

To: Future Oxfordshire Partnership

Title of Report: Healthy Place Shaping Update and the new Health & Wellbeing Board Strategy for Oxfordshire

Date: 30 January 2024

Report of: Rosie Rowe, Head of Healthy Place Shaping and
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Status: Open

Executive Summary and Purpose:

To provide an update on progress with delivery of health place shaping across Oxfordshire and to present the new Health and Wellbeing Board Strategy for Oxfordshire.

How this report contributes to the Oxfordshire Strategic Vision Outcomes:

The Future Oxfordshire Partnership's Strategic Vision identifies as a key priority that our residents will be healthier and happier, and overall wellbeing will have improved. The scaling of healthy place shaping across Oxfordshire to strengthen the building blocks of health and the development of a new Health and Wellbeing Strategy for the County seek to deliver this outcome.

Recommendations:

1. That the Future Oxfordshire Partnership endorses the new Health & Wellbeing Board Strategy for Oxfordshire.
2. That the Future Oxfordshire Partnership continues to support healthy place shaping as a strategic priority in enabling the regeneration of existing communities and the development of new communities which promote health and wellbeing.

Appendices:

Appendix 1: HPS Health Needs Assessment: Findings and Recommendations

Appendix 2: [Health and Wellbeing Strategy for Oxfordshire \(2024-2030\) Full Final Version.](#)

Introduction

1. Since 2019 Oxfordshire's system partners have been working together to collectively address the wider determinants of health, strengthening these building blocks in places of greatest need, through healthy place shaping.
2. Healthy place shaping (HPS) is a systems wide approach which aims to create 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 key workstreams:
 - **The built environment** – Shaping the built environment, green spaces and infrastructure at a local level to improve health and wellbeing.
 - **Community activation** – Working with local people, local community organisations, businesses and schools to engage them in developing places, facilities and services which create health
 - **New models of care** – Re-shaping health, wellbeing and care services, and the infrastructure which supports them, to prevent future poor health and wellbeing.

HPS applies to existing communities in Oxfordshire as well as new developments and is a key mechanism for addressing health inequalities and promoting good health and well-being.

3. HPS is both an approach and a programme of work. HPS principles need to inform policy and strategy but place based activity is also required to deliver tangible change to improve the building blocks of health. In so doing HPS also supports essential action to address the climate emergency as strengthening the building blocks of health and reducing our carbon footprint are deeply interconnected.
4. In 2019 the Growth Board (now Future Oxfordshire Partnership) agreed that it should be a cross cutting theme across its work programmes and the Head of Healthy Place Shaping in Public Health was asked to lead this activity, working with a network of officers drawn from the County, District and City Councils. This was identified as a key mechanism for linking health with planning and creating healthy communities was identified as a key part of the [Strategic Vision for Oxfordshire](#). Progress in scaling HPS across Oxfordshire is reported [here](#).
5. This report summarises the findings of a three-year evaluation (funded by Sport England) of the system approach of healthy place shaping and those of a health needs assessment of healthy place shaping. The needs assessment was commissioned by OCC's public health team to set the future direction of this programme, to identify any gaps in our work and the priority interventions which will strengthen the building blocks for health. This is to inform the strategies and policies of our wider system partners including the new Health & Wellbeing Board strategy.
6. **Healthy Place Shaping System Evaluation Findings**

The systems evaluation has been completed by PHAST, an external specialist public health consultancy; its key findings are summarised below.

7. The evaluation found that HPS is addressing a broad range of the priority health needs and challenges across Oxfordshire through action on the building blocks of health including: active travel; access to nature; more inclusive employment; a health enabling built environment; warm homes.

8. **Built environment**

This has been the most successful workstream, with many projects focused on creating places to support physical activity such as Kidlington's interactive wayfinding project. At a policy level, HPS is increasingly included in corporate and Local Plans and in planning policies including 20-minute neighbourhoods, community activation and active travel. The new Health Impact Assessment toolkit and its integration into the planning process has been an important success. There is an active health and planning forum to inform policy development.

10. **Community Activation**

Successes include good demonstration projects such as the community outreach active travel programme which grant funds to community groups in areas of greatest deprivation and in market towns where improvements to cycling infrastructure are being delivered to engage people with the greatest barriers to walking and cycling. There is a renewed focus on nature with HPS input to the Local Nature Partnership and the establishment of a Health and Nature subgroup where environmental voluntary groups can learn and share good practice and can influence policy. Good existing relationships helped the activation of local community support during the early covid lockdowns and in the cost-of-living crisis to develop cross system support to address poor housing conditions and reduce energy costs.

