

# **County Council**

**24 March 2026**

## **Agenda**

To: **Members of the County COUNCIL**

***Notice of a Meeting of the County Council***

**Tuesday, 24 March 2026 at 10.30 am**

**Council Chamber - County Hall, New Road, Oxford OX1 1ND**

If you wish to view proceedings, please click on this [Live Stream Link](#). Please note, that will not allow you to participate in the meeting.



Martin Reeves  
Chief Executive

March 2026

Committee Officer: **Democratic Services**  
E-mail: [CommitteesDemocraticServices@Oxfordshire.gov.uk](mailto:CommitteesDemocraticServices@Oxfordshire.gov.uk)

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# AGENDA

## 1. Minutes (Pages 11 - 18)

To approve the minutes of the meeting held on 10 February 2026 (CC1) and to receive information arising from them.

## 2. Apologies for Absence

## 3. Declarations of Interest - see guidance note

Members are reminded that they must declare their interests orally at the meeting and specify (a) the nature of the interest and (b) which items on the agenda are the relevant items. This applies also to items where members have interests by virtue of their membership of a district council in Oxfordshire.

## 4. Official Communications

## 5. Appointments

To make any changes to the membership of scrutiny and other committees on the nomination of political groups and to note any changes to the Cabinet made by the Leader of the Council.

## 6. Petitions and Public Address

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting.

Requests to speak must be submitted no later than 9am three working days before the meeting.

Requests should be submitted to [committeesdemocraticservices@oxfordshire.gov.uk](mailto:committeesdemocraticservices@oxfordshire.gov.uk)

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

## 7. Questions with Notice from Members of the Public

The deadline to submit questions is 9am, five working days before the meeting i.e. 9am Tuesday 17 March 2026.

**8. Questions with Notice from Members of the Council**

**9. Report of the Cabinet (Pages 19 - 24)**

Report by the Leader of the Council.

The report, for noting, includes items at the Cabinet meetings on 9 December 2025, 16 December 2025, 27 January 2026 and 24 February 2026.

**10. Annual Report of the Director of Public Health (Pages 25 - 64)**

Report by the Director of Public Health

The Director of Public Health Annual Report 2025/26 offers a comprehensive and accessible review of Oxfordshire's progress in addressing health inequalities since the 2019/20 report, *Some Are More Equal Than Others*.

**Council is RECOMMENDED to**

- a) **consider the 2025/26 Director of Public Health Annual Report and specifically note the progress made to address health inequalities in Oxfordshire following the publication of the Director of Public Health Annual Report in 2019/2020, which marked a pivotal moment in Oxfordshire.**
- b) **support the interactive format of the Director of Public Health Annual Report 2025/26 and note the insights that can be used for informing future service delivery plans.**

**11. Officer Code of Conduct (Constitutional Amendment) (Pages 65 - 88)**

Report by the Director of Law & Governance and Monitoring Officer

A comprehensive review of the Code was undertaken by the Director of Law & Governance and Monitoring Officer, taking into consideration best practice, and benchmarking against other authorities. The review identified and recommended substantial amendments to ensure the Code reflects current council values, working practices and organisational requirements.

**Council is RECOMMENDED to amend the Constitution at Part 9.6 Officers' Code of Conduct.**

**MOTIONS WITH NOTICE FROM MEMBERS OF THE COUNCIL**

*WOULD MEMBERS PLEASE NOTE THAT ANY AMENDMENTS TO MOTIONS WITH NOTICE MUST BE PRESENTED TO THE PROPER OFFICER IN WRITING BY 9.00 AM ON THE FRIDAY BEFORE THE MEETING*

## 12. Motion from Councillor Tom Greenaway

Pride in the appearance of the public realm is important to our residents. Clean and well-maintained pavements make people feel good about their neighbourhood, reduce accidents, and prevent more costly problems later. Neglect leads to uneven footways, hazards for those with mobility difficulties, and higher long-term repair bills.

Routine weed clearance on county pavements was part of highways maintenance until 2007/08, when budget cuts removed the programme. Some parishes now commission their own weed spraying and may be using glyphosate, increasingly opposed by residents because of its risks to health, pets, rivers, and biodiversity. Other parishes are now beginning to trial alternative approaches.

Council resolves to:

1. Note the historic withdrawal of routine weed clearance and the resulting concerns about accessibility, safety, and neighbourhood appearance.
2. Recognise the Council's statutory duty to keep pavements free of hazards, and that neglect increases both risks and costs.
3. Request Cabinet to seek an officer report with options for re-establishing pavement weed clearance and scheduled maintenance, including alternatives to glyphosate, and how the Council can support towns and parishes to reduce reliance on chemical spraying.
4. Request that the Cabinet Member for Finance, Property and Transformation give due consideration to the findings of this report as part of the next round of budget setting.

*Note: The motion, if passed, would constitute the exercise of an executive function in which case it will be referred to the Cabinet together with any advice the Council may wish to give, in accordance with Rule 13.5.1 (i) of the Council Procedure Rules in the Constitution.*

## 13. Motion from Councillor Glynis Phillips

Oxfordshire is an expensive place to live and work. Oxfordshire County Council (OCC) staff need and deserve the Oxford Living Wage (OLW).

Paying the OLW helps tackle in-work poverty, improves staff wellbeing and retention, and supports local economic resilience. Extending to all suppliers, service-providers and contractors, via inclusion in all contracts, will multiply the impact.

From April 2026, the Oxford Living Wage, a voluntary rate set at 95% of the London Living Wage, will be £14.06 an hour. It recognises the high cost of living in Oxford, costs that OCC workers must meet.

This Council aims for a healthier, fairer and greener county, one that delivers real social value: Paying all staff a living wage is fundamental.

In 2025-6 OCC's lowest paid staff earned £980 less than if an Oxford Living Wage was in place.

OCC could also implement an Oxfordshire Living Wage, reflecting the real cost of living in Oxfordshire.

This Council therefore commits to an Oxfordshire Living Wage and asks Cabinet to

- Include sufficient capacity in the 2027/2028 budget to meet the cost of implementing the Oxford Living Wage for all staff
- Ensure all new contracts negotiated after such decision has been made require contractors, suppliers and service providers to pay the Oxford Living Wage and existing providers as contracts get renewed
- Seek to work with Oxford City Council and Oxfordshire District Councils to explore expanding the Oxford Living Wage to be an Oxfordshire Living Wage
- Publicly promote OCC's commitment to the Oxfordshire Living Wage

*Note: The motion, if passed, would constitute the exercise of an executive function in which case it will be referred to the Cabinet together with any advice the Council may wish to give, in accordance with Rule 13.5.1 (i) of the Council Procedure Rules in the Constitution.*

#### **14. Motion from Councillor Lee Evans**

For eleven consecutive years, under varying political leaderships, Oxfordshire County Council was named the top performing county council waste disposal authority.

- The 2025 Satisfaction Ratings of Services survey showed 72% of residents were satisfied with the way Household Waste Recycling Centres operated, with only 16% dissatisfied.
- The hard-work of employees who operate our centres, alongside the conscientiousness of Oxfordshire residents, made the operation of centres a success story in our county.

In spite of this positive record, this Council administration has implemented a series of changes, including a mandatory booking system and the need to bring proof of address with you when using a centre.

This Council acknowledges that:

- The new rules for using waste and recycling centres place additional bureaucratic burdens on residents, making it harder for them to use local centres.
- The implementation of these rules, we believe, has reduced the number of visits to the centres, with more waste likely to be redirected into District & City Council waste collections or, in some cases, fly-tipped.
- These rules are, therefore, a threat to the high rates of recycling previously seen in our County and risk undermining public satisfaction with waste and recycling services.

Therefore, this Council resolves to request the Cabinet to reconsider the issue of rules for using the household waste and recycling centres; revoke these new and unnecessary burdens on local residents; and return to the popular and successful

model previously operated.

*Note: The motion, if passed, would constitute the exercise of an executive function in which case it will be referred to the Cabinet together with any advice the Council may wish to give, in accordance with Rule 13.5.1 (i) of the Council Procedure Rules in the Constitution.*

## **15. Motion from Councillor James Barlow**

Council notes both that:

1. The *Oxfordshire Climate Risk and Vulnerability Assessment (2024)* identifies flooding and extreme heat as significant, growing climate risks; driven by warmer, wetter winters, more intense rainfall events, and prolonged summer heat waves.
2. The impacts of climate and ecosystem collapse are now acknowledged to be even greater than thought in 2024, posing an existential threat to human habitation, that will dwarf any economic collapses seen to date if serious adaptation does not become 'business-as-usual' in the same way that fiduciary duties are.

The assessment illustrates the need for catchment-wide, preventative approaches that build resilience across landscapes and communities to decrease flooding impacts – i.e. to make space for water upstream of residents' living room. For heat, urban design is key to resilience, preventing heat islands, and residents' deaths.

Council notes adaptation measures' success depends on being multi-year, multi-stakeholder collaboration, community and catchment-based. Partners' (e.g. Environment Agency) work on 6-year funding cycles, allowing capacity and capability to build appropriately – starkly different to the 1-year Oxfordshire County Council (OCC) funding bid environment.

Council requests that Cabinet implements:

- Sustained (ring-fenced for at least 6 years to match partners) and significantly increased investment to further build OCC's capacity and capability to convene and work in catchment-based, multi-stakeholder action groups to embed climate adaptation activity as an essential part of business-as-usual
- Two councillor-led action group pilots, convening, alongside officers and partners, to build capability in resilience through action, via
  - A catchment for flooding,
  - An urban neighbourhood for urban heat islands

*Note: The motion, if passed, would constitute the exercise of an executive function in which case it will be referred to the Cabinet together with any advice the Council may wish to give, in accordance with Rule 13.5.1 (i) of the Council Procedure Rules in the Constitution.*

## **Councillors declaring interests**

### **General duty**

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

### **What is a disclosable pecuniary interest?**

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

### **Declaring an interest**

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

### **Members' Code of Conduct and public perception**

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

### **Members Code – Other registrable interests**

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

- a) Any unpaid directorships
- b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

- c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

### **Members Code – Non-registrable interests**

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

- a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
- b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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# Agenda Item 1

## OXFORDSHIRE COUNTY COUNCIL

**MINUTES** of the meeting held on Tuesday, 10 February 2026 commencing at 10.30 am and finishing at 5.00 pm

### **Present:**

Councillor Mark Lygo – in the Chair

Councillors:

Ted Fenton (Vice-Chair)  
Thomas Ashby  
Brad Baines  
James Barlow  
Ron Batstone  
Tim Bearder  
Will Boucher-Giles  
Chris Brant  
Liz Brighthouse OBE  
Mark Cherry  
Andrew Coles  
Nicholas Michael Cotter  
Dr Izzy Creed  
Andrew Crichton  
Hao Du  
Imade Edosomwan  
Gareth Epps  
Lee Evans  
Neil Fawcett  
Maggie Filipova-Rivers  
Rebekah Fletcher

Andrew Gant  
Sean Gaul  
Laura Gordon  
Andy Graham  
Tom Greenaway  
Kate Gregory  
Jane Hanna OBE  
Jenny Hannaby  
David Henwood  
Georgina Heritage  
Ben Higgins  
David Hingley  
Johnny Hope-Smith  
Robin Jones  
Emily Kerr  
Liz Leffman  
Dan Levy  
Dr Nathan Ley  
Diana Lugova  
Saj Malik  
Kieron Mallon

Emma Markham  
Gavin McLauchlan  
Lesley McLean  
Ian Middleton  
Toyah Overton  
Glynis Phillips  
James Plumb  
Susanna Pressel  
Leigh Rawlins  
Judy Roberts  
James Robertshaw  
Geoff Saul  
John Shiri  
Ian Snowdon  
Peter Stevens  
Bethia Thomas  
Liam Walker  
Matt Webb  
Tony Worgan

*The Council considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.*

### **1/26 MINUTES**

(Agenda Item 1)

#### **RESOLVED:**

That the minutes of the meeting held on 9 December 2025 be approved and signed as an accurate record of the proceedings.

### **2/26 APOLOGIES FOR ABSENCE**

(Agenda Item 2)

Apologies were received from Councillors Edwards, Field-Johnson, Fry, Garnett, Gawrysiak, Sargent and Smith.

**3/26 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE**

(Agenda Item 3)

There were no declarations of interest.

**4/26 OFFICIAL COMMUNICATIONS**

(Agenda Item 4)

The Chair announced that Oxfordshire County Council had again been awarded gold in the Armed Forces Employer Recognition Scheme recognising its ongoing commitment to the armed forces community.

The Gold Award was the highest honour for employers who demonstrated exceptional advocacy, flexible HR policies, and sustained support for defence. First awarded to the council in 2020, this year's revalidation highlighted the authority's ongoing commitment to supporting veterans and reservists, as well as adult cadet volunteers and the spouses and partners of armed forces personnel who work in the council. The Chair congratulated all involved.

The Oxfordshire recipients of awards in the New Year's Honours were listed in Annex 1 of the Schedule of Business. The Chair congratulated all those honoured.

A list of events attended by the Chair and Vice-Chair since the December Council meeting was included in Annex 2.

The Chair thanked those who attended his Gala Dinner on 30 January and those who could not attend but donated to the charities. £816 was raised from this event, which will be distributed between the Chair's three charities: Abingdon Riding for the Disabled, Oxford United in the Community and OXSRAD.

The Council had been informed of the passing of two former county councillors in recent months.

Former Cllr David Nicholson was elected as the Liberal Democrat Member for Woodstock Division in 1997 and stood down ahead of the 2001 elections. He was a member of the Education Committee, Schools Performance & Quality Sub-Committee, Community Education (Youth & Adult) Sub-Committee and Public Protection Committee during his term of office.

Former Cllr Nicholson was also a member of West Oxfordshire District Council, representing the Witney East Ward from 2003 to 2007 and a

parliamentary candidate. Councillors paid tribute to his contribution to public service.

Former Leader of the Council, Ian Hudspeth, had been a member of Bladon Parish Council, and West Oxfordshire District Council, before becoming the Conservative Member for Woodstock Division on 5th May 2005, a seat he held until May 2021.

Ian held the Cabinet portfolio for Transport Implementation, later Transport from 2007, changing to take on the Growth & Infrastructure portfolio from 2009 until 2011.

He was elected Leader of the Council in May 2012, a position he held until 2021. He remained active in politics and stood again for election in May 2025 even though he was not elected.

Councillors paid tribute to his work as Leader of the Council and contribution to public service.

Members stood for a minute's silence.

## **5/26 APPOINTMENTS**

(Agenda Item 5)

RESOLVED:

That the amendments to the Scheme of Delegation for the Cabinet as set out in the report from the Proper Officer in Addenda 4, be noted.

## **6/26 PETITIONS AND PUBLIC ADDRESS**

(Agenda Item 6)

The Chair accepted a request from Linda Goodhead to present a petition calling for a weight limit on Hinksey Hill. She stated that the local community had understood that a vehicle weight limit would be applied to Hinksey Hill following the construction of the Lodge Hill interchange on the A34. However, they were told that there was insufficient funding for the signage on the A34. Petitioners asked the Council to look again at the funding for the signage and put it high on their list of priorities.

Councillor Roberts, Cabinet Member for Place, Environment and Climate Action, thanked petitioners for their proactive approach towards ensuring the safety and well-being of the local community. She responded that officers were exploring potential alternative designs and specification, for implementation of a Weight Limit Traffic Regulation Order on Hinksey Hill as part of the Lodge Hill Scheme. The matter has been referred to the Director of Environment and Highways.

The Chair accepted three requests to speak on Item 8 - Budget and Business Planning:

- Debbie Davies
- Richard Drew
- Steve Bolingbroke

Speeches that have been provided to the Council are published alongside the minutes.

## **7/26 PAY POLICY STATEMENT 2026/27**

(Agenda Item 7)

Council considered a report on the pay policy statement which set out the council's approach to pay in accordance with the requirements of Section 38-43 of the Localism Act 2011.

The report was moved by Councillor Fawcett and seconded by Councillor Leffman. Following discussion, the recommendations were approved with 44 votes in favour, 14 against and 4 abstentions.

### **RESOLVED:**

**That approval be given to the adoption of the 2026/27 pay policy statement and that it be published on the council website and intranet, as required by The Localism Act 2011 (the Act) and the Code of Practice on Data Transparency.**

## **8/26 BUDGET AND BUSINESS PLANNING 2026/27 - 2030/31**

(Agenda Item 8)

Council had before it a report on the Budget and Business Planning process for 2026/27 to 2030/31. It set out the Cabinet's proposed budget for 2026/27, medium term financial plan to 2030/31 and capital programme to 2036/37, together with a number of strategies and policies that the Council was required to approve for the 2026/27 financial year. Officer amendments to the report had been set out in Addenda 4.

The recommendations were proposed by Councillor Leffman, Leader of the Council and seconded by Councillor Levy, Cabinet Member for Finance, Property and Transformation.

A set of amendments, set out in Addenda 1, were proposed by Councillor Brighthouse, Leader of the Labour and Cooperative Group, and seconded by Councillor Baines, Shadow Cabinet Member for Finance, Property and Transformation. Following debate, the amendments were put to the vote and a roll call vote was taken. The amendments were lost.

The result of the roll call vote for the amendments in Addenda 1, was as follows:

Councillors voting in favour (11): Baines, Brighouse, Cherry, Coles, Creed, Crichton, Edosomwan, Lygo, Philips, Pressel and Saul.

Councillors voting against (45): Ashby, Batstone, Bearder, Boucher-Giles, Brant, Cotter, Du, Epps, Evans, Fawcett, Fenton, Filipova-Rivers, Fletcher, Gant, Gaul, Gordon, Graham, Greenaway, Gregory, Hanna, Hannaby, Henwood, Heritage, Higgins, Hingley, Hope-Smith, Leffman, Levy, Ley, Lugova, Malik, Mallon, McLean, Overton, Plumb, Rawlins, Roberts, Robertshaw, Shiri, Snowdon, Stevens, Thomas, Walker, Webb and Worgan.

