

**To: Members of the Oxfordshire Health & Wellbeing Board**

## ***Notice of a Meeting of the Oxfordshire Health & Wellbeing Board***

**Thursday, 26 June 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

June 2025

Contact Officer: **Democratic Services**  
Email: [committees.democraticservices@oxfordshire.gov.uk](mailto:committees.democraticservices@oxfordshire.gov.uk)

### **Membership**

Chair – Cllr Liz Leffman (Leader, Oxfordshire County Council)  
Vice Chair – Professor Sir Jonathan Montgomery (Chair, Oxford University Hospitals NHS Foundation Trust)

### **Board Members:**

Ansaf Azhar	Director of Public Health & Communities, Oxfordshire Co Co
Councillor Tim Bearder	Cabinet Member for Adults, 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 Georgina Heritage	South Oxfordshire District Council
Karen Fuller	Director of Adult Social Care, Oxfordshire Co Co
Councillor Sean Gaul	Cabinet Member for Children and Young People, Oxfordshire Co Co
Caroline Green	Chief Executive, Oxford City Council (District Representative)
Councillor Kate Gregory	Cabinet Member for Public Health and Inequalities, Oxfordshire Co Co
Dan Leveson	Place Director for Oxfordshire, Buckinghamshire Oxfordshire Berkshire West Integrated Care Board
Lisa Lyons	Director of Children's Services, Oxfordshire Co Co

County Hall, New Road, Oxford, OX1 1ND

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Grant MacDonald	Interim Chief Executive, Oxford Health 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: 25 September 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**
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 Monday 23<sup>rd</sup> June. Requests to speak should be sent to [committeesdemocraticservices@oxfordshire.gov.uk](mailto:committeesdemocraticservices@oxfordshire.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 13 March 2025 (**HBW5**) and to receive information arising from them.

6. **Local Government Reorganisation and Devolution Update**

The Board is to receive a verbal update.

7. **ICB Update**

The Board is to receive an update from the ICB.

***Report to follow.***

8. **Homelessness Update (Pages 13 - 32)**

**Report by Caroline Green, Chair of Prevention of Homelessness Directors Group and Chief Executive (Oxford City Council)**

This report provides an update on the ongoing work to address homelessness across



Oxfordshire, in a period when the county and the wider country is experiencing rising homelessness and temporary accommodation use. It outlines key developments in service delivery and strategic governance, including recent changes to the Prevention of Homelessness Directors Group (PHDG) and developments with the Countywide Homelessness and Rough Sleeping Strategy. The report also highlights progress made in tackling homelessness, identifies ongoing challenges, and updates on the work of the Oxfordshire Homeless Alliance.

**The Health and Wellbeing Board is RECOMMENDED to note the report.**

## **9. Better Care Fund Plan (Pages 33 - 58)**

The Board is to receive a verbal update with papers included in the agenda: the Better Care Fund plan and the letter confirming it had been accepted from NHS England, along with some slides for the Board's information.

## **10. Health & Wellbeing Strategy Update - Start Well (Pages 59 - 72)**

### **Report by Director of Children's Services**

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 Start Well covering:

### **Priority 1: The best start in life**

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived communities.

### **Priority 2: Children and young people's emotional wellbeing and mental health**

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.

**The Health and Wellbeing Board is RECOMMENDED to:**

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

## **11. Oxfordshire Learning Disability Plan 2025-2035 (Pages 73 - 96)**

### **Report by the Director of Adult Social Care**

The Oxfordshire Learning Disability Plan is a strategy for adults, including the transition



into adulthood. The Plan is for 10 years and will be reviewed at years 3, 5, and 7 to ensure its effectiveness and adaptability, applying any revisions required based on needs and demands at that time.

**The Health and Wellbeing Board is RECOMMENDED to:**

- a) Note the development of the Oxfordshire Learning Disability Plan 2025 – 2035 for adults.**
- b) Approve the Oxfordshire Learning Disability Plan 2025 – 2035, acknowledging that following consultation, amendments may be made on the existing draft.**

## **12. Marmot Place Update**

The Board is to receive a verbal update.

## **13. Development of Health and Inequalities Research & Partnerships in Oxfordshire (Pages 97 - 102)**

**Report by Director of Public Health and Communities**

This paper updates the Health and Wellbeing Board on progress in developing a place-based approach to research in Oxfordshire. It summarises: the forthcoming research strategy for Oxfordshire County Council (OCC); current work of the Oxfordshire Community Research Network (OCRN) and developing partnerships between local councils and the University of Oxford and Oxford Brookes University.

**The Board is RECOMMENDED to:**

- a) NOTE content of paper and ADVISE where OCC, the Oxfordshire Community Research Network and the Local Policy Lab can support the work of the Health and Wellbeing Board and vice versa.**

## **14. JSNA/PNA Update (Pages 103 - 110)**

**Reports by Director of Public Health & 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 receive an update on progress and the project plan timelines on the production of the 2025 Oxfordshire PNA**



**b) To note that the 2025 Oxfordshire PNA is now out to formal 60-day consultation**

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 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

**The Health and Wellbeing Board is RECOMMENDED to:**

- a) Provide feedback on the proposed design of the 2025 Joint Strategic Needs Assessment (JSNA)**
- b) 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**
- c) Note that the JSNA 2025 will be provided to the Health and Wellbeing Board for sign-off in September 2025.**

**15. Report from Healthwatch Oxfordshire (Pages 111 - 118)**

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

**16. Reports from Partnership Boards (Pages 119 - 122)**

To receive updates from Partnership Boards. Reports from –

- Health Improvement Board (verbal); and
- Children's Trust Board
- Place Based Partnership *(to follow)*



## **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.



## OXFORDSHIRE HEALTH & WELLBEING BOARD

**OUTCOMES** of the meeting held on Thursday, 13 March 2025 commencing at 2.00 pm and finishing at 5.15 pm

**Present:**

**Board Members:** Councillor Liz Leffman (Chair)  
  
Sam Hart (Vice-Chair)  
  
Ansaf Azhar  
Veronica Barry  
Michelle Brennan  
Stephen Chandler  
Councillor John Howson  
Councillor Dr Nathan Ley  
Professor Sir Jonathan Montgomery  
Councillor Rob Pattenden  
Councillor Helen Pighills  
Matthew Tait

**By Invitation:** Cllr Louise Upton (Oxford City Council) – Substitute.  
Clare Keen (Oxford City Council) – Substitute.  
Olivia Clymer (Oxford University Hospitals) – Substitute.

Rob Bowen (Deputy Director of Strategy and Partnerships, ICB)  
Dr Erica Charters (Oxford University)  
Katherine Howell (Healthwatch Oxfordshire)  
Tom McCulloch (Community First Oxfordshire)  
Louise Smith (Primary Care Director, ICB)

**Officers:** Jack Ahier (Senior Democratic Services Officer), Ian Bottomley (Head of Joint Commissioning - Age Well), Bethan McDonald (Consultant in Public Health), Craig Miles-Clarke (Senior Research Officer), David Munday (Deputy Director of Public Health), Derys Pragnell (Consultant in Public Health), Jason Yun (Public Health Registrar).

*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](http://www.oxfordshire.gov.uk).)*



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	ACTION
<b>104 Welcome by Chair</b> (Agenda No. 1)	
<b>105 Apologies for Absence and Temporary Appointments</b> (Agenda No. 2)	
<p>Apologies were received from Caroline Green, substituted by Clare Keen, Cllr Chewe Munkonge, substituted by Cllr Louise Upton, Lisa Lyons and Karen Fuller.</p> <p>Professor Sir Jonathan Montgomery had let it be known that he would arrive late, and Olivia Clymer was substituting for him until he arrived.</p>	
<b>106 Declarations of Interest - see guidance note below</b> (Agenda No. 3)	
There were none.	
<b>107 Petitions and Public Address</b> (Agenda No. 4)	
There were none.	
<b>108 Note of Decisions of Last Meeting</b> (Agenda No. 5)	
<p>David Munday, Deputy Director of Public Health, updated the Board on a Housing Needs Assessment arising from the homelessness update given to the Board in December and further work on housing within Oxfordshire.</p> <p>The Board agreed to the Note of Decisions of the meeting held on 5 December 2024 to be signed by the Chair as a correct record.</p> <p>The Chair, with the agreement of the Board, moved item 7: Marmot Place Update ahead of item 6: Oxfordshire Health &amp; Wellbeing Board – Update to Terms of Reference, to allow for</p>	



Professor Sir Jonathan Montgomery to arrive and participate in the discussion.	
<b>109 Marmot Place Update</b> (Agenda No. 7)	
<p>David Munday gave an update on the Oxfordshire Marmot Place. Specific areas of work covered included health inequality, rural inequality and giving children the best start possible in life. There was also a brief update on the structure of the Marmot Place work, including on an Advisory Group. The Health &amp; Wellbeing Board would be the primary body overseeing the work.</p> <p>Cllr John Howson, Cabinet Member for Children, Education and Young People's Services, asked if rural inequality was measured the same way as urban inequality as circumstances were different, using the availability of public transport as an example. He also raised representation from early years being included on the advisory board.</p> <p>David Munday agreed on the points raised surrounding the measurement of rural inequality and committed to look at the membership of the advisory board regarding early years representation.</p> <p>Ansaf Azhar, Director of Public Health and Communities, commented on the framework that shows the progress of work on becoming a Marmot Place and stated that the advisory board would evolve over time.</p> <p><b>The Board noted the Marmot Place Update.</b></p>	
<b>110 Oxfordshire Health &amp; Wellbeing Board - Update to Terms of Reference</b> (Agenda No. 6)	
<p>The Chair introduced the proposed changes to the Board's Terms of Reference, owing to recent changes at the ICB.</p> <p>The first change was that Dan Leveson would no longer be a member of the Board and would be replaced by Matthew Tait, ICB Chief Delivery Officer.</p> <p>The second change was that the Vice Chair, Dr Sam Hart, would be leaving the Board, and that Professor Sir Jonathan Montgomery would be taking over as Vice Chair of the Board.</p>	



<p>Cllr Nathan Ley, Cabinet Member for Public Health, Inequalities and Community Safety, raised the issue relating to a representative from NHS England, given recent government announcements. Ansaf Azhar stated that conversations would continue, and it would be kept under review.</p> <p>It was noted that if the Board agreed to the changes of the Terms of Reference, it would be considered at Council in April.</p> <p><b>RESOLVED to:</b></p> <p><b>a) Approve the update to the Terms of Reference of the Board (see Annex 1).</b></p>	
<p><b>111 ICB Update</b> (Agenda No. 8)</p>	
<p>Matthew Tait provided an update on the ICB to the Board.</p> <p>Firstly, he thanked both Dr Sam Hart and Dan Leveson for their contributions over their time on the Board.</p> <p>The ICB's priorities for 2025/26 were outlined and there was an acknowledgement of potential difficult decisions upcoming. Rob Bowen, Director of System Transformation and Development, gave an update on the strategic ambitions long-term of the ICB.</p> <p>The four areas of opportunity outlined by the report were: prevention, different models of care, addressing health inequalities and the efficiency and productivity of care.</p> <p>Cllr Louise Upton, Oxford City Council, highlighted the concerns with short-term savings causing long-term expenses and stressed the need to think about any reductions in prevention activity. Matthew Tait confirmed those very conversations were happening at the ICB at the moment, with savings being balanced against long-term strategic priorities.</p> <p>Cllr Rob Pattenden, Cherwell District Council, raised the issue of care for disadvantaged communities and asked how much the ICB was planning to work with District Councils. Matthew Tait confirmed that the ICB works with District Councils closely and wanted to build on the work to-date.</p> <p>Cllr Pattenden asked about section 106 funding of capital programmes for the ICB. Matthew Tait acknowledged work on this with local partners, noting the constraints relating to particular care models, for example.</p>	



<p>Veronica Barry, Executive Director: Healthwatch Oxfordshire, enquired about the monitoring of non-emergency patient transport services. Matthew Tait noted the robust transition plan in place and that challenges had been worked through, and that it would be an improved service for residents.</p> <p>Following on from the question regarding section 106 funding, Cllr Upton asked if the ICB had appointed a planning expert to unlock developer opportunities. Michelle Brennan, GP representative, confirmed that this position had been filled, and work was underway to address these issues, citing that closer cooperation on CIL funding would be welcomed.</p> <p><b>The Board noted the ICB Update.</b></p>	
<p><b>112 Implementation of Primary Care Strategy</b> (Agenda No. 9)</p>	
<p>Louise Smith, Primary Care Director: ICB, presented the report on the implementation of the primary care strategy to the Board and raised the following points:</p> <ul style="list-style-type: none"> <li>- The importance of the sustainability of primary care and working in partnership with secondary care providers.</li> <li>- The national emphasis on the 'leftward shift' in the priorities of health, especially on prevention.</li> <li>- The need for co-production with citizens to drive forward services.</li> </ul> <p>Cllr Howson highlighted the issues of children in care having dental appointments post-COVID and audiology services, given the demographic situation of Oxfordshire. Louise Smith confirmed the need to engage further with Councils to tackle dental issues for children. Cllr Howson stressed the need to engage with childminders before children go to school as they are more impressionable.</p> <p>Cllr Nathan Ley and Veronica Barry both emphasised the need to move to a preventative culture, with the need to co-product models of care with neighbourhood teams to ensure their needs are being catered for.</p> <p>Sir Jonathan Montgomery asked for an update on the progress in Oxfordshire relating to digital, citing success in West Berkshire. Michelle Brennan noted that the Trusts needed to put data in for the tool to become useful and that implementation is difficult and expensive.</p>	



<p>Cllr Helen Pighills, Vale of White Horse District Council, raised the NHS app and highlighted that it was not user-friendly. Michelle Brennan acknowledged the concerns raised but noted that General Practices were limited by financial constraints.</p> <p><b>RESOLVED to:</b></p> <p><b>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.</b></p>	
<p><b>113 Better Care Fund Update 2025-26</b> (Agenda No. 10)</p>	
<p>Ian Bottomley, Head of Joint Commissioning (Age Well), presented the report to the Board and raised the following points:</p> <ul style="list-style-type: none"> <li>- A clear focus in guidance on moving to prevention.</li> <li>- Reducing admissions into hospital needs to match Oxfordshire's success in discharging people from hospital.</li> </ul> <p>It was confirmed that officers were seeking a delegation from the Board to the Chair of the Board, in order to sign off the Better Care Fund plan once all of the technical details and signoffs had been confirmed.</p> <p>Stephen Chandler, Executive Director of People, noted words from the Secretary of State regarding 'checkers' of plans, which suggested less checks on how plans were put together would be needed in future.</p> <p>Cllr Louise Upton referenced homelessness as a health issue and praised the cooperation with City &amp; District Councils.</p> <p>The Vice Chair asked if there was an opportunity to provide a revolutionary change in health outcomes through pursuing different models that blended the NHS &amp; social care together.</p> <p>Michelle Brennan noted that the system needed to get behind a culture shift of admission avoidance to increase the capacity of intermediary services in the community.</p> <p><b>RESOLVED to:</b></p> <p><b>a) Note and approve the direction of travel set out in this report for the Oxfordshire Better Care Fund Plan for</b></p>	



<p><b>2025/26 and the decision-making process set out at paragraph 13.</b></p> <p><b>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.</b></p>	
<p><b>114 Community Profiles - Latest Publications, Evaluation and Implementation Tools</b> (Agenda No. 11)</p>	
<p>David Munday, Tom McCulloch, Katherine Howell and Erica Charters presented the report.</p> <p>Relating to the Witney Central Community Insight Report, Tom McCulloch reported that funding was an issue to continue these projects and gave a detailed insight into the number of residents spoke to, case studies and focus groups.</p> <p>It was noted that community-based services are vital in Witney, and that more support was needed for parents &amp; health visitors. Children &amp; young people in particular did not feel involved in local decision-making.</p> <p>Katherine Howell spoke to the Healthwatch Oxfordshire report into Wood Farm, Oxford. Community events were held and door-knocking in Wood Farm helped to receive opinions from local residents, as well as an art competition at the local primary school.</p> <p>Strengths of Wood Farm were identified as having green spaces, play parks, nearby shops; but experiences of this were unequal. One issue that arose was the lack of availability to healthy, affordable food to those who didn't have transport or were not able to be physically active. Some people who worked were found to be struggling in the cost-of-living crisis.</p> <p>Dr Erica Charters (Oxford University) evaluated the approaches of the preventative work undertaken in Witney &amp; Wood Farm, which had been ongoing since the inception of the project. Time was spent in the community to understand their regular days, patterns and commonly visited places through Community Health Development Officers (CHDO's).</p> <p>It was found that both programmes were effective; in terms of the grants being dispersed and through engagement with local communities. There were 196 health and wellbeing activities organised across the 10 most deprived wards.</p>	



One of the key concerns was the lack of consistent/secure funding, with new groups wanting to have new initiatives whilst the key for community groups was to focus on the sustainability of projects, rather than their novelty.

Key recommendations outlined by the University-led evaluation were:

- 'Rooted research' instead of 'parachute projects'.
- Prioritising sustainability and reliability over novelty.
- Interpersonal strengths of CHDO's and CCBs (social relationships) to encourage expectations of improved health and wellbeing, breaking down community indifference and distrust
- Supporting community trust and engagement with existing community resources.

Cllr John Howson noted this work was based in urban areas and stressed the importance of having a primary school in rural areas.

Cllr Louise Upton picked up on the 'parachute projects' being detrimental and Dr Charters noted the cynicism that was picked up around such projects in the communities, emphasising the need for stability.

Cllr Rob Pattenden noted the ongoing projects in Bicester and commented that it has to be long-term to see long-term benefits.

David Munday demonstrated the Community Insight Profile dashboard and toolkit with some short videos to the Board.

Cllr Nathan Ley asked about the Council's plans to ensure that these toolkits and dashboards would be kept updated. David Munday confirmed there was a data warehouse that would be continually updated.

