

To: Council
Date: 26 July 2021
Report of: Head of Corporate Strategy
Title of Report: Oxfordshire Health and Wellbeing Board/ Health Improvement Board Partnership Report

Summary and recommendations	
Purpose of report:	To provide the annual report on the work of the Oxfordshire Wellbeing/ Health Improvement Board
Cabinet Member with responsibility:	Cllr Louise Upton. Cabinet member for Safer, Healthier Oxford
Recommendation: That Council	
1. Notes the report	

Appendices	
Appendix 1	Oxfordshire Health Improvement Board priorities
Appendix 2	Oxfordshire Health Improvement Board update
Appendix 3	Oxfordshire Domestic Abuse Report

Introduction and background

1. The Oxfordshire Health and Wellbeing Board (“the HAWB”) is a partnership between local government, the NHS and the people of Oxfordshire. It includes local GPs, councillors, representatives from Healthwatch Oxfordshire, and senior local government officers. The HAWB provides strategic leadership for health and wellbeing across Oxfordshire and ensures that plans are in place and action is taken to realise those plans. The Council has been an active member of the HAWB since its inception in 2013.

2. The Health Improvement Board (“the HIB”) is a sub group of HAWB and focuses on effective partnership working across Oxfordshire to meet peoples’ health and social care needs. It aims to:
 - achieve effective use of resources
 - deliver the priorities and objectives arising from the Joint Health and Wellbeing Needs Assessment for Oxfordshire
 - meet the performance measures agreed by the Health and Wellbeing Board as set out in the [Joint Health and Wellbeing Strategy \(pdf format, 1.3Mb\)](#)
 - Promote and use the [Prevention Framework \(pdf format, 2.3Mb\)](#) to deliver a range of initiatives that will PREVENT ill health, REDUCE the need for treatment and DELAY the need for care
3. The Council last received a report on the activities of the Health and Wellbeing Board and the Health Improvement Board in July 2020.
4. Councillor Louise Upton, Cabinet Member for Safer, Healthy Oxford, took up the role as Chair for the Health Improvement Board (“the HIB”) in June 2020 and Councillor Maggie Filipova- Rivers, South Oxfordshire District Council the role as vice Chair of HIB. These roles have officer support from the Council’s Policy and Partnership Team Manager. Councillor Upton, was previously vice Chair of HIB for two years. As Chair and Vice Chair of HIB, Councillor Louise Upton and Councillor Maggie Filipova- Rivers automatically take the member seats on HAWB.
5. The HAWB and HIB have continued to meet virtually throughout the COVID 19 pandemic. In addition, as part of the local response to COVID 19 the Health Protection Board (“the HPB”) was created with the purpose of providing strategic oversight of health protection for COVID-19 in Oxfordshire, including prevention, surveillance, planning and response, to ensure it meets the needs of the population.

The role of the Oxfordshire Health and Wellbeing Board (HAWB)

6. The HAWB has a single unifying vision for the improvement of the health and wellbeing of Oxfordshire residents.

‘To work together in supporting and maintaining excellent health and wellbeing for all the residents of Oxfordshire’
7. The HAWB delegates the operational delivery of its strategy to various sub-committees/partnership boards which will each then report back directly to the Health and Wellbeing Board:
 - The Children’s Trust Board
 - The Health Improvement Partnership Board
 - The Adults with Support and Care Needs Joint Management Group
 - The Better Care Fund Joint Management Group
 - The Integrated System Delivery Board
8. The City Council also holds a member seat on the Children’s Trust Board which is now held by Councillor Shaista Aziz and a City /District officer seat, currently held by Daniella Granito, the Council’s Policy and Partnership Team Manager.

