

Health and wellbeing strategy

Oxfordshire, 2024-2030

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Foreword

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

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Much has changed since the Health and Wellbeing Board last published a strategy in 2019. We've lived through the challenges and lost opportunities 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.

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 including, 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, some of the biggest threats to us all – 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, rolling out vaccines across the county. 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

to live well in their community and remain fit and healthy 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 the 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.

Introduction

This strategy is all about collaboration between different organisations and communities in Oxfordshire to support the health and wellbeing of everyone the county.

Life course approach

The strategy has been built around a “life course approach” recognising a wide range of factors – some positive, some negative – influencing our health and wellbeing throughout of our lives. This holistic viewpoint allows us to enhance protective or positive factors and minimise risk or negative factors. Therefore, this strategy contains chapters for start well, live well, and age well to note the strengths and challenges through the span of life.

Building blocks of health

Spanning across the 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.

Principles

There are 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.

Enablers

There are certain key drivers of change that will support delivery. They mean we can do things differently to ensure Oxfordshire’s health and care system is inclusive, compassionate, data informed, rooted in communities, and sustainable.

Support and services

Everyone should have access to the health and care services they need 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 no barrier to good access, experiences, or outcomes.

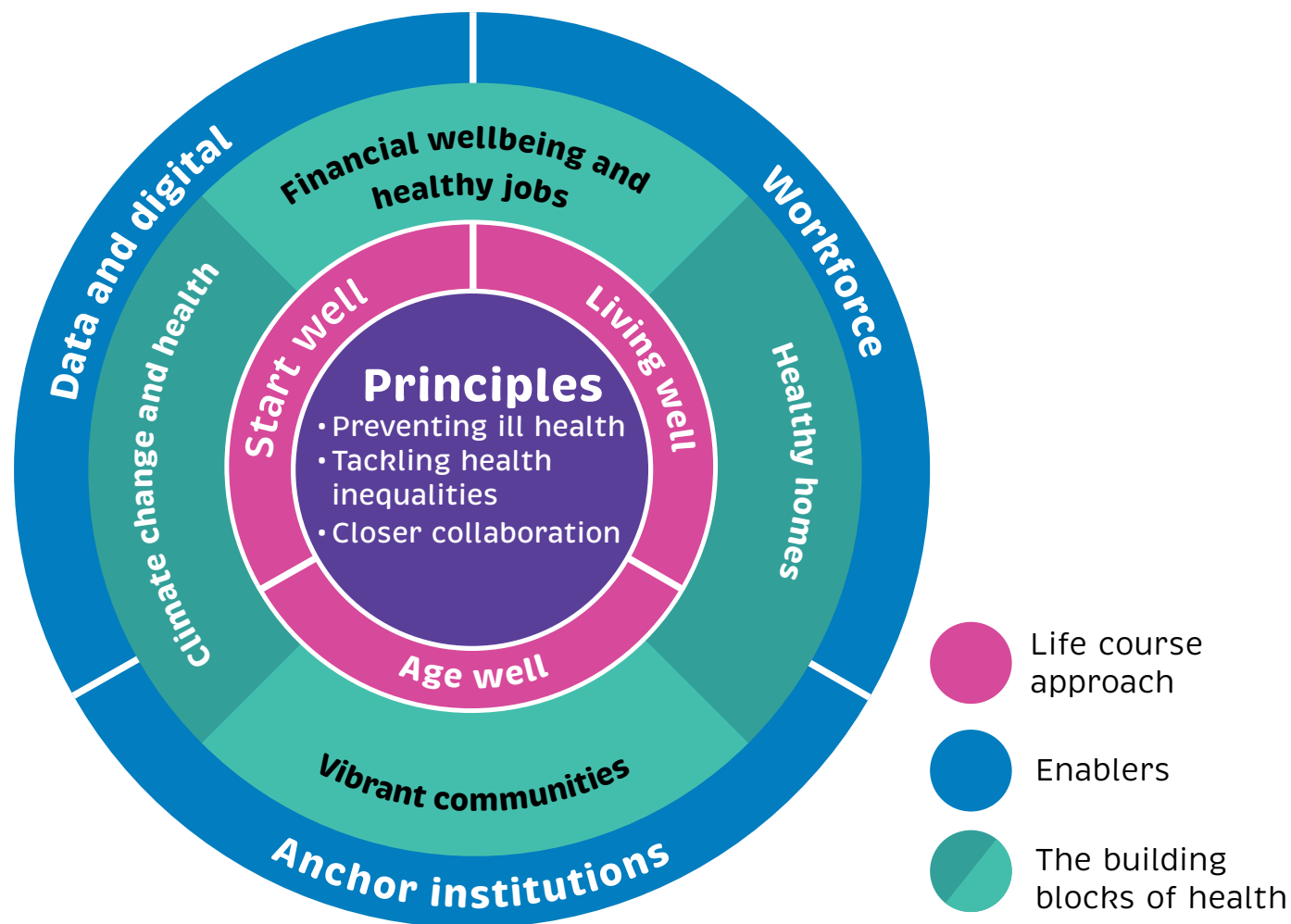
This strategy focuses on the broad societal, structural and economic factors fundamental to our health and wellbeing. However, we all need to access services sometimes to support our health and wellbeing. This can be for short and isolated issues or when managing ongoing or more complex challenges. We 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, focuses on the broader factors that drive our health.

