

Active Oxfordshire – Fighting Inactivity and Tackling Inequality
Health Improvement Partnership Board Report
September 10th, 2020

1. Introduction

Active Oxfordshire (AO) works collaboratively and through partners to help EVERYONE in Oxfordshire meet the Chief Medical Officer’s guidelines for physical activity. We work to fight inactivity, reduce health inequalities, widen access to activity and sport whilst addressing the systemic barriers that are preventing the most vulnerable people in our society to get active, change behaviours and improve the quality of their lives. Inactivity is a ticking time bomb for the health of our County and we all have a moral duty to act and, ideally, work together.

Active Oxfordshire’s Three Pillars are the key priorities that will shape our strategic delivery:



Healthy Active Children – encouraging an active start in life by:

- Working with early years settings
- Focusing on extra support for our most vulnerable and disadvantaged young people and families
- Supporting schools, communities and our sector to help all young people to be physically literate.

Healthy Place Shaping – helping people to live well by:

- Promoting active environments to support everyday physical activity
- Activating communities in the Lower Super Output Area (LSOA) ranked within the 20% most deprived nationally as identified in the JSNA as well as the key growth points across Oxfordshire
- Embedding physical activity & self-care into new models of health care as part of systems change.

Healthy For Life – helping people to live longer better especially:

- Those with long term health conditions and those at high-risk of cardiovascular disease
- Those people who have, or are at risk of, poor mental health and well-being
- The growing numbers of older people to be active & independent to maintain their quality of life.

For further information, our full strategic plan, launched this summer, can be found [here](#).

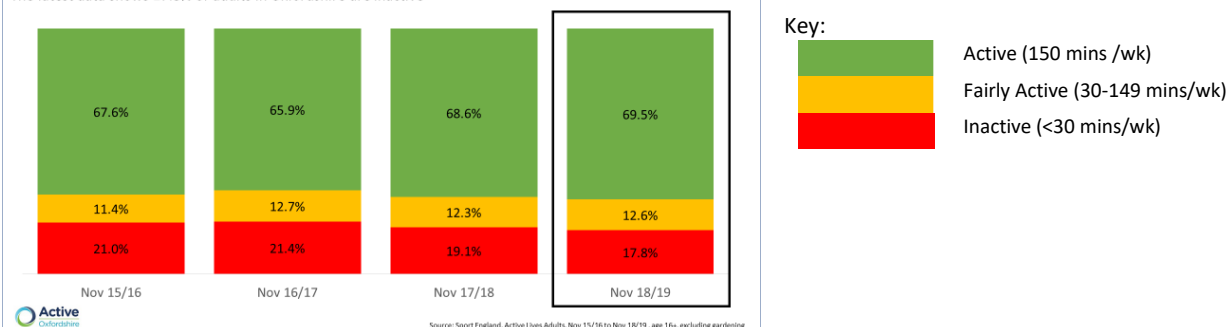
2. Active Lives Data

The most recent Active Lives Data¹ reported prior to the coronavirus pandemic demonstrated very clearly the improvement in physical activity (PA) levels for Adults (16+) that have been sustained over the last 3 years now. **Oxfordshire is now the least inactive county in England for adults** and the slide below demonstrates the gradual reduction in inactivity levels over time:

¹ Sport England, Active Lives Adults, Nov 2018/19 Report.

Physical activity behaviour over time

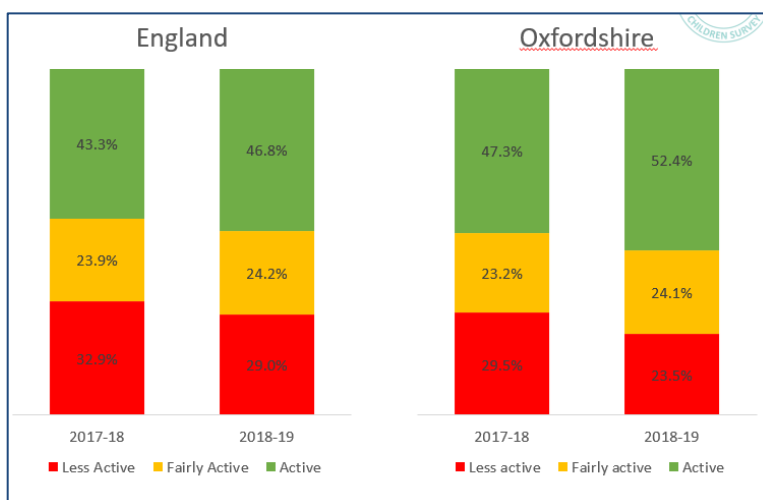
Data within this document will be from Nov 18/19 unless otherwise stated
The latest data shows 17.8% of adults in Oxfordshire are inactive



