

Divisions Affected - All

Oxfordshire Health and Wellbeing Board

14th March 2024

OXFORDSHIRE'S HEALTH AND WELLBEING STRATEGY OUTCOMES FRAMEWORK AND DELIVERY PLANNING

**Report by Ansaf Azhar, Corporate Director of Public Health and
Community Safety**

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to

- *Agree the Health and Wellbeing Strategy Outcomes Framework (Annex 1) which contains the Shared Outcomes under each of the Strategy's priorities as well as the Outcome Indicators and key programmes/partnerships relevant to each*
- *Agree the reporting arrangements of relevant partnership forums into the Health and Wellbeing Board, with one strategy domain per quarterly meeting, so that over the course of a 1-year period the board reviews progress against the whole strategy*
- *Comment on the draft performance report (Annex 2) as the proposed way of visualising data against specific priorities.*

1. Executive Summary

- 1.1. Organisations across the Health and Wellbeing Board (HWB) have developed a new Oxfordshire Health and Wellbeing Strategy for (2024-2030). This requires an Outcomes Framework to ensure the strategy moves into delivery and makes a positive difference to the health and wellbeing of local residents
- 1.2. The task and finish group has continued to work together since the strategy itself was finalised in December 2023 to develop this Outcomes Framework. Initially the group undertook a comprehensive review of current strategies and performance measures across relevant organisations, ensuring a nuanced understanding of the existing landscape. After that several shared outcomes and indicators were agreed upon to support delivery of specific elements of each of the 10 priorities. Subject matter experts in each priority area have been drawn into the task and finish group to support this work
- 1.3. The Outcomes Framework is structured as follows for each of the 10 priorities;

- 3-5 Shared Outcomes- that break-down the priority into specific areas of delivery
- Outcome Indicators- high level metrics that will be updated annually and determine whether the progress is being made to achieve the desired outcomes or not
- Supporting Indicators- more specific metrics that will usually be updated more frequently and support achievement of the Outcome Indicator
- Primary Partnership- the existing group(s) that will have oversight of delivery against a specific priority area and update the HWB Board annually on progress
- Key partnerships that bring partners together to deliver action relevant to the specific priority
- Key strategies and activity already happening in the specific priority area that will support delivery of the outcomes

The full Outcomes Framework is available in annex 1 for all 10 of the strategy priorities

1.4 As the strategy has 4 domains- Start Well, Live Well, Age Well and Building Blocks- and the HWB Board has 4 meetings per year, it is proposed that at each board meeting an update on progress against 1 of the domains is presented, thus ensuring progress against all parts of the strategy is reviewed on an annual basis.

2. Background

2.1. **Strategy formulation:** On 6 March 2023, the HWB approved plans to update Oxfordshire's Joint Health and Wellbeing Strategy (JHWS) and form a cross-organisational Task and Finish group to drive progress between meetings. The Task and Finish Group has overseen the publication of the Oxfordshire Joint Strategic Needs Assessment (JSNA) 2023, refined a longlist of priorities through workshop with HWB, completed extensive early engagement work with Oxfordshire residents and used its findings to inform themes for the JHWS, also informed by the ICS Strategy published in March 2023. The draft strategy was reviewed and approved for a full public consultation in October 2023. The findings and recommendations from the consultation and relevant scrutiny committees were incorporated into the final strategy that was approved by the HWB on 8th December. Further details of this process can be found in the report to HWB: [231207_HWB_Item_7_Health_and_Wellbeing_Strategy_Coversheet.pdf \(oxfordshire.gov.uk\)](#). The strategy was then published and launched on 24th January 2024: [New strategy aims to improve health outcomes for all \(oxfordshire.gov.uk\)](#).

2.2. **Strategy Priorities:** The Health and Wellbeing Strategy offers a strong, unified vision for improved health and wellbeing and will act as the primary *place*

strategy for health and wellbeing in Oxfordshire. It focuses on health and wellbeing in a broad sense, moving beyond a clinical or service-oriented view, towards a community-oriented view. It focuses on the things people need to stay healthy such as stable employment, warm homes, environments that allow healthier living and communities that are well connected and supportive. It also focuses on what we can do jointly across health and social care in Oxfordshire to prevent people being at risk of poor health, from birth to older age, and thereby both improve health and reduce the need for healthcare services. The strategy does not focus on access to healthcare services as this is covered by partner strategies across the ICS.