The diagram shows the sub group structure



9. The HAWB has created and will monitor its own comprehensive high-level health and wellbeing strategy for the improvement of the health and wellbeing of Oxfordshire's citizens.
10. The vision of HWAB provides a framework for partners in the voluntary, community sector and business to recognise their part. It also gives us a clear focus for funding and commissioning decisions.
11. The HAWB has agreed a suite of strategies which have been created and are owned by its sub-committees. These will be guided by the overarching Joint Health and Wellbeing Strategy which has been informed by the Joint Strategic Needs Assessment (JSNA), all sub groups have reviewed their priorities and work plans post the COVID19 pandemic, concentrating efforts on local recovery plans as the country emerges from the pandemic.
12. The HAWB monitors the implementation of the recovery plans and strategies and partner organisations hold one another to account for delivery. The HAWB has received regular reports from its sub-committees based on outcome measures set by each. As expected the outcome measures have been affected by COVID 19 and the disruption in services being delivered.
13. The local and system wide response to community need and support throughout COVID19 has strengthened the partnership and the clear role and remit for all local authorities in the health and wellbeing of local communities. The HAWB has recognised that councils make a major contribution across the wider determinants of health such as housing, homelessness, leisure, economic development, air quality and direct work to Areas of Multiple Deprivation across Oxfordshire. These activities are increasingly recognised as playing an important role in 'prevention' of poor health.

Health Improvement Partnership Board

14. The HIB has set priorities for the board for 21/22. The HIB has needed to consider the impacts of COVID 19 on current priorities and performance indicators, resetting areas of focus. This has meant reducing the number of priorities but providing more time within board meetings for discussion, thinking and challenge. Details of progress measures and targets for each of the work streams are provided in a performance framework and are reviewed annually by the HAWB.
- The agreed priorities for HIB can be viewed in **Appendix 1**.
 - A short briefing on the work of this subcommittee/group over the last 12 months can be viewed in **Appendix 2**.

Health Protection Board

15. The HPB supports the local delivery of the primary objectives of the government strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives, and in doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects the health and care systems and releases the economy.
16. The HPB is a system wide body that brings together senior representatives from Public Health, County, City and District Councils, Oxfordshire Clinical Commissioning Group (“the CCG”), the hospital trusts, police, and the universities to agree and coordinate the response by different organisations under the leadership of the Director of Public Health to optimize place-based delivery. The Head of Corporate Strategy is Oxford City Council’s representative on the HPB.
17. There are a number of cells supporting and reporting into the HPB, covering operations, vaccine deployment, testing, communications, locality Hubs and other areas. Each of these typically has officer representation from the Council at a senior level.
18. In turn the HPB reports into the weekly countywide CEOs’ meeting and the bi-weekly countywide Leaders’ Meeting.

Locality Hubs support through the COVID pandemic

19. The Council was among the first to set up locality hubs as a key tool for coordinating on-the-ground assistance to clinically extremely vulnerable (CEV) and other disadvantaged individuals, households and groups. Other councils followed suit and now they operate as a core part of the local delivery network for volunteers, the health system, public health and other City and Oxfordshire County Council services and government support.
20. £50,000 of the Covid Support Grant was spent on ensuring individual residents and families were kept warm throughout the winter months and able to have access to vital supplies and food. The Council’s hub teams worked on each case to not only help with the immediate problems faced but also to ensure that the root cause could be identified and a support plan put in place including resources and referrals to council teams and partner organisations.
21. The hubs have provided support with COVID 19 vaccination and testing projects. Hundreds of door knocks have been completed in support of local Primary Care Networks (PCNs) of GPs to provide information and support in access to vaccinations. Practical support has been provided at many sites for vaccinations

and testing across the city, including sessions for the homeless community, pop up clinics and the Kings Centre testing site. Community focus groups were also facilitated to help reduce the stigma and concerns around the vaccine that some minority communities had.