Councillors abstaining (6): Barlow, Jones, Kerr, Markham, McLauchlan and Middleton.

A set of amendments, set out in Addenda 2, were proposed by Councillor Walker, Leader of the Oxfordshire Alliance and seconded by Councillor Mallon, Shadow Cabinet Member for Finance, Property and Transformation. Following debate the amendments were put to the vote and a roll call vote was taken. The amendments were lost.

The result of the roll call vote for the amendments in Addenda 2, was as follows:

Councillors voting in favour (10): Ashby, Evans, Fenton, Henwood, Malik, Mallon, Plumb, Robertshaw, Snowdon and Walker.

Councillors voting against (51): Baines, Barlow, Batstone, Bearder, Boucher-Giles, Brant, Brighouse, Cherry, Coles, Cotter, Creed, Crichton, Edosomwan, Epps, Fawcett, Filipova-Rivers, Fletcher, Gant, Gaul, Gordon, Graham, Greenaway, Gregory, Hanna, Hannaby, Heritage, Higgins, Hingley, Hope-Smith, Jones, Kerr, Leffman, Levy, Ley, Lugova, Lygo, Markham, McLauchlan, McLean, Middleton, Overton, Phillips, Pressel, Rawlins, Roberts, Saul, Shiri, Stevens, Thomas, Webb and Worgan.

Councillors abstaining (1): Du

A set of amendments, set out in Addenda 3, were proposed by Councillor Middleton, Leader of the Green Group and seconded by Councillor Markham. Prior to the amendments being formally moved and seconded, Councillor Middleton withdrew and did not move the amendment relating to the Capital Programme to reallocate funds from Watlington Relief Road to drainage infrastructure investment and delivery of Local Cycling and Walking Infrastructure Plans (LCWIPs).

Councillors Leffman and Levy accepted the revenue amendments set out in Addenda 3.

The meeting adjourned at 3pm to consider the proposal.

The meeting resumed at 3.30pm. A Supplementary Report was circulated to councillors and published online detailing the amendments from Addenda 3 that had been accepted by Councillors Leffman and Levy, excluding the capital amendments, namely the reallocation of funds from Watlington Relief Road.

Following debate, the substantive motion was put to the vote and a roll call vote was taken. The substantive motion was carried.

The result of the roll call vote for the substantive motion was as follows:

Councillors voting in favour (39): Barlow, Batstone, Boucher-Giles, Brant, Cotter, Epps, Fawcett, Filipova-Rivers, Fletcher, Gant, Gaul, Gordon, Graham, Greenaway, Gregory, Hanna, Hannaby, Heritage, Higgins, Hingley, Hope-Smith, Jones, Leffman, Levy, Ley, Lugova, Markham, McLauchlan, McLean, Middleton, Overton, Rawlins, Roberts, Shiri, Stevens, Thomas, Webb and Worgan.

Councillors voting against (11): Baines, Brighouse, Cherry, Creed, Crichton, Du, Edosomwan, Lygo, Philips, Pressel and Saul.

Councillors abstaining (9): Ashby, Evans, Henwood, Malik, Mallon, Plumb, Robertshaw, Snowdon and Walker.

**RESOLVED to:**

- a. have regard to the statutory report of the Deputy Chief Executive (S151 Officer) [set out in Cabinet Section 3.1 and amended at Green Group Section 3.1] in approving recommendations b to d below;
- b. (in respect of the budget and medium term financial strategy – at Section 4) approve the following:
  - (1) the council tax and precept calculations for 2026/27 [at Cabinet Section 4.3] and in particular:
    - (i) a precept of £567,372,273.74;
    - (ii) a council tax for band D equivalent properties of £2,006.78;
  - (2) a budget for 2026/27 [as set out in Supplementary Section 4.4 which incorporates Cabinet Section 4.4 amended by Green Group Section 4.4];
  - (3) a medium term financial strategy for 2026/27 to 2030/31 [as set out in Supplementary Section 4.1 (which incorporates changes to the existing medium term financial strategy as set out in Cabinet Section 4.2 amended by Green Group Section 4.2)];
  - (4) the Financial Strategy for 2026/27 [at Cabinet Section 4.5];

- (5) the Earmarked Reserves and General Balances Policy Statement 2026/27 [at Cabinet Section 4.6 and amended by Green Group Section 4.6]. This includes:**
  - (i) the Deputy Chief Executive (Section 151 Officer)'s recommended level of General Balances for 2026/27 [at Cabinet Section 4.6], and**
  - (ii) the planned level of Earmarked Reserves for 2026/27 to 2030/31 at Cabinet Section 4.6.1 amended by a reduction of £1.0m in the Budget Priorities Reserve and £0.2m in the Grants and Contributions Reserve].**

**c. (in respect of capital – at Section 5) approve:**

- (1) the Capital & Investment Strategy for 2026/27 to 2036/37 including the Prudential Indicators and Minimum Revenue Provision Methodology Statement as set out in Cabinet Section 5.1].**
- (2) a Capital Programme for 2026/27 to 2036/37 [as set out in Cabinet Section 5.3].**

**d. (in respect of treasury management – at Section 5) approve:**

- (1) the Treasury Management Strategy Statement and Annual Investment Strategy for 2026/27 [at Cabinet Section 5.2] including the Treasury Management Prudential Indicators and the Specified Investment and Non-Specified Investment Instruments.**
- (2) that any further changes required to the 2026/27 Treasury Management Strategy be delegated to the Deputy Chief Executive (Section 151 Officer) in consultation with the Leader of the Council and the Cabinet Member for Finance, Property and Transformation.**

..... in the Chair

Date of signing .....

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**Divisions- N/A**

## **COUNTY COUNCIL – 24 March 2026**

### **REPORT OF THE CABINET**

***Cabinet Member: Leader***

#### **1. Devolution for Oxfordshire**

*(Cabinet, 9 December 2025)*

Cabinet had before it a report which outlined Oxfordshire County Council's proposal to submit an Expression of Interest (EOI) for devolution, aiming to establish a Mayoral Strategic Authority (MSA) to drive regional economic growth and collaboration.

Cabinet noted that the proposal had already been discussed at length in the previous Council meeting, where it received clear cross-party support, and that the Cabinet's role was to build on this consensus.

Cabinet resolved to endorse the benefits of regional devolution and maintain collaborative efforts among local councils. They approved the submission of an Expression of Interest (EOI) to Government, positioning the region for early consideration in future devolution programmes. The EOI was an initial step to facilitate dialogue with Government, not a commitment to establishing a Mayoral Strategic Authority. The Cabinet agreed that any final decision regarding the authority would follow further reporting and discussion. Oversight of the process would be managed by an informal Devolution Board, ensuring strong governance and ongoing engagement with elected members.

***Cabinet Member: Resources and Deputy Leader***

#### **2. HR & Cultural Change - Quarterly Employee Data Report- Quarter 3 2025-26**

*(Cabinet, 24 February 2026)*

Cabinet noted a report which provided an overview of the progress towards delivering the Our People and Culture Strategy (as measured by the achievement of its key performance indicators). The report summarised the main employee-related trends for Q3 2025/26 and reviewed trends over the last four quarters.

The report referred, in particular, to improvements in recruitment processes. There had been a slight increase in agency spend because of ongoing challenges in recruiting to hard-to-fill roles including legal staff and educational psychologists. The

Council continued to maintain a high percentage of apprenticeship levy spending, particularly in adult and children's social care.

### ***Cabinet Member: Adults***

#### **3. Oxfordshire Learning Disability Plan 2025 – 2035**

*(Cabinet, 27 January 2026)*

Cabinet reviewed and approved the Oxfordshire Learning Disability Plan 2025–2035, a ten-year strategy for adults, including those transitioning into adulthood. The plan was co-produced through extensive engagement involving people with learning disabilities, carers, staff, and professionals, and focused on four core themes: having a good life, health and wellbeing, having a place to live, and homes not hospitals. It also addressed cross-cutting areas such as transitions, employment, technology-enabled care, and inclusion, with regular reviews and dynamic action plans monitored by a co-chaired improvement board. The Cabinet formally acknowledged the development of the plan and the progress made so far.

#### **4. My Life My Choice Councillor Deal**

*(Cabinet, 27 January 2026)*

The Cabinet received a report titled “County Councillor Deal”, developed by learning-disabled campaign champions from My Life My Choice. The report highlighted three key pledges focusing on social care workforce and support, education and employment, and good places to live. My Life My Choice requested the Leader of the Council’s endorsement of these pledges to better support individuals with learning disabilities. Representatives presented their priorities centred on empowerment, inclusion, and co-production.

Cabinet formally acknowledged and endorsed the compact, confirming a commitment to work collaboratively with campaign champions on these pledges, provided they aligned with the council’s remit and the Oxfordshire Learning Disability Plan 2025–2035.

### ***Cabinet Member: Place, Environment and Climate Action***

#### **5. Infrastructure Funding Statement 2024/25 and Section 106 Improvement Programme Update**

*(Cabinet, 16 December 2025)*

Cabinet reviewed the Infrastructure Funding Statement for the period from 1 April 2024 to 31 March 2025, which detailed developer contributions received (£37.8 million) and spent (£30.3 million). Members noted improvements in managing Section 106 funds, including streamlined processes and faster project delivery, despite ongoing legal complexities. Members recognised past challenges in accessing Section 106 information and welcomed enhanced transparency and

spending, particularly for schools and infrastructure, while noting some funds needed to be retained until projects were ready.

Cabinet approved the publication of the Infrastructure Funding Statement, delegated authority for minor amendments, and noted updates and recommendations from the S106 improvement programme and the Place Overview and Scrutiny Committee.

## **6. Updates to “Implementing Decide & Provide”**

*(Cabinet, 16 December 2025)*

Cabinet considered and approved updates to the ‘Implementing Decide & Provide’ document, which directed transport assessments for new developments in Oxfordshire. The revisions ensured alignment with recent national policies and enhanced practical use informed by user feedback. Key discussion points included the need for early community involvement, collaboration with partners such as the NHS and universities, sufficient resources, and clear communication.

## **7. Movement and Place Plans - Science Vale**

*(Cabinet, 27 January 2026)*

The Cabinet considered and approved the Science Vale Movement and Place (MAP) Plan, which will replace the previous Area Strategies adopted in 2016 under Local Transport Plan 4. The new plan emphasised integrating transport with place-making, enhancing connections between employment and housing, and repurposing infrastructure for community benefit. Cabinet formally adopted the overarching Introduction Chapter and the Science Vale MAP Plan, along with its supporting documents, reaffirming a commitment to ongoing community engagement in the process.

## **8. LTCP Monitoring Report 2024-2025**

*(Cabinet, 27 January 2026)*

Cabinet reviewed a report detailing the delivery and performance of the Council’s Local Transport and Connectivity Plan (LTCP) for 2024-2025. The report highlighted mixed progress against targets, with improvements in emissions reduction and digital connectivity, but challenges in rural cycling infrastructure and interpreting post-pandemic trends. The monitoring report was revised for clarity, and tracked key indicators such as car trips, vehicle miles, and headline targets. Concerns about rural cycling were raised, and forthcoming national guidance was noted.

Cabinet formally approved the publication of the LTCP Monitoring Report 2024-2025 and acknowledged progress made to date.

## **9. Climate Action Framework 2026-2030**

*(Cabinet, 24 February 2026)*

Cabinet considered and approved the Oxfordshire Climate Action Framework (CAF) 2026-2030 which outlined the council's vision for achieving a greener, fairer, and healthier county. The framework built on previous work and aimed for carbon neutrality in council operations by 2030 and net zero emissions countywide by the 2040s, integrating emissions reduction, resilience, nature recovery, and waste reduction with a collaborative approach. The framework emphasised collaboration with businesses, anchor institutions, community groups, and the Zero Carbon Oxfordshire Partnership, aiming for a holistic programme benefiting residents and supporting sustainable growth.

Cabinet members referred to the challenges in meeting climate targets, particularly in transport and housing, the need for more robust action and influence over external stakeholders, and the importance of continued lobbying for national funding.

### ***Cabinet Member: Finance, Property and Transformation***

## **10. Capital Programme Update and Monitoring Report**

*(Cabinet, 16 December 2025)*

Cabinet reviewed the third capital programme update and monitoring report for 2025/26, which outlined progress up to October 2025. The 10-year capital plan amounted to £1.43 billion, with £103 million spent by October and £186 million forecast for the year, although some delays occurred due to design and contractor issues. Key achievements included advances in active travel projects, the Witney access scheme, reopening Witney Library, and substantial investment in new school places and SEND provision. Members discussed funding sources such as Section 106 and government grants, highlighting concerns about central government funding pressures affecting future services. The Cabinet approved the recommendations to note the monitoring position and update the capital programme as detailed in the report.

## **11. Budget and Business Planning 2026/27 to 2030/31**

*(Cabinet, 27 January 2026)*

Cabinet reviewed and approved the Budget and Business Planning report for 2026/27 to 2030/31, which outlined the revenue budget, medium-term financial strategy, capital programme through to 2035/36, and related policies.

Key resolutions included approval of the 2026/27 charges, financial strategy, reserves policy (with the establishment and renaming of specific reserves), use of retained business rates, and management of late funding changes. Delegated authority was granted for necessary budget adjustments.

The Council was also recommended to adopt the medium-term strategy, set the council tax precept and approve the capital and investment strategy, prudential indicators, and treasury management plans for 2026/27. Additional authority related to capital programme changes and investment instruments were also delegated as recommended.

## **12. Revenue Update and Monitoring Report (November 2025)**

*(Cabinet, 27 January 2026)*

Cabinet had before it a report setting out the current revenue forecast as at end of November 2025 and expected outlook for the financial year and included updates on:

- financial risks which are being managed in 2025/26;
- savings and investment position; and
- funding notified since the budget was agreed in February 2025.

The revenue update referred to ongoing pressures in adult social care, children's placements, and fire and rescue, offset by underspends and higher interest income. The Dedicated Schools Grant High Needs Deficit remained a concern.

Cabinet agreed the recommendations to transfer £1.2 million for Rail and Flood planning to the Budget Priorities reserve for 2026/27, noted expected supplementary requests for Bicester Motion and Woodeaton School deficit, approved the write-off of £0.477 million in adult social care debts, and established a new Budget Reserve with £5.5 million in forecast additional interest. Updates on local government re-organisation and devolution were also noted.

## **13. Capital Programme Approvals - January 2026**

*(Cabinet, 27 January 2026)*

Cabinet reviewed and approved the inclusion of £5 million for the Dukes Cut Wolvercote Bridge Works in the 2025/26 Capital Programme. This funding was deemed essential for A40 improvements and future transport initiatives in the county.

## **14. Social Value - New in-house approach**

*(Cabinet, 24 February 2026)*

Cabinet had before it a report recommending approval of a new Oxfordshire County Council Social Value Policy and transfer of the council's social value work in-house, ending reliance on external platforms. This shift aimed to streamline processes, reduce costs, and better align social value activity with the council's Strategic Plan 2025–2028.

The policy defined five priorities: early careers opportunities, supported employment, local area regeneration, youth engagement, and healthy lives, with procurement tenders above £100,000 required to address at least two priorities.

Cabinet approved the new Social Value Policy and agreed to move the council's social value approach in-house.

## **15. Scrutiny Reports**

*(Cabinet, 9 & 16 December 2025, 27 January 2026 and 24 February 2026)*

Cabinet received the following Scrutiny reports: -

Education and Young People Overview and Scrutiny Committee presented the following reports: -

- a) The Virtual School
- b) Attainment
- c) Fostering

Performance and Corporate Services Overview and Scrutiny Committee report on

- d) Devolution for Oxfordshire
- e) Budget and Business Planning
- f) Fix my street
- g) Business Management and Monitoring Report (Public Health Focus)
- h) Parking Permits
- i) Social Value Policy

People Overview and Scrutiny Committee report on Oxfordshire Unpaid Carers Strategy.

Place Overview and Scrutiny Committee reports on: -

- j) Infrastructure Funding Statement 2024/25 and s.106 Programme Update
- k) Movement and Place Plans
- l) Local Government Reorganisation - One Oxfordshire Proposal

**LIZ LEFFMAN**

Leader of the Council

March 2026

## COUNCIL 24 MARCH 2026

### DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2025/26

#### Report by the Director of Public Health and Communities

#### RECOMMENDATION

1. Council is **RECOMMENDED** to

- a) consider the 2025/26 Director of Public Health Annual Report and specifically note the progress made to address health inequalities in Oxfordshire following the publication of the Director of Public Health Annual Report in 2019/2020, which marked a pivotal moment in Oxfordshire.
- b) support the interactive format of the Director of Public Health Annual Report 2025/26 and note the insights that can be used for informing future service delivery plans.

#### Executive Summary

2. The Director of Public Health Annual Report 2025/26 offers a comprehensive and accessible review of Oxfordshire's progress in addressing health inequalities since the 2019/20 report, *Some Are More Equal Than Others*. That marked a pivotal moment in Oxfordshire's efforts to address health inequalities, by identifying ten priority wards across the County where joint action was essential to improve health and wellbeing for those facing the greatest disadvantages. Drawing on hyper-local information from the Community Insight Profiles, the work of Community Health Development Officers, and collaborative efforts across districts and the voluntary and community sector as well as wider health partners, the 2025/26 report provides a clear account of insights gained, impacts achieved and recommendations for next steps.
3. The report is being delivered as an interactive website, enhancing accessibility and engagement for a diverse audience. This digital format allows users to easily navigate, search, and personalise their experience, making complex data and findings more engaging and meaningful. Key messages will be presented through varied media, including text, videos, infographics, graphs, and animations.

