To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 13 March 2025 at 2.00 pm
Room 2&3 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this Live Stream Link.

Martin Reeves
Chief Executive

March 2025

Contact Officer: ***Democratic Services***
Email: committees.democraticservices@oxfordshire.gov.uk

Membership

Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)
Vice Chair – Sam Hart, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board

Board Members:

Ansaf Azhar	Director of Public Health & Communities, Oxfordshire Co Co
Councillor Tim Bearder	Cabinet Member for Adult Social Care, Oxfordshire Co Co
Michelle Brennan	GP Representative
Stephen Chandler	Executive Director: People, Oxfordshire Co Co
Councillor Rachel Crouch	West Oxfordshire District Council
Councillor Rob Pattenden	Cherwell District Council
Councillor Maggie Filipova-Rivers	South Oxfordshire District Council
Karen Fuller	Director of Adult Social Care, Oxfordshire Co Co
Caroline Green	Chief Executive, Oxford City Council (District Representative)
Councillor John Howson	Cabinet Member for Children, Education & Young People's Services, Oxfordshire Co Co
Dan Leveson	Place Director for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board
Councillor Nathan Ley	Cabinet Member for Public Health, Inequalities & Community Safety, Oxfordshire Co Co
Lisa Lyons	Director of Children's Services, Oxfordshire Co Co
Grant MacDonald	Interim Chief Executive, Oxford Health NHS Foundation Trust

Professor Sir Jonathan Montgomery	Chair, Oxford University Hospitals NHS Foundation Trust
Don O'Neal	Chair, Healthwatch Oxfordshire
Councillor Helen Pighills	Vale of White Horse District Council
David Radbourne	Regional Director Strategy and Transformation, NHS England
Councillor Chewe Munkonge	Oxford City Council

Notes:• Date of next meeting: 26 June 2025

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. Welcome by Chair

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note below

4. Petitions and Public Address

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Friday 7 March. Requests to speak should be sent to jack.ahier@oxordshire.gov.uk

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that your views are taken into account. A written copy of your statement can be provided no later than 9am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Note of Decisions of Last Meeting (Pages 1 - 12)

To approve the Note of Decisions of the meeting held on 5 December 2024 and to receive information arising from them.

6. Oxfordshire Health & Wellbeing Board - Update to Terms of Reference (Pages 13 - 16)

Report by Director of Law and Governance and Monitoring Officer, and Director of Public Health and Communities

The Oxfordshire Health and wellbeing board (HWB) is a formal statutory committee where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities

There have been changes to the operating model and staffing structure of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and therefore membership of the HWB and its Terms of Reference (ToR) need to be updated accordingly.

The Health and Wellbeing Board is RECOMMENDED to:

a) **Approve the update to the Terms of Reference of the Board (see Annex**

1)

7. Marmot Place Update (Pages 17 - 26)

The Board is to receive a verbal update.

8. ICB Update (Pages 27 - 36)

The purpose of this paper is to provide an update on our planning activities across BOB, this will specifically cover:

1. BOB ICB Operating Model – next steps
2. Working with local people and communities
3. 10-Year Health plan for the NHS
4. New provider for BOB non-emergency patient transport services
5. NHS Operational Planning for 2025/26 and associated national priorities:
   - Priorities and operational planning guidance 2024/25
   - Development of a medium-term plan for transformation and improvement
6. Joint Forward Plan refresh – timescales and engagement

The above activities are a key part of BOB ICBs responsibility to plan and arrange health and care services to meet the needs of our population, working to improve their health and lives. This will require joint working with our partners to ensure we prioritise our resources effectively, based on evidence, to achieve the best outcomes for our residents and communities.

The Health and Wellbeing Board is recommended to note the content of this report and provide views or feedback on the ongoing planning process and development of the medium-term strategy.

9. Implementation of Primary Care Strategy (Pages 37 - 54)

In March 2024, the draft Primary Care Strategy was presented to the Oxfordshire Health & Wellbeing Board as part of the ICB's commitment to ensuring the contribution and engagement of system partners and the public in the development of its Primary Care Strategy.

The final Primary Care Strategy was signed off by the ICB in May 2024 and the changes made were significant because of the extensive engagement that was undertaken. Slide 2 of the pack summarises how this insight has been used to inform the final version of the Primary Care Strategy.

The Health & Wellbeing Board are recommended to:

a) **Note and discuss the progress made since BOB ICB initially engaged with system partners and the public on the Primary Care Strategy, including changes made to the document consequently, final themes and essentially implementation to date.**

10. Better Care Fund Update 2025-26 (Pages 55 - 68)

Report by Director of Adult Social Care

Better Care Fund [BCF] Plans are owned and approved by the Health & Wellbeing Board on behalf of the Council and Buckinghamshire, Oxfordshire and Berkshire [BOB] Integrated Care Board [ICB] and other partners. As such, the Board approves the Plan each year.

This report sets out the background to the national and local BCF Plan development process for 2025-26 and the proposed route to signing off the plan for Oxfordshire. NHS England has brought forward the planning timetable for 2025-26. The final plan must be submitted by 1200pm 31 March 2025, and it will be necessary to achieve sign off for the Plan outside of a formal Health & Wellbeing Board meeting.

The Planning guidance for 2025/26 was issued on 30 January and makes changes to the investment and expenditure, funding structure and metrics that must be delivered by the Plan. Broadly, the changes support Oxfordshire's existing ambitions as set out in the *Oxfordshire Way* and the Health and Wellbeing Strategy 2024-30. The policy guidance signals a shift from "sickness to prevention" and to support people living independently at home. These approaches are wholly consistent with Oxfordshire's ambitions.

The development of the 2025/26 Plan builds on the system approach to planning and engagement under the overview of the Oxfordshire Place Based Partnership established in 2023/24 and 2024/25.

The Health and Wellbeing Board is RECOMMENDED to:

a) **Note and approve the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for 2025/26 and the decision-making process set out at paragraph 13.**

b) **Delegate approval of the Oxfordshire Better Care Fund Plan for 2025/26 and decision on the assurance statements set out at paragraph 16 to the Chair of the Board for submission by 31 March 2025.**

11. Community Profiles - Latest Publications, Evaluation and Implementation Tools (Pages 69 - 78)

Report by Director of Public Health and Communities

This paper presents three elements of the Community Insight Profiles programme of work, which includes:

(a) Two further Community Insight Profiles within Phase four of the programme: Wood Farm (Oxford City) and a bespoke area of Witney (West Oxfordshire) referred to as Witney Central Community Insight Profile area. The report highlights the links to the Marmot Places programme.

(b) A report on the first phase of evaluation of the Oxfordshire County Council funded Community Health Development Officer programme and the NHS ICB funded Well Together programme.

(c) Enablers to address inequalities as a legacy of the Community Insight Profiles, including the first iteration of an interactive Community Insight Profile Dashboard to increase accessibility to the data and insight and a draft toolkit to support the development of partner led Community Insight Profiles in other areas.

Since 2021, Public Health have been working with partners to carry out a programme of work to develop Community Insight Profiles (CIP). The work was initiated after the publication of the Director of Public Health (DPH) Annual Report for 2019/20 which highlighted ten wards in Oxfordshire which have small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health. The publication of Community Insight Profiles for all ten areas was completed in December 2023.

Following on from this, a further four Community Insight Profiles are being developed for areas across the county identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners identified that there would be added benefit to developing a profile. Wood Farm and a bespoke area of Witney are included in these areas. A CIP for Berinsfield was published in September 2024 and a further CIP for Bicester West is in development and will be published in June 2025, which will bring the Public Health led programme of this work to a close.

The Health and Wellbeing Board is RECOMMENDED to:

a) **Use the findings and rich insight contained within the Community Insight Profiles for Wood Farm and Witney Community Insight Area (CIA) and their relevance to the Marmot Place programme of work to inform service delivery plans of partner organisations on the Board and support the promotion and sharing of the findings with partners and colleagues across the system.**

b) **Support the promotion of the interactive Community Insight Profile (CIP) Dashboard and the Community Insight Profile (CIP) development toolkit that will serve as a legacy of the CIP programme of work.**

c) **Support the promotion and sharing of the findings from the first phase of an evaluation of the Community Health Development Officer (CHDO) and Well Together programmes with partners and colleagues across the system.**

12. Director of Public Health Annual Report (Pages 79 - 92)

The Board is to receive a verbal update on the Director of Public Health Annual Report.

13. Health & Wellbeing Strategy Update - Live Well (Pages 93 - 110)

Report by Director of Public Health and Communities

The Health and Wellbeing Board approved a new strategy in December 2023, with the priorities split between four thematic areas of Start Well, Live Well, Age Well and Building Blocks of Health. Delivery against the ambitions within the strategy is the responsibility of all organisations represented on the Board and is supported by an Outcomes Framework agreed by the Board in March 2024.

The Board has agreed to receive a rotating update on delivery of 1 of the 4 strategy themes at its quarterly meetings, meaning that over the course of a 12-month period an update on each theme would be presented once. This report is the first annual report of the thematic domain of Live Well covering:

Priority 3 - Healthy People, Healthy Places

- The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight.

- People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

Priority 4 - Physical Activity and Active Travel

- Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.

As agreed by the HWB, it is the Health Improvement Board that is the key partnership forum that drives forward implementation of the strategy under these two areas.

The implementation progress report in Annex 1 provides an update on key activities, challenges and plans for the year ahead against each theme and Annex 2 presents data for the Key Outcome and Supporting Indicators selected for these two priorities within the Board's Outcomes Framework.

The Health and Wellbeing Board is RECOMMENDED to:

a) Note the progress of the delivery of priorities 3 and 4 under the thematic domain of Live Well within the Health and Wellbeing Strategy along with key challenges.

14. PNA Update (Pages 111 - 114)

Report by Director of Public Health and Communities

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for Oxfordshire was published in 2022 and has been kept up to date with supplementary statements reflecting changes in provision. The 2025 PNA is now due for publication in

October 2025.

The Health and Wellbeing Board is RECOMMENDED to:

a) **To note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1st October 2025 has commenced.**

b) **To receive an update on progress and the project plan timelines on the production of the 2025 Oxfordshire PNA.**

c) **To agree the approach to the approval of the final PNA.**

15. JNSA Update (Pages 115 - 120)

Report by Director of Public Health and Communities

The Joint Strategic Needs Assessment (JSNA) is a statutory annual report provided to the Health and Wellbeing Board and published in full on the Oxfordshire Data Hub. It provides an evidence-base for the Health and Wellbeing Strategy and is an opportunity for an annual discussion about the key issues and trends from a review of a very wide range of health-related information about Oxfordshire. It should be used as a tool by all partners of the health and wellbeing board to ensure that services provided by their organisations are suitably tailored to the local needs in Oxfordshire identified by the JSNA.

Producing the JSNA is a collaborative project with contributions from many analysts and sector specialists from Oxfordshire's Local Authorities, NHS, Thames Valley Police, Healthwatch Oxfordshire and Voluntary Sector organisations.

Following the proposal at the March 2024 Health and Wellbeing Board, this year's JSNA will be available through a collection of interactive dashboards and accompanying narrative on Oxfordshire County Council's new Data Hub website.

The JSNA is a contemporary assessment of the health and wellbeing needs of the population. However, information about services needed to address population needs is beyond the scope of the JSNA. In some cases, the data may not be recent enough to reflect changes in services.

The Health and Wellbeing Board is RECOMMENDED to

a) **Provide feedback on the proposed design of the 2025 Joint Strategic Needs Assessment (JSNA).**

b) **Advise on the content of the 2025 JSNA and to highlight any additional topics/ themes of research and intelligence interest that they would like to see included.**

c) **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.**

16. Report from Healthwatch Oxfordshire (Pages 121 - 128)

To report on views of health care gathered by Healthwatch Oxfordshire.

17. Reports from Partnership Boards (Pages 129 - 134)

To receive updates from Partnership Boards. Reports from –

- Health Improvement Board (verbal); and
- Children's Trust Board (verbal); and
- Place Base Partnership Board

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

a) Any unpaid directorships
b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 5 December 2024 commencing at 2.00 pm and finishing at 4.50 pm

Board Members:	Sam Hart (in the Chair) Councillor John Howson Ansaf Azhar Michelle Brennan Stephen Chandler Karen Fuller Caroline Green Dan Leveson Lisa Lyons Councillor Chewe Edgar Munkonge Councillor Georgina Heritage Councillor Rachel Crouch (virtual) Don O'Neal (virtual) Professor Sir John Montgomery (virtual) Grant MacDonald (virtual)
Other Members in Attendance:	Councillor Mark Lygo
Other Persons in Attendance:	Laura Price (Chief Executive of Oxfordshire Community and Voluntary Action), Veronica Barry (Executive Director, Healthwatch Oxfordshire).
Officers:	Jack Ahier (Democratic Services Officer), David Munday (Deputy Director of Public Health), Jayne Chidgey-Clark (Independent Chair of Oxfordshire Safeguarding Adults Board), Laura Gudjus (OSCB Business Manager), John Pearce (Commissioning Manager, Promote and Prevent), Kate Holburn (Head of Public Health Programmes), Ian Sutherland (Independent Chair of Oxfordshire Safeguarding Children's Board).

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.)

If you have a query please contact Democratic Services (Email: committees.democraticservices@oxfordshire.gov.uk)

	ACTION
87 Welcome by Chair (Agenda No. 1)	
The Chair welcomed everyone to the meeting, particularly welcoming Cllr Rachel Crouch as West Oxfordshire District Council's new representative, to the Oxfordshire Health & Wellbeing Board.	
88 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received by Cllr Liz Leffman, Cllr Tim Bearder, Cllr Nathan Ley, Cllr Helen Pighills and Cllr Rob Pattenden. Cllr Helen Pighills was substituted by Cllr Lucy Edwards; and Cllr Rob Pattenden was substituted by Cllr Dorothy Walker. It was noted that several Board members would be present virtually.	
89 Declarations of Interest - see guidance note below (Agenda No. 3)	
There were none.	
90 Petitions and Public Address (Agenda No. 4)	
There were none.	
91 Note of Decisions of Last Meeting (Agenda No. 5)	
The minutes of the meeting held on 26 September 2024 were approved by the Board and signed by the Chair as a correct record.	

It was noted that the scheduled JNSA update would come to the Board's meeting in March, rather than this meeting.	
92 ICB Update (Agenda No. 6)	
Matthew Tait (BOBICB) provided an update on behalf of the Integrated Care Board and raised the following points: - The implementation of the 'Change' programme is underway following the end of staff consultation. - Several key appointments to positions within the BOBICB were confirmed and it was hoped that the Executive Sponsor for Oxfordshire would be revealed in the near future. - The BOBICB's representation on the Board was discussed moving forward, in terms of both executive and clinical representation. - The Board was updated on recent BOBICB board meetings. - The vaccination programme was well underway for Winter. Ansaf Azhar, Director of Public Health and Communities, stressed the importance of having Place/ICB representation and clinical leadership in Health & Wellbeing Board membership. David Munday, Deputy Director of Public Health, noted that the Forward Plan had been shared with BOBICB colleagues to allow input to ensure items were brought forward in partnership.	
93 Marmot Place Update (Agenda No. 7)	
David Munday, Deputy Director of Public Health, provided an update on the Marmot Place and raised the following points: - Marmot Place County launch event took place at the end of November and there was good system-wide representation. - The plan for future programme-wide projects was shared with the Board. - The need to move towards tangible action in future work programmes following the launch event. Dan Leveson, ICB Place Director for Oxfordshire, referenced the importance of this being a long-term project which requires commitment.	

Ansaf Ahzar thanked everyone who attended the launch event, noted that the themes chosen were based on evidence, and looked forward to working across Oxfordshire on this moving forward. It was also raised that Oxfordshire was unique as a Marmot Place, due to the blend of rural and urban areas. Cllr John Howson, Cabinet Member for Children, Education and Young People's Services, noted that the first pillar reflected closely with government announcements around the importance of social mobility earlier on in the education system. Veronica Barry, Executive Director of Healthwatch Oxfordshire, made reference to the importance of community and voluntary organisations working in partnership to drive County-wide enthusiasm from the bottom, up.	
94 Prevention of Homelessness Director's Group Update (Agenda No. 8)	
Karen Fuller, Director of Adult Social Care; Andrew Chequers, Deputy Director of Housing and Social Care; and Richard Smith, Head of Housing – Cherwell District Council, provided an update on the Prevention of Homelessness Director's Group and raised the following points: - A good example of the Districts, City and County Councils working well in partnership together. - The 3 key pathways within the Alliance are: outreach, prevention and supported accommodation. - Noted that there had been supportive statements from the government about not having decreased funding. - Homelessness was a national issue, not confined to Oxfordshire. - Trying to deal with the causes of homelessness to step up prevention was key, but equally the outcome of homelessness was one that requires significant attention. - The important work undertaken in the hospital system with regards to discharges to tackle homelessness. Caroline Green, Chief Executive of Oxford City Council, noted the increase in demand for accommodation through various pathways for single people and referenced to Housing Summit's that had taken place to address some of these issues; bringing together all partners to tackle issues in housing. Referring to paragraph 11, it was acknowledged that there were challenges across the County, and in Oxford City, but that additional resources had been put in place to deal with people at risk of	

homelessness.

Dan Leveson noted the health impacts of homelessness, in terms of life expectancy and other conditions, such as addiction, and also raised that there was expected to be some increase in government funding.

Caroline Green confirmed that there was an additional £233m nationally available for homelessness prevention, but made clear that it was not known how much each District or City Council would receive as part of that funding until the Local Government Finance Settlement.

Cllr Chewe Munkonge, Oxford City Council, asked if there was data available around homeless people without recourse to public funds. Richard Smith confirmed the data was available and would liaise with colleagues at the City Council who could provide greater detail.

Veronica Barry raised the issue of cooking facilities for families in temporary accommodation.

RESOLVED:

The Health and Wellbeing Board noted the report.

95 Development of Oxfordshire Way Prevention Strategy
(Agenda No. 9)

Karen Fuller, Director of Adult Social Care; John Pearce, Commissioning Manager (Promote, Prevent); and Laura Price, Chief Executive of Oxfordshire Community and Voluntary Action, presented the report and raised the following points:

- Provided background on the prevention strategy timeline through a presentation of slides.
- Noted the importance of co-production through the Carers Strategy and with voluntary and community organisations.
- Stressed the need to work across the community and to be cost-effective and to understand what the community can do itself.

Dan Leveson noted that there was lots of prevention not captured in this strategy, and that it needed to be linked with the social determinants of health. It was noted that the closer this was to communities, the more sustainable and better it would be.

Ansaf Ahzar noted the difficulties of measuring prevention but gave some examples of good measurements such as the physical activity programme.

Professor Sir John Montgomery, Chair of Oxford University Hospitals NHS Foundation Trust, raised points about the governance of the strategy and the importance to avoid duplication of governance streams.

Board Members raised the importance of a long-term approach to this area of work, noting that short-termism, despite financial contexts, is not beneficial.

Michelle Brennan, GP representative, raised the issue of language and not working in silos, in order to ensure that work continued to progress in partnership.

Karen Fuller noted that the use of language was important and what it means to other people. It was also reflected that the strategy was a partnership-wide strategy and governance links between adult social care and public health demonstrated good collaboration with different areas.

The Board further discussed the prevention strategy and thanked officers for their report.

RESOLVED to:

(a) Note the progress on the delivery of priority 10: Thriving Communities within the Health and Wellbeing Strategy

(b) Comment on the draft Oxfordshire Way Prevention Strategy and endorse the plan to progress to wider consultation.

96 Oxfordshire Safeguarding Adults - Annual Report
(Agenda No. 10)

Jayne Chidgey-Clark, Independent Chair of the Oxfordshire Safeguarding Adults Board, was invited to present the Oxfordshire Safeguarding Adults Annual Report and raised the following points:

- Neglect and self-neglect remain the main cause of concern, and work is ongoing to see if further interventions can help in this case.
- There are a number of learning and development needs identified that are not being learned well enough, following

reviews and data analysis. - Work is underway to co-design solutions to address these needs. Following discussions with the Leader of the Council, the Independent Chair of the Adults Safeguarding Board stated that there could be an opportunity to present a joint workshop for Councillors sometime in 2025 regarding the work of the Board, the Children's Board and the Community Safety Partnership to reinforce understanding of the work undertaken around safeguarding. **RESOLVED to:** **The Health and Wellbeing Board noted the content of the annual report which appeared at the annex to this report.**	
97 Oxfordshire Safeguarding Children's - Annual Report (Agenda No. 11)	
Ian Sutherland, Independent Chair of the Oxfordshire Safeguarding Children's Board (OSCB), and Laura Gajdus, Business Manager (OSCB) were invited to present the report and raised the following points: - Informed the Board of Oxfordshire's multi-agency safeguarding arrangements with the County Council, the BOBICB and Thames Valley Police. - Multi-disciplinary audits are undertaken in multiple areas to ensure that tests put in place are functioning as they are designed to. - 3 safeguarding issues identified as priorities and continuing to be reviewed are: neglect of children in the family home, minimising risks to children outside the home and children being safer at school. - Updates have been made to information sharing rules. Michelle Brennan noted that the MASH referrals had decreased slightly and wondered if that was a cause for concern. Ian Sutherland responded that some fluctuation is normal and thus, it wasn't an area of particular concern. Michelle Brennan asked if there was any impact of remote consultation on safeguarding issues. Lisa Lyons, Director of Children's Services, confirmed that from a social care perspective, there have not been remote consultations and has always been face-to-face.	

RESOLVED to: **Note the annual report of the Oxfordshire Safeguarding Children Board senior safeguarding partners and to consider the key messages.**	
98 Safer Oxfordshire Partnership Update (Agenda No. 12)	
Rob MacDougall, Chief Fire Officer and Director of Community Safety; was invited to present the Safer Oxfordshire Partnership Update and raised the following points: - The vision of the Partnership is to reduce crime and make a safer Oxfordshire. - It is a statutory function of two-tier County Council's. Kate Holburn, Head of Public Health Programmes, was invited to present the report on the Domestic Abuse Strategic Board, and raised the following points: - Focuses on priorities that sit within overarching Domestic Abuse Strategy: prevention, provision, pursuing, perpetrator programmes and partnership. - Key achievements include the development of the Safer Accommodation Pathway. Stephen Chandler, Executive Director of People and Transformation, asked what assistance the Health and Wellbeing Board could provide to support the work moving forward. It was explained that constant feedback from the Board would help to support this, and it would become clearer as the reporting process into the Board continued. **RESOLVED:** **To note the activities and outcomes of the Safer Oxfordshire & Oxfordshire Domestic Abuse Strategic Board, reflected in Annex 1 & 2.**	
99 Domestic Abuse Safer Accomodation Strategy (Agenda No. 13)	
Ansaf Ahzar, Director of Public Health and Communities; and Kate Holburn, Head of Public Health Programmes, were invited to present the report and raised the following points: - There is a need to refresh the Safer Accommodation	

Strategy every 3 years, and this report comes at the end of the last 3-year cycle. - Increased the number of refuge spaces available in the last commissioning round. - One of the gap areas highlighted is around the lack of provision for marginalised groups and barriers to accessing services. Dan Leveson noted the connection between this report and issues around homelessness and housing. **RESOLVED:** **To note the progress with reviewing the Oxfordshire Domestic Abuse Safe Accommodation Strategy. Statutory duties set out in the Domestic Abuse Act 2021 place a duty on Tier 1 local authorities to assess the need for accommodation-based support and prepare a strategy to provide such support for victims. MHCLG requires strategies to be reviewed every 3 years.**	
100 Oxfordshire Combating Drugs Partnership - Annual Report (Agenda No. 14)	
Ansaf Ahzar, Director of Public Health and Communities; and Kate Holburn, Head of Public Health Programmes, were invited to present the report and raised the following points: - Statutory obligation following National Drug Strategy – 'From Harm to Hope', led by Dame Carol Black. - Cannot fix harm from drug misuse by simply focusing on supply of drugs or drug treatment. - Three areas of focus are: breaking down supply chains, having good treatment services and achieve a generational shift in the demand for drugs. - Defined group of partners that have to be present to help solve issues. - Treatment centres perform better than national average. - Drug usage in Oxfordshire is lower than national average, as is the unmet need. - Drug related deaths overall in Oxfordshire is lower than the England average, but Oxford City is similar to the average across the country. - Specific focus on opioid drug use and working in partnership with ambulance service to support this. Cllr John Howson referenced the level of drug related activities falling in schools and asked if work with young people was	

making a difference. In reply, it was noted that picking people up early is important in being able to make a difference. Cllr John Howson also made reference a more general point about other types of addiction for young people, such as gambling. Ansaf Ahzar agreed and noted work was underway nationally on the harms of gambling as an addiction. David Munday noted that a section in the JNSA was around gambling harm precisely because it was an issue of concern. Caroline Green asked if there was an element of under-reporting of the usage of drugs, and how much of the figures were systemic problems of heavy drug use. Kate Holburn noted that drug use usually is a gradual process that starts from relatively small levels to much higher levels of use. Board Members engaged in discussion around unmet needs. Ansaf Ahzar noted that reducing levels of stigma around drug use would encourage people to seek help where they needed it. **RESOLVED:** **To note the activities and outcomes of the Oxfordshire Combatting Drugs Partnership, reflected in the Annual Progress Report in Annex 1.**	
101 Report from Healthwatch Oxfordshire (Agenda No. 15)	
Veronica Barry, Executive Director of Healthwatch Oxfordshire, introduced the report and raised the following points: - Report taken to Health Overview and Scrutiny Committee about people's experiences leaving hospital using discharge to assess system. - Feedback event on food services and why they use it was undertaken; giving useful insights into isolation, for example. - A webinar was hosted alongside the Men's Health Partnership focusing on men's health and men's mental health.	
102 Reports from Partnership Boards	

(Agenda No. 16)	
Councillor Georgina Heritage, South Oxfordshire District Council, introduced the report from the Health Improvement Board (HIB) and raised the following points: - Key items on the agenda of the last meeting were tobacco controls, air quality and the Marmot Place initiative. - The HIB was supportive of the government plan to ban vapes, and also distinguished between vapes to reduce tobacco use and vape abuse. Councillor John Howson and Lisa Lyons provided an update on the work of the Children's Trust Board, which was that the first meeting had now taken place and that further detailed work would carry on into 2025. It was deemed an introductory meeting, but it was well-received, and partners were on-board for future meetings. Dan Leveson provided an update on the Place Base Partnership and raised the following points: - Capacity to tackle SEN is outstripped by the demand for services; despite increases in assessment clinics, for example. - Noted the team was shortlisted for two awards, which was acknowledged, praised and welcomed. - It was stated that the leadership for Place Base Partnership was still being discussed following recent changes in ICB.	
103 Forward Work Programme (Agenda No. 17)	
The Board noted items on the Forward Work Programme.	

