

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Health and Wellbeing Strategy Outcomes Framework:

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report by the Director of Public Health on the Health and Wellbeing Strategy for Oxfordshire during its meeting on 30 January 2025.
2. The Committee would like to thank the Leader Cllr Liz Leffman; Ansaf Azhar (Director of Public Health, Oxfordshire County Council); David Munday (former Deputy Director of Public Health); and Daniel Leveson (Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board [BOB ICB] Director of Places and Communities); for attending and answering questions in relation to the report.
3. The Committee would like to express that it recognises the immense work being invested into delivering the Health and Wellbeing Strategy, and thanks system partners for their overall contributions to this work. The Committee also supports the initiatives by system partners to monitor and evaluate the progress made in delivering the strategy's priorities.
4. The Committee understands that the strategy is being evaluating through an outcomes framework, and that outcomes are being gradually measured, with some priorities still not yet having been evaluated.
5. This report was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole. When commissioning this report on the health and wellbeing strategy outcomes framework, some of the insights that the Committee sought to receive were as follows:
 - The extent to which continuous engagement with stakeholders is at the heart of the work on delivering the strategy.
 - Whether there is any new information on relevant public health patterns that would be used to inform any changes/updates to the strategy.
 - How effective system level partnership working has been around coordinating and implementing the Health and Wellbeing Strategy thus far.

- How marginalised, disadvantaged, or deprived communities are being targeted and supported with their health and wellbeing.
- Details of any criteria or KPIs that are being adopted to assess the effectiveness of the strategy's delivery.

SUMMARY

6. The purpose of this item held on the 30 January 2025, was to receive an update on the Health and Wellbeing Strategy for Oxfordshire. The Committee last reviewed the strategy and its updated aims and objectives in September 2023. However, this particular item focused on the deliverability of the strategy and how system partners are working collectively to implement its priorities.
7. It has been brought to the Committee's attention that there is an outcomes framework for monitoring the strategy's implementation, and the Committee was keen to understand how this works and how far Oxfordshire's system partners have come in delivering the strategy.
8. The Leader of the Council explained that the strategy emphasised health prevention, and highlighted the importance of collaboration with district councils and health partners for better outcomes. By March 2023, the outcomes framework was approved, and ongoing progress reviews were initiated. At each Health and Wellbeing Board meeting, specific priorities were reviewed to ensure effective changes.
9. The Deputy Director of Public Health explained that the strategy represented a system-wide effort involving multiple partnerships and detailed the outcomes framework, including shared outcomes, key activities, and indicators. The Committee were informed that three priorities had been reviewed thus far, with additional priorities to be addressed in future meetings. The 10 Health and Wellbeing Strategy priorities, derived from the Joint Strategic Needs Assessment, reflected Oxfordshire's population needs and were collaboratively agreed upon, focusing on short- to medium-term progress indicators to achieve long-term goals.
10. The Committee inquired as to the communications work around the strategy, stressing the importance of including key stakeholders as well as the wider public as part of coproducing the strategy's ongoing development and delivery. It was also emphasised that some aspects of achieving the strategy's goals would involve the need for residents to make active lifestyle choices on their own accord and to adopt certain living habits through taking their own initiative. The Committee therefore urged officers to take this into account when delivering and evaluating the strategy.
11. A key aspect of the discussion revolved around the imperative to address health inequalities, particularly given that this represents one of the priority areas for the strategy. It was agreed that the launch of Oxfordshire as a Marmot Place would help to achieve this.

12. The discussion also addressed the start well aspect of the strategy, which focused on improving the health and wellbeing of children and young people. The Committee emphasised the importance of school readiness amongst children and the need to ensure children are both healthy and socially ready to start school. It was also highlighted that children in rural areas struggle to access early support services.
13. Regarding the government's devolution plans, the Committee urged system partners to minimise any potential negative impacts of devolution on delivering the strategy, and stressed the need to maintain legacies and expertise from district councils.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS:

14. This section highlights two key observations and points that the Committee has in relation to the Health and Wellbeing Strategy and its delivery. These key points of observation were also expressed during the formal meeting on 30 January, and have been used to determine the recommendations being made by the Committee which are outlined below:

Sustainable funding for early years readiness for school: The early years of a child's life are critical for their development and future success. Ensuring that children are ready for school is not only beneficial for their academic achievement but also for their social and emotional well-being. Sustainable funding for early years readiness programs is essential to provide all children with the opportunities they need to thrive.

Early years readiness for school encompasses a range of skills and abilities that children need to succeed in a formal educational setting. These include cognitive skills, such as language and literacy, as well as social and emotional skills, such as self-regulation and cooperation. Research has shown that children who enter school with a strong foundation in these areas are more likely to perform well academically and have better long-term outcomes. In a 2019 study published in the *Journal of Contemporary Issues in Early Childhood*, it was found that children who receive strong foundational support and skills not only perform well academically, but that they also feel a sense of being part of a wider system and society¹. In another 2011 study published by the *Institute of Labour Economics*, it was argued that it was this very sense of feeling part of a wider system that enabled children to better cope psychologically and cognitively with the transition into school life and full-time academic learning in a school setting².

¹ [School readiness, governance and early years ability grouping - Guy Roberts-Holmes, 2021](#)

² [Inequality during the early years: Child outcomes and readiness to learn in Australia, Canada, United Kingdom, and United States](#)

Upon commissioning this item, the Committee was concerned regarding children not being adequately prepared to start school. It has been reported to the Committee that there were challenges with early years readiness for schooling in Oxfordshire. Some of the concerns the Committee had revolved around issues such as children lacking social skills, or not being sufficiently toilet trained, particularly due to insufficient family services in rural areas. The Committee was therefore pleased to hear the commitment to allocate over £1,000,00 in support of early years.

