
HEALTH AND WELLBEING STRATEGY

Oxfordshire, 2024-2030

FULL FINAL VERSION - December 2023

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Foreword



Much has changed since the Health and Wellbeing Board last published a strategy in 2019. We've lived through the challenges of the Covid-19 pandemic. Last year, the health and care system came even closer together with the establishment of our Integrated Care System, shared with neighbours in Buckinghamshire and Berkshire West. We continue to experience the impact of a cost of living crisis that has affected us all, especially our most vulnerable. People in our poorest neighbourhoods are experiencing worse health than our more affluent areas and are dying

younger from avoidable conditions. The life expectancy gap is only widening in the UK (1).

I firmly believe this is unacceptable. The situation must—and can—change. Collaboration between councils, NHS, and the voluntary and community sector can help put the right building blocks in place for people across Oxfordshire: good quality homes, stable jobs, social connections, and neighbourhoods with green space and clean air. When we put these building blocks in place, we support people to make healthy choices, live independently, and stay happier and healthier for longer. That is why these key issues are woven throughout our strategy.

Without a doubt, we face challenges: an ageing population, and increased demand for services, mental health and wellbeing remains a challenge, especially for our families, children, and young people. And of course, one of the biggest threats to all of us: climate change, pollution, and rapid loss of biodiversity.

I see many opportunities and strengths too. Our response to Covid-19 showed us at our best—councils, NHS, and the voluntary and community sector working closely with our communities. I'm proud of how we've come closer together, establishing a pooled budget between social care and the Integrated Care Board. We've adopted the Oxfordshire Way, a new approach to social care enabling people live well in their community for as long as possible. We're talking more and more openly about mental wellbeing. We've agreed real focus on our ten priority wards experiencing greatest levels of inequality. These accomplishments are the start: now we will pursue these changes further and faster, so Oxfordshire is a wonderful place for *everyone* to live, work, learn, have a family, and flourish.

I'm confident the health and wellbeing of our people, places, and planet can improve—and this is what our new joint health and wellbeing strategy is all about. If ever there was a time for daring to do things differently, it is now. We must be more comfortable giving power to our communities, genuinely work together as one united public sector, focus on prevention, and unabashedly, unreservedly, and relentlessly tackle health inequalities.

A handwritten signature in black ink that reads "Liz Leffman". The signature is written in a cursive, flowing style.

October 2023

Cllr Liz Leffman, Chair of the Oxfordshire Health and Wellbeing Board

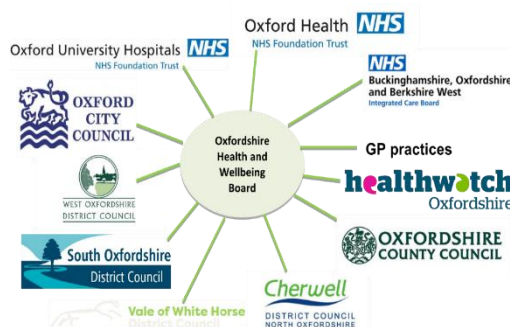
Introduction

This strategy is Oxfordshire's primary strategy for health and wellbeing, setting out a strong, unified vision to improve health and wellbeing for local people between 2024-2030.

We hope this strategy answers the challenges residents of Oxfordshire have told us they have with their health and wellbeing and provides opportunity for a change in the way we work together to improve health and wellbeing here. It focuses on health and wellbeing in a broad sense. It focuses on the things people need to stay healthy such as stable employment, warm homes, environments that allow healthier living and communities that are well connected and supportive. It also focuses on what we can do jointly across health and social care in Oxfordshire to prevent people being at risk of poor health, from birth to older age.

When we get this right, it reduces the need for services like GPs and hospitals. Access to and provision of medical care is an important part of the picture and is covered in two separate strategies – the Buckinghamshire, Oxfordshire and Berkshire (BOB) West Integrated Care Board Primary Care Strategy (upcoming) and the [NHS Joint Forward Plan](#) and therefore is not the focus of this strategy.

The development and publication of the Oxfordshire Health and Wellbeing Strategy is a statutory duty of the Oxfordshire Health and Wellbeing Board. We are a partnership of local councils, NHS organisations and Healthwatch Oxfordshire. This strategy has been informed by the themes in the BOB Integrated Care System Strategy published in March 2023. Lots has changed since Oxfordshire's last strategy



published in 2019, including the Covid-19 pandemic and the cost of living crisis. In developing this strategy, we have put residents at the heart of the process and have engaged with over 1000 residents from all backgrounds and many seldom heard communities to hear what challenges they face and what helps them stay well and healthy. You can read more about what they told us in our [engagement report](#).

We have also overseen publication of [Joint Strategic Needs Assessment](#) (JSNA 2023) of Oxfordshire's population and the factors affecting health, wellbeing and social care needs. The JSNA findings and the public engagement detailing residents' voices have been used to inform the themes and priorities for the Health and Wellbeing Strategy.

We surveyed residents of Oxfordshire and diverse partner organisations through a public consultation process in which more than 400 residents and organisations responded to an online survey, webinar and in person focus group meetings. [The consultation report](#) was reviewed, and the concerns and ideas expressed have been considered and incorporated into our final strategy.

We are confident that this overall process has been thorough and meaningful, enabling us to more fully understand what matters to local people and ensure the residents' voice is at the heart of the strategy.

This is also not the last step but the beginning of the task ahead. This strategy defines at high level our principles and priorities. We will outline a delivery plan with detailed actions to achieve these aims in early 2024. We will work with partners and communities to track our activities and monitor our progress. We will ensure there is a good governance, meaningful evaluation and transparent accountability.

Executive Summary

Health and wellbeing strategy

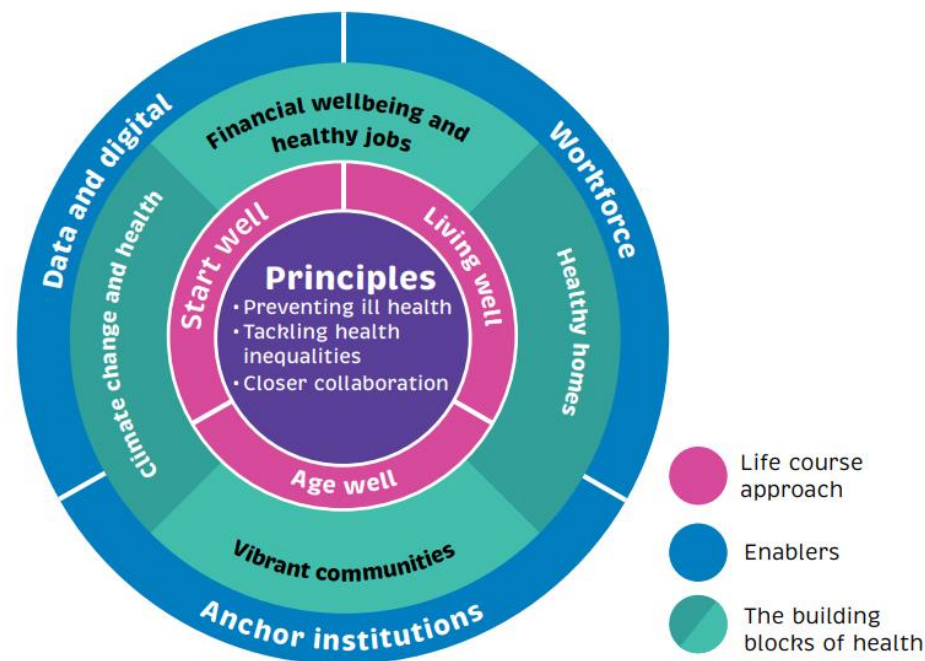


Figure 1:
Summary of Oxfordshire Health and Wellbeing Strategy

Figure 1 summarises how we have structured this strategy. From our Joint Strategic Needs Assessment and public engagement, we have seen that there are priorities for health and wellbeing that sit across the life course, underpinned by the building blocks of health and enabled by key drivers of health and wellbeing.

Principles

The strategy presents three principles underpinning all we do: addressing **health inequalities, preventing ill-health, and closer collaboration.** We will see all our priorities through these three key lenses.

Life Course Approach

The strategy has been built around a “**life course approach**” to wellbeing. There are a wide range of factors—some positive, some negative—that influence our health and wellbeing at different stages of our lives. Therefore, this strategy contains chapters for Start Well, Live Well, and Age Well to note the strengths and challenges through the span of life.

Start Well

- Priority 1: The best start in life** - All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived communities.
- Priority 2: Children and young people’s emotional wellbeing and mental health** - More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.

Live Well

- Priority 3. Healthy people and healthy places** -The length and quality of people’s lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.
- Priority 4: Physical activity and active travel** - Residents of Oxfordshire should be able to remain active throughout their lives, especially in our most deprived areas.

Age Well

- Priority 5: Maintain independence** - We will support more older residents to remain independent, and healthy, for longer. We will ensure they are always treated with dignity and are fully valued.
- Priority 6: Strong social relationships** - Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially in rural areas.

Building Blocks of Health

Important across the entire life course are the building blocks of health: foundations we all need to experience happy and healthy lives. So, the focus of this strategy goes far beyond accessible and good quality health services, important as they are, to physical activity, air quality, healthy homes, natural spaces, tackling deprivation, good jobs. This is where we can add value—when we put the building blocks of health in place, we can relieve demand on health services.

Priority 7: Financial Wellbeing and Healthy Jobs

- All of Oxfordshire’s people should have good living standards and financial wellbeing. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality and stable work.

Priority 8: Climate Change and Health

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

Priority 9: Healthy Homes

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

Priority 10: Thriving Communities

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

Enablers

To ensure this strategy makes a difference to people's lives, there are certain key drivers of change that will support delivery. With these in place, we can do things differently to ensure Oxfordshire's health and care system is inclusive, compassionate, data-informed, rooted in communities, and sustainable.