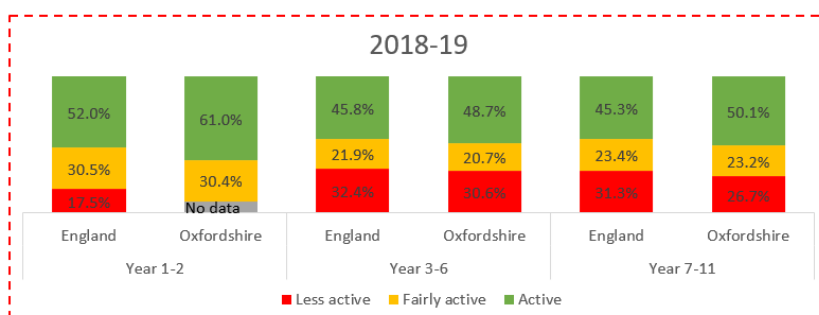
Adult Physical Activity Levels: The target, as reported in December 2019, in the Health Improvement Board’s Performance Dashboard was to reduce adult inactivity by 1% to 18.6%. This latest survey result shows that as a County we have met and exceeded the 19/20 target with 17.8% of the adult population deemed to be inactive. This is not due to the work of Active Oxfordshire directly but reflects the rich mix of relative affluence, access to open space, public sector investment in facilities/services, vibrant voluntary sports sector, a dynamic third and community sector, and some effective collaboration across sectors and boundaries that all contribute to these very positive trends and numbers. However, it is worth noting, that whilst our inactivity levels for Adults were low prior to lockdown, even then there were approximately **99,000** adults who were inactive-approximately with **24,000** of these inactive adults having a limiting illness.

Children and Young People Activity levels:

There have now been two years of Active Lives data collected locally and nationally through schools and **Oxfordshire is now the third least inactive county in England.** We have seen a decrease (improvement) in those who are less active and an increase (improvement) in those who are active when we compare the current data (2018-19) with the 2017-18 survey.



However, for children and young people (aged 5-16), these results showed that a disturbing **48% (c.40,000)** did not meet CMO Guidelines in 2019, with alarming inequalities already evident across the County and within District/City areas. These facts and figures indicate that there is still much to do if we are to achieve our ambition of being the least inactive County for both adults and young people as well as give everyone the best possible start to an active life.

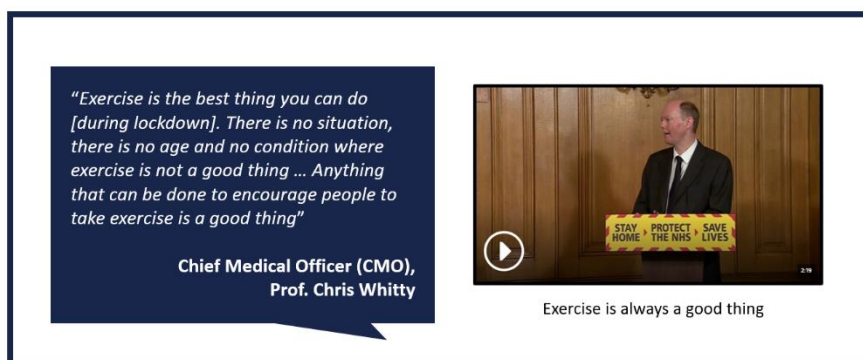


The 'PE Premium Mapping' commissioned by Sport England/DfE and carried out by Active Oxfordshire in 2019 showed that in a typical academic year, only 7/10 of children in Oxfordshire can swim proficiently for 25 metres - in itself not a good figure. However, there are significant inequalities, for example **84%** of children in North Oxford achieved this as compared to **30%** in Cowley. In a recent survey of schools in disadvantaged parts of Banbury, by the North Oxfordshire School Sports Partnership, only **24%** of children met the standard in the most disadvantaged areas of the town. This situation is worsening not improving.