**RESOLVED 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**



<p><b>Insight Profile (CIP) development toolkit that will serve as a legacy of the CIP programme of work.</b></p> <p><b>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.</b></p>	
<p><b>115 Director of Public Health Annual Report</b> (Agenda No. 12)</p>	
<p>Ansaf Azhar and Jason Yun, Public Health Registrar, presented the Director of Public Health Annual Report 2024/25, based on children and young people's mental health and wellbeing, raising the following points:</p> <ul style="list-style-type: none"> <li>- There had been a national rise in worklessness post-COVID in young people, driven particularly by mental health illnesses.</li> <li>- Healthy life expectancy in the UK was stalling, if not falling and people living with long term conditions is rising, whilst the growth of the workforce is increasing at a much lower rate.</li> <li>- These issues were evident in Oxfordshire, and work to tackle these issues currently was praised.</li> <li>- The main objective was to reframe the conversation around mental health and how schools/employers can help in this area.</li> <li>- The reasons for worsening mental health in children and young people were explained, including the rise of social media, lifestyle factors and the impact of COVID-19.</li> <li>- Poor mental health leads to prohibitive factors of employment, which can then lead to deterioration in conditions due to financial stress.</li> </ul> <p>The four recommendations outlined in the report were:</p> <ul style="list-style-type: none"> <li>- Strive to reduce mental health problems by addressing wider factors.</li> <li>- Prioritise opportunity, activity, independence and community.</li> <li>- Prioritising early and effective intervention.</li> <li>- Ensuring diverse career and training opportunities are available for all young people.</li> </ul> <p>Cllr John Howson stressed the need to dive down within secondary schools versus primary schools, as well as via parliamentary constituencies in Oxfordshire.</p>	



<p>It was confirmed that the full report would be published at the County Council meeting on 1 April.</p> <p>Veronica Barry noted sessions on this topic were scheduled with young people soon.</p>	
<p><b>116 Health &amp; Wellbeing Strategy Update - Live Well</b> (Agenda No. 13)</p>	
<p>Derys Pragnell, Consultant in Public Health, presented the report and raised the following points:</p> <ul style="list-style-type: none"> <li>- It was noted that whilst certain data points were green, that would not be the case for the entire county and thus, specific areas would need targeted provision to address this, and vice versa.</li> <li>- Physical inactivity in children was reported at 30% across Oxfordshire, but this ranges from 22% in Vale of the White Horse to 46% in West Oxfordshire.</li> </ul> <p>Cllr Helen Pighills noted that the 'You Move' programme had been extended to cover early years, which is opening the programme up to families and continued work in the Districts was ongoing. It had also been identified that home-schooled children lacked PE taught as a subject.</p> <p>Cllr Nathan Ley noted the concerns he has over physical inactivity and referenced the need to work with the highways department to deliver on schemes, such as the School Streets programme. The importance of e-bikes being rolled out across Oxfordshire was also highlighted.</p> <p>Cllr Louise Upton noted the difficulties relating to fast-food takeaways near to schools due to the compact nature of Oxford.</p> <p><b>RESOLVED to:</b></p> <p><b>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.</b></p>	
<p><b>117 PNA Update</b> (Agenda No. 14)</p>	
<p>Bethan McDonald, Consultant in Public Health, presented the report and raised the following points:</p>	



<ul style="list-style-type: none"> <li>- The public engagement survey had run from 27<sup>th</sup> January to w/c 3<sup>rd</sup> March, with 454 responses which are currently being analysed.</li> <li>- If approved, the draft PNA will be available for public consultation.</li> <li>- Following the consultation, the final PNA will come to the Board in September for sign-off.</li> </ul> <p>The approval for the draft pre-consultation and the final PNA was proposed by officers to be delegated to the Chair of the Oxfordshire Health &amp; Wellbeing Board and the Director of Public Health &amp; Communities. The Board agreed to this delegation.</p> <p><b>RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>a) <b>To note that the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1st October 2025 has commenced.</b></li> <li>b) <b>To receive an update on progress and the project plan timelines on the production of the 2025 Oxfordshire PNA.</b></li> <li>c) <b>To agree the approach to the approval of the final PNA.</b></li> </ul>	
<p><b>118 JNSA Update</b> (Agenda No. 15)</p>	
<p>Bethan McDonald and Craig Miles-Clarke, Senior Research Officer, presented the report and gave a brief tour of the JNSA page on the Oxfordshire Data Hub. It was confirmed that the full JNSA would be brought back to the Board in September for approval.</p> <p>Veronica Barry encouraged the continued use of easy-to-understand language and accessibility throughout the page.</p> <p><b>RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>a) <b>Provide feedback on the proposed design of the 2025 Joint Strategic Needs Assessment (JSNA).</b></li> <li>b) <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.</b></li> <li>c) <b>Via relevant officers in their organisations, contribute</b></li> </ul>	



<p><b>information and intelligence to the JSNA to further its development and participate in making information more accessible to everyone.</b></p>	
<p><b>119 Report from Healthwatch Oxfordshire</b> (Agenda No. 16)</p>	
<p>Veronica Barry presented the report from Healthwatch Oxfordshire, and noted several publications from Healthwatch since this report was published.</p> <p>Webinars around patient participation, following work with the ICB, had taken place to encourage sharing of good practice by different groups.</p> <p>The Board noted the report from Healthwatch Oxfordshire.</p>	
<p><b>120 Reports from Partnership Boards</b> (Agenda No. 17)</p>	
<p>The report from the Place Base Partnership was in the agenda packs.</p> <p>Cllr Helen Pighills noted that the work of the Health Improvement Board had been covered under Item 11: Community Profiles – Latest Publications, Evaluation and Implementation Tools, but also referred to the focus on efforts to active lifestyles and how making people move was an investment to save in the future.</p> <p>Cllr John Howson noted the focus of the Children’s Trust Board on the education attainment data, children’s inactivity in rural areas and the government’s Children’s Wellbeing and Schools Bill, which was making its way through parliament.</p> <p>The Chair thanked all speakers for their updates on their respective Boards/partnerships.</p> <p>The Chair thanked David Munday on behalf of the Board for his tremendous contribution to the Board and the County Council over the past few years.</p>	

..... in the Chair

Date of signing .....



**Divisions Affected – All**

## **OXFORDSHIRE HEALTH AND WELLBEING BOARD**

**26 JUNE 2025**

### **HOMELESSNESS AND ROUGH SLEEPING IN OXFORDSHIRE**

**Report by Caroline Green, Chair of Prevention of Homelessness  
Directors Group & Chief Executive (Oxford City Council)**

## **RECOMMENDATION**

**The Health and Wellbeing Board is RECOMMENDED to note the report**

## **Executive Summary**

1. This report provides an update on the ongoing work to address homelessness across Oxfordshire, in a period when the county and the wider country is experiencing rising homelessness and temporary accommodation use. It outlines key developments in service delivery and strategic governance, including recent changes to the Prevention of Homelessness Directors Group (PHDG) and developments with the Countywide Homelessness and Rough Sleeping Strategy. The report also highlights progress made in tackling homelessness, identifies ongoing challenges, and updates on the work of the Oxfordshire Homeless Alliance.

## **Background**

2. Homelessness support services are jointly commissioned through a partnership between the District and City Councils, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board, and the County Council, using a pooled funding arrangement.
3. Homelessness and rough sleeping are complex cross system issues. The District and City Councils have statutory responsibility to provide homes for certain homeless people, the County Council and NHS provide care and support services to homeless people who have mental and physical health needs, social care needs, and drug and alcohol dependency. Many homeless people have multiple needs that cut across statutory responsibilities, that requires joint commissioning and a common strategy.
4. This commissioning partnership oversees a delivery partnership of agencies working across Oxfordshire to provide non-statutory homelessness support



services for single homeless adults. The services they provide include prevention, outreach and supported accommodation. This group of service providers is known as **the Alliance**. The organisations that make up the partnership are listed below.

- A2Dominon
  - Aspire Oxfordshire
  - Connection Support
  - Elmore Community Services
  - Homeless Oxfordshire
  - St Mungo's
5. Statutory homelessness services are provided by the City and District Councils. All eligible homeless households with a connection to Oxfordshire are owed certain homelessness duties by these authorities to prevent and relieve homelessness; and households with children, and for single/ coupled adults who reach a "priority need" threshold, are normally owed an accommodation duty, where temporary accommodation is provided.

### **Highlighting Data and Trends**

6. All local housing authorities in England report data to Ministry of Housing, Communities and Local Government (MHCLG) regularly – data in relation to statutory homelessness is reported quarterly, and data on rough sleeping is reported monthly. Data is currently only published (verified) up to December 2024. Alliance providers produce monthly monitoring information for all services on a quarterly basis. Both data provided to MHCLG and Alliance monitoring data and information is used to tell us how we are making progress towards preventing and ending rough sleeping across the County.



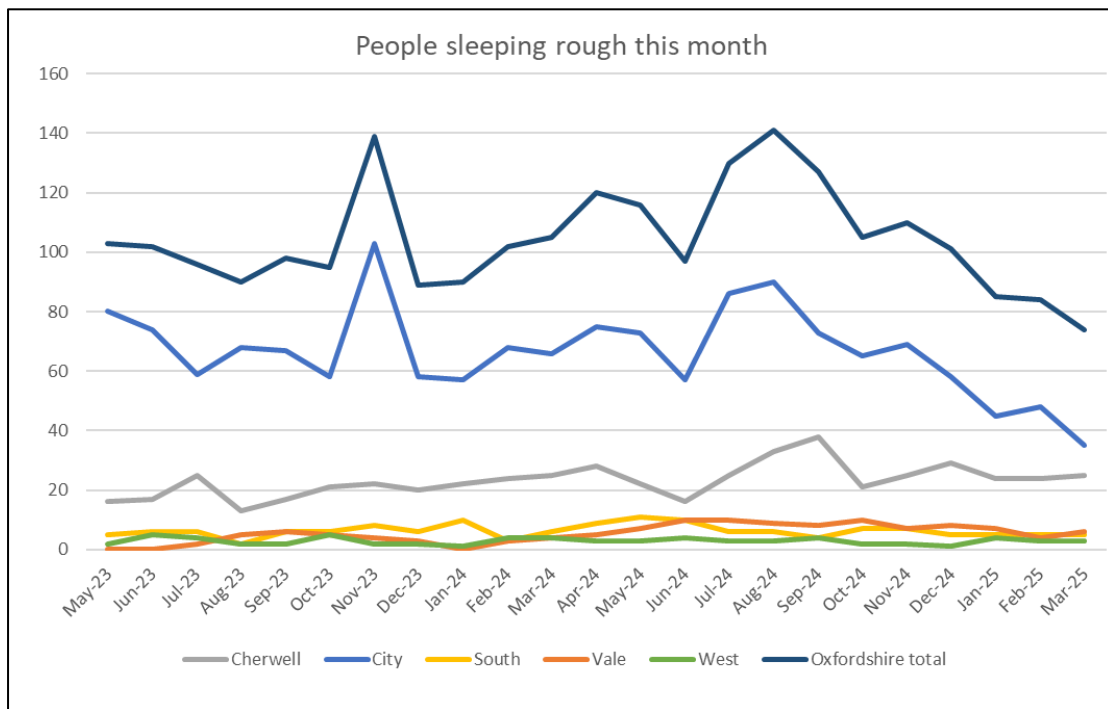


Figure 1

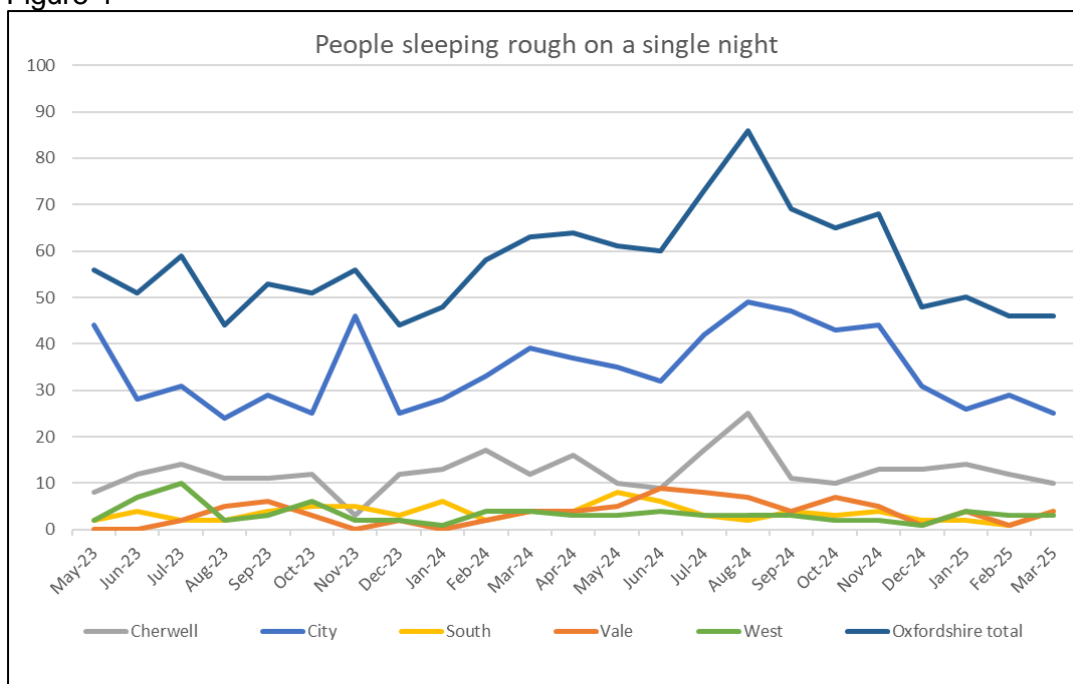


Figure 2

- During the winter months of January to March, there has been a further reduction in the number of persons seen sleeping rough over the month (figure 1), and on a single night (figure 2) overall in Oxfordshire.
- At the end of Q4, 46 persons were estimated to be rough sleeping on a single night across the county, compared to 48 at the end of Q3. The sustained lower number of rough sleepers across the county compared to periods before Q3, is driven by a reduction in numbers in Oxford, where the use of Winter Pressures Funding (WPF) has provided accommodation for long term and returning rough sleepers, and the opening in early



January of Oxford Winter Night Shelter, that provided space for up to 10 individuals per night.

- Numbers in Cherwell has also reduced slightly, whilst Vale of White Horse has seen a small increase in the number of persons rough sleeping on a single night compared to Q3.
- Oxford City continues to see the largest number of persons rough sleeping overall. Oxford City also has the largest proportion of individuals who have been rough sleeping long-term. Cherwell has seen an increase in the number of people returning to rough sleeping over the winter period. At the end of March 2025, Cherwell also had the highest number of people new to rough sleeping in the County.

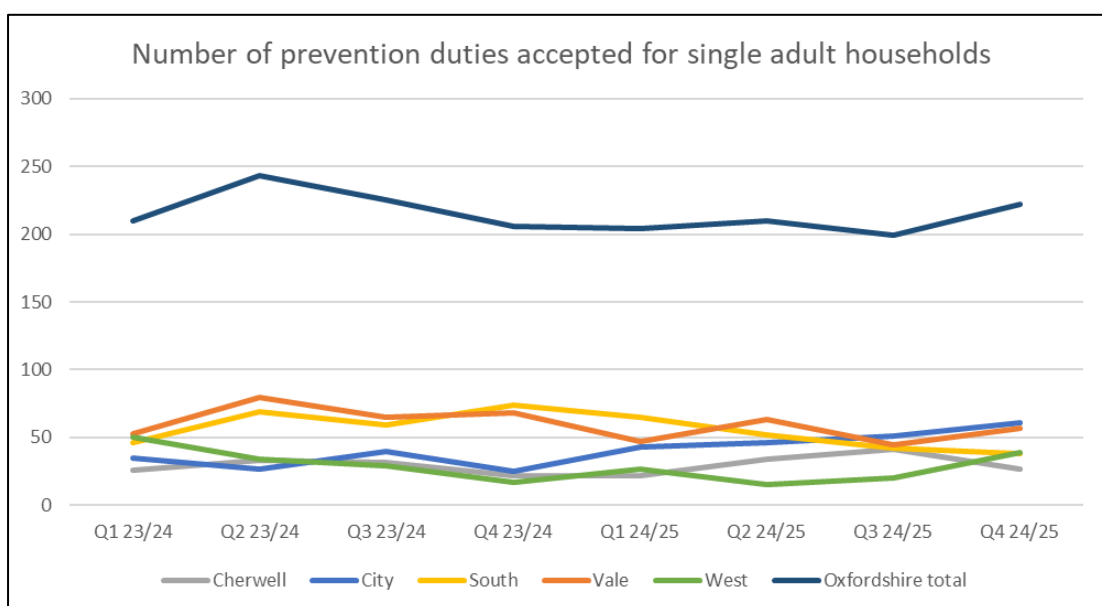


Figure 3

- Turning to statutory homelessness: The number of prevention duties (figure 3) accepted in the County saw an increase in the period January to March 2025, compared to the previous quarter. For this period, the number of prevention duties accepted for single adult households was at its highest level since the period September to December 2023.
- Challenges remain in preventing homelessness for single adult homeless persons. In Q4, 55% of all prevention duties ended successfully (i.e. existing or new accommodation sourced for a period of 6+ months) in the City. This figure was 63% in Cherwell, 56% in South Oxfordshire, and 88% in Vale of White Horse. This is most likely due to the different nature of housing and homelessness in the City, with the City having far greater numbers of people with a history of rough sleeping and more supported accommodation beds, while also having greater demand for one bedroom housing.
- There has been a large rise in temporary accommodation (TA) use in Oxfordshire, and the City and Districts are unable to source enough self-



contained accommodation for need, requiring many households, mostly singles, to live for prolonged periods in hotel and B&B accommodation. This is mostly impacting the City, but Districts also report these pressures; the City has over 150 households in hotel and B&B rooms.

- The increase in hotel and B&B use is creating new challenges, as a large number of single adults with complex and multiple needs are accommodated close together, with the need for the housing authorities to work more closely with Adult Social Care and health to ensure needs are met.

## Challenges

7. A number of significant risks and challenges have emerged in the homelessness area over the past year to 18 months. The changing service delivery environment poses significant barriers to implementing the strategy and will require us to adapt and prioritise to best meet these risks.
8. Oxfordshire continues to experience high and rising homelessness levels, and a high temporary accommodation (TA) placement rate, in line with national trends, despite a small fall in rough sleeping numbers. The City and District Councils are taking steps to increase the supply of TA, while also trying to prevent demand and increase move-on. Despite this the councils have limited ability to change the overall rate of homelessness, which is principally driven by the broader economic and social factors, and the high costs of housing, particularly a shortage of affordable homes and prices in the private rented sector. The City and District Councils will continue to be exposed to high levels of demand and rising TA use and cost for the foreseeable future and need to continue to respond at pace.
9. The government has consulted on significant changes to local government funding for homelessness services (Homelessness Prevention Grant). If implemented, these will result in large funding reductions for all of the City and District Councils. This is due to the shift in the main measure of demand from homelessness duties to local benefit claim rates. Whilst designed to target resources to areas of the country with higher levels of deprivation, it does not reflect the particular challenges of places with high housing costs. The City Council has been engaging central government on the effect of these significant changes and seeking to raise awareness to influence governmental policy. This work is also currently funded via specific rough sleeping grants from MHCLG, the levels of these will be determined following the spending review.
10. The government is also in the process of making significant changes to the health system, and the structure of ICBs. This is removing resource from these structures, and is requiring significant transformation, creating some uncertainty.
11. The transformation of our approach to rough sleeping is facing a critical 12 months ahead. We have agreed a new budget and transformation plan for the



Homelessness Alliance for 25/26 to mitigate this risk, which will see fundamental changes to their accommodation and support offer. However, transformation covering six organisations, in a period of high demand, and stretched budgets brings considerable challenges. The government's short-term funding arrangements also pose a risk, and officers continue to engage with the government to advocate for a long-term funding settlement to tackle homelessness.

12. The supply of housing for single adults is insufficient in Oxfordshire. Already, the City and District Councils prioritise one-bedroom social lets to homeless people, care leavers, and those leaving the mental health pathway, but demand far outstrips supply. The private rented sector (PRS) does provide some units for single adults, and the Alliance's transformation aims to support those moving on from supported accommodation into the PRS with ongoing support. However, rental prices in Oxfordshire and the imbalance between supply and demand mean single adults with a history of homelessness can struggle to access accommodation even with support.
13. Local government reorganisation, in whatever form it takes in Oxfordshire provides an opportunity for better alignment between housing, social care and health care. In the short term it is critical that partnership working in this area continues to develop given the growing pressures. The current strategy is up for renewal in 2026, so the partnership will need to explore how we approach our joint strategy work moving forward.