The workforce

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

Data and digital

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

Anchor institutions

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

Support and services

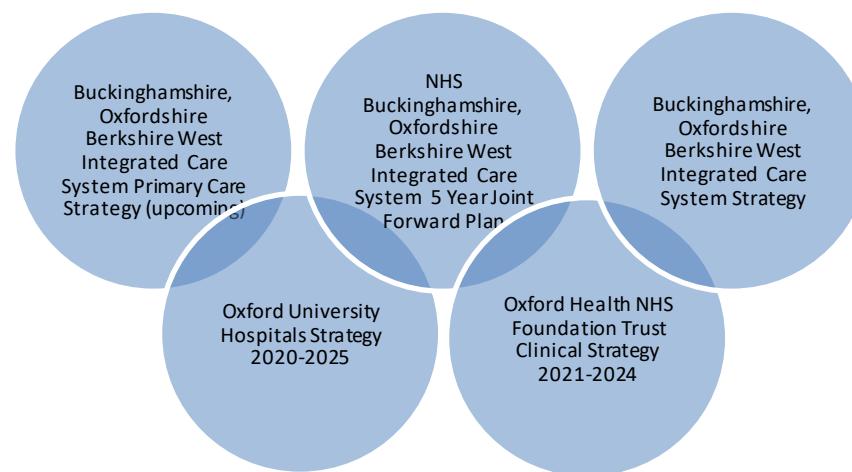
Everyone should have access to the health and care services they need which are delivered in the right place, at the right time, to ensure the best outcomes. Services should be designed so ethnicity, social status, gender, and sexuality are not barriers to good access, experiences, or outcomes.

This strategy is primarily about the broad societal, structural, and economic factors that are fundamental to our health and wellbeing. However, we all need to access services at various times to support our health and wellbeing.

This can be for short and isolated issues or when managing on-going or more complex challenges. We know the COVID-19 pandemic has impacted on the delivery of many local services, often leading to increased waiting times, or making access more difficult. Some services are still recovering from these impacts.

The [Integrated Care System Strategy](#), the NHS 5 year [Joint Forward Plan](#), and the forthcoming Primary Care Strategy all outline plans to ensure the improvement and integration of local services as key foundations for good health and wellbeing in Oxfordshire. This strategy, then, primarily focuses on the broader factors that drive our health and not on specific service access. The following diagram shows 5 interconnected local strategies that lay out in much more detail local plans to ensure timely and effective health services.

Other related strategies



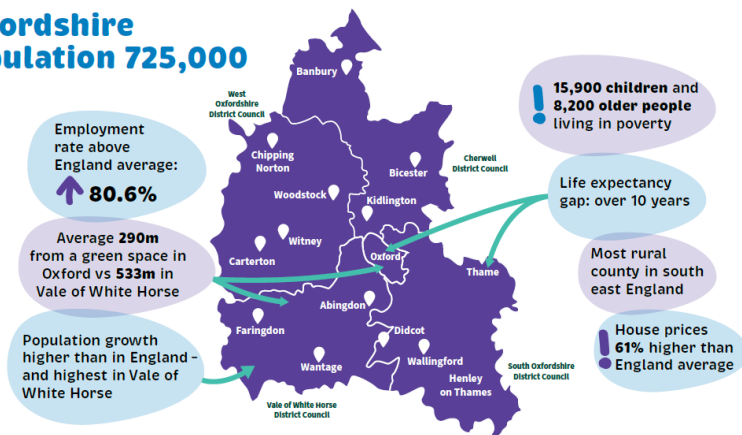
In addition to these local health service strategies, there are a range of other strategies, plans and projects that exist locally that address different priorities of health and wellbeing strategy. It is important this strategy does not duplicate these existing pieces of work, but rather supports and accelerates them. We have included within the different priorities some of these linked strategies and a fuller list can be found in Annex 1.

Oxfordshire Context

Overall Oxfordshire's population is relatively healthy, doing better or similar to the national average on most public health indicators and life expectancy and healthy life expectancy in Oxfordshire are each significantly higher than national and regional averages for both males and females.

Figure 2. Oxfordshire Context, Data from JSNA 2023

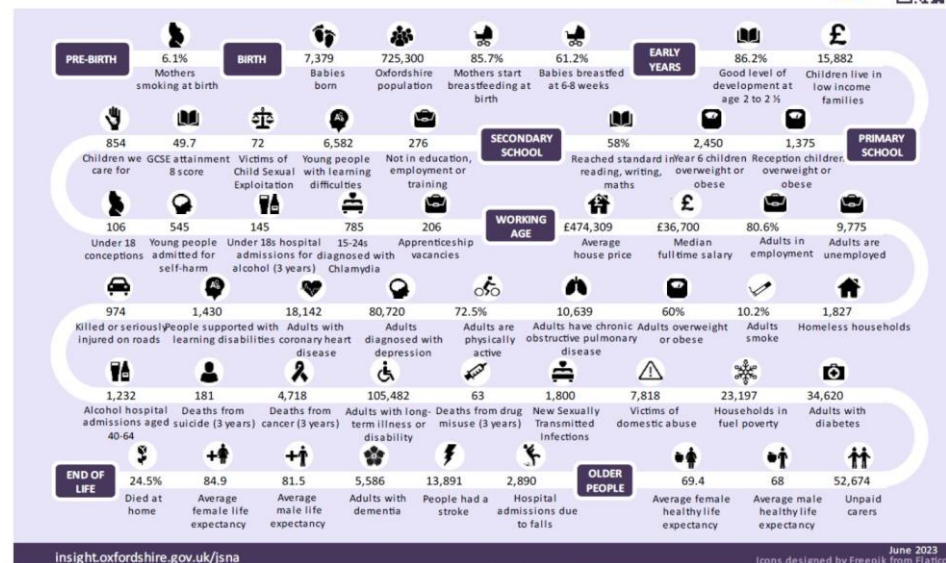
Oxfordshire population 725,000



However, we continue to have significant challenges. The latest measures of personal wellbeing (ONS 2020-21) for Oxfordshire show a decline in reported happiness and an increase in anxiety. The average level of anxiety and depression in Oxfordshire has remained above the England average. Mental health rates of diagnosis and referrals are continuing to increase (2).

Oxfordshire's population is ageing, a trend that is forecast to continue. Oxfordshire's Joint Strategic Needs Assessment 2023 (see figure 3) showed that cancer was the leading cause of death in Oxfordshire, followed by heart disease for males and dementia & Alzheimer diseases for females (3).

Figure 3. Oxfordshire JSNA, health and wellbeing facts and figures 2023



Despite Oxfordshire's relative affluence there are wide inequalities in health and wellbeing. Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females the gap in life expectancy is around 12 years. National data showed that COVID-19 had a disproportionate impact on ethnic minority communities and those with disabilities. It also showed the mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas (3). Oxfordshire is the most rural county in the Southeast region, impacting residents' ability to connect with their communities as well as health and care services. House prices are continuing to increase, and the cost of renting remains well above average (4). Data from prior to the cost of living crisis showed rates of fuel poverty were already increasing between 2019 and 2020, while two thirds of households classified as fuel poor were in rural areas (3 p. 195).

Principles

There are 3 key principles within this strategy underpinning all we will do.

1. Health Inequalities

Oxfordshire should be a place where the avoidable and unfair health differences between different groups in the county are minimised. This is *everyone's responsibility*.

Overall, Oxfordshire is a relatively healthy and affluent county. However, this experience is deeply unequal. Right now, residents in our poorest neighbourhoods are dying more than 10 years earlier than residents in our wealthiest neighbourhoods. Just as important, many of those same residents experience poorer quality of life. This is a particular challenge in Oxfordshire's 10 wards that include areas ranked among the 20% most socioeconomically deprived in England (5). Our commitment to tackling health inequalities is a commitment to adding years to life and life to years.

Residents can experience inequalities in **access** to health and care services, unequal **experiences** of those health and care services, or inequalities in **overall health outcomes**. These avoidable and unfair differences are sometimes experienced by people of different gender, age, socioeconomic status, or ethnicity. We also know that residents at greatest risk of being socially excluded are more likely to experience ill-health, including people who are homeless, vulnerable migrants, sex workers (sometimes called "health inclusion groups") (6). Living in a rural area can also compound the effect of experiencing deprivation because there is less access to societal support: fewer opportunities for social connection, less extensive and less reliable travel options, and less access to services such as GPs and pharmacies.

Health inequalities are bad for everyone, not just those who experience them. Places with greater inequalities in health tend to have worse overall

health outcomes for all. Health inequalities can often place extra financial pressure on organisations delivering key services (6).

Covid-19 has demonstrated how stark our society's persistent health and wider inequalities are – and, in many cases, has widened those inequalities. For example, disabled people and black men were three times more likely to die during the first Covid wave compared to non-disabled people and white men respectively (7). As we build back life after Covid-19, we must undo that trend. We must make sure no one is left behind as we build a healthier Oxfordshire.

Inequalities of health have many causes. Firstly, the building blocks of health, such as quality of education, the homes we live in, the quality of our jobs, having enough money to meet basic needs, the air we breathe, our access to green space, and the strength of our community. Another cause is how the environment we find ourselves in, rather than our individual choices, can cause unhealthy lifestyles: tobacco and alcohol use, or unhealthy diet and physical inactivity (6).

Our progress tackling health inequalities

[Oxfordshire's Director of Public Health's Annual Report](#) for 2019/20 has prompted community leaders and relevant organisations to come together to develop our Oxfordshire [Community Profiles](#). These focus on the 10 wards where residents are most likely to experience inequalities in health. They take an asset-based community development (ABCD) approach: understanding what is already working well and strong in those areas, what residents think would make a positive impact, and learning from data about the area. These profiles continue to generate action plans and dedicated funding. The profiles, action plans, and funding will tackle avoidable and unfair differences in health access, experiences, and outcomes.

Reducing the gap in life expectancy and years lived in good health between different population groups must sit at the heart of all we do. That's why, for each of our priorities, we will identify which populations and places are experiencing the poorest health outcomes—and prioritise support for them. The [NHS Core 20 plus 5 framework](#) helps to provide some focus on key clinical areas for action to reduce healthcare inequalities especially relating to access and clinical outcomes.

2. Prevention

Everyone in Oxfordshire should be supported to stay well and independent, enjoying better health and wellbeing for longer—and interventions delivered as early as possible when needed.

