Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 29 January 2026 at 10.00 am

Room 2&3 - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings, please click on this Live Stream Link.
However, that will not allow you to participate in the meeting.

Membership

Chair:	Councillor Jane Hanna OBE		
Deputy Chair:	District Councillor Dorothy Walker		
Councillors:	Ron Batstone	Judith Edwards	Emma Garnett
	Imade Edosomwan	Gareth Epps	Paul-Austin Sargent
District Councillors:	Katharine Keats-Rohan	Val Shaw	
	Elizabeth Poskitt	Louise Upton	
Co-Optees:	Sylvia Buckingham	Barbara Shaw	

Date of Next Meeting: *16 April 2026*

For more information about this Committee please contact:

Committee Officer: *Scrutiny Team*

Email: *Email: scrutiny@oxfordshire.gov.uk*

Martin Reeves
Chief Executive

January 2026

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer no later than 9 am on the working day before the date of the meeting.**

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

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, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 9 - 20)

To **APPROVE** the minutes of the meeting held on 20 November 2025 and to receive information arising from them.

4. Speaking to or Petitioning the Committee

Members of the public who wish to speak on an item on the agenda at this meeting, or present a petition, can attend the meeting in person or 'virtually' through an online connection.

Requests to present a petition must be submitted no later than 9am ten working days before the meeting, i.e. 15 January 2026

Requests to speak must be submitted no later than 9am three working days before the meeting, i.e. Monday, 26 January 2026.

Requests should be submitted to the Scrutiny Officer at omid.nouri@oxfordshire.gov.uk AND scrutiny@oxfordshire.gov.uk.

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9am on the day of the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Response to HOSC Recommendations (Pages 21 - 26)

The Committee has received Responses to recommendations made as part of the following item(s):

1. Eyecare Services in Oxfordshire

2. GP Access & Estates

The Committee is recommended to **NOTE** the responses.

6. JHOSC Substantial change Working Group Update Report (Pages 27 - 34)

The purpose of this item is for the Committee to receive an update on the JHOSC Substantial Change Working Group and its ongoing scrutiny of the project to redevelop Wantage Community Hospital.

The Committee is **RECOMMENDED** to:

1. **NOTE** the work of the JHOSC substantial change working group around scrutinising the project to redevelop Wantage Community Hospital since the previous update provided to the Committee on 30 January 2025.

2. **CONFIRM** its support for the working group continuing for a further 12 months and its ongoing scrutiny of the project to redevelop the Hospital.

3. **AGREE** the appointment of three new permanent members for the working group to replace those members who are no longer on the committee: Councillors Champken-Woods, Haywood and Barrow.

7. Chair's Update (Pages 35 - 70)

The Chair will provide a verbal update on relevant issues since the last meeting.

A report was submitted on behalf of the Committee containing recommendations to system partners on Children's Emotional Wellbeing and Mental Health. This can be found in the agenda papers for this item.

A report was also submitted on behalf of the Committee with recommendations to system partners on the Oxfordshire Neighbourhood Health Plan. This can be found in the agenda papers for this item.

The Committee has also received a response from the Department of Health and Social Care to its letter urging support from Oxfordshire MPs to preserve an Independent Patient Voice for Oxfordshire. This response from the DHSC can be found in the agenda papers for this item.

The Committee is recommended to **NOTE** the Chair's update having raised any relevant questions.

8. Director of Public Health Annual Report 2025/26 (Pages 71 - 110)

Ansaf Azhar, Director of Public Health and Communities (Oxfordshire County Council), has been invited to present the Director of Public Health Annual Report.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

9. Oxfordshire Learning Disability Plan (Pages 111 - 212)

Karen Fuller, Director of Adult Social Care (Oxfordshire County Council), has been invited to present a report on the Oxfordshire Learning Disability Plan.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

10. Healthwatch Oxfordshire Update (Pages 213 - 220)

Veronica Barry, Executive Director of Healthwatch Oxfordshire, has been invited to present an update from Healthwatch Oxfordshire.

The Committee is invited to consider the Healthwatch Oxfordshire update and **NOTE** it having raised any questions arising.

11. Maternity Services (Pages 221 - 232)

Olivia Clymer (Director of Strategy and Partnerships, Oxford University Hospitals NHS Foundation Trust), has been invited to present a report containing an update on Maternity Services.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

12. Forward Work Plan (Pages 233 - 234)

The Committee is recommended to **AGREE** to the proposed work programme for its upcoming meetings.

13. Actions and Recommendations Tracker (Pages 235 - 240)

The Committee is recommended to **NOTE** the progress made against agreed actions and recommendations having raised any questions.

Councillors declaring interests

General duty

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

What is a disclosable pecuniary interest?

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

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

Declaring an interest

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

Members' Code of Conduct and public perception

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

Members Code – Other registrable interests

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

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

Other registrable interests include:

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

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

Members Code – Non-registrable interests

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

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

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

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

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

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

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 20 November 2025 commencing at 10.00 am and finishing at 3.27 pm.

Present:

Chair:	Councillor Jane Hanna OBE
Deputy Chair:	District Councillor Dorothy Walker
Councillors:	Ron Batstone, Judith Edwards, Emma Garnett, Imade Edosomwan, Gareth Epps
District Councillors:	Katharine Keats-Rohan, Louise Upton, Elizabeth Poskitt
Co-Optees:	Sylvia Buckingham, Barbara Shaw
Other Members in Attendance:	Cllr Sean Gaul, Cabinet Member for Children and Young People
Officers:	Ansaf Azhar, Director of Public Health & Communities Lisa Lyons, Director of Children's Services Caroline Kelly, Head of Integrated Commissioning - Start Well Chris Wright, Associate Director of Place – Oxfordshire BOB ICB Dan Leveson, BOB ICB Director of Place and Communities Dr Michelle Brennan, Chair Oxfordshire GP Leadership Group Dr Rob Bale, Interim Chief Operating Officer for Mental Health and Learning Disability Ian Bottomley, Deputy Director - Integrated Commissioning HESC Jannette Smith, Public Health Principal Kate Holburn, Deputy Director of Public Health Lily O'Connor, Programme Director Urgent and Emergency Care for Oxfordshire BOB ICB Mark Chambers, Head of Children's Community Services Mattew Tait, BOB ICB Chief Delivery Officer Sue Butt, Oxford Health NHSFT Transformation Director Veronica Barry, the Executive Director of Healthwatch Oxfordshire Vicky Norman, Head of Oxfordshire Children & Adolescent Mental Health Services (CAMHS) Victoria Baran, Deputy Director of Adult Social Care Omid Nouri, Health Scrutiny Officer

The Council considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.

57/25 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Cllr Paul-Austin Sargent, and District Cllr Val Shaw.

58/25 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Barbara Shaw declared that she was the chair of Healthwatch, and a patient safety partner.

Sylvia Buckingham declared that she was a patient safety partner with Oxford University Hospitals NHS Foundation Trust (OUH), and a Trustee for Healthwatch Oxfordshire.

Cllr Emma Garnett declared that they were employed by the Department of Primary Healthcare at the University of Oxford.

Cllr Jane Hanna declared an interest as an employee of SUDEP Action.

59/25 MINUTES

(Agenda No. 3)

The Committee **APPROVED** the minutes of the meeting held on 11 September 2025, as a true and accurate record subject to the following amendment:

- to emphasise the Committee's unanimous decision for a letter to be sent on their behalf to the Secretary of State for Health and Social Care in regards to the role of Independent Service Providers in NHS Ophthalmology.

60/25 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

Roseanne Edwards (reporter for the Banbury Guardian) addressed the Committee, expressing concern over insufficient scrutiny and representation for the Horton General Hospital catchment, particularly in maternity services. She stated that the downgrading of the Horton's obstetric unit resulted in overstretched care at the John Radcliffe, negatively impacting Banbury residents. Roseanne called for proper local representation and a dedicated meeting to ensure Banbury's growing population receives adequate hospital services tailored to its needs.

61/25 RESPONSE TO HOSC RECOMMENDATIONS

(Agenda No. 5)

The Committee **NOTED** the response to its recommendation on retaining the independent patient voice in Oxfordshire.

62/25 ESTABLISHMENT OF PRIMARY CARE ACCESS AND ESTATES WORKING GROUP

(Agenda No. 6)

The Committee reviewed a paper outlining the scope, membership, methodology, and timeline for a new Primary Care Access and Estates Working Group.

The Committee **AGREED** to formally set up the group, confirming its proposed membership (Cllr Jane Hanna, City Cllr Louise Upton, Cllr Gareth Epps, Cllr Paul-Austin Sargent, Cllr Ron Batstone, District Cllr Katharine Keats-Rohan) and its planned activities.

It was also **AGREED** that updates and recommendations would be presented at the Committee's June 2026 public meeting. Concerns were raised about future population growth and planning pressures, and it was agreed these would be considered within the scope of the working group's work.

63/25 CHAIR'S UPDATE

(Agenda No. 7)

The Chair reported that a meeting had taken place with the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (ICB) to address concerns about the rising population in Didcot Great Western Park and delays in communication regarding GP services. An update from the ICB was expected in early 2026. The Committee had also submitted an interim report to the ICB with recommendations on general practice services, ahead of the new working group's activities. Another report was sent to Oxfordshire System Partners with a recommendation to preserve the independent patient voice function in Oxfordshire. A report was also submitted to the NHS with recommendations on Ophthalmology services.

A letter was sent to all Oxfordshire MPs seeking support for retaining the independent patient voice in Oxfordshire.

A letter was sent to the Secretary of State for Health and Social Care on behalf of the Committee, expressing concerns about the role of Independent Service Providers in NHS Ophthalmology.

The Chair highlighted that a public meeting was convened by the Buckinghamshire, Oxfordshire, and West Berkshire Joint Health Overview and Scrutiny Committee (BOB HOSC), which discussed NHS reforms and provider collaboratives. The Chair (Cllr Jane Hanna) was elected to Chair the BOB HOSC, which would now be hosted by Oxfordshire County Council. It was **NOTED** that a new constitution for the ICB would be required due to national changes, extending the ICB's footprint into parts of

East Berkshire. The Chair expressed disappointment that there would be no engagement or consultation on the new ICB constitution, as it would be directed nationally.

Further updates included mention of a paper that was submitted to BOB HOSC in its October meeting on provider collaboratives across the BOB geography, which showed progress and savings from providers working together. It was explained that the new ICB boundaries would likely require changes to the BOB HOSC'S membership and terms of reference. The Chair concluded by noting the significant ongoing changes and reforms to the NHS on a national scale.

64/25 CHILDREN'S EMOTIONAL WELLBEING AND MENTAL HEALTH
(Agenda No. 8)

Oxfordshire County Council Officers and NHS partners were invited to present two reports on the topic of Children's Emotional Wellbeing and Mental Health; one on the Emotional Wellbeing and Mental Health Strategy and CAMHS, and another on school Health Nurses. The following were invited to present the reports to the Committee and answer the Committee's questions:

- Cllr Sean Gaul, Cabinet Member for Children and Young People
- Ansaf Azhar, Director of Public Health & Communities
- Lisa Lyons, Director of Children's Services
- Caroline Kelly, Head of Integrated Commissioning - Start Well
- Dan Leveson, BOB ICB Director of Place and Communities
- Jannette Smith, Public Health Principal
- Mark Chambers, Head of Children's Community Services
- Mattew Tait, BOB ICB Chief Delivery Officer
- Dr Rob Bale, Interim Chief Operating Officer for Mental Health and Learning Disability
- Sue Butt, Oxford Health NHSFT Transformation Director
- Vicky Norman, Head of Oxfordshire Children & Adolescent Mental Health Services (CAMHS)

The Committee received a presentation on Children's Emotional Wellbeing and Mental Health. The Head of Children's Community Services outlined recent developments, including the expansion of school health nursing to all secondary schools and colleges, with a particular focus on mental health support. The TellMi app had been successfully launched, showing strong uptake among LGBTQ+ youth. Family learning and support programmes were under review, and a new service for primary schools was due to launch. Progress was being monitored through data dashboards.

The Head of Oxfordshire CAMHS described several initiatives: the supportive steps model for parents, the SHaRoN online support platform, and increased neurodevelopmental assessments via external providers. AI tools were being used to triage referrals, and the Andy Clinic provided support for anxiety and depression. The Thames Valley Link programme engaged hard-to-reach young people. Work continued on transitions to adult services and collaborative projects with children's social care.

The Cabinet Member was asked about the priority given to children's mental health and the requirements for effective, sustainable delivery of the emotional wellbeing and mental health strategy. He confirmed that children's mental health remained a top priority, though sustainable funding was challenging due to ongoing pressures. He reaffirmed his commitment to the strategy, pledged to act on the Committee recommendations, and highlighted opportunities for better service integration through family hubs and neighbourhood working.

Questions were raised regarding the tracking of progress against the strategy, the main challenges in implementation, and the factors behind rising mental health concerns. Officers explained that progress was monitored bimonthly via board meetings, action plans, and highlight reports, using both quantitative and qualitative data, including feedback from children and families. Challenges included increased demand and resource limitations.

Concerns were expressed by the Committee about the lack of lived experiences of young people in the report and the involvement and resilience of the voluntary sector. Officers responded that lived experience was increasingly being integrated through youth forums, peer support workers, and co-production with young people and parents, though better coordination was needed. The voluntary sector's role was recognised as vital, especially in early support and outreach, with ongoing work to strengthen partnerships and ensure sustainability.

Barriers to achieving collaborative, integrated pathways for children's emotional wellbeing and mental health were discussed. Officers identified time and capacity constraints, the pressures of multiple reforms, and differing priorities and timescales between health and education sectors as key obstacles. Building relationships and trust across organisations, aligning priorities, and moving away from short-term approaches were considered essential. Workforce constraints and the need for better coordination remained ongoing challenges.

The Cabinet member left the meeting at this stage.

The influence of the school environment on children's mental health, the effectiveness of mental health training for school staff, and the measurement of workforce outcomes were considered. Officers stated that schools played a critical role, and hundreds of staff had received mental health training to empower them to support students and identify when to refer to clinical services. Efforts were ongoing to collect feedback and data on staff confidence and ability to support children's needs.

The effectiveness of the TellMi app was questioned. Officers explained that the app provided a moderated platform for peer support and early intervention, aiming to prevent crises and identify young people in need. The app had been positively evaluated by external organisations, and local contract monitoring and user feedback were ongoing.

Plans for an early review of the TellMi app and its evaluation were discussed. Officers confirmed that contract monitoring was in place, with regular reports on user

engagement and resource access. User feedback was being collected, including surveys and input from youth forums. The app had already undergone scientific evaluation by external organisations such as UCL, with positive results.

Gaps in parenting support provision and the role of the family hub programme were explored. Officers identified gaps in support for parents of neurodivergent children, especially those with sensory needs and Attention Deficit Hyperactivity Disorder (ADHD). Previous pilots had been successful, and long-term resources were being developed. Feedback indicated parents preferred “support programmes” rather than “courses” and wanted clearer information. Family hubs aimed to deliver these programmes locally and improve access for all carers, including fathers and kinship carers, with further work planned to address inequalities.

The nature of the new children’s family hubs and provision for rural communities were discussed. Officers explained that the hubs would resemble children’s centres but with a broader age range and a mix of universal and targeted services, including support for older young people. Existing public buildings and pop-up locations would be used to ensure accessibility, with agile and mobile support for rural areas.

Concerns about high numbers of mental health referrals from certain rural schools were raised. Officers confirmed that data on school referrals had been collected and analysed, showing variation in referral rates and support levels. Some schools were more proactive in supporting mental health and addressing issues like bullying. Further information would be shared to celebrate engaged schools and expand participation.

Evidence supporting the impact of mental health support teams and the whole school approach was requested. Officers replied that mental health support teams had reached 6,500 children in the previous year, though specific outcome data would be provided later. The programme was part of a national directive, with a target for 100% coverage. Additional strategies included new services for primary schools and collaboration with schools commissioning their own support.

Barriers to school engagement with mental health support initiatives were discussed. Officers noted that engagement could be harder for very small rural schools due to capacity. Larger schools or those in multi-academy trusts often commissioned their own services, affecting referral patterns. Mapping and aligning programmes was considered important to ensure a core offer for schools, and future legislation might encourage greater cooperation.

Current referral waiting times for children’s mental health services and support for those on waiting lists were considered. Neurodevelopmental assessment waiting times were a national issue, but local referrals had recently decreased. The longest-waiting families were being sent to a private provider, and webinars were offered for support. Some children were already being seen by nurses, and many improved or were signposted elsewhere during the wait. The eating disorder service met national targets, and crisis teams provided urgent support.

Mechanisms to prevent confusion or errors for vulnerable groups, such as care leavers, were discussed. Care leavers received a health passport and alerts were set

up, though national problems with adult ADHD and autism assessment waiting lists persisted. Young people approaching 18 were prioritised, and access to children's social care records helped monitor and prevent issues.

Workforce challenges in Oxfordshire, particularly differences between qualified and unqualified staff, and recruitment and retention issues, were raised. Most staff were professionally qualified, with only a few youth workers and psychology trainees. Retention rates were below the trust average, though recruitment had improved. The Trust focused on apprenticeships and local training, with recruitment priorities based on clinical need.

Staffing in the intensive care unit and the potential impact of recent immigration law changes were discussed. Staffing had improved since the unit's opening, with ongoing monitoring and support. The unit served a wide region and dealt mainly with emotionally dysregulated young people. The impact of new immigration laws was not yet clear, though the issue was being monitored.

The strategy's use of studies, surveys, and data sources such as the Joint Strategic Needs Assessment (JSNA) was explained. The JSNA and large-scale surveys like the Oxwell survey informed the strategy, leading to actions such as training all teachers. Qualitative data from community profiles and family stories also contributed to informing the strategy.

Access to sexual health services for young people in rural areas and efforts to improve equity were outlined. An integrated sexual health service was commissioned, with a needs assessment underway. School health nursing provided over 2,300 one-to-one sessions in the last academic year, with enhanced training for nurses. Preventative education was delivered through the "protected behaviours" programme.

Communication with parents and families regarding the school health nursing service was described. Multiple channels were used, including a chat health service, termly newsletters, and a bulk messaging system. The service ensured a presence in every secondary school at least once a week and sent introduction letters to families of electively home-educated children.

The Committee **AGREED** to issue the following recommendations, subject to any necessary minor amendments offline:

1. To ensure that clear mechanisms are in place to evaluate the deliverability of the Emotional Wellbeing and Mental Health strategy (including the use of digital platforms/apps), as well as the efficacy of Children's EWMH services more broadly.

2. To continue to explore and secure sustainable sources of funding for the delivery of the aims and objectives of the EWMH strategy.

3. To provide clear and structured support for families awaiting diagnosis and treatment. It is recommended that there is a scaleup of "Supportive Steps" and

similar programmes countywide, ensuring proactive communication and signposting to interim support.

4. To improve communication and transparency on Children's EWMH services. It is recommended that a unified navigation hub is developed which links Tellmi, SHaRON, and local resources and services, with clear guidance for parents and professionals.

5. To embed the Whole School Approach across all Oxfordshire schools, and to strongly encourage all schools to have a trained senior mental health lead and for schools to report annually on WSA implementation and impact.

6. To maintain and enhance sexual health provision in schools, particularly in rural areas, through continued investment in advanced training for nurses and monitoring service uptake.

7. To work toward integration of Family Hubs with the Whole System Approach to Children's Emotional Wellbeing and Mental Health.

The Committee adjourned for lunch at 12:32, and reconvened at 13:24

65/25 NEIGHBOURHOOD HEALTH PLAN FOR OXFORDSHIRE

(Agenda No. 10)

With the agreement of the Committee, the Chair varied the agenda and took item 10 before item 9.

Oxfordshire's system partners were invited to present a report providing an update on the ongoing work to develop a Neighbourhood Health Plan for Oxfordshire. The Committee invited the following Officers to answer questions:

- Ansaf Azhar, Director of Public Health & Communities
- Chris wright, Associate Director of Place – Oxfordshire BOB ICB
- Ian Bottomley, Deputy Director, Integrated Commissioning – HESC
- Kate Holburn, Deputy Director of Public Health
- Lily O'Connor, Programme Director Urgent and Emergency Care for Oxfordshire BOB ICB
- Dr Michelle Brennan, Chair Oxfordshire GP Leadership Group
- Sue Butt, Oxford Health NHS Foundation Trust Transformation Director
- Victoria Baran, Deputy Director of Adult Social Care

The Committee received an update on the development of Oxfordshire's neighbourhood health plan. The deadline for submitting the final plan had been extended beyond December 2025, allowing more time for partners to refine the plan. The Chair emphasised that this extension would help avoid a rushed process and enable a more robust outcome. The meeting provided an opportunity for scrutiny and recommendations.

Discussion began with concerns about implementing strategic changes, such as shifting care from hospitals to the community, prioritising prevention, and increasing

digitalisation, without additional funding. The Head of Joint Commissioning -Age Well explained that aligning the neighbourhood health plan with the Better Care Fund (BCF) would be essential, as many services supported by the BCF would underpin the neighbourhood agenda. Despite financial challenges, partners were expected to coordinate creatively and maximise the impact of existing resources.

Efficient use of the BCF was identified as a key lever for cross-sector collaboration and resource allocation. The adoption of population health management approaches was also emphasised, enabling collective use of data for targeted prevention and addressing unmet needs. Integrating services at the neighbourhood level and building strong relationships were considered vital. The Committee expressed confidence that partnership working and resource alignment could drive the required changes.

The value of community projects and lessons from co-production and voluntary sector involvement were discussed, with the Wantage Community Hospital project cited as an example of transformation from a hospital-based to a community-focused initiative. The importance of engaging the voluntary sector and leveraging local assets was highlighted, alongside the need to map community activity and integrate voluntary sector knowledge. Co-production and voluntary sector engagement were deemed essential for effective prevention and holistic neighbourhood planning.

The governance structure for the neighbourhood health plan was examined, particularly regarding the involvement of voluntary, community, faith, and social enterprise sectors. A dedicated stakeholder event had been held to discuss engagement methods, with approaches tailored to suit different organisations' capacities. Ongoing collaboration with infrastructure organisations, regular meetings with the voluntary sector, and offers for representation on key boards were noted, aiming for both information sharing and genuine influence over decision-making.

The role of overarching organisations in representing the voluntary sector within the plan's governance was considered. While organisations such as Healthwatch sat on the Place-Based Partnership Board, it was acknowledged that no single organisation could represent the entire voluntary sector due to its diversity and limited resources. Regular interactions and flexible participation, allowing topic-specific groups to join relevant board discussions, were suggested to ensure broader representation. Patient Participation Groups were also identified as a means to enhance engagement.

Cllr Garnett left the meeting at this stage.

The Committee explored whether the construction of neighbourhood geographies for the health plan took into account potential local government reorganisation (LGR), particularly to ensure alignment with broader determinants of health such as housing, planning, and transport. It was confirmed that discussions had taken place with district councils and that the planning process was mindful of possible LGR changes. The current neighbourhood plan would serve as a transition plan, with a more formal version to follow once LGR details were clearer, to avoid creating neighbourhoods that might later conflict with new boundaries.

The role of the Health and Wellbeing Board in the neighbourhood health plan, mechanisms for public accountability, and governance sign-off were discussed. The Board would have overall accountability and leadership for the plan, with regular updates provided to the Joint HOSC. The plan would be developed with input from a wide range of stakeholders, including lived experience representatives and district councillors, and would be socialised with all relevant organisations for sign-off. The Board's membership might be reviewed to ensure broad stakeholder involvement.

Parish council involvement in the development of neighbourhood health plans was raised. Parish councils had not yet been engaged but would be included as the process moved to the individual neighbourhood level, recognising their valuable local insight. Collaboration would likely be coordinated with guidance from County and District Councils, and it was recommended that the Oxfordshire Association of Local Councils be used as a key communication channel.

The Committee sought clarification on the practical advantages the neighbourhood health plan would offer to ordinary residents, particularly those in rural villages with limited access to transport and healthcare. The plan aimed to provide more care closer to home, reducing the need for hospital visits unless absolutely necessary. It was acknowledged that rural neighbourhood plans would differ from urban ones, but the overall goal was to address local needs within communities and build on existing assets.

Mechanisms for influencing the neighbourhood health plan, especially regarding the involvement of local members and parish councils, were outlined. Engagement could occur through relevant officers, the Health and Wellbeing Board, local authority members, the HOSC committee, and the place-based partnership. Local members played a key role as frontline representatives in their communities and at parish meetings, ensuring that local voices could influence the development and implementation of the plan.

The criteria for determining what constituted a neighbourhood within the plan, and ensuring coherence across Oxfordshire, especially with possible future changes to local government boundaries, were clarified. Four planning units: North, City, South, and West, had been established to facilitate local stakeholder engagement, not to set fixed boundaries. Neighbourhoods would likely range from 30,000 to 50,000 people, with further and continuous evaluation to ensure boundaries reflected natural community movements and local service use.

Concerns regarding upcoming contracts for neighbourhood health, particularly the impact on general practice and the definition of a "core offer" at different population levels, were acknowledged. Significant anxiety existed among GPs due to uncertainty about new provider contracts, which had not yet been detailed. It was explained that most people would continue to receive care through existing primary and community services, with neighbourhoods initially focusing on those with complex needs. Further information and engagement would follow once contract details became available.

Lessons learnt from previous neighbourhood and integrated care projects were discussed. Oxfordshire had already implemented several successful programmes, such as hospital at home, virtual wards, and integrated neighbourhood teams, with

ongoing evaluation in specific areas. The neighbourhood health plan aimed to coordinate and scale up effective approaches across the county, balancing both service reorganisation and preventative work tailored to local needs.

The Committee **AGREED** to issue the following recommendations, subject to any necessary minor amendments offline:

1. For clear governance arrangements to be developed for the Oxfordshire Neighbourhood Health Plan, including defined roles for the Health and Wellbeing Board, Place-Based Partnership, and Primary and Community Care Board. It is recommended that there is openness and transparency, as well as regular reporting to the JHOSC on the plan's development and delivery milestones.

2. To ensure that the Neighbourhood Health Plan aligns with other strategic initiatives (such as the Better Care Fund and the Health & Wellbeing Strategy, and the Oxfordshire Way), and to avoid duplication and fragmentation.

3. To prioritise investment in digital infrastructure, interoperability, and usability to enable data sharing and Population Health Management at neighbourhood level. It is recommended that system partners report on progress in implementing Population Health Management tools and Health Evaluation Units.

4. To ensure that the local patient voice and local voluntary sector input is at the heart of the development and delivery of the neighbourhood health plan for Oxfordshire. It is recommended that the role of the local member is also integral to this.

5. To ensure the collective gathering of data by all key system partners as part of shaping and delivering the neighbourhood health plan.

D/Cllr Poskitt left the meeting at this stage.

66/25 HEALTHWATCH OXFORDSHIRE UPDATE

(Agenda No. 9)

Veronica Barry, the Executive Director of Healthwatch Oxfordshire, provided an update on recent outreach and research activities. She reported that Healthwatch had published a study on the NHS app, gathering feedback from over 800 people through surveys and street outreach in areas such as Cowley Centre, Banbury, and Charlbury. The findings highlighted concerns about digital exclusion, particularly in rural areas with poor connectivity, and among groups such as those with dyslexia or English as a second language. Many respondents expressed a preference for face-to-face contact and worried that digital services might replace human interaction. Recommendations were made to the ICB to improve support and communication about the app's changes, and to the County Council regarding digital infrastructure.

The Executive Director also summarised a report on trans and non-binary people's experiences with GP services, noting mixed feedback and a postcode lottery for

access to gender-affirming therapies. The ICB committed to more staff training and better guidance for GPs, as well as ongoing engagement with this community.

The Executive Director also announced a new survey on end-of-life care, developed with the palliative care network, aiming to understand people's aspirations and planning needs, with outreach to community groups and street interviews. The Committee were also informed of ongoing community research with groups such as Oxford Community Action, the Chinese community, and Sunrise Cultural Centre; focusing on issues like housing, cancer awareness, and families in temporary accommodation.

The Committee **NOTED** the Healthwatch Oxfordshire Update and thanked the organisation for its ongoing work in upholding an independent patient voice in Oxfordshire.

67/25 FORWARD WORK PLAN
(Agenda No. 11)

The Committee **AGREED** to the proposed work programme for its upcoming meetings.

The Committee **NOTED** that the work plan for the January meeting included the Director of Public Health annual report (noting it would be in a different format than previous years), the Oxfordshire Learning Disability Plan (moved forward from April), and Maternity Services. The Health Visitors update was rescheduled to a later date.

68/25 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 12)

The Committee **NOTED** the progress outlined in the actions and recommendations tracker.

..... in the Chair

Date of signing .....

Responses to HOSC Recommendations on Ophthalmology Services:

1. **For the ICB establish a localised dashboard to monitor contract outcomes and patient satisfaction across Oxfordshire.**

Partially Accept- the ICB has established mechanisms in place to monitor contract outcomes and patient satisfaction which are embedded as part of our standard contract monitoring and oversight arrangements. This includes Quality in Optometry (QiO) which is a national quality assurance tool to be completed by General Optometry Service contractors every three years to assess their compliance with their GOS contracts and to assure, maintain and improve the services they provide.

We have not received any patient complaints with regards General Optometry Services in Oxfordshire in more than 3 years and the new single point of access for cataract services has been reported as “excellent” by patients.

2. **To launch a targeted public information campaign to raise awareness of NHS-funded sight tests and eligibility for optical vouchers, especially among vulnerable and underserved populations. It is recommended that the ICB works with local authorities and voluntary sector partners to improve outreach in rural and deprived areas.**

Accept - The ICB will work to raise public awareness on NHS Funded sight tests and the eligibility for optical vouchers through General Practice care navigators/social prescribers (whom support vulnerable people navigate the health system) and via targeted comms. More information is available including who is eligible for free eye sights through the NHS website Free NHS eye tests and optical vouchers - NHS

3. **To explore the development of shared digital records between providers to reduce duplication and improve continuity of care.**

Accept - Oxford health and care services already have a shared care record linking primary care and oxford university hospital NHS trust. The care record is shortly to be enhanced and later this month is shortly to be extended to share care information also across oxford health, Buckinghamshire and Berkshire health and care services, including the ambulance service.

4. **For the ICB and Primary Eyecare Services to collaborate on a workforce strategy to recruit and retain optometrists and support staff, particularly in areas with known shortages. It is recommended that incentives are**

explored for newly qualified professionals to work in Oxfordshire's community settings.

Partially Accept- There have been no reported incidents where General Optometry Services contractors have not been provided due to insufficient optometrists and training is now being negotiated locally to be delivered by ISPs in partnership with NHS Trusts to ensure the number of trainees and availability of qualified Consultants to sustain the delivery of Ophthalmology services going forward. We will continue to work with partners to ensure recruitment and retention is optimised to support sustainable provision of services.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: General Practice Access and Estates in Oxfordshire

Lead Cabinet Member(s) or Responsible Person:

- Julie Dandridge (Strategic Lead for Primary Care across Oxfordshire).
- Matthew Tait (BOB ICB Chief Delivery Officer).
- Dr Michelle Brennan (GP and Chair of the Oxfordshire GP Leadership Group).
- Rachel Jeacock (Primary Care Lead).

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

Deadline for response: Tuesday 9th December 2025.

Response to report:

Enter text here.

Response to recommendations:

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. For the ICB to develop regular reporting on access equity across Oxfordshire, including digital exclusion, rural access, and variation in appointment availability between practices.	Partially accepted	The ICB will share with members links to the nationally available data sets on access. The ICB does not hold data on digital exclusion but can provide members access to appointment availability at practice level through Appointments in General Practice - NHS England Digital
2. To publish a rollout plan and evaluation framework for the Modern General Practice model, including metrics for patient experience, staff wellbeing, and service efficiency.	Partially accepted	The ICB will share information with members on the roll out plan for modern general practice (noting that some practices will already be operating in this way). Patient experience information can be assessed through the GP Patient survey data GP Patient Survey
3. To urgently progress and provide a written update on the timeline of delivery of the Great Western Park and Bicester Projects.	Accepted	A written update will be provided to members by 31 January 2026. In the meantime, any updates on Great Western Park will be published on the ICB website Great Western Park, Didcot GP Services | BOB ICB
4. For the ICB to work with district valuers and local authorities to explore alternative funding models and design solutions for estate expansion where traditional schemes are deemed unviable. It is recommended that the ICB produces a plan for Oxfordshire.	Accepted	The ICB welcomes opportunities to explore the use of section 2 of the NHS Act (2006) in Agreements that secure new primary care estate. Section 2 is a general power enabling NHSE/ICBs to enter into contractual arrangements with local authorities to secure the provision of primary medical services. The specific conditions that must be in place to make use of section 2 are:

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		• the local authority must own the land on which it is to develop the facility – to avoid procurement challenges. In addition, the local authority must be developing the scheme • the local authority must retain the land/asset over the life of the contract to provide the NHS with the relevant security over investment • the space that is subject to the contract must be for the delivery of primary care services • the contract is a contract for goods The ICB continue to work with the DV to ensure proposed rental values are considered as representing value for money.

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OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

29 JANUARY 2026

Update Report from the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) Substantial Change Working Group

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATIONS

The Committee is **RECOMMENDED** to:

1. **NOTE** the work of the JHOSC substantial change working group around scrutinising the project to redevelop Wantage Community Hospital since the previous update provided to the Committee on 30 January 2025.

2. **CONFIRM** its support for the working group continuing for a further 12 months and its ongoing scrutiny of the project to redevelop the Hospital.

3. **AGREE** the appointment of three new permanent members for the working group to replace those members who are no longer on the committee: Councillors Champken-Woods, Haywood and Barrow.

   In agreeing to the appointment of three new members to the working group, the Committee is exercising its powers pursuant to Part 6.1B of Oxfordshire County Council's Constitution which states that:

   'The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.'

HISTORICAL EVENTS AND CONTEXT

1. This report provides a comprehensive update on the activities of the substantial change working group since January 2025 and sets out the group's current position on the redevelopment of Wantage Community Hospital. The Joint Health Overview and Scrutiny Committee (JHOSC) has a statutory responsibility to scrutinise substantial changes to health services. The redevelopment of Wantage Community Hospital is one of the most significant local health projects in recent years, and its progress is of considerable public interest.

2. The working group's role is to ensure transparency, accountability, and that the project delivers on the plan.

3. Since the closure of the inpatient beds at the hospital in 2016, several temporary pilot hospital services have been launched and reported to the Committee by Oxford Health NHS Foundation Trust (NHSFT). Nick Broughton, the Chief Executive Officer of the Trust at the time, provided strong personal assurance in 2021 that there would be a solution to determine and agree the future of the hospital if the local community in Wantage placed their trust in working with the NHS again. These assurances were also echoed by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's (BOB ICB) Director of Place for Oxfordshire.

4. A fuller history of the events surrounding the closure of the inpatient beds at Wantage Community Hospital was included in the agenda papers for the Committee's 30 June 2023 meeting: Wantage Community Hospital Timeline.pdf (oxfordshire.gov.uk).

5. The ICB and Oxford Health NHSFT launched a public engagement exercise in late 2023 with the local community and Wantage Town Council, which was also subjected to oversight and scrutiny from the JHOSC. Considerations were also being given as to whether the JHOSC should exercise its power to refer this matter to the Secretary of State for Health and Social Care.

6. The JHOSC supported the re-engagement of local stakeholders with the NHS with a view to put co-production at the heart of these engagements. The redevelopment plan co-produced with Wantage Town Council following the public engagements with the community in late 2023 promised a major infrastructure improvement of the hospital estate to modernise facilities. The purpose of the redevelopment plan was to bring `hospital services to the community`, improve accessibility to hospital services and reduce thousands of resident journeys into Oxford hospitals.

7. Upon the completion of the public engagement exercise in late 2023, the substantial change working group made the following recommendation to the wider Committee in its public meeting on 16 January 2024:

   *"That the matter of the closure of inpatient beds at Wantage Community Hospital is **NOT** referred to the Secretary of State for Health and Social Care."*

8. In agreeing to this recommendation, the Committee took into account the report which was submitted by the NHS and outlined the NHS's offer, and the assurances given by local organisations and letters of support from all partners. Annex 1 of this report below specifies the NHS's coproduced report recommendations as to the future of Wantage Community Hospital developed subsequent to the 2023 public engagement exercise.

9. In addition, the aforementioned recommendations (found in Annex 1 of this report) also received support from Wantage Town Council, which published a motion to this effect in January 2024. Key reasons for supporting the coproduced recommendations included the population figures and projected population increase for Wantage, the expressed local preferences from the engagement and consultation exercise, and a detailed understanding by the community of the

financial levers available to the NHS to improve services.. The Town Council supported the permanent retention of the outpatient pilot clinics and additional outpatient services, with a view to the hospital having a sustainable future. Further details of the motion can be found here:

https://wantagetowncouncil.gov.uk/wp-content/uploads/2024/01/Health-Committee-motion-from-Wantage-Town-Council-corrected-15Jan2024-1.pdf).

10. The Committee, for its part, issued the following recommendations to Oxford Health NHS Foundation Trust and the BOB Integrated Care Board in its public meeting on 16 January 2024:

    1. *That there is no undue delay in securing the CIL funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital given the removal of the in-patient beds since 2016. It is recommended that there is a maximisation of the ground floor of the hospital for the purposes of expanding these specialist services.*

    2. *That the Project Delivery Plan for the future of the hospital's ground floor services is delivered on schedule as much as possible, and that there is ongoing scrutiny over the process of delivering the plan and its outcomes for the local population.*

    3. *For a meeting to be convened as early as possible between identified leads within BOB ICB, Wantage PCN, Oxford University Hospitals, Oxford Health, Oxfordshire County Council, Wantage Town Council, and HOSC; with a view to plan for continued momentum on co-production and agreed scrutiny moving forward.*

11. These JHOSC recommendations were agreed by Oxford Health NHS Foundation Trust and the BOB Integrated Care Board, with both organisations expressing a clear commitment to take them on board.

12. The rationale behind recommendation 3 was to establish mechanisms through which the project delivery plan for hospital-like services at Wantage Community Hospital could be subjected to continuous oversight and scrutiny. It was in this context that the JHOSC substantial change working group initiated its oversight and scrutiny of the project.

KEY SUMMARY OF WORKING GROUP ACTIVITY AND POINTS OF OBSERVATION

13. Since the working group last reported to the Committee in January 2025, it has held 2 meetings with representatives of Oxford Health NHS Foundation Trust and the ICB on 10 June 2025 and 8 December 2025. Set out below is a summary of some key themes/areas of discussion that the working group has had in its interactions with the NHS since January 2025.

(a) Meeting 1: 10 June 2025:
The June meeting was pivotal in clarifying the procurement process and its implications for the project timeline. Oxford Health NHSFT confirmed that a re-procurement exercise was required, introducing a short delay. While such delays are not uncommon in such projects, the working group emphasised the reputational risk of uncertainty and the need for proactive communication.

Key analytical points raised by the working group included:

- *Funding resilience:* The group sought assurance that the availability of the Community Infrastructure Levy (CIL) allocation would not be jeopardised by the delay. Vale of White Horse District Council confirmed that timing would not affect eligibility and may also allow replenishment of the funding pot.

- *Service ambition versus operational reality:* The group pressed for clarity on which services Oxford University Hospitals NHSFT would commit to delivering at Wantage. While infusions and respiratory clinics were confirmed other services such as cardiac, neurology and epilepsy services remained contingent on recruitment.

- *Governance and co-production:* Members reiterated that local voices must shape both design and service planning. It was reiterated that co-production remained critical to ensuring utilisation and patient confidence. The working group were assured that the co-production partners were meeting once every two weeks and that this was helping with solutions being found for operational challenges.

(b) Meeting 2: 8 December 2025 – Online Check-in
By December, the project had moved into a more operational phase. Oxford Health NHSFT reported that Phase 1 of the refurbishment was scheduled to complete by late January 2026, with Phase 2 commencing immediately afterwards. Full completion was targeted for May 2026, subject to contractor progress and site conditions.

Key analytical points raised by the working group included:

- *Program discipline:* The group welcomed the structured timeline but noted that hazardous materials (lead paint) posed a risk to schedule integrity. The need for clarity on the impact of this, including financial and contingency planning, was highlighted.

- *Service continuity:* Temporary relocation of ophthalmology and audiology clinics to Wantage Health Centre was seen as a pragmatic solution, but members stressed the importance of clear communication to avoid patient confusion about future local availability of these services. It was agreed between the working group and Oxford Health NHSFT that there should be a communication to the Wantage Town Council Health Committee regarding this.

- *Future service mix:* Dependent on recruitment and coordination with Oxford University Hospitals NHSFT new services were confirmed which were to

include sexual health, red cell infusions, and respiratory clinics. Tentative additions included cardiology, vagus nerve stimulation (epilepsy), and paediatric allergy. The working group observed that the uncertainties could undermine the delivery of the plan and that clarification on these services be provided as soon as possible. The group also requested projections on the reduced number of journeys to Oxford as a result of the availability of all confirmed clinics (including pilots) against the original ambitions of the 2023 plan.

- *Community engagement:* Plans for improved transport links, including the purchase by the Town Council of two buses and recruitment plans for volunteers were welcomed. The League of Friends offered support for design and wayfinding improvements, reinforcing the strength of local partnerships.

- *Recruitment challenges:* The group noted concerns about recent recruitment controls and agreed to seek clarification from Oxford University Hospitals NHSFT on whether these would affect specialist posts at the hospital.

CURRENT EVENTS AND KEY OBSERVATIONS FROM THE WORKING GROUP:

14. Despite procurement delays earlier in the year, the project is now on track. Contractors have been appointed, surveys completed, and the Phase 1 works are underway. The service model is taking shape, with evidence of some confirmed new outpatient provision to reduce the need for patients to travel to Oxford. The working group recognises that the work to date is evidence of meaningful and strong co-production which has resulted in a more positive relationship with Wantage town and its community.

15. Nonetheless, the group remains alert to risks around recruitment, hazardous materials, and funding dependencies.

16. Below is a summary of some of the key observations the working group has in relation to current events/developments surrounding the project to redevelop the hospital.

- *Program discipline is critical:* The May 2026 completion date must be monitored closely, and contingency plans need to be in place for unforeseen issues such as hazardous materials.

- *Service ambition is welcome but fragile:* While the proposed range of clinics is key to delivery of the plan, recruitment challenges could undermine delivery. The engagement of Oxford University Hospitals NHSFT (OUH) with the project is essential to confirm commitments to specific services that will be delivered at the hospital. The acute Trust gave commitment to the original plan and has worked positively with the co-production. *'Hospital to Community'* is part of the OUH strategy and the Trust has confirmed a few clinics. However, without further clear commitments from the acute Trust, full reassurances cannot be provided to the working group and the wider community in Wantage about the delivery of the plan and therefore the overall service ambition remains fragile.

- *End of life care:* The focus has been on the major refurbishment and expansion of planned care services (Plan point 2). Wider commitments by the ICB were made under the plan to keep the OX12 area in mind for an offer relating to end of life care as well as a frailty service (Plan points 1 and 3). The working group notes the recent extension of end of life care in Newbury, South Oxfordshire and Reading, and will seek clarification on what consideration has been given to the commitment made to the Wantage population.

- *Community partnership is a strength:* The involvement of Wantage Town Council Health Committee members and the League of Friends demonstrates genuine co-production, which should be maintained throughout the course of this project. The working group continues to insist on the NHS's involvement of the local Town Council given its localised roots and connections to the community. The core group of system partners which meets regularly with the NHS and includes two local members who sit on the Towns health committee is critical and the arrangements should continue.

- *Communication must remain proactive:* Public messaging should balance optimism with realism, particularly around timelines and any temporary service arrangements that are put into place. It is vital that any obstacles or delays to the project are communicated as early and transparently as possible to maintain trust and confidence among the community.

- *Transport and accessibility need continued attention***:** The volunteer-led transport initiatives are promising. The purchase of two buses by the Town Council is a big step forward, but volunteers will be needed alongside coordination and clear information for patients. The increased temporary parking as well as the County Council's planned consultation on traffic enforcement in the area are positive steps but require continued attention.

NEXT STEPS:

17. The working group is seeking the wider Committee's support to continue to engage in scrutiny of the ongoing delivery of the project to redevelop Wantage Community Hospital for a further 12 months. The appointment of three new members must abide by the rules of political balance outlined in Part 6.1B of Oxfordshire County Council's Constitution.