As part of this, the Committee urges that there is a strong focus on identifying and assisting children who require help early on. This would avoid scenarios of belatedly identifying children and then having to unrealistically prepare them for schooling within short timeframes. It is vital that children are assessed ideally by the age of 2 onwards for school readiness. The Committee urges that the public health team continues to allocate funding to help ensure that children were systematically assessed at ages 2 1/2 and 4 for school readiness.

It has been brought to the Committee's attention that an early years strategy and a new board were formed to provide services and support for early years school readiness. Whilst this represents a positive development, the Committee recommends that clear Key Performance Indicators are developed which can help determine the extent to which early years readiness support is being effectively delivered, monitored, and evaluated.

Furthermore, there are also health inequalities implications. Oxfordshire is now a Marmot Place, and in line with Marmot principles, it should be the Council and its partner's priority to provide each child with the best start in life by addressing inequalities in deprived areas and understanding holistic needs across the county.

Moreover, social and emotional development is equally important for school readiness. Children who can manage their emotions, follow instructions, and work well with others are better equipped to navigate the school environment. Early childhood programs that foster these skills help children develop the resilience and confidence they need to succeed. In a 2017 study published by the *Journal of Early Years Education*, it was found that children who receive early years support are more inclined to better cope with the structured nature of school environments. Such early years support can also therefore prove beneficial for children with Special Educational Needs and Disabilities (SEND).

Therefore, on the basis of the above, securing sustainable funding should remain a priority for system partners in Oxfordshire. Many programs may rely on inconsistent and short-term funding sources, which can lead to disruptions in services and limit their effectiveness.

Recommendation 1: *To support sustainable funding in the Oxfordshire County Council budget for early years readiness for school.*

Keeping rural areas at the heart of the strategy: The Committee is pleased to see that the strategy has been updated as well as being gradually evaluated for its effectiveness. The effectiveness of the strategy can only be determined through a robust process of regular monitoring by all system partners. Transparency is a key aspect of such monitoring and evaluation, both between system partners as well as amongst the wider public.

In order for the Health & Wellbeing Strategy to be as inclusive and holistic as it is setting out to be, it is essential that rural geographies in Oxfordshire are given due consideration and are placed at the core of its design and implementation. System partners should adopt an approach that acknowledges the unique challenges and opportunities faced by rural communities and ensures that their health and wellbeing are prioritised alongside urban areas.

Rural areas in Oxfordshire often face distinct health challenges compared to their urban counterparts. The fact that Oxfordshire is becoming Marmot Place is promising in that Marmot principles include commitments to tackle health inequalities in both rural and urban areas. Indeed, Oxfordshire is a two-tier council with five districts with an amalgam of city, town and rural areas. According to a February 2025 report published by the *Local Government Association*, Oxfordshire faces distinct challenges such as rural isolation, including older people with significant assets who are living alone and isolated from their communities, alongside significantly deprived households in pockets of deprivation that can be hard to detect³. For instance, the assumption that affluency translates into better health outcomes is not entirely accurate in rural parts of Oxfordshire, where some elderly residents live alone with limited ability to access support or services.

Furthermore, the role of academic research should not be underestimated in its ability to identify some of the key challenges associated with living in rural parts of Oxfordshire. The Committee is pleased that the council had formed an alliance with Oxford and Oxford Brookes universities to better understand local public health patterns and trends, but urges that specific research collaboration with both universities is embarked on to identify what some of the key health challenges are for rural communities and to develop workstreams and programmes accordingly.

Exemplars where an existing work programme had started to start tackle health inequalities in a rural area is the OX12 programme and the programme of work that came to the Committee in January 2024. The Wantage project report submitted to the Committee referenced one of

³ [Oxfordshire County Council: tackling hidden inequalities | Local Government Association](#)

the highest rates of population growth (not matched by infrastructure) as well as an increasingly ageing population. Unlike city populations where there is more complex need in young and old, there are additional challenges including isolation, transport, and wider impacts. The work to bring hospital services to the community and to start a community bus service is an exemplar project of working with a health committee of a rural Town Council which could serve as a rural pilot to evaluate rural inequality.

In addition, in a July 2023 project commissioned by *Healthwatch Oxfordshire*, it was found that some rural residents in Oxfordshire reported numerous challenges including poor pavements and roads, the need to improve footpaths, speeding and road safety, poor bus services, problems in getting to healthcare appointments, and no GP surgery, chemist, or dentist in the community⁴. It is pivotal that the Health and Wellbeing strategy's holistic nature includes a commitment by system partners to address some of these challenges.

Moreover, another challenge associated with rural areas in the County revolves around workforce shortages. The Committee is aware of the national context of workforce shortages which are not unique to Oxfordshire. In Oxfordshire's context, it has been reported to the Committee that workforce shortages have affected the capacity of services for rural residents. This is partly attributed to a reluctance of some workers who reside in urban areas to relocate to or to work in rural locations. Such workforce challenges are not as prevalent in Oxford City in that many healthcare workers in the City commute from other urban areas including London. The Health and Wellbeing Strategy should therefore include commitments to address workforce challenges for rural areas inasmuch as possible. Regular reporting should be practiced by all system partners around initiatives they are taking to address workforce shortages that affect rural localities throughout the County.

Recommendation 2: *To ensure that rural geographies in Oxfordshire are also at the heart of implementing the priorities and actions of the Health & Wellbeing Strategy.*

Legal Implications

15. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 - Power to scrutinise health bodies and authorities in the local area
 - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.

⁴ [Health and wellbeing in Ambrosden, Amcott, Blackthorn and Piddington – a summary - Healthwatch Oxfordshire](#)

16. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
17. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Annex 1 – Scrutiny Response Pro Forma

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