We believe that preventing physical and mental ill health is more effective and kinder than curing ill health. Our approach to prevention in Oxfordshire is to Prevent, Reduce, Delay, as outlined in the [Oxfordshire Prevention Framework](#):

- **Prevent** illness, by helping people and communities keep themselves healthy (primary prevention)
- **Reduce** the need for treatment by identifying any health issues early and supporting people to manage their long-term conditions (secondary prevention)
- **Delay** need for care by providing the right support at the right time (tertiary prevention)

Early prevention leads to better outcomes for residents and services, avoiding ill-health and reducing the number of people needing treatment and support. Upstream prevention makes good financial sense: residents are less likely to miss work or education due to ill-health or to undergo treatment. It's also more cost effective to intervene early, making better use of public money.

In the past 15 years, the number of deaths in Oxfordshire that could be avoided by effective primary prevention – ‘preventable mortality’ - have decreased. However, that has now stopped, especially among men. Rates of preventable death remain higher in less well-off areas of Oxfordshire (3).

We are all responsible for adopting a preventative approach—not just one organisation. Preventative work that one organisation does may positively benefit another organisation—so we must take a system-wide approach. When a district council uses its leisure services to boost physical activity,

fewer people will access primary care experiencing poor physical and mental health.

Shifting to prevention

In Oxfordshire we have already taken good steps forward in this area. For example, Adult Social Care has established the [Oxfordshire Way](#), investing in communities to prevent ill health and support independence. As a result, there are 31% fewer people waiting for a social care assessment compared to before we started this work. And, in Oxfordshire, 88% adults with a learning disability are supported to live at home (vs 79% nationally) (36). We have also prioritised ‘[Make Every Contact Count](#)’: a programme encouraging conversations with residents about changing behaviour at opportune time—a proactive approach to prevention. Similarly, Oxford University Hospitals have a ‘[Here for Health](#)’ service, offering a free health and wellbeing support service for patients, staff and visitors to help do more physical activity, eat healthier, and stop smoking.

We will see the best outcomes for residents’ health and wellbeing if we take a preventative approach to all we do. That is why this strategy identifies opportunities for prevention and early intervention in each of our priorities.

3. Closer Collaboration

The Health and Wellbeing Board members will work in closer collaboration to effectively deliver this strategy. Central to this is working more closely, collaboratively, and creatively with residents and communities, especially in areas of greatest deprivation. We will support and enable all of Oxfordshire's communities to meaningfully shape their local area and services to contribute to better health and wellbeing.

There are significant challenges to improving health and wellbeing. No one organisation holds the solution—we can only make a difference by working together more effectively and enabling communities to participate and lead. We recognise there is much more we can do to work well with communities. We must be open to collaborating in different ways, placing power more firmly with communities. We therefore commit to building ongoing dialogue and relationships with communities, benefiting from their imagination, energy, and intimate knowledge of people and place. This means:

- **Recognition:** communities bring a wealth of lived experience, expertise, and insight - and we value that
- **Equity:** community expertise is equally as valuable as public health, clinical, and administrative expertise – so we will build ‘a dialogue of equals’
- **Celebrating difference:** different communities in different places have different perspectives and needs - no one size fits all.

Covid-19 taught us that when organisations and communities come together around a common purpose - however challenging - we can deliver truly positive outcomes across Oxfordshire. Working together with communities:

- More effectively identifies, tackles, and reduces persistent health inequalities.

- Empowers people and gives them greater confidence to take personal action to live healthy lives.
- Increases understanding of a diverse range of people's perspectives, strengths, and needs.
- Enables more appropriate and accessible services.

We want to move away from simply informing communities about what we're doing. At our best, we work with and learn from community-based organisations, local residents, and community researchers. We recognise this requires time, money, and people.

Collaborating more closely

Oxfordshire has one of the largest [pooled budgets](#) between Social Care and Health in the country. This allows us to deliver integrated services for people including those with learning disabilities and severely poor mental health. It also means we can better prevent hospital admission for those with dementia or at risk of falling.

Over the past few years, [Healthwatch Oxfordshire](#) have developed [models of community research](#) that focus on inequalities, empower residents, and benefit the community involved. One project produced a [film](#) exploring black women's experiences of maternity. As a result, the grassroots organisation started a community women's session and the hospital's maternity services have improved their provision of interpreters.

We strongly believe that *the whole is greater than the sum of its parts*. We will use this strategy to ensure this closer collaboration underpins all we do here in Oxfordshire.

Start Well

1. The best start in life

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our priority neighbourhoods.

The first five years of a child's life are critical, shaping the rest of their life. Stress and adverse experiences, including repeated abuse, severe maternal depression, or extreme poverty, can negatively impact babies' development. Relationships with caregivers during these years build a baby's brain and provide the foundations for a baby's cognitive, emotional, and social capabilities.

"It can be awful for fathers to leave their partners just after a traumatic birth ... We need to have fathers more involved."

The first 1001 days – from pregnancy to age two– are when children develop the most. A healthy pregnancy is the first crucial step in a baby's journey, and it is important that the mother and child have a safe and comfortable home environment (8). Children are most vulnerable at this stage: some are diagnosed with a disability and some have a developmental need which, if not provided for, may become a special educational need... Complications during pregnancy are more likely in for

those experiencing deprivation, for instance these families are more likely to have a baby with low weight: 3.3% vs 2.2% in the most well-off families (9).

Breastfeeding plays a crucial role in good health outcomes the short and long term. There is good evidence to show that breastfeeding reduces risk of hospitalisation in the first 2 years of life and the prevalence of later

childhood obesity by 13%. In the UK 74% of mothers start to breastfeed but only 1% are still exclusively breastfeeding at 6 months; eight out of ten women stopped before they wanted to and would have continued with more support. In addition, breastfeeding rates are lower in young, White mothers experiencing higher levels of deprivation. Ensuring all mothers have access to support with breastfeeding, encouragement and understanding in their communities is vital in reducing health inequalities that have an impact beyond the first 6 months of life (10).

Parent and carer mental health can impact a baby's health and have lifelong consequences. It is therefore essential we proactively support parents and families to improve perinatal and wellbeing. If we help them meet their own needs, they will better meet their children's needs.

From birth to age two, children are deeply influenced by a secure and loving attachment to their parents/carers, benefiting from rich learning experiences and supportive environments in developing language and physical skills. Conversely, a child's development can be negatively affected by adverse childhood experiences (ACEs), including parental conflict and trauma from exposure to poor parental mental health, abuse, neglect, and drug and alcohol misuse. Early intervention in this crucial period and particularly for those experiencing ACEs can offer children and families the support they need to reach their full potential (11).

Covid-19 lockdowns impacted many younger children's development as they lost vital experiences at school and nursery. So, fewer children are ready to learn at two years old or ready for school at five years old. By age five, children should be curious and confident about learning, becoming independent with self-care skills, and able to vocalise choices. When children aren't ready for school, this can impact their early learning and

creates further demand on services. This is a particular challenge for children eligible for free school meals (FSM): 43% percentage of pupils eligible for FSM in Oxfordshire achieve a good level of development (below national levels), compared to 68% for all pupils (3). This is a larger gap than the national gap. In Oxfordshire, boys in families experiencing deprivation or eligible for FSM are less likely to reach these milestones (12). We must support our parents and carers to ensure healthy child development in all aspects, particularly language and communication. If we identify and address any delays at an early stage, we can prevent problems later on, and if we focus on children at risk due to their home circumstances, we can reduce the learning gap.

Our ambitions

Between now and 2030, we want to see:

- Improved parental mental wellbeing during pregnancy and after birth
- Supporting families to breastfeed and increasing the number of babies who are breastfed at 6 months of age.
- More children with good level of development aged two-three years and are ready to learn at school by the age of five.
- Adoption of the UNICEF approach: ready families, ready schools, ready services, and ready communities as the pillars of development
- Stronger language development pathways, especially among families in our most deprived communities,
- Engaged, responsive parents and supportive home learning environments, alongside improved understanding among families of healthy child development.

Immediate actions

- Develop and introduce easy-to-access community hubs across the county.
- Promote Healthy Start Scheme to all pregnant women and families with new-born children.
- Launch maternity tobacco dependency service to strengthen the focus on reducing smoking in women and their partners or those they live with, during pregnancy and after delivery, especially in our priority areas.

- Offer more regular leisure and wellbeing classes during pregnancy and early child years.
- Public Health Nursing Service to provide additional universal school readiness review at age 3.5 to 4 years.
- Support rollout of WellComm: a universal screening tool to identify children with a speech, language, or communication delay early on
- Increase use of '50 Things to do before you're 5' app among parents and carers.
- System partners to promote communication and language skills for toddlers and young children.

2. Emotional wellbeing and mental health

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.

This priority is about both promoting emotional wellbeing and preventing mental ill health. Emotional wellbeing is about how our children and young people think, feel, and behave – their ability to cope with the stresses of life and realise their abilities. Mental ill health is defined clinically and includes depression and anxiety. Over the past five years, children and young people’s emotional wellbeing has worsened according to the State of the Nation Report from Department of Education in 2021 (13). During Covid-19, they lost opportunities to take part in school, social activities, spend time with friends, and access support services. 44% of children and young people in West Oxfordshire said Covid-19 impacted their mental health. (3) It was also shown that problems in one area of wellbeing such as family functioning could lead to problems in mental health in children and young people. We understand that a further wide range of factors are implicated, from physical health and activity, sleep and nutrition to the modern pressures of social media, education and social networks. We must enable children and young people with the skills and tools they need to manage these daily stressors, in addition to supporting families and communities tackle the wider societal and structural basis of mental health and wellbeing.

In Oxfordshire, 11% of 10-19 year olds were referred to mental health services in 2022/23 (3). More generally, children and young people are becoming more lonely, anxious, and depressed—with levels higher among girls. Risk of poor mental health and wellbeing is higher among, young carers, LBGTQ+ children, children from diverse ethnic heritage, with autism and/or ADHD, living with a disability, living in poverty, children who have been adopted or are on the edge of care, and children who have witnessed domestic abuse or other adverse childhood experience (ACEs). Between 2019-20, those in England’s most deprived areas were twice as likely to be in contact with mental health services than those living in the least deprived

areas (14) For children with mental health conditions, particularly care leavers, a positive transition to adulthood is a recognised priority requiring further support.