3. The Impact of COVID-19

3.1 Activity Levels

During lockdown, regular advice from the Government and Scientific experts encouraged us all to take regular physical activity. Indeed, our CMO, Professor Chris Whitty reiterated this advice during lockdown and continues to support the uptake of activity not only for physical but also for mental health benefits.



National data² that has been collected since lockdown and continues to be collected, tells us that whilst activity levels in the early weeks of lockdown were relatively steady, as our society is trying to reopen with social distancing and safety measures in place, regular adult physical activity remains at its lowest since lockdown started. In addition, this data tells us that activity levels for children may have fallen to the extent that only **19%** of children are now meeting the CMO's guidelines. Even given our levels of performance previously, this could mean that in Oxfordshire over **60,000** children are currently inactive and at risk of poor health and wellbeing as a consequence.

When we scratch beneath the surface familiar inequalities are replicated and exacerbated. While the whole population has been affected by the pandemic, it is not an equal distribution. The wider public health, social and economic impact of coronavirus is likely to have a greater negative impact on the capability, opportunity and motivation to be physically active for some groups over others, such as women, people from lower socio-economic groups, older adults, people with a long term condition, illness or disability, and people from some BAME communities – all of whom are still finding it harder to be active. This is being worsened by the closure of facilities and clubs serving key communities and audiences, with Sport England expressing real concern that, for many people including women and BAME groups, the crisis will break habits and routines that could set us back and destroy the progress that has been made. It is worth noting that Sport England will release their latest Active Lives survey data for May 19 – May 20 shortly. This will then reveal the true impact of COVID-19 locally and nationally. Results will be shared as soon as we have them and will be a main topic for discussion on October 14th at our next Leadership Forum.

3.2 Health and Wider Inequalities

The NHS recently produced their 'Third Phase of NHS Response to COVID-19'³, which outlines urgent actions to address inequalities in NHS provision and outcomes. It is now well established that COVID-19 has shone a harsh light on some of the health and wider inequalities that persist in our society. The impact of the virus has been particularly detrimental on people living in areas of greatest deprivation, on people from BAME communities, older people, men, those who are obese and who have other long-term health conditions. There

² Sport England survey conducted by Savanta ComRes; April to Aug 2020

³ NHS: Implementing phase 3 of the NHS response to the COVID-19 pandemic; Aug. 2020

is evidence to suggest that the UK's high level of COVID-19 mortality is partly due to the high prevalence of comorbidities, such as obesity and diabetes, which are now recognised risk factors for severe COVID-19 outcomes⁴.

This NHS report also highlights the impact of COVID-19 on mental ill-health which is a significant contributor to long-term health inequalities. More than 2/3 of adults in the UK (69%) report feeling somewhat or very worried about the effect COVID-19 is having on their life⁵. It is also recognised that months of isolation at home, particularly for the shielded population, will have an immense deconditioning effect on an already vulnerable population⁶.

This pandemic has refocused the lens on the obesity epidemic as excess weight is one of the few modifiable factors for COVID and also a modifiable factor for other metabolic diseases (Type 2 Diabetes and hypertension). Consequently, the Government released its Obesity Strategy⁷ in July. The key principles of the strategy include: 'encouraging the whole nation to use this moment to kick start our health, *get active* and eat better.'

As Sir Simon Stevens states in his 'Third Phase' directions, health services have a 'window of opportunity' to accelerate the return to near-normal levels of non-Covid health services but to expedite this, he urges a collaborative approach with communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities. This includes an acceleration of *preventative programmes* to proactively engage those at greatest risk of poor health outcomes including better targeting of condition prevention and management programmes. He emphasises:

Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and is true in recovery.

