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

INTRODUCTION AND OVERVIEW

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.

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.

The Committee understands that the existing document they are providing feedback on does not constitute the official and finished strategy document per se, but that it is a draft version yet to be ratified by the Health and Wellbeing Board.

HOSC's scrutiny of the Health and Wellbeing Strategy is guided by and focused on some of the following areas:

➢ 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.

KEY POINTS OF OBSERVATION ON THE DRAFT STRATEGY DOCUMENT:

This section highlights some key observations and points that the Committee has in relation to the draft Health and Wellbeing Strategy document. Much of these observation points are centred around ensuring clear coordination between system partners around the strategy, as well as ensuring effective transparency, delivery, and input from disadvantaged communities. Some of these key points of observation were also touched upon during the formal HOSC meeting item on the strategy's update on 21 September 2023.

Health and Wellbeing Strategy Principles:

The Committee firmly believes in the imperative of strong underlying principles that will guide the strategy moving forward. Having a clear set of principles is an important ingredient of having a clear sense of direction for the strategy. Ultimately, it is the principles that the strategy is built around which will also ensure how we can measure its effectiveness overall. Below are some key observation points on the strategy's three principles of Health Inequalities, Prevention, and Closer Collaboration.

> *Health Inequalities:* The Committee is highly supportive of the principle of tackling health inequalities. Health inequalities remain rampant within Oxfordshire, and only through collective system-wide initiatives and efforts will the prospects of reducing health inequalities be consummated. The Committee agrees that it is, as the draft document states, everybody's responsibility to reduce unfair and avoidable health differences amongst residents. However, there is also a point about ensuring effective responsibility and accountability for this. All system partners should take ownership of certain responsibilities and activities that they can undertake in their own relevant capacities to work toward tackling health inequalities. The County Council also has a key part to play here, in part through ensuring effective economic allocation and management of funds so as to ensure inequalities are reduced. The Committee is also pleased to see the strategy's emphasis on good access to healthcare as being a strong foundation for tackling inequalities and reducing isolation and loneliness, and urges for greater coordination amongst partners within the system and for each relevant commissioners or providers to reduce barriers to access and to ease the means through which residents are able to receive support/treatment/care.
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> The Committee notes that the ICB strategic plan included, for Oxfordshire at place, a focus on the Core20PLUS5 aimed at reducing health inequalities (for adults) which are maternity, severe mental illness, chronic respiratory disease, early cancer and hypertension. The Core20PLUS5 is about broadening inclusion of groups who experience social exclusion beyond the list of protected characteristics. With regards to children for instance, this includes children with learning disabilities, children with multi-morbidities, specific inclusion of young carers, looked after children/care leavers and those in contact with the justice system. Five clinical areas are

identified for acceleration; asthma, diabetes, epilepsy, oral health, and mental health. We welcome the draft Health and Wellbeing Strategy's overall commitment to a system wide approach to increasing access to health services and to reducing years of life lost and increasing the quality of years. We would welcome the monitoring of Oxfordshire's trends of years of lives lost, including deaths from a broader range of conditions and populations at risk. It remains unclear, however, about the synergies of the draft strategy with the Core20PLUS5 and the ICB strategy at place, and which inclusive public engagements are planned to progress this as part of detailed planning.

This also requires collective efforts by the system to increase transparency and awareness amongst residents around what services are available to them and how they can go about accessing these. Furthermore, the Committee recognises that the strategy refers to residents at greatest risk of health inequalities as well as to the challenges around those residing in rural areas. However, the strategy could benefit from some further insights into who these groups are and what can be done to support such groups.

The Committee welcomes the recognition of rural inequalities and how this contributes to isolation and loneliness. The recognition of some of these rural communities experiencing huge development is also welcomed. Indeed, the Chief Medical Officer's 2023 Annual Report emphasises the existence of inequalities in Rural Areas. However, the draft strategy document makes no mention of rural communities experiencing the impact of a serious strain on infrastructure and services. Whilst there is a commitment to working with partners on planning to include particular public health interventions, the Committee would like to see this extended to ensure that localities experiencing these dramatic increases in population are included. The strategy actions list the most deprived communities and pilot areas, but it would be helpful to understand how growing rural inequalities will be included and how prioritisation can be given by partners to spending funds held for these communities experiencing the highest growth to avoid untimely delays in provision which would support health and wellbeing (Vale of the White Horse is identified).

