

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 14 May 2026 commencing at 1.00 pm and finishing at 4.01 pm

Present:

Board Members:

Councillor Neil Fawcett (In the Chair)
Councillor Sean Gaul
Michelle Brennan
Karen Fuller
Caroline Green
Lisa Lyons
Kate Holburn (as substitute)
Chris Wright (as substitute)
District Councillor Rob Pattenden
District Councillor Helen Pighills
Barbara Shaw t

Other Members in Attendance:

District Councillor Rachel Crouch (online)
District Councillor Georgina heritage (online)

Officers:

Kate Austin (Public Health Principal, OCC)
Professor Eric Charters (University of Oxford)
Craig Miles-Clarke (Senior Research Officer, OCC)
Annette Perrington (Deputy Director, Education & Inclusion)
Isabel Rockingham (Head of Joint Commissioning, Age Well)
Tom Addey (Public Health Registrar, OCC)
Veronica Barry (Executive Director, Healthwatch Oxfordshire)

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.)

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	ACTION
<p>187 Welcome by Chair (Agenda No. 1)</p>	
<p>Cllr Neil Fawcett, the acting leader of the Council and Chair of the board explained the following:</p> <ul style="list-style-type: none"> ➤ Given the departure of Professor Sir Jonathan Montgomery as Chair of Oxford University Hospitals NHS Foundation Trust (OUH), the Health and Wellbeing Board (HWB) did not currently have a vice-chair. Once a new Chair of OUH was recruited, they would become the new vice-chair of the HWB. ➤ The All-Age Autism Strategy had been postponed until the July HWB meeting, and this was to allow the strategy to be discussed at the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) prior to its formal sign off by the HWB. ➤ There was a likelihood that the HWB would revert to having four public meetings per year as opposed to five, so as to allow for a fifth meeting to potentially constitute a workshop to be organised to examine/discuss key developments in the health and wellbeing landscape. <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE the Chair's introduction. 2. AGREE to revert to four public meetings per year. 	
<p>188 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies were received from Cllr Kate Gregory.</p> <p>Apologies were received from Ansaf Azhar, with Kate Holburn substituting.</p> <p>Apologies were received from Matthew Tait, with Chris Wright substituting.</p>	
<p>189 Declarations of Interest - see guidance note below (Agenda No. 3)</p>	
<p>None were made.</p>	

<p>190 Petitions and Public Address (Agenda No. 4)</p>	
<p>The Board received a public address from Cllr Jane Hanna, the previous Chair of the JHOSC, who spoke in a personal capacity but reflected on scrutiny activity over the previous year. She welcomed the evident progress in system collaboration, emphasising that partnership working remained both the most difficult and the most critical aspect of delivering improved outcomes for residents.</p> <p>She expressed strong support for the community-based, grassroots approach set out in the papers, particularly the focus on building resilience and working with local ecosystems. However, she raised concerns regarding rural inequalities, noting that some rural districts had experienced decline and faced challenges around transport, access to care, and population growth.</p> <p>She urged the Board to consider how an Oxfordshire-wide ambition could better reflect rural needs and to explore ways of strengthening connections between local communities, parish councils, and grassroots organisations.</p> <p>In addition, she highlighted the tension between locally driven, community-based approaches and nationally imposed targets, such as those relating to end-of-life care, and asked how the system could reconcile these while maintaining a focus on residents' needs.</p> <p>The Board RESVOLED to:</p> <ol style="list-style-type: none"> NOTE the comments by Cllr Jane Hanna. 	
<p>191 Note of Decisions/Minutes of Last Meeting (Agenda No. 5)</p>	
<p>The minutes of the previous meeting on 12th March 2026 were considered. No amendments were raised.</p> <p>The Board AGREED them as an accurate record.</p>	