➤ Active Reach

In response to this early insight during lockdown and the obvious recognition of the widening inequalities Sport England released their Tackling Inequalities Fund to try and help reduce the negative impact on activity levels in under-represented groups, with a specific focus on lower socio-economic groups, BAME communities, disabled people and people with long-term health conditions. As a result of this, we are now working with 17 Third Sector partners following an award of £100,000 from Sport England's Fund in Blackbird and Greater Leys, Banbury Grimsbury and Abingdon Caldicott. This hyperlocal approach is targeting areas of greatest deprivation and highest inactivity levels. This collaborative approach will strengthen relationships between system partners and community bodies working with under-represented groups, utilising a multi-faceted and place-based approach.

We intend to develop this approach further with partners concentrating on the 10 wards/communities identified in the DPH Annual Report and particularly those more vulnerable as a result of COVID, by working with PCNs and LAs as well as third sector partners/community based organisations.

4. Active Oxfordshire's response

The unprecedented COVID-19 crisis shows that our work will be needed more than ever before. Akin to every other organisation, Active Oxfordshire has reviewed the disparities in the risk and outcomes of COVID-19 to determine our revised strategic approach to supporting our communities through this current crisis and into the near future. We have considered and continue to be informed by the latest evidence and guidance to

4 Dietz W, Santos-Burgoa C. Obesity and its implications for COVID-19 mortality. *Obesity*. 2020; 28:1005-1005.

5 ONS: Coronavirus and the social impacts on BG: 5. June 2020

6 <https://blogs.bmj.com/bmj/2020/06/15/covid-19-will-be-followed-by-a-deconditioning-pandemic/>

7 Dept of H&SC: Tackling Obesity: empowering adults and children to live healthier lives; July 2020.

determine how physical activity can help support our communities and our partners, particularly for those impacted through COVID and for the most vulnerable. Our Plan has a clear focus now on Fighting Inactivity and Tackling Inequality and while our response will remain under review to ensure we adapt to the evolving situation, we continue to drive forward our long-term vision with partners. Our priority ambitions, which we hope all partners would share, are outlined here: [AO ambitions](#)

Our Current Priorities

Whilst monitoring and reviewing the evolving situation, our current priorities align critically to Oxfordshire's Prevention Framework produced by the County Council and the Clinical Commissioning Group (CCG) as well as collaborative working across the District Councils and our third sector partners. Critically now, our priorities focus on how to support the most vulnerable in our communities, impacted upon by COVID. These priorities aim to:

- Improve the quality of life by promoting health and wellbeing
- Reduce health inequalities across the County, exacerbated through this pandemic
- Seek to support people in their recovery post-COVID
- Support those more vulnerable individuals / communities during and beyond the pandemic
- Save our public services from the spiralling costs of treating avoidable illness and ongoing needs

These priorities align to our Three Pillars:

4.1 Healthy Active Children

➤ Active 60

In September 2020, we will be launching a new campaign: **Active 60**. We know that there is a health crisis affecting Oxfordshire's children. With only 19% of children currently meeting Chief Medical Officer guidelines of 60 active minutes a day, this could mean that over 68,000 children are currently at risk of poor health and wellbeing as well as not enjoying other far reaching benefits of being active, such as improved educational attainment. Active 60 will be calling for families, schools and other organisations including local authorities to come together and help ensure that all of our county's children achieve 60 active minutes a day, to protect their health and well-being. We will be linking this campaign into our Healthy Active Children conference in November, as well as a significant focus on the WOW Walk to School programme and active travel as schools return this month. Our ambition is that all children can swim and cycle safely and have these skills for an active lifestyle.

4.2 Healthy Place Shaping

Healthy Place Shaping (HPS) is a collaborative approach that brings together work on the built environment, community activation, and new models of healthcare in a single framework. Recent investment of £935,000 by Sport England into the County over the next two years is designed to support the existing policy and work led by the County Council and its partners.

The newly funded HPS Partner Post is currently deployed into the City Council primarily working on two key areas:

(i) Plans for the development of **Shotover Country Park** will be used as a demonstrator of how the healthy place shaping approach can be applied to deliver wider impact in terms of addressing health inequalities, climate action, enabling access to natural assets on the urban fringe as well as contributing to the regeneration of the Leys.

(ii) It will support **Oxford City's development of 'localities'** working and how the matrix working witnessed in the response to COVID-19, might be sustained as business as usual.



