Department of Health & Social Care

NHS

Application to take part in the National Neighbourhood Health Implementation Programme

All fields in this document should be completed. THE QUESTIONS AND YOUR ANSWERS CONSTITUTE THE CRITERIA UPON WHICH YOUR APPLICATION WILL BE JUDGED

Applications should be emailed to england.neighbourhoodhealthserviceteam@nhs.net by 8 August 2025.

Place details

1. **Current ICS your Place is part of:**

   Buckinghamshire, Oxfordshire and Berkshire West (BOB)

2. **Full name of the Place on which the project will focus:**

(please include details on footprint including population size, local authority alignment and number/configuration of any integrated neighbourhood teams):

Oxfordshire has a GP registered population of 828,209 across five district councils and one upper-tier county council, with a mix of rural and urban areas. Oxfordshire has:

- 21 PCNs
- 63 GP Practices
- 118 Dentists
- 68 Opticians
- 99 Pharmacies

This application will predominantly focus on:

- Oxford City (6 PCNs covering GP registered population of 242,000), where there are 6 of the most deprived wards in the county, 2 mature INTs, and at scale primary care, Oxford City Primary Care (OCPC), well placed to progress as a multi-neighbourhood provider.
- Banbury and Bicester (GP registered population of 94,000), led by Principal Medical Limited (PML), a longstanding membership and at scale provider organisation, and there are 3 of the most deprived wards in the county and 3 mature INTs.

It will further progress existing efforts to prioritise and focus on areas of Oxfordshire that are home to people facing some of the greatest health inequalities. Nine out of the ten most deprived wards in Oxfordshire are situated within Oxford City and Banbury, there is a 15 year gap in life expectancy for men living in one of these wards, compared with Oxfordshire's most affluent.

Within these areas, health and social care provision is advancing in line with the key components of neighbourhood health, for example:

- Established and effective multi-disciplinary integrated neighbourhood teams, coordinating and delivering care to some of the most complex and vulnerable 1-2% of the population.
- Primary care delivering services at scale, including urgent neighbourhood services, with ambitions to further develop multi neighbourhood provider models.
- Advanced approached to community development.

There are five mature and embedded Integrated Neighbourhood Teams (INTs), the first of which was developed in 2021, with others following in subsequent years. The five teams, covering Bicester, OX3, City East and Banbury (2) came about through population health management approaches. Health and social care leaders agreed key data packs that would enable them to identify populations that would most benefit from multidisciplinary working and more joined up care. Key characteristics included those aged over 65, residing in areas of high deprivation and categorised as 10 or 11 in the Johns Hopkins Adjusted Clinical Groups (ACG).

Those in receipt of care coordinated and/or delivered by INTs are experiencing positive outcomes, so much so that three further INTs are in development. Commitments from key health and social care providers have been made. Population cohorts have been identified, these range from High Intensity Users (HIU), Long Term Conditions (LTC), Children and Young People (CYP) and Frailty. Mobilisation is underway to ensure care is coordinated and delivered in the most effective way to improve outcomes.

Alongside the development of INTs, there are currently three primary care providers delivering services at scale:

1. Principal Medical Limited (PML) - mainly operating in north Oxfordshire.
2. Oxford City Primary Care (OCPC) – operating in and around Oxford City.
3. Oxford Health NHS Foundation Trust (OHFT) – county wide out of hours and district nursing.

3. Neighbourhoods within the Place

(please include whether each neighbourhood has a clinical lead, managerial lead and admin)

PCNs	Clinical lead	Managerial lead	Admin
• Healthier Oxford Network • Oxford Central	Yes	Yes	Yes
• OX3+	Yes	Yes	Yes
• Spires • SeOxHA • East Oxford	Yes	Yes	Yes
• Banbury Cross	Yes	Yes	Yes
• Bicester	Yes	Yes	Yes

4. ICB Chief Executive and Local Authority Chief Executive who will act as the co-sponsors:

(full name, title and contact details)

As a requirement of this application, systems will be expected to:

- fund a co-ordination function for each neighbourhood (named clinical lead, managerial and administrative support)
- provide essential backfill for staff and similar expenses (travel, accommodation, venues) to participate in the National Neighbourhood Health Implementation Programme
- provide enabling support to progress Neighbourhood Health e.g. analytical support (see FAQs)
- provide a Neighbourhood Health implementation coach and project lead

Martin Reeves Chief Executive Oxfordshire County Council Martin.reeves@oxfordshire.gov.uk	Dr Nick Broughton Chief Executive BOB ICB Nick.broughton1@nhs.net

5. Mayoral combined authorities

If you are in a mayoral combined authority, please confirm that the mayor is aware of and supportive of your proposal.

N/A

6. Neighbourhood Health implementation coach and project lead:

(full name, current role and contact details)

Each Place will need to supply a person who has existing improvement, collaboration and leadership skills and is able to work with their own initiative (see role description in the FAQs). They will be assigned full time for 12 months to act as the local Place coach, as part of the national network of Neighbourhood Health project leads, supported by the national team.

Neighbourhood Health Coach: Chris Wright Associate Director of Place BOB ICB c.wright29@nhs.net	Project Leads Dr Joe McManners Co-Clinical Director Ox3+ PCN Joe.mcmanners@nhs.net Dr Toby Quartley Co-Chair PML Toby.quartley@nhs.net

Place background information

7. Does your Place have a devolved budget from the ICB? If so, how is this organised and what scope of services does it cover? (max 150 words)

Oxfordshire has a devolved budget via a Section 75 agreement between OCC and BOB ICB with a pooled budget of £560m. BOB ICB also delegated responsibility for Urgent and Emergency Care and Health Inequalities budgets, alongside the Better Care Fund (BCF) enabling us to prioritise investments in neighbourhood working, prevention, primary care and voluntary sector. Much INT progress to date has been funded via the BCF and targets deprived areas.

The Joint Commissioning Executive is an executive level board accountable for the deployment of pooled funds. It is co-chaired by OCC and ICB, membership includes NHS Acute, Community, and Mental Health provider representation.

Oxfordshire's Health, Education and Social Care joint commissioning team, hosted by OCC and established in 2021/22, is a key enabler and commissions across the life course:

- **Start Well** – Children and Young People.
- **Live Well** – Adult mental health, learning disabilities, autism.
- **Age Well** – Community services, prevention, addressing inequalities.

150 words

8. Do you have existing data sharing agreements between the constituent statutory organisations in this application, and if so, what do they cover? (max 150 words)

NHS organisations within Oxfordshire have signed up to and are covered by the Regional Health and Social Care Information Sharing Agreement (RegISA). Work is progressing with Oxfordshire County Council to sign them up to this agreement also. This is an overarching agreement which allows constituent organisations to agree to share specific sets of information with other constituent organisations.

For example, the agreement permits:

- Sharing of information from NHS and Social Care into the electronic Shared Care Record which covers BOB.
- Creation and usage of linked patient-level Population Health dataset covering BOB and usable for segmentation.

There are opportunities to further optimise this agreement to support additional sharing required to support neighbourhood working.

There are areas where all GP surgeries and secondary care providers have access to shared instances of the Electronic Patient Record (EPR). This will be further optimised and scaled to support additional sharing to benefit neighbourhood working.
149 words

9. Do you have a risk stratification tool rooted in primary care data that would enable you to identify the adults with multiple long-term conditions and rising risk within the Place that will be the focus of this early work? Please describe (including if you have a section 251 agreement for use of linked patient level data for population health i.e. for both direct care and secondary use)? (max 150 words)

Neighbourhoods utilise the Johns Hopkins ACG Patient Need Groups via the Population Health Management (PHM) platform, Connected Care. This tool segments the population into 11 groups, which can be filtered by clinical indicators to identify adults with multiple long-term conditions and those at rising risk. Data can be analysed at system, place, PCN, and practice level to support proactive, targeted intervention. Neighbourhood teams involved in direct care can access identifiable patient lists to deliver tailored support.