## **Progress**

### **PHDG Governance**

14. The Prevention of Homelessness Directors Group (PHDG) has been in existence for around four years and was set up and came under the governance structure of the Oxfordshire Safeguarding Adults Board (OSAB). The governance changed in 2024 to the Health and Wellbeing Board.
15. In December 2024, a paper was submitted to PHDG proposing several changes to the group to enhance its effectiveness and promote interconnectivity across housing, health, public health, and social care, aiming to deliver more joined-up decision-making, cohesive commissioning, and effective service delivery.
16. With one year remaining of the Countywide Homelessness and Rough Sleeping Strategy and the increasing pressures on statutory and commissioned services, a strengthened approach to governance was needed to improve cross-system working and ensure the delivery of the objectives set out in the action plan.
17. In April 2025, PHDG was relaunched with an updated terms of reference, clarifying its role as the key interface between housing, health, and adult social care. Its renewed purpose is to provide strategic oversight and leadership to



ensure the transformation of services is integrated and mutually reinforcing across the homelessness system. Key developments include:

- **Leadership appointments:** Caroline Green (Oxford City Council Chief Executive) has been appointed as Chair, with Stephen Chandler (Oxfordshire County Council Deputy Chief Executive) as Deputy Chair. Caroline and Stephen's leadership profile brings opportunities to strengthen links with wider system partnerships, including key health and care interfaces.
- **Refreshed membership:** The group's membership has been reviewed to ensure continued representation from housing authority leaders, alongside strategic leads in health, public health, adult social care, children's services, and other key agencies.
- **Enhanced leadership role:** PHDG's work plan is focused on the strategic barriers to achieving the priorities of the countywide strategy, and with a clear focus on delivering key items of work aligned to the strategy.
- **Planning and delivery of BCF priorities:** The group is now designated as the planning and delivery forum for Better Care Fund (BCF) funding priorities.
- **Accountability for strategic implementation:** PHDG is responsible for driving forward key service improvement initiatives, including the Housing Summit Action Plan and the Countywide Homelessness Strategy, along with its associated action plans.
- **Alignment with the Joint Management Group (JMG):** Improved interface with JMG, which continues to provide operational leadership and drive the transformation of adult homelessness services, including through the Alliance model.

## Housing Summit

18. In September and December 2024, two countywide officer housing summits were held, bringing together partners from across housing, health, and adult social care to explore key issues impacting homelessness across the county. These summits aimed to foster collaboration, identify shared challenges, and shape a collective response to improving housing pathways and support for people experiencing homelessness.
19. As a result of these discussions, several workstreams have been established to drive forward priority areas of action. Key priorities include establishing a strategic forum between councils and registered providers to drive joint solutions, exploring ways to increase housing supply for single adults, optimising the use of land assets, and addressing planning barriers.



20. Further priorities include adopting a strategic approach to land use by mapping underutilised public sites for potential development, aligning Section 106 contributions to support priority housing needs, and opportunity to refine planning policies (particularly for houses in multiple occupation) to enable greater flexibility for homelessness accommodation. Crucially, the work also emphasises the importance of wraparound support for formerly homeless individuals, ensuring tenancy sustainment through coordinated health, social care, and housing-led services.
21. To ensure these workstreams translate into meaningful action, PHDG will provide oversight and accountability, ensuring alignment with broader objectives and fostering collaboration across local authorities and partners.

### **Countywide Homelessness and Rough Sleeping Strategy Action Plan Progress**

22. The Countywide Homelessness and Rough Sleeping Strategy action plan was revised earlier this year to realign priorities and reshape existing actions, ensuring they are better suited to the current landscape and more effectively focused on addressing homelessness across Oxfordshire.
23. The updated action plan is structured around five core areas that guide homelessness priorities across Oxfordshire: governance, commissioning, prevention, accommodation, and a person-centred approach.
24. The action plan will be continuously updated to reflect ongoing work across the county and will be reported regularly to both the Prevention of Homelessness Directors Group (PHDG) and the Countywide Homelessness Steering Group (CHSG). There is a strong collective commitment to driving progress.
25. With one year remaining on the current strategy, notable progress has been achieved, but further work is still required to achieve the strategy objectives.. Given the context of local government reorganisation, the future direction of the strategy and its next steps will be a key focus for the Prevention of Homelessness Directors Group (PHDG).

### **Improving Collaboration Between Statutory Services**

26. Preventing and reducing homelessness requires a whole-system response that recognises the interconnected nature of housing, health, and social care needs. A key challenge facing statutory services—particularly local authority housing teams, health services, and Adult Social Care (ASC)—is how to improve collaboration and joint working in a way that delivers more effective, person-centred support.
27. Progress has been made in fostering better joint working, such as through the Out of Hospital project work, with embedded social workers in the Alliance service.
28. The increasing and evolving forms of homelessness in the county necessitate further efforts to align services and enhance collaboration. In particular, rising numbers of complex and dual diagnosis homeless clients in temporary accommodation throughout Oxfordshire and ensuring the right services are



supporting them. There is a significant opportunity to foster greater cooperation, both strategically and operationally, across these services.

29. This approach is central to our shared strategic ambition to prevent and combat homelessness, while also relieving the considerable pressure placed on housing, health and care systems by repeated and avoidable homelessness.
30. In recognition of this, this work has been identified as a priority for PHDG in 2025/26. Specifically, to agree and oversee a body of work that will support improved collaboration between statutory services and further progress towards a more joined-up and preventative approach to homelessness.

## **Alliance Transformation**

31. The Oxfordshire Homelessness Alliance is undertaking a transformation plan to enable service-level improvements and delivery, in line with our strategy. The PHDG will play a key role in overseeing this transition, ensuring the changes enhance the effectiveness of homelessness prevention efforts across the county.
32. The Alliance's priorities for the duration of its contract have been informed by:
  - Work of review groups carried out in 2024.
  - Oxfordshire's Countywide Homeless Strategy
  - Learning from Homeless Mortality Reviews
  - Data and related conversations as part of service monitoring

The Alliance's main areas of focus will be the development of a housing-led model with a lens on the following areas: prevention, outreach, Somewhere Safe to Stay, and specialist-supported accommodation services. These have been assigned task and finish groups to address the key priorities for each area, as outlined below:

- Prevention: Re-modelling prevention services by working towards providing a tenancy sustainment and floating support offer in line with a Housing Led approach.
- Outreach: Operate a high-quality and consistent outreach service across the County, able to respond to the diverse needs and challenges faced by clients.
- Somewhere Safe to Stay: Increase the Alliance's somewhere safe to stay offer so that we move people off the streets and stop them from sleeping rough as quickly as possible.
- Housing Led Support: Reduce the number of Alliance's generic supported housing units and redistribute funding either into specialist supported accommodation or into an increased tenancy support service to stop repeat homelessness.
- Move on options and private rented sector: Further current work reducing the length of stay of people in supported housing and encouraging people to move into PRS where possible, and diversifying move-on options by



upskilling the Alliance workforce to build confidence and knowledge around PRS and move-on.

- Housing First: Ensure the adoption of a high-fidelity Housing First model across all its Housing First properties and increase the number of Housing First properties across the county.
- Supported Accommodation Services: Reduce the number of generic supported housing units and identify and develop more specialist supported accommodation based on identified need.

## **Financial Implications**

33. The delivery of the action plan is dependent on the funding being available from all partners, linked to government announcements on local government funding and specifically homelessness grant funding, expected later in 2025

## **Legal Implications**

34. The report provides a progress report on the work being undertaken to address homelessness across Oxfordshire and as such there are no specific legal implications arising from the same.
35. Nonetheless it is worth noting that, as stated above, District and City Councils have statutory responsibilities to provide homelessness and housing advice services and it is not permissible to circumvent the statutory framework for the provision of such services. It is possible however to utilise the authority's wider powers to support those with particular vulnerabilities or needs, and to support and promote the general well-being of the local population: for example, the prevention powers of S2 Care Act 2014, the powers as to improvement of public health of s2B (1) NHS Act 1996 and the general power of S1 Localism Act 2011.

Caroline Green  
Chair of Prevention of Homelessness Directors Group & Chief Executive (Oxford City Council)

Annex: Appendix 1 Countywide Homelessness and Rough Sleeping Action Plan

Background papers: Nil

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June 2025



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## Appendix 1: Oxfordshire Countywide Homelessness and Rough Sleeping Strategy (High Level)

Section	Item	Objective	Deliverable
1. Governance	1.1	Reaffirm and strengthen the countywide governance structure to ensure clear accountability, effective decision-making, and enhanced coordination across all organisations, supporting the achievement of the Countywide Homelessness and Rough Sleeping Strategy.	1. Refreshing governance of Countywide Homelessness Steering Group to support the implementation of the strategy, including updating the action plan.
			2. Establish an online reporting mechanism for Countywide Homelessness and Rough Sleeping Strategy.
	1.2	Enhance the effectiveness and efficiency of the collective risk management process within Alliance to proactively identify, assess, and mitigate potential risks, fostering a culture of shared responsibility.	1. Create or update the Access Panel Service Level Agreement to clearly articulate the approach to individuals deemed 'too high risk' for current services.
			2. Establish a multidisciplinary team (MDT) process to manage and support high-risk individuals identified through the Access Panel.
			3. Develop a collective learning and reflective practice framework around identifying, approaching, and sharing risks — including how we respond to 'near misses' (possibly rephrase that). This would also include a proactive approach to risk, focusing on de-escalation and prevention of behaviours that might lead to eviction.
	1.3	Strengthen awareness and foster commitment among all partners to recognise and actively fulfil their critical role in preventing homelessness and ending rough sleeping.	1. Develop and implement work streams for the Housing Summit, focusing on strengthening the role of health and social care partners.
			2. Explore creation of joint countywide model to access more private rented sector (PRS) accommodation to support rehousing.
			3. Improving links between Housing, Health and Social care pathways.
			4. Implement routine Multi-Disciplinary Team (MDT) meetings.
			5. Sharing the joint challenges of accommodating vulnerable singles.
			6. Sharing best practice across housing teams.
			7. Relaunch the Prevention of Homelessness Directors Group by actively engaging health and social care partners to enhance collaboration and establish shared accountability in addressing homelessness. To review feedback and learning from across the system and implement accordingly.



<b>2. Commissioning</b>	<b>2.1</b>	Develop and implement system-wide performance indicators that measure the effectiveness of service integration, with a focus on transition points between services and the overall outcomes for individuals.	1. Deliver an Alliance performance monitoring framework for quarterly reporting.
			2. Collaborating with the Centre for Homelessness Impact (CHI) to design and implement outcome measures for the Alliance and commissioners, fostering shared accountability for the impact on individuals experiencing homelessness.
	<b>2.2</b>	Enhance client choice/options within the homelessness support system by reviewing current options, identifying opportunities for greater choice, and implementing system-wide changes.	1: As an Alliance decide what approach we can take regarding choice/options and enhance transparency in service offerings and ensure choice is considered as part of accommodation transformation 25-26 and ongoing.
			2: Conduct a review of the use of Excluded Licence Agreements within Alliance services to ensure that they are not being used in a way that limits client options or places individuals in a position where rough sleeping is their only alternative.
	<b>2.3</b>	Collaborate with providers and the support sector to develop strategies and plans that enhance support for individuals with No Recourse to Public Funds (NRPF), ensuring improved access to services and tailored solutions.	1. Develop and implement at least a temporary accommodation offer for NRPF individuals.
			2. Establish and implement accessible service offers for NRPF individuals, where feasible, to ensure they receive the necessary support and resources
	<b>2.4</b>	Joint commissioning aimed at addressing the unmet needs of individuals, with a focus on improving outcomes for those with ongoing health or social care requirements, including individuals with dual diagnoses.	Consider commissioning new forms of supported accommodation for needs not met by current accommodation in social care or homelessness.
	<b>2.5</b>	Ensure strategic alignment of all health and housing money	Review joint housing and health commissioned services in 25/26, to ensure effective and efficient services, in order to inform base Better Care Fund funding from 26/27 and other health funding.



<b>3. Prevention</b>	<b>3.1</b>	Conduct research and analysis to identify best practices and compare approaches to prevention across Oxfordshire, ensuring continuous improvement and alignment with regional priorities.	1: Benchmarking exercise to be carried out on all housing authorities, collecting information on prevention offer across the City and Districts, which will allow comparison and inform recommendations/decisions on a common and minimum offer across the county, that can be then agreed and shared as a framework.
			2: Following the benchmarking process, explore potential changes to statutory homelessness support for single individuals to enhance the service they receive.
			3. Develop a report comparing prevention duty practices across districts, identifying areas for improvement and highlighting successful practices to inform enhanced service delivery.
	<b>3.2</b>	Ensure individuals can easily and proactively access services, preventing homelessness and the need for rough sleeping.	1: Review the access panel to ensure it effectively meets the increasing demand for services and improves accessibility.
			2: Establish a Prioritisation and Prevention Group to look at how to continuously review their approach to prevention, ensuring services are accessible and targeted to those most in need.
	<b>3.3</b>	Improve understanding of the factors leading to rough sleeping and assess individuals' previous engagement with services to inform targeted interventions and prevent homelessness.	Conduct scoping research to identify the pathways individuals have taken through statutory and commissioned services prior to experiencing rough sleeping, to inform prevention strategies.
	<b>3.4</b>	Ensure better alignment of commissioned homelessness prevention services across Oxfordshire by fostering collaboration between housing commissioners and the Better Care	Review between housing commissioners and Better Care Fund as to how services can better meet the needs of individuals.



		Fund, to create integrated, seamless support that addresses the complex needs of individuals at risk of homelessness.	
<b>4. Accommodation</b>	<b>4.1</b>	All local housing authorities are effectively supporting single homeless people through the relief duty and service offer.	1: Local authorities to review practice
			2: City Council to do a one year pilot of two officers: one single prevention officer and one single relief officer.
	<b>4.2</b>	Undertake work to better understand best practices and compare approaches to responding to single homelessness and timely move on across Oxfordshire.  Each local authority is demonstrating best practice to ensure access and availability to different forms of accommodation for single homeless individuals and that authorities are not putting barriers in place for move on.	Benchmarking exercise to be carried out on all housing authorities, collecting information on responding to single homelessness and timely move on across the City and Districts. This will allow comparison and inform recommendations/decisions on a common and minimum offer across the county, that can be then agreed and shared as a framework.
	<b>4.3</b>	Ensure effective move on from Alliance accommodation to settled housing	1: All local authorities ensure allocation policies are supporting rapid move on from supported accommodation.
			2: Develop new ways of working to enable more PRS move on from Alliance
			3: Transformation of Alliance to enable more housing-led support
			4: Alliance providers reviewing approach to long stayers and upskilling staff to have conversations regarding entering suitable move on, including PRS.
	<b>4.4</b>	Undertake cross system approach to increase the supply of a range of affordable housing options	1: Hold housing summit on supply
			2: Priority action for PHDG to progress it
			3: Work with housing and support providers to roll out and develop a consistent and high fidelity model of Housing First across the county; Continued deliver of Housing



			First across RPs, learning through doing.
			4: Review over 55 accommodations to see if it can be redesignated as general needs
	4.5	Ensure that Alliance accommodation is designed and delivered to align with a housing-led system, meeting the diverse needs of individuals and supporting sustainable pathways out of homelessness.	Conduct a comprehensive review of the current buildings held by the Alliance to assess their suitability for a housing-led system and identify opportunities for improvement.
	4.6	Drive the development of supported housing aligned with Housing Led principles, advancing the Alliance's accommodation transformation, and champion similar strategic shifts among other supported housing commissioners. Implement the findings from the review of the Alliance supported accommodation offer to ensure that the housing options provided effectively meet the diverse needs of the population.	1: Agree and implement changes to alliance accommodation offer in 25-26
			2: Develop a medium term pipeline of further accommodation changes over the next 3 years.
			3: Agree between JMG and ALT a definition and scope of a housing-led approach.
			4: Housing Led joint definition being worked up by Toby Blake (see item 2.3.3)
			5: Mapping exercise to engage 60% of currently accommodated clients, and use to determine how much housing led accommodation is required and identify housing providers.
			6: Complete supported accommodation review and implement to support transformation.
	4.7	Promote employment opportunities for clients within supported	1. Lobby government on changes to housing benefit rules and supported accommodation.



		accommodation by ensuring a focus on employability and maintaining affordable rent levels to enable services users to engage in work.	2. Progress the implementation of new accommodation offers in order to decrease the amount of supported accommodation provided by the Alliance and increase alternative accommodation.
5. Person Centred Approach	5.1	Promote trauma-informed and psychologically informed practices across both statutory and voluntary sectors, with a specific focus on commissioned homelessness services, to enhance service delivery and provide holistic, empathetic support for individuals impacted by past trauma, fostering recovery and long-term stability.	1: Creation of spaces for psychologically informed assessments.
			2: Provide access to support and advocacy from peer mentors
			3: Review and transform existing services to work in a trauma informed way.
	5.2	Address the service needs of individuals with complex needs, particularly those with a dual diagnosis, by ensuring integrated, comprehensive, and adaptable service delivery models that are	1: Embedding an integrated approach to meeting their care and support needs (mental health, physical health, etc) factoring in diversity and acknowledging the complexity of intersectionality.



		inclusive and responsive to the diverse needs and individuality of all service users.	2: Ensuring that the accommodation we provide meets the individual's needs
			3: To develop the case and secure funding and service model for a dual diagnosis/complex needs service (see objective 2.4)
	5.3	Establish a multi-agency partnership across Oxfordshire, integrating local authorities, commissioned services, health, and social care, to enhance coordination and support for single homelessness. Implement a 'by-name' approach to ensure person-centred, data-driven service delivery that effectively identifies and addresses individual needs, promoting long-term stability and well-being for those experiencing homelessness.	1: Deliver a new countywide database from procurement through to operational delivery that can facilitate a 'by name approach'
			2: Trialling in City a 'by names' approach through implementing Built for Zero in collaboration with Crisis, this will help inform the implementation of a by names approach countywide
			3. Develop effective multi-agency case management, including housing, social care, health and mental health, throughout the system through clear multi-agency structures.
	5.4	Develop and agree on a new discharge protocol/charter for both health and probation services to ensure coordinated and seamless transitions for individuals	1. Organise an in-person workshop to review and refine the discharge protocol/charter for health, identifying good practices and opportunities for improvement.
			2. Organise an in-person workshop to review and refine the discharge protocol/charter for probation, identifying good practices and opportunities for improvement."
	5.5	Amplify the voices of individuals with lived experience to shape decision-making processes and enhance the design and delivery of homelessness services.	1. Complete the LEAF Festival of Feedback to gather insights from individuals
			2. Implement the recommendations gathered from the LEAF Festival of Feedback
			3. Establish a co-production network to ensure the onward engagement of service users in Alliance services.
	5.6	Implement a strength-based approach to service delivery, focusing on empowering individuals by recognising and building on their inherent strengths and abilities. Provide holistic, person-centred support that fosters resilience, promotes self-sufficiency, and enhances long-term outcomes for	1: Ensure there are feedback loops for those accessing services to evaluate their accessibility and their effectiveness.
			2: Development and implementation of the trusted assessment form for Alliance services.



	those served.	
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# Better Care Fund 2025-26 HWB submission

## Narrative plan template

	HWB area 1	HWB area 2
<b>HWB</b>	Oxfordshire	n/a
<b>ICB</b>	Buckinghamshire, Oxfordshire and Berkshire West	n/a
<b>ICB</b>	Bath, North-East Somerset, Swindon and Wiltshire	n/a



## Section 1: Overview of BCF Plan

This should include:

- Priorities for 2025-26
- Key changes since previous BCF plan
- A brief description of approach to development of plan and of joint system governance to support delivery of the plan and where required engage with BCF oversight and support process
- Specifically, alignment with plans for improving flow in urgent and emergency care services
- A brief description of the priorities for developing for intermediate care (and other short-term care).
- Where this plan is developed across more than one HWB please also confirm how this plan has been developed in collaboration across HWB areas and aligned ICBs and the governance processes completed to ensure sign off in line with national condition 1.