..... in the Chair

Date of signing .....

OXFORDSHIRE HEALTH AND WELLBEING BOARD

13 MARCH 2025

UPDATE TO TERMS OF REFERENCE FOR OXFORDHSIRE HEALTH AND WELLBEING BOARD

Report by Director of Law and Governance and Monitoring Officer, and Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to

a) Approve the update to the Terms of Reference of the Board (see Annex 1)

Executive Summary

1. The Oxfordshire Health and wellbeing board (HWB) is a formal statutory committee where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities

2. There have been changes to the operating model and staffing structure of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and therefore membership of the HWB and its Terms of Reference (ToR) need to be updated accordingly

Background to Health and Wellbeing Board

3. The Health and Social Care Act 2012 introduced HWBs, which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities. Their aim is to

   (a) provide a strong focus on establishing a sense of place
   (b) instil a mechanism for joint working and improving the wellbeing of their local population
   (c) set strategic direction to improve health and wellbeing

4. The Health and Wellbeing Board for Oxfordshire has been in place since 2013 and is required to publish an annual Joint Strategic Needs Assessment (JSNA), develop a (Local) Joint Health and Wellbeing Strategy to meet the needs identified in the JSNA and ratify plans to utilise the Better Care Fund to improve outcomes for local residents. It also is required to publish a Pharmaceutical Needs Assessment every 3 years.

5. Since the inception of the Oxfordshire HWB the Chair and Vice-Chair roles have sat with Local Government and NHS organisations respectively to ensure a partnership approach to the leadership of the Board

6. The Health and Care Act 2022 did not change the statutory duties of HWBs as set out by the 2012 Act and the Oxfordshire HWB updated its ToR at that time which included defining membership for the ICB Officers and increasing representation from District Councils https://mycouncil.oxfordshire.gov.uk/documents/s62307/HWB_OCT0622R07%20ICP%20ToR.pdf

Summary of changes

7. In light of changes to the IBC staffing structure it is proposed that the ToR for the Oxfordshire HWB are updated as follows;

   (a) The Place Director for Oxfordshire role is removed as this post no longer exists within the ICB staffing structure and is replace by the ICB Executive Director with Oxfordshire Place responsibility

   (b) The ICB Clinical Lead with Oxfordshire responsibility role is removed as this post no longer exists within the ICB staffing structure. Clinical input to the HWB will be retained via the primary care representative and via topic specific input from relevant Clinicians

   (c) The vacant Vice-Chair role is filled by the Chair of Oxford University Hospitals NHS Foundation Trust to ensure ongoing Chair/ Vice-Chair roles are shared between Local Government and NHS organisations.

Corporate Policies and Priorities

8. The changes to the ToR are proposed in-order to maintain strong partnership working in Oxfordshire and support implementation of the HWB's Joint Local HWB Strategy

Financial Implications

9. There are no financial implications associated with this report and changes to the Board's ToR.

   Comments checked by:

   Emma Percival, Assistant Finance Business Partner
   Emma.Percival@oxfordshire.gov.uk

Legal Implications

10. The amendments to the Board's ToR align with the statutory duty on Oxfordshire County Council as set out in the Health and Social Care Act 2012 and updated in the Health and Care Act 2022

Comments checked by:

Kim Sawyer, Interim Head of Legal & Governance
Kim.sawyer@oxfordshire.gov.uk

Staff Implications

11. There are no staffing implications associated with this report

Equality & Inclusion Implications

12. There are no Equality & Inclusion implications associated with this report

Sustainability Implications

13. There are no Sustainability Implications associated with this report

Risk Management

14. There are no risk management considerations associated with this report

Consultations

15. There is not requirement to undertake formal public consultation with issues associated with this report

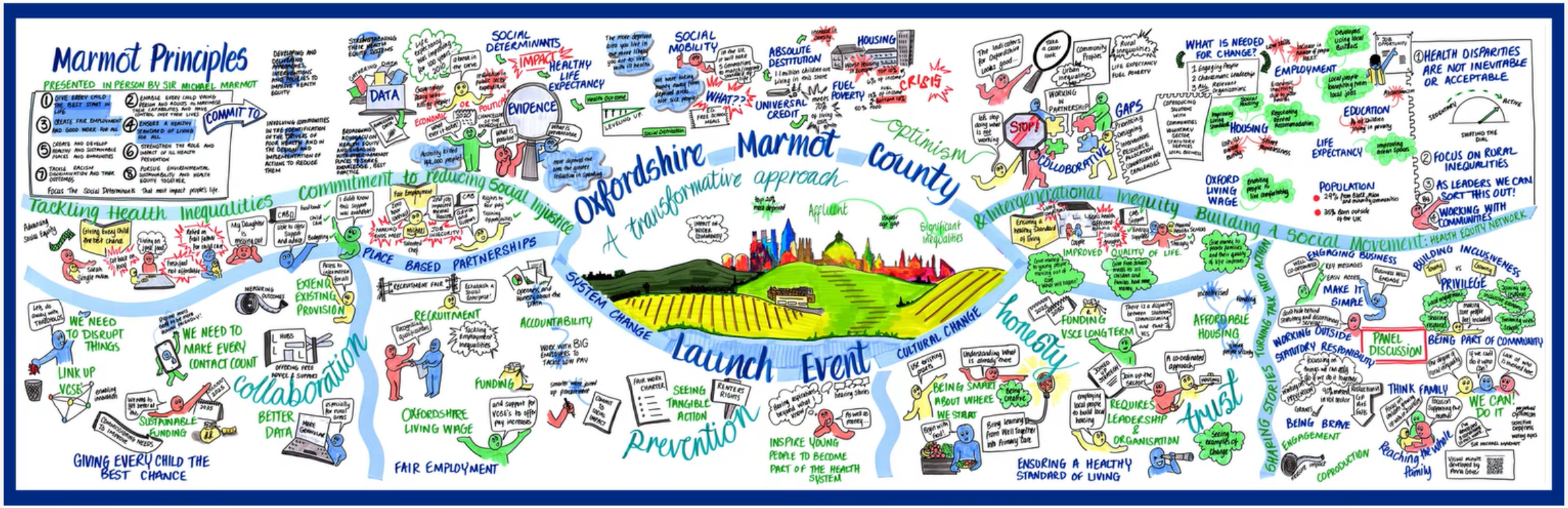
Anita Bradley
Director of Law and Governance and Monitoring Officer

Ansaf Ahzar
Director of Public Health and Communities

Annex:	Terms of Reference of Oxfordshire Health and Wellbeing Board (updated March 2025)
Background papers:	https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance
Other Documents:	Nil

Contact Officer: David Munday, Deputy Director of Public Health david.munday@oxfordshire.gov.uk

March 2025



Oxfordshire Marmot Place

Advisory Group and operating Model

Oxfordshire Marmot Place Plan on a page

Enablers

System governance

Resident voice
Equal Partnership with VCS

Stakeholder engagement and comms

Data and monitoring tool

Health evaluation unit

- Policy Lab
- Rural inequality

Principle 1: Give every child the best start in life

- Early years board and strategy
- Equal Start Oxford
- OH Community Services

Principle 3 : Create fair employment and good work for all

- Community Wealth Building
- (Big Conversations)
  OxLEP (social contract)
- DPH Annual Report

- DPH Annual Report
- OIEP Work Programme

Principle 4 : Ensure a healthy standard of living for all

- Anchor Network
- Housing Summit,
- Homeless Directors Group
- BHBH,
- Housing HNA
- Health and Wellbeing Strat

- Oxfordshire Food Strategy
- OIEP EY Summit
- AO Universal fund/ You Move+

- Primary care wider determinants template
- Fed Cap programmes

IHE

Expert Advice

Evidence Data

Network

Case Studies

Advisory group

Output 5: Review of Oxfordshire health inequalities system: mapping and overview of programmes and approaches from a range of partners on the SDH and identification of gaps

Output 6: Two deep dives into agreed areas of activity

Output 7: Mapping of approaches to address rural health inequalities and identification of gaps, including data gap

Output 8: Workshop and meeting with relevant stakeholders and community groups to identify gaps in knowledge and understanding.

Output 9: Report and recommendations for action developed in collaboration with partners

Action on the Eight Marmot Principles	Action:	Update:	Who:
1.Give every child the best start in life: **Early Years and Maternity**	Data insights Early Years in Oxfordshire Research gaps – what does the Early Years data tell us? develop the SDH story identify areas of focus to improve Health Equity (HE) for Oxfordshire residents Include rural inequalities *develop recommendations		

System change and cultural shifts	To do:	Update:	Who:
Early Years: Governance, Accountability and Leadership	Map across early years and maternity existing governance structures to identify opportunities to embed health equity Identify Early Years leadership across the system Identify accountability within system for HE Where is there a gap in accountability in the system for early years /maternity health equity? Leadership – who else can lead health equity in Early years and maternity? Include rural inequalities *make recommendations		
Early Years: Strengthened Partnerships on SDH	Identify key partners (launch, and workshop) Where are there already effective partnerships? Who is not involved who needs to be? Where are the gaps? Identify existing Partnerships/Boards Where is HE already included? Where has a HE workstream? Where do needs to be strengthened? Include rural inequalities		

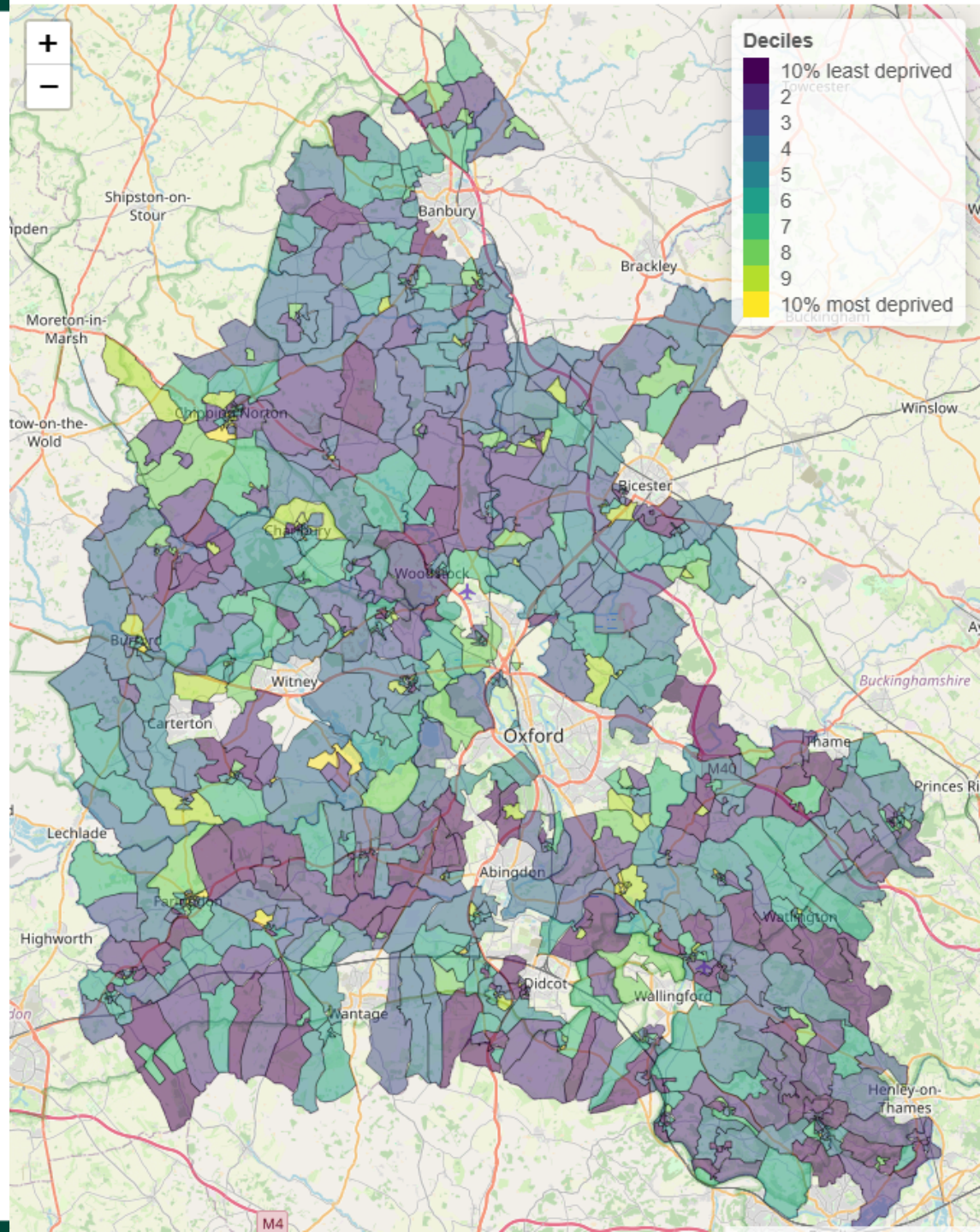
Call for evidence of Rural Inequality

- 38 responses to our call for evidence from District Councils, OCC, Citizens Advice, Healthwatch Oxfordshire, Active Oxfordshire, Age UK Oxfordshire, PCN clinical directors, Oxford Health, residents. This included:
  - Data (from OCC social care team, Age UK, etc.)
  - Reports of previous work (e.g. CFO/Healthwatch)
  - Personal experience accounts from residents, PCN Directors/social prescribers, charities
- 14 meetings completed/arranged, including with Health Inequalities team at BOB ICB, Citizens Advice, Local Area Coordinators
- Plans:
  - Collate data to identify areas of deprivation in rural Oxfordshire.
  - Reach out to local community groups and charity/community organisations

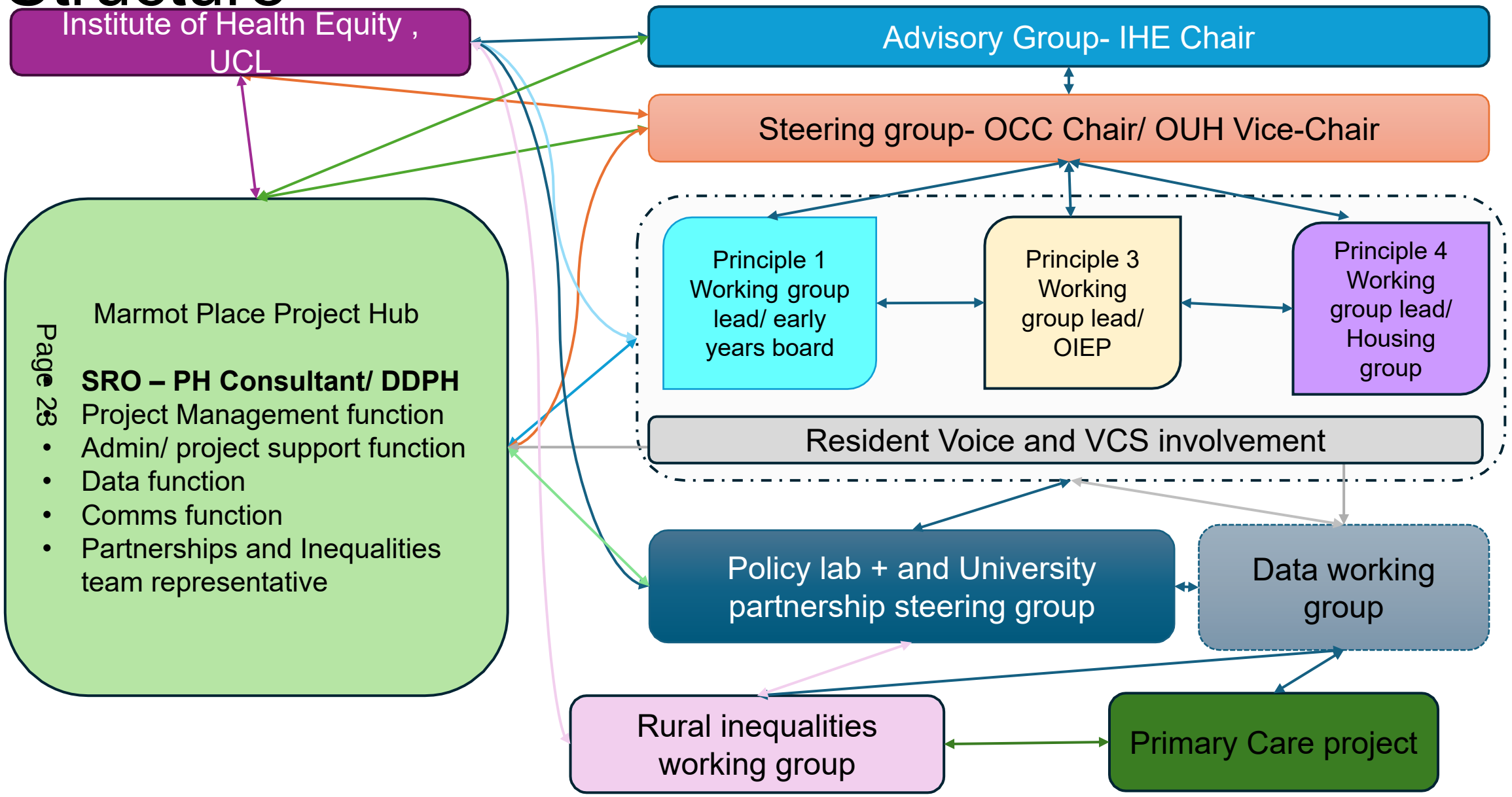
OXFORDSHIRE COUNTY COUNCIL

Map of rural deprivation in Oxfordshire according to Census household deprivation 2021

Local Authority	MSOA	Rank	No. of OAs
West Oxfordshire	Chipping Norton	1	4
South Oxfordshire	Berinsfield & Wittenham	2	3
Vale of White Horse	Faringdon & Stanford	10	3
Vale of White Horse	South Wantage, Harwell & Blewbury	7	2
West Oxfordshire	Eynsham & Stanton Harcourt	12	2
South Oxfordshire	Chalgrove, Stadhampton & Dorchester	4	1
West Oxfordshire	Charlbury & North Leigh	5	1
West Oxfordshire	Bampton, Clanfield & Standlake	6	1
Vale of White Horse	Kingston Bagpuize & East Hanney	8	1
South Oxfordshire	Sonning Common & Kidmore End	9	1
West Oxfordshire	Burford & Brize Norton	20	1
Vale of White Horse	Sutton Courtenay, Drayton & Steventon	21	1



Oxfordshire Marmot Place Project Delivery Structure



Advisory Group

The Advisory Board will provide expert advice and guidance to the overall Marmot Programme- including the Steering Group, Project Hub and other functions.

Draft Terms of Reference :

- **Purpose:** To ensure cross sectoral participation in the Oxfordshire Marmot Place initiative, maximising the impact for local communities and holding their sectors to account in the implementation of the work programme.
- **Membership:** Composed of leaders from various sectors with a role to play in improving health equity, social determinants of health, and community engagement.
- **Meetings:** Maximum *2-3* meetings a year to review progress, provide feedback, and offer strategic advice. Chair and Secretariat for meetings from IHE
- **Responsibilities:**
  - Facilitate connections with relevant stakeholders and resources.
  - Give organisations mandate to carry forward Marmot project activities
  - Provide expert advice and guidance.
  - *Escalate information to their sector/relevant organisations regarding the Marmot project*

Advisory Group Structure

Role	Sector	Representative
Chair	IHE , UCL	Prof Sir Michael Marmot- Director of IHE
Secretariat	IHE, UCL	Dr Jessica Allen- Dep Director of IHE
Members	County Council	Martin Reeves- CEO
	District Councils	Caroline Green and Mark Stone- CEO
	Political	Cllr Marmot Champion
	NHS ICB	Hannah Iqbal- Chief strategy and partnership officer
	NHS Providers	Meghana Pandit and Grant McDonald- CEOs of OUH and OH
	Primary Care	GP Leadership Group rep- Jo McManus
	VCS	Emily Lewis-Edwards CFO CEO
	Faith Sector	Steve Jones- Love Oxford
	Business	Nigel Tipple- OxLEP CEO
	Inclusive Economy	Jeremy Long- Chair Oxfordshire Inclusive Economy Partnership
	Primary/ Secondary Education	Paul James- River Learning Trust CEO
	Further Education	Gary Headland- Activate Learning CEO
	Higher Education	Irene Tracey/ Alex Betts- Oxford University (TBC)
	Public Health	Ansaf Azhar

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ICB Update and System Priorities

1. BOB ICB Operating Model – next steps

We have now transitioned to our new Operating Model and associated structure. Our operating model was developed through consultation, collaboration and engagement with both our staff and partner organisations. The work we have done will allow the ICB:

- Focus on what we are uniquely placed to do as a system leadership organisation
- Deliver our core functions effectively and efficiently
- Build the right culture and behaviours to work well across our teams and in collaboration with our partners.

Our commitment to strongly support Place development and Place partnerships is reflected in our new operating model, with an ICB senior executive sponsor for each Place. Rachael Corser, Chief Nursing Officer, is the executive sponsor for Buckinghamshire, Matthew Tait, Chief Delivery Officer, for Oxfordshire, and Dr Ben Riley, Chief Medical Officer, for Berkshire West.

The executive sponsors will work closely with the Dan Leveson, Director of Place and Communities and through the Place-based partnerships to enhance integration and efficiency by supporting the alignment of the NHS, local authorities, and voluntary organisations. This partnership working is crucial to support proactive and preventative care at a local level to help address health inequalities and improve overall population health.

The executive sponsors will join key discussions with partners at local meetings including Health and Wellbeing Boards, Health Overview and Scrutiny Committee and Place based partnership meetings to ensure an effective senior connection with the ICB's executive team and Board and raising the profile of Place and its long-term development.

2. Working with local people and communities

As we implement our new operating model, we are strengthening and improving our approach to working with our local people and communities, putting more dedicated resource and focus to support this aim.

BOB ICB wants to ensure we are embedding a public involvement approach across the organisation and drawing insights from our partners and communities to inform our work as we commission services for our population.

We aim to create more meaningful and inclusive opportunities for public involvement, ensuring that our residents' voices are heard and valued in our decision-making processes.

3. 10-Year Health plan for the NHS

In October 2024, the Government launched a public engagement initiative to shape the 10-Year Health Plan for the NHS, which aims to address the challenges facing the NHS and ensure it is fit for the future. The final plan, expected in Spring 2025, will respond to the findings of the Darzi review and aims to deliver three main shifts:

- Hospital to community: Moving more care from hospitals to communities
- Analogue to digital: Making better use of technology in health and care
- Treatment to prevention: Focusing on preventing sickness, not just treating it

The Government introduced an online platform, Change NHS, where the public, NHS staff, NHS partners and stakeholders can share their experiences, views and ideas on these proposed shifts. The online engagement platform will be live until the end of February. A series of regional engagement events are also taking place, led by the NHS national and regional teams, to facilitate in-depth discussions with the public and NHS staff. A public deliberative event was held in Folkestone earlier in December for the South East region and an NHS staff event for the South East Region was held on 25 February 2025 in Reading.

All ICBs have been asked to support the national engagement at a local level. For BOB, we have taken the following approach:

- **Summarising existing insights** – in BOB we already have a lot of insight from local people so, we will summarise existing insight from our engagement work including focus groups with refugees, people experiencing homelessness, asylum seekers, young people and people experiencing alcohol or drug problems.
- **Working with our partners** – we are working with BOB Voluntary, Community and Social Enterprise Health Alliance (BOB VCSE) to facilitate workshops with voluntary organisations and community groups. We have engaged with our Healthwatch partners to spread awareness of the engagement and have offered to facilitate workshops with their members.
- **Delivering workshops / focus group** – identifying and delivering workshop sessions across the BOB geography. We are running 10 workshops sessions with different community groups including young people with SEND, people experiencing homelessness, people with ADHD, 70+ women living in rural communities, people who are using community larders / food banks and with community champions in areas of deprivation across BOB.
- **Staff workshops / events** - we have run three sessions for ICB staff and NHS Trust colleagues are also running staff sessions across their organisations.

4. New provider for BOB non-emergency patient transport services

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board has appointed EMED Group to provide NHS non-emergency patient transport services after a thorough and competitive procurement process, with the new service starting on 1 April 2025.

EMED is working with South Central Ambulance Service NHS FT and other subcontracted providers to ensure affected staff are transferred to EMED in accordance with Transfer of Undertakings (Protection of Employment) Regulations 2006. There are no redundancies resulting from this change.

The contract has been awarded for an initial five-year period with the option to extend for a further five years – 10 years in total. A range of quality indicators are detailed in the contract, linked to delivery of the service specification which will be reviewed and managed through regular contract management meetings. Non delivery of the quality/performance indicators will be managed via this mechanism and in accordance with the NHS National Standard Contract as necessary.

More information is available on the Buckinghamshire, Oxfordshire, Berkshire West and Frimley - EMED Group website and will be updated regularly as the launch date approaches.

5. BOB planning process update

5.1 Priorities and operational planning guidance 2024/25

Each year, the ICB and NHS Trusts go through an annual planning cycle, which involves the process of setting budgets and planning and prioritising our activities and investments, as we seek to meet national standards and priorities across our organisations.

To support this, the ICB and NHS Trusts are required to submit specific operational and financial information to NHS England as part of the nationally co-ordinated NHS planning process. This process is informed by the publication of national annual planning guidance, which for 2025/26 was published at the end of January 2025.

This year there are fewer national priorities – 18 headline targets (**Appendix 1**), which is a reduction from 31 last year and 133 as recently as 2022/23. Operational priorities include:

- Reducing the time people wait for Elective Care
- Improving patients access to General Practice and urgent dental care
- Improving A&E waiting times and Ambulance response times
- Improving patient flow through mental health crisis and acute pathways
- Improving access to children and young people's (CYP) mental health services

The financial ask of systems in challenging. All systems are required to submit a first draft plan that is breakeven with a plan for all partners to live within that envelope. Planning guidance is clear on the ask of all systems:

- Systems have **greater financial flexibility** to manage constrained budgets
- Providers will need to **reduce their cost base** by at least 1% and achieve 4% improvement in productivity to deal with demand growth
- **All parts of the NHS must now live within their means.**
- **Difficult decisions will be needed** – the NHS will need to reduce or stop spending on some services and functions, reduce waste and tackle unwarranted variation.