This includes connections with the development of cycling, walking, swimming and other community activation interventions in the CIZ and how these developments can then link to the wider development of Shotover as East Oxford's Back Garden and be fully integrated into the Local Cycling & Walking Activation Plan to complement the LCWIP.

Active Environments: Wayfinding Projects: Awards for the Kidlington K5 Wayfinding (£124,032), and the Park and Stride Schools (£130,400) projects have been confirmed by Sport England. A Wayfinding Officer role to deliver these projects will be interviewed for in early July. Project timelines and delivery mechanisms have been amended to reflect the impact of Covid-19, and potential synergies with plans for the Department of Transport's Emergency Active Travel fund – particularly around School Streets.

Families Active Sporting Together (FAST) - following the January expansion:

- 1548 families and 5568 individuals in Cherwell now have a FAST card.
- 68% of families come from most deprived wards (lowest 3 deciles IMD).
- Partnering with local community groups has supported an improved ethnic make-up, as the number of South Asian participants in Banbury has increased from 5% to 17% since working with the local mosque.

Between January and mid-March, the programme offered families opportunities in three different ways. Firstly, 10 primary schools hosted the free 12-week family provision on a school site. Secondly, 8 free weekly family activities were delivered in targeted local community settings. Finally, FAST card incentives i.e. £3 family swim instead of £13 have been offered by a range of local partners, including football clubs, leisure providers and climbing centres.


Since lockdown all regular activities are paused. FAST families are offered the opportunity to have an Activator support them with “pick and mix” resources and tailored activities to utilise items available within their household. Additional activities are being supported through YouTube.

PHAST SYSTEM EVALUATION UPDATE

Evaluation Plan – built on 4 initial projects (including literature review, stakeholder interviews, data logging and history of HPS) was agreed by Evaluation Advisory Group in July 2020

5 projects agreed:

- **Theory of Change** – focus groups for built environment/ new models of care/community activation. Developing system maps for each
- **Collate data from Cherwell HPS results, evaluation and impact** – Bicester focus with data available from 2016/17 to the present - scoping of existing data and sources underway
- **Policy Analysis and Impact** – further scoping required once TOC developed
- **Understanding systems behaviours** – identified PHE framework for whole systems approach. TOC will inform this work
- **Literature review of HPS with focus on impact** – scope being developed
- Inequalities and learning from Covid 19 will be cross cutting themes



Systems Change Evaluation

Following a strong tender process that utilised community representatives, **Public Health Action Support Team (PHAST)**, a Community Interest Company of associates was appointed. Key deliverables were agreed to reflect a shift in approach in the development of the evaluation plan to allow for the need for remote working and PHAST has begun a schedule of interviews with key stakeholders.

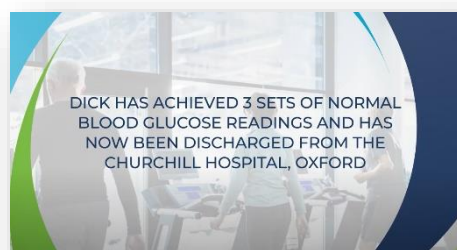
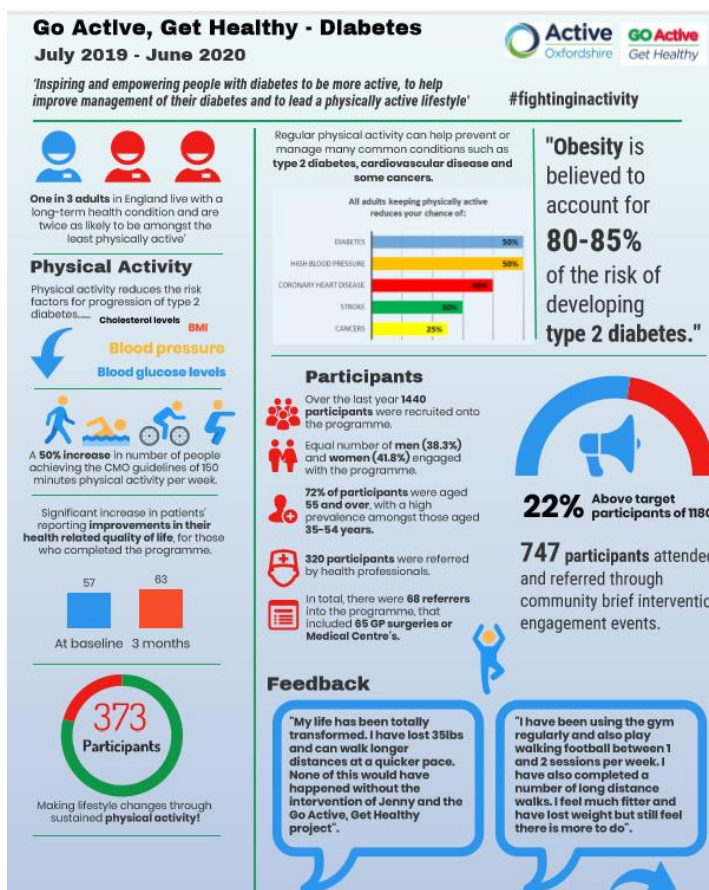
4.3 Healthy for Life