### Priorities for 2025/26 and key changes from 2024/25

Oxfordshire has developed and delivered a Home First Discharge to Assess model of supporting flow through acute hospitals. In 2024/25 we have seen a reduction in average length of delay in all discharge pathways and 20% overall. The number of discharges per day have increased from  $\approx 12.5$  to  $>16$ . We have achieved this while maintaining outcomes for individuals from reablement and continuing to reduce the number of people aged  $>65$  placed by the Council in permanent residential settings. This activity is in-line with the local ambition to support people to live independently in their own community, identifying their own assets and maximising their own strengths.

This impact has improved outcomes for more individuals and delivered a reduction in bed occupancy in the main acute trust. The BCF funds our System UEC Commissioning Lead, the Transfer of Care manager, the system Home First Lead, the Home First teams, the pathway 2 hub team and has invested significantly in new models of home first reablement and care, including live-in care as well as redesigning the Pathway 2 step down reablement beds to meet the needs of a more complex patient population.

Oxfordshire now has sufficient capacity through its Live Well at Home and Care Home frameworks to deliver discharge flow and support ongoing independence in the community. Oxfordshire has become “good” at getting people home. This is extended to mental health beds where a range of BCF schemes have reduced the days lost to delay in acute mental



health settings, and reduced the number of days people are placed out of county awaiting a bed in Oxfordshire.

Our priorities for 2025/26 are to ensure that more people can stay at home, living independently in their own communities and being supported in their own home should they have health crisis rather than being conveyed and admitted to acute hospital.

In 2025/26 Oxfordshire will continue to implement these preventative services that were commenced under Additional Discharge funding in 2024/25 and further develop the opportunities to align BCF with areas such as housing, public health and technology.

Our priorities for 2025/26 align with the system UEC plan and support NHS and Local Authority planning requirements:

- Further develop the community single point of access established in 2024/25 to co-ordinate community-based resources, to divert calls from the 999/111 stack into urgent community response, increasing home visiting nursing and intermediate care and to embed call before convey support to ambulance crews. We need to develop a “community TOC” capability.
- Implement and extend urgent community response into a wider home visiting service and MDT at neighbourhood level. This will further integrate hospital at home, community same day emergency care, community therapy, voluntary and community capacity, and specialist mental health and children’s and young people’s support to support reduction of non-elective admissions
- Focus on readmissions and care homes to avoid unnecessary conveyance and admission to hospital. We will review our Pathway 1 model to assure that the appropriate levels of community support in addition to reablement and homecare are in place to avoid readmission, and we will review our support to care homes where medical support may be needed to avoid an escalation to acute hospital
- Continue to invest in services that address health inequalities and avoid admissions
  - Focus on locality community responses to those areas of deprivation that drive non-elective admissions, especially in relation to people aged 50-64 with diseases of aging in deprived areas of Oxfordshire
  - Provide support and alternatives to admission for people living with learning disability and/or autism who are at risk of admission to mental health beds
  - Provide step up support through dedicated homelessness pathways, support around alcohol and support for the most complex high intensity users to divert them from Emergency Departments and risk of admission to community support



- Develop responses for children and young people especially around mental health and respiratory presentations where there is an alternative to admission
- These priorities reflect the approach taken in the system UEC plan which is focussed on reducing non-elective bed days lost through admission and through discharge day delays. The BCF plan will also support the acute provider in managing out of area admissions and delays which are a significant pressure and impact on the response to Oxfordshire patients, especially in the north of the patch at Horton General Hospital
- Together these plans are aimed at reducing NEL admissions and NEL bed day consumption for General Medicine and Geratology patients back to 2023/24 baseline. This recognises the need to control activity and costs across the system and develop approaches that might move resources from acute to community in the medium and longer term.

The BCF plan will also continue to underpin the wider community and strengths based preventative approach set out in the *Oxfordshire Way*. We will continue to expand community reablement and improve the alignment with community rehabilitation as part of our plan for intermediate care. We will be implementing a new contract to deliver technology-enabled care as a development of the current telecare offer and maximising the opportunity to divert people to falls prevention and other support that enables independence and resilience. We will continue to invest in support for people at risk of falls and divert them wherever possible into community “strong and steady” services delivered by partnerships between community health and voluntary sector providers.

We will align the BCF funded community information, advice and support offer with the community capacity that is being developed outside of the Better Care Fund: Local Area Co-ordination and Community Capacity Grants funded by Adult Social Care; Well Together support and grants funded by Public Health and the ICB Health Inequalities funds working in the most deprived areas; community wellbeing workers aligned to primary care; support around activity and loneliness through the wider community and working closely with NHS Social Prescribing and District Council neighbourhood resources. Oxfordshire is developing a wider Prevention Strategy that will be implemented in 2025/26 and will improve our ability to map and evidence the impact of preventative activity on the BCF and other system metrics. We also plan to bring more of the prevention funding into local s75 arrangements to develop further the integration of these approaches.

We continue to develop services for unpaid carers as part of the key underpinning of the plan and to support prevention and our ability to support people at home. Oxfordshire has a system wide Carers Strategy and the key providers across health (including primary care) and social care have schemes to improve the identification and support to unpaid carers such as carers ID cards. We have engaged with carers in 2024/25 as part of the review of Home First Discharge to Assess carried out by Healthwatch Oxfordshire and identified key learning.



One gap in our current plan is support to self-funders. Review of Oxfordshire performance on permanent admissions to care homes has highlighted that >35% of people who become council funded placements were already in their care home at that point. In most cases they can no longer be supported in an alternative environment but in many cases, they are long-term residents who may not have needed this level of care when they self-admitted. We are beginning a programme of work to create publicity and offer support to people where there may be alternatives to care homes (e.g. extra care housing). In 2025/26 we have an opportunity to promote and develop our approaches through a new extra housing scheme that will come on board in October 2025.

Our other key aim for 2025/26 is to fully evaluate key schemes that have potential to underpin the aims of the BCF going forward:

- We will work with the City and Districts on a review of homelessness services including the Health and Housing Intervention Team funded by BCF; the Homelessness Alliance pathways part-funded from BCF; and the wider District and City and Public Health funding for rough sleeping. This work will confirm the opportunities to organise support to the most complex people more effectively to improve outcomes and efficiency
- We will work with Home Improvement Agency leads and the Council's lead OT on opportunities to increase the impact of Disabled Facilities Grants. This work has commenced and has already highlighted the opportunities to consider DFG more widely as one of a range of options alongside deployment of supported or extra care housing; impact of work to improve housing conditions; options to use equipment rather than adaptation; retaining DFG adapted stock after the resident moves on; bringing together DFG and other funding to increase value; impact of handyperson services; role of "pathway flats" as an alternative to people being admitted to care homes or delayed in hospital pending works

## Governance

This plan has been developed using a system wide BCF Steering Group comprising operational and clinical leads and commissioners together with the voluntary and community sector: Oxford University Hospital NHS FT, Oxford Health NHS FT (Community and Mental Health); Oxford City Council (Homelessness and Home Improvement Agency); West Oxfordshire, South & Vale and Cherwell District Councils (Home Improvement Agency); Oxfordshire County Council (Public Health, Adult Social Care); OCC/ICB integrated commissioning team; Oxfordshire Association of Care Providers; Age UK; Healthwatch (observers). This group reports to

- Oxfordshire Place Based Partnership Board (for strategic approach, narrative)
- Oxfordshire Urgent and Emergency Care Board (demand and capacity and metrics)



- Oxfordshire Joint Commissioning Executive (sign off of plan and money for Council and ICB approval) and oversight of performance on behalf of the HWB

The responsibility for the delivery of this plan similarly will be governed by these bodies with Joint Commissioning Executive retaining the responsibility to report to HWB.

### **Alignment with System UEC planning**

The plan has been developed alongside the ICB led development of the Urgent and Emergency Care plan and overseen by CFO and COO from all partner organizations. The UEC funding allocations have been deployed with reference to the deployment of BCF. The NEL and discharge metrics and the demand and capacity plans were approved by the Urgent and Emergency Care Board

### **Bath, North-East Somerset, Swindon and Wiltshire ICB**

Agreement has been reached with BaNES, Swindon and Wiltshire to continue to invest as set out in the Plan to support flow out of Great Western Hospital. Data on Oxfordshire flow into that system will be maintained and reviewed with the local ICB on a regular basis in 2025/26.

## **Section 2: National Condition 2: Implementing the objectives of the BCF**

Please set out how your plan will implement the objectives of the BCF: to support the shift from sickness and prevention; and to support people living independently and the shift from hospital to home. This should include:

- A joint system approach for meeting BCF objectives which reflects local learning and national best practice and delivers value for money
- Goals for performance against the three national metrics which align with NHS operational plans and local authority social care plans, including intermediate care demand and capacity plans
- Demonstrating a “home first” approach that seeks to help people remain independent for longer and reduce time spent in hospital and in long-term residential or nursing home care
- Following the consolidation of the Discharge Fund, explain why any changes to shift planned expenditure away from discharge and step down care to admissions avoidance or other services are expected to enhance UEC flow and improve outcomes.



## Joint system plan reflecting local learning and national practice

The Oxfordshire BCF Plan for 2025/26 signals a shift from “clearing the backdoor of the hospital” to preventing admissions, and then in turn to community-based support that enables people to live independently. The plan is owned by the Place-Based Partnership and Urgent and Emergency Care Board and seeks to build on our exemplar practice Home First approach to develop those models of preventative interventions and care that will reduce activity and cost pressure and support a shift of funding into more preventative services.

The Oxfordshire system is directly aligning BCF spend with UEC funding and makes the case that a reduction in NEL bed days can and should fund some of the services involved in reduction of NEL. The BCF plan for 2025/26 will evaluate wider investment that is aligned to BCF to identify impact and value at the system level not just within the acute trust, e.g. to streamline and focus the range of community interventions that support hospital avoidance, or the review of support around homelessness mentioned above. It is our intention to identify the best use of the “Oxfordshire pound” to reduce our reliance on acute bed-based services and interventions: we have reduced reliance on beds in Pathway 2 discharges and will be commissioning a new model from July 2025; we have eliminated the annual purchase of additional “winter beds” in care homes; we now need to make the case for further shift from Pathway 2 to Pathway 1 in terms of impact, value and public acceptability, and construct the equivalent admission avoidance pathways that reduce the need for admission to acute beds.

Beyond beds Oxfordshire already invests significant funds in community capacity both within and outside of the BCF. There is evidence that this impacts on spend and intervention (activity-based interventions that reduce GP appointments; community capacity that reduces the need for care packages; assertive community models that reduce attendance at hospital) but this evidence needs to be further developed to give confidence that disinvestment in acute and urgent response is possible given a more resilient and independent population.

### National metrics

- **NEL admissions.** We have modelled the NEL demand on General Medicine and Geratology to seek to achieve zero growth on 2024/25 levels. This seeks to mitigate the increase in demand of 6.02% which would otherwise happen based on year on year performance (leading to outliers in acute beds) and associated costs from an additional 6200 NEL bed days. The currency for this exercise has been NEL bed days which currently average 5.3 days per admission. To maintain 2024/25 levels, we will need to see an increased level of diversion of 23-30 patients per week. The BCF schemes will impact on people above and below 65 and so we will map locally the impact in both groups. The biggest growth in NEL in Oxfordshire is in people aged 50-64, especially in more deprived areas.
- **Discharge ready delay days.** In broad terms Oxfordshire has seen a fall in 2024/25 from 6.7 days average length of delay to 5.3 days. The numbers of people discharged



each day has increased to >16 from +/- 12.5. Oxfordshire has seen a consistent reduction in days lost to discharge delay in all pathways in 2024 from the co-ordination and leadership of the TOC team allied to redesigned Home First and P2 reablement pathways. In 2025/26 we will aim to reduce the average length of delay days to 5. We do not anticipate significant changes to the percentage of people discharged on discharge ready day where this data is still subject to testing in UEC datasets and where predominantly the population in this instance is people on Pathway 0

- The opportunities for further reductions in P1 and P2 may be limited at this stage: the median LoS in P1 is 3 days. There is capacity in all discharge pathways and the longer delays seem to be driven by process issues, especially in more complex cases. We will further develop capacity and capability (eg through trusted assessment) to review and manage the increasingly high level of Home First discharges especially when packages of live-in and overnight care are supporting the discharge. 30-day readmission rates remain at around 17-20% with the vast majority of readmissions taking place within 2WW. A review of December 2WW readmissions (41 cases) is under way to understand the risks and opportunities. The system view is that the focus for Oxfordshire needs to shift to front door rather than discharge to maintain flow
- **Permanent admissions to care homes.** In 2025/26 Oxfordshire will maintain the reducing trajectory in permanent adult social care funded admissions to care homes. We have reduced admissions against 2324 performance but not been able to hit the planned target in spite of embedding of strengths-based assessment and care planning and extensive use of community resources and access to housing alternatives. Local analysis confirms that 35-38% of all new LA "placements" are actually self-funders who have depleted their capital and now qualify for LA support. This suggests that the decision to enter a care home happened too early and was outside of the Council's control. We are developing a longer-term approach to advising and supporting self-funders to consider alternatives to residential care. This approach should have renewed impact from 2026/27

**Home First plans: see above-national metrics**

### **Consolidation of ADF**

In 2024/25 Oxfordshire was given permission to divert money towards admission avoidance as the impact on Discharge was already being achieved without further investment. ADF was invested in developing a community single point of access, expansion of hospital at home and development of community-based teams that support admission avoidance and managing complex discharges home. Those schemes are initiated and will be further developed in 2025/26 and reflect the ongoing shift from discharge to prevention. In the end the D2A and reablement spend in 2024/25 far



outstripped budget and these amounts have been increased in 2025/26, but largely from the reduction in spend in P2 beds from a reprocurd more focussed service that will commence in July 25 after procurement. So, we have sustained and increased the investment in admission avoidance and diverted discharge spend from bed- to home-based services.

Please describe how figures for intermediate care (and other short-term care) capacity and demand for 2025-26 have been derived, including:

- how 2024-25 capacity and demand actuals have been taken into account in setting 2025-26 figures (if there was a capacity shortfall in 2024-25 what mitigations are in place to address that shortfall in 2025-26)
- how capacity plans take into account therapy capacity for rehabilitation and reablement interventions

## Capacity and demand development

In 2024/25 Oxfordshire has not experienced any shortfall in capacity for reablement and short-term care either in terms of discharge or community response to avoid admission. The Live Well at Home framework has >100 providers and up to 30 of these have been trained and supported to deliver home first D2A. Access to the LWAH reablement and homecare referrals was expanded in August 2024 when existing providers could not keep up with demand and there is now continuous flow 7 days a week from acute hospital and step-down beds. The model of care includes 72hour assessment discharges, reablement and short-term care including live in and waking night support to get people home.

The median length of stay in P1 is 3.1 days and the average length of stay is 5.1 days at December 2024. Where length of stay is longer that is not due to capacity shortfalls but to process delays, including equipment, family negotiation and training in delegated healthcare tasks. The mean rate of recovery for reablement remains high at 75% in spite of the increased complexity of the population being taken home. We have extended the capability of the reablement providers and now deploy a Trusted Assessor approach wherever possible to support decision-making post assessment at 72hours.

The primary capacity issue for Oxfordshire in terms of P1 is keeping pace with the flow that we can achieve through the market. The system approach to this is to recognise that the primary need is to shift intervention and capacity to community reablement and rehabilitation to support admission avoidance and independence. The number of community reablement pick-ups has increased from 58 in Dec 2023 to 113 in Jan 2025 and the trajectory continues to grow. This community capacity can be used at times of surge for redeployment into acute flow.



## Intermediate care capacity

Intermediate care clinical capacity in Oxfordshire is constrained and we will be running a project to explore options and opportunities to improve that in 2025/26 by in the first instance looking to divert people from P2 to P1 for rehabilitation at home rather than in a bed base. This should identify options to reprofile intermediate care from bed- to home-based services.

Oxfordshire has capacity in a range of services aligned to urgent community response including step up into assessment and rehabilitation beds, community response, community reablement. Demand for and capacity to address this is mapped in the system urgent care data which is monitored monthly. In essence the demand for more urgent response is flexed to demand. The key shortfall relates either to triage capacity to support conveyance avoidance or to the visiting services that avoid the need for ambulance dispatch or disposition away from conveyance. The BCF and aligned UEC funds are designed to address these gaps through the further development of our single point of access which will move to be the “TOC equivalent” of community services.



## Section 3: Local priorities and duties

Local public bodies will also need to ensure that in developing and delivering their plans they comply with their wider legal duties. These include duties:

- to have due regard to promoting equality and reducing inequalities, in accordance with the Equality Act 2010 public sector equality duty.
- to engage or consult with people affected by the proposals. For ICBs, trusts and foundation trusts this includes their involvement duties under the NHS Act 2006.
- for ICBs, to have regard to the need to reduce inequalities in access to NHS services and the outcomes achieved by NHS services.
- for ICBs, to have regard to the duty to support and involve unpaid carers in line with the Health and Care Act 2022

Please provide a short narrative commentary on how you have fulfilled these duties

**Equality.** The Oxfordshire HWB BCF plan has been reviewed against an Equality Impact Assessment. All schemes are backed by EIA. The focus of schemes has been to reflect those populations most at risk of health inequalities (most deprived wards, people living with mental health, drug and alcohol and learning disability and/or autism) and homelessness, both in terms of their interaction with community prevention and hospital discharge services, and in relation to specialist pathways.

**Consult.** In 2024 Oxfordshire undertook a large-scale engagement with our population in respect of the move to Home First models of care in the face of concerns re the perceived potential risks to the individual and loss of bed bases. Schemes funded by the BCF have their own service specific engagement approaches which are being compiled for the final plan as submitted. We have not had the opportunity to engage widely on this plan but intend to develop a workshop approach to sharing the learning and future plans in 2025/26

**Reducing inequalities.** The BCF plan is designed to address key inequalities as set out above.

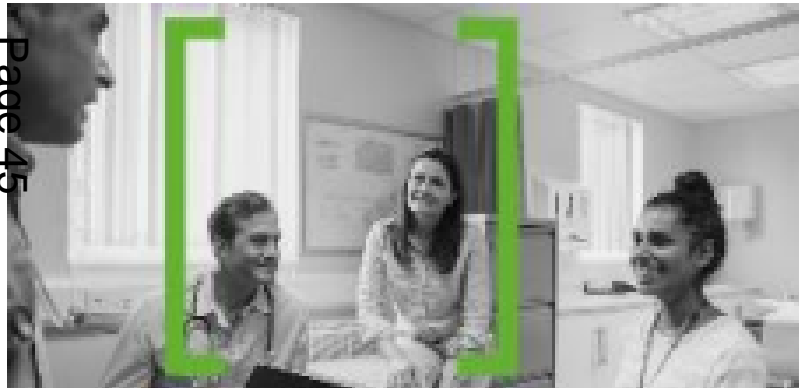
**Unpaid carers.** The BCF plan includes funding for schemes that support the delivery of the Oxfordshire Carers Strategy as set out above.