Prevention: Prevention is an indispensable principle for any health and wellbeing strategy. The strategy should (as it does), by its very nature, contain a prevention agenda that is about having a more holistic understanding and approach to health and wellbeing as opposed to a purely medical or reactive model to health. The Committee supports the key principle of Prevention and feels that there are deaths which are avoidable through having effective prevention measures in place. The Committee is pleased to see that the strategy outlines the three different forms of prevention as being Primary, Secondary, and Tertiary in nature, and urges for clear and further specificities within any future delivery plan for the strategy around how these forms of Prevention will be implemented and effectively monitored.

Closer Collaboration: The Committee endorses the principle of closer collaboration. Given that this is a system strategy, collaboration should inexorably remain at the heart of how services and support for residents is delivered. Indeed, without closer collaboration, the first two principles around tackling health inequalities and ensuring effective prevention cannot feasibly be achieved. It is good to see how the strategy reflects on the lessons learnt from the Covid-19 pandemic and how communities and organisations can come together to collectively achieve positive outcomes; and any additional lessons learnt from other scenarios would be useful so as to inform a stronger understanding of how to best work well together through reflecting on what works well and how to make potential improvements in this area of collaborative working. It is also good to see the plans for digital as an enabler for sharing of data across health and care as an example, and to see across each part of the strategy how barriers and enablers to collaboration are clearly recognised.

Healthwatch have also made significant contributions in producing models for community-based research, and it is good to see this contribution reflected in the strategy document as the work with Healthwatch is another key aspect of collaborative working which could potentially even be expanded. Whilst endorsing the principle of collaborative working, the Committee also urges for there to be effective monitoring of not only the activities and outcomes being achieved by the strategy, but also of the degree to which there is closer collaborative working per se. It is therefore recommended that a future delivery plan for the strategy also includes a mechanism for monitoring the degree to which collaborative working is proving effective and timely in addressing any potential challenges within the system as and when they arise.

The Committee notes the overall commitment to recognising different local communities, to a dialogue of equals, and to the importance of engagement. There are a number of immediate actions under each life course stage and action on enablers identified already. However, there are no identified actions under each life stage and under enablers regarding the development of the plan for engagement with different communities and how this will be progressed in a timely way to influence the action/delivery plan.

Life Course Stages:

The Committee endorses the life course approach outlined within the document and adopted by the strategy. This is an important aspect of a strategy that aims to support health and wellbeing of residents overall. This is part and parcel of having a greater understanding of the kind of support residents might require at various stages of their lives. People's needs will indeed change throughout their lives, and the Committee supports the clearly structured outline and categorisation of three different life stages.

The Committee is concerned however, that End of Life is omitted as a life stage, particularly since the experience of the pandemic. Experiences of end of life have

become more complex through the pandemic and the cost-of-living crisis; whether families are expecting death or experience a sudden unexpected death. The Committee would welcome inclusion of end of life in the draft strategy and anchor institutions who are supporting families across Oxfordshire with rising demand and complexity.

Below are some observation points for the other three life stages:

Start Well: It is positive to see that there is a recognition of the need to support residents in the earliest stages of their lives. The Committee feels that the first five years of Children's lives can often receive less attention that they should be. Whilst there is a plethora of support for Children and Young People, adults, and the elderly, there should be greater focus on the needs of Children under 5, as it is through this age where if Children receive the right form of attention and support, they are more likely to live healthier and fulfilling lives, in both a mental and physical sense. Through adopting a prevention and proactive-like approach toward children under 5, it is less likely that such children may have to attend Emergency Departments in Hospital or be admitted as inpatients. This therefore creates less pressure on the system in the long run. The Committee also recognises and supports the adoption of the UNICEF approach as a manifestation of an ambition to learn from and adopt lessons and standards driven globally. In terms of offering more leisurely and wellbeing classes during pregnancy and early years, this is certainly a positive step and the Committee urges that the strategy formulates clear mechanisms of how this will work; including how to possibly work with community-based organisations to facilitate this.