2.3. **Strategy Structure:** The strategy is structured on the three principles (figure 1) - health inequalities, preventing ill-health, and closer collaboration that will underpin and be the lens through which the strategy will be implemented. There are then 10 priorities in total, the first 6 follow the life course approach to wellbeing, divided into Start Well, Live Well and Age Well and then 4 priorities centred around the building blocks of health: Financial Wellbeing and Healthy Jobs, Climate action and Health, Healthy Homes, and Thriving Communities. Helping to ensure Oxfordshire’s health and care system is inclusive, compassionate, data-informed, rooted in communities, and sustainable are key enablers of the strategy; Oxfordshire’s digital infrastructure, the health and care system joint workforce, and anchor institutions. For an overview of these components of the strategy see a summary document here: [Health and wellbeing strategy \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/health-and-wellbeing-strategy)

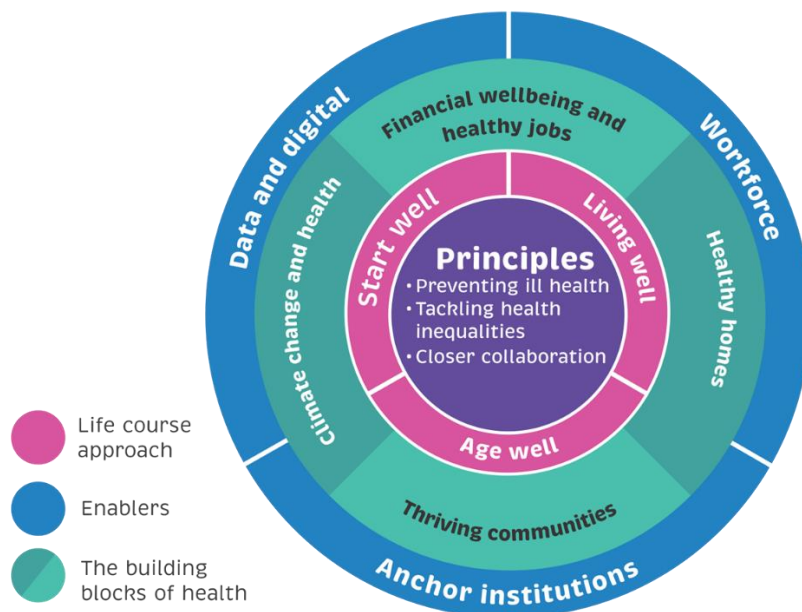


Figure 1. Summary of Health and Wellbeing Strategy 2024-2030

The full strategy can be read here: [Health and wellbeing strategy - 2024-2030 \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/health-and-wellbeing-strategy-2024-2030).

3. Outcomes Framework Approach

3.1. An outcomes framework is an integral component of a robust health and well-being strategy, serving as guiding pillars to ensure the efficacy and success of the initiative. By establishing clear outcomes, the outcomes framework defines specific, measurable goals, providing a structured approach to track progress and evaluate impact. This framework enables stakeholders to align their efforts toward common objectives, fostering collaboration and resource optimisation.

3.2. The Oxfordshire Joint Health and Wellbeing Strategy is broader in its scope than ever before, and it is therefore important the primary focus of the framework is on overarching principles of implementation and high-level outcomes that span these diverse domains. This outcomes framework provides a focus on the desired outcomes without prescribing or defining every action that could be undertaken to achieve this. This should ensure flexibility and adaptability, allowing stakeholders to navigate evolving circumstances without constraining the strategy's responsiveness to changing needs, ensuring the strategy remains relevant and effective over time.

3.3. **Principles of a shared outcomes framework:** The outcomes framework has taken into account the following principles

Principles of a shared outcomes framework: [Shared outcomes toolkit for integrated care systems - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/shared-outcomes-toolkit-for-integrated-care-systems)

1. Focused on the population at place level
2. Creates a shared vision and brings organisations together.
3. Supports relationships and cultural change.
4. Minimises burden to organisations within the place.
5. Focused on local outcomes, not organisational processes or outputs.
6. Complements existing responsibilities and regulatory frameworks.
7. Embeds organisational mutual accountability for delivery and progress.