# The Director of Public Health Annual Report 2025/26

## Context and Purpose

4. All Directors of Public Health are required to produce an annual report. The Director of Public Health Annual Report for Oxfordshire 2025/26 provides a public, accessible account of progress in tackling health inequalities since 2019/20. The report draws on hyperlocal information from the Community Insight Profiles, programme delivery by Community Health Development Officers, and partnership activity across districts, the voluntary and community sector (VCS) as well as wider health partners. It sets out insight, impact, and recommendations for next steps.
5. The high-level recommendations from the 2025/26 report call for sustained, long-term commitment from all partners to address health inequalities and their underlying causes in Oxfordshire. This includes implementing the Marmot recommendations, securing ongoing financial investment, involving communities in shaping action, making use of opportunities arising from Local Government Re-organisation (LGR) to strengthen and align efforts, and sharing learning across the system.

## Report Format for 2025-26

6. The 2025/26 Director of Public Health Annual Report is in the format of an interactive website. The interactive report draws on selected key messages from the draft content framework appended to this cover report. The content is presented in various interactive formats on a website platform which includes text, videos, animations, infographics, graphs, tables and other communication methods. The interactive website will be accessible via this web address: [www.equalhealthoxon.org.uk](http://www.equalhealthoxon.org.uk)
7. The draft content framework indicates which methods are used to deliver the key messages however this will be subject to change. It is also important to note that not all the content in the draft framework will be used and content that is used may be used in a different order to how it appears in the framework.

## The benefits of an interactive report format

8. An interactive report transforms the way information is shared and used and can offer several key benefits compared to a traditional written report:
  - a) **Enhanced Accessibility and Engagement:** Interactive reports allow users to easily navigate and search for information according to their interests or needs. This makes complex data and insights more accessible and engaging for a wider audience, including community members, partners, and decision-makers.
  - b) **Up-to-Date Information:** Sections of an interactive web-based report can be updated when needed with the latest data, case studies, and outcomes. This ensures that users always have access to the most current information and can track progress over time.

- c) **Personalised Exploration:** Users can explore topics, maps, charts, and stories that are most relevant to them, rather than reading through lengthy documents. This flexibility supports deeper understanding and more meaningful engagement with the material.
- d) **Visual and Dynamic Content:** Interactive features such as videos, infographics, and maps help to make complex information easier to interpret and act upon.

## **Corporate Policies and Priorities**

- 9. The Director of Public Health Annual Report for 2025/26 aligns with the Oxfordshire County Council corporate priorities for 2025-2028 which are centred around making the county greener, fairer, and healthier.

## **Financial Implications**

- 10. The cost of the creation and maintenance of the interactive website will be met through the Public Health grant.

Comments checked by: Emma Percival (Finance Business Partner)  
[emma.percival@oxfordshire.gov.uk](mailto:emma.percival@oxfordshire.gov.uk)

## **Legal Implications**

- 11. The director of public health for a local authority must prepare an independent annual report on the health of the people in the local authority's area, and the local authority must publish that report. (National Health Service Act 2006, as amended). The content and structure of that report may, however, be decided locally.

Comments by: Janice White, Principal Solicitor (ASC, SEND and Education)

## **Equality & Inclusion Implications**

- 12. The Director of Public Health Annual Report is explicitly focused on reducing health inequalities and advancing equity.

## **Sustainability Implications**

- 13. No direct sustainability implications have been identified.



DRAFT

Content Framework for the  
Interactive Director of Public Health  
Annual Report for 2025/26

Working title for interactive report:  
**Some are More Equal than Others:  
Five Years On.**

**Technical notes:**

This is a working document to collate draft content for the planned interactive Director of Public Health Annual Report (DPHAR) for 2025/26.

The interactive report will draw on selected key messages from this draft content framework and will be presented in various interactive formats via a website platform. This may include text, videos, animations, infographics, graphs, tables and other communication media. The document indicates which media is expected to be used to deliver the key messages. This will be subject to change once the building of the website begins.

This document provides a pool of content for the interactive DPHAR website and is presented here in numbered sections for ease of navigation but is not intended to be in a linear format in the interactive version. Not all the content will be used, and content may be used in a different order and context to how it appears in this document.

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# 1. Introduction

## 1.1 What shapes our health and wellbeing?

Our health and wellbeing is shaped by many factors which we often refer to as the 'building blocks of health' or the 'wider determinants of health'. These are aspects of our lives that work together to shape our health and can include the food we eat, our access to transport, our surroundings, our homes, our work and the amount of access that we have to money and resources as well as many other factors. But not everyone has these building blocks in place which can lead to unfair and avoidable differences between people's health outcomes.

### **Video**

Ansaf introducing the report and emphasising the importance of addressing inequalities

- Welcome and overview of the report's theme, reflecting on progress since 2019/20
- The importance of health equity
- Reflections on the first report as the first one as Director of Public Health for Oxfordshire
- Reflections on contextual issues since e.g. COVID-19, cost of living crisis etc

### **Image/Animation**

Use of an image such as the Health Foundation and Frameworks UK Building Blocks of Health, or animation.

### **Website/PDF**

Marmot health equity resources

### **Video**

Professor Sir Michael Marmot on the importance of health equity and the strategic importance of Oxfordshire being a Marmot place

## 1.2 A turning point in Oxfordshire's approach to tackling health inequalities.

The publication of the Director of Public Health Annual Report for 2019/20 (DPHAR 2019/20), *Some Are More Equal Than Others*, marked a pivotal moment in Oxfordshire's efforts to address health inequalities. The report identified ten priority wards across the county containing small areas ranked among the 20% most deprived in England according to the Index of Multiple Deprivation (IMD) 2019. These areas were identified as most likely to experience poorer health outcomes and reduced life opportunities.

One key aspect of the report was to highlight areas where joint action was essential to improve health and wellbeing for those facing the greatest disadvantages.

Over the past five years, this report has shaped significant progress. Public Health and system partners have acted on its recommendations, directing resources to where they are most needed.

This 2025/26 report looks back at that journey and focuses on some of the key programmes now in place to improve health and wellbeing outcomes in the areas of Oxfordshire most likely to experience inequalities as well as highlighting areas of focus following on from this. Maintaining progress requires ongoing investment. Cross-sector funding pressures now pose a real risk to the programmes that are building local capacity, trust, and access in our most disadvantaged communities.

To maintain progress and safeguard achievements so far, system partners need to protect and, where evidence shows impact, expand these programmes, ensuring that momentum is not lost at this critical time. Without sustained investment, there is a significant risk of undermining this progress at a time when communities need this support more than ever.

### **1.3 The Community Insight Profile Programme**

One of the key initiatives that developed from the 2019/20 Director of Public Health Annual Report was the Community Insight Profile (CIP) programme. This was created to give us a deeper understanding of communities, beyond just numbers and statistics.

At the time, we had plenty of data showing inequality, but we didn't know what everyday life was like for people in the priority areas identified. We didn't fully understand how they experienced living, working, learning, socialising and connecting with others.

The CIP programme was designed to close this gap with each profile combining data with the voices of local people, creating a fuller picture of needs and priorities. We have completed profiles for 14 areas in Oxfordshire with some of the highest levels of inequality.

The approach brings together three elements:

- Epidemiological data (health and wellbeing statistics)
- Community insight and lived experience
- Mapping of local assets and resources

This combination helps partners and communities to design solutions that are tailored and sensitive to each area. Even when the issue may be the same across several places, the response and the way that we approach solutions may differ.

#### **Video**

Development of Community Insight Profiles as a response to DPHAR 2019/20. Explaining the origins and impact of the Community Insight Profiles Programme, including asset-based approaches.

### **1.4 Committed and sustained approaches to address inequalities**

Oxfordshire has taken a committed and sustained approach to reducing health inequalities. The Community Insight Profile programme has been central to this work, creating a cultural shift in how organisations collaborate. It reflects the Marmot approach of *proportionate universalism*<sup>1</sup>, ensuring that support is available for everyone while directing extra help to those who need it most.

This programme has strengthened the county focus on tackling inequalities and has shown that no single organisation can achieve this alone. A system-wide approach is essential, where partners share responsibility and work together to improve outcomes.

This report highlights and celebrates partnership programmes that make a real difference to health and wellbeing in our communities. It also demonstrates how insights from the Community Insight Profiles have influenced partner commitment and action, turning data into practical steps that address local needs, enabling partners to take actions in a way that is relevant to their area of work.

### **1.5 Working Together for Impact: A Partnership Approach**

Oxfordshire's progress in reducing health inequalities is rooted in the strength of its partnerships. No single organisation can tackle the complex drivers of poor health alone, and the work highlighted throughout this report shows how much more can be achieved when the system acts together. Across the county, Oxfordshire County Council, district and city councils, the NHS, voluntary and community organisations, and local residents have worked together to develop a shared approach to improving health and wellbeing.

These partnerships have formed long-term collaborations that support communities, share resources, and align action where it will have the greatest impact. This collective way of working has created the foundations for many of the initiatives described in the chapters that follow - from community-led insight gathering, to physical activity pathways, to targeted grants, and support embedded within neighbourhoods.

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<sup>1</sup> Carey, G., Crammond, B., & De Leeuw, E. (2015). *Towards health equity: A framework for the application of proportionate universalism*. Institute of Health Equity.

The strength of this systemwide approach is reflected in how partners have jointly responded to local needs, adapted to challenges, and coordinated their efforts to reach those residents at highest risk of experiencing health inequalities. By connecting expertise, local knowledge and practical delivery, together we have been able to design more responsive, local (or place-based) programmes that might not have been possible through individual organisational efforts.

As you read the rest of the report, each project and example reinforces this central message: meaningful and lasting progress on reducing health inequalities happens when partners work side by side, share responsibility, and focus on the communities who need the most support. Oxfordshire's partnership model continues to shape how we understand, plan and deliver for our residents - and will remain essential to the county's future work.

### **Case Study**

District colleague examples of working in partnership to address inequalities.

## **1.6 A foundation for action**

Five years on from the DPHAR 2019/20, we have seen positive shifts in some of the deprivation indicators (section 6 explains more detail on this), but the need for sustained hyper-local work remains critical. The Community Insight Profiles (CIP) programme aligns closely with the Marmot Place approach, to achieve equity, prevention, and community empowerment. It supports the ambitions of the NHS Long Term Plan by promoting integrated care, prevention, and personalised, community-based support. Our focus now is on consolidating progress, learning from experience, and continuing to drive momentum.

To support this legacy, we have developed a Community Insight Profile Development Toolkit, enabling other areas to replicate this approach, and an interactive dashboard to provide accessible, updateable place-based data. These resources ensure that the benefits of the programme extend beyond immediate projects and continue to inform future work.

The landscape of health and care is evolving, with neighbourhood working becoming central to the NHS model. Our commitment to the CIP programme offers continuity and a proven framework for partnership, ensuring that communities remain at the heart of efforts to reduce health inequalities and improve wellbeing across Oxfordshire.

## 1.7 Progress/updates from 2024/25 report

### Weblink/PDF/text

To 2024/25 DPHAR and key points of progress since the last report

## 2. Development of the Community Insight Profiles Programme

### 2.1 Why the Community Insight Profiles programme was developed

The Community Insight Profiles (CIP) programme was developed to gain a deeper understanding of the factors influencing health and wellbeing in Oxfordshire's most disadvantaged areas. Each profile combines local data with lived experience, mapping of community assets, identifying barriers and opportunities, and setting out recommendations for action. These profiles are not just descriptive; they include tailored action plans designed to respond to the priorities identified by local people.

Our approach was grounded in asset-based community development and used mixed methods, including surveys, interviews and focus groups, to capture insight. The profiles link directly to the Oxfordshire Joint Strategic Needs Assessment and strengthen the evidence base for planning and service delivery. They also provide communities with a practical resource to support their own initiatives.

### 2.2 The Community Insight Profiles programme timeline

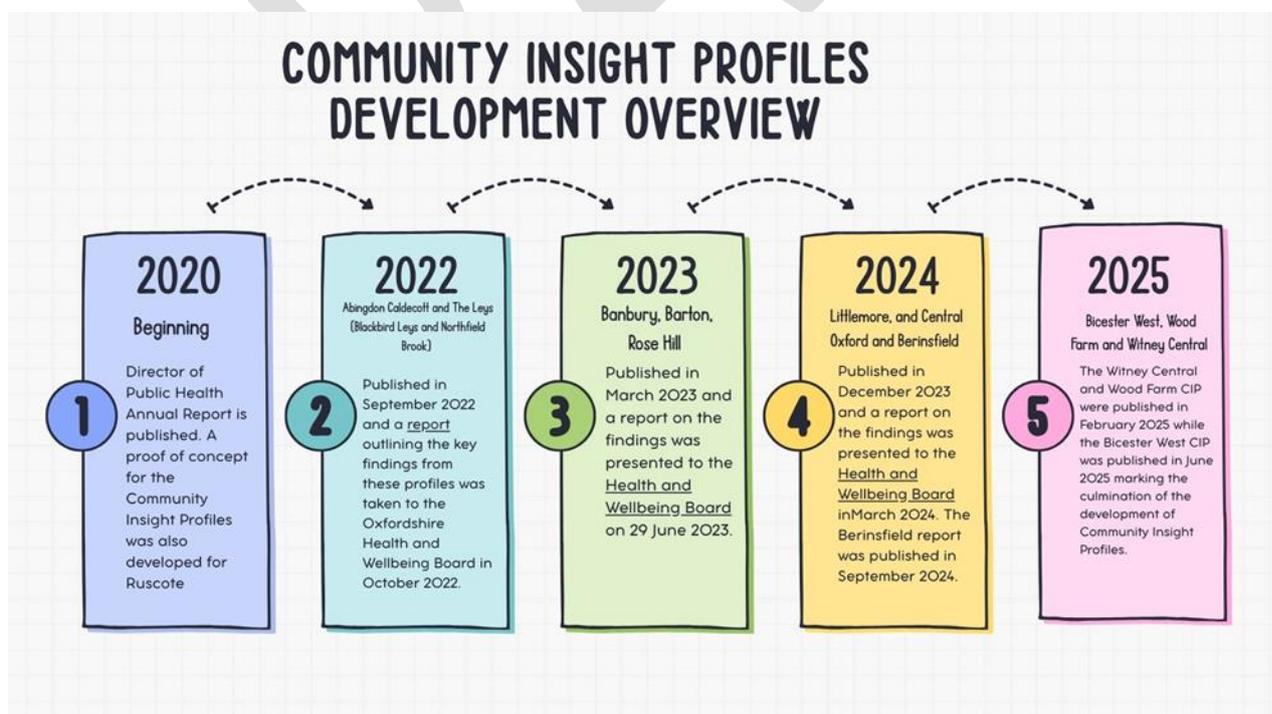


Figure 1 Overview of the timeline of development of the Community Insight Profiles

The Community Insight Profile programme has taken a phased, targeted approach to understanding and addressing local needs. It began as a proof of concept in Banbury Ruscote, showing the value of a hyper-local model.

Building on this success, the programme expanded in phases to focus on areas with the greatest need. The first three phases concentrated on wards with some of the most deprived neighbourhoods in Oxfordshire and a fourth phase added areas where partners identified a need for a Community Insight Profile to be created.

#### **Infographic**

- Initial proof of concept in Banbury Ruscote in 2020.
- First three phases: 10 wards with LSOAs<sup>2</sup> ranked in the 20% most deprived nationally (IMD 2019).
- Fourth phase: 4 additional areas with LSOAs in the 30–40% most deprived nationally.
- Total: 14 profiles completed by June 2025.

This approach ensures resources and actions are informed by local data and community input. By creating detailed profiles, partners can tailor interventions to improve health and wellbeing where it is needed most. By June 2025, fourteen profiles were completed, marking the end of the programme. All profiles are published on the Oxfordshire Data Hub, providing an accessible evidence base for future planning and decision-making.

### **2.3 Creation of the profiles**

Each profile was co-produced with a local steering group, bringing together community organisations, councils, health partners and in some areas, residents too. Each area took a slightly different approach to this. This collaborative approach ensured that recommendations were rooted in local experience and supported by those best placed to deliver change.

#### **Video**

Community First Oxfordshire – talking about the origins and impact of the Community Insight Profiles Programme, including asset-based approaches.

This work has taken place against a backdrop of significant contextual change. The early stages coincided with the COVID-19 pandemic, which deepened existing inequalities<sup>3</sup>. As the programme progressed, the cost-of-living crisis emerged as a major challenge, alongside housing pressures and economic uncertainty. These

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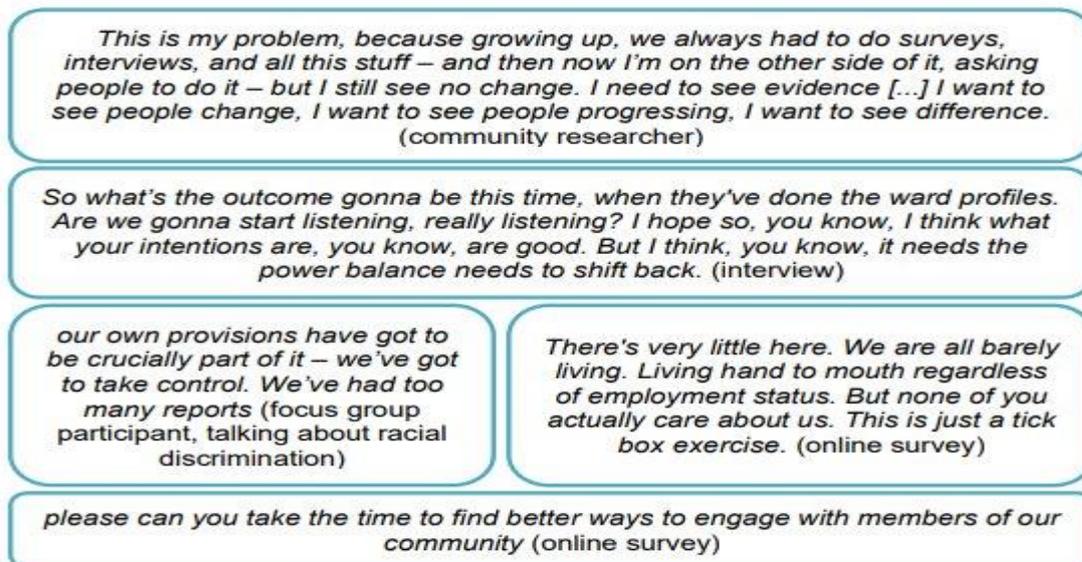
<sup>2</sup> LSOAs are small geographic units (approx. 1,000–3,000 residents or 400–1,200 households - ONS (2023). Lower-layer Super Output Areas (LSOAs) are small geographic units used for statistical reporting, typically containing 1,000–3,000 residents or 400–1,200 households. Retrieved from <https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeographies/census2021geographies>

<sup>3</sup> British Medical Association (2024). *The impact of the pandemic on population health and health inequalities*. Available at: <https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/the-impact-of-the-pandemic-on-population-health-and-health-inequalities>

factors were captured through the insight process, ensuring that responses remained relevant to real-world conditions.

