

Annex 1- Oxfordshire Health and Wellbeing Strategy (2024-2030) Consultation Report

November 2023

Contents

1. Executive summary	4
2. Introduction	4
3. Methodology	5
4. Response rate and demographics	6
5. Findings	7
5.1 Cross-cutting themes	7
5.2 Principles.....	9
5.3 Start Well priorities	10
5.4 Live Well priorities	15
5.5 Age Well priorities.....	20
5.6 The building blocks of health	25
5.7 Enablers	34
5.8 Final comments.....	37
6. Conclusion	38

1. Executive summary

This executive summary provides an overview of the key findings and recommendations derived from an online survey and face-to-face consultation carried out to gather feedback on the draft Oxfordshire Health and Wellbeing Strategy (2024-2030). The survey and face-to-face engagement aimed to capture the perspectives of residents and key stakeholders, ensuring their voices were incorporated into the final version of the strategy.

The online survey, which was open for a month during autumn 2023, received 435 responses. Eight meetings were also attended to gather feedback from key stakeholders, including meetings concerning the greatest areas of inequality in Oxfordshire. A public consultation webinar was also held to obtain further feedback.

The findings from the public consultation indicate that the vast majority of people supported the principles, priorities and enablers in the strategy. People thought the strategy was well written and simple to read. Lots of the feedback received related to the delivery of the strategy rather than the strategy itself and this will be valuable when developing the delivery plan in the next phase. There was feedback about the necessary budget and workforce to deliver the priorities, as well as a need to have clear, tangible, measurable and time-sensitive actions relating to each of the priorities.

Access to healthcare and the importance of mental wellbeing were raised as important issues. The feedback on access to healthcare will be used to inform the update of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Primary Care Strategy. The feedback on wellbeing and the ways in which we prevent mental ill health has been built into each of the priorities across the life course.

People also fed back about the needs of children with special education needs and disabilities (SEND) and this will be used to inform the SEND Service Improvement Priority Action Plan.

People also fed back about the importance of lifestyle and health behaviours. Respondents' comments reflected the need to balance personal freedom and responsibility for engaging in healthy behaviours versus the need to be shaping the environment to make healthy options easier for people.

Overall, the feedback received through the survey and face-to-face consultation provides valuable insights and recommendations for refining the draft strategy. By incorporating respondents' perspectives and addressing the concerns raised, the final strategy can better support and improve health and wellbeing of the local population.

2. Introduction

This report presents the findings of the feedback gathered through an online survey and face-to-face consultation undertaken in autumn of 2023 on the draft Oxfordshire Health and Wellbeing Strategy (2024-2030). The draft strategy was developed based on extensive engagement with over 1000 residents earlier in 2023, with the objective of understanding

what helps and is important to local people for staying healthy and well. The aim of the present survey and face-to-face consultation was to gather further insights and opinions from residents and stakeholders on a final draft version of the strategy to ensure that their voices were heard and incorporated into the strategy before it was finalised.

In the survey and face-to-face consultation, residents and stakeholders were given the opportunity to express their views on the draft strategy, providing valuable feedback that will help shape the final version. The consultation sought to gauge the level of support for the proposed priorities as well as identify areas of concern or suggestions for improvement. This feedback will enable the council and its partners to refine the strategy, ensuring it truly meets the needs and expectations of local people.

The report is structured to present an analysis of the survey responses, highlighting key themes, concerns and recommendations expressed by respondents. These survey findings are supplemented by the responses received during face-to-face consultation. The report aims to contribute to the ongoing dialogue, facilitate evidence based decision-making and ensure that the final strategy reflects the voices and needs of local people in the most effective and meaningful manner.

3. Methodology

The consultation was primarily conducted through an online survey that was developed and agreed with the Health and Wellbeing Strategy Task and Finish group. The survey was hosted on the [Let's Talk Oxfordshire](#) website platform from 9th October to 12th November 2023. All respondents were provided with clear information regarding the purpose of the consultation, the content of the proposed strategy and the confidentiality of their responses. An easy read version of the strategy was created by Talkback UK and shared with organisations and VCSE groups who support people needing easy read. Respondents to the online survey were recruited through a variety of channels including key networks and partnerships, social media, staff communications, e-newsletters such as Your Oxfordshire and the GP bulletin, councillors, parish/town councils and council teams (e.g. housing, adult social care, children's services etc.) and other partner organisations such as the third sector, healthcare settings and the universities. All partners on the Health and Wellbeing Board also promoted the consultation survey through their networks.

In addition to the online survey, Healthwatch Oxfordshire hosted an online consultation webinar on 9th November 2023 to obtain feedback from residents and stakeholders and to provide people with the opportunity to ask questions and find out more about the strategy. At its peak, 68 people attended this webinar and a recording of the webinar is available at <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/>. Face-to-face feedback as part of the public consultation was also sought during key meetings with partners, particularly meetings relating to the areas of greatest inequality in Oxfordshire. Table 1 outlines the meetings where face-to-face feedback on the draft strategy was sought.

Meeting	Date of meeting
Berinsfield steering group	9 October 2023
West Oxfordshire Health and Wellbeing Alliance	11 October 2023
Rosehill health and wellbeing partnership	11 October 2023
The Leys health and wellbeing partnership	12 October 2023

Osney steering group	17 October 2023
Cherwell LSP	19 October 2023
Abingdon locality meeting	23 October 2023
Promoting Independence and Prevention group	9 November 2023

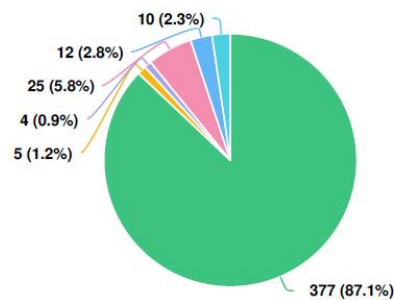
The feedback generated from the consultation webinar and the meetings described in table 1 have been incorporated into the write-up of the survey findings in this report.

Feedback on the strategy was also received by the Health Overview Scrutiny Committee as an agenda item at their meeting in September and via detailed written response during the consultation period. This has been incorporated into edits of the strategy but has not been re-produced in this report.

4. Response rate and demographics

The majority of respondents (87.1%) were a resident in Oxfordshire (see Q1 pie chart). 5.8% were a representative of a group or organisation.

Q1 | I am responding to this survey as: (choose one option)



Question options

- an Oxfordshire resident
- a member of the public living outside of Oxfordshire
- a business
- a representative of a group or organisation
- a parish, town, district, or county Councillor
- Other (please specify)

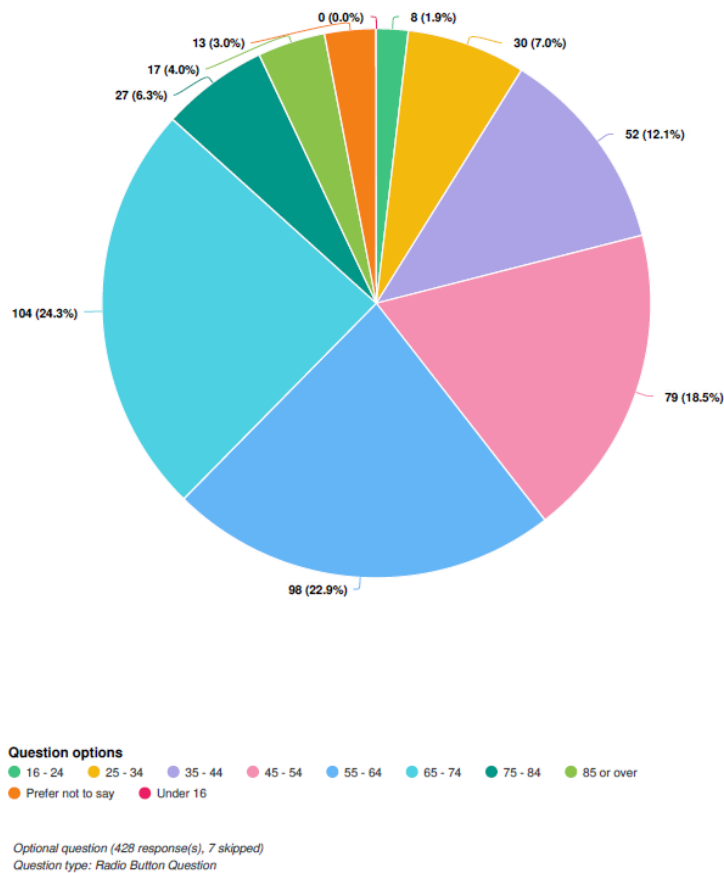
*Optional question (433 response(s), 2 skipped)
Question type: Radio Button Question*

73.5% of respondents were female, 18.5% were male, 7.3% said ‘prefer not to say’ and 0.7% said they prefer to use another term.

87.8% of respondents were white (British, Irish or any other white background) followed by 7.3% who said ‘prefer not to say’. 23% of the total resident population in Oxfordshire are from an ethnic minority background ([JSNA, 2023](#)) indicating that minority ethnic groups were underrepresented in this public consultation. However, this is common for public consultations and efforts were made to ensure we heard the views of minority ethnic groups in other ways (not just the survey) e.g. the public consultation webinar.

47.2% of respondents were aged between 55 and 74 years. Based on previous public consultations the county council have conducted, older people are less likely to engage with public consultations, so it is positive that a large proportion of respondents were from this older age group (see Q78 pie chart).

Q78 What is your age?



Postcode analysis of respondents revealed that 96.1% (n=396) had an Oxfordshire postcode or lived in Oxfordshire.