4. Process

4.1. **Overview:** Since the completion of the Health and Wellbeing Strategy in December, the Task and Finish Group has developed a outcomes framework to support implementation of the strategy. This is presented in Annex 1

- 4.2. **Stakeholder Engagement:** In the development of the Health and Wellbeing Strategy diverse stakeholders, including community members, healthcare professionals, policymakers, and advocacy groups have been consulted to ensure a comprehensive understanding and reflection of the varied perspectives and needs of Oxfordshire. Those voices through the early engagement work and public consultation have continued to be incorporated into the outcomes framework. Further subject matter expertise has been drawn into thematic action groups – Start Well, Live Well, Age Well and Building Blocks - that have driven the development work. This has included representatives from all organisations on the Health and Wellbeing Board.
- 4.3. **Mapping current strategies:** Early in the process, mapping of current areas of work relating to the priorities of the strategy was undertaken. This process has helped prevent the duplication of efforts, optimise resource allocation, and ensures that the new framework complements, rather than conflicts with, ongoing strategies. Mapping current approaches aims to foster collaboration by acknowledging and integrating successful elements from existing initiatives. It also means any gaps in activity to deliver the ambition in the strategy can be identified and addressed.
- 4.4. **Logic Model Approach:** A logic model approach was used to provides a systematic and visual representation of the strategy's components, illustrating the logical connections between inputs, activities, outputs, and outcomes. This has helped to articulate the cause-and-effect relationships, making explicit how specific activities contribute to desired outcomes. Additionally, a logic model approach offered a structured foundation for selecting performance indicators, ensuring that outcomes are not only well-defined but also measurable.
- 4.5. **Development of shared outcomes:** Following the logic model approach an Outcomes Framework for the JHWS has been developed with support of the action groups involved. The shared outcomes within each priority reflect existing county wide outcomes in those areas. Where action groups identified dimensions of strategic priorities that are not currently being addressed, these have been framed as opportunities for potential development over the course of the strategy. It is also important to note that the breadth and scope of the strategy has provided challenges and opportunities; the comprehensive approach to health and wellbeing the strategy takes allows for inclusive and holistic solutions however this can lead to a lack of specificity due to the multitude of interconnected elements. Action groups have attempted to focus on areas of intersection in partners' strategic goals and actions where the HWB could make a significant difference to outcomes or reflect areas of particular policy interest.

- 4.6. **Monitoring Outcomes:** The outcomes framework aims to describe the key measures needed to evaluate the impact of the action to achieve the shared outcomes and encourages shared accountability across partner organisations – all working to the same measure of success. The metrics selected reflect those being used in existing plans to align with and accurately portray the efforts already carried out in delivery and prioritisation. They also reflect the major areas of inequality of outcome and cover a broad a range of inequalities dimensions where data allows. Both quantitative indicators, such as changes in key health metrics and qualitative indicators such as improvements in community wellbeing surveys will provide valuable insights into the strategy's effectiveness and relevance. Regular evaluation and narrative reporting is used where it is difficult to obtain indicators that sufficiently target the shared outcome or where more nuanced feedback is required. Indicators have been separated into Key Outcome Indicators, which reflect the high level measures of success related to shared outcomes and are usually an overview but can be a proxy measure, and Supporting Indicators which are measures of success that address different aspects and provide insight of the work required to meet the shared outcome.
- 4.7. **Assessment of indicators:** The assessment and selection of indicators has been divided into Phase 1 and Phase 2. Phase 1 identifies key indicators aligning with shared outcomes, that are well established and currently reported across different formats, have readily available data or have readily feasible data collection. Phase 1 indicators have been agreed on by action groups and task and finish group members and are included in the outcomes framework. There is continuing work in Phase 2 which seeks to review and refine indicator selection, particularly those supporting indicators, work with partners to address gaps in measurement, feasibility of data collection and ensuring continued relevance of the metrics used over the term of the strategy.
- 4.8. It is also anticipated that where data is available, the Outcome Indicators and Supporting Indicators will provide data at both a county level and at smaller geographical footprints so that the impact on reducing health inequalities within the 10 wards can be monitored. There are also 3 over-arching indicators that cut across the strategy that will be updated annually and reported to the board
- 4.8.1. Inequalities in life expectancy
 - 4.8.2. Healthy life expectancy
 - 4.8.3. Preventable mortality