## 2.4 More Community Engagement – so what’s different this time?

As the Community Insight Profiles programme developed, partners and residents challenged us with the question: “So what?” This made it clear that insight alone was not enough—data needed to lead to real change.



*Figure 2 Selection of quotes from community engagement carried out early in the Community Insight Profiles programme highlighting respondents views on community consultation*

We listened and acted. Our response focused on working with local partners to turn recommendations into practical solutions. We built on successful models already working in Oxfordshire and adapted the Community Health Development Officer (CHDO) role (originally funded through the Barton NHS Healthy New Towns (HNT) programme). This allowed us to sustain work in Barton beyond the end of HNT funding and, with support from district and city councils, fund and expand the programme to all 14 areas covered by the Community Insight Profiles.

CHDOs play a vital role in connecting partners, supporting delivery, and building local capacity. To strengthen community-led action, we introduced a grant scheme for projects linked to profile priorities, enabling local solutions to flourish. Where possible, the CHDO has been recruited from the local area which has helped the

programme benefit from their local knowledge and vested interest in supporting their local community towards better health and wellbeing.

To maintain momentum and share learning, we developed practical tools: an interactive dashboard that provides accessible, regularly updated data, and a toolkit to help other areas replicate the approach.

Together, these steps moved the programme from understanding to action. They strengthened local partnerships, supported community-led solutions and created a foundation for lasting change.

## **2.5 Celebrating the outcomes achieved**

Although the programme has a core pathway for each community that we've worked with, the approach has been locally tailored. Section 3 details some of the key findings and recommendations from each area and the subsequent action taken to address these.

# **3. The Local Voice from our Communities**

## **3.1 Community led priorities**

Community feedback has shaped both priorities and delivery of the work. Rather than focussing just on service gaps, the profiles identify community led priorities and build on local strengths such as community centres, volunteer networks and resident groups. This reflects the Marmot approach and participatory research practice, where coproduction and local knowledge improve relevance, equity and sustainability.

## **3.2 Insight into action: Community Priorities and What Happened Next**

The following table shows a selection of examples of how local priorities, identified directly by residents through the Community Insight Profiles, have shaped practical, community-led projects and activities across Oxfordshire, demonstrating the real impact of listening to and acting on community voices.

These resulting activities, ranging from mental health support, cooking sessions and expansion of leisure access for families, have been carried out in collaboration with local partners including district councils and community organisations with funding provided through the Community Insight Profile programme and with support from our Community Health Development Officers.

<b>Weblink/PDF</b>
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Community Health Development Officer Newsletters
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<b>Interactive format for table below</b>
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Area	What the Community Told Us	What Happened as a Result (Further specific examples may be added to the interactive web platform)
<b>Barton</b>	Residents wanted more support for families, better access to activities, and help with isolation and wellbeing.	Local groups led on new projects and extended existing ones with support from Community insight profile grant funding: Barton Community Association ran a community café and minibus trips to reduce isolation; Love Barton offered free mental health listening and wellbeing packs; Project PT's Barton LiFT helped young people build confidence through sport; Oxford Clothes Hub provided affordable clothing pop-ups; and St Mary's Church hosted coffee mornings for those at risk of isolation. Residents say they feel more connected and supported, and young people are more engaged in positive activities.
<b>Central Oxford</b>	People were worried about housing insecurity, homelessness, and finding affordable food.	Community partners have co-ordinated targeted food support (pop-up larders and links to city food networks) and advice sessions (benefits, housing, debt). Signposting was strengthened through frontline partners and community venues, increasing uptake of food support and advice pathways. The CHDO has also coordinated local health fairs that have strengthened community engagement with the local health services.
<b>The Leys</b>	<p>Young people and families said they needed better mental health support Safe and low-cost places to be active.</p> <p>The local Primary Care Network also wanted to improve HPV vaccination rates.</p>	<p>With the support of the CHDO a newly established local organisation co-designed new fitness sessions for mothers, expanded leisure access for families, and set up an emergency fund through social prescribers to help those in urgent need. Residents report feeling more listened to and included in community life.</p> <p>The CHDO also worked in partnership with the local GP surgery to run focus groups with priority groups, building confidence in the HPV vaccine and improving understanding and uptake. The CHDO has also coordinated local health fairs that have strengthened community engagement with the Primary Care Network (PCN).</p>

<b>Witney Central</b>	People felt isolated and struggled with transport.	Volunteer-led driver schemes have been supported to continue, and new community activities have been set up, some helping older residents to get out more and feel less lonely. Community groups report increased participation and stronger local connections.
<b>Banbury (Grimsbury, Ruscote, Neithrop)</b>	There was a need for practical food skills and support with healthy eating.	Community kitchens and cooking classes were started by local groups, with families sharing meals and learning new recipes together. Residents say they are more confident cooking healthy meals at home.
<b>Berinsfield</b>	Families with children with SEND wanted more inclusive activities.	Partners established a sensory room in the local nursery and ran inclusive family sessions (quiet hours, adapted activities). SEND families reported easier access to local support and activities that meet their needs.
<b>Littlemore</b>	Residents wanted help with healthy eating on a budget and more activities they could lead themselves.	Resident-led cooking sessions, supported by local partners, have become popular, with positive feedback from those taking part and more people getting involved in planning activities.
<b>Wood Farm</b>	Families and young people asked for safe spaces and more things to do.	Community groups have been supported to continue offering free family activity sessions and youth projects. The CHDO has also coordinated local health fairs that have strengthened community engagement with the Primary Care Network (PCN).
<b>Rose Hill</b>	The community wanted more events and better access to health information.	The CHDO has organised health fairs and worked with schools and faith groups, with over 100 people attending and more residents now aware of local services.
<b>Abingdon</b>	Families on low incomes wanted more support and affordable activities.	Local groups accessed the CIPs grant scheme to run new family sessions. Parents say they can now join in activities they couldn't afford before, and more families are taking part in community events.
<b>Bicester</b>	Older people felt lonely and wanted more opportunities to socialise.	Community organisations set up befriending schemes and walking groups, with membership doubling and participants reporting improved wellbeing and new friendships.

## Videos

- Community First Oxfordshire – describing case studies and personal stories from local communities, highlighting community-led priorities and lived experience. The process of gaining community involvement and that it is as important as outputs. Importance of listening to communities (and what they consider their own priorities) and translating that into actions
- A primary care representative discussing how insight and data has supported primary care to offer targeted support to local at-risk residents

### 3.3 Supporting local service delivery

Literature from studies into community- led working is clear, that involving communities at every stage - from framing the questions to designing and delivering solutions - produces more trusted, useful and ethical public health action. Oxfordshire's CIPs mirror this by combining quantitative evidence with resident insight, sharing progress back to communities, and resourcing local delivery through CHDOs and targeted grants. This aligns with best practice in community based and participatory research, which emphasises co-ownership, reciprocity, and tangible benefits for participants.<sup>4</sup>

Overall, the impact of the CIPs is visible in the way they have influenced funding decisions and underpinned grassroots delivery. The programme has embedded community voice in local action plans and commissioning, making Oxfordshire's health improvement efforts more responsive, pro-active and inclusive and ensuring that changes reflect what residents say they need.

One example of this is our District partners using the Community insight profile as a basis for co-designing local leisure facilities with local residents.

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<sup>4</sup> Morris, D., Efemini, B., Aboggye, R., Addae, P. & Danquah, S. (2022). *History and Methods of Community Research: A Literature Review*. Impact on Urban Health & Centric.

## Case Study form Cherwell District Council

Over the past few years, Cherwell District Council has worked closely with Public Health using the Community Insight Profiles. These profiles have been a great way to connect with local communities and really understand what residents need and want to make a positive difference in their area.

By combining data on health inequalities alongside feedback from residents, we have managed to build a clear picture of local priorities. This approach has delivered impactful outcomes in the three Banbury wards (Ruscote, Neithrop, and Grimsbury) and Bicester West. Thanks to this funding from Public Health, the council has been able to boost the capacity of the voluntary and community sector to strengthen local services in a sustainable way.

The Community Insight Profiles have also helped shape bigger changes across Cherwell. For example, they provided the evidence needed to develop Play Zones such as the 3G sports facilities in Ruscote and Grimsbury, to influence developer contributions (*Section 106*) and building stronger partnerships with Governing Bodies and Town Councils. Having solid evidence has made decision-making easier and more effective.

We have also used the profiles to guide the design of community spaces, including wayfinding routes to encourage active travel. Overall, this work has helped us focus on tackling health inequalities in the areas that need it most. It's reinforced our commitment to working in an evidence-based way, with residents at the heart of everything that we do.

### Video

Banbury partners involved in community planning of play zones and the impact it has had.

## **4. Implementation of Community Insight Profile recommendations**

### **4.1 Local ownership of actions**

Action plans from the Community Insight Profiles were developed through a collaborative and locally led process. In each area, steering groups were formed to bring together district and city councils, NHS, voluntary and community sector partners, and, in some cases, residents themselves. These groups were involved from the outset. They helped agree the scope of the work, oversaw community engagement, and ensured that recommendations reflected real local priorities.

Where strong health and wellbeing partnerships already existed such as in the Leys, Wood Farm and Barton, this process built on those foundations. This approach avoided duplication, made full use of local knowledge and relationships, and ensured

the work complemented what was already happening. In other areas, such as Banbury and Bicester, subgroups were formed using existing partnerships including the Brighter Futures in Banbury Partnership and the Healthy Bicester Partnership. In places without established networks, including Central Oxford, Abingdon and Berinsfield, new steering groups were created to lead the development of the profile. Abingdon is now working towards being a more community led partnership with the support of the CHDO.

These steering groups or subgroups focused on developing the insight, shaping priorities and agreeing practical recommendations. Once a Community Insight Profile was published, responsibility for taking forward the recommendations moved into the existing partnership structures. This ensured the actions did not remain separate or become isolated projects. Instead, they were integrated into routine programmes of work so they could strengthen and enhance existing partner delivery.

This partnership-based approach has been essential for turning community insight into meaningful and sustainable action. By embedding recommendations into existing structures, partners have ensured that the work continues beyond the development phase, supports long-term ambitions, and is owned by those who are best placed to improve outcomes for their communities.

#### **4.2 Plans rooted in local experience**

One example of the partnership way of working is in Witney Central, where the steering group brought together representatives from West Oxfordshire District Council, Oxfordshire County Council Public Health, local community organisations and residents. The group reviewed findings from community surveys and focus groups, then co-designed action plans to collaboratively take local initiatives to address issues highlighted in the Community Insight Profile such as community cohesion and social isolation. Similar processes have taken place in all the other Community Insight Profile areas. Forward plans are therefore rooted in local experience and supported by organisations that have experience supporting the health and wellbeing of residents in the communities we have worked in.

#### **4.3 The role of Community Health Development Officers**

The CHDO programme is a key component of the Community Insight Profiles (CIP) programme and aligns with the Marmot approach by strengthening community assets and reducing health inequalities. The programme's ability to foster collaboration and maintain a visible presence in local networks has been identified as a major strength in building resilient, healthy communities.

Community Health Development Officers (CHDOs) have played a pivotal role in turning action plans following the publication of the profiles, into reality. Funded by Oxfordshire County Council and hosted within district and city councils, CHDOs act as connectors within their communities. Their responsibilities include supporting the implementation of profile recommendations, convening local partnership meetings, and building capacity among community organisations. They also facilitate access to grant funding for health initiatives and raise awareness of local services. CHDOs work alongside residents and partners to embed sustainable improvements. CHDOs have also been able to help breakdown any hierarchy barriers between local system

leaders and residents. CHDOs have been able to arrange visits for local leaders such as the Chief Executive of Oxfordshire County Council and the Director of Public Health to engage with community groups in their areas and to understand more about valuable community assets as well as challenges faced.

#### **Video**

Short video bites from Community Health Development Officers and partners on collaborative action and delivery. Bringing in discussion on steering groups and health and wellbeing partnerships.

#### **Video**

Resident discussing how the Community Insight Profile for their area has informed their Local Neighbourhood plan – in particular the health and wellbeing section. Collaborative approach to community engagement

## **5 Grant funding to support local initiatives**

### **5.1 Local grant schemes**

To ensure that resources are directed towards projects that address the specific health and wellbeing priorities identified in the CIPs by local communities, a grant funding scheme was set up. Funding is allocated to support recommendations emerging from each areas CIP, with a focus on reducing health inequalities and improving outcomes for residents experiencing the greatest disadvantage.

Since the introduction of the CIP grant funding, each of the 14 areas has seen the development and delivery of projects that respond directly to local needs. For example, in Banbury, grants have enabled the delivery of healthy eating programmes and community kitchens, directly tackling food insecurity identified in the Community Insight Profile. In The Leys and Barton, in Oxford, funding has been used to expand provision of activities aimed at women as well as expanding the offer of community mental health support respectively, reflecting the priorities raised by residents during the insight gathering process. Across all areas, projects have been required to demonstrate how they will continue to benefit the community beyond the life of the grant, ensuring a focus on sustainability and long-term impact.

#### **Infographic**

Charts and diagrams detailing information such as a summary of the number of areas funded/amounts/types of project/beneficiaries etc.

### **5.2 Testing innovative grant making approaches**

Each of the CIPs areas have distinctly different local assets and characteristics and the way that the grants schemes were set up has reflected this.

### 5.2.1 Participatory grant making in the Leys

One example of this is in the Leys where we partnered with a local organisation, Oxford Hub, to pilot a Participatory Grant Making (PGM) approach. The goal was to fund projects that improve health and wellbeing while building trust and ownership within the community.

This innovative model shifted decision-making power from traditional top-down structures to local residents who know their community best. Oxford Hub had tried this approach once before and were keen to try it again using a combination of CIPs grant funding and funding they had from other sources.

The process began with recruiting and training a community panel of Leys residents in grant making processes. These volunteers were equipped with skills in fair decision-making, unconscious bias awareness, and interviewing techniques. Rather than lengthy written applications, local groups pitched their ideas directly to the panel, ensuring accessibility and transparency. The panel allocated grants to projects that mattered most to the community.

#### Videos

An example of community capacity building through a local resident who was guided to form a CIC and is now mentoring others to do the same.

An example of resident involvement (empowerment) in grant funding decisions

#### Impact Beyond Funding

Giving communities a genuine voice in funding decisions builds confidence, resilience, and local pride. Residents involved in the participatory grant funding model consistently reported feeling listened to, valued, and empowered, describing a stronger sense of belonging and shared purpose.

The personal impact is clear in residents' own words. As one participant put it, *"I feel more part of the community and more listened to."* Another reflected on the pride this created at home: *"My kids were proud of me ... They couldn't believe their dad was going to be on a panel!"* These testimonies show how participation can spark individual confidence, strengthen family connections, and deepen commitment to collective wellbeing.

This matters because, while participatory grant making is well established in global practice, this was the first time Public Health funds were used in this way locally. By sharing power with communities, we improved decision-making and strengthened engagement. In practice, trusting residents to lead meant funding projects that were rooted in lived experience, culturally relevant, and better able to build local capacity.

The impact extends beyond the life of individual grants. Participatory grant making nurtured confidence, strengthened local networks, and cultivated pride.

**Weblink/PDF**

Oxford Hub impact report giving further detail about the PGM programme

### 5.2.2 A ‘grants–plus’ approach in Abingdon Caldecott

In Abingdon, rather than simply offering funding and expecting local groups to navigate the process alone, a ‘grants plus’ approach was taken that combined financial support with hands- on guidance to help organisations get ready to apply, build confidence, and strengthen their long term sustainability.

Community First Oxfordshire was commissioned to lead this work on behalf of the Abingdon Community Insight Profile steering group. They created a supportive framework that recognised that some groups had strong ideas and community reach but were often time poor and lacked the structures and confidence to apply for grants independently. What made this model unique was the focus on capacity building before, during and after the grant application process. Support was tailored to each organisation, helping them shape proposals, evidence community need, and plan realistic and deliverable activities rooted in the Abingdon Community Insight Profile priorities.

The approach used asset-based community development, encouraging groups to build on local strengths, existing networks and community energy rather than starting from scratch or relying solely on statutory services. This meant the funding could achieve more than just new activities, it helped strengthen the foundation of community organisations themselves.

By taking this ‘grants plus’ route, Abingdon’s programme did more than distribute money. It increased the confidence and capability of local organisations, empowered residents to take ownership of change, and ensured projects were strongly linked to the priorities identified through community engagement and importantly fostered a collaborative approach. It also created a more level playing field for smaller or emerging groups who might otherwise have been excluded from traditional grant making processes.