31.5% of respondents had their day-to-day activities limited a little or a lot due to a long-term illness, health problem or disability lasting (or expected to last) 12 months or more. 65% did not have their day-to-day activities limited. 3.5% said 'prefer not to say'.

20.8% of respondents identified as a carer. 75.7% did not identify as a carer and 3.5% said 'prefer not to say'. For the purposes of this survey, a carer was defined as anyone who cares, unpaid, for a family member or friend who, due to illness, disability, a mental health problem or addiction, cannot cope without their support.

5. Findings

5.1 Cross-cutting themes

- **Delivery:** *"It sounds ok but how? Without knowing that it's not possible to comment. Hopefully it is well targeted with clear and measurable goals."*

Respondents were keen to know how the priorities in the strategy would be delivered. Some people felt the priorities were too high level and vague and they felt it was difficult for them to provide feedback without knowing the exact actions or plans for delivery. There was also feedback that the priorities were ambitious without a clear plan on how it would be achieved or measured in the time frame.

- **Budget and workforce:** *“Wonderful aspirations but until more money is put into the NHS, schools, children’s centres, public transport and more devolved there is a mountain to climb.”*
“There are no funds being directed to support this.”

Related to the theme ‘*delivery*’, some respondents had concerns that the actions and priorities in the strategy could not be delivered or implemented due to low levels of funding and lack of staffing. Some respondents felt that statutory services, such as healthcare and education, were falling short of what is required, and they had concerns that the priorities which set new goals and ambitions would be unachievable without additional funding and more staff. There was a general sense of needing to achieve the expected level of support/the basics/statutory support before creating more ambitions.

- **Freedom of choice:** *“Adults need to take responsibility for these issues.”*
“You can’t make people do what they don’t want to do.”

Respondents cited the role of freedom of choice on the lifestyles people lead and the health behaviours they do and don’t engage in. They felt that it isn’t the role of the local government or wider health and social care system to achieve the goals set out in the strategy and that people should take responsibility for their own health and finances. Some people fed back that they wanted more emphasis on how to encourage people to take personal responsibility for their health and wellbeing and how to manage people’s freedom of choice.

- **Access to healthcare:** *“Until we are able to see a doctor or health care professional when needed the health of older people will decline. We need to recruit more and put more into a working NHS.”*
“I think they should prioritise reducing waiting lists and allowing a GP to be seen and an appointment to be booked.”

Many respondents expressed difficulties in accessing healthcare such as GPs, dentistry, pharmacies and mental health services. This was primarily due to long wait lists which was attributed to a lack of funding and staff. Language barriers and lack of familiarity with the national healthcare system was also flagged as an issue for immigrants and people seeking asylum and refugee status. Slow diagnoses, particularly for people with SEND, ADHD and autism, were also a reported issue. Respondents felt that until access to healthcare was addressed, the health and wellbeing of residents could not be improved and health inequalities could not be tackled.

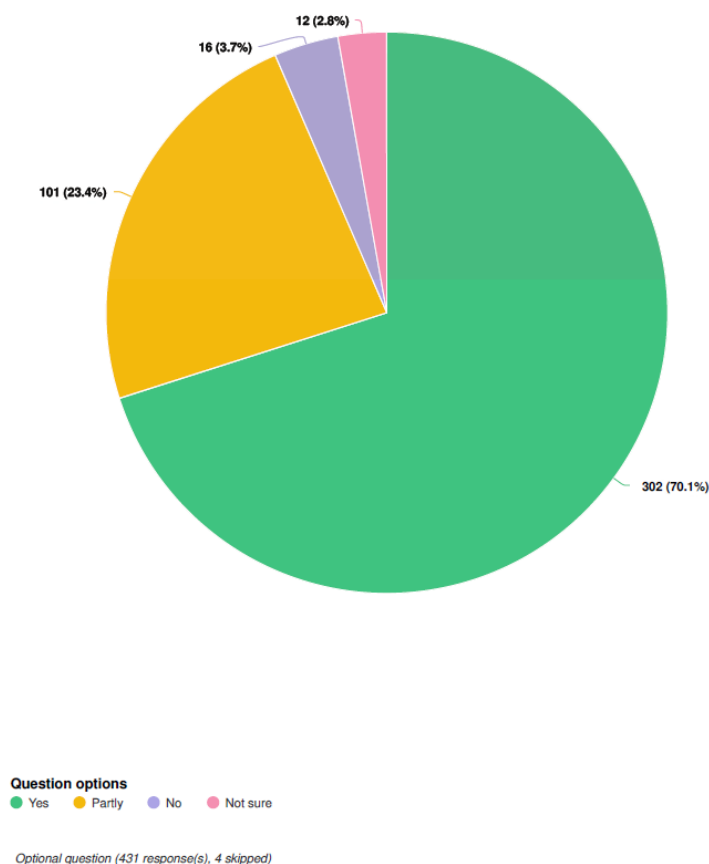
- **Needs of people with SEND:** *“Having a disabled daughter I have been looking at what services are offered for her such as swimming lessons and the short*

answer is that none of the pools offer swimming lessons for disabled children. One pool offers sessions for SEND children, but this is once a month during a school day.”

Respondents mentioned the additional needs of people with SEND and the barriers they face in accessing transport, healthcare, mental health support, leisure facilities, green spaces, suitable housing and employment. There was a call for better provision of services and support for people with SEND.

5.2 Principles

Q5. Do you think these are the right principles to guide our health and wellbeing work?



The vast majority of respondents fully or partly agreed with these principles (93%; n= 403).

Themes in comments (n=129) from those who answered no, partly or not sure:

- **Specificity and tangibility:** “I wish the principles were more specific. What aspect of health inequalities?”

Respondents felt the principles were broad and more detail was needed to make them achievable and measurable. For example, the kinds of ill health which would be prevented, and which specific health inequalities would be targeted. Some respondents were confused by the terminology such as ‘inequalities’ and

'communities' – the latter of which was perceived as not helpful for people living in rural and isolated parts of the county.

- **Preventing physical and mental ill-health:** *“Very health focused. Not balanced with wellbeing.”*

Feedback included the need to prevent *mental* ill-health as well as *physical* ill-health, particularly among children and young people. Respondents also noted the huge impact of mental health on physical health and vice versa.

- **Unclear delivery:** *“These are glib comments about recruiting the additional staff required but no real information as to how this will really be achieved.”*

Respondents felt that the principles were ambitious, and it was unclear how the targets would be achieved and delivered, particularly with limited/insufficient resources and funding. Some respondents felt it was difficult to comment on the principles without knowing how they would be implemented or measured.

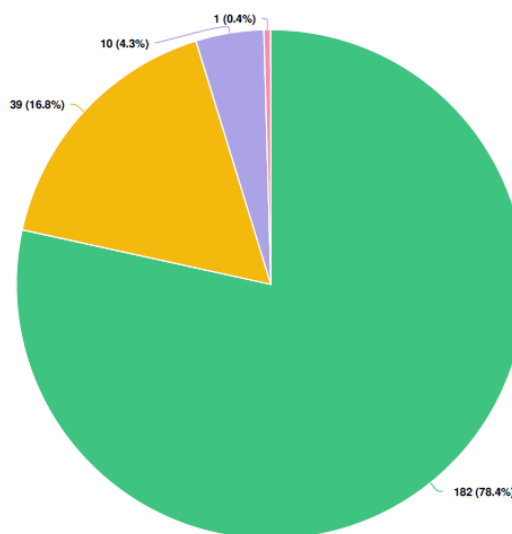
5.3 Start Well priorities

52.6% (n=225) of respondents opted to feedback on the Start Well priorities in the strategy.

5.3.1. Priority 1: The best start in life

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived communities. This means they can benefit as much as possible from their education.

Q8 Priority 1: The best start in life All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived communities. This means they can benefit as much as possible from their education. Do y...



Question options
● Yes ● Partly ● No ● Not sure

Optional question (232 response(s), 203 skipped)
Question type: Radio Button Question

The vast majority of respondents fully or partly agreed with this priority (95.2%; 221).

Themes in comments (n=178) from those who wanted to change the priority or tell us more:

- **Importance of the family system and parent-child relationship:**
“Relationships with parents or care givers have the biggest impact on a child's development. In the development of the detail under this priority, support for parent/carer-child relationships, rich learning experiences and socialisation, as well as wider community-based support around the whole family, needs to be given real focus.”

Feedback included the importance of the family dynamic and parent/carer-child relationships on a child's development. Some respondents mentioned the impact of parental mental health specifically on children's development and wellbeing. There was a call for better parental mental health support.

- **“Ready for school” terminology:** *“The obsession with school readiness is detrimental to children's and parents' mental health and causes needless pressure and worry which damages family life and parents' relationships with their children.”*

Some people disliked the term ‘ready for school’ saying it is not appropriate for all children and can have detrimental effects. Respondents felt that the term could overlook the child's best interests. They emphasised that every child develops at a different rate and there shouldn't be the expectation that all children will be ‘ready for school’ by a certain age. Indeed, some children do not go to school – they could be home schooled or attend an alternative school. Similarly, respondents felt that methods of teaching and the curriculum need revising so that schools are ready for children rather than children being ready for school. They believed schools put too much pressure on young children and that there is too much emphasis on academic achievement compared to other skills like emotional regulation, overcoming and coping with real-life challenges, healthy living etc. This was believed to have a negative impact on children, particularly those with additional needs.