The tool has been effectively used at system level for example, combining ACG segmentation with cardiovascular risk indicators to help practices identify and manage cohorts at rising risk of CVD. Linked patient-level data is shared locally through the Regional Health and Social Care Information Sharing Agreement. As this does not include NHS England data, and all identifiable data is used for direct care, advice has confirmed Section 251 approval is not required.
148 words

10. Describe any existing forum for CEOs of the different statutory organisations and partners (e.g. VCSE, providers) in your Place that meets regularly to support Neighbourhood Health (ways of working, function, responsibilities, frequency). (max 150 words the implementation of)

The Oxfordshire Place-Based Partnership (PBP) is a forum for senior leaders across health, care, and community sectors to drive integration, improve outcomes, and reduce inequalities. It meets monthly to align strategy, oversee delivery, and coordinate resources across the system, bringing together CEOs and executives from:

- NHS providers (OUH, OHFT)
- BOB ICB
- Oxfordshire County, City, and District Councils (including Public Health)
- Primary Care
- VCSE sector and Healthwatch
- Oxfordshire Association of Care Providers

Oxfordshire PBP prioritises neighbourhood working, prevention, and better value care. A Community and Primary Care Board will oversee neighbourhood delivery and report to Oxfordshire PBP.A dedicated steering group has been established, chaired by the Chair of the Oxfordshire GP Leadership Group, with the OHFT CEO as Co-Chair, supported by a Professor at Oxford University who is an expert in systems change. The NNHIP accelerator will report through these arrangements to ensure progress is made and learnings shared.
148 words

Your application in local context

Please specify the following on this application form **(strictly no attachments or presentations)**.

11. Describe existing examples of integrated working in your Place or Neighbourhood and the results obtained. (max 500 words)

Oxfordshire has longstanding integrated commissioning arrangements and pooled budgets. There is strong experience of developing integrated working through teams across multiple providers, generally in sub-place or neighbourhood footprints.

Integrated Neighbourhood Teams (INTs) have been developed with GP based Proactive Care Teams working with secondary care (acute, community and mental health) services, social care, and the VCFSE sector to coordinate care for higher need complex patients, especially older people and those with medical problems in social need. This has reduced crisis care, empowered patients and improved satisfaction of patients and carers.

There is an advanced **Hospital@Home** service which is increasingly finding ways to integrate with INTs. Alongside positive outcomes for patients and families, there are efficiencies and avoided costs through reduced reliance on inpatient care.

Working with communities and VCSFEs is foundational to neighbourhood working. The CORE20plus5 framework has been used to prioritise actions in the most deprived areas of Oxfordshire, building networks, trust and connections and improving health outcomes through programmes like Well Together, Move Together and Equal Start. Health inequalities funding has been used to pump prime VCSFE groups to tackle social and health needs.

Priority populations have been identified and supported through multi agency working. For example, people with complex learning disabilities have been effectively supported to avoid unnecessary admissions. Homeless people have been supported to access housing, with a commitment to ensure nobody is discharged back to the streets.
There are three active and successful pilots of Community Health and Wellbeing Workers in three of the most deprived areas, linking residents, health and communities.

The Oxford and Banbury **Urgent Treatment Centres (UTCs)** are Primary Care services delivered by OCPC and PML offering same day urgent appointments, co-located on acute hospital sites. They deliver in excess of 1,000 same day appointments per month and have the infrastructure to expand to support further as needed.

Neighbourhood work will also draw on learning across Oxfordshire, in Wantage £1m was received through the Community Investment Levy (CIL) to increase the number of clinic/consultation rooms as a potential future **neighbourhood health centre,** similar opportunities and approaches will be pursued.

Jointly funded **key system roles** in urgent care leadership, the transfer of care hub that co-ordinates hospital discharges, Home First, joint commissioning and dedicated business intelligence.

During 2024 there was a large focus on **Home First,** supporting people in their communities and reducing delays in hospitals, providing wraparound support in partnership between NHS, Local Authority, VCFSE and independent care providers resulting in:

- Reducing average length of stay in numerous bed-based settings.
- Increasing proportion of people (from 69% to 76%) returning to full independence.
- Reducing the number of nursing home beds for discharge from 95 to 37.

