Public Engagement Report:

Oxfordshire’s draft Joint Health & Wellbeing Strategy 2012-16

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1. Introduction
The Health and Social care act requires Oxfordshire County Council (OCC) to set up a Health and Wellbeing Board alongside Oxfordshire Clinical Commissioning Group (OCCG) with public participation represented by the Local Involvement Network (LINk) in advance of the inception of Healthwatch.

A requirement of the Health and Wellbeing Board is to produce a Joint Health and Wellbeing Strategy which will steer the major strategic work on health and wellbeing in the County. The aim of this is to ensure that taxpayers' money is used in a coordinated way with the County.

This document is a report following a period of public consultation with stakeholders across Oxfordshire on the draft Joint Health and Wellbeing Strategy.

1.3 The Health and Wellbeing Board
A Shadow Health and Wellbeing Board has been set up in Oxfordshire to make a measurable difference to the health and wellbeing of the people of Oxfordshire. Oxfordshire has a rich history of partnership working to improve health care. This new Board is, therefore, very much the next logical step for Oxfordshire to take and through it we also fulfil a key requirement of the Government's new Health and Social Care Act.

The Health and Wellbeing Board (HWBB) is the principal structure in Oxfordshire responsible for improving the health and wellbeing of the people of the County through partnership working.

The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include senior local GPs, senior Councillors, the Local Involvement Network (LINk) and senior Officers from Local Government.

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1 Information about OCC and OCCG can be seen in Appendix B.
2 Healthwatch - launching in April 2013, Healthwatch will take on the work of the Local Involvement Networks (LINks)
2. Executive summary

2.1 Purpose of the public engagement

Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG), working closely with District Council representatives and supported by the Local Involvement Network (LINk), embarked on a period of engagement from 15th May to 30th June 2012 to gather feedback on the Oxfordshire’s draft Joint Health & Wellbeing Strategy for 2012-16.

Through the consultation we aimed to gather feedback from stakeholders around four key areas/questions:

1. Have we got our priorities right?
2. Have we got our measures right?
3. What else should we include and why?
4. Are there any other comments that you would like to make?

2.2 Process & Methodology

A wide variety of engagement methods were used to support this consultation.

- Online engagement methods on the 'Talking Health' website were used with an online survey (also available in hard copy); direct feedback via email, phone, or freepost; and the opportunity to comment on an online Strategy document.
- A number of public workshops were held across the county for stakeholders to find out more about the draft Strategy and give their feedback in person.
- Engagement activity on the draft Joint Health & Wellbeing Strategy also took place at a number of external meetings at various organisations across the county.

2.3 Key Findings

Overall a wide range of responses were received to the consultation and feedback was gathered feedback from over 750 individuals and organisations across Oxfordshire.

This included over 200 responses to the survey; letters and emails from the public/stakeholder groups/organisations; and three public workshops in Banbury, Oxford and Abingdon, as well as feedback from over 25 external meetings.

Analysis of the responses including events and other online/direct engagement findings resulted in the following themes emerging:

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3 Stakeholder:
- A person or group with a direct interest, involvement, or investment in something.
- Stakeholders are individuals or organisations that have a direct interest in a service being provided.
- **Overall support for the priorities**
  Overall strong support was given for the eleven priorities that have been identified in the draft strategy. The strongest support came for the following priorities:
  - **Priority 3:** Living & working well - supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential
  - **Priority 2:** Supporting older people to live independently with dignity whilst reducing the need for care and support
  - **Priority 6:** Narrowing the gap for our most disadvantaged and vulnerable groups

  However a number of additional priorities/areas for inclusion were also suggested. Key themes were:
  - More focus on BME health issues
  - Inclusion of mental wellbeing and the helping communities tackle the impact of isolation/loneliness
  - Inclusion of end-of-life care
  - Safeguarding for adults as well as children
  - Dementia support to be an overarching theme across priorities for older people
  - Complex needs to be included
  - The need to make plans locality by locality across Oxfordshire, especially where the needs of localities differ sharply
  - The need for detailed, robust action plans to deliver the Strategy, and for the Health & Wellbeing Board to secure direct engagement with key providers and partners who will share these priorities and goals.

- **More consistency across targets**
  Some targets in the Strategy were identified as too ambitious, whilst others were not deemed ambitious enough. Therefore more consistency was encouraged in targets set in the final version of the Strategy.

- **Budget and affordability**
  Throughout the consultation, a significant amount of concern was raised regarding the budget available to achieve the priorities and targets set in the Strategy.

- **Quality of services**
  Throughout the consultation there was support for improving quality of services/staff as well as ensuring equity of services and consistency of quality.

- **Prevention of ill-health**
  There was overall support for a focus on prevention of ill-health with recognition of its long-term benefits. This included recognition of the role that education, physical activity, mental wellbeing and housing has in achieving this for both adults and children and young people.

- **Monitoring**
  Concerns were raised throughout the consultation on how the Strategy would be monitored to ensure targets are being reached and who would be accountable.
• **Housing**
Support was expressed throughout the consultation to help older people to stay in their own home where appropriate and the role this plays in keeping people independent. The need for a culture change and more services/staff to support this was also identified.

• **Involvement**
All stakeholder groups and the public stressed the need for it to be clear how they can be involved in the Public Involvement Network/Health & Wellbeing Boards and for strong engagement links both with and between key organisations and providers to be established.

• **Voluntary Sector**
The importance of the voluntary sector in achieving the priorities and targets set out in the Strategy, the benefits of a multi-agency approach and also the impact that the current economic climate has had on the voluntary sector and the threat that this causes.

• **The Joint Strategic Needs Assessment (JSNA)**
Concerns were frequently raised about the use of the JSNA as the key source of data on which the priorities and targets for the draft Strategy were based. In particular, a number of areas were identified as not covered by the JSNA e.g. Autism/Aspergers, vulnerable children and children in poverty, and stakeholders stressed the need for plans to be put in place to gather this evidence/research.

### 2.4 Conclusion

The Health and Wellbeing Strategy has attracted significant interest from the public and other stakeholders. OCC and OCCG are grateful to those who took part in the consultation.

