NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group

Report on the Draft Oxfordshire Joint Health and Wellbeing Strategy (2018 – 2023) Engagement Activity

February 2019

Report on the Engagement Survey

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Report on the Draft Oxfordshire Joint Health and Wellbeing Strategy Engagement Survey

1. Purpose

This Report outlines findings of the public engagement on the Draft Oxfordshire Joint Health and Wellbeing Strategy (referred to in this document as the "draft Strategy"). It outlines the major themes identified in the responses given and sits alongside the report of the Reference Group stakeholder engagement event that is being reported on separately by Healthwatch.

2. Background

The Joint Health and Wellbeing Strategy was presented to the Health and Wellbeing Board in November 2018. It was agreed that this version could be circulated for wider engagement and comment to ensure that the final Strategy is informed by the views of a wide range of people and communities.

3. Methodology

The engagement activity included a survey that could be completed online on the CCG Talking Health web portal or on the county council's website, or in hard copy. The survey was launched on 25 January and closed on 20 February.

A copy of the draft Health and Wellbeing Strategy was published alongside the survey and people were encouraged to read this so that they could provide an informed response.

Widespread promotion and encouragement for stakeholders and members of the public to participate was undertaken by Communications Teams from the CCG and County Council including a media release, social media posts and direct communications. Paper copies of the survey and draft strategy were distributed to all public libraries across Oxordshire.

4. Responses

A total of 81 individuals responded to the survey. There were also four written responses sent by email. Most of the responses (54/81) were submitted by members of the public and six responses were from carers. The other responses were from stakeholders, as set out in table below:

Type of stakeholder	Number of responses
Member of council staff	8
Representing the voluntary sector	5
GP/clinician/NHS staff member	3
Councillor	1
Other	4

5. Findings

5.1 Vision and priorities

There was strong agreement with the strategy's **Vision** with most people (95%) in either agreement or strong agreement.

Responses to the questions on whether people agreed with the **priorities** of the strategy were overwhelmingly positive. As shown by the table below, nearly all respondents were supportive of priorities two and four. A full breakdown of response can be found in Annex A of this report.

	Level of agreement
Priority 1: Agreeing a coordinated approach to prevention and healthy place-shaping, which means ensuring that physical environment, housing and social networks can nurture and encourage health and wellbeing.	77% (63 people)
Priority 2: Improving the resident's journey through the health and social care system so that services are available when needed and are joined up.	94% (76 people)
Priority 3: Agreeing an approach to working with the public to reshape and transform services locality by locality, which means a more local approach where we would look at what the local health needs are.	75% (61 people)
Priority 4: Agreeing plans to tackle critical workforce shortages.	93% (75 people)

5.2 Aims and objectives

In addition to these priorities the strategy set out the work the Health and Wellbeing Board will be developing together on a wide range of issues that affect different groups in the population.

These were set out as **aims and objectives** in the strategy using an approach which covers all ages and stages of life:

- A good start in life
- Living well
- Ageing well
- Tackling wider issues that determine health

As with the vision and priorities, responses to the questions on whether people agreed with the **aims and objectives** of the strategy were overwhelmingly positive. These are summarised in the following tables by aim and a full breakdown of responses can again be found in Annex A.

Aim: A good start in life:

'Oxfordshire – a great place to grow up and have the opportunity to become everything you want to be'

	Level of agreement
Be successful - This looks to ensure children have the best start in life, have access to high quality education, employment and motivational training: go to school feeling inspired to stay and learn; and have good self-esteem and faith in themselves.	90% (73 people)
Be happy and healthy - Children can be confident that services are available to promote good health; learn the importance of healthy, secure relationships and having a support network; have access to services to improve overall wellbeing, and easy ways to get active.	91% (74 people)
Be safe - This looks to ensure children are protected from all types of abuse and neglect; have a place to feel safe and a sense of belonging; access education and support about how to stay safe; and have access to appropriate housing.	95% (77 people)
Be supported - Children are empowered to know who to speak to when they need support, and know that they'll be listened to and believed; can access information in a way that suits them; have inspiring role models; and can talk to staff who are experienced and caring	93% (75 people)

Aim: Living Well

Adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social services.

