

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Neighbourhood Health Plan for Oxfordshire

Lead Cabinet Member(s) or Responsible Person:

- Dr Michelle Brennan, Chair Oxfordshire GP Leadership Group.
- Matthew Tait (Chief Delivery Officer, BOB ICB)
- Dan Leveson (BOB ICB Director of Places and Communities)
 Ansaf Azhar (Director of Public Health)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Tuesday 24th February 2026.

Response to report:

Enter text here.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. For clear governance arrangements to be developed for the Oxfordshire Neighbourhood Health Plan, including defined roles for the Health and Wellbeing Board, Place-Based Partnership, and Primary and Community Care Board. It is recommended that there is openness and transparency, as well as regular reporting to the JHOSC on the plan's development and delivery milestones.</p>	<p>Partially Accepted.</p>	<p>The Oxfordshire Primary and Community Care Board (PCCB) reporting to Oxfordshire's Place Based Partnership (PBP) and Health and Wellbeing Board (HWB) has now been established for 6 months with broad representation from health and care partners including those with lived experience. Oxfordshire PBP has reviewed and updated its Terms of Reference and these will be revisited (by September 2026) following the establishment of the Thames Valley ICB and associated operating model.</p> <p>NHS Neighbourhood health and care planning framework and any associated governance requirements is yet to be published, but Health and Wellbeing Boards (HWBs) may be responsible for leading and overseeing delivery which would be subject to legislative change. The PCCB is committed to reporting through OPPB and HWB and will work in an open and transparent manner regarding any future required governance changes.</p> <p>Partners welcome scrutiny from JHOSC as and when required but suggest that regular reporting on the neighbourhood health and care plan development and delivery is undertaken through the Place based governance that is now established.</p>
<p>2. To ensure that the Neighbourhood Health Plan aligns with other strategic initiatives (such as the Better Care Fund and the Health & Wellbeing Strategy, and the Oxfordshire Way), and to avoid duplication and fragmentation.</p>	<p>Accepted.</p>	<p>Oxfordshire PBP facilitates and co-ordinates health and care planning and strategic development activities at place level. This will ensure alignment and reduce duplication and fragmentation. The Oxfordshire Health, Education and Social Care (HESC) Joint Commissioning Team provide much of the capacity and leadership associated with the BCF and similar activities, this is overseen by the Joint Commissioning Executive.</p>

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<p>3. To prioritise investment in digital infrastructure, interoperability, and usability to enable data sharing and Population Health Management at neighbourhood level. It is recommended that system partners report on progress in implementing Population Health Management tools and Health Evaluation Units.</p>	<p>Partially Accepted.</p>	<p>Oxfordshire is committed to progressing digital and data driven approaches to improving health and social care provision to support alignment between Marmot Principles and the neighbourhood health and care plan. Investment opportunities will largely be shaped by National NHS Digital programmes and any local authority development.</p> <p>Oxfordshire has recently undertaken an engagement with the Health Economics Unit in an effort to improve culture, capacity and capability associated with population health management and evaluation. A steering group has been established to ensure further improvements are planned and sustained.</p>
<p>4. To ensure that the local patient voice and local voluntary sector input is at the heart of the development and delivery of the neighbourhood health plan for Oxfordshire. It is recommended that the role of the local member and Parish/Town Councils is also integral to this.</p>	<p>Accepted</p>	<p>Wide representation from a diverse range of stakeholders is integral to Neighbourhood Health and Care.</p> <p>The Primary and Community Care Board includes broad representation including those with lived experience as Board members alongside a networked approach to engage voluntary, community, faith and social enterprise sector. This will continue to evolve as the neighbourhood plan is formulated and moves into delivery.</p> <p>We are committed to broad representation and input throughout, building on trusted relationships and networks established through existing programmes such as Well Together.</p> <p>Since the JHOSC meeting in November, members of the P&CCB have since met with further Country, District and City Council colleagues to improve close working with local members and parish/town councils.</p>

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