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: Director of Public Health Annual Report

Lead Cabinet Member(s) or Responsible Person:

- Ansaf Azhar- Director of Public Health, Oxfordshire County Council.
- Kate Austin- Public Health Principal, Oxfordshire County Council.
- Fiona Ruck- Health Improvement Practitioner, Oxfordshire County Council.

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

Deadline for response: Wednesday 8th July 2026.

Response to report:

The recommendations are broadly aligned with the direction of travel set out in the Director of Public Health Annual Report 2025/26 and current Partnerships and Inequalities work. The response below confirms where recommendations are accepted, where they are partially accepted due to current funding and system constraints, and the practical actions already underway or proposed.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. To embed CIPs into routine commissioning and service design, ensuring decisions explicitly reference CIP findings and community led priorities.	Accepted	The Community Insight Profiles are already being used in service design through the action plans developed for each profile area. These action plans translate the profile recommendations into local priorities and guide the work of multi-agency steering groups, including district and city councils, voluntary and community sector partners, health partners and, in some areas, residents. This means that CIP findings are already informing local delivery and partnership action in the areas where profiles have been completed. The proposed action is to scale up the use of CIPs across Oxfordshire by promoting the Community Insight Profile Development Toolkit as a legacy tool of the programme. The toolkit sets out the method for developing locally led profiles and action plans, enabling other areas of the county to use the same approach. Public Health will also continue to work with partners to expand and maintain the interactive dashboard and Oxfordshire Data Hub content so that local data and profile findings are easier to access and use in planning, service design and partnership decision-making. Timescale: ongoing through 2026/27, linked to toolkit rollout, dashboard updates and continued use of area action plans through local steering groups.
2. To ensure that neighbourhood working includes public health	Accepted	Public Health are already contributing to the development of neighbourhood working and has identified the Community Insight Profiles as a relevant evidence base for neighbourhood health. The

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leadership and community voice structures. It is recommended that there is a systemwide roadmap for neighbourhood maturity, resourcing, and integration with the existing voluntary and community sector and council assets.		proposed action is to continue linking public health leadership, community insight, voluntary and community sector assets, and council assets into neighbourhood health planning as the model develops. A full systemwide roadmap will need to be developed with wider system partners, reflecting NHS, local government and voluntary sector roles. Timescale: ongoing through 2026/27, aligned with neighbourhood health and local government reorganisation work.
3. For the Prevention and Health Inequalities Forum to publish annual system wide progress on prevention programmes, including Well Together and physical activity pathways.	Partially accepted	The Prevention and Health Inequalities Forum already provides a multi-agency forum for strategic oversight, shared learning and partner updates on prevention and health inequalities work. The Forum is not the sole governance route for these programmes, but it provides an important system-wide forum for sharing progress, identifying links between workstreams and supporting alignment across partners such as with community health and wellbeing roles and targeted support for inclusion health groups. This includes oversight of the ICB Prevention and Inequalities Fund programmes such as the (now concluded) Well Together programme and physical activity pathways. Wider publication of progress would need to be agreed through the Forum and aligned with existing reporting routes, including the Director of Public Health Annual Report, Oxfordshire Marmot Place work reporting and Health and Wellbeing Board governance. Timescale: during 2026/27, the Forum will agree the most appropriate route for sharing a consolidated annual update on relevant prevention and health inequalities programmes, using existing evaluation data, programme reporting and partner updates where available. Timescale: during 2026/27, the Forum will agree the most appropriate route for sharing a consolidated annual update on relevant prevention and health inequalities programmes, using

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		existing evaluation data, programme reporting and partner updates where available.
4. To move Community Health Development Officer, Well Together roles and community led programmes onto multi-year funding cycles, given that short funding cycles undermine sustainability. It is recommended that there is a best value review and prioritisation of funding continuity to avoid regression of gains in areas with improving Index of Multiple Deprivation deciles.	Partially accepted	The principle of longer-term funding for Community Health Development Officers and community-led programmes is supported. Current public sector funding constraints mean a commitment to multi-year funding cannot be confirmed through this response. The Well Together programme was supported through Thames Valley Integrated Care Board funding and is no longer funded as a continuing programme. This means any future community-led activity of this type would need to be considered through available funding routes, local priorities and wider system discussions rather than assumed as part of an existing programme. The proposed action is to use current evaluation, programme learning and evidence of impact from the Community Health Development Officer programme, Well Together and related community-led grant activity to inform future prioritisation and funding discussions. Any best value review would need to consider available budgets, statutory duties, evidence of impact, value for money and the risk of losing progress in communities where deprivation indicators have improved. Timescale: review and prioritisation discussions during 2026/27 as part of budget and commissioning planning.
5. To prioritise Oxfordshire-wide rural areas that are experiencing a regression on the Multiple Deprivation deciles of inequalities. It is recommended that the capability of rural communities is explored by the development of the Neighbourhood offer to Towns and parishes; and to give consideration for a contextualised	Accepted	Rural inequalities scoping work is underway. Initial analysis identified 14 priority rural areas for engagement, informed by deprivation data and local intelligence. Engagement led by Healthwatch Oxfordshire and Community First Oxfordshire has gathered insight from residents and local organisations through surveys, focus groups and targeted outreach. Emerging findings include hidden deprivation, transport and connectivity barriers, housing pressures, cost of living issues, limited opportunities for young people, isolation, access to services and reliance on fragile

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offer to support an independent voice, local members, and to enhance community capabilities.		local volunteer capacity. The final Rural Inequalities Scoping Report and associated data pack will be used to inform neighbourhood development, rural proofing and work with towns, parishes and community partners. The report will also be used to inform the work of partners through the system-wide Marmot Steering Group, with related actions and recommendations monitored through this group as part of the wider Marmot Place governance arrangements. Timescale: draft report review during summer 2026, presentation to the Marmot Steering Group by the end of July 2026, and recommendations informing Health and Wellbeing Board and wider system discussions from September 2026 onwards.