

Cherwell District Council's Response to the Consultation Draft of the Joint Oxfordshire Health and Wellbeing Strategy

Are the priorities right?

In general the priorities appear to be right. Questions do arise over the detail and the priorities within the whole priorities set which in turn influence resource allocation.

Concentrating on children and young people to achieve health improvement in early years and to introduce positive lifestyle choices will have a long term and beneficial impact on health levels. This is also the most effective form of future demand management for health and social care services which will have a positive contribution on service pressures caused by reducing resource levels. This new strategy is an opportunity to introduce change and to start this process in earnest now rather than have more of the same from previous years.

In a similar vein to the above, an across the board greater emphasis on the prevention of ill health as a long term means of demand and financial management should be a principle applied to all work undertaken by the Health and Wellbeing Board and its supporting partnership structures. The ill health prevention emphasis is clearly evident in the Health Improvement Board priorities but is a principle which the Health and Well Being Board should adopt throughout all its work and partnerships structure.

Recognition of the impact and importance of mental health in the consultation priorities is welcomed. This is particularly important for adults as it affects so many aspects of our community life in Oxfordshire eg unemployment levels, community safety and social inclusion. In the Adult Health and Social Care Board priorities, there should be an explicit statement regarding dementia as with the changing age profile, this will become more of an issue and priority.

Cherwell DC welcomes the priority associated with addressing increasing obesity and tackling smoking

Are the measures right?

If by measures you mean the targets, then we offer the following specific comments;

- Throughout, there should be long term targets (2016 in line with the strategy term) as well as short term (21012/13) targets. The 2016 targets are absent.
- Priority 1 - Due to the complexity of the services and the scale of the task, the Council believes that it may be too ambitious for the Adult Health and Social Care Board to have a single point of access to fully functioning integrated health and social care community services by end of October 2012. Clarity on what this means in practice would help understand whether this is realistic or not as despite the document being well written in plain English, it is not clear what this means.

- Priority 2 - It is difficult to assess whether Oxfordshire's performance on delayed discharges can improve sufficiently in 2012/13 to move out of the bottom quartile nationally. On the face of it and given the multi faceted components and complexity of this, it appears again somewhat over ambitious even though extremely laudable.

What else should be included and why?

Other than the key priorities identified above in the first question, the following should be included

- Priority 7 should have a target and measure associated with health being a central part of schools curriculum. It is acknowledged that the Oxfordshire Healthy Schools team has been disbanded, so there is now no formal support for the programme and that the schools landscape is changing. However before its demise approximately 93% of Oxfordshire schools were engaged at least at level 1 of the programme. With more schools now moving to Academy status, they will set their own standards/priorities, which may/may not include this as a priority. The Health and Well Being Board should find ways of influencing and supporting all schools to ensure children and young people have the best possible support for their future.
- Priority 8 targets and measures should include other screenings aswell as bowels on a county wide basis.
- Priority 9 targets and measures should include an increase on the number of active children and adults based on local data measurement.
- Priority 10 targets and measures should include three others associated with homelessness prevention, providing supported accommodation for key vulnerable groups and mitigating the health impacts of poor quality housing.

Are there any other comments that should be made?

There appears to be no recognition of the valuable roles the voluntary sector can play in this strategy. Their offer is too wide and numerous to mention. This needs to be addressed.

The communication and promotion of this strategy could have a huge impact locally if done well. In itself it could be used as a valuable statement of intent and form of promotion of good health. It can be the overarching vehicle to influence behavioural change for longer term health and social care sector benefit and more important, improved health levels for the Oxfordshire population at large. Don't miss the opportunity!

An effective strategy is one which contains clear actions which show how the strategy is going to be delivered. It is questionable whether the strategy will therefore be complete in this respect for sign off next month.