

Divisions Affected - All

HEALTH AND WELLBEING BOARD

7 OCTOBER 2021

HEALTH AND WELLBEING STRATEGY REVIEW

Report by Corporate Director of Public Health, Oxfordshire County Council

RECOMMENDATION

1. **The Health and Wellbeing Board is RECOMMENDED to:**
 - (a) **To note the summary of priorities arising from the workshop and agree them as an accurate reflection of the Board's discussion**
 - (b) **To agree to prioritise programmes of work within their organisation that focus on these priorities**
 - (c) **To ask Officers responsible for the management of the Health and Wellbeing Board to develop a forward plan for the board meetings in the coming year that will focus on these priority areas**

Executive Summary

2. This report summarises a review of the current Health and Wellbeing Strategy for Oxfordshire in light of the COVID-19 pandemic. This was undertaken at a recent workshop held by board members.

The Recommendations will enable the board to coordinate and progress the key priorities agreed at that workshop with the aim of improving health and wellbeing of residents in Oxfordshire

Background

3. There is a statutory requirement for all Health and Wellbeing Boards to develop a Health and Wellbeing Strategy for their population. The purpose of this strategy is to improve the health and wellbeing of local residents through the joint action of partners who form or are represented on the board.
4. In 2018 the Oxfordshire Health and Wellbeing Board adopted a new strategy which took a "life course" approach to improving health and wellbeing

alongside taking action on the wider determinants of health to address local health inequalities (See Annex 1)

5. The global pandemic that began in early 2020 has had both a direct (through infection and death) and indirect (through changes to health services, impacts of lockdowns) impact on the health and wellbeing of our residents. Partners that form the Health and Wellbeing Board have had to re-prioritise work to respond to the pandemic and capacity to deliver previously planned programmes of work has changed.
6. The Chair of the Health and Wellbeing Board therefore arranged a half day workshop on 9th September 2021 with the following objectives;
 - (a) to review the strategy agreed in 2018
 - (b) to consider the latest insight into the health impacts of the pandemic
 - (c) to decide whether the priorities within the strategy remained relevant to our residents
 - (d) to agree areas of action the board should prioritise going forward.
7. The workshop was run on the morning of the 9th September 2021 in a “hybrid model” with good attendance from partners that form the board. After initial presentation of the existing strategy and the latest data on the health impacts of the pandemic the board agreed on the following points.

Agreed Priorities

8. It was agreed that the current Health and Wellbeing Strategy’s life course approach remained a helpful way to structure priority actions, especially as the pandemic has impacted different age groups in different ways. It was therefore agreed that the strategy remained relevant and valid for improving health and wellbeing of Oxfordshire’s residents at this time.
9. The specific parts of the strategy were discussed, and the following priority areas were agreed upon.

Cross-cutting themes

10. A focus on addressing health inequalities in Oxfordshire remains paramount and the COVID-19 pandemic has only served to exacerbate these.
11. The prevention framework which was developed as an enabler of the strategy should continue with the “prevent, reduce delay” approach but add in a 4th area of “recover”.
12. To support this, the role of communities is central and the importance of sustaining and building community capacity in order to enable people of all ages to be independent and healthy was noted. The Voluntary and Community Sector (VCS) are a key partner in this, but it was noted the pandemic has negatively impacted their usual fund-raising activity and in some instances, availability of volunteers too. But at the same time there has been an increase in overall

volunteering and “neighbourliness”, emphasising the need for a place based healthy place shaping approach to increase community assets and capacity.

13. There should be a focus on mental wellbeing throughout the life course and this needs to be much broader in focus than simply access to primary and secondary care mental health services.

Start well

14. The Board felt that the existing prevention and inequalities issues identified within the strategy within ‘start well’ remained valid. However, a specific focus on the following three priority areas were proposed and agreed to focus action on;
 - (a) A reform of the 0-5 offer to ensure a best start in life and improvements in school readiness
 - (b) Early help and early intervention including SEND support and those with neurodiversity
 - (c) Mental health and wellbeing of children and parents
15. There was recognition that the 16-24 age group has been particularly adversely impacted by the pandemic and specific interventions might be needed from across the system to address their needs.

Live well

16. The board noted that this the broadest life course area and various options existed as to what areas to focus on. The current strategy places an emphasis on healthy weight, physical activity and tobacco control due to the impact they have on health inequalities and premature morbidity and mortality, and as such must remain a focus.
17. It was noted that programmes of work might need to focus on some quite small sized population groups may in order to ensure they are not marginalised- this would include health checks for those with Severe Mental Illness (SMI), annual health checks for those with Learning Disabilities, support for those at risk of suicide.
18. It was agreed that there was a fundamental importance of having good mental wellbeing for its own sake but also in order to engage successfully with other living well issues such as tobacco control, substance misuse or healthy eating and exercise.
19. It was agreed that the Make Every Contact Count (MECC) initiative was an important tool to addressing health inequalities and as a system the workforce of Health and Wellbeing Board partners was well placed to deliver on this.

Age well

20. It was noted that there should be a broad continuation of living well priorities within age well as much of the focus earlier in life remains relevant at this stage too.
21. The priorities within the existing strategy remain the correct ones to focus on- mental wellbeing, addressing isolation, support to carers, immunisation uptake, falls prevention, self care - the pandemic has simply underlined the importance of them and in some instances made the more urgent. For example, addressing isolation, loneliness and anxiety has become more important particularly when the impact of features of lockdowns such as shielding and digital exclusion are considered. It was recognised that communities have an important role in enabling independence.
22. It was agreed that in MECC conversations with this age group that we show respect and value older people, taking a strengths-based approach, as there is much this age group offer the wider community.
23. The pandemic has shown us the importance of supporting people at the end of life to have a good death and “dying well” should be incorporated into this part of the strategy.

Conclusion

24. The Health and Wellbeing Strategy adopted by the Oxfordshire Health and Wellbeing Board in 2018 remains relevant for the population in Oxfordshire at this time. Whilst the COVID-19 pandemic has clearly impacted the health and wellbeing of all residents it underlines the importance of delivering on the strategy as opposed needing to change it.
25. There are agreed areas within the life-course that need a particular focus and these have been highlighted in this report. Going forward, the Board will continue to monitor progress on this strategy and delivery against the agreed priority areas

Financial Implications

26. There are no specific financial implications associated with this report

Legal Implications

27. There are no specific legal implications associated with this report

ANSAF AZHAR
CORPORATE DIRECTOR FOR PUBLIC HEALTH

Annex: Oxfordshire Health and Wellbeing Strategy

Contact Officer: David Munday
Consultant in Public Health
david.munday@oxfordshire.gov.uk

October 2021