➤ GO Active Get Healthy – Diabetes (GAGH-D)

The GAGH-D programme has supported, encouraged and motivated over 3,000 patients with diabetes over the last 2 years alone. This highly successful programme has been commissioned by the CCG on a year by year basis, with joint funding from AO and the District Councils. This programme is an excellent example of true collaborative working across our CCG, GPs, local Diabetes teams and Local Authority (LA) partners. Moreover, an independent evaluation report produced in November 2019 by Oxford Brookes conducted an objective analysis of the data collected.

The analysis showed statistically significant improvements from baseline to 3 month follow-up for improved activity levels and perceived health-related quality of life. These significant outcomes indicate that GAGH-D appears to be an effective intervention to motivate and empower patients to increase their activity levels and their health related quality of life. Despite this highly positive report, funding from the CCG has only just been confirmed for this year, to continue the implementation of this evidence-based approach to supporting those patients with a diagnosis of Type 2 Diabetes to help manage their condition. This is a key concern, considering there is increasing evidence showing that people with diabetes are at higher risk of COVID-19 complications⁸. The full evaluation report can be found [here](#).

Perhaps the strongest testimony to the success of this programme is captured here, through the lived experience of a patient participant on the programme, who is now our *Active Ambassador*:



<https://www.youtube.com/watch?v=RLwWJnWEPD0>

Our ambition is to offer similar collaborative interventions to all people with LTHCs and CVD risk factors, in the County working with and through the new ICS, local PCNs, their GPs and Social Prescribers.

➤ **Physical Activity and Exercise Pathway Pilot for People with LTHC / CVD risk.**

In June 2019, PH and CCG requested we reviewed the Exercise Referral pathway. Following a 6 month review working with more than 20 key partners across the county, a proposal was developed representing the views of this multi-agency collaboration. We presented a paper to this partnership board in November 2019, proposing a pilot costing £68,000 to completely overhaul and refresh the existing GP Referral Scheme and physical activity pathway. The intention was to provide a frictionless pathway, enabling a wider range of activity options to improve health and reduce patients' risk of CVD. This proposal was fully endorsed by this partnership. Despite in-kind contributions from some sector partners, we were unable to secure the final £68k required to implement this pathway thus far, although the CCG was pursuing options to support it. Given that

⁸ Centre for Disease Control and Prevention; August 2020.

the existing GP Exercise Referral scheme (which is one part of this wider PA pathway development) is now inoperable due to COVID restrictions particularly on our leisure facilities, it is even more critical that this activity pathway proposal is reconsidered and implemented, as it would be a critical part of the recovery process particularly for those post COVID and for those who are still most at risk.

The impact of COVID-19 recovery on people we know can be far reaching and complex, with approximately 1 in 20 patients affected by residual symptoms⁹. Physical activity can play a critical part of a patient’s treatment plan, particularly in supporting recovery from its debilitating and deconditioning impact. Similarly, those who are most vulnerable, either due to their underlying health conditions or suffering from loneliness, anxiety or depression would also positively benefit from appropriate activity opportunities. These options would include online and offline options, being cognisant of those who are currently digitally excluded. Indeed more recently, we have had positive conversations with some PCNs who proactively wish to signpost / refer their patients into activity opportunities by creating a pathway to activity that is person-centred and builds motivation to create sustainable change. Their ambition is to have a single point of access where GPs and Social Prescribers can confidently refer their patients at risk of poor health outcomes, for appropriate physical activity opportunities. Furthermore, with the lack of facility activity options available and this, together with increased anxiety from some of our previously shielded population, requires us to work proactively and revisit these shared pathway ambitions now, to support and empower those in need, to be active.