Overall, this approach ensured that investment not only delivered immediate benefits but also left a longer term legacy by equipping local organisations with the skills, structures and relationships needed to continue supporting their communities well beyond the life of the grant.

### 5.3 Impact of the grant schemes

Across the CIP areas a range of grant funding approaches have been taken. Sharing learning between areas has helped to support the development of the process.

**Video**

Partners highlighting the collaborative work around grant funding.

Changes reported because of the CIPs grant programme have included improved engagement with hard-to-reach groups, greater collaboration between organisations, and reported improvements in health and wellbeing.

The grant process has also strengthened local partnerships and built capacity within the voluntary and community sector, enabling organisations to respond more effectively to emerging needs. The programmes embedded monitoring and evaluation is helping to ensure that the learning from successes and challenges is captured and shared.

#### **Video**

Videos of organisations that have received grants and the impact this has had - include story from the Leys re support to set up a CIC and examples of when statutory and non-statutory partners take the findings to influence their decision making - therefore embedding tackling drivers of health inequalities in all policies.

## **6 Influencing wider partners**

### **6.1 Prevention and Health Inequalities Forum (PHIF): Driving Equity Through Prevention**

The Prevention and Health Inequalities Forum (PHIF) is Oxfordshire's multi-agency partnership dedicated to reducing avoidable and unfair differences in health outcomes. The work of the PHIF is rooted in the principle that prevention is key to tackling health inequalities and improving population health. By bringing together leaders from local government, the NHS, voluntary and community sectors, PHIF provides strategic leadership and coordination for initiatives that address both behavioural risk factors and wider determinants of health. PHIF aims to ensure that prevention strategies are embedded across the health system and targeted where they will have the greatest impact. The community Insight Profiles provide an essential steer to the work of the forum.

The PHIF was set up to particularly secure commitment to addressing inequalities from those organisations with the broadest financial shoulders such as health partners who are responsible for £Billion budgets. Attracting a small proportion of this health economy funding can make a massive difference to tackling health inequalities. (An example of this is the ICB funded Well Together programme described further in section 6.)

### **6.2 PHIF - Strategic Role in Reducing Inequalities**

PHIF acts as a catalyst for system-wide change. It aligns local action with national priorities and a Marmot approach embedding a health equity lens into planning and delivery. This includes:

- **Community-led approaches:** which builds social capital and resilience in communities.

- **Place-based planning:** Supporting the development of community profiles and capacity-building posts to empower local areas to shape their own health improvement strategies.
- **Anchor institution leadership:** Leveraging the influence of large public sector organisations to drive structural change and reduce inequalities.

#### **Video**

Ansaf - Strategic Alignment and Future Planning

- Insights on aligning with Marmot Place (include rural inequality), NHS 10-Year Plan, and future neighbourhood health work.
- Formation of PHIF to bring partners together
- Districts and City and VCS partner engagement in the programme
- Partnership projects- Well Together, Physical Activity Programme

### **6.3 Investing for Impact – The Integrated Care Board Prevention and Inequalities Fund**

The Integrated Care Board’s Prevention and Inequalities Fund supports this work, providing funding for physical activity programmes, community health and wellbeing workers, and targeted support for vulnerable groups. This investment ensures that resources are directed towards initiatives and communities where they will have the greatest impact. The Community Insight Profiles have helped to guide the targeting of this resource and the Prevention and Health Inequalities Forum (PHIF) was instrumental in developing proposals, endorsing them, and then overseeing and supporting with delivery and learning. The funding was first identified in 2023/24 and the current (2025/26) budget is approximately £1.6m - representing a small amount of the overall spend on healthcare in Oxfordshire. This funding has not only had a positive impact but also enabled the leveraging of additional resources across health, social care and the Voluntary Community Faith and Social Enterprise sectors.

### **6.4 The Well Together Programme**

#### **Infographics and links to Well Together resources**

The Well Together programme is funded by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Its primary aim is to reduce health inequalities by supporting community-led health and wellbeing initiatives in areas of greatest need. The programme empowers communities by building local capacity through grants and embedded roles to enable grassroots health activities. It targets inequalities by focusing on priority wards identified through the Community Insight Profile programme, aligning with the Core20PLUS5 framework, and strengthens partnerships by working collaboratively with voluntary organisations, local authorities, and health partners to deliver sustainable change.

Key features include small grants, typically around £7,500, to fund local projects that improve physical and mental wellbeing, dedicated Community Capacity Builders embedded in communities to foster engagement and trust, and a hyper-local approach with tailored interventions designed with and for local residents. Activities

supported include community cooking and nutrition sessions, youth clubs and social connection initiatives, and mental wellbeing and resilience-building projects. The programme has funded 128 activities across Oxfordshire, engaging more than 14,000 residents, including underrepresented groups. The Well Together programme demonstrates a system-wide approach to prevention and health equity. It is a model for building resilient, connected communities and reducing health inequalities through locally tailored interventions.

#### **Video**

Case studies and personal stories from local communities, highlighting community-led priorities and lived experience. The process of enabling community involvement and that it is as important as outputs.

### **6.5 Wider partner influence CASE STUDY: Libraries**

Libraries sit at the heart of local communities across the county, and the impact that reading and libraries have on wellbeing and life chances is well-documented. Beyond books and reading, libraries provide a raft of support, activities, and resources that help contribute towards positive health outcomes.

In 2025, the Libraries team won a national award for its work on Making Every Contact Count (MECC). MECC involves staff using everyday interactions they have with customers to help customers make positive changes to their health (including mental and digital wellbeing). Staff offer a listening ear, encouragement, and signposting to helpful resources, whilst allowing the person to take ownership of their own choices. Library staff in Oxfordshire libraries are highly trusted and specifically trained in this area, and there is lots of information and reading content freely available. A wide range of free activities are also provided to support health and child development, book clubs, family learning, knit and natter groups (to combat loneliness); as well as targeted health and wellbeing events covering areas such as smoking cessation, blood pressure monitoring, and cancer support.

Case study quote: *“Every week since my son was born, we have been coming regularly to rhymetime on Friday mornings. He loves it and so do I! Everyone that works there is incredibly friendly and makes you feel at home. It feels like stepping into this warm community they have created. I have also borrowed lots of books for myself and it's been great as a new mum to rediscover my love of reading and making space for that in life.”*

### **6.6 Wider partner influence CASE STUDY: Youth Participatory Grant Making PGM in the Leys**

Oxford Hub have used the findings from the Community Insight Profile for the Leys to inform the next iteration of Participatory Grant Making (PGM) funding, this time involving young people and funding received from Lankelly Chase. Their recent report describes their participatory grant making (PGM) initiative in the Leys, aimed at empowering young people (ages 11–14) to make funding decisions for local youth

projects. Through training sessions on consent based decision making, unconscious bias, and project evaluation, 14 youth panellists allocated £10,000 to 21 community projects. These included sports activities, coding camps, cultural workshops, and mentoring schemes, all designed to be fun, inclusive, and low-cost. The process not only funded valuable local initiatives but also strengthened young people's sense of agency and understanding of community needs. Feedback showed that participants felt more able to influence decisions and directly impact youth provision in their area<sup>5</sup>.

The funded activities align closely with priorities highlighted in the Community Insight Profile, particularly addressing health inequalities and promoting accessible spaces for play and physical activity. Initiatives like robotics workshops and cultural sessions also support educational engagement and social inclusion, reflecting the profiles' emphasis on improving wellbeing and reducing disparities. Overall, the programme demonstrates how local data can inform targeted interventions that respond to identified gaps in provision.

## **7 Emerging Impact, evaluation and recognition of systemwide action**

This section brings together the key evidence showing how local conditions are shifting across Oxfordshire, and what this means for our work to reduce inequality. It highlights where change is starting to take hold, what independent evaluation is telling us about the strength of our community focused approaches, and how our collective efforts are being recognised beyond the county. Taken together, it shows a system moving in the right direction, but also reminds us how much depends on continued commitment at a time when pressures on funding risk slowing the progress communities are beginning to see.

### **7.1 Oxfordshire's IMD 2025: Encouraging Signs of Progress**

#### **7.1.1 What the IMD is**

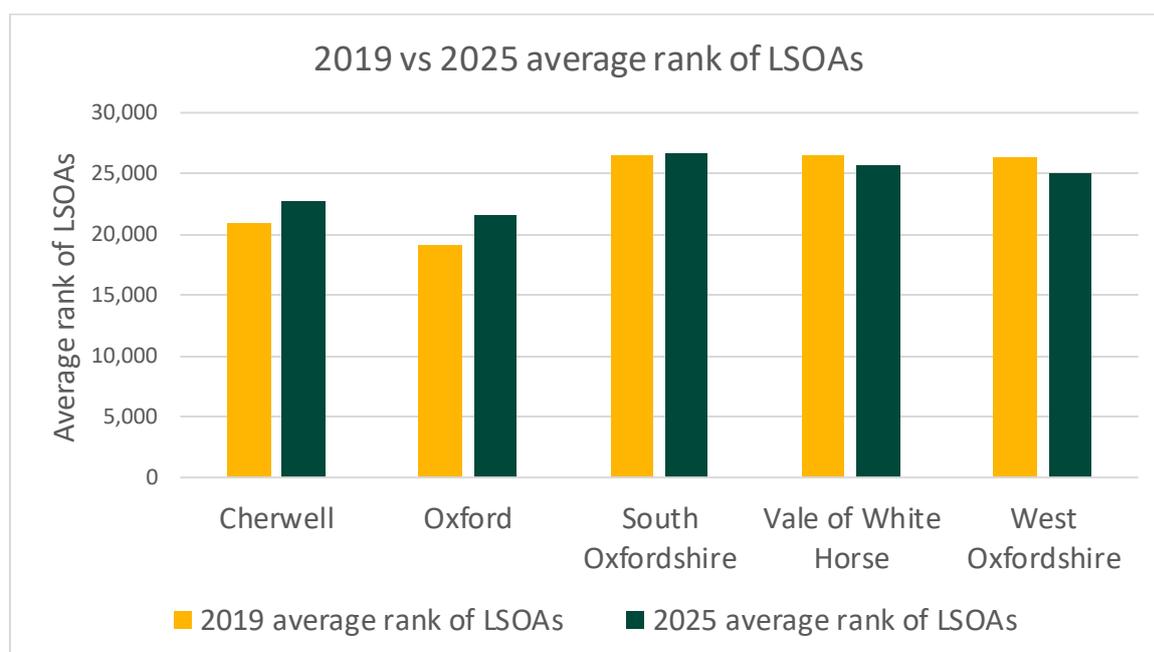
The Indices of Multiple Deprivation (IMD) show how levels of deprivation vary across small neighbourhoods in England. They bring together information on income, employment, education and skills, health, crime, housing and access to services, and the local environment to give each area a combined deprivation score and rank. It is a relative, point-in-time (snapshot) measure: it tells us how areas compare with each other at the time of the release, rather than giving an absolute level that can be tracked year on year.

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<sup>5</sup> **Youth Endowment Fund (n.d.)** *Youth PGM Learning Report*. Available at: <https://static1.squarespace.com/static/5c6d346765019f1270152c0b/t/696622c0e95b9135427dcc6d/1768301248169/Youth+PGM+learning+report+-3.pdf> (Accessed 19 January 2026).

### 7.1.2 Comparing 2025 with 2019 and why care is needed

This report references changes since 2019 to help show direction of travel. However, the 2025 IMD uses updated indicators, revised population estimates, and new neighbourhood boundaries following the 2021 Census. Because of these changes, and because the IMD is relative, a movement up or down may reflect both local change and changes elsewhere in England. For these reasons, we focus on decile shifts (i.e., movement between tenth-bands) rather than direct like-for-like comparisons of ranks or scores.



### 7.1.3 What the latest data shows

The latest IMD data provides encouraging signs that our collective efforts to reduce health inequalities are beginning to make a difference for Oxfordshire's communities. Oxfordshire remains one of the least deprived local authorities in England, ranked 146 out of 153 (1 = most deprived).

The proportion of residents living in the most deprived 30% of areas nationally has fallen from 3.92% (about 28,000 people) in 2019 to 2.57% (about 20,000 people) in 2025 which is an important shift in the right direction. While we cannot claim direct causality (i.e. that there is a direct link of cause and effect between initiatives and changes to the data), the overall pattern suggests that targeted local action and strong partnership working are helping to narrow the gap between the most and least deprived parts of the county.

Across the county, the picture is mixed but broadly positive. Oxford and Cherwell show signs of improvement in their average levels of deprivation compared with 2019, while other districts have worsened, underlining the need for continued targeted focus.

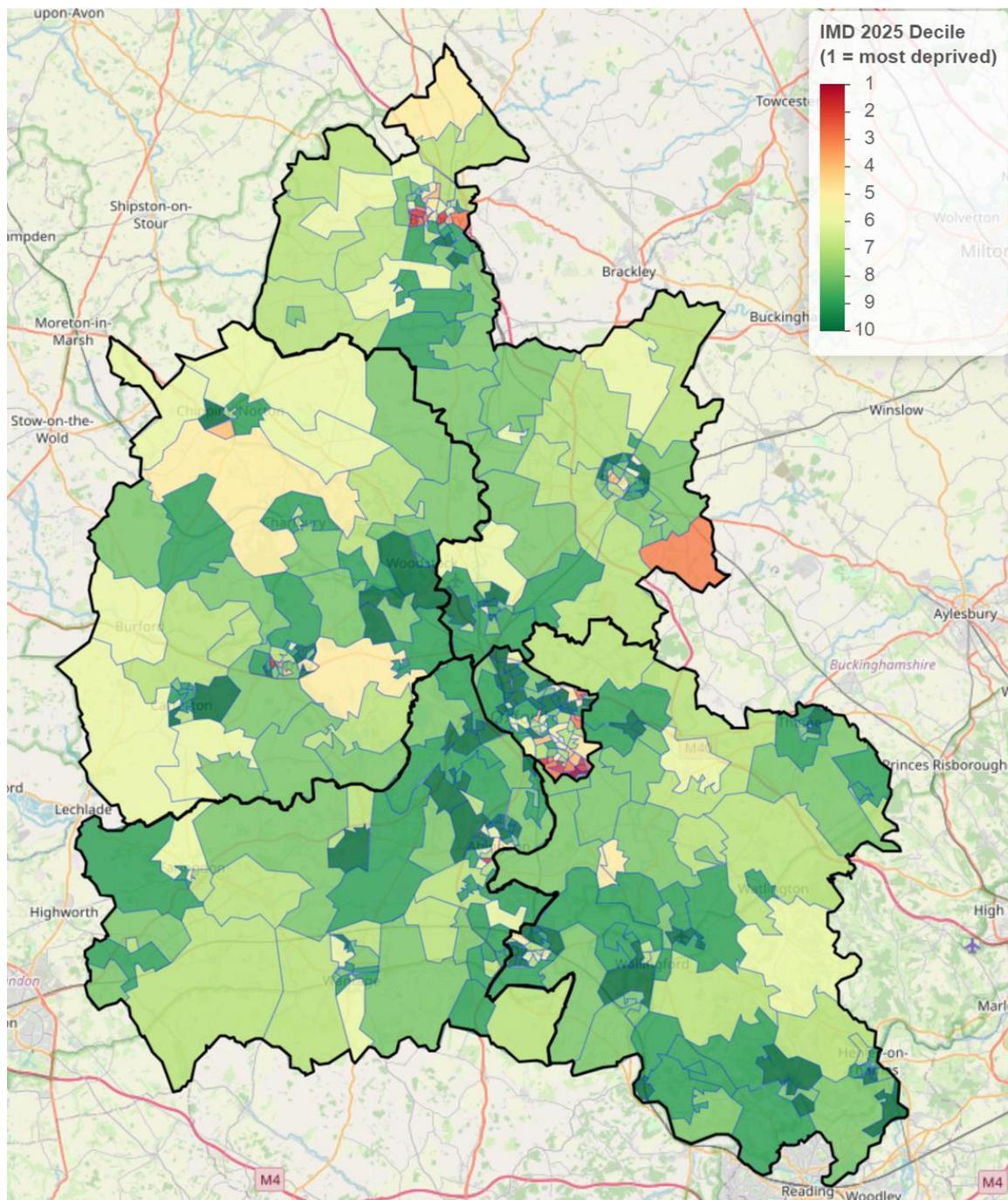


Figure 3 Map showing IMD 2025 Decile ranking for areas across the County

Deprivation continues to be concentrated in parts of Banbury and East Oxford, with smaller pockets in Witney and Abingdon. Many neighbourhoods have moved between deciles, reflecting changes in local conditions: over half of Oxfordshire’s areas changed decile between 2019 and 2025, with some showing notable improvements. For example, Abingdon Town & West improved by four deciles, as did several areas in Central Oxford, while others remain persistently disadvantaged. Domain-level results point to areas of progress and areas needing deeper attention. Many communities have seen improvements in the living environment and crime, while education, skills and training remains a significant concern in several of the most deprived areas. Barriers to housing and services, particularly in rural parts of

the county, often due to travel times and connectivity persist as structural issues that require long-term, coordinated solutions. These patterns emphasise the importance of staying focused on the broader building blocks of health and ensuring communities can access the support and opportunities they need to thrive.

Taken together, the IMD 2025 results suggest that partnership efforts across Oxfordshire through place-based working, community-led approaches and investment in prevention are beginning to influence the wider conditions that shape health. This progress sits well with the ambitions of the NHS 10-Year Plan and the neighbourhood health model, reinforcing the value of prevention, integration and local engagement in reducing inequalities. Our commitment to becoming a Marmot Place will further galvanise this work by providing a shared framework and momentum to scale what is already delivering results.