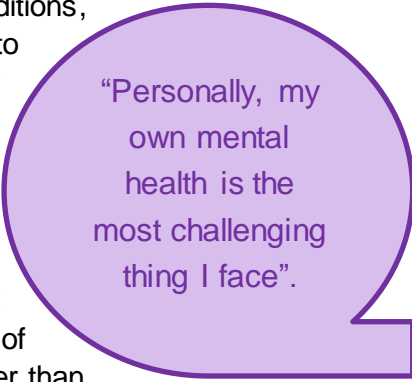
In addition in Oxfordshire we have recently received the outcome from an [inspection of services for children with Special Educational Need and Disability](#) which raised significant concerns about the experiences and outcomes of these children (15). The focus of this report is wider than just improved mental wellbeing support that many of our local SEND children require, as it also includes support for physical disability and their educational need. The actions to address the issues identified are found within the Priority Action Plan that the local SEND partnership has developed and submitted.

Our focus will be on prevention and early intervention: promoting positive mental wellbeing, preventing people from experiencing poor mental health, and identifying and supporting struggling children and young people at the earliest opportunity. Our priority should be of targeting of support for those who need it most including those with existing mental health, physical health and neurodevelopmental conditions. We will also target support to those most in need to tackle local health inequalities.

Our ambitions

Between now and 2030, we want to see:

- Improved mental wellbeing and reduced levels of loneliness, depression, and anxiety, especially for children and young people experiencing mental health inequalities.
- Children and young people placed at the heart of designing our mental health and wellbeing offer.



“Personally, my own mental health is the most challenging thing I face”.

- More positive transitions between childhood and adulthood for children experiencing poor mental health.
- Simplified support pathways, directing people to the right place at the right time.
- Increased range of support, including face-to-face, telephone, and digital support.
- Better understanding of what support neurodiverse children and young people need among education, social care, and NHS staff.
- Improvement to the outcomes for children with Special Educational Need and Disability.


Immediate actions

- Implementation of Oxfordshire's Better Wellbeing and Mental Health Strategy for Children and Young People 2022-2025
- Build capacity and confidence in our workforce by providing Mental Health and Suicide Prevention training for professionals and volunteers.
- Provide a safe and anonymous digital platform for children and young people's wellbeing—a space to talk about anxiety, depression, and self-esteem, seek self-help, share experiences and peer support one another.
- Provide timely offers of support such as advice and psychoeducation groups, and guided self-help—in addition to consultation, assessment, and intervention when appropriate.
- Support the voluntary and community sector to help children and young people.
- Work across the system- including with parent groups- to implement the priority action plan.
- Review of support for children exposed to domestic abuse or those families where parental conflict exists.

3. Healthy People and Healthy Places

The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

We know that around a third of all years lived with ill-health and disability are caused by risk factors such as tobacco use, harmful alcohol drinking, or unhealthy weight (3). The cause of these hazards is not simply down to lifestyle choices but is heavily influenced by the environment that people live, work, and socialise in as highlighted [in this recent report](#) by tobacco, alcohol and healthy weight action groups (16). This includes the behaviours of those we live with, the advertising we see all around us, the products marketed in shops, and the norms of society. Healthy food is often more expensive and convenient than less healthy alternatives.



"I try to eat well but fruit and veg is getting expensive. Cost of weekly shop has almost doubled".

On average, living with obesity reduces life expectancy by around three years—and in more severe cases, up to ten years (17). It is also linked to worse mental health, poorer educational attainment among children, and more sick leave in adults. Smoking tobacco remains the leading risk factor of preventable death in Oxfordshire, causing many different diseases (18). The cost of tobacco use can dramatically impact household budgets, locking people into poverty. Harmful drinking and alcohol dependence increase the risk of several diseases and mortality (16). It also negatively impacts relationships, family life, employment, and can be a factor in some crimes.

Often, these challenges cluster together: if one is present, the others are too, further affecting health outcomes. We also see that the impact of these harmful factors more in certain communities. For example, the likelihood of tobacco use is 2.3 times higher in Oxfordshire's routine and manual workforce than for the county. Overall, the harm caused by alcohol is greater for people who have lower incomes (3) or who experience more deprivation, leading to inequalities in health outcomes. More deprived communities are more likely to live in an environment that does not enable healthy eating as there is far easier access to unhealthy food. We also know there is an important interplay with mental wellbeing. For example, a third of all cigarettes smoked are by people with a mental health condition (19). Poor mental health can be a trigger for tobacco or harmful alcohol use and unhealthy food consumption. Equally, these issues can all be risk factors for poor mental health creating a potential downward spiral. Food insecurity can be a risk factor for stress and poor mental health.

We will focus on preventing people from living with excess weight, starting smoking, and developing harmful alcohol consumption patterns by creating healthy environments with a particular focus on areas of Oxfordshire with the greatest socioeconomic deprivation. Where people need help to address excess weight, tobacco use or harmful alcohol consumption, we are committed to doing this alongside support for mental wellbeing where this is also needed. We must take a whole systems approach: where we all work together to cultivate healthy communities where the shops around us, the places we work in, and the food we are exposed to encourages and supports healthy eating and healthy lifestyles. Frameworks have been developed by partners like the [Health Foundation](#) to support action on this (20).

Case Study

OX4 Food Crew (OX4FC) is a partnership of nine organisations based in East Oxford, working with and for people experiencing food poverty. OX4FC quickly responded to local emergency needs during the pandemic by delivering nutritious cooked meals to local people experiencing food insecurity. Now they emphasise building community led recovery and resilience: free cooking for health and wellbeing courses for vulnerable parents and pay-as-you-feel community meals. They support diversity-led food social enterprises like Damascus Rose Kitchen, founded by refugee women, and No Vice Ice, supporting people with hidden long-term health conditions. In November 2021 their volunteers were awarded a High Sheriff award for outstanding voluntary service. Over the next five years they want to tackle the root causes of food insecurity and injustice.

- Improve uptake of Healthy Start initiative across the County and ensure support is in place for key groups like pregnant women.
- Ensure smoke free pathways are in place through all NHS services.
- Expand the use of e-cigarettes as an alternative to on-going tobacco use but reducing their use in children.
- Continue to raise awareness of the support available for people to quit smoking with a focus on the highest prevalence groups.
- Undertake local actions required as part of the national [Smoke Free Generation](#) Policy announced in November 2023
- Address unmet need for alcohol support and treatment.
- Improve earlier identification and prevention of alcohol harm.

Our ambitions

Between now and 2030, we want to see:

- Improved access to healthy food, especially in priority neighbourhoods
- Whole school approaches to food and healthy weight
- Effective implementation of Oxfordshire's Food Strategy
- Oxfordshire to become smoke free (less than 1 in 20 people smoking tobacco)
- For people who have been smoking for a long time, use of e-cigarettes as a safer alternative to tobacco use
- A reduction in alcohol related harm in Oxfordshire/Improved mental wellbeing linked to reduction in these exposures and risk factors.

Immediate actions

- Take opportunities where possible to shift the environment toward being more healthy- advertising healthy options rather than food or drink high in fat, salt or sugar, and explore feasibility of restricting the introduction of new hot food takeaways.

4. Physical activity and active travel

Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.

Being and staying physically active helps maintain a healthy weight, builds strength, and improves balance, concentration, and mental wellbeing. It reduces the risk of many common and serious illnesses, such as cardiovascular disease, stroke, diabetes, osteoporosis and some cancers. It can also support maintenance of healthy weight. Active travel, like walking and cycling, is an important way people of all ages can meet physical activity targets. It also improves air quality, reduces carbon emissions, supports road safety, and creates more inclusive communities.

In Oxfordshire, 17% of adults do less than 30mins activity each week, while almost half of Oxfordshire's children aren't doing the recommended levels of physical activity and is lowest among people living in areas of greatest deprivation (21). So, this priority will focus on people living in our priority neighbourhoods and adults living with long term conditions. In addition, action is needed where people feel unsafe exercising outdoors to ensure this is not a barrier to physical activity.

The link between increased physical activity and mental wellbeing is clear. Furthermore, accessing natural environments such as parks, greenspaces and waterways has benefits for mental wellbeing, so increasing physical activity in these spaces and removing barriers to accessing nature is also important.

"10/10 because it was a new activity each week and as a family, we really enjoyed playing the variety of games together that we could also do at home".

You Move – physical activity for families

Active Oxfordshire launched You Move in June 2022, supported by Oxfordshire's district councils, to provide heavily subsidised or free physical activity opportunities, including leisure and support for families eligible for free school meals. Local activators work closely with families, engaging them in the right activity for them.

The programme is based on the principle that parents are influential role models for their children and can lead by example. Nearly 1/3 of early participants live in Oxfordshire's most deprived wards and 14% are from minority ethnic groups. Over 3000 individuals and 800 families registered in the first four months of the scheme.

Our ambitions

Between now and 2030, we want to see:

- A system wide approach to physical activity, incorporating key physical activity programmes and active travel.
- Every child learning to swim, ride a bike and be active for 60 minutes per day.
- Older people and those with long term conditions moving more.
- Increased physical activity levels in priority neighbourhoods, levelling the playing field.
- More recognition that physical activity improves mental wellbeing.
- Improved cycling and walking routes across the County
- More cycling and walking to workplaces and school, especially among underserved populations.

Immediate actions

- Expand provision of subsidised/free physical activity for families eligible for free school meals – the 'You Move' programme.

- Expand the 'Move Together' programme helping adults with long-term health conditions to move more via Active Oxfordshire's Oxfordshire on the Move programme.
- Develop a Schools Active Programme
- Include policies promoting physical activity in Local Plans
- Work with developers so new developments' cycling and walking routes effectively connect with existing active travel infrastructure.
- Ensure all health and social care organisations have an active travel plan and monitor active travel levels.
- Develop a co-ordinated approach between local councils and voluntary organisations to promoting walking and cycling.
- Work with local nature partnership to improve access to physical activity in natural environments.

5. Maintain independence

We will support more older residents to remain independent, and healthy, for longer. We will ensure they are always treated with dignity and are fully valued.

As people age, they are more likely to develop a long-term health condition they need to manage. In Oxfordshire more people are living with more than one long term condition than ever before, however as outlined in the recent [report by the Chief Medical Officer](#) for England, frailty and disability is not an inevitable part of ageing and there are basic preventative measures we can all take to reduce the chance of this occurring (22) There is also an important connection between physical and mental wellbeing—our challenges in Oxfordshire particularly relate to falls and dementia.