	Level of agreement
Prevent the development of long-term conditions by helping people to live healthy lives, live in healthy places and avoid the need to go to hospital.	96% (77 people)
Identify ill health early, through comprehensive screening programmes, good access to services and targeting those least likely to attend.	98% (79 people)
Value mental health equally with physical health	98% (78 people)
Deliver sustained and improved experience for people	90% (73 people)

who access services, by working together to deliver effective services and using the expertise of our customers and other key stakeholders to design, procure and evaluate services	
Ensure services are effective and joined up, available when needed and that the movement through the health and care system is seamless	99% (80 people)
Nurture healthy communities that enable people to participate, be active give and receive support	90% (73 people)

Aim: Ageing Well

Aiming to ensure that Oxfordshire is a place where individuals, whatever their age, are valued and empowered to live healthy, active and socially fulfilling lives, connect to the communities they live in.

	Level of agreement
Increase independence, mobility and years of active life for those aged 75+ through healthy lifestyles as well as using digital aids, equipment and adaptations and making tools for self-management available and easily accessible.	96% (77 people)
Ensure services are effective, efficient and joined up, available when needed and that movement through the health and care system is seamless.	98% (78 people)
Support the care of frail older people by developing teams of people from a range of services working together in the community**.**	100% (80 people)
Identify and diagnose dementia at an early stage and support people, their families, carers and communities to help them manage their condition	98% (78 people)
Support carers in their caring role and in looking after their own health.	98% (78 people)
Deliver preventative services in the community to reduce or delay the need for health and care services.	95% (75 people)

Aim: Tackling Wider Issues

To work together to ensure that living, working and environmental conditions enable good health for everyone.

	Level of agreement
Healthy place-shaping - which means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing; learning from the Healthy New Towns in Bicester and Barton and applying this to other new and existing developments	84% (66 people)
Housing and homelessness - preventing homelessness and reducing rough sleeping.	92% (72 people)
Protect people - from the impact of domestic abuse, cold homes and other factors.	92% (72 people)
Contribute to financial sustainability in the long term for public services by reducing demand.	78% (62 people)

5.3 Monitoring arrangement for the Health and Wellbeing Strategy

The survey informed people that sub groups of the Health and Wellbeing Board are responsible for developing a collection of strategies and action plans to deliver this overarching Joint Health and Wellbeing Strategy. They will report their progress at every meeting of the Health and Wellbeing Board and will keep up to date performance dashboards to enable the Health and Wellbeing Board to monitor progress and hold partners to account.

People were invited to submit comments and ideas on arrangements for monitoring progress. For the 38 comments submitted, two key themes emerged.

1. Measures for monitoring need to be clearly defined

These included:

- the consideration of short term, medium term and long term aims/measures
- the development a traffic light system of achievement towards each objective and subset of each of those objectives
- the need to see challenging and SMART targets
- the need for granular targets
- to measure reported outcomes against best performing strategies and assertively apply conclusions
- to put in place some high-level indicators to monitor progress and improvements in population health across all ages - national benchmarking indicators for public health were suggested could be useful

It was also suggested that social prescribing and links with culture based placemaking should be part of the monitoring framework was also mentioned.

There were questions and concern from the respondents, who were keen to know how the strategy will be translated into action and how the Board will show that the strategy is being implemented. There was a view that the more specific the objectives, the easier, to measure achievement.

Example of this were provided such as respite care provision for carers; specific programmes for addressing loneliness in individuals within the community; development of assisted housing in the form of single storey homes in central areas of new and larger developments, provision for longer term care of the most vulnerable; healthy eating clubs for children

2. Communication and involvement

Many respondents expressed their hopes for clear and transparent communication about the work of the Health & Wellbeing Board including through all the subgroups.

Suggestions includes:

- that minutes of meetings and dashboards be made available online via a website
- a regular newsletter
- involving the 3rd section on the Health & Wellbeing Board and subgroups

The wider involvement of the public, voluntary sector and other stakeholder was mentioned by several respondents.

For example:
"It would be great if the public could be involved in this process somehow. My experience has been (more often than not) that all decisions, processes, strategies. action plans and monitoring is only held accountable behind closed doors. Public participation would be beneficial."