Plan on a page

Health and wellbeing strategy

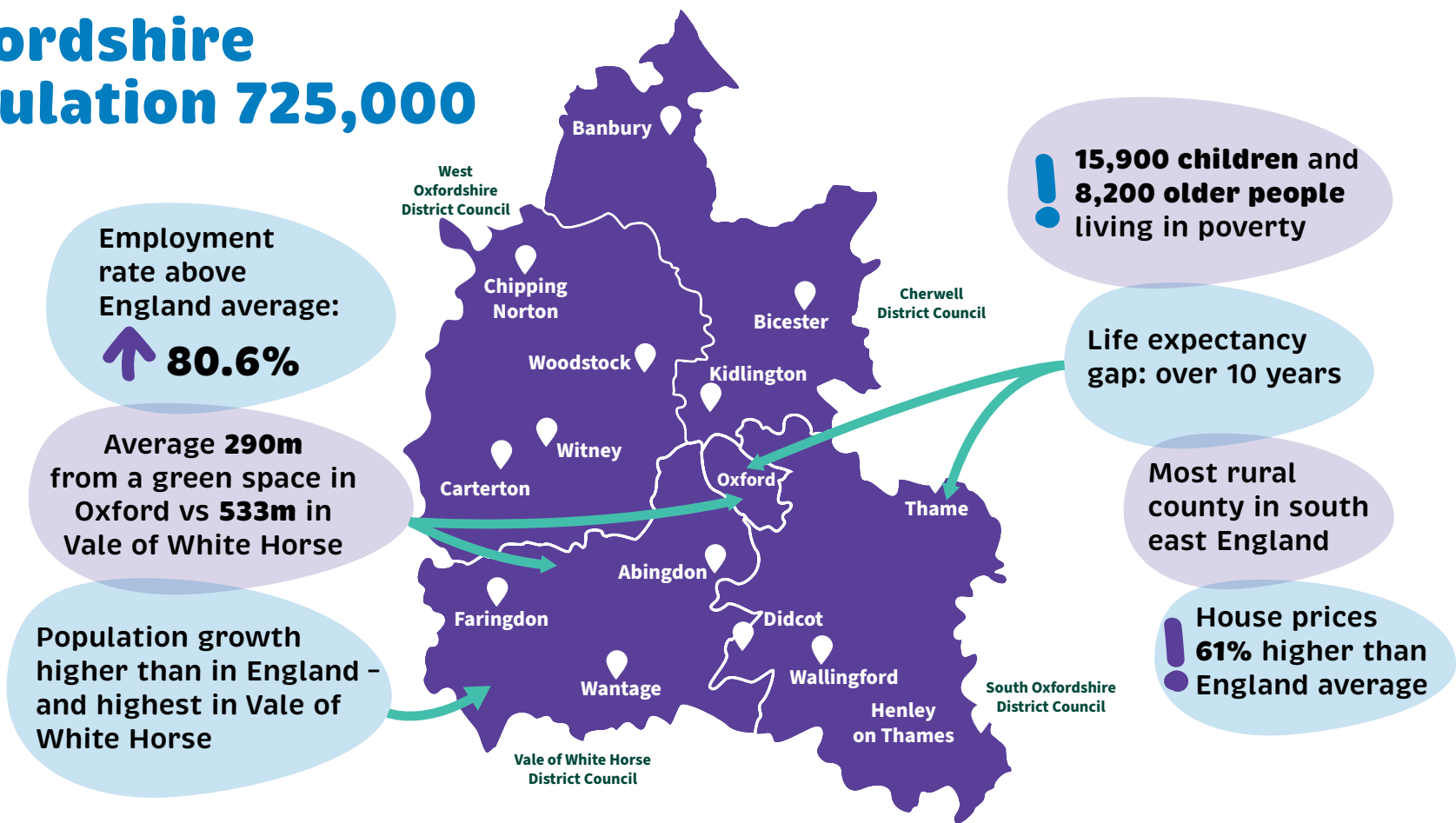
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Oxfordshire context

