



Oxfordshire's Sustainable Community Strategy -
A long term vision for the county

**Briefing paper 7:
Health, care and well being**

FINAL DRAFT

This paper is number 7 in a series of 12 briefing papers prepared to inform the development of the Oxfordshire Sustainable Community Strategy by the Oxfordshire.

The briefing papers are designed for any individual or organisation interested in finding out more about Oxfordshire. Specifically they have been developed for representatives of organisations in the Oxfordshire Partnership who will be attending workshops and discussions on the priorities for the strategy during 2007.

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I Developing Oxfordshire's health, care and well being

I.1 Introduction

Analysis of population health in Oxfordshire always shows that in general the population is healthy and compares well with other parts of the region and the country. However, inequalities in health outcomes are getting worse, demographic change will create pressure on services and there is still progress to be made on some of the issues that we are already addressing, such as teenage pregnancy and obesity. The purpose of this paper is to highlight the areas of concern with reference to the work that is already going on. It is hoped that this approach will enable discussion of our priorities for the medium and longer term.

These areas for development need to be addressed by a range of agencies and in partnership. This context has already been set by the Director of Public Health Annual Report 2005-07 which was published in draft form in March 2007 and will be finalised by the autumn. These are

- An ageing population – the “demographic time bomb”
- Breaking the cycle of deprivation of children and families
- Preventing obesity: a major cause of chronic disease
- Fighting infectious diseases

These are headline challenges and there has already been general acceptance of the topics. Now organisations and partnerships need to ensure that their strategic aims will be developed to meet these challenges, with the corresponding shift in funding arrangements being made to ensure action can be implemented.

The work of the Healthier Communities and Older People Block of the Local Area Agreement is already targeting improved services for older people and helping people to choose healthier lifestyles. It is hoped that the influence of this paper is not only to inform further development in this block but also to provide evidence for the Children and Young People, Safer Communities, Stronger Communities and Economy and Environment blocks. In short, if the health of the public in Oxfordshire is to be improved, the response has to be across the remit of the Oxfordshire Partnership.

This paper sets out some facts and figures about the current state of health in Oxfordshire (section 1), explores some of the factors which make these four issues the priorities for the next 10 – 15 years (section 2) and suggest a range of possible ways that the challenges can be met (section 3). Issues in community led plans are referred to in section 4. More extensive information is set out in the appendices.

Other briefing papers are also relevant when considering priorities for improving health. In particular the briefing papers on Housing, Children and Young People, Community Safety and Recreation, Leisure and Culture are directly relevant, but there are factors across the range which have an impact on health.

1.2 Addressing the needs of vulnerable people

The World Health Organisation defined health as

“The extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.”(WHO 1984)

It therefore follows from this definition that poor health will have a detrimental effect on how an individual is able to access and make the most of opportunities in all areas of life. Health is therefore essential for promoting individual success and broader economic development and social cohesion. Ensuring that the most vulnerable people have access to appropriate services and opportunities is essential if wider prosperity is to be enjoyed by the whole population. The debate on cause and effect between health and economic development can be circular one, but an impact on reducing inequalities is likely to bring wider economic benefit and improve quality of life.

Our definition of “vulnerable groups” highlights people who have difficulty in accessing services or who suffer worse health outcomes than the general population. The group deemed vulnerable will vary according to the issue being considered. For example, some people are more likely to suffer from particular conditions because of their ethnicity, age or gender, whereas others have difficulty accessing services because of where they live, language barriers, cultural issues or lack of appropriate provision. In a very rural county such as Oxfordshire access to services is one of the key factors in dealing with inequalities. The index of multiple deprivation takes many of these access issues into consideration and gives a good understanding of geographical inequality issues. Other issues that need to be considered are race, disability, gender and sexuality.

There are considerable inequalities in health outcomes across Oxfordshire, many of which have been highlighted by the data already considered. In order to reduce inequalities in health outcomes it is essential to

- Reduce premature mortality from cancer, heart diseases, stroke and accidents, with more resources being targeted to the more deprived and vulnerable communities with worse outcomes.
- Address the issues that have an impact on health including housing, education and skills, income and employment, environment, crime and fear of crime, social cohesion.
- Ensure that an equity audit is carried out to make sure that work to target the most vulnerable groups is successful.

