Joint Local Health and Wellbeing Strategy. The strategy will offer a strong, unified vision for improved health and wellbeing and will act as the primary *place* strategy for health and wellbeing in Oxfordshire. A cross-organisational Task and Finish Group formed by the Health and Wellbeing Board has met frequently to drive forward strategy development between board meetings. This update summarises the results of engagement work with residents across Oxfordshire, including those from communities we don't listen to often enough, and their priorities. In addition, it summarises the draft strategy's structure, content, and priorities before discussing next steps and implementation plans. A public engagement report is annexed.

2. Background: What and Why?

2.1. Oxfordshire's Health and Wellbeing Board last published its Health and Wellbeing Strategy in 2019. Since then, the social, economic, and health context has changed very significantly: residents, local authorities, and the NHS have experienced Covid-19 and continue to experience the impacts of the cost of living crisis. Inequalities in health outcomes continue to widen—the most recent data shows that, on average, men in one of our poorest neighbourhoods (Blackbird Leys) live 14 years fewer than men from one of our wealthiest

neighbourhoods (North Thame).[1] Moreover, since 2019, the organisation of health and social care has changed: the Health and Care Act 2022 created statutory Integrated Care Systems (ICSs), aiming to closer integrate health and social care.

2.2. Oxfordshire has recently published its [Joint Strategic Needs Assessment (JSNA) 2023](#).[2] The Health and Wellbeing Strategy outlines the Health and Wellbeing Board's priorities to tackle the needs it identifies. This is a statutory responsibility of the Health and Wellbeing Board.

2.3. Since the formation of the BOB ICS in July 2022, partners have worked across the BOB area to create an overarching system wide [ICS Strategy](#). The Health and Wellbeing Board continues to have a statutory responsibility to create and publish a health and wellbeing strategy.

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

3. Five Key Points about the Strategy

3.1. **Oxfordshire's One Place Strategy**
The Health and Wellbeing Strategy will act as the primary **place** strategy for health and wellbeing in Oxfordshire, bringing together partners to deliver a shared ambition: our "true north". Whilst a BOB wide ICS Strategy and an NHS Joint Forward Plan have been published in the last 12 months, this will be the single strategy at the Oxfordshire Place footprint that all local partners, including our Place Based Partnership, are signed up to.

3.2. **How this relates to the Integrated Care Strategy**
The new Health and Wellbeing Strategy aligns closely with the ICS strategy—both adopt a life course approach, focus on the need for prevention, and target health inequalities, highlighting Oxfordshire's 10 priority wards.

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

---

[1]

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

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

```
                    ┌─────────────────┐
                    │   ICS Strategy  │───────────────────┐
                    └─────────────────┘                   │
              ┌──────────┼──────────┐                     │
┌────────────┐ ┌────────────┐ ┌────────────┐ ┌────────────┐
│ Oxfordshire│ │Buckinghamshire│ │Berkshire West│ │ NHS Joint │
│            │ │            │ │            │ │Forward Plan│
│HWB Strategy│ │HWB Strategy│ │HWB Strategy│ │           │
│ 2024-2030  │ │ 2022-2025  │ │ 2021-2031  │ │ 2023-2028 │
└────────────┘ └────────────┘ └────────────┘ └────────────┘
```
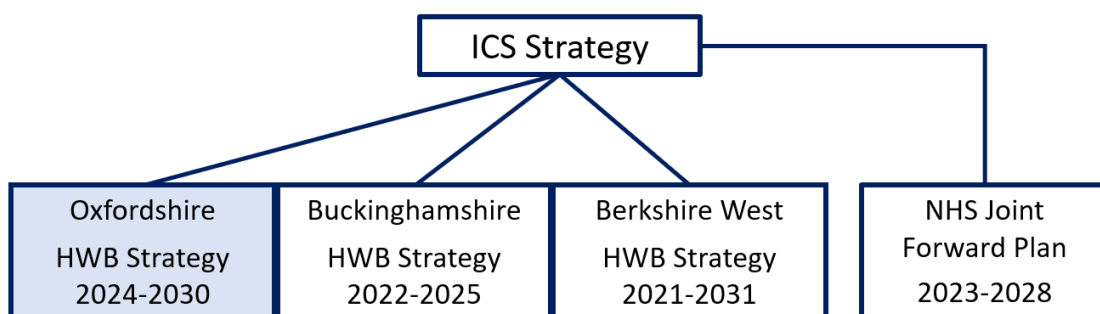
3.3. A broad view of wellbeing

The Health and Wellbeing Strategy will focus on wellbeing in its broadest sense, moving beyond a clinical or service oriented view. The strategy therefore reflects the building blocks of health, e.g., education, housing, employment, which significantly influence health and wellbeing—and are drivers of increasing need for services. These building blocks are where the Health and Wellbeing Board adds real value.

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

3.4. Collaboration and prioritisation

To achieve clear focus, the strategy outlines a limited set of priorities—not 'everything'. In particular, the strategy's priorities will only reflect those ambitions which can only be delivered by the collaborative efforts of all organisations on the Health and Wellbeing Board. Other corporate priorities which primarily sit within a single organisation are not reflected in this strategy. However, those individual priorities may well still be very important, reflecting Oxfordshire-wide need and residents' priorities.

3.5. **Strategy delivery**

To be effective, a strategy must translate into action. We have learned from the current Health and Wellbeing Strategy that if this is not in place it is harder to drive forward action. We also know that, due to the Covid-19 pandemic, some of our shared ambition had to change to respond to shared challenges. Therefore, this time round it's very important to have a delivery plan and an outcomes framework that can be monitored to ensure delivery. However, the first step is to develop a Health and Wellbeing Strategy that partners can sign up to before an action plan or an outcomes framework. The HWB hopes to publish an associated delivery plan and outcomes framework in March 2024, following shortly on the heels of the strategy itself. This ensures that, as a system, we can first decide *what* our priorities are, then outline *how* we will deliver them.

4. **How we got here**

4.1. On 16 March 2023, the HWB approved initial plans to update Oxfordshire's Health and Wellbeing Strategy, including the formation of a cross-organisational Task and Finish group of senior officers to drive progress between meetings. An updated overview of this process can be found below:

Figure 3: Timeline for updating the Health and Wellbeing Strategy

1	**2**	**3**	**4**
Initial Planning	**Agree structure & principles**	**Strategy Development**	**HWB Workshop**
April-June 2023	HWB on 29 June 2023	**Data deep-dive** **Resident focus groups** July-September 2023	7 September 2023

5	**6**	**7**	**8**	**9**
HOSC	**Agree draft for consultation**	**Public Consultation**	**Final sign-off**	**Delivery plan & Outcomes framework**
21 September 2023	HWB on 5 October 2023	Oct-Nov 2023	HWB on 7 Dec 2023	March 2024

4.2.   The Task and Finish Group is responsible for ensuring the strategy follows this process and publishes a strategy in good time. The group is comprised of representatives from all organisations which sit on the HWB and meets monthly. It is chaired by David Munday, Deputy Director of Public Health. Group members regularly communicate progress to their respective organisations. The group has been a very positive and effective example of cross-organisational partnership to develop system wide priorities and approaches.

4.3.   The Task and Finish Group has overseen the publication of JSNA 2023 and used its findings to inform emerging themes for the Health and Wellbeing Strategy. Group members have hosted conversations and/or workshops with colleagues in respective organisations about the Health and Wellbeing Strategy's priorities and principles. This was then used to develop a draft structure of the Health and Wellbeing Strategy and longlist a set of possible, principles, priorities, and enablers. In addition, they shaped the development of the Strategy's Communications and Engagement plan, published in June.

4.4.   On 29 June 2023, the Health and Wellbeing Board reviewed and commented on the longlist of draft priorities, principles, and enablers—as well as a draft structure. The Board emphasised the need to achieve focus by outlining a limited list of priorities.

4.5.   The Task and Finish group oversaw a thorough process of early public engagement, led by Healthwatch and Oxfordshire County Council, to ensure that residents' views informed the strategy's approach and priorities. Healthwatch Oxfordshire's work engaged residents from all backgrounds across the entire County on streets, at events, and via an online survey. To complement this, the County Council led detailed focus groups with seldom heard communities to ensure we listen to residents at greatest risk of poor health outcomes. The Task and Finish Group received regular reports from this engagement work as it began to refine content and priorities. You can see an overview of the results from this work later in the report.

4.6.   The Task and Finish group also made use of JSNA 2023 and some additional data to refine its priorities, ensuring it included only those priorities which require a whole systems approach. Having determined its key principles, enablers, and principles, the Task and Finish Group, led by Public Health, drew on expertise across all member organisations to develop a draft strategy.

Figure 4: High level process of strategy development
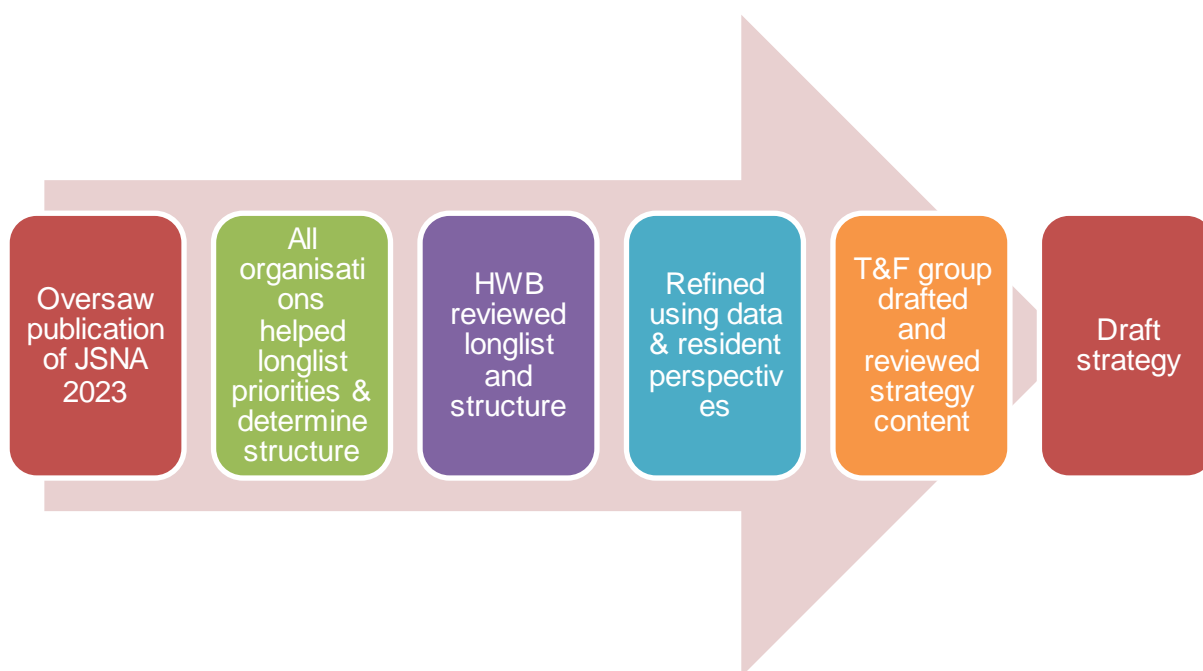
4.7. The Health and Wellbeing Board—alongside members of the Task and Finish Group and some members of the Future Oxfordshire Partnership—attended a half-day strategy workshop on Thursday 7 September to consider an early draft strategy, along with an overview of the data and an early picture of results from engagement work. The session was extremely productive and feedback from the event continues to inform further refinement of the strategy.

4.8. The Health and Wellbeing Board will be asked to approve a draft strategy for consultation on 5 October 2023. Shortly thereafter, officers will launch a public and professional consultation. After appropriately implementing changes as suggested by the consultation, the Health and Wellbeing Board will be asked to approve the final strategy at its meeting on 7 December 2023. Officers will work between Autumn 2023 and Spring 2024 to develop a delivery plan and outcomes framework, to be presented to the Health and Wellbeing Board for approval in March 2024. Following that, the HWB will regularly and routinely review and monitor the Strategy's progress.

5. Engagement

5.1. Everyone in Oxfordshire should have the opportunity to feed into our updated Health and Wellbeing Strategy. Staff have worked hard to ensure that many people across Oxfordshire had an opportunity to shape the strategy from an early stage. In particular, staff have undertaken additional work to hear from groups more impacted by or more at risk of poor health and groups we don't listen to often enough. This complements existing work understanding

residents' perspectives and the formal public and professional consultation. This ensures a 'golden thread' of engagement will run throughout the development of this strategy:

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

5.2. Overarching themes resulting from existing reports, focus groups, and Healthwatch surveys include:

- **The cost of living crisis continues to be a significant challenge**
- Mental health and wellbeing is a clear priority
- Residents' number one way to stay healthy and well is physical activity and exercise
- Oxfordshire's health and care system should do more to engage with and listen to residents, especially our underserved communities
- The public want to see a food environment that enables healthy eating rather than one that pushes unhealthy food choices
- NHS, GPs, local councils, and the general public must better understand and respect the strengths and needs of a diverse range of residents, especially minoritized or excluded residents e.g. transgender people, asylum seekers, & people living with depression or paranoia
- Access to healthcare, including follow-up care: residents regularly brought up that the standard and attentiveness of services is brilliant—but hard to access and, after their short period of care, they felt abandoned
- Residents strongly value community events and organisations to stay socially connected—but residents want to see more, especially for children and young people
- The costs of food, opportunities for physical activity, and poor transport connectivity are key barriers to health and wellbeing
- The need for stable and affordable homes that support health

- Residents prize an environment with good access to nature and green spaces, accessible pavements and buildings, and active travel options

  More can be found in the annexed engagement report.

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

6. Draft Structure & Content

6.1. Staff have developed an early draft full strategy. The Strategy takes a Life Course approach to health and wellbeing, which enables the Health and Wellbeing Strategy to appropriately respond to the wide range of factors we encounter at different stages of our life that can either support or detract from our health and wellbeing. The strategy therefore prioritises maximising protective factors and minimising risk factors across the broad range of building blocks that determine health and wellbeing.

6.2. Below is the strategy's 'plan-on-a-page', which remains a work in progress. Officers are continuing to refine this in light of comments at the strategy workshop, among other forums. At present, the three principles of the strategy are prevention, tackling health inequalities, and working in collaboration—both as an Integrated Care System and with communities. These three principles fundamentally underpin all that we do—we will view all our priorities through these lenses. The strategy also outlines key 'enablers': drivers of change which will enable strategy delivery. This builds on much work already happening in Oxfordshire where we will look to go further and faster—without this, the strategy and its ambitions will not come to fruition.

6.3. Spanning across the life course are the building blocks of health: foundations we all need to experience happy and healthy lives. This ensures the focus of this strategy is on physical activity, air quality, and a health enabling environment.

Figure 5. Overview of the Health and Wellbeing Strategy's Draft Principles, Priorities, and Enablers

Health and Wellbeing Strategy		
Principles		
Prevention	Tackling Health Inequalities	Collaboration & partnership

Start Well	**Live Well**	**Age Well**
The best start in life	Deprivation, employment, and financial resilience	Preventing falls and supporting independence
Children and young people's mental health and emotional wellbeing	Healthy homes	Better supporting and diagnosing dementia
	Healthy behaviours	Building and maintaining strong social relationships

Healthy place shaping and building blocks of health		
Climate change and health	Physical activity and active travel	Healthy food and healthy weight

Enablers			
Data and digital	Workforce	Anchor Institutions	Vibrant communities

7. Next Steps and Implementation

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

7.2. The Task and Finish Group has proposed that the strategy and its priorities is linked to an associated delivery plan and outcomes framework. The outcomes framework will outline key KPIs and outcomes for each priority area. The delivery plan will outline in depth how respective organisations will work together to deliver these priorities, KPIs, and outcomes, year-on-year. The Task and Finish Group proposes to draw up early draft versions in Winter and, subsequently, bring both to the Health and Wellbeing Board for approval in March 2024. Both the delivery plan and outcomes framework would be

monitored by existing or to-be-formed groups, which would report directly to the Health and Wellbeing Board. The Health and Wellbeing Board would receive annual reports about progress on the delivery plan and outcomes framework.

8. Financial & Staff Implications

8.1.   There are no direct financial implications associated with this report. The Officer resource required to develop the work has required and continues to require contribution from partners of the Health and Wellbeing Board, as agreed by the Health and Wellbeing Board on 16th March 2023.

9. Legal Implications

9.1.   The development of Oxfordshire's Health and Wellbeing Strategy will meet the Health and Wellbeing Board's statutory duty to publish a strategy to address health needs of the local population. The publication of the JSNA 2023 will enable the Board to meet its duty that its strategy addresses resident needs as outlined in the JSNA.

10. Equality & Inclusion Implications

10.1.   Tackling health inequalities plays a key role in the draft Health and Wellbeing Strategy. The strategy places front and centre the need to tackle avoidable and unfair inequalities in health outcomes, experiences, and access to health and care services. This guiding principle is driven by insights from JSNA 2023.

10.2.   Staff across organisations have all emphasised that people from disadvantaged groups should have a chance to help shape the Health and Wellbeing Strategy. As outlined above, officers have engaged with residents from disadvantaged groups across Oxfordshire during the process of updating the strategy, especially those whose health has been adversely impacted by their respective disadvantage. Officers have drawn on existing networks and community groups to run targeted focus groups to ensure their voice is heard.

11. Sustainability Implications

11.1.   The process of updating the strategy itself has no direct sustainability implications. However, the draft strategy includes a priority regarding the impact of climate change on health, including air quality, access to nature, and the built environment. It is anticipated that the strategy will build on and affirm existing partnership-wide climate action commitments, recognising the impact this has on residents' health and wellbeing.

12. **Risk Management**

12.1. A detailed risk assessment is not required for this work. Regular oversight and input on the strategy development will be provided by the Health and Wellbeing Board and the Task and Finish group.

NAME	DAVID MUNDAY, DEPUTY DIRECTOR OF PUBLIC HEALTH
Annexed papers:	Early Engagement Report
	Healthwatch Oxfordshire Report (Forthcoming)
Background papers:	Final ICS Strategy: Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Partnership | http://yourvoicebob-icb.uk.engagementhq.com
	Previous HWS: Oxfordshire Joint Health and Wellbeing Strategy 2019-2023
	Joint Strategic Needs Assessment | Oxfordshire Insight
	Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies (publishing.service.gov.uk)
	Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)
Contact Officer:	DAVID MUNDAY, CONSULTANT IN PUBLIC HEALTH david.munday@oxfordshire.gov.uk 07922 849652

11 September 2023

This page is intentionally left blank

Early Engagement Report
Updating Oxfordshire's Health and Wellbeing Strategy

Overall approach

The views of people across Oxfordshire have closely informed our draft Health and Wellbeing Strategy 2024-2030. To make sure this is the case, we have engaged with residents at early stages of strategy development, including seldom heard communities, before conducting a consultation. To this end, we have:

1. Reviewed existing reports detailing residents' thoughts and opinions
2. Carried out in-depth focus groups with seldom heard communities
3. Spoken to residents across Oxfordshire on the streets and at events

To avoid repetition of comprehensive work elsewhere, this report outlines work towards (2) and (3).

Healthwatch Oxfordshire

As an independent member of the Health and Wellbeing Board, Healthwatch Oxfordshire has undertaken extensive work speaking to residents to ensure their voices are brought into the development of the new Health and Wellbeing Strategy. They've heard from 'the people on the street', reaching over 1,124 people between July and September, the majority through face-to-face outreach – on the streets, at play days and events, and in shopping centres across the county, attending a total of nineteen community events. They also held a joint webinar with Oxford Community and Voluntary Association (OCVA) to listen to the views of voluntary and community sector. Outcomes from this work fed into the development of the draft strategy, and to a workshop for the Health and Wellbeing Board in early September.

A detailed report is available here: https://healthwatchoxfordshire.co.uk/report/health-and-wellbeing-board-strategy-engagement-report-september-2023

Initial analysis of feedback from 200 responses revealed the following themes:

Q1. What helps you stay healthy and well?

- Physical activity & exercise
- Infrastructure & environment
- Green spaces & nature
- Access to health care
- Family & relationships

- Access to healthy diet & food (See Appendix 1 summary at the end of the report)

Q2. What makes it difficult to stay healthy and well?

- Cost of living (food, rent, housing, and access to leisure facilities)
- Infrastructure & environment (green space, transport, built environment)
- Access to healthy diet & food (food environment)
- Access to health care (waiting times, GP and dental, and mental health)
- Work-life balance
- Mental health support

Q3. What is most important for health and wellbeing?

- Access to health care
- Infrastructure & environment (including transport, cycling routes)
- Access to healthy diet & food
- Psychosocial support
- Cost of living/financial support

Healthwatch Oxfordshire will bring people's voices to the draft Health and Wellbeing Strategy, and advocate for an accessible, easy read strategy which reflects residents' priorities.

Focus Groups

Summary

Early on in strategy development we spoke and listened to populations we don't listen to enough and who are at higher risk of poor health outcomes. This includes children in care, diverse multi-ethnic communities, people from areas of multiple deprivation, people with learning disabilities, asylum seekers & refugees, older people, and people with complex mental health needs. This has helped ensure that 1) we listen to seldom heard voices and 2) the strategy accurately reflects the needs and priorities of those whose health and wellbeing suffers most.

Between mid-July and mid-August 2023, Oxfordshire County Council ran 11 in-depth focus groups, engaging with and listening to 145 people across Oxfordshire. Groups had a good mix of children, adults, and older adults and good geographic coverage across Oxfordshire. You can find a full set of responses from these focus groups in the appendix at the bottom of this document.

- Asylum Welcome
- Banbury Mosque—men
- Banbury Mosque—women
- The Berin Centre

- Berinsfield Adult Day Centre
- Children in Care Council
- The ICE Centre
- Oxfordshire Mind
- My Life My Choice
- Witney Pride
- Youth Challenge

Further focus groups are planned between now and October to capture the voices of groups we've not yet heard from, including work at Abingdon Hub & a young mothers group.