The Committee welcomes the recognition of care givers. A check-in with women after birth is the leading recommendation from MBRRACE (2024), and would not only help tackle rising maternal post-natal mortality but would be protective of the wellbeing of children and protective of disease in women in later life.

Furthermore, Transitions between children and adult services is identified nationally as a risky time for people experiencing inequalities. It would be helpful to see how transition issues will be taken forward.

The Committee fully supports the need for early intervention. HOSC scrutiny of children's mental health services in 2022 highlighted the importance of identification and intervention for high-risk children. The Committee would welcome explicit recognition in the strategy of higher risk children taking account of SEND and the Core20PLUS5. Local communities may already have some early interventions in place and a mapping of these would be useful ahead of introducing much needed additional support so that the strategy works well with communities.

Furthermore, regarding the immediate actions, how will children (at risk) who struggle more to join activities and platforms be enabled; and how will commissioning be developed to ensure that young people, including young people at risk, are at the heart of procurement.

Live Well: The Committee supports all initiatives to help residents live healthy and fulfilling lives, and recognises the attention placed on this by the strategy. It is indeed the case that excessive exposure to tabaco, unhealthy weight, and alcohol can negatively impact people's health, and that these exposures can often occur simultaneously. Therefore, the strategy should adopt an approach that is as holistic as possible in tackling all three of these harmful exposures, particularly when they present in amalgam. It is good to see that the strategy acknowledges that deprived communities are more susceptible to the above as well as to unhealthy eating, and the Committee urges that clear plans are in place to both support such communities in this context, as well as to effectively monitor how these overall objectives and initiatives will actually translate into real improvements on the ground. There is also a crucial point about effective collaborative work around these areas also, as residents would need to benefit from having a network of support for these challenges. Relevant partners within the system should do all within their capabilities to work together to create a healthy living environment on a macro-level, as well as to provide micro-level support to those who need it. Mental health support is also a crucial ingredient of a prevention and environmental approach towards living well, particularly for vulnerable/deprived communities and those with excessive exposure to tabaco, alcohol, or unhealthy weight. The Committee recommends support measures and hopes these are adopted given the commitment in the draft strategy to help. HOSC has also scrutinised smoking and would welcome a sentence explicitly recognising the important of continuing work with other stakeholders to give balanced messaging discouraging children from taking up smoking and vaping.

Involving employers and organisations is crucial. Given that workforce is the primary enabler of the strategy, is monitoring of the activity levels of the workforce welcomed by the workforce? Will enabling schemes such as cycle to work be encouraged with all employers, large and small? Will the strategy be developed with a view to maximum inclusivity to support employers to recruit and retain from the largest pool?

Age Well: The strategy positively includes recognition of the need for residents to age well, and not just to live well. Ageing well is something that all residents deserve, and should be at the heart of how the strategy is designed and implemented. The Committee is aware, through its members' interaction with elderly constituents, that not only do long-term conditions tend to affect residents with age, but that such residents could become anxious regarding the support that they feel they would require to live a comfortable and fulfilling old age. It is pivotal to ensure that the commissioning and provision of care services for the elderly involves effective and routine monitoring of these services so as to ensure that elderly residents eligible for care do not suffer from inadequate care or neglect. It is also the case that elderly residents may find it complex to access information online, which could also complicate their awareness of, as well as their receipt of health or care support that they may be eligible for. The Committee urges that the Health and Wellbeing Board works to increase awareness of as well as access to services amongst the elderly; particularly for those who may not be technologically literate or who

may not have the capacity to access the internet. Furthermore, given that social isolation tends to affect elderly residents, the Committee endorses the strategy's aim to keep elderly residents more socially connected. This would require collective efforts from many partners within the system, and would prove highly beneficial for the overall mental health and wellbeing of the elderly.