Attention needs to be given to both primary prevention (stopping people becoming ill in the first place) and secondary prevention (preventing complications of existing conditions, such as diabetes, hypertension etc).

The Inequalities target currently in the Oxfordshire Local Area Agreement is to reduce health inequalities within the local area (Oxfordshire) by narrowing the gap in

all-age, all-cause mortality. The suggested baseline is 1995-97 with an end point of 2009-2011 and a reduction of 10%.

1.3 Health in Oxfordshire

A wide ranging collection of data can be found in ANNEX I which gives details of the state of health in Oxfordshire. This includes

Morbidity and Mortality

- Life expectancy in more deprived wards is significantly lower than the county as a whole.
- Population projections show the number of older people will continue to grow, especially in rural districts.
- There are specific areas of the county with significant levels of deprivation

Lifestyles

- Over 3300 people gave up smoking in Oxfordshire in 2005-06 but significant numbers still smoke, especially in deprived communities
- Obesity rates are rising across localities and age groups.
- Only 23.4 % of the population report taking moderate intensity exercise at least 3 times a week.
- Alcohol consumption is giving cause for concern in terms of the health impact and the association with crime and disorder
- Sexually transmitted infection rates are rising and there are still high levels of teenage pregnancy in parts of the county.

Older People

- It is estimated that by 2010 there will be nearly 15,000 people aged over 85 in Oxfordshire, and over 24,000 by 2028
- It is anticipated that 30% of people aged 85 and over will suffer from some form of dementia.
- Nearly 4,000 people aged over 65 attended A&E in 2006-07 following a fall. 800 people in this age group had a broken hip as a result of a fall in 05-06.
- Around 1,000 people are given intensive support to live in their own homes so that they don't need to be admitted to hospital or nursing homes in 2006-07.
- Nearly 9% of the population in the county are unpaid carers, many aged over 65 and providing over 50 hours care a week.

Long term conditions

- There are over 17700 people with diabetes in Oxfordshire and the numbers are rising.
- Mortality rates for cancer in Oxfordshire are significantly lower than the country as a whole, except for breast cancer.

1.4 Determinants of Health

Tackling a range of issues is essential if the overall aim of improving health is to be achieved. Deprivation and poor environments have a profound impact on health outcomes and improving these factors is essential if inequalities are to be reduced. Many of these issues are already included in partnership working in the county, but there is still much to be done if the target in reducing the gap in life expectancy in the county is to be achieved.

These issues include

- Housing and homelessness, housing stock condition
- Fuel poverty
- Education and training
- Crime and fear of crime
- Low income and employment
- Environment
- Transport and access to services
- Access to support and assistance to enable independent living
- Low levels of participation in physical activity across age groups

1.5 Health needs in different areas of Oxfordshire.

There are different priorities for various areas of Oxfordshire and it is important to highlight these. The recent publication of Health Profiles for the county and district areas highlighted the generally good health of the population but closer inspection shows inequalities of outcomes affecting particular parts of the county.

(www.communityhealthprofiles.info , SEPHO 2007)

It is important to plan appropriate initiatives in different parts of the county and to ensure that inequalities issues are tackled in the areas of greatest need. One size definitely does not fit the whole county.

The data from the Health Profiles for Oxfordshire and other available information highlights the following local priorities:

Cherwell District

- 3,000 (10.9%) children live in low income households from a total child population of 27691.
- GCSE achievement is lower than the England average with 49.4% young people achieving 5 or more GCSEs at A* - C grade in 2005-06
- Smoking accounts for 170 deaths a year
- At least 4,200 people have diabetes, 3.1% of the population
- It is estimated that 1 in 5 adults are obese
- The Active England survey in 2006 showed that only 24% respondents participated in at least 30 minutes of moderate intensity activity 3 times a week
- Some wards have higher than average teenage pregnancy rates. There was a total of 290 conceptions in a population of 7,477 girls aged 15-17 from 2002-04 (which is a rate of 38.8 per 1000)
- The estimated increase in the number of people aged over 85 is 150% from 2004 to 2029
- 310 households were statutorily homeless in 2004-05 out of a total of 3767 on the housing register (8.2%)
- Approximately 15% of the population are binge drinkers
- Violent offence rates were 17.5 per 1000 population in 2005-06 (2,332 offences in a population of 133,535)