The positive movement in the data should give partners confidence that the approach of recent years is working, and that staying the course while harnessing the focus that Marmot brings will help us move further and faster in closing the gap. However, there is no room for complacency. Persistent inequalities remain especially in education and access to services and the gains we can see in the data are fragile. If we are serious about continuing to narrow the gap, this is not the time to scale back; it is the time to protect and expand the approaches that are working. The IMD findings offer a timely reminder that progress is possible but only if we maintain the commitment, collaboration and investment needed to sustain it.

[Link to fuller IMD 2025 Analysis for further information.](#)

[Link to rural inequalities data](#)

## 7.2 Evaluation of the CHDO and Well Together Programmes

### Video

Importance of academic evaluation for community-based projects

The CHDO programme funded by Oxfordshire County Council and the NHS BOB ICB funded Well Together programme exemplify the commitment to delivering locally tailored initiatives that strengthen social connections and address the wider determinants of health. Their evaluation provides valuable insight into what works well and where further support is needed. Both programmes aim to strengthen community-led health and wellbeing activities by providing grant funding and embedding dedicated roles within local areas. These roles have been instrumental in building trust, fostering partnerships, and ensuring that health interventions are rooted in the communities they serve.

The evaluation, led by the University of Oxford as part of the Oxfordshire Health Humanities Project, has been structured in two phases:

- **Phase 1 (January–December 2024):** focussing on understanding how the programmes were implemented.

- **Phase 2 (Ongoing, completion due March 2026):** examining the longer-term impact of these initiatives.

### 7.2.1 Key Findings from Phase 1 of the evaluation

The evaluation has highlighted several important insights, supported by quantitative and qualitative data:

- **Value of Embedded Roles:**  
CHDO and Well Together staff were consistently identified as a major strength. Their regular presence in community activities, excellent communication skills, and active partnerships with local organisations were crucial in building trust and sustaining engagement.
- **Importance of Relationships and Continuity:**  
Long-term, “rooted” projects are far more effective than short-term interventions. Researchers noted that **policy-makers often have short-term recall, but communities have long-term memory**, highlighting the need for sustained investment.
- **Community Awareness and Participation:**  
Local and social relationships are essential for improving access to health assets and tackling distrust. These relationships serve as the building blocks of social infrastructure and healthy, resilient communities.

#### Video

Reflections from academic partners and grant funding recipients on the impact and recognition of partnership work.

### 7.2.3 Emerging Themes and Challenges

Early findings highlight the positive influence of these initiatives on social connectedness and mental wellbeing. However, the evaluation also underscores structural challenges. Short funding cycles and rapid evaluation requirements have shaped how community groups plan and deliver services, often under significant time pressure. This can limit flexibility and sustainability, raising important questions about how funding models can better support long term impact.

### 7.2.4 Policy Implications

The evaluation has highlighted critical policy implications for funding stability and capacity building within community organisations, providing a robust evidence base for future decision making. The regular presence of embedded roles such as CHDO and Well Together staff has been pivotal in building trust and maintaining engagement, highlighting the need for continuity and longer term funding streams.

However, the evaluation also reveals persistent structural challenges. Short funding cycles and rapid evaluation requirements often force community groups to deliver services under significant time pressure, limiting their ability to adapt and innovate. This instability can undermine the flexibility and sustainability of programmes, posing a risk to their long-term impact. Policy-makers must therefore prioritise funding models that support multi-year commitments, enabling organisations to plan

strategically, cultivate lasting relationships, and respond to evolving community needs.

These priorities directly align with Marmot principles, which advocate for reducing inequities through upstream investment, community empowerment, and the creation of supportive environments. By adopting these approaches, Oxfordshire can further its commitment to reducing health inequalities, ensuring that local voices shape and lead health initiatives for the long-term benefit of all residents.

#### **Weblinks/PDFs**

Link to University of Oxford evaluation report, webpages and community videos

### **7.3 Recognition of the Whole System Approach to Physical Activity**

A key achievement in Oxfordshire's journey to reduce health inequalities has been the development of a whole system approach to physical activity, recognised both locally and nationally for its impact.

This approach brought together the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Oxfordshire County Council Public Health, district and city councils, Active Oxfordshire, healthcare professionals, and the voluntary and community sector. By working together, these partners jointly commissioned and delivered programmes that now reach over 12,000 residents at highest risk of physical inactivity and health inequality.

#### **Key outcomes of this whole system approach include:**

- **Record investment:** For the first time, joint funding of £1.3 million was secured from the ICB, Public Health, and local councils, enabling a shared county-wide agenda and a focus on prevention.
- **Targeted programmes:** Initiatives such as YouMove (for families on lower incomes) and Move Together (for residents with long-term health conditions) have supported thousands of residents to become more active, with clear improvements in health and wellbeing.
- **Wider impact:** The partnership has also developed new activity pathways for Early Years and Maternity and invested in community led projects to increase walking, wheeling, and cycling, particularly in areas of greatest need.
- **Demonstrable results:** Move Together has reduced GP appointments by 36% and NHS 111 calls by 28%, while YouMove has seen 50% of children increase their activity by an average of 133 minutes per week. There has also been a 33% reduction in the number of participants classed as inactive.
- **Capacity building:** Over 400 healthcare professionals and frontline workers have been trained to support residents to be more active through the Moving Medicine training, strengthening the system's ability to deliver quality care and signpost to wider health and wellbeing services.

The success of this partnership has not only improved outcomes for individuals and communities but has also been recognised as a national exemplar. The approach has attracted interest from other areas keen to replicate Oxfordshire's model and has been featured in national press coverage. By embedding prevention, partnership,

and community engagement at the heart of its work, Oxfordshire is demonstrating the value of whole system action in tackling health inequalities. This recognition reflects the collective commitment of all partners to work beyond organisational boundaries, share learning, and invest in what works. It also highlights the importance of sustained, joined-up action to create lasting change for those who need it most.

*“Swimming with my son, he has discovered something he loves and that I can enjoy with him. I haven't swum for years so I'm rediscovering my love for it.”*

— Participant, YouMove programme

This participant's experience is just one example of how whole system partnership working is making a real difference to people's lives across Oxfordshire.

## **8 Strategic alignment and future planning**

### **Videos**

Insights from system leaders on aligning with Marmot Place, NHS 10-Year Plan, and future neighbourhood health work. Importance of understanding local areas. How the legacy of the Community Insight Profiles is foundational work for addressing health inequalities under the umbrella of Marmot.

Understanding communities is essential for meaningful and sustained progress to improve health and wellbeing outcomes and reduce inequalities. Health inequalities are shaped by many factors beyond healthcare, and no single organisation can address them alone. Reducing inequalities requires a whole-system effort, with partners across sectors sharing responsibility and acting together.

This section outlines the key frameworks shaping Oxfordshire's future direction: our work as a Marmot Place, our alignment with the NHS 10-Year Plan, and the emerging national approach to Neighbourhood Health. Together, they strengthen our shared commitment to tackling inequalities through long term, joined up action rooted in local insight.

### **8.1 Oxfordshire as a Marmot Place**

Oxfordshire's commitment to being a Marmot Place provides a unified framework for addressing health inequalities by focusing on the social conditions that shape health across the life course. The Marmot principles offer clear direction for system partners, helping to embed fairness and equity in strategic planning and delivery. This approach builds on the insight gathered through the Community Insight Profiles and strengthens our collective ability to target support where it is most needed.

The programme's initial focus is on three Marmot Principles:

- Giving every child the best start in life
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all

These principles are guiding system-wide action. Current activity includes:

- Developing countywide recommendations to improve outcomes in the early years and for children and young people.
- Deepening our understanding of rural inequalities through community engagement.
- Working with employers to promote fair and secure work.
- Supporting Primary Care Networks with tools to identify and address inequalities.
- Strengthening local evidence through the Oxfordshire Local Policy Lab.
- Improving support for inclusion health groups, such as Gypsy, Roma and Traveller communities and vulnerable migrants.

## 8.2 Best Start in Life deep dive

The Institute of Health Equity is completing a detailed review of inequalities affecting children and young people up to age 25, with publication expected in Spring 2026. The findings will guide future action and strengthen collective commitment to delivering Marmot recommendations across the system.

### Video case studies

## 8.3 Supporting the NHS 10-Year Plan

The NHS 10-Year Plan emphasises prevention, integration and delivering care closer to home. This aligns strongly with Oxfordshire's direction of travel and reflects the principles already embedded in our community-focused work.

Key principles from the NHS 10-Year Plan supported through local work include:

- Prevention as a core design principle: The Prevention and Health Inequalities Forum helps ensure prevention is integrated across planning, commissioning and service delivery.
- Reducing unfair differences in health outcomes: Oxfordshire applies Marmot and Core20PLUS<sup>6</sup> principles to focus investment in areas facing the greatest disadvantage.
- Care delivered closer to home: Local partnerships, community-based roles, and place based planning show how joined up support can be built around local need.

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<sup>6</sup> NHS England (n.d.) *Core20PLUS5 (adults): An approach to reducing healthcare inequalities*. Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

This alignment positions Oxfordshire to respond to national policy shifts and strengthens readiness for the expanded neighbourhood working expected over the coming years.

#### **8.4 Neighbourhood Health and the Future of Local Delivery**

National policy is moving towards a neighbourhood model of integrated care. This approach emphasises prevention, proactive support and care organised around local places rather than institutions. Neighbourhood Health reinforces the importance of designing services around people's lives and the conditions that influence their health. Oxfordshire's insight driven, community focused work provides a strong platform for the integration, prevention and partnership working that neighbourhood models require.

As national guidance evolves, this foundation will help ensure that local plans are informed by community insight, responsive to place, and aligned with the broader ambition to improve population health through coordinated, local action.

##### **Case Study**

##### **Neighbourhood health perspectives – Dr Michelle Brennan**

The Community Insight Profiles will play an increasingly important role as Oxfordshire embeds its neighbourhood-based model of health and care. As the system shifts from hospital to community, from sickness to prevention, and from analogue to digital, these insights will provide a shared evidence base to help guide proactive, community-led action. They will help inform neighbourhood priorities, support co-design with residents and the voluntary, faith, and community sector, and help track progress in reducing inequalities over time, aligning closely with the Director of Public Health's focus on understanding and addressing the wider determinants of health. While neighbourhood health and care is still at an early stage of its journey, the combination of robust local insight, population health data, and developing community relationships offers a strong foundation for delivering greater social impact and improving outcomes across Oxfordshire.

## **9 Recommendations and next steps**

### **9.1 Long term commitment across all partners to tackle health inequalities and the drivers of these inequalities in Oxfordshire**

To continue making progress on health inequalities, it is essential to maintain and strengthen systemwide partnerships. This means deepening collaboration between Public Health, the Integrated Care Board, local councils, voluntary and community sector organisations, and other key stakeholders. Joint commissioning, shared investment, and coordinated delivery should remain central, ensuring that resources are targeted where they are most needed. By embedding a whole system approach, partners can leverage collective expertise, avoid duplication, and deliver integrated

solutions that address the wider determinants of health. Ongoing partnership working will be vital to sustaining momentum and responding effectively to emerging challenges. We need to ensure the long-term commitment across all partners to tackle health inequalities and the drivers of these inequalities in Oxfordshire. The health and wellbeing board brings together all these partners to ensure alignment between our ambitions to be a Marmot county, and the emerging system organisation such as neighbourhood health.

#### **Video**

The importance of continued investment into this work and commitment from partners to tackle health inequalities and the drivers of these inequalities in Oxfordshire.

## **9.2 Commitment to Implementing the Marmot Recommendations**

All partners must demonstrate a clear and sustained commitment to the implementation of the Marmot recommendations as these are developed and published. This will require a collaborative approach across the system, ensuring the principles of equity, prevention, and community empowerment are embedded at every level. By prioritising the Marmot recommendations, we will ensure that our efforts to tackle health inequalities are informed by robust evidence and best practice, with resources directed where they are needed most. Ongoing partnership working will help to embed these recommendations into local strategies and strengthen population health management. Regular review of progress and shared learning will ensure that implementation remains responsive to community needs and aligned with our overarching goal of reducing health inequalities across Oxfordshire.

## **9.3 Sustained Financial Commitment**

To achieve meaningful and lasting progress in addressing health inequalities across Oxfordshire, it is crucial that all partners commit to sustained and targeted financial investment. This means not only protecting existing funding for effective programmes, but also ensuring additional resources are allocated where evaluation demonstrates impact and/or where recommended by the Marmot review. Avoiding disinvestment in established initiatives will ensure continuity, and scaling up proven approaches will maximise their reach and benefit. Ongoing financial commitment from across the system is essential to underpin collaborative action, support innovation, and maintain the momentum required to tackle the underlying drivers of inequality.

## **9.4 Community Involvement**

Community involvement must remain at the core of all future work. Building on the success of the Community Insight Profiles, future initiatives should continue to prioritise co-production and local leadership. Residents should be actively engaged in shaping priorities, designing solutions, and evaluating impact. This approach ensures that interventions are relevant, equitable, and sustainable, and that communities feel ownership over the changes taking place. Strengthening mechanisms for feedback and involvement such as community panels, steering groups, and regular engagement will help maintain trust and responsiveness.

## 9.5 Opportunities through Local Government Re-organisation (LGR)

Work in Oxfordshire to address inequalities has raised the commitment and focus on inequality across all partners, forging stronger relationships and working across organisational professional boundaries. With Local Government Re-organisation underway we recognise that the needs of our communities will remain the same regardless of the outcome of organisational changes. We will need to protect this important work and continue to work together regardless of changes to delivery structures.

Local Government Re-organisation (LGR) presents a significant opportunity to reimagine how services are delivered and to strengthen the collective response to health inequalities in Oxfordshire. Rather than viewing organisational change as a challenge or disruption, partners should see LGR as a chance to enhance integration, streamline processes, and ensure that resources are more effectively targeted to those who need them most. By embracing the possibilities of LGR, we can work together to build more flexible, responsive structures that are better aligned with the neighbourhood model of care and the ambitions for population health improvement outlined in national policy and local plans. By proactively seeking out opportunities for innovation, joint commissioning, and shared investment, partners can ensure that the momentum built in tackling inequalities is not only maintained but accelerated through the transition.

### **Weblinks**

Link to LGR website and resources

## 9.6 Sharing Our Learning/Evaluation and Scaling Up the Production of Profiles

Sharing learning and evaluation findings is essential for continuous improvement and wider impact. Oxfordshire should prioritise the dissemination of insights, case studies, and evaluation reports to partners, other local authorities, and national bodies. Enabling the scaling up of the production of Community Insight Profiles in other areas through the legacy toolkit and interactive dashboard will help spread best practice and enable more communities to benefit from this approach. Supporting partners to use these resources will foster innovation and ensure that the legacy of the programme continues.

### **Video**

Ansaf - Closing remarks from the Director of Public Health, outlining strategic actions and the importance of continued investment.

Continuing the legacy of CIPs by going beyond the 14 wards and enabling communities to develop their own profiles using the dashboard and toolkit.

Continued investment into programmes

## References

British Medical Association (2024) *The impact of the pandemic on population health and health inequalities*.

Available at: <https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/the-impact-of-the-pandemic-on-population-health-and-health-inequalities>

BMJ / Limb, M. (2025) *What is the NHS 10-year plan promising and how will it be delivered?* Available at: <https://www.bmj.com/content/390/bmj.r1405>

Carey, G., Crammond, B. & De Leeuw, E. (2015) *Towards health equity: A framework for the application of proportionate universalism*. Institute of Health Equity.

Available at: <https://www.instituteoftheequity.org/resources-reports/towards-health-equity-a-framework-for-the-application-of-proportionate-universalism/towards-health-equity-a-framework-for-the-application-of-proportionate-universalism.pdf>

Healthwatch Oxfordshire (2025) *NHS 10-Year Plan webinar slides*.

Available at: <https://healthwatchoxfordshire.co.uk/uploads/10-year-health-plan-webinar-slides.pdf>

NHS England (n.d.) *Core20PLUS5 (adults): An approach to reducing healthcare inequalities*.

Available at: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

NHS England (2025) *Neighbourhood health guidelines 2025/26*.

Available at: <https://www.england.nhs.uk/long-read/neighbourhood-health-guidelines-2025-26/>

NHS Confederation (2025) *Delivering a neighbourhood health service: what the 10-Year Health Plan means for local integration*.

Available at: <https://www.nhsconfed.org/long-reads/delivering-neighbourhood-health-service>

NHS Providers (2025) *The 10-year health plan and neighbourhood*.

Available at: <https://nhsproviders.org/resources/delivering-on-ambitions-for-a-neighbourhood-health-service/the-10-year-health-plan-and-neighbourhood>

NHS Confederation (2025) *Neighbourhood health guidelines 2025/26: what you need to know*

Available at: <https://www.nhsconfed.org/publications/neighbourhood-health-guidelines-202526-what-you-need-know>

NICE (n.d.) *Core20PLUS5 (adults) – relevant NICE guidance*.

Available at: <https://www.nice.org.uk/implementing-nice-guidance/cost-saving-resource-planning-and-audit/nice-and-health-inequalities/nice-and-core20plus5-adults>

Office for National Statistics (2023) *Census 2021 geographies: Lower layer Super Output Areas (LSOAs)*.

Available at

<https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeographies/census2021geographies>

Oxford Hub (2025) *Youth Participatory Grant Making – Learning Report (The Leys)*.

Available at:

<https://static1.squarespace.com/static/5c6d346765019f1270152c0b/t/696622c0e95b9135427dcc6d/1768301248169/Youth+PGM+learning+report+-3.pdf>

The King's Fund (2025) *What is neighbourhood health?*

Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-neighbourhood-health>

The Strategy Unit (2024) *Evaluating NHS England's national approach to tackling healthcare inequalities (Core20PLUS5)*.

