

To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

**Thursday, 4 December 2025 at 2.00 pm
Room 2&3 - County Hall, New Road, Oxford OX1 1ND**

If you wish to view proceedings online, please click on this [Live Stream Link](#).



Martin Reeves
Chief Executive

November 2025

Contact Officer: **Democratic Services /Omid Nouri**
Email: committees.democraticservices@oxfordshire.gov.uk/
omid.nouri@oxfordshire.gov.uk

Membership

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

Board Members:

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| Ansaf Azhar | Director of Public Health & Communities, Oxfordshire County Council |
| Councillor Tim Bearder | Cabinet Member for Adults, Oxfordshire County Council |
| Michelle Brennan | GP Representative |
| Councillor Rachel Crouch | West Oxfordshire District Council |
| Councillor Rob Pattenden | Cherwell District Council |
| Councillor Georgina Heritage | South Oxfordshire District Council |
| Karen Fuller | Director of Adult Social Care, Oxfordshire County Council |
| Councillor Sean Gaul | Cabinet Member for Children and Young People, Oxfordshire Co County Council |
| Caroline Green | Chief Executive, Oxford City Council (District Representative) |
| Councillor Kate Gregory | Cabinet Member for Public Health and Inequalities, Oxfordshire County Council |
| Lisa Lyons | Director of Children's Services, Oxfordshire County Council |
| Grant MacDonald | Interim Chief Executive, Oxford Health NHS Foundation Trust |

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| Councillor Helen Pighills | Vale of White Horse District Council |
| David Radbourne | Regional Director Strategy and Transformation, NHS England |
| Councillor Chewe Munkonge | Oxford City Council |
| Barbara Shaw | Chair, Healthwatch Oxfordshire |
| Matthew Tait | Chief Delivery Officer, BOB ICB |

Notes:• *Date of next meeting: 12 March 2026*

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

AGENDA

1. **Welcome by Chair**
2. **Apologies for Absence and Temporary Appointments**
3. **Declarations of Interest - see guidance note below**
4. **Petitions and Public Address**

Members of the public who wish to speak 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.

Requests to speak must be submitted no later than 9am three working days before the meeting (Monday 01 December 2025).

Requests should be submitted to omid.nouri@oxfordshire.gov.uk AND committeesdemocraticservices@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. **Note of Decisions/Minutes of Last Meeting (Pages 1 - 16)**

To **APPROVE** the Note of Decisions/Minutes of the meetings held on 8 September 2025 and 25 September 2025 and to receive information arising from them.

6. **Marmot Place Update (Verbal Update)**

The Board is asked to receive and **NOTE** the update on the Marmot Place programme of work.

7. **Prevention of Homelessness Director's Group Update (Pages 17 - 24)**

The Board is asked to receive and **NOTE** the Prevention of Homelessness Director's Group Update.

The report submitted for this item sets out countywide progress over the last six months and priorities in tackling homelessness and rough sleeping across Oxfordshire. It

highlights the work being driven by the Prevention of Homelessness Directors Group (PHDG) as the strategic leadership forum for housing, health, and social care partners working together to tackle homelessness. PHDG has been focused on five key priorities over the last six months, aligned to the Countywide Strategy:

1. Agreeing the future of the Countywide Homelessness and Rough Sleeping Strategy.
2. Improving collaboration between statutory services.
3. Addressing affordable housing supply challenges.
4. Exploring further joined up commissioning of Mental Health and Adult Homeless Pathways.
5. The transformation of the Oxfordshire Homelessness Alliance.

8. Health and Wellbeing Strategy Update- Building Blocks of Health (Housing- Housing Health Needs Assessment & Metric Review) (Pages 25 - 40)

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

1. **NOTE** and **APPROVE** the approach set out in this report for the monitoring and delivery of the Healthy Homes priority of the Health and Wellbeing Strategy.
2. Provide the leadership, governance and accountability across all four of the Healthy Homes ambitions.

9. Oxfordshire Neighbourhood Health Plan (Pages 41 - 44)

The Board is asked to **NOTE** and **AGREE**:

1. How Oxfordshire is organising itself to progress Neighbourhood Health and Care.
2. Ongoing work to develop a Neighbourhood Health and Care plan in line with changes around national timescales and associated anticipated future responsibilities of Health and Wellbeing Boards.

10. Community Insight Profile: Bicester West (Pages 45 - 54)

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

1. Use the findings and rich insight contained within the Community Insight Profile for Bicester West and their relevance to the Marmot Place programme of work to inform service delivery plans of partner organisations on the Board.
2. **SUPPORT** the legacy of the programme including the work of the Community Health Development Officers.

3. **NOTE** the culmination of the Public Health led programme of work to develop Community Insight Profiles for priority areas across the county

The report submitted for this item provides the following information:

- a) Introduces the fourteenth Community Insight Profile that has been funded by Oxfordshire County Council Public Health, focusing on Bicester West. It marks the culmination of a programme designed to deepen our understanding of local communities and inform place-based approaches to improving health and wellbeing.
- b) Reflects on key learning from the coordination of the Community Insight Profile programme. It highlights how the programme has evolved over time, strengthened local partnerships, and supported local more targeted and responsive service planning.
- c) Outlines the legacy of the programme, including the establishment of Community Health Development Officers, the allocation of grant funding to support local initiatives, and the early signs of impact these investments are beginning to yield.

11. Oxfordshire Safeguarding Adults Board Annual Report (2024-25) (Pages 55 - 84)

The Health & Wellbeing Board is **RECOMMENDED** to **NOTE** the findings of the Oxfordshire Safeguarding Adults Board (OSAB) Annual Report 2024-25.

There are TWO documents attached to this item:

1. A Cover Report for the OSAB Annual Report.
2. Annex 1: The full OSAB Annual Report 2024-2025.

12. Oxfordshire Safeguarding Children's Board Annual Report (2024-2025) (Pages 85 - 116)

The Health & Wellbeing Board is **RECOMMENDED** to **NOTE** the findings of the Oxfordshire Safeguarding Children's Board (OSCB) Annual Report 2024-25.

There are TWO documents attached to this item:

1. A Cover Report for the OSCB Annual Report.
2. Annex 1: The full OSCB Annual Report 2024-2025.

13. Report from Healthwatch Oxfordshire (Pages 117 - 126)

To receive and **NOTE** the Healthwatch Oxfordshire Report on patient views and experiences of Oxfordshire health and care services.

14. Reports from Partnership Boards (Pages 127 - 130)

To receive and **NOTE** updates from Partnership Boards.

1. Oxfordshire Place-Based Partnership (Written Update).
2. Health Improvement Board (Verbal Update).
3. Children's Trust (Verbal Update).

15. Forward Work Programme (Pages 131 - 132)

The Board is asked to **NOTE** the forward work programme.

Councillors declaring interests

General duty

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

What is a disclosable pecuniary interest?

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

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

Declaring an interest

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

Members' Code of Conduct and public perception

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

Members Code – Other registrable interests

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

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

Other registrable interests include:

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

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

Members Code – Non-registrable interests

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

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

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

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

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

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

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Monday, 8 September 2025 commencing at 10.00 am and finishing at 11.25 am

Present:

Board Members: Councillor Liz Leffman (Chair)

Michelle Brennan
Councillor Kate Gregory
Ansaf Azhar
Lisa Lyons
Barbara Shaw

Other Members in Attendance:

Councillor Rob Pattenden (virtual)
Councillor Chewe Munkonge (virtual)
Councillor Helen Pighills (virtual)
Councillor Georgina Heritage (virtual)
Caroline Green (virtual)
Grant MacDonald (virtual)
Professor Sir Jonathan Montgomery (Vice Chair – virtual)

Other Persons in Attendance:

Councillor Bethia Thomas (Leader, Vale of White Horse District Council, Councillor David Rouane (Leader, South Oxfordshire District Council), Councillor Jane Hanna (Chair, Oxfordshire Joint Health Overview and Scrutiny Committee), Professor Malcolm McCulloch.

Officers:

Jack Ahier (Senior Democratic Services Officer), Kate Holburn (Deputy Director of Public Health)

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

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

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| 137 Welcome by Chair (Agenda No. 1) | |

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| <p>The Chair welcomed everyone to the meeting and confirmed the reason for the meeting was for the Health & Wellbeing Board to discuss plans for how neighbourhood health services would be shaped in Oxfordshire, following the government's announcement of the 10 year NHS plan.</p> <p>The Chair also welcomed the invite to all the Leaders of the City and District Councils in Oxfordshire, as well as the Chair of the Oxfordshire Joint Health Overview and Scrutiny Committee, as it was important to hear their input.</p> | |
| <p>138 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p> | |
| <p>Apologies were received by Professor Sir Jonathan Montgomery, but hoped to be able to join online, Karen Fuller and Stephen Chandler. Given the short notice of the meeting, a number of Board Members attended virtually.</p> <p>Apologies were also received by Cllr Helen Pighills (who attended online), substituted by Cllr Bethia Thomas, and by Cllr Georgina Heritage (who attended online), substituted by Cllr David Rouane.</p> | |
| <p>139 Declarations of Interest - see guidance note below (Agenda No. 3)</p> | |
| <p>There were none.</p> | |
| <p>140 Petitions and Public Address (Agenda No. 4)</p> | |
| <p>There were none.</p> | |
| <p>141 Development of Neighbourhood Health in Oxfordshire (Agenda No. 5)</p> | |
| <p>Michelle Brennan, GP Representative, and Professor Malcolm McCulloch gave a presentation on neighbourhood health services in Oxfordshire and raised the following points:</p> <ul style="list-style-type: none"> - Important to understand that the neighbourhood model of health was much bigger than just the NHS with involvement needed by local authorities, ICB's and community and voluntary organisations. | |

- Thematic analysis of feedback from system partners showed that people felt systems were fragmented and siloed, with confusion of where people need to go.
- The left shift ambition of moving towards preventative care was vitally important to avoid hospital-centric care.
- It was likely that neighbourhood health areas in Oxfordshire would be in a range from 50,000 to 100,000 people.
- The John Hopkins segmentation showed 473,978 people were in the lower need group, 147,710 people were in the moderate need group and 18,75 were in the higher need group.
- The Acute Sector being involved is important for this model to work.
- Rapid mapping of services was underway and it was emphasised that Oxfordshire have a high level of services already aligned to the community.
- The need for a high-performance system framework with five key functions was shown: operations, coordination, resource allocation, future scanning, and identity/governance was emphasised.
- Better shared data platforms would allow for better coordination, citing international examples of integrated patient systems.
- It was emphasised that a shift was needed to receive best value across the system, rather than in individual organisations.
- It was important to scan for future trends, such as AI or ageing populations, and to adapt resourcing allocations and governance structures accordingly.
- The move from analogue to digital would be an enabler for this work.
- The governance structures would come in the form of a Primary and Community Board, reporting into the Place Based Partnership and the Health & Wellbeing Board.
- The importance of having shared data sets.
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Ansaf Azhar, Director of Public Health and Communities, stressed the need to focus on the other leftward shift (treatment to prevention) alongside moving care away from hospitals, as well as ensuring that neighbourhood health centres were not purely clinical and to embed social care elements.

The Chair asked how a single point of entry into the system would be managed and whether it would be conducted nationally, locally or at an integrated care system level. The NHS app was referenced as one example, but it was noted as very complex. Coordination would have to take place across organisations.

Dan Leveson, Director of Places and Communities (BOB ICB) commented on the need of the Health & Wellbeing Strategy to reflect the current journey of health and social care in Oxfordshire.

The Vice Chair asked how this framework would work for organizations which have to be a part of multiple systems. It was noted that it had to be an iterative process to work out what worked best for individual organizations, in consultation with their stakeholders. It was commented on that the neighbourhood health plans were an opportunity to move away from traditional organisational approaches to a population-wide approach.

Cllr Andy Graham (West Oxfordshire District Council) asked about the frameworks for evaluation of the systems & the framework outlined. Officers confirmed that it was important to work with residents and to co-produce a framework, noting that the challenges, such as funding, faced in this area should be clearly explained.

Grant MacDonald, Chief Executive (Oxford Health NHS Foundation Trust) highlighted the need to identify the challenges of particular neighbourhoods where there is greater need, to push on work currently underway across Oxfordshire through the Place Base Partnership, for example. Officers noted this and said it was important for the Health & Wellbeing strategy to shift towards prevention given the new 10 year NHS plan.

Cllr Jane Hanna, Chair of Joint Oxfordshire Health Overview and Scrutiny Committee (HOSC), highlighted the importance of managing anxiety within different health and social care organisations given changes that would be upcoming and noted that HOSC would looking at this going forward.

Cllr David Rouane (South Oxfordshire District Council) asked for a worked example of the governance framework and commented on the need to have trust throughout the system.

Cllr Bethia Thomas (Vale of White Horse District Council) stated that the current system was broken, but what need to be explained to the public and others was how this proposed system would improve the situation, as well as what constituted a neighbourhood, given the rural nature of Oxfordshire.

The Chair stated that these questions were good examples of what needed to be worked through at the workshop, highlighting the importance of District perspectives in addressing local challenges, such as a lack of public transport in rural communities.

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| <p>Barbara Shaw, Chair of Healthwatch Oxfordshire, stated the importance of having patient voice involved in co-designing these systems and their patient journey.</p> <p>Cllr Jane Hanna reiterated the importance of town and parish councils, and local elected representatives at all levels in this process.</p> <p>The Chair thanked everyone for attending and the Board noted the early plans and timetable of delivery for Neighbourhood Health services in Oxfordshire.</p> <p>RESOLVED: The Board noted the early plans and timetable of delivery for Neighbourhood Health services in Oxfordshire.</p> | |
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..... in the Chair

Date of signing

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OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 25 September 2025 commencing at 2.00 pm and finishing at 5.00pm

Present:

Board Members:

Councillor Liz Leffman (Chair)

Professor Sir Jonathan Montgomery (Vice-Chair)

Councillor Sean Gaul

Michelle Brennan

Councillor Kate Gregory

Ansaf Azhar

Karen Fuller

District Councillor Georgina Heritage

Lisa Lyons

District Councillor Rob Pattenden

Barbara Shaw

District Councillor Neil Fawcett

Dan Leveson

Veronica Barry

By Invitation:

Jessica Allen (Institute of Health Equity – UCL)

Lily O'Connor (Oxfordshire UEC Programme Director – BOB ICB)

Officers:

Jack Ahier (Senior Democratic Services Officer),
Panagiota Birmbili (Public Health Registrar), Laura
Brennan (Advanced Health Improvement Practitioner),
Nick Glover (Head of Future Economy and Innovation),
Kate Holburn (Deputy Director of Public Health), Craig
Miles-Clarke (Senior Research Officer), Omid Nouri
(Health Scrutiny Officer),

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk.)