- **Importance of parental and family education:** *“Educating parents to help give them the understanding that human interaction and how to potty train, eating with young children and being a positive role model, good bedtime routines help promote their communication and language development, and better behaviour. These basic needs are lacking in society at the moment and, by the time they go to school, teachers are wasting too much time dealing with behaviour issues and tired children so these things need pushing to help ease the burden on schools and nurseries.”*

Respondents felt that parents were not teaching their children the right skills and behaviours in the early years meaning that children would come to school ill-prepared. This was perceived to put pressure on early years settings. People wanted earlier education and intervention involving the whole family – parents, grandparents, siblings – particularly for vulnerable families, and for this to begin from conception. However, time and finances among parents were perceived to be significant barriers.

ⁱ Please note these themes have been drawn from questions 9,11 and 13

- **Provision of services:** *“Mental health provision needs to be massively improved... It reflects the needs but only if fully funded and implemented...”*

Respondents felt that the provision of services is inadequate, particularly mental health services for young children and parents. Inadequacy was described in terms of long wait times, inaccessibility, and a lack of drop-in facilities, funding and staffing. Some respondents felt the emphasis on self-help and resilience in the strategy was inappropriate for children of such a young age. Some believed that the provision of services was inadequate outside of Oxford City and in rural areas. Some respondents wanted services such as Sure Start centres to be open to all family members like grandparents, not just parents and carers. However, people felt there was limited funding and capacity among Sure Start centres.

- **Phrasing:** *“It sounds like children in deprived areas have more of a right to a healthy start and being ready for school. All children from all areas of a society have this right and should be supported to do so. It may mean that different types of intervention are needed for particular areas of society.”*

Some people disliked the rhetoric around targeting deprived areas. Whilst some felt that more resources need to be put into the more deprived areas (compared to less deprived areas), respondents wanted everyone to have the best start in life, not just those in deprived areas.

- **Early intervention:** *“Need more mental health services for the very young and also quicker diagnosis for autism to meet the needs of individual children.”*

Feedback included not enough support for children and young people, particularly those with mental health issues and developmental difficulties, and this was causing backlogs and long wait times. There was a call for quick diagnoses and more support such as more health visiting and postnatal care.

- **Importance of breastfeeding:** *“Breastfeeding is under-acknowledged as a crucial factor in relationship building and health outcomes for both parents and children, both short-term and long-term.”*

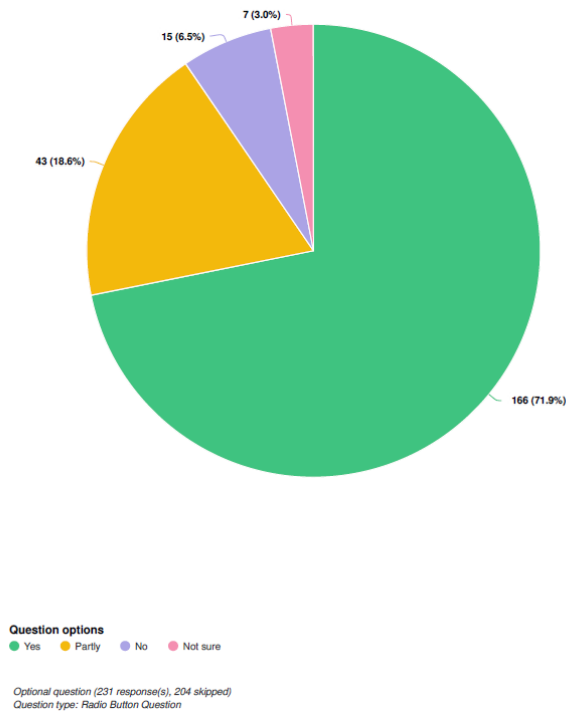
The importance of breastfeeding in helping children to get the best start in life was flagged. People fed back that they wanted more ring-fenced funding for breastfeeding support in the community to encourage positive health outcomes and the development of close and loving parent-child relationships, especially in areas of inequality.

5.3.2. Priority 2: Emotional wellbeing and mental health

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing, supported by improved mental resilience.

Q14. Do you think this priority reflects the needs of people in Oxfordshire?

Q14 Priority 2: Children and young people's emotional wellbeing and mental health
 More children and young people in Oxfordshire should experience good mental health and emotional wellbeing, supported by improved mental resilience. Mental resilience is a...



The vast majority of respondents fully or partly agreed with this priority (90.5%; n=209).

Themes in comments (n=197) from those who wanted to change the priority or tell us moreⁱⁱ:

- **Clarification of the term 'resilience':** *"Promoting resilience is helpful to a degree but it's very wrong to imply mental illness is a weakness and due to poor resilience."*

There was concern around the use of the word 'resilience'. Some suggested this places obligation on the individual child or family to be mentally strong and potentially adds stigma to those experiencing mental health issues through implying fault/blame. Some outlined that building resilience was important, but felt that this requires adequate commitment, resources, and support. It was also expressed that resilience has limits and that other support is needed beyond building resilience.

- **Importance of wider structures/factors:** *"Mental resilience is a complex area but must be fundamentally about upstream issues ie family stability, security of housing, positive communities. The strategy needs to reflect that."*

Many respondents highlighted the importance of broader factors and wider structures (e.g. family, communities) that impact children and young people's mental health and

ⁱⁱ Please note these themes have been drawn from Q15,17 and 19

wellbeing. They felt that a more upstream approach should be taken and felt that wider societal factors such as the family, social networks, poverty, inequalities, and modern life more greatly influenced mental health than individual factors. Physical health factors such as nutrition, physical activity, sleep, technology and social media were also discussed as greatly influencing children's mental health.

- **Importance of schools:** *"More support required in schools for mental health. Train and fund counsellors to work in schools universally."*

Respondents felt that more needs to be done in early years settings and schools to foster good mental health and wellbeing in children and young people. More funding was considered essential to doing more in these settings as respondents felt that they were already stretched. Some respondents called for more funding to have mental health practitioners in schools and others suggested including social and emotional intelligence in the curriculum.

- **Early intervention:** *"There needs to be more support for pre-school families. You talked in the other priority about them being "ready for school", so much of the damage is already done by the time they have arrived at school in terms of their mental wellbeing."*

Many respondents emphasised the need for early intervention and prevention. Parental and family upbringing were considered to have huge impacts on mental health. Comments included supporting and targeting families of very young children and before children start school. The early years and the family dynamic in early years were considered a critical time for mental health. Respondents also expressed a need for more support of parents and families of children with mental health issues.

- **Continuity of care:** *"We support the need to ensure more positive transitions between childhood and adulthood for children experiencing poor mental health."*

Some respondents, including attendees at the public consultation webinar, emphasised the need for continuity of mental health support between childhood and adulthood, including when people go to university.

- **Inadequate mental health services:** *"Services need to be better coordinated for young people to access effective help with mental health, and there needs to be shorter waiting times for CAMHS. In-school services need to be increased."*

Respondents felt that current mental health provision is inadequate – long waiting lists, lack of funding, lack of staff, 'one size fits all approach', slow diagnoses and over prescription of medications at the expense of psychological therapies. Some respondents called for improved mental health support for children and young people, particularly those with additional needs e.g. existing mental or physical health issues, care leavers, young carers, bereaved, etc. Several respondents felt that VCSE organisations were well placed to support people's mental health and wellbeing and that they could help overcome capacity and resource issues faced by statutory services.

5.3.3. Edits to Start Well priorities

In light of the feedback received, the following changes have been made to the Start Well section of the strategy:

- Greater emphasis on parental wellbeing and nurturing family relationships
- Explanation of the concept of “school readiness” and breadth of environments that are important in childhood
- Flagged the importance of breastfeeding and smoke free pregnancy relating to maternal and paternal tobacco use
- Further detail on why and which population groups need to be prioritised for support
- Included the local challenges over provision of SEND services and action plan work happening to address this
- Added a focus on a positive transition to adulthood, particularly in care leavers

5.4 Live Well priorities

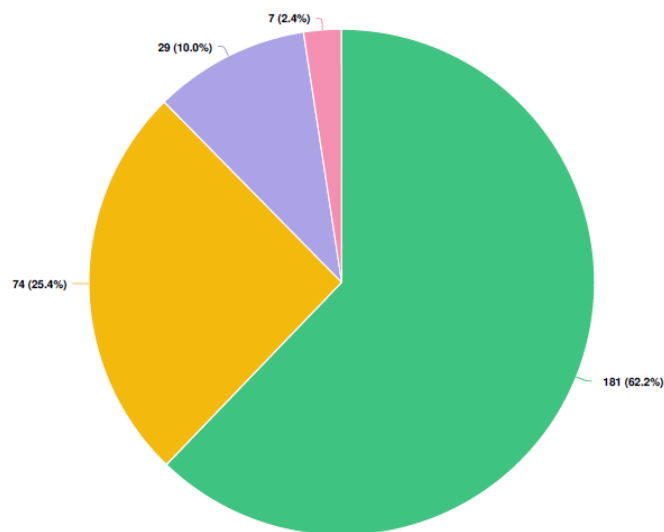
66% (n=277) of respondents opted to feedback on the Live Well priorities in the strategy.

5.4.1. Priority 3: Healthy people and healthy places

The length and quality of people’s lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments which help them to live healthy lives.

Q21. Do you think this priority reflects the needs of people in Oxfordshire?

Q21 Healthy people and healthy placesThe length and quality of people’s lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments which help th...



Question options
● Yes ● Partly ● No ● Not sure

Optional question (291 response(s), 144 skipped)
Question type: Radio Button Question

The vast majority of respondents fully or partly agreed with this priority (87.6%; n=255).