22. Food projects and food poverty action plans have been put in place with Community Associations and Community Action Groups across the city and in partnership with Good Food Oxford and the Community Food Network. The Council was also able to provide funding for fridges to be purchased for all six Community Food Larders to enable them to increase their food offer to include dairy and meat. The Council also supported two new Community Food Larders to open on Cowley Road and in Wolvercote, along with a satellite branch to reach residents in Risinghurst.
23. Health and wellbeing partnerships with the hubs have been set up across localities to support healthy place shaping and ensure that exercise and mental health needs of the community are met and many groups have been facilitated and restarted in the Council's community centres. The Council has been able to support Community Association summer programmes, including many free to access youth fitness and dance activities. Men's mental health sessions have been set up and fitness & dance videos have been produced and shared on social media to encourage exercise and wellbeing along with newsletters being delivered to households which include resident-led news and information sharing as well as activities to encourage keeping active.
24. Funding for an additional community health development worker was provided to continue supporting Barton Healthy New Town and hub engagement and to offer support to redevelopment projects across Blackbirds Leys, Summertown, Central and East Oxford.

Workshop February 2021 on HAWB/Growth Board – setting of priorities

25. The pandemic demonstrated that Oxfordshire's health and care system could respond rapidly and flexibly and introduce changes at pace to how it delivers care and who it works with. Partnership working between the health service and local government and with the voluntary sector has improved significantly and there is a desire to build on the relationships that have developed to integrate services more closely and be more ambitious in introducing further change
26. A workshop was organised to discuss the joint work that could be agreed between the Growth Board and HAWB. Trends that emerged from the last 18 months and identified to work on collaboratively are:
 - 1) Digital first whilst addressing the digital divide
 - 2) Changes in public estate needs with a desire for increased co-location of public services
 - 3) Changes in travel patterns
 - 4) Need to increase and sustain focus on Prevention
 - 5) Increased confidence in implementing change

Joint Strategic Needs Assessment (JSNA)

27. The Council is an on-going member of the Oxfordshire wide JSNA Steering Group offering an opportunity to influence its development. Information is available at ward

level wherever possible and other key agencies have added to the data set, including Oxfordshire Public Health and Thames Valley Police.

28. The granularity of the data in the JSNA enables the Council as a local authority, and as a member of strategic level boards, to focus on and prioritise need for its services where it is most needed, with a particular focus on health inequalities. It also allows the HAWB and its sub committees/groups to have a clear set of performance indicators alongside service delivery to enable the HAWB to hold its sub committees and commissioned agencies to account. The Council is also, importantly, able to measure impact of service delivery on the local picture.
29. The Joint Strategic Needs Assessment can be found here:
<http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>
30. The Council's Data Research Officers meet monthly with the analysts from Oxfordshire County Council and the other district councils. They directly support elements of the JSNA 'bitesize' (one page summaries of JSNA topics) providing statistical evidence to ensure that the needs of the city are adequately represented. They also lead the good practice group for the data teams across the county and other districts to share good practice and use skills to further develop the JSNA and the Council's internal skill sets.
31. The Council is using the data provided by the JSNA to inform service delivery, influence service development and commissioning of services across the city. For example this has informed the work of the Council's transformation programmes.
32. The Council is focused on: tackling health inequalities, improving outcomes for people in the most deprived communities; supporting work in relation to mental health and wellbeing; continuing to influence and support the strategic direction of domestic abuse; and supporting pathways into health services for the homelessness community. This work has been realised through the following City Council work programmes:-

Reducing inequalities and obesity through physical activity

Campaigns

33. Over the last year the Active Communities and Sport & Physical Activity Team has embarked upon a variety of digital campaign work to encourage and motivate local residents to become more physically active and as a result improve their mental and physical health and wellbeing. New webpages have been created to make information about being active in the city's parks and waterways, moving more as a family and accessing online cultural, creative and physical activities easier to find and navigate.
34. Alongside the launch of the GO Active Outdoors, GO Active Families and Activity Hub webpages have been social media campaigns to help raise awareness of these online resources to partners and the community; with targeted posts utilised to deliver the messages to those likely to be experiencing greater health inequalities and who would therefore benefit most from including more physical activity in their day. In the first 2 weeks of the GO Active Outdoors campaign it made over 350,000 impressions on social media.
35. Alongside this work the #MoveWithMayorMark campaign was launched to provide an engaging and more personal video platform from which to give examples of ways people could move more every day and stay within the government

restrictions/guidelines at the time. At the heart of each of these campaigns have been key messages around the importance of physical activity for improving physical health and mobility, for reducing stress and anxiety and as a way of re-connecting with friends, family and improving community safely.