Oxfordshire population 725,000

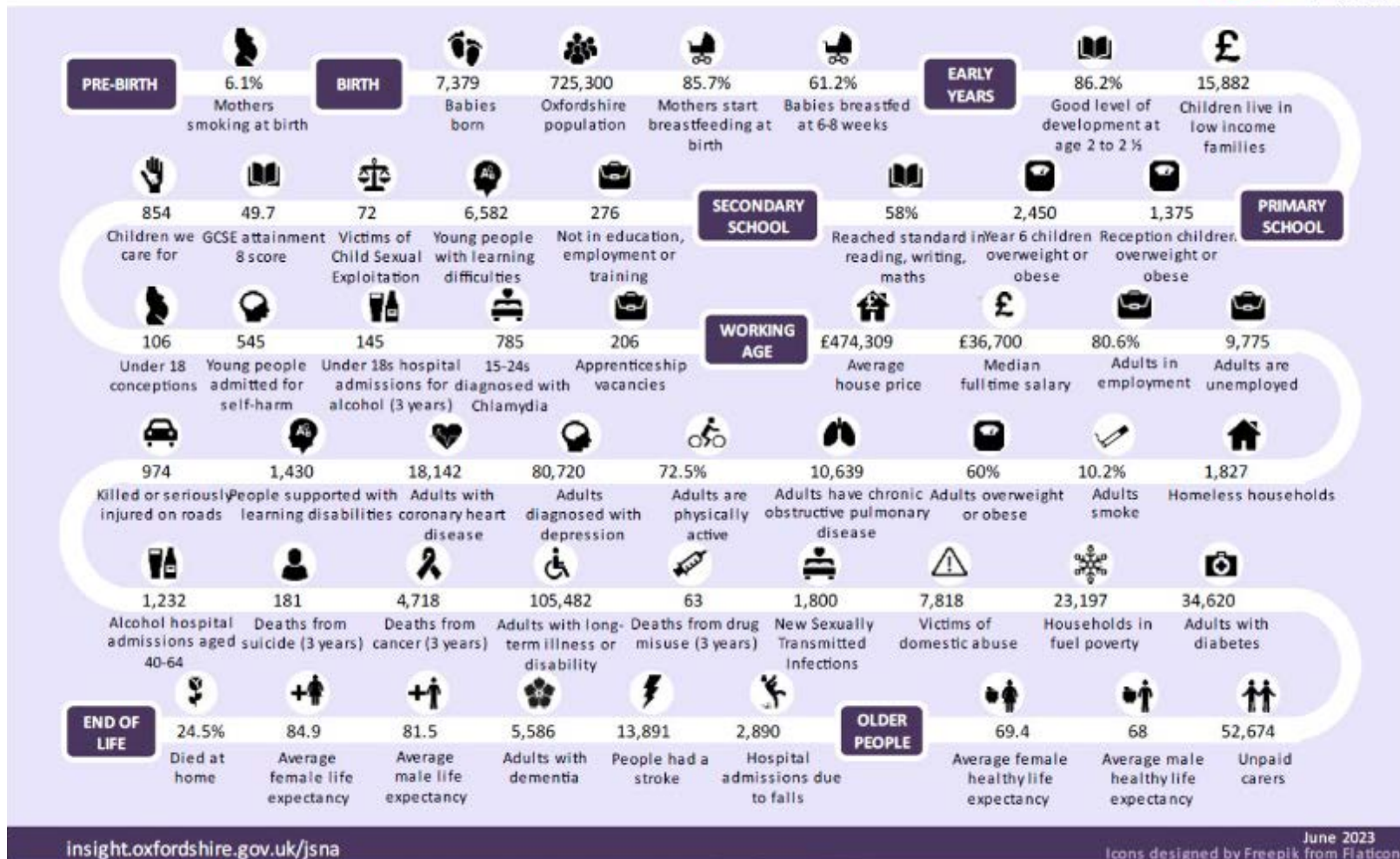
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Oxfordshire context