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| 142 Welcome by Chair (Agenda No. 1) | |
| <p>The Chair welcomed Barbara Shaw, the new Chair of Healthwatch Oxfordshire, to the Health & Wellbeing Board.</p> <p>The Chair also outlined that updates from the Prevention of Homelessness Director's Group would move to bi-annual reports to the Board to provide more meaningful updates.</p> <p>The Chair also noted that some agenda items might have to be moved around because officers were unable to attend the meeting until certain times.</p> | |
| 143 Apologies for Absence (Agenda No. 2) | |
| Apologies were received by Caroline Green, Stephen Chandler, Matthew Tait (substituted by Dan Leveson), Cllr Chewe Munkonge, Cllr Helen Pighills (substituted by Cllr Neil Fawcett) and Barbara Shaw (substituted by Veronica Barry). | |
| 144 Declarations of Interest (Agenda No. 3) | |
| There were none. | |
| 145 Petitions and Public Address (Agenda No. 4) | |
| There was 1 application to address the meeting by Cllr Jane Hanna, on Item 12 (Report from Healthwatch Oxfordshire). | |
| 146 Note of Decisions of Last Meeting (Agenda No. 5) | |
| Subject to one amendment on page 6 replacing 'AirBnB' with 'bed and breakfast', the minutes of the meeting held on 25 June were approved as a correct record and would be signed by the Chair at the next meeting. | |

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| 147 Workshop Discussion (Agenda No. 6) | |
| <p>The Chair introduced the item to the meeting.</p> <p>Dan Leveson, Director of Places and Communities, noted that the Health & Wellbeing Board had responsibility to oversee and develop neighbourhood health plans and noted that plans had to be submitted by December.</p> <p>Ansaf Azhar, Director for Public Health and Communities, noted the neighbourhood health plans were impartially drawn from the Joint Strategic Needs Assessment, which outlined where the need was and what functions there were across Oxfordshire.</p> <p>The Vice Chair stated the importance of Healthwatch Oxfordshire and the Council of Governors inputting their thoughts into the development of plans.</p> <p>Michelle Brennan, GP Representative, referenced the importance of the Health & Wellbeing Strategy in providing the foundations for neighbourhood health plans.</p> <p>It was emphasised that it was important for senior partners in different organisations attended. Invitees to the workshop would include the Health & Wellbeing Board, leaders of the City and District Councils, health partners and voluntary organisations.</p> <p>It was confirmed that an item relating to the approval of the neighbourhood health areas of work would be added to the next meeting of the Health & Wellbeing Board on 4th December.</p> | |
| 148 Marmot Place Update (Agenda No. 7) | |
| <p>Kate Holburn, Deputy Director of Public Health, and Jessica Allen (Institute of Health Equity, University College London) presented the update and raised the following points:</p> <ul style="list-style-type: none"> - That the Marmot method of work did not focus on the 'what' but the 'how', beginning with the assessment of the extent of inequalities and the social determinants of health in Oxfordshire. - Highlighting the enablers of Marmot workstreams, such as the Local Policy Lab, engagement workshops on rural inequalities and templates identifying health inequalities in primary care. | |

- Data outlining the gap between free-school meal children and non-free school meal children, and their deprivation levels. It was commented that all of the districts within Oxfordshire had large gaps between the most deprived and least deprived children.
- The need to engage with District Councils further.

Cllr Sean Gaul, Cabinet Member for Children and Young People, noted the work on the structures being put in place but asked about the visible outcomes and positive actions coming from the Marmot approach. It was commented that it would make signposting easier for GPs to provide specific advice, on the templates identifying health inequalities in primary care, for example.

Veronica Barry, Chief Executive – Healthwatch Oxfordshire, recognised the need to improve communications to highlight the successes of the Marmot programme to residents.

Ansaf Azhar noted that the Marmot approach would help to deliver long-term benefits in improving health equity but stated that improvements needed to be made in coordination and capturing activities that have long-term benefits.

Dan Leveson noted that further examples needed to be highlighted, such as the You Move programme in partnership with Active Oxfordshire and the Well Together programme investing £1m by the end of November in deprived areas.

The Vice-Chair reiterated that the Marmot approach would take time, but indicated that significant progress had been made in the previous 5 years.

With regards to children receiving free school meals, it was noted that the aim was to close the gap nationally given Oxfordshire was lower than the national average of 50%.

Cllr Georgina Heritage, South Oxfordshire District Council, noted the lack of engagement with District Councils. Jessica Allen commented that this had not happened yet, but UCL felt it would be appropriate and helpful, which would try to be addressed in the coming weeks.

Cllr Kate Gregory, Cabinet Member for Public Health and Inequalities, asked if the data could be drilled down into further to look at which schools needed support. Lisa Lyons, Director of Children's Services, noted that the work with schools would probably be too late and that intervention even earlier, as evidenced by the work to set up Family Hubs.

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| <p>Jessica Allen commented that the number of children eligible for free school meals was quite low, which was encouraging to some extent.</p> <p>Cllr Neil Fawcett, Vale of White Horse District Council, noted the impact of Sure Start centres and asked if that early intervention approach was something to pick up on. Lisa Lyons noted the success of Sure Start centres in not targeting demographics but universal provision for all children because it was not a stigma in attending.</p> <p>The Vice Chair commented on the unique challenges of military families, which were sometimes overlooked, to ensure there were the correct levels of support available.</p> <p>RESOLVED to:</p> <p>Note the Marmot Place Update.</p> | |
| <p>149 Oxfordshire Winter Plan (Agenda No. 8)</p> | |
| <p>Lily O'Connor, Oxfordshire UEC Programme Director (BOB ICB), presented an update on the Oxfordshire Winter Plan and raised the following points:</p> <ul style="list-style-type: none"> - Summer months are used to test out improvements from the previous year to make the current plan the best it can be. - As much as possible, the Plan seeks to avoid deterioration of patients so that they do not have to enter hospital, as they can be assessed, treated and recover much better in their own homes. - When patients enter hospitals throughout the country, there is an element of deconditioning, so hospital admissions try to be avoided. - Trying to avoid duplication in visiting services within the community by working with all partners. - Joint working with Oxford Health mental health services to try and prevent hospitalisation, but if people do get admitted, how can assessments be undertaken and support identified quickly. <p>Cllr Georgina Heritage asked if there were checks undertaken to identify if homes were suitable environments to care for somebody. It was noted that that they are and that it makes a huge difference when the entire home is considered, such as on heating, living conditions and food poverty. It was commented</p> | |

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| <p>that some of the biggest delays in hospital discharge is due to where the patient is returning to.</p> <p>Karen Fuller, Director of Adult Social Care, added that social workers have capacity to visit discharged hospital patients when they return home, and assessments are made on the capacity of the patient to make decisions, with safety being the primary consideration.</p> <p>The Health Scrutiny Officer asked if the plans could be circulated to the Oxfordshire Joint Health Overview and Scrutiny Committee, which it was confirmed that they could.</p> <p>The Board thanked officers and noted the report.</p> <p>RESOLVED to:</p> <p>The Board noted the Oxfordshire Winter Plan.</p> | |
| <p>150 Joint Needs Strategic Assessment 2025 (Agenda No. 9)</p> | |
| <p>Kate Holburn, Craig Miles-Clarke, Senior Research Officer, and Panagiota Birmipili, Public Health Registrar, presented the report and raised the following points:</p> <ul style="list-style-type: none"> - That the Joint Strategic Needs Assessment sat underneath the Marmot programme of work and the Health & Wellbeing Strategy, to enable understanding of what needs were in the community. - Tries to inform local strategies and the planning of health, wellbeing and social care services to improve outcomes and reduce inequalities. - Collaboration taken place with local authorities, the NHS, Thames Valley Police, Healthwatch Oxfordshire and voluntary organisations, with data used from a variety of sources. - Transitions from PDFs to interactive PowerBi dashboards, hosted on the Oxfordshire Data Hub, which includes regional data comparisons and web links to sources. - JSNA presentations and training sessions on dashboard use available on request to help partners use the data effectively. - Next update on the JSNA is planned for September 2026. <p>A presentation was gave on the PowerBi dashboard outlining the</p> | |

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| <p>JSNA, giving examples of the pages on Age Well, Live Well, Children and Young People. The links and slides would be shared with Board Members so they could access the data more easily and delve into specific datasets further.</p> <p>Cllr Sean Gaul commented that there was lots of data and asked how it was translating into focused outcomes on the ground.</p> <p>Ansaf Azhar commented that the dashboard was only useful if it was used so encouraged Board Members to spread the message to inform decision-making processes.</p> <p>The Board thanked officers for their work and agreed to the recommendations in the report.</p> <p>RESOLVED to:</p> <p>a) Approve the content of the Joint Strategic Needs Assessment (JSNA) for 2025</p> <p>b) Encourage widespread use of the JSNA in planning, developing and evaluating services across the county.</p> <p>c) Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years.</p> | |
| <p>151 Pharmaceutical Needs Assessment 2025 (Agenda No. 10)</p> | |
| <p>Kate Holburn and Laura Brennan, Advanced Health Improvement Practitioner, introduced the report and raised the following points:</p> <ul style="list-style-type: none"> - The purpose of the Pharmaceutical Needs Assessment (PNA) is to identify current and future pharmaceutical service needs and is a statutory requirement of the Health & Wellbeing Board. - There were no gaps in service provision across Oxfordshire and was deemed as adequate to meet the needs of the population. - Consultation feedback noted concerns around the varying quality of services provided, the impact on rural Oxfordshire and closures of pharmacies over the previous few years. <p>Dan Leveson asked for specific comments about quality of service provision to be fed back into the ICB and it was</p> | |

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| <p>confirmed they would be.</p> <p>Cllr Neil Fawcett raised the issue of a disconnect between what the system says is a reasonable time/distance to travel and what users think is, noting a higher percentage being within 30 mins distance with a private car, but a much lower percentage when using public transport. The comments were taken on board, but the stringent criteria in producing the PNA were also reflected upon. Officers noted this could be part of a more holistic approach in the future.</p> <p>The Board thanked officers and agreed to the recommendations in the report.</p> <p>RESOLVED to:</p> <p>a) To receive an update on the production of the 2025 Oxfordshire Pharmaceutical Needs Assessment (PNA).</p> <p>b) To note that the 2025 Oxfordshire PNA has been out to formal 60-day consultation and is ready for publication.</p> <p>c) To approve the publication of the completed 2025 Oxfordshire PNA.</p> | |
| <p>152 Health & Wellbeing Strategy Update - Building Blocks of Health (Agenda No. 11)</p> | |
| <p>Nick Glover, Head of Future Economy and Innovation, presented the Building Blocks of Health update, focusing on the Get Oxfordshire Working Plan, and raised the following points:</p> <ul style="list-style-type: none"> - Oxfordshire's employment rate was very high (around 82.4%), with lots of people with high levels of qualifications and low rates of people with no qualifications. - Students are technically considered as economically inactive, but student numbers in Oxfordshire were rising, and other cohorts (such as long-term sick and retired people) were trending downwards since 2020. - However, the picture was not the same across Oxfordshire; noting some challenges in parts of Banbury, Oxford and some rural areas. - Over 80% of Universal Credit claimants face health-related | |

| | |
|---|--|
| <p>barriers to work opportunities.</p> <ul style="list-style-type: none"> - Structural barriers to work included housing costs, transport limitations, caregiving responsibilities, high living costs and social isolation. <p>Michelle Brennan asked about the step between employment and how young people are able to get more experience in the workplace. It was noted some of the good work Oxfordshire Youth do with 'Business Guardians' but that more work was needed.</p> <p>Cllr Sean Gaul asked what the quantifiable progress would demonstrate success in this plan. It was stated that granular and measurable objectives were vital to see if it had been successful, and in the new iteration of the plan, these would be in place for the new financial year. Continuing positive trends in the rate of economic inactivity trending downwards was an indicator as a broader objective.</p> <p>It was further commented upon that the Get Oxfordshire Working plan was a plan relating to the labour market, but wider economic strategies in development could pick up important areas such as transport and housing.</p> <p>The Board thanked officers and noted the report.</p> <p>RESOLVED to:</p> <p>Note the Health & Wellbeing Strategy - Building Blocks of Health update.</p> | |
| <p>153 Report from Healthwatch Oxfordshire (Agenda No. 12)</p> | |
| <p>Veronica Barry introduced the report and raised the following points:</p> <ul style="list-style-type: none"> - Reports to be published shortly on the NHS app after surveys and the 10 year NHS plan. - Held a webinar on the 10 year NHS plan, and planning to hold webinar in January on neighbourhood health to engage patients. - The system issues arising from the government announcement on the abolition of local Healthwatch's and how different groups/Boards could shape the role of patient voices going forward. | |

| | |
|---|--|
| <p>- It was pointed out that if the patient voice was held within commissioners of care, thought would need to be given as to where independent voice would be held in order to hold organisations to account.</p> <p>The Chair, as Leader of the Council, reiterated the commitment of the Council to look into how an independent patient voice would look in the future following the government's announcement.</p> | |
| <p>154 Reports from Partnership Boards (Agenda No. 13)</p> | |
| <p>Cllr Georgina Heritage, as Chair of the Health Improvement Board, presented an update of the Board's work, including on physical activity, suicide, mental health, drug and alcohol addiction and the role of Healthwatch.</p> <p>Cllr Sean Gaul, as the Chair of the Children's Trust Board, presented an update of the Board's work, looking to ensure proper forward planning, strong partnership working with the ICB and voluntary sector and avoidance of duplication going forward as his priorities as the new Chair.</p> <p>Dan Leveson provided an update on the Place Base Partnership, referencing the merger between BOB ICB and Frimley ICB, ensuring continuing communication and engagement with colleagues.</p> | |
| <p>155 Forward Work Programme (Agenda No. 14)</p> | |
| <p>The Board noted the forward work programme, with the addition of the sign-off of neighbourhood health plans to the meeting on 4th December.</p> | |

..... in the Chair

Date of signing

Divisions Affected – All

OXFORDSHIRE HEALTH AND WELLBEING BOARD

4 DECEMBER 2025

PREVENTION OF HOMELESSNESS DIRECTOR'S GROUP UPDATE

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

RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to note the report

Executive Summary

1. This report sets out countywide progress over the last six months and priorities in tackling homelessness and rough sleeping across Oxfordshire. It highlights the work being driven by the Prevention of Homelessness Directors Group (PHDG) as the strategic leadership forum for housing, health, and social care partners working together to tackle homelessness. PHDG has been focused on five key priorities over the last six months, aligned to the Countywide Strategy:
 1. Agreeing the future of the Countywide Homelessness and Rough Sleeping Strategy
 2. Improving collaboration between statutory services
 3. Addressing affordable housing supply challenges
 4. Exploring further joined up commissioning of Mental Health and Adult Homeless Pathways
 5. The transformation of the Oxfordshire Homelessness Alliance