11. **New models of care**

There has been good progress in supporting the delivery of adult social care's *The Oxfordshire Way* which promotes prevention to enable people to continue to live independently in their own home with community support. However, there has been less progress with NHS engagement, partly due to the pressure of covid, recovery and reorganisation on the NHS. There is a specific issue with infrastructure where there is seen to be a disconnect between developers who would like to be able to plan for a small two or three partner GP practice on their big development to attract residents, and the new model of primary care that tends to focus on bigger 'health hubs'. There is also a lack of capacity within the NHS to progress estates issues.

The Integrated Care System offers a renewed opportunity for HPS to connect with the NHS on HPS in relation to prevention, inequalities, social value and connections to the voluntary sector.

12. The findings recommend that HPS should continue to be funded to be further embedded across Oxfordshire, using HPS as both a programme of work and as an approach. Programme work - including specific targeted projects in our communities with greatest needs - is necessary alongside more systems-level approaches, in order to demonstrate to the population, community and leaders, how local activities can improve health and wellbeing.

Healthy Place Shaping Health Needs Assessment

13. The findings and recommendations of the needs assessment are detailed in Appendix 1. In summary it concludes that HPS should retain the focus on the three

workstreams, but also specifically recognise cross cutting activities. In addition, HPS should explicitly take a “Health in All Policies” approach within and across the three workstreams and continue to collaborate with wider partners. Priority areas for future action were developed as part of the needs assessment process following discussion with partners in the City and District Councils and across the health and care system. These priorities are summarised in Table 2; they reflect the ongoing impact of the cost-of-living crisis and the legacy of Covid on communities and have informed the new Health & Wellbeing Board strategy.

Table 2: Healthy Place Shaping System Priorities 2023-26

Focus	HPS pillar	Key external partners	Proposed activity
Support Cycling and Walking Activation to increase physical activity – especially in communities with greatest need	Built environment and community activation	District Council sports and leisure teams and environmental health teams, VCSE	Cycling and Walking Activation programme – partnership steering group to increase active travel
Promote green prescribing and access to nature to improve mental wellbeing	Built environment and community activation and new models of care	PCNs, District Council, community development and conservation officers, VCSE	Support the work of the Local Nature Partnership and development of the Local Nature Recovery Strategy. Promote place based activities to promote access to nature
Provide support to Oxfordshire Inclusive Economy Partnership (OIEP)	Community activation	District Council Economic Development teams, VCSE, OXLEP, major employers	Support the OIEP delivery plan and the development of an anchor network to promote a more inclusive economy
Promote warm, safe homes	Built environment, new models of care	District/City Council Housing teams, VCSE, PCNs, ICS, Community Health Services, PI	Better Housing, Better Health services and increased engagement with housing associations
Promote asset-based prevention through the Oxfordshire Way Support population health management that promotes prevention	New models of care and community activation	PCNs, ICS, Community Health Services, District Councils	Promote new models of care that support prevention through asset based approaches
Support ongoing work between health and planning	Built environment	District/City Council/OCC planners, developers, consultants	Provide data and advice to inform Local Plans to ensure that they identify creating healthy communities as a strategic priority. Proactively inform the plans of strategic developments, including using Health Impact Assessment to encourage the creation of healthy enabling environments
Promote climate action Take action to improve air quality	Built environment	District/City Council, ICB, NHS Trusts/environmental VCSE	Work to reduce air pollution and support activities that reduce the health impacts of climate change and that support delivery of net zero targets

OXFORDSHIRE'S JOINT HEALTH AND WELLBEING STRATEGY

Introduction

14. Organisations across the Health and Wellbeing Board have developed a new Oxfordshire Health and Wellbeing Strategy for 2024-2030, which has been informed throughout by the Integrated Care System (ICS) Strategy and the Oxfordshire Joint Strategic Needs Assessment (JSNA). The strategy content has been developed through a process of early engagement with people and communities across Oxfordshire, a workshop with the Health and Wellbeing (HWB) Board, full public consultation and several HWB Board discussions. A cross-organisational Task and Finish (T&F) group has led the work on behalf of the HWB Board throughout the process.
15. The strategy offers a strong, unified vision for improved health and wellbeing and will act as the primary *place* strategy for health and wellbeing in Oxfordshire. Throughout this process FOP members have been involved, from representation on the T&F group to contributing to development of the strategy through a workshop held in September 2023 and through assisting in drafting content of the final strategy. This close partnership working is at the heart of the strategy ensuring it is a strategy developed by and for delivery by the whole system.