We therefore consider the need for this pathway is now an imperative. We would welcome this Partnership Board’s endorsement and support for this approach.

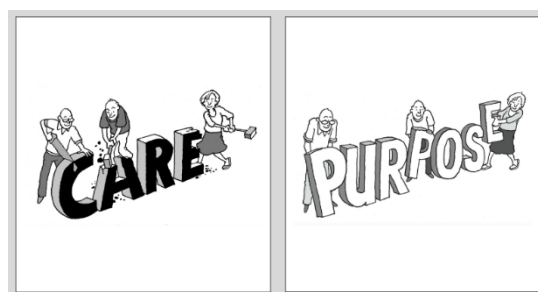
➤ **GP Physical Activity Champion**

Our pledge is to be fully proactive in accelerating preventative programmes which engage those at greatest risk of poor health outcomes. A key part of this approach and our desire to work ever more closely with frontline healthcare staff is our intention to support the deployment of a GP PA Champion working with colleagues in the ICS and PCNs to embed PA into routine clinical care. This deployment will also help us deliver on the Prevention Framework by supporting primary care providers to work upstream to reduce the burden and demand on the NHS, and work together to help improve the health of our communities. We hope that the PA Champion role will commence in October to further develop the bonds between AO, ICS and the County Council. We are grateful to the CCG Clinical Chair for the support she has provided to help make this happen.

➤ **Live Longer Better**

Lockdown and the impact of COVID-19 has highlighted the need for a radical change in social care but the response to our ageing population needs a fundamental paradigm shift, not just for equity but because they are not based on science and evidence.

We are working with Optimal Ageing and Sir Muir Gray to share his proposal for radical change to develop a co-ordinated Programme for ‘Live Longer Better’ across a network of our colleagues in other Active Partnerships and primarily, to deliver in Oxfordshire. The aim is to create a new culture with redefinition of the concept “care” to focus on the positive, on enabling people to increase their functional exercise capacity, increase ‘brainability’ and maintain a strength of purpose. This includes a learning programme for people 60 plus, a professional workforce and volunteer learning programme particularly to support social prescribers, and the development of a population based system with a single agreed aim of supporting people in living longer better. We will be consulting with key partners and colleagues in the statutory and voluntary sectors to help shape change and address the needs of older people in our County as one of our key priorities.



⁹ <https://le.ac.uk/news/2020/july/your-covid-recovery>

➤ Bikes for Key Workers

In a key piece of community activation and as a direct response to COVID 19 we have now given out 300 bikes to NHS and social care key workers in Oxfordshire. We have achieved our fundraising target of **£10,000** and have been awarded a grant of £4,000 from Oxfordshire Community Foundation, enabling us to continue meeting high levels of demand. This project would not have happened without the tireless efforts of Cyclox, partners, volunteer mechanics, donors and of course the keyworkers themselves.

Behaviour change data has shown that 9% of beneficiaries reported themselves as being entirely sedentary before they received the bike when asked “in the past month on average how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate?” However, by Month 3, this figure reduced to 0% (9% reduction in sedentary behaviour) of beneficiaries. In addition, there was also a 20% increase in those doing 30 mins of physical activity 10-20 times a month, and a 4.5% increase in those being active 20 times+ per month.

We are now working towards developing active travel further in the City, specifically for those facing significant health inequalities and barriers to active travel. This builds on projects such as Bikes for Keyworkers as well as initiatives including a Bike Library for children and families in Blackbird Leys, in partnership with the Oxford Hub. The development of a Local Cycling and Walking Activation Plan to complement the Local Cycling and Walking Infrastructure Plan aims to activate communities facing barriers further by taking a systematic approach to removing those barriers in partnership with our local authority and 3rd sector partners.