<p>192 Community Research- Community Health Development Officer & Well Together Programme Evaluation (Agenda No. 6)</p>	
<p>Kate Holburn (Deputy Director of Public Health) and Professor Erica Charters (University of Oxford) presented a report on the independent evaluation of the Community Health Development Officer (CHDO) programme and the Well Together (WT) programme.</p> <p>Both initiatives formed a central component of Oxfordshire’s approach to tackling health inequalities through a Marmot-aligned, community-based model. It was explained that the CHDO programme had emerged from earlier community insight profile work, with officers embedded within priority communities to work alongside local assets and respond to locally identified needs. The Well Together programme had complemented this by providing targeted funding to grassroots organisations to deliver community-led activities addressing those needs.</p> <p>It was emphasised that the evaluation had been independently undertaken by Professor Erica Charters of the University of Oxford, and that this external academic perspective had been intentionally commissioned to provide an objective and robust assessment of impact. The evaluation had taken place over a 24-month period and had focused not on long-term population health outcomes—which it was acknowledged would not yet be measurable—but on implementation, engagement, and the extent to which the programmes had achieved their intended objectives.</p> <p>The findings of the evaluation were presented; and it was explained that a mixed-methods approach had been adopted, combining statistical analysis, household surveys, interviews, focus groups, and extensive fieldwork within communities. The research had included engagement with approximately 1,600 households, with detailed responses obtained from 225 households, as well as qualitative work with community organisations and programme participants.</p> <p>In presenting the findings, Professor Charters reported that both programmes had been effective in achieving their objectives. They had supported over 150 community organisations and facilitated more than 200 community health and wellbeing activities. These activities had reached a substantial number of residents, with evidence suggesting that at least 40,000 individuals had engaged directly with programme-supported initiatives.</p>	

A central theme of the evaluation was the importance of the individuals delivering the programmes. It was emphasised that Community Health Development Officers and Community Capacity Builders had been a critical strength, demonstrating strong communication skills, sustained presence within communities, and the ability to build trusted relationships. This relational approach had enabled effective engagement with both residents and local organisations.

The evaluation also identified that community health should not be viewed in isolation, but as part of a wider ecosystem of health and care. Community-based activities were described as both entry points into formal healthcare and as support mechanisms for individuals leaving clinical services.

During discussion, the Chair reflected on the tangible benefits of the programmes within his own local area, citing specific examples of funded initiatives and the high level of community engagement observed. Other members of the Board welcomed the evaluation and its findings, particularly the emphasis on trust-building and community-led approaches.

District Cllr Georgina Heritage raised a question regarding the methodology of the household survey, specifically seeking clarification on response rates. Professor Charters confirmed that while 1,600 households had been visited, detailed responses had been obtained from 225 households through in-person engagement, noting that this approach had generated rich qualitative data, particularly from individuals who might not otherwise engage through traditional consultation methods.

The Chair and other members emphasised the importance of viewing the programmes as part of a broader system response to entrenched inequalities, noting that deprivation was shaped by long-term structural factors and that the role of such programmes was to contribute to incremental change and improved outcomes for residents.

Members also reflected on the wider implications for system working, noting that the findings reinforced the importance of co-production, community engagement, and integration with other elements of the health and care system, including neighbourhood models and voluntary sector partnerships.

The Board RESOLVED to:

1. **SUPPORT** the promotion and sharing of the findings from the evaluation of the Oxfordshire County Council-funded Community Health Development Officer (CHDO) programme and the Thames Valley ICB-funded Well Together programme, with partners and

<p>colleagues across the system.</p>	
<p>193 Oxfordshire Joint Strategic Needs Assessment 2026 (Agenda No. 7)</p>	
<p>Craig Miles-Clarke (Senior Research Officer, Oxfordshire County Council) presented a report on the Oxfordshire Joint Strategic Needs Assessment (JSNA) for 2026.</p> <p>Since the previous iteration of the JSNA, additional support and resources had been developed to improve usability. These included training sessions delivered across multiple teams within the County Council, as well as the production of three public-facing videos available via the Oxfordshire Data Hub. These resources were intended to support users in navigating the increasingly digital format of the JSNA, particularly the interactive Power BI dashboards that had been introduced.</p> <p>The Senior Research Officer summarised the findings of a recent user feedback survey conducted following the 2025 JSNA, and reported that the majority of users felt confident navigating the JSNA and expressed a preference for the blended format, which combined interactive dashboards with traditional narrative reports. Users had indicated that data was generally easy to find, although there had been mixed feedback regarding the effectiveness of training provision, with some respondents suggesting that further improvements were required.</p> <p>Turning to the proposals for the 2026 update, it was confirmed that the blended format would be retained, with continued use of interactive dashboards alongside downloadable narrative reports for each thematic chapter. It was explained that content development would be guided by the JSNA steering group, which would review existing indicators and consider new areas for inclusion based on public health need, strategic alignment, and capacity. The 2025 JSNA had included approximately 435 indicators, and future development would involve prioritisation to ensure the assessment remained focused and usable.</p> <p>The Senior Research Officer drew attention to three proposed areas of focus for the 2026 JSNA. These included an updated and expanded section on inclusion health groups, further development of data and research relating to homes and health, and an update to the gambling harms section, which had last been refreshed in 2024. The importance of the JSNA in supporting Oxfordshire's status as a Marmot Place was also emphasised, particularly in improving understanding of health inequalities across the county.</p>	