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Oxfordshire JSNA, health and wellbeing facts and figures 2023



insight.oxfordshire.gov.uk/jsna

June 2023
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Principles

There are three 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.

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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 a poorer quality of life. This is a particular challenge in Oxfordshire's 10 wards which are among the 20 per cent most socioeconomically deprived in the UK. 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, 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").

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.

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.

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.

Principles

97 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.

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 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.

Principles

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.

86 We believe that preventing 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 – has decreased. However, that has now stopped, especially among men. Rates of preventable death remain higher in less well-off areas of Oxfordshire.

Preventative work that one organisation does may positively benefit another – so we must take a system wide approach.

Shifting to prevention

In Oxfordshire, we have already taken steps forward in this area. Adult social care has established the Oxfordshire Way, investing in communities to prevent ill health and support independence. As a result, there are 31 per cent fewer people waiting for a social care assessment. And, in Oxfordshire, 88 per cent of adults with a learning disability are supported to live at home (vs 78 per cent nationally). We have also prioritised 'Make Every Contact Count': a programme encouraging conversations with residents about changing behaviour – a proactive approach to prevention. Similarly, Oxford University Hospitals have 'Here for Health' a free health and wellbeing service for patients, staff and visitors to encourage physical activity, healthier eating, and smoking cessation.

Principles

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

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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

Principles

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 has 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 has 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.

Life course stage – start well

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, so they can benefit as much as possible from their education.

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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 babies are most vulnerable. Some are diagnosed with a disability while others have a developmental need which, if not provided for, may become a special educational need. A healthy pregnancy is the first crucial step in a baby's journey, and it is important that the mother has a safe and comfortable home environment. Evidence shows when pregnant mothers suffer from stress, unborn babies can become distressed, often leading to social and emotional problems later on. Poor mental wellbeing is more common in women living with deprivation and women who are Black or

Asian, as are complications during pregnancy. Families experiencing deprivation are more likely to have a baby with low weight - 3.3 per cent vs 2.2 per cent in the most well-off families.

From birth to age two, babies are deeply influenced by their loving attachment to and reliance on their parents. Babies' mental health can be damaged 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 can offer children and families the support they need to reach their full potential. This is also a critical period for developing language and physical skills. By age two, babies can usually walk without help, kick a ball, say around 50 words, climb furniture, and scribble. In Oxfordshire, we experience particular challenges around language development. We must support our parents and carers to encourage babies to learn these skills – and monitor their progress. If we

Start well

identify and address any delays at an early stage, we can prevent problems later on.

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

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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, resilient and ready to take part, able to take risks, ask questions and find solutions. They should be confidently active and healthy, independent with self-care skills, comfortable making friends and taking turns, cared for and feel safe and secure, and able to vocalise choices. When children aren't ready for school, this creates future demand on

services.