The ICB has been co-ordinating the discussions on how we achieve this with our NHS partners. Our final plan for 2025/26 will be submitted to NHSE on the 27 March.

5.2 Developing our medium-term plan

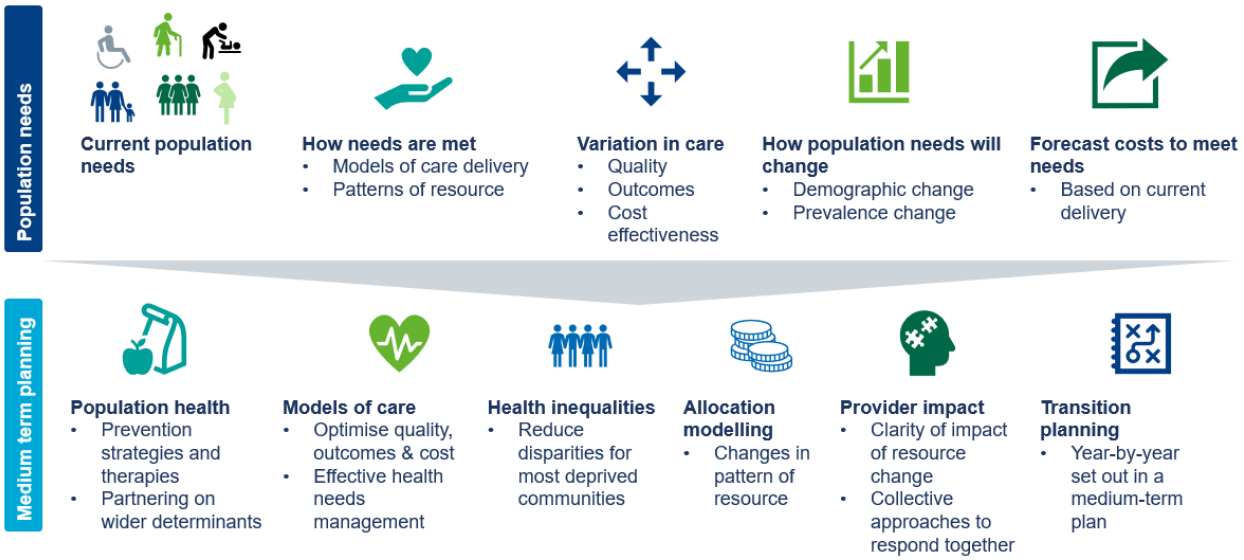
In addition to the work ongoing to meet our statutory requirement to develop a joint plan across NHS partners in BOB for 2025/26, we have also recognised the need for our system to have a clearer strategy to ensure we have a collective plan towards system sustainability, transformation and improvement. This is supported by the findings of multiple recent system diagnostic reviews, which have identified the need for unified strategic framework to align financial and clinical priorities across BOB, address commissioning variation and support alignment about how we use our collective resources. The medium-term plan responds to the challenges presented by our forecasts if we were to take no action.

Our approach to this plan has started with development of a new analytical baseline for the system, which seeks to align partners around a common understanding of the most significant health challenges affecting our population and the key opportunities to work together to make improvements. It focuses on:

- **An analysis of our population's needs** – building an analytical baseline of our population health needs and how our services are accessed to inform prioritisation of focus and resource.

- **Agreeing a clear medium term system plan** – developing a clear medium-term plan for sustainability, transformation and improvement, based on a shared understanding of our population.

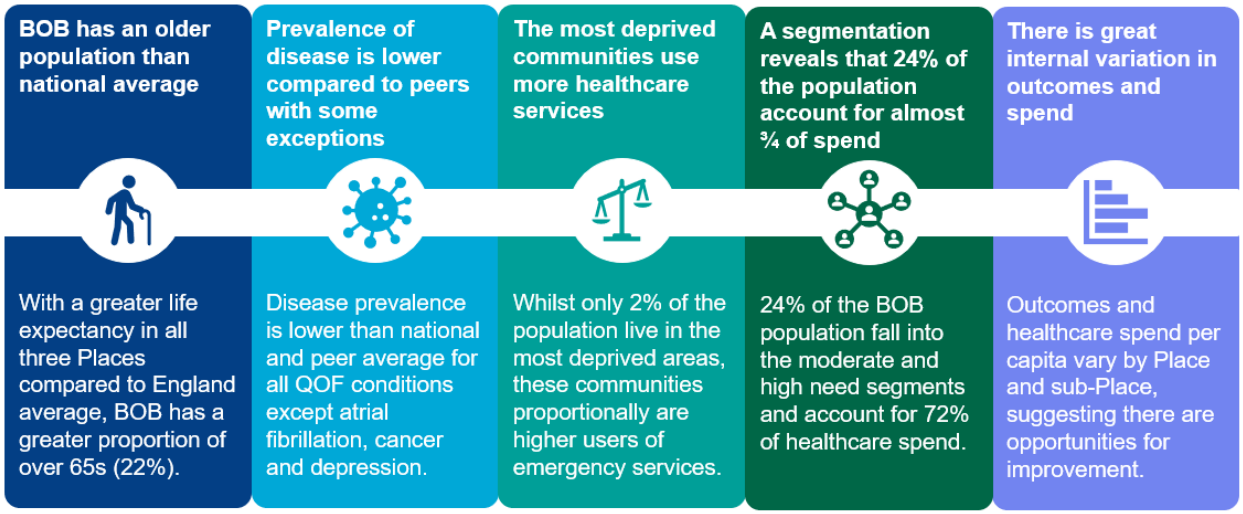
Figure 1: Our approach to developing the medium term plan



To understand population needs and how they will change over time, we have looked at a number of sources of data.

The initial analysis shows some of the specific challenges facing our population now.

Figure 2: A high level summary of BOB population and opportunities for improvement



A "do-nothing" scenario has been developed to reflect the expected change in the health requirements of the population if there is no major transformation. To support this analysis, the population has been categorised into different segments, according to age and acuity of health need.

Findings from this work indicate that:

- In 2023/24, 24% of the population of BOB fell into moderate and high need segments but account for 72% of the overall healthcare costs. This is set to grow to 80% by 2029/30 if no major transformation is delivered.

- People in this 72% have higher rates of chronic conditions and experience deteriorating health, resulting in higher ongoing usage of primary care to manage conditions and emergency resources when experiencing crisis.

- People with more significant health needs use considerably more resource than the low needs groups, equal to up to 20-times more A&E attendances and 72-times more primary care contacts per year. Activity pressure is expected to increase by 18% for both these areas by 2029/30, placing greater strain on the providers across the system, in terms of operational deliverability and financial sustainability in the do-nothing scenario

- The population segment relating to people with dominant psychiatric conditions is the only segment that is projected to grow across all age bands, which means that community and mental health providers in BOB are also projected to see their positions worsen given the increased need for out of hospital care for this group.

- The system (NHS organisations only) deficit is projected to grow to £722m by 2029/30 if no action is taken. This is driven by increasing costs of care, the number of people requiring care and support and the complexity of the population need increasing.

The emerging medium-term plan will respond to the challenges presented by the do-nothing scenario, from a quality perspective, aiming to keep people in health for longer, and a financial perspective that drives the system towards a more sustainable position. Opportunities to address the challenges in the 'do-nothing' scenario are derived from

multiple sources and the impact will be refined and tested with stakeholders, which includes:

- Benchmarking to peers and against identified internal variation – to understand potential opportunity size
- Best practice case study impact analysis – to understand and quantify the potential impact of specific interventions on activity
- Return on investment analysis – to understand potential investment dependencies and requirements

Four opportunity areas have been identified for transformation BOB:

Opportunity 1: Reducing the growth in progression of ill health

This focuses on keeping people in good health and enabling people to manage long term conditions more effectively, which makes the shift from reactive to proactive care. The opportunities identified are based on the extent of prevalence, expected growth, and pathways where innovation can significantly change disease progression. In BOB, it is recommended that four areas should be considered include **cardiovascular disease, diabetes, obesity and dementia** for primary and secondary prevention initiatives.

Opportunity 2: Transforming models of care

This focusses on making the shift from acute to community and analogue to digital care, to deliver more consistent proactive care to support effective population health management. Priority segments and interventions in BOB for care model transformation are **frailty, multi-morbidity high complexity, lower complexity segments and dominant psychiatric conditions**. The opportunity is broadly realised and set by national expectations of a Neighbourhood Health model, which will provide the building blocks for a more proactive and anticipatory model of care that delivers improvements in quality and outcomes.

Opportunity 3: Improving care for the most disadvantaged communities

In BOB, a small proportion of people live in the Core20, but they experience disproportional inequalities especially with respect to life expectancy. Per capita costs for the Core20 cohort are consistently higher than the non-Core20 populations. This is driven by Core20 communities using health care resources at a higher rate – this is particularly evident for acute emergency, community and mental health services. Opportunities to improve outcomes and health inequalities involve **mobilising assets within local communities to increase participation and improve outcomes**.

Opportunity 4: Optimising the efficiency of care delivery

This opportunity considers the impact of provider productivity gains and making better use of existing resources as well as opportunities for providers in BOB to work together. These opportunities cover **clinical and non-clinical areas for all points of delivery** where data quality allowed for data analysis to be undertaken.

Refining the opportunities and system involvement

We will now work with system stakeholders to support the development of opportunities, prioritise high impact actions and start to set out the medium-term plan for the system for the next 3-5 years. Work is now required to:

- Stocktake existing programmes: for example Long Term Conditions, against identified opportunities areas
- Align existing programmes behind opportunities and initiatives identified
- Develop implementation plans for programmes where plans do not already exist

6. Joint Forward Plan Refresh 2025/26

ICBs and their partner trusts have a duty to prepare a plan setting out how they propose to exercise their functions in the next five years (the 'Joint Forward Plan' (JFP)). JFPs should set out how the ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population.

In 2025/26 it is expected that ICBs and trusts will undertake a limited refresh of existing plans before the beginning of the new financial year given the anticipated publication of the 10 Year Health Plan in Spring 2025 and a multi-year financial settlement for the public sector as part of the Spending Review 2025. NHSE is planning to work with systems to develop a shared set of expectations and a timetable for more extensive revision of JFPs. al This will include a shift from single to multi-year operational and financial planning.

The analytical work, described above, and the operational planning priorities will form a part of the 2025/26 refresh of the JFP, alongside triangulation with local strategies and engagement with system stakeholders, including Health and Wellbeing Boards. An engagement plan will be developed as part of the refresh which will be shared with partner organisations. Further information on our proposed approach to engagement will be provided following the release of national expectations on the development of a revised plan.

Asks of the Board or of members present

The Board is recommended to note the update and provide any views or feedback into the ongoing planning process and development of the medium-term plan.

Appendix 1: National Guidance -Operational Planning priorities 2025/26

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement*
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement*
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019

	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three-year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

Oxfordshire Health & Wellbeing Board

13 March 2025

Buckinghamshire Oxfordshire & Berkshire West Integrated Care Board (BOB ICB) Primary Care Strategy

Louise Smith, Primary Care Director, BOB ICB

Recommendations

The Oxfordshire Health & Wellbeing Board are recommended to:

a) **Note and discuss the progress made since BOB ICB initially engaged with system partners and the public on the Primary Care Strategy, including changes made to the document consequently, final themes and essentially implementation to date.**

Executive Summary

1. In March 2024 the draft Primary Care Strategy was presented to the Oxfordshire Health & Wellbeing Board as part of the ICB's commitment to ensuring the contribution and engagement of system partners and the public in the development of its Primary Care Strategy.

2. The final Primary Care Strategy was signed off by the ICB in May 24 and the changes made were significant because of the extensive engagement that was undertaken. Slide 2 of the pack summarises how this insight has been used to inform the final version of the Primary Care Strategy.

3. True to its original intention the strategy document sets out details of the ambition for a new model of primary and community-based care and describes how primary care should streamline access, provide continuity of care for those with complex conditions and focus more on prevention. In so doing it is expected that as an ICS we will improve health outcomes for our population, tackle variation and reduce inequalities, using the resources available to us across the system in the most effective and efficient way.

4. Integration remains at the heart of the model and the high-level priorities below have remained unchanged.

- Everyone who lives in BOB to be able to receive the right support when it is needed and with the right health and/or care professional. Our communities are finding it difficult to get an appointment in General Practice or with an NHS dentist, and this needs to change.

- Integrated Neighbourhood Teams to care for those people who would benefit most from proactive, personalised care from a holistic team of professionals, for example those at most risk of emergency hospital admissions.

- To help communities stay well with an initial targeted focus on our biggest killer and driver of inequalities, cardiovascular disease (CVD).

5. Moving towards a more community-based and preventative health and care system will require a fundamental shift of activity, resource and funding, and the changes described in the strategy support that shift.

6. As the NHS reviews the 'left shift' of care into the community and addressing inequalities, the Primary Care Strategy will be a keyway to deliver on that ambition. The accompanying slide deck summarises our progress on that ambition, providing examples of programmes of work happening to deliver on the ambitions of the Primary Care Strategy, such as:

- Access to primary care, with two examples in Berkshire West

- Integrated Neighbourhood Team working with examples in Buckinghamshire and Oxfordshire

- CVD prevention, with an example of work happening in dentistry across BOB

7. This paper also provides a general update on initiatives within POD as well as on the enablers of the strategy work, including a spotlight on Digital, as well as Partnership working with providers and the public.

8. Looking ahead, the ICB Primary Care team will continue to progress delivery of priorities with system partners, Place teams and the public.

Louise Smith
Primary Care Director, BOB ICB

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Primary Care Strategy Update

February 2025

Louise Smith – Primary Care Director, BOB ICB

Impact of Engagement

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

The following changes were made to the strategy as a result of our extended engagement phase with partners and the public.

- Named partnership working as a fifth enabler describing the need for communication and coproduction with the public as well as improving the relationships and working (interface) between key providers.
- Added to the workforce enabler section outlining proposed approaches to developing and maximising training and support opportunities; investment in training; promotion of staff wellbeing and how to support a wider skill mix and alternatives workforce models to improve patient care.
- Strengthened section on primary care estates to include links with the ICS Infrastructure Strategy and the better use of public estate.
- The need for resilient and sustainable primary care has been picked up through the resources and partnership enabler sections, considering approach to resources, contracts and working at scale so that it supports resilience in providers but also benefits patients; particularly those in areas of higher deprivation and associated health needs.
- Built recognition of effective communication and engagement into the strategy and outlined key areas of work to be delivered including raising awareness of the primary care strategy and programme of work; communications campaigns to raise awareness of new roles in primary care and how to access the right care at the right time.
- Made it explicit that children and young people are included within the strategy. · Strengthened prevention and built in a commitment to work with local authority partners and public health to raise awareness of health promotion and prevention in schools and encourage healthy habits in our younger population.
- Provided reassurance on the continuation of other ICB clinical initiatives and not just CVD through our clinical networks and focus on Core20PLUS5.
- Added a slide outlining initial implementation actions and monitoring progress, more detailed timelines, action planning and final agreement of suitable measures of delivery will be picked up through the implementation.
- Included a section on what good will look like with measures to indicate how successful implementation of this strategy could be demonstrated and tracked including the benefit it will bring to our residents. These largely focus on existing measures around experience, workforce, capacity, reducing demand and providing alternative services. However more work with system partners needs to be done to collaboratively identify and agree the most appropriate ones to focus on.
- Tried to make it as simple to read and understand as possible, adding in an updated glossary and “terms explained” slide.

Our shared system vision for primary care

Our Primary Care Strategy for BOB ICS has put the four pillars of Primary Care – General Practice, Community Pharmacy, Optometry and Dentistry at the heart of transformation to deliver a shared ambition and vision for a new model of care and a more integrated way of working across the system.

This is our future vision for primary care:

Our Shared Vision

Everyone in BOB has the support they need from primary care, working within a coordinated and integrated health and care system that supports people to stay well.

What we want to achieve

1. People get to the **right support first time** to meet their needs
2. **Joined up, personalised, proactive care** for people with multimorbidity and complex needs
3. Support to **help people stay well**, **prevent ill health** and minimise the impact of poor health

Actions we will take

- Improve access to information to **encourage self-management**
- Strengthen our approach to **triage** and **directing people to the right support**
- Ensuring people get the **right support to meet their needs**
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- Embed a **data driven approach** to identify our most vulnerable and at-risk groups and proactively manage
- Introduce a coordinated approach to **Cardiovascular Disease (CVD) prevention**

Enablers for success

- **Workforce** – Multi-skilled extended primary care teams working in an integrated way, at the heart of the system.
- **Digital and data** – Shared patient records and connected data used for clinical decision making and to improve the patient experience
- **Estates** – Effective use of Public Estate and community assets to support primary care delivery.
- **Resourcing** – Shift resources into community settings. Contracts focus on outcomes that deliver integrated services.
- **Partnerships** – Creating effective partnerships across providers that support efficiencies and improve the patient pathway.

Key Progress

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- **Governance established at system and place level** – BOB oversight group in place with risks and support requirements being escalated to BOB Primary and Community Care Strategic Transformation Oversight Group.
- **System-level working groups and place delivery established**
    - Place-level work ongoing and highlight reports with Place and priority area teams to build foundations for best practice sharing
    - First access working group was held resulting in the agreement of principles for general working and the development of same day access, as well as the establishment of a best practice sharing forum
    - Existing CVD network forum has been expanded to include additional members and to incorporate Primary Care Strategy priorities
    - First INT system-level working group has meet and needs to be followed up at pace.
- **Project management office and plans** in place including milestones and deliverables for 24/25 with agreed metrics for each priority area and highlight reports
- **Business Informatics (BI) and evaluation function is being developed to include key measures of success** Evaluating the impact of the strategy interventions is being looked at in collaboration with the Health Innovation Network (HIN) but this may require additional resource particularly if we want to link it to cost and funding.
- **Dashboards are being developed** with the data available, CVD initially and then INT & Access once metrics have been confirmed.
- **Our enablers including comms, estates, workforce, resources, partnerships and digital are to be linked into working groups** to ensure alignment

Working Group Highlights

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

CVD Working Group Key Highlights

- Establishing robust messaging on hypertension performance toward QOF targets, and follow-up with practices with low scores.
- CVD Champions funded until the end of September 2025.
- Completion of Familial Hypercholesterolemia contract, finalise and secure invoicing and payment arrangements.
- Project management support with Bucks INT CVD project.
- Further development of more comprehensive approach to CVD prevention activities with Primary Care colleagues.

Access Working Group Key Highlights

- Same day access working group established and membership to be expanded to include POD as well as GP representatives. Working groups established for digital transformation, ARRS development and Pharmacy First
- The group identified the need for open sharing of approaches, successes, and challenges, fostering a collaborative atmosphere.
- Same Day Access Workshop took place on 6th January and working groups established for digital transformation, ARRS development and Pharmacy First. Each areas has an identified lead.
- All place teams have committed to providing Directory of Services and clinical pathway maps, which the working group will compile for a unified resource.

INTs Working Group Key Highlights

- Testing models of Care - INT current state assessment at each of the 3 BOB Places:
  - Oxfordshire/Buckinghamshire – INT projects underway and governance structures aligning
  - Berkshire West – MDT working baseline assessment underway, promoting and embedding of segmentation to support future INT development
- Place level review of ICB funding streams available to support INT development ongoing across BOB
- Early engagement with Connected Care team to develop aligned data and informatics intelligence across INT projects
- BOB ICB working group established and looking to develop an ICS INT framework (incl principles of INT working, maturity matrix, and measures of success) to support INT development across BOB.
- Enablers: Embedding of the digital team [slide 15] and co-produced communication campaign to raise awareness of how to access the right care at the right time [slide 13].

Pharmacy, Optometry and Dentistry (POD) updates

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Community Pharmacy

Roll out of the **Pharmacy First** initiative so patients can access some prescription medicines without needing to visit a GP –102k Pharmacy consultations of which 35k were for one of the 7 common conditions that can be treated by a Pharmacist saving many appointments with a GP. Remaining consultation linked to minor illness and urgent medicine supply (data Feb to Sept 24)

A **dedicated PCN Community Pharmacy** lead has been recruited **for every PCN (47)** in BOB with the aim of working with local GP practices to embed community pharmacy pathways including Pharmacy First and oral contraceptive into general practice tirage processes.

GP Connect is now in place to enable Community pharmacy to input directly into the patients record. Work is now underway to enable this operability

Delivery of **winter vaccination programme** including flu and covid (210k appointments booked from 30 Sept to 4 Nov 2024) with acceleration of uptake across BOB due to the number of pharmacies offering vaccination

Optometry

Process to implement **sight tests and oral health checks in Special Educational Needs Schools** from April 2025 started.

Electronic referral platform in place to allow community optometrists to send urgent and routine referrals directly to the patients chosen single point of access with over 3000 referrals made via this route in August 24

Dentistry

An additional **70,000 units of dental activity commissioned** to improve access to high street dentistry

Golden Hello offer to practices struggling with recruitment of NHS dentists

Flexible commissioning scheme expanded to include pregnancy and nursing mothers and patients needing a dental checkup as part of a hospital appointment

Financial assistance scheme launched for those practices struggling to provide NHS services

Engagement in national pilot CVD Prevention pilot – **Hypertension case finding** in dental practices – see slide 12

Further commissioning with increased focus on **Children's Oral Health** Improvement

Primary Care Resilience

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

The Primary Care Strategy was developed to ensure sustainable and resilient primary care. Outside of the three priority areas of access, INT working and CVD prevention, BOB ICS is actively working to ensure primary care stability through:

Workforce 	• The ICB is continuing to support the **New to General Practice Fellowship Programme** and currently has 76 fellows participating in the programme, which is a key retention programme that the ICB is investing in • The ICB has funded **25 practices to register with the skilled worker sponsorship programme**, which is allowing practices to employ GPs and other healthcare professionals through this route • PCNs are being supported to become **Learning Environments** which will support the expansion of GP training places in primary care
Digital 	• Developed and using tool in partnership with LMC to support review of **demand and capacity** within primary care • BOB is ensuring continuation of digital tools that support **interoperability** and working across providers, such as EMIS clinical services
Resourcing 	• BOB continues to invest in **Locally Commissioned Services** and decreasing variation of services provided at each place • **Post-operative wound care** is an area that has recently been identified as a commissioning gap, and a system-level working group has been established to identify the pathways needed and how to support primary care providing this service to patients

Access – Case study

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Embedding Segmentation for same day triage

Berkshire West (BW)

- Brookside Medical Practice are using *segmentation* (see next slides), a method of risk stratifying patients to understand underlying health conditions and better triage patients to the right place
- Staff triaging have a spreadsheet listing conditions, which gives instructions on where to book and signpost depending on the patient's segment and presenting condition
- This supports getting less complex patients the care they need as well as providing better continuity of care for more complex patients
- Segmentation is helping the practice to also review their capacity vs. demand and how to better allocate resources, such as ARRS practitioners

Urgent Care Centre

Reading

- For area of need, the Berkshire West Place team and system partners are collaborating to form an Urgent Care Centre (UCC) in Reading
- **The new service** launched on 1 October, maintaining some capacity at the current UCC location in Broad Street Mall while simultaneously providing a co-located, primary-care led service based at Royal Berkshire Hospital.
- An average of **36 patients per day** throughout October were streamed from ED into the new service at RBH, put on by the GP federation in BW.
- When reviewing UCC and out of hours activity, it demonstrates an average of **9%** of ED attendances per day are **streamed out of ED** into the two clinical services
- The service has started building up a **strong core primary care workforce** including, General Practitioners, Advanced Nurse Practitioners, Prescribing Paramedics, Pharmacists and Physician Associates.
- We will actively consider in addition to options for ED to send patients from overnight to same day access opening up and including 111 and also to practices ensuring maximum utilisation of appts.

Integrated Neighbourhood Teams [INT] – Case Study

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Early Years

Buckinghamshire

- Wycombe is an area of Buckinghamshire which has patients living in high deprivation
- An INT is forming to identify patients who have declined or not engaged with child one-year health reviews and/or childhood immunisations to understand barriers and improve uptake
- Outcome measures the INT seeks to impact include: increased uptake of 1 year child health development checks and childhood immunisations by non-attendees as well as improved awareness, engagement and access to wider CYP/family/parental support services and offers
- The INT includes PCNs, Healthwatch, Family Hubs, Education and Health Visitors
- Interventions explored include partner communications campaign, MDT approaches outside of the usual health locations

Reducing Health Inequalities

Oxfordshire

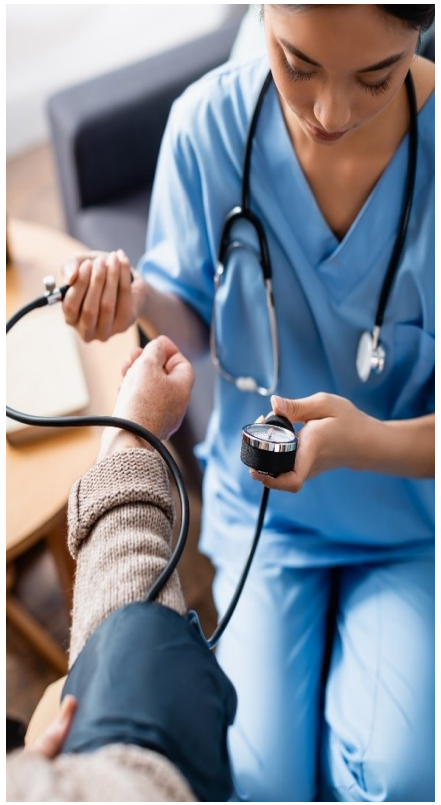
- There are INTs across the three deprived areas in Banbury and some of the areas of deprivation within Oxford City.
- The two PCN's in Banbury are focusing on those who meet the frailty criteria or those with long term conditions who live within one of the three deprived areas.
- One aspect of the project in Banbury, is a focus on all those who had an admission to hospital for their respiratory condition, looking at the EPC rating of their house and other variables to assess the skills set of those who need to carry out a home visit.
- The Banbury INTs have expanded to include people from Cherwell District council, Public Health, Primary Care, and the community specialist nursing teams. In additional diagnostics for assessing people with respiratory conditions will start in November within one PCN but will take referrals from both PCN's.
- Oxford City, the Brazilian model has been implemented to look at a wider range of issues within people's home environment.
- One PCN within Oxford city which covers the most deprived area within the city, is focussing on children and young people who have been referred to CAMH's. This INT will provide additional support with social prescribers and those who have the skill set to support the young person (YP) and their family. The aim is to reduce the need for the YP to be seen by CAMH's, promote the well being of the person and their family and create capacity within CAMH's for those who will benefit the most from it.