During 2024, the Mental Health Leadership comprising NHS providers and commissioners, VCFSE, Local Authority with experts by experience awarded a 10-year integrated contract building on the previous **outcomes-based contract**. This includes six Keystone Mental Health Hubs operating from non-stigmatising and accessible venues, some of which are co-located with a social enterprise such as a shop or café.

500 words

12. What do you hope to achieve from being part of the National Neighbourhood Health Implementation Programme? (max 150 words)

The NNHIP aligns to existing local strategies and plans, these ambitions of improving the health and wellbeing of our residents by joining up care and improving outcomes will be accelerated by accessing national experts, guidance and other opportunities.

Building on the culture of improvement and learning that health and social care leaders in Oxfordshire have, the NNHIP would enable participants to identify transferable and scalable solutions from elsewhere, especially to tackle inequalities and work upstream in health pathways.

There is a strong and developing culture of integrated working and working with Local Authorities, participating in this programme would catalyse this and help spread this culture locally.
Oxfordshire is keen to progress ambitions of further developing multi neighbourhood providers and learning needs to be in place to achieve this. The NNHIP offers a national platform that would formalise and enhance these collaborations, adding structure, peer learning, and shared accountability across sectors.
150 Words

13. What will you contribute to the National Neighbourhood Health Implementation Programme that other Places can learn from? Please provide details of the specific interventions that have delivered results. (max 200 words)

Oxfordshire will share experience of delivering integrated neighbourhood working and proactive care for the highest need patients, and build evidence for the impact on outcomes, especially the reduction in crisis care and targeting of groups and areas facing the greatest health inequalities.

System prioritisation of BCF, UEC and Health Inequalities funding has resulted in dedicated prevention and primary/community funding.

Oxfordshire is a Marmot County, which builds our approach to community development to tackle social determinants.

There have been significant improvements in reducing the number of delayed discharges and increasing care in people's home. This was achieved through partnership working between statutory, voluntary and independent health and care providers.

Oxfordshire has examples of shifting provision closer to communities; such as the Community Gynaecology service delivered in partnership between PML and OUH.

There are many local partnerships with academic, biotech and health policy institutions. The focus has not yet been on neighbourhood health but there is increasing interest from the unique network around Oxfordshire and the potential for collaboration and national impact is significant.

Experts and leaders from Oxfordshire are involved with many relevant national working groups and strategies, (e.g. NHSE GP at scale) creating opportunities for further influence and collaboration.
199 words

14. How will you share learning within your System? (max 200 words)

The BOB Neighbourhood Health programme is coordinated across system and delivered at place, bringing together the strengths and value of Place and Neighbourhood-led work and maximising impact with enablers that a wider system can offer. A system wide Community of Practice (CoP) for Neighbourhood Health development will be put in place to support Place-led delivery. The CoP will provide a platform for places to update wider stakeholders on progress, share learning and address challenges collaboratively, membership of the CoP will be broad and inclusive. Best practice will be shared at the BOB Neighbourhood Health Collaborative Leadership Group, a collaboration of ICS Partners, Senior Leads and SROs. Additionally, an online platform will be utilised to share information, documentation and case studies with system partners.

Throughout Oxfordshire there will be shared learning opportunities, including the development of a fast follower approach to support developments elsewhere in the county.

There are many sharing / learning opportunities throughout BOB, including:

- BOB VCSE Health Alliance.
- The configuration of secondary care NHS providers across place / county borders.
- A “BBO” Local Medical Committee.
- GP Leadership Groups from each county come together on a regular basis, Oxfordshire GPLG includes leaders who are champions of Neighbourhood working.