This is a particular challenge for children eligible for free school meals (FSM): 43 per cent of pupils eligible for FSM in Oxfordshire achieve a good level of development (below national levels), compared to 68 per cent for all pupils. This is a larger gap than the national gap. In Oxfordshire, boys in families experiencing deprivation or eligible for free school meals are less likely to reach these milestones, so we will focus our support in these families.

Our ambitions

Between now and 2030, we want to see:

- More children with good level of development aged two to 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.

- Improved parental mental wellbeing during and after birth.
- Stronger language development pathways, especially among families eligible for free school meals.
- Improved understanding among families of healthy child development.
- Simpler, clearer, and culturally appropriate advice and information for parents.
- Data and intelligence being used from child health and education reviews in pre-school children to target services and interventions to the families who need it most.

Start well

Immediate actions

- Develop and introduce easy to access community hubs across the county.
- System partners to promote Health Start Scheme to all pregnant women and families with newborn children.
- Launch maternity tobacco dependency service to strengthen the focus on reducing smoking in pregnancy and after delivery, especially for mothers in 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 four 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.

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Start well

Emotional wellbeing and mental health

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing, supported by improved mental resilience.

104 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.

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

Over the past five years, children and young people’s emotional wellbeing has worsened. In 2021, over half of young people did not feel good about themselves. During COVID-19, they lost opportunities to take part in school, social activities, spend time with friends, and access support services. 44 per cent of children and young people in west Oxfordshire said COVID-19 impacted their mental health.

In Oxfordshire, 11 per cent of 0-19 year olds were referred to mental health services. 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 looked after children, 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 2020-21, 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. One local survey found that the biggest challenge for their mental health was **pressure**; in another survey, the biggest challenges were **negative thoughts and feelings** and **studying and exams**.

Start well

Most our children and young people look to their families, friends, and schools for support with their mental wellbeing. So, we will support them where they live, work, and play, putting in place the right building blocks for their mental wellbeing – improving air quality, tackling child and intergenerational deprivation, and providing all children access to natural spaces and good quality homes.

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. For example, developing our perinatal service and mental health support teams prevent poor mental health and intervene early where children and young people are experiencing poor mental health. 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.
- Fewer hospital admissions.
- 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.

Immediate actions

- 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.
- Develop our CAMHS offer so we are more responsive to children, young people, and their families, providing 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.

Life course stage - live well

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 more than a third of all years lived with ill health and disability are caused by harmful exposure to tobacco, alcohol, or unhealthy weight. The cause of these harmful exposures is not simply down to lifestyle choices but is heavily influenced by the environment that people live, work, and socialise in. This includes the lifestyles 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 than less healthy alternatives.

On average, living with obesity reduces life expectancy by around three years and in more severe cases, up to ten years. It is also linked to worse mental health, poorer educational attainment among children and more sick leave in adults. Smoking tobacco remains the leading cause of preventable death in Oxfordshire, causing many different diseases. 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. It also negatively impacts relationships, family life, employment, and can be a factor in some crimes.

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

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 three 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, 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, having easier access to unhealthy food.

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

Live well

this. 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.

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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 with 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.

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 (fewer than one 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.

Live well

Immediate actions

- Take opportunities to shift the environment toward being more healthy – advertising healthy options rather than food or drink high in fat, salt or sugar, and restricting the introduction of new hot food takeaways.
- 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 ongoing tobacco use.
- Continue to raise awareness of the support available for people to quit smoking with a focus on the highest prevalence groups.
- Address unmet need for alcohol support and treatment.
- Improve earlier identification and prevention of alcohol harm.

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, 18 per cent of adults do less than 30 minutes activity each week, while almost half of Oxfordshire’s children aren’t doing the recommended levels of physical activity. This is lowest among people living in areas of greatest deprivation. So, this priority will focus on people living in our priority neighbourhoods and adults living with long term conditions.

Live well

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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 one third of early participants live in Oxfordshire’s most deprived wards and 14 per cent are from minority ethnic groups. Over 3,000 individuals and 800 families registered in the first four months of the scheme.