Themes in comments (n=274) from those who wanted to change the priority or tell us more
iii:

- **Impact of mental health on physical health:** *“Adults are struggling so much with mental health issues. Self-medicating with alcohol, comfort food etc. Adults need better mental health support.”*

Respondents talked about the impact of mental health on physical health. They cited that when people are mentally unwell, this can significantly impact their ability to engage in regular exercise, socialise, eat healthily, abstain from alcohol, tobacco and drugs etc. Mental health was believed to be a major issue that needs addressing not only to make happier communities but also to enable people to be more physically healthy too. Stress reduction was mentioned by a few respondents as a particular mental health struggle among residents in Oxfordshire.

- **Air quality:** *“Healthy environments should include air quality improvement.”*

Tackling air pollution and improving air quality both indoors and outdoors was frequently mentioned as having a huge impact on people’s health.

- **Healthy eating and exercise:** *“I would like to see something about access to cheap, healthy and nutritious food, and education on how best to utilise the food. You can be a healthy weight but still live an unhealthy lifestyle. I also believe that there needs to be better access to physical exercise and encouragement for people to get involved.”*

Respondents felt that the emphasis on unhealthy weight was stigmatising with some people pointing out that someone can be a healthy weight but eat unhealthily nor engage in regular exercise. Respondents wanted more emphasis on creating environments that promote healthy eating and exercise. In particular, respondents frequently raised the importance of improving the food environment by ensuring people can access outdoor space for exercise, and affordable, healthy, nutritious foods, and where the availability of cheap and unhealthy foods e.g. takeaways, coffee shops are minimised.

- **Poverty and cost of living:** *“I would add deprivation/poverty to the list of thing people's health shouldn't be negatively impacted by.”*
“Due to the increased cost of living and the relatively high price of fresh fruit and vegetables in comparison to junk and highly processed food, I can't see how people struggling with a time poor lifestyle and balancing finances and families can achieve a healthy weight.”

Poverty and cost of living was seen as a key determinant of health and respondents wanted more financial support for people living in poverty so that the negative harms of living in poverty could be reduced. Respondents frequently raised the need to make healthy living (e.g. healthy food, good quality housing, leisure) more

iii Please note these themes have been drawn from Q22, 24 and 26

affordable. Some suggested ways of reducing the harms of poverty on health included subsidising leisure activities, gym memberships and healthy food, especially for low-income households.

- **Substance use and vaping:** *“Why is there no mention of drugs anywhere in this strategy?”*
“Consideration should be given to including ‘vaping’ alongside tobacco use, given that vaping has been highlighted in the media as a public health crisis (for adults and children).”

People fed back that they wanted more in the strategy about the use of illicit substances and vaping. The latter being particularly in relation to children and young people. One respondent emphasised the importance of using the words ‘substance use’ as opposed to ‘substance misuse’. Supporting families of people with alcohol and drug addictions was raised at the public consultation webinar as a key action.

- **Terminology:** *“Lose the first sentence. What, for instance, is “exposure” to alcohol? Something like “encouraging people to live healthy lifestyles” would be better.”*

There was confusion about the phrase ‘exposure to alcohol/tobacco’. Some people felt that these were not things people were exposed to but chose to engage with. Some respondents thought the wording lacked detail and was negatively framed e.g. emphasis on smoking and drinking as opposed to tackling the causes of smoking and drinking like promoting good wellbeing and getting outside. Similarly, a couple of people wanted more emphasis on keeping people in good health as opposed to preventing and treating ill health.

- **Active travel:** *“Active travel needs promoting across Oxfordshire, reduced car dependence/dominance is necessary to reduce exposure to risks of unhealthy polluted air and risk of accidents for those using active travel. More exercise through active travel and school streets will help address obesity.”*

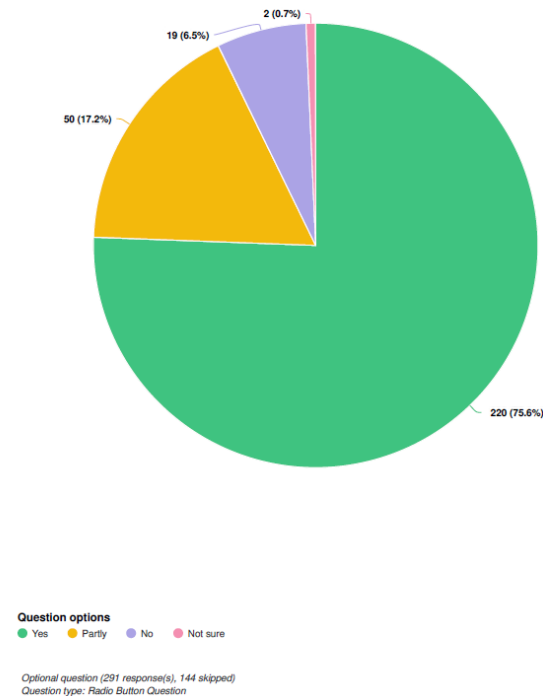
Encouraging active travel, reducing car dependence, slowing down traffic and improving infrastructure (e.g. cycle paths) were believed to have a big impact on people’s health by promoting physical activity as well as helping to improve air quality and reduce climate change.

5.4.2 Priority 4: Physical activity and active travel

Residents of Oxfordshire should be able to remain active throughout their lives, especially in our most deprived areas.

Q27. Do you think this priority reflects the needs of people in Oxfordshire?

Q27 Priority 2: Physical activity and active travel Residents of Oxfordshire should be able to remain active throughout their lives, especially in our most deprived areas. Do you think this priority reflects the needs of people in Oxfordshire?



The vast majority of respondents fully or partly agreed with this priority (92.8%; n=270).

Themes from comments (n=219) from those who wanted to change the priority or tell us more^{iv}:

- **Time:** *“Currently more and more people do not have time as the need for both parents to work and balance childcare just to keep their heads above water. Time to pursue healthy activities is eroded.”*

Several respondents cited lack of time as a barrier to remaining active. Lack of time was often attributed to work and being a parent or carer.

- **Target groups:** *“Saying 'especially in our most deprived communities' is right for looking at where intervention should happen but wrong for a measure of standards: *All* residents of Oxfordshire should be able to remain active throughout their lives. Full stop”*

Respondents were not clear why deprived communities were being targeted and there was a call for universal support and intervention.

- **Transport barriers:** *“Promoting active travel as you suggest is great but would be greatly aided by improved infrastructure: wider pavements, well maintained cycle*

^{iv} Themes have been drawn from questions 28, 30 and 32

paths separated from the road, improved public transport network (the buses are expensive and inconvenient to use), better bike sharing scheme.”

A lack of affordable and convenient public transport was cited as preventing people from being able to access physical activity and leisure opportunities. High volumes of traffic, cycling routes and pavements were deemed unsafe. Low traffic neighbourhoods were said to prevent people from being able to access green spaces and increase air pollution. Suggestions included making cycling safer (e.g. cycle lanes), improving pavements (wider, flatter and more drops for people with limited mobility), more bike sharing/loaning schemes and faster, cheaper and more bus services particularly in and out of rural areas and to housing estates and leisure centres. People wanted more accessible buses for people with disabilities, particularly on hospital routes, as well as electric vehicles and storage facilities for adapted bikes. Some people fed back that residents are asking not to be referred and are declining healthcare appointments because they can't get there or afford it.

- **Affordability:** *“Sport always costs money somehow, whether for equipment or clothing. Those on low incomes cannot afford basic swimming lessons, and towns are growing and the infrastructure stays the same. There aren't enough affordable.”*

Respondents cited money as a major barrier to being more physically active. They suggested the provision of more low-cost activities to overcome this.

- **Access to opportunities for activity:** *“Proximity to green spaces is critical and needs to be addressed through EVERY planning application which may change land use and result in loss of nature nearby.”*

Respondents cited limited access to green spaces and leisure facilities such as swimming pools and gyms, particularly those that were council-owned, free or subsidised. People fed back the need to engage with local planning to create healthy environments.

- **Physical activity and mental health:** *“Include mental health (benefits through physical activity and connecting with other people).”*

Respondents emphasised the benefits of physical activity on people's wellbeing and vice versa. They felt more could be done to raise awareness of this when trying to encourage people to be more active.

- **Prevention and life-course approach:** *“Consideration should be given to including children as a priority group, as this would also draw in the prevention element of the strategy (i.e. addressing lack of physical activity at an early age).”*

Respondents emphasised that prevention of inactivity is key and that services should be available to everyone across the life course.

- **Safety:** *“Women may not feel safe being active outdoors when it's dark. Many people don't feel safe enough to cycle in Oxford etc.”*

Feeling safe was considered a key determinant of physical activity. Exercise in the dark, especially for females and women and girls who have experienced domestic

abuse, was considered a major barrier and some respondents felt unsafe cycling. Some called for less emphasis on cycling, others suggested more cycling classes and groups for people to attend and gain confidence to cycle. Members at engagement meetings suggested better street lighting and charging ports in park benches.

5.4.3. Edits to Live Well priorities

In light of the feedback received, the following changes have been made to the Live Well section of the strategy:

- Making the link between substance use, physical activity and mental wellbeing
- Added in the value of access to green space and nature
- Vape use in children should be addressed in line with the recent announcement in the King's Speech about a "smoke free generation".
- Included an explanation of which groups should have the greatest support for these priorities
- Made reference to Active Oxfordshire's "Oxfordshire on the Move" programme
- Feedback on transport infrastructure will be reviewed in the delivery plan stage
- Included reference to safety concerns for some exercising outdoors.