Demographics

Total participants: 145

Please note not all participants completed the demographic collection form, so totals do not necessarily add up. No demographic data was collected for groups at Banbury Mosque (men) and My Life My Choice.

N.B. Both the data itself and reports from those running groups evidence that underserved communities were less likely to complete demographic forms and residents were less willing to record certain characteristics e.g., trans, non-heterosexual, ethnic minority, etc.

Age Group of Participants

Ethnicity of Participants

A bar chart titled "Ethnicity of Participants" with the vertical axis ranging from 0 to 80 in increments of 10. The horizontal axis categories and approximate values are: Asian/Asian British (~14), Black/Black British (~8), Chinese (~0), Mixed or multiple (~3), White (~73), Other (~4).
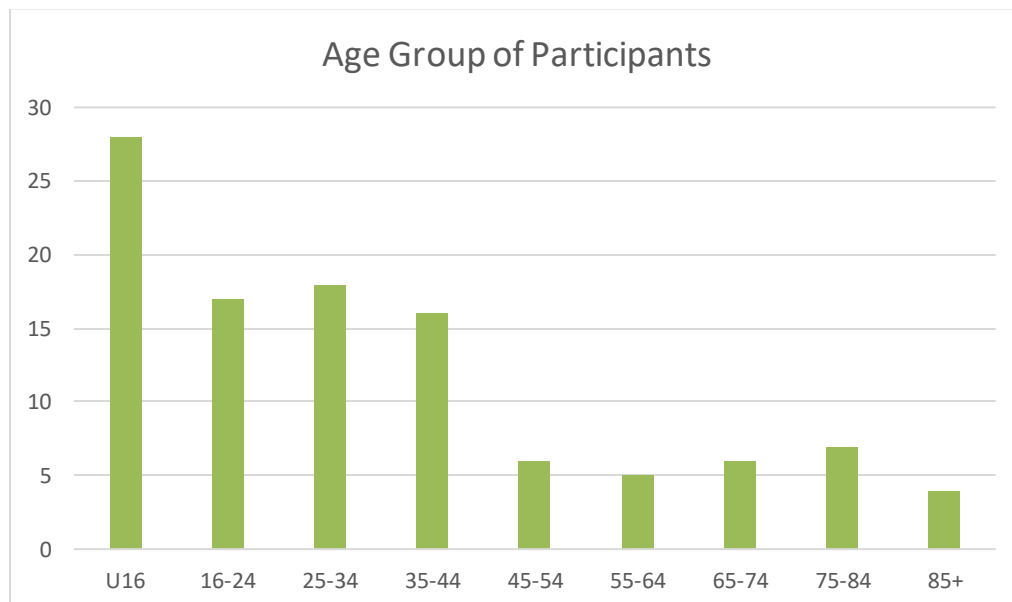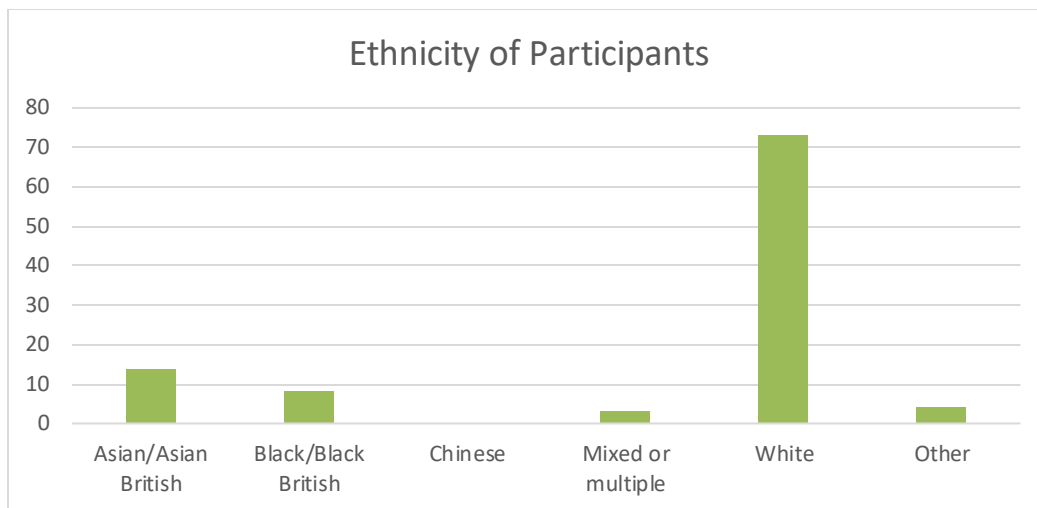
Emerging themes

- Mental health and wellbeing is a clear priority
- The cost of living crisis continues to be a significant challenge for residents, impacting on their ability to afford healthy food, access physical activity, and pay bills
- Residents strongly value community events and organisations – including events for specific groups - as a way to get out and about, stay social and active, and share concerns among people like themselves
- Residents greatly value physical activity, from walking to gardening to exercise classes for people with limited hip mobility – but the biggest challenges are cost and needing someone to go with. Active travel, and the independence it brings, is also valued – but challenges exist, including different cultural norms, health conditions and disability, and lack of time or confidence
- Social isolation remains a concern for residents, who prize time spent with friends and family as a way to relax and enjoy themselves
- Residents regularly talked about the importance of taking time to care for oneself & the dignity it affords, e.g. following a routine, showering, getting a good night's sleep, cleaning and organising your room, or getting your hair done
- Residents highlighted how much they valued creative pursuits including singing, crafts, journalling, & print-making
- NHS organisations, GPs, local councils, and the general public has more to do to understand, respect, and respond to the holistic situations, strengths, and needs of a diverse range of residents e.g. the lived experience of transgender people & people living with depression or paranoia
- A lack of follow-up care: across a broad spectrum of issues, residents regularly brought up that the standard and attentiveness of healthcare was brilliant when they were being seen for a short period—but after that, they felt abandoned in the long-run

4

- Residents want better and more equal access to green spaces and nature to support their physical and mental wellbeing
- Transport, especially a lack of reliable buses, remains a barrier for people wanting to get out and about, see friends, stay independent, and access healthcare services
- Other priorities include housing, clean air & the impacts of climate change, healthy food & healthy weight

Key quotes

- *"Since covid there's a real shift that people want to be healthy and do exercise, people are more health conscious, but there's a lack of opportunities and the cost is a big barrier." (Banbury Mosque, Women)*
- *"Without money you can't do things, can't access things. Not being able to go out or do things I got very depressed" (Asylum Welcome)*
- *"Sometimes I tell people I'm an asylum seeker and I can see the change in their face. I just want people to see me as a human being… you even see people peeking through the hotel windows to see us like we aren't humans, what are they expecting to see?" (Asylum Welcome)*
- *"[I've been] trying to change my mortgage and everything's online and that's not my generation – I have to rely on my kids to do simple things that once upon a time I could do by myself…the older generation is being left behind…I feel a bit embarrassed" (Banbury Mosque, men)*
- *"What is needed in Oxford isn't the same as what's needed in Banbury or Bloxham" (Banbury Mosque, men)*
- *"I loved cycling when I was young, I want to return, but I'm a bit uncertain. I used to cycle in Banbury but as you grow older you think you haven't got the time anymore." (Banbury Mosque, men)*
- *"A lot of our youth turn to more negative things because the gaps [in provision of activities for young people] allow them to go off track" (Banbury Mosque, women)*
- *"[it's] difficult to balance spending time with my children with looking after myself" (The Berin Centre)*
- *"[It helps] to get about—it's been harder since Covid, I'm a bit nervous to go out. It does make you more aware of what you're doing". (The Berin Centre)*
- *"getting out there and mixing makes a big difference… it makes you realise we're in same boat" (The Berin Centre)*
- *"I wouldn't have participated in the cake sale without the community outreach officer" (The Berin Centre)*
- *"not having people like me at activities is a challenge" (The Berin Centre)*
- *"[I] can't attend [community] activities because I'm at work" (The Berin Centre)*
- *"You only tend to get angry or depressed when you're on your own too much" (Cowley Mill, Oxfordshire Mind)*

- *"it's a big factor in my mental health, getting a good night's sleep" (Cowley Mill, Oxfordshire Mind)*
- *"I love dogs—every time I see a dog I stroke it and it makes me smile—if I'm having a bad day, when I see a dog it doesn't matter, it all goes away" (Cowley Mill, Oxfordshire Mind)*
- *"[I love Oxford printmakers cooperative because it's…] almost a home away from home… it's good because you're always developing and learning new skills… I did it when I was psychotic, tackling little steps in a series" (Cowley Mill, Oxfordshire Mind)*
- *"if you've not got enough money, it affects your mental health and makes you deteriorate and get worse. Might even make you homeless which is really bad for your mental health" (Cowley Mill, Oxfordshire Mind)*
- *[The cost of buses means people are] "priced out of taking the green option" (Cowley Mill, Oxfordshire Mind)*
- *"when I ask for help independently, they don't listen to me, they tell me I don't need it. But then someone from Mind or Restore or a professional asks and I finally get their help… Advocacy's great, but why am I not listened to in the first place?" (Cowley Mill, Oxfordshire Mind)*
- *[What helps is…] "Stingray disability nightclub… I met a partner there. I love it, I wish I could have it more." (My Life My Choice)*
- *[What helps is…] "I go to the gym, I go through Move Together. Having someone to go to the gym with [helps]" (My Life My Choice)*
- *"It can be hard to find groups and activities to join, especially if you have social anxiety like me." (My Life My Choice)*
- *"As part of pride month, Oxford Pride had an LGBT+ swim at the open air pool in Hinksey. It was the first time I'd been swimming in three years because I knew I'd be safe" (Witney Pride)*
- *"Being LGBT and disabled it's even harder to join in with activities, but I need to be able to get there easily and I need to feel it's a safe space for me." (Witney Pride)*
- *"There's a lot of options that could improve things that you can signpost to that wouldn't cost you any money but would improve things a lot, but GPs don't know about them" (Witney Pride)*

Priorities Listing

Focus groups were provided a set of priorities to rank, with the option to suggest their own. The following represents their top three priorities across various categories, assigning 3, 2, and 1 points to their top three priorities respectively. Results are raw and unweighted by group or attendance at present, as below:

N.B. This early analysis of data is crude and unweighted

Cross Cutting Themes
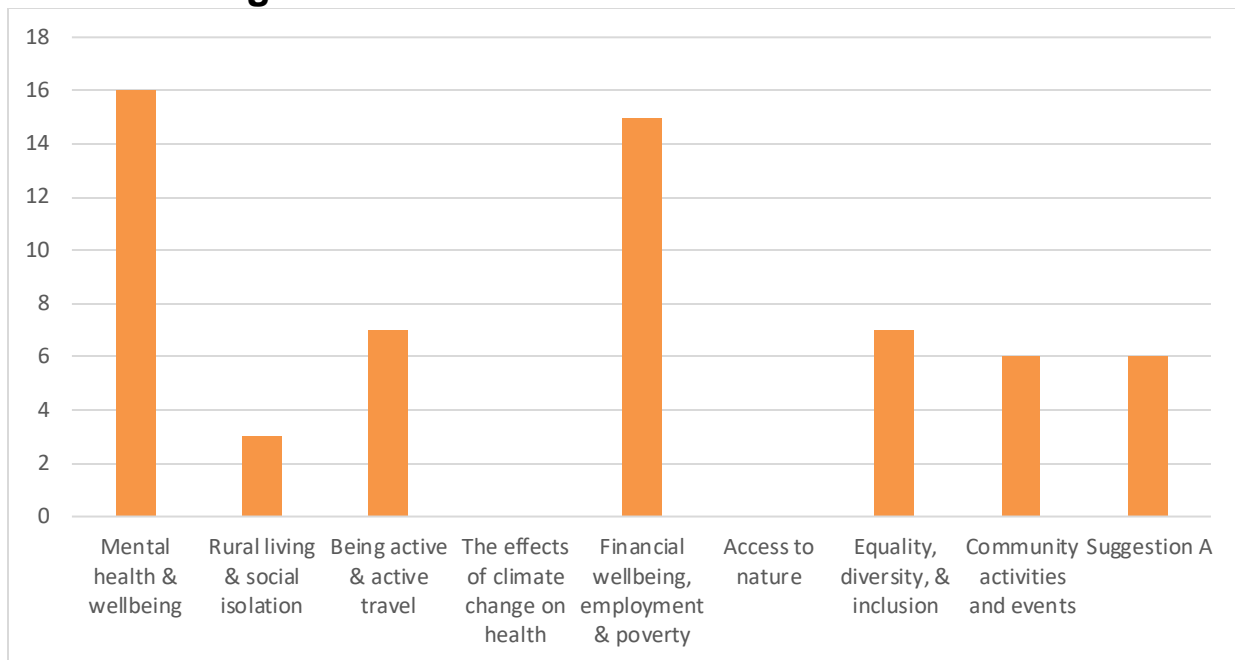
Both access to nature and the effects of climate change on health regularly made it to fourth or fifth place in the rankings.

Additional suggestions include:

- Public transport and travel
- Access to single sex activity spaces/sessions
- Using the mosque as a base for health and outreach services
- Facilities for disabled people and wheelchair users

Start Well
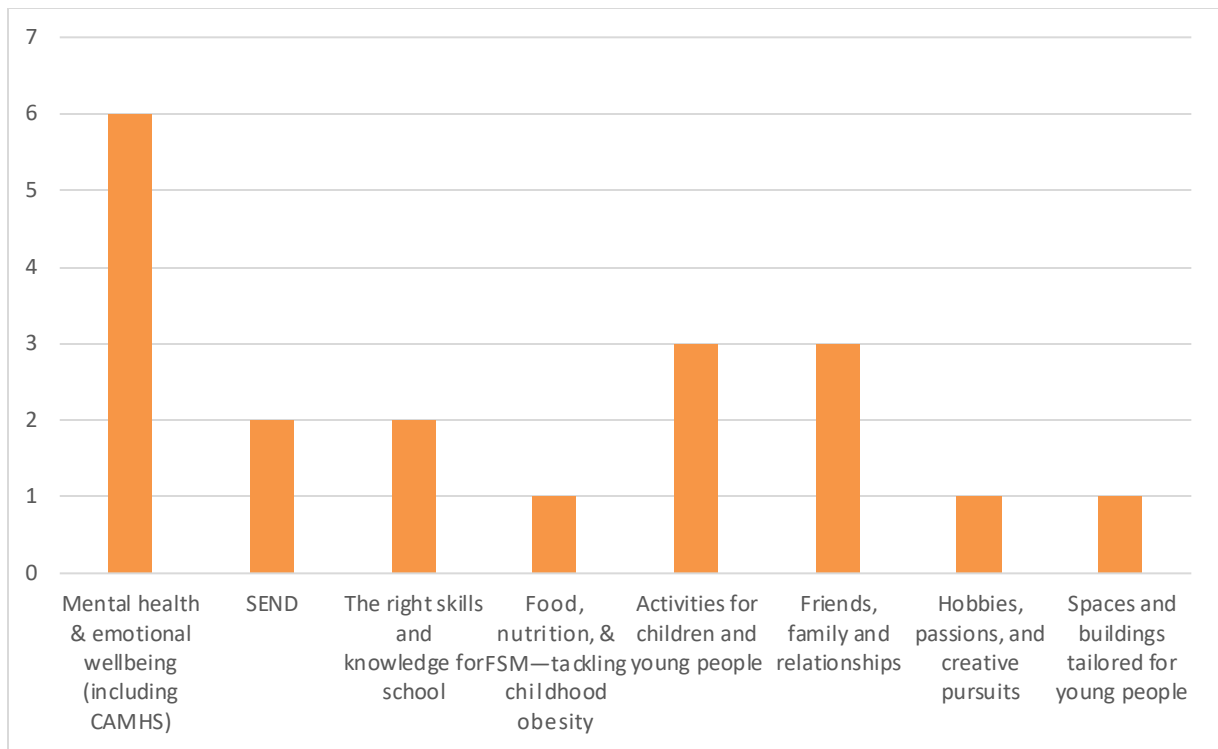
Suggestions from residents included:

- Friends, family, and relationships
- Hobbies, passions, and creative pursuits
- Extra-curricular activities
- Activities for teens during school holidays
- Specific spaces and buildings tailored for young people

Live Well
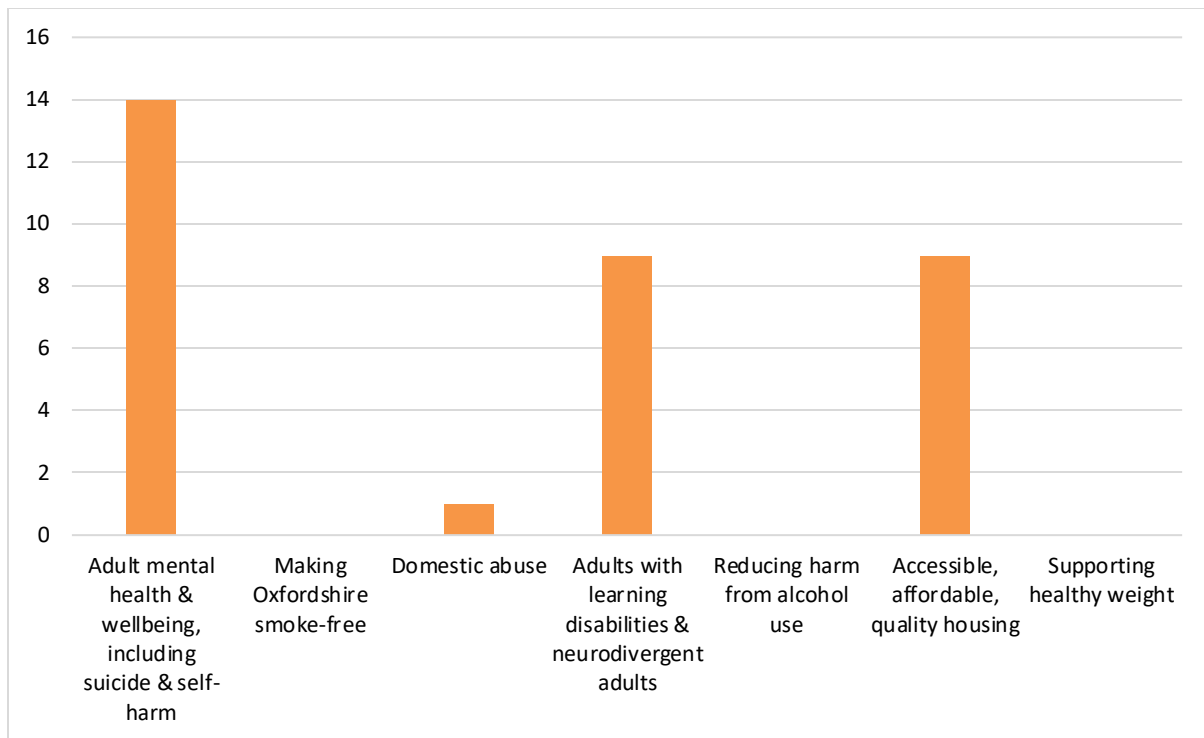
When residents asked about the "healthy weight" priority, they showed a lot more positivity about creating a healthy food environment than about "supporting healthy weight". Nonetheless, that priority consistently came fourth and fifth in rankings although did not make it into the top three, with alcohol and smoking consistently at the bottom of rankings.

Age Well
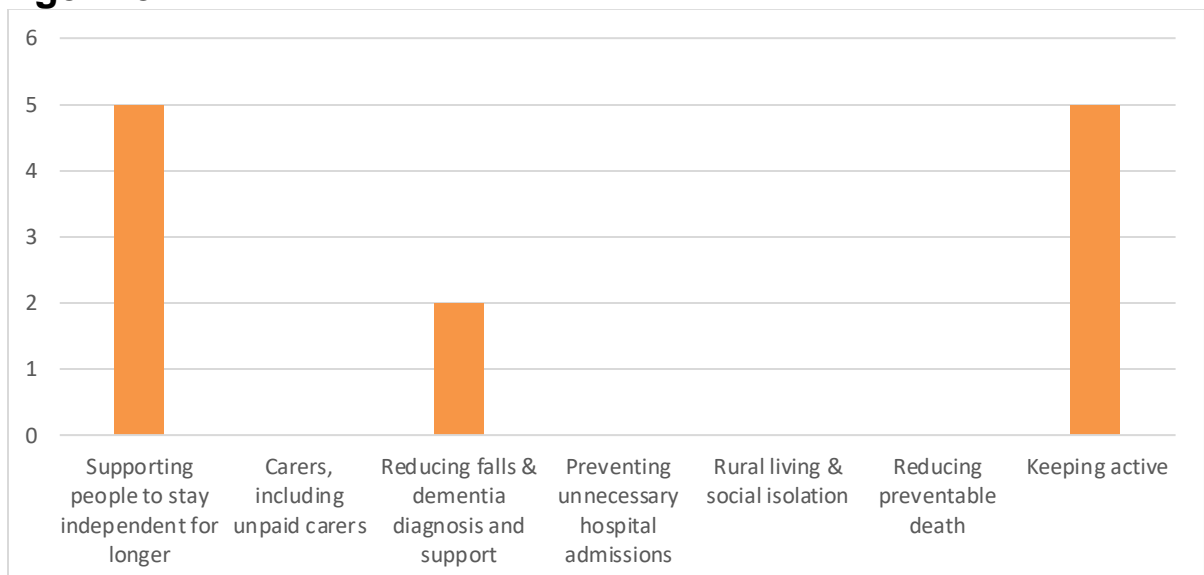
Residents felt that many of these priorities overlapped and found it difficult to rank priorities.