Background and Process

16. **Initial planning & data:** On 16 March 2023, the HWB approved initial plans to update Oxfordshire's Health and Wellbeing Strategy and form a cross-organisational Task and Finish group to drive progress between meetings. The Task and Finish Group has overseen the publication of JSNA 2023 and used its findings to inform emerging themes for the Health and Wellbeing Strategy. All organisations on the Health and Wellbeing Board helped draw up a longlist of priorities, principles, and enablers and helped determine the strategy's structure, informed by the ICS Strategy published in March 2023.
17. **Priorities and structure:** On 29 June 2023, the Health and Wellbeing Board reviewed and commented on the longlist of draft priorities, principles, and enablers—as well as a draft structure. The Board emphasised the need to achieve focus by outlining a limited list of priorities. The Task and Finish Group led a process of refinement, considering the longlist against the priorities of people across Oxfordshire, the needs as outlined in the JSNA, and considering where we can make greatest contribution in partnership.
18. **Extensive early engagement:** The Task and Finish group oversaw a thorough process of early public engagement, led by Healthwatch and Oxfordshire County Council, to ensure that residents' views informed the strategy's approach and priorities. Healthwatch Oxfordshire's work engaged residents from all backgrounds across the entire County on streets, at events, and via an online survey. To complement this, the County Council led detailed focus groups with seldom heard communities to ensure the strategy is informed by residents at greatest risk of poor health outcomes. Engagement reports from both pieces of work were brought to Oxfordshire's Joint Health Overview and Scrutiny Committee
19. **Draft strategy:** The Task and Finish Group worked together to develop a draft strategy which was shared with Health and Wellbeing Board members on 1st September before a workshop of Board members on 7th September. The output from that workshop was used to refine the strategy further and build the full draft that was reviewed and approved for public consultation at the Health and Wellbeing Board on 5th October 2023.

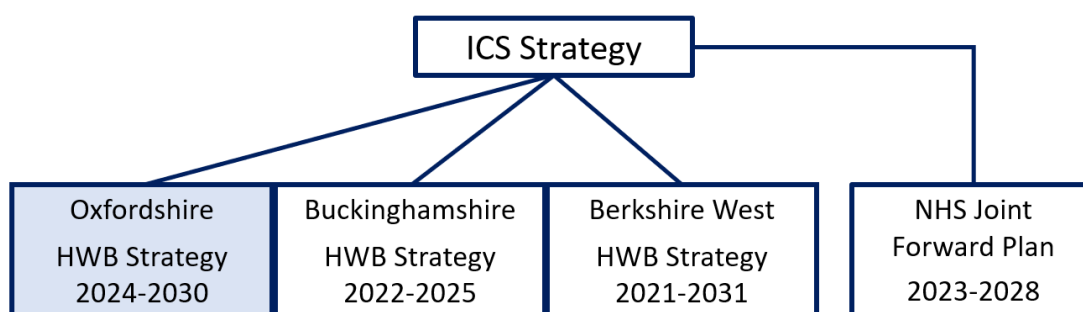
20. **Consultation:** A full public consultation was undertaken in October and November. This included using a consultation web-platform, a public webinar and, several face-to-face meetings with stakeholder groups. The findings of the consultation were used to inform the final version of the strategy. The vast majority (90-95%) of respondents fully or partly agreed with the strategy’s principles, priorities and enablers.

Strategy Content

21. **Oxfordshire’s One Place Strategy-** The Health and Wellbeing Strategy will act as the primary **place** strategy for health and wellbeing in Oxfordshire, bringing together partners to deliver a shared ambition: our “true north”. Whilst a Buckinghamshire Oxfordshire Berkshire West Integrated Care Strategy and an NHS Joint Forward Plan have been published in the last 12 months for the overall Integrated Care System, this will be the single strategy at the Oxfordshire Place footprint that all local partners, including our Place Based Partnership, are signed up to.

22. **How this relates to the Integrated Care Strategy-** The new Health and Wellbeing Strategy aligns closely with the ICS strategy—both adopt a life course approach, focus on the need for prevention, and target health inequalities, highlighting Oxfordshire’s 10 priority wards.