Overall stakeholders have shown wide support for the priorities, whilst identifying additional areas for inclusion in the Strategy and the need for greater consistency and clarity across the targets that have been set.

Stakeholders are overall supportive of an integrated, unified approach to health and social care and also have expressed a strong need and desire for robust involvement and engagement between primary and secondary care, GPs, health and social providers, third sector providers, and the public and patients across Oxfordshire.

This report and its findings will be fully considered and as many of the key themes and suggestions incorporated into the final draft of the Health and Wellbeing Strategy.
3. Background

3.1 The new Health & Wellbeing Board

The Health and Wellbeing Board is made up of three Partnership Boards and a Public Involvement Network; each with responsibilities as outlined below:

- **Adult Health and Social Care Board**
  - To improve outcomes and to support adults to live independently with dignity by accessing the support and services they need whilst achieving better value for money.

- **Children and Young Peoples Board**
  - To keep all children and young people safe; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups.

- **Health Improvement Board**
  - To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County.

- **Public Involvement Network**
  - To ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

The Health and Wellbeing Board is ultimately responsible for making decisions jointly about health and wellbeing. Its members are committed to working with its three Partnership Boards and its Public Involvement Network to make those decisions. They will also be accountable to their constituent organisations – the Oxfordshire Clinical Commissioning Group, County, District and City Councils and HealthWatch.

3.2 What is the Joint Health & Wellbeing Strategy?

The new Health and Wellbeing Board has put together a draft Strategy which identifies eleven proposed priorities and associated targets to tackle the most pressing health problems our county faces today.

Oxfordshire's draft Joint Health and Wellbeing Strategy identifies the top priorities for the Oxfordshire Health and Wellbeing Board over the next four years where we can work together to make a difference in promoting the health and wellbeing of the people of Oxfordshire.
It aims to say what we want to do to improve the health and wellbeing of children, young people, families, adults and older people in the county. It explains how the Health and Wellbeing Board plans to do this by working with people in different organisations, like health services and local authorities.

3.3 Why are we doing this now?
Early tasks for the new Health and Wellbeing Board have been to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in a draft strategy for improving the situation. The aim is to make sure we work better together to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances.

3.4 What will the findings from the consultation be used for?
The findings from this consultation will be used to see if the views of the people of Oxfordshire match the priorities and targets that have been proposed and to improve the strategy. Specific detailed comments will also be considered as part of the detailed work arising from this strategy.

Once the priorities are agreed following this consultation, they will be the main focus of the Health and Wellbeing Board's work. The consultation will also help us to create the detailed action plans with which to implement each of the priorities.

The Joint Health & Wellbeing Strategy will be a 'living document'. As priorities change, the focus for action will need to change with it and so the action plans will be 'live' so that we remain in touch with the changing needs of Oxfordshire's people.

3.5 Summary of the proposed objectives for 2012-16
The eleven proposed objectives for the Joint Health and Wellbeing Strategy are grouped into three categories and are shown below:

<table>
<thead>
<tr>
<th>Priorities for Adult Health and Social Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Priority 1: Integration of health and social care</td>
</tr>
<tr>
<td>• Priority 2: Supporting older people to live independently with dignity whilst reducing the need for care and support</td>
</tr>
<tr>
<td>• Priority 3: Living &amp; working well - supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priorities for Children and Young People</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Priority 4: Keeping all children and young people safe</td>
</tr>
</tbody>
</table>
• **Priority 5**: Raising school achievement for all children and young people
• **Priority 6**: Narrowing the gap for our most disadvantaged and vulnerable groups
• **Priority 7**: All children have a healthy start in life and stay healthy into adulthood

<table>
<thead>
<tr>
<th>Priorities for Health Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Priority 8</strong>: Preventing early death and improving quality of life in later years</td>
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<tr>
<td>• <strong>Priority 9</strong>: Preventing chronic disease through tackling obesity</td>
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<tr>
<td>• <strong>Priority 10</strong>: Tackling the broader determinants of health through better housing</td>
</tr>
<tr>
<td>• <strong>Priority 11</strong>: Preventing infectious disease through immunisation</td>
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</tbody>
</table>

It is important that we can measure the changes to services we intend to make. We have therefore included progress measures throughout the Strategy document that are associated with each of the proposed priorities.
4. Engaging stakeholders

4.1 Key stakeholders identified
The target stakeholders for the engagement activity to support the consultation on Oxfordshire’s draft Joint Health & Wellbeing Strategy 2012-16 included all those patients, individuals, organisations or groups with an interest in the future direction of health and wellbeing related services, across all age categories. They included:

- Patients, Carers, their families and members of the public
- Oxfordshire’s Local Involvement Network (LINk) – soon to be Healthwatch
- GPs, healthcare professionals and clinical staff
- NHS Trusts
- County Council scrutiny committees
- Patient Participation Groups (associated with GP practices)
- Other staff of the partner organisations – NHS, OCCG and the various locality leads, County Council
- Councillors, MPs, local, district and parish councils (including Scrutiny Committees)
- Mental health organisations
- Older people’s organisations (including Age UK Older People’s Panel)
- Care homes
- Younger people’s organisations
- Schools and universities
- BME Groups
- Advocacy groups/organisations
- Disability organisations
- Community groups and clubs
- Local press

4.2 The consultation process
A number of different communication and engagement methods were used in order to ensure that we were able to reach and receive views and feedback from a wide variety of stakeholders.

The ‘Talking Health’ website
An online consultation was set up on behalf of all partners involved in the consultation on the ‘Talking Health’ website. This included a public survey along with supporting materials for participants to download and share. The online survey was also converted into word documents and made available on the site for people to use as hard copy responses.

Other websites
When communicating this consultation with the key stakeholders listed above, encouragement was also given to share this information on the stakeholder’s own website. Many stakeholders acted on this request to help raise awareness and information was
shared on the websites of various NHS organisations, GP Practices, young people’s organisations, local and parish councils, and voluntary organisations. Some examples of these are shown below (many more included the consultation on their website):
Newsletters
The consultation was communicated widely to all internal and external stakeholders using a variety of electronic newsletters e.g. using the Talking Health newsletter to reach external stakeholders, the Oxfordshire Clinical Commissioning Groups (OCCG) weekly internal update, and the OCCG monthly stakeholder newsletter and through the Cluster staff newsletter (The Point).
**Posters/Flyers**
A poster/flyer advertising the workshops and the consultation survey were circulated to key organisations in hard copy, posted on notice boards and emailed electronically to help raise awareness across the county – particularly for members of the public.