“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”

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 activity improves mental wellbeing.
- Improved cycling and walking routes across the county.
- More cycling and walking to workplaces and school, especially among underserved populations.

Live well

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.
- Develop a schools active programme.
- Include policies promoting physical activity in local plans.
- Work with developers so any new developments have cycling and walking routes that 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 coordinated approach between local councils and voluntary organisations to promoting walking and cycling.

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Life course stage - age well

Maintain independence

We will support more older residents to remain independent, healthy, and valued for as long as possible.

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. There is 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 per cent of the older population. 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.

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. Indeed, rates of vascular dementia are higher in areas of lower affluence. Large numbers of unpaid carers provide support for people with dementia – and they are not always supported well enough.

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. 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.

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.

Age well

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 ongoing 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 minimising 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 coordinate 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 and 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.

Age well

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.

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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.

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.

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.

Loneliness and social isolation can increase the risk of death by as much as obesity or smoking. Building and maintaining strong social relationships can mitigate the risk of coronary heart disease and stroke, high blood pressure, and disability.

“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”

In August 2023, 25 per cent of people across the UK reported sometimes, often, or always feeling lonely. Oxfordshire is lonelier than the UK on average, and worse than similar counties across the country. People are also more likely to be lonely if they have an underlying health condition. In a 2022

GP survey, 12.7 per cent of GP patients felt isolated – more than the national average (12.2 per cent) and our neighbours in Buckinghamshire (10.8 per cent) and Berkshire West (11.2 per cent).

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 40 per cent of Oxfordshire’s people live, because it’s 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.

Age well

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.

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

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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 and 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:

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

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

3. 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.

The building blocks of health

Financial wellbeing and healthy jobs

All of Oxfordshire's people should have good living standards, financial wellbeing, and access to the basics – food and water, shelter and heating, the internet, clothes, and physical activity. 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.

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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 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. Two thirds of Oxfordshire residents are in a worse financial situation than a year ago and one in six are regularly struggling to pay household bills. The rate of fuel poverty has increased by 50 per cent in the last year.

“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”

The building blocks of health

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Better Housing Better Health

Oxfordshire residents can access the Better Housing Better Health scheme which connects residents with retrofitting and energy efficiency measures that help them to keep their homes warm and enables good health. Oxfordshire is unique because BHBH 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.

Last year BHBH helped over 2,600 residents, enabling 1,187 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.

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, children, intergenerational poverty, and rural areas. Where possible, we must focus on preventing poverty by tackling its root causes – education, developing skills, and good employment. However, supporting people into work is not enough to lift them out of poverty as pay rates aren't always sufficient to cover household costs. So, we must also work with our partners including the Oxfordshire Inclusive Economy Partnership (OIEP) to provide good, well paid, and stable employment opportunities. Our updated strategic economic plan will be key to achieving this priority.

The building blocks of health

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 inclusive participation in Oxfordshire's skilled jobs market, including expanded apprenticeship programs.
- More residents in well paid and stable employment.
- Pride of place and more vibrant communities across Oxfordshire.
- Better access to affordable, healthy, and sustainably sourced food.

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.
- Work with the Oxfordshire Inclusive Economy Partnership to start building an inclusive economy in Oxfordshire.

The building blocks of health

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.

119 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.

“We’ve got to make a world for our future”

Climate change 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 per cent of the population are exposed to high risks due to flooding from rivers and surface water. Drought, high winds and storms, and low temperatures remain important climate hazards and pose a risk to people's health. An equivalent to one in 20 deaths in Oxfordshire can be attributed to poor air quality.

We must act urgently to manage the risks of climate change that has already occurred and minimise future temperature rises to prevent ill health and wellbeing.

The building blocks of health

Our ambitions

Between now and 2030, we want to see:

- Health and care services that are low or zero carbon.
- 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.

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Immediate actions

- Publish the director of public health's annual report for 2023 on climate change and health with a call for action to reduce its impacts on health and wellbeing.
- Ensure that all healthcare buildings have adaptation policies and a delivery plan as part of providers' green plans.
- Seek funding for climate adaptation measures as well as initiatives that will reduce an organisation's carbon footprint.
- 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 action that individuals can take.