Cardiovascular Disease (CVD) - Case Study

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Hypertension Case Finding in Dentistry

BOB-wide



- In 24/25, BOB is piloting hypertension case finding in dental settings through a national award supporting this work
- The aim of the work is to improve overall detection of hypertension in the population and offer an alternative route to have blood pressure checks outside of other routine health and care settings
- This work is also aimed at reducing inequalities in BOB for the 150,000+ people living in areas that are in the bottom 20% of deprived areas across the country
- BOB has received £50,000 to carry out this work. This covers start up equipment costs to purchase blood pressure monitors, training, communications campaign, and incentivising blood pressure case findings in oral health teams

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Enablers for success

Enabler spotlight

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Partnership Working – Primary & Secondary Care

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Background

- As part of the strategy engagement period, frustrations were raised about the interface between system partners and the **lack of joined-up working between services, patients and the public.**
- Recognising this feedback, **a fifth enabler** has been included in the strategy - **Partnership Working**.

Scope – Primary & Secondary Care

After a deep dive engagement event, consensus emerged to focus on **Oxfordshire** for an initial phase to establish a primary secondary interface group, given that Buckinghamshire and Berkshire West both have robust, established interface working groups

Progress to date – Primary & Secondary Care

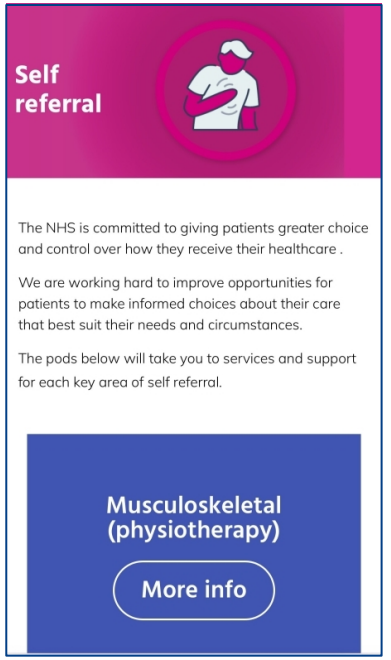
- Core members of the interface group include Oxford University Hospitals (OUH), the GP Leadership Group (GPLG), the Local Medical Committee (LMC) and the ICB
- Learning has been sought from the experience in the Berkshire West and Buckinghamshire Interface Groups to inform the work in Oxfordshire
- Oxfordshire was supported in their successful application to participate in the **Interface Improvement Collaborative at NHS Confederation**.
- One project to promote interface working is to **develop a video training resource** on the primary/secondary care interface. OUHFT have committed to using the resource as **part of its mandatory training requirements for its staff** and it will also be shared with General Practice.

Partnership Working - Communications & Engagement

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Progress to date – Communications & Engagement

- We have started work to co-produce a communications campaign raise awareness of:
  - New roles within primary care
  - How to access to the right care at the right time including use of the NHS app
  - What to expect from each pillar of primary care (GP services, pharmacy, optometry & dentistry)
- We are supporting the delivery of the national pharmacy first campaign launched 11 November
- Work on-going across BOB to support people to use the NHS App through digital cafes and support sessions in libraries
- Shortly launching communication around self-referral community-based services with the aim of general practice



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Enabler spotlight

Enabler Spotlight – Digital

NHS
Buckinghamshire, Oxfordshire and Berkshire West

Background

In January 2025, as part of the end of the BOB ICB consultation, a new Primary & Community Transformation team was formed within Digital, Data and Technology (DDaT). We have structured the team to support each of the three priorities with an SME lead for each: Access, INTs and CVD Prevention

Our focus has been on transitioning to the new team and beginning to scope with the relevant strategy leads the scope of work we are looking to support in the next 12 months.

	Access	INTs	CVD Prevention
Lead	Angela White	Nadia Kuftinoff	Phil Thomas
Key digital priorities	• Segmentation roll-out • NHS app uptake • Cloud based telephony • Online consultation	TBC	• Lipid Optimisation • AF • Hypertension • NHS Health Check • Smoking Cessation
Progress update (Jan 2025)	• OC reprocurement project underway • 65% of BOB patients registered on NHS App	• SCW CSU User Research team initiated discovery phase of project • Facilitating focused engagement with PCNs as part of research • Provided oversight into digital landscape across general practice in BOB • Stakeholder meetings to be established at end of sprints	• Meeting on HF Monitoring 20/1/25 • Meeting with R Johnson on Stroke Shared Care data 21/1/25 follow up arranged. • Meeting with R Johnson and S Claridge on CVD Strategy follow ups arranged.

Cross-Cutting – Segmentation Boost

- **Update:** Obtained timelines for connecting 4 BOB ICB GP practices who use TPP to the TVS Care Records platform
- Approved public-facing comms materials to meet data sharing legal requirements
- Engaged with several practices keen on adopting the platform
- Drafted benefits use case slides that define the key use cases for the platform

% live: BW=74%, Bucks=28%, Oxon=0%

Looking Ahead

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

- Managing our risks to delivery – changing ownership of delivery, collective action, estates
- Further developing the **communication plan for co-designing campaigns** with service users, such as how to access primary care services within the evolving model of care
- Development of an **Evaluation Plan** to assess what is having a positive impact on patient outcomes and experience
- Further refine Place **engagement and priorities** as well as planning for 25/26

OXFORDSHIRE HEALTH AND WELLBEING BOARD

13 March 2025

Oxfordshire Better Care Fund (BCF) 2025-26

Report by Director of Adult Social Care

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to:

a) **Note and approve the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for 2025/26 and the decision-making process set out at paragraph 13.**

b) **Delegate approval of the Oxfordshire Better Care Fund Plan for 2025/26 and decision on the assurance statements set out at paragraph 16 to the Chair of the Board for submission by 31 March 2025.**

Executive Summary

1. Better Care Fund [BCF] Plans are owned and approved by the Health & Wellbeing Board on behalf of the Council and Buckinghamshire, Oxfordshire and Berkshire [BOB] Integrated Care Board [ICB] and other partners. As such, the Board approves the Plan each year.

2. This report sets out the background to the national and local BCF Plan development process for 2025-26 and the proposed route to signing off the plan for Oxfordshire. NHS England has brought forward the planning timetable for 2025-26. The final plan must be submitted by 1200pm 31 March 2025, and it will be necessary to achieve sign off for the Plan outside of a formal Health & Wellbeing Board meeting.

3. The Planning guidance for 2025/26 was issued on 30 January and makes changes to the investment and expenditure, funding structure and metrics that must be delivered by the Plan. Broadly, the changes support Oxfordshire's existing ambitions as set out in the *Oxfordshire Way* and the Health and Wellbeing Strategy 2024-30. The policy guidance signals a shift from "sickness to prevention" and to support people living independently at home. These approaches are wholly consistent with Oxfordshire's ambitions.

4. The development of the 2025/26 Plan builds on the system approach to planning and engagement under the overview of the Oxfordshire Place Based Partnership established in 2023/24 and 2024/25.

Better Care Fund Plan 2025-26: Main Changes

5. The BCF is the main statutory vehicle for the Council and the ICB to integrate funding within a system wide plan to improve the health and care outcomes for the population and improve the resilience of the health and care system mainly in relation to the flow of Oxfordshire residents into and out of hospital (those operated by Oxford University Hospitals NHSFT, but also Royal Berkshire NHSFT and Great Western NHSFT).

6. The BCF is designed to improve integration of planning and delivery to achieve these goals and is required to evidence how it brings together the range of commissioners, health and care providers, the voluntary and community sector and our population to develop and deliver the plan. The BCF particularly is a vehicle for extensive and imaginative integration to align services and to address health inequalities.

7. The 2025/26 Plan is required to support the revised national vision for health and care to support

   (a) the shift from sickness to prevention.
   (b) people living independently and the shift from hospital to home

8. The 2025/26 national guidance incorporates key changes

   (a) **Finance**. Several different funding lines have been folded into 3
      (1) Disabled Facilities Grant (as in previous years)
      (2) The NHS Minimum Contribution, which now incorporates the ICB *Additional Discharge Funding* from 2023-25
      (3) The Local Authority Better Care Grant, which incorporates the former *Improved Better Care Fund* grant and the Council's *Additional Discharge Funding* from 2023-25.

   (b) **Metrics**. The BCF metrics are designed to evidence progress towards the ambitions set out in 8a and 8b. In 2025-26 the metrics are changed to
      (1) Reduction in emergency admissions to hospital for people over the age of 65 [new]
      (2) Average length of "discharge delay" for all acute adult patients (age 18 and above) [new]
      (3) Reduction in permanent admissions to Care Homes for people over the age of 65 [existing]

9. To support the strategic direction and the delivery of the key metrics the Oxfordshire Better Care Fund plan will need to

   (a) set out a joint system approach for meeting the objectives of the BCF which reflects local learning and national best practice and delivers value for money

(b) set goals for performance against the 3-headline metrics which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans, which should take a therapy-led approach.

(c) demonstrate a 'Home First' approach and a shift away from avoidable use of long-term residential and nursing home care

(d) following the consolidation of the previously ring-fenced Discharge Fund, specifically explain why any changes to the use of the funds compared to 2024-25 are expected to enhance urgent and emergency care flow (combined impact of admission avoidance and reducing length of stay and improving discharge)

10. Oxfordshire is well-placed to deliver against this ambition, to build on the progress that has been made in previous years and align the BCF Plan to the direction set out in the *Oxfordshire Way.*

Development of the 2025/26 Plan and route to Decision

11. Building on the system-wide planning approach that underpinned the 2024/25 refresh of the 2023/25 Plan, the Oxfordshire Place-Based Partnership continues to oversee the development of system-wide planning approaches. Prior to the issue of the BCF planning guidance on 30 January a BCF Steering Group was established to review impact of 2024/25 schemes and support planning for 2025/26. This group has been refocussed to address the challenges arising from the changes to funding and priorities now set out in the guidance.

12. The decision-making approach sits with system forums as follows:

(a) Narrative and strategic direction, assuring that the BCF Plan is developed and delivered in line with Oxfordshire priorities: Place-Based Partnership

(b) Alignment of BCF investment and system Urgent & Emergency Care [UEC] funding, and robust targets that support the delivery of the BCF metrics in relation to hospital avoidance and discharge: Urgent and Emergency Care Board

(c) Approval of investment and expenditure plans, and assurance to Council Cabinet and ICB Board for the wider BCF Plan: Council/ICB Joint Commissioning Executive [JCE]

(d) The Plan must be signed off by
  (1) Chief Executive and s151 Officer for the Council
  (2) Chief Executive [BOB ICB]
  (3) Chief Executive NHS Bath, North-East Somerset, Swindon and Wiltshire Integrated Care Board (see para 49 below)
  (4) Chair, Oxfordshire Health & Wellbeing Board

13. The national planning guidance was issued on 30 January. A draft plan must be submitted to NHS England for review and feedback on 3 March and will be

returned with comments during week commencing 10 March. Some backing data in relation to the new metrics has not yet been made available. Local system planning conversations are ongoing (especially to align the BCF plan with the allocation of ICB UEC funding). The final BCF plan must be submitted by 1200pm on 31 March 2025.

14. This compressed timetable has complicated the sign-off processes for the 2025/26 plan. The intention is to review the NHS England feedback on the draft plan and confirm the investment, expenditure and metrics at the Council-ICB Joint Commissioning Executive on 13 March for recommendation back into each organization's sign off processes.

15. In the BCF template the Health & Wellbeing Board is asked to confirm several assurance statements on behalf of Oxfordshire in respect of the BCF National Conditions

National Condition	Assurance requirement	How will this be achieved?
National Condition One: Plan to be jointly agreed	The HWB is fully assured, ahead of signing off that the BCF plan, that local goals for headline metrics and supporting documentation have been robustly created, with input from all system partners, that the ambitions indicated are based upon realistic assumptions and that plans have been signed off by local authority and ICB chief executives as the named accountable people.	Metrics have been developed with the Urgent and Emergency Care Board and approved by Joint Commissioning Executive for sign off by Council and ICB Chief Executives
National Condition Two: Implementing the objectives of the BCF	The HWB is fully assured that the BCF plan sets out a joint system approach to support improved outcomes against the two BCF policy objectives, with locally agreed goals against the three headline metrics, which align with NHS operational plans and local authority adult social care plans, including intermediate care capacity and demand plans and, following the consolidation of the Discharge Fund, that any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services	Planning approach has been agreed by Place Based Partnership Board and Urgent and Emergency Care Board. Plan to be signed off by Joint Commissioning Executive. Implementation and delivery of plan to be monitored in the Urgent and Emergency Care Board.

National Condition	Assurance requirement	How will this be achieved?
	are expected to enhance UEC flow and improve outcomes.	
National Condition Three: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	The HWB is fully assured that the planned use of BCF funding is in line with grant and funding conditions and that funding will be placed into one or more pooled funds under section 75 of the NHS Act 2006 once the plan is approved	The BCF forms part of the s75 agreement. The 2025/26 plan will be varied into the s75 agreement. The plan will be signed off by the s151 Officer for the Council.
	The ICB has committed to maintaining the NHS minimum contribution to adult social care in line with the BCF planning requirements.	This will be confirmed by the ICB Chief Executive and ratified by the Council s151 Officer.
National Condition Four: Complying with oversight and support processes	The HWB is fully assured that there are appropriate mechanisms in place to monitor performance against the local goals for the 3 headline metrics and delivery of the BCF plan and that there is a robust governance to address any variances in a timely and appropriate manner	The plan will be managed in the Urgent and Emergency Care Board and monitored by Joint Commissioning Executive and reported to Health & Wellbeing Board

16. It is not possible to brief Health & Wellbeing Board fully on the detail of the plan at this point and so the Board is recommended to

    (a) Note and approve the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for 2025/26 and the decision-making process set out at paragraph 13
    (b) Delegate approval of the Oxfordshire Better Care Fund Plan for 2025/26 and decision on the assurance statements set out at paragraph 16 to the Chair of the Board for submission by 31 March 2025.

17. The final plan will be tabled for information to the Health & Wellbeing Board at its meeting on 26 June 2025.

Better Care Fund Plan 2025-26: Key priorities for Oxfordshire

18. **Integrated planning**. A key deliverable of BCF planning is to support integrated approaches. This is evidenced in the Oxfordshire approach to BCF:
    (a) Alignment of BCF funding to other system funding to maximise impact. The plan for 2025/26 will
        (1) Be aligned to ICB UEC funding to support system resilience and delivery of the BCF metrics

(2) Joint-fund specific schemes with Public Health around falls prevention and avoiding alcohol-related admissions
(3) Be aligned to Council Adult Social Care community capacity funding; ICB Health Inequalities funding and Public Health funding to support the wider prevention agenda in the *Oxfordshire Way*
(4) Work alongside other system initiatives such as the Prevention of Homelessness Directors Group review of homelessness; and the development of a new Mental Health Contract with Oxford Health NHS FT

(b) Fund system posts and integrated commissioning roles that enable system planning and operational delivery
(c) Support system-wide initiatives to develop new partnership opportunities such as the dedicated Disabled Facilities Grant and Home Improvement Agency across the Council and City and District Councils

19. **Preventing admission to hospital.** Oxfordshire has become good at delivering a Home First approach to support discharge from hospital. Oxfordshire has been less effective in helping people avoid admission to hospital in the first place. A key part of the plan for 2025/26 will be to create the co-ordination capacity, capability and deployment of services that stop people being conveyed to hospital when that can be appropriately avoided. In 2024/25 the BCF has supported the development of Oxford Health NHSFT Single Point of Access as well as the development of integrated neighbourhood teams and hospital at home services. In 2025/26 these services will be further developed and integrated with same day emergency care, primary care and 999/111 and ambulance services to enable people to receive right care, right time, right place when in urgent need.

20. **Helping people retain their independence**. The national planning guidance focusses both on *intermediate care* and on *community capacity*.

(a) In the BCF plan for 2025/26 we will focus on increasing therapy-led approaches to supporting people in their own homes: in 2024/25 Oxfordshire has significantly expanded community reablement. In 2025/26 we will further explore the opportunity to intervene earlier (e.g. for people flagged as being a falls risk) both with community reablement and rehabilitation. There are opportunities for increased use of technology enabled care which will be developed in a new BCF funded contract in 2025/26.
(b) The 2024/25 plan had significant investment in voluntary and community sector support aligned to investment from Public Health, ICB Health Inequalities and Council Community Capacity funding and this will continue in 2025/26 and be further aligned to evidence support to admission avoidance.

21. **Home First from hospital**. The number of people discharged from acute (and mental health) beds has increased in 2024/25, as has the proportion of people who go directly home, whilst the time taken to get them home has reduced. This is very much due to the strategic leadership and co-ordination of the Transfer of Care Hub in the hospitals and Home First Discharge to Assess

teams in the community, working closely with independent providers 7 days a week. In 2025/26 Oxfordshire will implement a new model of bed-based care for more complex discharges (e.g. in cases of delirium) and develop alternatives for people to go home with rehabilitation support rather than needing a community hospital stay. The Trusted Assessment model already being delivered by independent providers will be expanded to enable more people who are returning to a care setting to move quickly without the need for new assessments.

22. **Health inequalities**. Support to health inequalities takes several forms

(a) The BCF Plan in 2024/25 has highlighted the higher risk of admission to acute hospital for people living in more deprived areas and this has driven the development of integrated neighbourhood teams.
(b) The BCF plan also covers hospital admissions and discharges from specialist mental health beds. The schemes implemented in 2024/25 have increased the number of people living with learning disability and/or autism who are supported with intensive care planning to avoid admission to secure beds.
(c) The Health and Homelessness Integrated Team has supported 150 people to be safely discharged from both acute and mental health beds and not return to rough sleeping after a stay in specialist supported step down accommodation.
(d) The expanded alcohol support team joint funded by BCF and Public health has avoided over 100 admissions to hospital.
(e) Oxford Health in-patient schemes have reduced both the number of bed days lost to delay in acute mental health beds and significantly reduced the number of people who have had to be inappropriately placed out of area because of a lack of beds in the County.
(f) All of these inequalities-focussed schemes will be extended into 2025/26 and evaluated for long-term impact and investment.

23. **Housing**. Suitable housing to meet people's needs is key to supporting people's ability to live independently in their own community. During 2024/25

(a) the BCF has supported the Health and Homelessness Intervention Team and contributes to the Homelessness Alliance.
(b) The BCF funds Extra Care Housing
(c) A Home Improvement Agency/Disabled Facilities Grant group has been set up between Council Therapy and Housing leads and the City and Districts. This has explored the opportunities to develop the interface between housing adaptations, extra care and supported housing, and community equipment and will develop further options in 2025/26.
(d) The Disabled Facilities Grant element of the BCF has been increased for 2025/26 and there is scope to explore options to deploy these funds to support hospital admission avoidance.

24. **Permanent admissions to Care home-supporting self-funders.** In general terms Oxfordshire has relatively low levels of admissions to care homes. This reflects the focus on Oxfordshire Way and Home First approaches in both

home-based and hospital discharge care planning. However, analysis of admissions in 2024/25 has highlighted that the 35-40% of all people who become new permanent Council-funded care home admissions were already resident in the care home. There is an opportunity to provide more support to people who are self-funding their care when making the decision to move into a residential setting, e.g. a move to Extra Care Housing or to be linked to alternative sources of support in the community. This will be a priority for 2025/26.

25. **Value and impact**. This year's BCF Plan takes place against a backdrop significant financial pressures for the Council, the ICB, the City and District Councils as well as for NHS providers, independent care providers, and the voluntary and community sector. There is a need for the system to improve its understanding of the opportunities to increase value and impact. During 2025/26 the performance of the BCF Plan will include an evaluation of value and impact of funded schemes to assure the return on investment and the opportunity to extend, expand or reduce investment in future years.

Demand and Capacity Plan

26. NHS England has revised its approach to Demand and Capacity planning for 2025/26. Local systems can now define these categories where local resource definitions do not map onto the national templates. The demand and capacity plans are designed to identify the key inputs needed to prevent hospital emergency admission for the over 65s and to support prompt discharge from acute hospital for all adults. The Oxfordshire plans will be developed in partnership with the Urgent Care Delivery Group which oversees hospital pressures and flow.

27. The plans are in development, but the key issues are as follows

(a) **Admission avoidance.** Oxfordshire has several services and processes that work across 999/111, Oxford Health NHSFT's Single Point of Access and primary and community health care. As set out above, a key part of the system plan is to develop the equivalent rigorous co-ordination and deployment of community capacity that the Transfer of Care Hub delivers for discharge from hospital. System partners are working through the key capacity that needs to be mapped into the plan to assure delivery of the reductions in admissions during 2025/26.

(b) **Hospital discharge.** Through the Home First Discharge to Assess approach delivered via the Council's Live Well at Home Framework, there is generally sufficient capacity in the care market to support discharge from hospital 7 days a week. Similarly, on the rare occasion a permanent care home bed is needed at the point of discharge, the Council's Care Home Framework will deliver that. The capacity pressures in Oxfordshire are not primarily to do with supply of move-on support, but with processes that enable people to leave hospital, move-on from step down beds, and the pressures on staff that oversee and assure the pathways across several settings. There are further

opportunities for trusted assessor and artificial intelligence to increase capacity in discharge pathways.

28. Demand and Capacity performance is monitored monthly by the system Urgent and Emergency Care Board.

Metrics

29. There are 3 areas for which Oxfordshire must give trajectories for 2025-26. These are measured quarterly by NHS England and monthly by the Council and Integrated Care Board's Joint Commissioning Executive with recommendations from the system Urgent and Emergency Care Board.

30. In addition to the 3-headline metrics, there are subsidiary metrics that support understanding of the underlying performance.

Non-elective (NEL) admissions to hospital for people aged 65 and above

31. This a new metric for 2025/26: it replaces the previous metrics in relation to falls-related admissions for people aged 65 and above, and admissions for people with long-term conditions aged 18 and above. Both these metrics will continue to be monitored as "background" information.

32. The BCF planning template sets out the current performance against this metric.

		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,339	1,455	1,364	1,383	1,386	1,317	1,514	1,364	n/a	n/a	n/a	n/a
	Number of Admissions 65+	1835	1,995	1,870	1,895	1,900	1,805	2,075	1,870	n/a	n/a	n/a	n/a
	Population of 65+*	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	n/a	n/a	n/a	n/a
		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
	Rate	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Admissions 65+												
	Population of 65+	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067	137,067

33. Admission avoidance is a key metric for both individual outcome and for the ability to manage hospital performance and support the system's ability to manage cost pressures. The system is working on a plan to reduce admissions by estimated 31 per week equivalent to 130 per calendar month, a 6.8% reduction on the 242/5 performance set out above. This will be confirmed by UEC Board when then the final plan and trajectory is agreed.

34. The aim of the plan will be to reduce the admissions rate to 2023/24 levels. It will continue to focus on the management of people at risk of falls and people who are frail owing to a multiple long-term conditions. The plan is focussed on

(a) Improved co-ordination of community response
(b) Implementation of neighbourhood approaches through integrated community teams, Same Day Emergency Care and "call before convey" support to ambulance teams, especially where people have fallen
(c) Focus on support to care homes
(d) Preventative approaches to avoiding falls-related admissions to hospital
(e) Managing the demand specifically on admissions to General Medicine and Geriatric beds where there is an assumption that there is the opportunity to intervene.
(f) Managing the pressures in Horton General Hospital

35. A key line of enquiry is the relationship of hospital admissions to inequality. In some parts of the County there are higher rates of admission and these map in some cases to more deprived wards in parts of Banbury and East Oxford.

36. It is important to note that the approach to avoidable admissions cannot just be focussed on the over 65s covered by this metric

(a) There have been increased rates of admissions and then length of stay amongst 50–64-year-olds, especially from more deprived areas
(b) There is both a need and an opportunity to reduce the rate of admission for Children and Young People, especially in relation to respiratory disease
(c) For OUH there is a need to have strategies and plans to manage the demand from non-Oxfordshire patients, especially in Horton General Hospital
(d) None of these groups fall within the metric, but the BCF plan needs to address this demand.

37. Health & Wellbeing Board should also note that admission avoidance is a key part of other pathways. The BCF supports admission avoidance approaches both for adults living with Learning Disability and/or Autism who might be at risk of admission to mental health beds and supports care homes in managing older people who might be at risk of admission to specialist mental health beds. These initiatives are part of the wider Home First ambition.

Average Length of discharge delay for all adults discharged from acute hospital Discharge to Usual Place of Residence

38. This is a new metric for 2025/26. It measures both the proportion of people discharged on the day they were ready for discharge, and the length of discharge delay for those people who do not leave on that day. The former "discharge to usual place of residence" will continue to be measured as a backing measure, as well as the proportion of people discharged at time intervals after the ready date.

39. The current performance against this new metric as follows:

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	0.68	0.68	0.57	n/a	n/a	n/a	n/a
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	88.6%	87.2%	88.3%	n/a	n/a	n/a	n/a
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	6.0	5.3	4.9	n/a	n/a	n/a	n/a

40. The reduction in discharge delay days in the bottom row is reflected in the local data that is reviewed against all discharge pathways in the UEC Board. Further analysis is being undertaken to understand the opportunities to reduce the discharge delays and to set a target. As noted at paragraph (28b), the care market capacity to support discharge is in place and the opportunities to reduce delays may sit more with processes and more complex cases than with expanding resource that supports discharge. The trajectory will be agreed by UEC Board.

Permanent Admission to residential care

41. Oxfordshire is focused on Home First and strengths-based approaches to care assessment and planning and will continue to reduce the length of time in which older people live away from their own communities wherever possible. As noted above, a significant proportion of people who are captured by this metric were already resident in a Care Home prior to coming within the cohort. The performance for 2024/25 has been as follows

Period	Actual no. for period	Same time last year	Change in last 12 months		Target no. for period	Variation on target		RAG
Apr-Jan	360	405	-45	12.5%	333	27	8%	A

42. Oxfordshire's performance against this metric has continued to show year on year improvement but has not delivered so far on the *planned* reduction for 2024/25. This measure will be reviewed by the Council in the light of the pressure created by self-funders that has been identified in this year and a revised target be agreed with UEC Board.