Background

2. Oxfordshire continues to experience high and rising homelessness pressures, particularly among single adults with complex needs. While rough sleeping numbers have stabilised compared to previous years, the use of temporary accommodation remains at record levels, with many individuals placed in hotels and B&Bs for extended periods. This creates significant challenges for housing authorities and places additional strain on health and social care systems.
3. The Oxfordshire Countywide Homelessness and Rough Sleeping Strategy was implemented in 2021 for a five-year period, following a feasibility study led by Crisis during the COVID-19 pandemic. It was signed by all Oxfordshire local authorities—Oxfordshire County Council, Oxford City Council, Cherwell, Vale of White Horse, South Oxfordshire, and West Oxfordshire District Councils—

together with the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

4. The strategy introduced a shared vision and five key priorities focused on prevention, rapid response, person-centred support, timely move-on, and securing the right home in the right place. Set against the backdrop of COVID-19, it built on lessons from the government's Everyone In scheme, which provided self-contained accommodation to those sleeping rough. Furthermore, it responded to the Oxfordshire Safeguarding Adults Board's Thematic Review of Homelessness (2019), which examined the deaths of nine individuals experiencing multiple exclusion homelessness in 2018-19. This review underscored the need for a system-wide shift in how homelessness is prevented and addressed.
5. Homelessness support services are jointly commissioned through a partnership between the District and City Councils, Oxfordshire and West Berkshire Integrated Care Board, and the County Council, using a pooled funding arrangement. This commissioning partnership, a key innovation of the Countywide Homelessness and Rough Sleeping Strategy, oversees a delivery partnership of agencies working across Oxfordshire to provide non-statutory homelessness support services for single homeless adults. The services provided include prevention, outreach and supported accommodation. This group of service providers is known as the Alliance, with the organisations listed below.
 - A2Dominon
 - Aspire Oxfordshire
 - Connection Support
 - Elmore Community Services
 - Homeless Oxfordshire
 - St Mungo's

Key updates

Future of the Countywide Homelessness and Rough Sleeping Strategy (2021-26)

6. Since 2021, Oxfordshire partners have made significant progress in embedding new approaches, strengthening collaboration, and aligning resources towards prevention and rapid response. The action plan was refreshed earlier this year to ensure it remains responsive to current challenges and emerging needs. In late 2024, a designated officer was appointed to further strengthen governance and drive delivery of the strategy.
7. The current strategy is now in its final year (2026). Despite progress, substantial work remains, and homelessness continues to be a major and complex issue across Oxfordshire and nationally.
8. An additional consideration is Local Government Reorganisation. Any future structure should create opportunities to integrate services further and build a more cohesive approach to tackling homelessness. However, with the new council(s) not fully forming until Vesting Day in 2028, it is essential that work

continues over the next two years, both to reduce homelessness and to prepare for the delivery of homelessness services within the new arrangements.

9. Therefore, the Prevention of Homelessness Directors Group (PHDG) has agreed on the following approach:

- Work to renew the strategy: Partners will review achievements and gaps, set new priorities and an action plan for 2026–2028, and renew the strategy to signal renewed commitment and clarity of purpose.
- Each of the seven partners will then need to consider the new strategy in their relevant governance structure, ensuring the appropriate sign offs.
- Countywide Key Performance Indicators (KPIs): To ensure transparency and measure impact, PHDG has identified and continues to develop a new set of countywide KPIs aligned to the refreshed priorities. These KPIs will track progress on prevention, rough sleeping reduction, accommodation pathways, and tenancy sustainment, enabling partners to monitor outcomes consistently across the system.

Improving Collaboration Across Statutory Services

10. Preventing and reducing homelessness requires a whole-system response that integrates housing, health, and social care. The strategy and PHDG have prioritised strengthening collaboration between statutory services to improve outcomes for single homeless adults with complex needs.

11. At the June PHDG meeting, partners agreed to explore how housing, Adult Social Care (ASC), and health services could work more effectively together. Oxford City Council and ASC undertook joint work to scope opportunities and identify systemic barriers.

12. Complex cases were jointly reviewed in August, involving individuals in temporary accommodation with unmet health or support needs. Common themes amongst those reviewed included:

- Evidence of multi-agency working in almost all cases.
- Mental health issues (psychosis, depression)
- Multiple and complex needs, often linked to substance misuse

13. Despite multi-agency involvement in five of six cases, housing outcomes remained poor in many cases due to:

- Homeless clients having the mental capacity to make relevant decisions but refusing or disengaging from support
- Limited options for accommodation suited to high-support needs
- Frontline officers struggling to communicate across organisations and did not necessarily have detailed knowledge about the role and function of different statutory agencies, resulting in misaligned expectations of follow-up actions and a lack of knowledge about how and when to escalate concerns if necessary.

14. Actions (agreed by PHDG):

- Further joint training for housing, ASC, and health staff to build mutual understanding and align expectations

- Communicate clear escalation routes for complex cases to ensure timely interventions.
- Dedicated resource: Establish a new role that can support multi-agency working, between the housing authorities, ASC and health services, supporting busy frontline workers to navigate the entire system to facilitate better outcomes for homeless clients with multiple needs (funding identified for a one-year pilot).
- Needs review: Oxford City with the support of health and social care partners, review any unmet needs in its temporary accommodation, in order to support PHDGs future planning and influence on what supported accommodation is needed in Oxford, as well as to help inform the design of services provided by other statutory agencies to ensure they are accessible and targeted for homeless people living in temporary housing – such as mental health, and drug and alcohol services.

Affordable Housing Supply Workstreams

15. In December 2024, a Housing Summit was held to explore and address the issue of housing supply across Oxfordshire. Rising numbers of homeless individuals, increasing reliance on temporary accommodation, insufficient affordable homes, and blocked accommodation pathways have created mounting pressures. Senior officers from local authorities (LAs) and Registered Providers (RPs) from across Oxfordshire attended the summit, and subsequently agreed to progress several key supply-related workstreams:
 - Enhance collaboration between LAs and RPs
 - Strengthen joint working between councils and RPs to enable supply and access to accommodation
 - Adopt a countywide approach to land for development
 - Map and consider alignment of Section 106 contributions across districts
 - Provide wrap-around support for formerly homeless people being rehoused
16. Since the workstreams were identified, steady progress has been made across several priority areas, with positive steps taken to strengthen collaboration and explore new opportunities for housing delivery. Notably, a new Oxfordshire-wide RP Forum has been established, bringing together senior leaders from RPs and LAs. The forum is intended to act as a platform for open, consistent dialogue, enabling shared insight, strategic alignment, and the development of joint solutions. There has also been positive movement in resourcing housing-led services. Oxford City Council is funding a new pilot within the Alliance to provide tailored support for people with lived experience of homelessness who are moving into general needs private and social accommodation to sustain their tenancy. If the pilot proves successful, the model has the potential to be expanded and strengthened through transformation work and the redirection of Alliance resources in future years.
17. While good progress has been made in some areas, other workstreams have proved more challenging to advance, particularly those that rely on specialist skills and dedicated officer time across multiple councils, such as work on Section 106 opportunities and a countywide approach to land. These areas are complex, and organisational capacity constraints have limited momentum.

18. PHDG's focus for the next six months includes:

- Convening the first meeting of the RP Forum on 15 January, with future meetings held twice per year.
- Issuing the draft Housing-Led service specification with providers across the Alliance.
- Unblocking progress on Section 106 alignment and the countywide approach to land.

Increasing joined-up commissioning between providers of supported housing in Oxfordshire

19. Supported housing across Oxfordshire is delivered by a mix of commissioned and non-commissioned providers. Commissioned accommodation includes services jointly commissioned by the County Council and Oxford Health through the Mental Health Pathway (MHP), as well as provision commissioned by the County and City Councils as lead commissioners of the Homelessness Alliance (formerly the Adult Homeless Pathway). In addition to these two pathways, both councils and the district councils commission further accommodation to meet local need.

20. Providers and commissioners of supported accommodation for homeless individuals, and those accommodated due to their mental health, are currently facing rising challenges, including:

- Increasing complexity of clients requiring more than generic support.
- Lack of move-on from accommodation, due to a lack of affordable general needs accommodation in Oxfordshire, creating blockages in the system.

21. The strategic partnership hopes to develop commissioning relationships across organisations further, enabled by the deepening partnership that has been established through the countywide homelessness governance, to improve the accommodation and support offer for all our clients.

22. This approach has added benefit in the context of Local Government Reorganisation. Rather than wait until 2028 to take a joined-up approach to commissioning across the homelessness system, we want to ensure commissioning decisions now are informed by a joined-up cross-system view, helping future-proof commissioning approaches now.

23. This is timely, with commissioners in Oxford Health and the County Council currently making decisions on the future of the MHP, the largest supported accommodation pathway in Oxfordshire, while at the same time early planning is underway about the future of the accommodation offer for the Homelessness Alliance.

24. There is significant overlap in the client groups and current accommodation offer between these two pathways, with many clients in the MHP ready to move on to alternative accommodation, and others in Alliance accommodation with mental health conditions, so a joined-up approach to commissioning should create a better accommodation and support offer that meets needs in Oxfordshire.

25. A cross-Oxford Health, City Council and County Council group is now regularly meeting to oversee this work, reporting to PHDG. Further updates on its topic will be available in future reports.

Oxfordshire Homelessness Alliance Transformation

26. The Alliance is finalising specifications to reflect the revision to service design and delivery based on transformation work conducted by review groups this past year. New services will be mobilised as of April 2026. Headline changes to services are:

27. Prevention

- The prevention service will be reframed to offer a more focused and effective offer.
- Clear differentiation between short-term intervention and long-term case work
- This service will operate as a single, county-wide crisis prevention service which is focused on preventing rough sleeping. The service will work with people who are currently in tenancies and those without tenancies, such as 'sofa surfers' and others who are at risk of rough sleeping.
- The service is not intended for people in supported housing, those without recourse to UK public funds, or those groups who can get assistance from more dedicated support options elsewhere (e.g. refugees, people fleeing domestic violence). People seeking support from these groups will be signposted to more appropriate services.
- Families: The service is not intended for families facing homelessness, who should be primarily supported by statutory homelessness services, though any families seeking support will be appropriately signposted as part of the triage and brief intervention element of the service.

28. Outreach

- The service specification is being developed to ensure that a more equitable service is delivered across the county, with different options on delivery models.

29. Somewhere Safe to Stay

- We are increasing capacity within our somewhere safe to stay service and offering more flexibility in how the service operates, in order to maximise its ability to move people quickly off the street.

30. Housing-led support

- The housing-led support service is being further developed to address the significant challenges in finding suitable and affordable move-on across the County, resulting in people staying in supported accommodation for far longer than needed. Individuals who no longer need to live in supported accommodation will be assisted to move on to more suitable independent accommodation, saving funds and increasing capacity in the system. There will be an ongoing support offer for these individuals, to help them sustain their new tenancy, and avoid repeat homelessness.

Financial Implications

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

Legal Implications

32. The report provides a progress report on the multi-agency work being undertaken to address homelessness across Oxfordshire and as such there are no specific legal implications arising from the same.

33. It is worth noting however that, whilst it is not permissible to circumvent the statutory framework for the provision of homelessness services, it is possible to utilise the authority's wider, more general powers to support those with particular vulnerabilities or needs, prevent the development for needs for care and support and promote the general well-being of the local population: for example using the general power of competence under the Localism Act 2011 (s1).

Janice White
Principal Solicitor, ASC and Litigation

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Background papers: Nil

November 2025

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Agenda Item 8

OXFORDSHIRE HEALTH AND WELLBEING BOARD 4th December 2025

Healthy Housing Priority reporting approach

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

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

- a. **Note and approve the approach set out in this report for the monitoring and delivery of the Healthy Homes priority of the Health and Wellbeing Strategy.**
- b. **Provide the leadership, governance and accountability across all four of the Healthy Homes ambitions.**

Executive Summary

Purpose & Recommendations

Sets out a framework for monitoring and delivering the Healthy Homes priority in Oxfordshire's Health and Wellbeing Strategy.

Four ambitions underpin the Healthy Homes priority:

- More healthy, safe, and secure homes
- More affordable homes
- More suitable homes for specific groups
- Reducing homelessness

Strategic Context

Housing is a key determinant of health, affecting both physical and mental wellbeing. Poor housing conditions (damp, cold, overcrowding, unaffordability) are strongly linked to negative health outcomes, including respiratory and cardiovascular diseases and mental health issues. Significant inequalities exist in housing experiences, especially by tenure, ethnicity, income, and disability.

Approach to measurement

A working group with city, district, and county council officers developed practical metrics and methods for tracking progress against the ambitions of the Healthy Homes priority. The Housing Health Needs Assessment (HHNA) informed metric choice, highlighting opportunities to improve governance, data sharing, and policy impact.

Key Findings & Issues

Housing and health data limitations include inconsistent collection, national-only datasets, and resource constraints for local reporting. New requirements (e.g., reporting on damp/mould hazards) may improve data quality over time.

Recommended Metrics

The metrics are designed to be relevant, valid, timely, and actionable:

- **Safe, healthy homes:** % of properties with EPC Band C or higher; number of residents using Better Housing Better Health (BHBH) service.
- **Affordable homes:** 1-bed median rent as % of gross annual pay; number of new affordable homes built.
- **Suitable homes:** % of people with long-term disability in unsuitable accommodation; % and number of Disabled Facilities Grants (DFGs) completed.
- **Homelessness:** Number of households owed a prevention/relief duty under the Homelessness Reduction Act; numbers in temporary accommodation.

Deep Dive Programme

Themed deep dives will support the high-level metric drive improvements.

| Housing Ambition | Themed Deep Dive |
|---|--|
| More healthy, safe, secure homes | <ul style="list-style-type: none">• Housing Condition and household survey.• Role and capacity of housing standards enforcement• Housing quality in social homes.• Climate readiness of homes• Secure, stable homes for everyone• Hoarding support. |
| More Affordable homes | <ul style="list-style-type: none">• An Oxfordshire definition of “affordable” housing• Ensuring growth provides healthy, affordable and suitable homes.• Increasing availability of existing homes.• Plannings role in healthy homes |
| Increase availability of housing to meet the needs of specific groups | <ul style="list-style-type: none">• Role and capacity of Home Improvement agencies• Supporting community led housing.• Innovative homes for complex health needs. |
| Prevention and reduction of rough sleeping and homelessness | Already reported on by Homelessness Directors group |

Next Steps

- Review and formalize the working group's Terms of Reference
- Secure wider engagement with a health lens with a broader range partners and stakeholders.
- Continue expanding partner engagement and refine governance/data systems.
- Health and Wellbeing Board to agree up to two priority deep dives annually.