199 words

15. How will you reach, engage and improve outcomes for the 20% most deprived population as identified by the Index of Multiple Deprivation (IMD)? (max 200 words)

Oxfordshire is very diverse; there is a 15-year gap in life expectancy between men residing in some areas of the county, and those in the least deprived. It has some of the most vulnerable and deprived neighbourhoods, 10 wards in Oxfordshire are in the most deprived 20% in England, despite Oxfordshire containing wealthier areas and high value sectors.

We will:

1. Highlight and dedicate resources to priority areas and populations. Community Profiles help better understand strengths and needs of communities through an asset-based community development (ABCD) model.
2. Community Health Development Officers (CHDOs) and Local Area Coordinators in priority areas foster community engagement, support local health initiatives and implement action plans and recommendations from the Community Insight Profiles.
3. The Well Together Programme is a £1million grants programme funding community-led initiatives to address health inequalities. Funding is available for grassroots organisations and projects in the 10 priority areas.
4. Oxfordshire Health and Homelessness Inclusion Service funded by BCF supports a multi-disciplinary team including social workers, housing officers and psychologists to help people experiencing, or at risk of, homelessness. It supports people moving from hospital into accommodation.

2 and 3 are being evaluated by University of Oxford, with promising preliminary findings.
200 words

16. Please tell us about any other enablers you have implemented or are progressing to support sustaining or scaling neighbourhood working. For example, shared digital patient record, pooling of resources or estates, supporting GPs to work at scale and the development of neighbourhood and multi-neighbourhood providers, left shift of funding, training and development, Neighbourhood Health approaches with other specific population cohorts. We would be grateful if you could provide specific information on any local assets you have already that could support meeting the commitment to have a Neighbourhood Health Centre in every community, as set out in the 10 Year Health Plan. (max 300 words)

There are a range of enablers in-place or under development that will support and scale neighbourhood working:

- **Community Health and Wellbeing Workers (CHWW)** focussing on all ages and targeting high priority streets in some of the greatest areas of deprivation.
- There are examples of emerging **primary care at scale models** that can support neighbourhood development in an inclusive way, supported by the GP practices.
- Through **Connected Care**, shared care records are enhancing, alongside the development of functionality and culture for population health management. Oxford City is one of very few places in England whereby Primary and Community Care all use the same EPR.
- Track record and several years' real-world experience of **designing and delivering INTs**.
- **Oxfordshire PBP** is developing good relationships that is routinely measured using a maturity matrix. There are ambitions to become a formal accountable board for planning and funding neighbourhood working.
- Longstanding **S.75 Agreement** and **pooled budget** provide a platform to further increase delegation and accept responsibility for budgets aligned with BCF to further leverage our collective resources and sharing risks.
- The **joint commissioning team** and executive is a collaboration that includes providers, acting as a commissioner and transformation team for Place.
- Systemwide **inclusive, transparent planning** with partners to agree and align funding priorities and increase funding in prevention and primary and community care.
- Experience delivering largescale services in partnership with VCSFE such as the mental health **outcomes-based contract**.
- Through CHDO, Well Together and other programmes, strong **connections with communities** have been built, especially in deprived areas.
- Develop more ways to **involve communities in a culturally appropriate** way, such as Neighbourhood Voices where senior leaders will be paired with community members from the most deprived neighbourhoods, promoting shared learning, cultural humility, and inclusive leadership.

287 words

17. Please list any other national pilots or initiatives you are involved in. (max 150 words)

- BOB ICB is part of a CVD Champions pilot to increase case find people with risk factors for CVD on an opportunistic basis.
- Oxfordshire works in partnership with Thames Valley Cancer Alliance to deliver the priorities outlined in the national cancer programme plan which includes initiatives linked to prevention and screening, optimising the cancer pathway, building on community diagnostic centres, deployment of the Lung Cancer Screening Programme and piloting pancreatic cancer case findings.
- Oxfordshire is 1 of approximately 50 Marmot Places in Great Britain.
- Oxfordshire is the only place in the country outside of London with two Biomedical Research Centres (BRCs); 1) Oxford BRC, 2) Oxford Health BRC.
- CYP with type 1 diabetes.