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# Better Care Fund and System Plan 2025-26: briefing for HWB





- BCF overview: key priorities: slide 3
- BCF deliverables
  - Investment and expenditure: slide 4
  - Metrics
    - Avoiding non-elective admissions to acute settings for people aged >65: slide 5
    - Reducing days delayed for adults discharged from acute settings aged >18: slide 6
    - Reducing permanent Council-funded admissions to care homes aged >65: slide 7
- BCF assurance for Health & Wellbeing Board slides 8 and 9
  - Jointly agreed plan: slide 8
  - Plan aligned to BCF objectives: slide 8
  - Complies with grant and funding conditions: slide 9
  - Oversight and governance: slide 9



## BCF priorities 2025/26

- The plan has been framed in terms of supporting a reduction to non-elective activity in OUH to 2023/24 levels and shift the focus and investment of BCF and UEC funding from managing people in hospital to supporting them in the community. The BCF plan will ensure that more people can stay at home, living independently in their own communities and being supported in their own home should they have health crisis rather than being conveyed and admitted to acute hospital
- The plan continues to focus on a Home First approach to people when they are ready for discharge from hospital
- The plan continues to invest in services that address health inequalities: including focus on areas of deprivation in relation to people aged 50-64 with diseases of aging; support and alternatives to admission for people living with learning disability and/or autism who are at risk of admission to mental health beds; step up support through dedicated homelessness pathways, support around alcohol and support for the most complex high intensity users to community-based support; responses for children and young people especially around mental health and respiratory presentations where there is an alternative to admission to hospital
- The plan underpins the wider community and strengths-based preventative approach set out in the *Oxfordshire Way* and is aligned with the community capacity developed outside of the Better Care Fund and funded by Adult Social Care, Public Health and the ICB Health Inequalities funds and NHS Social Prescribing and District Council neighbourhood resources
- The plan will continue to develop services for unpaid carers as part of the key underpinning of the plan and to support prevention and our ability to support people at home
- The plan supports a City-led review of homelessness services to take place in 2025/26
- As part of the plan we will work with Home Improvement Agency leads and the Council's lead OT on opportunities to increase the impact of Disabled Facilities Grants.



Funding Sources	Income	Expenditure	Difference
DFG	£8,262,172	£8,262,172	£0
NHS Minimum Contribution	£59,135,122	£59,135,122	£0
Local Authority Better Care Grant	£13,206,730	£13,206,730	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
<b>Total</b>	<b>£80,604,024</b>	<b>£80,604,024</b>	<b>£0</b>

Disabled Facilities Grant was uplifted in-year during 2024/25. This is passed through to City and Districts but in 2025/26 the BCF plan will seek to explore opportunities to align this with other local funding and work streams to identify efficiency and increased impact.

The NHS minimum contribution was uplifted by 1.7% for 2025/26.

The former *Additional Discharge Fund* and *Improved Better Care Fund* were both consolidated into the NHS Minimum Contribution and LA Better Care Grant respectively. These were not uplifted for 2025/26.

The investment requirement in Adult Social Care increased by 3.9%

**Oxfordshire has complied with the investment and expenditure requirements. Our BCF plan exceeds the investment requirement for adult social care**

## Adult Social Care services spend from the NHS minimum contribution

	2025-26
Minimum required spend	£34,019,094
Planned spend	£37,683,431



	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
<b>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)</b>	n/a	n/a	n/a	n/a	n/a	0.68	0.68	0.57	n/a	n/a	n/a	n/a
<b>Proportion of adult patients discharged from acute hospitals on their discharge ready date</b>	n/a	n/a	n/a	n/a	n/a	88.6%	87.2%	88.3%	n/a	n/a	n/a	n/a
<b>For those adult patients not discharged on DRD, average number of days from DRD to discharge</b>	n/a	n/a	n/a	n/a	n/a	6.0	5.3	4.9	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
<b>Average length of discharge delay for all acute adult patients</b>	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60	0.60
<b>Proportion of adult patients discharged from acute hospitals on their discharge ready date</b>	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%
<b>For those adult patients not discharged on DRD, average number of days from DRD to discharge</b>	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

- The number of acute hospital discharges per day increased from 12.5 to >16 during 2024/25
- The “delay day length of stay” reduced from 6.74 average to 5.24 average in 2024/25
- The discharge metrics proposed consolidate this improvement whilst remaining within current and planned changes to capacity
- This trajectory maintains and extends the improvements in 2425 without diverting further additional resource to the back door. There is scope to shift resource to P1 from community at times of surge.



		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	1,293	1,416	1,320	1,339	1,343	1,269	1,478	1,320	1,480	1,521	1,339	1,404
	Number of Admissions 65+	1,835	1,995	1,870	1,895	1,900	1,805	2,075	1,870	2078	2131	1895	1979
	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

- We are planning to maintain levels of admission at 2024/25 levels. The year-on-year trajectory is for 6.02% growth in admissions. Maintaining 2024/25 levels will require an increased level of diversion from admission of 23-30 patients per week.
- The BCF metric relates only to people >65. We believe admission avoidance activity will impact on all ages and this will be monitored locally as part of UEC dataset
- BCF metric is all hospital settings (including non OUH) but will be monitored in performance at OUH



		2023-24 Actual	2024-25 Plan	2024-25 Estimated	2025-26 Plan Q1	2025-26 Plan Q2	2025-26 Plan Q3	2025-26 Plan Q4
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	350.2	291.8	308.6	75.9	75.1	74.4	73.7
	Number of admissions	480	400	423	104	103	102	101
	Population of 65+*	137,067	137,067	137,067	137,067	137,067	137,067	137,067

- In 2024/25 the number of permanent Council-funded >65 care home admissions reduced in line with the Oxfordshire Way strengths-based approach to assessment and care planning
- However, we did not meet our stretch target to reduce by 5% over 2023/24 performance
- In 2024/25 further analysis confirmed that 38% of permanent Council-funded placements were people self-funding their residential or nursing home care prior to the Council assuming responsibility (usually as their funds were depleted)
- There is no reason to think this proportion will change and so this compromises our ability to further reduce the trajectory in 2025/26.
- Therefore, we plan to
  - Maintain the reduction achieved in 2024/25 on the basis that Home First and Oxfordshire Way approaches will continue to impact on this measure
  - Review support to self-funders to prevent early self-admission to residential care



National Condition	Planning expectation that BCF plan should:	Evidence of delivery in BCF plan and process
1. Plans to be jointly agreed	Reflect local priorities and service developments that have been developed in partnership across health and care, including local NHS trusts, social care providers, voluntary and community service partners and local housing authorities	BCF plan developed alongside NHS planning requirements and UEC funding allocations. Approval for approach and priorities in plan agreed in Place Based Partnership 7/3/2025
	Be signed off in accordance with organisational governance processes across the relevant ICB and local authorities	Approved ICB CEO and CFO 24/3/25 Approved s151 officer 28/3/25 Approved OCC CEO 28/3/25
	Must be signed by the HWB chair, alongside the local authority and ICB chief executives – this accountability must not be delegated	HWB agreed delegation to the Chair 13/3/25 Approved HWB Chair (TBC) 31/3/25
2. Implementing the objectives of the BCF	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	Plan sets out investment and delivery to enable Home First approaches; a shift from hospital discharge to community-based hospital avoidance; underlying focus on the Oxfordshire Way, preventative support; plan retains a focus on health inequalities and supports hospital avoidance and discharge for people with mental health, learning disability and/or autism, and people who are homeless both in general and specialist bed settings; plan delivers integration both in commissioning and in system-leadership for operations.  The investment to support this plan has been agreed by system COO across health and care and aligned to urgent and emergency care funding, as well as joint funding of some schemes with Public Health (support around alcohol in hospital, and falls prevention)
	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	1. Reduction in non-elective admissions by 30pw to enable Oxfordshire to maintain acute demand at 24/25 levels for people >65 needing General Medicine or Geratology beds 2. Reduction in discharge delay days to average 5 days per patient 3. Reduction in Council-funded permanent admissions to residential settings for people over the age of 65 by 3% in 2025/26
	Demonstrate a 'home first' approach and a shift away from avoidable use of long-term residential and nursing home care	Evidenced in performance around reduced care home placements. Increase in reablement, home first discharge to assess, and equipment and technology enabled care in 2025/26 aligned to the deployment of community capacity, information and advice in line with the Oxfordshire Way
	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)	The former ADF funding has largely been reallocated to Home First Discharge to Assess and retaining the investment in health inequalities (homelessness, mental health, learning disability and/or autism).



National Condition	Planning expectation that BCF plan should:	Evidence of delivery in BCF plan and process
3. Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Set out expenditure against key categories of service provision and the sources of this expenditure from different components of the BCF	Set out in expenditure tab of plan. Funding broadly follows the following categories 1. Housing: Disabled Facilities Grant and Home Improvement and Extra Care Housing £10633k 2. Prevention and community capacity £1820k 3. Equipment and technology enabled care £7606k 4. Community capacity to prevent hospital admission £9056 5. Hospital Discharge (general) £15813k 6. Hospital Discharge/avoidance (health inequalities) £3171k 7. Long-term care (at home and residential) £26596k 8. Unpaid carers £937k 9. Staffing/infrastructure £3637k
	Set out how expenditure is in line with funding requirements, including the NHS minimum contribution to adult social care	We have exceeded the minimum investment requirement into adult social care: £37683k invested v £34019k requirement
4. Complying with oversight and support processes	Confirm that HWBs will engage with the BCF oversight and support process if necessary, including senior officers attending meetings convened by BCF national partners.	Yes. Oxfordshire is very engaged with regional BCF planning group hosted by NHS England and has recently met the Directors of Intermediate Care and Better Care Fund both for NHS England and Dept Health & Social Care. Presently we are supporting regional discussions both in terms of our Home First Discharge to Assess service and the Care Homes Framework and in relation to the Homelessness and Health Inclusion Team funded by the BCF.
	Demonstrate effective joint system governance is in place to: submit required quarterly reporting, review performance against plan objectives and performance, and change focus and resourcing if necessary to bring delivery back on track	1. Oversight of factors relating to and impact of BCF metric performance will be managed via the system Urgent Care Delivery Group fortnightly. 2. BCF metric performance and escalations around deployment of capacity and management of performance risks will be managed at system Urgent and Emergency Care Board. 3. Spend, investment and alignment to wider HWB metrics and system metrics will be reviewed by the Council-ICB Joint Commissioning Executive and reported to the HWB quarterly



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NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

30 May 2025

To: Cllr Liz Leffman, Chair, Oxfordshire  
Health and Wellbeing Board  
Dr Nick Broughton, Sue Harriman,  
Integrated Care Board Chief Executive  
or Representative(s)  
Martin Reeves, Chief Executive,  
Oxfordshire County Council

cc. Jane Sproat, Natalie Jones

Dear Colleagues,

**Better Care Fund 2025-26 – approval for 25-26 plans and permission to spend NHS minimum contribution**

Thank you for submitting your Better Care Fund (“**BCF**”) plan and for the collaborative work among local partners to develop the plan.

As you will be aware, the BCF is a joint programme operated by the Department of Health and Social Care (“**DHSC**”), Ministry of Housing, Communities and Local Government (“**MHCLG**”) and NHS England. As outlined in the [BCF Planning Requirements](#), NHS England is responsible for final approval of the use of the NHS minimum contribution, following a collaborative regional review process which includes input from social care representatives. This letter details the outcome of that process.

I am pleased to let you know that following the review process, your plan has been classified as ‘**approved**’.



## BCF conditions for financial year 2025-26

The BCF funding from NHS England for the financial year 2025-26 can now be formally released, subject to continuing to meet the national conditions set out in the [BCF Policy Framework for 2025-26](#) and further detailed in the [BCF Planning Requirements for 2025-26](#) including:

- Delivery of your approved plan, including progress against BCF goals and wider objectives of the BCF,
- BCF funding is used in compliance with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care,
- Compliance with monitoring, oversight and support processes, working with regional and national BCF teams, including submission of jointly agreed quarterly reports to the national BCF team and regional Better Care Manager(s) (“**BCM**”) in line with the BCF reporting cycle and compliance with escalation processes,
- The transfer of BCF funding from NHS England into one or more section 75 pooled funds.

Separately, the conditions relating to the use of the Local Authority Better Care Grant and Disabled Facilities Grant (“**DFG**”), that form that local government contribution to the Better Care Fund, are set out in Section 31 Grant Determinations ([Local Authority Better Care Grant Determination 2025 to 2026 - GOV.UK](#), the Grant Determination Letter for the DFG 2025/26 will be published in due course). This makes clear the purpose and use of this local authority funding and directly relates to the [BCF Policy Framework](#) and [BCF Planning Requirements](#) (see section on the legal framework below).

### Legal framework

As set out in the [BCF Planning Requirements for 2025-26](#), the BCF is operated by the Department of Health and Social Care, the Ministry for Housing, Communities and Local Government and NHS England.

NHS England makes BCF funding available to ICBs under section 223GA of the 2006 Act. Grants to local government (Local Authority Better Care Grant and Disabled Facilities Grant) will be paid to local government under section 31 of the Local Government Act 2003, with a condition that they are pooled into local BCF plans.

The escalation process set out in the Planning Requirements explains how action may be taken if the ICB or local authority do not comply with conditions. This includes the escalation process if, following enhanced support and oversight, a HWB area does not meet a national condition or there is a material risk that they will not do so.

### Next steps

Now that your plan has been approved the NHS minimum contribution may now be spent, subject to compliance with the conditions set out above. Section 75 agreements must be in place across all HWB areas by 30 September 2025.



Ongoing support and oversight regarding the spending of BCF funding will continue to be led by your local BCM(s).

There will be an opportunity for HWB areas to review local goals set out in their approved HWB plan where improvements in data accuracy mean that they might benefit from revision. This will be communicated to local areas as part of the information on the BCF Quarter 1 reporting process. Any changes in local goals will need to be approved by your BCM(s).

It is expected that HWB areas will continue to work in partnership with ICB colleagues to ensure alignment to 2025-26 delivery plans, particularly urgent and emergency care winter planning.

Thank you for your work and best wishes with your implementation and ongoing delivery of the BCF.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Ben Jupp', written in a cursive style.

**Ben Jupp**

Director of Intermediate Care and Rehabilitation  
Interim Senior Responsible Officer, Better Care Fund  
NHS England



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## Divisions - All

### OXFORDSHIRE HEALTH AND WELLBEING BOARD

26 JUNE 2025

### HEALTH AND WELLBEING STRATEGY UPDATE

#### PRIORITIES 1 and 2 – Start Well

#### Report by Director of Children's Services

## RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED** to:

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

## Executive Summary

1. 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.
2. 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 Start Well covering:

#### **Priority 1: The best start in life**

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived communities.

#### **Priority 2: Children and young people's emotional wellbeing and mental health**

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.

## Introduction

3. 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 1 and 2 of the Health and Wellbeing Strategy.

4. It should be noted that these priorities require a whole systems approach to bring about change and the report does not include every piece of work that is 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.
5. Performance information is provided in the attached annex 2 which gives an overview of key indicators as set out in the Health and Wellbeing Board Outcomes Framework. Work is underway to develop a full suite of data for the new children's chapter in our Joint Strategic Needs Assessment (JSNA), this will contain more in-depth performance indicators and analysis and will be shared in due course.

### Summary of Key Activities

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

6. We have worked in partnership to develop our early help and early years strategies, setting a shared strategic framework for these areas. Implementation plans are now being progressed by the partnership boards. We are also starting to plan to create a network of Family Hubs across Oxfordshire, so that all families can access a range of partnership resources and early support in their local community.
7. We have strengthened our support that we offer particularly to new parents and carers. This includes access to Dad Pad for expectant and new fathers, family mood assessments with new families before the baby is six months old, as well as a range of parenting courses and CAMHS support.
8. So that all children grow up safe and secure, we are working to embed family safeguarding as our shared approach across children's services. We have trained partners on our threshold of needs, front door approach and early help assessments so that we can effectively identify and support need together.
9. To promote the emotional wellbeing and mental health of children and young people, we are putting in place a new CAMHS contract and transformation work is underway to strengthen delivery. 69% of our schools currently have mental health support teams and we are aiming for 100% by 2029.
10. We are proud that Oxfordshire has become a Marmot Place and there is substantial work ongoing to promote the best start in life for all children and young people. This includes consideration of some of the wider determinants of health and wellbeing, including access to education, employment and training as well as support with the cost of living.



11. There are numerous initiatives across Oxfordshire to support children and young people and a common theme is that not all families and multi-agency practitioners are aware of the full offer that they can access. A theme for further development is our communication and approaches for raising awareness about support available, as well as creating a central resource through our digital Family Hub.

## **Financial Implications**

12. 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:

Jane Billington, Strategic Finance Business Partner – Children’s Services  
[Jane.billington@oxfordshire.gov.uk](mailto:Jane.billington@oxfordshire.gov.uk)

## **Legal Implications**

13. 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: Craig Cochrane, Head of Law and Legal Business Partner, Child Care Team (Legal Services), Email:  
[craig.cochrane@oxfordshire.gov.uk](mailto:craig.cochrane@oxfordshire.gov.uk).

**Lisa Lyons**  
**Director of Children’s Services**

Annex 1. Start Well Report

Annex 2. Start Well performance indicators

Contact Officer: Anna Jennings, Head of Transformation (Children, Education and Families)

June 2025



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## Annex 2. Start well performance indicators

Period	Indicator	Value	Trend	Compared to England
2021/22 - 23/24	Admission episodes for alcohol-specific conditions (under 18 years, per 100,000)	18.29	Cannot be calculated	Similar
2021/22 - 23/24	Hospital admissions due to substance misuse (15 to 24 years, per 100,000)	26.89	Cannot be calculated	Better
2022	Low birth weight of term babies (proportion)	2.22	No significant change	Better
2022/23	Average Attainment 8 score	46.90	Cannot be calculated	Not compared
2022/23	Average Attainment 8 score of children in care	19.20	Cannot be calculated	Not compared
2023/24	Children in care (per 10,000)	50.00	No significant change	Better
2023/24	Children in care immunisations (proportion)	86.00	Decreasing and getting worse	Better
2023/24	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years, per 10,000)	72.62	Decreasing and getting better	Similar
2023/24	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years, per 10,000)	95.14	Decreasing and getting better	Worse
2023/24	Percentage of 5-year-olds with experience of visually obvious dental decay	20.90	Cannot be calculated	Similar
2023/24	Percentage of looked after children whose emotional wellbeing is a cause for concern	44.00	No significant change	Similar
2023/24	Percentage of physically active children and young people	43.51	Cannot be calculated	Worse
2023/24	Pupil absence (proportion)	7.34	Increasing and getting worse	Worse
2023/24	Reception prevalence of obesity (including severe obesity)	7.71	No significant change	Better



2023/24	School readiness: percentage of children achieving a good level of development at the end of Reception	68.80	Cannot be calculated	Better
2023/24	Year 6 prevalence of obesity (including severe obesity)	18.65	Increasing and getting worse	Better
2023/24	Smoking status at time of delivery (proportion)	5.50	Decreasing and getting better	Better



## Priority 1: Best Start in Life

All children in Oxfordshire should experience a healthy start to life and be ready for school, especially in our most deprived neighbourhoods.