5.5 Age Well priorities

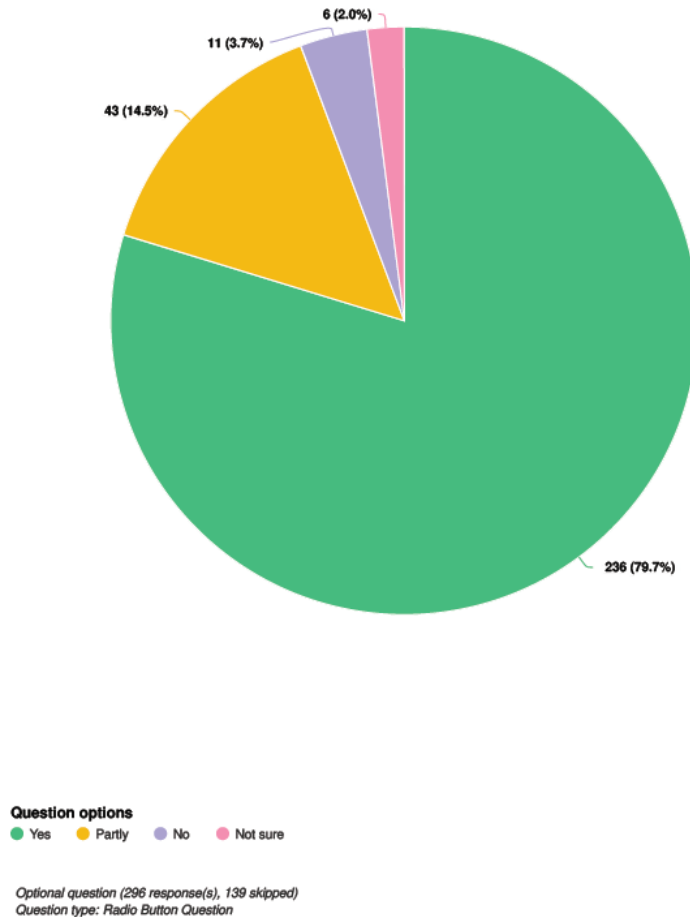
68.3% (n=291) of respondents opted to feedback on the Age Well priorities of the strategy.

5.5.1. Priority 5: Maintain independence

We will support more older residents to remain independent, healthy, and valued for as long as possible.

Q34. Do you think this priority reflects the needs of people in Oxfordshire?

Q34 Priority 1: Maintain independence We will support more older residents to remain independent, healthy, and valued for as long as possible. Do you think this priority reflects the needs of people in Oxfordshire?



The vast majority of respondents fully or partly agreed with this priority (94.2%; n= 279).

Themes in comments (n=219) from those who wanted to change the priority or tell us more^v:

- **Infrastructure:** *“Improve the pavements and street lighting, put in benches on streets - so older people can walk more.”*

Many respondents highlighted the need to improve infrastructure to facilitate independence. For example, several respondents wanted pavements to be improved, more benches, better street lighting, more parking for people with limited mobility, removal of pole barriers and metal gates and more frequent, accessible and affordable bus services, particularly in rural areas and to the hospitals. There was also a call for more suitable housing for the elderly.

^v Themes have been drawn from questions 35, 37 and 39

- **Clarification of the term ‘valued’:** *“How about saying “for as long as they live.” or “for the rest of their lives”? Saying “as long as possible” makes it sound like you could end your days dependent, unhealthy and undervalued when it becomes too difficult to help.”*

Several respondents didn’t like the phrase ‘valued for as long as possible’. They emphasised that everyone should be eternally valued in society no matter their circumstances and that highlighting the word ‘valued’ suggests the system doesn’t value elderly people. Suggested alternatives were: ‘*feeling valued*’ or ‘*being supported to do the things meaningful to them*’.

- **Care provision:** *“You also need to provide good care provisions for the elderly who are unable to live independently because of poor home care!”*

Respondents expressed a strong need for improved care and support, especially for older adults with limited mobility, long-term health conditions and those living in more deprived communities. They felt current care support is inadequate, under-resourced and underfunded and this is preventing people from being able to live independently. Delays in accessing care, long wait lists, poor staff pay, needing to travel to seek care and high charges imposed by care agencies were also highlighted as a major issue.

- **Independence challenges:** *“As people are having to work longer, well-being facilities i.e., gyms don’t offer classes for older people in the evenings.”*

Respondents highlighted challenges in maintaining independence, citing limited family proximity, inadequate fitness facilities for the elderly, and the need for more accessible and timely wellbeing support. Some respondents felt that social interaction was the most important factor to promote independence and more could be done to facilitate this. There were concerns that promoting independence should not come at the cost of making people lonely or stuck in their homes without any social interaction or support. Some felt the meaning of independence could be clarified.

- **Cost of independence and healthy living:** *“Without sufficient incomes when older to afford healthy food, I think an increasing number of older people will suffer poorer health outcomes in old age.”*

Respondents highlighted the economic impact on older individuals to achieve independence and live healthily. The cost of living and low pensions were big concerns and there was a call for subsidised transport and exercise classes.

- **Diversity in ageing:** *“Each person ages differently”*

Some respondents called for a correction of assumptions about the elderly, challenging negative stereotypes (e.g. frail, vulnerable, burden on services), and emphasising diverse needs.

- **Loneliness:** *“Bring back day centres and opportunities for socialising. So many older people are lonely and isolated.”*

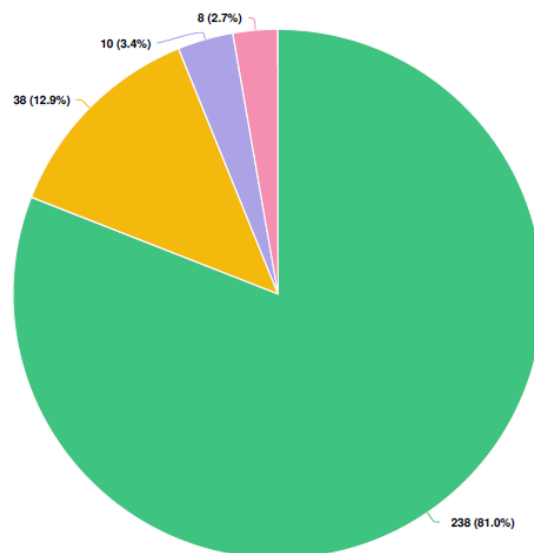
Respondents wanted older adults to have more opportunities for socialising by having more social activities and promoting strong family and neighbourhood networks.

5.5.2. Priority 6: Strong social relationships

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

Q41. Do you think this priority reflects the needs of people in Oxfordshire?

Q40 | Priority 2: Strong social relationships Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially in rural ar...



Question options
● Yes ● Partly ● No ● Not sure

Optional question (294 response(s), 141 skipped)
Question type: Radio Button Question

The vast majority of respondents fully or partly agreed with this priority (93.9%; n= 276).

Themes in comments (n=170) from those who wanted to change the priority or tell us more^{vi}:

- **Transport:** *“Part of maintaining and establishing strong social incomes relies on personal travel. In village communities where there is little or no bus service this will be too difficult for some.”*

^{vi} Themes have been drawn from questions 42, 44 and 46

People fed back a need for improved public transport services particularly in and out of rural areas so that older people could access facilities and social opportunities. There was also a call to improve footpaths for walking and active travel as well as safer spaces for outdoor activities that promote socialising. Difficulty getting blue badges was also cited as a major factor contributing to loneliness and social isolation.

- **Socialising opportunities/facilities:** *“There should be more Community hubs.”*

Respondents highlighted the need to have more and affordable socialising opportunities as well as additional practical support to enable older adults, particularly those with mental health needs, to engage in these opportunities. Comments highlighted the need to have services that are easily accessible, affordable and in close proximity to people. Some respondents highlighted the importance of investing in and raising awareness (not just digitally) of already established community hubs, leisure centres, independent living schemes, peer support and amenities for socialising.

- **Geographical focus:** *“Living in a town can be more isolating than living in a village community, which often has small local groups for elderly residents and people are more likely to know many others.”*
“Not just rural the elderly in Oxford city where people family moved away are now left lonely with a changing population around them of students and not many elderlies around them anymore.”

Some respondents highlighted the isolation and loneliness older adults can experience when living in towns and cities as well as villages. Members of engagement meetings fed back that damage was greatest when people were isolated and lived in rural areas and we should not ignore that loneliness rates are highest in Cherwell and Oxford City.

- **Varying social needs:** *“It's important to recognise that people's needs for social relationships vary considerably. Those who value solitude, who usually have only 2-3 close bonds, should not be nor feel pressurised to participate in social events that they don't enjoy or that make them uncomfortable.”*

Some respondents highlighted that not all older adults want to socialise and there needs to be an awareness and respect for those who prefer to live a more solitary life.

- **Life course:** *“This should also be a priority for children and working aged people, not just older adults.”*

Respondents stated that loneliness can be experienced by people of all ages, particularly children and young people.

5.5.3. Edits to Age Well priorities

In light of the feedback received, the following changes have been made to the Age Well section of the strategy:

- Edited the priority 5 ambition statement to re-frame what is meant by the word “valued”.
- Added an example of how housing adaptation currently supports older or vulnerable people to maintain independence at home
- Acknowledged the importance of carers and implementing the existing all age carers strategy
- Added in reference to the recent annual report by the Chief Medical Officer for England on health and ageing
- Acknowledged the impact social isolation/loneliness has across the life course.