"We have all been delighted to be part of the project and have been so surprised and pleased at the response in terms of donations of bikes and money. It has been such a great initiative for Cyclox to get involved in and it has expanded our horizons hugely, both in terms of our connections (with Active Oxfordshire in particular) and with our strategic direction now we have become a charity."
 Alison Hill, Chair of Cyclox

➤ Better Health

In response to the Government’s Obesity Strategy recently launched, we are resuming work with Public Health and cross-sector partners to continue work on the Whole Systems Approach to Healthy Weight. With almost 2/3 of our population classified as overweight or obese, to do *nothing* about obesity and associated risk factors, is *not* an option therefore, the time imperative requires us to act now. Immediate identified actions include finalising the child healthy weight pathway, developing the Adult pathway whilst also looking for opportunities to provide interventions and a systems wide approach adopting a hyperlocal targeted approach, based on inequalities (as we have adopted with our Active Reach project). We are also working with Public Health on our countywide campaign – ‘Better Health’ and co-producing a webinar at the end of September to discuss pathways to personalised care.



5. What else can and should be done?

Longstanding inequalities have been exacerbated by COVID-19. The ‘window of opportunity’ which Sir Simon Stevens recently identified, means that the time imperative requires us all to redouble our focus on the needs of other patients’ health needs while managing the new challenges of the on-going coronavirus.

As we start to emerge from the devastating impact of COVID-19, staying active has never been more critical to protect our community's physical and mental health. There are opportunities: we know that attitudes to physical activity are changing and there is renewed investment in walking, cycling and running; but the crippling economic impact of the pandemic will further increase the inequality gap, and it is crucial that this is addressed. Staying active saves lives, improves mental and physical well-being and reduces the burden on healthcare systems. As we move forwards into Oxfordshire's "new normal", our work will be needed more than ever before. We advocate the following approaches to achieve this successfully:

- Activity is one part of the solution but from a physical activity perspective, by promoting / enabling / empowering increased activity this has the advantage of impacting on other risk factors for CVD as well, therefore multiple benefits. It also improves the immune system and hence additionally reduces the adverse effects of COVID.

*Professor Roger Kirby (Royal Society Medicine) quite simply advises:
'Lose weight, **keep fit** and keep the virus at bay'.*

- The strong community spirit developed as a result of COVID, with its subsequent army of volunteers has been integral to its local management and community support. This has emphasised the need to work with our communities for a consensual approach. The analogy of 'all being in the same storm, but not in the same boat' has never been so profound when the impact of different communities is considered. Let's continue this intersectional approach to work across our public sector partners together with this strong contingent of third sector organisations, collaboratively and cohesively.
- Join the dots - make the connections! Provide the critical connections across systems and sectors where individuals and our communities are helped to shape their circumstances, increase PA opportunities to achieve improved physical and mental health, and wellbeing, whilst supporting those more vulnerable, as well as those in the post COVID recovery period.
- We can achieve a lot together by simply actioning what is readily available to support our patients and communities – let's keep it simple and focus on what matters.

We can no longer continue to work in silos – it just doesn't work; it is imperative that we "hang together or, most assuredly, we shall all hang together" Benjamin Franklin.

6. Recommendations

It is requested that members of the Health Improvement Partnership Board should:

- (i) Pro- actively support Active 60 Campaign to ensure Oxfordshire is the least inactive county for both adults and children/young people by 2024.
- (ii) Support GAGH-D and its extension to other long term health conditions focusing on CVD risk in the first instance.
- (iii) Endorse and support the launch and joint funding of the proposed PA pathway in 20/21.
- (iv) Support the work of the new GP Champion by appointing lead officers to work with him/her in an Oversight Group from September onwards for a period of 12 months.
- (v) Endorse our 10 Ambitions and work with us through the quarterly Leadership Group to achieve these with regular reports back on progress to HIB each quarter.
- (vi) Support the development work underway across the County with partners around Healthy Place Shaping which will be reported to the Health and Wellbeing Board on a regular basis.
- (vii) Support the new development work now being undertaken to support increased levels of activity amongst older people with OCC Adult and Social Care, Age UK Oxfordshire and Sir Muir Gray's Optimal Ageing.