Physical Activity pathways

36. Working with partners across the other District Councils and Active Oxfordshire the Council has also been successful in securing funding from the CCG for a 1 year extension of the GO Active Get Healthy pathway which supports people living with diabetes to be physically active as part of their condition management and more recently in securing funding from the Containing Outbreak Management Fund to establish the new Move Together pathway and support people who have experienced a decline in their physical or mental health as a result of COVID-19 to move more.
37. These pathways are person centred and work with established primary care referral routes as well as new referral routes from a much wider range of partners such as Community Larders, the Council's Home Improvement Agency and Tenancy Sustainment Teams, Housing Associations and even the Oxford Playhouse's befriending scheme. As a result of the work and support of the recently appointed Barton Community Health Development Officer a new cycling group for women and a new walking group for new and expectant mothers have been set up by women from the local area.

Other key achievements

38. By working with local coaches, instructors and volunteers there are now a further 26 regular physical activity sessions in Oxford's parks which is an 80% increase compared to pre-COVID19 levels.
39. The Council has recently received funding from the Community Ideas Fund to create a GO Active Outdoors Healthy Travel map which will show safe and pleasant routes for people to walk or cycle to and from the parks and waterways in the city. The map will have a wellbeing message focus and will be targeted at encouraging walking and cycling for both travel and recreation in those communities experiencing greater health inequalities and lower levels of active travel.

Health Inequalities, Housing and homelessness

40. In 2017 the Council pledged £100k funding to be used to tackle health inequalities in the city. The CCG match funded this sum with a further £100k.
41. Using this funding, a Health Inequalities Programme was developed by the Council, with the overall aim to support specific groups in deprived localities to access support that will improve or maintain their physical and mental wellbeing, as well as deliver savings and better outcomes from services. In addition the programme aims to;
- 1) provide health promotion/ prevention information in community settings (primary prevention);
 - 2) conduct register searches in primary care to target patients with specific disease conditions (secondary prevention);
 - 3) work with council tenants, focussing specifically on identified groups of people with mental health issues.

42. The Council led on aim 3 of the programme above. In order to meet this aim, 3 objectives were set:

- 1) Engagement with high end users of the Council's Accommodation and Sustainment Team with mental health issues to improve mental health outcomes;
- 2) Support staff within the Accommodation and Sustainment Team to improve their knowledge and skills with working with tenants with mental health issues;
- 3) Strengthen relationships across mental health pathways within Oxford

43. The Health Inequalities Programme has produced benefits for the vulnerable tenants directly worked with, council staff and the wider mental health system within Oxfordshire. The tenants engaged with throughout the project have in the majority seen improvements in their mental health, tenancy sustainment and quality of life. Relationships have been strengthened across the mental health pathways, through engagement with the Oxfordshire Mental Health Partnership (AMHP), sharing learning with partners and working directly with the CCG on the project and wider programme of work.

44. The recommendations and lessons learned from this project all have an underlying significant theme, that partnership working is vital to improve the lives of vulnerable residents within Oxford. The next steps in how these lessons are being incorporated in future work delivered by the Council is detailed in the next section.

Out of Hospital Care Model for people experiencing rough sleeping or at risk

45. The Council has received confirmation from the Department of Health and Social Care that its Health/Housing bid as part of a Shared Outcomes Fund has been successful. The intention of the funding is to pilot projects that test innovative ways of working across public sector systems, with an emphasis on thorough evaluation.

