

Oxfordshire Wellbeing Network

Monday 18th November 2019

What are the challenges to healthy living in your community?

Isolation - Access to healthy lifestyles - personal support - geographic - homelessness.

Health inequalities - complex system - access to support - funding geography and social.

Information Education and Communication (IEC) programme, about responsibility and entitlement to services - avoid 'unwise' health choices - appropriate use of services - taking responsibility for one's own health - awareness - empowerment from an early age (e.g. smoking, behaviour).

Lack of services, pressure of system - infrastructure, staff and others - Facilities - venues, free spaces for health promotion activities - investment funding - access to health professionals (e.g. GPs) - inclusion criteria e.g. child to adult - gap between leaving hospital and getting confirmed support /review.

Accessing services - not knowing where and how to find them.

Enabling people to take more responsibility for their health and wellbeing.

Isolation: rural communities, but also people on the city such as new mums. Transport can perpetuate the problems of isolation. But also, personal issues can create isolation such as mental health, alcohol dependency.

Motivation: People aren't always motivated to seek support. All issues that challenge well-being are driven by people's motivation such as: exercise, learning to use technology, men accessing health services, financial support.

Knowledge of access to services - transport.

Mobilising support and awareness within the community. Continuity of care.

Unrecognised Isolation - especially those in a series of disadvantaged communities e.g. geographies, work-based, caring responsibilities, young people, schools.

Infrastructure - lack of access to facilities that enable people to live well. Exercise - Bicester swimming pool serves everyone not much access, planning policies and facilities, travel to work reducing opportunities to use.



Unidentified Isolation - people disadvantaged by being on the margins of different communities e.g. geography, workplace, family - carers young people.

Difficulties in accessing facilities e.g. lack of access to exercise - only one swimming pool in Bicester e.g. time travelling to work leaves no time for healthy living e.g. planners not ensuring adequate community facilities.

Access - barriers; language; transport; awareness; funding loss of service; communication and community tailoring it

Preventative approach from both; communication - easy read, awareness - all schools, nurseries; empower volunteers and community groups/ 'hubs' barbers, hairdressers, coffee shops Online groups; catch up and preventative approach - materials; easy access to self-help in appropriate formats, languages, easy read and not just online.

Fragmentation of services, lack of clear pathways.

Increasing cost of supply, high demand, lack of resource allocation/ focus on prevention - community carers, befriending, transport, diet, exercise, mental health CLANGERS.

Education / Information / Communication - knowing what a healthy lifestyle is - accessing information and services - fact is inaccurate information - support / encouragement / motivation to use the info.

Environmental - culture including food culture - media and advertising - physical environment e.g. access to - healthy transport options / healthy food options. Short term funding for community groups and services.

Isolation - transport - social interaction - cost of living.

Inequality In services/ Facilities/ Access to services / Employment = difference in life expectancy.

Transport - General mobility and lack of travel services, air pollution and congestion (effects on health) - effect on access to services/ facilities/ health care. Issues around isolation.

Shortage of Service - lack of care/ access to care - including for example those with gender dysphoria and those with Asperger's/ autism (and no services for adults). Issues for young people - social media (pressure to conform/ body image/ 'no escape'. Recognition and opportunities for effective treatment. Talking more important / social isolation - more in - person friendly.



Poverty - rural access to services - isolation and exclusion - prevents anything else working and brings stigma and reluctance to engage. Working age, poor affected by austerity/welfare reform.

Support networks may be failing especially face to face and reliance on volunteer groups is unsustainable without sufficient long-term funding including accessible appropriate information e.g. digital only makes it worse for some. Needs a system wide approach to give that support to VCS.

Isolation - cause and effect mental and physical health. Affordable social spaces. Outreach and advocacy to get people there, patients and carer support, befriending/buddying/enable. Transport support for public and community service. Stigma - overcoming, acceptance and discussion.

Effecting partnership working - sustainable funding over time or you lose people - local involvement / listening and giving voice to ground level - experience in making decisions, joint decision making, networking events like today a good start.

Access to activities that encourage better physical health. Community enabling and encouragement, who to talk to? Style of communication very important

Access to healthy food, practical skills for cooking, poorer diet in school holidays resulting in poor performance in term time.



What is being done to address these challenges?

Healthy built environment - increasing healthy activities and community engagement.

Employment opportunities for socially excluded individuals.

Outcome Measures - Good setting.

Measuring impact - aware of the need for evidence.

Communications: Accessing what's available, single point of access hub, joined up front door.

Beginning to be aware, networking, improving communication.

Education with children/ the young starting

Play approach to Health improvement, prevention and promotion, Oxfordshire Play Association - partnership with dental health).

Longer term contract with voluntary sector (5 years) e.g. mental health partnership).

Networking among volunteer services, health and social care

Diabetes Type 2 is being addressed well; Clinical services are excellent.

Facilities and activities which start conversation: Chipping Norton weekly weigh in; Bicester Blue line walking route.

What could be done better or addressed? By whom?

Awareness, education and information sharing. Vital to work together.

Better preventative services for those who fall in between or on the edge.

Across the system.

Not just digital English as first language.

Even better communication, central community directory, - good accessibility

On to National curriculum - healthy living

Commissioners. Politicians should go back to the floor; a stepped approach to reducing targets, interpret back to policies System approach to include people on the grounds e.g. rents & grants- they want to be taken more seriously - want to see action - if no action can be made - tell us why! - There need to be an increased representation of voluntary sectors as Board Level.

Outcomes from meeting like today - feedback from organisations on value of input - Avoid repeating the same conversation year by year.

Care and support planning rolled out long term conditions first then roll out for all illnesses.

Shared and social spaces in communities - particularly new build communities.

Linking organisations and people. Parish and District Councils well placed to do this.



Cherwell Health and Wellbeing map: Alcoholics anonymous visiting Turning Point clinics: Banburyshire Military Veterans Facebook page Transport - volunteer groups helping committee with volunteer drivers (e.g. Volunteer link).

Working with Young People (and other Community led projects) - Community groups/ charities doing a lot of work for society that otherwise wouldn't happen.

Lots of local initiatives in villages and communities e.g. befriending, Wantage, Thame; Table tennis; Singing by heart Oxford. These are all voluntary sector or community led.

Make Every Contact Count (MECC) and social prescribing rolling out. Good neighbour and befriending schemes.

Pockets of excellent, isolated bottlenecks of community Healthy Towns, Age Friendly lack of signposting.

Less obstacles to blue badges - OCC reducing from 40 badges for 83 drivers (for buses) will be down to 3! (after July).

more funding needed - more linking up. Organisations with volunteers (working on ground) more needed for county lines/drug issues (young as 12 selling drugs).

Employers release people in the workforce to volunteer and better joined up health, local government and VCS.

Need more money for VCS activities so people can get free taster activities. Train volunteers in MECC to help build in local communities.

Parish councils an example in our group.

Neighbourhood & Village leaders Chinnor, Health and Social impact pooled.

OCVA, Community Information Networks, Access Hubs.