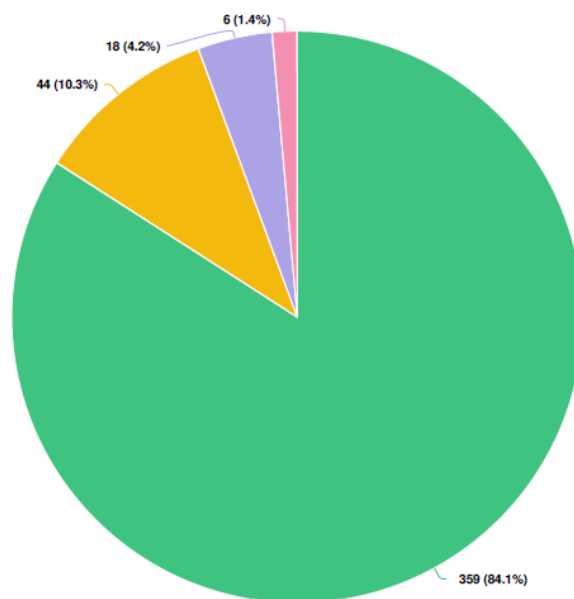
5.6 The building blocks of health

5.6.1. Priority 7: Financial wellbeing and healthy jobs

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

Q46. Do you think this priority reflects the needs of people in Oxfordshire?

Q46 Do you think this priority reflects the needs of people in Oxfordshire?



Question options
● Yes ● Partly ● No ● Not sure

Optional question (427 response(s), 8 skipped)
Question type: Radio Button Question

The vast majority of respondents fully or partly agreed with this priority (94.4%; n=403).

Themes in comments (n=186) from those who wanted to change the priority or tell us more^{vii}:

- **Accessible, affordable and high-quality housing:** *“Social housing is dire, housing associations are unhelpful, appointments not kept, people living without heating, no reformation programme for the elderly. Ex doorbells were removed & nor replaced. Why?”*

Respondents emphasised the need for more housing (especially social housing) that is of better quality and more affordable, especially for young people. High rent costs and poor living conditions in the rental sector were cited as major issues that need to be addressed to improve health. One respondent suggested using the word ‘home’ rather than ‘shelter’.

- **Transport and infrastructure:** *“The state of the environment is not good in Oxfordshire re health and wellbeing. The state of the roads and pavements for example. I have personally witnessed several serious falls where I live in Thame entirely due to state of pavements. One resulted in serious injury.”*

Several respondents emphasised the need to improve the roads and pavements in Oxfordshire to encourage walking and prevent falls. This included the need to prevent cars parking on the pavement. Several respondents said that low traffic neighbourhoods made it more difficult for people to get around and access healthcare appointments and green space.

- **Lacking ambition vs idealistic:** *“These are mostly WHO basic human needs - maybe we can aim higher in one of the richest university cities in the world?”*
“This document is aspirational and needs realistic delivery plans to make it work.”

Some respondents felt that we should aim higher and that access to basics should be a ‘given’ in today’s society. Other respondents thought the priority was idealistic and aiming too high. Those who thought the priority was idealistic thought it could be made more realistic by having a good delivery plan with clear and measurable goals. Respondents emphasised that judging this priority on its merit relied on ‘how’ we seek to achieve it.

- **Cost of living:** *“Your trite list doesn't touch on issues such as low earnings, inadequate provision of affordable childcare or the cost of living.”*

Respondents highlighted the relevance of cost of living in this priority. The discrepancy between poor pay and high cost of living was frequently mentioned as a big issue that needed addressing to retain staff and young people in Oxfordshire and help tackle poverty. The affordability of childcare was also mentioned as a big issue that needed addressing to help parents to access work. Respondents were concerned that the costs of achieving this priority would be passed onto residents. Many respondents wanted subsidies and financial support to help achieve this

^{vii} Themes have been drawn from questions 47, 49 and 51

priority, particularly for lifelong learning, people on low incomes and those on the cusp of eligibility for support as these people frequently miss the threshold for support yet are still in need.

- **Jobs:** *“The benefits of working needs much more promotion (improved financial circumstances, general well-being and improved mental health, a sense of purpose, social interactions). We need employers to offer opportunities to those who are neurodiverse and those with health conditions and disabilities - an inclusive, tailored approach to recruitment, employment support, progression opportunity and retention. More need to be done to educate employers about the benefits that these groups can offer.”*

Respondents highlighted the need for improved pay (particularly given the relatively high costs of living in Oxfordshire), more and varied career opportunities, better employment progression and retention and more support for people with additional needs to access employment e.g., neurodiverse, disabled etc. Two respondents suggested adding the word ‘meaningful’ before ‘jobs’ or changing the wording to ‘stable jobs suited to them’ to recognise that what makes a good job can depend on the person and what they need and are looking for.

5.6.2. Edits to ‘financial wellbeing and healthy jobs’ priority

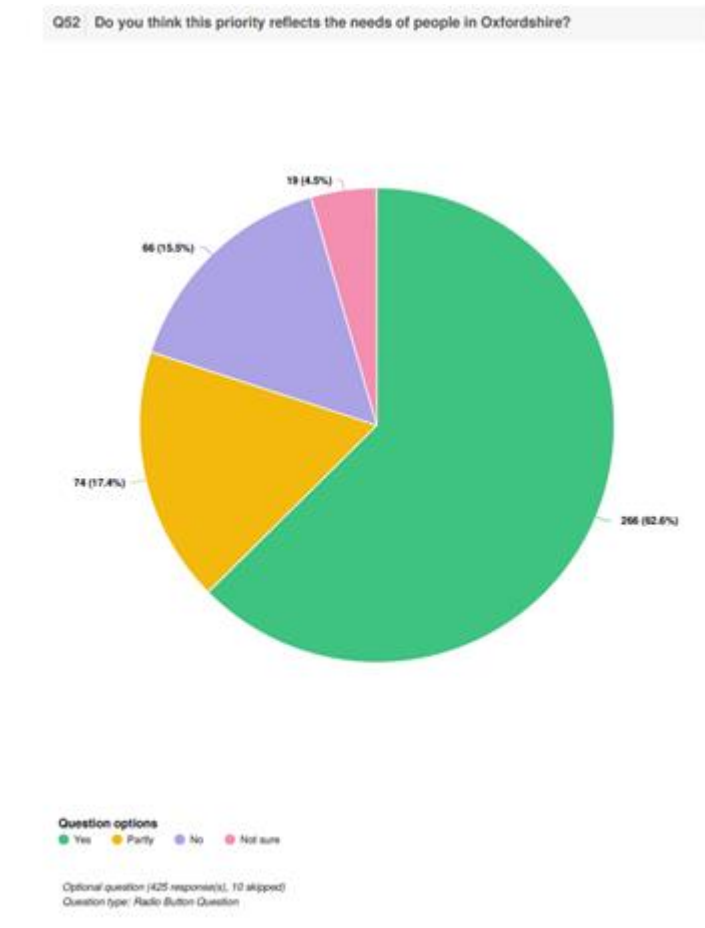
In light of the feedback received, the following changes have been made to this section of the strategy:

- Cost of childcare as a concern is now included and upcoming changes in government provision
- Personal financial wellbeing included within the ambition
- Supporting access to financial, income and debt advice; as well as banking and social finance guidance
- Reference to careers that are well-suited not just well paid, work-life balance, and opportunities for personal growth, and professional development
- Updated with Oxfordshire Inclusive Economy Partnership Charter and the Oxfordshire Strategic Economic Plan to address concerns around inclusive economies and stable jobs
- Housing costs addressed elsewhere in the housing priority strategy

5.6.3. Priority 8: Climate change and health

The health and care system in Oxfordshire should take action to reduce climate change and the impacts of climate change on people's health.

Q53. Do you think this priority reflects the needs of people in Oxfordshire?



The vast majority of respondents fully or partly agree with this priority (80%; n= 340).

Themes in comments (n=288) from those who wanted to change the priority or tell us more^{viii}:

- **Education:** *“Increase opportunities to educate re climate change and its impact on health”*

Some people fed back a need for public education to raise awareness around climate change and the effect it has on health.
- **Infrastructure to enable action:** *“This should specifically include the traffic related risks of pollution.”*
“Make cycling safer.”

^{viii} Themes have been drawn from questions 53, 55 and 57

“Encourage bus!! Make them cheaper, more frequent.”

Some respondents called for better infrastructure to support active travel such as walking and cycling. They also wanted more affordable and frequent bus services to reduce car dependence. Several respondents wanted to scrap low traffic neighbourhoods and increase speed limits to reduce pollution.

- **Climate change as a priority:** *“People care about climate change, but their personal circumstances and wellbeing are their immediate priority.”*

Some respondents stated there were other priorities related to health and wellbeing that have more importance than climate change such as housing and financial hardship. People felt climate change was an issue, however it was considered less important than other areas. Some also said the priority was too vague and unmeasurable. Some felt that residents have to focus on day-to-day issues to get by and that people don't have the head space for climate change matters.

- **Feeling powerless:** *“Climate change is very important but the effects that Oxfordshire can influence are limited.”*

Most people feel that climate change is an issue, but they think the problem is too big to action locally. There was a general sense of powerlessness among respondents.

