

## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 25 September 2025 commencing at 2.00 pm and finishing at 5.00pm

**Present:**

**Board Members:**

Councillor Liz Leffman (Chair)

Professor Sir Jonathan Montgomery (Vice-Chair)

Councillor Sean Gaul

Michelle Brennan

Councillor Kate Gregory

Ansaf Azhar

Karen Fuller

District Councillor Georgina Heritage

Lisa Lyons

District Councillor Rob Pattenden

Barbara Shaw

District Councillor Neil Fawcett

Dan Leveson

Veronica Barry

**By Invitation:**

Jessica Allen (Institute of Health Equity – UCL)

Lily O'Connor (Oxfordshire UEC Programme Director – BOB ICB)

**Officers:**

Jack Ahier (Senior Democratic Services Officer), Panagiota Birmbili (Public Health Registrar), Laura Brennan (Advanced Health Improvement Practitioner), Nick Glover (Head of Future Economy and Innovation), Kate Holburn (Deputy Director of Public Health), Craig Miles-Clarke (Senior Research Officer), Omid Nouri (Health Scrutiny Officer),

*These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site ([www.oxfordshire.gov.uk](http://www.oxfordshire.gov.uk).)*

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	ACTION
<p><b>142 Welcome by Chair</b> (Agenda No. 1)</p>	
<p>The Chair welcomed Barbara Shaw, the new Chair of Healthwatch Oxfordshire, to the Health &amp; Wellbeing Board.</p> <p>The Chair also outlined that updates from the Prevention of Homelessness Director's Group would move to bi-annual reports to the Board to provide more meaningful updates.</p> <p>The Chair also noted that some agenda items might have to be moved around because officers were unable to attend the meeting until certain times.</p>	
<p><b>143 Apologies for Absence</b> (Agenda No. 2)</p>	
<p>Apologies were received by Caroline Green, Stephen Chandler, Matthew Tait (substituted by Dan Leveson), Cllr Chewe Munkonge, Cllr Helen Pighills (substituted by Cllr Neil Fawcett) and Barbara Shaw (substituted by Veronica Barry).</p>	
<p><b>144 Declarations of Interest</b> (Agenda No. 3)</p>	
<p>There were none.</p>	
<p><b>145 Petitions and Public Address</b> (Agenda No. 4)</p>	
<p>There was 1 application to address the meeting by Cllr Jane Hanna, on Item 12 (Report from Healthwatch Oxfordshire).</p>	
<p><b>146 Note of Decisions of Last Meeting</b> (Agenda No. 5)</p>	
<p>Subject to one amendment on page 6 replacing 'AirBnB' with 'bed and breakfast', the minutes of the meeting held on 25 June were approved as a correct record and would be signed by the Chair at the next meeting.</p>	

<p><b>147 Workshop Discussion</b> (Agenda No. 6)</p>	
<p>The Chair introduced the item to the meeting.</p> <p>Dan Leveson, Director of Places and Communities, noted that the Health &amp; Wellbeing Board had responsibility to oversee and develop neighbourhood health plans and noted that plans had to be submitted by December.</p> <p>Ansaf Azhar, Director for Public Health and Communities, noted the neighbourhood health plans were impartially drawn from the Joint Strategic Needs Assessment, which outlined where the need was and what functions there were across Oxfordshire.</p> <p>The Vice Chair stated the importance of Healthwatch Oxfordshire and the Council of Governors inputting their thoughts into the development of plans.</p> <p>Michelle Brennan, GP Representative, referenced the importance of the Health &amp; Wellbeing Strategy in providing the foundations for neighbourhood health plans.</p> <p>It was emphasised that it was important for senior partners in different organisations attended. Invitees to the workshop would include the Health &amp; Wellbeing Board, leaders of the City and District Councils, health partners and voluntary organisations.</p> <p>It was confirmed that an item relating to the approval of the neighbourhood health areas of work would be added to the next meeting of the Health &amp; Wellbeing Board on 4<sup>th</sup> December.</p>	
<p><b>148 Marmot Place Update</b> (Agenda No. 7)</p>	
<p>Kate Holburn, Deputy Director of Public Health, and Jessica Allen (Institute of Health Equity, University College London) presented the update and raised the following points:</p> <ul style="list-style-type: none"> <li>- That the Marmot method of work did not focus on the ‘what’ but the ‘how’, beginning with the assessment of the extent of inequalities and the social determinants of health in Oxfordshire.</li> <li>- Highlighting the enablers of Marmot workstreams, such as the Local Policy Lab, engagement workshops on rural inequalities and templates identifying health inequalities in primary care.</li> </ul>	