Opportunities for Learning

Learning for the consultation

This work was extremely valuable understanding how to approach the public consultation. For example, we know there is more to do to explain that some of our priorities are related to health, and how e.g. education, climate change. And we know there are some priorities where wording really matters: residents consistently rank "a healthy food environment" as more important than "healthy weight" or "reducing overweight and obesity", which they consider stigmatising. Similarly, they want to see Oxfordshire's residents supported to stop smoking, but do not consider "smokefree Oxfordshire" their top priority.

How we engage with Communities and Residents

- **Residents and community groups clearly valued the opportunity** to talk and speak about health and wellbeing among themselves
  - Health and wellbeing is clearly a topic people card deeply about and know a lot about too
  - Covid has increased health and wellbeing consciousness
- **Residents and community groups clearly appreciated the council coming to listen to them**
  - Sessions ran better because we were engaging at an early stage—i.e., before any draft strategy had been written
  - Consequently, the focus groups felt genuine and not extractive
- **The health and care system can and should do more listening exercises like this**
  - Residents/community organisations felt this type of work had been neglected in the past few years
  - In many cases, residents were bursting at the seams with insights they had clearly stored up
- **More must be done to build trust with residents and communities**, especially from underserved communities
  - Officers experienced high levels of concern that providing poor/critical feedback would impact residents e.g., the care they receive, or their asylum applications
  - Residents were scared to speak out on issues they were concerned about
  - **We have a way to go on our journey to building trust and relationships with residents and communities in Oxfordshire**

Running focus groups

- To realise genuine co-production, significantly more time must be dedicated to the development of strategy—at least another 3 months
- If done again, it would be worth contacting community organisations a couple months earlier to give them time to prepare and deliver focus groups on time
- Staff experienced significant challenges collecting good robust data on people's priorities and demographics
- The wording of possible priorities matters a great deal & can influence outcomes e.g. much higher support for "supporting people to stop smoking" over "making Oxfordshire smoke free"
- Delivering focus groups via existing community groups and with the support of community leaders was very beneficial
- It was beneficial to send a member of staff to attend, either to help facilitate or note-take
- Demographic and expenses forms are needlessly complex, excluding the very people we want to include—we must support residents to complete them and, long-term, simplify them

Word cloud

This is a word cloud based on comments and quotations from focus groups. The top three words were "health", "mental", and "activities".

Appendix: Focus Group Feedback

Asylum Welcome

17.08.2023

14 attendees

Thinking about health and wellbeing
What helps you to stay physically and mentally well?

Ideas, suggestions, and discussion notes…

- If the environment I'm living in is nice and healthy, both the physical environment and social environment
- Having things to do and keeping busy
- Feeling safe and secure

What are the barriers to staying physically and mentally well?

Ideas, suggestions, and discussion notes…

- The environment at the hotel I am being housed in
    - One person shared that there are mushrooms growing from the carpet
    - Another person is sharing a room with someone who does not want to share. They have received threats of physical violence and to their life, but hotel staff do not believe the roommate will act on them so they have not been moved. This has resulted in them being stressed and unable to sleep
    - Concerns that if they speak out about issues it will negatively affect their asylum applications
- Cost of food and activities when on a very limited income
- Lack of access to psychological support
- Having nothing to do (i.e. not permitted to work or study)

Ranking exercises
Please complete one sheet per group, per ranking exercise

Ranking exercise (please circle): <mark>All</mark> / Start well / Live well / Age well

---

1st priority:	Please explain why the 1st priority was identified as the most important:
Finance, employment and poverty	• Ability to afford food and activities • Mental health benefits of having things to do and feeling useful • Ability to afford decent housing • Giving back to the community
2nd priority: **Vocational training and education to prepare for employment**	
3rd priority: **Mental health and wellbeing**	

Discussion notes…

- Lack of employment affects people's mental and physical health
  - Being on a limited income is stressful as they have to worry about bills and their freedom to do activities is limited as they are often unaffordable
    - *"Without money you can't do things, can't access things. Not being able to go out or do things I got very depressed"*
  - People want to feel part of the community and to give back to the community, they do not want to be reliant on the government
  - They have no 'second place' and so spend lots of time in their rooms with nothing to do
  - Many people are living in poor conditions, with damp and mould a particular concern. People noted that some are experiencing breathing problems as a results, and that hotel windows cannot be opened properly
  - Where the UK does not recognise your professional qualifications and experience it is very depressing

- People want to take part in productive activities, and there is a particular desire for vocational volunteers to either use or develop their skills in preparation for when they will be permitted to work. Many highlighted that having something to do, feeling useful, and working towards something would have significant benefits to their mental health.
- It is difficult to access psychological support
  - Asylum seekers and refugees need specialist support and there isn't enough of it available
  - Waiting lists are very long and limited incomes mean they are unable to pay for private therapy
  - There can be language barriers in accessing support, a lot of free support is over the phone which makes this even more difficult
  - People spoke about it being even harder to talk about traumatic experiences, and their feelings about them, over the phone
  - People worry about anything they say being reported back to the home office and it affecting their asylum claim
- An individual shared that although they are now permitted to work, being a single parent to traumatised children makes this very difficult. The children are not welcome at job centre appointments, childcare is expensive and it is difficult to find someone to take care of them who speaks their language and is able to cope with their physical and mental health needs.

Additional comments on equality, diversity and inclusion centred on discrimination from the public for being an asylum seeker:

"Opportunities aren't given to us because we are asylum seekers and some people don't like it and think we should be back in our own country. Sometimes our work experience isn't recognised in the UK. Sometimes I tell people I'm an asylum seeker and I can see the change in their face. I just want people to see me as a human being, you even see people peeking through the hotel windows to see us like we aren't humans, what are they expecting to see?

Someone cut in front of my friend at the recycling centre and told him he didn't belong and the services weren't for him. The person got a metal bar out of his car and my friend left to be safe."

Ranking exercise (please circle):	All / <mark>Start well</mark> / Live well / Age well

1st priority: **Housing**	Please explain why the 1st priority was identified as the most important: People had significant concerns about the condition of their housing impacting their children's health.
2nd priority: **Schooling**	
3rd priority: **Extra curricular activities**	

Discussion notes…

- People shared that their provided housing is in poor condition and they are concerned about the impact this is having on their children's health. The key concerns were damp and mould causing breathing problems and asthma.
- There is limited outdoor space at provided housing, meaning that children have little opportunity to engage in active play
- People feel that schooling is overall positive. They noted that their children are also benefitting physically as they receive nutritious free school meals (which also helps the family's money to go further at home).
- Some felt that the children would benefit from more support from the schools, particularly with English lessons and homework (e.g. children do not have computer/internet access at home)
- It was felt that support with learning English was also related to equality, diversity and inclusion, as it would help to prevent discrimination and exclusion
- People highlighted the benefits of extra curricular activities for children, including social inclusion, being physically active, learning new skills and having a 'third place'.

15

o Support in finding appropriate activities would be beneficial
o There are concerns about the costs of activities, including fees, kit and travel costs
o Many children are digitally excluded because they do not have access to computers/the internet at home

Demographics

Number of participants	What is your age?
	Under 16
3	16 - 24
7	25 - 34
3	35 - 44
	45 - 54
	55 - 64
	65 – 74
	75 - 84
	85 or over
1	Prefer not to say

Number of participants	What is your sex?
6	Female
6	Male
2	Prefer not to say

Number of participants	I use another term

Number of participants	What is your ethnic group or background?
4	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
3	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
	White (British, Irish, or any other white background)
3	Prefer not to say
4	Other ethnic group or background (please specify)

Please state any "other" responses here:

Kurdish-Iraqi
Afghanistan
Chin
Asian-Afghan

Number of participants	What is your current religion, if any?
	Buddhist

17

3	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish
7	Muslim
	Sikh
	No religion
4	Prefer not to say
	Any other religion (please state below)

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
	Yes - a lot
4	Yes – a little
7	No
3	Prefer not to say

Banbury Mosque Men

This session was conducted as a set of informal discussions around prayer rather than a focus group.

Spoke to 9 men at the mosque—4 children and 5 adults, of all ages. All Asian.

The men at the mosque spoke passionately and proudly about the mosque, both broadly, and in relation to health and wellbeing in the community.

What helps you to stay physically and mentally well?
- Exercise!
  - Walking

- o Football and cricket (child)
- o "the most important thing in life"
- o Exercise is really important—we're all consuming more but not exercising more to burn it off
  - Work at gym in holidays (young person)
  - In gym everyday (young person)
  - Football (young person)
- o We must encourage our people to go and use facilities – young children and middle ages to use facilities because of health
  - Subsidising the cost would encourage more use of facilities especially with cost of living crisis – football and cricket.
  - We need discounted facilities that are appropriate for our community e.g. women's only.
  - Women need a women's lifeguard.
- o The lack of appropriate swimming facilities is "why very few Asians can swim—the older generations, many of them have never learned to swim". If you fell in the canal, you'd drown
- o Sometimes does cycling – fun, go to shops, play in the park. Proper safe to cycle. (child)
- Food
  - o Healthy food, exercise
  - o Food was healthy back in the day – we need more vegetables and fruit. Not eating so much unhealthy food e.g. Macdonalds, less fried food, less meat
- Religion
  - o prayer is like exercise and keeps us clean. Guards against bad habits.
  - o Islam is a peaceful religion, help each other and respect older people
- Banbury as a great place- the people, multicultural
- Community activities
  - o Mosque engage with new people everyday – would know as many people – it's my hub where I'm able to engage with people
  - o Chairman engages with us a lot e.g. BMX riding, paintballing. Trip to Man U was everything – well-arranged, not boring
  - o What activities should be run to attract the community?
    - For young people: more youth engagement activities… Mosque can't do everything. Cricket, football, pool club – better off doing that than roaming streets and causing trouble
    - For the middle aged: sport, cricket, football – tournaments & get-togethers e.g. charity get-together tournament
    - For the elders: coffee gathering, cricket teams

19

- Stopping smoking
  - Smoking is going down because it's expensive and we've become more health conscious.
  - But there's always an alternative in the form of vaping and e-cigarettes— these are not totally safe just not proven to be harmful yet
- Ability to cycle would enable youngsters to get around the town

What are the challenges you experience when trying to stay well?
- Higher rates of diabetes among Asian communities
- Not enough parks & green spaces around here – need more access to parks in banbury
- More asthma inhalers. More parks to play football in. More clubs.
- Nothing for the older generation to sit down, talk, have a chat
  - Stay home all the time → depressed
  - They wanted **more community spaces** to avoid loneliness
  - "nothing to attract them to come out & not stay at home"
- Covid
  - It's "fairly difficult to get people [to activities] at the moment after covid" – there's lingering fear of the disease
  - Lots of Asian habits have changed and habits aren't going back to normal— people don't gather unless there's a special occasion.
- Generation changes
  - The internet
    - The internet revolution has changed the habits of the next generation— everything's online, they don't seem to want to participate at events in person.
    - "It saddens me when I see people gathering and once upon a time when a guest came to you, you'd catch-up, nowadays everyone is sat on their phones"
    - "lost the art of conversation"
  - Technology
    - Addiction to texting – "prior to this, I thought that the addiction was accidental – but [the manufacturer] uses psychology to make the tech addictive". E.g. the ping is designed to be addictive, like a present .
    - Children and kids should be running around playing and getting into mischief- it's not good for their health, mentally. We need balance – but don't have that anymore due to the over-availability of entertainment

20

- o Business
  - ▪ We're moving from British to American ideals in business—we are squeezing for profit, not looking after our people
  - o Rurality – banbury used to be a market town—no market really anymore!
- Digital exclusion
  - o I've been "trying to change my mortgage and everything's online and that's not my generation – I have to rely on my kids to do simple things that once upon a time I could do by myself" – "the older generation is being left behind". "feel a bit embarrassed because normally [kids] rely on you, but for this, you rely on them – your loan payments are dependent on your kids pressing a few buttons".
  - o Digital skills training welcome.
  - o Wants council to do things in-person & general help desk.
  - o Community hub & general help desk in Banbury would help—if you listen to what people need, more effective policy.
  - o "What is needed in Oxford isn't the same as what's needed in Banbury or Bloxham"
- Alcohol
  - o The time limits on alcohol sales were abolished, this has caused problems and contributes to additions
- Housing
  - o Oxford was too expensive so I moved to banbury.
  - o Councils should have to build houses and not rely on the market. If we plan now and anticipate, we wont be caught short. Instead, we're relying on expensive private homes paid for by the council.
  - o Old and new housing is poor quality and there's not enough parking
- Cars
  - o The addiction to cars is so bad—"we used to walk around, but now people use cars". "I loved cycling when I was young, I want to return, but I'm a bit uncertain. I used to cycle in Banbury but as you grow older you think you haven't got the time anymore."
  - o People are obsessed with 4x4s these days
- Other issues raised included over-reliance on cars rather than walking and cycling, a limited number of parks and other green spaces to get outside and play sports

Priorities

Based on the above, it seems priorities are as follows:

1. **Exercise and activity**

21

2. Community activities & events including those appropriate for Muslim women
3. A healthy environment that isn't too commercialised (i.e. food, internet, alcohol sales, cars)

Other comments

Strengths include a community run fridge which primarily serves white populations, cycling lessons for children on a Friday

Banbury Mosque Women

Date of meeting: 16.08.2023

Number of attendees: 9

Thinking about health and wellbeing
What helps you to stay physically and mentally well?

Ideas, suggestions, and discussion notes…
- Access to a good mosque   - In addition to spiritual and mental wellbeing benefits, the mosque runs a community fridge and hygiene bank for people in need   - The local gym does have ladies only sessions, but only twice a week for one hour

What are the barriers to staying physically and mentally well?

Ideas, suggestions, and discussion notes…
- People really want to be able to swim, but the local pool does not offer single sex sessions which makes it impossible for the women. To do this they need to hire it privately, which costs £495 per session so it is not a sustainable solution. When they have been able to do this before over 130 people attended   - People highlighted the generational impact of not being able to swim. They have been unable to teach their children to swim and so there is increased risk of drowning and fear of water   - GP appointment booking systems make GP services inaccessible. It is not feasible for many people to call at 8am or take leave for appointments without notice so the inability to book routine appointments ahead is problematic

22

- Language barriers in health services make people hesitant to access them and often leads to poorer outcomes. This is particularly the case of older people and less-routine services (such as IVF) where other people in the community may not have the knowledge to explain in the individual's first language.
- The cost of sports activities is prohibitive, especially as the cost of living has increased and so money has to be prioritised elsewhere

Ranking exercises

Ranking exercise (please circle): **All** / Start well / Live well / Age well	
1st priority: Access to single sex activity spaces / sessions	Please explain why the 1st priority was identified as the most important: This is preventing half of their community from accessing sports and activity facilities.
2nd priority: Activities for teens during school holidays	There is also concerned about the generational impact of this as their children are not learning to (for example) swim so there is an increased risk of drowning.
3rd priority: Using the mosque as a base for health outreach services	
Discussion notes… • Swimming is the activity that most appeals to most people, and it was highlighted that it is a good exercise for older people, disabled people and people with sore joins due to the support from the water. However, due to	

23

the nature of swimming outfits the women find it impossible for them to attend mixed-sex sessions
- o There is significant concern about the generational impact of this as many have been unable to teach their children to swim
- o The mosque has previously received funding to privately hire the local pool but this ran out after 6 weeks, regular access would be more regular exercise
- There are gaps in what is available to children (especially teens) during their social time and especially during breaks from school.
  - o *"A lot of our youth turn to more negative things because the gaps allow them to go off track"*
  - o With the rise in cost of living many families are struggling but unable to access free activities because their income is over the threshold for free school meals. Deciding who is eligible based on school meals is "outdated and ineffective"
  - o Young people don't have enough information about life after school, they need careers sessions, how to apply for jobs and write CVs, interview skills, apprenticeships, how to budget and pay bills etc.
- *"Don't underestimate the important of hosting things at the mosque"*
  - o People emphasised the value of health services working with the mosque and using them as an outreach space. "*We have 900 men come to prayers on Fridays, think how many families could be reached*"
  - o People emphasised that their community would be more likely to access services at clinics held at the mosque because they would know that it would be culturally sensitive / as a safe space, and because they would see it as being endorsed by the mosque and therefore a positive thing
  - o Engagement with the mosque could help health services to become aware of trends in the community. For example, a number of people have had difficulties with Vitamin D deficiencies and this could be picked up and addressed
  - o This would also reduce language/cultural barriers as there would be people present who could assist, for example by translating or offering reassurance about medication being halal or being taken during Ramadan

"Since covid there's a real shift that people want to be healthy and do exercise, people are more health conscious, but there's a lack of opportunities and the cost is a big barrier."

Demographic monitoring data

Number of participants	

	What is your age?
	Under 16
2	16 - 24
	25 - 34
3	35 - 44
2	45 - 54
	55 - 64
1	65 – 74
	75 - 84
	85 or over
1	Prefer not to say

Number of participants	What is your sex?
8	Female
	Male
1	Prefer not to say
	I use another term

Number of participants	Is the gender you identify with the same as your sex registered at birth?
7	Yes
	No
2	Prefer not to say

25

Number of participants	What is your sexual orientation?
6	Straight/Heterosexual
	Bisexual
	Gay or Lesbian
3	Prefer not to say
	Other sexual orientation

Number of participants	What is your ethnic group or background?
8	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
	White (British, Irish, or any other white background)
1	Prefer not to say
	Other ethnic group or background (please specify)

Number of participants	What is your current religion, if any?

26

	Buddhist
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish
8	Muslim
	Sikh
	No religion
1	Prefer not to say
	Any other religion (please state below)

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
1	Yes - a lot
3	Yes – a little
4	No
1	Prefer not to say

The Berin Centre

We spoke to 6 Berinsfield residents at the Berin Centre on Friday 28 July. Their priorities were as follows:

	Cross-Cutting	Start Well	Live Well	Age Well

27

1	Mental health and wellbeing	Mental health & emotional wellbeing	Adult mental health & wellbeing, including suicide and self-harm	Support people to stay independent for longer
2	Financial wellbeing, employment & poverty	SEND	Accessible, quality housing	Keeping active
3	Equality, diversity & inclusion	Food, nutrition, & free school meals	Activities for working people with wrap-around care and flexibility in work	Falls & dementia
4			Adults with learning disabilities/neurodivergency	Rurality & social isolation

What helps you stay physically and mentally well?

- Reading the Bible—when I do this, it "feels like I've looked after myself"
- Craft group—I can meet people there: "we all have fun, we talk to each other—it helps us get out more"
- Good weather—it enables me to go "jogging and cycling with my children"—it is "**difficult to balance spending time with my children with looking after myself**"
- Re Berinsfield's strengths
  - **"people want to be here—I think it's a happy and healthy place"**
  - Berinsifield is small meaning there are plenty of people close by
- Community activities helped one stay active: seated exercise class; health walks around the village; the Merry Café, croquet & lawn games
- Other community activities suited another attendee: the local craft group as well as the computer class
- "Fresh air"
- On community activities and connection with other parents - "Spending time with others makes me realise it's not just me looking after my children". For example, recently "I met a friend and ranted while kids were playing in the park"
- Various attendees spoke about what helps them get out, including:
  - The need for purpose—it helps them get out and about and live healthier lifestyles: "**got to get about—it's been harder since Covid, I'm a bit nervous to go out**. It does make you more aware of what you're doing".

28

- o The need for connection and community—it enables healthier lifestyles. Participants agreed that it helps to have something arranged to push you out the door: "**getting out there and mixing makes a big difference**… it makes you realise we're in same boat"
- The community outreach office has been a big help**—"I wouldn't have participated in the cake sale without the community outreach officer"—**it was good "**and we had a laugh**"
- Free school meals help promote a balanced and healthy diet for me and my children

What are the challenges you experience when trying to stay well?

- Follow-up care: one attended notes that they had plenty of access to health services and ops when they were being seen by a pain rehab centre for 3 weeks—but they didn't see anyone after that!
- The health walks "have gone downhill": one participant wanted another man to go on health walks with—"I walk too fast for the others… and you know, we'd talk to each other"—so now "I walk by myself"
  - o **"not having people like me at activities is a challenge"**
  - o A similar theme emerged re the memory café, where one participant noted a "stigma" around the group
- Work clashes with community activities**: I "can't attend activities because I'm at work"**—this participant requested more activities for working people, including those with kids
- People can't get out—there's lots of social isolation
- One new resident noted a variety of challenges:
  - o Their health was a challenge, having recently had a car crash, recently been diagnosed with fibromyalgia and continuing to experience anxiety. This can prevent them from attending activities even when they know that's the best thing to do
  - o **"Being a single parent, it's hard looking after my kids"**
- Financial barriers - residents said that the pool and gym were too expensive for them to regularly access
  - o With the cost of living, even Council-led cheaper swim activities are out of reach
  - o One proposed a significant discount for Berinsfield residents to the swimming pool
  - o One felt the gym was 'cliquey'—it made a big difference to have someone to go with

29

- Residents also proposed an emergency drop in centre for instant support—hands on face-to-face mental health support
  - They felt that staff were willing to help & listen but weren't necessarily trained
- Residents felt that a lack of buses through the centre of Berinsfield's village—like in Blackbird leys—was a major challenge

During the priorities task, one resident noted how challenging it was to choose because he felt that many of the priorities related—"it's all interlinked".

Demographics

The group included a carer, one person who had dyslexia and was partially sighted, and one older person with a stick.