1. Background and context

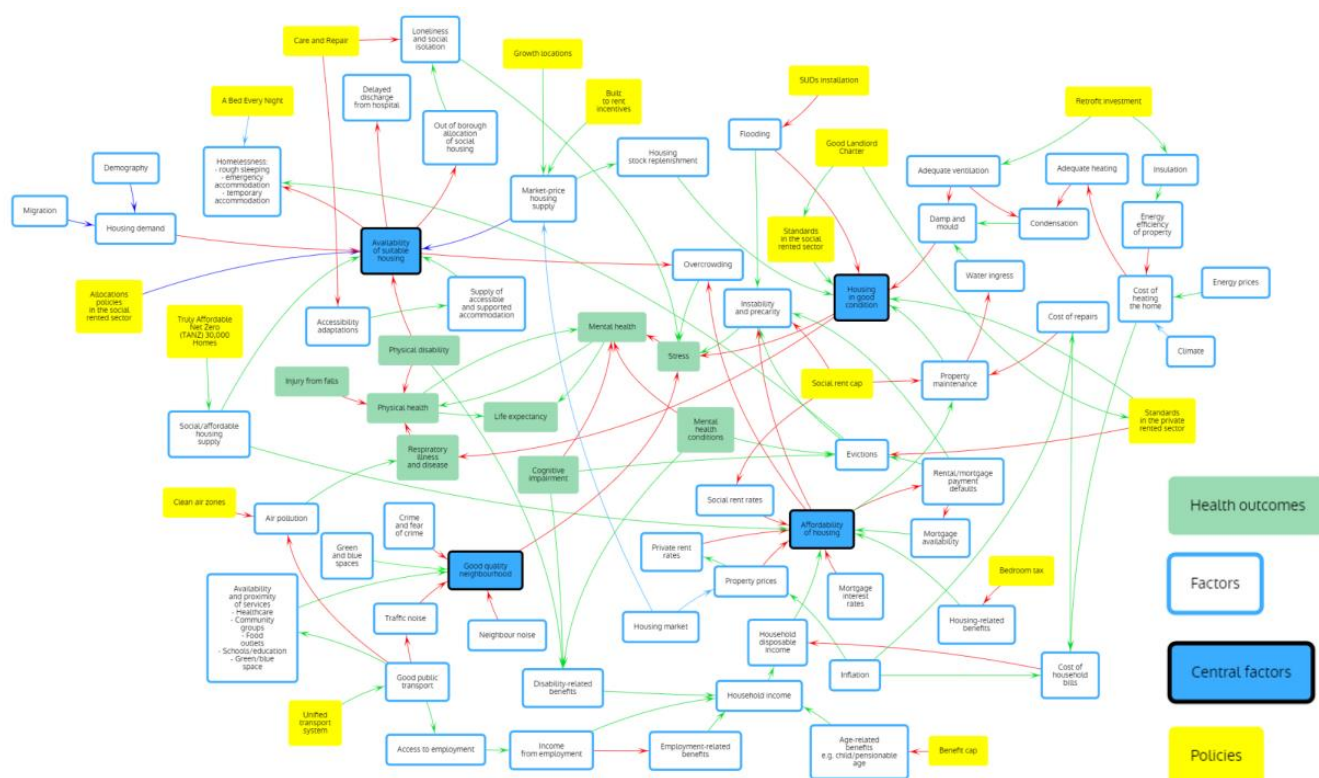
a. Housing and Health

Housing is key building block to good health. The Marmot Review 10 Years On¹ found that.

“Poor-quality housing harms health and evidence shows that exposure to poor housing conditions (including damp, cold, mould, noise) is strongly associated with poor health, both physical and mental. The longer the exposure to poor conditions, including cold, the greater the impact on mental and physical health. Specific physical effects are morbidity including respiratory conditions, cardiovascular disease and communicable disease transmission, and increased mortality. In terms of mental health impacts, living in non-decent, cold or overcrowded housing and in unaffordable housing has been associated with increased stress and a reduction in a sense of empowerment and control over one’s life and with depression and anxiety. Children living in overcrowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, attain less well at school and have a greater risk of behavioural problems than those in uncrowded homes.”

b. A whole systems approach to housing

Taking a whole systems approach to homes means considering other building blocks of health such as income, education, food and our surroundings. The systems map² below captures the various outcomes, factors and policies related to healthy homes.



¹ <https://www.health.org.uk/reports-and-analysis/reports/health-equity-in-england-the-marmot-review-10-years-on-0>

² https://www.gla.ac.uk/media/Media_1029943_smxx.pdf#:~:text=Participatory%20systems%20mapping%20is%20a%20method%20used,%2D%20in%20this%20case%2C%20the%20housing%20system.

c. Housing and health Inequalities

There are significant inequalities in housing experiences, especially by tenure and ethnicity. Households led by minority ethnic individuals, younger adults, or those with illness or disability are more likely to face housing problems³. In 2023/24, the Health Foundation found 28% of households on the lowest incomes spent over a third of their income on housing, compared with just 2% in the top income quintile⁴. Even before Covid-19, the UK saw notable disparities in housing space and amenities by income, tenure, ethnicity, and region. Low-income, young, and minoritised groups are more likely to live in poor-quality homes, both in the private and social sectors, and face greater barriers to accessing better housing⁵. Households on low incomes, young people and minoritised populations are disproportionately more likely to live in poor-quality homes, particularly in the private sector but also within social housing and often have fewer options and face a range of barriers to accessing healthier alternative accommodation.⁶

d. Strategic case for healthy housing

Provision of healthy, affordable and suitable homes is particularly important considering the governments mission to build 1.5 million homes over the next ten years. Understanding how homes in Oxfordshire support residents' health will make the most of the governments housing ambition and the Ten-year Health plan⁷ which recognises the greater role of neighbourhoods and prevention in health. Locally, as a Marmot Place, housing can support at least two of the Marmot principles, addressing inequalities.

Good quality housing supports the County councils Healthier, Greener and Fairer strategic ambitions.

e. Background and Context

In 2023 a new Health and Wellbeing Strategy was adopted and the role of housing in health was fully recognised. It moved from a single reference to "Fuel poverty" to one of the ten priorities, "Healthy Homes".

The overarching aim is "Everyone should have access to quality, affordable and energy efficient homes which support their health and wellbeing. Social, private rented and new build homes should be of good material standard and maintained to prevent health issues". It is broken down into four ambitions.

- More healthy, safe and secure homes
- More affordable homes
- More suitable homes for specific groups
- Reducing homelessness

The original outcomes framework had proposed some metrics to track progress; however, it was not possible to report on these for various reasons and are discussed later. In January 2024 the Health

³ <https://www.health.org.uk/evidence-hub/housing/multiple-housing-problems/inequalities-in-households-experiencing-housing>

⁴ [https://www.health.org.uk/evidence-hub/housing/housing-affordability/inequalities-in-housing-affordability#:~:text=28%25%20of%20people%20in%20households,top%2020%25%20of%20incomes\).](https://www.health.org.uk/evidence-hub/housing/housing-affordability/inequalities-in-housing-affordability#:~:text=28%25%20of%20people%20in%20households,top%2020%25%20of%20incomes).)

⁵ <https://www.tandfonline.com/doi/full/10.1080/09649069.2025.2569179?src=>

⁶ <https://www.fph.org.uk/media/p5rdhsu5/fph-poverty-housing-and-health-briefing.pdf>

⁷ <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

and Wellbeing Board asked that partners should develop appropriate metrics and methods for measuring progress towards the aim.

This report will focus on the first three ambitions, as homelessness is by comparison well measured and reported on elsewhere, including to the Health and Wellbeing Board.

2. Key Issues

a. Metric development approach

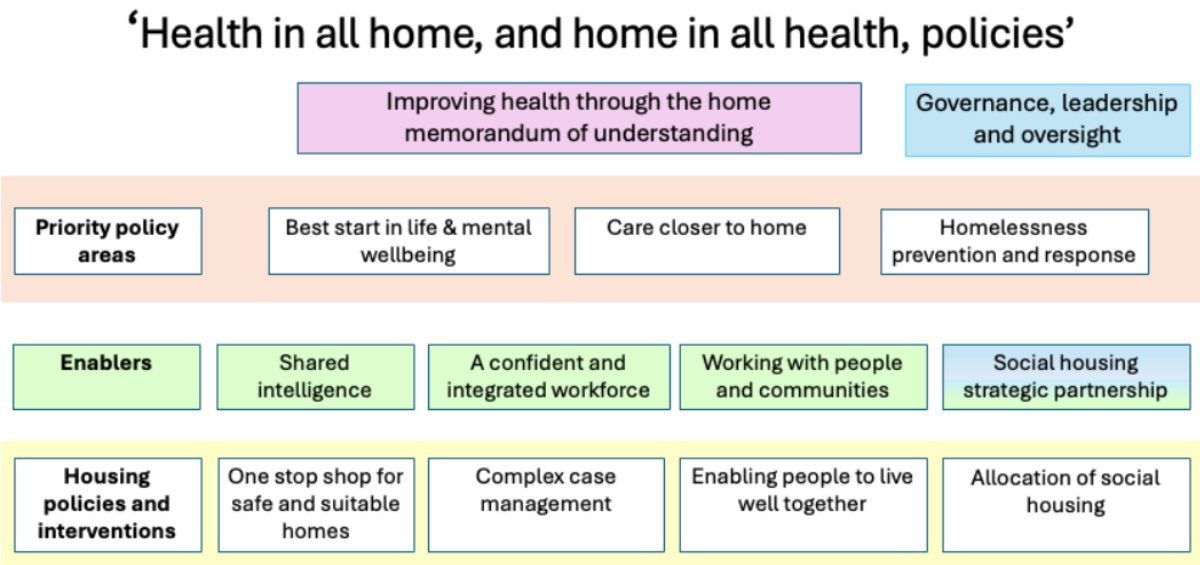
A working group was set up, with officers from District and City councils and the County Council (listed in Annex 1), with representation across the various portfolios within Housing. To support the identification of appropriate measures a housing Health Needs Assessment (HHNA) was commissioned⁸. This involved a review of all available local and national data related to the Healthy Homes priority. In addition, interviews were carried out with over 20 partners and a programme of themed discussion groups based on those interviews, with a wider group of stakeholders.

The key findings of the HHNA found that whilst there was good practice, there is opportunity to improve

- the accountability, governance and oversight between the four ambitions within housing,
- the availability and sharing of local data and insight to inform policy and practice, in particular its impact on health outcomes.

The recommendations of the HHNA include

- Governance, leadership and insight, and the development of a Memorandum of Understanding
- Priority Policy Areas - Best Start in Life, Care at or closer to home and homelessness.
- Enablers – shared intelligence, Strategic partnership with social housing providers, working with people and communities, a confident and integrated workforce.
- Housing Policies and interventions – one stop shop, complex case management, allocation of social housing and enabling people to live together well.



⁸ <https://data.oxfordshire.gov.uk/jsna/bitesizes-and-health-needs-assessments/>

The report also includes a detailed list of evidence-based suggestions which could inform an action plan or cross cutting housing strategy. Some of these recommendations have informed the proposed themed deep dives, discussed later.

b. Housing and Health Stakeholders

Housing provision is a complex system, made up of those providing housing, housing and support services, in addition to those providing support services to residents. The organisations involved include housing associations and other social housing providers, local government in particular planners, the NHS as well as the VCSE sector. There is also opportunity to work with other organisations, such as energy companies and national bodies such as Homes England and the Social Housing Regulator.

Social Housing providers

One key area of interest from the perspective of health inequalities is working with Housing Associations and other social housing providers, where it is known that self-rated health is lowest in social housing, compared to other housing tenure. There are over 70 social housing providers with homes in Oxfordshire with a total of nearly 53,000 homes. There are five main social housing providers, which provide over 90% of social homes in Oxfordshire. The remaining social housing providers include alms houses as well as homes for those with specific needs.

Table 1 – Five largest private and local authority registered providers in Oxfordshire 2025 (Social Housing Regulator⁹)

| Social Housing Provider | Number of homes in Oxfordshire |
|--------------------------------|---------------------------------------|
| Sovereign Network Group | 8936 |
| Oxford City Council | 8062 |
| Soha Housing Limited | 7367 |
| Sanctuary Housing Association | 5601 |
| Cottsway Housing Association | 4390 |

Whilst there are relationships with social housing providers, especially in the fields of housing applications and building of affordable homes, this is not mirrored in other areas, especially in relation to health. There is scope to build on the existing community connectors within social providers, but this will need to be complimented with strategic connections across other areas such as tenancy management and estates, with a health lens.

c. Affordable Housing – a definition

Affordable housing affects people's income - especially among those with the lowest earnings and this could play a critical role in reducing health inequalities¹⁰.

In England, affordable housing refers to homes provided at costs below market rates, intended for those whose needs are unmet by the private sector. The National Planning Policy Framework

⁹ <https://www.gov.uk/government/statistics/registered-provider-social-housing-stock-and-rents-in-england-2024-to-2025>

¹⁰ <https://cles.org.uk/wp-content/uploads/2025/11/Affordable-infrastructure-how-strategic-authorities-can-use-housing-and-public-transport-to-tackle-health-inequalities-1.pdf>

defines it as housing for rent or sale at reduced prices—typically social rent (≈50% of market rent), affordable rent (≤80%), or discounted ownership schemes like Shared Ownership and First Homes.

Historically, affordability has been linked to income-based thresholds. In the 1960s, housing costs for low-income households averaged 9% of income, rising to 26% by 2015, before slightly falling. Possible definitions include

- housing should not exceed one-third of household income, a standard adopted by the London Living Rent scheme.
- market-based definitions, noting that homes priced at 80% of market rent are still unaffordable for many.
- The Affordable Housing Commission advocates for a definition based on actual income and living costs, ensuring enough money is left for essentials like food and heating.

There is scope therefore to develop a local definition of affordable housing, to take account of the local circumstances, to ensure housing is truly affordable.

d. Housing and health data limitations and metric choice

Many of the first metrics proposed were not efficient to collect or where easy to collect, are less meaningful and useful in tracking progress and driving change.

Data from housing and health organisations is often operational and not aligned to showing health outcomes, and combining data is challenging due to lack of standard practices and resource constraints. For example, the routine and explicit use of a Unique Property Reference Number (UPRN) when an address is used in service provision can help evaluation of an intervention or service. This is currently not a universal approach taken in service commissioning and provision.

While new data requirements, such as local authority reporting on category 1 hazards for Damp, Mould and Excess Cold, may improve consistency over time, immediate inclusion is not possible.

In line with good practice on metrics, the chosen measures needed to be available at least annually, efficient to collect and process, be uniform in what is being measured and meaningful in relation to the ambition.

When reviewing the metrics, they were tested against the following

- important and relevant,
- valid - measuring what it is claiming to measure,
- available, at the right time
- sufficient precision
- Act to drive improvement in the area intended.