Some concern was expressed that the reference group only meets twice a year and may not be sufficiently robust in order to provide effective input.

5.4 General comments on the strategy

At the end of the survey respondents were invited to share any other comments they have may on the strategy. In total 48 people provided feedback, and these have been grouped into key themes.

Questions were raised on how the strategy could be translated into action (summarised in the section above), how it will be funded, timescales and some concerns about the workforce issues which could have a bearing on delivery.

Whilst most respondent agreed with the strategy and welcomed the initiative, many asked how it would be translated into an implementation plan and many felt it was too aspirational. There was concern expressed that there was a lot to achieve and

prioritisation of each objective would be challenging, with delivery described as 'difficult'. The design and layout of the strategy document were commented on negatively by a few people.

Lack of detail in the strategy was also mentioned and what the impact on health services might be. A concern was expressed that until there is a plan to be implemented that it remains aspirational.

"Whilst it is attempting to be holistic and provide a continuum of health support, this might be over ambitious; so there may be a need to tweak the objectives in order to render them more deliverable (and perhaps, therefore, more functional)?"

Finance / budgets
Feedback regarding funding and budgets centred on two main themes; concern about budget and financing the implementation of the strategy and concern that this had been framed as a means of saving money, cutting costs and lowering thresholds for support.

The statement *'Contribute to financial sustainability in the long term for public services by reducing demand*" was an issue for some respondents and they felt this suggested a strategy focusing on cost cutting rather than what is best for individuals.

Concern was also expressed, due to lack of funding that an increase in joint funding might avoid 'in fighting' between health and social care.

One person also mentioned that they were concerned that there is a decrease in opportunities of support from the third sector due to lack of funding.

Partnership working
There were several comments about partnership working with most respondents airing concern that services were not yet joined up enough.

"If you really want a "partnership" and for local communities to help your "vision" then you have to respect the folk that you rely on for support. This will help the "them and us" feeling."

Partnerships between families and schools was also mentioned to enable the strengthening of communities:

"*Heathy outcomes for children could be enhanced by working with schools via school health nurse, safeguarding leads etc. More interaction between families and schools would be helpful to build a stronger community to increase wellbeing for all generations."*

Concerns about the immediate problems in the local system
Concerns about current local system, particularly health, mentioned significantly throughout the feedback. This included: 'bed blocking', Wantage hospital, GP's, mental health, maternity care and minor injury and assessment units were all mentioned in relation to health.

The increasing demand on mental health services was mentioned and noted that with increasing demand across all sectors but a "decrease in opportunities of support from the third sector, largely due to lack of funding".

One comment in reflected the views of other people in this comments section:

"*I think the Vision needs to be reworded. Not everyone has good health to maintain*."

Prevention
The mention of prevention was linked very strongly to health, with many respondents endorsing the emphasis on the prevention agenda, but also concern from a few people that this had been framed as a means of saving money.

Concern was expressed by one respondent that there was no mention of obstetric care in the strategy, citing that this would "prevent/reduce many problems and so lead to a better quality of life (and save money)".

Also mentioned was concern that screening programmes should only be provided if there is an evidence base. "*For example, there is no evidence to support screening for dementia since it is currently untreatable*"

Cycling was mentioned as a form of maintaining health, promoting a healthy lifestyle and contributing to overall better health as well as the environment. It was felt important that this should be mentioned in the strategy.

Social prescribing mentioned as a preventive tool particularly for older people in that it promotes sociability/support/companionship and exercise. It was also felt that social prescribing save money in the long term.

Healthy Place Shaping
There was lack of clarity over what is meant by "Healthy Place Shaping" and this was linked to several respondents thinking that there was no mention of air quality, active travel and healthy environments

Other comments included: joined up work with the environment agency: air pollution and holding housing developers to account as they are key partners in developing a community.

Written responses
Four written responses were received from organisations which provided comprehensive feedback on a range of issues pertinent to the business of the organisation.

One response gave particularly emphasis around the issue of air quality in Oxfordshire, welcoming the inclusion of Air Quality as part of one of the Areas of Focus. Annex B.

Correspondence was received and focused on the issue of mental health and the gaps filled by the voluntary sector to deliver services.