Income and Expenditure Plan

Income

43. The income into the plan is prescribed. Neither the Council nor the Integrated Care Board plan to add further sums currently but note that we are making full use of aligned expenditure particularly from Public Health and the Integrated Care Board's Inequalities Funding.

44. The income to the BCF Plan is as follows:

Running Balances	Income
DFG	£8,262,172
NHS Minimum Contribution	£59,135,122
Local Authority Better Care Grant	£13,206,730
Additional LA contribution	£0
Additional NHS contribution	£0
Total	**£80,604,024**

45. The Disabled Facilities Grant was uplifted in-year during 2024/25, and that increase has been retained for 2025/26. It is passed through directly to the City and Districts in line with the grant conditions. As noted above, the Council is working with the City and Districts to improve understanding of current expenditure and opportunities to increase impact and value from this funding.

46. The NHS minimum includes the former Additional Discharge Funding at the 2024/25 rates. The core part of the NHS minimum has been uprated by 1.7% on the 2024/25 level, an increase of £858k.

47. The Local Authority Better Care Grant consolidates the former Improved Better Care Grant and Additional Discharge Funding. Neither of these have been uprated for 2025/26.

48. Although the Additional Discharge Funding has been consolidated, these sums will for 2025/26 continue to be viewed as a distinct planning unit within the BCF. Funded schemes will be reviewed during 2025/26 for impact and value.

49. The NHS minimum contribution includes an amount which is supposed to come as a contribution from NHS Bath, North-east Somerset, Swindon and Wiltshire ICB. This is valued at £510,193. BOB ICB has always made up this sum in local arrangements, but NHS England has directed that these need to be reviewed for 2025/26 and that the other ICB sign off the Oxfordshire plan. This will not impact on the funding available to the BCF Plan but may require a further bespoke element to the Plan that demonstrates how the Plan supports the Great Western Hospital in respect of Oxfordshire residents.

Expenditure plan

50. The minimum NHS contribution and Local Authority Better Care Grant allocation expenditure commitments are still being worked up. The specific expenditure plans will depend on decisions around some former Additional Discharge Fund commitments, and the deployment of BCF and UEC funding.

51. The planning guidance for 2025/26 has removed the specific requirement to spend a proportion of the funding on out of hospital NHS care, but has required that the minimum spend on Adult Social Care is increased by 3.9% over 2024/25 levels to give the following minimum:

	Minimum Required Spend
Adult Social Care services spend from the NHS minimum allocations	£34,019,094

52. Oxfordshire committed exceeded this minimum commitment in 2024/25 and does not anticipate any issues in meeting this requirement.

53. The BCF Plan Income and Expenditure plan will be signed off by the Council/ICB JCE and recommended to both partner's sign off processes.

Financial Implications

54. The planning guidance sets out the income and expenditure for the Better Care Fund in 2025-26.

55. The final plan will be approved by the Council's S151 officer.

56. The final plan as submitted will be varied into the s75 NHS Act 2006 Pooled Commissioning Budget agreement between the Council and the ICB as required by the Planning Guidance. This variation will be completed prior to the 30 September deadline in Joint Commissioning Executive.

Comments checked by:

Stephen Rowles, Strategic Finance Business Partner,
Stephen.rowles@oxfordshire.gov.uk

Inequalities

57. The BCF Plan is deployed extensively to support the most vulnerable people on discharge and prevent them entering hospital settings in the first place. It will continue to be developed in 2025/26 to reflect the increased risk of admission and poorer outcomes for those people living in more deprived areas in the County.

58. The BCF Plan will continue to invest in 2025/26 in integrated capacity across health, therapy, social work for people both in mental health units and learning disability/autism settings. These MDT approaches recognise the additional complexity facing these groups beyond the Home First model in successful discharges into the community.

59. The 2025/26 Plan will continue to invest in meetings the needs of people with learning disability and/or autism, who are homeless, and/or who have alcohol or other complex issues when they encounter the acute healthcare system.

60. The 2025/26 Plan will develop our approaches to support people living with disabilities who might benefit from Disabled Facilities Grant, including children and young people.

Engagement

61. The 2025/26 Plan is being developed at pace to meet the national planning guidelines using established system groups rather than in a wider engagement exercise. Key messages around supporting people in their own homes and in their own communities are consistent from the engagement exercises that were developed in 2024.

62. A post-submission engagement approach is planned: both delivering workshops for professionals on the Plan 2025/26 but also to explore the opportunities to build a greater level of user and carer engagement into evaluation of schemes that will be evaluated in the year.

Implementation and Review for 2025-26

63. Responsibility for the implementation of the Plan is delegated to the Council and Integrated Care Board's Joint Commissioning Executive. That body will in turn be advised by the system Urgent and Emergency Care Board in respect to system performance against metrics and the impact and value of committed funds. Performance will also be reported and reviewed in the Place Based Partnership.

64. The existing BCF Steering Group will be deployed to monitor implementation of those schemes that are to be reviewed in 2025/26.

65. There will be a formal review concluded in Q3 to confirm any in-year amendments to the plan and inform the proposals for 2026/27.

Karen Fuller
Director of Adult Social Care

Annex: None

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March 2025

OXFORDSHIRE HEALTH AND WELLBEING BOARD

13 MARCH 2025

Community Insight Profiles - Latest Publications, Evaluation report, Implementation Tools and Programme Legacy

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to:

a) Use the findings and rich insight contained within the Community Insight Profiles for Wood Farm and Witney Community Insight Area (CIA) and their relevance to the Marmot Place programme of work to inform service delivery plans of partner organisations on the Board and support the promotion and sharing of the findings with partners and colleagues across the system.

b) Support the promotion of the interactive Community Insight Profile (CIP) Dashboard and the Community Insight Profile (CIP) development toolkit that will serve as a legacy of the CIP programme of work.

c) Support the promotion and sharing of the findings from the first phase of an evaluation of the Community Health Development Officer (CHDO) and Well Together programmes with partners and colleagues across the system.

Executive Summary

1. This paper presents three elements of the Community Insight Profiles programme of work, which includes:

   (a) Two further Community Insight Profiles within Phase four of the programme: Wood Farm (Oxford City) and a bespoke area of Witney (West Oxfordshire) referred to as Witney Central Community Insight Profile area. The report highlights the links to the Marmot Places programme.

   (b) A report on the first phase of evaluation of the Oxfordshire County Council funded Community Health Development Officer programme and the NHS ICB funded Well Together programme.

   (c) Enablers to address inequalities as a legacy of the Community Insight Profiles, including the first iteration of an interactive Community Insight Profile Dashboard to increase accessibility to the data and insight and a

draft toolkit to support the development of partner led Community Insight Profiles in other areas.

2. Since 2021, Public Health have been working with partners to carry out a programme of work to develop Community Insight Profiles (CIP). The work was initiated after the publication of the Director of Public Health (DPH) Annual Report for 2019/20 which highlighted ten wards in Oxfordshire which have small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health. The publication of Community Insight Profiles for all ten areas was completed in December 2023.

3. Following on from this, a further four Community Insight Profiles are being developed for areas across the county identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners identified that there would be added benefit to developing a profile. Wood Farm and a bespoke area of Witney are included in these areas. A CIP for Berinsfield was published in September 2024 and a further CIP for Bicester West is in development and will be published in June 2025, which will bring the Public Health led programme of this work to a close.

4. To support the taking forward of actions arising from the Community Insight report recommendations, Community Health Development Officer posts have been funded for each of the areas where a profile has been developed. Along with a small grants scheme to support community projects that help deliver the recommendations from the community profiles.

5. As the conclusion of the Public Health led CIP work approaches, the focus will be on sustaining the momentum and ensuring the long-term impact of the CIP programme. This includes the development of a Community Insight Profile Development Toolkit which brings together the learning gathered throughout this programme. The toolkit is aimed at supporting other areas of the county that want to develop Community Insight Profiles.

6. Another legacy of this work focuses on sharing updateable place-based data for the Community insight Profile areas. An Interactive Community Insight Profile Dashboard has been developed to make the data accessible and useful for ongoing and future projects. This work ensures that the impact extends beyond the immediate projects and continues to benefit the wider community.

7. Annexes 1 and 2 contain direct links to the recently published phase four Community Insight Profile reports. Annex 3 is a summary of the evaluation of the Community Health Development Officer role and the Well Together Programme while Annexes 4 and 5 contain links to the Community Insight Profile development toolkit and the interactive Dashboard respectively.

Background

8. The purpose of creating a Community Insight Profile is to ensure we understand as fully as possible the factors that influence health and wellbeing outcomes within areas in Oxfordshire where residents are most at risk of poor health, or experience health inequalities.

9. The profiles map the assets in each area, capture community insight around enablers and challenges to health and wellbeing and detail a data set of indicators for each area to help inform high level recommendations. The methodology of the community insight capture and asset mapping are explained in each of the individual community insight reports.

10. Each profile includes a series of locally led recommendations that outline objectives to enhance identified community assets and strengthen development opportunities. An action plan is developed for each area based on the specific recommendations of that profile.

11. The profiles link to the Joint Strategic Needs Assessment (JSNA) and contribute to the local evidence base to inform service delivery, as well as being a resource for local communities to support their work.

12. The work has been carried out in phases, with phases one to three covering the ten wards in Oxfordshire which have small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health.

13. A further four Community Insight Profiles (CIP) are being developed for areas across the county which have small areas (Lower Super Output Areas) identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners feel there would be added benefit to developing a profile. The four areas covered in Phase four and dates of publication for previous phases are detailed in the table below. The CIP for Wood Farm and one for a bespoke area in Witney, referred to Witney Central Community Insight area are presented with this paper.

Overview of Community Insight Profile phases.

Phase	Areas	Notes
1.	• Abingdon Caldecott • The Leys (Blackbird Leys and Northfield Brook combined)	These were published in September 2022 and a report outlining the key findings from these profiles was taken to the Oxfordshire Health and Wellbeing Board on 6 October 2022.
2.	• Banbury Grimsbury and Hightown, • Banbury Cross and Neithrop and Banbury Ruscote (*a refreshed profile for Ruscote from an original proof of*	These were published in March 2023 and a report on the findings was presented to the Health and Wellbeing Board on 29 June 2023.

	concept -combined with the Neithrop profile) • Barton • Rose Hill	
3.	• Littlemore • A bespoke area of Central Oxford referred to as the Oxford Central Community Insight area	These were published in December 2023 and a report on the findings was presented to the Health and Wellbeing Board on 14 March 2024.
4.	• Berinsfield • Bicester West • Wood Farm • A bespoke area of Witney referred to as the Witney Central Community Insight area	The Berinsfield CIP was published in September 2024 and a report on findings was presented to the Health Improvement Board in September 2024. The Bicester West CIP is currently in development and is due to be published in June 2025 while the Wood Farm and Witney Profiles and a report of findings are presented with this paper.

14. Completion and publications of the phase four reports by June 2025 will bring the Public Health led programme of this work to create profiles to a close. Focus will then move more to the legacy of how recommendations are taken forward in each of the areas.

Wood Farm and Witney Central Community Insight Area Profiles

15. The two Community Insight Profiles (CIP) presented with this report are
    - Wood Farm - Oxford City
    - Witney Central Community Insight Area (CIA) - West Oxfordshire

16. For each area of the CIP work programme, the county council Public Health team have worked with a local steering group, convened to ensure co-production of the reports with the local community. In Wood Farm, the existing Wood Farm Health and Wellbeing Partnership took on the task of acting as a CIP steering group. In Witney, a separate steering group convened by West Oxfordshire District council was formed. The steering groups vary in their make up in each area but may include representatives from local community groups, residents, health organisations, Councillors, Local Authorities etc. For both Wood Farm and the Witney Central CIA, Oxford City Council and West Oxfordshire District Council respectively, have been funded to support with project managing the CIP development process.

17. In each of the areas a community organisation has been appointed to carry out the community engagement and insight elements of the project. Healthwatch Oxfordshire were appointed for Wood Farm and Community First Oxfordshire were appointed for Witney Central CIA.

Selection of findings and links to the Oxfordshire Marmot Place principles

18. The programme of work in Wood Farm and Witney aligns with the current Marmot Place programme by contributing to a more equitable and healthier Oxfordshire.

19. A selection of findings from the reports and their links to the Oxfordshire Marmot Place work are detailed in the table below.

Wood Farm

Selection of findings	**Links to current Marmot place work**
Poverty and cost of living Respondents outlined that poverty, low income and the high cost of living affected their ability to look after their health and wellbeing. This is reflected in corresponding data which shows that unemployment-related benefit claimants and rates of children in poverty in Wood Farm were well above Oxfordshire averages.	Principle 4 – *Create fair employment and good work for all*
Problems with housing Residents noted concerns with the condition and maintenance of their homes and the impact of this on their health and wellbeing. Corresponding data highlights that the proportion of households in social rented accommodation in Wood Farm was above the Oxfordshire average.	Principle 3 – *Ensure a healthy standard of living for all*
Lack of facilities and activities Respondents mentioned that they felt there were not enough facilities on Wood Farm itself. Several residents also noted the lack of activities and facilities particularly for young people.	Principle 3 – *Ensure a healthy standard of living for all* Principle 1 - *Best start in life*

Witney Central Community Insight area

Selection of findings	Links to current Marmot place work
Mental Health The community engagement revealed a general sense that there has been an increase in mental health issues since the pandemic and this has been compounded by the cost-of-living crisis.	Principle 3 – *Ensure a healthy standard of living for all* Principle 4 – *Create fair employment and good work for all*
Younger People (aged 6-11) highlighted that a lack of social and recreational opportunities is contributing to congregation in certain locations. Children also discussed vaping and noted the risk of normalisation of the behaviour	Principle 1 - *Best start in life*
Asylum Seekers consulted during the engagement noted several health and wellbeing challenges, including a lack of money to access activities, limited access to healthy food, restricted ability to volunteer or work and the arbitrary nature of eviction to other parts of the country	Principle 3 – *Ensure a healthy standard of living for all* Principle 4 – *Create fair employment and good work for all* Rural inequalities work

Evaluation of the Community Health Development Officer role and the Well Together Programme

20. As well as the anticipated longer term strategic action arising from the Community Insight Profiles, it was important that communities also saw some more immediate action. To follow on from each profile a grant fund of £25,000 was allocated for each area and a process was agreed with each of the steering groups in profiled areas, for how best to utilise the money to fund local community projects, that help meet the recommendations set out in the profiles.

21. For longer term sustainability of this in-depth community work, Oxfordshire County Council have funded the city and district councils to host a Community Health Development Officer (CHDO) post to cover each of the profiled areas. The City and District Councils have been able to take an approach that works best for them in terms of how the posts are recruited to and how they proportion the hours. CHDO's started at different times and where a profile was already produced, they started by supporting the delivery of the recommendations identified and, in the areas, where the profile was still

underway, they were able to support with community engagement in the creation of the profile, and the recommendations to be delivered once completed.

22. Community Health Development Officers have an important role of working with community partners to deliver actions arising from the recommendations set out in the community insight profile reports. They take a community-based approach to encourage collaborative work within communities, communicate health messages that support health and wellbeing, and facilitate health enabling activities to build social capacity and resilience in local communities.

23. The aim of a CHDO role is:

a) To support effective working between statutory services and the voluntary and community sector to discover, develop and deliver a response to the locally identified need highlighted in the community profiles (in some areas to help produce them)
b) To enable the involvement of key partners, stakeholders and each local community in the delivery of the action plan in each area.
c) To build a county wide network of the Community Health Development Officer roles to test and learn from the programme, share good practice and provide mutual support. Reducing inequalities, strengthening community assets, giving communities a voice.

24. The CHDO's have become an invaluable resource in their communities, supporting with many activities and being a 'go to' from the Public Health team to cascade messages and share information with local communities.

25. Since the development of CHDOs, the NHS ICB has dovetailed with this work by directly funding a new programme called 'Well Together'. This is a grants programme which recognises the essential role community and voluntary organisations play in addressing health inequalities at a local level. The programme is investing in community-led health and wellbeing activities and projects for all ages by providing funding and support for new and existing groups and organisations in the 10 areas in Oxfordshire most likely to experience inequalities, with up to £100,000 available for each of these areas. The programme is providing groups with a minimum of one year of funding before the programme closes in November 2025.

26. Oxford University has been commissioned to evaluate the CHDO and ICB funded Well Together programme and there is expected to be engagement with Oxford University for a phase 2 evaluation which will go into greater depth around the value of longer-term investment in this type of approach. An executive summary of the findings from phase 1 can be found in annex 3 of this report.

27. An extract from the evaluation has been detailed below:

"Individual Community Health Development Officers and Well Together's Community Capacity Builders are particular strengths of each programme,

able to effectively engage with local communities through regular presence in community activities; excellent communication and networking skills; and active partnerships with existing organisations and networks."

28. Since the evaluation was commissioned the Oxfordshire system has decided to work with the Institute of Health Equity to become a Marmot Place. This approach to tackling the social determinants of health has a strong link to this community-based working and it is anticipated that the Marmot approach will strongly complement the existing CHDO programme

Legacy Implementation tools

29. A Community Insight Profile Development Toolkit as well as an Interactive Community Insight Profile Dashboard are being developed to carry on the legacy of the community insight work. They ensure that the valuable data and insights we have gathered continue to benefit the wider community and inform future initiatives. By making this information more accessible, we can support ongoing efforts to address health inequalities and improve the wellbeing of residents across Oxfordshire.

30. The Community Insight Profile Development Toolkit is a comprehensive resource aimed at supporting the creation of Community Insight Profiles (CIPs). These profiles provide a detailed snapshot of the health and wellbeing of a selected community, including demographics, social issues, and economic conditions. The purpose of the toolkit is to guide local authorities, non-profit organisations, and community leaders through the process of developing these profiles. The toolkit will provide an accessible and user-friendly resource that will support communities to use an asset-based community development approach to develop an evidence base of their unique local enablers of health and wellbeing as well as any needs and challenges. It aims to provide a structured approach to data collection, analysis and reporting, making the process transparent and replicable. By following the steps outlined in the toolkit, users can create comprehensive profiles that inform decision- making and drive positive change towards reducing health inequalities.

31. The Interactive Community Insight Profile Dashboard is designed to make data on Oxfordshire's priority areas more accessible to our communities. It offers an updatable way to share health-related data, enabling a variety of users to find information about their local area which can foster greater community engagement with data and support participation in informed decision- making. The dashboard highlights key indicators and trends on health-related data as well as displaying key findings and quotes from the community insight work to help to amplify the voices of residents.

32. Links to both the Community insight Profile Development Toolkit and the Community insight Profile Dashboard can be found in Annex 4 and 5.

Corporate Policies and Priorities

33. The creation of Community insight Profiles links to the strategic priorities in the Oxfordshire County Council Corporate Plan of tackling inequalities in Oxfordshire and prioritising the health and wellbeing of residents. This work also aligns with the Oxfordshire Health and Wellbeing Strategy and the BOB ICS strategy.

Financial Implications

34. No direct funding implications from this report. The work described has been funded by the PH grant and the ICB Inequalities and Prevention fund.

Comments checked by:
Emma Percival, Assistant Finance Business Partner for Public Health and Communities, emma.percival@oxfordshire.gov.uk

Legal Implications

35. There are no legal implications generally in relation to the recommendations. There is some sharing of information and insight contained in the recommendation, but I understand that personal data is anonymised in that respect. If there are any concerns about personal data processing or data sharing then the board should seek advice from information services colleagues if a need arises.

Comments checked by:
Gareth Hale, Senior Solicitor and Team Leader Contracts and Conveyancing Law & Governance (Legal Services), Gareth.Hale@oxfordshire.gov.uk

Equality & Inclusion Implications

36. The Community Insight Profiles programme of work seeks to help to address inequalities by providing insight into communities experiencing inequality, to help inform service planning and to act as evidence for funding applications for activities in those areas.

Sustainability Implications

37. There are no sustainability implications to note with this report.

Ansaf Azhar
Director of Public Health and Communities

Annex 1: Wood Farm Community Insight Profile
Wood Farm Community Insight Profile Summary of findings
Link to Wood Farm Community Insight Profile Summary of Findings

Wood Farm Community Insight Report
Link to the Wood Farm Community Insight Report

Data for Wood Farm
Link to the Wood Farm Data Report

Annex 2: Witney Central Community Insight Profile
Witney Central Community Insight Profile Summary of findings
Link to Witney Central Community Insight Profile Summary of Findings

Witney Central Community Insight Report
Link to the Witney Central Community Insight Report

Data for Witney Central
Link to the Witney Central Data Report

Annex 3: Summary of the Evaluation of the Community Health Development Officer role and the Well Together programme
Annex 3 is provided as a separate document attached to this paper.

Annex 4: Community Insight Profile Development Toolkit

Link to the Community Insight Profile Development Toolkit

Annex 5: Interactive Community Insight Profile Dashboard

Link to the Interactive Community Insight Profile Dashboard

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March 2025

Director of Public Health Annual Report 2024/2025:
Children and Young People's Mental Health and Wellbeing

Jason Yun, Public Health Registrar ST2
Frances Burnett, Public Health Registrar ST3
Donna Husband, Lead of Start Well
Oxfordshire County Council

Aims and Objectives of the DPH Annual Report

Highlight a key public health issue in Oxfordshire, outlining the current situation compared to nationally.

Explore the drivers behind a key public health issue, and what we can do to tackle the problem

Advise and promote recommendations for partners and stakeholders

OXFORDSHIRE COUNTY COUNCIL

Why focus on mental health in children and young people (ages 0-25)?

NHS England

In 2023, about 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder.

FINANCIAL TIMES

Why are a rising number of young Britons out of work?

A record 35% of people aged 18-24 were classed as 'inactive' this year, driven by a mental health crisis

OCTOBER 10 2024

CHILDREN'S COMMISSIONER

Over a quarter of a million children still waiting for mental health support

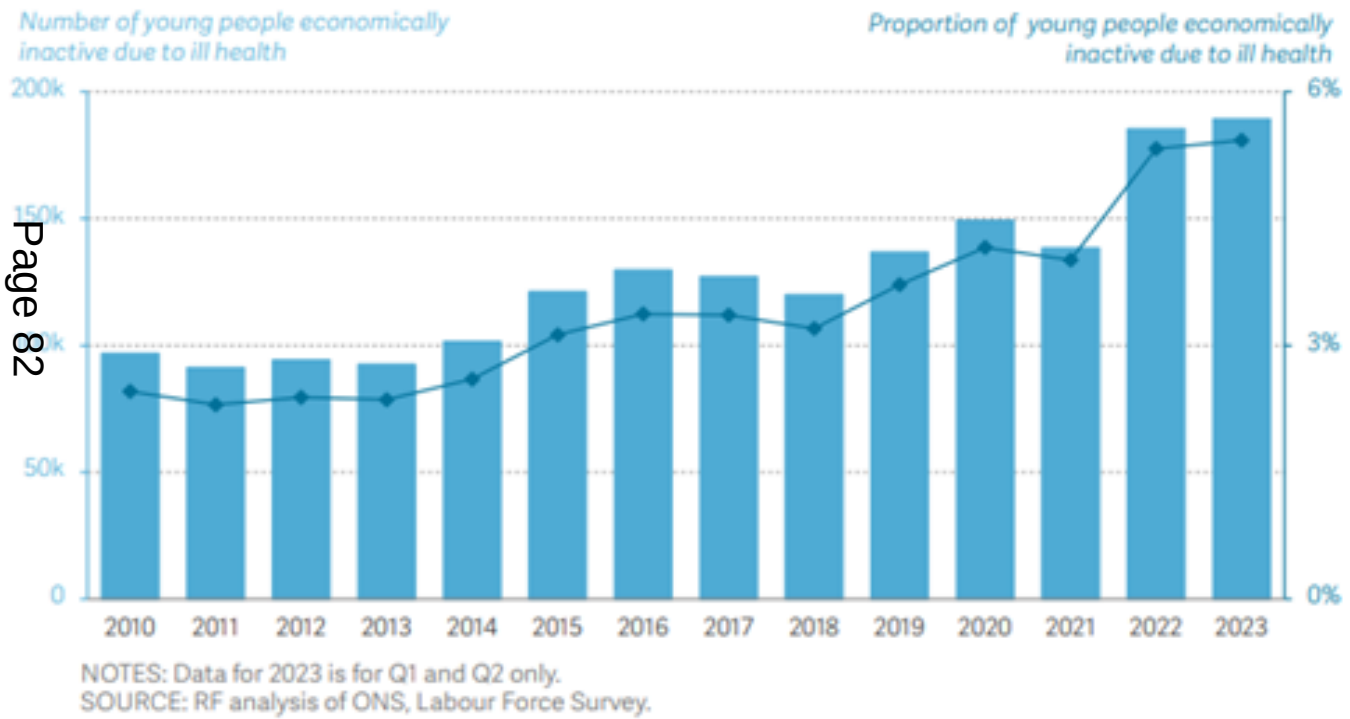
15 March 2024

BBC

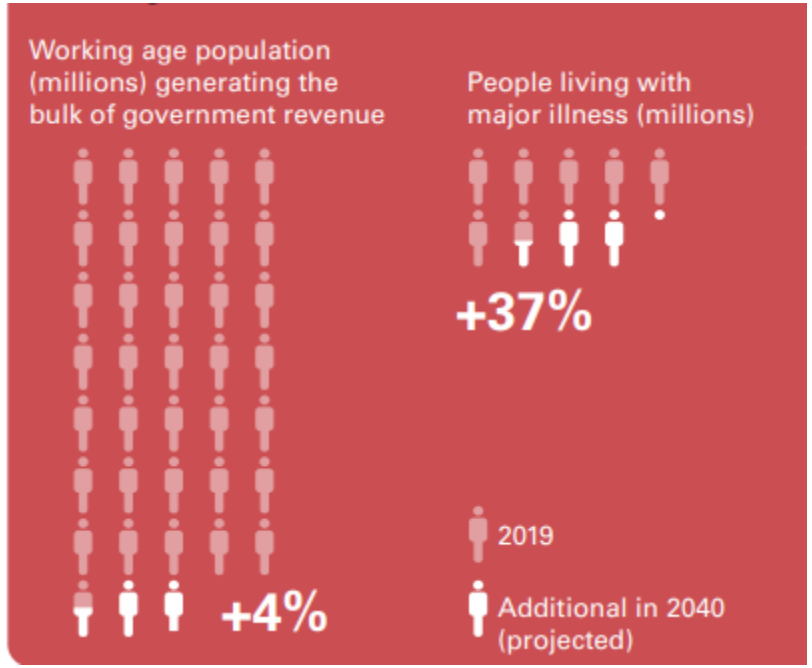
Youth to get 'guaranteed' training in jobs overhaul