**Social Media**
A number of announcements and ‘tweets’ were made on the NHS Buckinghamshire & Oxfordshire Cluster Twitter and Facebook pages through the duration of this consultation. These messages reminded people how to give their views and of the event workshops and reached over 2,300 people on our Twitter page and 600 people on our Facebook page and were also ‘retweeted’ by some of our followers.

**Media Coverage**
At the launch of the evaluation a press release was distributed to all local Oxfordshire media contacts. As a result, articles were published in many local newspapers. e.g. Oxford Times, Witney Gazette, Banbury Guardian.

**Email**
Personal invitations to participate in the evaluation were emailed directly to stakeholders, who had expressed an interest in taking part in consultations and workshops, via ‘Talking Health’.

**Meetings across various organisations**
The draft Joint Health & Wellbeing Strategy 2012-16 was also shared and discussed with attendees at various NHS, Council, Commissioning Group and other public meetings. This was so that as many stakeholders as possible could contribute to the consultation, particularly if they were unable to attend one of the three consultation workshops.
5. Survey

5.1 Survey
A survey was designed to gather feedback and more detail around the four key areas/questions for the draft Strategy which were:

1. Have we got our priorities right?
2. Have we got our measures right?
3. What else should we include and why?
4. Are there any other comments that you would like to make?

The survey was made available both online and in hard copy. The online version of the survey was also created so that respondents could choose either a survey where they were required to register their details first, or a survey which required no registration. All results were collated at the close of the consultation.

5.2 Number and geographical spread of responses
Overall, 207 people responded to the survey about the draft Health & Wellbeing Strategy consultation online on the Talking Health website. Of these, 89 people responded to the survey which required people to fully register and 118 responses were from those that who wished to remain anonymous.

A map showing the geographical spread of those respondents that provided details of their postcode is shown below. This shows a wide response from stakeholders across Oxfordshire, spread across all of the different localities but with the greatest number of responses from Oxford and areas close to Oxford.
5.3 Type of respondent

The majority of respondents to this consultation were responding as patients/members of the public (74%), however a significant proportion (9%) were responding as a Carer.

The remaining proportion of respondents to the survey responded as either a member of NHS/County Council staff, a LINks representative or a GP/clinician.

Those that selected other included charities, voluntary organisations, Patient Participation Groups/panels, a teacher, Oxford Diocese and a Chinese community group.
5.3.1 Age of Respondents

Responses were received from all age categories, however the majority of responses came from those aged between 45 and 65. Those aged 16-24 were represented the least.

5.3.2 Gender of Respondents

Over half of all respondents to the online consultation were female (59%). Over a third of respondents were male (36%). The remainder did not state their gender.
5.4 The Strategy – survey results

The following sections look at the results to the questions in the survey. Where example quotes from respondents are included, these are shown in italics in the yellow boxes. Quotes have not been altered to ensure that the meaning is not changed.

5.4.1 The Vision

- Do you agree with the overall vision?

The majority of respondents (169 people) agreed with overall vision in the draft Health & Wellbeing Strategy. Only 2 respondents said that they did not agree with the vision. And 36 people only partly agreed with the vision.

![Bar chart showing the distribution of responses to the question about agreement with the overall vision.]

When asked to add any reasons for the answer given to this question, the main theme that emerged was that people wanted to see more clarity. Comments were made around the vision being more realistic and that the strategy should include quantitative goals, highlighting the need for detailed action plans for implementation.

"The 'overall vision' is so vague as to be impossible to disagree with. 'More' = how many? Three more? three hundred more? If it was more specific e.g. primary and secondary care will create ring-fenced time and resources to work together 3 times more effectively than at present, then that would be better!!"

Respondents also expressed a lot of concern around the availability of funding and resources to support the implementation of the Strategy vision.
“There needs to be a commitment of funding to follow this statement so that if opinions and experiences show shortfalls in service provision, then improvements can be made.”

“It is important, that resource is available, in a timely manner to deal with problems”

5.4.2 The Priorities

- Please indicate how much you agree with each of the priorities

Most respondents either agreed or strongly agreed with all of the priorities. Of these however, the priority that people agreed with the most was priority 8 - Preventing early death and improving quality of life in later years. This was closely followed by priorities 2, 3 and 6 which are:

- **Priority 2**: Supporting older people to live independently with dignity whilst reducing the need for care and support
• **Priority 3:** Living & working well - supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential

• **Priority 6:** Narrowing the gap for our most disadvantaged and vulnerable groups

The priority that people agreed with the least was priority 5 - Raising school achievement for all children and young people. However it is important to note that whilst it received the lowest ‘Strongly agree’ ranking, most people did agree with this priority.

• Do you think anything is missing from the priorities listed?

This optional question had a free-text response field so that respondents could add anything that they wished. 128 out of 207 respondents answered this question. The themes that emerged as topics or issues missing from the priorities were:

- Better use of resources
- Support those with autism and their families, carers
- Focus on prevention and cause
- Better education regarding mental health issues
- More clarity in the description or wording used in the priorities.
- The need for detailed action/implementation plans
- More focus on BME communities and their specific health issues
- The need for more consistency/ trained/skilled staff
- More equitable access to services across all ages and locations
- The need for more support services for drug and alcohol misuse
- Suggestion that there is too many priorities
In your opinion, please indicate which you think should be the top three priorities out of the eleven that have been proposed.

The survey responses showed the top three priorities in the opinion of respondents are (in order):

- **Priority 3**: Living & working well - supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential
- **Priority 2**: Supporting older people to live independently with dignity whilst reducing the need for care and support
- **Priority 6**: Narrowing the gap for our most disadvantaged and vulnerable groups

The priority with the lowest ranking was priority 10 - Tackling the broader determinants of health through better housing.
• Please give any reasons for the top three priorities that you have selected

When asked to explain why respondents selected the three priorities that they did, reasons given included:

• Educating children is essential to health & wellbeing and prevention of ill-health

  “Fundamental to the health of our society is the health and wellbeing of our children, and giving them a sound education that equips them for life in the adult world.”