Oxford City

- Over 4,800 (22.8%) children live in low income households from a total child population of 21457
- GCSE achievement is lower than the England average with 43.8% young people achieving 5 or more GCSEs at A* - C grade in 2005-06
- Smoking accounts for 175 deaths a year

- At least 4,300 people have diabetes, 2.9% of the population
- It is estimated that 1 in 5 adults are obese.
- The Active England survey in 2006 showed that only 20.5% respondents participated in at least 30 minutes of moderate intensity activity 3 times a week.
- Some wards have higher than average teenage pregnancy rates. There was a total of 367 conceptions in a population of 6,825 girls aged 15-17 from 2002-04 (which is a rate of 53.8 per 1000)
- The estimated increase in the number of people aged over 85 is 69.6% from 2004 to 2029
- 376 households were statutorily homeless in 2004-05 out of a total of 3,525 on the housing register (10.7%)
- Approximately 23% of the population are binge drinkers and over 440 people were admitted to hospital for alcohol specific conditions in 2005-06
- Violent offence rates were 24.1 per 1000 population in 2005-06 (3,503 offences in a population of 145,077)

South Oxfordshire

- Over 2,000 (7.8%) children live in low income households from a total child population of 25959
- GCSE achievement is above average with 65.6% young people achieving 5 or more GCSEs at A* - C grade in 2005-06
- Smoking accounts for 170 deaths a year
- At least 3,700 people have diabetes, 2.9% of the population
- It is estimated that 1 in 5 adults are obese.
- The Active England survey in 2006 showed that only 22.3% respondents participated in at least 30 minutes of moderate intensity activity 3 times a week.
- There was a total of 157 teenage conceptions in a population of 6,512 girls aged 15-17 from 2002-04 which is a rate of 24.1 per 1000)
- The estimated increase in the number of people aged over 85 is 123% from 2004 to 2029
- 98 households were statutorily homeless in 2004-05 out of a total of 2,043 on the housing register (4.8%)
- Approximately 14% of the population are binge drinkers
- Violent offence rates were 11.2 per 1000 population in 2005-06 (1,431 offences in a population of 127,926).

Vale of White Horse

- Around 1,900 (8%) children live in low income households from a total child population of 23788
- GCSE achievement was 55.4% young people achieving 5 or more GCSEs at A* - C grade in 2005-06
- Smoking accounts for 170 deaths a year
- At least 3,600 people have diabetes, 3.1% of the population
- It is estimated that 1 in 5 adults are obese.
- The Active England survey in 2006 showed that only 25% respondents participated in at least 30 minutes of moderate intensity activity 3 times a week.
- There was a total of 173 teenage conceptions in a population of 3,512 girls aged 15-17 from 2002-04 which is a rate of 26.6 per 1000)
- The estimated increase in the number of people aged over 85 is 145% from 2004 to 2029
- 114 households were statutorily homeless in 2004-05 out of a total of 1981 on the housing register (5.8%)
- Approximately 14% of the population are binge drinkers
- Violent offence rates were 11.5 per 1000 population in 2005-06 (1,334 offences in a population of 116,234).

West Oxfordshire

- Over 1,300 (6.7%) children live in low income households from a total child population of 19,372
- GCSE achievement is above average with 63.5% young people achieving 5 or more GCSEs at A* - C grade in 2005-06
- Smoking accounts for 130 deaths a year
- At least 3,000 people have diabetes, 3.1% of the population
- It is estimated that 1 in 5 adults are obese.
- The Active England survey in 2006 showed that only 25.7% respondents participated in at least 30 minutes of moderate intensity activity 3 times a week.
- There was a total of 142 teenage conceptions in a population of 4926 girls aged 15-17 from 2002-04 which is a rate of 28.8 per 1000)
- The estimated increase in the number of people aged over 85 is 147% from 2004 to 2029
- 948 households were statutorily homeless in 2004-05 out of a total of 2,847 on the housing register (3.3%)
- Approximately 14% of the population are binge drinkers

- Violent offence rates were 9.6 per 1000 population in 2005-06 (934 offences in a population of 96,994).