26 November 2024

Ill Health and Economic Activity



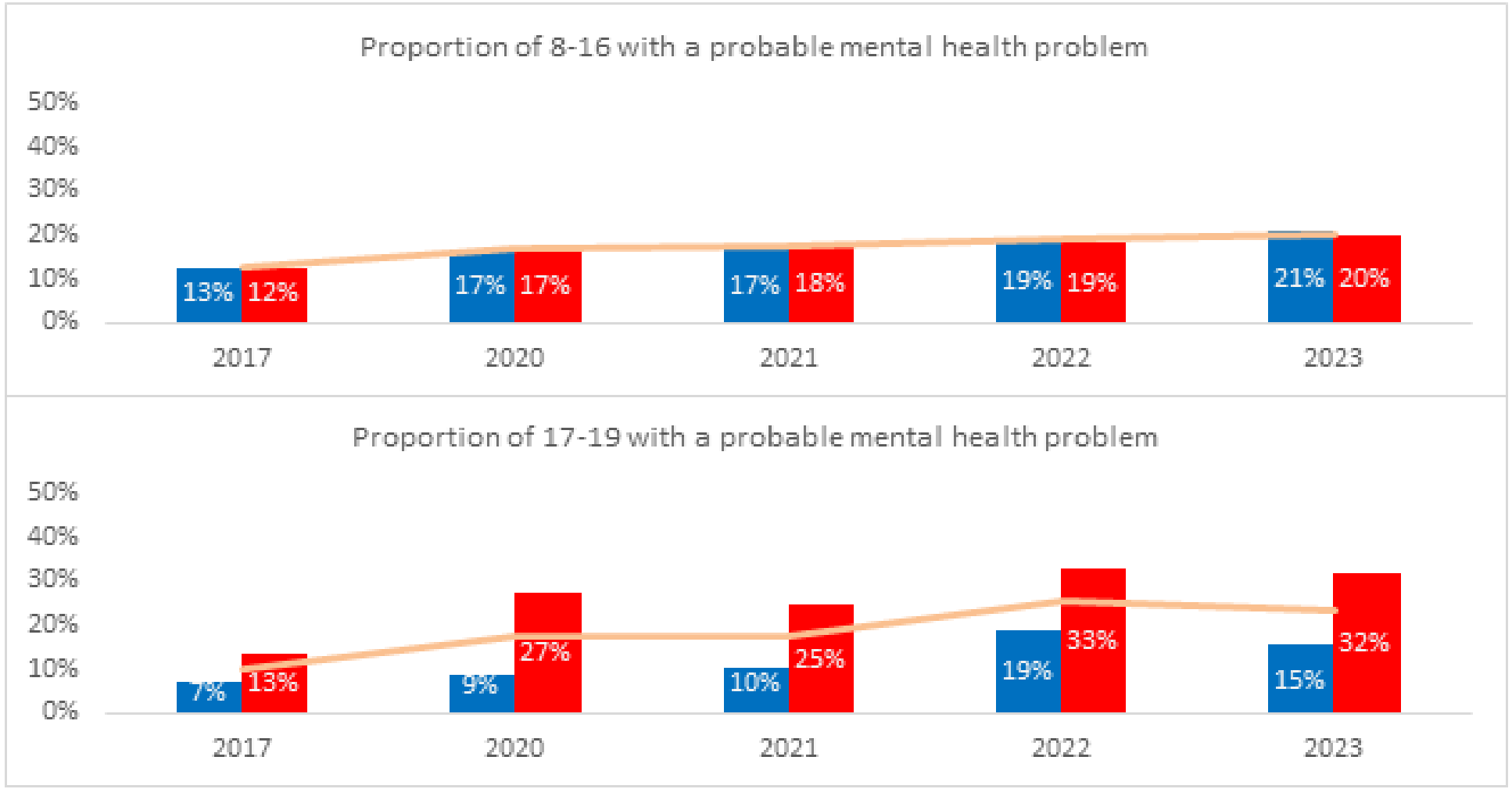
Source: The Resolution Foundation



Source: Health in 2040: projected patterns of illness in England - The Health Foundation.

OXFORDSHIRE COUNTY COUNCIL

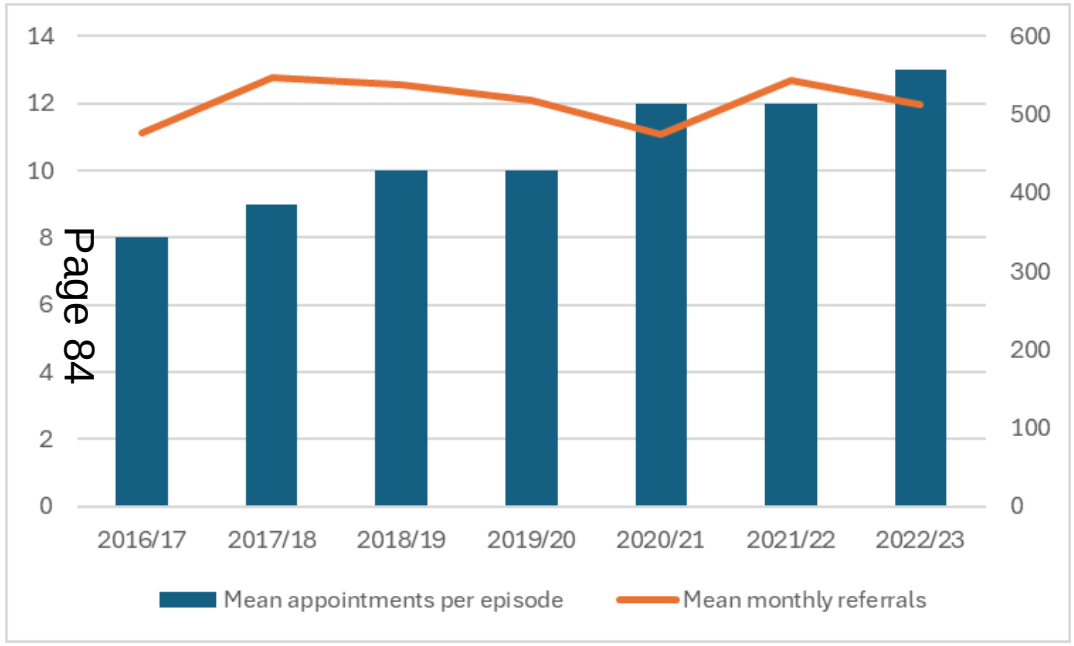
National Picture



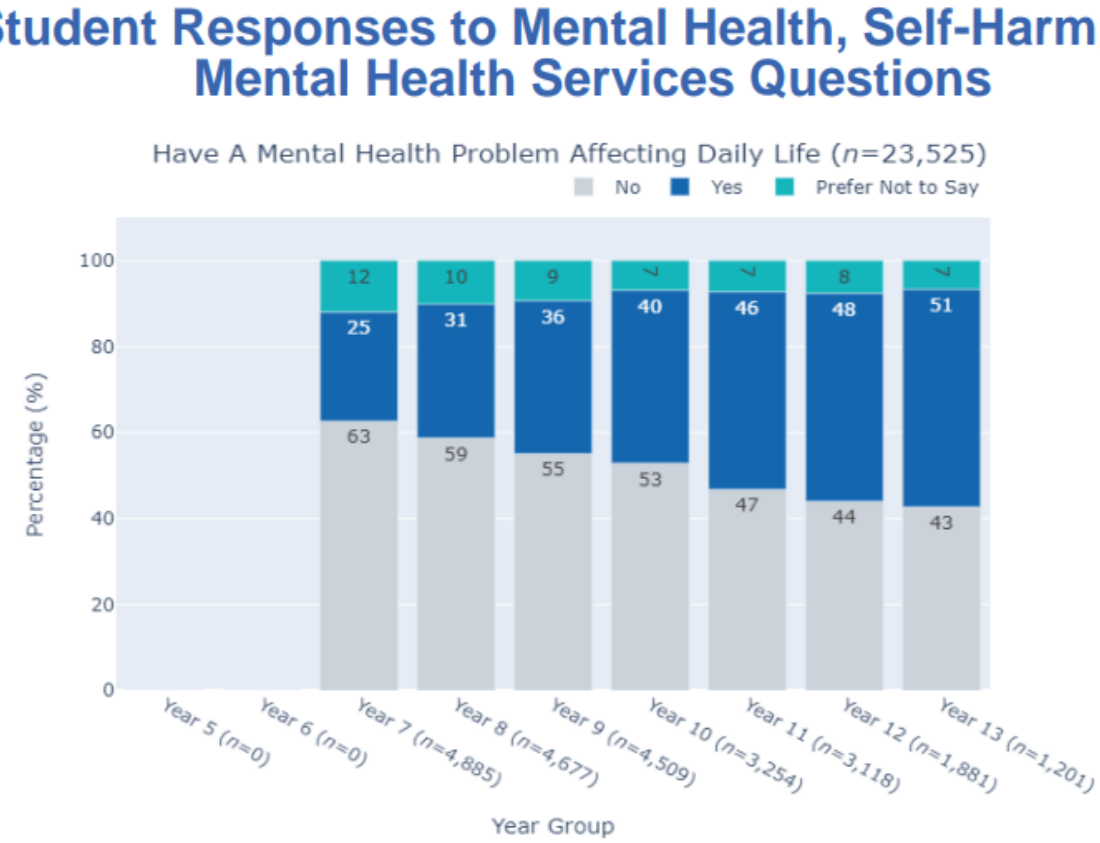
Source: Mental Health of Children and Young People in England 2023 Survey.

OXFORDSHIRE COUNTY COUNCIL

In Oxfordshire:



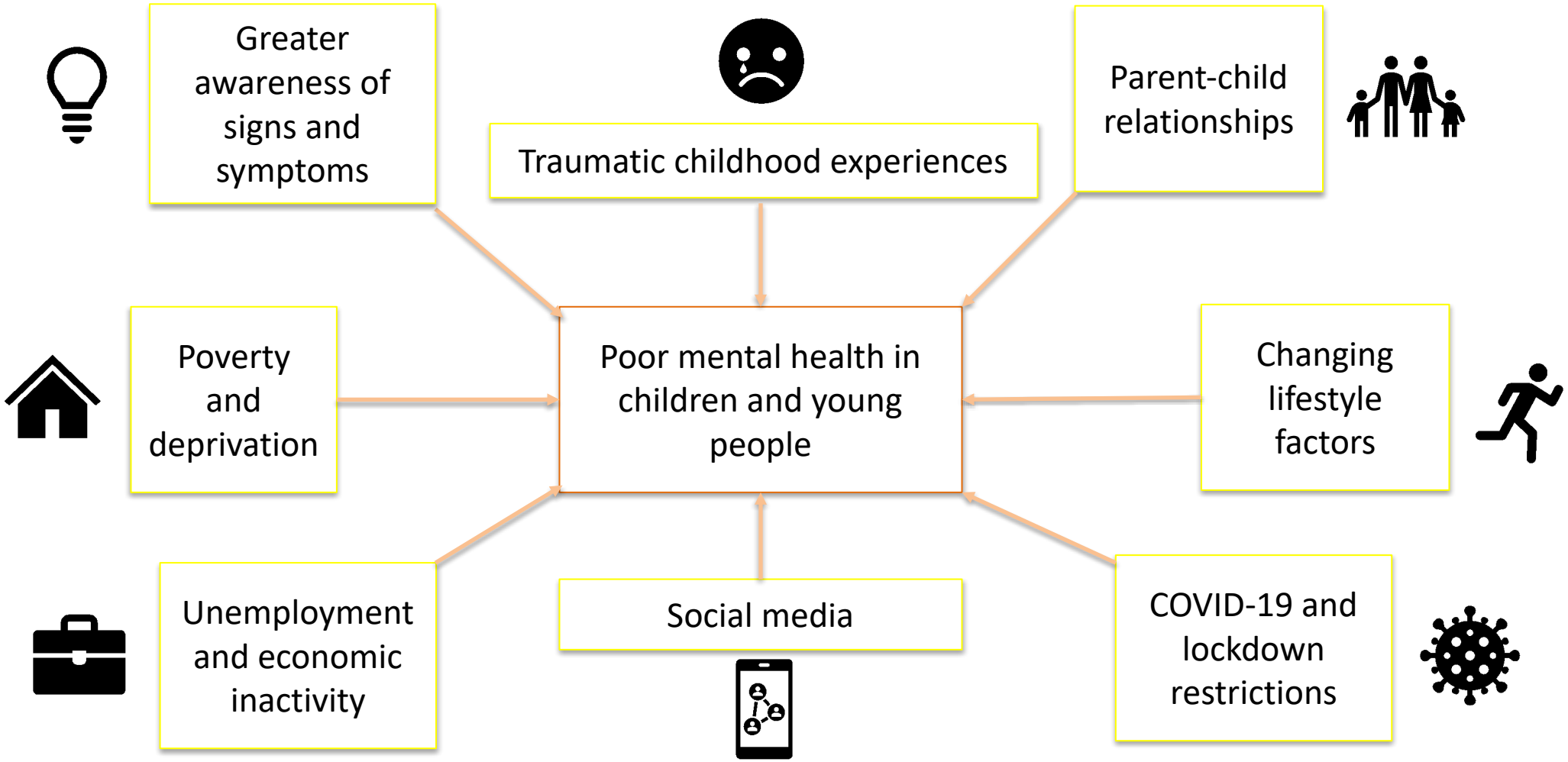
The number of referrals received (monthly average) by the Oxford Health CAMHS between 2016 – 2023, alongside the average number of appointments per episode. Source: Oxfordshire CAMHS Briefing 2023



Proportion of students who report a mental health problem affecting daily life in 2023. Source: OxWell School Survey 2023. [28]

OXFORDSHIRE COUNTY COUNCIL

Why is mental health worsening in children and young people?



What is the current mental health landscape for children and young people?

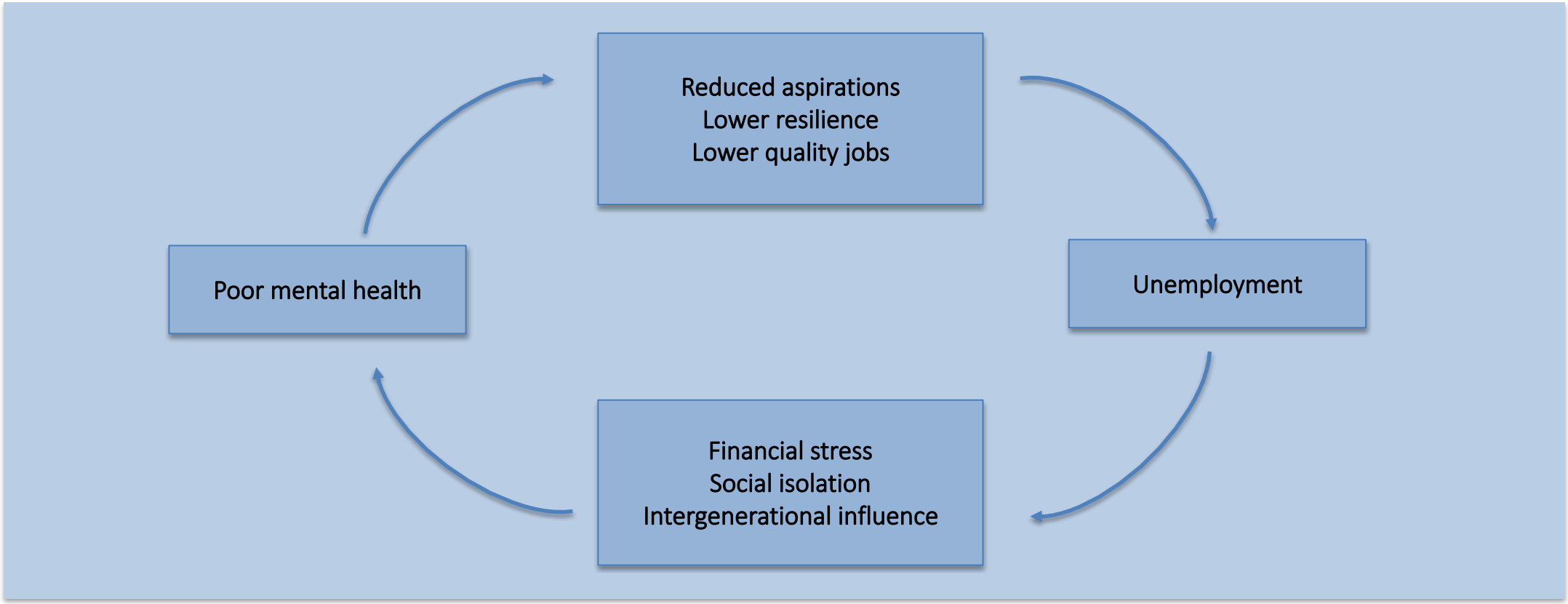
Proportion of children and young people reporting poor mental health has been increasing due to various factors e.g. childhood poverty

Nationally, there has been a **66% increase of probable mental health disorders in 8–16-year-olds** and **more than a doubling in 17–19-year-olds** since 2017.[1]

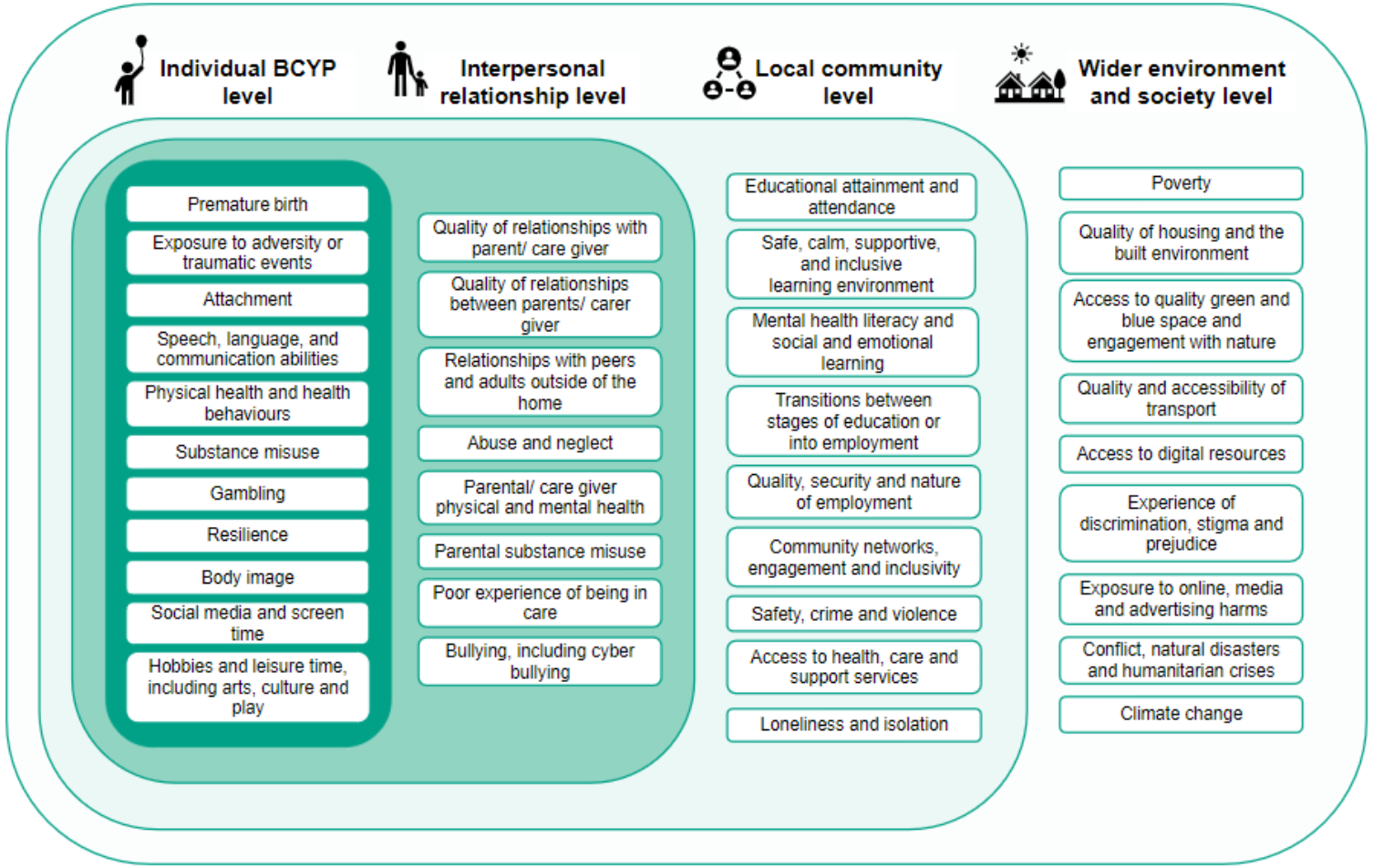
Growing demand for special education needs and disabilities support, and declining wellbeing in schools

From the 2023 OxWell survey, **18% of students reported feeling lonely, while 25% reported often or always feeling sad or empty.**[3]

What is the link between mental health and unemployment?



Improving the mental health of babies, children and young people framework[1]



Current actions in Oxfordshire

Individual	Interpersonal	Community	Wider environment and society
Easy to access self-help services Supporting transition periods Substance use support	Supporting struggling families Supporting individuals with traumatic childhood experiences e.g. domestic abuse Mentoring initiatives	School-based social and emotional learning Youth development initiatives Integrated support for complex needs	Inclusive and sustainable economic policies Access to greenspaces, arts and culture Community safety
↓	↓	↓	↓
• Tellmi app • Oxfordshire Supported Internship Programme • Here4Youth	• Oxford Parent-Infant Project • Home Start • Oxford Hub's Big Brothers Big Sisters	• Emotional Literacy Support Assistants (ELSA) • Oxfordshire Youth • Oxford Link Programme	• Future Generations initiative • Oxford Local Nature Partnership • Safer Oxfordshire Partnership

Examples of data and input from…

oxfordshire youth

Oxford University Hospitals NHS Trust

Active Oxfordshire

Oxford Brookes University

South Oxfordshire District Council

Oxfordshire mind

NHS Oxford Health NHS Foundation Trust

Education Services

Vale of White Horse District Council

Oxfordshire County Council

OxWell Student Survey – Young People's Health and Wellbeing

University of Huddersfield

SOFEA

byhp – Because Young People Matter

University of Oxford

Oxford City Council – Building a world-class city for everyone

West Oxfordshire District Council

Oxfordshire Inclusive Economy Partnership

Cherwell District Council – North Oxfordshire

Oxford Safer Communities Partnership

OLNP – Oxfordshire Local Nature Partnership

Recommendations

Strive to reduce mental health problems by addressing wider factors

Environment and Society
- Marmot County

Community
- Empower and support local communities
- Work with local organisations including schools, faith based groups and parish and town councils

Prioritise opportunity, activity, independence, and community

Environment and Society
- Transport and reduced barriers to access

Community
- Support for community spaces and activities.
- Strengthen youth communities.

Individual
- Targeted schemes to reduce barriers

Prioritising early and effective intervention

Environment and Society
- Expand early intervention to include social, activity based or nature based activities

Community
- Empower mental health leads in schools

Interpersonal
- Improve mental health skills training for those working with young people.

Individual
- Expand mental health support options.

Ensuring diverse career and training opportunities are available for all young people

Environment and Society
- Oxfordshire Local Inclusive Economies Partnership

Community
- Work with local businesses to support youth employment.

Interpersonal
- Mentorship programmes to engage young people and foster resilience.

Individual
- Ensuring mental health support and career advice is available, especially during transitions.

Key Messages

Mental health problems in children and young people are on the rise, with significant implications on the individual, their families, communities and wider society.

Mental health is impacted by a range of individual and broader factors including at the economic, social and environmental level.

Tackling mental health issues in children therefore requires an integrated, systems approach with collaboration between all sectors.

OXFORDSHIRE COUNTY COUNCIL

OXFORDSHIRE HEALTH AND WELLBEING BOARD

13 MARCH 2025

HEALTH AND WELLBENG STRATEGY UPDATE – PRIORITIES 3 AND 4 - Live Well

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to:

a) Note the progress of the delivery of priorities 3 and 4 under the thematic domain of Live Well within the Health and Wellbeing Strategy along with key challenges.

Executive Summary

2 The Health and Wellbeing Board approved a new strategy in December 2023, with the priorities split between four thematic areas of Start Well, Live Well, Age Well and Building Blocks of Health. Delivery against the ambitions within the strategy is the responsibility of all organisations represented on the Board and is supported by an Outcomes Framework agreed by the Board in March 2024.

3 The Board has agreed to receive a rotating update on delivery of 1 of the 4 strategy themes at its quarterly meetings, meaning that over the course of a 12-month period an update on each theme would be presented once. This report is the first annual report of the thematic domain of Live Well covering:

Priority 3 - Healthy People, Healthy Places

- The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight.

- People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

Priority 4 - Physical Activity and Active Travel

- Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.

As agreed by the HWB, it is the Health Improvement Board that is the key partnership forum that drives forward implementation of the strategy under these two areas.

The implementation progress report in Annex 1 provides an update on key activities, challenges and plans for the year ahead against each theme and Annex 2 presents data for the Key Outcome and Supporting Indicators selected for these two priorities within the Board's Outcomes Framework.

Introduction

4 This cover paper highlights some key successes and challenges and should be read in conjunction with the attached report (annex 1) which covers in more detail each of the outcomes in relation to Priorities 3 and 4 of the Health and Wellbeing Strategy.

5 It should be noted that several of the priorities including tobacco, healthy weight and physical activity require a whole systems approach to bring about change and the report does not include every piece of work that his happening across the system in each area but highlights key successes along with key challenges. It should also be noted that it may take some time for the interventions put in place to positively affect the outcome trajectory.

6 Data annex 2 provides a quantitative report against the Key Outcomes and Supporting Indicators for priorities 3 and 4 as selected by the Health and Wellbeing Board.