5. Reporting and Delivery Plans

- 5.1 **Reporting Structure:** The delivery of the health and wellbeing strategy requires monitoring that will be undertaken at various levels of detail and frequency. At the

core, the HWB will have a high -level overview of the progress being undertaken in the 10 priorities of the strategy through reports to HWB on an annual basis from 4 thematic domains - Start Well, Live Well, Age Well, Building Blocks, each reporting once a year to HWB quarterly meetings. Primary Partnerships responsible for oversight of delivery of each priority (mostly grouped into the thematic domains) have been identified within the outcomes framework (see annex 1). Primary Partnerships have been engaged with and selected due to their existing activity in the targeted health and wellbeing strategy area. By leveraging partnerships already operational in each thematic domain, the proposed reporting structure (see figure 2) optimises efficiency and minimises burden to organisations, embedding the reporting on the 10 priorities into the current system

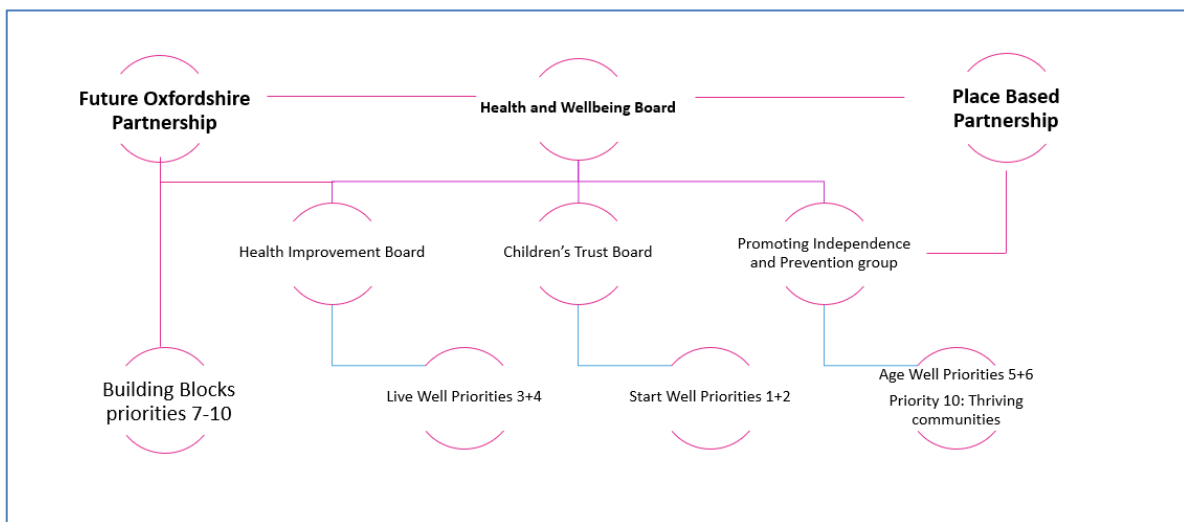


Figure 2: Proposed reporting structure for Health and Being Strategy

5.2 It should be noted that 2 building blocks priorities 9 (Healthy Homes) and 10 (Thriving Communities), both have 2 partnership bodies contributing to oversight of delivery. For priority 9 this is the Future Oxfordshire Partnership and the HWB itself. For priority 10 a combination of the Safer Oxfordshire Partnership and Promoting Independence and Prevention group (PIP) will lead on delivery.

5.3 **Performance report formats:** Primary Partnerships will monitor progress within the priorities they are responsible for. Progress report formats can be tailored to the unique dynamics of the partnership and its goals and to capture the nuances and detail of actions within the priority. However all updates will answer the following questions at annual reports of performance, as well as providing data on the Outcome Indicators and Supporting Indicators relevant to their priority:

1. What progress has been made since last update?
2. What are the current outstanding actions that still need to be taken?

3. What challenges are there and can the HWB support resolution of the issue?

5.4 Example of performance report: The Health Improvement Board (HIB) has been identified as the primary partnership for priorities 3 and 4- the Live Well domain. There are well established programmes of work and data sets within these priorities that provide a robust foundation for compiling a comprehensive performance report, therefore a prototype performance report is included in annex 2 that will be used by the HIB for future reporting. It is expected that the same approach to annual performance reporting will be provided for each of the other 8 priority/ 3 domains when providing their annual update to the board

5.5 Delivery plans: The outcomes framework outlines how the priorities are grouped into thematic domains and overseen by primary partnerships. Also outlined are details of the multiple strategies, action plans and programmes of work that are currently in place working towards the shared outcomes. Where a delivery plan is developed for a single priority, it is the consolidation of these existing actions and outlines in detail plans for delivery, as well as identifying gaps and opportunities for the HWB to ensure partnership working to the priority goal.