Chris Wright (Associate Director of Oxfordshire Place, Thames Valley ICB) expressed appreciation for the work undertaken in developing the JSNA, and noted that he had been involved in the previous year's process and considered it to have been well executed. They highlighted the value of the JSNA and wider data resources hosted by the County Council, particularly from an NHS and healthcare planning perspective, and emphasised their usefulness for both professionals and the wider public.

Michelle Brennan echoed these comments, noting that she had made frequent use of the JSNA dashboards in her work on neighbourhood initiatives. She described the tools as highly useful and welcomed the continued development of the digital format.

The Board RESOLVED to:

1. **NOTE** and Provide feedback on the proposed design of the 2026 Joint Strategic Needs Assessment (JSNA).
2. **ADVISE** on the content of the 2026 JSNA, approach, and to highlight any additional topics and themes of research and intelligence interest that they would like to see included.
3. Via relevant officers in their organisations, **CONTRIBUTE** information and intelligence to the JSNA to further its development and participate in making information more accessible to everyone.

194 Health & Wellbeing Strategy Update- Start Well
(Agenda No. 8)

Lisa Lyons (Director of Children's Services, Oxfordshire County Council) and Annette Perrington (Deputy Director of Education and Inclusion) presented the Start Well Update report.

The item was introduced by Councillor Sean Gaul (Chair of the Children's Trust Board), who emphasised that this was a significant and ambitious programme of work focused on improving early years outcomes and reducing inequalities in child development across Oxfordshire.

Councillor Gaul reflected on the persistent inequality in outcomes for young children, noting that children eligible for free school meals were currently achieving a 'good level of development' at a significantly lower rate than the wider population. He explained that previous national targets would have improved outcomes overall but would not have sufficiently narrowed this gap. As a result, local partners had set

a more ambitious target to reduce the inequality gap from approximately 30% to 20%. He described this as a major system commitment which, if achieved, would have a substantial positive impact on children's life chances.

Cllr Gaul explained that a detailed and robust delivery plan was being developed, bringing together system partners through the Children's Trust Board. He proposed that the Board delegate responsibility for overseeing delivery and monitoring progress to the Children's Trust Board, which would act as a coordinating body to ensure that all partners had the necessary support to contribute to achieving the target. He stressed that this work represented a transformative opportunity for Oxfordshire and required sustained commitment across organisations.

Lisa Lyons (Director for Children's Services, Oxfordshire County Council) provided an overview of the report. She explained that the Start Well work encompassed a wide range of programmes and reforms, including the Family First reforms, Special Educational Needs and Disabilities (SEND) reforms, anti-poverty strategies, and changes to national education policy. She highlighted that the plan also incorporated the Best Start in Life programme, Family Hub and Youth Hub rollouts, and work on emotional health and wellbeing.

The Deputy Director for Education and Inclusion noted that there was now a stronger alignment of national and local focus on early years than had previously been the case, and that Oxfordshire's status as a Marmot Place had supported a deeper understanding of the drivers of inequality in early childhood development.

The Executive Director of Healthwatch Oxfordshire asked how the Family Hubs model would ensure accessibility for families in rural areas. She highlighted concerns regarding geographic barriers and the ability of rural residents to access centralised services. In response, the Deputy Director for Education and Inclusion explained that the model would include a combination of district hubs, satellite provision, and pop-up services delivered within local communities. She outlined that existing community assets, including voluntary, community and faith sector organisations, would be utilised to extend reach into rural areas.

Discussions ensued regarding the measurement of impact for specific initiatives within the plan, including programmes such as the LIFT initiative (supporting low-income families) and oral health interventions such as supervised tooth brushing. The question was raised as to how the system would ensure that these interventions resulted in measurable improvements rather than simply identifying need.