The metrics in the original Outcomes Framework were reviewed against these measures and where they were met were kept and where not, new ones developed.

e. Healthy Homes metrics

The following metrics are recommended in line with the discussion above in relation to the practicality of reporting, measuring progress and activity. Annex 2 proposes the thresholds and limits alongside the current figures, some of which may require further discussion and aligning with local strategies and plans, for example Affordable Housing.

Against each of the four ambitions one performance metric was selected, alongside another which was one which reported on one possible policy response.

Table 2 – Healthy Homes metrics

| Healthy Homes Priority | Progress Metric | Solution metric |
|-------------------------------|---|---|
| 9.1 More Safe, healthy homes | 9.1.1 Percentage of EPCs Band C and Over | 9.1.2 Number of residents using Better Housing Better Health service. |
| 9.2 More Affordable homes | 9.2.1 1 bed median rent as % of gross full time annual median pay of residents | 9.2.2 Number of new affordable homes being built |
| 9.3 More suitable homes | <p>9.3.1 People with long-term limiting disability in unsuitable accommodation (all ages) as of 31st March 2024</p> <p>The percentage of households accepted as threatened with homelessness and owed a prevention duty by a Local Authority in Oxon where the reason given for loss of last settled home is “Home no longer suitable – disability/ill health”.</p> | 9.3.2 Percentage (and number) of DFGs completed in past year |
| 9.4 Less Homelessness | 9.4.1 Number of homeless households owed a relief duty or main housing duty by a Local Authority in Oxon under the Homelessness Reduction Act in temporary accommodation. (quarterly) | 9.4.2 Numbers living in temporary accommodation as of 31st March |

There is scope for the above metrics to be replaced during the period of the Strategy if better quality ones become available. For example, the new Renters Rights Act 2025 will introduce a new set of reporting metrics about housing conditions, which will be more standardized and easily available.

Annex 3 is an illustration of the data which will be ready for public reporting from Spring 2026 onwards.

f. Healthy Homes Themed Deep Dive Reports

The following deep dive topic areas support the high-level monitoring of progress, alongside the ability to deliver improvements through more nuanced data driven evidence and insight.

The reports will

- help find opportunities where the Health and Wellbeing Board can influence.
- allow time for the governance and data systems to function more effectively to drive change.
- respond to the opportunities of Local Government Reform which will offer more opportunities to bring a broader range of services together as a housing authority, as well as the opportunities linked to the Ten-Year Health Plan and Neighbourhood Health.

Table 3 Healthy Homes Deep Drive Themed Reports

| Housing Ambition | Themed Report |
|--|---|
| More healthy, safe, secure homes | <ul style="list-style-type: none"> • Role and capacity of Environmental Health, Housing and Trading Standards in keeping healthy and safe homes, with a focus on the private rented sector. • Report on Housing Conditions and household survey across, all tenures. • Climate readiness - improving energy efficiency, eg addressing fuel poverty and managing excess heat from rising temperatures across all three tenures. • Benchmarking and recommendations of the prevention offer across, tenancy support (private and social renting) and housing related advice, including the VCSE sector. • Review and recommendations on addressing hoarding, linked to mental health and overcrowding. |
| More Affordable homes | <ul style="list-style-type: none"> • Agree an Oxfordshire definition of “affordable” housing, with reference to provision of housing for key workers. • Review and recommendations of policies to make more homes available, e.g. Empty Homes and short lets enforcement • Review and recommendations of planning policies to support affordable and healthy homes, e.g. Health Impact Assessments, Permitted Development Rights¹¹. • Audit and recommendations of growth strategies in their support of health and inequalities in the provision of affordable homes. |
| Increase availability of housing to meet | <ul style="list-style-type: none"> • Role and capacity of Home Improvement agencies and key partners, such as Occupational Therapy to support accessible homes. Focus on provision for children and those in social rented homes. |

¹¹ [Campaign release: These are homes photobook - Town and Country Planning Association](#)

| | |
|---|---|
| the needs of specific groups | <ul style="list-style-type: none"> • Role and capacity of community led housing projects, especially those designed to help specific inclusion health groups, including those with long term health conditions. • Role and capacity of schemes outside of traditional housing provision for older people, those with learning disabilities and/or autistic people, those with mental health conditions who need support from OCC or the NHS, to support a range housing and health needs, including Supported Living, Shared Lives and technological solutions. • Progress against recommendations of Specialist and Supported Housing Needs Assessment. |
| Prevention and reduction of rough sleeping and homelessness | See existing reports on Homelessness |

The Board is invited to agree up to two themed deep dives a year which can be reported to the Board.

3. Financial Implications:

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

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

4. Legal Implications:

Any integrated working to achieve the housing ambitions covered by this report would fall under the Health and Wellbeing Board's duty under section 195 of the Health and Social Care Act 2012 ("the Act") to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. Such services include services that impact health determinants, such as housing.

In addition section 196 of the Act permits the Council to arrange for the Health and Wellbeing Board to exercise any functions that are exercisable by it. This would include the Council's generally statutory duty under section 12 of the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area.

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

5. Engagement

The proposed metrics and deep dives have been developed with representatives from the City, Districts and County Council.

The Housing Health Needs Assessment used data from wider partners and a previous survey of residents, as well as the interviews and thematic discussions.

6. Equality & Inclusion Implications

The deep dives recommended provide the opportunity to understand better how housing supports equality and inclusion ambitions. Reference has been made earlier in the report to how housing and inequalities intersect.

7. Sustainability Implications

Improving the energy efficiency of homes and managing the implications of climate change supports the Councils ambitions in relation to tackling climate change and response to climate adaptation.

8. Risk Management

Risks associated with the approach include, a lack of buy-in from partners who can influence these ambitions and associated metrics and Deep Dives. To mitigate for this, the metrics have been developed in conjunction with City and Districts Councils. Another risk is that some of the metrics may be influenced by circumstances outside of the control of the Health and Wellbeing Board. To manage this risk, the use of themed deep dives can identify those circumstances and allow for greater nuance and understanding to explore other opportunities.

Opportunities include the increasing scope of new partners and stakeholders to discuss how housing and health can be improved and broaden the influence of the board and its ambitions.

9. Next Steps

- a. The composition of the working group needs to be reviewed and a Terms of Reference agreed to enable the collation, agreement and review of the metrics as well as organise. In addition, it will need to be able to produce the deep dive reports as requested by the Health and Wellbeing Board.
- b. Further work is needed expand the breadth of partners who have yet to be included in this work. For example planning authorities about affordable housing or Housing Associations regarding standards and opportunities in socially rented homes. The deep dives reports will support this approach.
- c. The Health and Welbeing Board is invited to agree up to two themed deep dive reports a year, from Table 2.

Ansaf Azhar Director of Public Health and Communities

Annex: 1 – Metrics Steering Group Members

Annex: 2 – Healthy Homes Metrics – proposed thresholds

Annex: 3 – Healthy Homes Metrics – illustrative reporting

Contact Officers: Kate Eveleigh, Public Health Principal, kate.eveleigh@oxfordshire.gov.uk
And Richard Smith, Head of Housing, Richard.Smith@cherwell-dc.gov.uk

Annex 1 - Working Group members.

Tom Porter Senior Strategy and Service Development Officer, Oxford City Council
Richard Smith Head of Housing, Housing Services, Cherwell District Council
Clare Keen, Policy and Partnerships Officer, Oxford City Council
Murry Burnett strategic housing and development officer at WODC
Phil Ealey Housing Needs Manager South Oxfordshire and Vale of White Horse District Councils
Paul Lankester Principal Environmental Health Officer, Private Sector Housing, WODC
Phil Measures, Service Leader Environmental and Regulatory Services West Oxfordshire District Council
Margaret Melling, Senior Data Analyst, Oxfordshire County Council
Laura Brennan, Health Improvement Practitioner, Oxfordshire County Council

Annex 2 – Proposed targets for Healthy Homes Metrics

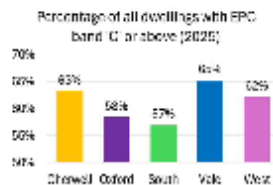
| Progress Metric | What's good | RAG | Rationale |
|---|--------------------------|--|---|
| 9.1.1 Percentage of EPCs Band C and Over | Higher percentage better | Percentage increase, from previous year - Red - less than 1%, Amber 1.1% to 3%, Green 3.1% and above | Higher energy efficiency supports reduced fuel bills to address fuel poverty. Likely less likely for homes to be damp if warmer, which means homes are healthier. |
| 9.2.1 1 bed median rent as % of gross full time annual median pay of residents | Lower percentage better | Less than 25% - Green, 26% to 30%, Amber, more than 31% Red | A measure to consider how affordable it is to rent amongst single people or couples with no children. |
| 9.3.1 People with long-term limiting disability in unsuitable accommodation (all ages) as of 31st March 2024 Based on the percentage of households accepted as threatened with homelessness and owed a prevention duty by a Local Authority in Oxon where the reason | Lower number better | Less than 2% - Green, 2% to 4% Amber, more than 4% - Red | In relation to those with a prevention of homelessness, what percentage are experiencing poor living conditions due to health or disability. |

| | | | |
|--|----------------------------|--|---|
| given for loss of last settled home is "Home no longer suitable – disability/ill health". | | | |
| 9.4.1 Number of households owed a prevention or relief duty under the Homelessness Reduction Act (quarterly) per 1000 | Lower number better | Green - less than 12.3/1000, Amber 12.4 to 14.4/1000 Red More than 14.4/1000 | The number of people who do not have a secure home and are or at risk of homelessness. |
| Solution metric | | | |
| 9.1.2 Number of residents using Better Housing Better Health service. | Higher number better | Less than 850 - Red, Amber 851 to 899 Green, 900 or more | The number of people getting help to keep their home warm. |
| 9.2.2 Number of new affordable homes being built | Higher number better | As reported and referenced in Local Plans | Building more affordable homes can help increase affordability. |
| 9.3.2 Percentage (and number) of DFGs completed in past year | Higher number better | Green - more than 90%, Amber 75% to 89% and Red 88% or less | Adapting homes can help ensure they are suitable for living in. |
| 9.4.2 Number of homeless households owed a homeless relief or main housing duty by a Local Authority in Oxfordshire living in temporary accommodation as of 31st March | Lower percentage better | Green - 5% or less percentage change from year before. Amber 6% to 20% percentage change. Red more than 20% change | People being diverted from rough sleeping or other types of homelessness including loss of current home as no longer suitable |

Annex 3 – Illustrative data for the “Healthy Homes” metrics

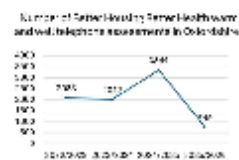
The data below is illustrative of the metrics to support the recommendations and final figures will be reportable by the Spring of 2026.

9.1.1 Percentage of households living in a home with a higher energy efficiency rating of A to C



Source: Energy Commission, Carbon Reductions, on energy demand and energy performance standards

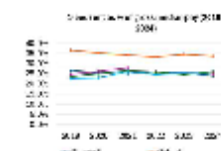
9.1.2 Number of Better Housing/Better Health “warm and well” telephone assessments



Telephone assessments in reporting periods were completed across the reporting period, with a total of 100 assessments completed. The assessments were completed across the reporting period, with a total of 100 assessments completed.

Source: Better Housing/Better Health, on energy demand and energy performance standards

9.2.1 1 bed median rent as % of gross full time annual median pay of residents



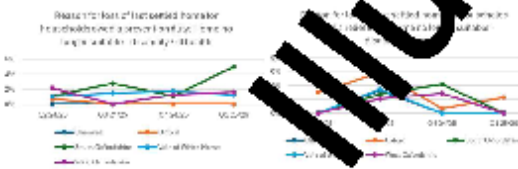
Source: Office for National Statistics, on energy demand and energy performance standards

9.2.2 Number of additional affordable housing units built



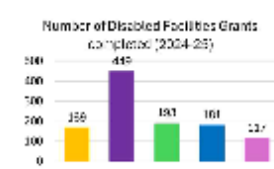
Source: Local Housing Market, on energy demand and energy performance standards

9.3.1 People with long-term limiting disability in unsuitable accommodation (all ages)



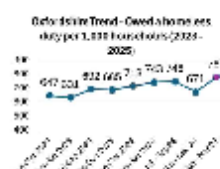
Source: Office for National Statistics, on energy demand and energy performance standards

9.3.2 Number of Disabled Facilities Grants completed

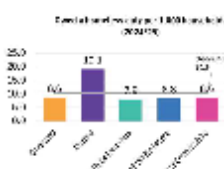


Source: Local Housing Market, on energy demand and energy performance standards

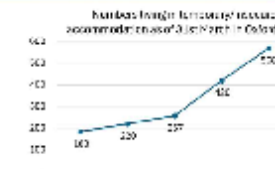
9.4.1 Number of households used a provision or relief duty under the Homelessness Reduction Act



Source: Tables on homelessness - GOV.UK, on energy demand and energy performance standards



9.4.2 Number of long-term temporary housing accommodation



Source: Tables on homelessness - GOV.UK, on energy demand and energy performance standards

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Oxfordshire Neighbourhood Health and Care

Oxfordshire Health and Wellbeing Board is asked to NOTE and AGREE:

- How Oxfordshire is organising itself to progress Neighbourhood Health and Care.
- Ongoing work to develop a Neighbourhood Health and Care plan in line with changes around national timescales and associated anticipated future responsibilities of Health and Wellbeing Boards.

Introduction

1. The national and local priority in health and care over the next 5-10 years is to bring support closer to where people live, work, and connect. It will create a proactive, community-led system that focuses on what matters most to local people, staying well, staying independent, and staying connected. This will be enabled by **three key shifts**: from hospital to community, from sickness to prevention, and from analogue to digital. Neighbourhood Health and Care embodies these shifts.
2. **This approach will be:**
 - **Community-focused** - Support is designed around neighbourhoods, not hospitals, so people can access help locally and only go to hospital when necessary.
 - **Holistic** - It recognises that health and care is shaped by more than clinical treatment. Social, economic, and environmental factors, from secure housing to friends and community activities, are given equal importance.
3. Enabled by **strengthen relationships** between communities, the statutory sector and the voluntary, community, faith and social enterprise (VCFSE) sector. By **working together** and recognising the expertise that already exist within neighbourhoods, we can provide the right combination of health and care services, practical support, and social connection. This approach is aligned to local delivery programmes such as the *Oxfordshire Way*, *Marmot Place* and *Families First* and *Family Hubs*.
4. At this stage the NHS neighbourhood guidance is only partly released with further detail expected imminently but the overall direction is understood and anticipated that Neighbourhood Health and Care Strategic Plan will need to be approved by the Oxfordshire Health & Wellbeing Board in March 26 subject to the final guidance with 2026/27 becoming a transition year with comprehensive 5 year neighbourhood health and care plans to be agreed by April 27.
5. HOSC is asked to note the report and highlight any key issues to be considered in the planning process.