  “We need to start with children. If they have different attitudes to health and well being, then hopefully, that will continue into adulthood”

• Support for the need to address obesity and understanding of why this is a priority

  “Obesity costs the NHS unnecessary time and money and leads to people living miserable lives”

  “Obesity is the cause of many of our really severe and expensive health problems - ie heart problems, diabetes OAS etc.”

• Support for preventative action with recognition of its long-term health benefits

  Prevention is better than cure and involves long term strategic planning.

• Conflicting views about the potential effects of integration of health and social care

  “Joined up thinking between NHS & Social care would give enormous savings.”

  “I'm not convinced that the integration of health and social care will actually make a difference to those receiving care and I don't think it should be a priority.”
5.4.3 Targets/ Measuring how we are doing

- Are there any particular ways in which you think we should be measuring how we are doing?

Three quarters of respondents said there were no other ways in which the priorities should be measured or did not know of any.

A quarter of respondents however said that there were ways that should be used to measure the priorities. The suggestions made included:

- More clarification and detail to support the each of the priorities:

  "I appreciate the problems with being specific in such a survey, but bland well-meaning statements are not going to help progress."

- The need to have greater focus on prevention of ill-health:

  "I firmly believe that any well-being strategy needs to focus heavily on PREVENTION. By offering free and accessible fitness and nutrition programmes, for example, to help individuals to not become obese in the first place, rather than just tackling obesity when it has developed. This also applies across the board of preventable illnesses, like backpain, type II diabetes."

- Concern that issues that cross a number of priorities in the Strategy might be missed:
Concerned that the cross sector themes (like anti poverty, drug and alcohol dependency etc.) are not targets for priority action and therefore might fall out of the individual responsibility and measurement set up by the strategy."

- More emphasis on mental health priorities and in particular for children and young people:

  "Specifically child mental health services both for children with conditions but also for children who live in families where mental welfare of all sorts is a concern - adult mental care seems to totally ignore the needs of children - especially those on the cusp of adulthood."

  Mental health should be given greater priority than at present.

### 5.4.4 Suggestions

The survey gave respondents the opportunity to add any further suggestions, comments or additional information to the draft Health & Wellbeing Strategy. This question was answered by 39 respondents. Some of the themes and topics that emerged were

- More focus on prevention e.g. exercise, education and eating habits
- Suggestions relating to mental health and support for Carers
- Concern about cross-priority topics being missed in the Strategy e.g. complex needs
- That integration and joint working should be a theme underlying the whole Strategy
- The impact of debt on health
- Both suggestions and concerns about efficiency savings in the NHS
6. Workshops

6.1 Workshop format
The engagement workshops for the joint Health & Wellbeing Strategy 2012-16 were attended overall by 62 people and were held in three different locations across Oxfordshire:

- **Banbury Workshops: 31st May** - Two sessions: 11am–12 noon, or 12 noon-1pm at the Committee Room, Banbury Town Hall, Bridge Street, Banbury, OX16 5QB
- **Oxford Workshop:** 31st May at 6pm–8pm at the Assembly Room, Oxford Town Hall, St Aldates, Oxford OX1 1BX
- **Abingdon Workshop: 8th June** - Two sessions: at either 2pm–5pm (drop-in session aimed at young people) or 5-6pm (all welcome) at Abingdon Hub, The Net, Stratton Way, Abingdon, OX14 3RG

At each workshop, an introductory presentation was given by a member of the Health & Wellbeing Board, giving a brief insight into the joint Health & Wellbeing Strategy, the proposed priorities and targets that have been identified to measure how we are doing.

Question and answers were taken as the talk progressed to ensure clear understanding of the draft strategy and its priorities.

Depending on the size of each workshop, attendees then either split into smaller groups to discuss the four key questions for the strategy, or they remained as one larger group for the discussion.

6.2 Workshop results: Banbury

Total number of attendees: 23

There were two separate workshop sessions held at Banbury, each lasting one hour. At each session, following a presentation on the draft Strategy an open discussion was held with all attendees, as the room layout was not practical for supporting a break-up into smaller groups. The following key themes then emerged:

- **Priorities:** Queries about the breadth of each priority.
- **Funding and resources:**
  - Concern about where the funding is coming from to achieve the targets.
  - Questions about how the money will be spent and specifically CCG funds
- **Linking strategies:** Oxfordshire DAAT has a strategy on drugs and this needs to link to the draft Health & Wellbeing Strategy.
• **Involvement:**
  - Suggestion that working in partnership with different charities and organisations will help involve the public.
  - C&YP group will help support and educate children to work on these priorities along with head teachers.

• **Care Homes:** Concern around the future of Care Homes if moving to support more people to live at home. Suggestion of moving to support more dementia and nursing needs was supported.

• **Awareness of support:** Expressed the need to work on helping the ageing population, but that people also need to be made more aware of what support is available.

• **Carers:** Unaware of what support or training is available for Carers

• **Transport:** Transport costs and availability are a problem, particularly for older people or disabled. This needs to be improved if people are to be supported to be more independent/cared for at home.

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6.3 **Workshop results: Oxford**

Total number of attendees: 30

The workshop session in Oxford ran for two hours and consisted of a larger group than the other workshops. Following a presentation on the Strategy, attendees were therefore split into groups and a facilitated discussion was held to identify key issues, additional information or general comments that people had on the draft Strategy. The following key themes then emerged:

• **Priorities** – Attendees felt these are broadly accurate. However the group discussions identified a number of issues to be included/amended.

• **Targets** – mixed feelings: some are too ambitious, some not ambitious enough

• **Housing** - Preventing homelessness, Providing support housing for targeted groups, Improving for housing - especially HMO's, Mechanisms to assist socially affordable housing,

• **Mental Health** –
  - More focus needed in the priorities on mental health
  - Need to address the impact of isolation on mental health and wellbeing (isolation of people of all ages)
  - The link between physical/mental/social wellbeing and importance of simple measures such as walking and swimming.