46. This funding will provide resources to enable the delivery of additional work that will directly support:

- 1) Homeless people currently "stranded" or "delayed" in acute general settings but especially in acute mental health wards. There is a static population of circa 14 homeless people at any one time on the mental health wards, ready for discharge.
- 2) People needing continuity of care as they transfer from hospital to stabilise in the community but also the prevention of increasing numbers from readmission.
- 3) Rough sleepers

Prevention Concordat for Better Mental Health

47. The Public Health England (PHE) Prevention Concordat for Better Mental Health aims to facilitate local and national action around preventing mental health problems and promoting good mental health. It provides a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches.

48. Over the last year, due to the Council's involvement with the Mental Health Concordat Partnership officers have taken part in training delivered by Mind as well as other online training. Opportunities communicated via the Mental Health

Concordat meetings are shared with teams across the Council where they are relevant to their work. For example, training opportunities are shared with HR, the Communities Team and the Locality Hubs (?). This is usually via email.

49. Training completed and shared within Council teams:

- 1) COVID and mental health training – included in Locality Hubs training package
- 2) Mental Health Awareness training, Oxford Samaritans active listening training, Make Every contact count (MECC) training shared with the Communities Team and Locality Hubs
- 3) The Council also contributed to the countywide mental wellbeing needs assessment with various teams within the Council having inputted data and feedback. The results of which will be shared at the next HIB meeting in September

50. Through participating in the quarterly Concordat partnership meetings the Council has shared knowledge/best practice around Mental Health First Aiders and fed this back to the HR department. The Council has also organised two meetings with Mind and Cherwell District Council to discuss how staff can be supported to engage with Mental Health First Aid.

51. The [AccessAble website](#) and app is surveying hundreds of publicly accessible venues and providing a huge amount of information about it, allowing people with disabilities to be more spontaneous by finding the information they need right away. The Council supported the project with £35,000 that helped with the gathering of information about hundreds of places in Oxford making it a welcoming city for everybody

Domestic abuse

52. The Domestic Abuse Act 2021 introduced a new duty on relevant local authorities with the aim of ensuring all victims of domestic abuse have access to the right support within safe accommodation when they need it. The duty is intended to ensure that victims and their children, including refugees, are able to access services such as therapy, advocacy and counselling in safe accommodation. In June 2021 the Ministry of Housing, Communities and Local Government issued draft statutory guidance on the Delivery of Support to Victims of Domestic Abuse, including Children, in Domestic Abuse Safe Accommodation Services https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993825/Domestic_Abuse_Act_-_draft_statutory_guidance.pdf

53. Funding was awarded to Oxfordshire 20-21 to meet the local need in connection with the new duties.

A detailed report can be found in **Appendix 3: duties and plans for the funding awarded.**

54. The Council has been a major contributor to the good progress made in response to the new duty in the following ways:-

- 1) Representation on the Oxfordshire Domestic Abuse Partnership Board.

- 2) Hosted and line managed the Council Officer responsible for producing the Thames Valley Black, Asian and minority ethnic report (BAMER) and recommendations for systemic change. The Report was written following a 2 year pilot across the Thames Valley to identify the barriers faced by and the needs of women who had experienced at least one type of abuse outlined in the Violence against Women Agenda. The Council representative is a member of the Thames Valley Black and Ethnically Diverse Partnership Board (BAED) which has oversight of the action plan to deliver the BAMER Report recommendations.
- 3) Commissioned and delivered two Domestic Homicide Reviews which have identified organisational learning to improve response.
- 4) Has a representative role on the Tendering Panel for the Domestic Abuse Service within the Family Solution Plus pilot delivered by Oxfordshire County Council. A programme that brings together professionals from a range of disciplines from Health and Social care to support a whole family approach to complex family issues. In addition worked with the provider to develop a 16-week rolling programme for male perpetrators of domestic abuse, trained all staff and provide regular group supervision for the workers responsible for delivering the programme.
- 5) Developed a domestic abuse pathway for victims with no recourse to public funds to ensure they are kept safe and can apply for the Destitution Domestic Violence Concession in partnership with Sanctuary Hosting and Oxfordshire Domestic Abuse Service (A2Dominion)
- 6) Nominated a Council representative as a co-commissioner for the contract meetings for Oxfordshire Domestic Abuse Service.
- 7) Employed a Sanctuary Scheme Coordinator to ensure victims and their children can live safely in their home.