Number of participants	What is your age?
	Under 16
	16 - 24
	25 - 34
3	35 - 44
	45 - 54
	55 - 64
2	65 – 74
1	75 - 84
	85 or over
3	Prefer not to say

Number of participants	What is your sex?
4	Female
2	Male

30

4	Prefer not to say
	I use another term

Number of participants	Is the gender you identify with the same as your sex registered at birth?
6	Yes
	No
0	Prefer not to say

Number of participants	What is your sexual orientation?
6	Straight/Heterosexual
	Bisexual
	Gay or Lesbian
	Prefer not to say
	Other sexual orientation

Number of participants	What is your ethnic group or background?
1	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
	Black or Black British (Caribbean, African, or any other Black background)
	Chinese

31

	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
5	White (British, Irish, or any other white background)
	Prefer not to say
	Other ethnic group or background (please specify)

Number of participants	What is your current religion, if any?
	Buddhist
4	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish
	Muslim
	Sikh
2	No religion
	Prefer not to say
	Any other religion (please state below)

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
2	Yes - a lot
3	Yes – a little
1	No

3	Prefer not to say

Berinsfield Adult Day Centre

Date of meeting: 4th August 2023

Number of attendees: 19 people who attend the day centre and 3 staff/volunteers

Feedback—how did the session go? How could the Council have done more to support you?

> The session went well, however we did not have enough time to discuss the reasons for their priorities on the living well and ageing well discussion questions, although some of the issues raised in the other parts of the focus group relate to these.
>
> We received feedback from one attendee that visual aids were required and that the text on the PowerPoint was too small and in white which made it more challenging to see.
>
> The support from OCC has been very good and welcome and thank you very much!

Thinking about health and wellbeing
What helps you to stay physically and mentally well?

> *Ideas, suggestions, and discussion notes…*
>
> Comments centred around the themes of personal care, physical activity and health/wellbeing, mental health, socialising and combating loneliness/isolation, carers and care packages, independent living, being outside/nature and the importance of transport and access (including cost implications).
>
> Comments received were:
>
> - Attending the Day Centre and exercise class in Berinsfield (the Day Centre was seen as an important service)
> - "Having a shower and going for a walk most days"
> - "Walking 30 minutes each day"

33

- "Walking my dog"
- Doing chair exercises
- Having 2 walks per evening and taking medication
- "Putting my makeup on and having a good nights' sleep!"
- "Having my hair done!"
- Being able to undertake my routine of getting breakfast, having a shower and walking the dog
- Having health checks
- Attending GPs for blood test
- Good care package and carers – carers are good company and "put your mind at rest"
- "Getting my own breakfast"
- Doing gardening and being outside
- Walked round the garden and being outside
- Growing my own tomatoes and eating them!
- "Being outside and people watching" the social contact involved make you feel good
- "Not being left out of the world"
- Going to Cowley on a Saturday (more than participant) – has public transport links (bus), lots of shops, café's and you have social contact and you can hire a mobility scooter in the shopping centre
- Transport links are important

Staff/Volunteers

- NVQ work -personal/professional development
- A morning walk on my own, for headspace

What are the challenges you experience when trying to stay well?

Ideas, suggestions, and discussion notes…

- Transport, especially for those who are unable to the bus stop and have restricted access to public/private transport including to mobility scooters.
- Cost and lack of funding was an issue, including access to transport and services
- Physical/medical/psychological issues such as pain, low mood/poor mental health grief/bereavement can restrict access to service

34

Ranking exercises

Ranking exercise (please circle): Live well	
1st priority: Mental Health	Please explain why these were the groups' priorities:
2nd priority: Being active and active travel	We did not have enough time to discuss the reasons for their priorities although some of the issues raised in the other parts of the focus group relate to these.
3rd priority: Financial wellbeing, employment and poverty	

35

Ranking exercise (please circle):   Age well

Discussion notes…

There was a lack of consensus on the priorities and the following 4 were identified in the ranking exercise:

- Keeping active
- Preventing unnecessary hospital admissions
- Supporting people to stay independent for longer
- Reducing falls and dementia diagnosis and support

Demographic monitoring data

Number of participants	What is your age?
	Under 16
	16 - 24
2	25 - 34
	35 - 44
1	45 - 54
3	55 - 64
3	65 – 74
6	75 - 84
4	85 or over
	Prefer not to say

Number of participants	What is your sex?
11	Female
7	Male
0	Prefer not to say
0	I use another term

Number of participants	Is the gender you identify with the same as your sex registered at birth?
18	Yes
	No
	Prefer not to say

Number of participants	What is your sexual orientation?
17	Straight/Heterosexual
	Bisexual
	Gay or Lesbian
1	Prefer not to say
	Other sexual orientation

Number of participants	

	What is your ethnic group or background?
	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
19	White (British, Irish, or any other white background)
	Prefer not to say
	Other ethnic group or background (please specify)

Number of participants	What is your current religion, if any?
	Buddhist
15	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish
	Muslim
	Sikh
4	No religion
	Prefer not to say
	Any other religion (please state below)

38

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
8	Yes - a lot
4	Yes – a little
7	No
	Prefer not to say

Youth Challenge Oxfordshire – Berinsfield Group

19 July 2023

Number of attendees:

- 10 young people
- 3 volunteer youth workers

Feedback

How did the session go? How could the Council have done more to support you?

The session went well, however, when working with young people there needs to be more consideration to ensure materials are relevant. I had to spend a lot of time defining and providing examples to some of the themes in activity sessions for 'cross cutting themes'.

The support from OCC has been very good and the instructions provided with the materials were very useful. It made picking up the request much easier.

Thinking about health and wellbeing

What helps you to stay physically and mentally well?

Ideas, suggestions, and discussion notes…

1. Football
2. Sleeping

39

3. Music
4. Shopping
5. Vapes
6. Working
7. Socialising
8. Facetime with friends
9. Spending time with partner
10. Lunch time
11. Pets
12. FIFA
13. Skipping school (school is stressful)
14. Swimming
15. Social media
16. Watching MUFC
17. Chatting

What are the challenges you experience when trying to stay well?

Ideas, suggestions, and discussion notes…

1. Anxiety and afraid to go out.
2. Food – a lot of junk food is advertised and marketed towards us so hard to resist.
3. No friends
4. Clubs outside of school are hard to get to if you do not have parents with transport or cannot get the bus there.
5. Too lazy
6. No motivation
7. Insecure about myself (image/eating)
8. Not enough sleep
9. People judging you.
10. Not having money

Ranking exercises
Please complete one sheet per group, per ranking exercise

40

Ranking exercise (please circle): Cross cutting themes	
1st priority: **Mental Health and Wellbeing**	Please explain why these were the groups' priorities:
2nd priority: **Financial wellbeing, employment, and poverty**	We did not have enough time to discuss the reasons for their priorities although some of the issues raised in the other parts of the focus group relate to these.
3rd priority: **SUGGESTION – own space and buildings (infrastructure tailored for young people)**	

Discussion notes…

Due to the session time being shorter, we only focussed on the more general exercise of cross cutting themes. Please note the young people's suggestion for the open resident suggestion opportunity. They felt this was very important but did not out way mental health or money. Discussion picked up about many of the young people being on the spectrum (ADHD/Autism) or waiting for an assessment or diagnosis. Comments picked up about being frustrating on how they are sometimes treating despite having a diagnosis/sometimes people do not understand them. General comments was apart from the youth club, there was a lack of both informal and formal places/spaces for young people. Potential lack of understanding on how climate change can affect health and also links between mental health and nature. Young people very aware of effects of having no money on being able to access opportunities/experiences. Point raised about identity crisis and links with mental health when discussion occurred regarding equality and diversity. Some controversial opinions and debates regarding depression vs people being lazy.

41

There full priorities breakdown follow:

1. Mental health & wellbeing
2. Financial wellbeing, employment, and poverty
3. ? RESIDENT SUGGESTION – own space and buildings (infrastructure tailored for young people, outdoor or indoor)
4. Being active and active travel
5. Equality, diversity, and inclusion
6. Rurality and social isolation
7. Access to nature
8. The effects of climate change on health

Demographic monitoring data

Number of participants	What is your age?
10	Under 16
1	16 - 24
	25 - 34
1	35 - 44
1	45 - 54
	55 - 64
	65 – 74
	75 - 84
	85 or over
	Prefer not to say

Number of participants	What is your sex?
11	Female
2	Male
0	Prefer not to say
0	I use another term

Number of participants	Is the gender you identify with the same as your sex registered at birth?

43

18	Yes
	No
	Prefer not to say

Number of participants	What is your sexual orientation?
10	Straight/Heterosexual
1	Bisexual
	Gay or Lesbian
2	Prefer not to say
	Other sexual orientation

Number of participants	What is your ethnic group or background?
	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
2	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
11	White (British, Irish, or any other white background)
	Prefer not to say
	Other ethnic group or background (please specify)

Number of participants	What is your current religion, if any?
	Buddhist
2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish
	Muslim
	Sikh
3	No religion
8	Prefer not to say
	Any other religion (please state below)

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
	Yes - a lot
5	Yes – a little
5	No
3	Prefer not to say

Children in Care Council

Date of meeting: 15th & 16th July, 2023

Number of attendees: 23

Feedback

How did the session go? How could the Council have done more to support you?

45

The session went well under the circumstances, sailing drew their attention, but all questions were answered by children present. Two older young people facilitated the session, our Chairs of CiCC, which was excellent because everyone participated for them.

As said, focusing a group when they are there for an exciting activity is always tricky, our original intentions were to have discussion at our residential and let them sail, but the residential was cancelled, so they have done well. It just meant we was not able to go into detail on some comments made.

What is always valuable is the discussions when not in a room, but walking in a one-to-one situation, or in groups, they may not realise they are talking about health and wellbeing, but they were. So, we have included some comments which do relate to their health and wellbeing, how they feel being in care. There was one safeguarding issue which came out a discussion, which we have followed up.

A member of your staff would have been good at the workshop, I assumed someone would attend but realised when we done the prep-workshop that we were doing the workshop, which turned out fine. It was just a big group of children, excitable and difficult to focus at times, so the more staff the merrier and the more we can capture, have those in-depth discussions. The pre-workshop could have been shorter, it seemed to be aimed at officers who have not done participation before but going through the PowerPoint was very useful.

The signing of finance forms was tricky, but everyone signed a form, some were very young. Same with a demographic form, it was tricky homing in on this activity, so we have entered details we know, but please note the children may have said different to their demographics.

Thinking about health and wellbeing

What helps you to stay physically and mentally well?

> ***Thinking about health and wellbeing What helps you to stay physically and mentally well?***
>
> - Doing things you like
> - Books
> - Rain sounds
> - Smiling
> - Spending time with family
> - Honesty

- Walking
- Music x 3
- Animals
- Sleep
- Journalling
- Meds
- Food
- Exercise x 3
- Kind people
- Helping
- Go to the gym
- Singing
- Cleaning my room
- Running and sports
- My phone
- Friends
- Podcasts
- Monster drinks
- Vapes
- Family
- Mates
- Football / sports
- foster family
- shopping
- free times
- getting help (I was dropped by Oxford United)
- Writing my emotions and how I feel

What are the challenges you experience when trying to stay well?

What are the challenges you experience when trying to stay well?

- Lack of support
- Lack of determination
- Judgmental people
- Physically and mentally sit and strong
- Lack of access to help
- Illness

- Emotions
- Sports
- Misunderstanding
- Lack of staff care
- Trying not to think of the negatives
- Crying
- Worrying about other things
- Carers not getting the health support (doctor, hospital)
- Talking to people (social anxiety)
- People not believing me
- Dehydration, not drinking enough water
- Not having someone that listens
- Thoughts
- Not being listened too
- (Sad face)
- Not having good relationships with family, friends, teachers
- People bring me down constantly
- (Happy face)
- People not believing in me and pretending to be my friends
- Not knowing what to say

Ranking exercises

Please complete one sheet per group, per ranking exercise

Ranking exercise (please circle):	All / **Start well** / Live well / Age well
1st priority: **Friends, family and relationships**	**Please explain why these were the groups' priorities:** *I looked at the comments said and tried to categorize them as best as I could. Please feel free to put the comments into a category that fits in with one of your themes Jamie.*
2nd priority: **Physical activity and exercise**	

48

	Some comments over the weekend, affecting children's; health and wellbeing:
3rd priority: **Hobbies, passions, and creative pursuits**	I had young people telling me about their passion for football, one telling me all about her brothers and sisters, one telling me that I share the same name as her Mum – both spelled the Irish way, a group of young people telling each other and me that they have Autism and ADHD, two young people saying that they are connected by a respite foster carer… A 13 yr. old girl told me her mum was having a baby, any day', but she only has contact twice a year. I said to her contact is called 'family time' now, she said we call it 'contact'. I had a 15 yr. old girl tell me she doesn't understand why she's in care, that she spends time with her dad and he's ok now. She was confused. A 15 years old girl said she does taekwondo at Rose Hill and that keeps her fit A boy of 16 told us he was in the TA and he does physical activity all the time. This was the boy dropped by Oxford Unt after many years in their academy.

What are your priorities in health and wellbeing?

- Gymnastics
- Switch
- PlayStation
- Xbox x 2

49

- School relationships
- Friends x 4
- Gaming
- Sleeping x 2
- Bikes x 3
- Mates
- Scouts x 2
- Loving
- Music x 2
- Living x 2
- Disney
- Running
- Food
- Happiness
- Go on my phone
- Singing
- Laughing
- Vapes
- (Smiley face)
- crying
- YouTube
- exercise
- family
- dog
- staying alive
- school relationships
- talking to trusted adults, family, teachers

Demographic monitoring data

Number of participants	What is your sex?
16	Female
7	Male

50

Number of participants	What is your age?
18	Under 16
5	16 – 24
	25 – 34
	35 – 44
	45 – 54
	55 – 64
	65 – 74
	75 – 84
	85 or over
	Prefer not to say

These results are based on OCC knowledge, the young people may see themselves as other, we didn't have time for them to complete their own forms.

Gender identity & sexual orientation not completed.

Number of participants	What is your ethnic group or background?
	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)

51

0	Prefer not to say
0	I use another term

Number of participants	What is your age?
18	Under 16
5	16 – 24
	25 – 34
	35 – 44
	45 – 54
	55 – 64
	65 – 74
	75 – 84
	85 or over
	Prefer not to say

These results are based on OCC knowledge, the young people may see themselves as other, we didn't have time for them to complete their own forms.

Gender identity & sexual orientation not completed.

Number of participants	What is your ethnic group or background?
	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)

51

1	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
22	White (British, Irish, or any other white background)
	Prefer not to say
	Other ethnic group or background (please specify)

These results are based on OCC knowledge, the young people may see themselves as other.

Religion & limitation not completed.

The ICE Centre

02.08.2023

Number of attendees: 13

Thinking about health and wellbeing

What helps you to stay physically and mentally well?

Ideas, suggestions, and discussion notes…

- Taking my medication
- Support workers helping me
- Groups and activities to go to
- Support workers helping me to make good choices
- The doctors knowing I have a learning disability (i.e. the learning disability register)

What are the barriers to staying physically and mentally well?

Ideas, suggestions, and discussion notes…

- Social care staffing – not enough staff and turnover of staff
- The cost is going up and I have to pay for staff to come with me too
- No dentists with NHS spaces

52

- Travel isn't accessible and accessible taxis are expensive

Ranking exercises

Ranking exercise (please circle):   All / Start well / <mark>Live well</mark> / Age well

1st priority:	Please explain why the 1st priority was identified as the most important:
Adults with learning disabilities and neurodivergent adults	• As a day centre for adults with learning disabilities and/or autism this was the most relevant topic to them
2nd priority:	
Adult mental health and wellbeing, including self harm and suicide	
3rd priority:	
Domestic abuse	

Discussion notes…

- Lots of places (i.e. venues/activities) no longer let carers in for free so it is more expensive for us to do them, they feel it is unfair that people with disabilities have to pay more because they need support
- Some of the medication people need to take has side effects
- People with learning disabilities are less likely to maintain a healthy weight
- People with learning disabilities and/or autism are more likely to struggle with their mental health too
- Everybody feels it is very important to protect vulnerable people from being hurt

53

- People with learning disabilities often have less experience of romantic relationship so might not understand that what is happening is wrong

Ranking exercise (please circle):   <mark>All</mark> / Start well / Live well / Age well

1st priority: **Mental health and wellbeing**	Please explain why the 1st priority was identified as the most important: - The group felt that all of the other categories affected people's mental health so it made sense to put that at the pot
2nd priority: **Financial wellbeing, employment and poverty**	
3rd priority: **Equality, diversity and inclusion**	

Discussion notes…

- Mental health is very important and not everybody has somebody to talk to
- If you are depressed it makes it harder to do other things that are good for you, like seeing friends and making good food choices and going swimming
- Everything is getting more expensive and it is very hard
  - People can't afford to do all the activities they used to us
  - Many venues now offer concession rates instead of free tickets for carers, so it costs even more for people to go if they need support
  - People are happy that bus fares are cheaper at the moment
- People are worried about employment because there are not enough support workers

54

- Sometimes people are treated differently or bullied because they are different and have disabilities and that is very bad
- Everybody should be treated equally

Demographic monitoring data

Number of participants	What is your age?
	Under 16
3	16 - 24
4	25 - 34
3	35 - 44
	45 - 54
	55 - 64
	65 – 74
	75 - 84
	85 or over
3	Prefer not to say

Number of participants	What is your sex?
5	Female
4	Male
4	Prefer not to say
	I use another term

55

Number of participants	Is the gender you identify with the same as your sex registered at birth?
9	Yes
	No
4	Prefer not to say

Number of participants	What is your sexual orientation?
6	Straight/Heterosexual
	Bisexual
	Gay or Lesbian
7	Prefer not to say
	Other sexual orientation

Number of participants	What is your ethnic group or background?
	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
7	White (British, Irish, or any other white background)

56

Number of participants	What is your current religion, if any?
	Buddhist
4	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish
	Muslim
	Sikh
2	No religion
7	Prefer not to say
	Any other religion (please state below)

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
7	Yes - a lot
3	Yes – a little
	No
3	Prefer not to say

Oxfordshire Mind – Cowley Mill

Date of meeting: 17.08.2023

57

Number of attendees: 7

Carer x2

Thinking about health and wellbeing
What helps you to stay physically and mentally well?

Ideas, suggestions, and discussion notes…

- Board games with friends to chill out
- Bowling with friends
- Family came up to stay – we had a party and met a new member of the family
- I go swimming – "I try to mix as much as possible. Personally, I suffer from paranoid schizophrenia and bipolar and I think it's important to mix with people, to put aside any negativity. **You only tend to get angry or depressed when you're on your own too much**"
- I listen to old comedy programs on the radio when I get down—lifts my spirits
- I listen to music to chill myself out—I play lawn green bowls. Meet people on Friday, have a chat to them
- Take down blinds in my room—helps with my sleep – "**it's a big factor in my mental health, getting a good night's sleep**"
- Try to get things done, do the right things – visit family, keep busy but not overdo it, live a balanced lifestyle
- Podcasts with noise cancelling headphones – I like to bake
- Coming in today—struggle to get out
- Try to follow a daily routine
- I talk to a lot of people—helps my mental health keep level. Sit down on my own and relax and sort out my thoughts and feelings and get them together
- "If I'm having a particularly bad day, I'll sit quietly—no noise, no television, no radio, nothing—look out the window. Occasionally go for a walk."
- Try to join loads of different social groups and walking groups—meditate quite a lot. Short courses with Oxfordshire Mind's & Recovery College's short courses
- Animals & nature
  - I love dogs—every time I see a dog I stroke it and it makes me smile—if I'm having a bad day, when I see a dog it doesn't matter, it all goes away
  - I love animals—horses, cats, dogs, better than humans at times.
  - Animals help because you have to look after them – it teaches you about unconditional love and caring. It teaches you how to care for and look after someone. Helps you look after yourself—you know you've got to go out to walk the dog even when you don't want to.
  - A living being that isn't going to judge you.

58

- o I've got a little sausage dog who I love
- o Renters' ability to have e.g. cats will make a difference
- o Fish helpful as a meditative thing
- o Volunteering in a wood place—Oxford Wood Recycling
- Doing things but not necessarily in the sense of a conventional job
- Drawing and polygraphy. Oxford printmakers cooperative—"almost a home from home. They know when you're having a difficult time and you don't have to step up, but it's good because you're always developing & learning new skills". It's a skill, it's a process and I did it while I was psychotic—because it was a process, "taking little steps in a series"

What are the challenges you experience when trying to stay well?

- I get worried about running out of money—I never do, but it is a worry. "Always watching what I've got to double check so I don't go bankrupt"
- I'm waiting for a hip operation and I find moving really painful—but hopefully when I've had the operation it will get better. "I know the NHS is struggling but it's a long process and it's only getting worse and worse right now"
- Stigma, racial discrimination & racism, financial difficulty, poor mental health
- Transport
  - o Lack of free bus pass at my age—cost barriers to getting out and about
  - o Different to London, Scotland—feels unfair
  - o Bus services cut back, longer queues
  - o Even £2 now, it mounts up over the course of the week
  - o [The cost of buses means people are] **"Priced out of taking the green option"**
- Difficulties of negotiating PIP and benefits—now I need taxis most places because I can't walk to the bus stop even. The benefits system is too challenging, they don't necessarily even listen to the doctor
- Barriers of discrimination around hidden disability
- When community groups get cancelled or don't run e.g. art groups
- Anxiety prevents me from going to places and joining in—amount of people & social interaction. I prefer things to be more structured. Very busy/crowds gets my anxiety up—drop-in services are not necessarily very autism friendly
  - o "The more you're exposed to life, the happier you are"
  - o Positive attitude and happy thoughts
- Paranoia can get scary sometimes

59

- Lack of access to crisis services—Safe Haven are a brilliant service but they've had to be closed face-to-face for a little while
  - AMHT extremely stretched—can struggle to reach care coordinators or emergency/crisis services
- I get ignored—when I ask for help and do it independently, "they don't listen to me, they tell me I don't need it. But then someone from Mind or Restore or professional asks and I finally get their help". "**Advocacy's great, but why am I not listened to in the first place?**"
- People insulting you, taking the mickey out of you—even if they don't mean anything by it and joke, it can make you feel down, especially if you have no one to talk to. It's not easy at all. What would make it easier: having more confidence in yourself; places like Oxfordshire Mind Cowley Mill where we all got on, where we accept that everyone has mental health
- Very few people in the community really understand psychosis or depression—even your doctor doesn't properly understand it, it's quite complex. There's still an attitude that you have to control yourself but when you're having a psychotic episode you're totally gone, you need someone to actually manage the situation
- "It was a struggle accessing care—how much do our professionals really consider the patient's day-to-day situation?" –honest conversations between patient and NHS, esp about mental health conditions
- Even family can let you down—you don't blame them, but they really don't understand what you've gone through

Ranking exercises

Ranking exercise (please circle): All / Start well / Live well / Age well	
1st priority: **Mental health, wellbeing & SSH**	Please explain why these were the groups' priorities:
2nd priority:	

Adults with learning disabilities, disabilities, & neurodivergencies	
3rd priority: Affordable, quality housing 4th: DA/alcohol 5th: healthy weight 6th: making Oxfordshire smoke-free	

20-30% people accessing Oxfordshire Mind are likely neurodivergent.