Figure 1: intersection between ICS Strategy, NHS Forward Plan, and local Health and Wellbeing Strategy



23. **A broad view of wellbeing-** The Health and Wellbeing Strategy focuses on wellbeing in its broadest sense, moving beyond a clinical or service-oriented view, towards a community-oriented view. The strategy therefore reflects the building blocks of health, e.g., deprivation, housing, employment, which significantly influence health and wellbeing—and are drivers of increasing need for services. Ensuring these building blocks

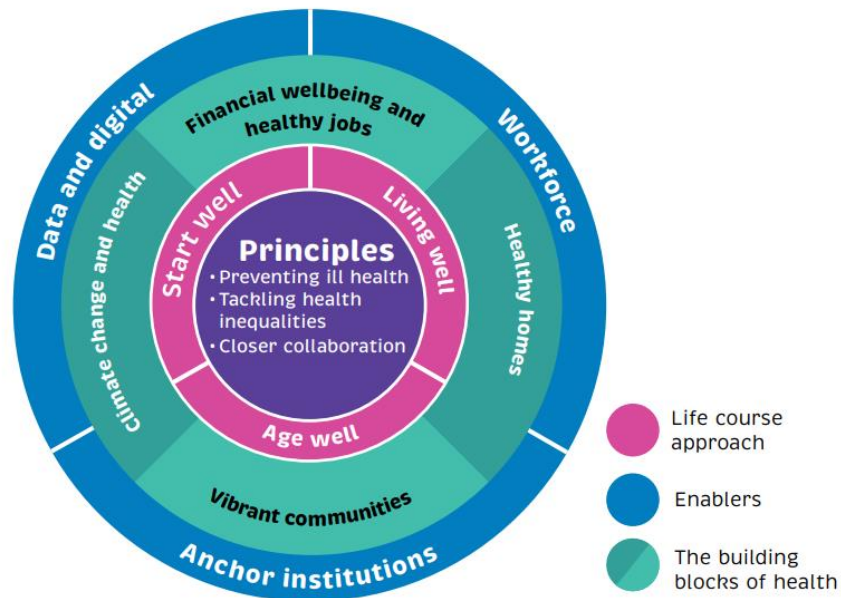
of health are in place in Oxfordshire is a fundamental role of the Health and Wellbeing Board.

24. Summary of the strategy

The Strategy is made up of the following 4 elements;

- **Principles-** Health Inequalities, Prevention and Closer Collaboration

Health and wellbeing strategy



- **Life course priorities**

- Start Well
 1. The best start in life
 2. Children and young people's emotional wellbeing and mental health
- Live Well
 3. Healthy people, Healthy Places,
 4. Physical activity and active travel
- Age Well
 5. Maintain independence
 6. Strong social relationships

- **Building Blocks of Health-**

7. Financial wellbeing and healthy jobs
8. Climate change and health
9. Healthy homes
10. Thriving communities

- **Enablers-** Workforce, Data and digital and Anchor institutions

Every section of the strategy uses the 3 principles to focus the ambition and content. Each section has an ambition statement, data and insight as to why the priority is important, aspirations of what we want to achieve by 2030 and some initial steps for action.

Next Steps and Implementation

25. To be effective, a strategy must translate into action. We have learned from the current Health and Wellbeing Strategy that if this is not in place it is harder to drive forward action. We also know that, due to the Covid-19 pandemic, some of our shared ambition had to change to respond to shared challenges. Therefore, this time round it's very important to have a delivery plan and an outcomes framework that can be monitored to ensure delivery. However, the first step is to develop a set of priorities that partners can sign up to before an action plan or an outcomes framework. We aim to publish an associated delivery plan and outcomes framework in March 2024, following shortly on the heels of the strategy itself. This ensures that, as a system, we can first decide *what* our priorities are, then outline *how* we will deliver them.
26. The outcomes framework will outline key performance indicators (KPIs) and outcomes for each priority area. The delivery plan will detail how respective organisations will work together to deliver these priorities, KPIs, and outcomes, year-on-year. Implementation of the delivery plan will be the responsibility of existing sub-groups of the Board, which will report directly to the Health and Wellbeing Board. The Health and Wellbeing Board will receive regular reports about progress on the delivery plan and will monitor impact through the outcomes framework.

Financial Implications

27. The system evaluation identified that HPS is a cost-effective approach to promoting prevention. It does require investment as a programme of work and the needs assessment identifies where resources should be prioritised. It is hoped that the findings of the evaluation and the needs assessment will be used by partners to make the case for ongoing investment in HPS from their organisation.
28. There are no direct financial implications associated with development of the Health & Wellbeing Board strategy. The Officer resource required to develop the work has required and continues to require contribution from partners of the Health and Wellbeing Board, as agreed by the Health and Wellbeing Board on 16th March 2023. All partners on the HWB Board will need to use organisational resource to support delivery of this strategy.

Legal Implications

29. The development of Oxfordshire's Health and Wellbeing Strategy meets the Health and Wellbeing Board's statutory duty to publish a strategy to address the health needs of the local population. The consultation report addresses the HWB's legal duty to consult with the public regarding a draft strategy.