The Committee welcomes the recognition of the vulnerabilities of those living in rural areas and those with long-term conditions who experience loneliness. When struggling, a whole range of community agencies and elected councillors may be looked to for help. The Committee notes the inclusion of local faith organisations and GPs as providing institutional help but would like to see this widened to include a community-mapping of organisations providing help so that the details of the strategy's plan work well for communities.

The Committee welcomes local coordinators, but would like to know how these will match up with local NHS neighbourhoods? The Committee is also very interested in new models of care and what the planned public engagement will be around these. Additionally, the inclusion of climate change is critical, as well as recognition of where this has synergy with local communities who are concerned about avoiding long journeys to access services necessary for their health and wellbeing.

Building Blocks of Health:

The Committee agrees with the strategy's emphasis and identification of building blocks of health. Through identifying building blocks of health and wellbeing, the system can take measures to collectively address some of the challenges around these building blocks. Building sustainably healthy communities is crucial for ensuring that residents have an ability to live relatively comfortably, and to enable them to adopt healthy living habits that will be conducive to a healthy lifestyle. If residents are concerned about basic needs such as housing, employment, or cost-of-living, then they risk becoming stuck in a never-ending cycle of living a life under pressure and not having the time, resources, or the mental capacity to engage in healthy eating or adequate physical activity/exercise. The Committee endorses the strategy's commitment to action along the areas of the built environment and community activation, but calls for greater clarity on the system's commitments around New Models of Care.

Below are some further specific observation points in relation to the strategy's emphasis on the building blocks of health. Some of these themes were addressed during the most recent scrutiny item that the Committee held during its meeting on 21 September 2023.

>*Healthier Homes:* The Committee appreciates that the strategy lays emphasis on housing as being a significant element of the building blocks of health. It is not merely individuals experiencing homelessness/rough sleeping that can suffer from threats to their overall health and wellbeing, but also those residents that may reside in overcrowded or unsuitable

accommodation. It is important that system partners collectively and collaboratively work to both understand the impacts of housing in health, as well as to formulate ways to actually improve residents' living conditions. Energy efficient homes are also crucial for two reasons. Firstly, this can reduce the added financial burdens of high energy costs, which have been compounded by the fuel crisis. Secondly, an energy efficient home will be conducive to residents' overall physical and mental wellbeing through being able to light up their homes as well as make use of their heating systems so as to live comfortably through the winter. This would also reduce susceptibility to illnesses also. In the immediate actions around this, the strategy will benefit from expressing commitments not only around raising awareness of support available for residents for improving energy efficiency or even for disability facilities in their homes, but also around making the process for seeking support being made easier.

Financial Wellbeing and Healthy Jobs: The Committee recognises that the strategy refers to the challenges around the cost of living. The cost of living can have a negative effect on the overall health and wellbeing of residents. It is positive to see that the strategy appreciates and acknowledges the detrimental impact of the cost-of-living as well as long-term deprivation on residents' mental and physical health. The Committee therefore calls on the system to work closely together in developing a firm understanding of how financial or employment pressures are impacting on the health and wellbeing of residents. With regards to the immediate actions around this area, it will be useful for the strategy to outline greater clarity on the kind of emergency support that residents should expect to receive during the cost-of-living crisis.

Vibrant Communities: The Committee firmly believes in the centrality of communities as well as their vibrancy toward healthy living; and in doing so is supportive of the strategy's emphasis on supporting vibrant communities. Essentially, given the importance of empowering vibrant communities, the strategy would benefit from expanding on how communities would be further empowered and the kind of support they might expect to receive.

Enablers:

The Committee feels that it is a positive step to see the strategy's factoring in of enablers. The identification of enablers helps to formulate a framework that would allow the system to determine its own capacity levels as well as the resource that is required to deliver the strategy. Perhaps one factor that should encompass most of the enablers outlined in the strategy document would be a 'culture change'. If there is a culture change around how the system perceived and contemplates health and wellbeing holistically, then this would support the other enabling factors as well as the overall perception and attitude toward supporting residents' health.

