

Divisions Affected – All

CABINET

17 October 2023

Health and Wellbeing Strategy Update Report of the Oxfordshire Joint Health Overview and Scrutiny Committee

RECOMMENDATION

1. The Cabinet is **RECOMMENDED** to —
 - a) Agree to respond to the recommendation contained within this report.
 - b) Agree that the Leader; the Cabinet Member for Public Health and Inequalities; relevant Public Health officers; the BOB Integrated Care Board; and District Councils will continue to jointly update HOSC for 12 months on progress made against actions committed to in response to the recommendation highlighted in the body of this report; which emphasises the imperative for an explicit criteria for monitoring the strategy's deliverability, and for exploring the prospect of enabling input from disadvantaged groups as part of this process.

REQUIREMENT TO RESPOND

2. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**

INTRODUCTION AND OVERVIEW

3. The Joint Health and Overview Scrutiny Committee considered a report by the Director of Public Health on Updating the Health and Wellbeing Strategy for Oxfordshire during its meeting on 21 September 2023.
4. The Committee would like to thank the Leader Cllr Liz Leffman; the then Cabinet Member for Public Health and Inequalities (Michael Oconnor); David Munday (Public Health Consultant); the ICB Place Director for Oxfordshire (Daniel Leveson); and the Executive Director for Healthwatch Oxfordshire (Veronica Barry) for attending and answering questions in relation to the report.

5. The Committee would like to express that it recognises the immense work being invested into developing and updating the Health and Wellbeing Strategy, and thanks system partners for their overall contributions to this work.
6. The Committee understands that the report they received did not constitute the official strategy document per se, but that it contained an outline of the key steps and developments taken as part of updating the strategy.
7. This report was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole. When commissioning this report on the health and wellbeing strategy update, some of the insights that the Committee sought to receive were as follows:
 - The extent to which public consultation is at the heart of the work on updating the strategy.
 - Whether there is any new information on relevant public health patterns that would be used to inform any changes to the strategy.
 - How effective partnership working has been around coordinating and implementing the Health and Wellbeing Strategy thus far.
 - How the strategy particularly aims to target and support health and wellbeing amongst marginalised or deprived communities.
 - The extent to which there is synergy between the Health and Wellbeing Strategy and the Integrated Care Strategy.
 - Details of any criteria that may be adopted to assess the effectiveness of the strategy's design or delivery.
 - How the strategy will continue to work on promoting healthy living habits overall, and its interaction with other County-wide Public Health initiatives, including the work on promoting healthy weight.

SUMMARY

8. During this item held on the 21 September 2023, the Committee Chair outlined that the purpose of this scrutiny item was to examine the work undertaken by key actors and partners within the Oxfordshire system to update the strategy, and explained to the Committee that the report that has been received is not the official strategy document, but that it provides an outline of the work being invested into updating the strategy.
9. The Chair also urged for the Committee to have site of a draft of the strategy document prior to its ratification at the health and wellbeing board in December this year; so as to allow for an opportunity for scrutiny to provide feedback on the draft.

10. The Leader of the Council explained that the strategy is a product of a joint production of multiple system partners; including the ICB, the County Council, the District Councils, and Healthwatch Oxfordshire. In essence, this was a system strategy as opposed to being an Oxfordshire County Council strategy. The Leader outlined that the focus of the strategy was not on the nature of clinical services, but on the wider comprehensive building blocks of health, as well as how these building blocks play out at the level of Place. It was also emphasised to the Committee that the aim of the strategy was to focus on a few key set of priorities as opposed to everything and anything that related to health; and that the ultimate objective was to provide equity across the board.
11. The lead Oxfordshire County Council Public Health Consultant working on the strategy also explained the following points to the committee:
 - That a lot has changed since the publication of the previous Health and Wellbeing Strategy; including the occurrence of the Covid-19 pandemic, which has had a significant impact on public health overall; as well as the cost-of-living crisis, which has also emerged since the previous version of the strategy, with significant implications on health and wellbeing.
 - The way the strategy is formulated is that it is an objective plan, built out of the Joint Strategic Needs Assessment (JSNA).
 - The Strategy also draws in the voices and experiences of residents and how they feel about the priorities around Health and Wellbeing.
 - The BOB Integrated Care System's strategy also informs the wider Health and Wellbeing Strategy for Oxfordshire.

KEY POINTS OF OBSERVATION:

12. This section highlights some key observations and points that the Committee has in relation to the Health and Wellbeing Strategy and the work underway to update this. Much of these concerns are centred around ensuring clear coordination between system partners around the strategy, as well as ensuring effective transparency, delivery, and input from disadvantaged communities. These key points of observation were also expressed during the formal meeting on 21 September.