The building blocks of health

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, especially from cold, damp, and overheating.

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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 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. Half the homes in Oxfordshire don't meet the standards set by the government's fuel poverty strategy. Compared to 2011, there are fewer owner occupiers, and more private renters with poorer quality homes –

who are more likely to be younger.

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

Secure, quality homes are especially important for certain people. For example; those experiencing homelessness and poor mental health who need stability and security to overcome those challenges, victims and survivors of domestic abuse, patients recovering from treatment and older people remaining independent, refugees and asylum seekers who need security and a base from which they can connect with local communities. When children and young people grow up in homes that are unsuitable or unstable, this can prevent them from engaging with education, reducing their chance of getting a job and sufficient income. In particular, 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. 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.

The building blocks of health

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 and cold.
- Prevention and reduction of rough sleeping by providing settled homes – the 'housing first' approach.
- More community led housing projects, especially those designed to help specific vulnerable groups.

Immediate actions

- Ensure major 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 provide disabled facilities and increase energy efficiency and insulation, reducing emissions.
- Increase proportion of homes that are accessible, including wheelchair accessible.
- Transform how statutory partners work together to meet the health, wellbeing and accommodation needs of individuals experiencing homelessness, providing timely and effective interventions.

The building blocks of health

Vibrant communities

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

123 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. neighbourhood forums) 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. And, 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 come together with a common interest are likely to help each other out through tough times and enable one another to best look after themselves and their dependents. 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.
- 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.

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 public 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 per cent of their monthly salary on housing. Social care staff turnover has increased from 33.3 per cent in 2020-21 to 45.9 per cent in 2021-22 - 6,500 people. There is currently an 11.4 per cent vacancy rate, higher than in Cambridgeshire and Buckinghamshire.

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.

Enablers

To realise this potential, we must:

- 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.

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Enablers

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.

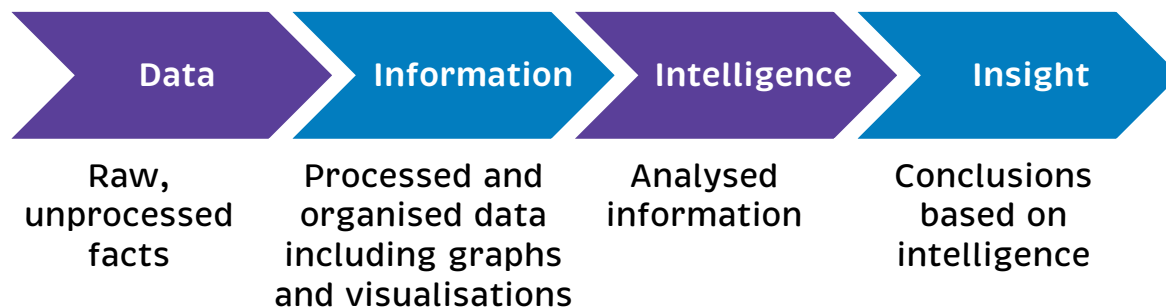
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Effective action to improve people's health and wellbeing requires good qualitative and quantitative data about health needs, experiences of services, and health outcomes. Our ambition is to provide openly accessible information that is accurate, timely, complete, and consistent to decision makers – including 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.

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.

From data to insight



Enablers

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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

In the next three to five years, we want to see:

- 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, staff and 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.

Enablers

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 lead this work going forward.

Enablers

Workforce

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 about 30,000 staff – and their families – by providing well paid, stable jobs which support staff’s wellbeing and offer good working conditions. 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.

Over the next three to five years, 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 an Oxfordshire/Oxford living wage.
- Improve employees’ working conditions, work-life balance, and opportunities for personal growth, professional development and career progression.

Enablers

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.

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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 and measures (TOMS) framework into our procurement processes.

Enablers

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.

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.
- Repurpose and rebrand leisure centres 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 nominate an accountable body for each of our priorities. 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.

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.