Follow-up care—after you've had help for healthy weight, you feel like you've been abandoned. Once you've addressed healthy weight, it helps access with other things. But cant be negative, got to live a natural happy life.

Really challenging to order them and choose priorities

Interlinked

Additional suggestions: Family helping, Transport

Ranking exercise (please circle):   <mark>All</mark> / Start well / Live well / Age well

1st priority:	Please explain why these were the groups' priorities:

61

Mental health and wellbeing	
2nd priority: Financial wellbeing, employment & poverty	
3rd priority: Equality, diversity & inclusion – housing Other important things include: access to nature, effects of climate change, rurality, social isolation, active travel & activity	

- Really tough exercise, we changed our minds a few times
- Should this reflect philosophy & principles or practicality & money?
- Climate change is a problem for national government—another person felt Oxfordshire can set a good example
- There's nothing without mental health
- "It's essential that MH services are accessible to everyone across the County"
- The more socially isolated people become, the more it impacts mental health
- If you're financial situation is bad it's going to affect your mental health. "if you've not got enough money, it affects your mental health and makes you deteriorate and get worse. Might even make you homeless which is really bad for your mental health"
- One felt that EDI should extent to animals
- Access to nature can help you feel better. One felt strongly that climate change & nature should be number 1—"we've got to make a world for our future"
- Relation between activity and green spaces
- Housing is crucial to EDI

62

- "Racism isn't a reality. It shouldn't be about race, it should be about ability and qualification. Everyone should have a fair job. Education is important as well"

Demographic monitoring data

Number of participants	What is your age?
	Under 16
	16 - 24
3	25 - 34
3	35 - 44
	45 - 54
2	55 - 64
	65 – 74
	75 - 84
	85 or over
	Prefer not to say

Number of participants	What is your sex?
2	Female
6	Male
	Prefer not to say

63

	I use another term

Please state any other terms used here:

Number of participants	Is the gender you identify with the same as your sex registered at birth?
6	Yes
1	No
1	Prefer not to say

Number of participants	What is your sexual orientation?
5	Straight/Heterosexual
1	Bisexual
	Gay or Lesbian
	Prefer not to say
2	Other sexual orientation

Please state any "other" responses here:

Trans
Pansexual

64

Number of participants	What is your ethnic group or background?
	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
1	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
1	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
6	White (British, Irish, or any other white background)
	Prefer not to say
	Other ethnic group or background (please specify)

Please state any "other" responses here:

Number of participants	What is your current religion, if any?
1	Buddhist
3	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish

	Muslim
	Sikh
2	No religion
1	Prefer not to say
1 (nature)	Any other religion (please state below)

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
2	Yes - a lot
4	Yes – a little
2	No
	Prefer not to say

My Life My Choice Women's Group

21st of August

Thinking about health and wellbeing
What helps you to stay physically and mentally healthy?

- Disability groups, helps us get out more and enjoy their life
- MLMC gets people involved in things like the Stingray nightclub, so we can enjoy ourselves—a place for people with learning disabilities and/or in a wheelchair to dance, drink, party—other nightclubs don't allow/enable this
- Theatre
- Walking club
- The wheelchair swing
- Spending time with family - shopping, going out, national trust properties, meals, getting out and about
- Take the dog out walking, keeps me company
- I've got a cat, she keeps me company

66

- I am looking at getting an assistance dog, it will help me with my mental health and epilepsy.
  - Pets "are therapeutic for people with disabilities"
- Groups and day centres, I like going to yellow submarine
- MLMC self-advocacy group: it "helps you get out more and enjoy your life"
- Stingray disability nightclub, once a month, it's in a bar, and I met my partner there. I love it, I wish I could have it more.
- OXRAD- I am starting it up, I want to keep fit—I want to start trampolining
- I go to the gym, I go through Move Together. It helps to have someone to go to the gym with. But can I bring my carer with me?
- Eating healthy, salad, veg, when you're diabetic you can't eat a lot.
- Eating slowly, cutting out carbs, my favourite is drinking milk. Eating small portions.
- I am on a chewing diet to prevent me from choking—I am enjoying and tasting my food more, the textures in my mouth—it's helped me lose weight
- I eat pasta salad
- Doing art, digital pattern design, its relaxing
- I do colouring and painting by numbers
- Diamond art, I am doing the wolf and I have done the Harry Potter one. I like lots of arts and crafts, it keeps your mind off thinking about bad thoughts
- I like pottery, arts and crafts, sewing and making patchwork blankets
- Music, I like Christian music.
- I like 80's and 90's
- I can't move my bottom half, but I can my top half and I like the sensation—"I've got complex needs but I love to keep active"—it helps me and is calming
- Sensory room (blackout), very relaxing
- Wheels for all - all sorts of bikes, it's on a Friday.
- Money management helps- they sort out my bills

What are the challenges you experience when staying well?

- Transport
- Understanding and awareness of disability
- Taxis or businesses "try to scam you" because you're in a wheelchair- charged more, for example in taxi due to wheelchair
- travelling is an issue- getting in from Witney
- I eat all the wrong stuff, because of my depression, I reach for the wrong things.
- Food allergy, nuts and citrus, finding the balance
- Understanding- in shops and taxis

- Wheelchair hoist toilets—there is one in the Westgate, but it has broken down.
  - Not having this is embarrassing and undermines dignity
- Disabled equipment in the park, fair rides that you can put the wheelchair, swings that wheelchairs can get on—otherwise "feel left out"
- Parking for disabilities badges
- They took my disbelief badge away
- Admin and managing household can be stressful, it would be good to receive help with phone calls e.g. for gas, money, even NHS and social care
- Social services and NHS need to understand us, not push us away—they felt this was worse for people with learning disabilities and physical disabilities
- Accessible homes—e.g. having a hoist: I need to have it put in because right now it's dangerous, my carers are having to lift me up. I want to see things acted on in a reasonable timeframe rather than dragging on, things done quickly.
  - "can't shower in my own home"
  - I need a bungalow
  - But I want to be in my own home, there's a "better quality of life in my own home"→ independence
- Pavements, so bumpy….loads of potholes on the pavement, it can damage wheelchairs and cost a fortune + Dangerous for those not on steady feet
- Talk to people who will listen and understand, who doesn't push you away
- Will listen, mental health workers. Understand people with disabilities and mental health. Locking themselves away because they don't listen to you.
- Don't offer support/say they can't help you because we have learning disabilities.

Ranking
Live Well

- Adults mental health and wellbeing, including SSH and suicide.
- Adults with learning disabilities and neurodivergent adults
- Accessible, affordable, quality housing

Cross Cutting

- [removed MH because already covered]
- Loneliness and isolation
- Equality, diversity and inclusion including facilities for disabled people and wheelchair users.
- Public transport and travel
- Climate change

68

"It can be hard to find groups and activities to join, especially if you have social anxiety like me."

Demographics
Not completed

5 Women: two staff plus Jamie

Witney Pride

Date of meeting: 10/08/2023

Number of attendees: 26

Thinking about health and wellbeing
What helps you to stay physically and mentally well?

> *Ideas, suggestions, and discussion notes…*
>
> - Receiving the referrals I need, e.g. to a gender clinic
> - LGBTQ activity sessions, as I know it will be a safe space for me.
>   - "As part of pride month, Oxford Pride had an LGBT+ swim at the open air pool in Hinksey. It was the first time I'd been swimming in three years because I knew I'd be safe"
> - LGBTQ spaces and groups, where I can get advice and information relevant to me

What are the challenges you experience when trying to stay well?

> *Ideas, suggestions, and discussion notes…*
>
> - "The ultimate issue is this: Am I going to be safe if I go to this activity/venue/ event?"
> - GPs not knowing about or understanding trans issues/services. Either through lack of resources for them, apathy or wilfully because of transphobia.
> - The lack of support available while we wait for services. For example, the wait for gender clinics can be years.

69

- This in turn can lead to LGBTQ people self-medicating, which comes with its own health risks.
- Smoking cessation help is insufficient. I am unable to get help from my GP surgery because they consider me to have already 'quit', but addiction doesn't just go away. There is also no 'stop vaping' help.

Ranking exercises

Ranking exercise (please circle):   <mark>All</mark> / Start well / Live well / Age well

1st priority: Mental health and wellbeing	Please explain why these were the groups' priorities: The group felt that these were the priorities that had the greatest impact on the greatest proportion of the population.
2nd priority: Equality, diversity and inclusion	
3rd priority: Financial wellbeing, employment and poverty	
Discussion notes…	

70

- If you need more mental health support after an initial intervention (e.g. CBT) then you have to chase to get it, but that's not easy to do if you're struggling with your mental health.
- The group highlighted intersectionality. "Being LGBT and disabled it's even harder to join in with activities, but I need to be able to get there easily and I need to feel it's a safe space for me."
- GP's don't have the skills or systems to deal with non-conforming genders, or even trans men's health. "I need to be offered routine breast screening nowadays but my gender marker on my NHS record is not F, so I'm not being picked up and invited"
- Cost of living is making everything harder. It's harder to afford healthy activities and foods, and the stress of not having enough money affects your health.
  - People also smoke or drink more when they're stressed

Ranking exercise (please circle):   All / Start well / <mark>Live well</mark> / Age well

1st priority: Mental health and wellbeing, including suicide and self harm	Please explain why these were the groups' priorities: The group felt that these were the highest priority issues for LGBTQ adults because of the degree of impact on a large amount of people
2nd priority: Housing that is accessible, affordable, and good quality	
3rd priority: Neurodiverse adults and adult with learning disabilities	

Discussion notes…

71

- LGBTQ people's mental health is in real decline and we, as a community, are worried
- There are long waits for services, and little support in the interim which leads to people using unhealthy coping mechanisms. "We need mental health support locally for LGBTQ people who are struggling"
- On top of the cost of living there can be other housing issues for LGBTQ people, such as being kicked out by unaccepting families, finding accepting housemates, living in areas where I'll be safe to be myself, if I've found a supportive doctor I don't want to move GP to someone to might not be.
- LGBTQ people have higher rates of neurodiversity, so these are important topics for us both individually and intersectionally
- "There's a lot of options that could improve things that you can signpost to that wouldn't cost you any money but would improve things a lot, but GPs don't know about them"

Demographic monitoring data

Number of participants	What is your age?
	Under 16
3	16 - 24
2	25 - 34
	35 - 44
2	45 - 54
	55 - 64
	65 – 74
	75 - 84
	85 or over
19	Prefer not to say

Number of participants	

72

	What is your sex?
4	Female
1	Male
20	Prefer not to say
1	I use another term

non-binary trans femme

Number of participants	Is the gender you identify with the same as your sex registered at birth?
5	Yes
2	No
19	Prefer not to say

Number of participants	What is your sexual orientation?
1	Straight/Heterosexual
2	Bisexual
2	Gay or Lesbian
19	Prefer not to say
2	Other sexual orientation

pan- and demi-sexual

73

Number of participants	What is your ethnic group or background?
	Asian or Asian British (Indian, Pakistani, Bangladeshi or any other Asian background)
4	Black or Black British (Caribbean, African, or any other Black background)
	Chinese
	Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, and any other mixed background)
3	White (British, Irish, or any other white background)
19	Prefer not to say
	Other ethnic group or background (please specify)

Number of participants	What is your current religion, if any?
	Buddhist
3	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Hindu
	Jewish
	Muslim
	Sikh
2	No religion

74

19	Prefer not to say
	Any other religion (please state below)

Number of participants	Are your day-to-day activities limited because of a long-term illness, health problem or disability which has lasted, or is expected to last, at least 12 months?
2	Yes - a lot
3	Yes – a little
2	No
19	Prefer not to say

This page is intentionally left blank

Oxfordshire's Health and Wellbeing Strategy:

What do local people want?

September 2023

Contents

Table of Figures

Page 153

Executive summary

Oxfordshire **Health and Wellbeing Board** is a partnership between local government, the NHS and the people of Oxfordshire https://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CommitteeId=897. It includes local GPs, councillors, and senior local government officers. Healthwatch Oxfordshire sits on the board as an independent voice.

The board has been set up to make sure there is coordination to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances. It meets four times a year, and meetings are open to the public.

The board provides strategic leadership for health and wellbeing across the county and makes sure that plans, such as the Joint Local Health and Wellbeing Strategy (pdf format, 675Kb) are in place and action is taken to realise those plans.

By the end of 2023 the Health and Wellbeing Board will update the Joint Health and Wellbeing Strategy. A lot has changed since the last strategy was made in 2018: Covid, a cost of living crisis, greater focus on health inequalities and prevention, and changes in the way health and care is organised mean that priorities will be different for the coming years.

Healthwatch Oxfordshire wanted to make sure that ordinary resident's views about health and wellbeing in Oxfordshire are central considerations in the way the strategy is built. We spent the summer out and about speaking to people face-to-face across the county, on the streets, at community events, and shopping centres as well as providing an online survey. We attended over 20 community events. **We spoke to over 1,114 people.** We also held a webinar for the voluntary and community sector to give their views, held jointly with Oxfordshire Community and Voluntary Action (OCVA). Oxfordshire County Council did further engagement and ran separate focus groups to hear from communities that are sometimes seldom heard. Thanks to all those who gave their views.

Page 154

We asked three questions:

1. **Tell us what helps you stay healthy and well in Oxfordshire?**

2. **What makes it difficult for you to stay healthy and well in Oxfordshire?**

3. **What's most important to you - to support the health and wellbeing for all who live and work in Oxfordshire?**

This report is a summary of themes based on conversations with **1,114 people** in Oxfordshire about their health and wellbeing.

People told us **wellbeing was supported through** ability to:

➢ Access timely good quality and joined up health care - when and where needed.

➢ Live an active and healthy life, including walking, access to green space and healthy food.

➢ Have social interaction, with family life and community activities being important building blocks.

➢ Have enough money to make healthy choices, including liveable income, affordable housing, childcare and local services and work life balance.

➢ Access good infrastructure including being able to get around via transport, and active travel routes.

People told us about **challenges to their wellbeing**:

➢ The commonest response (n=250) was the **high cost of living**, which has a detrimental impact on people's ability to stay healthy and well. This included high housing costs, cost of food, and cost of access to facilities such as gyms and classes. People were feeling the pressure - especially those on low wages, single parents, and families.

➢ Healthcare was seen as an important priority to support wellbeing and enabling people to maintain healthy life - people noted challenges including **access to health and care** services (GP, dentist, mental health), and lack of joined up care (n=173).

➢ Lifestyle factors were also noted (n=121) where motivation and support to keep healthy set against **challenges of not enough time, caring responsibilities, and work life balance.**

➢ Infrastructure was seen as important (n=117) people commented on **lack of accessible and reliable public transport**, traffic and air pollution, impact of poorly maintained public spaces, pavements and cycle routes.

➢ People were challenged to make healthy food choices, when surrounded by pressures of 'junk food'. Cost of healthy food was increasingly difficult for many (n=93).

- Other challenges included work life balance, caring responsibilities, high cost of accessing gyms and sports centres. Mental health was noted in 27 responses, and included access to mental health support for adults and children.

When asked what was most important to people:
- Access to quality health care (n=256) and financial security and affordability (n=255) were the two most important factors to help Oxfordshire's residents to maintain health and wellbeing.
- Good access to psychosocial support (n=134) was also a clear priority, including access to mental health support, support to young people, and tailored culturally appropriate support for particular groups and needs.
- Affordable and accessible services, including for example being able to afford exercise classes, and being able to afford healthy food options were important.
- Other priorities noted were access to green space, and ability to get around the county including via roads, public transport and active options.

Voluntary sector views:

We also held a webinar to engage representatives of the voluntary and community sector. Participants comments reflected the themes raised by the public. In addition:

- They agreed that cost of living was a big challenge in the communities they served, and noted affordability and access, adding that people were cutting back on other basic necessities including household cleaning products, with impact on wellbeing.
- Participants said it was important that the new strategy '*speaks to people*', is not just '*another document on a shelf*' and uses accessible, clear and simple language, avoiding jargon.
- They also were keen to establish an ongoing dialogue with health and care system, to listen to the grassroots. Healthwatch Oxfordshire and Oxfordshire Community and Voluntary Action (OCVA) should support this.

Recommendations and next steps:

Healthwatch Oxfordshire will continue to make sure that the views of people expressed here are used to build the new Health and Wellbeing Strategy, and speak to the challenges and priorities raised. We would like to see the Health and Wellbeing Board ensure:

- '*You said – We did*' response in the strategy to show how people's views and concerns have been heard and used to influence the strategy design and action.

Page 156

- ➢ Use of clear, accessible and jargon free language, which speaks to the person on the street.
- ➢ Opportunities for ongoing dialogue with communities, voluntary sector and health, care and local authorities to enable development of culturally appropriate, accessible and responsive services and infrastructure to support people in living healthy and fulfilled lives in Oxfordshire.

1 What we did

We wanted to hear as many people as possible from diverse groups across Oxfordshire. We asked three open-ended questions:

1. **Tell us what helps you stay healthy and well in Oxfordshire?**

2. **What makes it difficult for you to stay healthy and well in Oxfordshire?**

3. **What's most important to you - to support the health and wellbeing for all who live and work in Oxfordshire?**

A questionnaire was developed and made available online and promoted through our networks and social media. We also collected basic demographic information to understand which groups participated and which didn't, as well as to enable the analysis of responses across different groups.

Healthwatch Oxfordshire team also spent the summer 'out and about', speaking to people face to face, randomly on the street, visiting community larders and community centres, and attending community events such as Play Days (see Figure 1 below). We tried to ensure a spread in geographical and rural / urban areas. The Healthwatch team asked people at these community spaces the three main questions and, later, manually entered the information into the online survey. We used paper forms, as well as offering children a chance to give their views using pictures.

Page 157

Sept 2023   Oxfordshire's Health and Wellbeing Strategy – what do local people want?   Page **7** of **30**
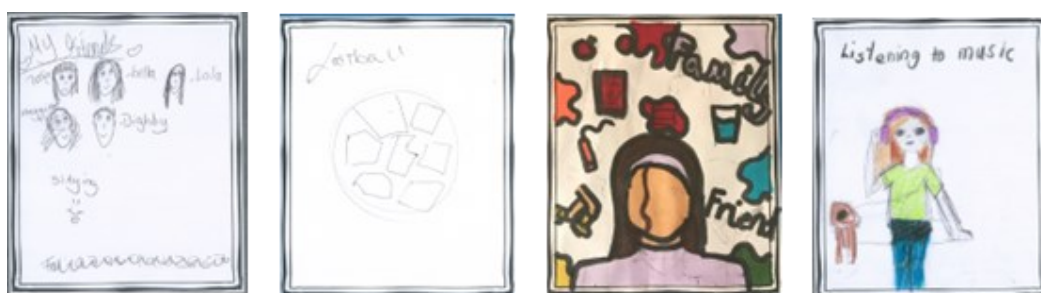
Figure 1. List of community events and activities attended

- Tuesday 18th July 12pm – 4.30pm – Rose Hill Community Centre
- Wednesday 19th July 12pm – 4pm – Blackbird Leys Community Centre
- Thursday 20th July 10am – 1pm – Grimsbury Community Centre, Banbury
- Tuesday 25th July 10am – 3pm – Bicester Play Day at Gagle Brook Primary School, Bicester
- Wednesday 26th July 10am – 3pm – Banbury Play Day at Banbury People's Park
- Saturday 29th August 10am – 3pm – Cutteslowe Play Day at Sunnymead Recreation Ground, Oxford
- Tuesday 1st August 10am – 3pm – Co-op at Albion Street, Chipping Norton
- Thursday 3rd August 10am – 3pm – Witney Play Day, Oxlease, Witney
- Tuesday 8th August 10am – 2pm – Royal Voluntary Service Corn Hill Centre, Banbury
- Thursday 10th August 9am – 1pm – Exeter Hall, Kidlington
- Thursday 10th August 1pm – 4pm – Keeping Active Day at Didcot Civic Hall
- Tuesday 15th August 10am – 3pm – Thame Charter Market
- Wednesday 16th August 10am – 3pm – Banbury Play Day at Princess Diana Park, Banbury
- Friday 18th August 10.30am – 3pm – Down to Earth Community Café at The Old Stables Stirling Close, Wantage
- Tuesday 22nd August 12pm – 4pm – Templars Square Shopping Centre, Cowley, Oxford
- Saturday 26th August 11am – 4pm – Carterton Carnival, Carterton Recreation Ground
- Tuesday 29th August 9am – 2pm – Sunshine Centre, Banbury
- Tuesday 29th August 11am – 1pm – Donnington Doorstep Family Centre, Oxford
- Saturday 2nd September 10am – 1pm – Abingdon Health Fest, Abingdon Market Place

Page 158

Other outreach included on the streets at Headington High Street, and Cowley Road Oxford, and at Witney Pride Event.

Analysis of what we heard focused on developing themes - or categories and sub-categories, based on the content of responses. We read each respondent's answers to the three questions and assigned them to one or more category, which were developed as analysis progressed. We compared responses across gender, age groups, and geographical area for similarities and differences. The report is based on what we heard.