18. The project to redevelop Wantage Community Hospital was initially outlined to the Committee in January 2024. The working group will continue to hold regular check-ins with key representatives of Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, the BOB Integrated Care Board and Wantage Town Council (with a view to scheduling more of these from March 2026 onwards).

19. The working group will also report back to the Committee in 12 months, and will report any other key milestones or developments relating to the project to the wider Committee as required.

LEGAL IMPLICATIONS

20. The appointment of three new members to the working group must be undertaken pursuant to the constitution with regards to working group membership and political balance as set out in Part 6.1B of Oxfordshire County Council's Constitution which states that:

    'The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Committee on specified investigations or reviews as set out in the work programme. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such panels will exist for a fixed period, on the expiry of which they shall cease to exist.'

21. There are no other direct legal implications arising from this report relating to the ongoing project to redevelop Wantage Community Hospital.

Comments checked by: Jay Akbar (Head of Legal & Governance Services and Deputy Monitoring Officer)

FINANCE IMPLICATIONS

22. There are no direct financial implications arising from this report on the basis that appointment of new members to the working group are from within the existing budget structure.

Comments checked by: Drew Hodgson (Strategic Finance Business Partner – Resources, FRCS and TDCE).

Contact Officer: Dr Omid Nouri
Health Scrutiny Officer
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

January 2026

ANNEX 1:

Below is the full list of recommendations as to the future of Wantage Community Hospital that the NHS's coproduced report outlined (these recommendations emerged subsequent to the public engagement exercise which took place in 2023):

1. ***In relation to inpatient beds and the alternatives:***
   • Based on coproduction and considering evidence and findings from engagement we recommend the community inpatient beds at Wantage Community Hospital are permanently closed.
   • In line with wider work the BOB ICB is taking forward work to improve the local end of life care pathway, to see how we can strengthen the local offer for patients requiring palliative care.

2. ***In relation to planned care services:***
   • ICB, OHFT and OUHFT work to confirm the outpatient services currently being delivered in Wantage Community Hospital.
   • ICB to work with providers (including OHFT, OUHFT and other service providers) to identify sustainable community clinic-based services from Wantage Community Hospital. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.

3. ***In relation to urgent care:***
   • Due to the high capital cost of providing a large x-ray within the hospital against the significant demands and constraints of the limited available capital funding in the system alongside the concerns over the workforce implications, it is not recommended to take forward a walk-in service at the community hospital at this time. However, consideration should be given to what diagnostic services could be included as part of the same day services and this should be kept under consideration in the future.
   • Based on the noted increased complexity of needs within the local population, it is recommended to focus on developing a specialist local response service for those with long term conditions. There is a commitment if this option is chosen to work in a co-productive way to develop the services to be provided at the hospital.

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Children's Emotional Wellbeing and Mental Health (EWMH)

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:
- Matthew Tait (Chief Delivery Officer, BOB ICB)
- Dan Leveson (BOB ICB Director of Places and Communities)
- Caroline Kelly (Head of integrated commissioning, Start Well)
- Donna Husband (Head of Public Health Programmes, Start Well)
- Ansaf Azhar (Director of Public Health, Oxfordshire County Council)
- Lisa Lyons (Director of Children's Services, Oxfordshire County Council)

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered two reports on children's emotional wellbeing and mental health in Oxfordshire during its public meeting on 20 November 2025. The first report was an update on the Children's Emotional Wellbeing and Mental Health Strategy (a strategy launched by Oxfordshire's system partners); and the second was a report on School Health Nurse services.

2. The Committee would like to thank Caroline Kelly (Head of Integrated Commissioning, Start Well); Donna Husband (Head of Public Health Programmes, Start Well); Ansaf Azhar (Director of Public Health); Lisa Lyons (Director of Children's Services); Dan Leveson - Director of Places & Communities, BOB ICB); Mark Chambers (Head of Children's Community Services); Emma Leaver (Chief Operating Officer); Vicky Norman (Head of CAMHS); Katrina Anderson (Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate); Janette Smith (Public Health Principal) for attending the meeting and answering questions from the Committee.

3. The topic of children's emotional wellbeing and mental health is of significant interest and concern to the HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by the County Council and its NHS partners to support the emotional and mental wellbeing of children and young people in Oxfordshire. The Committee is also aware of rising demand for these services since the advent of the covid-19 pandemic.

4. Upon commissioning the reports for this item, some of the insights the Committee sought to receive were as follows:

- How the contributions of system partners align with the Emotional Wellbeing and Mental Health strategy's vision to place children at the centre of decision-making?
- How is the state of collaboration between the NHS and schools, and families being measured?

- What are the levers to collaboration and the barriers for each partner?

- How progress is being tracked against the strategy's priorities, including through the use of metrics or dashboards.

- The degree to which recent inspections and systemic challenges in Special Educational Needs (SEND) provision might be shaping emotional wellbeing and mental health services for children, and whether there are any strategy revisions accordingly.

- How data is being used, including through the Joint Strategic Needs Assessment (JSNA) or elsewhere, to shape actions being taken to address children's mental health.

- The extent to which children's mental health services align with or support Marmot principles.

- How vulnerable children are being identified and supported.

SUMMARY

5. During the 20 November 2025 meeting, the Head of Children's Community Services outlined recent developments, including the expansion of school health nursing to all secondary schools and colleges, with a particular focus on mental health support. The TellMi app had been successfully launched, showing strong uptake among LGBTQ+ youth. Family learning and support programmes were under review, and a new service for primary schools was due to launch. Progress was being monitored through data dashboards.

6. The Head of Oxfordshire CAMHS described several initiatives: the supportive steps model for parents, the SHaRoN online support platform, and increased neurodevelopmental assessments via external providers. AI tools were being used to triage referrals, and the Andy Clinic provided support for anxiety and depression. The Thames Valley Link programme engaged hard-to-reach young people. Work continued on transitions to adult services and collaborative projects with children's social care.

7. The Cabinet Member for Children was asked about the priority given to children's mental health and the requirements for effective, sustainable delivery of the emotional wellbeing and mental health strategy. This was against context of a then identified persistent gap in funding due to the national formula and long-standing historic under-funding (and the Committee's recommendation in November 2023 that the whole system continue to explore and secure specific resources to effectively deliver the strategy long-term).

8. The Cabinet Member confirmed that children's mental health remained a top priority, though sustainable funding was challenging due to ongoing pressures. The Cabinet Member reaffirmed his commitment to the strategy, pledged to act on the Committee's recommendations, and highlighted opportunities for better service integration through family hubs and neighbourhood working. The Cabinet member highlighted rising demand, the lack of long-term sustainable funding for children's mental health was very challenging for all partners. In Oxfordshire County Council, the 2025-26 budget had required a £1.5 million reduction in children's services as part of every department budget cuts.

9. The Committee also enquired about and heard that there had been intensive whole system working focused on children with SEND. The Ofsted SEND report (2025) had found effective action had been taken to address their findings from the Local Area Partnership inspection in 2023.

10. Plans for an early review of the TellMi app and its evaluation were also discussed. Officers confirmed that contract monitoring was in place, with regular reports on user engagement and resource access. User feedback was being collected, including surveys and input from youth forums. The app had already undergone scientific evaluation by external organisations such as UCL, with positive results.

11. The nature of the new children's family hubs and provision for rural communities were discussed. Officers explained that the hubs would resemble children's centres but with a broader age range and a mix of universal and targeted services, including support for older young people. Existing public buildings and pop-up locations would be used to ensure accessibility, with agile and mobile support for rural areas.

12. The Committee were assured that Hospital admissions and length of stay statistics had reduced, which seemed to indicate improvement over the last five years. The Director of Public Health agreed to supply trend data on outcomes including suicides.

13. Barriers to school engagement with mental health support initiatives were discussed. Officers noted that engagement could be harder for very small rural schools due to capacity. Larger schools or those in multi-academy trusts often commissioned their own services, affecting referral patterns. Mapping and aligning programmes were considered important to ensure a core offer for schools, and future legislation might encourage greater cooperation.

14. Current referral waiting times for children's mental health services and support for those on waiting lists were considered. The eating disorder service met national targets, and crisis teams provided urgent support. Oxford Health NHSFT was concerned that the narrative that CAHMS waits could be up to five years was not based on fact. The Trust would be running a showcase cinema event to help improve the public understanding. The national target for waits was 72%. Oxfordshire CAMHS is 62%, with the last quarter showing a downward trend.

15. It was discussed that Neurodevelopmental assessment waiting times were a national issue, but local referrals had recently decreased. A thousand longest waits were being sent to a private provider, with 167 children now seen every month. Some children were already being seen by nurses, and many had improved or were signposted elsewhere during the wait.

16. The Committee also received evidence of and enquired about rising demand. The reasons for this were set out in the 2025 Director of Public Health Annual Report. They were complex and included impacts of the Covid-19 pandemic, increased prevalence and awareness of mental health and neuro-diversity. The aim was that all system partners used the Joint Strategic Needs Assessment (JSNA) as evidence of local population need. In addition, the Oxwell survey had included 9,000 children, and qualitative evidence included community insights and stories as part of the Marmot programme. It was agreed that there was a need to bring this evidence all together.

17. The Committee enquired about the availability of clinical workforce. Oxford Health NHSFT reported that clinical workforce issues for mental health illnesses were currently without huge challenges, and issues with retention issues were below the national average. There was no restriction on vacancies, and there were very few support staff without qualifications. Oxford Health NHSFT's "children's intensive care and inpatients" is an additional service that the Trust provides regionally as part of the provider collaborative of mental health Trusts. The service treats children with emotionally dysregulated behaviour, usually with history of trauma from family experiences. This was therefore an area where it was particularly hard to attract well qualified inpatient staff. The workforce issues here were improving and the Trust was using an apprenticeship scheme to grow their own team.

18. The discussion also revolved around communication with parents and families regarding the school health nursing service and the mental health support provided in this context. Multiple channels were used, including a chat health service, termly newsletters, and a bulk messaging system. The service ensured a presence in every secondary school at least once a week and sent introduction letters to families of electively home-educated children.

19. The Committee were also informed that Oxfordshire County Council's Children's services had commissioned OXMIND and the County Council's Wellbeing Services prioritised a pilot to expand youth work in partnership with the grass-roots voluntary sector, to include urban and rural areas in Oxfordshire. Oxford Health NHSFT gave evidence that their focus was necessarily on the resilience of the clinical sector to meet needs of people with mental illness. They did give the Thames Valley Link programme funding for a charity until 2029 to engage hard-to-reach youth.

KEY POINTS OF OBSERVATION:

20. This section highlights seven key observations and points that the Committee has in relation to Children's EWMH services in Oxfordshire. These seven key points of observation have been used to determine the recommendations being made by the Committee which are outlined below:

Evaluating deliverability of the EWMH strategy: Evaluation mechanisms are essential for ensuring that strategies are not only implemented as intended but are also effective in achieving desired outcomes. In the context of children's EWMH, this means:

- Tracking whether interventions reach the intended populations.
- Assessing whether services improve mental health outcomes.
- Identifying gaps, barriers, and areas for improvement.
-

The Oxfordshire EWMH strategy, launched in 2022, is ambitious in scope — covering early help, workforce development, transitions, access to specialist services, and digital innovation. Without clear evaluation mechanisms, there is a risk that well-intentioned initiatives may not deliver meaningful change, or that resources may not be allocated efficiently.

Children's mental health needs are diverse and evolving. The main report submitted to the Committee for this item highlights rising complexity in mental health subsequent to the covid-19 pandemic; with increased presentations of anxiety, depression, neurodiversity, and safeguarding concerns. Effective evaluation would allow services to adapt to changing patterns of need, ensuring that interventions remain relevant and effective.

Nationally, the NHS Long Term Plan and Ofsted/CQC inspection frameworks emphasise the importance of outcome measurement, co-production, and evidence-based practice[1]. Local authorities and NHS partners are expected to demonstrate impact, value for money, and continuous improvement. A good local example of this involves the SEND local area inspection in Oxfordshire, which led to a priority action plan with a strong focus on evaluation and data-driven decision-making.

Deliverability refers to the practical implementation of strategic intentions. For the EWMH strategy, this means ensuring that:

- Actions in the strategy are translated into operational plans.
- Resources (workforce, funding, digital tools) are in place.
- There is clear accountability for delivery across system partners.

[1] NHS Long Term Plan

The reports submitted for this item show that deliverability is tracked through action plans, dashboards (e.g., the JSNA Power BI dashboard), and regular board reviews with RAG ratings. However, the Committee is calling for these mechanisms to be explicit, comprehensive, and transparent.

For instance, the case of Greater Manchester's "Thrive in Education" programme is useful here. This system-level programme uses a multi-agency dashboard to track implementation milestones (including for mental health), workforce training, and school engagement, with regular public reporting. This transparency has helped to build trust and enabled timely course correction[2].

Furthermore, digital innovation is a key strand of the EWMH strategy, with platforms like Tellmi and ChatHealth providing new ways for young people to access support. It is crucial to evaluate deliverability of the strategy's aims and objectives in the context of the use of digital tools. This could be achieved through:

- Monitoring uptake and engagement (e.g., number of users, demographics, frequency of use).
- Assessing accessibility for vulnerable groups (e.g., neurodivergent children, those with SEND, digitally excluded families).
- Ensuring integration with other services (e.g., referral pathways from digital to face-to-face support).

The Tellmi app, for example, has been successful in engaging over 400 young people in its first year, with positive feedback and evidence of reaching neurodivergent users. However, ongoing evaluation is needed to ensure sustained impact and to address any emerging barriers. A systematic review by Hollis et al. (2017, *World Psychiatry*) found that digital mental health interventions for young people can be effective, but only when they are well-integrated into broader care pathways and subject to rigorous evaluation of engagement, outcomes, and equity[3].

Evaluating efficacy is also key here. Efficacy refers to whether services achieve their intended outcomes. In children's EWMH, this could include:

- Improvements in mental health symptoms (e.g., anxiety, depression).
- Increased resilience and wellbeing.
- Reduced risk behaviours (e.g., self-harm, absenteeism).
- Positive feedback from children, families, and schools.

The reports submitted to the Committee describe the use of validated tools (e.g., RCADS, SDQ, Goal-Based Outcomes, True Colours platform) to measure outcomes at referral, during intervention, and at discharge. The Committee supports this and calls for routine and regular outcome

[2] Greater Manchester i-THRIVE Programme | i-THRIVE

[3] Hollis, C., et al. (2017). Digital health interventions for children and young people with mental health problems: A systematic and meta-review. *World Psychiatry*, 16(3), 287–298.

measurements, and this can enable Children's EWMH services to demonstrate impact, compare performance, and identify areas for improvement. For instance, on a national scale, the Anna Freud Centre's "Measuring and Monitoring Children and Young People's Mental Wellbeing" toolkit is widely used across the UK to support consistent, evidence-based outcome measurement in schools and community settings[4]. Oxfordshire's system partners may wish to look into using this widely popular toolkit.

It is also crucial that any quantitative data that is used to evaluate the EWMH strategy and any associated services must be complemented by qualitative feedback from service users and their families. The use of platforms like "I Want Great Care" (IWGC) and engagement with the SEND Youth Forum can indeed help to ensure that the voices of children, young people, and families inform service development. However, the use of qualitative feedback should also be extensively utilised for digital services, where user experience and accessibility are critical.

Therefore, the Committee's recommendation to ensure clear mechanisms for evaluating the deliverability and efficacy of the EWMH strategy is both timely and essential. Robust evaluation can help to drive accountability and continuous improvement. Itcan also help to ensure that digital innovation delivers real benefits that also supports equity and inclusion. There is also a point about using evaluative mechanisms as a means to align children's EWMH services with national policy and inspection frameworks. By embedding evaluation at every stage—from strategy to service delivery, from digital platforms to face-to-face care—Oxfordshire can ensure that its EWMH services are effective, responsive, and sustainable. Learning from national best practice and academic research, and maintaining a focus on co-production and equity, will be key to success.

Recommendation 1: *To ensure that clear mechanisms are in place to evaluate the deliverability of the Emotional Wellbeing and Mental Health Strategy (including the use of digital platforms/apps), as well as the efficacy of Children's EWMH services more broadly.*

Securing sustainable funding: The EWMH of children and young people is a cornerstone of public health and social policy. Oxfordshire's EWMH strategy sets out ambitious aims: early intervention, improved access, digital innovation, and workforce development. However, the delivery of these aims is fundamentally dependent on the availability of sustainable funding. The Committee's recommendation to continue exploring and securing sustainable sources of funding is not only prudent but essential for the long-term success and resilience of the strategy and any associated services for children and young people.

[4] Anna Freud Centre. (2016). Measuring and Monitoring Children and Young People's Mental Wellbeing: Toolkit for Schools.

According to a study and publication by the *Centre for Mental Health*, recent years have seen a marked increase in the prevalence and complexity of mental health needs among children and young people[5]. The reports submitted to the Committee for this item highlight rising referrals to CAMHS, increased safeguarding concerns, and a surge in presentations of anxiety, depression, and neurodevelopmental conditions. Nationally, the NHS Long Term Plan recognises children's mental health as a priority area, with demand outstripping supply in many regions[6]. Without sustainable funding, services risk being overwhelmed, leading to longer waiting times, reduced access, and poorer outcomes.

Short-term or fragmented funding can undermine strategic planning and innovation. The Oxfordshire EWMH strategy includes the development of digital platforms (such as Tellmi), whole-school approaches, and new models of care. These require multi-year investment, not just to launch but to evaluate, refine, and scale. Sustainable funding enables the system to invest in prevention, early help, and workforce development, rather than being forced into reactive crisis management.

Sustainable funding is vital to ensure that services reach all children, including those who are most vulnerable or marginalised. The reports submitted to the Committee emphasise the importance of targeted support for children with SEND, those from disadvantaged backgrounds, and those at risk of digital exclusion. National research shows that funding cuts disproportionately affect these groups, widening health inequalities[7].

The Committee understands that funding for children's mental health comes from multiple sources: NHS England, Department for Education, local authorities, and the voluntary sector. While this diversity can be a strength, it can often lead to fragmentation, short-term grants, and uncertainty about future provision. For example, digital platforms like Tellmi and training programmes for school staff have been funded through time-limited grants, raising questions about sustainability once initial contracts end.

Other areas have adopted innovative approaches to securing sustainable funding:

- *Greater Manchester's Thrive in Education Programme:* This multi-agency initiative is funded through a pooled budget from the NHS, local authorities, and schools, enabling long-term planning and shared accountability[8].

[5] CentreforMH_MappingTheMentalHealthOfUKYoungPeople.pdf
[6] https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/mental-health/
[7] Marmot Review, https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/oxfordshire-marmot-place
[8] https://www.gmhsc.org.uk/our-priorities/thrive-in-education/).

- *London's Healthy Schools Partnership:* London boroughs have used joint commissioning and social impact bonds to fund whole-school mental health programmes, with payments being linked to specific outcomes[9].

Furthermore, academic research consistently finds that sustainable funding is associated with better outcomes in children's mental health. A systematic review by McDaid et al. (2019, *BMC Psychiatry*) concluded that "stable, multi-year funding is a prerequisite for effective, integrated mental health services for children and young people"[10]. The Anna Freud Centre's work on whole-school approaches also highlights the need for ongoing investment to embed and sustain change[11].

Securing sustainable funding is not just about keeping services running; it is about enabling strategic transformation. Oxfordshire's EWMH strategy aims to shift from crisis response to prevention, from siloed services to integrated pathways, and from one-off interventions to sustained support. This requires investment in workforce, digital infrastructure, evaluation, and partnership working. Without sustainable funding, these ambitions cannot realistically and effectively be realised.

Investing in children's mental health also yields significant economic returns. The *Centre for Mental Health* estimates that every £1 invested in early intervention saves at least £8 in future costs to health, education, and social care[12]. Sustainable funding enables services to plan for efficiency, avoid duplication, and leverage additional resources (such as matched funding, social investment).

The recommendation to continue to explore and secure sustainable sources of funding for the EWMH strategy is both necessary and justified. Sustainable funding is the foundation for effective, equitable, and innovative mental health services for children and young people. By learning from national best practice, leveraging academic evidence, and building strong local partnerships, Oxfordshire's system partners can ensure that the EWMH strategy delivers lasting impact for all children.

Recommendation 2: *To continue to explore and secure sustainable sources of funding for the delivery of the aims and objectives of the EWMH strategy.*

Support for those awaiting diagnosis/treatment: The journey for families seeking diagnosis and treatment for children's EWMH needs is often fraught with uncertainty, anxiety, and long waiting times. In Oxfordshire, as in many parts of the UK, demand for neurodevelopmental and mental health assessments has surged, leading to significant delays. The Committee's recommendation to scale up "Supportive Steps" and

[9] https://www.healthyschoolslondon.org.uk/
[10] https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-019-2237-4
[11] https://www.annafreud.org/schools-and-colleges/resources/measuring-and-monitoring-children-and-young-peoples-mental-wellbeing-a-toolkit-for-schools/.
[12] https://www.centreformentalhealth.org.uk/publications/children-and-young-peoples-mental-health

similar programmes countywide, with a focus on proactive communication and interim support, is both timely and essential.

The reports submitted to the Committee highlight the increasing complexity and volume of referrals to CAMHS and neurodevelopmental pathways, particularly for autism and ADHD. Families often wait months, sometimes years, for assessment and treatment. As a result, during this period, children's needs may escalate, parental stress could intensify, and families can feel isolated and unsupported.

Nationally, the *NHS Digital Mental Health Survey* (2023) found that one in six children in England has a probable mental disorder, with many experiencing delays in accessing specialist care[13]. The *Marmot Review* and *Centre for Mental Health* have repeatedly emphasised that long waits without interim support can worsen outcomes and increase health inequalities[14].

Providing structured support while families await diagnosis and treatment is crucial for preventing escalation of needs. The Oxfordshire "Supportive Steps" programme, as described in the reports, offers workshops, peer support, solution-focused interventions, and signposting to resources. The Committee supports these initiatives as they can help families to manage challenges, build resilience, and access practical advice. In addition, academic research supports this approach. A systematic review by O'Connor et al. (2018, *Child and Adolescent Mental Health*) found that parent-focused interventions during waiting periods reduced parental stress, improved child outcomes, and increased engagement with services[15].

Interim support programmes can empower families to understand and manage their child's needs, even before a formal diagnosis. The "Supportive Steps" model includes psychoeducation, peer support, and practical strategies for behaviour, sleep, and emotional regulation. This can not only help families cope but also build capacity for self-management and advocacy. Nationally, the Anna Freud Centre's "Family Support" toolkit and the Early Help Partnership in Manchester have demonstrated that structured interim support leads to better outcomes and reduced reliance on crisis services[16]. Structured interim support is particularly important for families who may face additional barriers—such as those with SEND, from disadvantaged backgrounds, or with limited digital access. The "Supportive Steps" programme and similar initiatives can be tailored to reach these groups, ensuring that no family is left behind. Nationally, the "Waiting Well" programme in Kent and the "Autism

[13] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023

[14] https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/oxfordshire-marmot-place;

[15] https://onlinelibrary.wiley.com/doi/full/10.1111/camh.12289

[16] https://www.annafreud.org/parents-and-carers/;
https://www.manchester.gov.uk/info/500361/early_help.

in Schools" project in North East England have shown that targeted interim support (including mental health support) reduces inequalities and improves engagement[17].

Proactive communication is essential for maintaining trust and engagement. Families need regular updates on waiting times, next steps, and available support. The Committee wishes to see stronger emphasis on providing clear, structured and proactive communication—through phone calls, emails, digital platforms, and face-to-face contact. Academic evidence shows that proactive communication reduces anxiety, increases satisfaction, and improves outcomes (Baker et al., 2020, *British Medical Journal Open*)[18]. The "Supportive Steps" programme includes dedicated communications, signposting to resources, and opportunities for peer connection. Families awaiting diagnosis and treatment should be signposted to a range of interim support options—parenting programmes, peer support groups, digital resources, and community services. Nationally, the "Signposting Project" in Birmingham and the "SEND Local Offer" in London have demonstrated that effective signposting increases uptake of support and reduces isolation[19].

Therefore, scaling up "Supportive Steps" and similar programmes countywide ensures that all families, regardless of location or background, receive consistent, high-quality support. This requires investment in workforce, training, digital infrastructure, and partnership working. The Committee's recommendation to provide clear and structured support for families awaiting diagnosis and treatment, with a countywide scale-up of "Supportive Steps" and similar programmes, is strongly justified by local evidence, national best practice, and academic research. Structured interim support prevents escalation, empowers families, reduces inequalities, and improves outcomes. Proactive communication and signposting are essential for maintaining trust and engagement. Countywide scale-up ensures consistency, equity, and sustainability. By investing in these approaches, Oxfordshire can ensure that every family receives the support they need, when they need it—regardless of waiting times or diagnosis status.

Recommendation 3: *To provide clear and structured support for families awaiting diagnosis and treatment. It is recommended that there is a scaleup of "Supportive Steps" and similar programmes countywide, ensuring proactive communication and signposting to interim support.*

Clear communication and unified navigation hub: Children's emotional wellbeing and mental health (EWMH) services are increasingly complex, with a growing array of digital platforms, local resources, and professional pathways. In Oxfordshire, services such as

[17] https://www.kentcht.nhs.uk/service/waiting-well/; https://www.northeastautism.org.uk/autism-in-schools
[18] https://bmjopen.bmj.com/content/10/7/e037674
[19] https://www.birmingham.gov.uk/info/50224/send_local_offer/; https://www.london.gov.uk/programmes-strategies/health-and-wellbeing/mental-health/send-local-offer

Tellmi (a digital peer support app), SHaRON (a parent/carer peer support platform), and a wide range of local offers have expanded access and choice. However, families and professionals often struggle to navigate this landscape, leading to confusion, missed opportunities, and inequitable access. The Committee's recommendation to develop a unified navigation hub is a strategic response to these challenges, aiming to improve communication, transparency, and outcomes for children and families.

The reports submitted for this item highlight the proliferation of digital and community-based EWMH resources. While this diversity is a strength, it can also create challenges. Parents may be unaware of available support, professionals may struggle to signpost effectively, and young people may not know where to turn in a crisis. Nationally, the *Children's Commissioner's "Mental Health Services: A Guide for Parents"* (2022) found that families often experience "a maze of services, with little clarity on how to access help or what is available"[20]. Academic research echoes this, with Ford et al. (2021, *British Medical Journal Open*) noting that "navigation difficulties are a key barrier to timely and effective mental health support for children"[21].

A unified navigation hub can bring together disparate resources into a single, accessible platform. This can improve communication by providing clear, consistent information and guidance. It enhances transparency by making pathways visible and understandable, reducing the risk of families "falling through the cracks." This approach is supported by national best practice, such as the "MindEd" portal, which offers a unified gateway to mental health resources for families and practitioners[22].

The Oxfordshire SEND local offer, Early Help Strategy, and JSNA dashboard provide a wealth of information on local services. However, these resources are often siloed, with different entry points and inconsistent guidance. The unified navigation hub should aggregate these offers, presenting them in a user-friendly format with search and filter functions.

Nationally, the "Birmingham Local Offer", and "Healthy Schools London" are examples of unified platforms that bring together digital, community, and statutory resources, improving access and transparency[23].

Furthermore, parents need clear, jargon-free guidance on what services are available, how to access them, and what to expect. The navigation hub should include FAQs, step-by-step pathways, eligibility criteria, and contact details. It should be accessible in multiple formats (web, app, print) and languages, with options for those with additional needs.

[20] https://www.childrenscommissioner.gov.uk/report/mental-health-services-a-guide-for-parents/).
[21] https://bmjopen.bmj.com/content/11/3/e043273
[22] https://www.minded.org.uk/,
[23] https://www.localofferbirmingham.co.uk/ ; https://www.healthyschoolslondon.org.uk/

Additionally, professionals require up-to-date information on referral pathways, eligibility, and service capacity. The hub should include professional guidance, referral forms, training resources, and feedback mechanisms. Integration with digital platforms (e.g., Tellmi, SHaRON) would enable professionals to signpost confidently and track outcomes. Academic research by Reardon et al. (2017, *BMC Health Services Research*) found that "clear, accessible guidance for professionals is associated with increased referral accuracy and reduced waiting times"[24].

Recommendation 4: *To improve communication and transparency on Children's EWMH services. It is recommended that a unified navigation hub is developed which links Tellmi, SHaRON, and local resources and services, with clear guidance for parents and professionals.*

Embedding the Whole School Approach: Children's EWMH is a critical determinant of educational attainment, social development, and lifelong health. Schools are uniquely positioned to promote mental health because they are environments where children spend a significant portion of their lives. It is the Committee's understanding that the Whole School Approach (WSA) is an evidence-based framework that integrates mental health into every aspect of school life—from leadership and culture to curriculum and community engagement.

The reports submitted to the Committee for this item highlight increasing rates of anxiety, depression, and emotional distress among school-aged children, as evidenced by the OxWell survey and CAMHS data. Also, nationally, NHS Digital reports that one in six children in England has a probable mental disorder, with prevalence rising post-pandemic[25]. Schools are often the first point of contact for these children, making them critical in early identification and intervention.

The WSA is endorsed by the Department for Education (DfE) and Public Health England as a best-practice model. Research by the *Anna Freud Centre* and the *Education Endowment Foundation* shows that WSA improves resilience, reduces stigma, and enhances academic outcomes[26]. Additionally, a meta-analysis by Weare and Nind (2011) found that whole-school mental health programmes significantly reduce behavioural problems and improve emotional wellbeing[27].

The Committee understands that the WSA is not a one-off intervention but a cultural shift that involves:

- Leadership commitment to mental health.
- Staff training and wellbeing support.

[24] https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2546-2
[25] NHS Digital (2023). *Mental Health of Children and Young People in England*.

[26] https://www.annafreud.org/schools-and-colleges/whole-school-approach/
[27] https://academic.oup.com/heapro/article/26/suppl_1/i29/580631

- Integration of mental health into curriculum and policies.
- Engagement with parents and communities.
- Access to specialist support when needed.

Whilst the report submitted for this item shows that there is progress through the use of Mental Health Support Teams (MHSTs) and Well Schools initiatives, the geographical coverage of these initiatives remains uneven across the County.

The DfE offers grants for training senior mental health leads, yet uptake in Oxfordshire is only 55%, below the national average of 60%[28]. A trained lead provides strategic oversight, coordinates interventions, and acts as a liaison with external services. Without this role, WSA risks being fragmented and ineffective.

Furthermore, accountability drives improvement. Annual reporting ensures schools reflect on progress, share best practice, and identify gaps. It also provides data for local authorities to monitor trends and allocate resources effectively. Such reporting should ideally include:

- Staff training completed.
- Pupil wellbeing metrics (e.g., OxWell survey data).
- Interventions delivered and outcomes achieved.

Moreover, other regions throughout the country have also successfully been adopting the WSA.

- *Greater Manchester Thrive in Education*: Is a region-wide WSA programme with dedicated mental health leads in schools and robust evaluation. Outcomes include improved attendance and reduced exclusions[29]

- *London Healthy Schools Programme*: Embeds mental health into school improvement plans, with annual self-assessment and accreditation[30].

- *Wales' Whole School Approach Framework:* Mandates mental health integration across all schools, supported by government funding and monitoring[31].

These national examples demonstrate that the WSA is scalable and effective when supported by leadership, training, and accountability.

Recommendation 5: *To embed the Whole School Approach (WSA) across all Oxfordshire schools, and to strongly encourage all schools to have a trained senior*

[28] https://www.gov.uk/guidance/senior-mental-health-lead-training
[29] https://www.gmhsc.org.uk/our-priorities/thrive-in-education/).
[30] https://www.healthyschoolslondon.org.uk/
[31] https://gov.wales/whole-school-approach-mental-health-and-wellbeing

mental health lead and for schools to report annually on WSA implementation and impact.

Sexual Health Provision: Sexual health provision in schools is not only about preventing sexually transmitted infections (STIs) and unintended pregnancies; it is also a critical gateway to supporting young people's emotional wellbeing and mental health. Adolescents often experience anxiety, stress, and low self-esteem related to relationships, sexuality, and body image. These issues can significantly impact mental health if left unaddressed. Research by the World Health Organization (WHO) and Public Health England (PHE) confirms that comprehensive sexual health services reduce psychological distress by promoting confidence, autonomy, and informed decision-making[32].

Schools provide a trusted environment where young people can seek confidential advice. The Committee appreciates that Oxfordshire's school nursing teams already integrate emotional wellbeing checks into sexual health consultations, offering brief interventions or referrals to CAMHS and counselling services when needed. This dual approach can ensure that sexual health provision becomes a point of early mental health intervention. Rural communities face unique barriers including:

- Limited access to clinics and mental health services.
- Transport difficulties for young people seeking confidential care.

School-based provision mitigates these barriers by embedding services where young people already are. However, without advanced training and investment, nurses may lack the skills to address complex emotional issues alongside sexual health needs[33]. Advanced training equips nurses not only to prescribe contraception but also to:

- Deliver trauma-informed care.
- Recognise signs of anxiety, depression, or coercive relationships.
- Provide brief mental health interventions and signposting.

The Faculty of Sexual and Reproductive Healthcare (FSRH) emphasises that sexual health practitioners must be trained in safeguarding and mental health awareness to provide holistic care[34].

Furthermore, in terms of monitoring the efficacy of sexual health services and their impact on children's EWMH, this should go beyond counting contraception consultations. It should include: uptake of emotional wellbeing support during sexual health visits, referrals to mental health services from sexual health consultations, and feedback from young people on whether they felt supported holistically. In essence, data-driven

[32] WHO, 2021: https://www.who.int/news-room/fact-sheets/detail/adolescent-health; PHE, 2015: https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

[33] Oxfordshire JSNA: https://data.oxfordshire.gov.uk/jsna/children-and-young-people/.

[34] https://www.brook.org.uk/

evaluation can help to ensure that sexual health provision contributes meaningfully to mental health outcomes.

Other regions around the country have also sought to integrate school nursing and sexual health provision with mental health and emotional wellbeing support for children:

- *Cornwall*: In Cornwall, local system partners integrated sexual health and mental health support in school clinics, with nurses being trained in motivational interviewing and anxiety screening[35].

- *Cumbria:* In Cumbria, a "Hub and spoke" model was utilised which linked rural schools to specialist nurses and mental health practitioners via telehealth[36].

- *London Boroughs:* Across London Boroughs, the Whole School Approach programmes embedded sexual health within mental health strategies, ensuring joined-up care[37].

Therefore, the recommendation to maintain and enhance sexual health provision in schools, particularly in rural areas, through advanced nurse training and monitoring uptake is vital. By embedding mental health support within sexual health services, Oxfordshire's system partners can deliver holistic, accessible care that addresses both physical and emotional wellbeing. This approach reduces inequalities, safeguards young people, and promotes lifelong health.

Recommendation 6: *To maintain and enhance sexual health provision in schools, particularly in rural areas, through continued investment in advanced training for nurses and monitoring service uptake.*

Integrating Family Hubs with the Whole System Approach: Children's emotional wellbeing and mental health (EWMH) is shaped by a complex interplay of family, school, and community factors. Fragmented services can often lead to gaps in support, delayed interventions, and increased stress for families navigating multiple systems. Currently, families often encounter siloed services—health, education, social care—each with separate referral pathways and eligibility criteria. The reports submitted for this item highlight that while Family Hubs aim to provide "one-stop" early help, mental health services for children remain dispersed across CAMHS, schools, and voluntary organisations. Therefore, further integration of separate services would help to ensure that emotional wellbeing is not treated as an isolated issue but is embedded within family support structures.

Family Hubs are designed to deliver universal and targeted support for families, including parenting programmes, health advice, and SEND

[35] Cornwall Council, 2022: https://www.cornwall.gov.uk/.
[36] Cumbria Partnership NHS, 2021.
[37] Healthy Schools London: https://www.healthyschoolslondon.org.uk/.

support. By linking these hubs with the Whole System Approach (WSA) for mental health, professionals can identify emotional needs early and provide timely interventions. Research by Public Health England confirms that integrated early help reduces escalation to specialist services and improves long-term outcomes[38].

The WSA emphasises collaboration across education, health, and community sectors to create environments that promote resilience and mental wellbeing. Oxfordshire's strategy already includes Mental Health Support Teams in schools, digital tools like Tellmi, and workforce training. Integrating these elements into Family Hubs could:

- Provide families with a single access point for emotional wellbeing and practical support.
- Enable professionals to share information and coordinate care.
- Reduce duplication and improve efficiency.

Furthermore, there are some key benefits of Family Hubs with the WSA. Firstly, this can help improve accessibility and equity. Family Hubs are locally based and designed to be inclusive, reducing barriers for disadvantaged or rural families. Integration can ensure that mental health support is available alongside other services, avoiding the stigma often associated with standalone mental health clinics. Secondly, such integration can help create holistic support.

Mental health challenges rarely occur in isolation; they are often linked to housing insecurity, financial stress, or parenting difficulties. Integrated hubs can allow professionals to address these interconnected issues through a "Think Family" approach, improving outcomes for children and parents alike. Thirdly, increased integration can contribute to workforce development. Bringing together staff from health, education, and social care within Family Hubs fosters shared learning and consistent practice. Indeed, the reports submitted for this item also highlight the success of multi-agency training in improving confidence and competence in supporting emotional wellbeing.

On a national scale, there are examples of good practice where Family Hubs have been integrated into a WSA to mental health:

- *Greater Manchester Family Hubs Model:* Combines early years support, parenting programmes, and mental health practitioners under one roof, with strong links to schools and CAMHS. Evaluation shows improved engagement and reduced waiting times for mental health support[39].

[38] PHE, 2015: https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing
[39] https://greatermanchester-ca.gov.uk/news/family-hubs-to-support-children-and-families-across-greater-manchester/

- *North Yorkshire:* Integrated hubs provide parenting advice, SEND support, and emotional wellbeing services, supported by digital tools and community partnerships[40].

- *London Borough of Tower Hamlets:* Family Hubs act as gateways to mental health services, with co-located practitioners and shared referral systems, reducing duplication and improving family experience[41].

In essence, the recommendation to integrate Family Hubs with the WSA to Children's EWMH is strongly justified. It addresses fragmentation, enhances accessibility, and delivers holistic, family-centred care. By learning from national best practice and embedding evidence-based principles, Oxfordshire can create a sustainable model that supports children and families effectively.

Recommendation 7: *To work toward integration of Family Hubs with the Whole System Approach to Children's Emotional Wellbeing and Mental Health. It is also recommended that consideration is given to the need for integrating the children's voice together in any future independent patient voice arrangements for Oxfordshire.*

Legal Implications

21. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback n consultations.

22. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

23. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

[40] https://www.northyorks.gov.uk/children-and-families/family-hubs
[41] https://www.towerhamlets.gov.uk/lgnl/education_and_learning/early_years__childcare/family_hubs.aspx

24. The recommendations outlined in this report were agreed by the following members of the Committee:

Councillor Jane Hanna OBE – (Chair)
District Councillor Dorothy Walker (Deputy Chair)
Councillor Ron Batstone
Councillor Judith Edwards
Councillor Gareth Epps
Councillor Emma Garnett
District Councillor Katharine Keats-Rohan
District Councillor Elizabeth Poskitt
City Councillor Louise Upton
Barbara Shaw
Sylvia Buckingham

Annex 1 – Scrutiny Response Pro Forma

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January 2026

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REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC):

Oxfordshire Neighbourhood Health Plan

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:
- Dr Michelle Brennan, Chair Oxfordshire GP Leadership Group.
- Matthew Tait (Chief Delivery Officer, BOB ICB)
- Dan Leveson (BOB ICB Director of Places and Communities)
- Ansaf Azhar (Director of Public Health); Lisa Lyons (Director of Children's Services)

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report on the ongoing development of a Neighbourhood Health Plan for Oxfordshire during its public meeting on 20 November 2025.

2. The Committee would like to thank Dr Michelle Brennan (Chair Oxfordshire GP Leadership Group); Victoria Baran (Deputy Director for Adult Social Care, Oxfordshire County Council); Ansaf Azhar (Director of Public Health, Oxfordshire County Council); Ian Bottomley (Deputy Director, Joint Commissioning); Sue Butt, Transformation Director, Oxford Health NHS Foundation Trust [OUH]); Kate Holburn (Deputy Director Public Health); Lily O'Connor (Oxfordshire Urgent Emergency Care Programme Director, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board [BOB ICB]) and Chris Wright (Associate Director of Place for Oxfordshire, BOB ICB) for attending the meeting and answering questions from the Committee.

3. The development of a Neighbourhood Health Plan for Oxfordshire is of significant importance and interest for the Committee, particularly given that national directives now require local system partners to collectively develop Neighbourhood Health Plans. This plan would also be in line with the government's NHS 10 Year Health Plan.

4. Upon commissioning the reports for this item, some of the insights the Committee sought to receive were as follows:

    - How the Neighbourhood Health Plan is being developed.
    - The national and local timescales surrounding the development of the plan.
    - The degree to which there is sufficient system partner collaboration to develop the plan.
    - The degree to which co-production is at the heart of the plan's design.

- Whether the plan will result in significant changes to how health and care is currently delivered at the neighbourhood level in Oxfordshire.

- The definition of 'neighbourhood', and how the plan will be geographically spread and consistent in its scope and delivery.

- The degree to which there is sufficient resourcing in place to deliver a Neighbourhood Health Plan.

SUMMARY

5. During the 20 November 2025 meeting, the Committee received an update on the development of Oxfordshire's Neighbourhood Health Plan; and were informed that the deadline for submitting the final version of the plan had been extended by government beyond December 2025, allowing more time for partners to refine the plan. The Committee emphasised that this extension would help avoid a rushed process and enable a more robust outcome, and that this item provided an opportunity for scrutiny of and recommendations for the plan in a timely fashion.

6. The value of community projects and lessons from co-production and voluntary sector involvement were discussed, with the Wantage Community Hospital project cited as an example of transformation from a hospital-based to a community-focused initiative. The importance of engaging the voluntary sector and leveraging local assets was highlighted, alongside the need to map community activity and integrate voluntary sector knowledge. Co-production and voluntary sector engagement were deemed essential for effective prevention and holistic neighbourhood planning.

7. The governance structure for the Neighbourhood Health Plan was examined, particularly regarding the involvement of voluntary, community, faith, and social enterprise sectors. A dedicated stakeholder event had been held to discuss engagement methods, with approaches tailored to suit different organisations' capacities. Ongoing collaboration with infrastructure organisations, regular meetings with the voluntary sector, and offers for representation on key boards were noted, aiming for both information sharing and genuine influence over decision-making.

8. The role of the Health and Wellbeing Board in the Neighbourhood Health Plan, mechanisms for public accountability, and governance sign-off were discussed. The Board would have overall accountability and leadership for the plan, with regular updates provided to the JHOSC. The plan would be developed with input from a wide range of stakeholders, including lived experience representatives and district councillors, and would be socialised with all relevant organisations for sign-off. The Board's membership might be reviewed to ensure broad stakeholder involvement.

9. Parish council involvement in the development of the Neighbourhood Health Plan was raised. Parish councils had not yet been engaged but would be included as the process moved to the individual neighbourhood level, recognising their valuable local insight. Collaboration would likely be coordinated with guidance from County

and District Councils, and it was suggested that the Oxfordshire Association of Local Councils be used as a key communication channel.

10. The criteria for determining what constituted a 'neighbourhood' within the plan, and ensuring coherence across Oxfordshire, especially with possible future changes to local government boundaries, were clarified. Four planning units: North, City, South, and West, had been established to facilitate local stakeholder engagement, not to set fixed boundaries. Neighbourhoods would likely range from 30,000 to 50,000 people, with further and continuous evaluation to ensure boundaries reflected natural community movements and local service use.

KEY POINTS OF OBSERVATION:

11. This section highlights five key observations and points that the Committee has in relation to the development of a Neighbourhood Health Plan for Oxfordshire. These five key points of observation have been used to determine the recommendations being made by the Committee which are outlined below:

Clear governance arrangements: The Committee is recommending that clear governance arrangements should be developed for the Oxfordshire Neighbourhood Health Plan (ONHP), with defined roles for the Health and Wellbeing Board (HWB), the Place-Based Partnership (PBP), and the Primary and Community Care Board (PCCB), alongside openness, transparency and regular reporting to the JHOSC. This recommendation is strongly justified by: Oxfordshire's own governance trajectory and timetable; national policy and planning requirements; comparative learning from other local systems, and that the evidence says about integration at neighbourhood level.