A further response provided detailed comments and recommendations regarding Alzheimer's and dementia. This response is part of Annex C.

Feedback was also received providing extensive feedback from the Planning and Place Team in Oxfordshire County Council and gave feedback in specific areas including travel, social space, healthy streets, health new towns and homelessness. Annex D.

6. Demographics

Below outlines the demographic profile of those who responded to the online survey.

Age

65 years old and older	33
55 – 64 years old	19
45 – 54 years old	20
35 – 44 years old	5
25 – 34 years old	3
16 – 24 years old	1

Gender

Male	31
Female	48
Prefer not to say	2

Ethnicity:

White British	76
Asian or Asian British	1
Prefer not to say	2
Other	2

Disability

Yes	17
No	59
Prefer not to say	5

Geography: All areas of Oxfordshire are represented.

7. Conclusion

Agreement with the vision and priorities was high amongst the respondents. Some refinements to the Strategy are recommended in order to reflect the gaps raised by

respondents to this survey. The implementation plan will provide an opportunity to ensure the outcomes are measurable and that improvements can be evidenced.

Lynn Smith, Oxfordshire County Council's Engagement Team, March 2019

Annex A

Q1. The Vision

'To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire'

To what extent do you agree with this Vision?".

81 people responded to the question
Agree: 77 people (95%) "strongly agreed" or "agreed".
Disagree: 4 people (5%) "disagreed" or "strongly disagreed"

Q2. Priorities

To what extent do you agree with the priorities?

- **Priority 1:** Agreeing a coordinated approach to prevention and healthy place-shaping, which means ensuring that physical environment, housing and social networks can nurture and encourage health and wellbeing.

81 people responded to the priority 1 question

Agree:	63 people (77%) "strongly agreed" or "agreed"
Neither agree nor disagree:	15 people (19%)
Disagree:	2 people (2%) "disagreed" or "strongly disagreed"
Don't know:	1 person (1%)

- **Priority 2:** Improving the resident's journey through the health and social care system so that services are available when needed and are joined up.

81 people responded to the priority 2 question

Agree:	76 people (94%) "strongly agreed" or "agreed"
Neither agree nor disagree:	5 people (6%)

No-one disagreed, disagreed strongly, or didn't know

- **Priority 3:** Agreeing an approach to working with the public to reshape and transform services locality by locality, which means a more local approach where we would look at what the local health needs are.

81 people responded to the priority 3 question

Agree:	61 people (75%) "strongly agreed" or "agreed"
Neither agree nor disagree:	16 people (20%)
Disagree:	4 people (5%) "disagreed" or "strongly disagreed"
Don't know:	0

- **Priority 4:** Agreeing plans to tackle critical workforce shortages.

81 people responded to the priority 4 question

Agree:	75 people (93%) “strongly agreed” or “agreed”
Neither agree nor disagree:	5 people (6%)
Disagree:	1 person (1%) “disagreed” or “strongly disagreed”
Don’t know:	0

Three general high-level messages came through in the free text responses.

- **Implementation:** Respondents wanted a clearer sense of how the strategy would be implemented
- **Budget:** There were some questions about what funding implications there would be and whether this was an exercise to implement budget cuts.
- **Outcomes:** Some respondents thought that there should be actions put in place to measure the outcomes
- **Aspirational:** In most instances, respondents agreed with the core principles of the strategy, but some felt that the aims were too aspirational and without further development of how the strategy would be implemented and monitored.

Annex B

Thank you for the opportunity to provide comments on the consultation for the Oxfordshire Joint Health and Wellbeing Strategy. The views of Oxford City Council on the content of the consultation document are expressed in the consultation response below.

Air pollution is currently one of the biggest environmental risks to human health. Polluted air is estimated to have been directly responsible for 6.4 million deaths worldwide1 in 20151, a figure only superseded by the amount of early deaths caused by tobacco (7 million in the same year)1 . In 2014, Public Health England estimated the mortality burden attributed to long term fine particulate air pollution exposure in Oxfordshire to be 5.6% of the population, equivalent to 276 deaths (Age 25+) and equivalent to 2944 life years lost.