Shared outcomes	Updates on activities delivering on priority	Challenges in progress	Plans for the year ahead	RAG Rating
1.1 Improved parental physical and mental health during pregnancy, birth and after birth	<ul style="list-style-type: none"> <li>- Early Years Board has developed a partnership strategy which was approved by the Children's Trust in April 2025. We are now developing an implementation plan and beginning to deliver against this strategy.</li> <li>- Early help and prevention board has developed a partnership strategy and associated implementation plan for strengthening our early help offer across the county.</li> <li>- We have begun planning for a Family Hubs network across Oxfordshire. This is in its early stages but our aim will be to provide joined-up, early help in local communities.</li> <li>- Public Health have commissioned Dad Pad for expectant and new fathers.</li> <li>- Oxford Health Healthy Child and Young Person service are completing a family mood assessment for all new families by the time the baby is 6 months old.</li> <li>- Parenting courses and CAMHS support have been provided to help expecting and new parents.</li> <li>- Equal Start Oxford Project provides maternity services designed specifically to address inequalities in access, experience and outcomes faced by Black and minoritised women. A celebration</li> </ul>	<p>Long term sustainable funding for best start in life and early years – there are VCFS initiatives across the county without long-term funding secured.</p> <p>We hear that professionals and families are not always aware of the services and support that is available to them. Our Family Hub digital offer will aim to address this by sharing information about services available across the county and how to access support.</p>	<ul style="list-style-type: none"> <li>- Early Years Board to progress strategy. This will include targeted work on parent-infant relationships and speech, language and communication development; increasing provision of high quality early years settings; and growing a workforce with the right skills for the future.</li> <li>- Early help and prevention board to progress strategy. This will include establishing a forum for those with lived experience to shape services, developing links with the VCFS, and embedding a standard approach to early help across the partnership.</li> <li>- We will work in partnership to design plans for a Family Hubs network across Oxfordshire.</li> <li>- Oxfordshire is launching Baby's Week in November 2025 to bring sectors and services together to promote the best start in life.</li> </ul>	Significant work underway, impact yet to be fully realised



	event was held in March 2025 to showcase their work and the impact it is achieving.			
<b>1.2 Children with good health, feeling safe and secure, living in nurturing environments</b>	<ul style="list-style-type: none"> <li>- We are working to embed family safeguarding approach as a way of working across all children's services, including children's social care, mental health, substance misuse and domestic abuse. mental health and education. We have worked with the National Centre for Family Safeguarding to roll out training.</li> <li>- We continue to develop our offer for children we care for, including to make sure they live in high quality, local homes and have timely access to health services.</li> <li>- We have utilised Reducing parental conflict government funding to deliver training and develop our provision in this area.</li> <li>- Through our cost of living programme we provide support to families including to support those eligible for free school meals with food over the school holidays, an emergency residents support scheme, and to fund community-based organisations offering cost of living support in local areas.</li> </ul>	<p>We need to upskill the partnership workforce on the importance of the 1001 days on child brain development and the impact that challenges during this period has on future learning and opportunities in later life. Parent-infant relationships are important for the physical, social and emotional development of the child.</p> <p>Further joint working required across the system to think about how we support children growing up in poverty and mitigate the impacts of this.</p>	<ul style="list-style-type: none"> <li>- We will respond to the Families first national reforms, developing our multi-agency ways of working to support children in need and children with a child protection plan.</li> <li>- We have bid for continued Reducing parental conflict grant funding and we have developed an implementation plan to make best use of this funding.</li> </ul>	Significant work underway, impact yet to be fully realised
<b>1.3 Children have opportunities for learning from birth and families supported with childhood development</b>	<ul style="list-style-type: none"> <li>- Early Years Strategy has priorities to support parents to provide the best start in life, provision of high quality early years settings and speech and language communication.</li> <li>- Oxfordshire County Education and Inclusion Partnership has been established and is developing a strategy to promote</li> </ul>	As partners we need to encourage families with eligible 2 year olds to access the government funded childcare offer, as well as create local sufficiency of placements – this is key for supporting early child development.	<ul style="list-style-type: none"> <li>- We will deliver against our early years strategy and implementation plan.</li> <li>- We will launch our education and inclusion strategy and embed this as a way of working with schools and settings across the county.</li> <li>- We will continue to develop our early years SEND offer and support.</li> </ul>	Significant work underway, impact yet to be fully realised



- |  |  |  |  |  |
|--|--|--|--|--|
|  | <p>a shared approach to education and inclusion across the county.</p> <ul style="list-style-type: none"> <li>- 228 or 54% of Early Years Settings have registered for the Early Years SEND Inclusion Audit. The self-assessment enables settings to improve their early years ordinarily available SEND provision. Improvements from the audits so far have included more training on the SEND graduated response, updating the Early Years SEND flow charts, and developing information leaflets for parents/carers about SEND review meetings. Plans are in place to engage more settings in the initiative.</li> <li>- Oxfordshire Inclusive Economy Partnership organised an Early Years Summit to showcase the breadth of initiatives in Oxfordshire to ensure children have the best start in life.</li> <li>- Home Start are now part of 0-19 Public Health Service and provide home based support to improve family mental health, enable access to other services, model play and communication for child development</li> <li>- There is a partnership approach to offering Oxfordshire play spaces over the summer for children aged 0-5, offering sensory play and educational activities.</li> </ul> |  |  |  |
|--|--|--|--|--|



<p><b>1.4 Early identification and support for children and families where there is emerging need</b></p>	<ul style="list-style-type: none"> <li>- 95% of families receive a new birth visit, 89% have a 1 yr review and 81% have a 2.5 yr review. Packages of care are offered by the Health Visiting workforce to address concerns about development (toileting, behaviour, healthy weight and nutrition, speech and language communication).</li> <li>- We continue to train partners through our Safeguarding Children Partnership on our thresholds of needs and front door approach so that we can effectively identify and support need. We have also provided training on early help strengths &amp; needs assessments to multi-agency partners.</li> <li>- As outlined above, our early help strategy, family safeguarding approach and emerging Family Hubs network will support in this area.</li> <li>- We have developed our Living well with neurodivergency offer to support families prior to assessment.</li> <li>- Tellmi and other web based initiatives such as SHaRON can be accessed directly by children and families at an early stage for mental wellbeing prior to assessment.</li> <li>- Welcomm speech and language support has been made available to all early years settings and there is now a pilot within primary schools.</li> </ul>	<p>Waiting lists for some specialist services still cause challenges for families. We are developing our offer to support families while they are on waiting lists.</p>	<ul style="list-style-type: none"> <li>- We will continue to work in partnership to strengthen our shared approaches to early help, including through the development of our Family Hubs network.</li> <li>- We will raise awareness of the early help offer and other support available to families.</li> <li>- We will continue to universally offer families child development reviews through the health visiting workforce.</li> </ul>	<p>Significant work underway, impact yet to be fully realised</p>
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## Priority 2: Children and Young People's Mental Health and Emotional Wellbeing

More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.

Shared outcomes	Updates on activities delivering on priority	Challenges in progress	Plans for the year ahead	RAG Rating
2.1 Improved emotional wellbeing and mental health of children and young people, with positive transitions to adulthood.	<ul style="list-style-type: none"> <li>- New CAMHS contract has a transformation workstream focusing on transitions to adult mental health.</li> <li>- Through our SEND transformation programme we are starting work to review and strengthen transitions processes both within health and to adult social care, as well as developing the preparing for adulthood support we offer to young people.</li> </ul>	We need to map current transitions processes and consider improvements – this will include the wider role of multi-agency professionals, parents, carers, community and voluntary sector in supporting the young person as they transition to adulthood.	<ul style="list-style-type: none"> <li>- Progress planned transformation work to review and improve transitions processes.</li> </ul>	Significant work underway, impact yet to be fully realised
2.2 A prevention first approach with meaningful measures to tackle drivers of poor mental wellbeing in childhood	<ul style="list-style-type: none"> <li>- Oxfordshire has become a Marmot Place and is prioritising best start in life, ensure a healthy standard of living for and creating fair employment for all.</li> <li>- Director of Public Health Annual <a href="#">Report 2024-2025</a> sets out in more detail the support offered and work underway to promote the emotional wellbeing and mental health of young people. The impact of mental health wellbeing and economic activity for young people aged 16-24 years. This includes supporting more young people to access employment, education and training.</li> <li>- Department of Education has provided schools with Senior Mental Health Leads Training grant to equip schools with evidence-based strategies to promote and support the mental</li> </ul>		<ul style="list-style-type: none"> <li>- Progress towards 100% coverage of mental health support teams in schools by 2029. Currently we are on 69%.</li> <li>- We are sharing the Director of Public Health Annual Report with key organisations and meetings to influence action for improving the mental wellbeing of children and young people.</li> </ul>	Significant work underway, impact yet to be fully realised



	health and resilience of pupils, learners and staff.			
<b>2.3 Increased and diversified capability to support CYP with their emotional and mental health needs at earliest opportunity</b>	<ul style="list-style-type: none"> <li>- Oxfordshire Mind project in schools to support senior mental health leads and schools to take a whole school approach to mental health. 10 schools are on the first cohort and are taking part in training and learning to develop their skills and to design a programme which we can roll out more widely.</li> <li>- Rise Up Programme is being piloted in 10 schools following interest from schools at the School Sports Partnership Conference. The programme guides teachers to implement trauma informed practice in physical education and has demonstrated positive benefits in pupils' wellbeing.</li> <li>- TellMi Digital Support app for 11+ in Oxfordshire was launched in September 2024. 79% of Oxfordshire schools have engaged on some level with Tellmi.</li> <li>- Oxfordshire MIND have been commissioned by Public Health to deliver mental wellbeing and suicide prevention training (all ages). So far 101 people have been trained in Youth Mental Health First Aid. This training is aimed at non-specialist workers who have regular contact with young people.</li> <li>- Grants have been made available to local community groups for mental wellbeing and suicide prevention for CYP. This is a</li> </ul>		<ul style="list-style-type: none"> <li>- Further work to embed TellMi and encourage take-up across the county.</li> </ul>	Significant work underway, impact yet to be fully realised



	partnership between Public Health and West Oxfordshire District Council.			
<b>2.4 Closer partner collaboration to align and improve our system approach to accessing help</b>	<ul style="list-style-type: none"> <li>- CAMHS held a showcase event in February 2025 to explain the support and services available, and how parents/carers can be supported to help their young person with mental wellbeing.</li> <li>- Ongoing CAMHS transformation work in the new contract including a multi-agency protocol for children and young people in crisis and CAMHS Supportive Steps service.</li> <li>- Our multi-agency safeguarding hub (MASH) and its partnership steering group continue to work to improve understanding of thresholds and to help families to get the right support at the right time.</li> </ul>	A significant proportion of the families referred to CAMHS do not require a CAMHS intervention. Work is underway to understand more about the reason for referral and which other organisations in Oxfordshire would be able to help at an early stage.	<ul style="list-style-type: none"> <li>- Continued partnership engagement in CAMHS transformation work and mental health and emotional wellbeing strategy.</li> </ul>	Significant work underway, impact yet to be fully realised



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## Divisions - All

### OXFORDSHIRE HEALTH & WELLBEING BOARD

26 JUNE 2025

### OXFORDSHIRE LEARNING DISABILITY PLAN 2025-2025x

#### Report by Director of Adult Social Care

## RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED** to

- a) **Note the development of the Oxfordshire Learning Disability Plan 2025 – 2035 for adults.**
- b) **Approve the Oxfordshire Learning Disability Plan 2025 – 2035, acknowledging that following consultation, amendments may be made on the existing draft.**

## Executive Summary

1. The Oxfordshire Learning Disability Plan is a strategy for adults, including the transition into adulthood. The Plan is for 10 years and will be reviewed at years 3, 5, and 7 to ensure its effectiveness and adaptability, applying any revisions required based on needs and demands at that time.
2. The Oxfordshire Learning Disability Plan has four key themes:
  - c) Having a life
  - d) Health and wellbeing
  - e) Having a place to live
  - f) Homes not hospitals

There are four cross-cutting areas incorporated within these themes:

- Life changes and transitions
  - Workforce
  - Assistive Technology / Technology Enabled Care
  - Equality, Diversity, and Inclusion (EDI)
3. Each key theme has been developed by a sub-group consisting of experts by experience, professionals, family members and carers, and organisations. The sub-groups and overarching Task and Finish Group were linked into the



Learning Disability Improvement Board to maintain consistency and coherence.

The 'Health and Wellbeing' theme is also linked with the Learning Disability Physical Health Strategy, which is overseen by Oxford Health.

4. Engagement with people was undertaken during October 2024 and November 2024, where views and experiences were gathered from people with a learning disability, family/carers, organisations, and professionals. Information gathered has been incorporated throughout the draft of the Oxfordshire Learning Disability Plan to ensure that the voice of the person is included and heard.
5. The Oxfordshire Learning Disability Plan has been co-designed with people with lived experience, their families, and carers. The dynamic work plans for the Oxfordshire Learning Disability Plan are being co-produced. The Learning Disability Improvement Board will have oversight of the Oxfordshire Learning Disability Plan and will review the progress of the dynamic work plans. Updates on the Plan will be shared during these meetings bi-monthly.
6. The Plan and all the relevant documents used throughout the development of the plan has been in 'easier read' to ensure accessibility and effective engagement with people with lived experience.
7. The consultation of the Oxfordshire Learning Disability Plan commenced on the 2 June 2025 and will be live for six weeks (until 13 July 2025).
8. Following the consultation, the Plan will be finalised and then launched.

## **Context**

9. The Oxfordshire Learning Disability Plan is a 10-year strategy for adults, including the transition into adulthood. The plan will undergo comprehensive reviews to ensure its effectiveness and adaptability at years 3, 5, and 7, applying any revisions required based on needs and demands at that time.
10. The Oxfordshire Learning Disability Plan encompasses topics identified by individuals with learning disabilities as most important to their lives across four key themes:
  - Having a life
  - Health and wellbeing
  - Having a place to live
  - Homes not hospitals

The key themes incorporate four cross-cutting areas:

- Life changes and transitions
- Workforce
- Assistive Technology / Technology Enabled Care



- Equality, Diversity, and Inclusion (EDI)
11. Each key theme has a sub-group which is linked with the Learning Disability Improvement Board, with an overarching Task and Finish group overseeing the Plan. The groups consist of experts by experience, organisations, and professionals. The Health and Wellbeing theme will link to the Physical Health Strategy, which is overseen by Oxford Health.
  12. The Oxfordshire Learning Disability Plan has been co-designed with people with lived experience, their families and carers. We are co-producing the dynamic work plans with them as well.

### **Engagement with people for developing a Learning Disability Plan for Oxfordshire**

13. The Oxfordshire Learning Disability Plan has been developed with extensive engagement with people with lived experience as well as their families, carers and voluntary sector organisations supporting them.
14. A variety of methods were used for engagement, including the Sharing Your Story form, open focus groups, and a 'World Café' style engagement event.
  - Sharing Your Story forms were developed to understand what matters to people with a learning disability most in their lives, their stories, experiences of living in Oxfordshire and what good looks like to them. This was shared via Community Support Services, organisations, and service providers to ensure we reach as many people as possible. 24 people completed the forms.
  - The Engagement and Consultation Team visited Community Support Services, where in total 32 people with a learning disability shared what was important to them. Key topics identified to be discussed in more detail at the Open Focus Groups and the Learning Disability Plan World Café Event:
    - My support,
    - My home,
    - My health and wellbeing,
    - My activities and having fun, and
    - My relationships.
  - Oxfordshire Family Support Network (OxFSN) hosted the Learning Disability Plan World Café Event in Didcot on the 26 November 2024. 81 people attended the event; 18 people with a learning disability, 19 people who are family carers, and 31 professionals who work with people with a learning disability, as well as Oxfordshire County Council Adults Social Care and Engagement staff and Oxfordshire Family Support Network (OxFSN) representatives who were facilitating and note-taking during the event. The feedback forms received from the



**Oxfordshire Learning Disability Plan**

**Learning Disability Improvement Board**

Meeting the needs of people who have a learning disability

NEW regulation

line well supported framework

'you said, we did'

**The Oxfordshire Way**

focus on people

making the most of services

**What is good now?**

**What does GOOD look like?**

**My Relationships**

**My activities & having fun**

**My Support**

**My home**

**My health & well-being**

www.nempossibilities.co.uk - drawn by Carrie Lewis

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19. The topics discussed as a result of the varied and comprehensive engagement activities influenced the development and areas of focus for each of the four key themes within the Oxfordshire Learning Disability Strategy ensuring there was a focus of what people felt was good now, what good looks like, and what needs to change.
20. The Oxfordshire Learning Disability Plan is broken down into sections so that it can be easily navigated (see annex 1 Draft Oxfordshire Learning Disability Plan).
  - The first section has information about the strategy, vision, the Oxfordshire Way and learning disabilities.
  - Theme One Having a life: Has a focus on people living a good life with daytime and evening opportunities, work and employment, and advocacy.
  - Theme Two Health and Wellbeing: Has a focus on people being able to live well, maintaining health and wellbeing, health inequalities, and links to the Learning Disability Physical Health Strategy.
  - Theme Three Having a place to live: Has a focus on housing options, support providers, and people knowing their rights and having choices related to this theme.
  - Theme Four Homes not Hospital: Has a focus on support in the community and having systems in place to help avoid admissions to hospital under the Mental Health Act or with discharge planning.
  - The last section looks at the Oxfordshire population and different key areas of data, and a resources section.
21. The four cross-cutting themes are thread throughout the four key themes:
  - Life changes and transitions
  - Workforce
  - Assistive Technology / Technology Enabled Care
  - Equality, Diversity, and Inclusion (EDI)

### **Consultation Draft Oxfordshire Learning Disability Plan 2025 – 2035**

22. The consultation for the draft Oxfordshire Learning Disability Plan commenced on 2 June 2025, on the council's Let's Talk Oxfordshire platform. The consultation is planned to be live for six weeks and will therefore be closed at midnight 13 July 2025. Please see the link to the consultation page on Let's Talk Oxfordshire <https://letstalk.oxfordshire.gov.uk/ld-plan-2025> for details.
23. To ensure we reach as many people with a learning disability as possible, communications have been sent out to groups, support providers, organisations, and other stakeholders to promote the consultation. We also plan to visit local groups and Community Support Services during Learning Disability Awareness Week (16 – 20 June 2025) which will be focusing on the 'Do you see me?' theme which is all about people with a learning disability being seen, heard, and valued and is in line with the Plan's objectives.



24. Following the end of the consultation, feedback will be collated and will inform any changes to be made to the draft Oxfordshire Learning Disability Plan 2025 – 2035.
25. The sub-groups will review the dynamic work plans. This information will then be collated to provide regular updates to the Learning Disability Improvement Board.
26. The Learning Disability Improvement Board will have oversight of the Oxfordshire Learning Disability Plan and will review the progress of the dynamic work plans.

## **Corporate Policies and Priorities**

27. The Oxfordshire Learning Disability Plan will help Oxfordshire County Council achieve priorities of the council's Strategic Plan:
  - Tackling inequalities in Oxfordshire
  - Prioritise the health and wellbeing of residents
  - Support carers and the social care system

## **Financial Implications**

28. There are no direct financial implications associated with this report.

Comments checked by:

Stephen Rowles, Strategic Finance Business Partner,  
[Stephen.rowles@oxfordshire.gov.uk](mailto:Stephen.rowles@oxfordshire.gov.uk)

## **Legal Implications**

29. Oxfordshire County Council has a general responsibility when exercising its functions under the Care Act 2014 in respect of an individual, to promote that individual's 'well-being', as defined by Section 1 of the Act.
30. In doing so the local authority must have regard to a number of general principles set out in S1(3) of the Act which includes for example, the importance of beginning with the assumption that the individual is best placed to judge his or her well-being. By encouraging engagement in its consultation and the development of its Learning Disability Plan, Oxfordshire County Council is endeavouring to ensure that the recipients of services are able to contribute to decision making in a meaningful way.
31. The Act further requires that the authority meets the assessed eligible needs of those with care and support needs in its area, in the way that best promotes that



individual's well-being and prevents or reduces the need for care and support. It is anticipated that the development of this strategy will ensure that the Council meets those statutory responsibilities an effective, person-centred way.