The report submitted to the committee indicates that the objective is to set out a multi-layered model in which the HWB oversees and approves the Neighbourhood Health and Care Plan ahead of April 2026, with 2026/27 as a transition year and, a more comprehensive five-year plan from April 2027. The PBP would lead the plan's delivery via the Primary and Community Care Board (PCCB) (an established vehicle bringing partners together), and governance is to be broad, inclusive and reviewed regularly as the programme develops.

Given this context—multiple boards, evolving neighbourhood geographies, and a firm approval deadline—the case for explicit governance is not theoretical. It is a practical necessity to avoid duplication, gaps in accountability, and fragmentation across programmes and partners. The PCCB's formation and cross-sector membership (which includes district councils, social care, public health, NHS providers, pharmacy/optometry/dentistry) further underlines the scale and pluralism of delivery partners, and the need to codify who does what, where, and when.

A consistent message from some of the literature and guidance is that role clarity is a precondition for good system partner collaboration. The King's Fund analysis of the 10-Year Health Plan argues that delivering the government's "three shifts"—from hospital to community, from analogue to digital, and from sickness to prevention—requires clarity of purpose and function across system partners[1]. Additionally, NHS England's Strategic Commissioning Framework sets explicit expectations of ICBs as strategic commissioners and describes an updated commissioning cycle with responsibilities across system, place and neighbourhood levels—again, predicated on clear roles and transparent decision-making[2].

The Neighbourhood Health Guidelines 2025/26 explicitly call for integrated, locally tailored delivery with common components and transparent frameworks to track progress—an approach that benefits from regular public reporting[3]. NHS England's Medium Term Planning Framework (2026/27–2028/29) emphasises multi-year trajectories and measurable improvement, again implying cyclical reporting into formal fora[4].

The government's 10 Year Health Plan sets the direction of reform and the "three shifts", with a focus on community-based, preventative, and digitally enabled care[5]. NHS England has subsequently published the Strategic Commissioning Framework and the Medium-Term Planning Framework (both mentioned above); each of which reinforces the need for coherent governance that can join strategy (Health and Wellbeing Board), place delivery (Place-Based Partnership) and neighbourhood operationalisation (Primary and Community Care Board). For clinical and pathway development, NHS England has added targeted resources—e.g., guidance on neighbourhood Multi-disciplinary Teams (MDTs) for children and young people and the standardisation of community health services—which require local structures that can translate guidance into delivery and report progress[6].

Furthermore, one key national case is from Greater Manchester (GM); which provides a long-running example of clear, published governance backing neighbourhood models. The *GM Integrated Care Governance Handbook* sets out constitutions, schemes of delegation and terms of reference for committees and locality boards, clarifying decision-rights across system–place structures—precisely the sort of codification Oxfordshire potentially needs[7]. At neighbourhood level, Manchester Local Care Organisation (MLCO) publicly describes integrated neighbourhood teams and evolving neighbourhood leadership

[1] The King's Fund explainer
[2] NHSE Strategic Commissioning Framework
[3] NHSE Neighbourhood health guidelines 2025/26
[4] NHSE Medium Term Planning Framework
[5] DHSC policy paper
[6] NHSE MDTs for CYP; NHSE Standardising community health services
[7] NHS GM Governance Handbook (PDF)

arrangements—transparency that helps staff and residents understand how responsibilities are distributed[8].

Another example is from West Yorkshire, where the ICB operates a highly-devolved, place-based governance model, with ICB Place Committees and public documentation on roles, budgets and accountability—illustrating how transparent, delegated governance can support scale while remaining close to place and neighbourhood priorities[9].

Moreover, a 2025 systematic review on integrated neighbourhood models identified seven core domains—including integrator roles, partnership principles and core workforce—and cautions that inconsistent evaluation frameworks and funding ambiguities undermine scalability[10]. In addition, the Nuffield Trust examined/reviewed a decade of lessons for Integrated Neighbourhood Teams (INTs), starting with "be clear about definitions" and the importance of governance clarity across organisations that may each have different views of "place" and "neighbourhood"[11]. Their written evidence to Parliament likewise warns that ICS reforms can falter if responsibilities are diffuse, measures of success are unfocused, or multiple partnership structures are allowed to pile complexity without clear decision-rights and accountability[12].

Recommendation 1: *For clear governance arrangements to be developed for the Oxfordshire Neighbourhood Health Plan, including defined roles for the Health and Wellbeing Board, Place-Based Partnership, and Primary and Community Care Board. It is recommended that there is openness and transparency, as well as regular reporting to the JHOSC on the plan's development and delivery milestones.*

Alignment with strategic initiatives and avoiding duplication: Neighbourhood health planning does not exist in a vacuum. The report submitted to the Committee for this item makes clear that Oxfordshire's health and care system is already shaped by multiple long-standing programmes, each with its own governance, funding, and performance structures. The report also notes that the county is already delivering components of neighbourhood-based care—Integrated Neighbourhood Teams (INTs), multidisciplinary working, population health management, community-based initiatives—through established structures and strategies. The Committee understands that these operate within the broader context of the Oxfordshire Health and Wellbeing Strategy and the Oxfordshire Way, both of which emphasise prevention, tackling inequalities, and a whole-system approach to wellbeing. Nonetheless, without clear alignment, neighbourhood health planning could risk

[8] MLCO – INTs; Neighbourhood lead structure
[9] NHS West Yorkshire ICB; Leeds ICB committee ToR (PDF); WY devolution & productivity briefing (PDF)
[10] BMC Public Health – Integrated Neighbourhood Model
[11] Nuffield Trust – INTs: lessons from a decade
[12] Nuffield Trust evidence to Parliament (PDF)

creating overlapping responsibilities, duplicative projects, and resource inefficiency.

Without strategic alignment, a new Neighbourhood Health Plan risks:

- Re-establishing or rebadging existing programmes under a different banner.
- Creating multiple workstreams targeting the same population groups.
- Confusing partners and the public about who is responsible for what.
- Diluting the workforce by spreading clinical and managerial capacity across too many boards or initiatives.

Though there is clearly a range of existing effective health and care programmes within Oxfordshire, there is a need to coordinate and scale them rather than duplicate them.

The use of the Better Care Fund (BCF) is not optional. NHS England has stated clearly that the BCF must be aligned to neighbourhood-based models of care and community prevention[13]. This means Oxfordshire's Neighbourhood Health Plan must directly integrate with the BCF's priorities on:

- integrated discharge
- intermediate care
- support for high-need, high-risk populations
- hospital avoidance
- joint commissioning

Failure to align with these BCF priorities could jeopardise the county's ability to meet national expectations and risk future funding or performance management challenges.

Furthermore, the *Health and Wellbeing Strategy* and the *Oxfordshire Way* set out county-wide ambitions: healthier communities, earlier prevention, narrowing inequalities, and partnership between public sector, voluntary sector, and residents. These are broad, population-wide frameworks. The Neighbourhood Health Plan, by contrast, should ideally provide more local, operational detail. If the Neighbourhood Plan does not map onto these higher-level strategies, several problems could follow including:

- *Two-tier priority setting*: with neighbourhoods developing priorities that differ from county-wide objectives.
- *Unequal investment*: across geographies because planning cycles are not aligned.
- *Mixed messages:* to the voluntary sector, which already works across multiple geographic footprints.

[13] see **Revised BCF Guidance 2026/27**, awaiting publication, referenced in the Neighbourhood Health and Care JHOSC report

Moreover, NHS England's *Medium-Term Planning Framework 2026–29* stresses that local systems must streamline planning, reduce duplication, and operationalise the 10-Year Health Plan through place-level coordination[14]. Academic literature further supports the need for alignment. A 2025 systematic review of integrated neighbourhood models published in *BMC Public Health* found that common failures in neighbourhood-based care included "fragmented governance," "inconsistent evaluation models," and "multiple overlapping programmes competing for the same population groups," all of which reduce impact and sustainability. The study recommends that neighbourhood models be "explicitly tied to wider strategic structures" to create a unified system architecture[15]. The Nuffield Trust similarly observes that integrated neighbourhood teams are effective only when their work is woven into wider ambitions set at place and system level, cautioning that unaligned planning leads to "confused accountability, duplicated effort, and delivery paralysis"[16].

On a national scale, there are cases which demonstrate the effectiveness of efforts to ensure alignment between neighbourhood planning and wider strategic initiatives:

Tower Hamlets: The *Tower Hamlets Together* partnership demonstrates what effective integration looks like—neighbourhood teams operate within a borough-wide vision that aligns with the Health & Wellbeing Board strategy, reducing fragmentation and allowing the borough to deliver award-winning community prevention programmes[17].

Salford: The *Salford Together* integrated care programme evaluation found that alignment between neighbourhood teams, the locality plan, and Greater Manchester-wide priorities was a major contributor to improved outcomes. Conversely, early phases of the programme struggled where pilot projects overlapped or lacked strategic alignment[18].

Sunderland: Sunderland's *All Together Better Alliance* demonstrates how outcome-based commissioning aligned across system layers reduces fragmentation. Neighbourhood interventions feed directly into place-wide outcomes frameworks, ensuring clarity and avoiding duplication[19].

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[14] https://www.england.nhs.uk/publication/medium-term-planning-framework-delivering-change-together-2026-27-to-2028-29/

[15] https://link.springer.com/article/10.1186/s12889-025-22582-x

[16] https://www.nuffieldtrust.org.uk/news-item/integrated-neighbourhood-teams-lessons-from-a-decade-of-integration

[17] https://democracy.towerhamlets.gov.uk/documents/s263201/HASSC%20paper%20on%20Neighbourhoods%2011%20Nov%202025.pdf

[18] http://www.salfordtogether.com/wp-content/uploads/2020/09/Salford-Together-Evaluation-Report-July-2020.pdf

[19] https://outcomesbasedhealthcare.com/wp-content/uploads/2022/07/ATB-Sunderland-OBH-PHM-Outcomes-Case-Study-Full-Report-FINAL-290622.pdf

In essence, if Oxfordshire's Neighbourhood Health Plan is *not* aligned with the Better Care Fund, the Health and Wellbeing Strategy, and the Oxfordshire Way, the result could be inefficiency, duplication, contradictory priorities, and reduced impact for residents. With alignment, however, the county can create a coherent, powerful, and united vision for neighbourhood health that builds on existing strengths, reduces inequalities, and delivers better outcomes. Alignment, therefore, is not an administrative formality. It is the backbone of effective, equitable, and sustainable neighbourhood-based care.

Recommendation 2: *To ensure that the Neighbourhood Health Plan aligns with other strategic initiatives (such as the Better Care Fund and the Health & Wellbeing Strategy, and the Oxfordshire Way), and to avoid duplication and fragmentation.*

Investment in digital infrastructure: Nationally, neighbourhood health is no longer a peripheral concept but a core delivery vehicle for the NHS's shift to proactive, preventative, community-based care. NHS England's Neighbourhood Health Guidelines 2025/26 make Population Health Management the first foundational component, and require systems to develop linked, person-level datasets that join primary care, community, mental health, hospital, and local authority social care data, underpinned by interoperable systems and usable tools at neighbourhood level[20]. The guidelines also point to the *Reasonable Adjustment digital flag* (an information standard now with a full compliance deadline) as a concrete example of the data plumbing needed to identify and respond to the needs of people who are often under-represented in routine datasets[21]. NHS England's companion guidance on building an ICS intelligence function sets out what Oxfordshire must actually build: a system-wide intelligence function that integrates analytics, information governance and digital teams to provide near real-time, place and neighbourhood insights for commissioning and frontline multi-disciplinary teams[22].

There are clear indications around the country of how digital infrastructure and interoperability is being enhanced and put into effect. Greater Manchester (GM) again offers a notable model. Its *GM Care Record* federates data for 2.8 million citizens across 10 localities and is now being extended with a Secure Data Environment (SDE) to support PHM and research, under clear public communications and Section 251 approvals[23]. The GM approach shows how shared care records, when combined with robust governance and a transparent engagement campaign, can support both direct care and de-identified PHM/analytics without eroding public trust.

Another example is from London, where there is a complementary path through OneLondon and the London Care Record, under a Data Sharing Framework adopted across five ICSs, now aligned to a London Secure

[20] Reasonable Adjustment Digital Flag—NHS England Digital; Action checklist, updated Jan 2026
[21] Reasonable Adjustment Digital Flag—NHS England Digital; Action checklist, updated Jan 2026.
[22] NHSE ICS intelligence function guidance
[23] GM Care Record case study; GM Data Sharing & SDE toolkit; HRA summary of GM SDE pilot

Data Environment. This codifies controller responsibilities, access controls, and interoperability expectations to support neighbourhood information flows, while creating a platform for population-level insight[24].

In addition, Sunderland's 'All Together Better' programme provides a neighbourhood-level exemplar of PHM plus outcomes measurement. Their alliance adopted a whole-system outcomes framework, used linked longitudinal datasets to segment populations, and embedded evaluation cycles to drive improvement[25].

At policy level nationally, the case for investing in data infrastructure and usability is unambiguous. The NHSE ICS intelligence guidance argues that systems must "unlock integrated data and population analytics" to understand inequalities and target resources; it also stresses data-literate leadership and multidisciplinary intelligence teams[26]. The Neighbourhood Health Guidelines 2025/26 reiterate the need for longitudinal linked datasets and compatibility between GP, and community and social care systems[27].

Academic studies also reinforce the need for strengthening digital datasets, interoperability, and usability for PHM purposes. The *Goldacre Review* sets a blueprint for Better, Broader, Safer use of NHS data through Trusted Research Environments, open methods and improved analyst careers—precisely the scaffolding local systems need if PHM is to be safe, accepted and sustainable[28]. The *British Journal of General Practice* editorial on "Data saves lives" cautions that success requires bottom-up professional endorsement and usability at the coalface—frontline teams must see and feel the benefits[29]. Meanwhile a 2025 *BMC Public Health* systematic review on integrated neighbourhood models identifies digital exclusion and inconsistent evaluation frameworks as recurrent barriers[30].

The case for investment is therefore twofold. First, in terms of infrastructure and interoperability: Oxfordshire needs a shared, linked data layer across NHS providers and the County Council (including adult social care), with consistent Information Governance (IG) routes so that neighbourhood teams can see the same, current picture of demand, risk and capacity. National guidance on ICS intelligence functions provides a practical blueprint and a toolkit for standing this up quickly, with case studies to emulate[31]. Second, in terms of usability: neighbourhood staff—GPs, community nurses, social workers, and voluntary sector partners—need simple PHM tools that surface risk, impacts and next best actions

[24] OneLondon Data Sharing Framework; HRA—OneLondon SDE; NHSE London: information sharing for INTs
[25] ATB Sunderland PHM/outcomes case study – full report
[26] NHSE guidance
[27] NHSE neighbourhood guidelines
[28] Goldacre Review—DHSC
[29] BJGP editorial
[30] BMC Public Health systematic review
[31] NHSE ICS intelligence function; Strategy Unit toolkit

without undue complexities or barriers. The Health Economics Unit materials on risk stratification and impactibility provide off-the-shelf methods and training resources to promote consistent practice across neighbourhoods[32]

The reporting requirement recommended by the JHOSC is about prudent governance. Regular, structured updates from system partners to the JHOSC and the HWB—on data linkage coverage, IG assurance, PHM use cases, and Multi-Disciplinary Team adoption—will sustain momentum, surface barriers (such as supplier onboarding, information standards conformance), and protect public confidence. This also echoes the Oxfordshire HWB's emphasis on dashboarding of inequalities, research collaboration with universities, and building a community of practice around health equity and data use.

Recommendation 3: *To prioritise investment in digital infrastructure, interoperability, and usability to enable data sharing and Population Health Management at neighbourhood level. It is recommended that system partners report on progress in implementing Population Health Management tools and Health Evaluation Units.*

Meaningful co-production and input: The Committee believes that Neighbourhood Health planning must be built on meaningful community involvement. The plan should also embed local patient voice and voluntary sector input at its core, and opportunities should exist for Parish/Town Councils and local members to provide essential insight into community needs. Local councillors at parish-level in Oxfordshire already function as key connectors between statutory bodies and communities. Local members often do and can act as frontline representatives in their communities. Despite not yet being fully engaged, parish councillors hold "valuable local insight", which can prove pivotal for neighbourhood-level decision making[33].

The Oxfordshire Voluntary and Community Sector Strategy (2022–27) adds that Oxfordshire's 40% rural population depends heavily on voluntary groups, faith organisations, and community networks to access support and maintain wellbeing. Such groups regularly serve populations that statutory organisations struggle to reach—including older people, isolated rural residents, carers, and seldom-heard groups. It is these communities, rather than professionals, who experience the day-to-day impact of access barriers, digital exclusion, transport challenges, and service fragmentation[34].

Furthermore, voluntary sector capacity and community insights already underpin some of Oxfordshire's successful initiatives like Community Insight Profiles and the Well Together Programme. These illustrate that co-produced, community-driven interventions generate better data,

[32] HEU risk strat guide).
[33] [knowledge....hire.ac.uk], [carnallfarrar.com]
[34] OCC Voluntary and Community Sector Strategy 2022 -2027

stronger engagement, and more effective solutions than top-down planning alone[35].

As highlighted above in this report, the shift toward neighbourhood health is embedded in national policy. NHS England's *Neighbourhood Health Guidelines 2025/26* emphasise the need for *"integrated working"* at community level and call for localities to create neighbourhood systems in which *patients have increased agency over their care* and participate in shaping local service models[36].

This is reinforced by the growing emphasis on co-production in the NHS. Literature reviews commissioned by NHS England identify six core principles of co-production and conclude that co-production leads to:

- *Improved patient experience.*
- *Better clinical outcomes.*
- *More efficient services and reduced duplication*[37].

This national evidence aligns with the JHOSC's stance that co-production is not a discretionary add-on; but is a foundation of effective neighbourhood care.

Moreover, academic research strongly supports the impetus for co-production in this context. The University College London *Value of Co-Production* project (2022) found that co-produced services deliver outcomes that "actually matter to people" and promote empowerment, resource-efficient service models, and improved trust[38]. Similarly, the *Sheffield Co-production Research Review* shows that community partnership leads to better service design and more inclusive approaches to health inequalities[39].

More specific to neighbourhood health, the University of Manchester's 2025 *Rapid Evidence Synthesis* identifies community engagement as a key enabler of integrated neighbourhood team functioning—while the lack of community voices contributes to fragmentation. Additionally, a 2025 systematic review in *BMC Public Health* established that effective Integrated Neighbourhood models rely on community partnership, voluntary sector collaboration, and distributed local leadership.

[35] [england.nhs.uk]
[36] NHSE neighbourhood guidelines
[37] see: NHS England, *How co-production is used to improve care*
[38] https://www.coproductioncollective.co.uk
[39] Co-production report - Full Report.pdf

The academic study *Exploring lessons from Covid-19 for the role of the voluntary sector in ICSs* (Carpenter et al., 2022) focuses on Oxfordshire and shows that:

- VCS organisations were critical in bridging gaps between communities and statutory services.
- Hyper-local engagement was essential for reaching vulnerable groups.
- Parish Councils, especially in rural areas, acted as vital conveners connecting NHS services and community response.

This research provides powerful evidence that the voluntary sector must be a structural partner—not a peripheral participant—in Oxfordshire's neighbourhood plan.

Furthermore, Parish and Town Councils represent 92% of England's communities and act as the most local tier of democratic governance. Their statutory role in planning, community development, and neighbourhood planning is well established[40]. These councils often:

- Possess granular insight into local community needs.
- Have established communication channels with residents.
- Are trusted conveners in times of crisis.
- Manage or host community infrastructure essential for health activity (community centres, halls, volunteer transport).

Examples from research in integrated care systems shows that Parish Councils are particularly significant in rural health planning, helping address social determinants of health, coordination of transport, and digital inclusion[41]. There are three key examples of how this has played out in other regions around the country:

- *Kent & Medway:* Parish Councils have been integrated into health and wellbeing partnership boards to improve neighbourhood planning.

- *Cornwall:* Parish-led engagement has shaped local health hubs and influenced urgent care pathway redesign.

- *Leeds:* Councillors are central to the Leeds Neighbourhood Model, enabling community-led health priorities[42].

These examples show that embedding local councils improves legitimacy, accountability, and relevance of neighbourhood health interventions.

[40] National Association of Local Councils guidance, 2025
[41] [nalc.gov.uk]
[42] See LGA Healthy Places guidance: https://www.local.gov.uk

Recommendation 4: *To ensure that the local patient voice and local voluntary sector input is at the heart of the development and delivery of the neighbourhood health plan for Oxfordshire. It is recommended that the role of the local member and Parish/Town Councils is also integral to this.*

Legal Implications

12. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
    - Power to scrutinise health bodies and authorities in the local area
    - Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
    - Duty of NHS to consult scrutiny on major service changes and provide feedback n consultations.

13. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

14. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

15. The recommendations outlined in this report were agreed by the following members of the Committee:

    Councillor Jane Hanna OBE – (Chair)
    District Councillor Dorothy Walker (Deputy Chair)
    Councillor Ron Batstone
    Councillor Judith Edwards
    Councillor Gareth Epps
    Councillor Emma Garnett
    District Councillor Katharine Keats-Rohan
    District Councillor Elizabeth Poskitt
    City Councillor Louise Upton
    Barbara Shaw
    Sylvia Buckingham

Annex 1 – Scrutiny Response Pro Forma

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January 2026

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Department of Health & Social Care

From Dr Zubir Ahmed MP
Parliamentary Under-Secretary of State
for Health Innovation and Safety

39 Victoria Street
London
SW1H 0EU

Your Ref: GG/AN154307

PO-1647114

The Rt Hon Anneliese Dodds MP
By email to: anneliese.dodds.mp@parliament.uk

13 November 2025

Dear Anneliese,

Thank you for your correspondence of 9 October to the Secretary of State on behalf of Councillor Jane Hanna, Chair of the Oxfordshire Joint Health Overview Scrutiny Committee about the closure of Healthwatch. I apologise for the delay in replying.

I appreciate Councillor Hanna's concerns.

Dr Penny Dash conducted a review of patient safety across health and care from October 2024 to February 2025. The review focused on six national organisations overseen by the Department: the Care Quality Commission, the National Guardian's Office, Healthwatch England (and the local Healthwatch network), the Patient Safety Commissioner, the Health Services Safety Investigations Body and the patient-safety learning-related functions of NHS Resolution. The report was published in July.

Dr Dash found that there has been a significant shift in focus towards patient safety compared with other areas of healthcare quality over the last five to ten years, with considerable resources deployed but relatively small improvements seen. In addition, there has been limited strategic thinking and planning to improve the quality of care.

The review also found that there are many organisations carrying out reviews and investigations, or looking at user experience, leading to an overwhelming number of recommendations, and that this can cause confusion for patients and users. At the same time, user or patient experience is not given the attention that it deserves in the NHS, with few boards having an executive director for this area.

Dr Dash made nine recommendations, which the Government has accepted in full. Recommendation 5 focused on Healthwatch England and the local Healthwatch network. Her findings and recommendations have fed into *Fit for the Future: The 10 Year Health Plan for England*, which was also published in July.

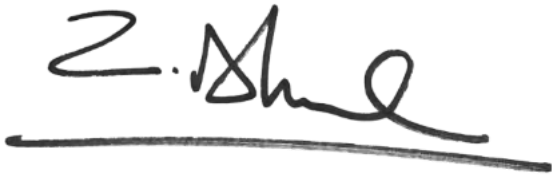
Although we recognise the hard work and success of Healthwatch England and the local Healthwatch network as a national, independent voice, and the many ways in which they have helped users and patients, we believe that simplifying the system will make things clearer for patients and users.

The Department is transitioning local Healthwatch organisation functions to place responsibility for seeking patient, user and wider community input on integrated care boards, local authorities and providers, where it can be closely aligned with the commissioning and provision of care and patient voice becomes a more integral part of care. We will transfer the strategic functions of Healthwatch to the new directorate for patient experience in NHS England, which will subsequently merge with the Department. The directorate will have an explicit responsibility to encourage feedback and ensure significant improvements in complaints functions across the system.

The NHS complaints regulations make provision for a complaint to be referred to the Parliamentary and Health Service Ombudsman if a complainant is dissatisfied with the outcome of their complaint locally. The Ombudsman is completely independent of the Department of Health and Social Care and the NHS.

I hope this reply is helpful.

Yours sincerely,



DR ZUBIR AHMED MP
Parliamentary Under-Secretary of State
for Health Innovation and Safety

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

29 JANUARY 2026

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2025/26

Report by Ansaf Azhar, Director of Public Health and Communities

RECOMMENDATION

The Oxfordshire Joint Health Overview and Scrutiny Committee is RECOMMENDED to

1. Note the progress made to address inequalities in Oxfordshire following the publication of the Director of Public Health Annual Report in 2019/2020.
2. Support the interactive format of the Director of Public Health Annual Report 2025/26 and note the insights that can be used for informing future service delivery plans.

Executive Summary

1. The Director of Public Health Annual Report 2025/26 offers a comprehensive and accessible review of Oxfordshire's progress in addressing health inequalities since the 2019/20 report. Drawing on hyper-local information from Community Insight Profiles, the work of Community Health Development Officers, and collaborative efforts across districts and the voluntary and community sector, the report provides a clear account of insights gained, impacts achieved and recommendations for next steps.

2. The report will be delivered as an interactive website, enhancing accessibility and engagement for a diverse audience. This digital format allows users to easily navigate, search, and personalise their experience, making complex data and findings more engaging and meaningful. Key messages will be presented through varied media, including text, videos, infographics, graphs, and animations.

Exempt Information

3. This report contains no exempt or confidential information.

The Director of Public Health Annual Report 2025/26

Context and Purpose

4. All Directors of Public Health are required to produce an annual report. The Director of Public Health Annual Report for Oxfordshire 2025/26 provides a public, accessible account of progress in tackling health inequalities since 2019/20. The report draws on hyperlocal information from the Community Insight Profiles, programme delivery by Community Health Development Officers, and partnership activity across districts and the voluntary and community sector (VCS). It sets out insight, impact, and recommendations for next steps.

Report Format for 2025-26

5. The 2025/26 Director of Public Health Annual Report will be in the format of an interactive website. The interactive report will draw on selected key messages from the draft content framework appended to this cover report. The content will be presented in various interactive formats on a website platform which may include text, videos, animations, infographics, graphs, tables and other communication methods.

6. The draft content framework indicates which methods will be used to deliver the key messages however this will be subject to change once the building of the website begins. It is also important to note that not all the content in the draft framework will be used and content that is used may be used in a different order to how it appears in the framework.

The benefits of an interactive report format

7. An interactive report transforms the way information is shared and used and can offer several key benefits compared to a traditional written report:

   7.1 **Enhanced Accessibility and Engagement:** Interactive reports allow users to easily navigate and search for information according to their interests or needs. This makes complex data and insights more accessible and engaging for a wider audience, including community members, partners, and decision-makers.

   7.2 **Up-to-Date Information:** Sections of an interactive web-based report can be updated when needed with the latest data, case studies, and outcomes. This ensures that users always have access to the most current information and can track progress over time.

   7.3 **Personalised Exploration:** Users can explore topics, maps, charts, and stories that are most relevant to them, rather than reading through lengthy documents. This flexibility supports deeper understanding and more meaningful engagement with the material.

7.4 **Visual and Dynamic Content:** Interactive features such as videos, infographics, and maps help to make complex information easier to interpret and act upon.

Corporate Policies and Priorities

8. The Director of Public Health Annual Report for 2025/26 aligns with the Oxfordshire County Council corporate priorities for 2025-2028 which are centred around making the county greener, fairer, and healthier.

Financial Implications

9. The cost of the creation and maintenance of the interactive website will be met through the Public Health grant.

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

Legal Implications

10. The powers and duties of the Council to engage in the activities set out in this report are covered by the Health and Social Care Act 2012 ("the Act"). The Council has a statutory duty to take such steps as it considers appropriate for improving the health of the people in its area (s12 of the Act). In addition, s31 of the Act requires the Council to have regard to the Government's public health outcomes framework. This sets out the Government's goals for improving and protecting the nation's health and for narrowing health inequalities through improving the health of the poorest, fastest.

Comments checked by: Jonathan Pool Solicitor (Contracts) jonathan.pool@oxfordshire.gov.uk

Staff Implications

11. This section does not apply.

Equality & Inclusion Implications

12. The Director of Public Health Annual Report is explicitly focused on reducing health inequalities and advancing equity.

Sustainability Implications

13. No direct sustainability implications have been identified.

Risk Management

14. There is a risk that the updated Index of Multiple Deprivation (IMD) data that is included in the Director of Public Health Annual Report could be misunderstood or misrepresented. This could lead to incorrect conclusions about progress or the scale of ongoing challenges. If improvements are overstated or not properly contextualised, it could damage credibility or relationships with partners and communities. To address these risks, the report will contain clear technical caveats with balanced reporting that combines quantitative indicators with qualitative stories.

Consultations

15. This section does not apply.

NAME	Ansaf Azhar, Director of Public Health and Communities, Oxfordshire County Council
Annex 1:	DRAFT Content Framework for the Interactive Director of Public Health Annual Report for 2025/26
Background papers:	None
Contact Officers:	Kate Austin, Public Health Principal, Oxfordshire County Council. Fiona Ruck, Health Improvement Practitioner, Oxfordshire County Council

January 2026

DRAFT
Content Framework for the Interactive Director of Public Health Annual Report for 2025/26

Working title for interactive report:
Some are More Equal than Others: Five Years On.

Technical notes:

This is a working document to collate draft content for the planned interactive Director of Public Health Annual Report (DPHAR) for 2025/26.

The interactive report will draw on selected key messages from this draft content framework and will be presented in various interactive formats via a website platform. This may include text, videos, animations, infographics, graphs, tables and other communication media. The document indicates which media is expected to be used to deliver the key messages. This will be subject to change once the building of the website begins.

This document provides a pool of content for the interactive DPHAR website and is presented here in numbered sections for ease of navigation but is not intended to be in a linear format in the interactive version. Not all the content will be used, and content may be used in a different order and context to how it appears in this document.

Contents

Table of figures

1. Introduction

1.1 What shapes our health and wellbeing?

Our health and wellbeing is shaped by many factors which we often refer to as the 'building blocks of health' or the 'wider determinants of health'. These are aspects of our lives that work together to shape our health and can include the food we eat, our access to transport, our surroundings, our homes, our work and the amount of access that we have to money and resources as well as many other factors. But not everyone has these building blocks in place which can lead to unfair and avoidable differences between people's health outcomes.

Video
Ansaf introducing the report and emphasising the importance of addressing inequalities

- Welcome and overview of the report's theme, reflecting on progress since 2019/20
- The importance of health equity
- Reflections on the first report as the first one as Director of Public Health for Oxfordshire
- Reflections on contextual issues since e.g. COVID-19, cost of living crisis etc

Image/Animation
Use of an image such as the Health Foundation and Frameworks UK Building Blocks of Health, or animation.

Website/PDF
Marmot health equity resources

Video
Professor Sir Michael Marmot on the importance of health equity and the strategic importance of Oxfordshire being a Marmot place

1.2 A turning point in Oxfordshire's approach to tackling health inequalities.

The publication of the Director of Public Health Annual Report for 2019/20 (DPHAR 2019/20), *Some Are More Equal Than Others*, marked a pivotal moment in Oxfordshire's efforts to address health inequalities. The report identified ten priority wards across the county containing small areas ranked among the 20% most deprived in England according to the Index of Multiple Deprivation (IMD) 2019. These areas were identified as most likely to experience poorer health outcomes and reduced life opportunities.

One key aspect of the report was to highlight areas where joint action was essential to improve health and wellbeing for those facing the greatest disadvantages.

Over the past five years, this report has shaped significant progress. Public Health and system partners have acted on its recommendations, directing resources to where they are most needed.

This 2025/26 report looks back at that journey and focuses on some of the key programmes now in place to improve health and wellbeing outcomes in the areas of Oxfordshire most likely to experience inequalities as well as highlighting areas of focus following on from this. Maintaining progress requires ongoing investment. Cross-sector funding pressures now pose a real risk to the programmes that are building local capacity, trust, and access in our most disadvantaged communities.

To maintain progress and safeguard achievements so far, system partners need to protect and, where evidence shows impact, expand these programmes, ensuring that momentum is not lost at this critical time. Without sustained investment, there is a significant risk of undermining this progress at a time when communities need this support more than ever.

1.3 The Community Insight Profile Programme

One of the key initiatives that developed from the 2019/20 Director of Public Health Annual Report was the Community Insight Profile (CIP) programme. This was created to give us a deeper understanding of communities, beyond just numbers and statistics.

At the time, we had plenty of data showing inequality, but we didn't know what everyday life was like for people in the priority areas identified. We didn't fully understand how they experienced living, working, learning, socialising and connecting with others.

The CIP programme was designed to close this gap with each profile combining data with the voices of local people, creating a fuller picture of needs and priorities. We have completed profiles for 14 areas in Oxfordshire with some of the highest levels of inequality.

The approach brings together three elements:

- Epidemiological data (health and wellbeing statistics)
- Community insight and lived experience
- Mapping of local assets and resources

This combination helps partners and communities to design solutions that are tailored and sensitive to each area. Even when the issue may be the same across several places, the response and the way that we approach solutions may differ.

Video
Development of Community Insight Profiles as a response to DPHAR 2019/20. Explaining the origins and impact of the Community Insight Profiles Programme, including asset-based approaches.

1.4 Committed and sustained approaches to address inequalities

Oxfordshire has taken a committed and sustained approach to reducing health inequalities. The Community Insight Profile programme has been central to this work, creating a cultural shift in how organisations collaborate. It reflects the Marmot approach of *proportionate universalism*[1], ensuring that support is available for everyone while directing extra help to those who need it most.

This programme has strengthened the county focus on tackling inequalities and has shown that no single organisation can achieve this alone. A system-wide approach is essential, where partners share responsibility and work together to improve outcomes.

This report highlights and celebrates partnership programmes that make a real difference to health and wellbeing in our communities. It also demonstrates how insights from the Community Insight Profiles have influenced partner commitment and action, turning data into practical steps that address local needs, enabling partners to take actions in a way that is relevant to their area of work.

1.5 Working Together for Impact: A Partnership Approach

Oxfordshire's progress in reducing health inequalities is rooted in the strength of its partnerships. No single organisation can tackle the complex drivers of poor health alone, and the work highlighted throughout this report shows how much more can be achieved when the system acts together. Across the county, Oxfordshire County Council, district and city councils, the NHS, voluntary and community organisations, and local residents have worked together to develop a shared approach to improving health and wellbeing.

These partnerships have formed long-term collaborations that support communities, share resources, and align action where it will have the greatest impact. This collective way of working has created the foundations for many of the initiatives described in the chapters that follow - from community-led insight gathering, to physical activity pathways, to targeted grants, and support embedded within neighbourhoods.

[1] Carey, G., Crammond, B., & De Leeuw, E. (2015). *Towards health equity: A framework for the application of proportionate universalism*. Institute of Health Equity.

The strength of this systemwide approach is reflected in how partners have jointly responded to local needs, adapted to challenges, and coordinated their efforts to reach those residents at highest risk of experiencing health inequalities. By connecting expertise, local knowledge and practical delivery, together we have been able to design more responsive, local (or place-based) programmes that might not have been possible through individual organisational efforts.

As you read the rest of the report, each project and example reinforces this central message: meaningful and lasting progress on reducing health inequalities happens when partners work side by side, share responsibility, and focus on the communities who need the most support. Oxfordshire's partnership model continues to shape how we understand, plan and deliver for our residents - and will remain essential to the county's future work.

Case Study
District colleague examples of working in partnership to address inequalities.

1.6 A foundation for action

Five years on from the DPHAR 2019/20, we have seen positive shifts in some of the deprivation indicators (section 6 explains more detail on this), but the need for sustained hyper-local work remains critical. The Community Insight Profiles (CIP) programme aligns closely with the Marmot Place approach, to achieve equity, prevention, and community empowerment. It supports the ambitions of the NHS Long Term Plan by promoting integrated care, prevention, and personalised, community-based support. Our focus now is on consolidating progress, learning from experience, and continuing to drive momentum.

To support this legacy, we have developed a Community Insight Profile Development Toolkit, enabling other areas to replicate this approach, and an interactive dashboard to provide accessible, updateable place-based data. These resources ensure that the benefits of the programme extend beyond immediate projects and continue to inform future work.

The landscape of health and care is evolving, with neighbourhood working becoming central to the NHS model. Our commitment to the CIP programme offers continuity and a proven framework for partnership, ensuring that communities remain at the heart of efforts to reduce health inequalities and improve wellbeing across Oxfordshire.

1.7 Progress/updates from 2024/25 report

Weblink/PDF/text
To 2024/25 DPHAR and key points of progress since the last report

2. Development of the Community Insight Profiles Programme

2.1 Why the Community Insight Profiles programme was developed

The Community Insight Profiles (CIP) programme was developed to gain a deeper understanding of the factors influencing health and wellbeing in Oxfordshire's most disadvantaged areas. Each profile combines local data with lived experience, mapping of community assets, identifying barriers and opportunities, and setting out recommendations for action. These profiles are not just descriptive; they include tailored action plans designed to respond to the priorities identified by local people.

Our approach was grounded in asset-based community development and used mixed methods, including surveys, interviews and focus groups, to capture insight. The profiles link directly to the Oxfordshire Joint Strategic Needs Assessment and strengthen the evidence base for planning and service delivery. They also provide communities with a practical resource to support their own initiatives.

2.2 The Community Insight Profiles programme timeline

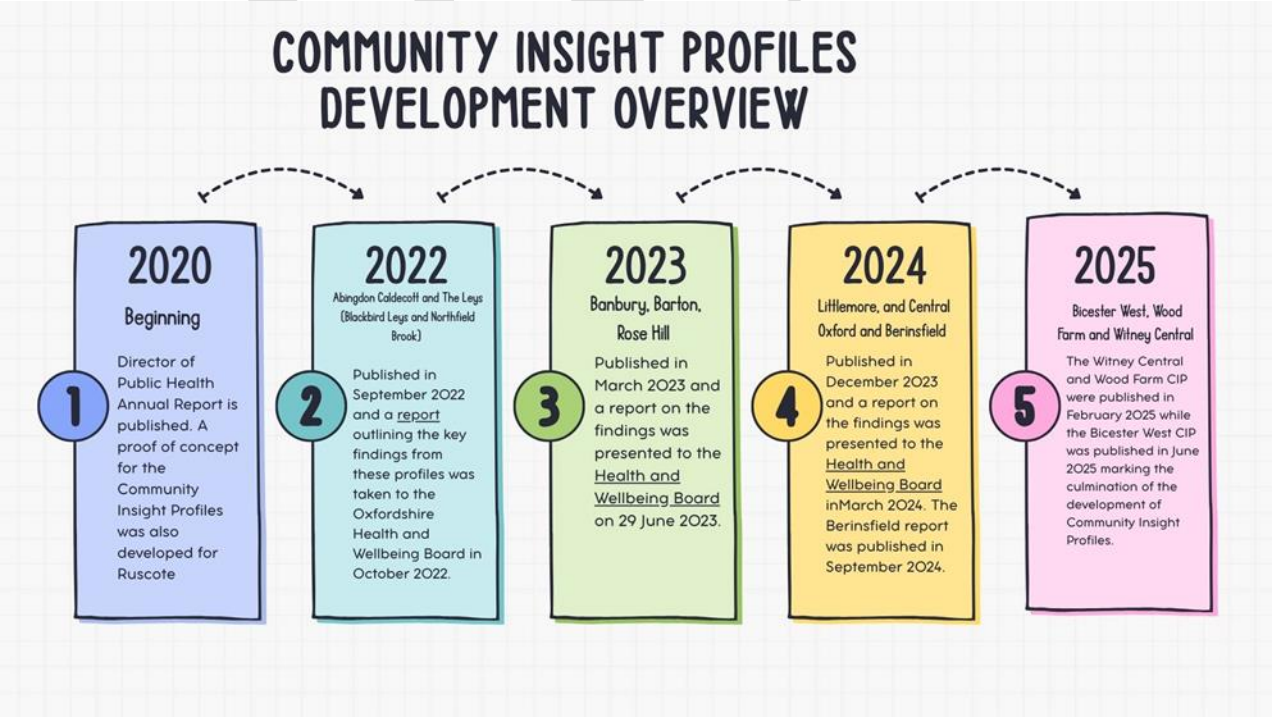


Figure 1 Overview of the timeline of development of the Community Insight Profiles

The Community Insight Profile programme has taken a phased, targeted approach to understanding and addressing local needs. It began as a proof of concept in Banbury Ruscote, showing the value of a hyper-local model.

Building on this success, the programme expanded in phases to focus on areas with the greatest need. The first three phases concentrated on wards with some of the most deprived neighbourhoods in Oxfordshire and a fourth phase added areas where partners identified a need for a Community Insight Profile to be created.

Infographic

- Initial proof of concept in Banbury Ruscote in 2020.
- First three phases: 10 wards with LSOAs[2] ranked in the 20% most deprived nationally (IMD 2019).
- Fourth phase: 4 additional areas with LSOAs in the 30–40% most deprived nationally.
- Total: 14 profiles completed by June 2025.

This approach ensures resources and actions are informed by local data and community input. By creating detailed profiles, partners can tailor interventions to improve health and wellbeing where it is needed most. By June 2025, fourteen profiles were completed, marking the end of the programme. All profiles are published on the Oxfordshire Data Hub, providing an accessible evidence base for future planning and decision-making.

2.3 Creation of the profiles

Each profile was co-produced with a local steering group, bringing together community organisations, councils, health partners and in some areas, residents too. Each area took a slightly different approach to this. This collaborative approach ensured that recommendations were rooted in local experience and supported by those best placed to deliver change.

Video

Community First Oxfordshire – talking about the origins and impact of the Community Insight Profiles Programme, including asset-based approaches.

This work has taken place against a backdrop of significant contextual change. The early stages coincided with the COVID-19 pandemic, which deepened existing inequalities[3]. As the programme progressed, the cost-of-living crisis emerged as a major challenge, alongside housing pressures and economic uncertainty. These

[2] *LSOAs are small geographic units (approx. 1,000–3,000 residents or 400–1,200 households* - ONS (2023). Lower-layer Super Output Areas (LSOAs) are small geographic units used for statistical reporting, typically containing 1,000–3,000 residents or 400–1,200 households. Retrieved from https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeographies/census2021geographies

[3] British Medical Association (2024). *The impact of the pandemic on population health and health inequalities*. Available at: https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/the-impact-of-the-pandemic-on-population-health-and-health-inequalities

factors were captured through the insight process, ensuring that responses remained relevant to real-world conditions.

2.4 More Community Engagement – so what's different this time?

As the Community Insight Profiles programme developed, partners and residents challenged us with the question: "So what?" This made it clear that insight alone was not enough—data needed to lead to real change.

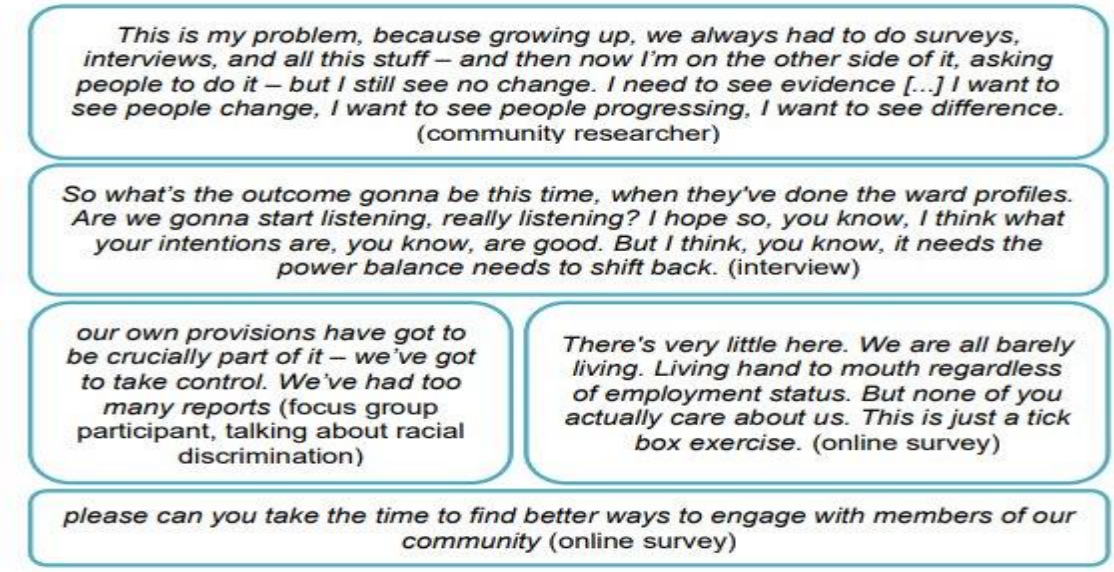


Figure 2 Selection of quotes from community engagement carried out early in the Community Insight Profiles programme highlighting respondents views on community consultation

We listened and acted. Our response focused on working with local partners to turn recommendations into practical solutions. We built on successful models already working in Oxfordshire and adapted the Community Health Development Officer (CHDO) role (originally funded through the Barton NHS Healthy New Towns (HNT) programme). This allowed us to sustain work in Barton beyond the end of HNT funding and, with support from district and city councils, fund and expand the programme to all 14 areas covered by the Community Insight Profiles.