Planning and oversight requirements

6. NHS England and the Department of Health and Social Care (DHSC) have developed a variety of **guidance and framework documents** relevant to Neighbourhood Health and Care which set out national expectations and the opportunity. These include:
 - [10 Year Health Plan for England: fit for the future](#), July 2025.
 - [Medium Term Planning Framework](#), October 2025.
 - [Strategic Commissioning Framework](#), November 2025.
 - Draft Model Neighbourhood Framework, awaiting publication.
 - National Framework for Neighbourhood Health Plans, awaiting publication.
 - Model System Archetypes, awaiting publication (commissioning and provision, including types of contracts).
 - Model Neighbourhood Health Centres Archetypes, awaiting publication (for existing estate and potential new).

- Revised Better Care Fund [BCF] guidance 2026/27, awaiting publication. NHS England has been clear that the BCF should be aligned to Neighbourhood Health and Care delivery, and it may be that this will set out how investment should support both programmes.
7. The **Oxfordshire Neighbourhood Health and Care Plan** will be overseen and approved by the Oxfordshire Health and Wellbeing Board (HWB) ahead of April 2026, this will also be followed by an operational plan by quarter 2. 2026/27 is recognised as being a transition year for Neighbourhood Health and Care, with the requirement to produce a more comprehensive plan for the next five years, commencing from April 2027 alongside anticipated legislative changes enabling HWBs to become formally accountable for Neighbourhood Health and Care plans. This would be aligned to the timeline for Local Government Reorganisation.
 8. Oxfordshire has established governance and oversight arrangements to support with the design, development and delivery of Neighbourhood Health and Care. Although the HWB will approve and monitor delivery of plans, the Oxfordshire Place Based Partnership (PBP) will be responsible for leading the delivery of Neighbourhood Health and Care via the **Primary and Community Care Board** which has been established to deliver this.
 9. **Figure 1** sets out how the Oxfordshire Neighbourhood Health and Care programme has been designed. It seeks to align statutory and organisational governance with a range of existing programme Boards to support the design and delivery of Neighbourhood Health and Care. These alignments of boards and workstreams are intended to be broad and inclusive and will be reviewed on a regular basis to ensure key stakeholders are involved as the programme develops.

Emerging Governance - 2026

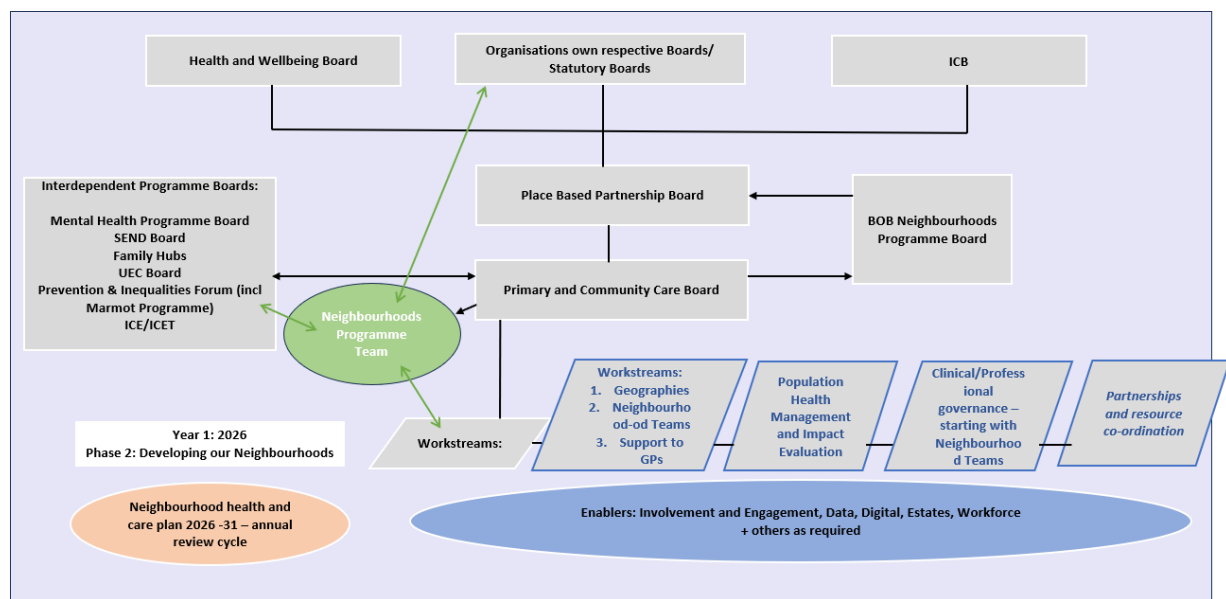


Figure 1. Emerging Governance for Oxfordshire Neighbourhood Health and Care.

10. Given the importance and scale of Neighbourhood Health and Care, there is a need to involve and **engage a wide variety of stakeholders** outside of these governance arrangements. Several events have already taken place but there is a commitment to ensure that this continues.

Next Steps

11. To further progress planning and delivery requirements for Neighbourhood Health and Care, Oxfordshire has been divided into four planning units (North, West, City and South) to complete some time limited work. This will allow more in depth and meaningful stakeholder engagement with professionals and residents alike to start to define our neighbourhood geographies, map assets and identify key stakeholders.
12. Each planning unit has been allocated a coordinator from existing resources until April 26 to develop and strengthen relationships with local partners.

Neighbourhood health and care plan – development timeline

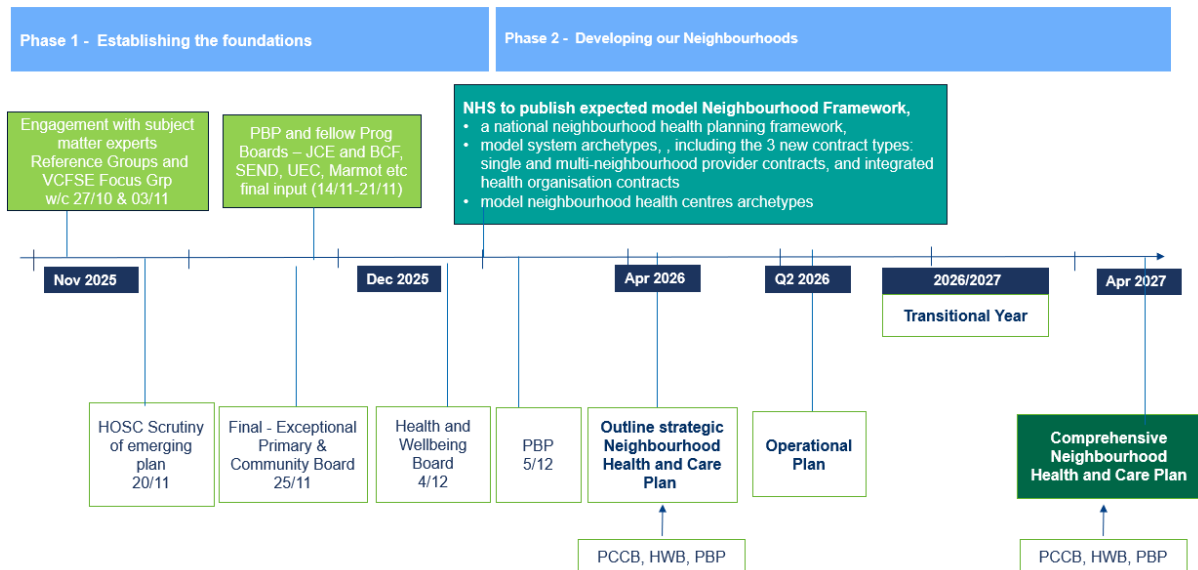


Figure 2. Neighbourhood Health and Care plan timeline

13. Further stakeholder engagement will take place throughout coming months, and indeed throughout the life of the evolving plan. As a starting point, a reference group has now been established, alongside a dedicated forum for VCFSE engagement in Oxfordshire. This will be utilised alongside existing community networks and trusted relationships that have further developed in recent years, such as those obtained through the Well Together Programme, Community Health Development Officers and Local Area Coordinators.
14. The plan will be drafted in conjunction with other NHS and Local Authority plans and associated processes, for example the Better Care Fund Plan. Oxfordshire's long standing joint commissioning arrangements and track record of system working, mean that there are established approaches, principles and forums to not only develop a plan for Neighbourhood Health and Care, but also to deliver it.
15. The following recommendations (summarised) from Joint Health and Oversight Scrutiny Committee (JHOSC) will be considered:
 - Further develop and clarify governance arrangements for the Oxfordshire Neighbourhood Health and Care plan.
 - Ensure the Neighbourhood Health and Care Plan aligns with other strategic initiatives (such as BCF, health and Wellbeing Strategy, and the Oxfordshire Way), and to avoid duplication and fragmentation.

- To prioritise investment in digital infrastructure, interoperability, and usability to enable data sharing and Population Health Management (PHM) at neighbourhood level. It is recommended that system partners report on progress in implementing PHM tools and health evaluation approaches.
- 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.
- To ensure General Practice is kept informed.

Chris Wright
BOB ICB, Assistant Director of Place – Oxfordshire

OXFORDSHIRE HEALTH AND WELLBEING BOARD

04 December 2025

Community Insight Profiles - Latest and final publication from the programme

Report by Ansaf Azhar– Director of Public Health and Communities,
Oxfordshire County Council

RECOMMENDATION

1. **The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**
 - 1.1 Use the findings and rich insight contained within the Community Insight Profile for Bicester West and their relevance to the Marmot Place programme of work to inform service delivery plans of partner organisations on the Board.
 - 1.2 Support the legacy of the programme including the work of the Community Health Development Officers.
 - 1.3 Note the culmination of the Public Health led programme of work to develop Community Insight Profiles for priority areas across the county

Executive Summary

2. This paper:
 - a) Introduces the fourteenth Community Insight Profile that has been funded by Oxfordshire County Council Public Health, focusing on Bicester West. It marks the culmination of a programme designed to deepen our understanding of local communities and inform place-based approaches to improving health and wellbeing.
 - b) Reflects on key learning from the coordination of the Community Insight Profile programme. It highlights how the programme has evolved over time, strengthened local partnerships, and supported local more targeted and responsive service planning.
 - c) Outlines the legacy of the programme, including the establishment of Community Health Development Officers, the allocation of grant funding to support local initiatives, and the early signs of impact these investments are beginning to yield.
3. Since 2021, Public Health have been working with partners to carry out a programme of work to develop Community Insight Profiles (CIP). The work was initiated after the publication of the [Director of Public Health \(DPH\) Annual Report](#) for 2019/20 which highlighted ten wards in Oxfordshire which

have small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health. The publication of Community Insight Profiles for all ten areas was completed in December 2023.

4. Following on from this, a further four Community Insight Profiles were developed for areas across the county identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners identified that there would be added benefit to developing a profile. Bicester West is one of the additional 4 areas.
5. To support the taking forward of actions arising from the Community Insight report recommendations, Community Health Development Officer posts have been funded for each of the areas where a profile has been developed. Along with a small grants scheme to support community projects that help deliver the recommendations from the Community Insight Profiles.
6. To ensure the impact of the CIPs programme continues, an Interactive Dashboard providing updateable, place-based data has been created and was presented to the Health and Wellbeing Board in March 2025. At the same meeting, a draft of the Community Insight Profile Development Framework Toolkit was shared and is currently being finalised. These resources aim to make data accessible for ongoing and future projects while empowering other areas of the county to create their own profiles.

Background

7. The purpose of creating a Community Insight Profile is to ensure we understand as fully as possible the factors that influence health and wellbeing outcomes within areas in Oxfordshire where residents are most likely to be at risk of poor health or experiencing health inequalities.
8. The profiles map the assets in each area, capture community insight around enablers and challenges to health and wellbeing and detail a data set of indicators for each area to help inform high level recommendations. The methodology of the community insight capture and asset mapping are explained in each of the individual community insight reports.
9. Each profile includes a series of locally led recommendations that outline objectives to enhance identified community assets and strengthen development opportunities. An action plan is developed for each area based on the specific recommendations of that profile.
10. The profiles link to the Joint Strategic Needs Assessment (JSNA) and contribute to the local evidence base to inform service delivery, as well as being a resource for local communities to support their work.
11. The work has been carried out in phases, with phases one to three covering the ten wards in Oxfordshire which have small areas (Lower Super Output

Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health.

12. A further four Community Insight Profiles (CIP) were developed for areas across the county which have small areas (Lower Super Output Areas) identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners felt there would be added benefit to developing a profile.
13. Publication of Community Insight profile reports for all 14 areas was concluded in June 2025 with the publication of the report covering Bicester West. The findings from this report are presented as part of this paper.
14. After completion of this profile, the focus of the programme turns to the legacy of the work and how recommendations continue to be taken forward in each of the areas.

Bicester West Community Insight Profile

15. The Community Insight Profile (CIP) presented within this report is for Bicester West in the Cherwell District.
16. For each area of the CIP work programme, the Oxfordshire County Council Public Health team have worked with a local steering group, convened to ensure co-production of the reports with the local community. In Bicester West, a steering group convened by Cherwell District Council was formed. The steering groups vary in their make up in each area but may include representatives from local community groups, residents, health organisations, Councillors, Local Authorities etc. Cherwell District Council have been funded to support with project managing the CIP development process in Bicester West.
17. In each of the profile areas an organisation independent of Oxfordshire County Council has been appointed to carry out the community engagement and insight elements of the project. Community First Oxfordshire were appointed for Bicester West.
18. A Community Health Development Officer (CHDO) has been appointed in Bicester West to work with partners on delivering actions from the Community Insight Profile recommendations and to support local health and wellbeing initiatives. The CHDO has also distributed the first round of grant funding to local groups, aimed at supporting projects that promote community health, reduce inequalities, and strengthen local engagement.

Community Engagement

19. Bicester has a strong network of community organisations, mainly in the town centre and elsewhere in Bicester, supporting health and wellbeing. However, the Community Insight Profile (CIP) highlighted that Bicester West has not always benefited as equally.
20. Community assets in Bicester include charities, faith groups, sports clubs and resident associations, but most are concentrated in the town centre, which may be limiting access for Bicester West residents. The CIP mapped these assets and identified gaps to guide more targeted initiatives.
21. Community engagement involved the use of surveys, focus groups and interviews with residents and organisations. Key issues raised were crime and anti-social behaviour, social isolation among older adults and those living alone, difficulties accessing GP and dental care and affordable healthy food, higher child poverty and free school meal eligibility, and poor upkeep of pavements and green spaces.
22. A hyper-local focus revealed deprivation masked by wider town affluence and enabled tailored recommendations to be made. The work aligns with the Healthy Bicester programme, which takes a whole-town approach. Engagement with this group subsequently led to the formation of a Community Insight Profile steering group for Bicester West consisting of local organisations, councillors and Cherwell District Council officers.
23. The CIP's mixed-method engagement approach ensured a wider reach in the community. The findings have informed the development of a collaborative action plan supported by a Community Health Development Officer and grant funding for projects tackling isolation, improving access to services and enhancing green spaces.