There are currently 13 Air Quality Management Areas in Oxfordshire, due to continuous breach of legal air pollution levels (four in Cherwell, one covering the whole of Oxford city, three in South Oxfordshire, three in Vale of White Horse and two in West Oxfordshire).

This is why we believe that Air Quality should always be included in the core of any discussion on how to improve the levels of Health and Wellbeing of our residents in Oxfordshire.

The review of the current strategy allows the following conclusions:

a) Whilst it is welcomed the inclusion of Air Quality as part of one of the Areas of Focus for the Health Improvement Board (2018-2020) (in page 11), and its brief inclusion in the group of themes whose impacts need to be reduced (see page 13), we believe, (given its importance and relevance to the subject), that there should be room in the current draft strategy for the development of the subject of Air Quality in more detail. In particular, it would be useful for our residents to be aware of the type of measures that are being considered for implementation by the board, in order to facilitate the delivery of those reductions.

b) We believe that the Air Quality content to be included in the Joint Health and Wellbeing Strategy for Oxfordshire should be aligned with the recently published Government Clean Air Strategy 2019. The document shows a series of important measures that are to be put in place by the government to improve the current level of knowledge on air quality and reduce personal exposure, such as the commitments to:

- help health professionals to play a stronger role by working with the Medical Royal Colleges and the General Medical Council to embed air quality into the health professions' education and training.
- work with local authorities and directors of public health to equip and enable them to lead and inform local decision making to improve air quality more effectively.
- work to improve air quality by helping individuals and organisations understand how they could reduce their contribution to air pollution, showing how this can help them protect their families, colleagues and neighbours
- provide a personal air quality messaging system to inform the public, particularly those who are vulnerable to air pollution, about the air quality forecast, providing clearer information on air pollution episodes and accessible health advice
- create future Air Quality legislation will seek shifting the focus from reaction to prevention.

We therefore believe that this constitutes the perfect opportunity for the development of a Joint Health and Wellbeing Strategy for Oxfordshire that is aligned with the new national commitments presented in the Air Quality Strategy 2019.

Annex C

Alzheimer's Society is the UK's leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.

Urgency to the response in failing dementia care

In the UK, one person develops dementia every three minutes1 and in Oxfordshire there are currently 5,638 people living with a dementia diagnosis and a further 2,644 predicted to be living with the condition undiagnosed.

It is important that the voices of those affected by dementia are heard during the development and implementation of this strategy.

Recommendation:

 The Board should ensure that any public meetings held include people affected by dementia and that opportunities to submit evidence are made clear so that the needs of people affected by dementia are reflected in the final strategy.

We welcome the Board's commitment to identify and diagnose dementia at an early stage and to support people, their families, carers and communities to help them manage their condition as part of the strategy's Ageing Well component . We also welcome joined-up working between this strategy and other delivery mechanisms, including the Older People Strategy, the Carer's Strategy and The Better Care Fund

Plan. We also recognise that this work will feed into the Oxfordshire's Adult Strategy and a range of Health Improvement Strategies and welcome such collaboration.

Cost
Dementia is a progressive, long-term health condition. Unlike other long-term health conditions, people with dementia get most of their support from social care. They do not receive the majority of their care free at the point of use. People affected by dementia shoulder up to two thirds (£17bn a year) of care costs in the UK. Dementia is a recognised disability under domestic and international law but people face significant challenges in realising their rights. One of the key reasons is that it is often seen as a 'hidden' or 'invisible' disability, as in some contexts the symptoms are less obvious.

Recommendations:
• This strategy should make clear the ways in which the Board will work with other local authority functions and partners to ensure people affected by dementia are able to access the full range of financial support on offer including passported benefits.
• People affected by dementia should be supported to access these benefits.
• From 1 April 2019, people affected by dementia should be made aware of their eligibility under the Blue Badge Scheme.

Quality
Dementia is a complex and often peoples' symptoms can present differently. What may be true in terms of need for one patient with dementia may not be true for another. It is therefore important hat robust training frameworks are in place to help support health and social care professionals delivering dementia care. Through a person-centred approach, care plans must reflect the need of the patient and not be based on assumption of ability. Research suggests that current levels of dementia awareness, and the difference in need, is poor across the country. In England, 23% of dementia care services are failing compared to 19% of all services4 and 1 in 3 homecare workers told Alzheimer's Society they have had no dementia training5.

