

# **Oxfordshire Health & Wellbeing Board**

## **Monday, 8 September 2025**

### **ADDENDA**

#### **5. Development of Neighbourhood Health in Oxfordshire (Pages 1 - 12)**

**Development of Neighbourhood Health in Oxfordshire presentation attached.**

This page is intentionally left blank

# Oxfordshire Neighbourhood Health & Care

Page 1

Date 08.09.25

Agenda Item 5

# Neighbourhood Working

## People tell us:

- They want more co-ordinated and joined up care
- They want us to focus on prevention and personalised support
- They want a more holistic approach to support provided

## Data tells us:

- The population is ageing, people spend more years in ill health and live with more long-term conditions
- Some communities face health inequalities which are unfair and cause avoidable differences in health outcomes.

## Our current model of care is unsustainable:

- We are seeing increasing demand and for a finite resource.
- Our workforce model is not resilient and cannot meet demand increases.
- We need to be more productive and reduce waste and duplication to deliver what the people want and expect.

**Better co-ordinated care, in communities, is a key principle of our strategies (10YP, ICS, Health and Wellbeing).**

**Neighbourhood working and Neighbourhood Teams will be the key delivery vehicle for these strategies.**

**Integrated neighbourhood teams** are professionals from health, Local Authorities, VCSFE that work alongside members of the community. They work in a particular place to provide coordinated and preventative care and address the needs of a particular part of the community identified.

**Neighbourhood working** is a central part of the NHS 10 Year Plan. The plan aims to establish a neighbourhood health centre in every community as a place from which multidisciplinary teams will operate.

**A multidisciplinary team** is a group of professionals, usually led by a clinician, although could be someone else. It could be purely health staff.

However, you can also have a **broader neighbourhood team** drawn from a wider group of people including health and social care and education, housing, safety, VCS, local MIND/Age UK, faith groups, residents, pharmacists, dentists, opticians. It might not even stop there – the local barber, hairdresser or supermarket may also be involved. That's your biggest neighbourhood – it's the one people live in.

# What People Value

Issue	Document 1 (Urgent Care)	Document 2 (Primary Care Strategy)
Access to Appointments	Timely access to urgent care, evening/weekend availability, frustration with GP access.	Difficulty getting appointments, desire for advance booking and flexible hours, long waits common.
Continuity of Care	Patients disliked repeating history, want record-sharing and consistency.	Strong preference for seeing the same GP or team, continuity linked to trust and outcomes.
Clarity and Navigation	Confusion about where to go (GP, A&E, 111), want simplified system.	Desire for clear signposting, concern about confusing triage, limited awareness of service roles.
Digital Access	NHS App valued but not accessible for all demographics.	Concern over digital exclusion, desire for phone/face-to-face alternatives, app literacy gaps noted.
Empathy and Respect	Kindness and being listened to were highly valued.	Reports of discrimination, cultural awareness lacking, respectful care demanded especially for vulnerable groups.
Integrated Care	Need for joined-up services, integrated records to avoid repetition.	Support for integrated neighbourhood teams, but concerns about implementation and record-sharing systems.
Preventative Focus	Not a major focus in the feedback.	Strong support for prevention, especially CVD; calls for broader inclusion (e.g., mental health, diabetes).
Triage Systems	Triage success depends on training and trust, concern about losing continuity and proper clinical judgement.	Mixed reviews – some see receptionists as a barrier, others like e-consult triage