Life expectancy for districts

Life expectancy (based on 2000-04 deaths) - Oxfordshire wards

Local authority area	Top 20% life expectancy range and top 5 wards	Bottom 20% life expectancy range and bottom 5 wards
Oxfordshire	82 yrs (with confidence intervals 79.30 - 84.8) to 88.7 yrs (79.0, 98.4) Didcot Ladygrove, Burford, Kidlington North, Abingdon Dunmore and Bicester South	73.1 years (70.4, 75.8) to 78.5 years (77.0, 79.9) Sandford, Caversfield, Carfax, Otmoor and Blackbird Leys
Oxford City	81.1 yrs (with confidence intervals 79.7, 82.6) to 81.9 yrs (80, 83.9) St Margaret's (Headington Hill & Northway, Quarry & Risinghurst, North and Summertown	75.1 yrs (72.4, 77.8) to 77 yrs (75, 79) Carfax (Blackbird Leys, Northfield Brook, Barton & Sandhills and Iffley Fields
Cherwell	82.4 yrs (with confidence intervals 79.6, 85.1) to 84.9 yrs (82.2, 87.5) Kidlington North, Bicester South, The Astons & Heyfords, Sibford, Amrbrosden & Chesterton and Fringford	75.1 yrs (73.3, 76.8) to 78.3 yrs (75.8, 80.8) Caversfield, Otmoor, Banbury Grimsbury & Castle, Banbury Neithrop, Bicester Town and Deddington
South Oxfordshire	82.2 yrs (with confidence intervals 81.0, 83.3) to 88.7 yrs (79.0, 98.4) Didcot Ladygrove, Forest Hill & Horton, Chiltern Woods, Goring, Berinsfield and Sonning Common	73.1 yrs (70.4, 75.8) to 78.5 yrs (77.0, 79.9) Sandford, Didcot All Saints, Crowmarsh, Shiplake, Cholsey & Wallingford South, Wallingford North
Vale of White Horse	82.1 yrs (with confidence intervals 80.4, 83.9) to 83.8 yrs (80.9, 86.7) Marcham & Shippon, Abingdon Peachcroft, Blewbury & Upton, Shrivenham, Greendown and Kennington & South Hinksey	77.3 yrs (75.9, 78.8) to 79.3 yrs (76.5, 82.0) Faringdon & The Coxwells, Stanford, Abingdon Caldecott, Hendreds, Wantage Segsbury and Sutton Courtenay & Appleford
West Oxfordshire	82 yrs (with confidence intervals 79.3, 84.8) to 85.4 yrs (82.3, 88.4) Burford, North Leigh, Witney West, Stonesfield & Tackley, Charlbury & Finstock and Milton under Wychwood	77.8 yrs (74.9, 80.7) to 78.7 yrs (77.0, 80.4) Chadlington & Churchill, Kingham, Carterton South, Chipping Norton, Brize Norton & Shilton and Freeland & Hanborough

Source: APHO and Department of Health. From Health Profiles © Crown Copyright 2006.

2 Threats and Opportunities for the future

2.1 The Strategic context – the Director of Public Health Annual Report

Four challenges for the next 10 – 15 years have been set out in the Oxfordshire Director of Public Health Annual Report for 2005-07. In brief these challenges are:

1 The impact of an aging population

- The number of older people is increasing, particularly the over 85s.
- The proportion of older people in the population is increasing. This means that the working population will be increasingly stretched to fund public services for the retired.
- The increase in older people will be uneven across the county, affecting some of our most rural areas.
- The economic impact on services will be severe – doing nothing is not an option. We cannot continue to provide our current range of services in the same way – they will simply not be affordable.
- Change is, therefore, necessary. This is a long term issue which means a long term solution; all organisations in Oxfordshire will need to come together to grapple with it.

2 The cycle of deprivation affecting children and families

- Oxfordshire has 19 small geographical areas in the top most 20% deprived in England in terms of Child Poverty.
- Analysis shows that there is a 15 year difference in life expectancy between the best and worst wards in the county.
- Teenagers in the most deprived wards are two to three times more likely to have babies than teenagers in the least deprived wards.
- For the period 2003 – 2006 the percentage of women who initiated breast feeding in Henley South was 95% and the percentage in Blackbird Leys was 56.6%. This means that a baby born in Blackbird Leys is around 40% less likely to be breast fed than one born in parts of Henley.
- Mothers in the most deprived wards are between two and three times more likely to smoke than those in the least deprived wards.
- The rate of emergency admissions to hospital among children aged 0 – 4 years in the 30 least deprived wards in the county was 208 per 1,000 and, among children in the 30 most deprived wards, the rate was 306 per 1,000, around half as much again.
- Vulnerable groups of children (particularly children from some ethnic minority communities, looked after children and teenage mothers) are less likely to do well in terms of educational attainment.