This report is a reflection of what we heard from our conversations with people, and should not be seen as a representative sample, but is on the basis of views of the over 1,114 people we spoke to and reached. This report gives an insight using people's comments into what people felt supported their wellbeing and what made it difficult to keep healthy and well in Oxfordshire. There were of course many more comments and responses, and these will be fed directly into consideration for the emerging strategy.

2 Results

2.1 Who did we hear from?

1,114 participants

*1,073 told us their gender identity

- 🔴 814 female (73%)
- 🔵 257 male (23%)
- 🟢 1 trans woman (<1%)
- 🟡 1 gender queer (<1%)

Page 159
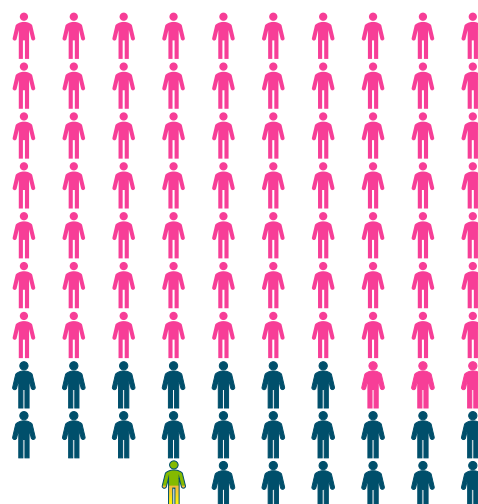
Figure 2. Which age groups participated?
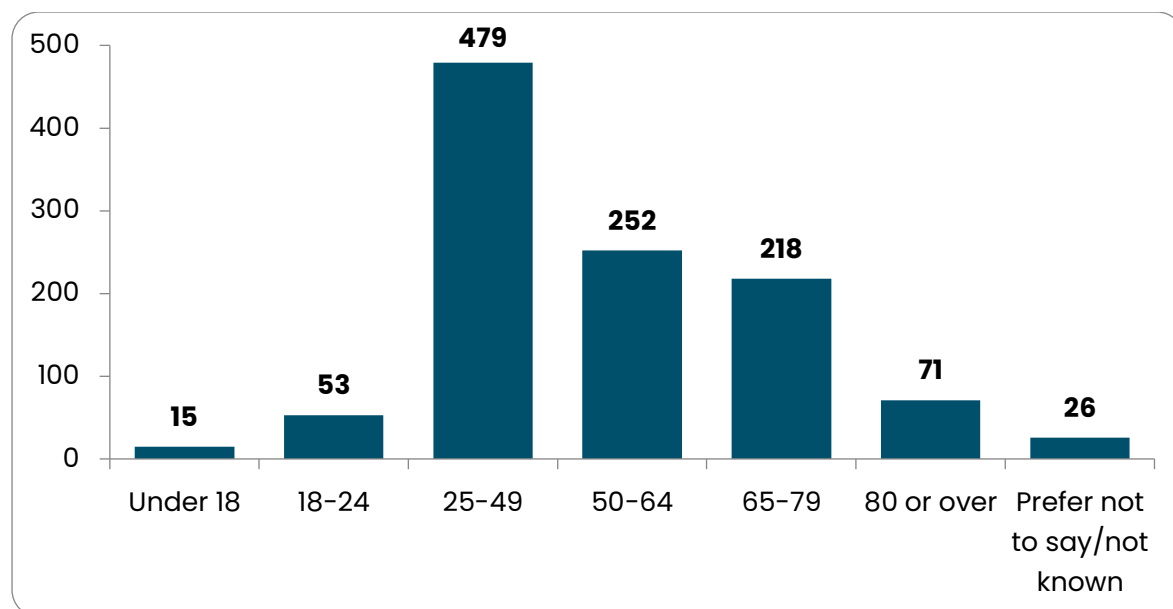
Table 1. Which ethnic groups took part?

Ethnicity	Number	
Arab	1	(<1%)
Asian/Asian British: Bangladeshi	1	(<1%)
Asian/Asian British: Chinese	1	(<1%)
Asian/Asian British: Indian	31	(3%)
Asian/Asian British: Pakistani	23	(2%)
Asian/Asian British: Any other Asian/Asian British background	11	(<1%)
Black/Black British: African	23	(2%)
Black/Black British: Caribbean	15	(1%)
Black/Black British: Any other black/Black British background	5	(<1%)
Mixed/Multiple ethnic groups: Black African and White	2	(<1%)
Mixed/Multiple ethnic groups: Black Caribbean and White	2	(<1%)
Mixed/Multiple ethnic groups: Other Mixed/Multiple ethnic groups	4	(<1%)
White: British/English/Northern Irish/Scottish/Welsh	901	(83%)
White: Irish	2	(<1%)
White: Gypsy Irish/Traveller	1	(<1%)
White: Roma	2	(<1%)
White: Any other White background	34	(3%)
Any other ethnic groups	4	(<1%)
Prefer not to say/not known	28	(3%)
Total	1091	(100%)

Page 160

Figure 3. Which Oxfordshire districts were represented?

Bar chart showing:
- Cherwell: 372
- West Oxfordshire: 225
- Oxford: 247
- South Oxfordshire: 109
- Vale of White Horse: 133

Note: 1091 people told us their district; 5 had no fixed address or were visiting

2.2 What helps you stay healthy and well in Oxfordshire?

A total of 1,078 people told us about the things that support their health and wellbeing. Figure 4 below summarises what we heard.

Figure 4. What helps you stay healthy and well in Oxfordshire?

Horizontal bar chart showing:
- Activity & exercise: 739
- Diet & healthy food: 243
- Green spaces & nature: 175
- Health care: 100
- Family & relationships: 80
- Community & social interaction: 46
- Infrastructure & environment: 30
- Personal responsibility: 24
- Work-life balance: 22
- Local facilities: 14
- Leisure & hobbies: 15
- Mental health: 8
- Other: 19
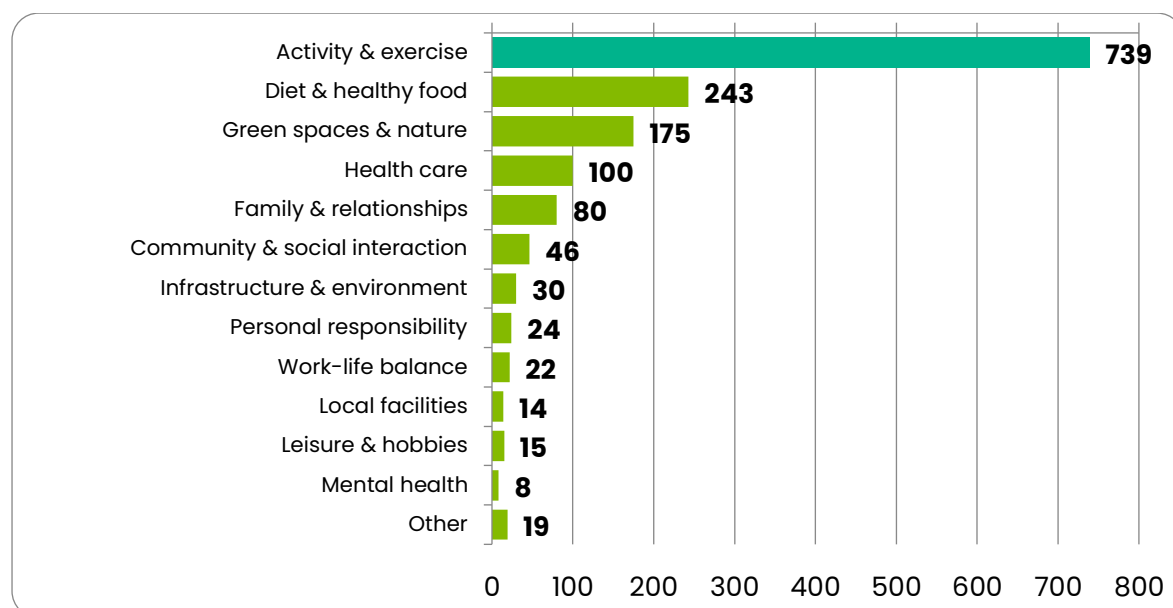
*Note: people were able to give more than one answer

As the figure shows, the overwhelming number of people in Oxfordshire believe that activity and exercise best support health and wellbeing. Other popular

Page 161

factors included access to green and outdoor spaces, diet and health food, health care, and family and relationships.

2.2.1 Activity and exercise

All age groups, genders, and ethnicities highlighted activity and exercise as central to staying healthy and well in Oxfordshire. People described doing a wide range of individual and group sports, exercise, and leisure activities.

"Sports facilities available and easy access to them at a fair price. Walking in the beautiful Oxfordshire Cotswolds countryside."
(Woman, 65-79, West Oxfordshire)

"I am an energetic person who keeps involved in many organisations and attends fitness classes."
(Woman, 80 or over, West Oxfordshire)

Figure 5 below displays the commonest words that people used when talking about activity and exercise – the larger words are those that were more commonly reported. Comments revealed that most people are aware of the building blocks of health, and elements of a healthy lifestyle.

Figure 5. What activities and exercises to Oxfordshire residents do?

Most people enjoyed walking in parks, often with a dog, or with friends, in nature and by rivers. Others said they did swimming, cycling, running, taking part in exercise classes (e.g. yoga, pilates, Zumba) or going to the gym. Several people played team or club activities such as karate, gymnastics, football, and netball, as well as racket sports like badminton, tennis, and squash.

"I do lots of walking, about 15,000-20,000 steps 7 days a week. I play squash and go swimming, both once a week."
(Man, 65-79, Vale of White Horse)

Page 162

Several people did gardening or worked in their allotment, while older people sometimes exercised at home or tried to generally stay active.

"I do three set of exercises each day when I get up."
(Man, 80 or over, Vale of White Horse)

"Walking, gardening and looking after my cat."
(Woman, 80 or over, Cherwell)

2.2.2 Diet and healthy food

People clearly understood the importance of diet and good food for health, including in combination with physical activity and exercise. Specific comments included:

- "Eating good food". "Eating well but not too much"
- "Great local produce"
- "Access to cheaper healthy food. Getting food from a food bank"
- "Cooking from scratch at home"
- "Losing weight (diabetic)."
- "I am a Slimming World member"

2.2.3 Green spaces and nature

"University parks" "Rural environment" "Walking routes" "Countryside"

"Green spaces"

"Outdoor spaces" "Nature"

Green and blue spaces were important to people. Plentiful and attractive outdoor places encouraged people to go outside and maintain an active lifestyle:

"Easy access to the countryside for physical exercise and mental wellbeing"

Page 163

People described having access to different types of outdoor spaces and how their use helps promote health and wellbeing:

> *"Use of footpaths, green spaces for walking, running, spending time with others."*

2.2.4 Health care

A dominant opinion was that having **timely access** to an appropriate health care professional or service was key to supporting health and wellbeing:

> *"Being able to get access to health professionals' for advice on health matters."*
> *(Woman, 25-49, Cherwell)*

> *"An excellent, committed and readily available GP who has known me and my health issues for many years."*
> *(Woman, 65-79, Cherwell)*

> *"My GP when I get through." (Woman, 80+, Cherwell)*

We heard that people seek advice and support from a range of sources, health services, and health care providers:

- GP practices
- Nurses
- Specialists
- Dentists
- Pharmacies
- Screening/medical checkups
- Private health care
- The internet

Quality of care also played an important role, including joined up care, communication skills and professional knowledge:

> *"Good communication between primary and secondary care. Access to really high quality specialist care who listen to your opinions and are willing and able to work with you to find the best outcomes and options. Having a range of different professionals at my GP practice, like diabetes nurses and physiotherapists so it's easier to access the most appropriate care."*
> *(Woman, 25-49, Oxford City)*

Page 164

Some people noted that personal responsibility plays a role in maintaining health and wellbeing and that, with the right support of their health care provider, they are better able to manage their health condition:

"I have several health problems but with the help of my excellent GPS etc they are reasonably under control."
(Woman, 80 or over, Vale of White Horse)

2.2.5 Other factors

Figure 5 above also shows that other factors support Oxfordshire residents to maintain health and wellbeing. They are listed below with quotes to illustrate examples:

- **Family and relationships**

"Close contact with friends & family."
(Woman, 50-64, West Oxfordshire)

"Friends, the gym, playing the ukulele in a group, being a member of local groups."
(Woman, 65-79, Vale of White Horse)

- **Community and social interaction and community groups and activities**

"Good community network; many classes to attend and join."
(25-49, no gender given, West Oxfordshire)

- **Personal responsibility**

"Being proactive and taking the initiative to exercise and eat healthily."
(Woman, 50-64, Vale of White Horse)

"Keeping my mindset positive and try to eat 5 fresh fruit and veg."
(Woman, 50-64, Oxford City)

- **Infrastructure and environment**

"Having outside spaces such as parks is an easy means to getting about on foot and cycling."
(Man, 25-49, Oxford City)

"There are great places and groups to walk with. This is good for mental health, weight loss, mobility and general health if you can access them."
(Woman, 65-79, Vale of White Horse)

Page 165

"I love the Blue Line health walks we have in Bicester. It encourages me to walk a good distance, without risk of getting lost!"
(Woman, 50-64, Cherwell)

- **Work-life balance**

"Flexible working hours."
(Woman, 25-49, South Oxfordshire)

2.3 What makes it difficult for you to stay healthy and well in Oxfordshire?

Several people commented that they faced no particular difficulties in looking after their health and wellbeing:

"I don't find it difficult. I am in a good position, lots of walks in my area. I live in a very large village and am grateful that I have a lot of friends."
(Woman, 65-79, South Oxfordshire)

However, most people said they experienced one or more of a wide range of challenges and barriers to staying healthy and well, which are summarised in figure 6 below.

Figure 6. What are the barriers to health and wellbeing in Oxfordshire?
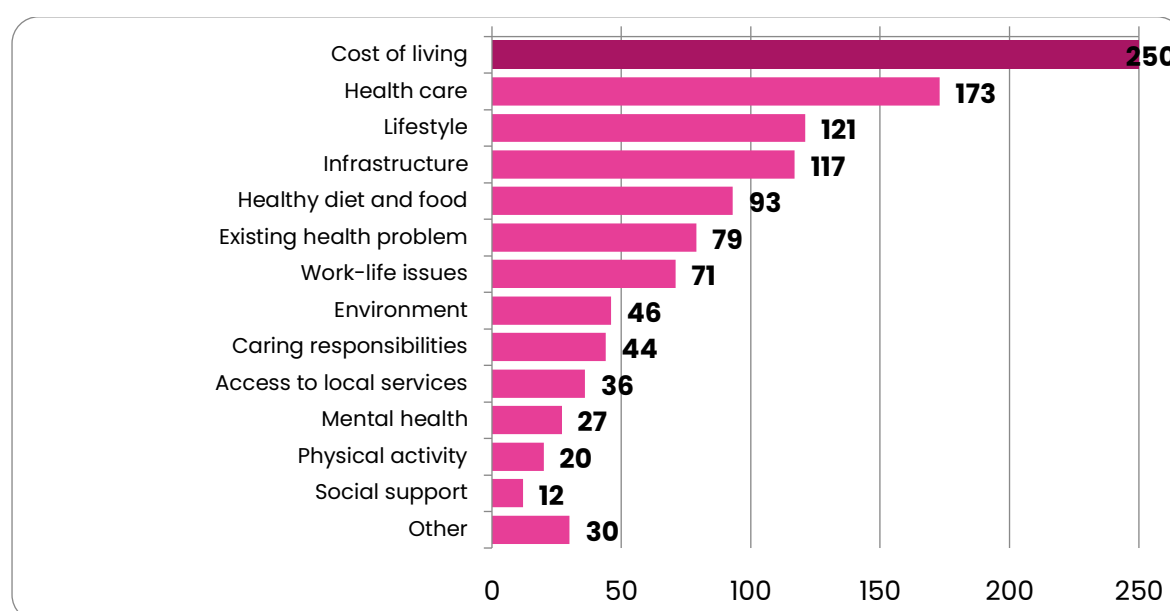
*Note: people were able to give more than one answer

2.3.1 Cost of living

As figure 6 above shows, the commonest response (n=250) was the high cost of living, which highlighted how it has a detrimental impact on people's ability to

stay healthy and well. High costs can prevent them from buying essential items and accessing resources and services. Figure 7 below explores the commonest terms people described about their experiences of the cost of living.

Figure 7. Dimensions of the cost of living in Oxfordshire

The figure above highlights basic necessities like food and healthy eating, housing, and childcare, health needs. People told us they were having to make difficult choices on expenditure which impacted on being able to self-care. For example, the high cost of gyms, sports and exercise facilities was noted.

Students, those on low incomes, and single parents in particular said they find the cost of living extremely challenging overall. For example:

> *"I am a single parent cost of living makes everything so expensive."*
> *(Woman, 25-49, Oxford City)*

However, people in working families also said that Oxfordshire is an expensive county and that they struggle to fulfil their needs:

> *"Price of everything from housing to food. It is cheaper in other areas. I work within the NHS & feel that we should be paid London waiting rates as the cost of living is so much higher here than other more northerly areas of the country."*
> *(Woman, 50-64, South Oxfordshire)*

Housing costs, and high rent were noted as a pressure:

> *"Cost of living- rent has gone up by 30%."*
> *(Man, 25-49, Oxford, OX4)*

Although people identified a wide range of activities that support health and wellbeing (see section 3.2.1 above), those that have to be paid for have become more expensive. Many people emphasised the prohibitive costs of healthy food

Page 167

and use of sports and gym facilities, and that this type of activity was in many cases no longer affordable:

"Cost of living makes it difficult to afford things that would improve health (e.g. sports/exercise classes, gym, healthy food). It is also difficult to meet and connect with new people as there are few free activities or spaces (particularly targeted at young professionals) which would help improve mental health and reduce isolation."
(Woman, 18-24, Oxford City)

"I would love to join the gym for yoga classes and dance but it isn't affordable."
(Woman, 25-49, Vale of White Horse)

"Cost of anything class based, gym memberships, swimming etc-too expensive and can't deem it as a necessity budgeting wise."
(Woman, 50-64, West Oxfordshire)

Some families told us that once regular activities like swimming with children had now become a luxury due to cost.

People also emphasised the impact of prices and inflation on their ability to buy enough quality food and healthy ingredients:
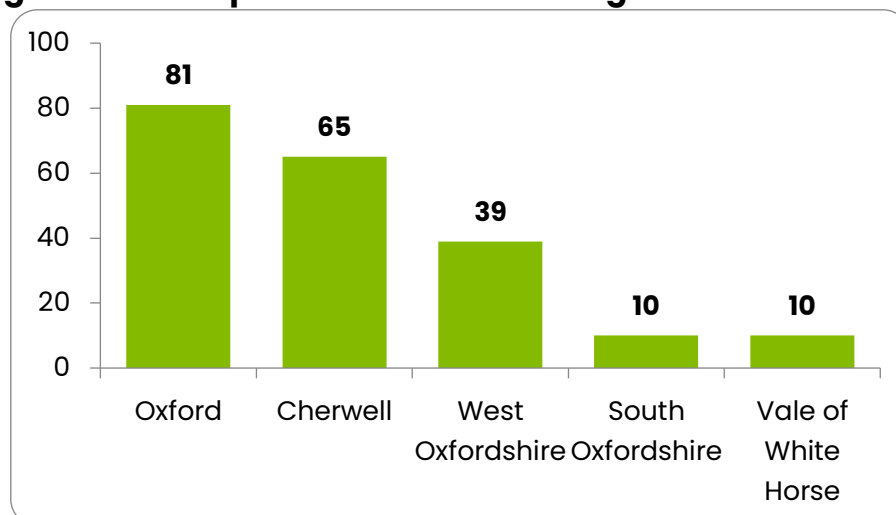
"Food prices have gone up so much. Used to buy branded food now buy own brand."
(Woman, 25-49, Oxford City)

Some told us they were using food larders and other sources.

We compared how many people recorded cost of living as a difficulty across different districts in the county (Figure 8).

Figure 8. The experience of cost of living across Oxfordshire

As figure 8 shows, most of the 205[1] people who reported cost of living as a barrier to their health and wellbeing lived in Oxford City and Cherwell districts.

2.3.2 Health care

Access to health care was also a strong factor. People told us about problems they experience getting appointments with a doctor, finding an NHS dentist, and facing long waiting times for hospital treatment or follow-up. Typical comments included:

> *"Difficult to get GP and dentist appointments. Difficult to register for dentists for new residents."*
> *(Woman, 18-24, South Oxfordshire)*

> *"Lack of primary health advice/checks, long waiting times to see GPs, lack of NHS dentistry, long waiting lists to see specialists, lack of pharmacies."*
> *(Woman, 50-64, Cherwell)*

The chart below highlights these and other challenges that were present in the survey data, loosely grouped in to access and availability of health care provision of services, and organisational factors.

Access and availability	Provision	Organisational
• Inability to get appointment with GP • Hospital waiting times • Lack of NHS dentists	• Remote consultations • Getting prescribed medication • Care not joined up	• Staff shortages • Parking problems

> *"I don't have a mobile phone and worry if I get ill I can't see anyone or contact a GP."*
> *(Man, 70 Witney)*

> *"My wife has dementia, it's very difficult to navigate the many different support agencies to come up with a care plan. Agencies should be more 'responsive' and joined up."*
> *(Man, 65-79, Cherwell)*

> *"Easy access to health care. E.g., waiting times for mental health services are a worry, particularly CAMHS."*
> *(Man, 50-64, Vale of White Horse)*

---

[1] Eight people did not record their district in the online survey.