# Oxfordshire Neighbourhood Health & Care

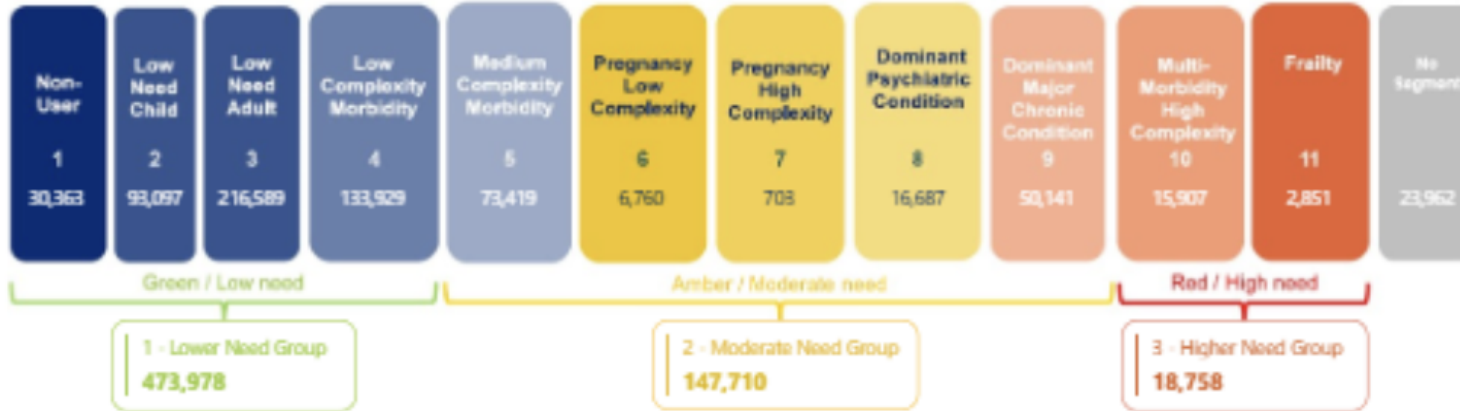
Oxfordshire Neighbourhood Health and Care is committed to delivering a model of care that is simple to **navigate**, **accessible** to all, and rooted in **prevention**.

Long-term **sustainability** is driven by **integrated and collaborative** working across providers, ensuring coordinated and efficient use of resources. This approach is underpinned by a continued focus on **high-quality care**, defined by **patient safety**, **experience**, and **outcomes**, and supported by a **compassionate**, culturally **attuned** workforce.

Strong and evolving **partnerships** with **communities** remain central to developing neighbourhoods. Fostering **trust**, **relevance**, and shared **accountability** for health and well-being.

# Segmentation overview

Patient volume by segment



For more information about Segmentation and how it is derived please look at [this presentation](#)

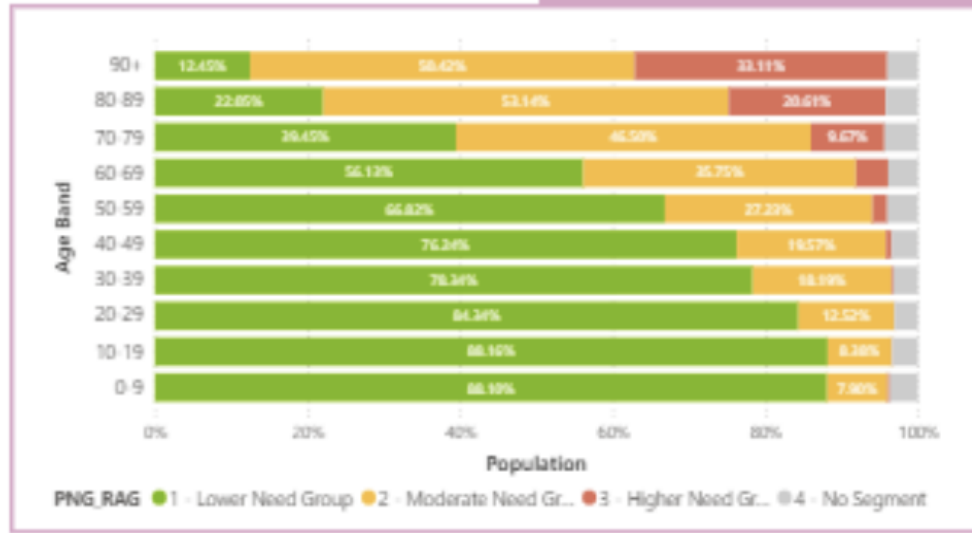
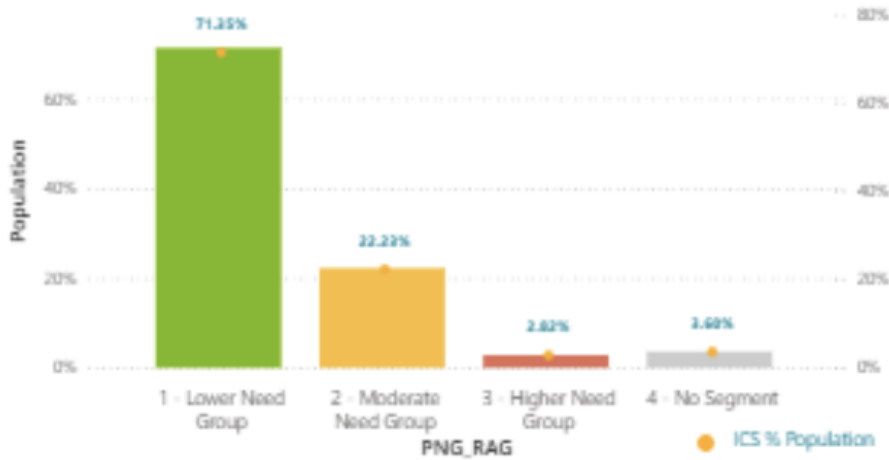