• **Carers** - Need more emphasis on supporting child carers and carers of mental health.

• **Transport** - Need to include more/better transport and especially in rural areas

• **Vulnerable adults and children** –
  - The need to safeguard both children and the elderly
  - More emphasis on child poverty and the links with education and health issues.
  - The need to include a focus on breaking the cycle of deprivation
• **Education** –
  o Science needs to be included in subjects for achievement
  o The need for schools to educate young people in engagement, their rights etc. for health and social care.
  o Importance of education/addressing poverty as essential prevention for obesity and achieving a healthy lifestyle.
  o Education both in and outside school as not all will engage in school.
  o Include Academies in these priorities not just schools.

• **Monitoring** –
  o Need to regularly look at overarching themes
  o Suggest yearly checks of progress/status
  o Who is holding the board to account? The public? The Health Overview and Scrutiny Committee (HOSC)?

• **Involvement** – Concerns that using foundation trusts to get people involved can be difficult.

• **Quality and equal standards** –
  o Equity of access to health services is important across the county
  o Quality of staff/services needs to be more equal – can be patchy

• **Funding** - Concerns about the availability of funding for this strategy

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**6.4 Workshop results: Abingdon**

Total number of attendees: 9

There were two separate workshop sessions available in Banbury. However attendees only registered for the later session. Following a presentation on the Strategy, an open discussion was held with all attendees. Clarification was sought on the Joint Strategic Needs Assessment (JSNA) and how this is collated. The following key themes then emerged:

• **Priorities:**
  o All priorities are of equal importance
  o The issues selected are those that need improving and where they can make a real difference.

• **Integration:**
  o Combining resources and structures should help the integration of health and social care be more seamless as one county.
  o Joining up of Public Health and Oxfordshire County Council (OCC) should improve educational attainment

• **Monitoring:** Performance management and setting measures will make sure that progress on what has been agreed to be done is reviewed and checked at the board meetings.

• **Involvement:** Oxfordshire County Council (OCC) and the Oxfordshire Clinical Commissioning Group (OCCG) are working closely with LINK to get more than one set of patient and citizen groups to join the consultation.

• **Delayed Transfers of Care:** Strong attempts happening to try and improve the issue of bed blocking.
- **Education**: efforts need to be made on how to report improvement of health in Academies.
- **Armed Forces**: There are working links with the institutions of families of armed forces to have special provision so won’t have to wait if moving in from another county.
- **Patient Records**: Concern about Summary Care record and how that will work for those accessing Berkshire Services.
- **Quality**: The need to improve quality of health and social care services and achieve consistency in quality
7.0 Other Responses

7.1 Comments on the draft Strategy document on Talking Health

Overall 28 sections received detailed comments throughout the online draft Strategy document on Talking Health. The following themes emerged:

- **Concerns about reduced funding resulting in reduced quality** – this included concerns about losing staff and the remaining staff being overstretched and the potential impact on delivering quality health and social care services.

- **The importance of the voluntary sector** – this included the role of the voluntary sector in service continuity and therefore the continued need to ensure adequate funding, as well as the need for better co-ordination of voluntary sector providers.

- **A focus on prevention and the role of education in achieving this** – this included ensuring that everyone achieves the fundamentals – writing, reading, basic arithmetic etc, the importance of mental health in prevention and the need to tie in education more closely with the whole Health & Wellbeing Strategy.

- **The need for a whole system approach** – this included the need for a joined-up approach across mental health services; in the care of long term conditions across all ages; in the coordination and delivery of care; and for care across the population, not just isolated groups.

- **More clarity in the targets** – this included the need for more specific and measurable targets and to provide more detail of who is/is not included when referring to a medical condition.

- **Ensure complex needs are not overlooked** – this highlighted the need to ensure that patients, Carers and families with needs that cross over many priorities are not missed, particularly for those in transition from children/young people’s services to adult services.

- **Additional mental health priorities/targets to be included** – this highlighted the need to look at the provision and distribution of secondary mental health services and the impact of the workplace on the mental wellbeing and wider health of an individual.

- **More support for transport/access needs** – this included electric wheelchairs, improved transport for the elderly and those in rural areas and more support for transport or access needs for those with Long Term Conditions.
7.2 Feedback from organisations/groups/external meetings

To ensure wide consultation on the draft Joint Health & Wellbeing Strategy, representatives from the Health & Wellbeing project group took the consultation to meetings and external organisations to provide an opportunity for discussion and engagement on the draft Health & Wellbeing Strategy. This gave staff, clinicians, voluntary organisations and other community groups the opportunity to have their say at a time and place convenient to them. The meetings attended are shown below:

- Oxfordshire Clinical Commissioning Group
  - South East Locality – 8th May
  - West Oxfordshire Locality – 23rd May
  - South West Locality – 29th May
  - North Oxfordshire Locality – 15th May
  - North East locality - 20th June
  - Oxford City locality – 10th May

- Extended County Council Management Team
- Health & Social Care Panel – 23rd May
- Health Overview & Scrutiny Committee – 24th May
- West Oxfordshire District Council Scrutiny Committee – 24th May. Included reps from:
  - Citizens Advice Bureau
  - Brize Norton Air Base
  - Cotsway Housing
  - Oxfordshire Community Voluntary Action
  - SEAP
  - Fyfield Parish Council
  - Thames Valley Police
  - Diocese of Oxford
  - Volunteer Link-up

- Older People’s Joint Management Group - 25th May
- Cowley Community Club - 25th May
- Strategy and Partnerships Scrutiny – 31st May
- Children’s Scrutiny – 31st May
- Informal cabinet meeting – 6th June
- Oxfordshire Safeguarding Adults Board (OSAB) meeting – 8th June
- Adults’ Scrutiny – 12th June
- Autism Partnership Board – 19th June
- Age UK Health & Social Care Panel – 20th June
- Oxfordshire’s first Intergenerational Conference – 21st June
- Barton Regeneration Partnership Meeting – 27th June
  (includes representation from Bury Knowles GP practice, Fusion, Oxford Leisure, The Roundabout Centre, Oxford Community Learning and Development, Barton Community Association)
- Re-energise Mental Health Service User Led Group – 29th June
- Older Chinese Community Group - 2nd July
- Carer’s Advisory Group – 3rd July
- Stanley Road Mosque – 5th July
- Oxford University Hospitals NHS Trust Board meeting – 5th July
Comments/feedback on the draft strategy was also received via email to talking.health@oxfordshirepct.nhs.uk or by letter from the following groups/organisations:

- The Thames Valley Criminal Justice Board
- Oxfordshire Drug and Alcohol Treatment (DAAT)
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Oxford Community Forum
- Luther Street Medical Centre
- Church Street Practice
- Oxfordshire Sports Partnership
- Health, Exercise and Nutrition for the Really You (HENRY)
- Oxfordshire Carers Forum
- Oxfordshire Family Support Network
- Oxfordshire ME Group for Action (OMEGA)
- Campaign to End Loneliness
- Highways & Transport at Oxfordshire County Council
- Lead Commissioners in Oxfordshire’s Clinical Commissioning Group (OCCG) and Oxfordshire County Council (OCC)
- Connection Floating Support Service

Key themes and issues raised from these various organisations/groups from these meetings, letters and emails are shown below.

- **Safeguarding of Adults and Children**
  Many organisations stressed the need for safeguarding adults as well as children. It was felt that this should be a cross cutting theme throughout the strategy and not confined to a single priority. Organisations highlighted the need for a greater emphasis on drug and alcohol misuse and suicide rates, especially in children and young people.

- **Vulnerable adults and offenders**
  Concern was raised about people with complex health needs and the impact of social exclusion for vulnerable adults often in offender services, but also youth offenders. A strategic focus was requested linking directly with community safety issues. More involvement of the criminal justice system, probation and youth offending teams in the Health & Wellbeing Board was suggested.

- **Voluntary, faith and community sectors**
  It was felt that greater emphasis should be placed on the role of voluntary, faith and community sector in delivering the objectives of strategy. There were also concerns regarding the financial stability of voluntary organisations due to the effect of the current economic situation.

- **Carers**
  Whilst acknowledgement was made that the role of Carers is identified in the strategy it was suggested that there needs to be more emphasis on raising awareness amongst Carers of the support services available. In addition more recognition was requested on
the needs of different types of Carers e.g. young Carers or Carers of those with physical disabilities, both from a health and a wellbeing perspective. In addition it was felt that it is important to distinguish between Carers and volunteers.

- **Learning disabilities**
  It was felt that there was a need for a greater emphasis around support and the health needs of this group and the importance of things such as health checks to address health problems early. Also, to include recognition of the fact that learning and physical disabilities are often interlinked.

It was suggested that there should clear linkage to special schools and their importance in supporting vulnerable families and individuals. Suggestions were also made that there should be wider recognitions of special educational needs in schools.

- **The Joint Strategic Needs Assessment (JSNA)**
  A number of organisations expressed concerns about using the JSNA as the key source of intelligence. Specific reference was made to Autism and Aspergers, vulnerable children and children in poverty as there is the need for more research into the current needs of these groups, as currently these are not fully covered by the JSNA. In addition, the importance of local knowledge of services was expressed and the need for more data on ethnicity in Oxfordshire and an assessment of whether existing services are adequately addressing current needs.

- **Dementia**
  More emphasis was requested on addressing and diagnosing dementia in the early stages and to reduce the numbers with dementia being admitted to hospital. In addition it was felt that ageing successfully is an important overarching theme and that all services for older people should be skilled in the needs of dementia.

- **Technology**
  Support for using assistive technology more effectively as well as technologies to improve efficiency e.g. text reminders about patient appointments.

- **Access to services**
  The need to improve access to services was expressed by many organisations. This included improving access not only for the elderly and rural populations, but also BME groups, offenders/ex-offenders and military families. The importance of public transport and car-share/transport schemes was also identified.

- **Mental Wellbeing and loneliness**
  It was felt that the strategy has too little emphasis on mental wellbeing and that this should be included as a separate priority, with plans for maintaining wellbeing for specific stakeholder groups as well as those experiencing isolation and loneliness (which it was stressed can affect people of all ages, but potentially could increase with a move to reablement to support a greater number of older people living at home). The importance of open spaces and physical activity to mental wellbeing was also included.

- **Black, Minority and Ethnic (BME) groups**
  More recognition of the specific health and social care needs of BME groups was requested as well as more representation on key decision making bodies.
• **Housing**
A lot of support was expressed for helping older people to stay in their own home where appropriate and the role this plays in keeping people independent. The need for a culture change in services/staff to support this was also identified. Concern was expressed about whether there is sufficient staff to support reablement services which are critical to helping people to live at home.

More support is also wanted to help older people in adapting existing homes/downsizing, to preventing homelessness and enabling all types of households to live in suitable accommodation. Concern was also expressed about the availability of housing for those with disabilities.

• **End of life care**
Concern was raised that there is no specific reference to end of life care in the strategy – and that this should be included with a target referring to people having their wishes met in relation to end of life care.

• **Care Homes**
Concern was raised that community based services need to be of sufficient quality and accessibility in order to achieve a reduction in the number of people in care homes.

• **Priorities**
  o It was suggested that each of the priorities should link through to specific strategies that are already in place between statutory providers e.g. The Carers Strategy.
  o There was a widely expressed need to see the detail in the subsequent business/action plans that will be put in place to deliver the Strategy, and for these plans to be successful the Health & Wellbeing Board will need to secure direct engagement with key providers and partners who will share these priorities and goals.
  o More clarity or definition was also requested on the conditions/health group terminology used in the priorities e.g. where would Autism/Aspergers sit.

• **Targets**
Many organisations referred to specific targets in the strategy and indicated these were not ambitious or challenging enough e.g. the targets for obesity, whilst some organisations saw the targets as very ambitious. However a few targets e.g. relating to those with severe mental illness were seen as unrealistic. Therefore consistency and realism was encouraged. In addition there were many requests for more clarity about the statistics within the strategy and source e.g. the figures on dementia.

• **Improving quality**
There was support for greater emphasis on improving quality of services and it was identified that an emphasis on culture change in the organisations involved is needed to achieve this.