Older population groups are most likely to suffer significant harm due to a fall. Falls are the most common cause of emergency hospital admissions for older people and affect about 30% of the older population, but many are preventable (23) Falls significantly impact on older people's long term health outcomes and reduce their independence. This worsened during the pandemic. Falls often lead to hospital stays and, after leaving hospital, continued care support—for many, this prevents them being able to return to their home. Some evidence suggests people from communities of greatest socioeconomic disadvantage are more likely to suffer a fall (24).

More people in Oxfordshire than ever are living with dementia and it is an increasingly common cause of death. However, we are currently not identifying enough of those with the disease and helping them locate the support needed to maximise their independence. Those already most at risk of other health problems are most likely to suffer. (3) Large numbers of unpaid carers provide support for people with dementia—and they are not always supported well enough. Services like [Dementia Oxfordshire](#) provide valuable support in this area.

We want to enable older people and carers to continue to do activities they love for longer, adopting a strengths-based approach that recognises and supports their existing hobbies and interests. We also want to ensure the older people can continue to play the essential roles that have in society. When older people stay active, they're better able to maintain strong social relations, continue to actively contribute to their community, and spend time in nature, benefiting society as well as their health and wellbeing. This reduces the chance of suffering from the negative impact of e.g., falls and dementia. We want to support people to stay comfortable and live independently in their own homes and among their communities for as long as possible.

City Council Home Improvement Agency

This service is dedicated to helping older, disabled and vulnerable residents within Oxford City to live safely and independently in their own home. It is a great example of collaborative working that prevents the need for medical intervention. They take a holistic approach to their service users, and are often able to improve many more issues in the home than the initial request was for

We must take a preventative approach, supporting older people to improve their balance and strength and reducing the risk of subsequent falls for people with a history of more minor falls. Fundamentally, our communities must become dementia friendly, where people with dementia are understood, respected, and supported so they can live full, independent, and normal lives.

Our ambitions

Between now and 2030, we want to see:

- Vibrant communities that are age friendly, enabling and encouraging older people to stay socially and physically active.

- More community-based activities for older people to develop balance and core strength and enabling on-going independent living.
- Fewer hospital admissions due to falls—below England average
- Early intervention when people are at high risk of falls, supporting people's independence and minimizing ill-health outcomes.
- An increase in the proportion of people with dementia receiving a formal diagnosis.
- An improvement in the support available to people with dementia—including at a young age—as well as their friends, family, and carers.
- Effective prevention plans in place to reduce prevalence in future generations.
- Expand the use of our local Better Care Fund to provide integrated support to people.

Immediate actions

- Better co-ordinate falls prevention services and interventions so that everyone, at all levels of risk, can access support at the right time.
- Create simple and cohesive pathways of support in care homes and care settings.
- Strengthen the effectiveness of our local falls service and Move Together activities, which offer core strength & exercise classes.
- Explore use of Oxfordshire's Fire and Rescue Service Safe and Well visits to assess and predict risk of falls.
- Improve the support for carers of people with dementia through all age carers strategy and implement our carers strategy action plan.
- Review our dementia diagnosis pathways and memory clinic capacity.

6. Strong social relationships

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

Meaningful social contact is a key foundation of a healthy and happy life, preventing social isolation and loneliness and enabling us to take part in a variety of activities. We know that uptake of support and healthy behaviours is better when it is wrapped around meaningful social activities.

“I try to mix as much as possible... to put aside any negativity. You only tend to get angry or depressed when you're on your own too much”.

Social isolation and loneliness are related but different. People can be isolated—alone—but not feel lonely. Others may be surrounded by people but still feel lonely.

In August 2023, 23.3% of people across Oxfordshire reported sometimes, often, or always feeling lonely. Loneliness increases the risk of ill-health: adults in England with ill-health are more than three times as likely to report feeling lonely than those with good health (25). Loneliness and social isolation can

increase the risk of death as much as obesity or smoking do. Building and maintaining strong social relationships can mitigate the risk of coronary heart disease and stroke, high blood pressure, and disability. Social isolation and loneliness can occur at any age and the principles in this priority are not restricted to just later life, however the health risks caused by loneliness can be most significant in this stage of life.

However, we acknowledge this is not easy and challenges from the pandemic persist. Tackling loneliness requires not only more opportunities to meet and speak, but to build, maintain, and re-establish meaningful relationships. This is especially challenging in rural areas, where about 38% of Oxfordshire's people live (3), because it can be harder to meet new people, maintain friendships, or access services due to less extensive and less reliable travel options. People who are lonely or isolated in rural areas may also be less likely to be noticed. However, rural areas also offer unique strengths, with many people looking to local faith leaders or GPs when they are struggling.

“Getting out there and mixing makes a big difference... it makes you realise we're in same boat”.

Keeping people socially connected is key to providing good anticipatory care. We will take a person-centred, asset-based approach to cultivating stronger community networks and better social relationships.

Our ambitions

Between now and 2030, we want to see:

- A thriving voluntary and community sector offering vibrant social activities.
- Digital support for virtual connection & improved digital skills.
- More connected communities and closer links between health, social care, and community-centred interventions.
- Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas.

Immediate actions

- Launch our Well Together 'in the community' programme, a collaborative health project offering community activities to people in Oxfordshire's 10 most deprived wards, including recruiting community capacity builders.
- Launch a second round of Community Capacity Grants, funding grassroots organisations to prevent isolation and loneliness.

- Utilise Community Health Development Officer roles to build community connection in priority neighbourhoods.
- Pilot a Local Area Coordination approach to how social care support is delivered.

The Building Blocks of Health

Our health is shaped by the world around us. When we don't have the things we need, like warm homes, stable jobs and are constantly worrying about making ends meet, it puts a strain on our bodies. This directly results in increased stress, high blood pressure, and a weaker immune system. When we live in a healthy environment, with good-quality affordable homes, strong social connections, and access to natural spaces, we are better able to eat healthy food and exercise more.

Healthy place shaping will support us to deliver our ambition of creating sustainable, well designed, thriving communities where it is easy to be healthy and which provide a sense of belonging, identity, and community. It involves action across the following three areas:

The built environment – Shaping the built environment, green spaces, and infrastructure at a local level to improve health and wellbeing.

Community activation – Working with local people, local community organisations, businesses and schools to engage them in developing places, facilities and services which create health.

New models of care – Re-shaping health, wellbeing and care services, and the infrastructure which supports them, to prevent future ill- health and wellbeing.

Action to create healthy places will also help us address the climate emergency because the building blocks of health also reduce our carbon footprint. Our healthy place shaping approach is a long-term approach that will guide us throughout the duration of this strategy.

7. Financial wellbeing and healthy jobs

All of Oxfordshire's people should have a good basic standard of living and financial wellbeing. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality stable work.

Both immediate concerns about the cost of living and longer-term deprivation are significant causes of ill-health. By deprivation, we mean situations when money pressures absorb mental, financial, and physical ability to access the opportunities that support people to thrive. Deprivation can unfairly prevent people from eating enough food, or food of a good quality. High costs prevent people from cooking and running household appliances like the fridge. Staying physically active comes with costs that can exclude people in poverty. Deprivation especially impacts mental wellbeing due to the constant stress of securing stable, affordable warmth, shelter, and food. And we know that more people in Oxfordshire are feeling the pressures of debt, maintaining their home, providing for children, and affording food—all of this can contribute to serious mental and physical health conditions.

The cost of living crisis has added considerable stress to household finances: [52% of adults in UK reported an increase in their cost of living](#) compared to the previous month in November 2023 (26) and data from 2022 showed there were already approximately 13.4% of households in fuel poverty in England (27).

For many families the cost of childcare is a significant concern, and we await the implementation of the additional childcare support available from April 2024 (28). We hope this will ease the burden on families and allow more parents time in paid employment.

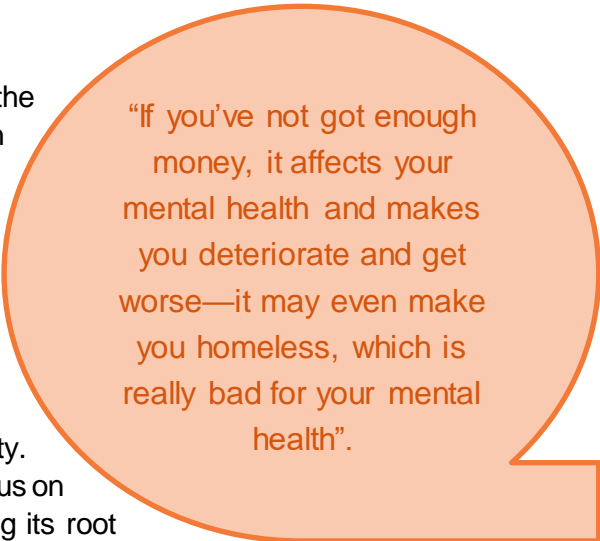
In Oxfordshire we must lead the way in tackling deprivation and ensuring that our strong economy benefits everyone—and we must especially focus on our most deprived wards and rural areas on children and those experiencing intergenerational poverty.

Where possible, we must focus on preventing poverty by tackling its root causes: education, developing skills, and enabling people to access good employment. However, supporting people into work is not enough to lift them out of poverty. Pay rates aren't always sufficient to cover household costs especially as the cost of housing is so expensive in Oxfordshire, and people can experience multiple barriers to accessing secure work with a reliable income. So, we must also work with our partners including the Oxfordshire Inclusive Economy Partnership (OIEP) to provide more flexible, higher skilled and well-paid, and stable employment opportunities that meet diverse needs. Our updated Strategic Economic Plan will be key to achieving this priority.

Our ambitions

Long-term, we want to see:

- The health and care system contribute to a resilient and fair local economy, benefitting our most marginalised populations.
- More residents in well paid and stable employment
- More residents feeling secure and in control of their finances.
- Work with the Oxfordshire Inclusive Economy Partnership to build an inclusive economy in Oxfordshire.



“If you've not got enough money, it affects your mental health and makes you deteriorate and get worse—it may even make you homeless, which is really bad for your mental health”.

- Improve employees' working conditions, work-life balance, and opportunities for personal growth, professional development and career progression.
- Increase equity of access to quality employment and widen workforce participation for people furthest from the labour market, such as residents with additional needs.
- Better access to affordable, healthy, and sustainably sourced food and affordable homes.