- Data outlining the gap between free-school meal children and non-free school meal children, and their deprivation levels. It was commented that all of the districts within Oxfordshire had large gaps between the most deprived and least deprived children.
- The need to engage with District Councils further.

Cllr Sean Gaul, Cabinet Member for Children and Young People, noted the work on the structures being put in place but asked about the visible outcomes and positive actions coming from the Marmot approach. It was commented that it would make signposting easier for GPs to provide specific advice, on the templates identifying health inequalities in primary care, for example.

Veronica Barry, Chief Executive – Healthwatch Oxfordshire, recognised the need to improve communications to highlight the successes of the Marmot programme to residents.

Ansaf Azhar noted that the Marmot approach would help to deliver long-term benefits in improving health equity but stated that improvements needed to be made in coordination and capturing activities that have long-term benefits.

Dan Leveson noted that further examples needed to be highlighted, such as the You Move programme in partnership with Active Oxfordshire and the Well Together programme investing £1m by the end of November in deprived areas.

The Vice-Chair reiterated that the Marmot approach would take time, but indicated that significant progress had been made in the previous 5 years.

With regards to children receiving free school meals, it was noted that the aim was to close the gap nationally given Oxfordshire was lower than the national average of 50%.

Cllr Georgina Heritage, South Oxfordshire District Council, noted the lack of engagement with District Councils. Jessica Allen commented that this had not happened yet, but UCL felt it would be appropriate and helpful, which would try to be addressed in the coming weeks.

Cllr Kate Gregory, Cabinet Member for Public Health and Inequalities, asked if the data could be drilled down into further to look at which schools needed support. Lisa Lyons, Director of Children’s Services, noted that the work with schools would probably be too late and that intervention even earlier, as evidenced by the work to set up Family Hubs.

Jessica Allen commented that the number of children eligible for free school meals was quite low, which was encouraging to some extent.

Cllr Neil Fawcett, Vale of White Horse District Council, noted the impact of Sure Start centres and asked if that early intervention approach was something to pick up on. Lisa Lyons noted the success of Sure Start centres in not targeting demographics but universal provision for all children because it was not a stigma in attending.

The Vice Chair commented on the unique challenges of military families, which were sometimes overlooked, to ensure there were the correct levels of support available.

**RESOLVED to:**

**Note the Marmot Place Update.**

**149 Oxfordshire Winter Plan**  
(Agenda No. 8)

Lily O'Connor, Oxfordshire UEC Programme Director (BOB ICB), presented an update on the Oxfordshire Winter Plan and raised the following points:

- Summer months are used to test out improvements from the previous year to make the current plan the best it can be.
- As much as possible, the Plan seeks to avoid deterioration of patients so that they do not have to enter hospital, as they can be assessed, treated and recover much better in their own homes.
- When patients enter hospitals throughout the country, there is an element of deconditioning, so hospital admissions try to be avoided.
- Trying to avoid duplication in visiting services within the community by working with all partners.
- Joint working with Oxford Health mental health services to try and prevent hospitalisation, but if people do get admitted, how can assessments be undertaken and support identified quickly.