CHDOs play a vital role in connecting partners, supporting delivery, and building local capacity. To strengthen community-led action, we introduced a grant scheme for projects linked to profile priorities, enabling local solutions to flourish. Where possible, the CHDO has been recruited from the local area which has helped the

programme benefit from their local knowledge and vested interest in supporting their local community towards better health and wellbeing.

To maintain momentum and share learning, we developed practical tools: an interactive dashboard that provides accessible, regularly updated data, and a toolkit to help other areas replicate the approach.

Together, these steps moved the programme from understanding to action. They strengthened local partnerships, supported community-led solutions and created a foundation for lasting change.

2.5 Celebrating the outcomes achieved

Although the programme has a core pathway for each community that we've worked with, the approach has been locally tailored. Section 3 details some of the key findings and recommendations from each area and the subsequent action taken to address these.

3. The Local Voice from our Communities

3.1 Community led priorities

Community feedback has shaped both priorities and delivery of the work. Rather than focussing just on service gaps, the profiles identify community led priorities and build on local strengths such as community centres, volunteer networks and resident groups. This reflects the Marmot approach and participatory research practice, where coproduction and local knowledge improve relevance, equity and sustainability.

3.2 Insight into action: Community Priorities and What Happened Next

The following table shows a selection of examples of how local priorities, identified directly by residents through the Community Insight Profiles, have shaped practical, community-led projects and activities across Oxfordshire, demonstrating the real impact of listening to and acting on community voices.

These resulting activities, ranging from mental health support, cooking sessions and expansion of leisure access for families, have been carried out in collaboration with local partners including district councils and community organisations with funding provided through the Community Insight Profile programme and with support from our Community Health Development Officers.

Weblink/PDF
Community Health Development Officer Newsletters

Interactive format for table below

Area	What the Community Told Us	What Happened as a Result (Further specific examples may be added to the interactive web platform)
Barton	Residents wanted more support for families, better access to activities, and help with isolation and wellbeing.	Local groups led on new projects and extended existing ones with support from Community insight profile grant funding: Barton Community Association ran a community café and minibus trips to reduce isolation; Love Barton offered free mental health listening and wellbeing packs; Project PT's Barton LiFT helped young people build confidence through sport; Oxford Clothes Hub provided affordable clothing pop-ups; and St Mary's Church hosted coffee mornings for those at risk of isolation. Residents say they feel more connected and supported, and young people are more engaged in positive activities.
Central Oxford	People were worried about housing insecurity, homelessness, and finding affordable food.	Community partners have co-ordinated targeted food support (pop-up larders and links to city food networks) and advice sessions (benefits, housing, debt). Signposting was strengthened through frontline partners and community venues, increasing uptake of food support and advice pathways. The CHDO has also coordinated local health fairs that have strengthened community engagement with the local health services.
The Leys	Young people and families said they needed better mental health support Safe and low-cost places to be active. The local Primary Care Network also wanted to improve HPV vaccination rates.	With the support of the CHDO a newly established local organisation co-designed new fitness sessions for mothers, expanded leisure access for families, and set up an emergency fund through social prescribers to help those in urgent need. Residents report feeling more listened to and included in community life. The CHDO also worked in partnership with the local GP surgery to run focus groups with priority groups, building confidence in the HPV vaccine and improving understanding and uptake. The CHDO has also coordinated local health fairs that have strengthened community engagement with the Primary Care Network (PCN).

Witney Central	People felt isolated and struggled with transport.	Volunteer-led driver schemes have been supported to continue, and new community activities have been set up, some helping older residents to get out more and feel less lonely. Community groups report increased participation and stronger local connections.
Banbury (Grimsbury, Ruscote, Neithrop)	There was a need for practical food skills and support with healthy eating.	Community kitchens and cooking classes were started by local groups, with families sharing meals and learning new recipes together. Residents say they are more confident cooking healthy meals at home.
Berinsfield	Families with children with SEND wanted more inclusive activities.	Partners established a sensory room in the local nursery and ran inclusive family sessions (quiet hours, adapted activities). SEND families reported easier access to local support and activities that meet their needs.
Littlemore	Residents wanted help with healthy eating on a budget and more activities they could lead themselves.	Resident-led cooking sessions, supported by local partners, have become popular, with positive feedback from those taking part and more people getting involved in planning activities.
Wood Farm	Families and young people asked for safe spaces and more things to do.	Community groups have been supported to continue offering free family activity sessions and youth projects. The CHDO has also coordinated local health fairs that have strengthened community engagement with the Primary Care Network (PCN).
Rose Hill	The community wanted more events and better access to health information.	The CHDO has organised health fairs and worked with schools and faith groups, with over 100 people attending and more residents now aware of local services.
Abingdon	Families on low incomes wanted more support and affordable activities.	Local groups accessed the CIPs grant scheme to run new family sessions. Parents say they can now join in activities they couldn't afford before, and more families are taking part in community events.
Bicester	Older people felt lonely and wanted more opportunities to socialise.	Community organisations set up befriending schemes and walking groups, with membership doubling and participants reporting improved wellbeing and new friendships.

Videos

- Community First Oxfordshire – describing case studies and personal stories from local communities, highlighting community-led priorities and lived experience. The process of gaining community involvement and that it is as important as outputs. Importance of listening to communities (and what they consider their own priorities) and translating that into actions

- A primary care representative discussing how insight and data has supported primary care to offer targeted support to local at-risk residents

3.3 Supporting local service delivery

Literature from studies into community- led working is clear, that involving communities at every stage - from framing the questions to designing and delivering solutions - produces more trusted, useful and ethical public health action. Oxfordshire's CIPs mirror this by combining quantitative evidence with resident insight, sharing progress back to communities, and resourcing local delivery through CHDOs and targeted grants. This aligns with best practice in community based and participatory research, which emphasises co-ownership, reciprocity, and tangible benefits for participants.[4]

Overall, the impact of the CIPs is visible in the way they have influenced funding decisions and underpinned grassroots delivery. The programme has embedded community voice in local action plans and commissioning, making Oxfordshire's health improvement efforts more responsive, pro-active and inclusive and ensuring that changes reflect what residents say they need.

One example of this is our District partners using the Community insight profile as a basis for co-designing local leisure facilities with local residents.

[4] Morris, D., Efemini, B., Aboggye, R., Addae, P. & Danquah, S. (2022). *History and Methods of Community Research: A Literature Review.* Impact on Urban Health & Centric.

Case Study form Cherwell District Council

Over the past few years, Cherwell District Council has worked closely with Public Health using the Community Insight Profiles. These profiles have been a great way to connect with local communities and really understand what residents need and want to make a positive difference in their area.

By combining data on health inequalities alongside feedback from residents, we have managed to build a clear picture of local priorities. This approach has delivered impactful outcomes in the three Banbury wards (Ruscote, Neithrop, and Grimsbury) and Bicester West. Thanks to this funding from Public Health, the council has been able to boost the capacity of the voluntary and community sector to strengthen local services in a sustainable way.

The Community Insight Profiles have also helped shape bigger changes across Cherwell. For example, they provided the evidence needed to develop Play Zones such as the 3G sports facilities in Ruscote and Grimsbury, to influence developer contributions (*Section 106)* and building stronger partnerships with Governing Bodies and Town Councils. Having solid evidence has made decision-making easier and more effective.

We have also used the profiles to guide the design of community spaces, including wayfinding routes to encourage active travel. Overall, this work has helped us focus on tackling health inequalities in the areas that need it most. It's reinforced our commitment to working in an evidence-based way, with residents at the heart of everything that we do.

Video
Banbury partners involved in community planning of play zones and the impact it has had.

4. Implementation of Community Insight Profile recommendations

4.1 Local ownership of actions

Action plans from the Community Insight Profiles were developed through a collaborative and locally led process. In each area, steering groups were formed to bring together district and city councils, NHS, voluntary and community sector partners, and, in some cases, residents themselves. These groups were involved from the outset. They helped agree the scope of the work, oversaw community engagement, and ensured that recommendations reflected real local priorities.

Where strong health and wellbeing partnerships already existed such as in the Leys, Wood Farm and Barton, this process built on those foundations. This approach avoided duplication, made full use of local knowledge and relationships, and ensured

the work complemented what was already happening. In other areas, such as Banbury and Bicester, subgroups were formed using existing partnerships including the Brighter Futures in Banbury Partnership and the Healthy Bicester Partnership. In places without established networks, including Central Oxford, Abingdon and Berinsfield, new steering groups were created to lead the development of the profile. Abingdon is now working towards being a more community led partnership with the support of the CHDO.

These steering groups or subgroups focused on developing the insight, shaping priorities and agreeing practical recommendations. Once a Community Insight Profile was published, responsibility for taking forward the recommendations moved into the existing partnership structures. This ensured the actions did not remain separate or become isolated projects. Instead, they were integrated into routine programmes of work so they could strengthen and enhance existing partner delivery.

This partnership-based approach has been essential for turning community insight into meaningful and sustainable action. By embedding recommendations into existing structures, partners have ensured that the work continues beyond the development phase, supports long-term ambitions, and is owned by those who are best placed to improve outcomes for their communities.

4.2 Plans rooted in local experience

One example of the partnership way of working is in Witney Central, where the steering group brought together representatives from West Oxfordshire District Council, Oxfordshire County Council Public Health, local community organisations and residents. The group reviewed findings from community surveys and focus groups, then co-designed action plans to collaboratively take local initiatives to address issues highlighted in the Community Insight Profile such as community cohesion and social isolation. Similar processes have taken place in all the other Community Insight Profile areas. Forward plans are therefore rooted in local experience and supported by organisations that have experience supporting the health and wellbeing of residents in the communities we have worked in.

4.3 The role of Community Health Development Officers

The CHDO programme is a key component of the Community Insight Profiles (CIP) programme and aligns with the Marmot approach by strengthening community assets and reducing health inequalities. The programme's ability to foster collaboration and maintain a visible presence in local networks has been identified as a major strength in building resilient, healthy communities.

Community Health Development Officers (CHDOs) have played a pivotal role in turning action plans following the publication of the profiles, into reality. Funded by Oxfordshire County Council and hosted within district and city councils, CHDOs act as connectors within their communities. Their responsibilities include supporting the implementation of profile recommendations, convening local partnership meetings, and building capacity among community organisations. They also facilitate access to grant funding for health initiatives and raise awareness of local services. CHDOs work alongside residents and partners to embed sustainable improvements. CHDOs have also been able to help breakdown any hierarchy barriers between local system

leaders and residents. CHDOs have been able to arrange visits for local leaders such as the Chief Executive of Oxfordshire County Council and the Director of Public Health to engage with community groups in their areas and to understand more about valuable community assets as well as challenges faced.

Video
Short video bites from Community Health Development Officers and partners on collaborative action and delivery. Bringing in discussion on steering groups and health and wellbeing partnerships.

Video
Resident discussing how the Community Insight Profile for their area has informed their Local Neighbourhood plan – in particular the health and wellbeing section. Collaborative approach to community engagement

5 Grant funding to support local initiatives

5.1 Local grant schemes

To ensure that resources are directed towards projects that address the specific health and wellbeing priorities identified in the CIPs by local communities, a grant funding scheme was set up. Funding is allocated to support recommendations emerging from each areas CIP, with a focus on reducing health inequalities and improving outcomes for residents experiencing the greatest disadvantage.

Since the introduction of the CIP grant funding, each of the 14 areas has seen the development and delivery of projects that respond directly to local needs. For example, in Banbury, grants have enabled the delivery of healthy eating programmes and community kitchens, directly tackling food insecurity identified in the Community Insight Profile. In The Leys and Barton, in Oxford, funding has been used to expand provision of activities aimed at women as well as expanding the offer of community mental health support respectively, reflecting the priorities raised by residents during the insight gathering process. Across all areas, projects have been required to demonstrate how they will continue to benefit the community beyond the life of the grant, ensuring a focus on sustainability and long-term impact.

Infographic
Charts and diagrams detailing information such as a summary of the number of areas funded/amounts/types of project/beneficiaries etc.

5.2 Testing innovative grant making approaches

Each of the CIPs areas have distinctly different local assets and characteristics and the way that the grants schemes were set up has reflected this.

5.2.1 Participatory grant making in the Leys

One example of this is in the Leys where we partnered with a local organisation, Oxford Hub, to pilot a Participatory Grant Making (PGM) approach. The goal was to fund projects that improve health and wellbeing while building trust and ownership within the community.

This innovative model shifted decision-making power from traditional top-down structures to local residents who know their community best. Oxford Hub had tried this approach once before and were keen to try it again using a combination of CIPs grant funding and funding they had from other sources.

The process began with recruiting and training a community panel of Leys residents in grant making processes. These volunteers were equipped with skills in fair decision-making, unconscious bias awareness, and interviewing techniques. Rather than lengthy written applications, local groups pitched their ideas directly to the panel, ensuring accessibility and transparency. The panel allocated grants to projects that mattered most to the community.

Videos
An example of community capacity building through a local resident who was guided to form a CIC and is now mentoring others to do the same.

An example of resident involvement (empowerment) in grant funding decisions

Impact Beyond Funding
Giving communities a genuine voice in funding decisions builds confidence, resilience, and local pride. Residents involved in the participatory grant funding model consistently reported feeling listened to, valued, and empowered, describing a stronger sense of belonging and shared purpose.

The personal impact is clear in residents' own words. As one participant put it, "*I feel more part of the community and more listened to.*" Another reflected on the pride this created at home: "*My kids were proud of me… They couldn't believe their dad was going to be on a panel!*" These testimonies show how participation can spark individual confidence, strengthen family connections, and deepen commitment to collective wellbeing.

This matters because, while participatory grant making is well established in global practice, this was the first time Public Health funds were used in this way locally. By sharing power with communities, we improved decision-making and strengthened engagement. In practice, trusting residents to lead meant funding projects that were rooted in lived experience, culturally relevant, and better able to build local capacity.

The impact extends beyond the life of individual grants. Participatory grant making nurtured confidence, strengthened local networks, and cultivated pride.

Weblink/PDF
Oxford Hub impact report giving further detail about the PGM programme

5.2.2 A 'grants–plus' approach in Abingdon Caldecott

In Abingdon, rather than simply offering funding and expecting local groups to navigate the process alone, a 'grants plus' approach was taken that combined financial support with hands- on guidance to help organisations get ready to apply, build confidence, and strengthen their long term sustainability.

Community First Oxfordshire was commissioned to lead this work on behalf of the Abingdon Community Insight Profile steering group. They created a supportive framework that recognised that some groups had strong ideas and community reach but were often time poor and lacked the structures and confidence to apply for grants independently. What made this model unique was the focus on capacity building before, during and after the grant application process. Support was tailored to each organisation, helping them shape proposals, evidence community need, and plan realistic and deliverable activities rooted in the Abingdon Community Insight Profile priorities.

The approach used asset-based community development, encouraging groups to build on local strengths, existing networks and community energy rather than starting from scratch or relying solely on statutory services. This meant the funding could achieve more than just new activities, it helped strengthen the foundation of community organisations themselves.

By taking this 'grants plus' route, Abingdon's programme did more than distribute money. It increased the confidence and capability of local organisations, empowered residents to take ownership of change, and ensured projects were strongly linked to the priorities identified through community engagement and importantly fostered a collaborative approach. It also created a more level playing field for smaller or emerging groups who might otherwise have been excluded from traditional grant making processes.

Overall, this approach ensured that investment not only delivered immediate benefits but also left a longer term legacy by equipping local organisations with the skills, structures and relationships needed to continue supporting their communities well beyond the life of the grant.

5.3 Impact of the grant schemes

Across the CIP areas a range of grant funding approaches have been taken. Sharing learning between areas has helped to support the development of the process.

Video
Partners highlighting the collaborative work around grant funding.

Changes reported because of the CIPs grant programme have included improved engagement with hard-to-reach groups, greater collaboration between organisations, and reported improvements in health and wellbeing.

The grant process has also strengthened local partnerships and built capacity within the voluntary and community sector, enabling organisations to respond more effectively to emerging needs. The programmes embedded monitoring and evaluation is helping to ensure that the learning from successes and challenges is captured and shared.

Video
Videos of organisations that have received grants and the impact this has had- include story from the Leys re support to set up a CIC and examples of when statutory and non-statutory partners take the findings to influence their decision making - therefore embedding tackling drivers of health inequalities in all policies.

6 Influencing wider partners

6.1 Prevention and Health Inequalities Forum (PHIF): Driving Equity Through Prevention

The Prevention and Health Inequalities Forum (PHIF) is Oxfordshire's multi-agency partnership dedicated to reducing avoidable and unfair differences in health outcomes. The work of the PHIF is rooted in the principle that prevention is key to tackling health inequalities and improving population health. By bringing together leaders from local government, the NHS, voluntary and community sectors, PHIF provides strategic leadership and coordination for initiatives that address both behavioural risk factors and wider determinants of health. PHIF aims to ensure that prevention strategies are embedded across the health system and targeted where they will have the greatest impact. The community Insight Profiles provide an essential steer to the work of the forum.

The PHIF was set up to particularly secure commitment to addressing inequalities from those organisations with the broadest financial shoulders such as health partners who are responsible for £Billion budgets. Attracting a small proportion of this health economy funding can make a massive difference to tackling health inequalities. (An example of this is the ICB funded Well Together programme described further in section 6.)

6.2 PHIF - Strategic Role in Reducing Inequalities

PHIF acts as a catalyst for system-wide change. It aligns local action with national priorities and a Marmot approach embedding a health equity lens into planning and delivery. This includes:

- **Community-led approaches**: which builds social capital and resilience in communities.

- **Place-based planning**: Supporting the development of community profiles and capacity-building posts to empower local areas to shape their own health improvement strategies.
- **Anchor institution leadership**: Leveraging the influence of large public sector organisations to drive structural change and reduce inequalities.

Video
Ansaf - Strategic Alignment and Future Planning
- Insights on aligning with Marmot Place (include rural inequality), NHS 10-Year Plan, and future neighbourhood health work.
- Formation of PHIF to bring partners together
- Districts and City and VCS partner engagement in the programme
- Partnership projects- Well Together, Physical Activity Programme

6.3 Investing for Impact – The Integrated Care Board Prevention and Inequalities Fund

The Integrated Care Board's Prevention and Inequalities Fund supports this work, providing funding for physical activity programmes, community health and wellbeing workers, and targeted support for vulnerable groups. This investment ensures that resources are directed towards initiatives and communities where they will have the greatest impact. The Community Insight Profiles have helped to guide the targeting of this resource and the Prevention and Health Inequalities Forum (PHIF) was instrumental in developing proposals, endorsing them, and then overseeing and supporting with delivery and learning. The funding was first identified in 2023/24 and the current (2025/26) budget is approximately £1.6m - representing a small amount of the overall spend on healthcare in Oxfordshire. This funding has not only had a positive impact but also enabled the leveraging of additional resources across health, social care and the Voluntary Community Faith and Social Enterprise sectors.

6.4 The Well Together Programme

Infographics and links to Well Together resources

The Well Together programme is funded by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). Its primary aim is to reduce health inequalities by supporting community-led health and wellbeing initiatives in areas of greatest need. The programme empowers communities by building local capacity through grants and embedded roles to enable grassroots health activities. It targets inequalities by focusing on priority wards identified through the Community Insight Profile programme, aligning with the Core20PLUS5 framework, and strengthens partnerships by working collaboratively with voluntary organisations, local authorities, and health partners to deliver sustainable change.

Key features include small grants, typically around £7,500, to fund local projects that improve physical and mental wellbeing, dedicated Community Capacity Builders embedded in communities to foster engagement and trust, and a hyper-local approach with tailored interventions designed with and for local residents. Activities

supported include community cooking and nutrition sessions, youth clubs and social connection initiatives, and mental wellbeing and resilience-building projects. The programme has funded 128 activities across Oxfordshire, engaging more than 14,000 residents, including underrepresented groups. The Well Together programme demonstrates a system-wide approach to prevention and health equity. It is a model for building resilient, connected communities and reducing health inequalities through locally tailored interventions.

Video
Case studies and personal stories from local communities, highlighting community-led priorities and lived experience. The process of enabling community involvement and that it is as important as outputs.

6.5 Wider partner influence CASE STUDY: Libraries

Libraries sit at the heart of local communities across the county, and the impact that reading and libraries have on wellbeing and life chances is well-documented. Beyond books and reading, libraries provide a raft of support, activities, and resources that help contribute towards positive health outcomes.

In 2025, the Libraries team won a national award for its work on Making Every Contact Count (MECC). MECC involves staff using everyday interactions they have with customers to help customers make positive changes to their health (including mental and digital wellbeing). Staff offer a listening ear, encouragement, and signposting to helpful resources, whilst allowing the person to take ownership of their own choices. Library staff in Oxfordshire libraries are highly trusted and specifically trained in this area, and there is lots of information and reading content freely available. A wide range of free activities are also provided to support health and child development, book clubs, family learning, knit and natter groups (to combat loneliness); as well as targeted health and wellbeing events covering areas such as smoking cessation, blood pressure monitoring, and cancer support.

Case study quote: "*Every week since my son was born, we have been coming regularly to rhymetime on Friday mornings. He loves it and so do I! Everyone that works there is incredibly friendly and makes you feel at home. It feels like stepping into this warm community they have created. I have also borrowed lots of books for myself and it's been great as a new mum to rediscover my love of reading and making space for that in life*."

6.6 Wider partner influence CASE STUDY: Youth Participatory Grant Making PGM in the Leys

Oxford Hub have used the findings from the Community Insight Profile for the Leys to inform the next iteration of Participatory Grant Making (PGM) funding, this time involving young people and funding received from Lankelly Chase. Their recent report describes their participatory grant making (PGM) initiative in the Leys, aimed at empowering young people (ages 11–14) to make funding decisions for local youth

projects. Through training sessions on consent based decision making, unconscious bias, and project evaluation, 14 youth panellists allocated £10,000 to 21 community projects. These included sports activities, coding camps, cultural workshops, and mentoring schemes, all designed to be fun, inclusive, and low-cost. The process not only funded valuable local initiatives but also strengthened young people's sense of agency and understanding of community needs. Feedback showed that participants felt more able to influence decisions and directly impact youth provision in their area[5].

The funded activities align closely with priorities highlighted in the Community Insight Profile, particularly addressing health inequalities and promoting accessible spaces for play and physical activity. Initiatives like robotics workshops and cultural sessions also support educational engagement and social inclusion, reflecting the profiles' emphasis on improving wellbeing and reducing disparities. Overall, the programme demonstrates how local data can inform targeted interventions that respond to identified gaps in provision.

7 Emerging Impact, evaluation and recognition of systemwide action

This section brings together the key evidence showing how local conditions are shifting across Oxfordshire, and what this means for our work to reduce inequality. It highlights where change is starting to take hold, what independent evaluation is telling us about the strength of our community focused approaches, and how our collective efforts are being recognised beyond the county. Taken together, it shows a system moving in the right direction, but also reminds us how much depends on continued commitment at a time when pressures on funding risk slowing the progress communities are beginning to see.

7.1 Oxfordshire's IMD 2025: Encouraging Signs of Progress

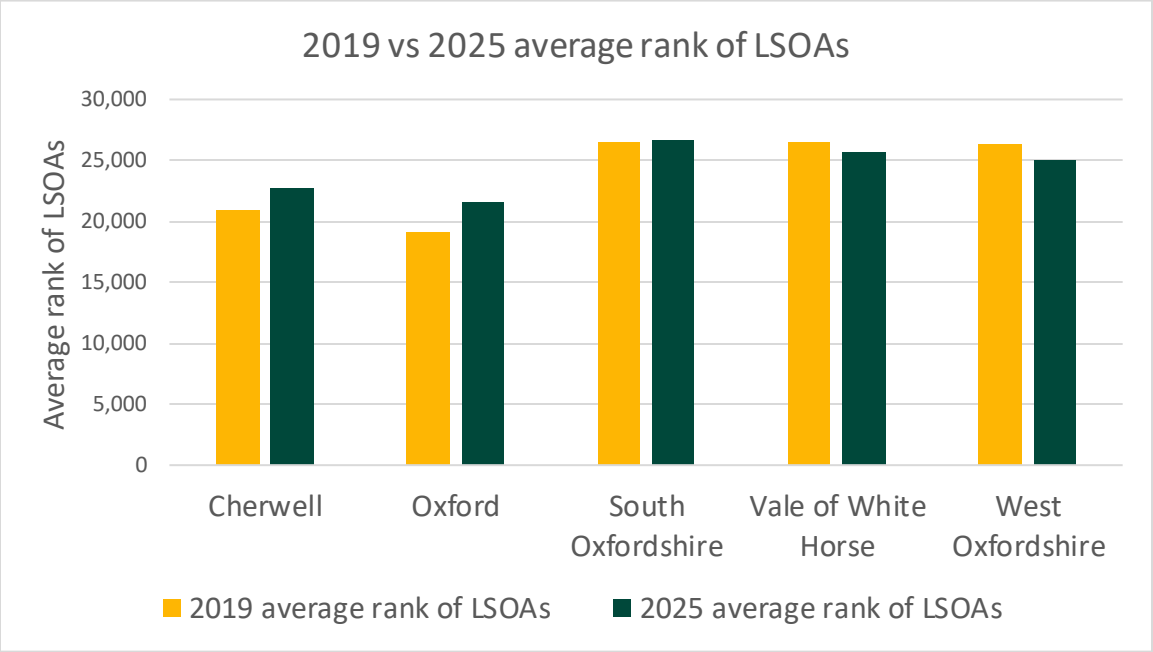
7.1.1 What the IMD is

The Indices of Multiple Deprivation (IMD) show how levels of deprivation vary across small neighbourhoods in England. They bring together information on income, employment, education and skills, health, crime, housing and access to services, and the local environment to give each area a combined deprivation score and rank. It is a relative, point-in-time (snapshot) measure: it tells us how areas compare with each other at the time of the release, rather than giving an absolute level that can be tracked year on year.

[5] **Youth Endowment Fund (n.d.)** *Youth PGM Learning Report*. Available at: https://static1.squarespace.com/static/5c6d346765019f1270152c0b/t/696622c0e95b9135427dcc6d/1768301248169/Youth+PGM+learning+report+-3.pdf (Accessed 19 January 2026).

7.1.2 Comparing 2025 with 2019 and why care is needed

This report references changes since 2019 to help show direction of travel. However, the 2025 IMD uses updated indicators, revised population estimates, and new neighbourhood boundaries following the 2021 Census. Because of these changes, and because the IMD is relative, a movement up or down may reflect both local change and changes elsewhere in England. For these reasons, we focus on decile shifts (i.e., movement between tenth-bands) rather than direct like-for-like comparisons of ranks or scores.



7.1.3 What the latest data shows

The latest IMD data provides encouraging signs that our collective efforts to reduce health inequalities are beginning to make a difference for Oxfordshire's communities. Oxfordshire remains one of the least deprived local authorities in England, ranked 146 out of 153 (1 = most deprived).

The proportion of residents living in the most deprived 30% of areas nationally has fallen from 3.92% (about 28,000 people) in 2019 to 2.57% (about 20,000 people) in 2025 which is an important shift in the right direction. While we cannot claim direct causality (i.e. that there is a direct link of cause and effect between initiatives and changes to the data), the overall pattern suggests that targeted local action and strong partnership working are helping to narrow the gap between the most and least deprived parts of the county.

Across the county, the picture is mixed but broadly positive. Oxford and Cherwell show signs of improvement in their average levels of deprivation compared with 2019, while other districts have worsened, underlining the need for continued targeted focus.

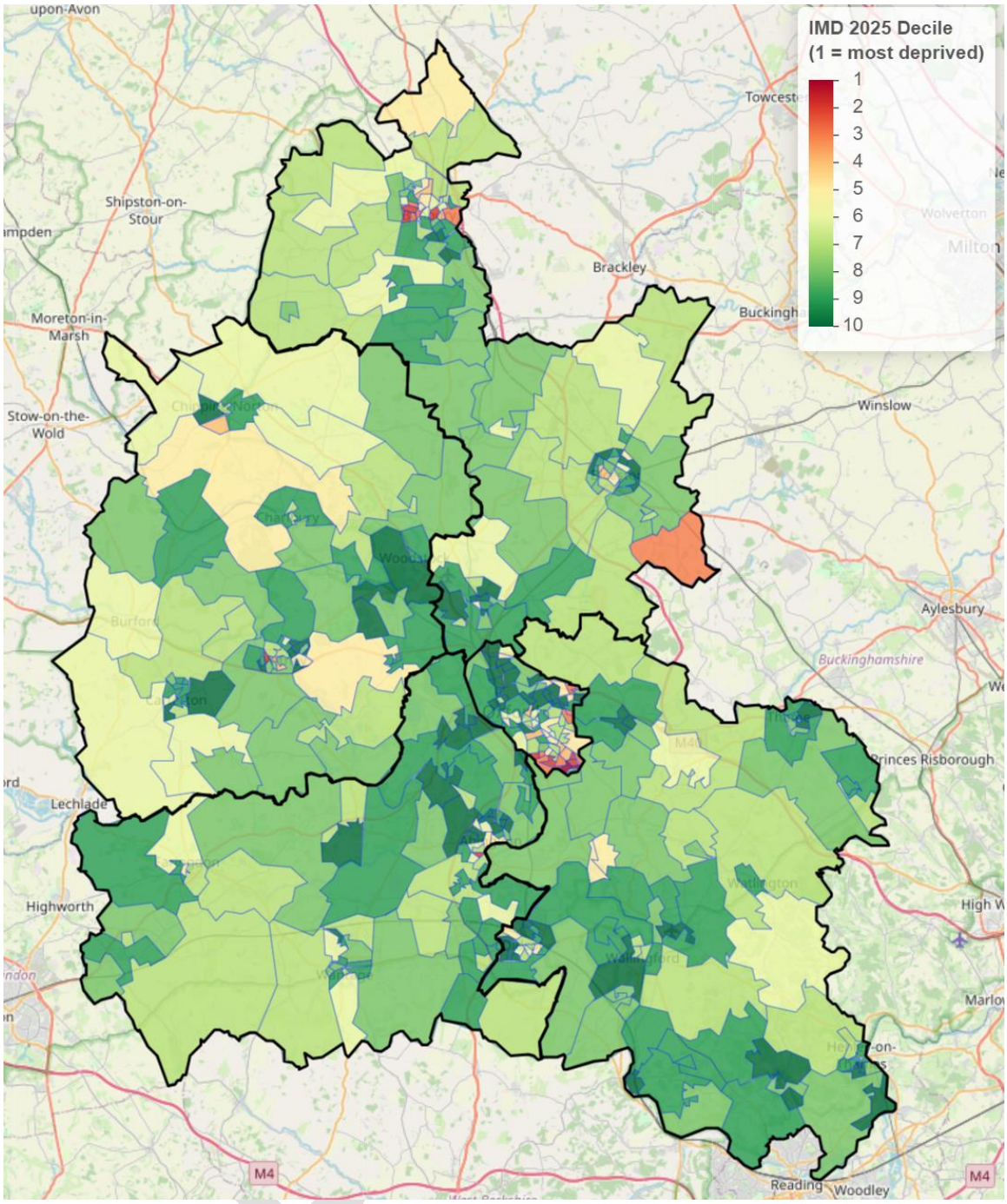


Figure 3 Map showing IMD 2025 Decile ranking for areas across the County

Deprivation continues to be concentrated in parts of Banbury and East Oxford, with smaller pockets in Witney and Abingdon. Many neighbourhoods have moved between deciles, reflecting changes in local conditions: over half of Oxfordshire's areas changed decile between 2019 and 2025, with some showing notable improvements. For example, Abingdon Town & West improved by four deciles, as did several areas in Central Oxford, while others remain persistently disadvantaged. Domain-level results point to areas of progress and areas needing deeper attention. Many communities have seen improvements in the living environment and crime, while education, skills and training remains a significant concern in several of the most deprived areas. Barriers to housing and services, particularly in rural parts of

the county, often due to travel times and connectivity persist as structural issues that require long-term, coordinated solutions. These patterns emphasise the importance of staying focused on the broader building blocks of health and ensuring communities can access the support and opportunities they need to thrive.

Taken together, the IMD 2025 results suggest that partnership efforts across Oxfordshire through place-based working, community-led approaches and investment in prevention are beginning to influence the wider conditions that shape health. This progress sits well with the ambitions of the NHS 10-Year Plan and the neighbourhood health model, reinforcing the value of prevention, integration and local engagement in reducing inequalities. Our commitment to becoming a Marmot Place will further galvanise this work by providing a shared framework and momentum to scale what is already delivering results.

The positive movement in the data should give partners confidence that the approach of recent years is working, and that staying the course while harnessing the focus that Marmot brings will help us move further and faster in closing the gap. However, there is no room for complacency. Persistent inequalities remain especially in education and access to services and the gains we can see in the data are fragile. If we are serious about continuing to narrow the gap, this is not the time to scale back; it is the time to protect and expand the approaches that are working. The IMD findings offer a timely reminder that progress is possible but only if we maintain the commitment, collaboration and investment needed to sustain it.

Link to fuller IMD 2025 Analysis for further information. **Link** to rural inequalities data

7.2 Evaluation of the CHDO and Well Together Programmes

Video Importance of academic evaluation for community-based projects

The CHDO programme funded by Oxfordshire County Council and the NHS BOB ICB funded Well Together programme exemplify the commitment to delivering locally tailored initiatives that strengthen social connections and address the wider determinants of health. Their evaluation provides valuable insight into what works well and where further support is needed. Both programmes aim to strengthen community-led health and wellbeing activities by providing grant funding and embedding dedicated roles within local areas. These roles have been instrumental in building trust, fostering partnerships, and ensuring that health interventions are rooted in the communities they serve.

The evaluation, led by the University of Oxford as part of the Oxfordshire Health Humanities Project, has been structured in two phases:

- **Phase 1 (January–December 2024):** focussing on understanding how the programmes were implemented.

- **Phase 2 (Ongoing, completion due March 2026):** examining the longer-term impact of these initiatives.

7.2.1 Key Findings from Phase 1 of the evaluation

The evaluation has highlighted several important insights, supported by quantitative and qualitative data:

- **Value of Embedded Roles:**
  CHDO and Well Together staff were consistently identified as a major strength. Their regular presence in community activities, excellent communication skills, and active partnerships with local organisations were crucial in building trust and sustaining engagement.
- **Importance of Relationships and Continuity:**
  Long-term, "rooted" projects are far more effective than short-term interventions. Researchers noted that **policy-makers often have short-term recall, but communities have long-term memory**, highlighting the need for sustained investment.
- **Community Awareness and Participation:**
  Local and social relationships are essential for improving access to health assets and tackling distrust. These relationships serve as the building blocks of social infrastructure and healthy, resilient communities.

Video
Reflections from academic partners and grant funding recipients on the impact and recognition of partnership work.

7.2.3 Emerging Themes and Challenges

Early findings highlight the positive influence of these initiatives on social connectedness and mental wellbeing. However, the evaluation also underscores structural challenges. Short funding cycles and rapid evaluation requirements have shaped how community groups plan and deliver services, often under significant time pressure. This can limit flexibility and sustainability, raising important questions about how funding models can better support long term impact.

7.2.4 Policy Implications

The evaluation has highlighted critical policy implications for funding stability and capacity building within community organisations, providing a robust evidence base for future decision making. The regular presence of embedded roles such as CHDO and Well Together staff has been pivotal in building trust and maintaining engagement, highlighting the need for continuity and longer term funding streams.

However, the evaluation also reveals persistent structural challenges. Short funding cycles and rapid evaluation requirements often force community groups to deliver services under significant time pressure, limiting their ability to adapt and innovate. This instability can undermine the flexibility and sustainability of programmes, posing a risk to their long-term impact. Policy-makers must therefore prioritise funding models that support multi-year commitments, enabling organisations to plan

strategically, cultivate lasting relationships, and respond to evolving community needs.

These priorities directly align with Marmot principles, which advocate for reducing inequities through upstream investment, community empowerment, and the creation of supportive environments. By adopting these approaches, Oxfordshire can further its commitment to reducing health inequalities, ensuring that local voices shape and lead health initiatives for the long-term benefit of all residents.

Weblinks/PDFs
Link to University of Oxford evaluation report, webpages and community videos

7.3 Recognition of the Whole System Approach to Physical Activity

A key achievement in Oxfordshire's journey to reduce health inequalities has been the development of a whole system approach to physical activity, recognised both locally and nationally for its impact.

This approach brought together the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Oxfordshire County Council Public Health, district and city councils, Active Oxfordshire, healthcare professionals, and the voluntary and community sector. By working together, these partners jointly commissioned and delivered programmes that now reach over 12,000 residents at highest risk of physical inactivity and health inequality.

Key outcomes of this whole system approach include:

- **Record investment:** For the first time, joint funding of £1.3 million was secured from the ICB, Public Health, and local councils, enabling a shared county-wide agenda and a focus on prevention.
- **Targeted programmes:** Initiatives such as YouMove (for families on lower incomes) and Move Together (for residents with long-term health conditions) have supported thousands of residents to become more active, with clear improvements in health and wellbeing.
- **Wider impact:** The partnership has also developed new activity pathways for Early Years and Maternity and invested in community led projects to increase walking, wheeling, and cycling, particularly in areas of greatest need.
- **Demonstrable results:** Move Together has reduced GP appointments by 36% and NHS 111 calls by 28%, while YouMove has seen 50% of children increase their activity by an average of 133 minutes per week. There has also been a 33% reduction in the number of participants classed as inactive.
- **Capacity building:** Over 400 healthcare professionals and frontline workers have been trained to support residents to be more active through the Moving Medicine training, strengthening the system's ability to deliver quality care and signpost to wider health and wellbeing services.

The success of this partnership has not only improved outcomes for individuals and communities but has also been recognised as a national exemplar. The approach has attracted interest from other areas keen to replicate Oxfordshire's model and has been featured in national press coverage. By embedding prevention, partnership,

and community engagement at the heart of its work, Oxfordshire is demonstrating the value of whole system action in tackling health inequalities. This recognition reflects the collective commitment of all partners to work beyond organisational boundaries, share learning, and invest in what works. It also highlights the importance of sustained, joined-up action to create lasting change for those who need it most.

> *"Swimming with my son, he has discovered something he loves and that I can enjoy with him. I haven't swum for years so I'm rediscovering my love for it."*
> — Participant, YouMove programme

This participant's experience is just one example of how whole system partnership working is making a real difference to people's lives across Oxfordshire.

8 Strategic alignment and future planning

Videos
Insights from system leaders on aligning with Marmot Place, NHS 10-Year Plan, and future neighbourhood health work. Importance of understanding local areas. How the legacy of the Community Insight Profiles is foundational work for addressing health inequalities under the umbrella of Marmot.

Understanding communities is essential for meaningful and sustained progress to improve health and wellbeing outcomes and reduce inequalities. Health inequalities are shaped by many factors beyond healthcare, and no single organisation can address them alone. Reducing inequalities requires a whole-system effort, with partners across sectors sharing responsibility and acting together.

This section outlines the key frameworks shaping Oxfordshire's future direction: our work as a Marmot Place, our alignment with the NHS 10-Year Plan, and the emerging national approach to Neighbourhood Health. Together, they strengthen our shared commitment to tackling inequalities through long term, joined up action rooted in local insight.

8.1 Oxfordshire as a Marmot Place

Oxfordshire's commitment to being a Marmot Place provides a unified framework for addressing health inequalities by focusing on the social conditions that shape health across the life course. The Marmot principles offer clear direction for system partners, helping to embed fairness and equity in strategic planning and delivery. This approach builds on the insight gathered through the Community Insight Profiles and strengthens our collective ability to target support where it is most needed.

The programme's initial focus is on three Marmot Principles:

- Giving every child the best start in life
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all

These principles are guiding system-wide action. Current activity includes:

- Developing countywide recommendations to improve outcomes in the early years and for children and young people.
- Deepening our understanding of rural inequalities through community engagement.
- Working with employers to promote fair and secure work.
- Supporting Primary Care Networks with tools to identify and address inequalities.
- Strengthening local evidence through the Oxfordshire Local Policy Lab.
- Improving support for inclusion health groups, such as Gypsy, Roma and Traveller communities and vulnerable migrants.

8.2 Best Start in Life deep dive

The Institute of Health Equity is completing a detailed review of inequalities affecting children and young people up to age 25, with publication expected in Spring 2026. The findings will guide future action and strengthen collective commitment to delivering Marmot recommendations across the system.

Video case studies

8.3 Supporting the NHS 10-Year Plan

The NHS 10-Year Plan emphasises prevention, integration and delivering care closer to home. This aligns strongly with Oxfordshire's direction of travel and reflects the principles already embedded in our community-focused work.

Key principles from the NHS 10-Year Plan supported through local work include:

- Prevention as a core design principle: The Prevention and Health Inequalities Forum helps ensure prevention is integrated across planning, commissioning and service delivery.
- Reducing unfair differences in health outcomes: Oxfordshire applies Marmot and Core20PLUS5[6] principles to focus investment in areas facing the greatest disadvantage.
- Care delivered closer to home: Local partnerships, community-based roles, and place based planning show how joined up support can be built around local need.

[6] NHS England (n.d.) *Core20PLUS5 (adults): An approach to reducing healthcare inequalities*. Available at: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

This alignment positions Oxfordshire to respond to national policy shifts and strengthens readiness for the expanded neighbourhood working expected over the coming years.

8.4 Neighbourhood Health and the Future of Local Delivery

National policy is moving towards a neighbourhood model of integrated care. This approach emphasises prevention, proactive support and care organised around local places rather than institutions. Neighbourhood Health reinforces the importance of designing services around people's lives and the conditions that influence their health. Oxfordshire's insight driven, community focused work provides a strong platform for the integration, prevention and partnership working that neighbourhood models require.

As national guidance evolves, this foundation will help ensure that local plans are informed by community insight, responsive to place, and aligned with the broader ambition to improve population health through coordinated, local action.

Case Study

Neighbourhood health perspectives – Dr Michelle Brennan

The Community Insight Profiles will play an increasingly important role as Oxfordshire embeds its neighbourhood-based model of health and care. As the system shifts from hospital to community, from sickness to prevention, and from analogue to digital, these insights will provide a shared evidence base to help guide proactive, community-led action. They will help inform neighbourhood priorities, support co-design with residents and the voluntary, faith, and community sector, and help track progress in reducing inequalities over time, aligning closely with the Director of Public Health's focus on understanding and addressing the wider determinants of health. While neighbourhood health and care is still at an early stage of its journey, the combination of robust local insight, population health data, and developing community relationships offers a strong foundation for delivering greater social impact and improving outcomes across Oxfordshire.

9 Recommendations and next steps

9.1 Long term commitment across all partners to tackle health inequalities and the drivers of these inequalities in Oxfordshire

To continue making progress on health inequalities, it is essential to maintain and strengthen systemwide partnerships. This means deepening collaboration between Public Health, the Integrated Care Board, local councils, voluntary and community sector organisations, and other key stakeholders. Joint commissioning, shared investment, and coordinated delivery should remain central, ensuring that resources are targeted where they are most needed. By embedding a whole system approach, partners can leverage collective expertise, avoid duplication, and deliver integrated

solutions that address the wider determinants of health. Ongoing partnership working will be vital to sustaining momentum and responding effectively to emerging challenges. We need to ensure the long-term commitment across all partners to tackle health inequalities and the drivers of these inequalities in Oxfordshire. The health and wellbeing board brings together all these partners to ensure alignment between our ambitions to be a Marmot county, and the emerging system organisation such as neighbourhood health.

Video
The importance of continued investment into this work and commitment from partners to tackle health inequalities and the drivers of these inequalities in Oxfordshire.