Immediate Actions

- Continue to deliver emergency support for residents during the cost of living crisis.
- Support residents to increase energy efficiency in their homes, reducing energy bills, including retrofit programmes and advice services like Better Housing Better Health.
- Supporting access to financial, income and debt advice; as well as banking and social finance guidance.
- Continue to promote, champion and engage with the Oxfordshire Inclusive Economy Partnership and its charter.
- Ensure financial wellbeing data is integrated with health, housing and other relevant data to generate insight into the impact of financial challenge in communities on health and wellbeing.
- Promote social value and increased procurement with local suppliers.

8. Climate change and health

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

Climate change has significant implications for health and wellbeing. This includes direct effects including heat-related illness, deaths due to high/low temperatures, the physical and mental health impacts caused by flooding, the impact of poorer air quality, and an increase in food, water, and vector borne disease. Indirect effects include impacts on food supplies, the economy, and migration.

The climate emergency is already impacting Oxfordshire residents—people at risk of poorer health are most at risk. Heatwaves are becoming more frequent, and risk is greatest in our urban areas where heat can get trapped, and temperatures are the highest. High temperatures particularly affect older people, children, people with long-term conditions, and people who work outside.

"I live near the river, a wood, and national cycle route so I get plenty of access to fresh air and nature".

Flooding is also occurring more frequently: since 2007 there have been 18 separate significant floods. People living in Witney, Oxford, and Abingdon are most impacted. Around 19% of the population are exposed to flooding risk (29). Drought, high winds and storms, and low temperatures remain important climate hazards and pose a risk to people's health. Long-term exposure to air pollution can

cause chronic conditions and have negative effects on physical and mental health. Indeed, just over 1 in 20 deaths in Oxfordshire can be attributed to poor air quality (30).

The responsibility for taking action on climate change lies with all of us and we advocate for structural change and a system wide approach, in addition to individual action.

We must act urgently to identify and support policy that manages the risks of climate change that have already occurred and minimise future temperature rises to prevent ill- health and wellbeing.

"We've got to make a world for our future".

Our ambitions

Between now and 2030, we want to see:

- Health and care services that are low or zero carbon.
- More active and sustainable travel, more cycling and walking and less car use.
- Homes that are more energy efficient, and resilient to heat and cold.
- Increased and more equitable access to greenspace, more shade and natural carbon capture, and protection of biodiversity.
- Improved air quality and reduced air pollution.

Immediate actions

- Publish the Director of Public Health Annual Report for 2023 on health and our changing climate with a call for action to promote the positive and immediate health benefits of climate action across Oxfordshire.
- Ensure that every health action, policy and strategy mitigate for and prevents negative health impacts of our changing climate.
- Work together for cleaner indoor and outdoor air by promoting active, sustainable travel and adopting low-carbon energy and supply chains.
- Promote use of the new [Oxonair](#) website to raise awareness of local levels of air pollution, including the air quality alert service.
- Increase and improve access for all to safe, inclusive green spaces with consideration of wildlife and biodiversity.
- Support healthier, balanced diets rich in wholegrains, legumes, nuts, fruit and vegetables – many of which are more sustainable for the climate and better for human health.
- Protect against and reduce the negative health impacts associated with flooding, poor water quality and droughts.

- Improve resident's health and wellbeing by adapting and upgrading homes, healthcare facilities, estates and schools to ensure they are fit for the future.
- Work as a system to promote staff and resident awareness of the health impacts of climate change, measures that organisations are taking to address them, and actions that system partners, central government and individuals can take.

9. Healthy homes

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

We know that high house prices mean homes are unaffordable for many. Insecure, poor quality, and overcrowded homes cause poor physical and mental health and in turn increase demand for health services.

Oxfordshire has some of the highest house prices in the UK and the cost to rent properties in Oxford is above parts of London (3). Secure, quality homes are especially important for certain people. For example; those experiencing poor mental health who need stability and security to overcome those challenges, victims & survivors of domestic abuse, and refugees and asylum seekers who need security & a base from which they can connect with local communities. Secure, warm homes are also particularly important for older people to remain independent especially if they have a long-term condition or are recovering from treatment in hospital. People who experience homelessness need specific support to re-establish stable housing and manage the health impacts of being homeless. It is also important to prevent homelessness by working more proactively with those who are vulnerably housed and/or at risk of homelessness.

Better Housing Better Health

Oxfordshire residents can access the Better Housing Better Health scheme which connects residents with advice on paying fuel bills as well as retrofitting and energy efficiency measures that help them to keep their homes warm and enables good health. Oxfordshire is unique—BHBH only offers a home visit service in Oxfordshire.

With the rising cost of living, we want to make sure people who are struggling with their fuel bills—in urban and rural areas—can access the support they need. BHBH also helps people apply for energy efficiency grants, reducing energy usage, saving people money, and helping them stay warm and well.

Between April 2022 and June 2023 BHBH helped over 2,600 residents, enabling 1187 households to identify new income with over £30,000 of fuel vouchers issued and 234 energy efficiency improvements to be installed.

BHBH not only improves health but makes Oxfordshire greener and fairer too—it brings together health, climate action, and reduced costs.

When children and young people grow up in homes that are in poor condition or unstable, this can prevent them from engaging with education, reducing their chance of getting a job and sufficient income. Providing a home for young people leaving care provides them with the security they need to live connected and fulfilling lives, achieving their goals.

We also know that poor quality building and maintenance, including energy inefficiency, causes significant health issues and widens health inequalities. As climate change leads to more extreme heat, homes not built to cope with high temperatures pose a risk to life of the most frail or vulnerable and worsen chronic conditions. Meanwhile, living in a cold home—which can become a damp and mouldy home—increases the chance of a vulnerable person falling seriously ill or dying. Cold homes increase the risk of poor child

development, asthma and breathing problems, heart attack or stroke, falls, flu, and depression and poor mental health (31). We know that the cost of living crisis has meant many people are unable to heat their homes—and this will have an impact on their mental and physical health. In the last year 39% of homes in Oxfordshire don't meet the standards set by the government's fuel poverty strategy (32). Poorer quality homes are highest in privately rented

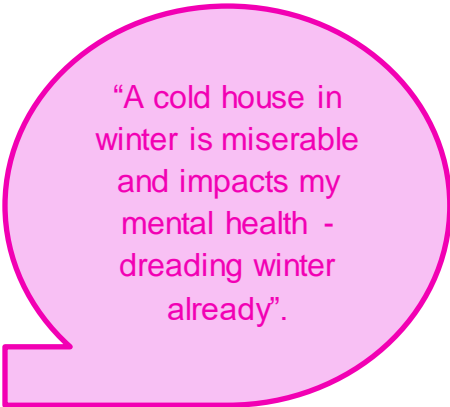
houses, but it can also affect owner occupied and social housing.

So, providing affordable and quality homes will improve people's health and narrow health inequalities.

Our ambitions

Between now and 2030, we want to see:

- Increased quality of homes across private rental and social housing
- More homes affordable at social rent levels
- Homes with improved material standards and energy efficiency, reducing health issues from damp, cold and excess heat.
- Prevention and reduction of homelessness and rough sleeping by providing settled homes: the 'housing first' approach.
- More community led housing projects, especially those designed to help specific vulnerable groups, simplifying access to support where this is needed.



“A cold house in winter is miserable and impacts my mental health - dreading winter already”.

Immediate actions

- Implementation of Oxfordshire's Healthy Place Shaping Delivery Plan
- Ensure major new housing developments carry out Health Impact Assessments and aspire to the Future Homes Standard
- Raise awareness of and facilitate residents to access government funding for energy efficiency measures.
- Continue to offer household grants to enable people to adapt their homes to accommodate any disabilities, and to increase energy efficiency and insulation, reducing emissions.
- Increase awareness of how to respond to heat waves to avoid health problems related to homes over heating via the county wide homelessness action plan ensure statutory partners work together to meet the health, wellbeing and accommodation needs of individuals experiencing homelessness, providing timely and effective interventions.

10. Thriving Communities

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

We know that vibrant and thriving communities are the cornerstone of a healthy and well Oxfordshire. We must always remember the context in which people live their lives: relationships with friends, family, and local communities. Communities are groups of people connected to places and local areas (e.g., villages or neighbourhoods) or connected by age or employment (e.g., youth clubs), and circumstance, interest, and experience (e.g., parenting groups).

Communities are crucial to creating good health and wellbeing. If we enable people to participate in community organisations, events, and activities, they can feel a sense of belonging, develop and maintain social relationships, and feel proud of the place they live in. If we support communities to flourish, they can gain the resilience to better support one another through the ups and downs of life as was shown during the COVID pandemic. They can help each other to eat healthily, stay active, and make other healthy choices. This is particularly true of groups going through similar experiences: children and young people, LGBTQ+ communities, new and expecting parents, and many more. People who feel connected to a community are likely to help each other out through tough times and enable one another to best look after themselves and their dependents. It is important people feel safe in the communities they live in so that can fully connect with it and experience the benefits it has to offer. Through communities, we can encourage more people to actively engage in a participatory democracy, ensuring all voices are heard. Fundamentally, healthy foundations and healthy lives are built in thriving communities.

We must take the opportunity to value and cultivate local communities to help people to support themselves, staying well for longer. Investing in and supporting our communities will play a key role making our ambitions a reality. With them, Oxfordshire is a richer place for all.

Our ambitions

Between now and 2030, we want to see:

- Vibrant communities where all people, of all ages, can feel proud of the place they live in and connected to the community around them.
- Connected communities with accessible public spaces and facilities, walkable and cyclable neighbourhoods, and provision of easy sustainable travel options.
- Communities that are accepting of all people from diverse range of backgrounds, including those experiencing exclusion and discrimination
- Power placed more firmly with communities to enable their key role helping people and families be and stay mentally and physically well.
- Our health and care organisations work more closely with the voluntary and community sector, taking the lead from grassroots organisations.