• **Emphasis on prevention**
Support for a shift towards prevention of ill-health and the importance of physical activities and health eating in schools as a basis for preventing ill-health. There were suggestions that physical activity should not just focus on organised/competitive sports but should
include a wide range of general activities and that it has a role to play in many areas of health and wellbeing.

- **Other comments**
  These included:
  
  o requests for consultation to begin earlier in the planning process of strategies such as this
  o queries about how the Public Involvement Network (PIN) will operate and how organisations/public can get involved
  o the need for more long-term advice on managing health
  o concerns about available budget to support the Strategy
  o request for more clarity on accountability
  o recognition that the Strategy is a living document
  o information and support to be provided to patients in clear, easy to understand language
  o the benefits of multi-generational activities
  o support for parenting to be included in the children’s priorities
  o concern that the priorities for children and young people do not account for the current increase in primary age children
  o concern about the Board’s ability to achieve the priorities and targets if they plan to meet only three times a year
  o lack of services for young people with CFS/ME

Full notes/minutes from these meetings (where available) can be provided on request. Many organisations also provided details of very specific edits to the wording, priorities or targets set out in the Strategy document. These will be collated, assessed and incorporated into the final version as appropriate.
7. Key Themes
Analysis of the findings resulted in the following themes emerging regarding the draft Health & Wellbeing Strategy:

- Overall support for the priorities identified in the draft Strategy and a number of additional areas identified for inclusion
- More consistency and clarity needed across the targets
- Concerns about budget and affordability
- Support for improving quality of services
- An emphasis on prevention of ill-health
- Concerns about how the Strategy will be monitored and who is accountable
- Support for the move to help more older people stay in their own home
- Requests for involvement in the Public Involvement Network and information on how to do this
- The importance of the role of the voluntary sector in achieving this
- Concerns about using the Joint Strategic Needs Assessment (JSNA) as the key source of data to set the priorities/targets as it contains some omissions

8. Recommendations
The engagement findings in this report support the following recommendations for the Joint Health & Wellbeing Strategy 2012-16:

- Review the priorities and targets in the draft Strategy and amend the final version of the Strategy to reflect the consultation findings, suggestions and feedback
- Responses from individuals and organisations containing detailed edits for the strategy to be collated, assessed and incorporated into the final version as appropriate
- Detailed responses to be incorporated into action planning, referred to other work going on in organisations or reviewed again at the end of this financial year.

9. Next steps
This report and its findings will be fully considered and as many of the key themes and suggestions, edits and additions incorporated into the final draft of the Health and Wellbeing Strategy.

A copy of this engagement report will be made available by electronic or hard copy to all those that participated in the workshop events, and the online and direct engagement. It will also be available for download on our website at: https://consult.oxfordshirepct.nhs.uk
9. Supporting information

Definitions

- **Stakeholders** - A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided.

Glossary

- **Carer** - Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.

- **Commissioning** - The process of specifying, securing and monitoring services to meet people’s needs at a strategic level.

- **Facebook** - Social networking website

- **LiNK** – The Local Involvement Network (soon to be Healthwatch)

- **OCCG** – Oxfordshire Clinical Commissioning Group

- **OCC** – Oxfordshire County Council

- **Intranet** - A private computer network open to users working within an organisation to share information, news and documents

- **Joint Strategic Needs Assessment (JSNA)** - tool to identify the health and wellbeing needs and inequalities of the local population to create a shared evidence base for planning.

- **Reablement Services** – planned, short term intensive services that help people do as much as they can themselves

- **NHS** - National Health Service

- **PCT** - Primary Care Trust

- **Twitter** - Twitter is a social networking tool aimed at enabling its users to exchange up-to-the-minute news and opinions on specific topics.

- **Talking Health** - NHS Oxfordshire’s consultation and engagement area on our public website (see https://consult.oxfordshirepct.nhs.uk)
Appendix A – Draft Health & Wellbeing Strategy: Survey

Oxfordshire Joint Health and Wellbeing Strategy 2012-2016

Survey

We recommend reading the background information before answering this survey. The survey will take approximately 5 minutes to complete. Thank you for your participation.

The Vision

The vision for the Oxfordshire Joint Health and Wellbeing Strategy 2012-16 is:

By 2016 in Oxfordshire

- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for a public who use them appropriately.

1. Do you agree with the overall vision?

☐ Yes
☐ Partly
☐ No
☐ Don’t know

Please give any reasons for your answer below

The Priorities

Based on evidence in the Joint Strategic Needs Assessment (JSNA) report, as well as what the public and other stakeholders have told us though other health and social care projects, the Health and Wellbeing Board have identified the following priorities as the most important areas to focus on

Adult Health & Social Care

Priority 1: Integration of health and social care
Priority 2: Supporting older people to live independently with dignity by reducing the need for care and support
Priority 3: Living & working well – supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential

Children & Young People

Priority 4: Keeping all children and young people safe
Priority 5: Raising school achievement for all children and young people
Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups
Priority 7: All children have a healthy start in life and stay healthy into adulthood

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years
Priority 9: Preventing chronic disease through tackling obesity
Priority 10: Tackling the broader determinants of health through better housing
Priority 11: Preventing infectious disease through immunisation
2. Please indicate how much you agree with each of the priorities listed below:

(Select one box on each row below)

<table>
<thead>
<tr>
<th>Priority 1: Integration of health and social care</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 2: Supporting older people to live independently with dignity whilst reducing the need for care and support</td>
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<tr>
<td>Priority 3: Living &amp; working well – supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential</td>
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</tr>
<tr>
<td>Priority 4: Keeping all children and young people safe</td>
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<tr>
<td>Priority 5: Raising school achievement for all children and young people</td>
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<tr>
<td>Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups</td>
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<tr>
<td>Priority 7: All children have a healthy start in life and stay healthy into adulthood</td>
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<td>Priority 8: Preventing early death and improving quality of life in later years</td>
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<tr>
<td>Priority 9: Preventing chronic disease through tackling obesity</td>
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<tr>
<td>Priority 10: Tackling the broader determinants of health through better housing</td>
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<tr>
<td>Priority 11: Preventing infectious disease through immunisation</td>
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</tbody>
</table>