Show breakdown of population by...

Age Band ▼

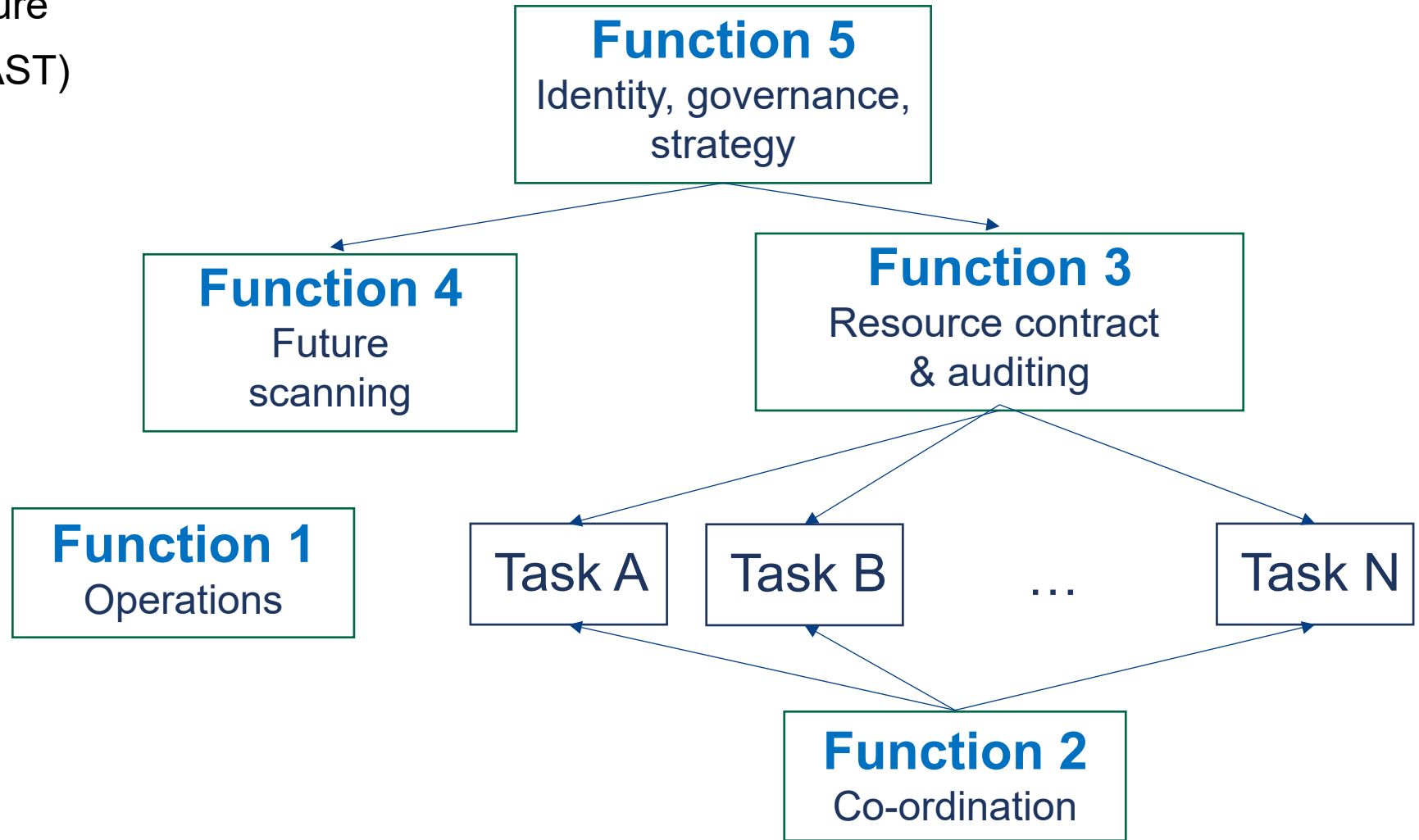
Page 5

you can drill down to 11 PNGs >