Lisa Lyons responded by explaining that a combination of short-term

and longer-term metrics would be used. For example, uptake and participation in programmes could be tracked immediately, while longer-term outcomes, such as improvements in oral health or reductions in inequality, would require longitudinal measurement.

The Deputy Director for Education and Inclusion added that the programme would aim to replicate the universal elements of earlier initiatives such as Sure Start, where services had been made widely available to all families, thereby raising the baseline level of wellbeing across the population.

The Board RESOLVED to:

1. **NOTE** the progress of the delivery of priorities 1 and 2 under the thematic domain of Start Well within the Health and Wellbeing Strategy along with key challenges.

2. **NOTE** the Best Start in Life plan, attached as an appendix to this report, and:

- a. **DELEGATE** responsibility for regular monitoring of progress on outcomes relevant to the Best Start in Life Plan to the Children’s Trust Board;
- b. **NOTE** that those outcomes will include the inequality of Good Level of Development (GLD) outcomes for children eligible for free school meals; and
- c. **NOTE** that the Children’s Trust Board will report to the Health and Wellbeing Board on this matter as part of these annual Start Well updates and as required for escalation.

195 Oxfordshire Better Care Fund Plan (2026-27)
(Agenda No. 9)

Karen Fuller (Corporate Director for Adult Social Care, Oxfordshire County Council) and Isabel Rockingham (Head of Joint Commissioning – Age Well) presented the Oxfordshire Better Care Fund (BCF) Plan for 2026–2027.

It was emphasised that the BCF remained a central mechanism for delivering integrated health and social care across Oxfordshire. She described the plan as a genuinely co-produced document developed jointly by the County Council, the Thames Valley ICB, and wider system partners. The purpose of the plan was to align investment across organisations in order to improve outcomes, support independence, and deliver more seamless care for residents.

The key strategic focus for the coming year was the continued shift from acute hospital-based care towards more preventative, community-based provision. This aligned with the broader ambition of the “Oxfordshire Way” and the emerging neighbourhood model of care, both of which aimed to support people to remain independent and well in their own communities for longer.

The Head of Joint Commissioning – Age Well provided a detailed overview of the plan. She explained that 2026–2027 was being treated as a transition year ahead of anticipated national reform of the Better Care Fund in 2027–2028. As a result, there were no major structural changes to funding in the current year, and the focus had instead been on stabilising performance, strengthening alignment with neighbourhood working, and preparing the system for future reform.

The Head of Joint Commissioning – Age Well outlined the four key priority areas within the plan. She reported that admission avoidance remained a central priority, with Oxfordshire having achieved a 3% reduction in non-elective hospital admissions for people aged over 65 in the previous year, equivalent to approximately 800 fewer admissions. This had been supported by services such as the Single Point of Access and enhanced clinical triage systems through 111 and 999 services. She noted that continued investment in these services would seek to build on this success.

She then addressed the area of hospital discharge and system flow, noting that while Oxfordshire had maintained strong performance in enabling timely discharge, there had been an increase in delays due to the rising complexity of patients and workforce challenges. In response, the plan included additional investment in staffing capacity, intermediate care provision, and digital tools to improve discharge processes and reduce administrative delays.

Finally, it was emphasised that the BCF remained a system-owned plan, with shared governance and jointly funded roles across organisations. It was also explained that a system-wide finance schedule had been developed to improve transparency and support longer-term planning, particularly in anticipation of national changes to funding arrangements.

Karen Fuller also addressed the issue of rural service delivery, explaining that new models of home care provision had been introduced, including locality-based arrangements where providers operated within specific geographic areas. She reported that this had improved the availability of home care and increased overall capacity by approximately 25%, demonstrating a