Other Implications

30. Tackling health inequalities plays a key role in the draft Health and Wellbeing Strategy. The strategy places front and centre the need to tackle avoidable and unfair inequalities in health outcomes and experiences, and access to health and care services. This guiding principle is driven by insights from JSNA 2023.
31. The new HWB strategy includes a priority regarding the impact of climate change on health, including air quality, access to nature, and the built environment. The final strategy builds on and affirms existing partnership-wide climate action commitments,

recognising the impact this has on residents' health and wellbeing. In seeking to create healthy, sustainable communities, HPS is a mechanism for addressing climate change and promoting individual health and wellbeing.

Conclusion

32. This paper recommends that:

- The Future Oxfordshire Partnership endorses the new Health & Wellbeing Board Strategy for Oxfordshire
- The Future Oxfordshire Partnership continues to support healthy place shaping as a strategic priority in enabling the regeneration of existing communities and the development of new communities which promote health and wellbeing.

Background Papers

Appendix 1 Healthy Place Shaping Health Needs Assessment: Findings and Recommendations

Appendix 2 [Health and Wellbeing Strategy for Oxfordshire \(2024-2030\) Full Final Version.](#)

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Appendix 1: Healthy Place Shaping Health Needs Assessment

Findings and Recommendations

1. The needs assessment identified a number of high-level recommendations. While these are largely structured around the three healthy place shaping (HPS) workstreams, they also include specific recommendations on inequalities and on more strategic cross cutting issues.

2. **On HPS overall**
 - HPS should continue to be supported to develop its potential to improve health and decrease inequalities in Oxfordshire, both as a programme and as an approach.

 - HPS should retain the focus on the three workstreams, but also specifically recognise cross cutting activities [below]. In addition, HPS should explicitly take a “Health in All Policies” approach within and across the 3 workstreams and continue to collaborate with wider partners.

3. **On inequalities**
 - Retain the HPS focus on the current 10 most deprived areas across Oxfordshire.
 - If more resources are available, identify and focus on small MSOAs of high deprivation elsewhere within each District. These should be recognisable communities.
 - Ensure that coordination of Oxfordshire wide and intra-organisational approaches and activities related to inequalities is improved.
 - Specifically consider how to identify and enable better access to health and well-being for those individuals and sub populations with the greatest need.

4. On each of HPS’s workstreams

Built environment

- The approach to Health Impact Assessments is good and well received but needs to go further into Health in All Policies.
- Build in access to nature / green spaces / climate change adaptation and mitigation more.
- Explore how to improve the use of section 106 by better training and links with NHS / ICBs / other organisations or funding sources.
- Look at how to improve existing urban environments, drawing on good practice elsewhere.
- Consider how to address existing housing infrastructure / quality, including via Housing Associations.
- Consider whether it is possible to amend existing planning permissions to include provision for health and healthy behaviours.
- Use licensing mechanisms to control gambling, fast food, alcohol etc.

- Consider how to use leisure centres better and differently e.g. co-location with social prescribing and other services, with their role one of supporting physical activity not just as a physical building.

Community activation

- This is central to all HPS but be creative about how to support and drive it, so use social media as well as existing third sector organisations.
- Continue to use asset-based approaches, behavioural insights and small grant approaches.
- Explore how to connect locally with PCN activity including health coaches and social prescribers.

New models of care

- Consider re-naming this workstream
- New Models of Care needs to focus on prevention including population health management prevention activities and social prescribing.
- Use opportunities offered by anchor institutions for HPS prevention initiatives with communities, patients, workforce and environment.
- Use opportunities offered by Oxfordshire Way for prevention in the community

Cross cutting activities

- Strengthen high level strategic partnerships with NHS including both ICB and PCNs.
- More specific place-based initiatives should be developed bottom up, drawing on good community activation.
- Develop a strategic and operational communications plan covering communications about HPS and its initiatives with/to public [including social media], between and within organisations
- Consider banning advertising of unhealthy products broadly or near schools, learning from experience of other areas' achievements
- Recognise and build on the role of national partners in supporting local strategy and development.
- Sustain focus on use of data to support evaluation and to drive change and progress. Expand the basket of HPS indicators reported for the first time in the 2023 JSNA and encourage use of a Minimum Data Set for HPS projects
- On funding, beyond HPS's specific resources, there is a need to resource inequalities better, including trying to mainstream increased investment in prevention.

As part of the needs assessment there was discussion with system partners as to priority areas for action given the ongoing impact of the cost-of-living crisis and the legacy of Covid on communities. These priorities are summarised in Table 2 in the main report.