5.6 An example delivery plan (for the Live Well priorities 3 + 4) has been developed with partners part of the Health Improvement Board (see [Health Improvement Board in supporting delivery of HWB strategy- Feb 24.pdf \(oxfordshire.gov.uk\)](#) . This delivery plan brings together county wide partnership plans, such as the Whole Systems Approach (WSA) to obesity and the Tobacco Control Alliance action plan. It will be determined by the Primary Partnerships for each priority whether to develop a single delivery plan for the HWB strategy priority it owns or not. However, either way, they will still update the HWB Board on action taken to address the priority on the proposed an annual reporting cycle.

5.7 Coordination of delivery planning: The consolidation of existing actions and identification of opportunities for development for each priority requires multiagency coordination and cooperation. While these partnerships exist, there is a clear need for a role in coordination of this delivery that links to the HWB. A Health and Wellbeing Representative is proposed for each priority or thematic domain within the strategy, thereby constituting a group of 7- 10 officers to provide a unified voice influencing the work within each thematic domain by advocating for the strategy. The key credentials for the role include knowledge of the priority area and how it relates to the strategic priorities of the JHWS, excellent communication skills and partnership working. The role of a HWBR is flexible and can evolve over time but primarily ensures:

1. Clear communication channel : central point of contact for all partners facilitating open and effective communication
2. Coordination and Collaboration: Ensuring partners are continuing to work on the agenda(s) relevant to the priority and strategy - through existing partnerships and programmes
3. Identification of gaps or areas in need of greater focus: flagging these to the Board and helping convene action to address gaps
4. Monitoring and Evaluation: Collaborating on refinement of monitoring and evaluation processes based on feedback, evaluation results, and changing circumstances for the duration of the strategy timescale. Co-ordinating updates (annually) back to the board on progress against the priority

6. Financial and Staff Implications

6.1 There are no direct financial implications associated with this report. The Officer resource required to develop the work has required and continues to require contribution from partners of the Health and Wellbeing Board, as agreed by the Health and Wellbeing Board on 16th March 2023. All partners on the HWB Board will need to use organisational resource to support delivery of this strategy.

7. Legal Implications

7.1 The publication of Oxfordshire's Health and Wellbeing Strategy has met the Health and Wellbeing Board's statutory duty to publish a strategy to address health needs of the local population. The publication of the JSNA 2023 enabled the Board to meet its duty that its strategy addresses resident needs as outlined in the JSNA. The HWB's legal duty to consult residents has been met with publication of the consultation report in December 2023.

8. Equality and Inclusion Implications

8.1 Tackling health inequalities plays a key role in the outcomes framework for the Health and Wellbeing Strategy. The strategy places front and centre the need to tackle avoidable and unfair inequalities in health outcomes, experiences, and access to health and care services. This guiding principle is driven by insights from JSNA 2023.

8.2 Staff across organisations have all emphasised that people from disadvantaged groups should have a chance to help shape the Health and Wellbeing Strategy. As outlined in previous reports, officers have engaged with residents from disadvantaged groups across Oxfordshire during the process of updating the strategy, especially those whose health has been adversely impacted by their respective disadvantage.

9. Sustainability Implications

9.1 The process of updating the strategy itself has no direct sustainability implications. However, the strategy includes a priority regarding the impact of climate change on health, including air quality, access to nature, and the built environment, which is emphasised through the outcomes and key metrics in the outcomes framework. The final strategy builds on and affirms existing partnership-wide climate action commitments, recognising the impact this has on residents' health and wellbeing.

10. Risk Management

10.1 A detailed risk assessment is not required for this work. Regular oversight and input on the strategy development will be provided by the Health and Wellbeing Board and the Task and Finish group.

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Annexed papers: 1. Annex 1- Oxfordshire Health and Wellbeing Strategy (2024-2030) Outcomes Framework
2. Annex 2- Draft Metrics for Live Well Priorities

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