9.2 Commitment to Implementing the Marmot Recommendations

All partners must demonstrate a clear and sustained commitment to the implementation of the Marmot recommendations as these are developed and published. This will require a collaborative approach across the system, ensuring the principles of equity, prevention, and community empowerment are embedded at every level. By prioritising the Marmot recommendations, we will ensure that our efforts to tackle health inequalities are informed by robust evidence and best practice, with resources directed where they are needed most. Ongoing partnership working will help to embed these recommendations into local strategies and strengthen population health management. Regular review of progress and shared learning will ensure that implementation remains responsive to community needs and aligned with our overarching goal of reducing health inequalities across Oxfordshire.

9.3 Sustained Financial Commitment

To achieve meaningful and lasting progress in addressing health inequalities across Oxfordshire, it is crucial that all partners commit to sustained and targeted financial investment. This means not only protecting existing funding for effective programmes, but also ensuring additional resources are allocated where evaluation demonstrates impact and/or where recommended by the Marmot review. Avoiding disinvestment in established initiatives will ensure continuity, and scaling up proven approaches will maximise their reach and benefit. Ongoing financial commitment from across the system is essential to underpin collaborative action, support innovation, and maintain the momentum required to tackle the underlying drivers of inequality.

9.4 Community Involvement

Community involvement must remain at the core of all future work. Building on the success of the Community Insight Profiles, future initiatives should continue to prioritise co-production and local leadership. Residents should be actively engaged in shaping priorities, designing solutions, and evaluating impact. This approach ensures that interventions are relevant, equitable, and sustainable, and that communities feel ownership over the changes taking place. Strengthening mechanisms for feedback and involvement such as community panels, steering groups, and regular engagement will help maintain trust and responsiveness.

9.5 Opportunities through Local Government Re-organisation (LGR)

Work in Oxfordshire to address inequalities has raised the commitment and focus on inequality across all partners, forging stronger relationships and working across organisational professional boundaries. With Local Government Re-organisation underway we recognise that the needs of our communities will remain the same regardless of the outcome of organisational changes. We will need to protect this important work and continue to work together regardless of changes to delivery structures.

Local Government Re-organisation (LGR) presents a significant opportunity to reimagine how services are delivered and to strengthen the collective response to health inequalities in Oxfordshire. Rather than viewing organisational change as a challenge or disruption, partners should see LGR as a chance to enhance integration, streamline processes, and ensure that resources are more effectively targeted to those who need them most. By embracing the possibilities of LGR, we can work together to build more flexible, responsive structures that are better aligned with the neighbourhood model of care and the ambitions for population health improvement outlined in national policy and local plans. By proactively seeking out opportunities for innovation, joint commissioning, and shared investment, partners can ensure that the momentum built in tackling inequalities is not only maintained but accelerated through the transition.

Weblinks
Link to LGR website and resources

9.6 Sharing Our Learning/Evaluation and Scaling Up the Production of Profiles

Sharing learning and evaluation findings is essential for continuous improvement and wider impact. Oxfordshire should prioritise the dissemination of insights, case studies, and evaluation reports to partners, other local authorities, and national bodies. Enabling the scaling up of the production of Community Insight Profiles in other areas through the legacy toolkit and interactive dashboard will help spread best practice and enable more communities to benefit from this approach. Supporting partners to use these resources will foster innovation and ensure that the legacy of the programme continues.

Video
Ansaf - Closing remarks from the Director of Public Health, outlining strategic actions and the importance of continued investment.

Continuing the legacy of CIPs by going beyond the 14 wards and enabling communities to develop their own profiles using the dashboard and toolkit.

Continued investment into programmes

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OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

29 January 2026

Oxfordshire Learning Disability Plan 2025 - 2035

Report by Karen Fuller, Director Adult Social Care

Purpose of Paper

This paper provides an update to the Health Overview and Scrutiny Committee (HOSC) on the adults Oxfordshire Learning Disability Plan 2025 – 2035.

Executive Summary

1. The Oxfordshire Learning Disability Plan is a 10-year strategy for adults, including the transition into adulthood. The Plan focuses on four key themes and four cross-cutting areas. Planned reviews and refresh at regular intervals will ensure its effectiveness and adaptability, with any necessary revisions applied based on needs and demands at that time.

2. Developed through extensive engagement and consultation with people with a learning disability, families, carers and strategic partners, the Plan aims to reduce inequalities, prioritise people's health and wellbeing, and embed the principles of the Oxfordshire Way across integrated health and social care systems by delivering services differently to meet local needs.

3. The Oxfordshire Learning Disability Plan (Annex 1) has been co-designed with people with lived experience, their families and carers, and strategic partners. The dynamic work plans (Annex 2) have been co-produced. The Learning Disability Improvement Board has oversight of the Plan and the progress of the dynamic work plans.

4. The Health and Wellbeing Board endorsed the Oxfordshire Learning Disability Plan on the 26 June 2025, with acknowledgement that further amendments may be made following public consultation. The plan will be further presented to Cabinet on 27th January 2026 for information and update on the progress prior to its launch on the same day.

Overview of the Oxfordshire Learning Disability Plan 2025 - 2035

5. The estimated population of people living in Oxfordshire in 2025 who are aged 18 years and over is 621,700 with a projected increase to 688,400 by 2035. Of this population it is estimated that there are 14,688 people with a learning

disability, with this number projected to increase over the next 10 years to 16,160 people by 2035 (Projecting Adult Needs and Service Information System and Projecting Older People Population Information System).

6. The Oxfordshire Learning Disability Plan is for adults, including the transition into adulthood. The 10-year 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.

7. The Oxfordshire Learning Disability Plan is structured to be an easier to read document to ensure it is inclusive amongst the Learning Disability community. It has been co-designed with people with lived experience, their families and carers, voluntary sector organisations, support providers, health, and social care. The dynamic work plans have been co-produced.

8. The Oxfordshire Learning Disability Plan encompasses topics identified by individuals with learning disabilities as most important to their lives across four key themes:

- Theme One Having a Good 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 Hospitals: 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.

There are four cross-cutting areas threaded throughout the key themes: life changes and transitions, workforce, assistive technology / technology enabled care, and equality, diversity, and inclusion (EDI).

9. Each key theme has a sub-group which is linked with the Learning Disability Improvement Board. The sub-groups have been instrumental in developing the key themes within the Plan and shaping the evolving dynamic work plans which sit alongside it. Membership includes experts by experience, organisations, and professionals.

10. Key aspects within Theme 2 Health and Wellbeing, and Theme 4 Homes not Hospital, align with the 10-year NHS Plan and Neighbourhood Health. The Plan supports integrated care pathways and community-based initiatives. Some elements are also incorporated within the other two themes where areas interlink, especially when physical health, mental health, and housing overlap. Building strong relationships, taking part in meaningful activities and opportunities to enjoy life can also support people's mental wellbeing.

11. The overarching vision for delivering Adult Social Care in Oxfordshire, the Oxfordshire Way, is embedded throughout the Plan emphasising strengths-based and asset-based approaches to support people to live well within their communities. It focuses on working in partnership with others to build resilient communities and neighbourhoods, and people remaining fit and healthy for as long as possible.

12. The Plan's Theme Two Health and Wellbeing, links to the Learning Disability Physical Health Strategy (Annex 3) overseen by Oxford Health NHS Trust Learning Disability Team. Representatives from the council including Commissioning, Adult Social Care and Public Health attend quarterly meetings for the strategy, along with other strategic partners. The strategy consists of six key streams including topics identified from learning from lives and deaths – people with a learning disability and autistic people (LeDeR) reports. Some of the key areas and outcomes are reflected within Theme Two's dynamic work plan.

13. The Oxfordshire Learning Disability Plan works alongside key frameworks and guidance including the 10-year NHS Long Term Plan 2025, which sets out ambitions for improving health outcomes and reducing health inequalities for people with a learning disability. It also draws on the principles of Building the Right Support, focusing on community-based support and reducing reliance on inpatient care.

14. The Plan aims to strengthen local health outcomes by aligning areas with elements of the national NHS priorities including Core20PLUS5 (adults), annual health check uptake plan, and learning from LeDeR reports and outcomes. Work across system partners and voluntary sector partners can help support with enhancing access to health services including mental health, screening programmes, and reasonable adjustments. These elements are included within Theme Two Health and Wellbeing, and Theme Four Homes not Hospitals, with an aim to support people with a learning disability to benefit from prevention, early intervention, community-based support, and improved health equity.

Engagement and Consultation for the Oxfordshire Learning Disability Plan

15. The Oxfordshire Learning Disability Plan has been developed through engagement and consultation with people with lived experience as well as their families, carers and voluntary sector organisations supporting them.

16. A variety of methods were used for engagement (Annex 4), including Sharing Your Story forms, open focus groups, and a 'World Café' style engagement event. Key topics discussed at the Open Focus Groups and the Learning Disability Plan World Café Event were identified by people with a learning disability and covered: 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. The

event brought together families, professionals, and people with learning disabilities to discuss priorities and share experiences.

- The Live Well Commissioning Team visited Community Support Services during engagement and consultation and met with people with a learning disability and staff to discuss key areas of importance for them and hear people's stories and experiences.
- My Life My Choice Self-Advocacy groups shared their views and feedback during the engagement and consultation stage of the draft Plan.

17. Consultation on the draft Oxfordshire Learning Disability Plan took place in June and July 2025 (Annex 4). Feedback received during the consultation period was reviewed with the sub-groups, and the content of the Plan and dynamic work plans were revised where agreed.

Oxfordshire Learning Disability Plan 2025 – 2035

18. The views, experiences and stories shared by people with a learning disability, their families and carers during the engagement phase have shaped the development of the Oxfordshire Learning Disability Plan. This ensures that people's voices are included and heard throughout.

19. The topics discussed during the varied and comprehensive engagement activities influenced the development and priorities of each of the four key themes. This ensured a focus on what people felt was good now, what good looks like, and what needs to change.

20. One of the key areas discussed during engagement was My Health, and people with a learning disability and families/carers shared their stories and experience. These views and experiences have been incorporated within Theme Two Health and Wellbeing, and this information helped shape the key priorities for what needs to change and the subsequent dynamic work plan to help achieve these.

21. Throughout the views shared there was a strong emphasis on working together and people with a learning disability being able to be fully involved in their care, as well as in designing and delivering joint training and workshops.

22. Some of the different health and wellbeing initiatives happening in Oxfordshire were shared as part of people's stories and incorporated within Theme Two. This included My Life My Choice's Health and Happiness project, and the annual Have a Go Festival run by Oxford Health Learning Disability Service alongside the charity Active Oxfordshire where people with a learning disability can try new sports activities. Both initiatives focusing on enhancing people's health and wellbeing.

23. The Oxfordshire Learning Disability Plan is set up in sections so that it can be easily navigated. Alongside the Key Themes, there is a section which includes information about the strategy, the vision, the Oxfordshire Way and Learning Disabilities. The last section of the Plan looks at the Oxfordshire population, different key areas of data, and a resources section.

24. Although each theme has specific areas of focus, there are some elements which interlink and crossover. The sub-groups for each theme take into account where elements crossover and this information is shared and reviewed as part of the regular updates produced for the Learning Disability Improvement Board.

Ongoing Oversight of the Oxfordshire Learning Disability Plan 2025 – 2035

25. The Learning Disability Improvement Board will have oversight of the Oxfordshire Learning Disability Plan and will review the progress of the dynamic work plans.

26. The sub-groups for each of the Themes will continue to work together on the dynamic work plans. Information and progress updates will be delivered to the Learning Disability Improvement Board.

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 and Marmot Place
- Embedding the Oxfordshire Way
- 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

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

Equality & Inclusion Implications

32. An Equality Impact Assessment (EIA) has been completed for the Oxfordshire Learning Disability Plan 2025 – 2035 and approved by the Deputy Director for Joint Commissioning HESC. Annual review of the EIA has been set as a minimum, to 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, support 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 and dynamic work plans 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 and this was reviewed in December 2025.

36. The council's Engagement and Consultation Team have been involved with the planning of the engagement and consultation phases of the Plan.

37. The draft Oxfordshire Learning Disability Plan has been presented to different governance boards, including the Health and Wellbeing Board on 26 June 2025.

Karen Fuller
Director of Adult Social Care

Annexes List:	Annex 1 - Oxfordshire Learning Disability Plan 2025 – 2035
	Annex 2 – Oxfordshire Learning Disability Plan – Dynamic Workplans Years 1 and 2
	Annex 3 – Learning Disability Physical Health Strategy – Oxford Health
	Annex 4 – Engagement and Consultation (data)
Background papers:	Nil.
Contact Officer:	Sharon Paterson, Commissioning Manager Live Well sharon.paterson@oxfordshire.gov.uk
	Bhavna Taank, Head of Joint Commissioning - Live Well bhavna.taank@oxfordshire.gov.uk

January 2026

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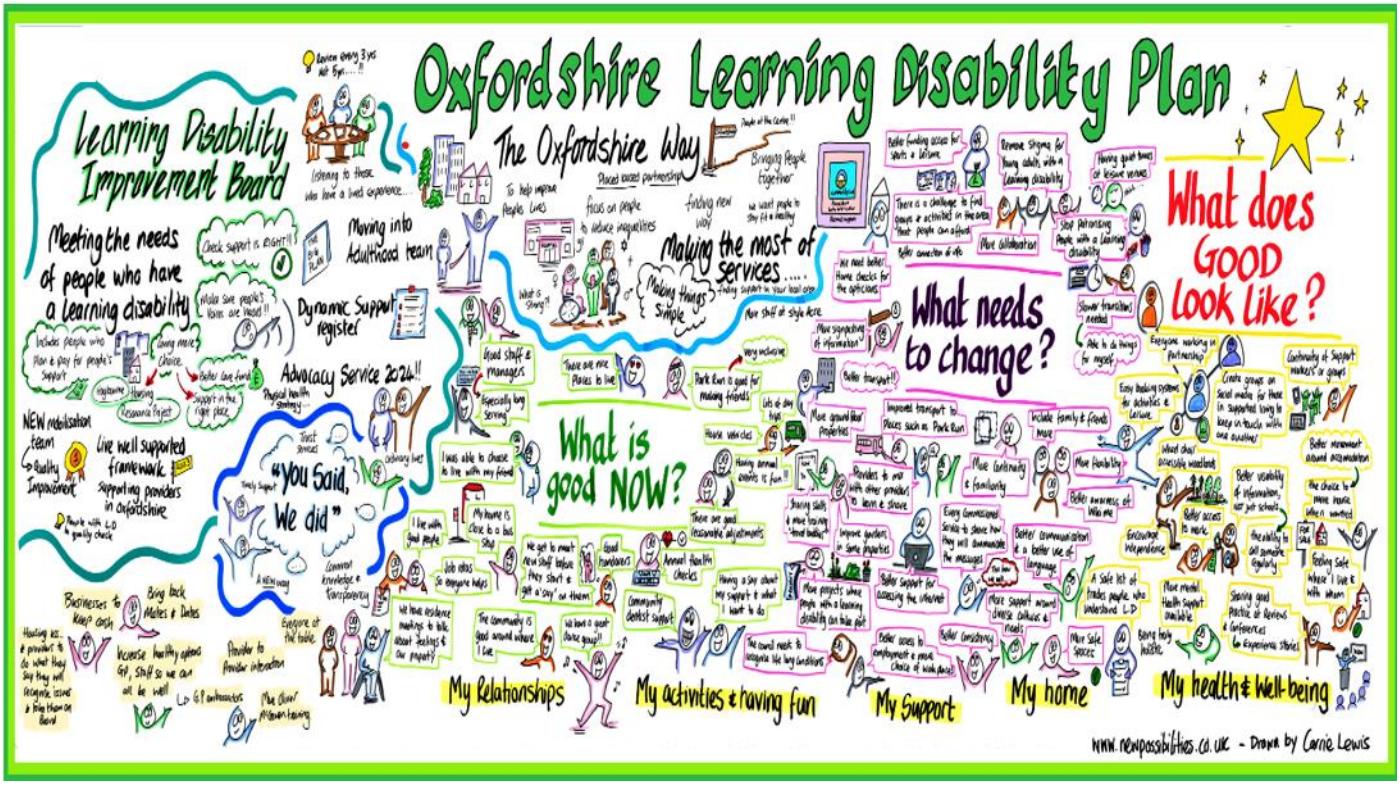
Oxfordshire Learning Disability Plan 2025 – 2035



Contents

Introduction

We are pleased to present this plan for adults with a learning disability in Oxfordshire.

Our vision is to work together in partnership with people to create a community where every individual, regardless of their abilities can lead a life filled with opportunities, inclusion and support.

The Oxfordshire Learning Disability Plan is co-designed with people with a learning disability, their families, carers, professionals and local organisations.

By working together, we can build a community where everyone has the opportunity to thrive.

Learning Disability Improvement Board

We want people with a learning disability living in Oxfordshire to have choices and the same opportunities as other people.

The Learning Disability Improvement Board is a group of people who check that support in Oxfordshire meets the needs of people with a learning disability. The Board meets every two months.

The group includes people who plan and pay for care and support, people from different organisations, and people with a learning disability, their families and carers.

Their role in the Learning Disability Plan will be to make sure that people's voices are heard and check on the progress for completing actions.

About the Learning Plan

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.

The plan has been set out as four key themes:

Theme One: Having a Good Life

Theme Two: Health and Wellbeing

Theme Three: Having a Place to Live

Theme Four: Homes not Hospitals

There are four areas which are included in all the themes:

- transitions and life changes
- the workforce and people who are paid to provide support
- assistive technology
- equality, diversity and inclusion

Each theme has aims to achieve, and a co-produced work plan showing the key actions to help achieve the aims.

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

Vision: Our Values and Principles

Our joint principles and values which underpin the Learning Disability Plan are:

Working together

Including everyone

Focusing on people's strengths

Having choice and control

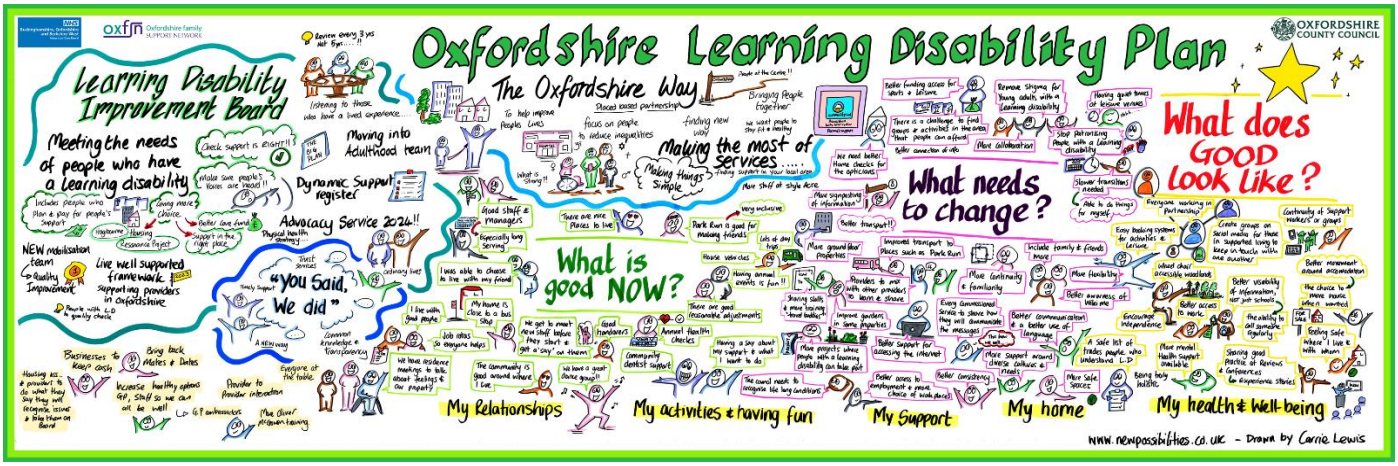
Putting people at the centre

Building strong communities

Engagement and Consultation

Oxfordshire Family Support Network (OxFSN) hosted an engagement event in the style of a World Café in Didcot in November 2024. This was attended by people with a learning disability, families/ carers, professionals and other stakeholders. Open Focus Groups were held during October and November 2024 in five Community Support Services. People also shared their stories about living in Oxfordshire via 'Sharing My Story' forms and My Life My Choice Self-Advocacy groups.

Peoples' views and feedback was captured on the day of the Oxfordshire Learning Disability World Café Event by a Graphic Facilitator.



People with a learning disability, families, carers, support providers, voluntary organisations, health and social care professionals were asked to share their views during consultation and this feedback contributed towards shaping the final plan.

Information gathered and stories from people have been included to ensure people's voices are heard throughout the Oxfordshire Learning Disability Plan 2025 – 2035.

Supporting adults with a learning disability to have better lives framework

The framework is a national guide to help council's check how to build better services for adults with a learning disability, and young people preparing for adulthood.

The framework's vision is: "Support and value adults with a learning disability, and their families/carers, to live safe, well and fulfilled lives in communities".

The framework supports services to include everyone, be person-centred, safe, long lasting and give people the same chances as everyone else.

The vision has six areas that connect to each other. Council's will use these six areas to make services the best they can be.

Inclusion

Equal Access

Person Centred Planning and Support

Safeguarding

Sustainable Models of Support

Progression

More information on the six areas and the framework can be found here: [Supporting adults with a learning disability framework]

The 10-year NHS Plan 2025

The NHS wants to make healthcare better for everyone. This includes making sure people with a learning disability gets the care they need.

Three main areas covered are:

- Changing from treatment to prevention: promoting early intervention and focusing on healthy lifestyles and prevention.
- Moving care from hospitals to communities: looking at community-based care and neighbourhood teams.
- Use of electronic tools: all health information is kept in one place and can be accessed easily by all healthcare professionals.

Further information can be found here: [Fit for the Future: the 10 Year Health Plan]

Legislation

People with a learning disability and their families have rights in law and government policies.

Some of the laws and policies often spoken about are:

The Care Act 2014

Human Rights Act

Health and Care Act

Mental Capacity Act

Mental Health Act

Equality Act

Data Protection

Down Syndrome Act

Children and Families Act

Links to more information on these can be found in the resources section

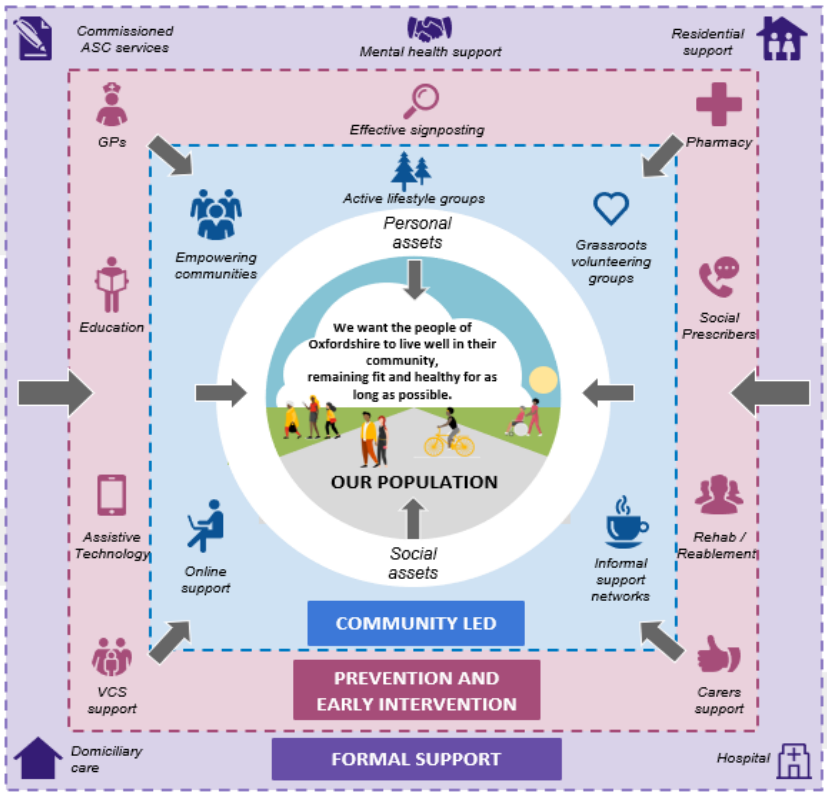
The Oxfordshire Way Vision

We want people to live happy, healthy lives in Oxfordshire. We hope we can achieve this by supporting people to live well and independently within their communities, remaining fit and healthy for as long as possible. We call this vision the Oxfordshire Way.

The Oxfordshire Way includes the council, health and care organisations, and voluntary groups working together in the community. We are using each other's strengths to work towards the same goals and are united by this one shared vision.

We recognise the strengths in growing strong communities, enabling people to make their own decisions about their care options, and supporting people to live well and independently closer to home.

We are focusing on what's strong and not what's wrong, and thinking creatively about what we do. Working together in partnership we are transforming how care is delivered in Oxfordshire.



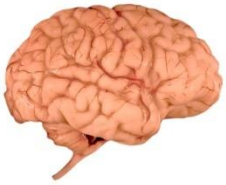
The Oxfordshire Way shown as a diagram.

The Oxfordshire Way places the person at the heart of everything we do, developing community-based solutions and creating an environment where people can be supported close to home.

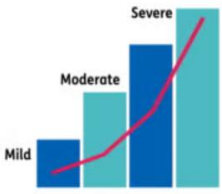
We do this by supporting people to use their own personal strengths, and to find support in their local area, so that people can have a good life, with choice and control.

A link to more information can be found in the Resources Section.

Learning Disabilities



A learning disability is usually present from birth or early childhood, is life-long and can change how someone learns. A person with a learning disability may need help to understand things, learn new skills, and live independently.



A learning disability is different for everyone; no two people are the same. Learning Disabilities can be described as:

- Mild (which means just a little)
- Moderate (which means quite a bit)
- Severe or Profound (which means a lot)

The support someone needs can be different for each person. It depends on their type of learning disability and their unique needs.
Lots of people who have a learning disability can work, have relationships, live alone and get qualifications.

Profound and Multiple Learning Disabilities

Profound and multiple learning disabilities (PMLD) is a term used when a person has a severe learning disability along with other severe disabilities. This might affect how a person communicates, lives independently, or manages other health conditions.

A person with a profound and multiple learning disability may find it hard to see, hear, speak or understand. A person may have complicated health and social care needs because of these or other health conditions. Everyone is unique with their own individual abilities, and these should be celebrated and supported.

People with a profound and multiple learning disability have unique abilities and should always be involved in making decisions about their lives. Everyone should have the opportunity to be active members of their local communities.

Information from NHS: [Learning disabilities - NHS]

Person-Centred and Strengths-Based Approaches

Person Centred Approach

Focus on the person: This approach is all about the person. It means understanding what people want and need.

Listening to the person's voice: The person is the expert on their own life. People's experiences and dreams are heard.

Personal Goals: People are helped to set and achieve their own goals, not just what others think is best for them

Strengths Based Approach

Focus on abilities: Instead of looking at what people can't do, there is a focus on what people can do.

Building confidence: By recognising and using people's strengths, people will feel more confident.

Encouraging independence: People are supported to make their own choices and decisions.

Together these approaches promote:

Empowerment: Both approaches aim to empower people. This means giving the person the power to control their own life.

Positive Support: Support is built around a person's strengths and respects their choices.

Better Outcomes: By focusing on people and their strengths, people can achieve more and have a better quality of life.

These approaches can help people live more fulfilling and independent lives by focusing on their abilities and personal goals.

Communication

Communication is very important. There are many ways people can share their needs, wishes and choices.

Some of the different ways people may communicate are:

Verbal or written

Facial Expressions, Body Language

Communication Aids

Makaton or British Sign Language (BSL)

Objects of Reference, Pictures, or Symbols

Behaviours

Positive Behaviour Support

Behaviours can be a way for people to communicate their needs and desires. Sometimes, these behaviours may be harmful to the person or others.

Positive Behaviour Support uses various methods to understand the meaning behind a person's behaviour and what they are trying to tell us.
This approach enhances support and empowers the person to find alternative ways to meet their needs, ultimately improving their quality of life.

The individual approaches are documented in a plan that people can share with others, such as family members or support staff. The plan is reviewed regularly.

In Positive Behaviour Support, working together is very important. Everyone should work together as a team and treat each other with dignity and respect.

Positive Behaviour Support makes sure people get the right support at the right time, so that they can live happy and meaningful lives.

Further information can be found on the Bild website: Positive Behaviour Support (PBS) | bild

A Focus on the Intensive Interaction Service

The Intensive Interaction (II) Service works with the Adult Learning Disability Teams and the Intensive Support Team in Oxford Health NHS Foundation Trust.

Intensive Interaction is a communication and social interaction approach to help people connect with each other.

The Intensive Interaction Service in Oxfordshire receives referrals on behalf of people who find communication and social interactions difficult. We receive referrals for people with severe and profound and multiple learning disabilities, for autistic people and for people with dementia.

Staff and carer training and mentoring enable people to connect more effectively on the person's terms using their own style and method of communication.

We develop written guidelines and also video guidelines – a short film that shows how a person communicates and how we should change our communication to connect with them better.

Intensive Interaction engages and includes people who might otherwise be excluded.
It is a strengths-based approach as it builds confidence and empowers people to be successful communicators by changing the responsiveness of the people around them.

The service has won awards in 2014 and 2024 for the work it does.
Goals for the next ten years include promoting our work so all who can benefit can access the service; more outreach to day services and to nursing homes supporting people with learning disabilities and dementia; and further innovation, research and development.

Further information can be found on the Intensive Interaction Institute website: www.intensiveinteraction.org

Theme One: Having a Good Life

Our Aim

People with a learning disability will live a full and valued life.

This could be through volunteering or paid employment, being members of clubs and societies, joining in with activities or going to events held within their local area, community, or further afield.

People with a learning disability will be able to maintain and make new friendships and loving relationships.

People with a learning disability will be able to have their voice heard, whether this is through formal advocacy, self-advocacy or sharing their views as experts by experience.

I Statements

People with a learning disability living in Oxfordshire should be able to say:

I can meet people who share similar interests and have the chance to join in a range of groups

I have chances to learn new skills, volunteer and work

I have people in my life who care about me – family, friends and people in my community

I am involved in my local community

I am valued, and treated with respect and dignity

I feel welcome and safe in my local community

I can keep in touch and meet up with family, friends and have relationships

I know about the activities, social groups, leisure and learning opportunities in my community

I can get information and advice that is easy to find, correct, and in a format that I can understand

(Links to I statements from TLAP Making it Real: Help us Making It Real - Making It Real)

Style Acre Didcot Day Hub: Cooking Session

Style Acre's Didcot day hub, T2, runs cooking sessions with the people we support on a daily basis. The sessions are designed to develop a range of skills, try new recipes and have fun.

Nicola said, 'It's really interesting.'

Sarah likes the opportunity for 'making new friends, friendly people.'

Donna said 'I get to take it home and eat it in the evening. It's good to learn how to do it.'

Developing the skills and experiences of the people we support in sessions is a really important part of what we are trying to achieve in our day hub. Following being part of the cooking groups, people we support have gone on to take part in some different opportunities.

We have 4 people we support who bake all the cakes and sweet treats for our Style Acre Tea Room in Blewbury. They also bake some extras for the café we run at SOHA's Frances Curtis Court.

Kate, one of our tearoom bakers said: 'I like baking the chocolate brownies.'

People we support have also used the skills learnt to cook for our Chilli & Nachos stall at Truck festival and Wallingford fireworks. People we support at the day hubs have then worked at the festival and events to serve the food they have made.

Donna said: 'It was good to make the chili – and it was nice to eat it too! It made me happy they would be selling what was made.'

Sarah says that at the festival she: 'Made the chili, weighed it out and did washing up. It was brilliant to serve customers and loved being at the festival. It was so much fun.'

Richard's Story

Richard comes to T2 (our Didcot community hub) 3 days a week and is supported to do voluntary work, karate, tennis and gardening.

As part of his day hub support Richard also does a great job at our Tea Room where he is supported to use his catering and customer service skills. Richard's work includes preparing vegetables for soups and salads, baking biscuits, making tea and serving customers. "He is a superstar in the kitchen" says his support worker!

2024 saw Richard take part in the Superhero Triathlon at Dorney Lake. Our Wellbeing Manager says: 'Richard took part in the Superhero Tri for the first time and he did the whole thing – swimming, cycling and running!

Richard had never swum in open water before, so the training sessions at Queenford Lake were really beneficial, and he took to it instantly! Richard had a great support crew with his parents joining him for bike rides and runs, and his sidekick from Wallingford Triathlon Club being a great influence and support too'.

Sophie's Story

I go by bus to the day service. I am delighted and excited on the days I go to the day service. I love going, the day service helps me a lot, it gives me a break from home. I will tell the staff if I get angry and I will do Sophie's square breathing with support from staff.

I volunteer at the RVS (Royal Voluntary Service), I make hot drinks and prepare lunch, I like doing it. I do like helping people. On a Friday I run the bar at the day service, I give people drinks. My support worker helps me use the till and I give the change, sometimes I use the card machine. I like helping people.

I enjoy a pamper and I love having my feet done, it makes me feel relaxed and having my hair done makes me feel calm. I want to carry on coming to the lovely day service.

Sharon's Story

Sharon has been supported in our day hub for a number of years and has always loved to bake for others, both at home and in the hub. She has never felt quite confident enough to undertake voluntary work and at times has struggled with her mental health, esteem and motivation.

Knowling her interest in baking we arranged for her to be supported along to volunteer at Frances Curtis Court.
Frances Curtis Court is a SOHA assisted living complex in Wallingford where Style Acre provide a café service 3 days a week. On Tuesdays, a 2-course lunch is prepared for the residents which is made from scratch by a team of Style Acre individuals and their support workers.

Every Tuesday Sharon comes along and makes the pudding option. Sharon is incredibly committed and never misses a week if she can help it. This is Sharon's first work placement and her baking knowledge makes her a valuable member of the team. She rises to the occasion every week, helping to making desserts, cakes, and an array of puddings, even if she has not made them before. Her cheerful outlook makes her a pleasure to work with and everyone on the team enjoys her company.

Sharon likes a joke and a chat and the environment at Frances Curtis Court suits her very well as everyone involved works for Style Acre. Week after week Sharon gets stuck in, following new recipes to produce a high-quality lunch that the residents pay for and enjoy.

When asked what Sharon enjoys the most about coming to Frances Curtis Court she simply said 'everything.' It is not an understatement to say that we simply could not do this without her. Sharon takes pride in her role and likes to chat with the residents about making the puddings and receiving the positive feedback about what she has made. The work placement clearly means a lot to Sharon and is looked forward to every week.

Sharon's commitment and passion for her role was recently highlighted in Style Acre's monthly newsletter and she was so excited to show her mum what she has been doing and the positive feedback she receives for her bakes. It is wonderful to see how much she enjoys her work placement and the confidence it has given her. She truly has developed such skills, knowledge and passion for what she does, alongside seeing real improvements in her mood, self-esteem and mental health.

Redlands Gateway Club, Banbury
Our Story

Redlands Gateway Club is a welcoming social club for adults which is held at the Redlands Centre in Banbury every Thursday evening, 7.30pm – 9pm.

Redlands Gateway Club is a registered charity and has been part of the local community since 1993. Long-established volunteers, many who have been volunteering for over 20 years, help with the running of the club with members.

There is a small weekly cost for members and a Tuck Shop where people can buy drinks or snacks.

People can join in with different activities like Table Tennis, snooker, music, arts and crafts, and some members choose to sit and relax, or chat with their friends.

There is a monthly disco, with some themed for Valentines, Halloween and Christmas. There are planned Bar nights throughout the year at the Cheers 'M' Dears pub where members enjoy relaxing and karaoke, and an annual Gateway's Got Talent.

We like the company, we like getting out of the house. We like the discos

It's fun when it's my birthday (Member)

It's the lovely people, I love you all (Member)

Quotes from Members and a Volunteer

I like coming here every Thursday evening. I like the whole thing (Member)

I like the discos and I like doing the music. I like Gateway's Got Talent. My friends are here (Member)

I have been volunteering at the Gateway Club in Banbury for over 20 years. I'm not the only one who has been here a long time. I think it's because it feels like you are part of a family here. The people who come to the club have opportunity to do activities like table tennis or use the pool table, to do crafts, games or puzzles, listen to music or just chill out. It's very much their choice and their club and it's a privilege to be able to support them (Volunteer)

Inclusive and Accessible Discos at Abingdon Community Support Service
Our Story

We usually host around four exciting events throughout the year, each with a unique theme to keep the fun going. We have also held an Inclusive & Accessible festival with live music.

Regular themes: Valentines Day, Summer Vibes, Halloween, Christmas

The events are held on a Saturday 7:00pm - 9:00pm at Abingdon Community Support Service. Our venue is fully accessible to accommodate everyone.

We offer a sensory friendly environment with a quiet space in our small sensory room, and inclusive music where you can enjoy a variety of music genres that caters to everyone. Feel free to request a song on the night. Our staff are trained to assist individuals with disabilities and ensure everyone has a great time.

Come and be part of an unforgettable experience where everyone is welcome!

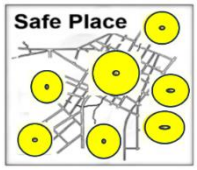
Safe Place: A ‘Safe Place’ is a venue in the community where people with a disability, illness, or learning disability can go to if they feel scared or at risk and ask for support.

Venues sign up to join the scheme and display a logo so they are easy to recognise.

Staff at the venues will welcome you and provide support like calling a friend for you or a taxi.

There is a free Safe Place App which can be downloaded from the App Store or Google Play. This will show the nearest Safe Place within 15 minutes walking distance.

If there is nowhere within this distance the app will offer to call



There are organisations in Oxfordshire who have signed up to be a Safe Place for people should they need help.

More information can be found on your local city and district councils’ websites.

Employment

In Oxfordshire 2023-24, there were 117 people with a learning disability aged 18 – 64 who had long-term support and were in paid employment. This is around 8.2% of people with a learning disability who had long-term support during that time. (ASCOF – NHSE)

Oxfordshire Employment

Oxfordshire Employment helps people with long-term health issues or a disability to find and remain in employment.

They can provide supported internship opportunities, which are successful in helping young people to enter work.

Oxfordshire Employment has a team of dedicated employment advisers who can help people to:

- develop their work skills
- look for employment
- get a job

More information can be found here: **Oxfordshire Employment | Oxfordshire County Council**

Advocacy Service

Voiceability is the Service Provider who provides the Advocacy Service for adults in Oxfordshire.

Advocacy is a statutory service under the Care Act 2014 for eligible people.

Advocates are independent professionals who work with people to help them understand their options, know their rights, and express their wishes and views.

This helps to make sure that people are involved as much as possible in decisions about their health and care.

Referrals to the service can be made by professionals, family/friends, or self-referrals.

More information can be found here: VoiceAbility | Advocacy and involvement

My Life My Choice Self-Advocacy Groups

Our self-advocacy groups are spaces where our members can have a voice, be listened to, and supported by their peers. It is a place for them to make friends, be social and share what's important to them, the barriers they are facing and how they would like to improve their lives.

My Life My Choice runs self-advocacy groups all over Oxfordshire. They are free to attend and anyone with a learning disability over the age of 18 who lives in Oxfordshire can join.

In our recent impact survey, 98% of people who attended groups said that it had helped them to increase their ability to speak up for themselves (advocate). Members also said going to a group helped increase their confidence, knowledge and skills, whilst reducing loneliness and isolation.

Groups have been covering a wide range of topics, including sessions on health and wellbeing, discussing the proposed benefit changes, learning independent travel skills via our Travel Buddy workshops, discussing and putting forward proposals for the governments new social care plan and linking with local GP practices to improve access and service for the learning-disabled community.

Many of the groups have a social 'Pub Clubs' that runs after the group. This gives members the opportunity to socialise, make friends and have fun.

More information can be found here: [Self Advocacy Groups - My Life My Choice]

Some of the self-advocacy groups held: Abingdon Group, Banbury Group, Bicester Group, Chipping Norton Group, Didcot Group, LGBT+ Group, Oxfordshire Group, Oxford Group, Wantage Group, Women's Group, Witney Group, and Young Person's Group.

What people have told us is good now

People with a learning disability, their families, carers and professionals told us what they feel is good now. We can learn from what people have told us to develop services in Oxfordshire.

Day services have other people coming in to run activities

Some employers provide support for people when they are at work

There are options for jobs, work experience and volunteering, but these are limited

Involving and including Experts by Experience

Going to the day service and meeting friends

Cinemas have accessible films and they welcome everyone

Some support providers have paid employment opportunities for people

There are lots of services and activities in the county which are good role models and show good practice

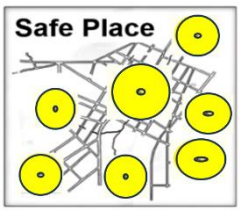
Travel Buddies who help teach people with how to use public transport and routes

Some groups and activities are held in the evening, but this is not consistent across the county

What good looks like

People have told us what good looks like to them. We can use this information to shape and develop services for people with a learning disability in the future.

A database of activities, groups and services which is easy to use



There are ‘Safe Place’ venues in the community

Variety of clubs, events and activities across the county, in the evenings and at weekends

Support with writing job applications and interview practice

Day Services, Groups, and Community Hubs all around the county

What good looks like

Opportunities and places to meet new people, see friends, and have relationships

Professionals listen to what is being said, get to know people, and what they want to do

There is good public transport and bus routes which people feel confident to use

Information is easy to find, understand, and in the right format for people

More training, learning skills, jobs, volunteering, and work experience

What needs to change

People have told us what they feel needs to change to help achieve what good looks like. We can use this information to develop work plans and identify key tasks to complete.

Staff should have flexible work hours. Carers should be linked to the person they support

People should have the same choices, like going on holiday or out in the evening

More buses and bus routes are needed, and training to feel confident using public transport

What needs to change

There needs to be dedicated times or sessions for people

A logo or simple words on leaflets / posters to show all are welcome

Experts by Experience joint training for people and communities

More advice and information for people about work and employment

Electronic systems need to be easier to use. Booking and application systems are confusing

Partnerships lost between services following Covid-19 need to be rebuilt

Information needs to be shared with everyone. Leaflets need to be easy to read

Buildings need to be used better during the day and in the evening. People are helped to set up and run groups

Communities need more places signed up to be a Safe Place

What needs to happen

1. Making what people have said is good now, even better. Sharing good practice and lessons learnt to increase the quality of services.

2. Information is easy to find, shared with all, and available in different formats.

3. More people with a learning disability are able to find volunteering and work experience opportunities, and paid employment in Oxfordshire.

4. There are more accessible places and a variety of social groups, activities and events for people to join and meet friends in their local area, community, and further afield.

5. Improve the skills, understanding and knowledge of people and communities.

A work plan relating to the above identified key points will sit alongside the Learning Disability Plan. The work plan details the actions to be taken and the outcome measures of success to achieving the aims for Theme One: Having a Good Life

Theme Two: Health and Wellbeing

Our Aim

People with a learning disability will be able to access physical and mental health services with the support they need at the right time, to be the healthiest they can be.

The Oxfordshire Way is embedded across services, and people are able to live well, have opportunities to improve their health and wellbeing and be as fit and healthy as they can. Both health and social care services have a focus on preventing illness, disability, and social isolation, as well as to promote healthy lifestyles and early intervention.

By working together we aim to reduce health inequalities and improve people's health outcomes and wellbeing.

‘I’ Statements

People with a learning disability in Oxfordshire should be able to say:

I am treated with dignity and respect

I choose how to be healthy and can get help to make changes in my life

I know about different groups and activities to help keep me fit and well

I am supported to manage my health in a way that makes sense to me

I am treated as an equal and have the same rights as other people

I know what to do and who I can speak to when I feel poorly or ill

I know who to speak to if I feel that I may need help or support with managing my feelings, health and wellbeing

I can get information and advice about my health and how I can be as well as possible. This includes how I feel in my body and my mind

I am supported to make decisions by people who know what matters to me, my wellbeing and health

(Links to I statements from TLAP Making It Real: Explore Making It Real - Making It Real)

The ‘Have A Go’ Festival

Oxfordshire based Learning Disability health services have been putting on the “*Have A Go Festival*” since 2004.

Over the years it has grown in terms of attendance and the number of different activity options offered.

It is now run by the Oxford Health NHS Learning Disability Service alongside the charity Active Oxfordshire.

The event offers adults with learning disabilities the chance to try a range of sports, meet new people and get active in different ways – showing how to break down and overcome some of the barriers experienced when it comes to taking part in physical activity.

Exercise and fitness are so important for all of us in reducing our health risks from both a physical and mental health perspective and this event demonstrates supportive and inclusive ways to go on to achieve this.

This valuable event shows people how much fun you can have and how sociable keeping active can be whilst also doing something positive for our health.