<p>successful response to the challenges of delivering services in rural communities.</p> <p>Michelle Brennan emphasised the importance of a more preventative approach across the system. She reflected that historically, services had focused disproportionately on the most complex and frail individuals, whereas greater long-term impact could be achieved by supporting people earlier in their health journey. She highlighted the need to focus on individuals who were currently well, or at risk of developing long-term conditions, to prevent progression to frailty and reduce overall system demand.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE and APPROVE the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for 2026/27 and the decision-making process set out at paragraph 14 of the report. 2. APPROVE the Oxfordshire Better Care Fund Plan for 2026/27 and decision on the assurance statements set out at paragraph 19 (of the main report for this item) for submission by 19th May 2026. 	
<p>196 Oxfordshire Combating Drugs Partnership Annual Report (Agenda No. 10)</p>	
<p>Tom Addey (Public Health Registrar), Oxfordshire County Council) and Sam Read (Public Health Programme Manager, Oxfordshire County Council) presented the Oxfordshire Combating Drugs Partnership Annual Report.</p> <p>The Public Health Registrar provided the context for the work of the Combating Drugs Partnership. The partnership brought together a wide range of organisations across the system, including public health, NHS partners, the police, and voluntary sector organisations, to address drug and alcohol-related harm across Oxfordshire.</p> <p>The key findings of the needs assessment which underpinned the report were highlighted. Oxfordshire generally performed better than national averages on measures such as drug-related deaths, hospital admissions, and engagement with treatment services, these headline figures masked significant inequalities within the county. Patterns of harm varied between districts, with some areas experiencing disproportionately higher levels of alcohol-related hospital admissions. Specific areas of concern, including</p>	

<p>the impact of parental substance use on children and young people, declining engagement with treatment services among younger cohorts, and emerging threats such as synthetic opioids and increasing ketamine use were also highlighted. Increased access to drug and alcohol treatment services, and support for those leaving prison were highlighted as particular achievements over the last year.</p> <p>Reference was made to the partnership’s task and finish groups, which focused on specific priorities such as reducing drug-related deaths, improving outcomes for children and young people, and strengthening links between substance use and mental health services. While progress had been made in strengthening referral pathways and partnership working, engagement with children and young people remained a significant challenge.</p> <p>In response to the report, the Board engaged with a number of key issues, including exploring the difficulties of engaging children and young people with services. Officers provided recognised the multiple barriers which existed, and reiterated the crucial role of ensuring services which were delivered relationally, informally and non-judgementally. To support this, the service was already delivering outreach in locations such as schools, cafés, and youth clubs, and had increased activities such as walking sessions to engage young people in less formal settings. They emphasised that the service was also developing a digital front door to enable young people to access support more easily and was undertaking a co-production exercise with young people to better understand their needs and preferences.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE the activities and outcomes of the Oxfordshire Combatting Drugs Partnership, reflected in the Annual Progress Report in Annex 1. 	
<p>197 Health & Wellbeing Strategy Indicator Review (Verbal Update) (Agenda No. 11)</p>	
<p>Kate Holburn (Deputy Director of Public Health, Oxfordshire County Council) provided a verbal update on the proposed review of the Health and Wellbeing Strategy indicators. The item focused on the need to refresh and rationalise the current framework of indicators used to monitor progress against the Health and Wellbeing Strategy, which had been launched in 2024.</p> <p>Feedback had been gathered from partners across the system regarding the effectiveness and usability of the existing indicator</p>	

<p>set. There was a growing concern that several indicators had become outdated, were difficult to source reliable data for, or no longer adequately reflected the work currently being undertaken across the system. The existing list of indicators was extensive and, in some cases, lacked clarity or focus, making it difficult for partners to use the framework effectively in performance reporting and strategic oversight.</p> <p>Kate Holburn set out that, in response to this feedback, she intended to lead a structured review of the indicator framework in collaboration with the Public Health Intelligence team and the Council’s Performance and Insight team. She explained that the primary objective of the review would be to develop a more streamlined and coherent set of indicators, which would be both meaningful and practical for partners to use.</p> <p>She emphasised that the revised framework would be significantly more concise, with a clearer hierarchy. Under the proposed approach, each strategic priority within the Health and Wellbeing Strategy would be supported by a small number of overarching outcome indicators. These would then be supplemented, where necessary, by more detailed process and supporting indicators within individual reports, enabling a more proportionate and focused approach to performance monitoring.</p> <p>A key element of the proposed review was the intention to align the indicator set more closely with Marmot principles and outcomes.</p> <p>The review would take place over the coming months, with a comprehensive written report to be brought back to the Health and Wellbeing Board. This was likely to be in September, in order to allow sufficient time for detailed analysis and engagement with partners.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE and SUPPORT the plans to review the Health and Wellbeing Strategy indicators. 2. AGREE that a revised framework would be brought back for formal consideration at a future Board meeting. 	
<p>198 Marmot Place Update (Verbal) (Agenda No. 12)</p>	
<p>Kate Holburn (Deputy Director of Public Health, Oxfordshire County Council), presented the Marmot Update.</p>	

Kate Holburn reminded the Board that Oxfordshire had formally adopted the Marmot Place approach as a framework for tackling the wider determinants of health, with a particular focus on reducing entrenched inequalities across the county. She emphasised that this approach required a whole-system response, extending beyond health and social care services to include housing, transport, employment, and community development.