Cllr Georgina Heritage asked if there were checks undertaken to identify if homes were suitable environments to care for somebody. It was noted that that they are and that it makes a huge difference when the entire home is considered, such as on heating, living conditions and food poverty. It was commented

<p>that some of the biggest delays in hospital discharge is due to where the patient is returning to.</p> <p>Karen Fuller, Director of Adult Social Care, added that social workers have capacity to visit discharged hospital patients when they return home, and assessments are made on the capacity of the patient to make decisions, with safety being the primary consideration.</p> <p>The Health Scrutiny Officer asked if the plans could be circulated to the Oxfordshire Joint Health Overview and Scrutiny Committee, which it was confirmed that they could.</p> <p>The Board thanked officers and noted the report.</p> <p><b>RESOLVED to:</b></p> <p><b>The Board noted the Oxfordshire Winter Plan.</b></p>	
<p><b>150 Joint Needs Strategic Assessment 2025</b> (Agenda No. 9)</p>	
<p>Kate Holburn, Craig Miles-Clarke, Senior Research Officer, and Panagiota Birmbili, Public Health Registrar, presented the report and raised the following points:</p> <ul style="list-style-type: none"> <li>- That the Joint Strategic Needs Assessment sat underneath the Marmot programme of work and the Health &amp; Wellbeing Strategy, to enable understanding of what needs were in the community.</li> <li>- Tries to inform local strategies and the planning of health, wellbeing and social care services to improve outcomes and reduce inequalities.</li> <li>- Collaboration taken place with local authorities, the NHS, Thames Valley Police, Healthwatch Oxfordshire and voluntary organisations, with data used from a variety of sources.</li> <li>- Transitions from PDFs to interactive PowerBi dashboards, hosted on the Oxfordshire Data Hub, which includes regional data comparisons and web links to sources.</li> <li>- JSNA presentations and training sessions on dashboard use available on request to help partners use the data effectively.</li> <li>- Next update on the JSNA is planned for September 2026.</li> </ul> <p>A presentation was gave on the PowerBi dashboard outlining the</p>	

JSNA, giving examples of the pages on Age Well, Live Well, Children and Young People. The links and slides would be shared with Board Members so they could access the data more easily and delve into specific datasets further.

Cllr Sean Gaul commented that there was lots of data and asked how it was translating into focused outcomes on the ground.

Ansaf Azhar commented that the dashboard was only useful if it was used so encouraged Board Members to spread the message to inform decision-making processes.

The Board thanked officers for their work and agreed to the recommendations in the report.

**RESOLVED to:**

**a) Approve the content of the Joint Strategic Needs Assessment (JSNA) for 2025**

**b) Encourage widespread use of the JSNA in planning, developing and evaluating services across the county.**

**c) Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years.**

**151 Pharmaceutical Needs Assessment 2025**

(Agenda No. 10)

Kate Holburn and Laura Brennan, Advanced Health Improvement Practitioner, introduced the report and raised the following points:

- The purpose of the Pharmaceutical Needs Assessment (PNA) is to identify current and future pharmaceutical service needs and is a statutory requirement of the Health & Wellbeing Board.
- There were no gaps in service provision across Oxfordshire and was deemed as adequate to meet the needs of the population.
- Consultation feedback noted concerns around the varying quality of services provided, the impact on rural Oxfordshire and closures of pharmacies over the previous few years.

Dan Leveson asked for specific comments about quality of service provision to be fed back into the ICB and it was