Favourite activities over the years have been cycling using a range of specially adapted bikes, ‘drums alive’ and the Paralympic sport boccia. But a whole host of different sports have been available - athletics, football, cricket, tennis, dance, archery, multi-sports, races, long jump, rugby, boxing to name a few!

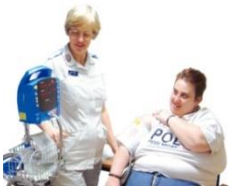
Many of these are then available for people with a learning disability to access throughout the year via local clubs and groups.

The Oxfordshire Learning Disability Physical Health Strategy

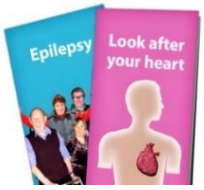
The Learning Disability Physical Health Strategy for Oxfordshire aims to improve the physical health of people with a learning disability so that they can live healthy, fulfilling lives. The strategy includes specific initiatives and projects, focusing on key areas to support the aims.

Subgroups oversee the key aspects within the strategy and includes representatives from health, Oxfordshire County Council, local service providers and Experts by Experience.

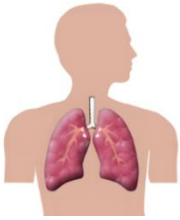
Some of the key areas included within the Physical Health Strategy are:



Screening and Vaccinations: Ensuring that the five national screening programmes are accessible for people with a learning disability, that records are accurate and that reasonable adjustments are in place to improve uptake so that early detection is possible and treatment or advice can be given.



Accessible Health Services: Ensuring that health services are accessible and accommodating to the needs of people with a learning disability, including easy-read materials and support during medical appointments.



Health Conditions that Impact People with a Learning Disability: The Learning Disability Health Teams have a focus on improving detection and treatment of conditions associated with bowel and bladder function and lung health.

Health Promotion: Initiatives to promote healthy lifestyles, including physical activity programs and nutrition education designed for people with a learning disability.

Support to Healthcare Providers: Supporting healthcare providers to improve their understanding and ability to support the physical health needs of people with a learning disability

Working with Support Providers: Helping to develop staff members knowledge and awareness of potential deterioration and changes in a person's health and wellbeing.

Learning from Lives and Deaths - people with a learning disability and autistic people

This is a service improvement initiative focused on reducing health inequalities and improving healthcare for people with learning disabilities and autistic individuals. It involves reviewing the lives and death of these individuals to identify areas where healthcare and social care services can be improved. People may have heard this previously referred to as LeDeR.

The Learning Disability Physical Health strategy is based on recommendations of the last LeDeR report. The aims are:

- To improve health and social care for people with a learning disability and autistic people.

- Reduce health inequalities for people with a learning disability and autistic people. Health inequalities are unfair and preventable differences in health.

- Stop more people from dying too soon by making care better.

More information can be found here: 20250522 LeDer-2023-2024 AFL easy read_V5.pdf

Annual Health Checks: Anyone over the age of 14 with a learning disability can have an annual health check. People are usually invited to a health check by their GP surgery, but people can also book one themselves, at any time.

Health and Care Passports: These will support people to get access to NHS services and provide an action plan for people's current needs.

It is written by you, your doctor and health care professionals and says how you will get the support you need with your health.

Further information can be found here: Learning disabilities - Annual health checks - NHS, and Health Action Plan | All About Health

Profound and Multiple Learning Disability Group

There is a group of clinicians who focus on the needs of people with profound and multiple learning disabilities.

Historically, people with a profound and multiple learning disability are under-referred to health services and experience more health inequalities.

We are developing a pathway to clearly define best practice and populating a register as people are referred so re-referrals can be offered proactively in the future.

South Central Ambulance Service (SCAS)

South Central Ambulance Service NHS Foundation Trust has created accessible information available for people to use on their website.

This includes a communication booklet which has photos and questions people may be asked by the ambulance staff.

There is a guide focusing on an ambulance journey which includes drawings to help explain what may happen if someone needs to go to hospital in an ambulance.

There are easy read leaflets for:

- When should I call 999
- 999 response times
- What to expect when going to hospital

People may have a Lions Message in a Bottle, which is where important information about health can be kept and shared with ambulance staff.

The website has a form called Message in a Bottle – I am Autistic, which can be downloaded and filled in.

The website includes a video which shows people around the inside of the ambulance.

The link to the website and information: Accessible information | South Central Ambulance Service

Health and Happiness Project – My Life My Choice

My Life My Choice has a new project all about getting healthy and happy. The project is called the Health and Happiness Project.

The project is for everybody with a learning disability and/or Autism. It does not matter what your health or fitness level is you can be a part of it.

20 members of our charity have been working for a year to reach some health goals they have set.

The goals were things like wanting to stop smoking or wanting to learn about healthy eating.

We have had workshops delivered by experts in health. They taught us how to help our friends and family get healthy and happy too.

Active Oxfordshire have helped us find ways of getting moving and being more active. They have helped us join gyms, use equipment and meet other people near where we live for activities.

Stop for Life gave us free advice and one to one support to quit smoking. They can also help us get free nicotine replacement therapy. These are things like nicotine patches and gum.

We learned how to cook healthy soups at Abingdon & Witney College. This is a skill we can use for the rest of our lives.

Beezee helped us to control our weight by eating more healthily. They explained which foods had too much sugar in them.

We had training called Make Every Contact Count. We learnt how to talk to other people about being healthier and happier.

At the end of the year we made a video of our different workshops. We shared this with everyone so that they can get Happy and Healthy as well.

Health Information, facts and figures

Information about people with a learning disability and health is collected from various sources and may be local or national. This information can help to identify areas of focus to raise awareness and help improve people's health and wellbeing.

Some studies report constipation being a problem for up to 70% of people with a learning disability

People with a learning disability are likely to have much higher rates of certain health conditions than the general population

People with a learning disability are more than twice as likely to have type 1 diabetes than the general population and similarly likely to have cancer

People with a learning disability are three times more likely to develop dementia

Some information, facts and figures

Rates of Epilepsy are almost 30 times as high for people with a learning disability

It is thought that around 25 - 40% of people with a learning disability experience mental health problems

It is thought that around 40% of adults with a learning disability experience moderate to severe hearing loss

As of 31 March 2024, there were 3,257 people aged 14 and over recorded on the GP's Learning Disabilities register in Oxfordshire (GP Data from ICB Oxfordshire EMIS)

As of 31 March 2024, there was around 78.6% of people aged 14 and over on the GP's Learning Disability register who had an Annual Health Check (GP Data from ICB Oxfordshire EMIS)

People with a learning disability have worse physical and mental health than people without a learning disability. On average, women with a learning disability die 23 years younger than women in the general population. On average, men with a learning disability die 20 years younger than men in the general population (LeDeR, 2023; ONS, 2022)

National data collected shows that the percentage of people who have a learning disability and a diagnosis of attention deficit hyperactivity disorder (ADHD) increased from 8.6% in 2022-23 to 9.0% in 2023-24

National data collected shows that the percentage of patients with a learning disability who were prescribed antipsychotics has decreased from 14.4% in 2022-23 to 13.9% in 2023-24

More information and sources for the data can be found in Resources

What people have told us is good now

People with a learning disability, their families, carers and professionals told us their personal experiences and views on what they feel is good now. We can learn from what people have told us to develop services across Oxfordshire.

The Community Dental Service, dentists are good and explain what they are doing

Good relationship with GP, who knows the family well

House manager has loads of information on what is going on to help keep active and socialise

Music, walking in nature, and movies

NHS at hospital, we haven't had to use the learning disability liaison as staff at the hospital are exceptional.
There are always nurses attending appointments during difficult health issues

Mental well-being, we have Beat Fitness come in regularly at day club for fitness, as well as having mindfulness sessions, ways to wellness, and mental health people

Good now

Physical health strategy: lots going on.
1) primary healthcare
2) screening and research
3) my health and well-being – public health, focusing on priorities (inequalities)
4) Profound Multiple Learning Disabilities
5) family and choices, primary push from health
6) acute hospitals

The doctors are on the ball, quick appointment when health needs are identified. The online app is okay to use if you have the skills

I can always call someone if I feel down

Health and happiness with My Life My Choice – the project focuses on stopping smoking, exercises, reducing alcohol, and healthy eating

Learning Disability NHS Team is very good, have had quick responses and detailed ones

What good looks like

People have told us what good looks like to them. We can use this information to help look at and develop services for people with a learning disability in the future.

Services continue when people move from children to adults

People feel able to talk openly about their mental health

Community Hubs focusing on people's health and wellbeing

Clinics and groups for people with a learning disability about health issues and wellbeing

Learning Disability Liaison Workers and Buddies support people in the hospital

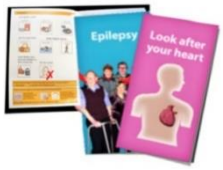
What good looks like

Learning disability training for Health and Social Care, joint led by Experts by Experience

Everyone has equal access to health services

Everyone who wants a hospital passport has one, and professionals read it when needed

Bereavement support services can be easily found for people to talk about loss and grief



Information about health and wellbeing is easy to read and found in one place

Professionals talk directly to the person and not to their families or carers

What needs to change

People have told us what they feel needs to change to help achieve what good looks like. We can use this information to develop work plans and identify key tasks to complete.

Appointments should be flexible and in places where people feel safe support.

People should be asked if they need information in a different format, like easy read or photos

There should be information for people on what health services are in the community

What needs to change

Letters, information, and leaflets should be in a format that suits the person

Groups and health promotions covering health and wellbeing topics and relationships

Experts by Experience should help to design and deliver joint training for professionals

All professionals should have mandatory Oliver McGowan training

A platform to share details about groups who support with physical and mental health

Forward planning to explain clearly what will happen at appointments and show pictures

People should have equal access to health services, health checks, and a health action plan

Services should be learning disabilities specific, and where possible be able to see the same people / staff

Health issues should be spoken about, and staff trained to identify concerns and support people to get help

What needs to happen

1. People will be offered regular health check-ups to find any health problems early. They will get the right support to stay healthy. Everyone will have their own health and care passport to help make sure they get the right care that is fair and works well for them

2. We want to help people live healthy lives. We will promote and share information about healthy lifestyles, groups and workshops across Oxfordshire. These will be tailored to peoples' needs.

3. Services are easy to get to, welcoming and meet the needs of people, including easy-read materials and support during appointments.

4. People understand their rights and have the same choices as everyone else when getting support for their health, medical conditions, and well-being.

5. Training for professionals and staff to develop skills, knowledge and understanding.

A work plan relating to the above identified key points will sit alongside the Learning Disability Plan. The work plan details the actions to be taken and the outcome measures of success to achieving the aims for Theme Two: Health and Wellbeing

Theme Three: Having a Place to Live

Our Aim

People with a Learning Disability should have the same rights and opportunities as everyone else to housing options in Oxfordshire.

People with a Learning Disability have the right information about the types of housing and support available to them.

People with a Learning Disability have access to housing that is of a good quality with good links to their chosen community.

I Statements

People with a learning disability living in Oxfordshire should be able to say:

I feel safe and supported to understand and manage any risks

I have a place I can call home, not just a 'bed' or somewhere that provides me with care

I am valued, and treated with respect and dignity

I live in a home which is accessible and designed so that I can be as independent as possible

(Links to I statements from TLAP Making it Real: Explore Making It Real - Making It Real)

REACH Standards: The Reach Standards are a set of nine voluntary standards created by Paradigm and are recommended by CQC.

REACH standards are important because they can help people with learning disabilities understand if the Supported Living service they are getting is good enough.

The REACH standards can be used by people to check how good a service is and what can be done to improve it.

There are 9 REACH standards which relate to 'I' Statements.

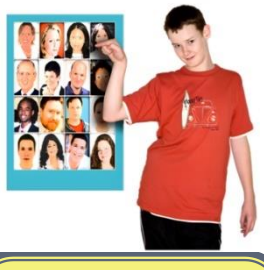
More information on can be found: *REACH_STAGE_07-1.pdf*

I Statements

The REACH Standards relate to 'I' Statements. We want people with a learning disability living in Oxfordshire to be able to say:

I have my own home (with a tenancy or ownership)

I choose where I live



I choose who supports me and how I am supported

I choose who I live with

I have the same rights and responsibilities as other citizens

I choose my friends and my relationships

I choose how I am part of the community

I choose how to be healthy and safe

I get help to make changes in my life

What success will look and feel like

What people have told us having a home means to them.

My Story

‘Banbury is somewhere I have lived my whole life with family, I now have Supported Living in the area,

I am very happy with my living arrangements.

I am friends with the people I live with, and the support staff take us out socialising, sometimes we go to the pub, which we all enjoy!

I would though like the opportunity in the future to do bungee jumping, or sky diving!’

My Story

‘I enjoy cooking in my own home and the staff support me with this.

We have some nights where we all cook together, and some nights where I cook on my own.

We also have a job rota, which means we all help each other out when cleaning up.

I enjoy living with people I call friends, and I am close to family which means I get to see them when I want’.

Supported Living in Oxfordshire

Supported living is where a person lives in their own home or has their own tenancy in the community.
Some houses may be shared by 3 or 4 people who get on well together, or some people may choose to live on their own.

People have support from a care and support provider to live as independently and safely as possible. The care and support provided may vary from a couple of hours to all day. Support may also be provided during the night. The amount of support provided depends on people's unique and individual needs.

The council works with a number of support providers in Oxfordshire. They will work with people with a learning disability and their family/advocate to design the right support.

The Live Well Supported Services Framework started in June 2023. There are currently 53 support providers on the framework, meaning there is a range of providers in Oxfordshire.

There is also a new Mobilisation Team in Oxfordshire, supporting people and providers when new support begins.

There are currently 1,709 people in Oxfordshire with a Learning Disability, with 807 people living in Supported Living.

More information can be found here: [Supported living | Oxfordshire County Council]

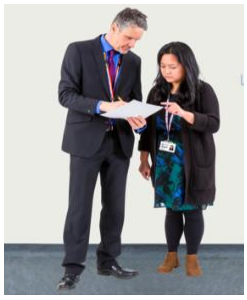
Housing Needs Assessment

Published in September 2024, the Housing Needs Assessment is a report of research undertaken by the Housing Learning & Improvement Network (LIN) for Oxfordshire County Council to provide a Specialist and Supported Housing Needs Assessment.

The council has commissioned the Housing LIN to undertake an assessment of the future need, over the next 10-20 years, for specialist and supported housing and accommodation.

Quality Checkers

Quality Checkers are independent Experts by Experience who are paid to work in partnership with the council to review local learning disability services, such as supported living, through visiting services and meeting people supported by paid carers.



They follow up their visit with a report and recommendations. Some recommendations will suggest improvements, while other comments will highlight and share good practice.

Many of the services in Oxfordshire have their own Experts by Experience who are Quality Checkers to monitor and review the ongoing quality of their service.

Further information can be found here: [Inspections - My Life My Choice]

Quotes from Quality Checkers with My Life My Choice and Quality Experts from Style Acre, and why they enjoy the role.

A quote from a manager about the Quality Experts at Style Acre.

"It's about helping other people to have their say"
(Pam)

"We help make sure people have a high quality of life and get good support"
(Dawn)

"It's nice because it's a paid job. I like seeing other houses and meeting people. We chat about if they are happy and help people understand how we can do things better. I went to a managers meeting, and really enjoyed telling managers what we do it was nice to share our work about the houses they work at"
(Christina)

"I like going to visits and seeing how things are for people. Finding out about the good things and what needs changing and how staff are doing. It makes me feel happy to help people if they want to get things of their chest as they can talk about things"
(Katherine)

"It's important because we ask people how they feel about living in a Style Acre house. We make sure people are getting the support they want. If they are not happy, they will talk to us and we can do something about it. It's really important for me to be paid and have a job"
(Sadie)

"The Quality Experts presented at a managers meeting and felt really empowered to speak up on behalf of others. It was the most powerful training, and managers were really inspired hearing first hand experiences about the work they do"
(Manager at Style Acre)

Extra Care Housing

Extra Care Housing offers a unique blend of independence, care, and support, tailored to suit individual needs.

They are modern, self-contained homes, usually a one or two-bedroom flat.
People can arrange support from other services if they choose to, and there is professional care and support available on-site when needed.

Some Extra Care Housing may have a hairdressing salon or café's where people can meet up with friends and other residents.
To live in Extra Care Housing, people are normally over 55 years of age, although younger people may be accepted under special circumstances.

More information can be found here: Extra care housing | Oxfordshire County Council

Shared Lives

Shared Lives scheme supports adults with a learning disability, mental health problems, or other needs that makes it harder for them to live on their own.

The scheme matches someone who needs care with an approved carer. The carer shares their family and community life and gives care and support to the person with care needs.

Some people move in with their Shared Lives carer, while others are regular daytime visitors. Some combine daytime and overnight visits.

More information can be found here: Shared Lives | Oxfordshire County Council

What people have told us is good now

People with a learning disability, their families, carers and professionals told us what they feel is good now. We can learn from what people have told us to develop services in Oxfordshire.

People have a say in their support and what they want to do

There is good partnership working between the different services

Working with Experts by Experience, Quality Checkers

"I have a PA (Personal Assistant). I get good support and have a good relationship with one of my PA's, they are easy to talk to.

It would be better if my support was more reliable"

"Support providers hold coffee mornings so those living in supported living can meet up"

'I have support 4 days a week, most of it is good. They take me shopping and help me with my housework. I have a good relationship with them. Money Management are brilliant, they help me sort out my bills"

"We live in good houses, with good support at home, I must be careful on the pavements though, sometimes it's not safe"

Good now

"Good support team at my house, I have been able to talk to them when I am having ups and downs"

Staff help support people to be more independent

The Service Provider has a Link worker to help support with transition to supported living

People meet new staff before they start and are involved with the interviews

What good looks like

People have told us what good looks like to them. We can use this information to shape and develop services for people with a learning disability in the future.

People choose the decoration, furniture, and layout of their room

The same staff provide support to people in their home

People feel comfortable in their homes, are close to families / friends, and have house transport

Staff are trained to support people in all areas of their life

People are supported by staff with activities and events during the day and in the evening

What good looks like

People are matched with the people they live with so that they have similar interests

People are involved in writing their support plans, and they are focused on the person

There are more choices in the type of accommodation across the county for people

People feel confident to share their views and know that their voice is being heard

There are a range of facilities close by in the local community, like bus routes and shops

What needs to change

People have told us what they feel needs to change to help achieve what good looks like. We can use this information to develop work plans and identify key tasks to complete.

People need more information on what housing is available

Staff should have flexible work hours to support at different times

There needs to be more housing options across the county

What needs to change

Information needs to be easy to find and in the right format for people

There needs to be more training for staff covering a wider range of topics

There needs to be more communication with housing associations

Staff support people to learn new skills and promote independence

Housing associations work in partnership with people to address any repairs or works needed

More staff are employed who can drive, or staff are supported to get a driving licence

People are assisted to find the right housing and support

Homes and properties are suitable so all life stages can live through the same home

There needs to be more ground floor properties for supported living

What needs to happen

1. We need different types of housing in Oxfordshire which provide a choice for people with a learning disability to meet their individual needs and preferences.

2. Housing and support are safe and of a good quality for everyone.

3. Information and communications about the options available for housing and support should be easily available and accessible to everyone in a format that suits them.

4. People should understand their rights and responsibilities as a resident, tenant or homeowner.

5. People need to be able to access information and the right equipment, aids and adaptations to support them in their homes.

A work plan relating to the above identified key points will sit alongside the Learning Disability Plan. The work plan details the actions to be taken and the outcome measures of success to achieving the aims for Theme Three: Having a place to live

Theme Four: Homes not Hospitals

Our Aim

The right housing and support for people with a learning disability will be available in the community to prevent admission to hospital under the Mental Health Act.

There are systems in place to identify and track people with a learning disability who are most at risk of admission under the Mental Health Act. The systems follow national guidelines and quality standards.

If a person with a learning disability is detained under the Mental Health Act, they will be supported to maintain their health and wellbeing with reasonable adjustment made.

Discharge planning will start from admission, with the person always being at the centre of discharge planning.

I Statements

People with a learning disability living in Oxfordshire should be able to say:

I want to live a good life in the community, instead of being locked up in hospitals

I want to have a strong support network with friends, family, support staff and organisations that I trust in my home

I want to have access to caring and knowledgeable support in my home to stop going into crisis, and make sure that I return to full health

I am valued, and treated with respect and dignity

What success will look and feel like

My Story

The below is a story from Kingwood, a support provider in Oxfordshire:

We support someone (A) who was discharged from a medium secure hospital ward after 15 years.

A is able to make choices on day-to-day activities and developing the confidence to make medium and longer term decisions on things that matter to A.

We have support staff who want to put A first in everything they do every day, and encourage A to take the next steps forward, but are there if A feels unsure and make sure that A is not discouraged.

We work with colleagues from multi-disciplinary teams to make it “Good” for A. We ensure that A has a ‘home’ and support that makes them feel safe, and to feel comfortable about being able to open up to staff about how they feel.

Building the Right Support National Plan

A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

People with a learning disability and autistic people should have the right support in place to live an ordinary life and fulfil their aspirations, in their own home.

Building the Right Support is a policy to achieve this ambition by:

- strengthening community support
- reducing the overall reliance on specialist inpatient care in mental health hospitals
- improving the experiences of people with a learning disability and autistic people across public services such as health, social care, education, employment, housing, and justice

'Hundreds of people previously living in hospital are now living in their own homes, and the foundations for future progress have been laid' (Building the Right Support National Plan).

More information can be found here: Our plan to make Building the Right Support Happen

Homes not Hospitals

As part of Building the Right Support, there is an aim to reduce the number of people with a learning disability and autistic people in a mental health inpatient setting, and to develop community alternatives to inpatient care.

This will mean that fewer people will need to go into hospital for their care. 'Homes not hospitals' means people with a learning disability and/or autism having the same right as everyone else to live good lives in the place they feel happiest.

More information can be found here: NHS England » Homes not hospitals

Dynamic Support Register (DSR)

Policy

The latest version of the Dynamic Support Register Policy was published in July 2024. The policy is clear and outlines everything that is needed before, during, and after the Dynamic Support Register forum has taken place.

Forum

The DSR forum happens once every month. The forum involves a number of different professionals, including commissioners, social work teams, mental health professionals, the Reasonable Adjustment Service, Continuing Health Care, and Oxford Health.

During the forum, each person who is on the DSR is discussed, with their level of risk and current care and support plans taken into consideration. Actions are recorded and sent out for completion following the forum.

If a person is referred and accepted onto the DSR, or if a person already on the DSR's risks are thought to have increased or decreased, a Cheshire and Wirral Risk Rating Tool is completed to determine whether someone is rated Red, Amber, or Green.

People in the community are rated Red, Amber, or Green based on their level of need, whilst people who are in hospital are all rated Blue.

Cheshire and Wirral Risk Rating Tool

The Cheshire and Wirral Risk Rating Tool is used to support the flow of information to commissioners in a standardised and consistent manner.

The tool comprises of 19 items. The scores are weighted to reflect the extent to which each question is an indicator of increased risk of admission. It provides an overall RAG (red, amber, and green) rating which reflects current levels of risk of admission to inpatient services.

More information can be found here: NHS England » Dynamic support register

Dynamic Support Register (DSR) Social Work Team

The DSR Social Work Team commenced in early January 2024. The team consists of a Practice Supervisor and 3 Social Workers.

The DSR team is a dynamic responsive team which works across organisational and team boundaries, and alongside the people we support to prevent admission under the Mental Health Act and facilitate hospital discharges.

We work collaboratively with colleagues, commissioners and brokerage to create bespoke support options and manage risk in the community, always ensuring the person we support remains at the heart of our work.

Linda (Practice Supervisor)

Safe Space

Plans to develop a Safe Space have been under discussion since 2017 within the Oxfordshire Learning Disability and Autism System.

The Safe Space will be two self-contained apartments designed to support people in the community.

The Safe Space will be for short stays as an alternative to admission to hospital under the Mental Health Act.

The Safe Space will be in Didcot and will be ready due to be ready in 2027.

What needs to change

People have told us what they feel needs to change to help achieve what good looks like. We can use this information to develop work plans and identify key tasks to complete.

More services that are built around the people who use them for support

Space for people who are in crisis or just need a break and friends

What needs to change

People have the right to change their minds and move if they would like to

More in-county supported living options, and make sure they are genuinely accessible, near local amenities, and close to family members

Support from staff who are caring, knowledgeable and stay for a long time

People in full control of their health needs and decisions, or they get the right support from staff, family or professionals to get the right or suitable help

Access to helpful and well-trained professionals who understand peoples' needs

The right households, not putting people together just because they have the same needs, but because they actually get on and have shared interests

What needs to happen

1. I have the right support and housing in Oxfordshire to meet needs so that I don't have to be detained under the Mental Health Act.

2. There are community focused pathways and resources in place to support me in the community to prevent admission under the Mental Health Act.

3. There are systems in place to track and identify those people most at risk of admission under the Mental Health Act and that they follow national guidelines and quality standards.

4. If I do need to go into hospital and be detained under the Mental Health Act, I am supported to maintain what is important to me. This includes my health and wellbeing, relationships with family, friends and local community, and working towards my strengths to be able to support me back into the community.

5. If I do need to go to hospital and be detained under the Mental Health Act, I am at the centre of discharge planning and fully involved. The discharge plan should be strength based that enables me to leave hospital successfully.

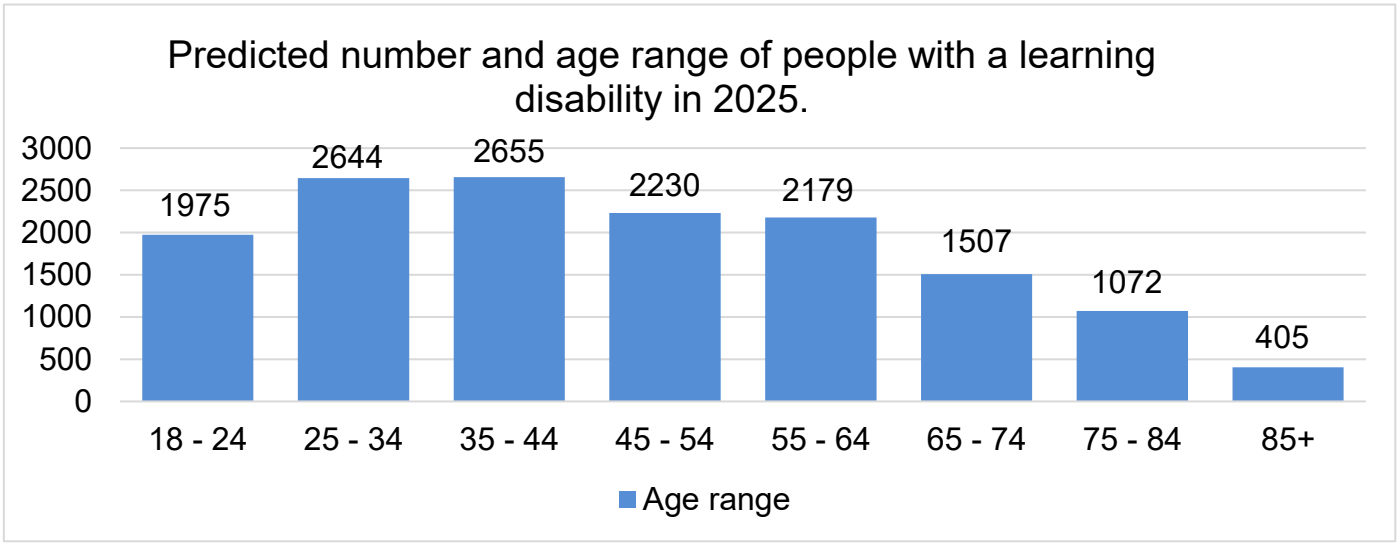
A work plan relating to the above identified key points will sit alongside the Learning Disability Plan. The work plan details the actions to be taken and the outcome measures of success to achieving the aims for Theme Four: Homes not hospitals

Key Information for Oxfordshire

Oxfordshire Population

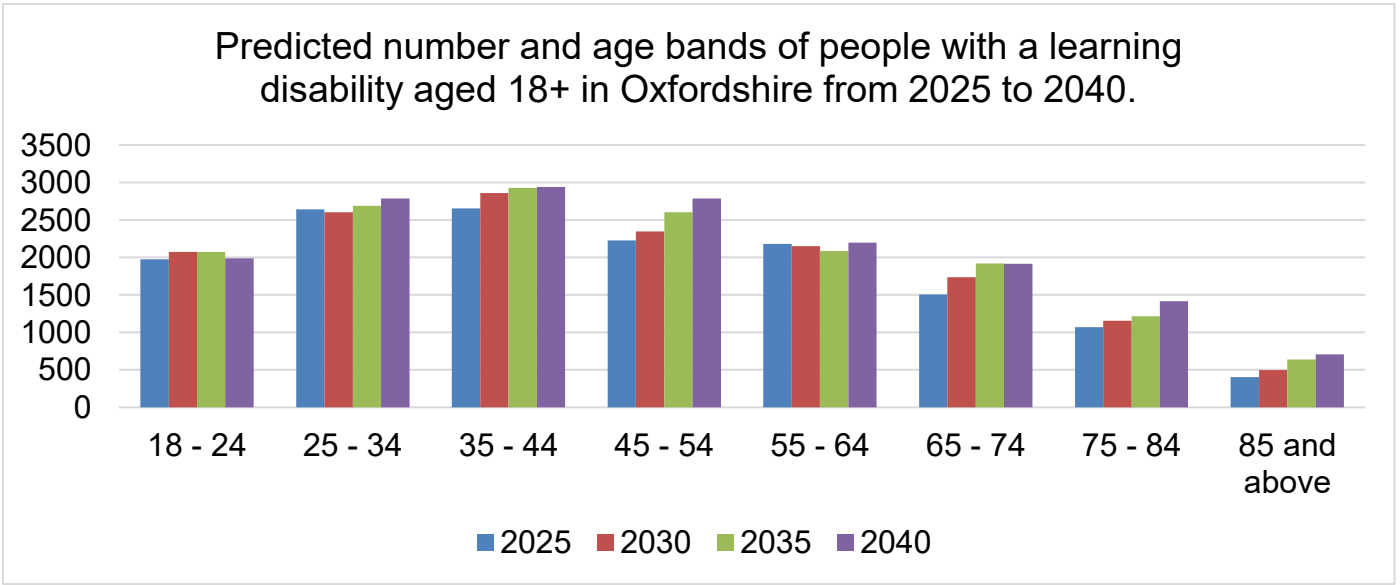
The estimated population of people aged 18 and over living in Oxfordshire in 2025 is 621,700.

For 2025, the prediction is that there are 14,668 people with a learning disability aged 18 and above living in Oxfordshire.



(Information from PANSI and POPPI)

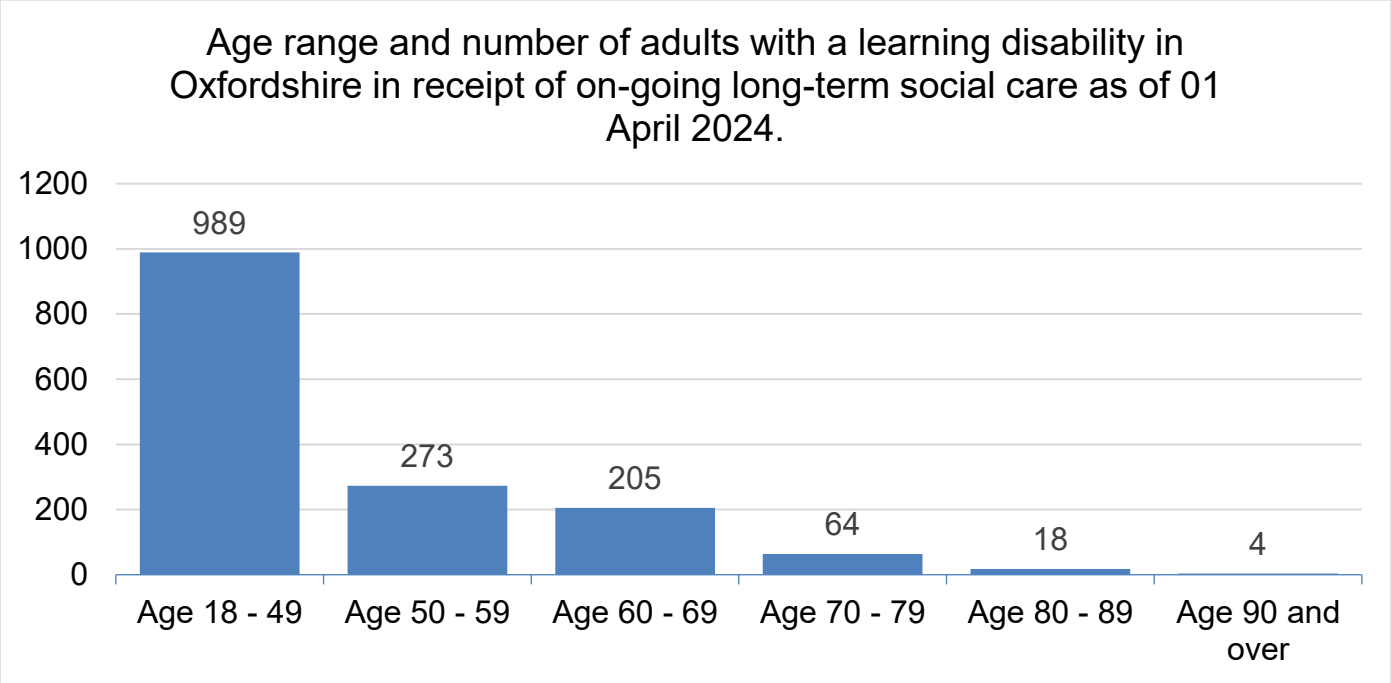
The below chart shows the predicted number of people with a learning disability aged 18+ in Oxfordshire from 2025 to 2040 and age bands.



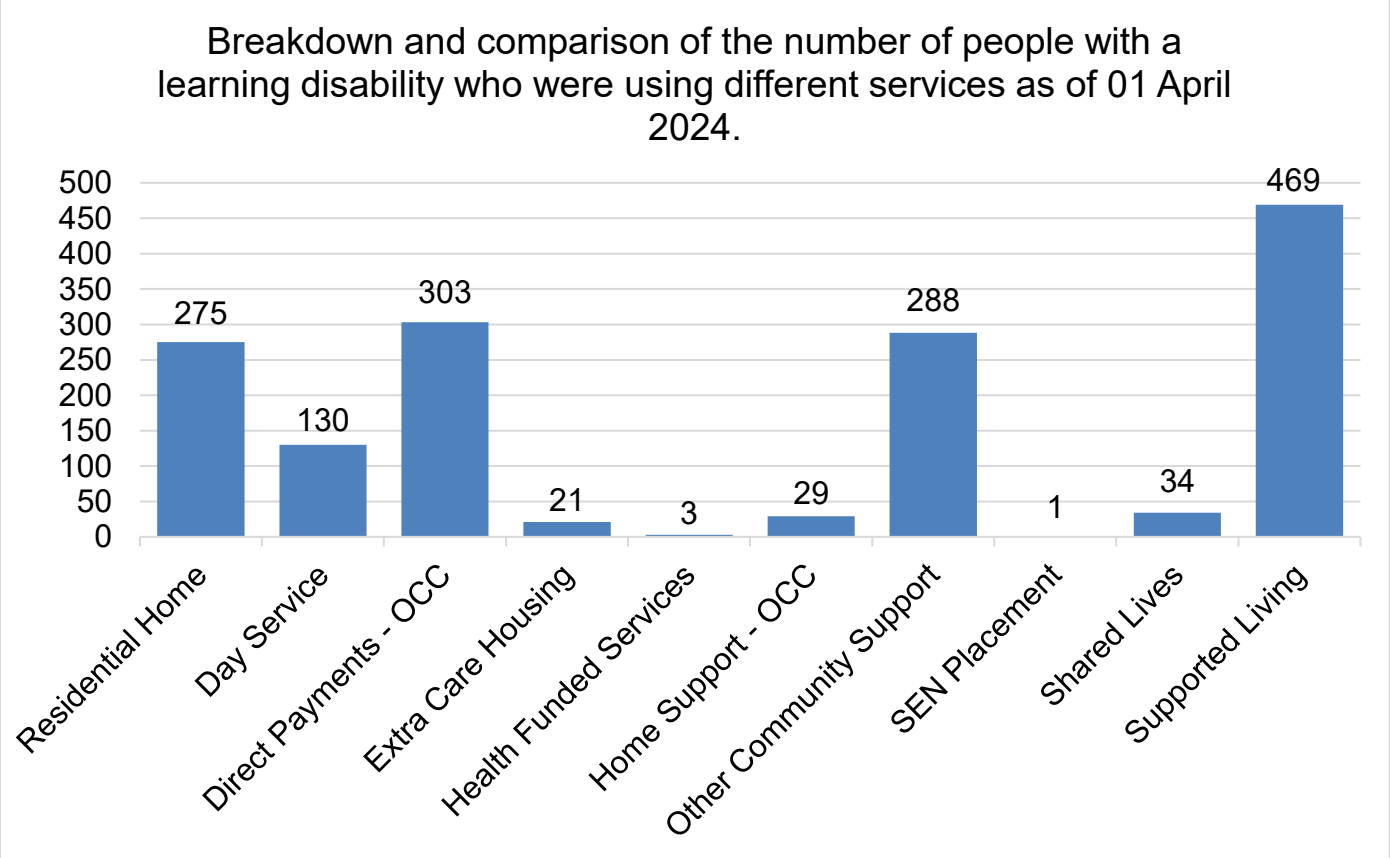
(Information from PANSI and POPPI)

As of 01 April 2024, there were 6285 adults in Oxfordshire with ongoing long-term social care from Oxfordshire County Council. Of those people, 1553 (24.7%) were adults with a learning disability.

The charts below show the age range of the people with a learning disability receiving ongoing long-term social care and the different services they were using as of 01 April 2024.

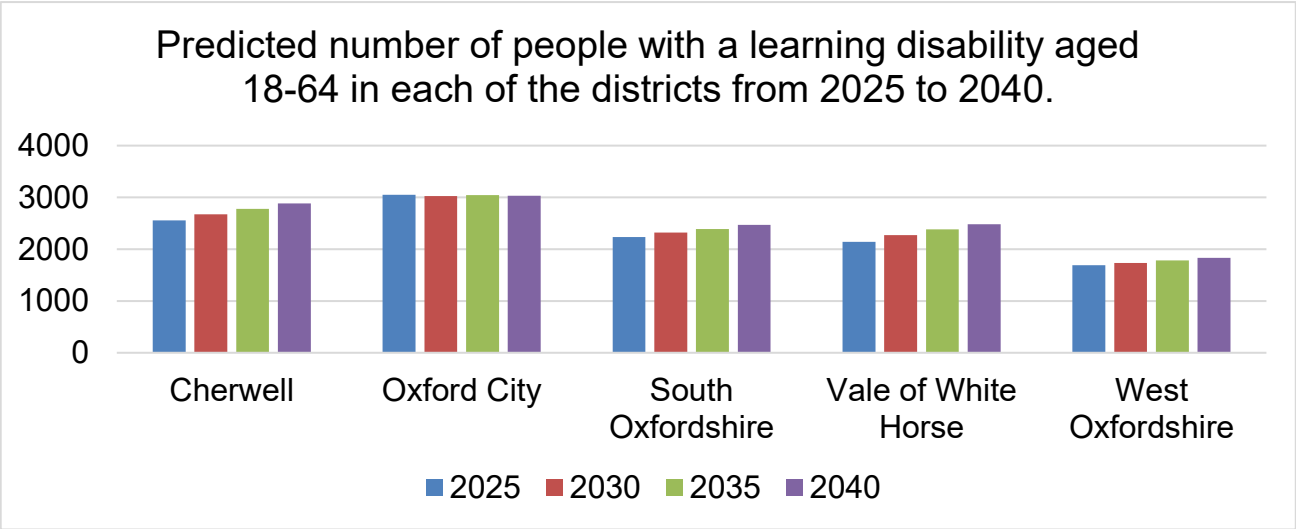


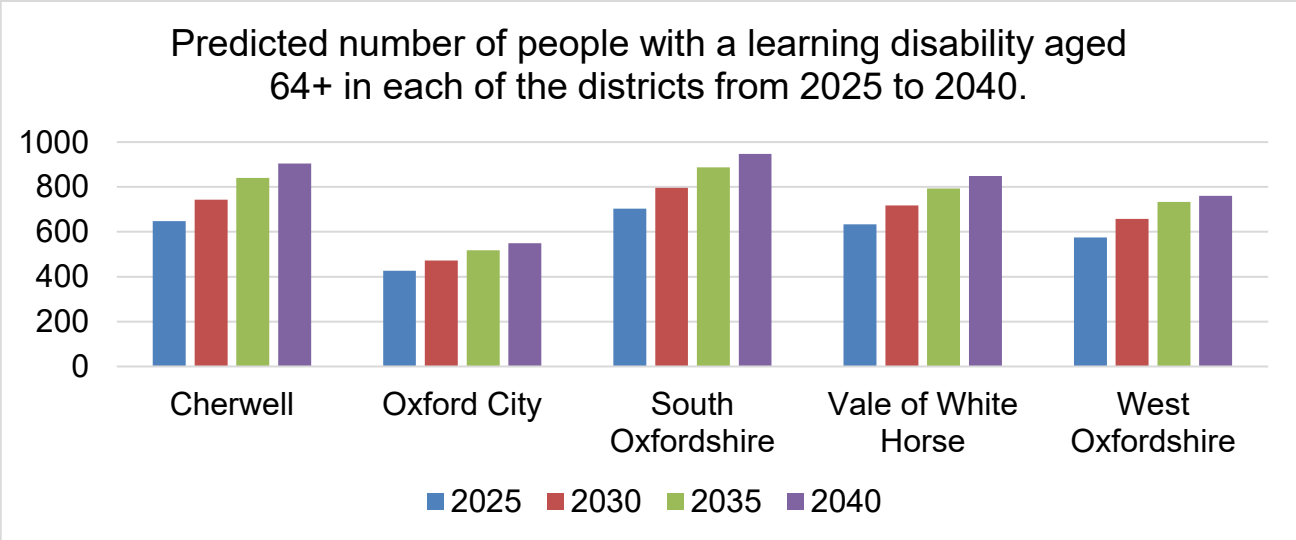
(Information from LAS and ContrOCC)



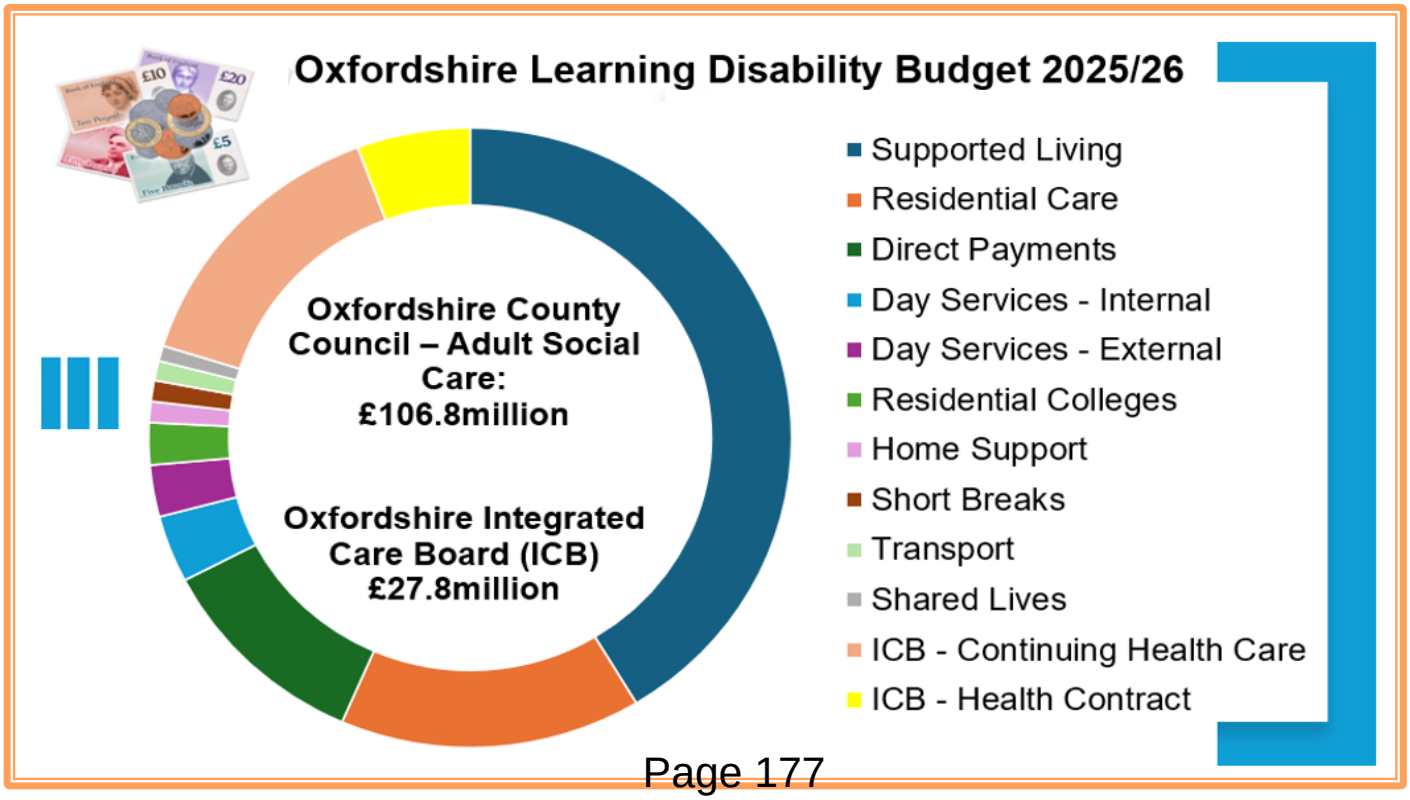
(Information from LAS and ContrOCC)

The charts below show the predicted number of people with a learning disability aged 18+ in the five districts of Oxfordshire from 2025 to 2040.