3 Preventing obesity, a major cause of chronic disease

- Obesity itself is the tip of the iceberg. The average person in this country is classed as overweight. Obesity is increasing at an alarming rate in children and young people. In the South East, almost one in twenty children are obese and a further 15% of boys and 19% of girls are overweight.
- There are also significant inequalities in obesity. Twice the proportion of women in unskilled manual groups are obese, compared with those in professional groups.
- A small healthy lifestyle survey was completed in Oxfordshire in 2005 for the adult population. It confirms that obesity is a very real problem for Oxfordshire with just over half being overweight or obese.

4 Fighting infectious disease

- New diseases continue to spring up and evolve. Recent examples are HIV and the anticipated flu pandemic.
- The world is a global village. Rapid travel across continents spreads diseases rapidly.
- Natural selection will favour superbugs. The bugs that survive and breed are the ones that can beat the antibiotics. Tuberculosis is a good example of this and it is showing signs of resurgence.
- Intensive use of hospital beds and new invasive procedures bring their own problems. This gives organisms new opportunities to spread in new ways. Methicillin Resistant Staphylococcus Aureus (MRSA) is a good example of this and, combined with more resistant strains, is proving very difficult to tackle nationally.
- Changes in lifestyle play a part too. Sexual activity among young people makes it easy for sexually transmitted infections (STIs) such as chlamydia and syphilis to spread.

2.2 Mental Health issues

The Mental Health Strategy for Oxfordshire is currently being implemented and includes the following objectives:

- Improve access to mental health services for all those who need them, regardless of gender, ethnicity, disability, sexual orientation, age, economic status or where they live in the County.
- Create and deliver clearly defined care pathways that are informed by the needs and choices of service users and their carers, and which aim to deliver care within a framework of least possible restriction.
- Tackle the social exclusion of service users and their carers.

- Improve partnership working between all organisations and individuals whose work impacts on mental health service users, and between those organisations, service users and their carers.
- Improve the quality, dissemination and use of information about mental health in Oxfordshire, and to improve information sharing between organisations and individuals.
- Create a flexible, appropriately skilled and representative mental health workforce able to deliver agreed priorities and service models and comprising carers, volunteers and paid staff.
- Deliver effective and efficient services which demonstrably make the best use of all available resources.
- Invest in developing more mental health services in primary care and community settings across Oxfordshire (where appropriate disinvesting in acute inpatient services and reducing expenditure on capital charges to achieve this).
- Invest in mental health promotion work that is designed to prevent mental illness and to reduce the stigma attached to being mentally unwell.
- Invest in flexible services that are designed to support recovery and sustainable independent living for people who have used, or are using, mental health services, whatever their age.
- Ensure that investment enables delivery of national targets for mental health services in ways which meet national quality standards.

2.3 Social and Community Care priorities

In addition to these challenges for partnerships in Oxfordshire there is a national and local strategic context for providing health and social care which also needs to be delivered. This was set out in the White Paper "Our Health, Our Care, Our Say" in 2005. The Vision and aims of the paper are:

- To set a new direction for all health and social care, emphasising collaboration between the two
- Putting people more in control of their own health and care and give them more choice
- Enabling and supporting health, independence and well being and reducing inequalities
- Rapid and convenient access to high quality, cost effective care for people with long-term needs

The five themes are:

- Enabling health, independence and well-being
- Better access to general practice
- Better access to community services
- Support for people with long term needs
- Care closer to home

Local priorities for Social and Community Care have been set out in a recent paper (Nick Welch, 2007) and include the following objectives for the County's services for older people. To achieve the following in the next 3-5 years

- enable people to achieve and maintain maximum independence;
- substantially enhance preventative and rehabilitation services to reduce the overall incidence and prevalence of high dependency care needs and to reduce impact of disabilities and illness;
- increase user choice, autonomy and control over services.