It was explained that a key strand of the work had been direct engagement with communities, particularly in areas experiencing higher levels of deprivation or disadvantage. This had included engagement with over 700 residents across a range of urban and rural communities. This engagement had provided valuable insight into lived experience, highlighting issues such as access to services, cost of living pressures, transport barriers, housing quality, and social isolation.

One of the most important findings was the clear variation in experience across different parts of the county, with rural communities often facing distinct challenges compared to urban areas. While deprivation in Oxfordshire was often described as relatively low compared to national averages, this masked significant pockets of inequality, which required targeted and locally informed responses.

Work was also ongoing to align Marmot principles with the Health and Wellbeing Strategy, the Better Care Fund, and emerging neighbourhood models of care. This included efforts to ensure that all major programmes considered their impact on health inequalities and incorporated a stronger focus on prevention.

Chris Wright (Associate Director for Oxfordshire Place, Thames Valley ICB) asked how Marmot principles were being translated into operational delivery within NHS services. Kate Holburn responded by explaining that this remained a key area of focus, and that work was ongoing with NHS partners to develop practical approaches to embedding Marmot principles. She highlighted that Integrated Neighbourhood Teams were seen as a critical mechanism for achieving this, by enabling a more proactive and preventative model of care that was closely aligned with community needs.

The Executive Director of Healthwatch Oxfordshire queried how community voice and lived experience were being incorporated into the Marmot programme. She emphasised that engagement should not be limited to one-off exercises and that there was a need to ensure ongoing involvement of communities in shaping services and priorities.

<p>Kate Holburn responded that strengthening community engagement was a central objective of the Marmot work. She explained that the intention was to move towards more sustained and meaningful participation, including building relationships with community organisations and supporting community-led research.</p> <p>Cllr Sean Gaul reflected on the connection between the Marmot work and the Start Well programme. He noted that many of the inequalities identified through the Marmot analysis were evident from early childhood and emphasised the importance of early intervention in reducing long-term disparities. He expressed support for the alignment between these programmes and stressed the need to maintain a strong focus on children and young people within the Marmot framework.</p> <p>In concluding the discussion, the Chair reflected on the importance of the Marmot approach as a unifying framework for addressing health inequalities across the system. He noted that the update demonstrated both the complexity of the challenges faced and the progress that had been made in building a shared understanding of those challenges.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE the Marmot Place Update. 	
<p>199 Neighbourhood Health Plan Update (Verbal) (Agenda No. 13)</p>	
<p>Michelle Brennan (Oxfordshire GPs representative) presented the Neighbourhood Health Plan update.</p> <p>It was explained that the Neighbourhood Health Plan formed a central component of the system’s ambition to shift towards a more preventative, integrated, and locally responsive model of care. The concept of neighbourhood health was intended to bring together services across primary care, community services, adult social care, mental health, and the voluntary sector, organised around defined local populations and tailored to the specific needs of those communities.</p> <p>Michelle Brennan emphasised that this was not a wholly new initiative, but rather an evolution of existing partnership working, seeking to build on established relationships and structures. She noted that significant work had already taken place to define neighbourhood footprints and to begin aligning services within those footprints.</p>	

The next phase of work would focus on strengthening Integrated Neighbourhood Teams, improving data sharing, and ensuring that services were coordinated more effectively at a local level. There was also a strong emphasis on prevention, with neighbourhood models expected to play a key role in identifying individuals at risk of poor health outcomes and intervening earlier.

Chris Wright (Associate Director of Oxfordshire Place, Thames Valley ICB) enquired about the operationalisation of Integrated Neighbourhood Teams. He asked how the system intended to overcome existing organisational and professional boundaries, particularly in relation to workforce arrangements and accountability structures, which could present barriers to truly integrated working.