Healthy Place-Shaping

55. The work of the HAWB and HIB is also guided by the strategic objectives set by the Oxfordshire Growth Board and the Oxfordshire councils for healthy place-shaping. The Growth Board published a draft vision for Oxfordshire which seeks a future in which *we will all be healthier and happier, inequalities will have been reduced, our young people will feel excited about their future and our overall well-being will have improved.*
56. The vision underpins the Oxfordshire Plan 2050 - a strategic planning document that will sit over the top of all five Local Plans across the county – which will be issued for consultation at the end of July 2021. It sets out the longer term planning objectives countywide and will carry statutory weight, such that individual Local Plans should be aligned to it.
57. The Oxfordshire Plan 2050 sets an ambition to plan for and shape communities to actively promote health and wellbeing and make it easier for people to enjoy healthy and sustainable lives. Healthy place shaping involves local government working in partnership across the system to create sustainable, well-designed communities where healthy behaviours are the norm and which provide a sense of belonging and

safety, a sense of identity and a sense of community. Healthy and thriving places are those where the right policies, environment and partnership working are adopted to empower individuals, communities and organisations to make healthier choices. Healthy place shaping involves the following:

- 1) Shaping the built environment, so people can easily access green spaces and are enabled to walk and cycle more.
- 2) Working with local people and community groups, schools and businesses to support them in adopting healthier lifestyles.
- 3) Developing local health and care services to deliver good local services.
- 4) Healthy Place Shaping (HPS) is a collaborative approach which aims to create sustainable, well designed, thriving communities where healthy behaviours are the norm

58. The Council's Communities Team is currently working on the following deliverables to support a healthy place shaping approach in the city:

- 1) An insight model that uses a range of primary and secondary data
- 2) Formal proposal for Shotover Country Park
- 3) Proposal of how to best integrate with the locality teams
- 4) A proposal to integrated health place shaping across the council
- 5) The implementation of GO Active Outdoors and GO Active Families
- 6) A coordinated active travel plan
- 7) A proposal for active design
- 8) A needs-based proposal for the future delivery of leisure, focussed on how we can take a health place shaping approach to tackle inactivity

Oxfordshire Older People's Strategy – Delivery Framework

59. The Council recognises the need to work across cabinet portfolios and with county and district council partners on a system wide approach to deliver the best possible outcomes for older people in Oxford. However, the Older People's Delivery Plan was put on hold due to COVID 19 and despite best efforts to engage Oxfordshire County Council on this, it has been challenging to follow up potential linkages.

60. The Council has made a commitment to continue to target and deliver work that positively impacts on older people on a range of work. It will also support a recent proposal made to the Health and Wellbeing Board on an integrated approach to increasing independence and well-being with a focus on older people, recognising opportunities from the COVID 19 experience.

61. The Council has continued to support older people as part of its wider effort to support residents impacted by COVID 19. The locality hub work was key and included areas such as:

- 1) Providing COVID 19 winter support grants, identifying those who are eligible.
- 2) Identifying vulnerable older people for the phone links support service via organisations such as Oxford Together Hub.
- 3) Posting information through doors e.g. in Rose Hill a poster was created which aimed to tackle isolation, using information from Age UK, which was

sent to sheltered and non-sheltered accommodation and in Blackbird Leys together with the Clockhouse project a leaflet aimed at older people was created.