5.6.4. Edits to ‘climate change’ priority

In light of the feedback received, the following changes have been made to this section of the strategy:

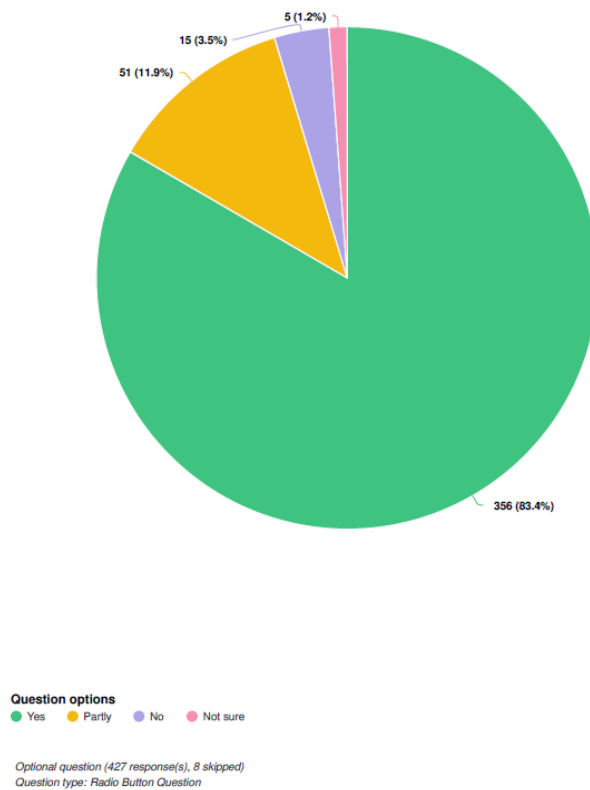
- Included both a focus on what individuals and organisations can do to make a difference
- Increased ambition on air quality and action that links to climate change mitigation
- An immediate action to strengthen the link between climate change and health including dietary and nature considerations.

5.6.5. Priority 9: Healthy homes

Everyone should have access to quality, affordable, and energy efficient homes which support their health and wellbeing. Social, private rented, and new build homes should be of a good material standard and maintained to prevent health issues, especially from cold, damp, and overheating.

Q58. Do you think this priority reflects the needs of people in Oxfordshire?

Q58 Do you think this priority reflects the needs of people in Oxfordshire?



The vast majority of respondents fully or partly agreed with this priority (95.3%; n=407).

Themes in comments (n=219) from those who wanted to change the priority or tell us more^{ix}:

- **Regulation and assessment:** *“Being of good standard and maintained - this needs to include bringing up to regulations or doing better to ensure that homes have adequate insulation. Heat poverty is a big problem.”*
“Unscrupulous landlords are able to exploit vulnerable people who have no options.”

Respondents did not trust that landlords (both private and council) and housing associations would implement measures to prevent or improve poor housing. It was stated that more protection is needed for tenants to allow them to feel safe to deal with housing concerns. There was also a lack of trust in tradespersons who conduct work and there were requests for a list of trusted professionals. Respondents also stated that a lot of homes do not meet regulations and stricter regulations need to be put in place, including for new houses. An assessment of current stock to see if they meet the regulations is also required to fully understand what can be done.

^{ix} Themes have been drawn from questions 59, 61 and 63

- **Different population groups:** *“We see a real issue for families - and especially single mothers facing multiple inequalities - when they are rehomed in an emergency, including from a refuge...”*

Respondents mentioned several different population groups based on age, ethnicity, socio-economic status and circumstances who may be particularly vulnerable and may have increased struggles with housing. Respondents also talked about tackling homelessness and improved housing for those in emergency accommodation or escaping crisis. Many stated that emergency accommodation is not fit for family living and tenants are unable to afford bare necessities such as flooring and white goods.

- **Types of housing:** *“There is no mention of existing privately owned homes. Home that might need help with insulation etc.”*

Respondents and attendees at the webinar wanted more emphasis and recognition of the different types of housing and ownership such as private homes (both rented and owned), older homes and social housing.

- **Money:** *“More grants should be available to help people improve their homes/energy efficiency and environment.”*

Some people felt that housing (including renting) was not affordable and that there is a need for more affordable housing, particularly social housing, to be built. They also highlighted the huge financial cost of retrofitting private homes and older homes. Listed homes were cited as being difficult to improve with no support. Respondents wanted more grants, financial support and incentives available to improve the efficiency of homes, particularly less energy efficient older properties.

- **Environmentally conscious:** *“EVERY new home should be built to environment conscious standards. There is no point at all hoping to achieve wellbeing without considering this.”*

Respondents wanted more environmentally friendly measures across the system. There was a plea for new homes to be more sustainable through environmental measures such as grey water collection, solar panels, renewable energy options and water butts.

- **Infrastructure:** *“I used to live in a small village with a local school but now so many houses have been built around us that the school can no longer take the children from new households...”*

Respondents expressed a need for more infrastructure in new housing developments such as GP practice, community centres, schools etc.

- **Timely action:** *“It took over a year to put a ramp in at my mother’s house to enable access to her garden. Timely assistance would be beneficial - my mum is 97!”*

Respondents wanted quicker support on housing matters such as increasing accessibility in older people’s homes.

5.6.6. Edits to ‘healthy homes’ priority

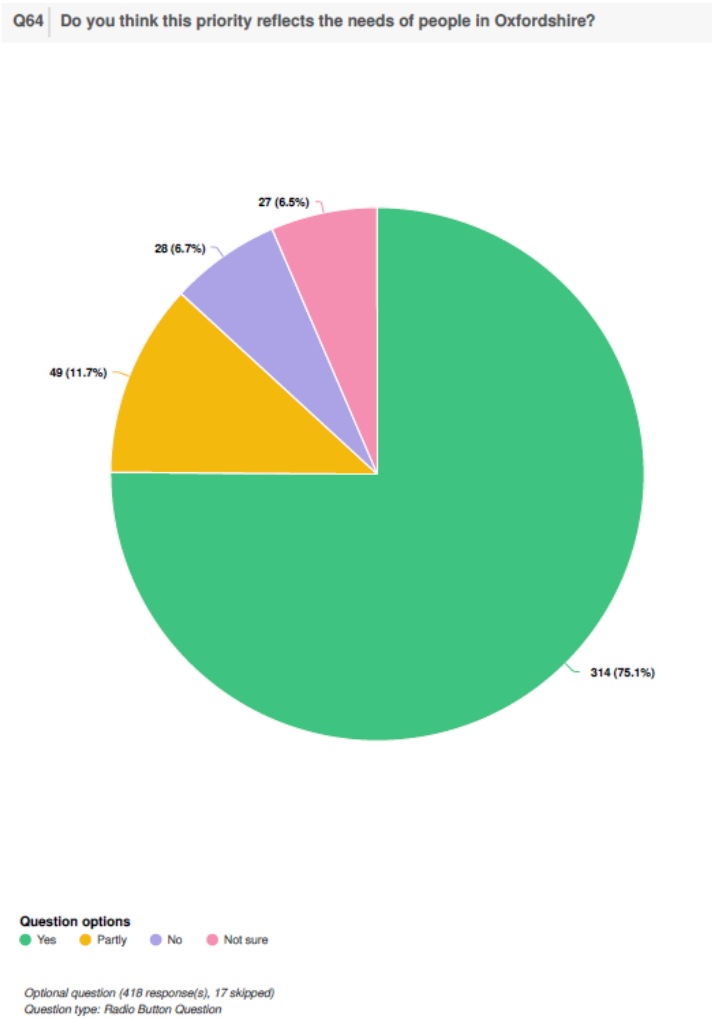
In light of the feedback received, the following changes have been made to this section of the strategy:

- Referenced the Oxfordshire Healthy Place Shaping delivery plan which already addresses several points raised
- Included an ambition to simplify access to grants and support for those in greatest need
- Increased the focus on people at risk of and experiencing homelessness with the obvious significant impact on health and wellbeing.

5.6.7. Priority 10: Vibrant Communities

We will support and enable our diverse and vibrant communities to play their key role delivering better health and wellbeing for people across Oxfordshire.

Q64. Do you think this priority reflects the needs of people in Oxfordshire?



The vast majority of respondents fully or partly agreed with this priority (86.8%; n= 363).

Themes from comments (n=196) from those who wanted to change the priority or tell us more^x:

- **Barriers to community involvement:** *‘Amongst all the thousands of new build estates going up there are no shops, no community centres, etc. They are social deserts, this will lead to problems.’*

Barriers to community activities included being time poor, poor land use planning or not having access to public transport options, particularly in rural areas. Residents also cited feeling safe and reducing fear of crime as being an important factor. Lack of funding and staff/volunteers to deliver the priority goals were also mentioned.

- **Community cohesion:** *‘Encourage more social involvement and understanding between different cultures.’*

Some respondents felt greater understanding and increased cultural activities would build a sense of belonging in the community or increase access to support for health and wellbeing.

- **Clarification:** *‘I don’t even know what this means.’*

Some people were unclear what vibrant communities are and what the priority was seeking to achieve. They said it was too vague or didn’t offer details or tangible specifics. They wanted more detail on how communities would be involved and supported.

- **Vibrant communities as a priority:** *‘Not sure whether a “vibrant community” is foremost in public opinion as a building block in wellbeing.’*

Some people fed back that while they liked the idea of a vibrant community, they were not sure it was essential or linked to their health and wellbeing. They felt other priorities related to their health were more important.

- **Responsibility:** *‘I think you are passing the buck. You speak of community organisations and the voluntary sector delivering what is your responsibility to.’*

Respondents used emotive language to express their concerns that they felt the responsibility for health and wellbeing was being passed onto communities and VCSE groups when it should lie predominantly with council/NHS services. Respondents also expressed that VCSE groups can provide valuable support to residents for health and wellbeing and that there needed to be a collaborative/partnership approach between these community groups and council/NHS services to ensure improved equitable access and sustainability.