Page 169

2.3.3 Lifestyle

Comments on lifestyle issues included challenges to keeping healthy ranging from self-motivation to impact of long work hours, sedentary jobs, and lack of time due to family and caring commitments:

"I'm very lazy"

"It's hard to live by healthy rules"

"Not enough time"

"Time and shift work"

"Too many biscuits, and parenting"

"Working from home is sedentary"

"Family commitments"

"Motivation to stay healthy through exercise and diet is a problem and I find if there are any queries etc finding someone to talk to is not there."
(Woman, 65-79, Cherwell)

"Being a full time carer." (Woman, 50-64, Oxford)

2.3.4 Infrastructure

Infrastructure issues were reported to impact people's ability to maintain health and wellbeing. These were grouped around four broad categories: transport and traffic, housing, public spaces, and accessibility:

Transport/traffic	Housing	Public spaces	Accessibility
Access to transport	Housing shortage	Unkept public spaces	Disabled access
Poor public transport	New housing developments	Poorly maintained pathways	Wheelchair-safe routes
Excess traffic and pollution	Building on rural land	Poor street lighting	Poor cycle paths
Dangerous roads			
Inadequate cycle paths			
Limited & card-only parking			

Sept 2023   Oxfordshire's Health and Wellbeing strategy – what do local people want?   Page **20** of **30**

Page 170

Comments relating to transport and traffic issues in Oxfordshire included:

"Lack of public transport in rural areas, we are two miles from nearest small town but you can't get there by bus and cycling is really dangerous."
(Woman, 25-49, West Oxfordshire)

"Poor public transport in Oxfordshire outside Oxford City which makes me dependent on running a car. I don't know how I will cope when I can no longer drive...The focus of Hospital services on the JR which is costly, time-consuming and exhausting in terms of travel."
(Woman, 65-79, Cherwell)

"Too much car traffic travelling too fast in residential and built-up areas."
(Man, 50-64, Cherwell)

"Not being able to access things due to reduced mobility when there is no car access/parking or public transport available."
(Woman, 50-64, Oxford City)

"Public transport is lacking and cycle paths/facilities out of the town centres are awful."
(Man, 25-49, West Oxfordshire)

"Getting anywhere from villages on public transport...takes two hours from Bampton to Witney, and 2 hours from Carterton to Oxford for appointments, people with learning disabilities can't get anywhere"
(Woman, 50-64, Carterton)

"Air quality, notice a lot of pollution when cycling."
(Man, 80+ Vale of White Horse)

"Poor pavements for wheelchair users and mobility scooters."
(Woman, 50-64. West Oxfordshire)

2.3.5 Healthy diet and food

Impact of the food environment and cost of food was clear in many comments. Feedback on difficulties accessing a healthy diet and food focused on:

Page 171

Sept 2023   Oxfordshire's Health and Wellbeing Strategy – What do local people want?   Page **21** of **30**

- **Cost and availability of healthy food**.

The cost of living was noted as having a significant effect on people's ability to purchase healthy food options. Families, those with children, and people facing financial challenges spoke about the stresses of food bills and work-life balance.

"The cost of living is crippling my family. As a mother I am constantly worried about how to feed everyone on a shoe string, when both of us work it shouldn't be this hard."
(Woman, 25-49, Cherwell)

"Poverty. I cannot afford to buy fresh fruit and vegetables."
(Woman, 50-64, Oxford City)

A number of people made use of emergency food provision:

"Food banks are a godsend for people like me."
(Man, 50-64, Oxford City)

"Access to cheaper healthy food. Getting food from a food bank."
(Woman, 80 or over, Cherwell)

- **Presence of highly processed food.**

Comments focused on the impact of the unhealthy food environment, noting proliferation of 'fast food' options and 'temptations' of 'junk foods' high in fats, sugar and salt.

"Too much ultra processed foods in shops, cafes and takeaways in town."
(Woman, 65-79, Cherwell)

"High sugar and high fat foods endlessly promoted and cheap."
(Man, 50-64, Cherwell)

- **Abundance of junk food and fast-food restaurants.**

Many people commented on the impact of 'fast food' or hot food takeaways and pressures on people, including their proliferation in certain areas, as well as the impact on people's food choices where fast food was more affordable than healthy foods:

"Volume of takeaways accessible in Blackbird Leys."
(Woman, 24-49, Oxford City)

"Fast food chains (food easy to get)."
(Woman, 18-24, South Oxfordshire)

Page 172

Sept 2023   Oxfordshire's Health and Wellbeing strategy – what do local people want?   Page **22** of **30**

"Fast food companies allowed to set up shop and advertise (typically more in poorer areas)."
(Man, 50-64, Cherwell)

- **Temptation of snacks, takeaway food, and alcohol.**

"Food temptation - too many junk foods."
(Woman, 24-49, Oxford City)

"High sugar and high fat foods endlessly promoted and cheap."
(Man, 50-64, Cherwell)

2.3.6 Existing health problems

Many people who took part said they were managing an acute, chronic, or long term or severe health condition. Others were elderly or living with a disability, or caring for loved ones. Illness and older age can reduce mobility and make it difficult to lead a healthy, active lifestyle, and impacts on social interaction:

"A knee issue prevents me doing as much as I would. I had two injections but no 'regular' reviews or follow ups except by a two-minute telephone call."
(Woman, 65-79, South Oxfordshire)

"My obesity, increasing age and chronic conditions."
(Man, 65-79, Vale of White Horse)

"Being disabled and not being able to leave the house unaided -the cost of someone to help me."
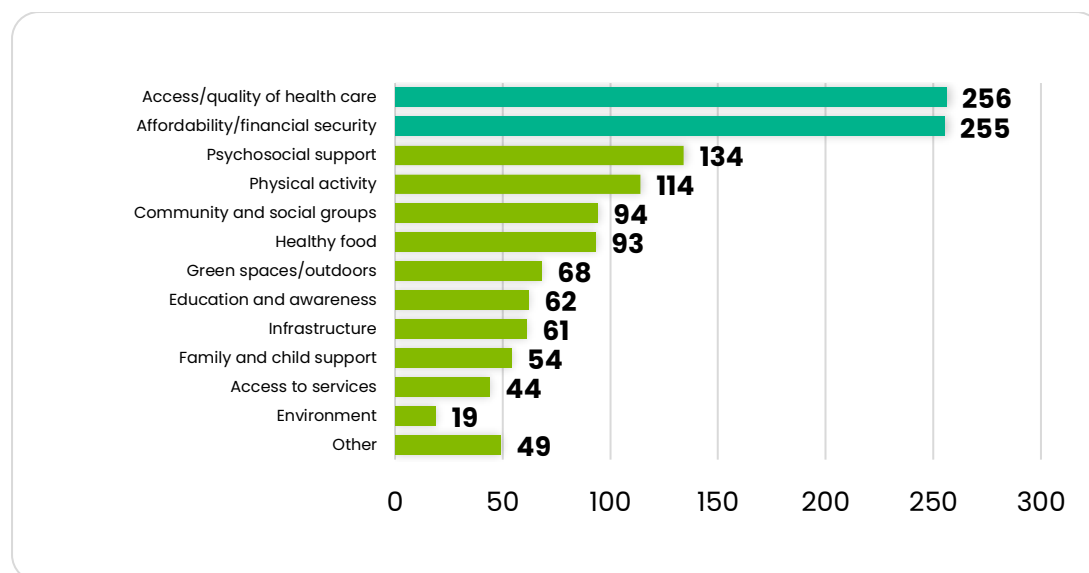*(Woman, 50-64, Vale of White Horse)*

Similarly, visiting a GP or hospital appointment can be more complicated:

"I have lung disease and it is so difficult to see my GP face to face. Lack of support for people with eye conditions."
(Woman, 65-79, Vale of White Horse)

2.4 What's most important to you to support the health and wellbeing for all who live and work in Oxfordshire?

Figure 9 below summarises the range of responses people gave when asked what was most important in supporting health and wellbeing of Oxfordshire's residents.

Page 173

Figure 9. Important factors to support health and wellbeing in Oxfordshire

Factor	Value
Access/quality of health care	256
Affordability/financial security	255
Psychosocial support	134
Physical activity	114
Community and social groups	94
Healthy food	93
Green spaces/outdoors	68
Education and awareness	62
Infrastructure	61
Family and child support	54
Access to services	44
Environment	19
Other	49

*Note: people were able to give more than one answer

Figure 9 clearly shows that people consider access to quality health care and financial security and affordability by far the most important factors to help Oxfordshire's residents to maintain health and wellbeing. Examples of comments included:

Health care including access and joined up care to GPs, NHS dentists, and mental health support:

> *"Access to healthcare e.g. ability to easily see/speak to a GP, urgent care centres, pharmacies etc to prevent everyone going to A&E when not necessary."*
> *(Woman, 18-24, Vale of White Horse)*

> *"Easy access to preventative healthcare and monitoring to enable early identification of issues."*
> *(Woman, 50-64, Cherwell)*

> *"Better access to mental health services."*
> *(Woman, 25-49, Cherwell)*

Support to manage the high cost of living:

> *"Enough income to be able to buy fresh fruit and vegetables. I live in a flat with no outside space, I cannot grow my own."*
> *(Woman, 65-79, South Oxfordshire)*

> *"Access to affordable local fitness classes."*
> *(Man, 25-49, Oxford City)*

> *"Living wages"* (Woman, 25-49, Oxford)

Page 174

Next to these was psychosocial support for a range of groups and issues:

- Free, easily accessible mental health services
- Perinatal and postnatal mental health support
- Youth mental health services, and better support for SEND, less wait for autism diagnosis
- Culturally appropriate support for black and minority communities around trauma and racism as well as more specific groups in community settings
- Better awareness of Trans needs and support for people with gender dysphoria
- Tailored support for men
- "Community-based solutions for mental health support, loneliness, keeping well at home."

"Better access to mental health support. No tailored support services for Black and Minority communities around trauma, and racism etc."
(Woman, 18-24, West Oxfordshire)

"No support for men in Witney especially with mental health and suicide."
(Woman, 65-79, West Oxfordshire)

Physical activity included the need for a wide range of affordable and accessible sport and exercise facilities as well as community-based activities. Some people also suggested education, information and support for self-care and to support people to be able to choose a healthier lifestyle, for example, affordable or free classes, and healthy eating promotion in schools.

"More things to do for everyone that is free and cheap."
(Woman, 25-49, Cherwell)

"30 minutes free access to the gym and community exercise groups."
(Woman, 25-49, Vale of White Horse)

"Free sessions for all -cost of access to leisure facilities is too expensive for people."
(Woman, 65-79)

Many people valued the role of community and social groups in strengthening connection and wellbeing and felt this should be supported and resourced. Some noted specific need for culturally appropriate and accessible spaces and clubs.

This was closely followed by the importance of availability and access to healthy local produce and affordable food.

'Other' factors included:

- "More government funding"
- Tackling the unhealthy food environment and affordable food

- More support to those with families, and young children
- Support services for vulnerable groups, such as the elderly
- Employment and working and living wage
- Friendliness, smiling and having a cheerful outlook

3 Views from the voluntary sector

We held an online webinar in early September to hear from members of the voluntary and community sector, in partnership with Oxfordshire Community Voluntary Action (OCVA), and with input from a representative of Oxfordshire County Council Health and Wellbeing Board. It was attended by 19 people. Here, we fed back on what we had heard from residents, and gave this group a chance to reflect on any gaps and insights they wanted to add from the perspective of their groups with strong community links.

Language and information accessibility

Language and information about health and care and wider support needs to be accessible, clear and not always reliant on online information

> *"…language and terminology is absolutely a barrier.".*

> *"…the Council website, for example, there's so much on there "go to this link, go to that link" rather than just saying a few simple top tips speaking to people. Just tell people without all the jargon… it's one of the big areas that I get fed back a lot by people out in the community."*

One group noted their success with holding community-based health and wellbeing events, in market places for example, and bringing health services to speak with people and suggested this could be adopted elsewhere, and could include health checks.

People noted the need for the final Health and Wellbeing strategy needs to be accessible and a document that *"really speaks to people".*

Cost of living

Overall, the participants echoed the themes of what Healthwatch Oxfordshire had heard from local residents. Cost of living was pressing, noted across communities. Financial and physical access was also noted:

Page 176

"Cost of living that has increased… we have found has had quite a significant impact. it's OK having free sessions for swimming or whatever …It's actually getting there can be an issue as well."

"I think sometimes we need to think outside of the box, especially if someone that is disabled or they just can't afford because they just don't have the money. It's an issue."

"People are forgoing buying the basic cleaning products as well because they cannot afford quality food. But they're using, you know, filling up with poor quality food. So they are foregoing things like cleaning products which is having an impact on their mental health and physical well-being as well because there's a complete knock on effect. You know it's very much linked."

Continuing the dialogue with decision-makers:

The group acknowledged a need to explore ways to better support the meaningful and responsive dialogue between communities, health and care and local government sector – there is potential for Healthwatch Oxfordshire and OCVA to work together to support and enable this ongoing dialogue.

"The whole sector is often very difficult to navigate, and yet we know that it has such a huge impact on everything that we do … and it can often feel quite hard to have any influence."

Other comments included:

- Central role of community and voluntary sector in being close to grassroots communities, and reaching where the statutory sector finds it difficult: *"as a sector, we know that (the strategy) influences every aspect of our lives and the people who we support, and so feeding into that strategy gives us the opportunity to see the person as a whole and reflect back that health and well-being".*
- Encourage Town Councils to adopt a health policy.
- Food banks supplying personal care and other basic life necessities.
- Make sure focus is on all areas, including rural, not just Oxford and work to respond to and involve local community needs in planning care.
- Make sure things like finance, housing and transport are seen as drivers of health and wellbeing.
- OCVA noted example of more joined up work in areas of health inequalities, involving communities working with support from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). The 'Well Together' programme will focus on supporting grassroots action on health and prevention of ill health.

Page 177

- Oxfordshire County Council outlined the next steps for the Health and Wellbeing Strategy, with consultation in October, for all to comment, and final adoption in March 2024. All are encouraged to contribute and comment and continue to give feedback.

4 Useful links

- Healthwatch Oxfordshire reports to Health and Wellbeing Board https://healthwatchoxfordshire.co.uk/our-work/reports-to-other-bodies/
- Livewell Oxfordshire online resource and information https://livewell.oxfordshire.gov.uk/
- Oxfordshire Community and Voluntary Action (OCVA) https://ocva.org.uk/
- Oxfordshire Health and Wellbeing Board https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-and-wellbeing-board/about-board
- Oxfordshire Joint Strategic Needs Assessment https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

Healthwatch Oxfordshire our friendly staff are here for you to help answer questions or give you information on health and care services in Oxfordshire. If you need more information or advice call us on **01865 520 520** from 9-4 pm Monday to Friday

Visit our website www.healthwatchoxfordshire.co.uk (with translation facility)

email us on hello@healthwatchoxfordshire.co.uk

Healthwatch Oxfordshire ami-nia simpátiku funsionáriu sira iha ne'e atu ajuda hodi hatán pergunta sira ka fó informasaun kona-ba servisu asisténsia no saúde nian iha Oxfordshire. Se Ita presiza informasaun ka orientasaun barak liu tan entaun telefone ami iha **01865 520 520** husi tuku 9 dader to'o tuku 4 lokraik, Loron Segunda to'o Sesta.

Vizita ami-nia sítiu www.healthwatchoxfordshire.co.uk (ho fasilidade tradusaun) haruka email mai ami iha hello@healthwatchoxfordshire.co.uk

ሄልዝዎች አክስፈርድሼር (እኛ) ተግባቢ ባልደረቦች አሉን ፤ ጥያቄዎቻችሁን በመመለስ ለመርዳት እንዲሁም በአክስፈርድሼር ውስጥ ስላሉ የጤናና የአንክብካቤ አገልግሎቶች መረጃ ለመስጠት የሚችሉ ናቸው። ተጨማሪ መረጃ እና ምክር ቢያስፈልግችሁ በስልክ ቁጥር **01865 520 520** ደውሉልን፤ ከሰኞ እስከ ዓርብ፤ ከጥዋቱ 3 ሰዓት እስክ ቀኑ 10 (9 ኤኤም – 4 ፒኤም) ጥሪ እንቀበላለን። ደግሞም

Page 178

Sept 2023   Oxfordshire's Health and Wellbeing strategy – what do local people want?   Page **28** of **30**

- በ www.healthwatchoxfordshire.co.uk የሚገኘውን ዌብሳይታችንን ጉብኙ፤ የትርጉም ርዳታ መስጫ አለው፡፡
- በ hello@healthwatchoxfordshire.co.uk ኢሜይል ላኩልን፡፡

Healthwatch Oxfordshire shaqaalaheena caaifimaadka waxy diyaar kuula yihiin inay kaa caawiyaan kana Haqabtiraan wixii su'aalaha ama ay ku siiyaan macluumaad ku saabsan adeegyada caafimaadka iyo daryeelka bulshada ee *Oxfordshire.* Hadaad ubaahantahay macluumaad iyo talooyin dheeri ah soo wac *No Tell* **01865 520 520** laga bilaabo **9-4 p.m/fiidnimo** . *Isniinta ilaa* Jimcaha Booqo boggenan website : www.healthwatchoxfordshire.co.uk (si aad uga bogatto) wixi talo ah noogu soo dir Emailka:-

hello@healthwatchoxfordshire.co.uk.

Healthwatch Oxfordshire wafanyakazi wetu wenye urafiki, wako hapa kwa ajili yako ili kusaidia kujibu maswali au kukupa habari juu ya huduma za afya na huduma zilizoko Oxfordshire. Ik iwa unahitaji habari zaidi au ushauri piga simu kwa 01865 520 520 kutoka saa 3 asubuhi hadi saa 10 jioni, Jumatatu hadi Ijumaa. Tembelea tovuti yetu www.healthwatchoxfordshire.co.uk (pamoja na huduma ya kutafsiri) tutumie barua pepe kwa hello@healthwatchoxfordshire.co.uk .

منظمة هيلث ووتش لديها موظفين ودودين يعملون لمساعدتك والاجابة على الأسئلة أو إعطاء المعلومات حول الصحة و خدمات الرعاية في أكسفورد و ضواحيها. إذا احتجت معلومات اضافية أو نصح يمكنك الاتصال على الرقم ٠١٨٦٥٢٥٠٢٥٠ من الساعة ٩ صباحاً و حتى ٤ عصراً من يوم الاثنين وحتى الجمعة.

يمكنكم زيارة موقعنا على الويب (و المتاح مع خدمة الترجمة)

www.healthwatchoxfordshire.co.uk

كما يمكنكم مراسلتنا على الايميل

hello@healthwatchoxfordshire.co.uk

Page 179

To find out more about Healthwatch Oxfordshire please see **www.healthwatchoxfordshire.co.uk**

If you would like a paper copy of this report or would like it in a different format or language, please get in touch with us:

01865 520520

hello@healthwatchoxfordshire.co.uk

Page 180

Oxfordshire Urgent and Emergency Care integrated improvement programme 23/24

Lily O' Connor
Programme Director Urgent and Emergency Care, Oxfordshire

Oxfordshire Urgent and Emergency Care (UEC) Integrated Improvement Programme

Preparing for winter

Health and Overview Committee September 2023

Objectives

We want Oxfordshire residents to live healthy, resilient and independent lives, with simple access to support and care when needed, as close to home as possible.

Primary Care to be support to deliver what people need by integrating healthcare staff across community, social care and acute to improve services within the community setting.

We will organise care so that where appropriate people are assessed and treated in their own home and experience outcomes that matter to them.

People have access to the right care the first time by simplifying the process for people and healthcare staff.

People who require urgent mental health support have access to it 24/7

People are seen more quickly in Emergency Departments

Minimise ambulance handover delays

When people are ready to leave hospital, we reduce the number of days people are in hospital away from their own home

System working managing on the day pressures

Operational Pressures Escalation levels (OPEL) framework NHS

- Procedure to manage day-to-day variations and surges in demand across Health and Social care
- Provides a consistent approach 7 days a week to maintain quality and patient safety
- Sets clear expectations around roles and responsibilities to manage times of increased demand
- OPEL 4 is the highest level of escalation – challenges the delivery of comprehensive care

Daily OPEL status

- The Ambulance service, patient transport service, Mental Health services, social care, acute trust and community services report their OPEL status every morning.
- The ambulance service and the acute trust review their OPEL status a regular intervals over each 24hrs e.g., every 2-3 hrs
- OPEL levels vary from 1-4

Oxfordshire system daily review and response to OPEL

- **Monday to Friday**

- 08:30hrs Oxfordshire system virtual call with representation from the following
    - South Central Ambulance Service for 999 calls and Patient transport service
    - Oxford Health representatives from community hospitals and services – Out of Hours, Urgent community Response and Hospital @ home
    - Adult Social care including brokerage from the county council, Home First and senior team leaders
    - Oxford University hospitals NHS Trust (OUHFT) operational services, discharge team, Hospital @ Home and CRISIS Care
    - Mental Health – patient flow team
    - Ad hoc basis depending on the issue raised : children's social care and Primary Care

- **Saturday – Sunday and Bank holidays**
    - 10:00 System partners join the OUHFT operational meeting
    - Further meetings throughout the day if they are required

Response to OPEL

- Over the last two months, the Oxfordshire system has varied between OPEL 2 and 3, much of the time sitting at OPEL 2.

- Last winter the Oxfordshire system was on OPEL 3 and only once went to OPEL 4 for one day.

- OPEL per organisation provides a clear overview of where the pressures are. These cover multiple points across a provider/pathways and is rarely related to just one issue.

The areas the regular impact on OPEL status are as follows;
  - The number of people waiting for an inpatient beds is greater than the number of people being discharged.
  - Delays in people being seen in an emergency department.
  - Workforce across hospitals and community services
  - Capacity to meet surges in demand and continuous increases in demand

- **Increase in OPEL status**

- When OPEL pressure are 3 across organisations or there is a risk of the OPEL status deteriorating, escalation calls are organised throughout the day to agree further actions to improve the position

- The additional system calls continue until the issue has either resolved or we have reached the point where the risk has been reduced.