Preventative services will be increasingly significant and an essential underpinning for this work. These will include:

- supporting people in how they manage their care;
- the provision of a range of practical, day to day services ("low level") to support people in their own homes;
- earlier engagement with older people and their families and carers in arranging services;
- active health promotion work.

The joint PCT and Social and Community Services Strategy for learning disability services, and the joint strategy between these two organisations and the Oxfordshire and Buckinghamshire Mental Health Trust are also key documents in the strategic framework. Long term conditions such as Acquired Brain Injury, stroke, some neurological conditions and enduring mental illness need continual development and provision of secondary prevention services. These services also need to be sustained and the development of joint strategies based on care pathways will set the context for sustaining and developing services.

Other important initiatives in this context include the introduction of Self Directed Care which will allow service users to purchase their own social care through direct payments or make their own arrangements through individualised budgets. These are important policy and service developments that will have an impact on how people will be able to access and use services and how planning and commissioning is done. Self directed care will have a significant impact on the way that services are contracted for and commissioned.

3 Issues and options for the strategy

It is recommended that the four broad themes set out below are adopted as priorities in the Sustainable Community Strategy:

1. **Meeting the challenge of demographic change** – Securing Long and Healthier Life for the Adult Population and shifting the emphasis to primary and secondary prevention
2. **Breaking the cycle of deprivation** – Securing Long and Healthy life for children and young people
3. **Preventing and Tackling Obesity**
4. **Addressing cross cutting factors to reduce inequalities**

Detailed objectives that will help meet these challenges will be set out in the Oxfordshire Public Health Strategy which will be circulated for discussion in July 2007. However, the following overarching objectives are included along with the recommendations above as important elements for the Sustainable Community Strategy:

- Increase, sustain and target funding to shift the emphasis to prevention and target interventions to the localities or community groups in most need.
- Address factors that are linked to poor health including
 - Poor housing, homelessness, poor housing stock condition
 - Fuel poverty
 - Low educational attainment,
 - Low income and employment
 - Crime and fear of crime.
 - Environmental factors
 - Transport and access to services
 - Access to support and assistance to enable independent living
 - Low levels of participation in physical activity across age groups
- Reduce the gap in life expectancy
- Work across organisations and sectors, refer across agencies and share information.

4 Community needs and aspirations

This section is an extract from two supplementary papers:

1. An analysis of 30 community-led plans of parishes and market towns in Oxfordshire prepared by the Countryside & Community Research Unit, University of Gloucestershire, commissioned as part of building the Sustainable Community Strategy evidence base (see appendix).
2. A summary of priorities from Oxford Area Action plans provided by Oxford City Council.

4.1 Analysis of parish and market town plans

Community-led plans for parishes and towns rely on local volunteers identifying and agreeing shared needs and priorities as a basis for local action. Action points and concerns of direct relevance to the *Health* theme from 30 completed plans across Oxfordshire are shown below.

Health actions from parish and market town plans

Just under half (13) of the plans were concerned with health, care and wellbeing. A wide variety of actions was suggested, some concerning general health services and facilities and some being specifically concerned with the elderly and infirm.

Regarding health facilities for the general population, three plans raised the need for NHS dental provision. A number of points were raised concerning the need to keep or (in one case) introduce facilities such as a surgery (2 plans), the local hospital and a pharmacy. In addition, one plan suggested a healthy living centre and another suggested a monthly clinic providing a range of health-related services. One plan requested more preventive medicine and another more information about drug abuse services. More generally, there were calls for more investment in health and social care and more information about a health service consultation.

With regard to the elderly and infirm, the emphasis was on enabling physical access to services. Four plans proposed actions concerned with providing or publicising transport schemes to enable people to reach medical appointments and three with providing a prescription collection service or a local place where prescriptions could be collected from.

There was also concern to provide:

- improvements in daycare and recreational activities for the elderly,
- a visiting scheme for the sick and elderly (2 plans),
- home delivery of groceries by the local shop,
- provision of seats for the elderly at a local beauty spot,
- respite for carers.

Concern for health issues was apparent in both market towns and rural settlements and in all four districts, although only one of the three Cherwell parishes raised health-related issues.

Again, where responsibility was allocated to a particular organisation to carry out the action, it was most commonly the parish or town council. The NHS, the primary care trust, church leaders and a parish plan working group were also mentioned.