Summary of Key Data

7 The majority of trajectories are reporting Green (on target). While this is positive we should not remain complacent. It should be noted for example that smoking remains the greatest controllable cause of death and disease with around half of lifelong smokers dying early losing about 10 years of life, contributing to COPD, Coronary Heart Disease and taking up considerable resource in the primary and secondary care system. Around 10% of adults in Oxfordshire smoke, equating to around 60,000 residents. There are significant health inequalities existing with smoking rates remaining higher in people in areas of deprivation, with long term mental health conditions and living with metal ill health.

8 For obesity, reception prevalence is green but has increased and for children of all ages there are geographical areas in Oxfordshire where excess weight remains higher than the Oxfordshire and England average and trend is not reversing for these groups. More than half of adults in Oxfordshire are overweight and following smoking obesity is the next biggest controllable risk for early death and disease.

9 The below trajectories are reporting amber

- Year 6 prevalence of overweight (including obesity)
- Achievement of county wide Gold Sustainable Food Award
- Percentage of adults aged 16 and over meeting the '5-a-day' fruit and
- Vegetable consumption recommendations *****
- Healthy Start Voucher Uptake
- Percentage of Physically Inactive Adults
- Percentage of adults walking/cycling for travel at least three days per week

10 The below trajectory is reporting red (please see point 13 for further information about steps being taken to address this).

- Percentage of physically inactive children (less than an average of 30 mins a day)

Summary of Key Activities and Challenges Against Theme

A very brief summary against each of the key areas is included below (with expansion in the table report at annex 1):-

11 The whole systems approach towards **Healthy Weight** has included a deep dive into data revealing areas of Oxfordshire with significantly higher levels of excess weight amongst children than the Oxfordshire and England average (more than 40% in some areas). This data has been utilised in the planning of key initiatives including healthy start vouchers, targeted work to support schools and the development of a new healthy weight service. Work with young people has highlighted the adverse impact of 'junk food advertising' here. And work is underway to support healthier eating in existing food stores. Challenges including the introduction of Tier 3 and 4 support pathways for people living with healthy weight are being grappled with by the ICB and progression with health environments to support healthier weight, including policies to encourage healthier advertising and restrict new hot food takeaways (as introduced elsewhere in England) is slow.

12 Work to support Oxfordshire to become **smokefree** (less than 5% prevalence) continues. A prevention programme has been introduced to schools, healthier environments are encouraged by a community fund and a health needs assessment and national Smokefree monies have informed and enabled the commissioning of a new enhanced specialist stop smoking service with additional capacity. A revised Strategy is planned this year. Challenges include some delay in implementing the full acute and maternity tobacco dependency offer which is now in place and seeing positive outcomes, unfortunately the ring fence has been removed from the NHSE transfer to the ICB which means this service may be at risk.

13. With regards reduced **Alcohol** related harm, extensive work continues to support and engage more people into effective treatment for alcohol dependence which has reduced 'unmet need' to below the England average. For early identification and support, Alcohol Identification and Brief Advice

sessions and alcohol counselling sessions will provide an enhanced offer. Ongoing uncertainty around national grant funding is a challenge.

14 There has been considerable expansion to the **physical activity** offer this year with enhancement to the You Move and Move Together programmes, including to include early years. While positive outcomes are being seen from evaluation of these programmes, this impact has not yet been seen on the data points and a deep dive is planned to consider further initiatives to support 'inactivity'. **Active travel** work is stepping up with a myriad of initiatives underway including Community Outreach Active Travel (COAT), initiatives to encourage cycling and infrastructure plans being approved. Challenges include keeping on track with a comprehensive workstream and with recruitment.

15 The update on the importance of being active for mental health and wellbeing focusses on **access to nature.** A people and nature manager was employed in 2024 putting in place initiatives including a nature buddies scheme, people and nature network and linking to related policy, research and social prescribing. Key challenges include long term funding, engagement, social prescribing and a related skills gap.

Financial Implications

16 There are no financial implications that the Health and Wellbeing Board is asked to note in relation to this report. Existing budgets from across the system are being utilised to deliver against the above priorities.

Comments checked by: Emma Percival, Assistant Finance Business Partner, emma.percival@oxfordshire.gov.uk

Legal Implications

17 This report provides key updates to the Health and Wellbeing Board in relation to the Council's statutory duty under section 12 of the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area.

Comments checked by: Jonathan Pool, Solicitor (contracts) Jonathan.pool@oxfordshire.gov.uk

Ansaf Azhar
Director of Public Health and Communities

Annex 1. Live Well Report
Annex 2. Performance Report

Contact Officer – Derys Pragnell,
Consultant Public Health (Live Well Promote and Prevent).
Derys.Pragnell@oxfordshire.gov.uk

March 2025

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Priority 3: Healthy People, Healthy Places

The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight.

People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

Shared outcomes	Updates on activities delivering on priority	Challenges in progress	Plans for the year ahead	RAG Rating
3.1 More residents living with healthy weight and reduced harm from unhealthy weight, with focus on priority groups. Using Whole Systems Approach: **ii. System Leadership** **iii. Prevention** **iii. Support** **iv. Healthy weight environments**	**System Leadership** Health Needs Assessment and Action Plan Review Ongoing. Data Deep Dive to identify geographical areas with ongoing excess weight to inform targeted approach and support related commissioning and strategy.. **Prevention***:* Healthy Start marketing materials developed, and social media campaign delivered to support promotion across the County for increased uptake. Expansion of You Move programme to work with pregnancy and early years. Recent report from Active Oxfordshire on Prevention First: transforming health and wellbeing through activity in Oxfordshire. Strategic School Food and Physical Activity role in place developing policy (uniform/lunches), communication/relationships (healthy school forum set up and conference held) and training offer for school governors and senior leadership (first course March 2025 whole school approach to wellbeing, learning and performance through nutrition). ***Support*** New Life course Healthy Weight Service 'Bee Zee Oxfordshire' (Tiers 1 and 2) live with capacity to work with 5000 adults and 200 children and families annually. Remote tier 3 service is now available under NHSE right to choose framework, and people can access medications for overweight and obesity if eligible.	**Support** Tier 3 (specialist multi-disciplinary healthy weight services) for Oxfordshire are at Luton and Dunstable Hospital where waiting lists are currently around 9 months. Weight loss medication Tirzepatide will require development of a delivery pathway in a primary care setting. NHSE have defined priority cohorts for the first 3 years of rollout. The majority of our overweight population will not be eligible in these cohorts and therefore public messaging around the situation is paramount OUH Tier 4 (bariatric surgery) closed to new patients. Service available out of county at RBH, Ashford St Peters or Luton and Dunstable. **Healthier weight environment:** Opportunities to change the food environment are slow going. Limited success so far on policy changes for healthier food advertising and planning regulations to limit new hot food takeaways (many Local Authorities outside of Oxfordshire have successfully implemented these). New National Planning Policy Framework would benefit from Local Plan wording or Supplementary Planning Document alongside.	**Prevention** Launch cooking and healthy eating programme in schools (primary and secondary) April 2025. In development cooking resources hub, train the trainer model and secondary school programme (includes community link). **Support** Bee Zee Oxfordshire from April 2025 pilot programmes to be co-produced with residents and partners for early years, antenatal/post-natal, young people aged 13-18, ethnic minority groups and mild-moderate mental health conditions. **Tier 3:** ICB are developing a local contract with Oviva, the current providers of tier 3 remote services under the NHS are right to choose framework. This contract will allow greater assurance around quality and access. **Tier 4** ICB are leading discussion on a provider collaborative approach to tier 4 to provide equitable services across BOB Medications for overweight and obesity: Tirzepatide technical appraisal was released in December. ICB are	Amber

	Healthier weight environments: Oxfordshire food system youth voice project worked with Bite Back to capture young people's stories and evidence on junk food advertising and food available in Local Authority owned spaces for example leisure centres. Report available (end of February 2025) and video featuring young people watch here.- recommended policies in place to restrict move from high fat salt and sugar to alternative advertising. Oxfordshire Good Food retail project: Phase 1 worked with 5 convenience shops, in Blackbird Leys where there is a price premium compared to Tesco of +30%. The number of healthier lines available increased by 19% and on average the stores stocked 12 more healthier lines. Healthier out of Home post in place sitting within Trading Standards at OCC. Aspiration to support existing premises to provide a healthier offer. Work to date has focussed on identifying an appropriate scheme that meets both business and health needs. Oxfordshire Sustainable Food Places Silver Award achieved collecting evidence on key areas of work : **OxFarmToFork**, local food action plans and healthier food environment policy changes	Cherwell District Council have included wording around walking distance form schools (very positive but could be strengthened).. .	developing pathways to include primary care from June 2025. Awaiting clarification of priority cohorts and funding from NHSE. ***Healthy weight environment*** Progress healthier food environment action and policy adoption across City and Districts; healthier vending, junk food advertising, hot food takeaway controls and healthier catering. Pilot Good Food out of Home scheme in Banbury working with hot food takeaways, restaurants, and cafes. Oxfordshire Good Food Retail project funding extended for a further 2 years until 2027 to roll out into other areas, build local retail networks, evaluate impact and recommendations to embed model for LA's. Oxfordshire working towards Sustainable Food Places Gold Award in 2026 collecting evidence on key areas of work : **OxFarmToFork**, local food action plans and healthier food environment policy changes.	

3.2 Oxfordshire to become smoke free **i. Less people taking up smoking** **ii. Smokefree environments** **iii. Effective regulation and enforcement of illicit tobacco** **iv. More smokers supported to quit, targeting those populations where smoking rates remain high**	**Less people taking up smoking** Commissioned **INTENT** prevention support in secondary schools taking a behavioural change approach to prevent smoking and vaping in young people – preventing the start. **Smokefree environments** The Tobacco Control Alliance are working together to ensure an aligned approach to HR policy and staff offering, to support staff to quit smoking. The Smokefree Community Fund has continued to be used by local town and parish councils to create signage for local parks and support initiatives for smokefree environments. Smokefree school gates is regularly promoted to local schools and EYFS settings. Most interest has come through the smokefree parks and school links in local areas. Smokefree Sidelines launched in 2020 with an aspiration for all Oxfordshire Football Association Clubs to become Smokefree . The initiative has been promoted via OFA social media, newsletters and at welfare officer meetings. A Health Needs Assessment will support commissioning of a new service, and the new strategy. **Effective regulation and enforcement of illicit tobacco** Trading Standards - continue to target underage sales of smoking related products There is	The full Acute, Maternity and Mental Health Inpatient Tobacco Dependency in house offer is now in place and bringing positive results but there is a risk to continuation due to the removal of the ring fenced grant allocation to the ICB. Some of the innovation pilots have taken considerable time to get off the ground due to time needed for procurement, workforce challenges within systems to recruit to new roles/additional hours funded. An evidence-based approach within A&E is at risk as a result (of not being able to transfer monies) . Continued misconceptions around vaping and negative impact this is having on harm reduction strategies to be gained from existing smokers using regulated vapes to quit. Some medications that can offer good support for smoking have not been available due to national shortages but are now emerging. Challenges on reaching people who smoke via primary care - EMIS form set up for GPs via the ICB – however this is underutilised.	Commissioning of a new outcomes focused Local Stop Smoking Service with additional capacity, innovation and flexibility. Due to launch July 2025. Plan for refreshed Tobacco Control Strategy for 2025 – 2030. Continue Tobacco Control Alliance, with renewed energy and commitments following the launch of the new strategy. Delays in funding from NHSE through to ICB may put the maternity and acute Tobacco Dependency programmes at risk More comms work around No Smoking Day in March 2025 New medications will require formulary updates.	Amber

	increasing concerns around nicotine pouches as they contain varying strengths of nicotine. Trading standards have recently published an article on some of the work they are doing – Oxfordshire News on Nicotine Pouches . **More smokers supported to quit, targeting those populations where smoking rates remain high** We have considerably increased capacity within the Local Stop Smoking Service over the past year, supporting over 1,000 quitters in Oxfordshire. New 'Smokefree Generation funding' has enabled innovation projects to roll out in 24/25 including ***Allen Carr Programme*** – pharmacology-free behaviour-change group support which has supported 30 people to quit this year. ***Targeted Lung Health Check*** **pilot** with OUH, enabling Very Brief Advice, access to NRT and support to quit. Programmes to support Acute inpatients. Mental health inpatients and people in maternity to stop smoking are in place. **(though may be at risk as funding transferred from NHSE to ICB is not clearly ring fenced to this imitative)** **Stoptober and other comms –** high profile presence on buses, out of home advertising and various paper and digital platforms. **Recommissioning of the Local Stop Smoking Service** with the revised service due to start in July 2025. The new contract specification works to the Smokefree guidance and builds on learnings from the evidence from the S31 grants given during 2024 and comprehensive health needs assessment			

	The system have worked together to put in place Swap to Stop initiatives in Maternity services, Acute settings and for staff in hospital trusts.			
3.3 Reduced alcohol related harm **i. Address unmet need for alcohol support and treatment.**	**Unmet Need -** Extensive work continues across Oxfordshire to support and engage more people into effective treatment for alcohol dependence. This includes enhanced outreach to people with health inequalities including those who are experiencing homeless or who are vulnerably housed, and people accessing the criminal justice system, supported by additional national grant funding. The number of people accessing alcohol treatment has increased by 68.7% since April 2020. As a result, Oxfordshire's unmet need for alcohol treatment has reduced significantly from 86.9% in March 2020 to 74.3% (Sept 2024) and is now below the national average of 76.6%. We also continued to work with Oxford University Hospitals NHS Foundation Trust to support the continuation of the Alcohol Care Team to reduce repeated alcohol related admissions.	The main challenge to progressing activities against this priority has been the ongoing uncertainty around continuation of national grant funding that contributes significantly to activity to increase treatment numbers. Grants have currently been confirmed to 31 March 2026. In addition, the national and local focus on continuing to ensure high quality treatment systems means that we cannot continue to expand the treatment population indefinitely without impacting on service quality.	The focus on further increasing the numl people supported into alcohol treatmen remain for children and adult's services 2025/2026. Activities to support this will include targ outreach and housing support to people health inequalities and community engagement events, including use of FibroScan equipment. Support the continuation of the expande service in ED, evaluate provision and outcomes and work with partners to ensure stability of service based on the outcome of the evaluation	Green

ii. **Improve earlier identification and prevention of alcohol harm**	**Improve earlier identification and prevention** - Developments in alcohol prevention in 2024 include the provision of more Alcohol Identification and Brief Advice (IBA) sessions to train professionals across the system to help people identify their drinking behaviours at an early stage, and signpost them to support including bespoke sessions for key partners. In early 2025 we are launching alcohol counselling sessions alongside our DrinkCoach online alcohol test, to provide people with support sessions to help them to reduce their drinking before it becomes problematic.		Publicise the new alcohol counselling ses offer to ensure public awareness of the new provi and link to social media campaigns planned throughout the year including promoting alcohol awa Week. Scope further alcohol prevention and early interventions to enhance the pathways an for those drinking at increasing-risk levels.	

Priority 4: Physical activity and Active Travel				
Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.				
Shared outcomes	**Updates on activities delivering on priority**	**Challenges in progress**	**Plans for the year ahead**	**RAG Rating**
4.1 A system wide approach to physical activity, incorporating key physical activity programmes	There has been an expansion of both the You Move (physical activity for low-income families and Move Together (physical activity for people with long term conditions) programmes with the addition of Moving Medicine. There are now 15,000 people engaging in these programmes. The **You Move** programme has expanded to work with antenatal and early years. **Move together s**upporting adults with Long term conditions has been positively evaluated, demonstrating, not only an increase in physical activity amongst participants but also a reduction of Primary Care appointments(an estimated saving of 4.5 GP appointments per participant per annum. 111 demand has also fallen and falls have reduced.	Ongoing funding to ensure this provision is maintained. 'Active Lives' data shows the proportion of adults meeting daily recommended levels of physical activity for Oxfordshire overall has increased (74% - 76%). However, the levels of inactivity have increased amongst both adults and children. This is different to the findings from You Move and Move Together where a a positive decrease in inactivity is shown. It is notable there was a significant reduction in sample size for active lives data being utilised for the most recent data which may have impacted on outcomes.	Work to determine the future funding and commissioning arrangements for the expanded You Move and Move Together Programmes. Take a focussed look at best practice to increase participation amongst those who are currently 'inactive' to determine any gaps in provision Further aligning the new early years offering with the Best Start in Life principle of the Marmot Place work	Amber
4.2 Whole system approach to improving access and uptake of active travel options	First year of **Community Outreach Active Travel (COAT)** completed and the second (of three) tranches was launched in early 2025 with initiatives going live in the spring, led by Active Oxfordshire. Results of year one include: - 1,183 people have been reached by COAT projects and 60% of these	The **COAT** Programme includes a wide range of initiatives, so ensuring all are on target and working successfully will be a challenge for OCC as commissioner and for Active Oxfordshire as provider. **Sustainable School Travel Strateg**y Challenge is the number of schools to work with using two School Engagement Officers. Hence prioritisation is key.	Continued monitoring of implementation and outcomes of COAT Delivering actions in the Sustainable School Travel Strategy **Better Points.** Launch and promotion of the app (soft launch and testing underway) to ensure Oxfordshire residents and businesses know about the app/incentives and are engaged with	

	participants live in one of Oxfordshire's priority neighbourhoods - 56% of Active Travel Project participants reported that they are cycling, walking or wheeling for travel more or much more frequently as a result of taking part in the project and have made modal shift. **Sustainable School Travel Strategy** published whose aim is to improve the health and wellbeing of our children and young people by enabling active and sustainable travel to school and college on a safe, ecofriendly Oxfordshire transport system. This is being supported by an **air quality project** where data from outside 18 schools in the county are being monitored for changes following the introduction of School Street interventions and from control locations. **E-Bike market testing** to see how the findings from the Oxford E-Bike Pilot can be used to scale up to a wider scheme which will allow residents across wider geographical areas and demographics to use E-Bikes in a cost-effective way. **Betterpoints app i**s being rolled out across Oxfordshire. This is an app to incentivise sustainable and active travel choices. We're targeting areas of deprivation with enhanced rewards. (linking with Public Health to target inactive population and smoking cessation) See BetterPoints Ltd – Behaviour change technology	**The E-Bike market testing** is still in the hypothetical stage and so there is a risk that we do not gain momentum with achieving stakeholder engagement and/or securing funding. **British Cycling Officer** First round of recruitment for Central Oxfordshire post unsuccessful. Engaging target groups may be a challenge. Funding beyond what we have grant for will need to be sought if we agree to continue these roles/this partnership.	this opportunity (and measurable outcomes achieved). **Air Quality Project.** Receive the final report from University of Birmingham showing the results of the data analysis to date, and then renewal of sensor subscriptions in June 2025. Continue conversations with stakeholders and to determine a viable route to rolling a scheme out to a wider population. We also need to seek funding. When in post, the Central Oxfordshire British Cycling Community Developer could assist with this Prioritisation of the infrastructure in the LCWIPs is underway.	

	British Cycling Officer – Community Developer – employed for increasing access to cycling across Oxfordshire (1 year post). Second post being recruited to for Central Oxfordshire (2 year post). Targeting underrepresented groups in cycling, particularly women and girls and supporting workplaces. **Local Cycling & Walking Infrastructure Plans (LCWIPS) being approved**. On track to meet LTCP target for LCWIP approval. Standardisation of LCWIPs underway to improve quality of our plans and resulting infrastructure.			
4.3 Recognition and action on the critical importance of being active for mental health and wellbeing	A "nature buddies" scheme has been put in place along with increasing access to nature through a program working with small organisations and Oxfordshire County Councils Travel team to access more rural locations. Public health commissioned employment of a 'People and Nature' Manager through the Oxfordshire Local Nature Partnership (OLNP), who has been in post since March 2024. Key achievements for this role and related partnership activities include:	*Finance and resource gaps, including lack of sustainable and accessible funding for wellbeing in nature projects. This prevents effective scaling up of 'green prescribing' interventions as well as community-based wellbeing projects. *Limited health and social care sector engagement (practitioners and policymakers) with green prescribing as an evidence-based means of delivering preventative healthcare, that could support integration into care pathways. *Lack of clarity on how to measure and demonstrate impact (social, environmental, and financial) for a heterogenous set of nature-based wellbeing interventions in a way that is	Development of a subsidised community transport pilot (April to Sept 25) to improve access to Oxfordshire's larger nature spaces for underserved groups (with funding from public health - Development of a 'Green Wellbeing Lab' in partnership with OUH to promote participation in nature-based activities for staff, patients and visitors. Launch OLNP People and Nature website, featuring resource bank and Subgroup member directory to enhance networking opportunities.	Green

	• Growth of a 'People and Nature' network with over 200 members, a monthly newsletter and quarterly network meetings to share best practice and offer training opportunities. • Establishment of additional working groups focusing on 'Inclusive Nature Recovery' and green prescribing opportunities through CAMHS. • Deveopment of a 2-year partnership project to build a network of organisations hosting 'Nature Buddies' - specially trained volunteers who offer peer support to those lacking confidence to take part in nature-based activities. • Delivery of 'green prescribing' themed sessions to OCVA's Communities of Practice meetings across Oxfordshire, to raise awareness of the benefits of nature for physical and mental health and of local activities. • Commissioned research through the Leverhulme Centre for Nature Recovery on local research to identify Oxfordshire's 'priority neighbourhoods' for green infrastructure improvements. • Input into the Local Nature Recovery Strategy for Oxfordshire, to ensure (within the parameters of guidance from DEFRA) that the socioeconomic context, access to nature, and wider environmental benefits of nature (such as natural flood prevention, heat reduction, and more direct health and wellbeing benefits) are represented.	meaningful to commissioners, delivery organisations, and participants. *Diverse and fragmented social prescribing system in Oxfordshire (although in some ways this is also a strength). *Green/nature-based skills gap (addressing this could contribute to an inclusive and sustainable economy) *Lack of coherent and concise narrative on the benefits of a systems approach to people and nature and the roles of public institutions in promoting this.	*Support the Inclusive Nature Recovery working group to commission research, guidance, and capacity building for more equitable access to resources for community-based nature projects to support wellbeing. *Explore opportunities to enable and support approaches to green infrastructure and green skills development for a more inclusive and sustainable economy in Oxfordshire.	

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Oxfordshire Health and Wellbeing Board
13 March 2025

Progress on Oxfordshire Pharmaceutical Needs Assessment 2025

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to

a) **To note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1st October 2025 has commenced.**

b) **To receive an update on progress and the project plan timelines on the production of the 2025 Oxfordshire PNA.**

c) **To agree the approach to the approval of the final PNA.**

Executive Summary

1. Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. The last PNA for Oxfordshire was published in 2022 and has been kept up to date with supplementary statements reflecting changes in provision. The 2025 PNA is now due for publication in October 2025.

Introduction and Background

2. 'Pharmaceutical Needs Assessments' or 'PNAs' are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area. It is a mandatory exercise. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.

3. To prepare the report, data is gathered from a range of sources including pharmacy contractors, pharmacy users, local residents, and others (commissioners, planners).

4. An external expert resource, Soar Beyond Ltd, has been commissioned to support the preparation and delivery of the PNA 2025 report. Soar Beyond have extensive expertise in producing PNAs, having produced 26 in the last round in 2022.

5. Since the last PNA for Oxfordshire was published (in 2022) there have been changes to local provision of pharmacy services, with some contractors closing premises (for example Lloyds in Sainsbury supermarkets) and applications for new pharmacies to open. The PNA provides a formal and evidence-based view on any gaps in pharmaceutical provision locally and is the primary resource used by NHS England when considering applications to open new pharmacies in the county. Therefore, this new PNA will ensure decisions taken on determining applications for new pharmacies in Oxfordshire are informed by the needs of local residents.

6. The final report is a publicly available document and will highlight any current gaps in provision as well as likely future needs based on anticipated demographic changes within the lifetime of the PNA.

PNA progress to date

7. The Oxfordshire PNA process commenced late 2024 overseen by a wider BOB system-wide steering group, as agreed by the Oxfordshire Health and Wellbeing board in September 2024.

8. An Oxfordshire PNA Communications sub-group was convened in December 2024, to design the public engagement exercise, consisting of:

- Consultant in Public Health
- Council Senior Engagement Consultation Officer
- Healthwatch representative
- Soar Beyond representatives

9. The public engagement exercise commenced on the 27th January and completed on 9th March 2025. Survey link: Oxfordshire Pharmaceutical Needs Assessment 2025 | Let's Talk Oxfordshire

10. Multiple methods have been employed to maximise engagement with our residents. BOB ICB have promoted the survey with all GP practices and pharmacies (digital poster and accompanying messaging), and a physical poster has been sent to all pharmacies to display on the premises. Digital posters have also been sent to health champions across the library network. The survey has been promoted with our community health and wellbeing partners, the Make Every Contact Count partnership, and our Drug and Alcohol service provider. Healthwatch Oxfordshire have promoted through their engagement methods and patient participation groups. The survey has also been promoted in the Oxfordshire Consultations newsletter (reach 3600+ residents), and Your Oxfordshire (reach 40,000+ residents), and included in the Councillor briefing.

11. Concurrently, a data collection process is being undertaken. Soar Beyond is collating relevant data, including data on pharmacy contractors and GP dispensing practices; pharmaceutical services; current and future population

characteristics (demographic and health needs of our population); and housing trajectory data.

12. An Oxfordshire PNA Project group has also been established with the first meeting scheduled for 24th March.

13. Planned PNA Project group consists of:
    - Consultant in Public Health / Nominated Public Health Lead
    - Local Pharmaceutical Committee representative
    - Healthwatch representative (lay member)
    - Soar Beyond representative
    - BOB ICB representative

Producing the final PNA

14. The outcomes of the engagement and data collection will be taken to the Oxfordshire PNA Project group to review. This will enable Soar Beyond to commence the analysis and writing of the draft PNA 2025.

15. The draft assessment will be considered by the Project and Steering Group in early May 2025.

16. Upon approval of a draft PNA by the Steering Group, the assessment will be made available for a 60-day consultation provisionally scheduled between the 2nd June 2025 and 1st August 2025. Statutory parties to be consulted include the city and district councils, Thames Valley Pharmacy (LPC), Oxfordshire Local Medical Committee (LMC), Oxfordshire Healthwatch, Oxford Health NHS Foundation Trust, Oxford University Hospital NHS Trust, BOB Integrated Care Board and neighbouring Health and Wellbeing Boards. Those on the pharmaceutical and doctor dispensing lists will also be invited to respond. Local voluntary groups, patient groups and members of the public, will be invited to respond via Healthwatch Oxfordshire and Council consultations newsletters.