Immediate actions

- Use planning processes such as Health Impact Assessments to promote development which enables community wellbeing.
- Promote and support the Healthy Place Shaping strategy and delivery plan.
- Increase the resilience of community groups that can offer a range of support, and which address the increased barriers that excluded groups experience.
- Promote the use of community connectors/navigators and social prescribers that help people to access support from their local community – supporting an integrated approach and embedding the preventive approach of the Oxfordshire Way.
- Increase the skills of the voluntary and community sector in promoting health and wellbeing through training.
- Support the voluntary and community sector to gather evidence of the effectiveness of their support to people with health and care needs.

- Continue to work with local partners on Community Insight Profiles, providing in-depth understanding of local health needs and supportive community assets, particularly in the 10 most deprived wards of Oxfordshire.
- Collaborate with the Safer Oxfordshire Partnership to build and maintain safer communities where crime and the fear of crime is reduced.
- Work with partners including voluntary sector to ensure timely integration support for asylum seekers and other excluded groups in Oxfordshire.

Enablers

Workforce

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

This is undoubtedly one of our biggest challenges. Brexit, Covid-19, and the cost of living crisis have all added significant pressures to retaining and recruiting staff. Our population is growing and people in Oxfordshire are ageing, becoming more unequal, and increasingly living with one or more long-term health conditions. Staff are leaving the NHS due to burnout, low job satisfaction, and concerns over health and wellbeing. Increasing caseloads and lack of team stability due to increasing numbers of temporary staff—in social care and NHS—increase stress and lower morale. Our adult and children’s social care staff face increasing population demand and increasing skill requirements—all the while other sectors with less demanding roles can offer better or similar pay. These challenges are not unique to Oxfordshire, but local factors such as the high cost of homes, strong labour market, and rurality exacerbate the challenge here.

Due to the high cost of living and competitive local jobs markets, nursing staff in the ICS area are likely to have to spend 58% of their monthly salary on housing (33). Social care staff turnover has increased from 33.3% in 2020-21 to 45.9% in 2021-22—6,500 people. In 2021/2022 there was an 11.4% vacancy rate, higher than in Cambridgeshire and Buckinghamshire (34).

The challenges are real, but so are the opportunities. There is renewed interest in NHS careers and young employees are most likely to be positive about local government careers. Careers in local government and the NHS

are public-minded, compassionate, and offer the opportunity to make a meaningful difference. With the right changes, our careers have the potential to become more desirable and to give back to our staff.

Our ambitions:

Between now and 2030, we will:

- Support our staff’s health and wellbeing and career development, so they want to stay and grow their careers with us.
- Value our staff and support them to make a difference, so they feel fulfilled.
- Ensure all staff feel welcome and safe in work, develop a more equal, diverse, and inclusive workforce, and challenge and tackle inequality and discrimination in the workplace.
- Cultivate a workforce representative of Oxfordshire’s broader population.
- Invest in leadership development programmes to build and strengthen the diversity of our pipeline to senior leadership and critical roles.
- Hire more staff locally so our staff include and reflect our local communities.
- Move to new ways of working, including flexible working, part-time working, and shared roles, to support people to work differently.
- Create pathways of talent by engaging and hiring young people, including by increasing the number and types of apprenticeships we offer.
- Work collaboratively as a health and care system to recruit and retain staff while reducing reliance on costly agency workers.

By doing this, we will cultivate a compassionate and inclusive culture where a skilled workforce can belong and flourish.

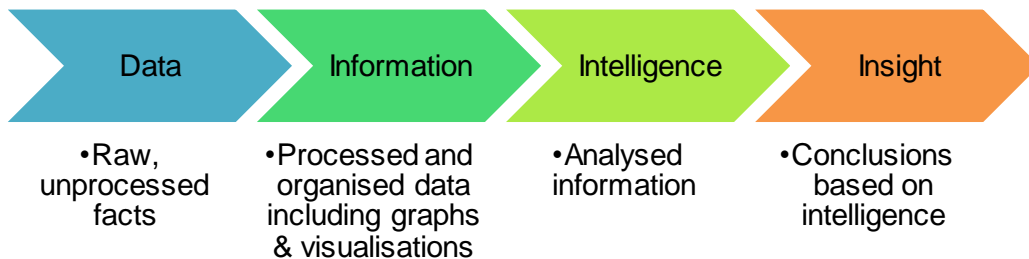
Data and Digital

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

Effective action to improve people's health and wellbeing requires good qualitative and quantitative data about health needs, experiences of services, and health outcomes. Our ambition is to securely provide the right information and insight to the right professional and residents at the right time. Digital innovation will also support people to access health and care records remotely and enable us to move care closer to people's homes.

To achieve this, we must better process, organise, and analyse data and information to develop intelligence and generate insight. We must also increasingly digitise and automate collection, management, processing, and reporting of information to increase efficiency and reduce costs.

From data to insight



We also want to provide people direct access to use digital and data tools such as patient engagement portals and personal health records. This will enable better resident experience, more accurate self-referral, and clearer explanation of available services.

Shared Care Records

NHS organisations have worked closely with Oxfordshire County Council to generate shared care records. These records enable clinicians and social workers to see a full picture of the people they support. This means people don't need to repeat their stories and means professionals can provide better care.

Our ambitions

Between now and 2030, we will:

- An integrated intelligence function across NHS and local councils
- Extended and optimised Community and Mental Health records
- Digital Care Records for all CQC-registered social care providers
- A single Shared Care Record across all care settings
- A digital inclusion charter unifying how VCS, local authorities, and NHS bodies support people.
- More data skills and literacy among analysts, frontline, decision-makers
- Secure and connected data infrastructure, enabling the right people to access information at the right time.
- Technical innovation to improve efficiency and outcomes e.g., digitisation of information and VR headsets to enable health and care closer to home.
- More advanced research methods for identifying people at greater risk e.g., of falls or suicide.
- A health and inequalities research strategy.

Anchor Institutions

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

Anchor institutions are deeply rooted in and linked to our communities. Simply by being in Oxfordshire, we influence our communities' health and wellbeing. Through size and scale, we can make a positive contribution to local areas in many ways beyond just providing health and care. We can support our staff and their families and ensure they represent our local communities, spend our money in ways that benefit local communities, make better use of our buildings and land, reduce our carbon footprint, and become more environmentally sustainable.

Anchor institutions are large organisations that have a stake in Oxfordshire and are unlikely to move to another place. This includes most of the organisations on the Health and Wellbeing Board—local councils, GP practices, and NHS providers—as well as local universities, other large public sector organisations, large private sector organisations, and voluntary and community organisations. As important organisations in Oxfordshire's social fabric, we have a responsibility to lead by example and understand how we may inadvertently contribute to structural inequalities that affect wellbeing.

Over the next year, we will come together to explore how we can embrace our roles as anchor institutions. We will develop an anchor institution network to draw in key organisations from different sectors and lead this work going forward (35).

Employers

Organisations on the Health and Wellbeing Board directly employ around 30,000 staff. One of our priorities is that everyone in Oxfordshire can access good quality work, so we should lead by example. We can directly improve

the health and wellbeing of these staff - and their families - by providing well-paid, stable jobs which support staff's wellbeing and offer good working conditions. When we also include those employed by other anchor organisations such as those in private sector and voluntary organisations the reach expands much further. We can create a fairer economy by recruiting and investing in people furthest from the labour market. We can strengthen local communities and better respond to their needs by ensuring our workforce is more representative of Oxfordshire's populations. We can support planetary health and reduce emissions by recruiting locally, offering agile working policies and encourage staff to cycle or walk to work, and reducing the reliance on environmentally costly healthcare.

Our ambitions

Between now and 2030, we will:

- Continue to promote, champion and engage with the Oxfordshire Inclusive Economy Partnership and its Charter.
- Improve equity of access to quality employment for people furthest from the labour market e.g., offering more apprenticeships
- Review our hiring practices so we recruit more inclusively from diverse and local communities to accessible jobs.
- Implement agile and flexible working policies, enabling as many staff as possible to work where they are.
- Provide jobs that are stable and secure, paying The Real Living Wage/Oxford living wage (Depending on geographical location)
- Improve employees' working conditions, work-life balance, and opportunities for personal growth, professional development and career progression.

Local and social economy

As anchor institutions, we spend millions of pounds procuring and commissioning goods and services. By shifting how we spend this money, we can drive an inclusive local economy and make sure the money we spend

benefits our communities. Evidence shows money spent locally is more quickly reinvested into the local community and stimulates inclusive growth. We also know that some suppliers provide more social and environmental benefits, supporting the building blocks of health.

Our ambitions

Between now and 2030, we will:

- Increase how much we buy from small and medium enterprises (SMEs), particularly those based in Oxfordshire, by changing our procurement weighting and working with SMEs to better engage them in the procurement process.
- Evaluate goods and services we might buy by considering the benefit to society and the environment e.g., locally created jobs, environmental impact.
- Develop and embed a shared social value Themes, Outcomes, & Measures (TOMS) framework into our procurement processes.

One Public Estate

If we better use our land and physical assets, we can support local community wealth building and development, local groups and businesses, and the development of affordable homes or homes for vulnerable residents. Crucially, if we all work together and view our collective land and buildings as 'One Public Estate', we will make much more effective use of this estate, saving ourselves money and providing better facilities to communities, closer to communities. For example, we are building various 'Community Hubs' across Oxfordshire - buildings close to the community that provide a wide range of services. This makes it easier for our people to access us and makes sure that we go to people rather than requiring them to come to us.

Our ambitions

Between now and 2030, we will:

- Significantly reduce our carbon footprint and emissions.
- Develop a 'One Public Estate' approach which most effectively uses land and buildings owned by public services in Oxfordshire.

- Support connectivity to the natural environment, boosting the biodiversity and maximising public access to green spaces on our estates, especially for groups with less access to greenspace.
- Open some of our buildings and land for public use, encouraging social interaction and supporting voluntary and community organisations as well as small and medium enterprises.
- Manage and develop our land and estates to support the development of affordable housing options for key workers and the most vulnerable groups in our communities.
- Explore the use of leisure centres to take a broader focus as "health and wellbeing" centres.

Environment

As large public sector organisations, we have a significant impact on the environment, are big polluters, and have a large carbon footprint. By changing how we operate, we can reduce our emissions – and by changing how we spend our money, we can influence many other organisations to do the same.

To learn more about how we will make a difference on this between now and 2030, read our section on 'Climate Change and Health'.

Next steps: Delivery and Monitoring

It's crucial that we translate this strategy into action, realising our priorities and holding ourselves to account at regular intervals.