NHS High priority areas for Winter plan 23/24

Single Point of Access: Coordination of whole system management of patients in the right setting

Urgent Community Response: Increase volume and consistency of referrals to improve patient care, ease pressure on ambulance services and avoid transfer to hospital

Hospital @ Home: Increase the number of people who can be assessed and treated in their own home

Frailty: Improving recognition of cases that would benefit from assessment in their own home to avoid admission to hospital

Care Transfer HUBS: To reduce the number of days before are away from home

Inpatient flow and Length of stay: Increase the number of people returning to their own home either with or without support

Community bed productivity and flow: Reduce the length of stay and the number of days people are waiting to return home

Intermediate Care demand and capacity: remaining at home when things start to become more difficult or returning home from hospital with reablement

Same Day Emergency Care: strengthening the offer across all the same day assessment units to support more people who are frail to avoid an attendance at an Emergency Department

Acute respiratory infection Hubs: To utilise the same day assessment units and Urgent Care Centres to support the assessment of children and adults
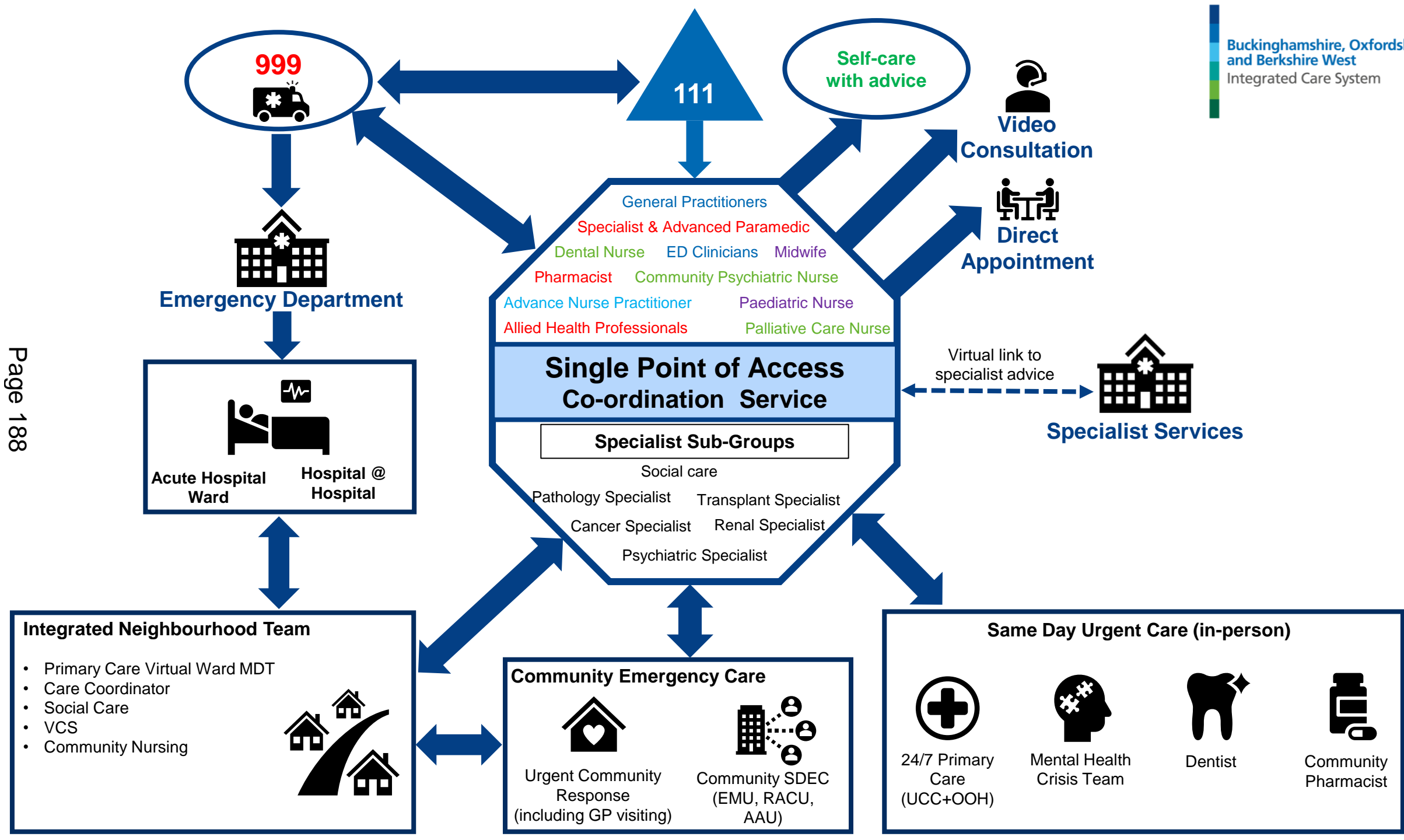
Support care when it is needed in the community

Integrating local community services
- Continue the development of the integrated neighbourhood teams across Oxfordshire, by putting in a support a structure for the following teams to work together: social care, community teams (physical and mental health), primary care and acute services within a Primary Care Network (PCN)
- To increase the assessment and treatment into areas of deprivation to improve local resident's health and wellbeing

Single Point of Access that acts as a coordination centre and simplifies referrals process and saves time for those referring people in e.g., one single point of access for health and social care

Urgent Treatment Centres have a 24/7 service where Urgent Care Centres and Out of Hours working seamlessly together

Urgent Community Response to meet demand in the afternoon and late evening and the integration of the Hospital @ Home teams to work as a single service - falls, frailty service and palliative care

Review and strengthen the frailty pathways across Oxfordshire to have consistent delivery of service across all the Same Day Emergency Care (SDEC) units in the North, Oxford City and South Oxfordshire to avoid people needing to attend an Emergency Department or a 24hr admission to hospital.

Urgent and Emergency Mental Health

Improving access to mental health crisis care

- Implementation of health-based mobile triage response – mental health Ambulance, paramedic plus mental health clinician
- Expansion of crisis team capacity following new funding this year
- Further refine opportunities for diversion from the Emergency Departments

Reducing length of stay in inpatient mental health beds

- Admission request triage and 72hr assessment / planning process
- Patient Flow Transformation: Establishment of full 'patient flow team' across Oxon/Bucks

Joint Oxford Health / Oxford University Hospitals program of quality improvement pathway improvement work

- Adult and young people with eating disorders
- Improve the environment and reducing the length of time for people who attend an Emergency Department with a Mental Health issue.

People seen more quickly in Emergency Departments (ED)

Ambulance handover delays: Zero ambulance handover delays over 60 and reduction in ambulance handover delays 30 mins and over. All ED's and assessment areas responsive to SCAS OPEL status

Achieve 76% performance of the 4hr standard for all types within ED

Improve compliance with Type 1 and all types performance in line with improvement trajectory

Review of workforce and implementation of agreed actions

Reduce the length of stay for people in the Emergency Department and the number in the ED for 12hrs or more.

Increase the number of discharges from hospitals

10% reduction in the number of people who no longer meet the criteria to reside across all Oxfordshire bed bases, acute and community	Reduction trajectory of the ready for discharge list across all pathways
Implementation of Discharge to Assess (D2A)	93% of people to be discharge to normal place of residence
Further development of the transfer of Care HUB to deliver the following	Single referral route for other counties to refer Oxfordshire patients to
	Welfare check on day of discharge and to co-ordinate any issues identified.
Re- procurement of short stay HUB beds	To reduce the number of beds and over length of stay
	Step down from acute for further assessment
	Delirium pathway

Page 192

Communications

The Winter Communications Plan aims to support the delivery of the System Winter Plan; it has two main key messages for the public & staff:
- Stay well by looking after yourself
- What to expect if you do become unwell

Communication plan – Communication and messaging is aimed at all Oxfordshire residents, staff and visitors but with some segmentation for specific messaging as well as differing our approach to communicating with groups for example:

- outreach to BAME communities through our local authority and our community networks
- working with community outreach workers and Luther Street Medical Centre to reach homeless people
- development of easy read materials for people with a learning disability

Campaigns – A number of campaigns and initiatives will be delivered as part of the winter communications plan, these include:

- Promotion of the COVID-19 and flu jab to key groups (public and NHS / Care staff)
- Self-care – what is your personal winter plan?
- 'Help us, help you' stay well this winter. A longstanding national campaign that is tailored locally to signpost appropriate use of services
- Encouraging NHS 111 as first port of call to accessing healthcare services
- Supporting people to stay at home (an example if this work is in the next slide)
- 'Why not home? Why not today?' approach - helping people to return home after a stay in hospital

Governance

Page 194
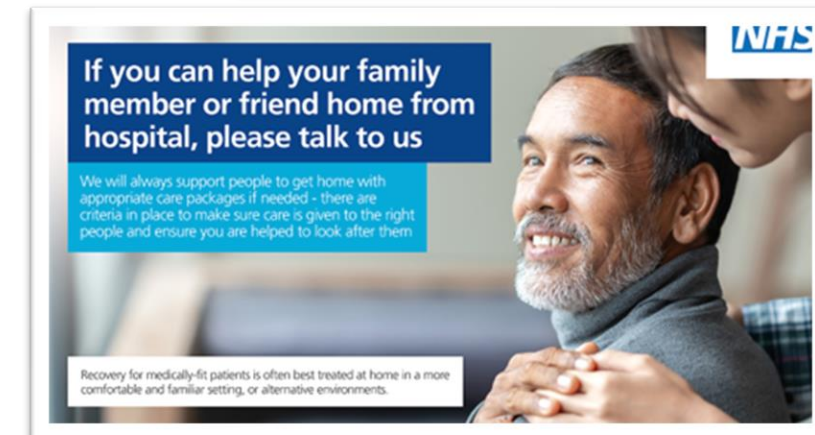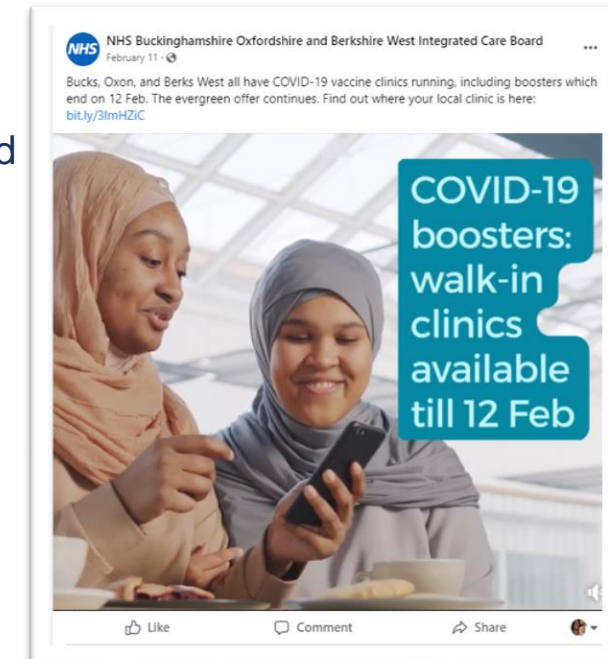
Programmes of work

Senior Responsible Office for each priority who will oversee the programme of work with project leads for each work stream within the priority.

Services that require integration:

Standard operating procedure signed off by each provider outlining roles, responsibilities and accountability outlined.

Human Resources and Finance supporting the integration

Methodology:

Plan, Do, Study and Act (PDSA cycle) based on NHS England methodology

Standardisation of services to deliver consistent services to the residents of Oxfordshire

Adopting evidence based and best practice

Measuring outcomes quantitative and qualitative

Feeding back to teams in real time and monthly reporting

Risk register for each priority

Cultural development

Monthly reporting on metrics and milestones

Key area of risk – management of surges of infection

- **Infection**

- Over the last 12 months, we managed increases in Covid, flu, strep A and various other viruses.

- This winter we are planning for the similar surges in demand across adults and children's.

- **Managing on the day demand**

- We have developed pathways where people of all ages can be assessed on the day protecting primary care and the Emergency Departments

Protecting patients

We at time do have to temporarily close some beds if there is a risk new admission may be exposed to an infection.

-

- **Patient flow out of hospital**

- There are time when a diagnosis of flu or Covid will delay the persons discharge if they are transferring back to or are a new admission to a care home.

- People who are returning home are rarely delayed because of a diagnosis of infection unless they become too unwell to return home

- People transferring to a community hospital are supported onto this pathway by placing them in a side room.

Key general areas of risk

- Demand continues to grow beyond the additional capacity created over the winter period resulting in minimal impact in reducing overcrowding in the Emergency departments.

  - The increase in the number of people being assessed and treated in their own home will meet the present increase in demand but potentially not meet any further surges in demand.

- Increased levels of staff sickness affecting all providers potentially resulting in the ability to manage demand.

- Delays to the implementation of the improvement programme: Potentially delay in cultural and pathway changes that do not happen at the pace required.

- Further strikes by professional group, may potentially have an impact on the delivery of elective and planned care despite plans to mitigate this.

Evaluation

- Evaluation of the Bicester integrated Neighbourhood team, which includes patient outcomes, staff feedback and cost effectiveness

- Measuring clinical outcomes in areas of deprivation to assess impact of interventions in Oxford city and Banbury

- Impact of integrating Hospital @ homes service on capacity, Oxfordshire residents and staff

- The number of people assessed and treated following a fall at home and the number conveyed to hospital and the number requiring admission.

- Emergency Departments:
    - time lost to ambulance handovers
    - length of time people are in Emergency Departments (EDs)
    - number of days people in hospital are away from their own home

Page 197

Thank you

OXFORDSHIRE COUNTY COUNCIL

Work Programme 2023/24
Joint Health Overview and Scrutiny Committee

Cllr J Hanna OBE Chair | Dr Omid Nouri Omid.Nouri@Oxfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Notes / Context	Lead witnesses
21 SEPTEMBER 2023				
Health and Wellbeing Strategy Update	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review any potential changes made to the Health and Wellbeing Strategy for Oxfordshire.	Overview and Scrutiny	Ansaf Azhar, Director of Public Health
Whole System Approach to Obesity	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To consider a report detailing the crossworking approach to tackling obesity within the county.	Overview and Scrutiny	Ansaf Azhar, Director of Public Health
Winter Planning	Prioritise the Health and Wellbeing of Residents	To review the plans in place within the Oxfordshire's system to prepare for the	Overview and Scrutiny	Daniel Leveson, BOB ICB Place Director Oxfordshire Lily O Connor

		pressures of the ensuing Winter Months		
23 NOVEMBER 2023				
Wantage Community Hospital Public Engagement Update	Prioritise the Health and Wellbeing of Residents	To receive a report on an update on the public engagement process undertaken by BOB ICB and Oxford Health around the closure of the inpatient unit at Wantage Community Hospital.	Overview and Scrutiny	Daniel Leveson Ben Riley Lucy Fenton Susannah Butt
Emotional Wellbeing of Children	Create Opportunities for children and young people to reach their full potential Prioritise the Health and Wellbeing of Residents	To review the effectiveness of CAMHS demand and to understand resources available for these services as well as current and future demands. (This item has come to HOSC previously)	Overview and Scrutiny	
Place-Based Partnerships	Prioritise the Health and Wellbeing of Residents	To receive a report on BOB ICB's the Place-Based Partnership work at the local level within Oxfordshire.	Overview and Scrutiny	Dan Leveson
8 FEBRUARY 2024				
SCAS Improvement Programme	Prioritise the Health and Wellbeing of Residents	To receive a second update on the SCAS Improvement Programme in light of	Overview and Scrutiny	Tom Stevenson David Eltringham

		the most recent "Inadequate" CQC rating.		
Director of Public Health Annual Report	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review the Oxfordshire County Council's Director of Public Health Annual Report.	Overview and Scrutiny	Ansaf Azhar, Director of Public Health.
John Radcliffe Hospital CQC Improvement Journey	Prioritise the Health and Wellbeing of Residents	To receive a report with an update on John Radcliffe Hospital's CQC improvement journey in light of the most recent CQC rating.	Overview and Scrutiny	
18 APRIL 2024				
BOB ICB Primary Care Strategy	Prioritise the Health and Wellbeing of Residents	To receive a report on BOB ICB's Primary Care Strategy.	Overview and Scrutiny	Julie Dandridge Dan Leveson
Oxford University Hospitals NHSFT People's Plan 2022-2025	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To receive a report on the Oxford University Hospital NHSFT People's Plan, with details on the support mechanisms in place for the Provider's staff, (including staff recruitment, retention, and wellbeing).	Overview and Scrutiny	
Dentistry Provision in Oxfordshire	Tackle Inequalities in Oxfordshire	To receive a report from NHS England/BOB with	Overview and Scrutiny	Hugh O keefe Julie Dandridge

	Prioritise the Health and Wellbeing of Residents	a second/additional update on the state of dentistry provision within Oxfordshire, particularly in light of the recent delegation of dentistry commissioning responsibilities from NHS England to the ICBs.		Dan Leveson

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

Action	Item	Action	Lead	Progress update
1	Minutes of 23 September	Health partners to be invited to the next OCC scrutiny training	Tom Hudson / Omid Nouri	To be actioned in the new municipal year for 23/24. ==In progress== *Update – OCC scrutiny are working up a training proposal with CfGS.*
	28 November Meeting			
2	Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA. ==Completed== *Feedback from Cllrs Barrow, Poskitt and Barbara Shaw following a visit on 25 July, was given to the 22 September 2022 HOSC Meeting* *UPDATE – Subsequent Care Home Visits to be arranged in conjunction with the Director for Adult Social Care.*
	10 March Meeting			

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

Action	Item	Action	Lead	Progress update
3	Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Omid Nouri/Titus Burwell	BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues - ==In progress== *==Update – A scope is being drawn up for Titus Burwell, Chair of BOB Elective Recovery Backlog Group, to brief the Covid-19 Elective Recovery Backlog group on the subject with a particular focus on Symptomatic breast cancer 2WW and in respect of Urological Cancer referrals.==*
4	Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	BOB HOSC, BOB ICS	*Eddie and OCC BOB HOSC Members to ask for the item to be placed on the BOB HOSC Work Programme.* ==In progress== *Update – To be considered as part of future discussions amongst the BOB HOSC*
5	Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Omid Nouri/ Cllr Nigel Champken-Woods	*Cllr Champken– Woods came forward at the last meeting to start an early draft. It was identified that Wokingham's HOSC glossary as a good model to follow.* ==In progress== *This is currently being collated with Cllr Champken-Woods and will be appended at the back of HOSC agendas once finished.*
	14 July Meeting			
6	Integrated Improvement Programme	Establish a sub group on the Integrated Improvement Programme to provide NHS / OCC colleagues the opportunity to engage with HOSC outside of formal Committee meetings (as well as in addition to). It	Cllrs Hanna, Edosomwan, Barrow and	==In progress –== *==UPDATE- The Integrated Improvement Programme met as a Member-only forum on 20 September 2022 and agreed to meet with a==*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

Action	Item	Action	Lead	Progress update
		should cover all aspects of comms and engagement and any issues relating to services at Wantage.	Barbara Shaw Omid Nouri	*ICB representative in respect of the ICB's involvement in the IIP. The Group also agreed that a group would engage with representatives at OH in respect of the maternity closures and maternity closures across Oxfordshire.* *Terms of Reference for the Group will be drawn up for engagement in respect of the consultation and delivery plan relating to the IIP.*
	22 September Meeting			
7	Action and Recommendation Tracker	NHS England Health and Justice to fill out the Committee's substantial change toolkit in relation to the SARC in Bicester; this is to then be reviewed by Members via email, with a view to meeting the Commissioner in person.	Lisa Briggs	In Progress - The Substantial Change Toolkit form has been received and was considered by Cllrs Champken-Woods, Hanna and Heywood. It was considered that there was no substantial change. However further information in respect of the service has been requested and waiting a response.
8	Chair's Update and Committee Sub-Group Updates	Further information is sought by the IIP Sub-Group as to how the Integrated Improvement Programme fitted in with the ICB's overall vision.	Omid Nouri/ Dan Leveson	In Progress- The Health Scrutiny Officer is to ask to write to the ICB Place Based Director to ask for his attendance at the next meeting of the sub group; to better understand the ICB Role's in the Integrated Improvement Programme, and clarity as to the leadership and timelines as to the Programme.
9	Chair's Update and Committee Sub-Group Updates	Following an initial meeting with the new provider, a HOSC member is appointed to Connect Health's service-user board	Danielle Chulan	In Progress- The provider is to get in contact when the board is set up.
	24 November 2022 Meeting			

Page 205

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

Action	Item	Action	Lead	Progress update
10	**Primary Care**	The Committee is informed as to how much Community Infrastructure Levy funding has been received by the Oxfordshire CCG and subsequently the BOB ICB (from Oxfordshire), the amounts received from the 5 individual District Councils, how much of those CIL funds have been spent, which health related CIL funded projects have been commissioned; and what projects have been completed or are in progress using executed Section 106 funds.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process. *UPDATE – Julie Dandridge to provide an update on a list in respect of where the funds currently sat, time restrictions and other obligations.*
11	**Serious Adult Mental Health**	A workshop on serious adult mental health is co-produced to allow further Committee exploration of the area.	Omid Nouri, OH, Karen Stephen Chandler	In progress – To be scoped after the 9th of February 2023 HOSC Meeting.
	9 February 2023 Meeting			
12	**SCAS Improvement Programme Update**	SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.	Omid Nouri/ Tom Stevenson	In progress- The Committee is to be advised when the wait-time performance data can be broken down into (Middle Layer Super Output Areas) MSOA level. Likely to be Autumn 2023
13	**Committee Work Programming**	A Work Programming Meeting be arranged with all Committee Members	Omid Nouri/ Tom Hudson	In progress – a partial work plan has been suggested, but in light of the appointment of a new Scrutiny Officer the completion of the new work plan is to take place once they are in post and are better placed to help the committee deliver it.