Available at: <https://www.strategyunitwm.nhs.uk/news/evaluating-nhs-englands-national-approach-tackling-healthcare-inequalities>

Youth Endowment Fund (n.d.) *Youth PGM Learning Report*. Available at:

<https://static1.squarespace.com/static/5c6d346765019f1270152c0b/t/696622c0e95b9135427dcc6d/1768301248169/Youth+PGM+learning+report+-3.pdf> (Accessed 19 January 2026).

## **COUNCIL 24 March 2026**

### **Officers' Code of Conduct (Constitutional Amendment)**

#### **Report by the Director of Law & Governance and Monitoring Officer**

#### **RECOMMENDATION**

1. **Council is RECOMMENDED to amend the Constitution at Part 9.6 Officers' Code of Conduct.**

#### **Executive Summary**

2. On 11 March 2026, the Audit and Governance Committee considered and approved the revised Officers' Code of Conduct with a request to include a reference to the Nolan Principles, and recommended that Council amend the Constitution.
3. To strengthen internal governance and effectively manage risk, standards and employer-employee expectations, it is good practice for local authorities to maintain an up-to-date Officers' Code of Conduct (Code). The purpose of the Code is to establish clear standards of ethical and professional behaviour, promote integrity and accountability, maintain public confidence, and provide guidance to those working for or on behalf of the council in the discharge of their duties.
4. A comprehensive review of the Code was undertaken by the Director of Law & Governance and Monitoring Officer, taking into consideration best practice, and benchmarking against other authorities. The review identified and recommended substantial amendments to ensure the Code reflects current council values, working practices and organisational requirements.
5. The Officers' Code of Conduct includes many hyperlinks to the Council's Intranet (The Hive). These are only accessible to staff and councillors who have login rights to the Intranet.

#### **Governance Arrangements**

6. The Code is a key governance document and forms part of the constitution of the council. It is published on the intranet and on the Council's website. The current Code was last updated in April 2017.
7. An internal audit report from February 2025 concerning key governance processes highlighted the requirement to update all relevant policies to reflect

current working practices. The revised Code has been amended to align with all other governance policy updates.

## Consultation

8. The revised Code was amended in consultation with the Senior Leadership Team, including the Chief Executive and the Deputy Chief Executive (S.151 Officer), colleagues from HR and Cultural Change and the Trade Union. Subject specialist officers were also consulted, particularly in relation to Fraud and Data Protection.

## List of Amendments

9. The Audit & Governance Committee approved the revised Code, which includes the following key changes:

	<b>Section</b>	<b>Change</b>	<b>Reference</b>
a)	<b>Scope</b>	<p>The scope of the Code has been expanded to ensure all those working on behalf of the council are covered.</p> <p>The Code also covers agency workers and contractors working for, or on behalf of the council, though not directly employed by the council (including sole traders/individuals who are supplying their personal services but not deployed via a contract of employment).</p>	Para. 7
b)	<b>Council's Values</b>	<p>The council has adopted new values since the last update of the Code.</p> <p>Previous values:  <i>We do the best we can for residents:  This means we:</i> <ul style="list-style-type: none"> <li>- <i>work together in a supportive and honest way</i></li> <li>- <i>strive to find the best solutions</i></li> <li>- <i>are open to change and doing things differently</i></li> </ul> </p> <p>Current values:</p> <ul style="list-style-type: none"> <li>- Always learning;</li> <li>- Be kind and care;</li> <li>- Equality and integrity in all we do;</li> <li>- Taking responsibility; and</li> </ul>	Para. 10

		- Daring to do it differently	
c)	<b>Equality, Diversity and Inclusion</b>	This section has been updated to include a reference to the Including Everyone: Equalities Diversity and Inclusion framework.	Para. 12
d)	<b>Climate and Environmental Considerations</b>	<p>This section has been updated to set out the council's ambition for its operations to be at net zero carbon emissions by 2030 and for the county to be net zero carbon emissions as early as possible in the 2040s.</p> <p>It clarifies that it is the responsibility of all officers to conserve energy, reduce waste, prioritise sustainable travel options and consider sustainability when procuring goods and services. Managers have the responsibility to encourage and facilitate sustainability and carbon reduction within their teams.</p>	Para. 14
e)	<b>Relations with Members of the Council, Public and Other Officers</b>	<p>This section has been updated to reflect the changes made in other officer policies and the Protocol on Member-Officer Relations. The main changes to note are:</p> <ul style="list-style-type: none"> <li>- The requirement for declarations of interest where close personal familiarity between members and officers exists;</li> <li>- The requirement for declarations of interest where personal relationships between officers exist;</li> <li>- The requirement to treat other officers with dignity and respect, creating an environment where bullying, harassment (including sexual harassment) and discrimination is not tolerated.</li> </ul>	Para. 15
f)	<b>Health and Safety</b>	This is a new section setting out the responsibilities of officers to take reasonable steps to protect their own health and safety and that of other people who may be affected by their work and anyone with whom they come into contact in the course of their work.	Para. 16-17

g)	<b>Use of Technology, Electronic Devices, Internet and Email</b>	<p>The updates reflect the changes in the use of technology and electronic devices for work purposes and include an expansion of the rules relating to the use of equipment.</p> <p>There is also a new paragraph relating to working abroad (outside the United Kingdom).</p>	Para. 38-42
h)	<b>Confidentiality</b>	A clarification is provided on confidentiality requirements post-employment.	Para. 49
i)	<b>Data Protection</b>	This section has been updated to reflect the changes in Data Protection legislation. It sets out the Council's responsibilities relating to handling personal data, and the rights of the public in accessing their own personal data.	Para. 51-55
j)	<b>Private Interests</b>	<p>This section has been updated to reflect the changes in the Conflicts of Interest – Declaring and Registering Interests Policy.</p> <p>The new requirements include:</p> <ul style="list-style-type: none"> <li>- Making a declaration of interest, including a nil declaration (if applicable) upon appointment, and</li> <li>- Mandatory declaration of secondary employment, directorships in companies operating within the county of Oxfordshire, or where a relative or partner is employed by the council.</li> </ul>	Para. 56-58
k)	<b>Secondary Employment</b>	This section has been updated, now setting out requirements to consult with the manager and obtain written consent prior to engaging in secondary employment.	Para. 59-61
l)	<b>Council Company Appointments</b>	This is a new section. There is the possibility that officers may assume the role of a director on a Board of Directors. Any such director who has a dual role as a council officer will be	Para. 67-69

		required to make a declaration of interest.	
m)	<b>Mandatory eLearning Modules</b>	<p>This is a new section setting out the mandatory e-learning modules that all officers are required to complete as part of their induction:</p> <ul style="list-style-type: none"> <li>- Acceptable Use of Information</li> <li>- An introduction to Health and Safety</li> <li>- Climate Action</li> <li>- Data Protection</li> <li>- Everyday Inclusion</li> <li>- Safeguarding Adults Level 1</li> <li>- Safeguarding for all: Children's Edition</li> <li>- Sexual Harassment at Work</li> <li>- Stay Safe Online</li> <li>- Whistleblowing</li> </ul>	Para. 74
n)	<b>Raising Concerns at Work - Grievances and Whistleblowing</b>	This section has been updated to further clarify the differences between grievances and whistleblowing, and how they will be handled.	Para. 77

## Financial Implications

10. There are no financial implications arising directly from the report.

Comments checked by: Bick Nguyen-McBride, Finance Business Partner, Resources, Community Safety, and Technology & Customer Experience

[bick.nguyen-mcbride@oxfordshire.gov.uk](mailto:bick.nguyen-mcbride@oxfordshire.gov.uk)

## Legal Implications

11. There are no legal implications arising directly from the report.

Comments checked by: Jay Akbar, Head of Legal and Governance

[jay.akbar@oxfordshire.gov.uk](mailto:jay.akbar@oxfordshire.gov.uk)

## **Staff Implications**

12. There are no staff implications arising directly from the report.

Comments checked by: Chloe Barlow, Industrial Relations and HR Policy Manager

[chloe.barlow@oxfordshire.gov.uk](mailto:chloe.barlow@oxfordshire.gov.uk)

### **Anita Bradley**

Director of Law & Governance and Monitoring Officer

Annex: Officers' Code of Conduct

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March 2026

# Officers' Code of Conduct

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## Introduction

1. Every officer is vital to delivering the council's vision of being an employer, partner and place shaper of choice. An officer's role is to serve the council in delivering services to the local community, providing advice, and implementing its policies. In performing these duties, officers must act with integrity, honesty, impartiality and objectivity.
2. The Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership (also known as the Nolan Principles) apply to anyone who works as a public office-holder. This includes all people appointed to work in local government. All public office-holders are both servants of the public and stewards of public resources. [The Seven Principles of Public Life](#)
3. The public is entitled to expect the highest standards of conduct from all Oxfordshire County Council officers. Officers must act in accordance with the principles set out in this code, recognising the duty of all public sector officers to discharge public functions reasonably and according to the law for the benefit of the community that they serve.
4. Officers should ensure that their conduct:
  - a) is never influenced by personal gain;
  - b) does not give anyone reason to question their motives; and
  - c) is always in line with the council's policies and procedures.

## Status of the Code

5. The Officers' Code of Conduct sets out the minimum standards that apply. It may be supplemented and clarified by service specific guidance or professional codes, where necessary. The aim of the code is to lay down guidelines for council officers that will help maintain and improve standards and protect officers from allegations or criticism that are grounded in misunderstanding or confusion.
6. This code is not intended to cover day to day work conduct, performance or attendance issues which are covered by the relevant employment policies. Where the council has a policy or protocol that provides more detail on specific issues, the name of the policy or protocol is provided at the end of a section, along with a weblink to the full document(s) on the council's intranet.

## Scope

7. This code covers all employees, who are collectively referred to as officers throughout this code (except school employees who are subject to their own professional code of conduct and their school's board of governors), under a contract of employment with Oxfordshire County Council, and includes those who are permanent, temporary, part-time, or casual. The code also covers

agency workers and contractors working for, or on behalf of the council, though not directly employed by the council (including sole traders/individuals who are supplying their personal services but not deployed via a contract of employment).

## **Our Values**

8. The council's values underpin how officers serve the people of Oxfordshire and how they work and behave with each other.
9. These organisational values guide all dealings with colleagues, service users, partners, and the public. They are the foundation for every behaviour, decision and action.
10. The council's values are:
  - Always learning;
  - Be kind and care;
  - Equality and integrity in all we do;
  - Taking responsibility; and
  - Daring to do it differently.

## **Equality, Diversity and Inclusion, and Human Rights**

11. The council recognises the contribution that every officer makes, values individual differences, and encourages respect for all. There is a clear obligation on officers to ensure that any action they take falls within the Equality and Human Rights framework and is a proportionate response to the objectives they are seeking to achieve.
12. The Including Everyone: Equalities, Diversity and Inclusion framework sets out the council's approach to providing inclusive services and equitable support to its residents. From ensuring that colleagues and workplaces reflect the diversity of the communities they serve, to ensuring equitable and transparent access to services and information, the council ensures that the voices of its residents are heard and are central to the decisions it makes, and direction taken.
13. The council also recognises that all individuals have fundamental human rights and therefore adopts a right based approach to equality. Under the Human Rights Act 1998 officers have an obligation to ensure that service decisions are made with reference to a person's basic human rights such as the right to privacy and family life, the right to a fair hearing and the right not a suffer degrading treatment.

## Climate and Environmental Considerations

14. Officers must be aware of the council's ambition for its operations to be at net zero carbon emissions by 2030 and for the county to be net zero carbon emissions as early as possible in the 2040s. This impacts on ways of working and behaviours as the council and its officers strive to be leaders and positive examples in the community. It is the responsibility of all officers to conserve energy, reduce waste, prioritise sustainable travel options and consider sustainability when procuring goods and services. Managers have the responsibility to encourage and facilitate sustainability and carbon reduction within their teams.

## Relations with Members of the Council, Public and Other Officers

15. The council frequently works in partnership with other organisations, both in the public and private sector. It is therefore vital that all officers conduct themselves in an exemplary manner, aligned to the council's values, in all aspects of their work, and in particular:
- a) Officers should deal with the public, members, and other officers sympathetically, efficiently, with courtesy and respect, and without bias;
  - b) Mutual respect between officers and members is essential to good local government, and working relationships should be kept on a professional basis. Close personal familiarity between individual members and officers can damage the principle of mutual respect, lead to suspicions of favouritism, and undermine public trust in the council, as such it should be avoided;
  - c) Where a close personal relationship exists between a member and an officer, such as an officer is related to a member, this must be declared to the line manager/Director in writing;
  - d) Officers should be aware of any potential conflict where they have personal relationships with other officers and should ensure this is declared to their line manager so that a risk assessment can be conducted;
  - e) Officers should always treat other officers with dignity and respect, creating an environment where bullying, harassment (including sexual harassment) and discrimination is not tolerated.

Further guidance and information can be viewed in the council's [Protocol on Member/Officer Relations](#) in the council's constitution, the [Dignity at Work Policy](#) and the [Conflicts of Interest - Declaring & Registering Interests Policy](#).

## Health and Safety

16. Officers must take reasonable steps to protect their own health and safety and that of other people who may be affected by their work and anyone with whom they come into contact at work. Some officers, particularly managers, have specific responsibilities and these are detailed in the council's safety policies and procedures.
17. Officers are expected to cooperate with and support managers in meeting their health and safety responsibilities, including reporting any health and safety problems or deficiencies, and any accident, incident, near miss or work-related illness, as soon as possible.

The Council's [Health and Safety](#) SharePoint provides further information.

## Prevention of Fraud and Corruption

18. Officers have an important role to play in relation to protection against fraud and corruption. Officers should report any concerns associated with the council's finances, resources and responsibilities, to their line manager or another senior officer. Concerns can also be reported directly to the fraud team at [fraud@Oxfordshire.gov.uk](mailto:fraud@Oxfordshire.gov.uk) or, if appropriate to [whistleblowing@oxfordshire.gov.uk](mailto:whistleblowing@oxfordshire.gov.uk).
19. Bribery is the act of offering money or other incentives to persuade somebody to do or not to do something, especially something dishonest or illegal. The Bribery Act 2010 makes it an offence for UK citizens and residents to pay or receive a bribe either directly or indirectly. This includes transactions that take place in the UK and abroad, and in both private and public organisations.
20. Officers must be aware that it is a serious criminal offence to corruptly receive or give any gift, loan, fee, reward or advantage for doing, or not doing, anything or showing favour, or disfavour, to any person in their official capacity. If an allegation is made, it is for the officer to demonstrate that any such rewards have not been corruptly obtained.
21. Where relatives or partners work for the council arrangements must be made to ensure that there are clear controls in place to manage and avoid any conflict of interest.

The council's [Anti-Fraud and Corruption Strategy](#), [Anti-Bribery Policy](#), [Conflicts of Interest - Declaring & Registering Interests Policy](#) and the [Gifts and Hospitality Policy](#) offer further guidance.

## Political Neutrality

22. Officers serve the council as a whole. It follows they must serve all members and not just those of any single political group and must ensure that the individual rights of all members are respected. Some officers may also be required to advise political groups. Officers must do so in a manner that does not compromise their political neutrality.
23. The Local Government and Housing Act 1989 placed restrictions on the political activities which some local authority employees could undertake. Politically restricted posts fall into two broad categories: specified posts and sensitive posts.

### Specific posts:

- a) Chief Executive;
- b) Statutory Chief Officers: Director of Children's Services, Director of Adult Social Services, Chief Fire Officer, Chief Finance Officer (Deputy Chief Executive (S.151 Officer)), and Director of Law & Governance and Monitoring Officer;
- c) Directors;
- d) Deputy Chief Officers, Deputy Chief Fire Officers (deputy and assistant directors);
- e) Officers exercising delegated powers (Constitution Part 7.1), through the Schemes of Delegation.

### Sensitive posts:

A sensitive post is one which meets one or both of the following duties:

- f) Giving advice on a regular basis to:
    - (i) The council itself, any committee or sub-committee of the council, any joint committee on which the council is represented; or
    - (ii) The Cabinet, any committee of the Cabinet; any member of the Cabinet who is also a member of the council;
  - g) Speaking on behalf of the council on a regular basis to journalists or broadcasters.
24. This restriction includes a prohibition on public acts in support of a political party such as canvassing and speaking or writing publicly in a personal capacity on subjects that are politically controversial, but other public protests can be made in the same way as other officers. If an officer is in any doubt, they should discuss any planned attendance at a protest with their line manager, in advance of the event.
  25. Whether or not the post is politically restricted, officers must not allow their own personal or political opinions to interfere with their work.

The [Protocol on Member/Officer Relations](#) in the council's Constitution offers further guidance.

### **Conduct in Public and Written Protests in the Public Arena**

26. Officers should always act in a manner that will not bring the council into disrepute and not harm its reputation, for example not expressing publicly personal views which conflict with the policies of the council or which damage the reputation of the council. If officers attend lobbies or rallies (including trade union meetings) they should not display abusive, inflammatory and/or inciteful posters or other material. If officers are unsure on this point, they should seek guidance from their line manager or trade union representative. Officers should not wear council uniforms/lanyards at public protests without the consent of their line manager.
27. If officers publicly express views as a trade union officer these should be clearly acknowledged as the views of the union so that there can be no confusion with the views of the council.
28. If officers wish to protest against council policy, they must not use the council's headed stationery or council email account, work time or council facilities to do so and if they write to the press or otherwise publicise their personal views, such as on social media, they must be careful not to imply that they are speaking on behalf of the council.