# High performance Systems Framework

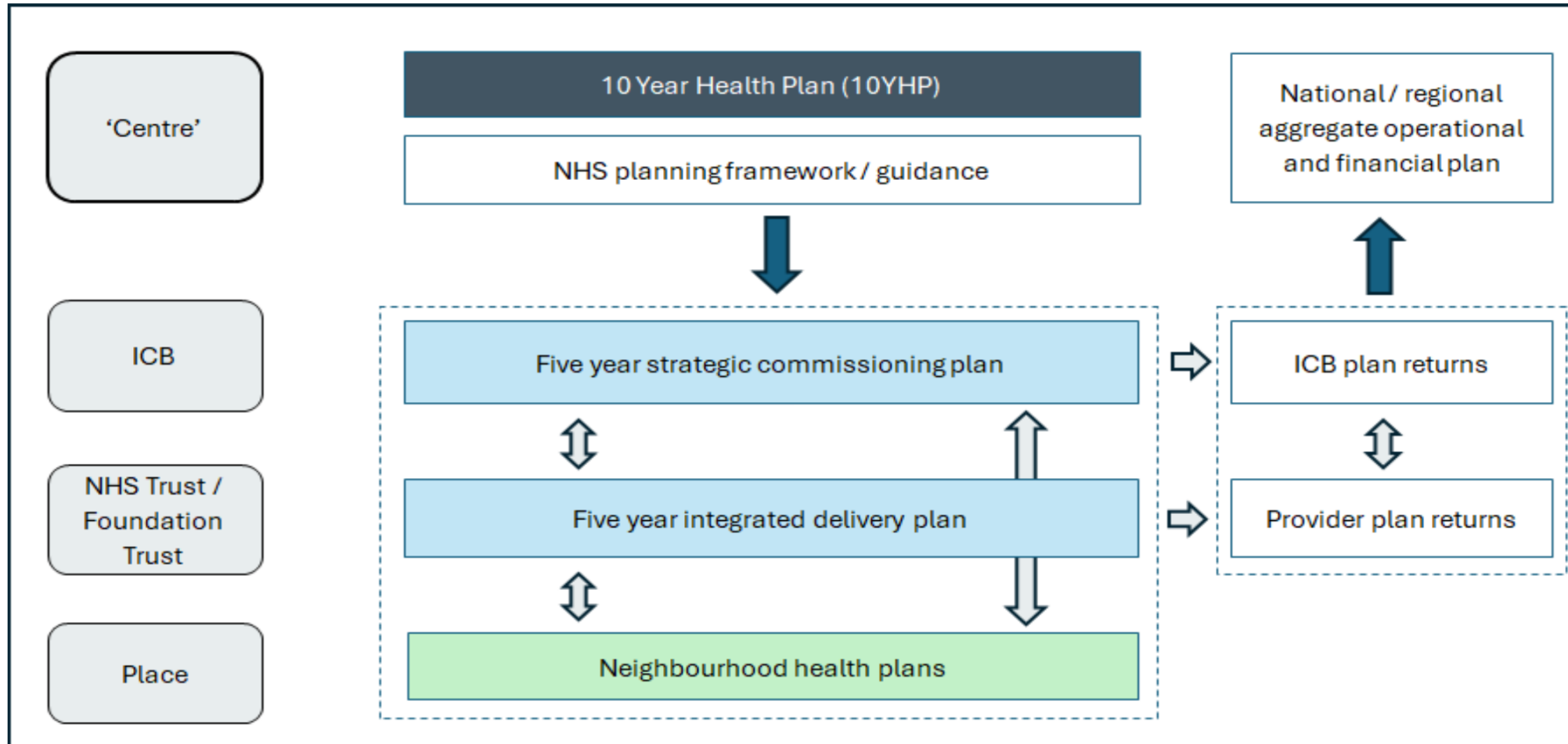
Viable Adaptable Architecture  
For Systems Thriving (VAAST)