Recommendations:
 This strategy should commit to ensuring all health and social care workers delivering dementia care are at least Tier 2 trained as part of the Department of Health and Social Care-backed Dementia Core Skills Education and Training Framework.
 Using models such as the Improvement and Assessment Framework, this strategy should clearly define the process the Board will follow when presented with falling or unsatisfactory standards in dementia care.

Although people with dementia may present mental health needs as a result of their dementia
diagnosis, dementia should not be viewed as a mental health condition. Dementia is the umbrella term for symptoms that present as a result of diseases of the brain such as Alzheimer's disease.

Recommendation:

 The relevant pathways of care including Oxfordshire's Frailty, Mental Health (including Dementia) pathway should be clearly defined within this strategy. The strategy should make clear the distinction between mental health and dementia, as well as the differences in need and appropriate support.

Access
With at least a quarter of people with dementia occupying hospital beds6, we welcome the Board's commitment to reduce the average number of people delayed in hospital to 83 or fewer.

Although Oxfordshire CCG-level data suggests a notable improvement in this area, the strategy must outline plans to address avoidable admissions, and when unavoidable, reduce delayed transfers of care. Nationally, at least 1,400 people with dementia spent Christmas 2017 in a hospital ward, despite being ready to go home7. As the Board recognises, delayed transfers of care can increase pressure on hospitals and are known to have direct, negative health implications for the patient.

For people with advanced dementia, research suggests that the confusion and discomfort experienced as a result of long stays in hospital can accelerate the condition and lead to earlier admissions into social care.

But even when a patient is ready to go home, we find that the appropriate support is not always on offer. Nationally, 40,000 additional care home places will be needed by 2021 for people with dementia. Current trends suggest only an extra 9000 beds will be available for everyone by 2022.

Our research suggests that a lack of high quality social care costs the NHS more through poorer health, inappropriate admissions, lengthy stays and delayed discharge11. The increase in complex admissions, including people with dementia, and stretched resource can lead to inappropriate support both inside and outside of the hospital.

Recommendations:
 The strategy should make clear the Board's commitment to reducing the number of delayed transfers of care in order to ease hospital pressure and mitigate the negative impact inappropriate (and in some cases, lengthy) admissions can have on people with dementia.
 The Board could calculate the number of beds available for people with dementia, and with the projected number of clients supported by long term social care services to increase from 1,900 in 2016-17 to 2,900 in 2031-32, to explain through the strategy what provision is in place to meet demand over the coming years.

To ensure that people with dementia are appropriately supported, this strategy (in conjunction with the Carer's Strategy) must also outline how it will seek to improve health and wellbeing of carers.
Nationally, 61% of family carers say their health has been negatively affected as a result of caring for someone with dementia12, making them more likely to need care and support themselves. Informal carers should receive this support through information, annual health checks and a carer's

assessment. Across England, people have consistently told us at listening events and through our helpline that they were neither sure of what statutory support was on offer, nor where to find it13. It is therefore important that this strategy makes clear the Board's commitment to upholding the rights of carers as well as of those they are caring for.

Recommendations:
 The strategy should outline how it proposes to meet its statutory requirement to provide carer's assessments and annual health checks.
 Carer's assessments could include the following:
o Information on dementia awareness training.
o Information on local organisations offering respite care.
o Information on local support groups and information hubs (online and offline).
o Advice about benefits for carers and council tax exemption.
 The strategy must make clear how the Board will ensure that carers are made aware of, and able to utilise, carer funds in the local area.
People with dementia tell us that they do not want to keep repeating their story as they move from primary into secondary and/or social care14. Due to the complexities of the condition, particularly pronounced during more advanced stages, relying on good memory and cognitive function across the pathway is problematic. This strategy must outline the role post-diagnostic support can play in delaying the need for social care by helping people to manage their dementia in the community.

Recommendation:
 A care navigator should be accessible to anyone following a diagnosis of dementia. The navigator would give people affected by dementia a point of contact and the support required to navigate the health and care system and get the support available to them. They should understand local services and how to access relevant benefits and advice.