### **Use of Social Media Sites**

29. Social media plays an important role in engaging with residents, businesses, and partners, and can significantly help the council facilitate two-way communication with a broad group of key stakeholders.
30. Officers must not allow their professional and personal use of social media sites to become blurred; they need to be mindful of their duties not to:
  - a) Disclose council information without authority;
  - b) Take part in any political or public activity, which compromises or might be seen to compromise an officer's impartial service to the council and its stakeholders;
  - c) Make derogatory comments about the council, its policies or procedures;
  - d) Make derogatory comments about other council employees, councillors or stakeholders;
  - e) Continue to engage with others who become abusive or aggressive.
31. Once items have been posted to the Internet, it is very difficult to remove them, therefore great care must be taken before officers press the submit button.
32. If officers have any concerns, they should consult with their line manager for advice or authorisation.

33. It is important that officers are aware that submitting any content or comment to social media sites, whether in a personal or professional capacity, which is considered to be derogatory or inappropriate may result in formal action being taken against them.

The council's [Social Media Policy for Staff and Members](#) offers further guidance.

### **Proper Use of Council Resources**

34. The council is responsible for the efficient use of the public resources it controls including financial resources, equipment, electronic devices, and its staff. Officers must not use council premises, property, vehicles or other council facilities unless authorised to do so. All officers are responsible for the safe keeping and proper care of any council property or equipment that they use in the course of their work.
35. Officers must not undertake private work or activities during their council working hours or use council premises, property or facilities for private work or activities. Some facilities, such as photocopying, may be made available to officers for private use on agreed terms and with prior approval.
36. All officers have a duty to abide by the highest standards of probity in dealing with financial issues and adhere to the Financial Procedure Rules and Financial Regulations. Officers should assist the council in discharging its obligations to follow proper accounting practices and to secure best value. Officers must operate within the required accounting standards and timetables to ensure that all the council's transactions, material commitments and contracts and other essential accounting information are recorded completely, accurately and on a timely basis.
37. Officers are required to ensure that the council's Internal Audit Services and the council's external auditor are given access at all reasonable times to premises, personnel, documents and assets that the auditors consider necessary for the purposes of their work. Officers are obliged to provide the auditors with any information and explanations that they seek in the course of their work.

### **Use of Technology, Electronic Devices, Internet and Email**

38. Use of computers, laptops and other electronic devices is an important part of officer duties. Officers are required to become familiar with the rules relating to personal use of equipment, virus protection and the use of unapproved software, and the prohibitions on accessing or downloading offensive websites and material (including but not limited to discriminatory, racist, sexist, homophobic, transphobic, antisemitic, Islamophobic, pornographic or violent material).

39. Officers must only access council information that they have a business need to see and only use it for work purposes.
40. The council does not support working from or using council equipment abroad. In exceptional circumstances, there may be an urgent temporary need for officers to work remotely from outside the United Kingdom. A formal request must be made to the line manager for their consideration.
41. Officers may make personal telephone calls whilst at work, but such calls should be limited as much as possible. The council does allow for limited personal use of email and the internet whilst at work, providing that it is not excessive, does not interfere with officers' work activities and duties, and it is made clear that any message sent is not on behalf of the council.
42. Council equipment must not be used for any personal reason or reasons outside the performance of officers' council duties except where explicitly allowed by the [Acceptable Use Policy](#). The policy provides further guidance and requirements on the proper use of the council's ICT resources.

### **Intellectual Property and Copyright**

43. All creative designs, writings, drawings and inventions officers produce which are directly related to their employment as an officer remain the property of the council. Specific requirements may be set out in an officer's terms of employment, role profile or job description and those arising from an instruction from a manager or other authorised representative of the council.
44. Officers must also make sure that they do not breach the copyright held by others and in doing so expose the council to the risk of claims. Copyright allows the owner to prevent the reproduction in any material form of a substantial part of the copyright work.
45. Copies of materials may not be made unless officers have permission from the holder of the copyright. Officers can only photocopy copyright items if they are single copies for private study or research for non-commercial use.
46. Particular consideration and protection of intellectual property and copyright must be given to the use of new and emerging technologies, such as artificial intelligence, where these properties may be uncontrollably lost.

### **Confidentiality**

47. The council encourages transparency in the dissemination of information and decision-making. However, officers must respect the confidentiality of the information to which they have access at work and must not use it for personal gain or personal purposes, or share it with others who might use it in this way.
48. Officers must not tell anyone inside or outside the council who is not entitled to know for the purposes of their job, what takes place at council meetings held in

private or exempt sessions, nor about the contents of council documents or other information which are confidential or exempt.

49. These confidentiality provisions remain in place after officers have left the employment of the council.

### **Freedom of Information and Environmental Information Regulations Requests**

50. Officers must be aware of the council's requirements as a public authority with regard to disclosure under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004. Officers must comply with any requests received under the legislation to ensure that they are completed appropriately and within the statutory timeframes.

The council's [Freedom of Information Act and Environmental Information Regulations Policy](#) offers further guidance on Freedom of Information and Environmental Information Regulations requests.

### **Data Protection**

51. The Data Protection legislation (UK GDPR and Data Protection Act 2018) gives individuals certain rights and gives the council (and its officers) responsibilities for personal information. These responsibilities relate to ensuring that the information is:
- a) processed lawfully, fairly and in a transparent manner;
  - b) collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes;
  - c) adequate, relevant and limited to what is necessary in relation to the purposes for which the data are processed;
  - d) accurate and, where necessary, kept up to date;
  - e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed;
  - f) processed in a manner that ensures appropriate security of the personal data.
52. The legislation not only provides for data held in electronic format such as computer systems, mobile devices, phones and cameras, but also that held on 'relevant filing systems' such as manual filing systems, including paper.
53. Both officers and the council may be prosecuted if there is a breach of data legislation. If officers suspect that there is a problem, or they need advice they should consult their line manager or the Information Governance Officers.
54. Officers must not give confidential information about the council's customers to anyone unless they need it to help the customer or prevent serious harm to the

customer or others. Officers must ascertain the legal basis for sharing information, which may in some instances be the customer's explicit permission, before providing customer information to others.

55. Customers can exercise certain rights in relation to their personal data that is held by the council, such as access to their personal data, being informed that their personal information is being processed; request the council to correct, rectify, block or erase information that is regarded as wrong, and certain other rights relating to automated decision making.

The council's [Data Protection Policy](#) provides further guidance.

### **Private Interests**

56. Whilst an officer's private life is their own concern, they must not allow their private interests to conflict with their public duty. This includes, but is not limited to, misusing their official position to benefit themselves or others. In order to demonstrate openness and transparency in local government and to protect officers and the council from allegations, officers must declare and register any interests where there is an actual or potential conflict. Officers will also need to make a self-directed further declaration if a declaration made previously has materially changed.
57. On appointment, officers will be required to complete a declaration of interests form. If there are no interests that require them to be declared, then a nil declaration must be made by the officer, and saved on the employee electronic personnel file by the line manager.
58. Some interests must always be declared such as secondary employment, directorships in companies operating within the county of Oxfordshire, where a relative or partner is employed by the council, and membership of any organisation not open to the public without formal membership and requires commitment of allegiance, and which has secrecy about rules or membership or conduct. This is not an exhaustive list, please refer to the [Conflicts of Interest - Declaring & Registering Interests Policy](#) for further guidance.

### **Secondary Employment**

59. Officers must not be involved in work outside the council that could cause a conflict of interest with their council job responsibilities, or which makes use of material or information to which they have access because of their council position. Officers should not take on any outside work without first consulting their line manager and obtaining written consent.
60. Any paid employment other than with the council must be declared and registered as an interest.

61. Officers should not engage in:
- a) other work without first consulting with their line manager;
  - b) outside employment which conflicts with the council's interests or may bring the council into disrepute;
  - c) other work which may cause officers to exceed the 'Working Time Directive' (as implemented through [The Working Time Regulations 1998](#)) or which may put their health at risk.

The council's [Conflicts of Interest - Declaring & Registering Interests Policy](#) offers further guidance.

### **Gifts and Hospitality**

62. The general rule is that all gifts and hospitality should be tactfully and politely refused. In some situations, occasional small gifts or hospitality under £50 in value may be permitted unless this gives the impression of influence or reward. Officers should only accept hospitality if there is a commensurate benefit to the council. Frequent receipt (i.e. more than two in any three-month period) of gifts or hospitality of less than £50, must be reported to the line manager. Officers cannot accept any gift or hospitality over £50 in value without first obtaining the consent of their line manager and registering it.
63. The Chief Executive and directors have a key role in developing the profile of Place and delivering the council's ambition to be a partner and place shaper of choice. Where the Chief Executive and directors receive an offer of hospitality which supports the development of professional relationships with businesses/organisations within Oxfordshire, the Chief Executive will seek the approval of the Monitoring Officer before accepting, and the directors will seek the approval of their line manager, and ensure the facts are registered.
64. Officers should never invite or encourage a gift or hospitality, this includes those that are offered/received in a setting that is outside of the workplace but relate to, or could be perceived to relate to, a situation where impression, influence or reward is in play. If officers are in any doubt, they should seek the advice of their line manager in the first instance. Advice can also be sought from the Director of Law & Governance and Monitoring Officer, and Head of Legal & Governance Services and Deputy Monitoring Officer.

The council's [Gifts and Hospitality Policy](#) offers further guidance.

## Involvement in Other Organisations

65. Many of the council's objectives in becoming a place shaper and partner of choice are delivered by developing partnership arrangements with other public and private sector organisations or community groups. Officers may also be asked to take part in voluntary activity or offered a role in a voluntary organisation. In these situations, the following apply:
- a) It is important that officers clarify the role expected of them and whether they are acting in their own right or as the voice of the council;
  - b) If acting for the council, officers should clarify what authority is vested in them by the council and other partner organisations by checking with their line manager as to the extent of the participation or authorisation;
  - c) Liability for Oxfordshire County Council can arise from formal membership of external organisations, and officers should seek further advice from their line manager if they have reason to believe that any liability may arise;
  - d) If officers are acting on behalf of the council, then they are subject to this code.
66. In any event, officers should not accept any such voluntary role as a result of their employment at the council, without the express permission of their line manager.

## Company Appointments

67. **Council Company Appointments**  
In the course of employment officers may be offered an opportunity to work as a director of a company that the council has control of, or an interest in. In such circumstances, the council may make arrangements to provide officers with indemnity insurance for their director position, particularly where these relate to a company that the council has control of, because the opportunity to be appointed as a director arises due to the officer's status as an employee of the council.
68. As a director of a company, officers will have fiduciary duties to the company which could – potentially – conflict with the duties which are owed to the council. This is because, regardless of whether the council controls the company or not, it is a separate legal entity. Officers will need to appraise themselves of the relevant legal duties and seek appropriate training. In certain circumstances this may be arranged through or by the council.
69. Line managers will also need to give consideration to the officer's fiduciary duties if the officer is appointed as a company director, so that these are taken account of in their work for the council. For complete openness and transparency officers should declare any company appointments which occur

as a result of their employment with the council on their declaration of interest form in the usual way alongside any other interests.

## **Relations with Contractors or Suppliers**

70. It is the responsibility of all officers to ensure that, when administering council contracts, every contract made by or on behalf of the council complies with all United Kingdom legislation and as provided for in the council's contract procedure rules or other applicable procedures. Any officer who is authorised to carry out any of the council's contract functions must undertake all necessary training effectively to discharge this responsibility. Officers shall not commit the council to incur expenditure for the supply of goods, services, works or capital projects unless they are authorised under the services' Scheme of Delegation and financial provision has been authorised.
71. Officers must award contracts or orders on merit, and deal fairly with all customers, suppliers and contractors, to achieve best value for the council. The following considerations should be taken into account:
- a) Officers must tell their line manager and register in the Register of Interests any relationship they have with a contractor or supplier with whom they are also involved at work.
  - b) If friends or relatives are involved as potential suppliers, officers should not be involved in the selection process at all and they must not favour current or past officers or their partners, relatives or close associates when awarding contracts or orders to businesses for which they work.
  - c) If the council decides to outsource the supply of any goods or services and an officer or an officer and their colleagues are considering a management buy-out, they should discuss this with their line manager immediately and register it in accordance with the Conflicts of Interest – Declaring and Registering Interests Policy. Officers must not then take part in any such contract awarding process.
72. It is each officer's responsibility to follow the council's [Conflicts of Interest - Declaring & Registering Interests Policy](#).

## **Appointment of Officers**

73. If officers are involved in the recruitment and appointment of officers (including those that will be deployed through employment agency providers), they must ensure that appointments are made on the basis of merit. In order to avoid any possible accusation of bias, officers must not be involved in any appointment, or any other decisions relating to discipline, promotion or pay and conditions for any other officer, or prospective officer, to whom they are related, or with whom they have a close personal relationship inside or outside work. Before officers begin to be involved in recruitment for the council they must attend in-house council training on relevant recruitment practice.

## Mandatory eLearning Modules

74. Officers are required to undertake the following eLearning as part of their induction:

- Acceptable Use of Information
- An introduction to Health and Safety
- Climate Action
- Data Protection
- Everyday Inclusion
- Safeguarding Adults Level 1
- Safeguarding for all: Children's Edition
- Sexual Harassment at Work
- Stay Safe Online
- Whistleblowing

Some service areas may have additional requirements specific to their service needs.

## Raising Concerns at Work - Grievances and Whistleblowing

75. The council is committed to the highest standards of openness, probity and accountability.

76. If an officer has any concerns arising from:

- a) their employment contract or employment in general there is a grievance procedure to be followed. Officers should raise any such issues with their line manager in the first instance or another senior officer;
- b) any other aspect of the council's operations, such as if they become aware of any activities that they believe are illegal, improper, unethical or in some other way inconsistent with this code, or the council's Constitution, policies and procedures, there is a procedure for these concerns which follows the requirements of the Public Interest Disclosure Act 1998.

77. A concern which is raised as a whistle-blow but does not meet the legal threshold will be considered, with the whistle-blowers permission, in accordance with the most suitable alternative policy, including but not limited to the Resolving Concerns Policy.

The council's [Whistleblowing Policy](#) and the [Resolving Concerns \(grievances\) Policy](#) provide further guidance.

### **Investigations by the Council's Monitoring Officer**

78. Officers must assist and co-operate fully with the council's Director of Law & Governance and Monitoring Officer where the Director of Law & Governance and Monitoring Officer, or another officer or third party on their behalf, is either conducting an:
- a) enquiry or investigation about the lawfulness of the council's actions under Section 5 of the Local Government and Housing Act 1989; or
  - b) investigation into a complaint against a member that has been referred to the Director of Law & Governance and Monitoring Officer under the Localism Act 2011.

### **Trade Unions**

79. Trade unions are separate organisations from the council with their own views and priorities. They play an important role in voicing the views of union members both internally within the organisation through the consultation machinery and publicly.
80. Elected trade union representatives have specific protection under employment legislation in recognition of the special role they undertake. The council also has facilities agreements with the major recognised trade unions that regulate time off and other facilities for elected representatives.

### **Leaving the Council**

81. After officers leave the council, they still have a duty not to disclose personal data relating to others or exempt/confidential/commercially sensitive/official/secret information that they have acquired in the course of their work at the council.

### **Review of the Code**

82. The Director of Law & Governance and Monitoring Officer will regularly review this code to ensure that it continues to be effective and up to date.

## Appendix

### Definitions:

**Relative** means parents, parents-in-law, step-parents, husband, wife or partner, child, son, daughter, step-son, step-daughter, child of a partner, brother, sister, sibling, brother-in-law or sister-in-law, aunts, uncles, nephews, nieces, grandparents, grandchildren or the spouse, civil partner or partner of any of the preceding, including non-binary forms of any of the preceding.

**Partner** means any person with whom an officer co-habits as a couple or akin to a spouse (and includes a same sex partner).

**Friend** means a person with whom the officer has such a close personal or business relationship that an objective observer who had knowledge of the relevant facts would reasonably regard it as likely to influence the officer's judgement on council business in relation to matters affecting that person.

**Close Associate** means someone with whom you are in close regular contact over a period of time, either socially or professionally, who is more than an acquaintance. It may be a colleague, a business associate or someone you know through general social contacts. It is someone a reasonable member of the public would think you might be prepared to favour/disadvantage.

## Frequently Asked Questions

### What would constitute an act of bribery?

An offence would be committed if for example:

- An officer requesting, agreeing to receive, or accepting an advantage in return for services;
- An advantage being secured with the “consent or connivance” of the manager;
- Officers agreeing to “fix” a procurement process or evaluation in the briber’s favour.

\*A “financial” or “other advantage” may include money, assets, gifts, hospitality or services.

### What is considered as ‘confidential information’?

Confidential information is defined as information unavailable to the public about a person or subject that an officer knows as a result of their role as a council officer.

Example 1 – If an officer has access to social care records for the purposes of their role, they should only share it with those necessary, in order to fulfil their functions as a council officer. Sharing personal data with others for personal purposes would constitute a breach of Data Protection obligations and this code.

Example 2 - As a result of an officer’s work with the council they learn that a certain residential development is planned and that the plan has not been made public. It would be improper for them to give this information to a friend or relative in the construction industry since the information is confidential, and was learned as a result of their job with the council and it is not available to the public.

### Doesn’t the Human Rights Act give me complete privacy at work?

It is correct to state that there is a right to a respect for home and family life and correspondence, but this is not an absolute right. Lawful interference is allowed if it is necessary to do so for the prevention or detection of crime, harm to others or the protection of the rights of others. Also in general terms, emails that are private, confidential and personal should not be viewed by an employer, except where there is a valid need to do so. However, such correspondence should not be conducted using a council email address.

### I have received a request from a member of the public for personal information to be released. What is my first step?

Officers should ascertain whether the requested information is the individuals’ own personal information or the personal information of another living person. Officers should discuss the request with their line manager and contact the Information Governance team for further guidance.

### What happens if I do not act within the Officers’ Code of Conduct?

Officers can be subject to formal proceedings.