Selection of findings from Bicester West and links to the Oxfordshire Marmot Place principles

24. The programme of work in Bicester West aligns with the current Marmot Place programme by contributing to a more equitable and healthier Oxfordshire. This is done by assessing the extent of inequalities and identifying gaps in current local actions, so we can strengthen and expand their impact.
25. A selection of cross cutting themes from the report and their links to the Oxfordshire Marmot Place work are detailed in the table below.

| Cross cutting themes | Related Marmot Place Principles |
|--|--|
| Cost of Living There is a selection of organisations in wider Bicester Town that support residents with a wide range of issues including the cost of living. Respondents noted cost of living as a prominent challenge to health and | Ensure a healthy standard of living for all; Best start in life. |

| | |
|---|---|
| <p>wellbeing, with multiple organisations also noting that many people were struggling with debt.</p> <p>The report recommends the running of a regular programme of community – based support sessions to focus on themes including benefits advice.</p> | |
| <p>Healthy Eating and Food Poverty</p> <p>A variety of local organisations have undertaken healthy eating initiatives in the town. Affordability of healthy food was raised as a concern for some and data showed that rates of children living in poverty in Bicester is above the Oxfordshire average.</p> <p>The report recommends the running of a regular programme of community – based support sessions to focus on themes including household budgeting and cooking and nutrition.</p> | <p>Ensure a healthy standard of living for all; Best start in life.</p> |
| <p>Housing and Local Services</p> <p>Respondents reported Bicester West as being friendly and safe with nice neighbours but those working in housing related services reported a growing number of vulnerabilities amongst tenants as well as concerns expressed about the state of housing and issues of overcrowding in some instances.</p> <p>The report recommends on the ground community workers or connectors who can offer pastoral support, links and introductions to community groups and signposting advice.</p> | <p>Ensure a healthy standard of living for all; Best start in life.</p> |
| <p>Public Realm and Environment</p> <p>Parks and green spaces were generally viewed favourably although respondents mentioned the poor state of repair and upkeep of some pavements, roads and green spaces. 44% of survey respondents felt that improved pavements and walking routes would be helpful to get around Bicester West.</p> <p>The report recommends discussion and linking into existing projects regarding improvements to the local environment in Bicester West.</p> | <p>Ensure a healthy standard of living for all; Best start in life.</p> |
| <p>Mental Health and Isolation</p> <p>It was reported that Bicester West was a pleasant estate and small enough to be a community although social isolation among older adults and those living alone was identified frequently and across age groups as an issue. Some residents reporting feeling disconnected from the wider community.</p> <p>The report recommends investigating additional funding to provide extended support around mental health which may include one to one and group support sessions at community venues as well as the</p> | <p>Ensure a healthy standard of living for all; Best start in life.</p> |

| | |
|--|--|
| extension of existing befriending support services to reach more isolated residents. | |
|--|--|

Learning from the Community Insight Programme of Work

26. The Community Insight Programme adopted an Asset-Based Community Development (ABCD) approach, focusing on identifying and building on the strengths and resources already present within each community. This method ensures that work is guided by the strengths and assets that communities have, rather than what they lack, helping to empower residents and encourage sustainable, long-term improvements. By mapping assets such as local groups, skills, places, and networks, the programme has supported communities to take ownership of their health and wellbeing priorities, rather than relying solely on external interventions.
27. The programme has shown that focusing only on needs and gaps can overlook the valuable assets and capabilities that exist locally and that it is important not to view communities from a deficit point of view. By recognising and investing in these assets, communities are better placed to develop solutions that are relevant and sustainable, and to build resilience for the future. This approach also helps to avoid over-reliance on short-term or external projects, instead strengthening what is already working well.
28. Another key learning from the programme is the importance of collaborative working. The development of Community Insight Profiles has relied on strong partnerships between Public Health, local authorities, voluntary sector organisations, and community groups. Steering groups in each area have ensured that reports are co-produced with local residents and stakeholders, making the findings more relevant and actionable. This partnership approach has helped to build trust, share local intelligence, and ensure that actions are shaped by those who know the community best.
29. Local intelligence has been central to guiding the development of the profiles. By gathering insights directly from residents and organisations through surveys, interviews, and focus groups, the programme has captured a rich understanding of the enablers and challenges to health and wellbeing in each area. This local knowledge has informed recommendations and action plans that reflect the real priorities and experiences of communities, rather than relying solely on national data or assumptions.
30. The programme has demonstrated the importance of enabling communities to decide on their own priorities for health and wellbeing. Community engagement activities have ensured that the voices of residents are at the heart of the profiles, with recommendations and actions shaped by what matters most to them. This has led to more targeted and responsive service

planning and has helped to ensure that interventions are relevant and supported locally.

31. While each report is unique and tailored to the specific context of its area, there have been similarities in findings across different communities, highlighting shared needs such as access to healthcare, cost of living challenges, and the importance of green spaces. At the same time, the programme has recognised that there is no “one size fits all” solution; each community requires a nuanced approach that reflects its unique assets, needs, and infrastructure. This flexibility has been key to the success of the programme.

Actions and impact following the publication of Community Insight Profiles

32. The impact of the Community Insight Profiles extends beyond the recommendations reported in each document. The profiles have acted as a catalyst for wider change, supporting funding applications, informing service delivery, and strengthening local networks. The introduction of Community Health Development Officers and grant funding schemes has enabled communities to take forward actions and projects that address local priorities, with early signs of positive outcomes already emerging.
33. Across all areas with a Community Insight Profile, dedicated health and wellbeing partnerships and steering groups have been established. These groups bring together local organisations, residents, health professionals, and council representatives to co-produce actions that address community priorities. By meeting regularly to share local intelligence and coordinate joint initiatives, they help maintain momentum and ensure recommendations are delivered in ways that reflect the strengths and needs of each community.
34. To ensure the learning from the programme continues, legacy tools such as the Interactive Community Insight Profile Dashboard and the Community Insight Profile Development Framework Toolkit have been developed. These resources make data and learning accessible for ongoing and future projects, supporting other areas to develop their own profiles and build on the experience gained.
35. Following the publication of the Community Insight Profiles, Community Health Development Officers have been appointed in each area to support the delivery of recommendations and strengthen local health and wellbeing initiatives. CHDOs act as key community connectors, linking organisations with shared goals and fostering collaborative working across sectors. Their work has been instrumental in bringing together primary care, voluntary sector partners, local authorities, and community groups, ensuring that actions are shaped by local intelligence and co-produced with residents.
36. CHDOs play a central role in increasing partnership and collaborative working in the areas where they are based. By facilitating regular communication and

joint initiatives, they have helped to build trust and shared purpose among diverse organisations. Their established links to primary care and the voluntary sector have enabled more integrated approaches to addressing local health inequalities and supporting community-led projects. CHDOs are widely recognised as key connectors within their communities, helping to bridge gaps and promote sustainable, long-term improvements.

37. The impact of the CHDOs' work in the first 10 areas is currently undergoing formal evaluation by the Oxford University Humanities Department. Preliminary results from this evaluation are expected at the beginning of 2026, which will provide further insight into the effectiveness of the CHDO role and the wider legacy of the Community Insight Profile programme.

Next Steps

38. The publication of the Bicester West Community Insight Profile marks the culmination of the county-wide programme to develop Community Insight Profiles for priority areas. This work has deepened our understanding of local communities and informed place-based approaches to improving health and wellbeing.
39. Key learning from the coordination of the programme includes the value of partnership working, the importance of local intelligence, and the benefits of co-producing actions with communities. The programme has strengthened local networks and supported more targeted and responsive service planning.
40. The legacy of the programme continues through the work of Community Health Development Officers, the allocation of grant funding to support local initiatives, and ongoing impact evaluation to ensure that the benefits of the programme are sustained and that communities continue to be supported in addressing local priorities and reducing health inequality.

Corporate Policies and Priorities

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

Financial Implications

42. No direct funding implications from this report. The Community Insight Profile, Community Health Development Officer (CHDO) costs and grant scheme was funded by the Public Health grant.

Comments checked by:

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

Legal Implications

The legal implications section should be completed by a member of the legal service

43. Legal Implications

S196 of the Health and Social Care Act 2012 (“the Act”) permits the Council to arrange for the Health and Wellbeing Board to exercise any functions that are exercisable by it.

The powers and duties of the Council to engage in the activities set out in this report are covered by 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 setting 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

Equality & Inclusion Implications

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

Sustainability Implications

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

Ansaf Azhar

**Director of Public Health and Community Safety
Oxfordshire County Council**

Annex 1: Bicester West Community Insight Profile

Bicester West Summary of Findings

[Link to Bicester West Summary of findings](#)

Bicester West Community Insight Report

[Link to the Bicester West Community Insight Report](#)

Data for Bicester West

[Link to the Bicester West Data Report](#)

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December 2025

HEALTH & WELLBEING BOARD – 4 DECEMBER 2025

Oxfordshire Safeguarding Adults Board Annual Report 2024-2025

Report by Kare Fuller (Director of Adult Social Care)

RECOMMENDATION

1. The Health & Wellbeing Board is **RECOMMENDED** to note the findings of the Oxfordshire Safeguarding Adults Board (OSAB) Annual Report 2024-25.

Executive Summary

2. The Report highlights the work of the Oxfordshire Safeguarding Adults Board strategic partnership group during 2024-25. The report is shared with the HEALTH & WELLBEING BOARD as required under the Care Act 2014 - Schedule 2, 4(2), for the HEALTH & WELLBEING BOARD to review and consider.

Background

3. The Oxfordshire Safeguarding Adults Board (OSAB) is a multi-agency partnership dedicated to protecting adults with care and support needs from abuse and neglect. This annual report covers OSAB's activities and progress from April 2024 to March 2025.
4. The report can be accessed in full on the [OSAB Website](#) (and is also published in the agenda papers for this item as annex 1).
5. Strategic Focus - OSAB concentrated on four priorities: improving frontline practice, preventing abuse, strengthening quality assurance, and learning from experience. Most planned actions were completed on time, with ongoing work tracked.
6. Subgroup Highlights - Policy & Practice: Updated safeguarding policies and launched the new Safeguarding Adults Consideration (SAC) Framework to guide professional decision-making. Quality Assurance: Monitored a rise in safeguarding concerns (reflecting increased awareness), improved outcomes for adults, and enhanced data-driven decision-making. Engagement: Amplified the voices of people with lived experience, raised public awareness, and contributed to a new Domestic Abuse Strategy. Case Reviews: Conducted reviews of serious cases and deaths among homeless people, with lessons shared widely and national recognition for good practice.
7. Partner Contributions -

- Oxfordshire County Council: Improved response times and consistency in safeguarding enquiries.
 - NHS: Enhanced referral processes, staff training, and information sharing.
 - Police: Established a Harm Reduction Unit for vulnerable adults and improved information sharing.
 - Fire & Rescue: Integrated safeguarding into home visits and co-founded a hoarding support group.
 - District Councils: Strengthened safeguarding in housing and community safety.
 - Voluntary Sector: Ensured service users' voices were heard and promoted awareness.
8. Looking Ahead - Priorities for 2025–26:
- Ensure lessons and resources reach frontline staff.
 - Establish a formal risk register.
 - Strengthen links with children's safeguarding.
 - Focus on prevention and early intervention.

Key Issues

9. Learning from Reviews: Reviews highlighted the need for professional curiosity, for a more flexible approach to engagement with hard-to-reach individuals, for better information sharing, and for more timely interventions.
10. The OSAB member organisations have responded by improving systems for flagging repeat concerns and doing more to involve all relevant agencies in key meetings about a person are involved in meetings.

Corporate Policies and Priorities

11. The report outlines the Oxfordshire Safeguarding Adults Board priorities, the learning from statutory case reviews, the outcomes of quality assurance work and the work of partner agencies in the protection of adults in Oxfordshire. The report supports the vision, values, objectives and strategic priorities in the County Council's Corporate Plan (see [Corporate Plan](#)).

Financial Implications

12. There are no financial implications.

Comments checked by:

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

Legal Implications

13. The requirements of the Care Act 2014 are that the Safeguarding Adults Board must produce an annual report setting out:
- what it has done during that year to achieve its objective,
 - what it has done during that year to implement its strategy,
 - what each member has done during that year to implement the strategy,
 - the findings of the safeguarding adults reviews (SARs) arranged by it which have concluded in that year, details of any SARs which are ongoing at the end of that year, what it has done during that year to implement the findings of its SARs, and, where it decides not to implement a finding of its SARs, the reasons for its decision. The Care Act also requires that a copy of the annual report is to be sent to each of the statutory partners.

Comments checked by:

Anita Bradley, Director of Law & Governance and Monitoring Officer,
Anita.Bradley@Oxfordshire.gov.uk (Legal)

Staff Implications

14. There are currently no staff implications for this report.

Equality & Inclusion Implications

15. The Safeguarding Adults Board in its planning, monitoring and evaluating of its work and the work of its partners, ensures equality and diversity issues are being appropriately considered from the outset.

Sustainability Implications

16. There are no sustainability implications.

Risk Management

17. There are no risks or opportunities for the County Council highlighted in the report.

Consultations

18. The content of the report has been shared and consulted upon with all member organisations of the Safeguarding Adults Board.

Karen Fuller
Director of Adult Social Care

Annex 1: OSAB Annual Report

Contact Officer: Steven Turner, Strategic Partnerships Manager, 01865 328993, steven.turner@oxfordshire.gov.uk

NOVEMBER 2025

ANNUAL REPORT 2024-25

Oxfordshire Safeguarding Adults Board

The Oxfordshire Safeguarding Adults Board (OSAB) member organisations work to protect adults who have needs for care and support, making sure they are safe from abuse and neglect. This report covers what OSAB and its partners did to advance of this goal between April 2024 and March 2025.





Foreword

**from Dr Jayne Chidgey-Clark,
Independent Chair of the Oxfordshire
Safeguarding Adults Board**

As Chair of the Oxfordshire Safeguarding Adults Board, it is a privilege to introduce our Annual Report for 2024–25 (a statutory requirement for all Safeguarding Adult Boards to publish). This document reflects the hard work and collaboration of all our partner agencies and their staff, who work so hard to protect adults with care and support needs who are at risk of abuse or neglect, across Oxfordshire.