# Neighbourhood health plans

Relationship between key elements of the national planning architecture



## Neighbourhood health plans

**Locally led** - These will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund.

**Collaborative** - The plans should set out how the NHS, local authority and other organisations, including social care providers and VCSE, will work together to design and deliver neighbourhood health services.

**Consistent** - DHSC will publish separate guidance to support their development.

## Timescales

### Phase One

- ICBs to create outline commissioning intentions for discussion with providers (end of **September**)

### Phase Two

- ICB - Develop an evidence-based five-year strategic commissioning plan to improve population health and access to consistently high –quality services (note: builds on Neighbourhood health plans) – end of **December**.
- Place Partners
  - Lead the co-design of integrated service models at place level (October – December)
  - Develop Neighbourhood Health Plan and supporting place-based delivery plans (November)

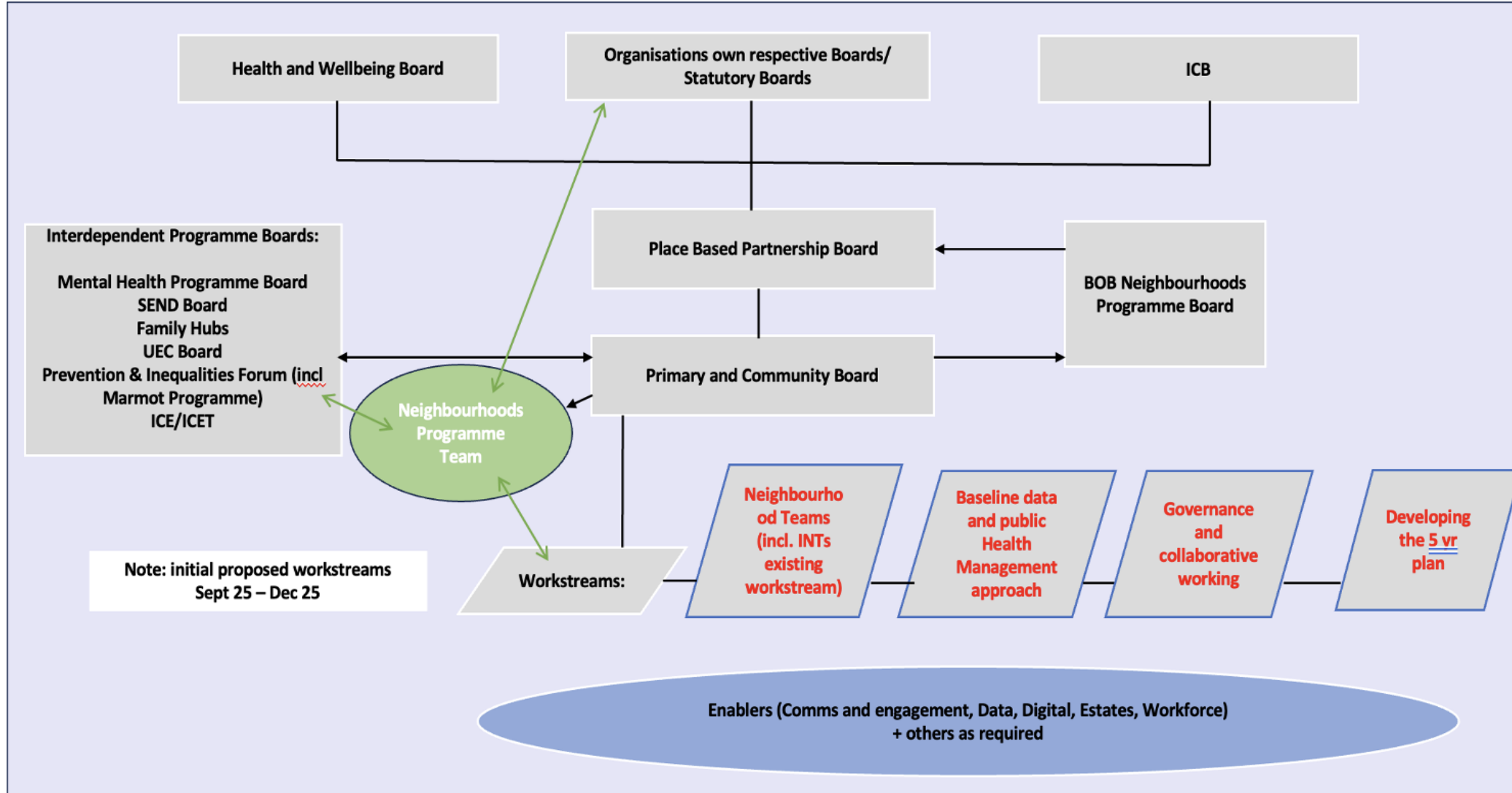
6

## Draft Oxfordshire Neighbourhood Working - Draft proposal - for discussion

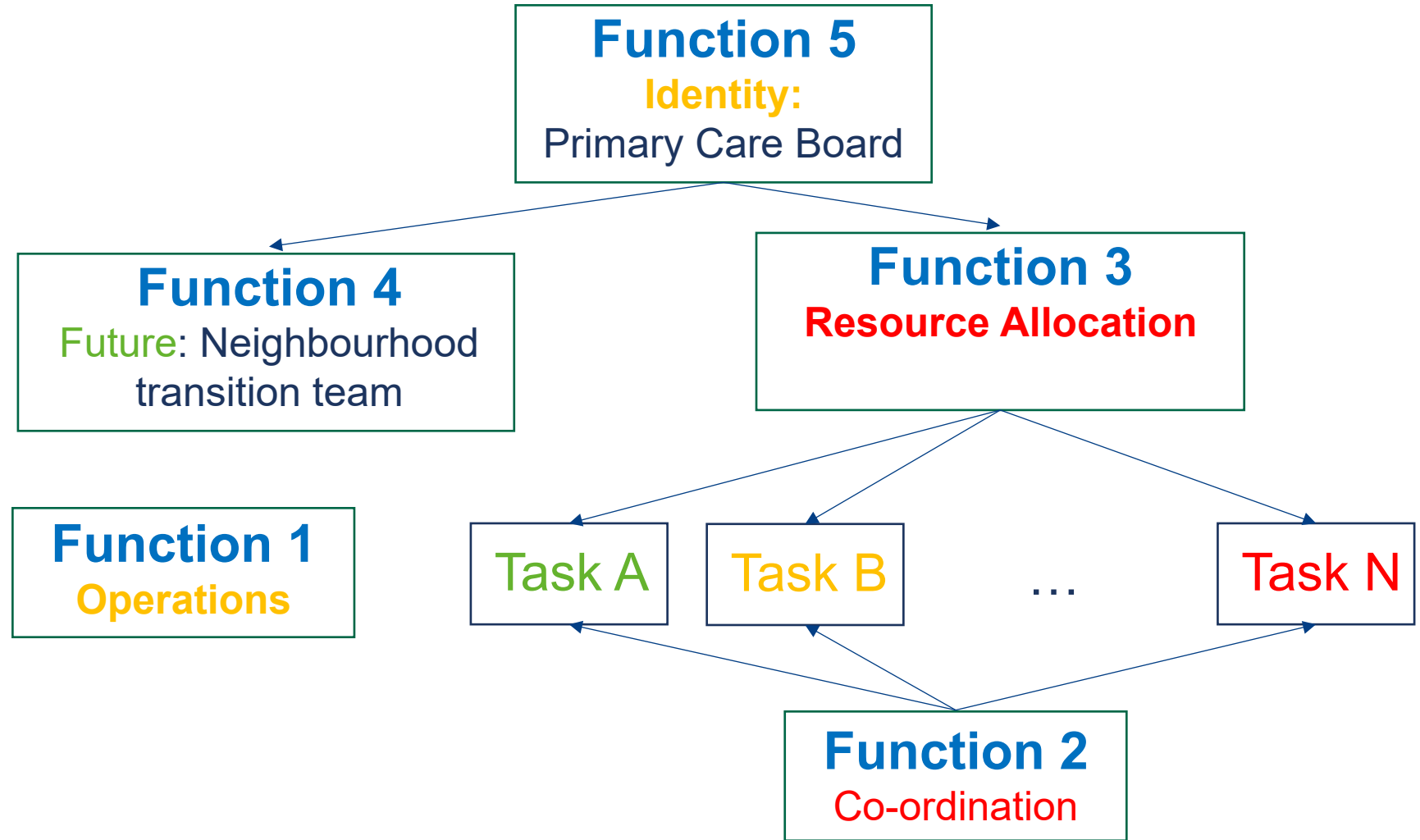