(Information from PANSI and POPPI)



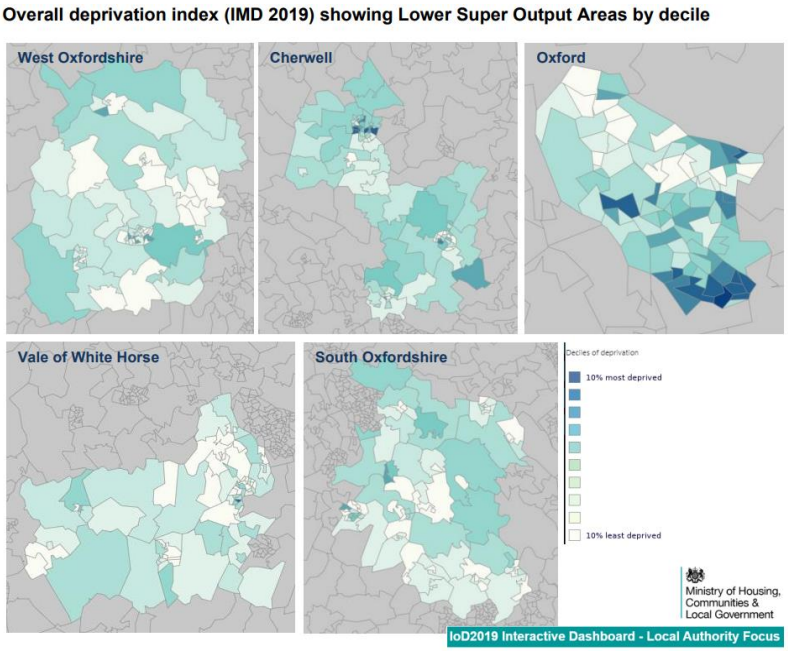
Areas of Deprivation

The Indices of Multiple Deprivation 2019 show that out of 151 upper-tier local authorities in England, Oxfordshire is the 10th least deprived.

The Indices of Deprivation is the collective name used for a group of 10 measures, each accessing a different aspect of deprivation.

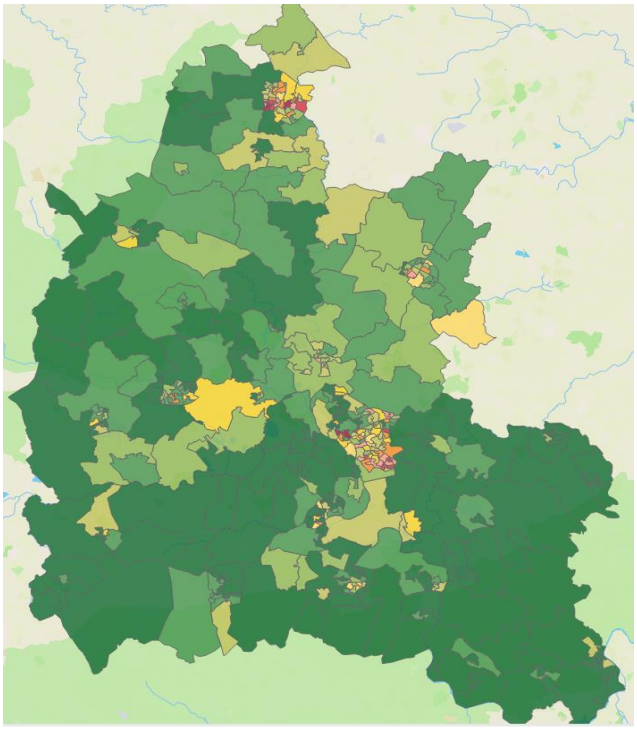
The charts from the Ministry of Housing, Communities and Local Government Interactive Dashboard show the city and district councils of Oxfordshire.

They show the Lower Super Output Areas (LSOA – on average 1,500 people) with the darkest colour indicating the 10th most deprived and the lightest colour indicating the 10th least deprived.



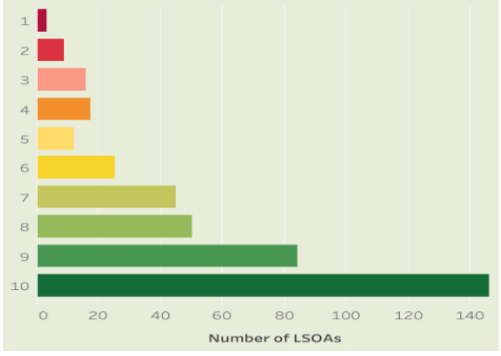
This information is taken from the Oxfordshire Bitesize JSNA and can be found here: JSNA-IMD2019-Oct19.pdf

Health Deprivation and Disability 2019



This chart shows the Health Deprivation and Disability Indices in Oxfordshire 2019.

The colours represent numbers as indicated below. Number 1 represents the most deprived areas and number 10 the least deprived.



Further information can be found here: Workbook: Oxfordshire Local Area Inequalities Dashboard

Resources

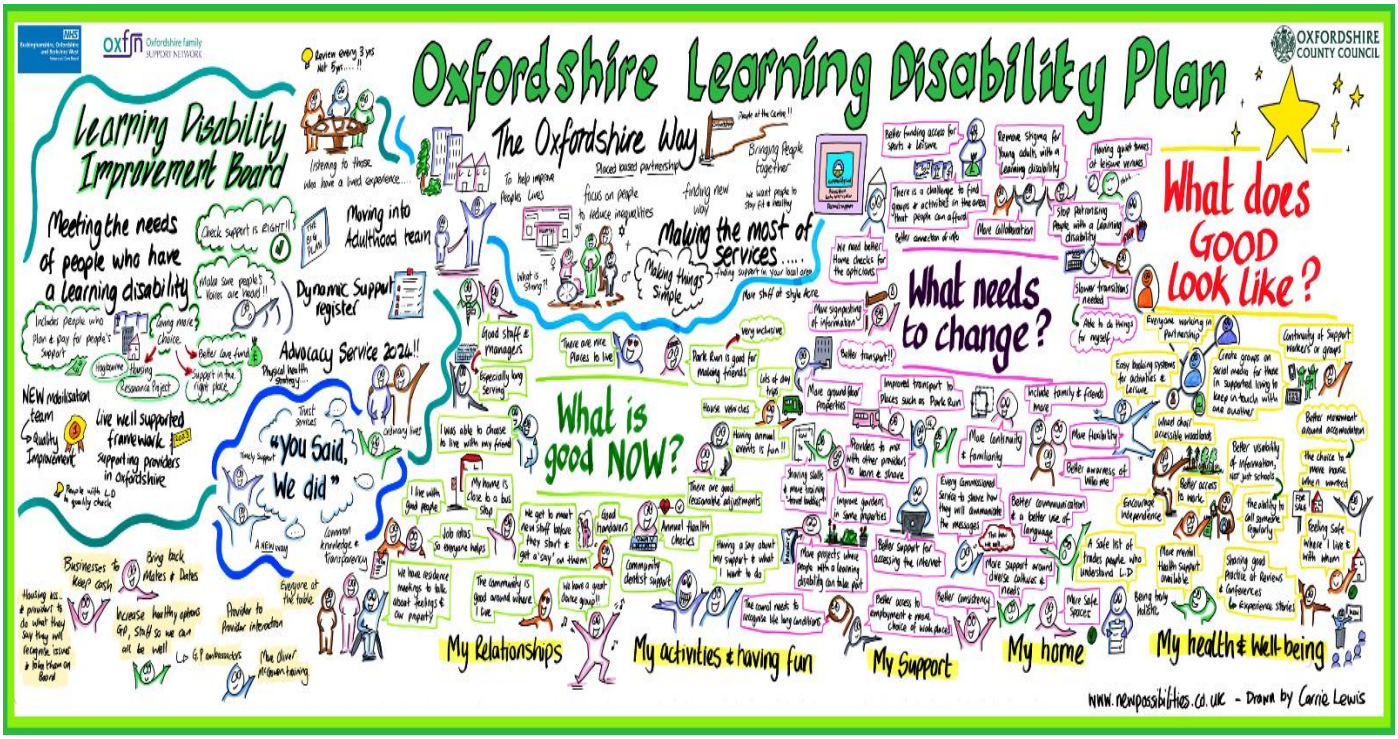
Community Connections	Community Connections | Oxfordshire County Council
Foundation for People with Learning Disabilities – Hearing Loss	Hearing loss | Foundation for People with Learning Disabilities
HOPE'S Model	Restraint Reduction Network Training Standards 2020
Legislation: Care Act 2014	The Care Act | Mencap
Legislation: Data Protection	How we use your information: easy read
Legislation: Downs Syndrome Act	https://ndspg.org/wp-content/uploads/2021/11/ER_DSBill_04_F_Print.pdf
Legislation: Equality Act	easy-read.pdf
Legislation: Human Rights Act	All Our Easy Read Information on Human Rights | BIHR
Legislation: Mental Capacity Act	Mental Capacity Act 2005: An easy read guide
Legislation: Mental Health Act	Mental Health Act (easy read) - NHS
Legislation: The Health and Social Care Act	Health and Social Care Act 2012: fact sheets - GOV.UK
Oxfordshire Family Support Network (OxFSN): All About Health, Emolden, Planning Ahead, Moving into Adulthood Handbook	Oxfordshire Family Support Network | Learning Disability – OxFSN
Oxford Health NHS - Community Learning Disability Team	Community Learning Disability Teams - Oxford Health NHS Foundation Trust
Oxford Health NHS – Your Health	Your health | Oxford Health NHS Foundation Trust
Oxfordshire Joint Strategic Needs Assessment (JSNA)	Oxfordshire Joint Strategic Needs Assessment 2024 Overview of facts and figures about Inclusion health groups
Positive Behaviour Support	Positive Behaviour Support - Challenging Behaviour Foundation
The Oxfordshire Way	The Oxfordshire Way in Adult Social Care
Oxfordshire Strategies	
Oxfordshire All-Age Unpaid Carers Strategy	All-Age Unpaid Carers' Strategy for Oxfordshire | Oxfordshire County Council
Oxfordshire Health and Wellbeing Strategy	231207_HWB_Item 7_Annex 2- Health and Wellbeing Strategy_full_Final-Draft.pdf
Oxfordshire Local Area Special Educational Needs and Disability Strategy	SEND draft strategy 2022-2027
Oxfordshire Way Prevention Strategy and Delivery Plan	Oxfordshire Way Prevention Strategy and Delivery Plan

Pledge Board

Oxfordshire Learning Disability Plan 2025 – 2035

Dynamic Work Plans

(Years 1 and 2)



Theme One:
Having a Good Life

Dynamic Work Plan

1. Making what people have said is good now, even better. Sharing good practice and lessons learnt to increase the quality of services.

Key Actions:	Outcome Measure of Success
Review how services are quality checked for daytime opportunities across the different services.	There is clear information on how services in Oxfordshire carry out quality checking by April 2026.
Explore what measures are considered and used to identify a good service for community social groups.	There is clear information on measures used to identify a good service for community social groups by June 2026.
Look at and work with services around producing quality standards and expectations for daytime opportunities.	There are agreed, co-produced quality standards and expectations set for daytime opportunities in Oxfordshire by April 2027.
Review how services can share areas of good practice with other to develop services.	A forum / network for outreach services and daytime opportunities is established by April 2026.
Review and analyse the current market for outreach and daytime opportunities.	Clear understanding of the market by August 2026.
Explore opportunities for development of outreach services.	Clear understanding of the opportunities available which are co-designed and co-produced by December 2026.

2. Information is easy to find, shared with all, and available in different formats.

Key Actions:	Outcome Measure of Success
Explore different information platforms which can be used for sharing of activities, social groups, and events.	People have an information platform where they can share and look to see what is happening in their local areas and communities by December 2026.
Research further if people would like a logo on leaflets for social groups, events, and activities to say that all are welcome. If chosen, people to help design a logo they would like used.	People feel confident that they will be welcomed when attending social groups, events, and activities and that they are accessible by December 2026.
Work with organisations and social groups to look at producing information and leaflets which are easy read and are accessible.	Information and leaflets for activities, social groups will be accessible by April 2027.

3. More people with a learning disability are able to find volunteering and work experience opportunities, and paid employment in Oxfordshire.

Key Actions:	Outcome Measure of Success
Explore options to engage with and support employers to establish different work opportunities for people with a learning disability.	More businesses and employers in the county have work opportunities available for people with a learning disability by April 2027.
Collaborate with communities to increase opportunities for volunteering and work experience to develop skills and try different areas of work.	More opportunities for volunteering and work experience in the community for people to develop their skills. More opportunities for people to try different areas of work by April 2027.
Work with Employment Services to explore options to help support people with completing application forms and attend interviews.	People with a learning disability feel confident to complete application forms and attend interviews by September 2026.
Work with people to explore what skills they would like to develop and, design	People are supported to develop their chosen skills, help design and deliver

workshops and courses to help with getting a job.	courses to support each other by April 2027.
Develop a network for the sharing of volunteering, work experience and employment opportunities	People who are interested in seeking volunteering and employment opportunities have a place where they can go and look to see what is available by April 2027.
Explore opportunities for creating and developing social enterprises in the community, increasing work experience and employment opportunities.	More social enterprises in the community by April 2027.

4. There are more accessible places and a variety of social groups, activities and events for people to join and meet friends in their local area, community, and further afield.

Key Actions:	**Outcome Measure of Success**
Research how buildings and community facilities are currently used.	Better understanding buildings and how they could be developed and used by communities by April 2026.
Map all current activities, groups, and clubs available in the county and where these are to help identify where there may be gaps.	A clear understanding of the wide range of activities, groups, and clubs available across the county by April 2026.
Work with people from community facilities to look at how spaces can be used to offer activities, social groups, and events.	Improved use of local buildings and increase options for groups to be held at various times of the day and evening by April 2027.
Work with people and communities who would like to set up groups or activities in the community and if there is any support or funding available for this.	People who would like to set up groups or activities are supported to do so and aware of any opportunities available for funding towards this by April 2027.

5. Improve the skills, understanding and knowledge of people and communities.

Key Actions:	Outcome Measure of Success
Explore the accessibility and quality of information for all people.	Information is accessible and appropriate for all people by July 2026.
Explore how services deliver training and look at areas where experts by experience can and should be delivering joint training.	Training for people is reviewed, co-produced and delivered jointly with Experts by Experience by December 2026.
Work with communities to look at how they can be more inclusive and accessible.	Local communities have a better understanding and awareness so that they are inclusive and accessible by April 2027.
Work with communities, city, and district councils to encourage more places to sign up to become a Safe Place.	More places are signed up to be a Safe Place and aim for them to be within a 5-minute walk by December 2026.
Explore how services are promoted in the local communities and raising awareness. Increasing engagement and being involved in events and promoting services, social groups.	Services are promoted and help raise awareness in the local community by December 2026.

Theme Two:
Health and Wellbeing

Dynamic Work Plan

1. People will be offered regular health check-ups to find any health problems early. They will get the right support to stay healthy. Everyone will have their own health and care passport to help make sure they get the right care that is fair and works well for them.

Key Actions:	Outcome Measure of Success
People are supported to understand why regular health checks and screenings are important. Health Professional and screening teams are supported to make sure their information, check-ups, follow-ups, and treatments are fair and easy to use for people with learning disabilities. Respect will be given to people's individual choices and clearly indicated on records with their informed consent.	People will be invited every year to see their GP for a health check and to take part in important health screenings. Health needs will be found early so people get fair and proper treatment and support that fits them. GPs and screening teams will provide services that respect each person's choices and needs. More people with a learning disability will use and benefit from health screening services.
Promote the importance of people to have a health and care passport in place and that these are completed following the annual health check with their GP.	By January 2027, all people will be offered a health action plan after their yearly GP health check as part of their health and care passport. They will get help to fill it in properly if needed, so services understand them and their health needs.
The health and care passports will be changed to have two parts. Part one will be a hospital grab sheet. Part two will be the health and care plan. This will help all healthcare workers know the passport and use it easily. This way, people with a learning disability will get safe and proper care. The plan is to make this the same in all parts of the local Integrated Care System.	There is an agreed and tested format of the health and care passports used across the local Integrated Care System by December 2026.

2. We want to help people live healthy lives. We will promote and share information about healthy lifestyles, groups and workshops across Oxfordshire. These will be tailored to peoples' needs.

Key Actions:	**Outcome Measure of Success**
By September 2026 we will co-decide important topics and find or create the resources to help people live healthy lives and feel well. We will work with partners to find these resources and ways to run projects that support healthy lifestyles and wellbeing.	The plan will be made together with people. Resources and the delivery of projects to promote healthy lifestyles and wellbeing will be identified. We will have appropriate resources and ways of sharing these resources with people who have a learning disability, their families, carers and support systems.
We will work with experts by experience to co-design talks and workshops for maintaining healthy lifestyles and wellbeing.	Talks and workshops are co-designed with experts by experience by December 2026. Health talks and workshops for healthy lifestyles and wellbeing are delivered either by or jointly with experts by experience to peers and services across the county. People stories and experiences will be captured.
We will find and map services and groups supporting people with health and wellbeing in Oxfordshire.	Identify any gaps in services and groups across Oxfordshire relating to maintaining health and wellbeing by June 2026.

3. Services are easy to get to, welcoming and meet the needs of people, including easy-read materials and support during appointments.

Key Actions:	**Outcome Measure of Success**
Health services are encouraged to seek guidance and are supported to identify how they can make reasonable adjustments so that they are easy to get, welcoming and meet the needs of people.	People find health services are easy to get to, welcoming and meet their needs.
Topics and subjects relating to health and wellbeing are identified by stakeholders for easy read materials. Easy read materials are produced covering a wide range of subjects to share information and support people to make decisions and informed choices.	People have access to a wide range of easy read materials to support them with having information, and where appropriate make decisions and informed choices by April 2027.
People are asked about their individual needs and wishes, and if they would like information in a specific format. For example, pictures explaining what will happen during an appointment.	Information is provided in a format which meets a person's individual needs and this is recorded in their notes. Resources are made available before and during appointments if requested.
People are supported by professionals or peers whilst waiting for health appointments where appropriate. People are supported by appropriately trained professionals during health appointments should this be needed to explain information to meet the individual's needs, or if requested.	People have appropriate support as identified or requested at health appointments.

4. People understand their rights and have the same choices as everyone else when getting support for their health, medical conditions, and wellbeing.

Key Actions:	Outcome Measure of Success
Services work in partnership with people to identify and plan where reasonable adjustments can be made.	Services are adaptable and able to make reasonable adjustments to enable people to have choices and their individual needs met.
Explore different assistive technology and technology enabled care available and how it may benefit people.	By September 2026, we will gather information about helpful technology. This includes assistive technology and technology-enabled care. The aim is to show people their choices and how these tools can help them: • manage health conditions • stay independent • feel well

5. Training for professionals and staff to develop skills, knowledge and understanding.

Key Actions:	Outcome Measure of Success
Identify training which professionals and staff are required to undertake as mandatory and non-mandatory, how this is delivered, and frequency for refreshers.	Understanding of training for professionals and staff which is mandatory and non-mandatory and where there may be potential gaps by May 2026.
Identify areas of training and potential gaps for professionals and staff which is more specialised.	A clear understanding of training needs and areas of development for professionals and staff to support people to maintain their health and wellbeing by May 2026.

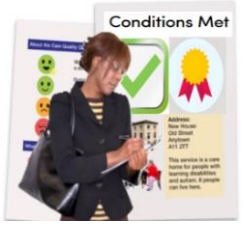
Identify areas of training which can be shared across services and working in partnership and collaboration.	Services are able to work together to share training and potential costs by September 2026.
Work with services to look at joint training and co-design courses which are co-delivered by Experts by Experience.	Experts by Experience are involved with training professionals and staff, including design and delivery by November 2026.

Theme Three:
Having a Place to Live

Dynamic Work Plan

1. We need different types of housing in Oxfordshire which provide a choice for people with a learning disability to meet their individual needs and preferences.

Key Actions:	Outcome Measure of Success
Write a 10-year housing plan.	The housing plan will be written by September 2025.
Review the housing that we already have in Oxfordshire for Supported Living.	There will be a housing review and improvement plan written with priorities for 2026/27 by September 2025. The housing review and improvement plan will be included in a cabinet paper written, asking for money for the housing plan.
We will ask the Council for money for the housing plan.	By February 2026, the money will be agreed by the Council for a 10-year housing plan.
We will co-produce an outreach model of support so that more people can stay in their own homes.	New outreach contracts will start by February 2027.
We will improve people's access to "short breaks" so that people can remain in their own home with breaks for family carers.	A new Short Breaks service contract will be in place by October 2026.
We will improve people's access to "shared lives" so that people have improved housing and support options.	A plan will be written by October 2026.



2. Housing and support are safe and of a good quality for everyone.

Key Actions:	Outcome Measure of Success
The council will continue to work with Quality Checkers to check supported living contracts. We will check which providers have their own quality checkers.	Experts by experience will be able to tell people about the quality of support and housing to help make improvements. We will have a list of support providers who use quality checkers by March 2026.
There will be a review of how people were involved in choosing a supported living provider.	Feedback will be used to improve future plans and checklists to review and choose supported living providers. The review will be completed by February 2026.
We will make sure people's feedback is included in contract reviews and decisions to replace contracts.	There will be an agreed plan and checklist written of how people are involved in supported living contract reviews by February 2026.
We will co-produce how we will involve people in choosing new supported living contracts.	There will be an agreed plan and checklist written of how people are involved in choosing new supported living contracts by February 2026.
We will co-produce a Supported Living Charter. This will include information about what supported living should be to share with people and different organisations.	A Supported Living Charter will be written by February 2026. The Charter will link to the new National Housing Standards that are being written.
Key Performance Indicators will be agreed with support providers for current supported living contracts.	Key Performance Indicators will be agreed with support providers by March 2026.
We will make sure that out of county housing is safe and of a good quality.	The current process for reviewing housing out of county will be shared and improvements suggested by March 2026.

3. Information and communications about the options available for housing and support should be easily available and accessible to everyone in a format that suits them.

Key Actions:	Outcome Measure of Success
We will find out what information is currently shared with people about housing and support. This will include: - General housing - Shared lives - Short Breaks - Outreach support - Supported living	We will review the information that currently exists and update this plan to make improvements by February 2026.
The Live Well Oxfordshire website will be updated to share supported living options which will include information about different support providers.	People will have better information of support available to improve choice by June 2026.

4. People should understand their rights and responsibilities as a resident, tenant, or homeowner.

Key Actions:	Outcome Measure of Success
We will find out what information is currently shared with people, and their family carers about their rights and responsibilities.	We will review the information that currently exists and update this plan to make improvements by July 2026.
We will work with partners to make sure information is provided about: - shared ownership - trusts	There will be better information to make sure people's future rights are protected to protect their access to good housing. There will be information provided by July 2026.

5. People need to be able to access the right equipment, aids, and adaptations to support them in their homes.

Key Actions:	**Outcome Measure of Success**
We will find out more information and what the issues are for people with a learning disability. We will co-produce a plan to recommend improvements that could be made.	The review and recommendation plan will be produced by February 2027.

Theme Four:
Homes not Hospitals

Dynamic Work Plan

1. I have the right support & housing in Oxfordshire to meet needs so that I don't have to be admitted under the Mental Health Act.

Key Actions:	Outcome Measure of Success
Build supported living homes for people that need specialist housing. This will be an alternative to a hospital admission under the mental health act.	The homes will be built by January 2027. Reduction in the number of people placed out of county on the Dynamic Support Register.
A specialist support provider will be commissioned for the new supported living homes	The specialist support provider will be ready to support people in the new homes by March 2027

2. There are community focussed pathways and resources in place to support me in the community to prevent admission under the Mental Health Act.

Key Actions:	Outcome Measure of Success
A co-produced operating model will be written for the Safe Space	The Safe Space operating model will be signed off by all stakeholders by January 2026.
A co-produced Safe Space specification will be written. The specification will explain what is expected from the Safe Space host provider.	The specification will be written by January 2026.
A Safe Space host provider will be commissioned for the Safe Space.	The Safe Space host provider will be ready to support people at the Safe Space by November 2026.

There will be two self-contained Safe Spaces built to avoid hospital admission.	The Safe Space is built by September 2026. People are only admitted to hospital with a treatable mental health condition. Measure the number of people who have been supported to avoid a hospital admission.
A joint working protocol will be written to include: The Dynamic Support Register Team The Learning Disability Health Team The Operational Social Work Teams The Intensive Support Team The Reasonable Adjustment Service The Learning Disability and Autism Liaison Service	The joint working protocol will be written by March 2026 to support people to stay in the community.

3. There are systems in place to track and identify those people most at risk of admission under the Mental Health Act and that they follow national guidelines and quality standards.

Key Actions:	**Outcome Measure of Success**
Review the Dynamic Support Register policy action plan.	The action plan will be completed by March 2026.
There will be an annual review of the Dynamic Support Register forum and policy.	The annual review will be discussed in the Building the Right Support subgroup starting March 2027.

4. If I do need to go into hospital and be detained under the Mental Health Act, I am supported to maintain what is important to me. This includes my health and wellbeing, relationships with family, friends and local community, and working towards my strengths to be able to support me back into the community.

Key Actions:	Outcome Measure of Success
Commissioner Oversight visits to take place every 6 to 8 weeks.	Key themes and issues will be reported every 4 months to the Building the Right Support subgroup.
Concerns from Commissioner oversight visits will be raised to the Dynamic Support Register forum. This will be included in the Dynamic Support Register policy action plan.	Concerns are shared every month to make sure people are safe in hospital. The action plan will be updated by March 2026.
There will be a review of the involvement of advocacy, families, and people supporting the person in Care and Treatment Reviews.	Review of the involvement of advocacy, families, and people supporting the person in Care and Treatment Reviews to be reported to the Building the Right Support group.

5. If I do need to go to hospital and be detained under the Mental Health Act, I am at the centre of discharge planning and fully involved. The discharge plan should be strength based that enables me to leave hospital successfully.

Key Actions:	Outcome Measure of Success
Early planning meetings to write a plan for discharge will take place with the person in hospital.	There will be a 12-point discharge plan for everyone to work to. The plan will be written with the person.
There will be a joint working protocol written to make sure it includes how	The joint working protocol will be written by March 2026.

everybody works together to support discharge.	The person will only be in hospital for as long as treatment is needed.
There will be more information provided to people about Care Education and Treatment reviews.	There will be a learning lunch and training slides provided to stakeholders for information by October 2025.

Learning Disabilities Physical Health Strategy 2022-2024

Stage One Spring 2022

Overview

This Learning Disability Physical Healthcare strategy has been developed to support delivery of Oxford Health NHS Foundation Trust's objective, to provide **"Outstanding care delivered by an outstanding team"** This policy also reflects our values of **"Caring, safe and excellent"** It aligns with our mission "*to help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well*'.

This policy has been developed in close partnership by Oxford Health Foundation Trust (OHFT) working with: Oxford University Hospital Trust (OUH), Oxfordshire County Council (OCC), Oxfordshire Family Support Network (OFSN), Oxfordshire Association of Care Providers (OACP) and NHS Oxfordshire Clinical Commissioning Group (CCG).

Background

This strategy recognises that to provide great care and achieve great outcomes the physical health of our service users and their carers must be well supported. This needs to start from birth and be continued through to end of life, regardless of diagnosis. The physical health of people with a Learning Disability (LD) is known to be significantly worse than that of the general population; these individuals on average die 15-20 years prematurely. The vast majority of these premature deaths are not due to genetic factors related to their LD, but instead are caused by chronic medical conditions which are prevalent as a result of a number of modifiable risk factors such as, poor healthcare, (often exacerbated by communication issues or the lack of "reasonable adjustments"), poor diet, a sedentary lifestyle and lack of physical activity.

By aiming to effectively address known and modifiable risk factors, we believe the physical health outcomes of service users can be significantly improved. The disparity in life expectancy and physical health outcomes between people with a Learning Disability and the general population has the potential to be considerably reduced.

Aims This strategy identifies a number of overarching objectives:

I. To ensure LD service users living in Oxfordshire are enabled to achieve the best possible physical health status, in addition to us as organisations, providing excellent health and social care and support. We are aware that there is a **lack of recognition by patients, carers and in primary care, of the health conditions more prevalent** in people with a Learning Disability which we need to redress. We need to ensure that families and carers are confident in their knowledge and skills to support service users in achieving their best possible physical health outcomes.

II. To **achieve a year-on-year improvement** across a range of physical indicators for our service users (e.g., Uptake of Annual Health Checks and screening programmes and improvements in findings from our local Learning from lives and deaths (LeDeR) Programme)

III. **Specific objectives**

1) More work is needed to help carers **Identify and managing deteriorating/unwell person.** We would like to promote more the use of "Restore 2" and similar tools
2) Family/paid carers/individual's awareness of **good bowel management** is poor, and we need to do more work in this area to improve understanding.
3) **Respiratory care** – developing a clearer pathway across services that can reduce the number of cases of pneumonia.

IV. Promote timely conversations about **proactive care planning** (life choices) for any individual living with a learning disability. We want to ensure that as a person ages, their expressed wishes about their care and treatment are respected. To also, reduce the number of people with LD dying in hospital to be more in line with the general population.

V. **Screening & Vaccinations Uptake**: to work with other healthcare agencies to improving flu/covid/ vaccination uptake rates and to develop better "reasonable adjustment "in this area**.**

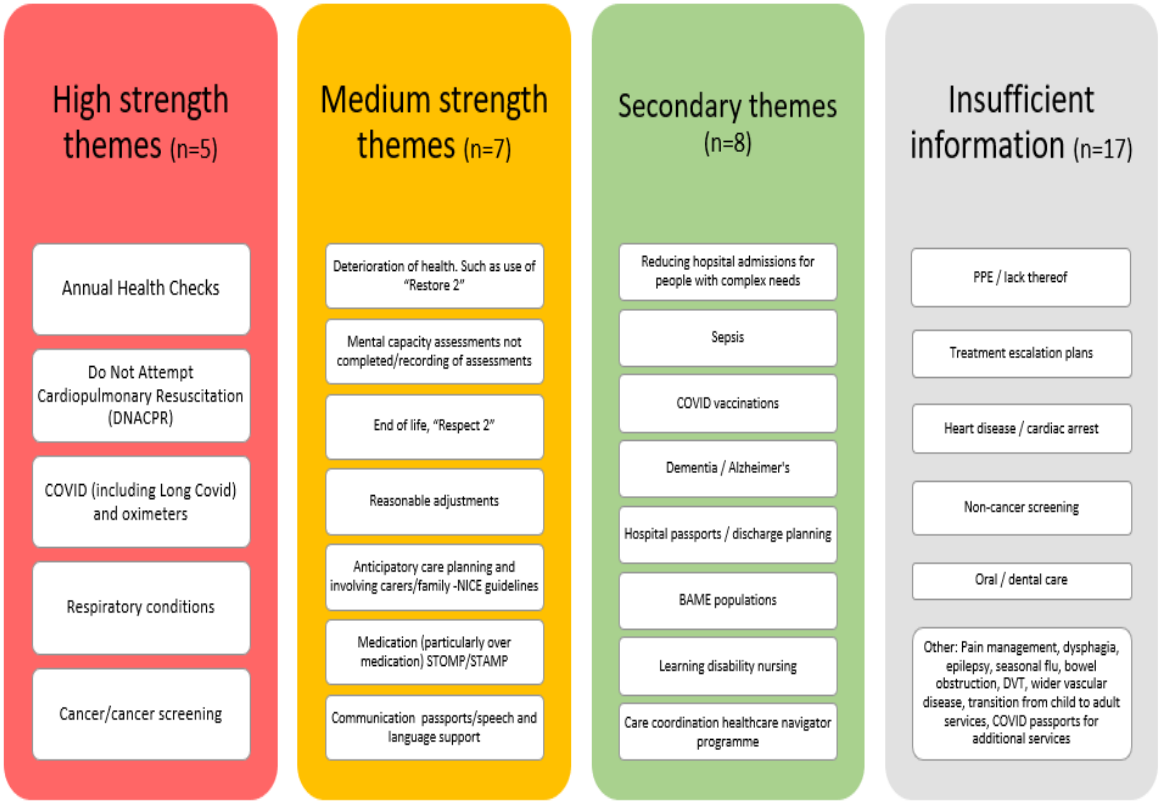
VI. To continue to work in collaboration with partner organisations such as the CCG, Primary care, Acute care and family carers to achieve better physical and mental health outcomes for the local LD population.

The National Context

Findings from the Learning from Deaths of people with a learning disability Review (LeDeR): This initiative has identified that people with a learning disability frequently have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. Too many people with a learning disability die prematurely, many due to preventable or treatable reasons.

The LeDeR review was established in 2017 as a national service improvement programme to explore why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities. By finding out more about why people died we can understand what needs to be changed to make a difference to people's lives.

The most recent published LeDeR review (2020/21) analysed the areas that progress was being made within, but also noted the areas where further emphasis is needed, see diagram below. Our local strategy reflects these priorities.



Local Context

- From January 2017 to December 2021 there has been little variance in the number of deaths over time. There has been a small increase from Oct-Dec 2021 for patients aged 75 and over, similar to the national picture. On average we have around 470 deaths each month, including current and discharged patients, expected and unexpected. Most deaths for patients with an open referral (83%) aged 75 and over. Except for significant peaks in April 2020 (n=946 deaths) and January 2021 (n=732 deaths) which related to deaths as a result of COVID-19.
- Over the last 5 years 51% of deaths were females and in relation to ethnicity – this was recorded for 34% of patients and showed 94% of patients were White British.
- Our trend over time mirrors the national pattern from 2017 to 2021 including the peaks in April and January. In the Trust the peak in April 2020 was followed by a lower-than-average number of deaths between June to Sept 2020.
- Since March 2020 there seems to have been a small increase in the number of deaths for patients aged 19-64. Although the number has dropped in Nov and Dec 2021. In 2021 there were 636 deaths of patients aged 19-64. Most of the deaths related to people aged 51-60 (44%), with an open referral to a physical healthcare service i.e., District Nursing. Most are expected deaths, 94 were reported as unexpected, 9 as COVID related and 38 identified as suspected suicides (10 confirmed at inquest to date). 29 deaths identified as PSIs (previously known as SIs).
- In 2021 there were 34 deaths for patients aged under 18 (compared to 28 in 2020), 27 with open physical health referral (i.e., health visiting), 3 with open mental health referrals and 4

discharged at time of death. 18/34 deaths were unexpected, and the Coroner has confirmed 2 were suicide. All deaths are reviewed through the multi-agency child death overview process (CDOP) led by the safeguarding board and in some cases will also have a serious care review.

- We have had 100 inpatient (John Radcliffe & Horton) deaths in 2021, this includes patients who die within 2 days of an inpatient stay (compared to 97 in 2020):
- Most inpatient deaths occurred in the community hospital wards (90%) for patients aged over 75 and the death is expected.
- The number of acute inpatient deaths in community hospitals is the same as 2020 and declined from 2019 possibly as a result of people having more choice about where they die.
- In 2021 we had 10 COVID-19 related inpatient deaths (compared to 24 in 2020).
- In the last 12 months there were 9 deaths for patients on a mental health ward or within 2 days of a stay: 3 related to COVID-19, 1 expected, 3 unexpected/ natural and 2 unexpected/ unnatural. 5/9 deaths were older adults.
- In 2021 we also had 4 deaths of detained patients while on long term leave.
- In 2021 there have been 63 confirmed/ suspected suicides for known patients, a decline compared to 80 in 2020. 41/64 suicides were by men. In nearly half of the cases the person was not open to services at the time they died, further analysis is underway to understand this and identify any actions to take.
- In relation to total suspected suicides in the Thames Valley area, including people not known to our services, the Police held surveillance data shows from January to September 2021 49 suicides in Oxfordshire and 34 in Buckinghamshire, in the majority of months there has been a decline from the previous year (2020) except for June and July 2021 in Oxfordshire.
- An initial screening should be completed for all known patient deaths by at least 2 senior clinicians which includes speaking to the bereaved family. After this screening the following types of deaths are reported onto Ulysses for further scrutiny; unexpected deaths, suspected suicides, expected deaths where there are any care concerns identified, all learning disability deaths, all mental health inpatient deaths, all COVID inpatient deaths and all deaths of a patient detained. In relation to number of deaths reported onto Ulysses this varies by the type of service and over time– in the previous 12 months 8% (n=405) deaths were reported onto Ulysses for further review.

Our Workstreams:

I. **Health Education:** To ensure our service users are supported to achieve the best possible physical health status, in addition to providing excellent health care and support. We are aware that there is a lack of recognition by patients, carers and primary care, of the health conditions more prevalent in people with a Learning Disability which we need to redress. We need to ensure that families and carers are confident in their knowledge and skills to support service users in achieving their best possible physical health outcomes.

To address this matter, we are working collaboratively with OFSN, the CCG, OCC and OHFT to develop an Online Health and Wellbeing Information and Guidance Repository such that individuals and their carer can access a single site for all their healthcare information needs. The gathering of information is being carried out by a project team led by OFSN and the information resource will be hosted by OHFT

II. **Indicators:** To achieve year on year improvement across a range of physical indicators for our service users (e.g., Uptake of Annual Health Checks and screening programmes and improvements in findings from our local Learning from lives and deaths (LeDeR) Programme)

This data is being gathered by the CCG and the local LeDeR agency.

III. **Focus Areas**

1) **Identify and managing deteriorating/unwell person.** We would like to promote more the use of "Restore 2" and similar tools
2) **Bowel Care**: Family/paid carers/individual's awareness of good bowel management is poor, and we need to do more work in this area to improve understanding.
3) **Respiratory care** – developing a clearer pathway across services that can reduce the number of cases of pneumonia.

The above areas will be specifically addressed in the work to create an Online Health and Wellbeing Information and Guidance Repository.

In addition, we are creating a Health & Wellbeing Register (HWR) of individuals with a LD who have significant physical health issues and are at risk of acute hospital admission or rapid decline in health status. This will be maintained by the OHFT CLDTs and shared with OCC, OUH and the CCG. This work is being done utilising resources developed by Cheshire and Wirral Partnership NHS Trust. **Individuals on this register will also be enabled to access, as below, Advance Care Planning plus having a Hospital Passport and a Health Action Plan.**

IV. **Promote proactive care planning** (life choices) for any individual living with a learning disability. We want to ensure that as a person ages, their expressed wishes about their care and treatment are respected. To also, reduce the number of people with LD dying in hospital to be more in line with the general population.

This item will also be specifically addressed in the work to create an Online Health and Wellbeing Information and Guidance Repository and as above via the HWR initiative.

V. **Screening & Vaccinations Uptake**: we want to work with other healthcare agencies to improving flu/covid/ vaccination uptake rates and to develop better "reasonable adjustments" in this area**.**

We are planning to hold a major Screening and Healthcare Event in Oxford at the end of June. We already have funding and various health screening services have agreed

to have stalls and also deliver seminars in an adjacent lecture room from the main exhibition hall.

VI. **Healthy Living:** Promoting healthy lifestyles by offering advice, information and signposting opportunities to engage in physical exercise, outdoor activities, likeminded social groups etc.

This will be an integral element of the above Event plus featuring prominently on the Online Health and Wellbeing Information and Guidance Repository.

VII. **Joint Working**: To continue to work in collaboration with partner organisations such as the CCG, Primary care, Acute care and family carers to achieve better physical and mental health outcomes for the local LD population.

The development of this strategy is a pivotal part of the joint working.

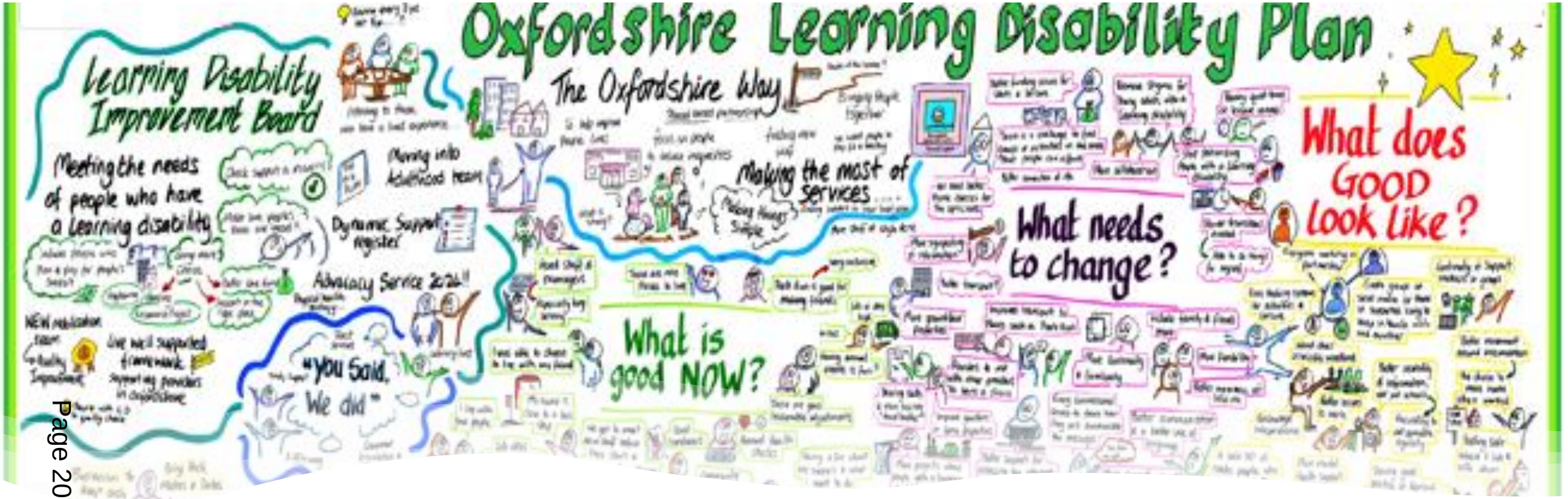
Conclusion

As you will see from the above we have some very specific objectives which we believe will help raise the profile of the issues we are concerned about and provide sufficient energy and information to make a real difference to people lives.

This is stage one of the strategy and will be update in the later part of 2022 to reflect achievements and the further work identified as requiring our next attention.

Simon Jones QN, MA, RNLD

Learning Disability Nurse Consultant **1/4/2022**



Oxfordshire Learning Disability Plan 2025 – 2035:

Engagement and Consultation

Oxfordshire Learning Disability Plan 2025 - 2035: Engagement

Engagement took place in October and November 2024. A variety of methods were used for engagement, including the Sharing Your Story form, open focus groups, and a ‘World Café’ style engagement event.