Between now and March 2024, we will work across organisations and with communities to develop a full delivery plan, explaining how we will deliver this strategy. We will use our collective capabilities to lead local efforts to improve health and tackle inequalities, expanding on the list of "immediate actions" already listed under each priority. We will also develop an outcomes framework, measuring where we are now and setting targets for where we want to be by 2030. To do so, we will select the right key performance indicators for us to measure our progress towards realising this strategy. There is already so much good work in these areas of health and wellbeing, we will ensure our strategy aligns with national frameworks and informs local and regional policies. Closer collaboration towards shared outcomes is key to achieving our priorities and we will ensure monitoring that this working approach is proving effective and address potential challenges within the system as and when they arise in a timely manner.

The Health and Wellbeing Board is responsible for delivering this strategy and will receive regular reports from the bodies accountable for each priority to ensure progress is being made in all areas this strategy focuses on.

Annex 1- Related Strategies

[BOB Integrated Care System Strategy](#)

[BOB NHS Joint Forward Plan](#)

[Oxfordshire Joint Strategic Needs Assessment](#)

[Oxfordshire Director of Public Health Annual Reports](#)

[Oxfordshire Prevention Framework](#)

[OUH NHSFT Clinical Strategy](#)

[OH NHSFT Trust Strategy](#)

[Oxfordshire County Council Strategic Plan](#)

District Council's Corporate Plans

District Council's Community and Wellbeing Strategies

[Oxfordshire Early Help Strategy](#)

Oxfordshire SEND Priority Action Plan

[Oxfordshire Children and Young People Mental Wellbeing Strategy](#)

Oxfordshire Tobacco Control [Strategy](#)

Oxfordshire Whole System Approach to Obesity

Oxfordshire Food [Strategy](#)

Oxfordshire's Mental Health Prevention Framework

Oxfordshire All-age Carers [Strategy](#)

[The Oxfordshire Way](#)

Oxfordshire Inclusive Economy [Partnership](#) Charter

Oxfordshire Inclusive Economy Partnership Strategy 2023-2026

The Future Oxfordshire [Partnership](#) Strategic Vision

[Oxfordshire Climate Action Framework](#)

Oxfordshire County [Council](#) Air Quality Strategy

District Council Air Quality Action Plans

Oxfordshire's Homelessness and Rough Sleeping Strategy 2021-26

Annex 2- References

1. **OHID, Office for Health Improvement & Disparities.** Fingertips: Public Health Data. Local Authorities Health Profiles. [Online] 2023. <https://fingertips.phe.org.uk/profile/health-profiles/data#page/7/>.
2. **ONS, Office for National Statistics.** Personal well-being in the UK: April 2022 to March 2023. *Data and analysis from Census 2021.* [Online] 7th November 2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2022tomarch2023>.
3. **JSNA, Joint Strategic Needs Assessment.** Oxfordshire Insight. *Oxfordshire County Council* . [Online] 4th July 2023. https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA2023_FINAL.pdf.
4. **ONS, Office for National Statistics.** First results from Census 2021 in England and Wales. *Data and Analysis from Census 2021.* [Online] 28th June 2022. <https://www.ons.gov.uk/releases/initialfindingsfromthe2021censusinenglandandwales>.
5. **IMD, Index of Multiple Deprivation.** English Indices of Deprivation 2019, MHCLG. [Online] 26 Sept 2019. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>.
6. **Foundation, The Health.** Addressing the leading risk-factors for ill health. [Online] Feb 2022. <https://www.health.org.uk/publications/reports/addressing-the-leading-risk-factors-for-ill-health>.
7. **ONS, Office for National Statistics.** Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England: 24 January 2020 to 31 March 2021. *Data and Analysis from Census 2021.* [Online] 26th May 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to31march2021>.
8. **Government, HM.** *The Best Start for Life; A Vision for the 1001 Critical Days. The Early Years Healthy Development Review Report.* 2021.
9. **OHID, Office for Health Improvements & Disparities.** Public Health Profiles. *Fingertips: Public Health Data.* [Online] [Cited: 28th Oct 2023.] <https://fingertips.phe.org.uk/search/birth%20weight#page/7/>.
10. **PHE, Public Health England.** Commissioning Infant Feeding Services Part 1. [Online] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534160/Commissioning_infant_feeding_services_infographics__Part_1_.pdf.
11. **EIF, Early Intervention Foundation.** Adverse childhood experiences: What we know, what we don't know, and what should happen next. [Online] Feb 2020. <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>.
12. **gov.uk, Explore Education Statistics.** Early years foundation stage profile results: Academic year 2021/22. *Explore education statistics.* [Online] <https://explore-education-statistics.service.gov.uk/data-catalogue/early-years-foundation-stage-profile-results/2021-22>.
13. **Education, Department of.** State of the Nation Children's and Young people's wellbeing Report 2022 . *publishing.service.gov.uk.* [Online] Feb 2023.

14. **NHS Digital**. Mental Health Bulletin 2019-20 Annual report. [Online] 28 Jan 2021. <https://digital.nhs.uk/news/2021/new-report-reveals-more-than-2.8m-people-were-in-contact-with-secondary-mental-health-services-in-2019-20>.
15. **OFSTED**. Area SEND inspection of Oxfordshire Local Area. [Online] July 2023. <https://files.ofsted.gov.uk/v1/file/50228374>.
16. **ASH, Action on Smoking and Health**. Holding us back: tobacco, alcohol and unhealthy food and drink. *ASH.org*. [Online] Nov 2023. <https://ash.org.uk/uploads/Holding-us-back-report.pdf>.
17. *Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies*. . **Prospective Studies Collaboration, Whitlock G, Lewington S, Sherliker P, Clarke R, Emberson J, Halsey J, Qizilbash N, Collins R, Peto R**. 9669, s.l. : Lancet, 2009, Mar 28, Vols. 373(9669):1083-96. doi: 10.1016/S0140-6736(09)60318-4..
18. **GBD, Global Burden of Disease**. GBD Compare | . *The Institute for Health Metrics and Evaluation (healthdata.org)* . [Online] <https://www.healthdata.org/data-tools-practices/interactive-visuals/gbd-compare>.
19. **PHE, Public Health England**. Health Matters: smoking and mental health . [Online] 26th Feb 2020. <https://www.gov.uk/government/publications/health-matters-smoking-and-mental-health/health-matters-smoking-and-mental-health>.
20. **Foundation, The Health**. Addressing the leading risk factors for ill health – a framework for local government action. [Online] Oct 2023. <https://www.health.org.uk/risk-factors>.
21. **OHID, Office for Health Improvement & Disparities**. Public Health Profiles: Percentage of physically inactive adults. *Fingertips: Public Health Data*. [Online] <https://fingertips.phe.org.uk/search/physical%20activity#page/4/gid/1/pat/15/ati/502/are/E1000025/iid/93015/age/298/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>.
22. **Whitty, Chris**. Chief Medical Officer's Annual Report 2023: Health in an Ageing Society . [Online] 2023. <https://assets.publishing.service.gov.uk/media/65562fcfd03a8d000d07faa4/chief-medical-officers-annual-report-2023-executive-summary-web-accessible.pdf>.
23. **NICE, National Institute for Health and Care Excellence**. Falls in older people: assessing risk and prevention (CG161). *NICE Clinical Guidelines* . [Online] 12 June 2013. <https://www.nice.org.uk/guidance/cg161/resources/falls-in-older-people-assessing-risk-and-prevention-35109686728645>.
24. **OHID, Office for Health Improvement & Disparities**. Public Health Profiles. *Fingertips: Public Health Data*. [Online] <https://fingertips.phe.org.uk/search/falls#page/7/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/22401/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>.
25. **Digital, NHS**. Loneliness and Wellbeing . *Health Survey for England 2021, Part 2*. [Online] <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/loneliness-and-wellbeing>.
26. **Harari, D, et al**. Research Briefing: Rising Cost of Living in UK. *House of Commons Library* . [Online] Nov 2023. <https://commonslibrary.parliament.uk/research-briefings/cbp-9428/>.
27. **ONS, Office for National Statistics**. Annual Fuel Poverty Statistics in England, 2023 (2022 data). *Department for Energy Security and Net Zero*.

[Online] 28th Feb 2023.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1139133/annual-fuel-poverty-statistics-lilee-report-2023-2022-data.pdf.

28. **Education, Department for.** Press release: Funding plan revealed for free childcare from nine months-old. *Gov.uk*. [Online] July 2023.

<https://www.gov.uk/government/news/funding-plan-revealed-for-free-childcare-from-nine-months-old>.

29. *Climate Resilience; Current and future climate risk and vulnerability and health impacts assessments in Oxfordshire*. Lavalin., Atkins SNC. s.l. : Oxfordshire County Council., 2023.

30. **OHID, Office for Health Improvement and Disparities.** Public Health Profiles. *Fingertips: Public Health Data* . [Online]

<https://fingertips.phe.org.uk/search/air%20pollution#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E10000025/iid/93861/age/230/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>.

31. *Climate change effects on human health: projections of temperature-related mortality for the UK during the 2020s, 2050s and 2080s*. **Hajat, S, et al.** s.l. : J Epidemiol Community Health, 2014, Vols. 68: 641-648.

32. **Department for Business, Energy and Industrial Strategy.**

Sustainable Warmth, Protecting Vulnerable Households in England.

[Online] Feb 2021.

https://assets.publishing.service.gov.uk/media/6024fcabd3bf7f031e1bdc80/CCS207_CCS0221018682-001_CP_391_Sustainable_Warmth_Print.pdf.

33. **BOB ICS, Data and Digital Strategy.** ICS Digital and Data Strategy .

Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System .

[Online] May 2023.

<https://www.bucksoxonberks.west.nhs.uk/media/3053/bob-digital-data-strategy-may-2023-1-2-002.pdf>.

34. **Expert adult social care insight: My local Area 2022/23. Workforce Intelligence** . [Online] 2023. <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/local-information/My-local-area.aspx>.

35. **CLES, The National Organisation for Local Economies. Community Wealth Building through Anchor Institutions** . [Online] 2017. <https://cles.org.uk/publications/community-wealth-building-through-anchor-institutions/>.

36. **Digital, NHS. Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2021-2022.** [Online] 20th Oct 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof>.