- **Target groups:** *‘It should be all communities not diverse and vibrant communities.’*

Some people felt that the term ‘vibrant communities’ was irrelevant to most residents e.g. people in rural isolated parts of the county. Some felt the term referred to

^x Themes have been drawn from questions 65, 67 and 69

diversity, due to ethnicity or other protected characteristics. Some perceived this as negative, others positive. For example, *'too much time and effort goes into worrying about diversity and not enough into actual solutions'*. This link was also used in a positive sense *'if done right and co-produced by a genuine diverse range of people of all kinds, excellent.'* Respondents questioned who is being included in vibrant communities and stressed the importance of including a diverse range of ages, backgrounds, those with protected characteristics and mental health concerns. Some people wanted more recognition of people seeking asylum and refugee status in Oxfordshire within 'vibrant communities' and to ensure community cohesion.

5.6.8. Edits to 'vibrant communities' priority

In light of the feedback received, the following changes have been made to this section of the strategy:

- Changed the title of this priority to "Thriving Communities" as this better reflects the ambition and is likely to have greater meaning to residents than "Vibrant Communities"
- Added a summary of immediate actions, which had initially not been included in the draft version of the strategy
- Included the importance of community safety to enable people and communities to thrive and therefore a link to the Safer Oxfordshire Partnership
- Added a description of communities being connected and accessible to enable them to thrive.

5.7 Enablers

Workforce

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

Data and digital

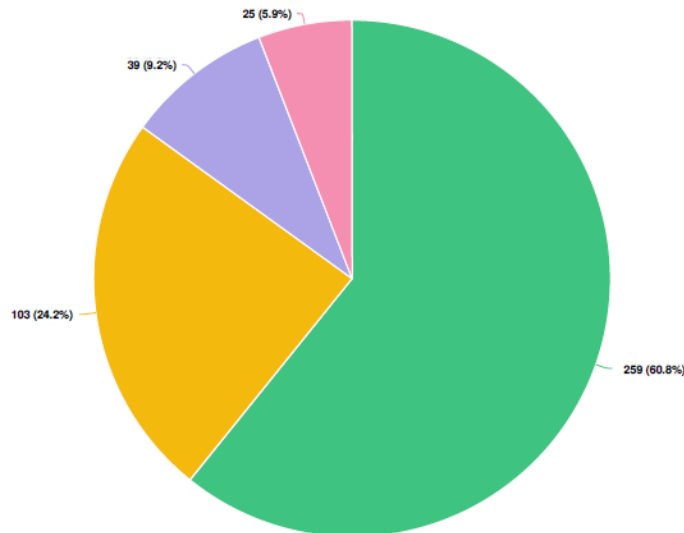
We will improve the extent, quality, and accessibility of digital infrastructure and more effectively generate insight from data to inform decision making. We will continue to innovate digitally to improve how we work, care for, and support people in Oxfordshire.

Anchor institutions

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

Q70. Do you think these enablers are the right tools to use to improve people's health and wellbeing in Oxfordshire?

Q70 Do you think these enablers are the right tools to use to improve people's health and wellbeing in Oxfordshire?



Question options
● Yes ● Partly ● No ● Not sure

Optional question (426 response(s), 9 skipped)
Question type: Radio Button Question

The vast majority of respondents fully or partly agreed with this priority (85%; n= 362).

Themes in comments (n=240) from those who wanted to change the priority or tell us more:

- **Importance of VCSE organisations:** *“It's not just large organisations, small community groups can have a big impact and should be used/supported too.”*

Respondents highlighted the crucial role of the VCSE sector in supporting residents as well as the role of faith-based communities in providing support for people (not just for people of faith).

- **Feasibility/tangibility:** *“Increasing the workforce is a fine aim, but no indication of how this will be achieved.”*

Residents expressed scepticism about the effectiveness, feasibility and clarity of the proposed enablers. Some found the strategy and enablers to be vague or aspirational, emphasising the need for more concrete and actionable plans.

- **Clarification of term ‘anchor institutions’:** *“Who decides who these are? Will they be politically neutral? Will they be pushing their own agendas? Who will select these*

institutions? Who will ensure these institutions are impartial? What systems and processes will be put in place to ensure they do not overly influence outcomes?”

Respondents sought clarification about the concept of anchor institutions. There was confusion about what these institutions entail, how they will be selected, and whether they will remain politically neutral. They expressed a need for clear communication regarding anchor institutions, their roles in the community and how they link with the VCSE sector. Respondents suggested that a focus on anchor institutions might overlook the diverse needs of local communities, and support for grassroots initiatives was encouraged. Some people raised concerns about what would be done in rural communities where anchor institutions do not exist.

- **Workforce recruitment and retention:** *“The recruiting of the workforce will be an issue especially due to low pay and unaffordable rents. There is a recruitment crisis across the caring sector.”*

Respondents highlighted challenges in recruiting and retaining a diverse social care and NHS workforce. Issues such as low pay, unaffordable housing, feeling undervalued and overall working conditions affecting staff morale were mentioned. Respondents were concerned about the level of funding needed to address workforce recruitment and retention issues. Some respondents suggested subsidising housing for healthcare staff. Comments at the public consultation webinar included a need to monitor staff to ensure they are keeping well.

- **Data and digital:** *“Data can be easily manipulated, and outliers can be removed from data giving a reflection that is not truthful or correct. For the council to then invest in areas identified by these methods could be a waste of time money and effort. Absolute transparency is essential if people are to have any trust in Councils the use of data.....!”*

Opinions on the use of data and digital insights were varied. Some respondents expressed reservations about relying on data and digital solutions, particularly for older people who may experience digital exclusion. Concerns included issues of privacy, incorrectness, trust, funding needed and the potential misuse or selling of personal data. Some questioned how insights from data would be obtained and utilised. Some felt that the emphasis on data could be at the expense of listening to what communities need and rich qualitative data from the local demographic.

- **Infrastructure:** *“You should provide more local access to gyms and other physical fitness facilities. You should ensure that new housing is accompanied by appropriate levels of new healthcare infrastructure such as GPs and pharmacies.”*

Respondents emphasised the importance of infrastructure such as sports facilities, public transport, GP surgeries and pharmacies.

5.7.1. Edits to ‘enablers’

In light of the feedback received, the following changes have been made to this section of the strategy:

- Provided greater clarification of the term ‘anchor institution’ and the formation of a network to develop this new area of work
- Clearer reference to the role of employers in supporting the health and wellbeing of their workforce
- Greater reference to the role of voluntary sector organisations as anchor institutions.

5.8 Final comments

Q74. Is there anything else you would like to tell us about the draft Health and Wellbeing strategy?

28.5% (n=117) of those who commented on this priority answered yes. Themes in comments from those who answered yes:

- **Workforce:** *"Need more practitioners outside of the NHS system..."*

Respondents want a more diverse and empowered social care and NHS workforce. Concerns were raised about the need for increased staffing in expanding towns like Banbury, and in response to the growing demand for health services. They also highlighted the significance of practitioners outside the NHS system to relieve pressure on the NHS.

- **Delivery and measurement:** *"How will this be measured? It shouldn't just be about targets."*

Respondents emphasised the importance of measurable outcomes. There's a call for clarity on how the strategy will be measured and a suggestion to go beyond numerical targets.

- **Responsible implementers:** *"Nowhere in the document does it set out which organisations have been involved..."*

Respondents and members of engagement meetings voiced the need for transparency regarding the organisations involved in developing and endorsing the strategy and how teams will collaborate. There's a call for clarity on how different strategies link with the Health and Wellbeing Strategy.

Respondents commended the recognition of communities and the voluntary sector in shaping health and wellbeing. However, there were calls for a stronger emphasis on the voluntary sector's role. The importance of addressing health inequalities, particularly for marginalised groups, was stressed. The role of end-of-life care and the need for financial acknowledgement in the strategy were also highlighted.

"We applaud the work that has gone into this strategy..."

"There needs to be a far greater recognition of the role of the Voluntary Sector."

"The strategy needs to focus more specifically on the impact financial pressure has on health and wellbeing."

6. Conclusion

The feedback from this consultation has provided valuable insights into people's perception of the draft Health and Wellbeing strategy. Overall, the vast majority of people expressed support for the principles, priorities and enablers outlined in the strategy. Most of the feedback concerned the delivery of the strategy rather than the strategy itself. This feedback will be valuable when creating the delivery plan in the next phase.

A notable issue highlighted by people was the perception of insufficient funding and workforce to effectively deliver on the actions and priorities set out in the strategy. This left some people feeling sceptical and creating the potential for empty promises.

People also fed back about the importance of lifestyle and health behaviours. Respondents' comments reflected the need to balance personal freedom and responsibility for engaging in healthy behaviours versus the need to be shaping the environment to make healthy options easier for people.

Another notable concern among people were difficulties in accessing healthcare. Respondents felt that improving access to healthcare was vital to improve health and wellbeing. These comments will be fed back during the update of the BOB ICS Primary Care Strategy as the Health and Wellbeing Strategy is focussed solely on the building blocks of health. The narrative around the importance of wider factors on improving health and preventing ill health has also been strengthened in the strategy in light of this feedback.

On a range of priorities, we had feedback that children and young people with SEND need specific consideration in order for their health and wellbeing to be improved. This feedback will be used to enhance the SEND Service Improvement Priority Action Plan.

In conclusion, the findings from this consultation have provided valuable insights that has informed the refinement of the strategy. The feedback will also be used to form the delivery plan and outcomes framework that will support implementation of this strategy.