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

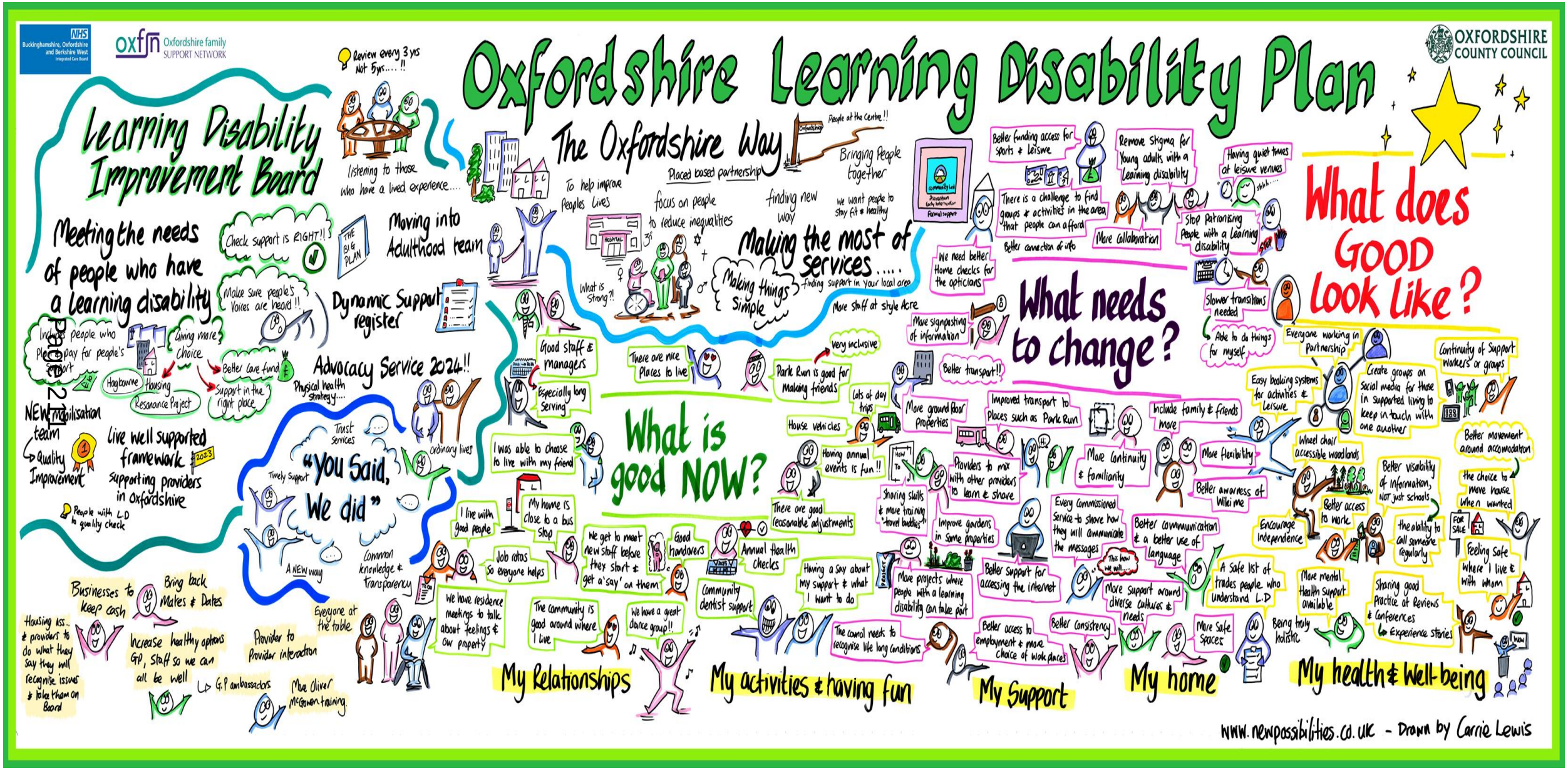
Feedback received from four of the My Life My Choice Self-Advocacy Groups

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

Engagement – World Café Event: Oxfordshire Learning Disability Plan 2025 - 2035



Oxfordshire Learning Disability Plan 2025 – 2035: Consultation

The consultation for the draft plan took place in June and July 2025. This was in the form of surveys and face-to-face meetings at Community Support Services and with local groups

Over a 162 people contributed towards the consultation

This included around 95 people with a learning disability

82 survey responses: 42 via Let's Talk Oxfordshire and 40 responses from the download survey

The draft plan was downloaded 445 times

During face-to-face meetings, we met with around 54 people with a learning disability, 23 staff members and 3 family carers

Feedback was collated and shared with the relevant Theme sub-groups to review and revise the content of the Oxfordshire Learning Disability Plan 2025 – 2035

Your voice on health and care services

Report to the Oxfordshire Joint Health Overview and Scrutiny Committee

January 2026

Table of Contents

1. Healthwatch Oxfordshire reports to external bodies

For all external bodies we attend our reports can be found online at: www.healthwatchoxfordshire.co.uk/reports-to-committees

We attend and report to Health and Wellbeing Board (Dec 2025) and Health Improvement Board (Nov 2025).

We also attend Children's Trust Board, Oxfordshire Place Based Partnership, Oxfordshire Adult Safeguarding Board and Oxfordshire Neighbourhood Health and Marmot Oxfordshire meetings. We bring insight into committees at Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level.

2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 13 Nov 2025

Healthwatch Oxfordshire reports

All this years' reports to date can be seen here: www.healthwatchoxfordshire.co.uk/reports-hub

All reports are available in **easy read**, and word format. We follow up responses to recommendations again after six months.

We will shortly be publishing insights from community research including, members of the Chinese community, and Sunrise Multicultural Centre with a focus on cancer awareness.

To read more about the **impact** of all our work and reports, and how we make a difference along with commissioner and provider responses and agreed actions, see here: www.healthwatchoxfordshire.co.uk/our-impact

Enter and View Visits

We have statutory powers under the Health and Social Care Act 2012 to make **Enter and View** visits to publicly funded local health and social care services. The aim of these visits is to identify what works well and what could be improved to make people's experiences better. Since the last meeting we made Enter and View visits to the following services:

We published **Enter and View reports** based on our observations from visits to the following services:

- Oxford Breast Imaging Centre – Churchill Hospital
- Children's Ward – Horton Hospital
- Blue Outpatients Department – John Radcliffe

All published Enter and View reports with recommendations to, and responses and actions from providers are available here: www.healthwatchoxfordshire.co.uk/enter-and-view-reports

Healthwatch Oxfordshire Webinars

Since the last meeting we held one public webinar: To see our webinar programme, zoom links and recordings of all past webinars: Open to all www.healthwatchoxfordshire.co.uk/our-webinars

- We held one on 'Neighbourhood Health' Tuesday January 20th 2026 with speakers from across the health and care system.
- Our **next webinar** will be on: **Tuesday 17th March 2026**, 1-2 p.m. on Oxfordshire's work on addressing health inequalities, as a 'Marmot Place'.

Our ongoing work includes:

- A focus on hearing from people about views on **end of life care**, www.healthwatchoxfordshire.co.uk/have-your-say/complete-a-survey with an online survey supplemented by focused outreach. Working alongside Oxfordshire Palliative Care network and others.
- We have been commissioned to undertake additional engagement and listening across 14 rural areas (Deddington, Cropredy, Heyford, Yarnton, Chipping Norton, Charlbury, Long Hanborough, Freeland, Chalgrove, Sonning Common, Faringdon, Stanford in the Vale, Shrivenham and Watchfield) for Oxfordshire County Council as part of the Marmot focus on health inequalities. We are working in partnership with Community First Oxfordshire and are running a survey and focus groups. (People living in other rural areas of the county can also add views). The survey link is here: https://www.smartsurvey.co.uk/s/ruralllivingpublic/
- We also have a call out to support planning our priorities for 2026-7 here: https://www.smartsurvey.co.uk/s/priorities26-27/
- In **Quarter 3** we engaged directly with approximately 389 people across the county through being on the streets, attending events, hospital stands, community gatherings and play days and Patient Participation group

meetings. We spoke to men in Faringdon as part of #30Chats, inspired by Men's Health Partnership.

- Additional funding with OCC (Oxfordshire Community Research Network) to undertake community-led development of a **'how to' guide for community researchers in Oxfordshire**. We held four workshops in the autumn, with over 20 people attending from grassroots groups in Oxfordshire's priority areas. The finished guide will be designed early 2026, and we hope to progress on supporting training.

3. What we are hearing from the public

Along with our themed research above, we hear from members of the public via phone, email, our advice and signposting, and online feedback on services (for reviews and to leave a review. see www.healthwatchoxfordshire.co.uk/services).
We also hold conversations when out and about on the street, in community settings, at hospital stands, with patient and VCS groups and services. This enables us to raise what we are hearing, including emerging themes, with health and care providers and commissioners.

Maternity Services

We hear feedback about maternity services via our feedback centre, emails and calls, and in our outreach. We attended the Oxford University Hospitals NHS Foundation Trust Maternity and Neonatal Listening Event, at end of December. We have been supporting a grassroots group, Black Women in Maternity, who are based in the Leys and have been funded by Well Together, with community research to hear the maternity experiences of Black women in their community, including support during their pregnancy and after giving birth.

Emerging themes from this and what we hear from other sources include praise when families experience kind and effective midwives and good continuity of care (e.g. being able to see the same midwife), and challenges around not feeling listened to and lack of joined up care between services, including primary-secondary care, breastfeeding support and perinatal mental health services.

Some of the feedback we have received on maternity illustrates these different experiences:

Excellent maternity care *"The team at the maternity service were very efficient and thorough. They managed to get me an appointment at short notice and are always willing to help. I've had excellent care throughout my maternity journey so far".* (Feedback received during an outreach visit to Witney Community Hospital on 11th December 2025)

Absolutely incredible team and experience. *"We had our son at the Wantage Maternity Unit this year and cannot praise the team and their duty of care enough! [The team] were incredible and have completely turned my previously negative experience and thoughts on delivery around. They made me feel comfortable, safe and more importantly in control of my own delivery and for that I cannot thank them enough! I would highly recommend this option to anyone who qualifies as low risk and can take this route".* (Aug 2025, Wantage Maternity Unit)

C-section delivery - Good Job!!! *"Hi, I'd like to thank you all in Maternity department for helping with our son bringing to this world. You done amazing job before, in theatre and after. Keep doing what you're doing. Thank You".* (John Radcliffe, Jun 2025)

The best I could have hoped for! *"After a difficult first pregnancy abroad, I experienced a difficult situation in my second pregnancy here in Oxford. I was incredibly grateful for the existence of the EPAU and the NHS. Having specialised care in such a delicate moment made a world of difference. Thank you thank you thank you to all the professionals and everyone that helps EPAU run".* (Community Early Pregnancy Assessment Unit, Rose Hill, December 2025)

Invaluable service / care during ectopic pregnancy. *"This service and care from all employees/midwives/Drs were invaluable when going through my ectopic pregnancy. I was referred in and got an appointment the next day, which helped save my life. Every Dr and midwife/nurse that saw me was caring, compassionate and took their time with me, as I was rushed to the JR for emergency surgery. While waiting for an ambulance, the midwives came to check in on me. This service is exceptional and all those working within are remarkable – we are so lucky for it!!"* (Community Early Pregnancy Assessment Unit, Rose Hill, July 2025)

Empathetic staff. *"I have visited twice due to bad cramps and discharge. The staff have been so amazing and understanding. They make you feel so comfortable and reassured, this is an excellent service especially as the first trimester can be so scary".* (Community Early Pregnancy Assessment Unit, Rose Hill, July 2025)

High risk pregnancy – disappointing. *"I've called a few times during my high-risk pregnancy and have basically been fobbed off with text messages every tine rather than a phone call. Unfortunately, there system for online appointments don't let you add extra information they will need so would be great if they phoned patients so they could help them properly. It's no good ringing the practice as it can take ages for them to answer the phone if they even do".* (GP support, July 2025)

Staff supportive and happy to help. "*I gave birth in one of the rooms with a pool. My labour was unexpected and quite quick, regardless the team read my birth plan and made sure that all my wishes were met to the best of their ability. The staff was always supportive and happy to help, answer questions and give advice. They took excellent care of me, my baby and my partner, we even had a room with a double bed, so my partner was quite comfortable as well. Overall we are extremely happy with our experience there and the care received, I strongly recommend giving birth there, I would do it again".* (Oxford Spires, November 2025)

Community midwives need to listen. *"Was originally at Chipping Norton, our preferences were not always listened to at John Radcliffe…also we had to push back… Was only at Spires 45 mins before birth. The midwife at Spires was great. One of the Community Midwives during labour was AWFUL. I think midwives need to listen, take on board preferences, and not scaremonger about birth choices leading to death".* (Oxford Spires, January 2026)

Just left there. *"I gave birth 16 months ago at the JR in the Spires which was totally amazing but as soon as I was moved onto the recovery wards it was just hell. I was moved downstairs by a porter with my bag and my newborn on my knee (my partner had had to go home) and I was just left there, no-one came to see me at all, there was no-one there, I didn't know what to do. Eventually a nurse came in four hours later and was surprised to see me - she said I'd been discharged from the system so I didn't exist. I'd had three blood transfusions so I did really need to be kept an eye on. On my second day there I had to ask for pain relief but it took hours to get that - it was just so chaotic, really not a good experience."* (Signposting, July 2025)

I was treated so well by all the staff members. *"I am a first-time mom, and understandably nervous. The staff treated me so well and efficiently. My blood tests were done the same day I called; I had a scan the next day and an injection. They*

also organised a follow up scan for the following week." (Community Early Pregnancy Assessment Unit, Rose Hill, June 2025)

Looked after my wife and baby very well. *"When my wife was admitted to hospital, she was received well and had the care she needed, at maternity, so I don't think there is room for improvement"* (John Radcliffe, April 2025)

Ongoing themes

We also continue to pick up on more **general themes** including dentistry access, GP access and waiting times, communication and admin challenges. We also continue to hear mixed experiences of Cora Health (Muscular Skeletal Service and physio – including difficulty getting appointments, poor communication, cancellations, and having to travel cross county).

We have recently started to hear more feedback about the **non-emergency transport services, and EMED**. Challenges raised regarding non-emergency patient transport include being unable to source accessible or other transport to hospital due to eligibility changes, including those with very complex needs. Pressure is also being placed on volunteer driving schemes as a result, who as volunteers are not able to support people who cannot independently access the vehicle.

"My 85 year old husband was in the Horton over the weekend, he was discharged on Monday and brought home by hospital transport. I was concerned by his handling by the two men from patient transport. They were heaving him about - he is not a large man - and used a handling belt which left him with huge welts across his back. And I felt the way they used the ramp down the steps to our front door was not safe". (Sept 2025)

"I am a wheelchair user and needed to have surgery under anaesthetic at the John Radcliffe, however, patient transport couldn't take me on the day I needed so I had to pay £300 for taxi's, the surgery was then cancelled on arrival and booked for the next day when patient luckily could accommodate me". (Jan 2026)

"This is about an elderly friend of mine. Our local non-emergency ambulance service has now been contracted out to a third party. My friend has been in terrible pain and was due to have a hip replacement. On the pre-assessment day, the ambulance didn't arrive and when contact was made with the service, my friend was told there was no driver. Therefore my friend's pre-assessment has had to be postponed along with the operation. And not only is this causing untold issues for

my friend, the hospital had a no-show. My friend has to use an ambulance wheelchair hence no-one else could take her to her appt. And this is not the first time she has been let down. Left in an outpatients dept for hours because she forgotten about." (Dec 2025)

Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Oxfordshire Joint Health Overview and Scrutiny Committee
Thursday 29 January 2026

Title:	**Oxford University Hospitals NHS Foundation Trust Maternity Service Update Report**

Contents

Oxford University Hospitals NHS Foundation Trust Maternity Service Update Report

Introduction

1.1. This report provides an update on maternity services at Oxford University Hospitals NHS Foundation Trust (OUH) for the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC). It outlines recent developments, clinical outcomes, patient and staff experience, and responses to external reviews, including the October 2025 Care Quality Commission (CQC) inspection and the National Maternity and Neonatal Investigation. The report also highlights initiatives addressing health inequalities, service improvement programmes, and workforce developments.

1.2. The terms “mothers” and “women” are used inclusively for all birthing individuals.

Trends in Birth Injuries, Deaths, and Birth Trauma

Birth Injuries

1.3. OUH monitors birth outcomes to identify trends and implement improvements that reduce risk and enhance care. Key indicators for birth injuries are monitored for both mothers and babies.

Birth Injuries – Women

1.4. OUH monitors two key indicators of maternal birth injury - postpartum haemorrhage (PPH) >1500ml and third- or fourth-degree perineal tears and benchmarks performance against national standards (NMPA 2023: PPH 3.41%, tears 3.29%).

1.5. As indicated in the table below OUH rates have remained below national benchmarks and the rates of these injuries have remained consistently below the published UK rates and targets.

Year	Total Births	PPH >1500ml	3rd or 4th degree tear
2020	6768	2.25% (152)	2.25% (152)
2021	7343	2.02% (148)	1.78% (131)
2022	7396	2.35% (168)	1.71% (122)
2023	6789	2.74% (186)	2.08% (141)
2024	7389	4.13% (305)	2.16% (160)
2025	7218	2.86% (207)	1.84% (133)
Published UK Rates/ Target		**3.41%**	**3.29%**

NMPA 2023			

Table 1: Number and Percentage of PPH >1500ml and 3rd or 4th-degree Tear at OUH

1.6. In 2024/25, maternal birth injuries were designated a quality priority. Themes and learning are shared with clinical teams, informing training, pathway refinement, and audit. Oversight is maintained through daily operational review and routine reporting.

1.7. A new induction of labour (IOL) improvement initiative was launched to reduce delays and improve outcomes. Measures include daily risk assessments, scheduling changes, and monitoring of delays at 6, 12, and 24-hour intervals. Early results show a reduction in delays over 24 hours from 42 in November to 14 in December 2025.

1.8. OUH is committed to minimising harm and delivering safe, person-centred maternity care. It benchmarks nationally, acts promptly where outcomes fall short, and demonstrates improvement transparently through continuous monitoring, staff education, and strong clinical governance.

Birth Injuries – Babies

1.9. OUH monitors two key indicators for birth injuries in babies: (1) full-term admissions to neonatal units (as part of the NHS England ATAIN programme), and (2) the number of babies requiring therapeutic cooling due to low oxygen levels at birth (hypoxic ischaemic encephalopathy, HIE).

1.10. Table 2 below provides a summary of the percentage and number of babies who were admitted to the neonatal unit after 37 weeks and the number and percentage of babies who required therapeutic cooling after 37 weeks.

Year	**Total Births**	**NNU at >= 37weeks (ATAIN)**	**Cooled>= 37weeks**
2020	6768	4.64% (314)	0.21% (14)
2021	7343	4.58% (336)	0.25% (18)
2022	7396	4.06% (290)	0.10% (7)
2023	6789	3.86% (262)	0.07% (5)
2024	7479	3.62% (271)	0.08% (6)
2025	7281	3.81% (278)	0.09% (7)
Published UK Rates / Target		**National Target 6%**	**National Target 0.1 - 0.35%**

Table 2: Number and Percentage of babies admitted to NNU after 37 weeks and cooled after 37 weeks.

1.11. As indicated in Table 2, there has been a significant improvement in the outcomes and a significant reduction in HIE requiring therapeutic cooling in

term infants (≥37 weeks) and fewer unplanned term admissions to the neonatal unit.

1.12. Work is underway to create a unified reporting system and harm level for birth injuries within the Buckinghamshire Oxfordshire and West Berkshire Integrated Care System (BOB ICS) and to establish consistent benchmarks for all providers.

Perinatal Mortality

1.13. MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) is a national programme led by the National Perinatal Epidemiology Unit. It provides detailed, risk-adjusted data on perinatal and maternal mortality for NHS trusts. These figures are adjusted for maternal age, ethnicity, and socio-economic status to ensure fair comparisons across different populations.

1.14. Trusts are grouped by their level of maternity and neonatal service provision to account for variations in case mix. OUH, as a tertiary-level centre with neonatal surgery and a Level 3 neonatal intensive care unit, receives referrals for the most complex and high-risk pregnancies from across the region. MBRRACE-UK compares OUH's outcomes with other similarly specialised Trusts rather than general hospitals.

1.15. In May 2025, MBRRACE UK published the Perinatal Mortality Surveillance Report for UK perinatal deaths in 2023 (the latest available data). This report indicates that the OUH 2023 perinatal mortality figures were broadly in line with expectations for a tertiary maternity unit. As indicated in figure 1 below the stabilised and adjusted stillbirth rate of 3.6% (0.36%) is slightly above the peer average (by 0.18%), and the adjusted extended perinatal mortality rate of 6.23% is approximately average for the OUHs comparator group.

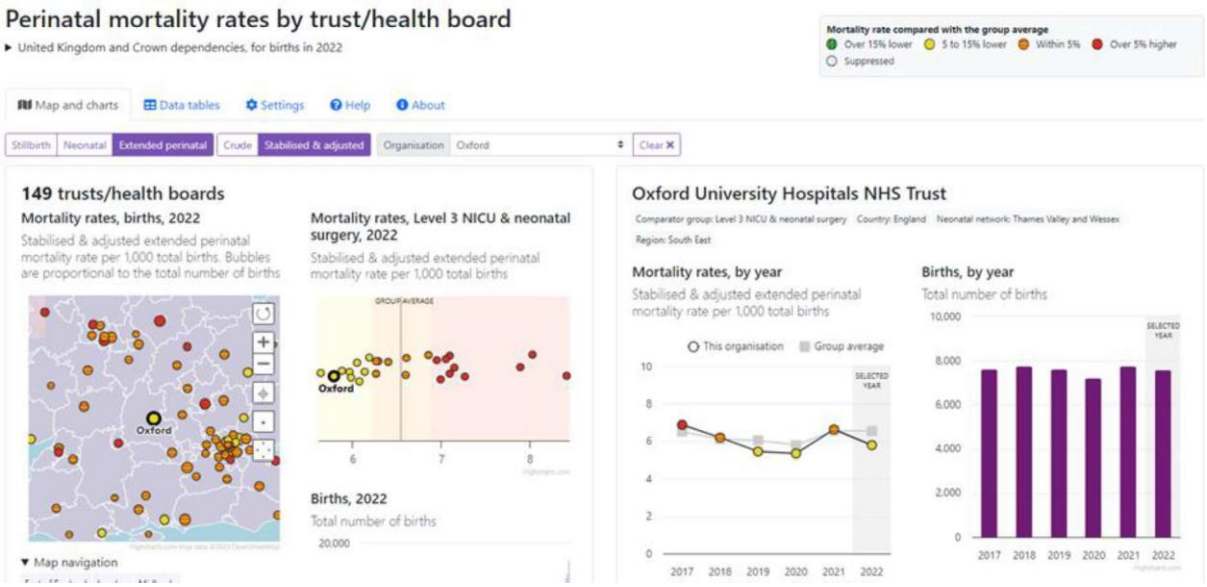


Figure 1: MBRRACE data from 2023

1.16. In real terms, these differences are very small, and OUH's outcomes remain within the normal range for complex tertiary maternity services. Year-to-year variations are to be expected; importantly, OUH's figures remain comparable with those of similar Trusts.

1.17. To access the specific perinatal mortality rates for Oxford, you can visit the MBRRACE-UK website.

Birth Trauma and Birth Reflections Service

1.18. The definition of birth trauma can vary, but it generally includes both the psychological impact of a difficult birth and any physical complications that may arise. According to the Birth Trauma Association, up to one in three women in the UK experience a traumatic birth.

1.19. In 2022, OUH collaborated with Oxford Health to develop a Birth Trauma Pathway. This service offers direct access to the Birth Reflections service. The service is designed to assist individuals in processing their birth experiences and managing any emotional challenges they may face. In addition to self-referrals, general practitioners (GPs) can direct people to this service. Typically, the service caters to individuals up to one year postpartum, but it also considers referrals after a longer period on a case-by-case basis.

1.20. The table below outlines the rates of accessing the Birth Reflections service between 2021 until 31 December 2025.

Rate of Attendance at the Birth Reflections Service	
Year	**Total**
2021	207
2022	205
2023	237
2024	297
2025	333

1.21. The Trust also has in place a designated birth trauma midwife and the clinical lead consultant in Postnatal Care provide additional targeted support for women after childbirth. They also collaborate with specialised mental health midwives to identify and address mental health concerns that may require different referrals.

1.22. As of January 2026, a review of the Birth Reflections service has commenced with a focus on; promoting awareness of the service parameters, reducing the referral to appointment wait time, reducing Do Not Attends, the location and type of appointment (virtual /face-to-face) and how this service links to the Birth Trauma service. The service continues to

monitor the ethnicity of referrals, and the pending service review will include input and support from the EDI midwives to ensure any barriers for accessing the service are minimised.

CQC Inspection 2025 National Maternity and Neonatal Investigation

1.23. In October 2025, the Care Quality Commission (CQC) undertook an inspection of the Trusts maternity services. Inspectors reviewed the John Radcliffe Hospital and the Horton General Hospital simultaneously, and the visit spanned inpatient, outpatient and community maternity services. The Trust are awaiting the CQC's report.

1.24. OUH is one of the NHS trusts included in the independent National Maternity and Neonatal Investigation led by Baroness Valerie Amos. The investigation team has visited maternity and neonatal services at the John Radcliffe Hospital and the Horton General Hospital on 6–7 November and returned on 5 December for further walk rounds and staff discussions. The team fed back that staff engagement during the December visit was positive and constructive. The outcomes will be shared once the Investigation publishes its findings.

Tackling Inequalities in Maternity Care

1.25. OUH is addressing maternal and perinatal health inequalities through targeted, community-led initiatives. The Equal Start Oxford programme, launched in early 2023, supports vulnerable populations by addressing non-clinical needs such as immigration, housing, and food insecurity, with tailored support for the East Timorese community. The model is expanding to Didcot and Banbury in 2026.

1.26. The Maternity Health Justice Partnership offers joint obstetric-midwifery clinics for vulnerable women, particularly asylum seekers in Section 95 accommodation. Monthly clinics at the Oxford Witney Hotel and Horton Hospital, supported by Asylum Welcome caseworkers, help address language and access barriers.

1.27. Between June 2023 and August 2025, OUH implemented a comprehensive equity programme addressing ethnic disparities, language needs, and screening inequalities, alongside enhanced staff training and community engagement. Translated antenatal classes reached 101 women across multiple languages.

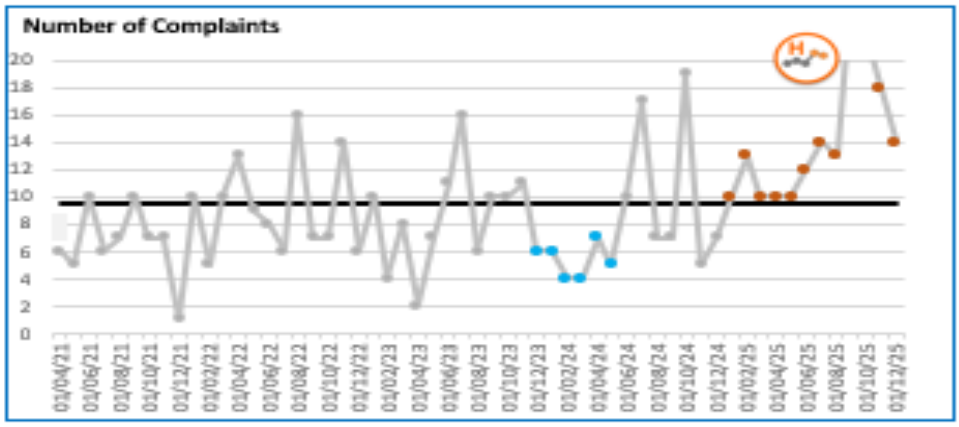
1.28. While progress has been made, OUH remains committed to removing access barriers and raising awareness of available services to ensure equitable maternity care for all families in Oxfordshire.

Patient Experience

1.29. OUH maternity services use a variety of patient-experience data including: FFT, 'Say on the Day' feedback, complaints, PALS, incident reports, legal claims, OMNVP insights and listening events to identify priorities and improve care.

Complaints

1.30. Complaints have risen since September 2025, with a significant proportion relating to care delivered in previous years. The most common themes are communication, consent, and postnatal care.



1.31. Actions taken in response to complaint themes have prioritised patient experience and safety. Recent improvements include 24-hour visiting on postnatal wards, self-administration of pain relief, enhanced postnatal ward staffing models, and better information provision.

1.32. The monthly Triangulation and Learning Committee (T.A.L.C), comprising representatives from multiple departments and service users, meets monthly to analyse feedback from complaints, PALS, patient safety reports, and legal claims. This structured, data driven approach identifies trends and drives transparent, consistent improvements and has progressed improvement work in areas such as communication, pain assessment, and postnatal discharge processes. These mechanisms reflect the Trusts commitment to continuous quality improvement and optimal patient safety and experience, with clear alignment between patient experience themes and quality improvement priorities across the service.

CQC Maternity Experience Survey

1.33. The Care Quality Commission's 2025 national maternity survey published in December included feedback from 256 women who used Oxford University Hospitals' maternity services. The results showed strong performance, with seventeen survey questions scoring nine or higher out of ten—particularly for birth location choices, antenatal communication,

respect and dignity, partner involvement, and postnatal mental health support.

1.34. Compared to the 2024 survey, 24 scores improved, nine declined (notably pain management), and four stayed the same. Areas needing improvement include support for infant feeding and information provision, especially in post-birth and postnatal care, which lagged behind other Trusts and remain targets for future progress and improvement.

1.35. The results of the CQC maternity experience survey have been thoroughly reviewed and work has commenced to address the areas identified for improvement. Action plans are being developed in collaboration with staff and service users to ensure that the feedback translates into tangible enhancements in care quality and patient experience.

Patient Experience and Engagement Strategy

1.36. The OUH Patient Experience and Engagement Strategy (2026 to 2029) will accelerate maternity improvements by making feedback easier to collect, interpret and act upon. It widens feedback routes, introduces core patient experience questions, and provides a real time dashboard to identify and address issues such as communication. It also strengthens collaboration with service users by clarifying patient partner roles, improving partnership frameworks, and giving staff better support to work alongside people who have lived experience. The strategy prioritises equity by targeting engagement with underserved groups and it embeds clear processes for prioritisation, so maternity experience data informs decisions, resource allocation and governance reporting. Taken together, these measures provide a trust wide framework that supports ongoing maternity improvements.

1.37. The service also collects feedback from service users through two platforms: The Friends and Family Test (FFT) and ‘Say on the Day’ devices. In December 2025, the service received 176 responses from FFT and 319 from ‘Say on the Day’ devices, this combined feedback rated the service 96% Very good or good with an overall response rate of 85% compared to our delivery rate.

1.38. On the 12 December 2025, Maternity Services held a Listening Event attended by families, staff and partners. The event was advertised widely and open to members of the public. Members of Keep the Horton General and Families Failed by OUH participated. Insight and feedback captured are being reviewed will be used to shape approaches to communication and drawn upon for service improvement. Further events are being planned and are being developed with service users.

1.39. Learning from the stakeholder event in December are being fed into a new Perinatal Involvement and Engagement Plan. This plan outlines OUH's intent to proactively engage with the community to hear what is important to service users and to build confidence and trust, particularly in hard-to-reach populations.

1.40. The service continues to value and incorporate feedback from external partners and service users. In response to a Healthwatch report, the Banbury Sunshine Centre has launched various support services for vulnerable families. This includes the Saplings group, which offers weekly antenatal classes on healthy eating, oral hygiene, and mental health awareness. The centre also hosts a baby group to foster community among families after birth and has established a Multicultural Team to provide peer support and help families connect with relevant voluntary services.

1.41. The Trust also works alongside internal and external partners to improve maternity services. External stakeholders include the Buckinghamshire, Oxfordshire, and Berkshire Local Maternity and Neonatal System (BOB LMNS), NHS England, The National Childbirth Trust, Sands, and the Maternity and Neonatal Safety Improvement (MNSI) programme. The focus of these activities is on enhancing patient safety, integrating digital solutions, and addressing health inequalities. Internally, the Trust works with the Executive team, divisional leadership, and specialist teams, such as those in Patient Experience, Patient Safety, Governance and Assurance.

Perinatal Improvement Programme

1.42. Launched in July 2025, the Perinatal Improvement Programme (PIP) integrates and enhances maternity and neonatal services as the second phase of the Trust's developmental initiatives. The PIP is organised around Service User Experience, Safety, and Staff Experience workstreams, with governance provided by the Trust's Delivery Committee.

1.43. During its initial six months, the programme delivered quantifiable improvements across key areas. Maternity triage performance was notably enhanced, with 70% of women now seen within 30 minutes, and induction of labour delays were reduced by 37% through targeted measures such as the "Fire Break Friday" initiative. Engagement with patient feedback has also increased, as indicated by Friends and Family Test response rates rising from 11% to 47%. In December 2025, a stakeholder engagement event focused on the PIP content facilitated co-production of solutions with service users, including representation from campaign groups, which continues to inform ongoing improvements in communication, equity, and care experience.

1.44. Staff wellbeing and organisational culture are central to the PIP. The Staff Experience workstream has introduced several health and wellbeing programmes, increased psychological support, and integrated reflective practices such as Schwartz Rounds. The section below offers a summary of several of these initiatives. Programmes like Active Bystander Training and leadership development are designed to create a more inclusive and supportive workplace atmosphere.

Workforce and Staff Support

1.45. The midwifery workforce is currently in a strong position, with no vacancies and a surplus of 8.7 Whole Time Equivalent (WTE) staff above both the planned staffing levels and the BirthRate Plus recommendation of 332 WTE. This intentional overstaffing aims to build resilience, ensure continuity of care, and mitigate the effects of staff absences, such as maternity leave. Additionally, the service is actively recruiting 25 more WTE midwives to further increase capacity and maintain staffing levels throughout all clinical areas.

1.46. To ensure workforce planning remains evidence-based and responsive to service demands, an updated BirthRate Plus review was commissioned and completed in December 2025. This independent assessment provides a robust foundation for future workforce modelling and informs strategic decisions regarding midwifery deployment and resource allocation.

1.47. In addition, safe staffing is continuously monitored through dynamic risk assessments and real-time oversight by senior clinical leaders. Multiple daily safe staffing huddles are embedded into operational routines, enabling timely escalation and mitigation of any emerging risks. This approach ensures that staffing levels remain safe, responsive, and aligned with patient acuity and service pressures.

1.48. The Trust is firmly committed to fostering a positive, inclusive, and supportive workforce culture. A comprehensive suite of staff support initiatives is in place, reflecting the organisation’s recognition that staff wellbeing is integral to delivering high-quality, compassionate care.

1.49. Staff development is prioritised through a wide range of Continuing Professional Development (CPD) opportunities, including access to Level 7 Master’s modules, national and international conferences, and targeted study days. These opportunities are designed to support career progression, clinical excellence, and leadership development across all staff groups.

1.50. Since April 2023, the Trust has provided access to psychological support services for maternity and neonatal staff. This includes confidential one-to-

one therapy sessions and group interventions tailored to address work-related stress, trauma, and emotional fatigue. These services are well-utilised and positively evaluated by staff, contributing to improved morale and retention.

1.51. In addition, the Professional Midwifery Advocate (PMA) team plays a pivotal role in supporting staff wellbeing and professional reflection. In October 2025, the PMAs introduced dedicated reflective clinical supervision sessions and regular wellbeing drop-in clinics. A clinical psychologist is also available to provide specialist mental health support. The PMA team also attends daily Maternity Patient Safety Incident Review meetings to proactively identify staff who may require follow-up support following clinical incidents.

1.52. The Staff Experience workstream in the Perinatal Improvement Programme (PIP) focuses on workforce wellbeing, retention, and leadership. Initiatives include Active Bystander Training, Schwartz Rounds for reflective practice, and support for internationally educated staff. Service uptake and feedback are monitored to refine offerings, aligning with the Trust's People Strategy to foster psychological safety, inclusivity, and ongoing improvement in perinatal services.

1.53. In January 2026, a new series of wellbeing workshops was launched, covering key topics such as 'Living with Anxiety', 'Finding Purpose', and 'Introduction to Mindfulness'. These sessions are designed to equip staff with practical tools to manage stress and support emotional wellbeing.

Conclusion

1.54. OUH maternity services is making steady progress through robust safety monitoring, active service user engagement, and strong workforce support. The Trust's targeted interventions are improving outcomes and reinforcing a culture of accountability. While challenges remain especially in postnatal care, patient experience and communication the service is committed to ongoing improvement, transparency, and high standards. The Trust will continue to act on feedback and respond proactively to external partners and regulators to deliver safe, equitable, and high-quality maternity care.

Work Programme 2025/26
Oxfordshire Joint Health Overview & Scrutiny Committee

Chair Cllr Jane Hanna | Dr Omid Nouri, Health Scrutiny Officer, omid.nouri@oxfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Relevant Strategic Priorities	Purpose	Type	Lead Presenters
29 January 2026				
Director of Public Health Annual Report	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive the draft Director of Public Health Annual Report prior to its launch at Oxfordshire's Full Council.	Overview and Scrutiny	Ansaf Azhar
Maternity Services in Oxfordshire	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on ongoing developments and challenges around maternity services. This will also be a progress update on recommendations previously issued by the Committee	Overview and Scrutiny	Olivia Clymer
Oxfordshire Learning Disability Plan	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from system partners on the development and launch of the Oxfordshire Learning Disability plan/strategy.	Overview and Scrutiny	Karen Fuller
16 April 2026				
South Central Ambulance Service Performance Update	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from SCAS on its CQC improvement journey and on its performance in Oxfordshire more broadly.	Overview and Scrutiny	David Eltringham
Dentistry Services in Oxfordshire	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from the NHS Integrated Care Board on developments around improving NHS dentistry access and contracts.	Overview and Scrutiny	Hugh O Keefe

Topic	Relevant Strategic Priorities	Purpose	Type	Lead Presenters
Health Visitors Update	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on Health Visitor Services in Oxfordshire	Overview and Scrutiny	Ansaf Azhar
Adults and Older Adults Mental Health Services in Oxfordshire	Tackle Inequalities in Oxfordshire; Prioritise the Health and Wellbeing of Residents.	To receive a report from Oxfordshire system partners on the current state of Adult and Older Adult Mental Health Services in Oxfordshire	Overview and Scrutiny	Matthew Tait Dan Leveson Ansaf Azhar

Recommendation Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Chair Cllr Jane Hanna OBE | Omid Nouri, Health Scrutiny Officer, omid.nouri@Oxfordshire.gov.uk

The action and recommendation tracker enables the Committee to monitor progress against agreed actions and recommendations. The tracker is updated with the actions and recommendations agreed at each meeting. Once an action or recommendation has been completed or fully implemented, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker.

KEY	Report due	With Cabinet / NHS	Complete

Recommendations:

Meeting date	Item	Recommendation	Lead	Update/response
11-Sept-25	Oxfordshire Eyecare Services	1. For the ICB establish a localised dashboard to monitor contract outcomes and patient satisfaction across Oxfordshire.	Matthew Tait; Hannah Mills; Sharon Barrington	**Partially Accepted** See Agenda item 5
		2. To launch a targeted public information campaign to raise awareness of NHS-funded sight tests and eligibility for optical vouchers, especially among vulnerable and underserved populations. It is recommended that the ICB works with local authorities and voluntary sector partners to improve outreach in rural and deprived areas.		**Accepted** See Agenda item 5
		3. To explore the development of shared digital records between providers to reduce duplication and improve continuity of care.		**Accepted** See Agenda item 5
		4. For the ICB and Primary Eyecare Services to collaborate on a workforce strategy to recruit and retain optometrists and support staff, particularly in areas with known shortages. It is recommended that incentives are explored for newly qualified professionals to work in Oxfordshire's community settings.		**Partially Accepted** See Agenda item 5

KEY	Report Due	With Cabinet / NHS	Complete

Meeting date	Item	Recommendation	Lead	Update/response
11-Sept-25	GP Access & Estates in Oxfordshire	1. For the ICB to develop regular reporting on access equity across Oxfordshire, including digital exclusion, rural access, and variation in appointment availability between practices.	Julie Dandridge, Matthew Tait, Dr Michelle Brennan, Rachel Jeacock	**Partially Accepted** See Agenda item 5
		2. To publish a rollout plan and evaluation framework for the Modern General Practice model, including metrics for patient experience, staff wellbeing, and service efficiency.		**Partially Accepted** See Agenda item 5
		3. To urgently progress and provide a written update on the timeline of delivery of the Great Western Park and Bicester Projects.		**Accepted** See Agenda item 5
		4. For the ICB to work with district valuers and local authorities to explore alternative funding models and design solutions for estate expansion where traditional schemes are deemed unviable. It is recommended that the ICB produces a plan for Oxfordshire.		**Accepted** See Agenda item 5
11-Sept-25	Adults Autism and ADHD Strategy	1. For the ICB to urgently review and increase the annual assessment capacity for both autism and ADHD services to better reflect current demand and reduce potentially unsafe waiting times.	Matthew Tait; Niki cartwright	With NHS Partners
		2. For the development of a detailed timeline (and potentially a resource plan) for clearing the existing waiting lists, including the 2,229 adults awaiting ADHD assessments.		
		3. To undertake a formal review of Right to Choose (RtC) expenditure and its long-term viability, with options for integrating RtC providers into core commissioning.		
		4. For co-production to remain at the heart of the development of the All-Age Autism Strategy. It is recommended that there are clearly identified stakeholders to ensure that all complexities are represented.		

Action Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Chair Cllr Jane Hanna OBE | Omid Nouri, Health Scrutiny Officer, omid.nouri@Oxfordshire.gov.uk

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KEY	Delayed	In Progress	Complete

Actions:

Meeting date	Item	Action	Lead	Update/response
No outstanding action items				

Recommendation Update Tracker
Oxfordshire Joint Health Overview & Scrutiny Committee

Chair Cllr Jane Hanna OBE | Omid Nouri, Health Scrutiny Officer, omid.nouri@ocfordshire.gov.uk

The recommendation update tracker enables the Committee to monitor progress accepted recommendations. The tracker is updated with recommendations accepted by Cabinet or NHS. Once a recommendation has been updated, it will be shaded green and reported into the next meeting of the Committee, after which it will be removed from the tracker. If the recommendation will be update in the form of a separate item, it will be shaded yellow.

KEY	Update Pending	Update in Item	Updated

Response Date	Item	Lead	Update
06-Jul-24	GP Provision	Julie Dandridge; Dan Leveson	Progress update to be provided
12-Sep-24	Dentistry Provision	Hugh O'Keefe; Dan Leveson	Progress update to be provided
04-Oct-24	Palliative/ End of Life Care in Oxfordshire	Dr Victoria Bradley; Kerri Packwood; Karen Fuller; Dan Leveson	Progress update to be provided
05-Nov-24	Adult and Older Adult Mental Health in Oxfordshire	Rachel Corser; Dan Leveson	Update in January meeting
26-Nov-24	Medicine Shortages	Julie Dandridge; Claire Critchley; David Dean; Nhulesh Vadher	Progress update to be provided
16-Dec-24	Epilepsy Services Update	Sarah Fishburn; Dan Leveson; Olivia Clymer	Progress update to be provided

KEY	Update Pending	Update in Item	Updated

Response Date	Item	Lead	Update
06-Mar-25	OUHFT Maternity Services in Oxfordshire	Yvonne Christley; Rachel Corser; Dan Leveson	Update in January meeting
05-Jun-25	Oxfordshire Healthy Weight	Derys Pragnell	Progress update to be provided
05-Jun-25	BOB ICB Operating Model Update	Matthew Tait; Dan Leveson	Update in January meeting
05-Jun-25	Health and Wellbeing Strategy Outcomes Framework	Cllr Leffman; Ansaf Azhar; Kate Holburn; Karen Fuller; Dan Leveson; Matthew Tait	Progress update to be provided
05-Jun-25	Support for People Leaving Hospital	Derys Pragnell; Ansaf Azhar; Claire Gray; Angela Jessop; Alicia Siraj	Progress update to be provided
05-Jun-25	Oxford Health NHS Foundation Trust People Plan	Charmaine Desouza; Zoe Moorhouse; Amelie Bages	Progress update to be provided
11-Sept-25	Musculoskeletal Services in Oxfordshire	Matthew Tait; Neil Flint; Tony Collett; Mike Carpenter; Suraj Bafna	Progress update to be provided
11-Sept-25	Cancer Services in Oxfordshire	Matthew Tait; Felicity Taylor; Andy Peniket	Progress update to be provided
11-Sept-25	Audiology Services in Oxfordshire	Matthew Tait; Neil Flint; Phil Gomersall	Progress update to be provided

KEY	Update Pending	Update in Item	Updated

Response Date	Item	Lead	Update
11-Sept-25	Oxfordshire System Pressures	Dan Leveson; Lily O'Connor; Karen Fuller	Progress update to be provided