17. The final draft PNA will be produced considering the findings from the consultation. This will be circulated and approved by the Steering group in August 2025. The final PNA will be brought for approval to the Oxfordshire Health and Wellbeing board in September 2025. The PNA must be published no later than 1st October 2025.

Financial Implications

18. Funding for the production of the Pharmaceutical Needs Assessment for 2025 has already been allocated.

Legal Implications

19. The work is being undertaken to ensure the Health and Wellbeing Board is able to comply with its duties to carry out pharmaceutical needs assessments in

accordance with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

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March 2025

Oxfordshire Health and Wellbeing Board

13 March 2025

Oxfordshire Joint Strategic Needs Assessment 2025 Update

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to

a) **Provide feedback on the proposed design of the 2025 Joint Strategic Needs Assessment (JSNA).**

b) **Advise on the content of the 2025 JSNA and to highlight any additional topics/ themes of research and intelligence interest that they would like to see included.**

c) **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.**

Executive Summary

1. The Joint Strategic Needs Assessment (JSNA) is a statutory annual report provided to the Health and Wellbeing Board and published in full on the Oxfordshire Data Hub. It provides an evidence-base for the Health and Wellbeing Strategy and is an opportunity for an annual discussion about the key issues and trends from a review of a very wide range of health-related information about Oxfordshire. It should be used as a tool by all partners of the health and wellbeing board to ensure that services provided by their organisations are suitably tailored to the local needs in Oxfordshire identified by the JSNA.
2. Producing the JSNA is a collaborative project with contributions from many analysts and sector specialists from Oxfordshire's Local Authorities, NHS, Thames Valley Police, Healthwatch Oxfordshire and Voluntary Sector organisations.
3. Following the proposal at the March 2024 Health and Wellbeing Board, this year's JSNA will be available through a collection of interactive dashboards and accompanying narrative on Oxfordshire County Council's new Data Hub website.

4. The JSNA is a contemporary assessment of the health and wellbeing needs of the population. However, information about services needed to address population needs is beyond the scope of the JSNA. In some cases, the data may not be recent enough to reflect changes in services.

Oxfordshire Data Hub

Migration to the new site

5. Over the past few months, all content from the Oxfordshire Insight website has been moved across to the Oxfordshire Data Hub.

6. The JSNA has a dedicated section on the site, which includes the latest updates, as well as an archive of previous reports.

7. Complementing the JSNA, the Data Hub offers new tools which can be used to understand more about Oxfordshire and its residents. It includes a range of different data sets that users can query themselves, or the council as site administrators can use to design and populate reports. These data sets are from sources that the JSNA typically relies upon, including the Office for National Statistics, central government departments, and the NHS. The council will also look beyond these sources of information to inform the content of the JSNA, including local research. Below is an outline of some of the features available to users of the site.

Quick Ward Profile

8. On the site's front page, users are presented with the 'Quick Ward Profile'. By either selecting a ward on the map, or by entering a postcode, users can quickly generate a report for the ward of interest. The reports cover themes including economy, housing, children and young people, crime and health.

Data

9. This section contains a selection of themed reports including, among others, deprivation, environment, and health and social care. These reports contain data for the county as a whole, with comparisons to England and the South East where possible.

Data Explorer

10. This tool allows users to select individual datasets that they can visualise on the site themselves or download for their own use.

Custom Area Reporter

11. Here, users can define their own geographies and generate themed reports based on these selections. These user-defined areas can be a combination of wards or lower level super output areas (LSOAs), but not both.

2025 JSNA

New design of the JSNA

12. The JSNA will predominantly be hosted on interactive Power BI dashboards on our new Oxfordshire Data Hub website. The analysis and narrative for each chapter and its associated themes will appear alongside the dashboards. This way, the council hope to leverage the benefits of digital tools while retaining the rich narrative that explains the findings of the JSNA.

13. Alongside these, the council will produce summaries of each chapter and its themes, as well as an executive summary of the JSNA overall, in downloadable PDF documents.

14. The dashboards are being designed with usability and accessibility in mind. The council has planned for user testing to take place with colleagues and partners. The council is adhering to advice and guidance about accessibility to ensure that it meets the necessary requirements.

15. An indicative page which illustrates the dashboard's appearance will be showcased during the meeting.

Data and research due to be included in the 2025 JSNA

16. The JSNA last received a full update in 2023. The 2023 edition of the report has been used as a basis to plan for the themes in the 2025 update. Below is a list of each of the chapters and their associated themes that are planned for inclusion in the 2025 JSNA. Some of these have further sub-themes (for example, disability will combine an analysis of age and sex, benefit claimants and learning disabilities) but have not been listed here:

Population	Population groups and protected characteristics	Health conditions and causes of death	Building blocks of health	Health and Care service use	Behavioural determinants of health	Local research
Births	Disability	Cardiovascular disease	Work, income, and deprivation	Primary health care	Smoking	Healthwatch Oxfordshire
Deaths	Marriages and civil partnerships	Diabetes	Poverty and deprivation	Social prescribing	Alcohol	Voluntary and Community Sector
Migration	Gender identity	Cancer	Housing and homelessness	Secondary health care	Drug use	Local government
Population growth	Sexual orientation	Musculoskeletal conditions	Education and qualifications	Mental health services	Dietary risk factors	Academic
Life expectancy	Pregnancy and maternity	Sensory impairment	The built and natural environment	Children's social care	Obesity and overweight	
Healthy life expectancy	Ethnicity	Mental health and wellbeing	Social environment and loneliness	Adult social care	Physical activity	
	Country of birth	Self-harm	Climate	Community safety services	Sexual health	

	Travellers	Hospitalisations due to falls		Preventing ill-health	Breastfeeding and low birth w eight	
	Religion or belief	Leading causes of death		Access to services	Oral health	
	Students	Avoidable mortality		Digital exclusion		
	Carers	Deaths at home				
	Armed forces	Stillbirths and neonatal mortality				
		Suicide and deaths from drug misuse				
		Road casualties				

Future work

17. Throughout the coming months, the council will continue to work on the 2025 JSNA. It will be brought to the Health and Wellbeing Board for final approval in September 2025 ahead of its scheduled publication later that month.

18. A steering group with representatives from partners of the Health and Wellbeing Board and other relevant stakeholders will be formed to provide guidance and feedback on the new digital format of the JSNA. This will ensure that it involves and reflects the needs of residents, patients and partners across Oxfordshire. Steering group members continue to be sought and the first meeting is planned for May 2025.

19. The council is open to modifying the structure and/or content of the JSNA to better meet the needs of colleagues and partners. For example, recent discussions in the project team have noted the absence of a section dedicated specifically to children. Though data and research related to children has always been present in previous JSNAs, it has tended to be spread across multiple chapters. Having a chapter which is dedicated to children and young people could make this information more readily accessible to those who need it.

20. User testing of the digital JSNA 2025 will be undertaken upon completion of each chapter in June and July 2025.

Financial Implications

21. There are no financial implications relating to this report as the work on publishing an annual JSNA and producing population forecasts is already accounted for within business-as-usual service planning.

Legal Implications

22. There are no legal implications relating to this report.

Ansaf Azhar
Director of Public Health and Communities

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March 2025

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Your voice on health and care services

Healthwatch Oxfordshire Report to Health and Wellbeing Board – 13 March 2025

Healthwatch Oxfordshire Board

Notes from the public open forum meeting with Healthwatch Oxfordshire Board on 19th February can be seen here: https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/

Healthwatch Oxfordshire reports to external bodies

Since the last Health and Wellbeing Board meeting on 5th December 2024 we attended:

- Health Improvement Board (lay ambassador Jan 2025)
- Oxfordshire Joint Health Overview Scrutiny Board (HOSC Jan and March 2025)
- Oxfordshire Safeguarding Adults Board
- Oxfordshire Children's Trust Board

Any reports to external bodies we attend can be found online at: https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/. We attend Oxfordshire Place Based Partnership (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board - BOB ICB) among other BOB ICB committees, including the Quality Committee and Health Overview Scrutiny and Quality Committees. We work closely with Healthwatch Bucks, Healthwatch Reading, Healthwatch Wokingham and Healthwatch West Berks to bring insight into BOB ICB.

Healthwatch Oxfordshire research and insight reports

Our research reports focus on making sure the voice of people who use services is directly linked to recommendation of improvement or change where clear. All our reports and written responses to our recommendations from commissioners and providers can be seen here: https://healthwatchoxfordshire.co.uk/reports All reports are available in summary and Easy Read. For tracking of impact of our reports see here: https://healthwatchoxfordshire.co.uk/impact/impact-of-our-research/

Since the last meeting in December, we published the following reports:

Community Insight Profile – Wood Farm and Town Furze Oxford (Feb 2025). Part commissioned by Oxfordshire County Council Public Health as part of ongoing profiles of priority areas in Oxfordshire for health inequalities. We heard from 255 people living in the area, through on the street conversations and links to local organisations. Alongside this, we commissioned a community artist to bring in the voices of local children in the school, creating a mural and building on work by Oxford Preservation Trust. (See Meeting Agenda for presentation of this report as part of Community Insight Profiles).

By the end of March we will have also published reports on

- Men's Health – from our outreach with men in the county, and in Didcot
- Summary of what people have told us about GP surgeries

Enter and View visits and reports:

Staff and lay representatives make Enter and View visits to healthcare settings to collect evidence of what works well and what could be improved to make people's experiences better. Based on the feedback of patients and members of staff, we highlight areas of good practice and suggest improvements. https://healthwatchoxfordshire.co.uk/our-work/enter-and-view/ Since the last meeting we have published the following Enter and View reports:

- White Horse Medical Practice, Faringdon (Dec 2024)
- Boots Pharmacy, Oxford City Centre (Feb 2025)

We have also visited Hand and Plastic Surgery Injury Clinic (HAPI) at John Radcliffe, and Phoenix Mental Health Unit, Littlemore – reports to follow.

Surveys:

We closed a survey on *Navigating Urgent and Emergency Care* and are supplementing this with outreach to urgent care centres. Report on this will be published in May.

Other activity summary to date:

- Our **Q3 Oct-Dec (2024-5)** activity summary is now available (see below). For all quarters' activity and achievements for the 2024-5 year to date see here: https://healthwatchoxfordshire.co.uk/impact/ with examples of how our work has had an impact.
- Our **goals and priorities** we have been working to for the year 2024-5 can be found here: https://healthwatchoxfordshire.co.uk/about-us/our-priorities/ We will be publishing our plans for 2025-6 shortly, and thanks to the public who fed into this process.
- Recordings of our **public webinars** can be seen here https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/ Since January 2025, these have included ***'GPs – it's all about Teamwork'*** - thanks to the range of health professionals who spoke at this session, including GPs, social prescribers and physios - and a webinar on ***NHS Change – the Ten Year Plan***, enabling members of the public to give input into the government proposals for technology in the NHS. This was supported by Director of Transformation and Digital from BOB ICB who was able to answer specific public questions. Comments have been fed back to the NHS Change consultation. Our next webinar is on **Tuesday 18th March 2025**1- 2 pm and will be on ***'Supporting mental health and wellbeing in our young people through their teenage years'***. (Zoom link on the web link above). All welcome.
- **We publish bi-weekly news bulletins** to bring up to date health and care information to the public (to read previous issues and to sign up to receive a copy see https://healthwatchoxfordshire.co.uk/news-and-events/newsbriefing/ :), as well as active social media platforms and sharing communications via local news and community networks.
- We published a response to stage 2 consultation on the Warneford redevelopment: https://healthwatchoxfordshire.co.uk/news-and-events/correspondence/

- We carry out ongoing outreach to community groups and other settings across the county, and gain insights into experiences and views on health and care along with via phone and our online feedback centre. See below for some of the places we have been. We have been working with Patient Participation Groups to connect and support and currently developing a short film, and other support materials.

healthwatch Oxfordshire

October to December 2024

Activity and achievements

Outcomes and impact of our work

Helping to improve people's experiences of leaving hospital

In November we published our report ***People's experiences of leaving hospital in Oxfordshire***, which looked at the impact of a new approach from health and social care services towards supporting people to get home sooner and recover in their own home (known as Discharge to Assess). Based on what we heard from 293 members of the public and health and care professionals, we made a series of recommendations to improve the experience of patients and unpaid carers as well as system working. Providers and commissioners have since been working together to make improvements, based on our suggestions. This has included publishing a new leaflet about discharge from hospital, testing a process for following up with people who have recently left hospital, and delivering workshops and webinars to health and care professionals to improve joined-up working.

Action on food insecurity in Oxford

More than 50 people joined an event in October to discuss practical, community-led actions to combat hunger and food insecurity in Oxford. ***Feeding Oxford: Ensuring Dignity and Access Amid Rising Costs*** was organised with the OX4 Food Crew partnership. The event followed on from the report published earlier this year by community researchers Hassan Sabrie and Mujahid Hamidi, of Oxford Community Action, who we supported to explore the impact of increased costs of living on people in East Oxford and their experiences of receiving community food support services.

For more details of the impact of our work, including the latest updates on these two projects, see www.healthwatchoxfordshire.co.uk/impact

We also:

- Heard from 639 people about using **women's health services** in Oxfordshire – we will report back on what we heard and recommendations for improvement in April 2025.
- Launched a survey asking what people wanted us to **focus our work** on during 2025-26.
- Held a webinar attended by 38 people exploring how health services could be more **inclusive and accessible for men.**
- Raised what we were hearing from members of the public at Oxfordshire's **Health and Wellbeing Board** and **Joint Health Overview and Scrutiny Committee** meetings.

Read all our reports at www.healthwatchoxfordshire.co.uk/reports

healthwatch Oxfordshire

October to December 2024

Activity and achievements

Hearing from you

- **71** people contacted us for help or information about local health and social care services. The top three services we heard about were GP services, hospital care and district nursing services.
- We received **170** reviews of **73** health and care services via our Feedback Centre. We received **30** responses to reviews from service providers.

Our Enter and View work

We made **3** Enter and View visits - to Ferendune Court Care Home in Faringdon, the Boots Pharmacy in Oxford city centre and the Hand and Plastic Injury Clinic (HAPI) at the John Radcliffe Hospital. We heard from **31** patients and **22** members of staff as a result of these visits.

We also published **3** reports following visits earlier in the year. All our Enter and View reports, which set out our recommendations, together with a response from the service provider about what changes they will make, can be read at **www.healthwatchoxfordshire.co.uk/reports**

Out and about

We continued our programme of general and targeted outreach visits to speak to people about their experiences of using health and social care services. We attended community gatherings such as Oxford Asian Women's Voice and Happy Place Chinese Elders Group, as well as taking part in larger events, including Oxford Older People's Day. We attended community centres, larders and libraries, and spent time talking to people in Banbury and Didcot town centres. In total we spoke to **472** people as a result of these visits.

We also visited Witney Community Hospital and the Warneford Hospital, in Oxford hearing from **106** members of the public about using hospital services.

We report back what we hear to providers and commissioners so they know what is working well and what could be better.

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Oxfordshire Place-base Partnership: Health and Wellbeing Board Update March 2025

1.0 BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 14 January 2025. The papers can be found on then BOB ICB website . The next meeting will take place on 11 March 2025. Please see the website for papers which are published seven days before the meeting date.

2.0 Financial planning for 2025/26

At the time of writing BOB ICB is awaiting the new system planning guidance for the new financial year which will begin in April. Work has already been undertaken in preparation for this across the BOB system. A system planning leaders' group was established in October which includes representatives from primary care and public health, alongside planning leads from the five provider trusts.

Developing a system plan within what we know will be a limited budget will be a considerable challenge and one we can only meet through ensuring improved productivity and closer system working.

3.0 BOB ICB Operating Model – next steps

We have now transitioned to our new **Operating Model** and associated structure.

Our operating model was developed through consultation, collaboration and engagement with both our staff and partner organisations. The work we have done will allow the ICB:

- Focus on what we are uniquely placed to do as a system leadership organisation
- Deliver our core functions effectively and efficiently
- Build the right culture and behaviours to work well across our teams and in collaboration with our partners.

Our commitment to strongly support Place development and Place partnerships is reflected in our new operating model, with an ICB senior executive sponsor for each Place.

Rachael Corser, Chief Nursing Officer, is the executive sponsor for Buckinghamshire, Matthew Tait, Chief Delivery Officer, for Oxfordshire, and Dr Ben Riley, Chief Medical Officer, will be for Berkshire West. The Berkshire West model will be supported by the wider executive and clinical leadership team to ensure effective engagement across all three of its local authority areas. Dr Abid Irfan as Interim CMO will be the executive sponsor for Berkshire West until Ben joins the ICB later in March.

The executive sponsors will work closely with the Dan Leveson, Director of Place and Communities and through the Place-based partnerships to enhance integration and efficiency by supporting the alignment of the NHS, local authorities, and voluntary organisations. This partnership working is crucial to support proactive and preventative care at a local level to help address health inequalities and improve overall population health.

They executive sponsors will join key discussions with partners at local meetings including Health and Wellbeing Boards, Health Overview and Scrutiny Committee and Place based partnership meetings to ensure an effective senior connection with the ICB's executive team and Board and raising the profile of Place and its long-term development.

4.0 Working with local people and communities

As we implement our new operating model, we are strengthening and improving our approach to working with our local people and communities, putting more dedicated resource and focus to support this aim.

BOB ICB wants to ensure we are embedding a public involvement approach across the organisation and drawing insights from our partners and communities to inform our work as we commission services for our population.

We aim to create more meaningful and inclusive opportunities for public involvement, ensuring that our residents' voices are heard and valued in our decision-making processes.

We are currently supporting the national engagement on the NHS 10-year plan which is due to be published later in spring 2025.

It aims to deliver three main shifts:

- Hospital to community: Moving more care from hospitals to communities
- Analogue to digital: Making better use of technology in health and care
- Treatment to prevention: Focusing on preventing sickness, not just treating it.

For the BOB submissions, we are taking the following approach:

- Summarising existing insights – in BOB we already have a lot of from our engagement work including focus groups with refugees, people experiencing homelessness, asylum seekers, young people and people experiencing alcohol or drug problems.
- Working with our partners – we are working with BOB Voluntary, Community and Social Enterprise Health Alliance (BOB VCSE) to facilitate workshops with voluntary organisations and community groups. We have engaged with our Healthwatch partners to spread awareness of the engagement and have offered to facilitate workshops with their members.
- Delivering workshops / focus group – identifying and delivering workshop sessions across the BOB geography.
- Staff workshops / events - we will be running two workshop sessions in February for ICB staff. NHS Trust colleagues are also running staff sessions across their organisations.

5.0 New provider for BOB non-emergency patient transport services

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board has appointed EMED Group to provide NHS non-emergency patient transport services after a thorough and competitive procurement process, with the new enhanced service starting on 1 April 2025.

EMED is working with South Central Ambulance Service NHS FT and other subcontracted providers to ensure affected staff are transferred to EMED in accordance with Transfer of Undertakings (Protection of Employment) Regulations 2006. There are no redundancies resulting from this change.

The contract has been awarded for an initial five-year period with the option to extend for a further five years – 10 years in total.

A range of quality indicators are detailed in the contract, linked to delivery of the service specification which will be reviewed and managed through regular contract management meetings. Non delivery of the quality/performance indicators will be managed via this mechanism and in accordance with the NHS National Standard Contract as necessary.

More information is available on the Buckinghamshire, Oxfordshire, Berkshire West and Frimley - EMED Group website and will be updated regularly as the launch date approaches.

6.0 Oxfordshire Place-based Partnership (PBP)

Membership of the PBP has increased as Matthew Tait (Chief Delivery Officer at BOB ICB) was welcomed as a core member in his capacity as BOB ICB's Executive Sponsor for Oxfordshire. The role and function of the PBP has largely remained the same amidst the new operating model.

In December 2924, members completed a self-assessed maturity matrix to provide insight as to how much the partnership is maturing. This the third time that this annual process has taken place and initial findings have been shared with and discussed by members. Year on year, the partnerships has increased its' level of maturity across all ten "system conditions", with an increasing number of responses moving from "emerging" and "developing", to either "maturing" or "thriving". An area that remains less mature relates to engagement and insight from service users and residents; to support this area in 2024, the Oxfordshire PBP launched the Health and Social Care Connections programme. This consisted of 28 in person and 3 online stakeholder events, engaging 362 participants to seek views, share key messages and respond to questions. A draft report has been developed and will be considered by the PBP to establish learning and consider how this is further improved, as well as how the insights gathered can inform and deliver system and/or service changes.

Key processes are underway relating to health and social care planning for 2025/26. Place based delegation arrangements have been confirmed for Urgent and Emergency Care (UEC) and the Better Care Fund (BCF), robust and inclusive arrangements are in place with close working between the UEC Board and BCF Steering Group. Prevention and Health Inequalities has also been delegated to place and the Oxfordshire Prevention and Health Inequalities Forum (PHIF) will continue to play a significant role in how this priority is progressed.

Oxfordshire PBP will be hosting colleagues from the Department of Health and Social Care (DHSC) on 28 February. This opportunity to influence and inform national policies and strategies will provide Oxfordshire a platform to highlight many strengths, including the maturity of the PBP and place working, the development of neighbourhood health in Oxfordshire, and our approach to prevention and health inequalities.

6.1 Children and Young People

The Oxfordshire Local Area Partnership (LAP) SEND Strategic Improvement and Assurance Board continues to meet monthly, reflections from Stever Crocker, the independent chair can be found here. The LAP is working representatives from NHS England and the Department for Education (DfE) to shift away from an inspection response via a priority action plan, into an improvement plan. Throughout January and February there was a deep dive into commissioning, whereby Oxfordshire was commended for the joint commissioning arrangements in place and the level of integration. The Section 75 agreement already

contains CYP mental health services, but the intention is to further increase the level of CYP provision in the pooled budget.

On behalf of the Lacal Area Partnership, the Oxfordshire Parent Carers Forum (OxPCF) is currently planning a SEND Together event that will take place on 13 March, bringing together approximately 150 parent carers and professionals. Based on a steer from parent carers, the event will largely be about sharing information through workshops and advice clinics but will also provide an opportunity to receive rich feedback and insight.

Demand for many services accessed by CYP with SEND continues to increase and outstrips capacity. Although waiting times for neurodevelopmental pathways are lower than they were in November 2023, they are increasing again. This is despite increases in capacity (for example, weekend clinics in Community Paediatrics) and innovative ways of working (for example, technology assisted triage and single assessment models). CYP, families and carers are encouraged to access help and support that is available to them from the point at which need is first identified, there are many online resources universally available, alongside the Living Well with Neurodivergence offer and Support Hope & Recovery / Resources Online Network (SHaRON) peer forum for those open to CAMHS. The process to recommission CAMHS is underway, an ongoing engagement plan has been developed to ensure that opportunities for co-production and involvement is embedded through the life of the contract, leading to continuous improvement and transformation

6.2 Adult and Older Adult Mental Health and Wellbeing

Key partners are collaborating to design, commission and deliver a new and improved mental health model of care in Oxfordshire for adults and older adults. We are exploring how the Provider Selection Regime (PSR) can be applied to enable the development of a partnership led by Oxford Health, as the NHS mental health prime provider. Our aim is to develop an integrated model of care and deliver the best outcomes and experiences with the funding available. We hope to learn lessons from the existing outcomes-based contract (OBC) to take into our future model.

Representatives from the NHS, local authorities, the voluntary sector and service users and carers are reviewing the seven original outcomes and refreshing the associated metrics and indicators to ensure that they are still relevant and meaningful. Based on learning from the OBC), financial incentives won't be applied to these, but organisations remain fully committed to achieving these for Oxfordshire residents.

6.3 Urgent and Emergency Care

Alongside the BOB ICB Urgent and Emergency Care (UEC) funding a key component and enabler of delivering improved UEC provision for Oxfordshire residents is the Better Care Fund (BCF). An Oxfordshire planning process with representation and contributions from a diverse range of organisations and sectors has been relaunched. There are also good levels of connectivity with similar planning activities in Buckinghamshire and Berkshire West, as well as further afield through the NHSE South-East region.

Uplifts to the BCF are less significant than in previous years, alongside this, the BOB ICS is financially strained meaning that an efficiency target has been applied to the uplifts. Consequentially, a key focus of BCF planning in 2025/26 will be to establish a comprehensive evidence base for funded initiatives, that precisely set out cause and effect relationships between activities and metrics. This will help inform business cases and associated decisions that need to be made for following years. The approach to developing the BCF plan and required sign off will be shared with the Oxfordshire Health and Wellbeing Board in March.

6.4 Neighbourhood Health

Oxfordshire PBP has committed to driving progress in further developing neighbourhood health in the county. For several years, Oxfordshire has dedicated an increasing resource to design and roll out several Integrated Neighbourhood Teams. There are two well developed and mature INTs, one in Bicester and another covering OX3 postcodes. These teams both carefully analysed local population data, typically at a Primary Care Network level to begin with, to better understand needs, this then informs the target patient population and the makeup of the associated INT.

There are a further seven INTs that are under development, covering a combination of characteristics; frailty, long term conditions, CYP, high intensity users and social care. Three more INTs are collating and developing a common understanding of their population data. It is proposed that the focus for this year will be on further developing and maturing these INTs, rather than seeking to establish more. This provides Oxfordshire with an opportunity to take stock of progress to date and reflect on learnings. An Oxfordshire system wide quality improvement project in partnership with the University of Oxford is also being considered in this area.

6.5 Prevention and Health Inequalities

BOB ICB has again committed to a dedicated Prevention and Health Inequalities budget that has been delegated to each place. In Oxfordshire, the Prevention and Health Inequalities Forum (PHIF) will soon review the proposal for how this is allocated and will receive updates on a regular basis. It is anticipated that funding will remain largely with voluntary sector organisations and the two largest areas of spend will be for the whole system approach to physical activity and the next phase of the Well Together programme. Alongside funded projects, BOB ICB and colleagues from public health in OCC will jointly develop a health evaluation unit which will enable a greater understanding of preventative interventions and services that are put in place.

Colleagues from many health care organisations are represented on the Oxfordshire Marmot County Steering Group. There is a specific ask from health care professionals to provide evidence and feedback relating to rural inequalities to help inform the approach to tackling this.

Chris Wright
BOB ICB, Assistant Director of Place - Oxfordshire
February 2024

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