Annex D
I am writing on behalf of the Planning and Place team and we welcome the opportunity to comment on the Draft Oxfordshire Joint Health and Wellbeing Strategy (OJHWS). Overall, we are supportive of the positive intentions of the OJHWS but feel that it would benefit from clearer comparable evidence and links to references in respect to the healthy place-shaping aspects. These comments are co-ordinated from the Planning and Place team, Oxfordshire County Council.

A lot of positive work takes place between Communities, specifically our Infrastructure Strategy & Policy Group related to healthy place shaping across Oxfordshire, and there are numerous shared priorities relating to the health and well-being of our communities and how people travel. We welcome the continued opportunity to realise those shared objectives.

In general, the document is facing the right way. It understands the importance of prevention of ill health and altering the environment to achieve that prevention. However, there is little evidence that it understands the mechanisms for achieving that. Health needs to be the lever that gets the many different areas/departments of the council to help deliver their aspirations, rather than relying on their own issues. This would fit in with health research such as on the obesogenic environment (not a

word that appears in the document). This would make the document more outward, by being more overtly inclusive and aware of others' existing objectives, including on transport, and the growth agenda.

General Comments & Existing Policies/Strategies that the OJHWS may benefit from.

Travel	How people travel is essential in terms of health and well-being. Access to green space, comfortable and smooth surfaces for walking to popular destinations are crucial in terms of health well-being and engagement with others. Public art, fountains and sculptures can all enhance public space and encourage people to interact with nature as well as with other users. Manual for Streets 1 paragraph 6.3.1 states: *"The propensity to walk is influenced not only by distance, but also by the quality of the walking environment. A 20-minute walk alongside a busy highway can seem endless, yet in a rich and stimulating street, such as in a town centre, it can pass without noticing. Residential areas can offer a pleasant walking experience if good quality landscaping, sculptures, gardens or interesting architecture are present. Sightlines and visibility towards destinations or intermediate points are important for pedestrian wayfinding and personal security and can help people with cognitive impairment".* People need facilities when they are walking. Crucial facilities include seating, signage, litter bins and lighting (where appropriate). Seating is important particularly for older and/or disabled people and should be provided at bus stops for users to rest. Concerns relating to personal security can be a significant deterrent in terms of people walking, particularly after dark. Where vehicles dominate, there are very few people walking and this can be intimidating for users, particularly women and children. Manual for Streets 1 (3.2) states that attractive and well-connected permeable street networks can encourage more people to walk or cycle to local destinations and that more people on the streets will lead to improved personal security and road safety.
Social Space	Social Space is an important part of Healthy Place Shaping. In the Oxfordshire Walking Design Standards paragraph 2.7, the value of Social Space is defined: *"Social Space is defined as an area where people gather and/or interact. Examples include transport hubs (bus or rail), local shopping areas, community facilities, pubs, gardens, shopping malls and space near schools that enable children and/or parents to interact.* *Walking is not just about walking from A to B. People are much more likely to stop and interact with each other when they are on foot in public space. Social Space facilities can be an important part of social cohesion. Creating space, away from the footway, where people can congregate and interact has huge benefits – less isolation and better mental health as well as reducing crime".*

Healthy Streets	Delivering healthy streets requires a combined consideration of public transport, walking and cycling strategies. Connecting Oxfordshire (LTP4) has policies within it that begin to address walking, cycling, bus and rail strategies and also includes place strategies for areas where significant growth is planned https://www.oxfordshire.gov.uk/residents/roads-and-transport/connecting-oxfordshire. It specifically includes an Active & Healthy Travel Strategy https://www.oxfordshire.gov.uk/residents/roads-and-transport/connecting-oxfordshire/active-and-healthy-travel which as part of it includes an action plan of projects the council is pursing. A recommendation is this Health & Wellbeing Strategy could similarly identify a clear set of actions that the Board, or the officer working group supporting the Board, collectively delivers and include milestones for these actions. The Districts, City and County councils all also have their own Design Guides or are actively updating them. These guidance documents are the leverage to ensuring healthy streets are delivered which this document could signpost to. Examples include the South Oxfordshire Design Guide http://www.southoxon.gov.uk/services-and-advice/planning-and-building/conservation-and-design/design/design-guide and Oxfordshire County Council's Walking https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/roadsandtransport/transportpoliciesandplans/newdevelopments/WalkingStandards.pdf and Cycling Standards https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/roadsandtransport/transportpoliciesandplans/newdevelopments/CyclingStandards.pdf
Healthy New Towns	The document places significant reliance on learnings from the Healthy New Town demonstrator sites but these are, comparatively speaking, in their early days. Other national and international sources can provide a greater breadth of evidence that the Health and Wellbeing Strategy could signpost to. Examples include Design Council Healthy Placemaking, Welsh Creating Healthy spaces (2018), TCPA Health Promoting Environments, London Healthy Streets, PPS The Case for Healthy Places