Example of actions proposed in local plans

Provide seats for the elderly to be sited on the Hurst Water Meadow. Led by: Parish Plan Facilities for the Elderly Working Group Two seats hewn from oak butts have been installed. (Dorchester Parish Plan, 2005)

Expand the existing good neighbour car scheme and examine the possibility to arrange a local prescription collection service. (Enstone Parish Plan, 2004)

Community-led plans in Oxfordshire: their potential contribution to strategic planning, May 2007 by Gloucestershire University

4.2 Summary of priorities of Oxford Area Action plans

Each of the six Area Committees in Oxford has developed an Action Plan which sets out the key improvements needed in the area that local people, local groups, the Area Committee and other organisations through working together can bring about. The plans seek to embody local issues and activities and be a catalyst for greater local partnership working.

The following box shows the priorities from the Area Committee Action plans relating to the *Health* theme.

Health priorities from Oxford Area Action plans (by area)

Central, South & West

- St Ebbs – significant health issues amongst many of the residents due to concentration of hostels for the homeless and sheltered housing for the elderly
- Provision of improved city centre primary healthcare facilities for residents

Cowley

- More local information for people moving into the area – need more tenants, residents groups to develop and network
- Work in partnership with local cultural groups on local health issues

East

- Improve the management of Houses in Multiple Occupation (HMO'S) and seek to reduce the number of HMO's in the area.

North

- Update since last Area Plan, support for older people, especially those isolated through frailty or low income – key issue around access to transport, shops and companionship

North East

- Developing work to address needs of older people in Marston, Risinghurst and Quarry areas
- Developing community café for Barton in partnership with health service

South East

- More provision for family support and help in parenting
- Measures to tackle low expectations and self esteem in the community
- Need to review health service provision in Rose Hill
- Need to provide a greater social and community focus to counter social isolation
- Support the well being project in Blackbird Leys Leisure Centre

Priorities from Oxford Area Action plans, Oxford City Council July 2007

APPENDIX I – Background to work analysing community plans

Parish and market town plans

In May 2007, the Countryside & Community Research Unit at the University of Gloucestershire reviewed and summarised the 30 Oxfordshire parish and market towns plans completed in the past five years (see table below).

Table I Parish and town plans analysed

Benson Parish Plan	Goring Village Plan
Blewbury Parish Plan	An Action Plan for Harwell
Brightwell-cum-Sotwell Parish Plan	Henley on Thames Action Plan for Year Three
An Action Plan for Carterton	The Launton Village Plan
Chinnor Parish Plan	Minster Lovell Village Action Plan
Chipping Norton Town Appraisal	Sandford on Thames Parish Plan
The Cholsey Plan	South Hinksey Parish Plan
Crowmarsh Parish Appraisal	Steventon Parish Plan
Dorchester Parish Plan	Tetsworth Village Plan
Dorn Valley Parishes Plan	Thame in Trust: a vision and action plan
Duns Tew Village Plan	Upton Parish Plan
Enstone Action Plan	A Town Plan for Wallingford
Faringdon Action Plan	Suggestions for a Better Watlington
Fencott and Murcott Parish Plan Vision	West Hagbourne Parish Plan
Filkins and Broughton Poggs Parish Plan	Wheatley Parish Plan

Since the total number of plans available for this review was relatively small, any comparisons of the differences between districts or between types of settlements can only be indicative. However they still provide a useful snapshot of issues and perceived priorities of communities in Oxfordshire.

Note that comparisons by district are difficult as a result of the imbalance of plans between the four rural districts, particularly in the case of market towns (see following table).

Table 2 plans considered by district and type of settlement

District	Number of market towns	Number of rural settlements	Total number of plans
Cherwell	0	3	3
South Oxfordshire	7	8	15
Vale of White Horse	1	5	6
West Oxfordshire	2	4	6
Total	10	20	30

Recommendations and more detail on the background to community-led plans are available in the main report "Community-led plans in Oxfordshire: their potential contribution to strategic planning, May 2007" published as part of the Sustainable Community Strategy evidence base (supplementary paper 1).

Oxford Area Action plans

There are six Area Committees in Oxford:

- Central, South and West
- Cowley
- East
- North
- North East
- South East (formerly Iffley Leys)

Each Area Committee is made up of the ward councillors for its Area and, on a non-voting basis, the County Councillors for the Area and the parish councils.