3. Do you think anything is missing from the priorities listed above? If so, please explain more below


38
4. In your opinion, please indicate which you think should be the top three priorities out of the eleven that have been proposed, by ticking the appropriate boxes below

*(please select three only – this will help to give us an idea which issues people see as the most important).*

- [ ] Priority 1: Integration of health and social care
- [ ] Priority 2: Supporting older people to live independently with dignity whilst reducing the need for care and support
- [ ] Priority 3: Living & working well – supporting adults with long-term conditions, physical disabilities, learning disabilities or mental health problems to live independently and achieve their full potential
- [ ] Priority 4: Keeping all children and young people safe
- [ ] Priority 5: Raising school achievement for all children and young people
- [ ] Priority 6: Narrowing the gap for our most disadvantaged and vulnerable groups
- [ ] Priority 7: All children have a healthy start in life and stay healthy into adulthood
- [ ] Priority 8: Preventing early death and improving quality of life in later years
- [ ] Priority 9: Preventing chronic disease through tackling obesity
- [ ] Priority 10: Tackling the broader determinants of health through better housing
- [ ] Priority 11: Preventing infectious disease through immunisation

5. Please give any reasons for the top three priorities that you have selected below:

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**Measuring how we are doing**

Each of the eleven proposed priorities will need to be measured to ensure we are achieving our goals. The ways we propose to measure them are explained in the full strategy document.

6. Are there any particular ways you think we should be using to measure how we are doing with each of the proposed priorities?

- [ ] Yes (please explain more below)
- [ ] No
- [ ] Don’t know

**Other**

7. If you have any other suggestions for inclusion in the Joint Health & Wellbeing Strategy, or comments that you would like to add, please do so here:

---
About you

8. I am responding as (please tick all that apply)

☐ A patient/member of the public
☐ Carer
☐ A representative of LINKs
☐ A GP/clinician
☐ An NHS staff member
☐ An Oxfordshire County Council staff member
☐ Other (please state)

9. Your age

☐ Under 16
☐ 16-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 65 and over
☐ Prefer not to say

10. Gender

☐ Male
☐ Female
☐ Prefer not to say

11. Please indicate which area of Oxfordshire you live in by entering your postcode in the box below.

Postcode:

(this will help to show us where we are receiving responses from across Oxfordshire and to identify any areas where we are not hearing from people)

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire, by the consultation deadline of 30th June 2012 to:

Communications & Engagement,
FREEPOST RRRKBZBTASXU
NHS Oxfordshire, Jubilee House, 5510 John Smith Drive
Oxford Business Park South,
OXFORD OX4 2LH

Other ways to participate:

1. Comment on the full strategy document
   If you wish to comment in more detail on the full Strategy document, you can do so by adding your own comments/edits throughout the online document at http://bit.ly/health-wellbeing-strategy, or by downloading a paper copy and returning it with your comments/edits to the address above.

2. Attend a workshop
   Hear more about the strategy in a presentation, ask your own questions and give us your feedback face-to-face in one of the health and wellbeing strategy workshops. These are being held on:
   • 31st May - Two sessions available at either 11am–12 noon, or 12 noon–1pm at the Committee Room, Banbury Town Hall, Bridge Street, Banbury, OX16 5Q6
   • 31st May at 6pm–8pm at the Assembly Room, Oxford Town Hall, Oxford OX1 1PT
   • 8th June - Two sessions available at either 2–5pm (drop-in session aimed at young people) or 5-6pm (all welcome) at Abingdon Hub, Stratton Way, Abingdon, OX14 3RG

To book your place now, contact Sue Taylor at Oxfordshire County Council,
Tel: 01968 323628 or Email talking.health@oxfordshirepct.nhs.uk
Appendix B – OCC and OCCG

About Oxfordshire County Council
Oxfordshire County Council is responsible for providing many key local services and employs over 20,000 people to deliver them. Each year the council manages over £900 million of public money in the provision of these services on behalf of Oxfordshire’s 650,000 people. This includes schools, social services, the fire service, roads, libraries and the museums service, trading standards, land use, transport planning and waste management.

About the Oxfordshire Clinical Commissioning Group
In July 2010 the Government published a White Paper, Equity and Excellence: Liberating the NHS, setting out its long term vision for the NHS. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning health services (the planning, designing and paying for NHS services), which is currently the responsibility of Primary Care Trusts (PCTs) will become the job of local groups of GPs, supported by other clinicians and health professionals. The Health and Social Care Act 2012 is the resulting legislation from the White Paper.

The key changes included in the Act are:
- Primary Care Trusts (PCT) and Strategic Health Authorities will be abolished.
- Clinicians will have responsibility and budgets for commissioning. They will work together in Clinical Commissioning Groups.
- Greater emphasis on outcomes for patients, rather than simply meeting targets.
- Putting patients at the heart of the NHS.
- More independence for healthcare providers and reduced bureaucracy.
- Public Health functions currently sitting with PCTs will move to and be led by the Local Authorities.

In the autumn of 2010 GPs from the 83 practices in Oxfordshire agreed to form a single county-wide clinician led commissioning organisation called the Oxfordshire Clinical Commissioning Group (OCCG). The OCCG has six localities, serving a population of approximately 675,000:
- North
- North East
- Oxford City
- South East
- South West
- West

The localities are increasingly taking on responsibility for commissioning local health services for the public and for the Quality, Innovation, Productivity and Prevention programme (see page 5 for more information). All of the GP practices in the county are part of the OCCG structure – through the locality structure. Each area of work under QIPP (planned care, urgent care, long term conditions, medicines management and complex care) has a GP lead who works very closely with managers implementing the programmes.
of work and advocating the work to their clinical colleagues. There are also GP leads
taking a lead role for special projects such as the implementation of NHS 111 and the
Appropriate Care for Everyone programme which is tackling delayed transfers of care in
the county.

The OCCG Transition Board, which has representation from all localities within OCCG,
was responsible for developing a work programme for transition during 2011/12.

Now a new OCCG Shadow Governing Body, which replaced the OCCG Transition Board
as of April 2012, is responsible for developing a work programme through the transition
period. The OCCG Shadow Governing Body is a subcommittee of the NHS
Buckinghamshire and Oxfordshire Cluster Board.