<p>confirmed they would be.</p> <p>Cllr Neil Fawcett raised the issue of a disconnect between what the system says is a reasonable time/distance to travel and what users think is, noting a higher percentage being within 30 mins distance with a private car, but a much lower percentage when using public transport. The comments were taken on board, but the stringent criteria in producing the PNA were also reflected upon. Officers noted this could be part of a more holistic approach in the future.</p> <p>The Board thanked officers and agreed to the recommendations in the report.</p> <p><b>RESOLVED to:</b></p> <p><b>a) To receive an update on the production of the 2025 Oxfordshire Pharmaceutical Needs Assessment (PNA).</b></p> <p><b>b) To note that the 2025 Oxfordshire PNA has been out to formal 60-day consultation and is ready for publication.</b></p> <p><b>c) To approve the publication of the completed 2025 Oxfordshire PNA.</b></p>	
<p><b>152 Health &amp; Wellbeing Strategy Update - Building Blocks of Health</b> (Agenda No. 11)</p>	
<p>Nick Glover, Head of Future Economy and Innovation, presented the Building Blocks of Health update, focusing on the Get Oxfordshire Working Plan, and raised the following points:</p> <ul style="list-style-type: none"> <li>- Oxfordshire’s employment rate was very high (around 82.4%), with lots of people with high levels of qualifications and low rates of people with no qualifications.</li> <li>- Students are technically considered as economically inactive, but student numbers in Oxfordshire were rising, and other cohorts (such as long-term sick and retired people) were trending downwards since 2020.</li> <li>- However, the picture was not the same across Oxfordshire; noting some challenges in parts of Banbury, Oxford and some rural areas.</li> <li>- Over 80% of Universal Credit claimants face health-related</li> </ul>	



<p>barriers to work opportunities.</p> <ul style="list-style-type: none"> <li>- Structural barriers to work included housing costs, transport limitations, caregiving responsibilities, high living costs and social isolation.</li> </ul> <p>Michelle Brennan asked about the step between employment and how young people are able to get more experience in the workplace. It was noted some of the good work Oxfordshire Youth do with 'Business Guardians' but that more work was needed.</p> <p>Cllr Sean Gaul asked what the quantifiable progress would demonstrate success in this plan. It was stated that granular and measurable objectives were vital to see if it had been successful, and in the new iteration of the plan, these would be in place for the new financial year. Continuing positive trends in the rate of economic inactivity trending downwards was an indicator as a broader objective.</p> <p>It was further commented upon that the Get Oxfordshire Working plan was a plan relating to the labour market, but wider economic strategies in development could pick up important areas such as transport and housing.</p> <p>The Board thanked officers and noted the report.</p> <p><b>RESOLVED to:</b></p> <p><b>Note the Health &amp; Wellbeing Strategy - Building Blocks of Health update.</b></p>	
<p><b>153 Report from Healthwatch Oxfordshire</b> (Agenda No. 12)</p>	
<p>Veronica Barry introduced the report and raised the following points:</p> <ul style="list-style-type: none"> <li>- Reports to be published shortly on the NHS app after surveys and the 10 year NHS plan.</li> <li>- Held a webinar on the 10 year NHS plan, and planning to hold webinar in January on neighbourhood health to engage patients.</li> <li>- The system issues arising from the government announcement on the abolition of local Healthwatch's and how different groups/Boards could shape the role of patient voices going forward.</li> </ul>	

<p>- It was pointed out that if the patient voice was held within commissioners of care, thought would need to be given as to where independent voice would be held in order to hold organisations to account.</p> <p>The Chair, as Leader of the Council, reiterated the commitment of the Council to look into how an independent patient voice would look in the future following the government's announcement.</p>	
<p><b>154 Reports from Partnership Boards</b> (Agenda No. 13)</p>	
<p>Cllr Georgina Heritage, as Chair of the Health Improvement Board, presented an update of the Board's work, including on physical activity, suicide, mental health, drug and alcohol addiction and the role of Healthwatch.</p> <p>Cllr Sean Gaul, as the Chair of the Children's Trust Board, presented an update of the Board's work, looking to ensure proper forward planning, strong partnership working with the ICB and voluntary sector and avoidance of duplication going forward as his priorities as the new Chair.</p> <p>Dan Leveson provided an update on the Place Base Partnership, referencing the merger between BOB ICB and Frimley ICB, ensuring continuing communication and engagement with colleagues.</p>	
<p><b>155 Forward Work Programme</b> (Agenda No. 14)</p>	
<p>The Board noted the forward work programme, with the addition of the sign-off of neighbourhood health plans to the meeting on 4<sup>th</sup> December.</p>	

..... in the Chair

Date of signing .....