Anchor institutions: The Committee strongly welcomes the emphasis on anchor institutions. It will be useful to know if a draft list of relevant anchor institutions exists. Given the importance of building local community

resilience and recognising the differences across different local communities, what will the role of elected local members be, who know their communities as well as Town and parish councillors? Additionally, perhaps there could also be reference to Democratic forms of scrutiny, including considerations as to whether HOSC could be included as an Anchor institution. It will be useful to understand if there is a list of the voluntary sector organisations that are included in Oxfordshire's anchor institutions for health and wellbeing, as well as how they have been selected.

Workforce: The Committee feels that it is positive to see that the strategy recognises that staff are the system's greatest strength, and welcomes the commitment to local recruitment and to reductions in the use of agency staff. The Committee also recognises that recent challenges around workforce recruitment and retention are not unique to Oxfordshire but are being experienced nationwide in relation 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 deliver the strategy. Only through having sufficient resource will the strategy's aims and objectives be deliverable. It is also crucial that system partners work on promoting a culture and infrastructure for supporting the wellbeing of staff. Additionally, there is a need for further encouragement for people to pursue careers in health and wellbeing. Whilst the strategy outlines a commitment in renewing interests in these careers, this would require specific efforts by various system partners to encourage careers in their own respective areas.

The Committee also welcomes recognition of the importance of SMEs. It is important that the procurement weighting is changed but also that good practice exemplars for health and wellbeing are identified early that evidence co-production, with a view to an overall ambition of increasing years of life lost and improving the quality of years at the centre of services and pathways.

In addition, the Committee welcomes the earlier commitment in the draft to voluntary sector leadership in Oxfordshire; and would like to see explicit recognition of voluntary sector workforce contributions in Oxfordshire working on health and wellbeing and how this will be enabled by the strategy.

Data and Digital: The Committee believes in the importance of the need to effectively acquire data, and to then utilise this data for the purposes of analysing information and patterns and drawing conclusions. Only through doing this can improvements to health and wellbeing be achieved at a time when demand for services has increased. The Committee welcomes the strategy's commitment to utilise quantitative and qualitative data on people's health needs, their experiences in using services, and on health outcomes. It is pivotal for there to be coordinated and effective data

sharing within the system so as to ensure that knowledge of patients/residents is readily available for relevant services/bodies to be able to provide support to residents in a coordinated manner and to avoid patients having to repeat their story multiple times. Furthermore, given the recent failings highlighted by the most recent CQC/Ofsted report on Childrens' SEND provision, it is now far more crucial that technology is harnessed to share and pool data and information around Children with SEND who may be more susceptible to developing mental or even physical health challenges. It will therefore be crucial for any future delivery plan of the strategy to outline potential timelines around how to maximise the use of technology for the purposes of acquiring and sharing data within the system. It will also be useful to understand what public engagements will take place on the digital inclusion charter and on any wider digital strategies at place. It will be important for increasing public trust that the security issues identified by the recent IT outage at Oxfordshire Health are rectified and learnt from, and that social value and public engagement is a critical component of all artificial intelligence adopted in the future to support the strategy.

Importance of input from Disadvantaged Groups:

Being a County-wide strategy, inclusivity should be engrained in the strategy's development and in its implementation. Key partners should collectively work on making information on the availability of services as explicit as possible, particularly for disadvantaged population groups. 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; in other words, which specific population groups are experiencing the greatest disadvantage.

2. The known concerns and experiences of disadvantaged groups should be taken into account when formulating and delivering 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.

CONCLUDING REMARKS

The Committee would like to thank relevant Cllrs and Officers for enabling the Committee to have sight of a draft version of the strategy document prior to its official publication, and intends to maintain ongoing scrutiny of the Health and Wellbeing Strategy. 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.

The Committee reiterates the importance of co-production and of continuing to work closely with residents to understand their concerns, struggles and experiences. Only through continuing to do so can the strategy prove to be co-produced, transparent, effective in nature.

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