113 words

18. Please identify any particular aspects of Neighbourhood Health (in addition to the initial shared priority of adults with LTCs and risking risk) that you are particularly interested in developing or contributing to (either specific population cohorts, or enabling agendas such as financial flows, digital, workforce, estates, supporting GPs to work at scale and the development of neighbourhood and multi-neighbourhood providers). (max 150 words)

Oxfordshire would seek to:

- Develop the most effective approach to address gaps in health needs in neighbourhoods, identified through the Oxfordshire voice programme.
- Expand the effective working of INT MDTs into further developing neighbourhoods, especially closer working with social care and housing.
- Further establish and utilise an evidence base for achieving better outcomes through proactive, anticipatory community-based care.
- Support the development of children and young people with family hubs, exploring learning to effectively focus on holistic prevention and early interventions to improve school attendance, reduce childhood obesity and improve mental health and wellbeing.
- Further progress primary care working at scale, building on OCPC and PML who currently deliver at scale services (e.g. visiting services, UTC).
- Explore financial flow mechanisms that are fair and transparent, truly enabling the “three shifts”.
- Build on examples that shift care out of hospital, into community settings, such as the Community Gynaecology service.

150 words

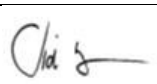
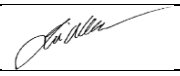
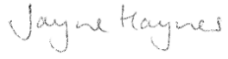
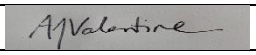
Declaration

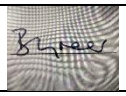
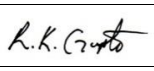
This is to be completed by all CEOs (or equivalent) and PCN clinical directors in each constituent organisation in your Place.

We collectively agree to:

- endorse this application to join the National Neighbourhood Health Implementation Programme
- support the Place team to deliver the objectives of the programme
- contribute to nationwide learning, sharing and capability building for Neighbourhood Health

We commit to the continued implementation of Neighbourhood Health, including assisting other Places in subsequent phases of the work.

Constituent Organisation	BOB ICB
Name and Role	Dr Nick Broughton
Signature	
Date	08/08/2025
Constituent Organisation	Oxfordshire County Council
Name and Role	Martin Reeves, CEO
Signature	
Date	07/08/2025
Constituent Organisation	Oxford University Hospitals NHS FT
Name and Role	Simon Crowther, CEO
Signature	
Date	07/08/2025
Constituent Organisation	Oxford Health NHS FT
Name and Role	Emma Leaver, Interim COO - Community, Dentistry & Primary Care
Signature	
Date	07/08/2025
Constituent Organisation	Community First Oxfordshire (VCFSE infrastructure organisation)
Name and Role	Emily Lewis-Edwards, Co-CEO
Signature	E Lewis-Edwards (verified electronically)
Date	07/08/2025
Constituent Organisation	PCN - OX3+
Name and Role	Dr Joe McManners, Co-Clinical Director
Signature	
Date	07/08/2025
Constituent Organisation	PCN - Healthier Oxford Network
Name and Role	Dr Jayne Haynes, PCN Clinical Director
Signature	
Date	07/08/2025
Constituent Organisation	PCN – Oxford Central
Name and Role	Dr Andrew Valentine, PCN Clinical Director
Signature	

Date	07/08/2025
Constituent Organisation	PCN - Spires
Name and Role	Dr Alison Maycock, PCN Co-Clinical Director
Signature	Alison Maycock (verified electronically)
Date	07/08/2025
Constituent Organisation	PCN - SeOxHa
Name and Role	Dr Bridget Greer, PCN Co-Clinical Director
Signature	
Date	07/08/2025
Constituent Organisation	PCN - East Oxford
Name and Role	Dr Rohit Kotnis and Dr Samantha Line, PCN Co-Clinical Directors
Signature	
Date	07/08/2025
Constituent Organisation	PCN – Bicester
Name and Role	Dr Jonathan Holt, PCN Clinical Director
Signature	
Date	07/08/2025
Constituent Organisation	PCN – Banbury Cross
Name and Role	Dr Rajesh K Gupta, PCN Clinical Director
Signature	
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