Detailed Comments

Location	Comment
Pg 2	We suggest re-phrasing some of the language which may alienate some readers, for example "our touchstone and our compass"
Pg 4 "Shift the focus to prevention"	There is nothing in the list which is related to physical activity and sociability for children and young adults – no mention of working with Education, Schools, creating environments that encourage children to play and interact, parks, planning, transport measures
Pg 5 "Risk of contracting	There is nothing in the document about how to create this change, nothing on creating walking and cycling routes (eg through Local

these illnesses can be reduced through adopting healthy lifestyles"	Cycling & Walking Infrastructure Plans - LCWIPs), altering public realm, working with planning, transport, work places, economy and businesses etc
Pg 6 **"**intervene earlier and develop multi-disciplinary working in new ways to support active ageing"	That sounds hopeful but there are no actions listed to achieve this
Pg 7 Homelessness	The reference to protecting vulnerable people from risk of homelessness is work already being actively pursued by our District and City Councils through their individual Housing Strategies – e.g. Oxford City have their Housing and Homelessness Strategy 2018 – 21 https://www.oxford.gov.uk/downloads/download/254/homelessness_strategy
Pg 7 "We know that the physical environment, the quality of housing and opportunities for active travel have a big influence on health and wellbeing."	The only commitment is "learning from the Healthy New Towns in Bicester and Barton". This underlines a lack of awareness of a transport agenda. For instance, the Cycle City and Towns, the Sustainable Towns programme (as well as lots of other research from other places including The Netherlands) have basically laid out what needs doing to make a difference. Reference is made to Bicester HNT but wider learning/evidence of change needs to happen e.g. from its Dutch equivalent Houten. Unfortunately, there is little else in the document which shows an awareness of the healthy place and sustainable agenda.
Pg 10-13	A summary of Main Actions (covering the tables on pages 10-13) would provide a useful summary and aid clarity
Pg 15 "Percentage of the population who are inactive (less than 30 mins / week	We'd question why you have not chosen to look at the percentage who are active? (at least 30 mins per day)

moderate intensity activity)"	
Pg 15 "Participation in active travel"	How is this measured – Active People Survey could provide this data?

In summary, we feel that there is insufficient detail and insufficient commitment within the document to make a significant change on the population wide health of Oxfordshire, it omits the of use a wealth of research (including health research) which would identify ways of achieving those changes and it neglects to see that the role of public health could be to bring various departments within Oxfordshire and its districts (transport, planning, parks, economy, education – to mention some of the most important) to prioritise health in their decision making.

We feel the strategy would benefit from an action plan together with a working group who oversees this (that supports the Board). If this is already in place it would useful to outline the groups involved in this or if not establish – to make a recommendation.

It would be useful if the strategy puts forward a recommendation or proposals to develop how we are going to monitor success and outcomes and equally it would be beneficial to have an action that the working group will devise metrics by which we can assess existing places as well as new.

A proposal to develop stronger working relationships with all currently active groups working in this field and to understand how these various groups interlink would be useful. For example, Oxfordshire County Council leads an Active & Healthy Travel Streeting Group, there is also a OxLEP sub-transport group which incorporates public health, various districts lead on their own meetings such as South and Vale District Councils hold a Health & Planning meeting and Oxford City host an Active Travel in the City meeting as well the Oxford Cycling Forum. There will undoubtedly be other meetings hosted by our CCG and NHS partners whom we could link up with more and it would be useful to convene a network of these groups.