Partnerships are being developed with the Police, who are usually present at the Area Committees, and the Oxford City Primary Care Trust.

The Area Committees form part of the City Council's democratic structure and are responsible for the following services in their areas:

- parks, play areas and countryside
- off street car parking
- public toilets
- street cleaning and monitoring of street scene performance
- dog wardens
- abandoned vehicles
- community centres
- planning applications

Each Area has developed an Action Plan the purpose of which is to set out the key improvements needed in the area that local people, local groups, the Area Committee and other organisations through working together can bring about. They

seek to embody local issues and activities and be a catalyst for greater local partnership working.

The development of Action Plans in Oxford City has involved substantial consultation with local communities and they are not defined by public sector agencies. In 2004, a survey of all local groups e.g. residents groups was carried out followed by workshops in each of the 6 areas with representatives from residents and tenant groups and community organisations. Overall 76 groups were represented at the workshops. This provided the basis for development of the area plans.

In 2005/06 the area committees facilitated further workshops in each area across the city to discuss priorities in greater detail and possible solutions. These workshops were then followed up with 633 on street interviews (approx 100 in each area). The analysis of the findings has been the basis of refreshing the area plans and the key issues identified for each of the areas and fed into the Sustainable Community Strategy evidence base.

More detail on the priorities from Area Action Plans are available in a supplementary report (2) published as part of the Sustainable Community Strategy evidence base.

APPENDIX 2 – References and contacts

Documents

Director of Public Health for Oxfordshire Annual Report 2005-2007

The first annual report by a Director of Public Health for Oxfordshire jointly appointed by the NHS and the County Council. Includes recommendations for all organisations in Oxfordshire and the public.

<http://www.oxfordshirepct.nhs.uk/about-us/how-the-pct-works/trust-board/board-papers/2007/March/documents/DPHAnnualReport.pdf>

Our Health, Our Care, Our Say

Oxfordshire Local Area Agreement

SEPHO 2007 Local Health Profiles www.communityhealthprofiles.info

World Health Organisation www.who.int/en/

Organisations

Oxfordshire Healthier Communities and Older People partnership

Oxfordshire Sports Partnership www.oxonactivesports.co.uk

Oxfordshire County Council Social & Community Services directorate www.oxfordshire.gov.uk

Oxfordshire PCT www.oxfordshirepct.nhs.uk

Oxfordshire Data Observatory www.oxfordshireobservatory.info

Cherwell District Council www.cherwell-dc.gov.uk

Oxford City Council www.oxford.gov.uk

South Oxfordshire District Council www.southoxon.gov.uk

Vale of White Horse District Council www.whitehorse.gov.uk

West Oxfordshire District Council www.westoxon.gov.uk

APPENDIX 3 – list of briefing papers

	Theme	Broad content
	Oxfordshire Futures	Overview of economic, environmental and social trends and issues affecting the long term future of Oxfordshire
THEME PAPERS		
1	Community Life	Active communities, community-led planning, contribution of volunteers
2	Community Safety	Community safety, crime, fear of crime
3	Economy	Employment, income, businesses, change in key industry sectors
4	Children & Young People	Needs of children & young people
5	Learning and skills	Skills for the economy; skills for individuals
6	Environment	Climate change; resources (including waste, water, energy, air quality, countryside, land)
7	Health, care and wellbeing	Lifestyles, older people, long term conditions, vulnerable people
8	Housing	Affordability, housing for vulnerable groups, eco-homes
9	Population and migration	Ageing population, long term and short term migration trends
10	Access to services and travel	Road congestion, accessibility, safer roads, air quality, street environment
11	Recreation, leisure and culture	Participation in culture, sport, leisure activities, internet
12	Spatial Oxfordshire	South East plan, Local Development Frameworks, planning policy; rural, market towns, urban
SUPPLEMENTARY PAPERS		
S1	Community-led plans and their potential contribution to strategic planning	by Gloucestershire University (May 2007) Analysis of the priorities from 30 community-led parish and market town plans completed in past 5 years in Oxfordshire
S2	Priorities from Oxford Area Action plans	by Oxford City Council (July 2007) Priorities from six Oxford City area action plans
S3	Oxfordshire Rural Framework (2007-2010)	by Oxfordshire Rural Forum (July 2007) Challenges and priorities for rural Oxfordshire