Comments checked by: Janice White

Head of Law and Legal Business Partner, ASC & Litigation  
[Janice.White@oxfordshire.gov.uk](mailto:Janice.White@oxfordshire.gov.uk)

## **Equality & Inclusion Implications**

32. An Equality Impact Assessment has been completed for the Oxfordshire Learning Disability Plan 2025 – 2035 and approved by Pippa Corner, Deputy Director Joint Commissioning HESC. Regular reviews will be carried out to ensure that the Plan continues to promote inclusivity and ensures equality is considered in all parts of life for people with a learning disability.

## **Risk Management**

33. Sub-groups established for the different themes in the Oxfordshire Learning Disability Plan representing experts by experience, organisations, service providers and other professionals will continue to be involved in the delivery of the Plan. The groups contribute to identifying and managing any risks associated with the implementation of the Oxfordshire Learning Disability Plan to ensure its successful delivery.
34. The Oxfordshire Learning Disability Plan will be a standing agenda item for the Learning Disability Improvement Board. Risk management will be covered as part of the updates provided to the Learning Disability Improvement Board and escalations will be made as appropriate where needed.

## **Consultations**

35. A Data Protection Impact Assessment was carried out prior to the engagement stage of the Oxfordshire Learning Disability Plan.
36. The council's Engagement and Consultation Team has been actively involved in the development of the Oxfordshire Learning Disability Plan as outlined above. Consultation phase of the Plan has been carefully planned to ensure wider engagement with the public during the consultation period, prior to publication of the final Oxfordshire Learning Disability Plan.

Karen Fuller  
Director of Adult Social Care



Annex:

## Annex 1 - Draft Oxfordshire Learning Disability Plan and Work Plans



Draft Oxfordshire  
Learning Disability Plan

## Annex 2 – Presentation



Presentation  
Oxfordshire Learning

Background papers:

Nil.

Contact Officer:

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Bhavna Taank, Head of Joint Commissioning LC Live Well  
[bhavna.taank@oxfordshire.gov.uk](mailto:bhavna.taank@oxfordshire.gov.uk)

June 2025





# Draft Oxfordshire Learning Disability Plan 2025 – 2035

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Dawn Wiltshire (My Life My Choice)  
Kumudu Perera (My Life My Choice)  
Sharon Paterson (Oxfordshire County Council)



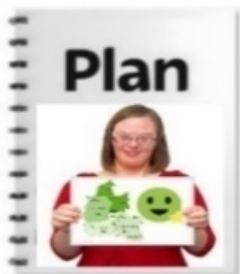
Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board



OXFORDSHIRE  
COUNTY COUNCIL

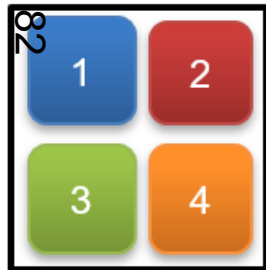


# About the Oxfordshire Learning Disability Plan (Adults) 2025 - 2035



The Oxfordshire Learning Disability Plan sets out some of the most important areas where people with a learning disability, their family, carers and professionals felt actions needed to be taken

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The plan is structured to be easier to read

There are four key themes and four key areas which relate to all the themes



The Oxfordshire Learning Disability Plan is for 10 years, and will be reviewed with people in 3 years, 5 years, and 7 years





# Vision: Values and Principles

The principles and values which underpin the Learning Disability Plan:

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Working together in partnership



Including everyone



Focusing on people's strengths



Having choice and control



Putting people at the centre



Building strong communities



# Key Themes and Areas



Theme One: Having a life



Theme Two: Health and Wellbeing



Theme Three: Having a place to live





## Theme Four: Homes not hospitals

The four areas which relate to all key themes:

- Transitions: Life changes and moving into adulthood
- Workforce: Paid staff and includes training
- Assistive Technology and Technology Enabled Care
- Equality, Diversity and Inclusion







Each Theme has a sub-group made up of Experts by Experience, organisations, and professionals



Each Theme has aims and five key areas of work which will inform the work plans and actions to be taken

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The work plans are co-produced and will have outcomes for the actions to help identify success



The Learning Disability Improvement Board will have oversight of the work plans and completion of the actions





# Engagement for the Oxfordshire Learning Disability Plan 2025 - 2035

Various methods were used to engage with people. This included:

- Sharing Your Story Form
- Open Focus Groups
- Engagement Event – World Café Style

The council's Engagement and Consultation Team met with people with a learning disability to identify topics important to them

These were used as a focus for the engagement sessions





# Open Focus Groups and World Café Table Topics



My relationships



My home



My support



My Health and Wellbeing



My activities and having fun





We asked people to focus on three key questions:



What does good look like?



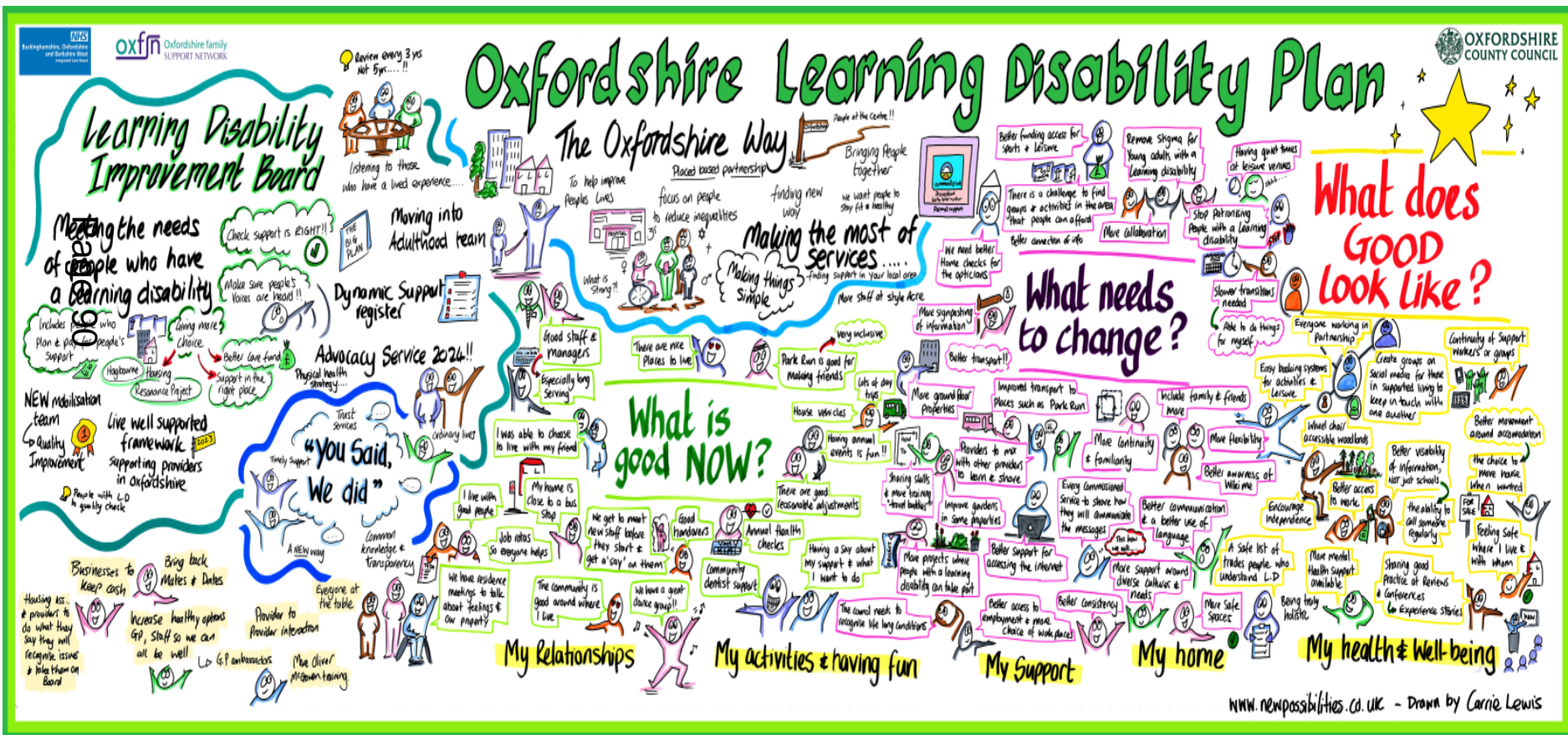
What is good now?



What needs to change to help us to achieve what good looks like?



# A visual plan of people's views and feedback was produced during the day of the Learning Disability Plan - World Café Event



www.newpossibilities.co.uk - Drawn by Carrie Lewis



# Oxfordshire Learning Disability Plan: Engagement Review

32 people met with the Engagement and Consultation Team and shared what was important to them

Feedback received from four of the My Life My Choice Self-Advocacy Groups

24 people returned the Sharing Your Story form

81 people attended the Learning Disability Plan – World Café Event. Including 18 people with a learning disability, 19 people who are family carers and 31 professionals

49 people with a learning disability and 21 staff joined in with open focus groups held at five Community Support Services







People's views and experiences shared during the engagement sessions have been incorporated within the Oxfordshire Learning Disability Plan



People shared information and their stories to be included in the Oxfordshire Learning Disability Plan

This ensured that people's voices were heard throughout the Plan



The Oxfordshire Learning Disability Plan was co-designed, and the work plans have been co-produced





# Consultation for the Oxfordshire Learning Disability Plan 2025 - 2035



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The consultation for the draft Oxfordshire Learning Disability Plan went live on Let's Talk Oxfordshire on 02 June 2025



The consultation is set to be live on Let's Talk Oxfordshire for 6 weeks, so is due to close at midnight on 13 July 2025





# Consultation for the Oxfordshire Learning Disability Plan 2025 – 2035



Visits to the Community Support Services and other groups to promote the consultation to be undertaken during Learning Disability Week, 16 – 20 June 2025. The theme this year being ‘Do you see me?’

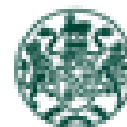


After the consultation ends, the information and feedback received will be collated and used to make any amendments to the draft Oxfordshire Learning Disability Plan





**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board



**OXFORDSHIRE  
COUNTY COUNCIL**

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**Oxford Health**  
NHS Foundation Trust



Oxfordshire family  
SUPPORT NETWORK



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## OXFORDSHIRE HEALTH & WELLBEING BOARD

26 JUNE 2025

### DEVELOPMENT OF HEALTH AND INEQUALITIES RESEARCH & PARTNERSHIPS IN OXFORDSHIRE

#### Report by Director of Public Health and Communities

#### RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED**:

- a) To **NOTE** content of paper and **ADVISE** where OCC, the Oxfordshire Community Research Network and the Local Policy Lab can support the work of the Health and Wellbeing Board and vice versa.

#### Executive Summary

1. This paper updates the Health and Wellbeing Board on progress in developing a place-based approach to research in Oxfordshire. It summarises:
  - a. the forthcoming research strategy for Oxfordshire County Council (OCC),
  - b. current work of the Oxfordshire Community Research Network (OCRN), and
  - c. developing partnerships between local councils and the University of Oxford and Oxford Brookes University.

#### Background

3. The HWB was last updated in March 2024 where we highlighted how, at times of resource constraint, the use of research and evidence becomes increasingly important to prioritise scarce funds. The aim of our work is to use and produce high-quality research to unpick why different approaches work for different populations and in different settings, ensuring that local government can make better use of limited resources to deliver improved health outcomes for everyone in Oxfordshire.

#### Development of OCC Research Strategy

4. Since our last update, the OCC Head of Research has been recruited as has a Senior Social Care Research Lead and Local Authority Research Practitioner. Both the Social Care Research Lead and Local Authority Research Practitioner are funded through external grants from the National Institute for Health and Care Research (NIHR).
5. Together, they have engaged staff in OCC as well as stakeholders across Oxfordshire to develop an OCC research strategy with the vision to **collaboratively carry out and promote use of high quality, people-centred research to make Oxfordshire a greener, fairer and healthier county.**



6. The strategy will be published in Summer / Autumn 2025, and includes the following areas of focus (figure 1):
- **Collaborate** - increase research collaboration and partnerships in Oxfordshire by working with communities and partner organisations
  - **Embed** – develop capacity and capability in OCC to use and conduct high quality research
  - **Enable** - create the necessary enabling environment, culture and resources for active research to take place and support people working in OCC for better programme delivery
  - **Support** - prioritise and recognise the value of evidence and research by different directorates and officers of the council
  - **Improve** – improve the lives of people in Oxfordshire and reduce inequalities through high quality research

The strategy will have an accompanying delivery plan that will run over 5 years from 2025 to 2030. It will align with the Health and Wellbeing Board Strategy as well as other related strategies such as the OCC data strategy.



**Figure 1.** Five pronged elements of OCC research strategy

7. As an example of a successful applied research partnership, the OCC Social Care Research Lead has worked with academics from Oxford Brookes University and the University of Oxford to develop a research programme focused on children's and adults' social care in Oxfordshire.
- a. One study has explored the rise in children with Special Educational Needs and Disability (SEND) and its connection to adversities using historical datasets from school census and children's social care data. The findings can support how the council is planning its SEND and preventative services to support children most in need.



- b. A second study is supporting to shape the design and location of Family Hubs (a single place for a range of support services and advice for children, young people and families in Oxfordshire). The research identified the main presenting needs of children referred to social care and highlighted key geographical areas with high referrals. This is supporting decisions on the placement of Family Hubs and resource prioritisation and can provide the council with an opportunity to address the main needs identified, ensuring effective targeting of prevention resources in high-need areas as well as engaging key stakeholders to consider service delivery.

## **Oxfordshire Community Research Network**

- 8. Oxfordshire's communities and residents are critical to the development and delivery of health and inequalities research in Oxfordshire. Oxfordshire Community Research Network (OCRN) was launched in March 2023 and is made up of local community and volunteer groups, as well as council representatives and public involvement leads from across the universities and hospital trusts. The OCRN has three key objectives: delivering community-led research; supporting research prioritisation; and coordinating public and community involvement in research.
  - a. A recent OCRN evaluation found that the network has brought diverse organisations together around the shared purpose to improve wellbeing and reduce health inequalities through research and that it has successfully developed trust between members and established guiding principles for how it works. Challenges remain around historical and current power imbalances between community members and statutory organisations and universities.
  - b. To help the OCRN grow and meet its objectives, the network is recruiting a Community Research Lead to help with network management and an Advocacy and Communication Officer to help facilitate communication among members and network expansion. A community participatory research training offer is being developed along with a flexible funding pot for community groups to use to lead research projects. These activities are being funded by OCC and the University of Oxford and led through community members where possible.
  - c. Recently OCRN members partnered with Dr Joanna Crocker, University of Oxford to review the scientific literature on how to best develop partnerships between community, policy and academic organisations to address health inequalities (funded by the Oxford Policy Engagement Network). Findings from this work have shaped OCRN priorities and are being written up for academic publication with OCRN members as co-authors and key contributors.
  - d. OCRN membership continues to grow. It meets quarterly with ongoing information sharing through a monthly newsletter.

## **The Local Policy Lab**

- 9. Oxford Brookes University and the University of Oxford continue to work closely with local communities and councils to support wellbeing and tackle inequalities in Oxfordshire.
  - c. OCC, the University of Oxford and Oxford Brookes University are in the middle on the second round of their Local Policy Lab. The Local Policy Lab



began in 2024 and supports graduate students to spend up to 12 weeks tackling policy-relevant research questions based in or with local government (OCC or district councils). Last year, 19 graduate students participated in 9 research projects. Their work contributed to improving needs assessments, evaluating services, and understanding best practices.

- d. This year 14 students have enrolled and are working on 6 projects linked to the county's Marmot priorities. In parallel, the University of Oxford and Oxford Brookes University are recruiting three Chief Scientific Advisors (CSAs), one covering each of the three Marmot priorities. These CSAs will support Policy Lab Fellows as well as provide a central point of focus for developing longer term applied research partnerships.

## **Corporate Policies and Priorities**

- 10. This work is consistent with a range of OCC corporate priorities and the aims of the Health and Wellbeing Strategy, including improving health and wellbeing, and tackling inequalities.

## **Financial Implications**

- 11. Progressing the plans in this report will include applying for external research funding – leveraging some of the £40bn+ invested in research in the UK each year. OCC will also continue to invest in its own research ambitions through funding the Head of Research, and working with local universities to fund the OCRN and Local Policy Lab.

## **Legal Implications**

- 12. N/A

## **Staff Implications**

- 13. Implementation of OCC research strategy will involve the development of training opportunities for staff, councillors, and residents, and – dependent on external research funding, the creation of new posts in local government, communities and universities.

## **Equality & Inclusion Implications**

- 14. Equality and inclusion is incorporated throughout this work and forms a core part of the development and delivery of this programme of work.

## **Sustainability Implications**

- 15. This work can support the county's wider sustainability agenda by using research to understand how we can best work to adapt and mitigate the most harmful implications of climate change..



## **Risk Management**

13. The Oxfordshire Community Research Network is currently funded to next financial year by OCC and University of Oxford and without ongoing investment or successfully applying for external funding applications there is a reputational risk for OCC and reduce trust from community groups in research and academics.
14. There is a risk that research insights do not directly impact local decision making and improve health outcomes. This is mitigated by working across OCC and with communities to ensure that research is both policy relevant and matters to people in Oxfordshire.
15. Research funding applications are very competitive and have no guarantee of success. Closer partnership working between communities, councils, academics and NHS trusts will ensure that funding applications have the best possible chance of success, learning from the expertise available in the county.

**Ansaf Azhar**  
**Director of Public Health and Communities**

Lead officer: Adam Briggs, Deputy Director of Public Health  
[adam.briggs@oxfordshire.gov.uk](mailto:adam.briggs@oxfordshire.gov.uk); 07917 534370  
June 2025



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## Divisions - All

### OXFORDSHIRE HEALTH & WELLBEING BOARD

26 JUNE 2025

### JOINT STRATEGIC NEEDS ASSESSMENT 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) 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.
- c) Note that the JSNA 2025 will be provided to the Health and Wellbeing Board for sign-off in September 2025.

### 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 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.

## **2025 JSNA**

### **Progress with the new design of the JSNA**

5. The development of the JSNA is proceeding in line with agreed timelines. Work will begin on the final dashboard, Building Blocks of Health, this month.
6. A steering group was formed to oversee the development of the 2025 JSNA, consisting of representatives from local authorities, NHS organisations, the Integrated Care Board, and Healthwatch Oxfordshire. The aim of the steering group is to: provide input on the JSNA scope, structure, and content; to enable involvement of key partner organisations during development; and to promote use of the JSNA after publication. Ensuring that the JSNA reflects the needs of residents, patients and partners across Oxfordshire.
7. At the previous Health and Wellbeing Board meeting, it was noted that a chapter dedicated to children would be a useful addition to the JSNA. The steering group has identified an opportunity to link the work that is being carried out through the Oxfordshire Joint Health and Wellbeing Strategy Start Well Priorities with the JSNA. The steering group has decided to include these indicators as part of the JSNA's chapter on children. Further data and research on children will complement these indicators.
8. In consultation with the JSNA steering group, the content of this year's JSNA has been readjusted to better meet the needs of those who use it, and to maximise the benefits that presenting it across dashboards and narrative documents provide. The new chapter headings are as follows:
  - a. Population groups and protected characteristics
  - b. Children and Young People
  - c. Health conditions and causes of death, including health and care service use
  - d. Building blocks of health
  - e. Behavioural determinants of health
  - f. Local research

More detail on the specific contents of each chapter is contained in the 'Data and research to be included in the 2025 JSNA' section below.

9. Alongside the dashboards, 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.
10. As noted at the last meeting, 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.



11. 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

12. Following consultation with the JSNA steering group, a list of chapters and their associated themes were agreed for inclusion in the 2025 JSNA and are listed below.