Michelle Brennan responded by acknowledging that these challenges were well recognised. She explained that progress would depend on establishing shared objectives, strengthening relationships between organisations, and creating opportunities for joint working at a local level. She noted that while formal structural changes might take time, there was already progress being made through co-location of teams, joint meetings, and collaborative service planning.

Karen Fuller noted that adult social care services were already operating at a locality level and were well positioned to contribute to neighbourhood working. She emphasised that social care had longstanding experience of working in a place-based way and that this expertise should be built upon as part of the development of Integrated Neighbourhood Teams. She also highlighted the importance of aligning eligibility criteria and access pathways to support more seamless services for residents.

Cllr Sean Gaul then reflected on the importance of ensuring that children and young people were fully integrated within neighbourhood models. He noted that services for children were often planned and delivered separately from adult services, and he emphasised the need to take a more whole-family approach, particularly in the context of early intervention and prevention.

The Board RESOLVED to:

1. **NOTE** the Neighbourhood Health Plan update.

200 Report from Healthwatch Oxfordshire

(Agenda No. 14)

Veronica Barry (Executive Director of Healthwatch Oxfordshire) presented the Healthwatch Oxfordshire update.

It was emphasised that Healthwatch's work complemented the wider system's approach to community engagement, particularly within the context of the Marmot Place programme and neighbourhood working, but also provided a distinct and independent perspective grounded in lived experience.

The Executive Director of Healthwatch Oxfordshire highlighted key areas of work undertaken over the previous period and explained that Healthwatch had continued to engage with a wide range of communities across Oxfordshire, including groups who were traditionally underrepresented in consultation exercises. This had included targeted work with minority ethnic communities, individuals experiencing socioeconomic disadvantage, and those with limited access to services due to geographic or social barriers.

The Executive Director of Healthwatch Oxfordshire also placed particular emphasis on the development of a community research approach, explaining that Healthwatch had been working with local groups to support them in undertaking their own research into issues affecting their communities.

It was explained that early findings from this work reinforced many of the themes identified through other system initiatives, including the importance of trust, accessibility, and the wider determinants of health. Residents often spoke about health in terms of their broader life circumstances, including housing, employment, and social connection, rather than purely in terms of clinical services.

District Cllr Rob Pattenden asked how insights from rural communities were being captured, given the challenges associated with engaging residents in more isolated areas.

The Executive Director of Healthwatch Oxfordshire responded that Healthwatch was actively seeking to engage with rural communities through a range of approaches, including outreach activity, partnership working with local organisations, and attendance at community events. She acknowledged that this required additional effort but emphasised the importance of ensuring that rural voices were represented within the evidence base.

<p>The Chair reflected on the critical role of Healthwatch in ensuring that the system remained accountable to residents. He noted that the report demonstrated the value of independent community insight and highlighted the importance of ensuring that this intelligence was effectively integrated into decision-making processes.</p> <p>The Health Scrutiny Officer explained that the Board's Independent Patient Voice working group was continuing its work to explore a future local patient voice function in light of government's intention to proceed with its original plans to abolish the Healthwatch function.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE the Healthwatch Oxfordshire update. 	
<p>201 Reports from Partnership Boards (Agenda No. 15)</p>	
<p><u>Children's Trust Board:</u></p> <p>Cllr Sean Gaul (Chair of the Children's Trust Board) represented the Children's Trust Board update.</p> <p>Cllr Sean Gaul reiterated the Board's ongoing focus on improving early years outcomes and reducing inequalities in child development, noting that this work was closely aligned with the 'Start Well' priorities considered earlier in the meeting. He emphasised that partners across education, health, and social care were increasingly working in a coordinated way through the Children's Trust Board to deliver the Best Start in Life programme, and that there was a strong collective commitment to achieving the more ambitious local targets that had been set.</p> <p>Cllr Sean Gaul explained that recent discussions within the Children's Trust Board had focused on improving system-wide accountability and ensuring that delivery plans were clearly owned across organisations. He highlighted that progress was being monitored through a structured framework, with particular attention being given to narrowing inequalities in early years development outcomes.</p> <p><u>Oxfordshire Place-Based Partnership:</u></p> <p>Michelle Brennan provided an update on the Oxfordshire Place-Based Partnership. She explained that the Partnership continued to act as the primary forum for coordinating NHS and system planning at place level, bringing together the Integrated Care</p>	