Cost-of-living crisis: The Committee noted that the report referred to the cost-of-living crisis. This crisis has clearly had an impact on families and households within Oxfordshire, and has at times significantly reduced the purchasing power of not only deprived communities, but also of ostensibly middle-income households. The cost of living can have a negative effect on the overall health and wellbeing of residents. Difficulties in affording healthy foods may occasionally render households being unable to have particularly healthy balanced diets. It is also the case that the financial

pressures of this crisis has, and can continue to have, strong ramifications on residents' mental health. The Committee therefore urges for stronger understanding and clarity, within the system as a whole, as to how the cost of living is impacting on the overall health and wellbeing of residents. It is pivotal that the work on updating the Health and Wellbeing strategy adequately takes this crisis into account, and explores avenues through which some of these associated challenges can be addressed in the long run.

Housing/Accommodation: The Committee notes that the report states that one of the building blocks of health is housing. It is evident that those individuals experiencing homelessness/rough sleeping, as well as those who may be living in unsuitable, overcrowded, or badly maintained accommodation, can experience challenges to both their physical as well as mental health and wellbeing. The Committee therefore urges that the role and importance of housing is thoroughly taken into account when updating the strategy, and that there is work with other partners within the county to help inform a stronger understanding of the role of housing, or to even explore avenues of support for residents whose health and wellbeing is undermined by poor experiences in housing. More work and coordination with Oxfordshire's District Councils is also key to ensuring that the overall aims of the Health and Wellbeing strategy trickle down to the local level of ensuring adequate and suitable housing.

Workforce recruitment and retention: The Committee understands that there have been recent challenges related to workforce recruitment and retention, which are not unique to Oxfordshire but are being experienced nationwide with respect to health and care services. Given that these workforce challenges are overarching in nature in that they could affect a multitude of services which can involve those contributing to what the strategy refers to the building blocks of health, it is crucial that these workforce challenges are adequately taken into account in the efforts to update this strategy. The priorities and aims of the strategy will only be met if there is sufficient resource to do so. A workforce that is adequate in number and that is also skilled should be considered a key ingredient for the implementation of the strategy's overall aims and objectives to improve health and wellbeing. It is also crucial that system partners work on promoting a culture and infrastructure for staff wellbeing.

Input from Disadvantaged Groups: The Committee believes that given that this is a system and county-wide strategy focusing on the building blocks of health, it is crucial that inclusivity is embedded in the strategy's development. On a fundamental note, what the report describes as the building blocks of health may be undermined if individuals do not have efficient access to healthcare services and support. Therefore, whilst this strategy may not be predominantly clinical in nature, it remains important for key partners to actively work on making information regarding the availability of services as explicit as possible, and for efforts to be made to reduce waiting times for services or treatments. That input from

disadvantaged groups should be fed into the strategy can be promoted in three ways:

1. There should be an explicit understanding of what the concept of disadvantaged groups implies; as in which specific population groups are experiencing the greatest disadvantage.
 2. The known concerns and experiences of disadvantaged groups should be taken into account when developing and updating the strategy.
 3. Disadvantaged groups should have an opportunity to provide direct input into the strategy inasmuch as possible; as well as into monitoring the deliverability and effectiveness of the strategy overall.
13. As such, the Committee believes that there is a need for clear coordination between system partners in developing as well as implementing the strategy and its principles. Transparency around the strategy's development and implementation is key, as well as the imperative to ensure input from residents; particularly those from disadvantaged communities.

RECOMMENDATION:

14. In light of having received a report on the strategy, as well as on the basis of the discussions had during the meeting on 21 September 2023, the Committee makes the following recommendation:

To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criteria for monitoring the deliverability of the strategy; and to explore the prospect of enabling input/feedback from disadvantaged groups as part of this process.

FURTHER CONSIDERATIONS

15. The Committee intends to maintain ongoing scrutiny of the Health and Wellbeing Strategy, and would like to be able to have site of a draft version of the strategy document prior to its official publication. Moving forward, the Committee would like to be updated with, and to receive evidence of the measures taken as part of a delivery plan for the strategy, and of the effectiveness of its future deliverability.

LEGAL IMPLICATIONS

16. Under Part 6.2 (13) (a) of the Constitution Scrutiny has the following power: 'Once a Scrutiny Committee has completed its deliberations on any matter a formal report may be prepared on behalf of the Committee and when agreed by them the Proper Officer will normally refer it to the Cabinet for consideration.'

17. Under Part 4.2 of the Constitution, the Cabinet Procedure Rules, s 2 (3) iv) the Cabinet will consider any reports from Scrutiny Committees.
18. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**

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Annex: None

Background papers: None

Other Documents: None

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