Population, population groups, and protected characteristics	Proposed merge (Health Conditions, Service Use, and Causes of Death)	Building blocks of health	Behavioural determinants of health	Local research	Children and Young People
Disability	Cardiovascular disease	Work, income, and deprivation	Smoking	Healthwatch Oxfordshire	Early Help
Marriages and civil partnerships	Diabetes	Poverty and deprivation	Alcohol	Voluntary and Community Sector	Inclusion
Gender identity	Cancer	Housing and homelessness	Drug use	Local government	NEET
Sexual orientation	Musculoskeletal conditions	Education and qualifications	Dietary risk factors	Academic	SEND demand
Pregnancy and maternity	Sensory impairment	The built and natural environment	Obesity and overweight		Attainment
Ethnicity	Mental health and wellbeing	Social environment and loneliness	Physical activity		Exclusions and suspensions
Country of birth	Hospitalisations due to falls	Climate	Sexual health		CSC front door contacts
Travellers	Leading causes of death	Community safety services	Oral health		Breastfeeding and low birth weight
Religion or belief	Avoidable mortality				Children's social care
Students	Stillbirths and neonatal mortality				
Carers	Suicide and deaths from drug misuse				
Armed forces	Road casualties				
Population change (Births, Deaths, Migration)	Primary health care				
Immigration groups	Secondary health care				
Life expectancy	Access to services				
Healthy life expectancy	Social prescribing				
	Preventing ill-health				
	Adult social care				

## Producing the final JSNA

13. Throughout the coming months, the council will continue to work on the 2025 JSNA. User testing of the digital JSNA 2025 will be undertaken upon completion of each chapter in June and July 2025, supported by the steering group members.
14. The JSNA 2025 will be brought to the Health and Wellbeing Board for final approval in September 2025 ahead of its scheduled publication later that month.

## Financial Implications



15. 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**

16. The publication of the 2025 JSNA will meet the Health and Wellbeing Board's statutory duty to publish a JSNA each year.

**Ansaf Azhar**  
**Director of Public Health and Communities**

Background papers: Nil

Contact Officer: Craig Miles-Clarke, Senior Research Officer  
[craig.miles-clarke@oxfordshire.gov.uk](mailto:craig.miles-clarke@oxfordshire.gov.uk)

June 2025



## **Divisions - All**

### **OXFORDSHIRE HEALTH & WELLBEING BOARD**

**26 JUNE 2025**

### **UPDATE ON PHARMACEUTICAL NEEDS ASSESSMENT 2025**

#### **Report by Director of Public Health and Communities**

## **RECOMMENDATION**

### **The Health and Wellbeing Board is RECOMMENDED to**

- a) To receive an update on progress and the project plan timelines on the production of the 2025 Oxfordshire PNA
- b) To note that the 2025 Oxfordshire PNA is now out to formal 60-day consultation

## **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 PNA progress to date**

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 project group has also been established to support the production of the PNA; ensuring that all relevant data is incorporated and that it meets the requirements of the legislation.

The 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

9. Following public engagement, data collection and analysis; the 2025 Oxfordshire PNA has now been drafted, reviewed and approved by the Oxfordshire PNA project group. As agreed at the last Health and Wellbeing Board, the draft PNA has been signed-off by the Director of Public Health and the Chair of the Health and Wellbeing Board in May. The draft PNA is now out to formal consultation. The consultation is being held over a 60 day period starting on the 2 June 2025 and finishing on the 1 August 2025. It has been made available to all statutory consultees as per the PLPS 2013 Regulations, the public and all members of the BOB ICS Steering Group. Link to the consultation: [Oxfordshire PNA survey | Let's Talk Oxfordshire](#)
10. Statutory Consultees as per the regulations include:
  - Local Pharmaceutical Committee
  - Local Medical Committee
  - Pharmacies included in the pharmaceutical list for Oxfordshire HWB area .



- Healthwatch
- NHS Trust or NHS Foundation Trust:
- BOB Integrated Care Board
- Neighbouring Health and Wellbeing Boards:

## **Key Summary of findings**

11. The current community pharmacy network in Oxfordshire is considered adequate to meet the needs of the population. There are 99 community pharmacies and 24 dispensing doctor practices, providing good geographic coverage across both urban and rural areas. Access is well supported, with extended opening hours and strong transport connectivity: 78% of pharmacies open on Saturdays, 21% on Sundays, and most residents can reach a pharmacy within 20–30 minutes by various transport modes. Public feedback confirms high levels of satisfaction with access, with 95% of respondents able to reach a pharmacy within 30 minutes.
12. Future population growth (projected 4.9% increase by 2030) has been considered, and no future gaps in provision are anticipated. While increased demand may place some pressure on services, the network is currently resilient and adaptable through innovations and service improvements. Although the number of pharmacies is below the national average, no unmet need has been identified, and ongoing monitoring will ensure provision continues to meet local requirements.

## **Producing the final PNA**

13. The results of consultation will be considered by the Oxfordshire PNA Project group and BOB ICB Steering Group at its final meeting late August 2025, and a final PNA produced for publication. The final PNA will be brought for approval to the Oxfordshire Health and Wellbeing board in September 2025. The final PNA must be published no later than 1st October 2025.

## **Financial Implications**

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

## **Legal Implications**

15. 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](#).

**Ansaf Azhar**  
**Director of Public Health and Communities**



Contact Officer:

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June 2025



## Healthwatch Oxfordshire Report to Health and Wellbeing Board – June 26 2025

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## Healthwatch Oxfordshire – showcase of our work for 2024-5

All welcome to attend a **showcase of Healthwatch Oxfordshire's work 2024-5** on **Tuesday 1 July 1-2 p.m.** See here for link: <https://healthwatchoxfordshire.co.uk/news/join-us-on-tuesday-1st-july-for-a-showcase-of-our-work-in-2024-25/>

## Healthwatch Oxfordshire Board

We held a **public open forum** meeting with Healthwatch Oxfordshire Board and team for members of the public to attend in Didcot Civic Centre, on May 21<sup>st</sup> combined with the team being 'out and about' during the day to speak to residents on the street in Didcot about their experiences of health and social care.

We welcomed **new Chair** Barbara Shaw, elected in May, and thank Don O'Neal who stepped down as Chair after serving seven years on the Board. Emily Williams has also been elected Vice-Chair. <https://healthwatchoxfordshire.co.uk/about-us/our-board/>

## Healthwatch Oxfordshire reports to external bodies

Since the last Health and Wellbeing Board meeting on March 13 2025 we attended:

- Health Improvement Board (lay ambassador)
- Oxfordshire Joint Health Overview Scrutiny Board (March and June 2025)
- We also attend Oxfordshire Safeguarding Adults Board and 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 monthly (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board – BOB ICB) among additional BOB ICB committees, including the Quality Committee. We work 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.

Since the last meeting in March, we published the following reports: (note: due to local election purdah period until May we followed Healthwatch England purdah guidance)

- **Hearing from Men in Oxfordshire** – from our outreach speaking to 167 men in the county, and in Didcot, on the streets, in industrial estates, mosque and local groups
- **What you told us about GP surgeries** April 2024–5, hearing from 354 people
- **What we heard about pharmacies** April 2024– March 2025. Views of over 100 residents was fed into the current Oxfordshire Pharmaceutical Needs Assessment process
- **Navigating Urgent and Emergency Care** in Oxfordshire (June 2025) with comments from 322 people. We worked with system partners to develop action towards our recommendations.

To see more about the **impact** of our reports and how we ensure people's voice makes a difference see here: <https://healthwatchoxfordshire.co.uk/impact/impact-of-our-research/> We follow up on recommendations and action at six months.

## Enter and View visits and reports:

Staff and lay volunteer 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:

- Freeland House and Lodge (March 2025)
- Hand and Plastic Injuries Clinic – John Radcliffe (April 2025)
- The Phoenix Ward at Littlemore Mental Health Centre (May 2025).

We have been made visits to Connect Health in three locations across the county, reports to be shortly published.

## Surveys:

We are currently running a survey to hear about experiences of **Using the NHS App**, and insight gathering will be supplemented with face to face outreach. Survey link here: <https://www.smartsurvey.co.uk/s/AppNHS/>

## Other activity summary to date:

- Our **Q4 Jan-Mar (2024-5)** activity summary is now available (see below). For all quarters' activity and achievements for the 2024-5 year see here: <https://healthwatchoxfordshire.co.uk/impact/> with examples of how our work has had an impact.
- Our **goals and priorities and area of focus** for the year 2024-5 can be found here: <https://healthwatchoxfordshire.co.uk/about-us/our-priorities/> Priorities are based on what we hear from the public, from our outreach and research, as well as consideration about health and care strategic focus.
- Recordings and slides from our **public webinars** can be seen here <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/> Since March 2025, these have included '**Supporting mental health and wellbeing in our young people through their teenage years**', '**Living Well in Oxfordshire**' and '**Let's talk about menopause**' – thanks to the range of health professionals, and representatives of Oxford Community Champions who spoke at these sessions. Our next webinar is **September 16<sup>th</sup> 1-2 p.m.**, with link above, we plan to focus on the **NHS Ten Year Plan**. All welcome – zoom link on website above.



- **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 responses to the Quality Accounts from Oxford Health, Oxford University Hospitals, and Sue Ryder Care. All correspondence can be seen here: <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. We have a rolling programme of hospital visits to speak to the public. See below for some of the places we have been in Jan-March, as well as since attending Oxford Eid Extravaganza, Oxford Pride and Wantage Wellbeing Day, Carers events among others.
- **Our films:** We have been working with Patient Participation Groups (PPGs) to connect and support. We created a new film with some of the groups highlighting the support they give to GP surgeries, local patients, and to building preventive health activities such as walking and book groups. The film **'Patient Voices – Making a difference together'** can be seen here: <https://healthwatchoxfordshire.co.uk/our-work/our-videos/> We worked with White Horse Medical Centre, Church Street Wantage, and Hedena PPGs and Practice Managers, along with Oxford Community Champions.
- We worked in partnership with Oxford Community Champions to create two films:  
**'Understanding Language Support at your GP surgery, A conversation with Healthwatch Oxfordshire'**  
([https://youtu.be/OWyt\\_R7mNlo](https://youtu.be/OWyt_R7mNlo) )  
**'Understanding GP Receptionists'** – (<https://youtu.be/S2u6cSt7PHE> )  
Both aimed at simplifying information to help people understand and navigate care, especially if English is not their first language.
- We produced a leaflet on supporting SEND children to look after their teeth, following on from the report on **Oral Health** we carried out last July <https://healthwatchoxfordshire.co.uk/news/new-leaflet-on-supporting-send-children-to-look-after-their-teeth/>
- Together with community researchers we have worked with from OX4 Food Crew, we presented at Oxford Marmalade Festival, Said Business School, on the work on food poverty and the cost of living.



- We supported the development of a **community led event** focused on **Oxfordshire as a Marmot Place** and how communities can bring expertise, dialogue and action to be part of Marmot focus on tackling health inequalities. Working together with Melissa Latchman, Hassan Sabrie (Oxford Community Action), Oxfordshire Council Voluntary Action (OCVA), Community First Oxfordshire (CFO), Africans in the UK (AFiUK) the event was held on 9 June, at Rose Hill Community Centre, with over 100 community and grassroots representatives attending, along with health and care decision makers, and Oxfordshire Public Health and Institute of Health Equity Marmot team. Thanks to Oxfordshire Council Public Health for funding the costs of the event. To read more about the day, including the slide presentations from the community speakers and about Marmot Oxfordshire see here:  
<https://healthwatchoxfordshire.co.uk/news/oxfordshire-marmot-place-tackling-the-health-gap-at-its-roots/>



January to March 2025

# Activity and achievements

## Outcomes and impact of our work

### We published the following reports:

**Hearing from men in Oxfordshire** – We presented this report, which captures the views of **167** men, to the Oxfordshire Men's Health Partnership and shared it widely with commissioners and decision-makers to inform health and care services.

**Your views on health and wellbeing in Wood Farm and Town Furze** – This was commissioned by Public Health at Oxfordshire County Council as part of its community profiles programme listening to communities in areas where residents are most likely to experience health inequalities. The Wood Farm Health and Wellbeing Partnership and Community Profile Steering Group will now work to implement our recommendations, based on what we heard from **255** people.

**What we heard about pharmacy between April 2024 and March 2025** – we compiled a summary of all the feedback we have heard about pharmacy services to bring insight into the Oxfordshire Pharmaceutical Needs Assessment, which is being updated for 2025.

You can read all our reports at [www.healthwatchoxfordshire.co.uk/reports](http://www.healthwatchoxfordshire.co.uk/reports)



### We created new films and a leaflet:

We worked with Oxford Community Champions to make an animation explaining the **role of GP receptionists**, and a film about accessing **language support** at GP practices. These can be watched at [www.healthwatchoxfordshire.co.uk/our-work/our-videos](http://www.healthwatchoxfordshire.co.uk/our-work/our-videos)

We worked with Community Dental Services to produce a leaflet providing **oral health guidance** for parents and carers of children with a special educational need or disability (SEND). This follows work last year asking about support for children's oral health.

### We also:

- ✓ Held four **webinars** attended by **146 people**, including one giving people the chance to comment on the new 10 Year Health Plan for England.
- ✓ Published our **goals and priorities for 2025-26** – for full details, including how we set our priorities, see [www.healthwatchoxfordshire.co.uk/about-us/our-priorities](http://www.healthwatchoxfordshire.co.uk/about-us/our-priorities)
- ✓ Together with OX4 Food Crew and Oxford Community Action, we presented about our **community research** project on food poverty at Oxford's Marmalade Festival. We also presented about our community research journey at an Oxford Brookes webinar attended by health and local authority organisations from across England.

Read more about the impact of our work at [www.healthwatchoxfordshire.co.uk/impact](http://www.healthwatchoxfordshire.co.uk/impact)



January to March 2025

# Activity and achievements

## Hearing from you

- **96** people contacted us for help or information about local health and social care services. The top two services we heard about were GP services and adult social care.
- We received **146** reviews of **50** health and care services via our Feedback Centre. We received **26** responses to reviews from service providers.



## Our Enter and View work

We made **2** Enter and View visits – to Phoenix Ward at the Littlemore Hospital and Freeland House and Lodge care home near Witney. We heard from **24** patients, residents and members of staff as a result of these visits.

We also published **4** 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](http://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. Over these three months we spoke to **350** people as a result of our visits. We also continued to meet with a range of groups and organisations.

We attended the Horton General, the Nuffield Orthopaedic Centre and the John Radcliffe as part of our regular programme of hospital visits, hearing from **137** people during these three visits. In addition we visited the Minor Injuries Units at Witney and Abingdon, Bicester Community Hospital and the Horton General Emergency Department as part of our project asking about urgent and emergency care.

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



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## Divisions Affected -

### OXFORDSHIRE HEALTH & WELLBEING BOARD

– 26 June 2025

### REPORTS FROM PARTNERSHIP BOARDS - CHILDREN'S TRUST BOARD

Report by Lisa Lyons

#### RECOMMENDATION

1. The Health and Wellbeing Board is **RECOMMENDED** to

Receive the information on the updates of the Children's Trust Board for the last nine months of activity.

#### Executive Summary

2. The Children's Trust Board was refreshed and relaunched in October 2024. The basis of the work of the Children's Trust Board to oversee strategic priorities across the system, is set with the framework of the [Children and Young People's Plan 2024-2028](#).
3. The strategic focus is also rooted in the Health and Wellbeing Strategy and the objectives of 'Start Well.'

#### Activity of the Children's Trust Board

4. To date the Children's Trust Board has met on three occasions.
5. **October 2024**  
This was the initial meeting of the Children's Trust Board, and a vice chair was nominated with Jodie Lloyd-Jones from Oxfordshire Youth sitting as Vice chair.

The Board received the following systems reports:

- Approval of the Children and Young People's Strategic Plan 2024-2028.
- Governance Review of the Children's Trust Board in relation to other statutory boards and committees.
- An overview of the strategic data sets based upon 'Start Well.'



- An Introduction to the principles of a Child First County model for Oxfordshire.
- An update on the work plan of the Future Generations activity.
- Receipt of the Annual report of the Oxfordshire Safeguarding Children's Board 2023-24, followed by an introduction of the regulatory changes brought about by 'Working Together 2023' and the impending publication of new Safeguarding Arrangements to form an Oxfordshire Children's Safeguarding Partnership to replace the board arrangements.
- An introduction to the development of an Oxfordshire Education and Inclusion Partnership across all schools and settings in the County. The Board was provided information to show the strategic governance in education and how the Partnership would develop strategies for education achievement and strategy development.
- A review and analysis of the annual Youth justice Plan 2024 and for Consideration of the themes of the Annual Youth Justice plan and work on outcomes for children at risk of entering the criminal justice system.

#### 6. **January 2025**

The Children's Trust Board received and provided overview to the following priorities:

- An introduction to the partnership of the impending changes in respect of the Children's Wellbeing and Schools Bill 2024.
- Strategic information on the approach, timescales, and responsibilities of partner agencies to the system change under the Families First Agenda.
- A partnership and system leader induction into Family Safeguarding as a model of practice and intervention across the child system. The induction was provided by the Centre for Family Safeguarding from Hertfordshire.
- The Children's Trust Board received and signed off the Early help and Prevention strategy which draws together strategic intent of partners and stakeholder across the early help and graduated prevention of services and 'place.'
- In Achieve Well there were updates on outcomes for the September Guarantee figures for employment, education and training and a review of the public data on education attainment across Oxfordshire.

#### 7. **April 2025**

The Board received and reviewed the following priorities and reports:

- The Virtual school Annual report, reviewing the educational outcomes of children and young people we care for, those previously looked after and children with a social worker.



- Review and sign-off of the Early Years Strategy which along with the delivery plan is the mechanism of delivery for the Best Start in Life priorities pre-birth to 5/8 years.
  - A summary of the Ofsted School Inspections outcomes in Oxfordshire.
  - Outcomes of the peer review from the National youth agency into the development and impact of youth services in Oxfordshire.
  - An update of the work of the Future Generations programme.
8. The Children's Trust Board is the child and young person focused function of Health and Wellbeing Board. Alongside the Health and Wellbeing Board the activity reviewed and assured by the Children's Trust Board continues to meet the objectives of the County Council's Corporate Plan (see [Corporate Plan](#)).

## Financial Implications

9. There are no specific financial implications in this update. The Children's Trust Board has no financial decision-making powers.

Comments checked by:

Jane Billington, Strategic Finance Business Partner – Children's Services,  
[Jane.Billington@oxfordshire.gov.uk](mailto:Jane.Billington@oxfordshire.gov.uk)

## Legal Implications

10. There are no legal implications in this report.

Comments checked by:

Craig Cochrane, Head of Law (Child Care Team),  
[Craig.Cochrane@oxfordshire.gov.uk](mailto:Craig.Cochrane@oxfordshire.gov.uk)

## Staff Implications

11. There are no staffing implications in this report.

Comments checked by:

Nazia Turley, Seconded HR Business Partner Children's Social Care,  
[Nazia.Turley@oxfordshire.gov.uk](mailto:Nazia.Turley@oxfordshire.gov.uk)



## **Equality & Inclusion Implications**

12. The Children's Trust Board oversees impact and outcomes for children and young people across the system. This includes impact and outcome for protected characteristics and disadvantaged cohorts.

## **Sustainability Implications**

13. There are no direct implications in this report.

## **Risk Management**

14. N/A

## **Consultations**

15. N/A

Lisa Lyons

Annex: Nil

Background papers: Nil

Other Documents: Nil

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June 2025