- 4) Working on improving community internet access for older people.
- 5) Including age as one of the protected characteristics in developing recommendations within the Equality and Diversity strategy.
- 6) Maintaining a database of work programme that council delivers that impacts on older people.
- 7) Supporting Older People's Day 2020, while virtual, with press and promotion

Development of Primary Care Networks and Support to Social Prescribing

62. The NHS long term plan was published in January 2019 and set out the future direction of the NHS and introduced Primary Care Networks (PCNs, which are groups of GP practises) which should help to integrate primary care with secondary and community services, and bridge a gap between general practice and emerging Integrated Care Systems.
63. Since January 2019, GP practices have been organising themselves into local networks to provide care at greater scale by sharing staff and some of their funding. Across Oxfordshire there are now 3 clusters and 19 PCNs.
64. The Council is actively engaged in the delivery model of the Primary Care Networks, as it offers an opportunity to continue to deliver, support and scale up its social prescribing activity through its Physical Activity and Community Teams.
65. The Council is involved in the local PCN's development groups and continues to have conversations through steering groups, and workshops about how it can engage and influence this PCN programme locally to benefit local communities. This will be achieved through the Locality Hub Coordinator roles and service plans.

Oxford City Council future focus

66. Oxfordshire is the first local authority that has set an ambition to be smoke free by 2025. The Tobacco Control Alliance has completed assessments to identify the areas of work needed. The Council has committed to deliver some areas of work against the 4 pillars identified. An action plan is currently being developed and will be presented to HIB by Councillor Louise Upton.
67. Both the Cabinet and the Scrutiny Committee have expressed strong interest in Council involvement in health and engagement within Oxfordshire.
68. There is also an appetite to increase the focus on tackling health inequalities across all areas of the Council's service delivery – from leisure centre activities to clean air, and to support social prescribing by GPs.
69. The Council also seeks to influence wider decision-making on health through members' and the Policy & Partnerships Team's involvement with the Health & Wellbeing Board, Health Improvement Board, Children's Trust, Stronger Communities Partnership – and through responding to wider consultations.
70. The Council's Policy and Partnership Team (with input from service areas) has oversight of the health related activity and interaction taking place across the Council. As a result the team has been able to align other areas of work being delivered throughout the council's various departments to provide more effective

services, share learning and take this forward into service development in the future.

71. Moving forward the Council's areas of focus will be

- 1) Facilities and Assists – links to leisure offer
- 2) Homelessness and Housing – governance and health pathways
- 3) Physical Activity – increasing levels of activity
- 4) Mental Health and Wellbeing
- 5) Localities working – links to public health and Primary Care Networks (PCN'S)

Financial implications

72. There are no financial implications for this report.

Legal issues

73. There are no legal implications arising from this report

Conclusion

74. The Council has made a huge contribution to work related to health this past year across all service areas.

75. During recovery from the pandemic there is both opportunity and an appetite to embed positive changes and to address with increased focus the causes of inequality in Oxfordshire.

76. As the Council moves through and embeds its transformation programme opportunities should be actively sought and embraced.

77. The pandemic demonstrated that Oxfordshire's health and care system could respond rapidly and flexibly and introduce changes at pace to how it delivers care and who it works with. Partnership working between health and local government and with the voluntary sector has improved significantly and there is a desire to build on the relationships that have developed to integrate services more closely and be more ambitious in introducing further change

78. The JSNA with the additional dashboard elements of inequalities issues by ward, continues to offer opportunities to ensure that areas of Oxford that need services most, are identifiable and the outcomes and impact of services delivered can be effectively measured and monitored.

79. The Council's key role should be in influencing through partnership and ensuring its services are aligned with those of other agencies around shared objectives. The Council also needs to focus on key priority interventions to maximise successful outcomes. This will be achieved through service area plans.

80. The Council is a member of three key strategic partnerships within Oxfordshire and is in a position to contribute, influence and challenge.

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Background Papers: None