	Systems - ICB	Place- HWB & Providers	Neighbourhood	Citizen
<b>Governance/Leadership/ Accountability</b>	Form strong relationships with partners, create trusted leadership and shared governance	Oxfordshire Health & Wellbeing Board	Local population needs identified with clear leadership	Know who to go to?
	Collaborate with Partners to agree vision, design and deliver objectives	Primary & Community care Collaborative meeting	Understanding the local community	Clear signposting of services
	Strategic Direction to deliver priorities and clear lines of accountability	Oxfordshire Place-Based Partnership	Workforce training/support to improve resilience	Self Referral pathways
	Pooled Resources to work across organisational boundaries	OCDC VCFSE	Co-location of services	SpaA/UTC/ED/MIU/OOH/PC/RACU/EMU/SCAS
<b>Finances &amp; Assets</b>	Clear allocation of resources to enhance productivity and value for money	Joint commissioning and mutual aid e.g., BCF	Community asset mapping	Free at point of use for PC
	Strategic Commissioning	Estates/Assets	Skill Mix to address workforce challenges	Transparency of commissioning
	Align and consolidate support services	Shared data and digital solutions	Commissioning for outcomes	Choice/allocation
<b>PHM</b>	Analytical Capability	Health Economic unit and Connected care	Clinically informed strategy across networks	Core neighbourhood offer
	Areas of Focus	Health & Wellbeing Strategy	Segmentation - Targeted prevention	Specific pathways, e.g., frailty
	Support prevention and reduce health inequalities	Pathways/Service areas to focus	Transparent and open culture with communities	What the needs are
<b>QI / Outcomes</b>	Assurance (quality and corporate governance) to reduce unwarranted variation	Culture of continuous improvement and Embed Quality Improvement training e.g. LEAN agile approach to system transformation	Support and share best practice	How to access services
	Reduce health inequalities in outcomes, access and experience	Process improvement of pathways, outcomes and experience e.g. Viable Adaptive Architecture for Systems Transformation (VA2ST)	Support and share best practice	What to do when it doesn't work
<b>Involvement &amp; Engagement</b>	Engagement and co-design with people and communities	Consultation and ongoing engagement	Understand priorities and co-produce programmes	Speaking up for all/those who can't
	Clarity of strategic intent	Co-production with communities	Work with the community	Experience of those services

# Proposed governance

Page 10



# Governance Framework



This page is intentionally left blank