This year, the Board has continued to strengthen its approach to safeguarding through robust multi-agency action, guided by its updated Strategic Plan. The priorities for the board's work have been in the four areas of: improving frontline practice, enhancing preventing abuse and neglect, checking the quality of adult safeguarding, and learning from past experiences. The Board and its subgroups have worked closely to ensure that Strategic Plan is being implemented.

Two key pieces of policy work have resulted in a) a significant update to the old "Thresholds" guidance to a new Safeguarding Adults Consideration (SAC) Framework; the guidance that supports practitioners understanding of what constitutes a safeguarding concern and marks a significant step in emphasising the role of professional judgement; and b) a comprehensive review of multiagency safeguarding procedures and self-neglect and hoarding policies. It is important to note the emphasis of work on how to communicate the policy changes to frontline staff.

Through the work of the Performance, Information and Quality Assurance subgroup, the Board has noted a steady increase in safeguarding concerns, which, while challenging, demonstrates greater public and professional awareness. Our partners have responded with innovation and commitment— e.g. through improved referral processes, targeted training, or new initiatives such as the Harm Reduction Unit and the Hoarding Support Group. We continue to endeavour to incorporate the voices of those with lived experience of our safeguarding services to help shape our work and ensure that safeguarding remains person-centred and accessible, with thanks to our Engagement and Inclusion subgroup and their co-production work.

The Board's commitment to learning, with clear processes and partner engagement, remains prominent in our approach to Safeguarding Adults Reviews (SAR) and Homelessness Mortality Reviews (HMR), with key support from the Learning, Development and Training subgroup. Lessons from these cases have led to tangible improvements in practice, from better information sharing to more flexible engagement with individuals who are seldom heard. We have also extended the availability of review reports, promoting transparency and ongoing learning. The work of SAR/HMR subgroup is not only recognised in Oxfordshire but has been recognised as good practice by the Ministry for Housing, Communities and Local Government.

We decided to look back over the past decade as part of this annual report and we have reflected that safeguarding in Oxfordshire has become more proactive, collaborative, and responsive to emerging risks. Yet, we recognise the ongoing challenges—rising demand, increasing complexity and resource pressures, alongside new forms of harm. Our priorities for the coming year include strengthening communication with frontline staff, formalising our risk register, and deepening partnerships with other strategic partnerships in the complex safeguarding landscape. We also recognise the need to do more to measure the impact of our work and interventions. There is still so much to do.

I would like to thank all our Board partners, statutory, community based and the voluntary sector for their contributions and all frontline practitioners and managers for their ongoing commitment. Together, we commit to continuing to learn, adapt, and work towards a safer Oxfordshire for all adults with care and support needs at risk of abuse and neglect.

*Dr Jayne Chidgey-Clark
Independent Chair, Oxfordshire Safeguarding Adults Board*



Key Points

What did OSAB do this year?

OSAB focused on four main items: improving how staff work, preventing abuse and neglect, checking the quality of safeguarding, and learning from past cases. The Board and its smaller groups met regularly to check progress and make sure everyone was working together. Most planned actions were finished on time, and any ongoing work is being tracked.



What did the subgroups achieve?

Policy and Practice:

Updated important safeguarding policies and created a new guide to help staff decide when to raise a safeguarding concern.

Quality Assurance:

Kept an eye on safeguarding data. There were more concerns reported this year, but this shows people are more aware and willing to speak up. The team also got better at helping people achieve the outcomes they wanted.

Engagement:

Made sure people with lived experience had a say, raised public awareness, and helped create a new Domestic Abuse Strategy.

Case Reviews:

Investigated serious cases and deaths among homeless people. Lessons learned were shared with staff, and OSAB's approach was recognised nationally as good practice.

What did partner organisations do?

Oxfordshire County Council:

Improved how quickly and well they respond to safeguarding concerns.

NHS:

Worked together to improve referrals, trained staff, and shared information better.

Police:

Set up a new team to help vulnerable adults and improved how they share information.

Fire & Rescue:

Included safeguarding in home visits and helped set up a group to support people who hoard.

District Councils:

Improved safeguarding in housing and community safety, and trained staff.

Healthwatch and Charities:

Made sure the voices of people using services were heard and helped raise awareness.

What did we learn from case reviews?

Reviews showed the need for staff to be curious, work flexibly with people who are seldom heard, share information better, and act quickly.

OSAB made changes based on these lessons, like improving how repeat concerns are flagged and making sure all agencies are involved in meetings.

Reports from these reviews will now stay online for up to seven years so everyone can learn from them.

How has safeguarding changed over 10 years?

Safeguarding is now much stronger, with better teamwork and more people knowing how to get help.

There are new challenges, like more complex cases, more people needing help, and new risks such as self-neglect and online scams.

The COVID-19 pandemic made things harder, increasing isolation and safeguarding concerns.

Next Steps

OSAB wants to make sure lessons and resources reach frontline staff, set up a formal risk register, work more closely with other safeguarding strategic partnerships in Oxfordshire, and focus more on preventing abuse before it happens. The Board will keep improving, learning, and working together to keep adults in Oxfordshire safe.



Introduction and Contents

The Oxfordshire Safeguarding Adults Board (OSAB) was established in April 2015 under The Care Act 2014. Its main objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults with care and support needs in its area.

This report covers OSAB's work from **1 April 2024** to **31 March 2025**, addressing:

1

Main Objectives & Strategic Plan Implementation – What the Board and its subgroups did to achieve their goals.

2

Member Agency Actions – Contributions each partner made to implement the strategy.

3

Safeguarding Adults Reviews (SARs) – Findings from any reviews of serious cases and actions taken in response.

4

Changes Over the Last 10 Years – Notable positive and negative changes in adult safeguarding over the past 10 years.

5

Looking to the Future – Suggestions and recommendations for 2025-26 onwards.

1

Main Objective and Strategic Plan Implementation (2024–25)

“To safeguard adults with care and support needs in Oxfordshire by coordinating effective multi-agency action and ensuring continuous improvement in preventing and responding to abuse and neglect.”

-OSAB’s main objective

*In 2024–25, OSAB pursued this overarching goal through a strategic plan focusing on **four priority areas**. These included improving frontline practice, enhancing prevention and engagement, strengthening quality assurance, and learning from experience. The Board updated its **Strategic Plan for 2024–2027**, incorporating feedback from members and progress on previous actions. This plan includes a roadmap for the year, aligning subgroup workplans and partner efforts with OSAB’s main objectives.*

Board Meetings and Governance: The OSAB and its subgroups met regularly to monitor progress against the strategy and workplans to drive implementation.

For example, at each Performance, Information & Quality Assurance (PIQA) meeting, the group reviewed data on safeguarding activity (e.g. number of concerns raised, types of abuse, outcomes) to identify trends and risks. The board observed that the average number of safeguarding concerns rose to around 676 by March 2025, indicating increased awareness and reporting. Care homes and provider agencies remained the top sources of safeguarding concerns coming into the system.

However, they also have one of the lowest conversion rates (the number of concerns that meet the criteria for a statutory safeguarding enquiry). The person’s own home remained the most likely place for a safeguarding incident to occur. referrals, and the Board urged all partners to create targeted prevention efforts accordingly.

All subgroups of the Board track delivery of their work via an **Action Log**. This log captured tasks from prior meetings (such as developing new policies, improving training, or completing reviews) and progress is requested for each meeting. The majority of actions were completed on schedule, and ongoing items (e.g. launching a risk register for the Board) were carried forward with clear deadlines.



The Full Board ensured **multi-agency collaboration** by having each subgroup Chair and partner agency report on their work. No significant inter-agency escalations were reported in this period, showing good cooperation. The Board's Independent Chair and the recently appointed **Independent Scrutineer** provided external oversight, challenging the Board to keep improving. For instance, the Scrutineer highlighted areas for potential improvement such as formalising a Board risk register. They have also led on work to develop principles for working with people who are self-neglecting by drawing on both academic research and the experience of local practitioners.

Subgroup Activities:

OSAB carries out much of its work through specialised subgroups. In 2024–25, these subgroups were very active in implementing the strategic plan:

Policy, Practice & Procedure Subgroup

This subgroup (chaired by Thames Valley Police) led on updating local safeguarding policies to reflect best practice. A major piece of work was revising the old “Thresholds” guidance into the new **Safeguarding Adults Consideration (SAC) Framework** to aid professional decision-making. The document is a tool to help professionals understand what may constitute a safeguarding concern requiring a referral into the Local Authority, who have responsibility for conducting safeguarding enquiries. Members agreed to replace the term “thresholds”, which was felt to be limiting, with this new framework emphasising professional judgement. By September 2024, the SAC Framework was finalised and launched on the OSAB website.

The subgroup also undertook a comprehensive review of multi-agency safeguarding procedures, adapting the Pan-London policy to suit the Oxfordshire context—a significant undertaking given the document's length of 146 pages. In order to manage this process efficiently, responsibilities were allocated among participating agencies, with a six-week deadline established for completion of the final revisions.

As a result, key policies were updated or in progress by year-end, including a revised **Self-Neglect and Hoarding Policy** (with consideration to split it into separate policies for clarity). The subgroup focused on how to effectively communicate these changes to frontline staff; for example, members agreed to issue communications briefs and use practitioner forums to embed the new SAC Framework terminology.

Performance, Information & Quality Assurance (PIQA) Subgroup

Oxfordshire County Council's (Adult Social Care) safeguarding team have made significant operational improvements which align with OSAB's priorities on effective practice.

By the February 2025 Performance Information and Quality Assurance sub-group meeting, the service reported that the safeguarding team had made substantial improvements with adherence to internal timescales for the response to concerns and allocation of enquiries. Following feedback from referring stakeholders, particularly care providers, work has been undertaken to improve the quality and timeliness of response to these groups, with referrers now notified at the point of

decision making as to whether further enquiries will be under safeguarding procedures or an alternative route such as care management. Work continues to ensure timely feedback is exchanged between providers and the safeguarding team at completion of enquiry.

The service has seen an increase in demand of 33% in 24/25 and there has been focus on how to ensure quality of practice in line with the Adult Social Care's broader Oxfordshire Way strategy. Audits and learning from case examples demonstrate that enquiries for individuals undertaken by the safeguarding team can often result in duplication and/or siloed approaches with locality teams. The service has undertaken improvements to ensure that where possible enquiries are undertaken by the locality team area that knows the person best and is able to fully engage with the knowledge around local resources and supports. This has supported the more timely resolution of enquiries with the average safeguarding episode remaining open for 38 days compared to 96 days in 23/24. Adult social care will be focussing on ensuring quality of enquiries in both the safeguarding team and localities during 25/26 and revising the team model to account for this practice learning.

Engagement & Inclusion Subgroup

The Engagement subgroup works to ensure that the Board hears from the community and raises awareness of adult safeguarding. During 2024–25, this subgroup carried out a range of activities, outlined below.

It facilitated input from **people with lived experience**. For example, representatives from My Life My Choice (a local self-advocacy group) attended and contributed. They offered to help create **easy-read materials** for the public to explain safeguarding, ensuring accessibility (noting a small charge for this service). This led to a plan for a public-facing, plain English summary of the Annual Report, which members agreed was important for transparency. This plain English summary will be trialled with this year's Annual Report and published on the OSAB website.

The subgroup members shared “current safeguarding issues” from their perspectives. One meeting discussed the new “**Right Care, Right Person**” approach (a national initiative clarifying which agency should respond to certain welfare situations). Members debated its local impact – for instance, whether it affected police willingness to conduct welfare checks. Some had positive experiences after additional training e.g. city council staff saw improved responses by directing calls appropriately). Others noted concerns about occasional gaps such as difficulty getting police to attend some welfare calls. These insights were fed up to the Board so that any multi-agency issues, like clarification of roles, could be addressed. Partner agencies in this subgroup also reported on **public awareness campaigns** and training. Healthwatch Oxfordshire and Age UK, for example, participated in spreading safeguarding messages to the public, while many subgroup members organised activities during National Adult Safeguarding Week in November. The subgroup emphasised explaining “what is safeguarding” in simple terms. Following public consultation about the Annual Report, they recommended that it should include data about the prevalence of the different types of abuse reported in Oxfordshire, the outcomes of safeguarding interventions, and trends over time. This

reflects the subgroup's role in making safeguarding work understandable to the general public and service users.

Co-production progress: The subgroup took on an action to assist in co-producing Oxfordshire's new Domestic Abuse Strategy with input from those with lived experience with domestic abuse (working alongside Public Health). By involving lay members and advocacy groups, they aimed to ensure strategies are informed by real experiences.

Safeguarding Adults Review (SAR) Subgroup

This subgroup oversees reviews of serious cases to identify learning. It also reviews cases of deaths of homeless individuals, known locally as Homelessness Mortality Reviews (HMRs), which are conducted under the discretionary SAR process. They are carried out like this to ensure there is a robust legal framework for the Board conducting the review and to give the reviews an equal standing to any other case review the Board conducts.

In 2024–25 the SAR Subgroup considered several referrals for review and steered ongoing review processes. The **findings from case reviews** are in their own section of the report below.

The subgroup examined new cases to decide if they met the criteria for a formal Safeguarding Adults Review. For borderline cases, they introduced a structured scoping form to gather more information and ensure consistent decisions.

National recognition: OSAB's approach to SARs and HMRs has been cited positively beyond Oxfordshire. The Independent Scrutineer reported that the joint SAR/HMR process received national recognition for effective practice. The work around HMRs has also been noted as good practice by the Ministry for Housing, Communities & Local Government (MHCLG). This suggests that the Board's learning and review mechanisms are considered a model, thanks to clear processes and active partner engagement.

By year-end, the subgroup had several review reports either completed or nearing completion. **All findings from reviews were translated into action plans** for the agencies involved. The Board also incorporated all the learning into the **Learning from Reviews Workshops** to help disseminate learning from reviews to a broad audience of frontline professionals. For example, one action from a recent SAR was to update the Board's **escalation policy** to higher management when agencies aren't attending important multi-agency meetings – a gap identified in a review. This update was implemented so that in future, if a critical partner is missing from safeguarding discussions, it is quickly raised to senior managers to avoid communication breakdowns.



In summary, OSAB and its subgroups actively worked on their main strategic priorities throughout 2024–25. They revised and rolled out key policies, scrutinised performance data to drive improvements, engaged communities and service-users in safeguarding, and conducted reviews to learn from serious cases. **Progress was monitored and documented** through the Board and the groundwork laid this year (policy updates, frameworks, and identified improvements) positions the Board to continue strengthening safeguarding practice in line with its objectives.

2

Actions by Each OSAB Member to Implement the Strategy

OSAB is a multi-agency partnership, including Oxfordshire County Council (Adult Social Care), NHS Integrated Care Board and provider trusts, Thames Valley Police, District Councils, Fire & Rescue, Healthwatch, and voluntary sector organisations (like Age UK), among others.

Member agencies took concrete steps in 2024–25 to deliver the Board's strategy in their own sphere. Some of the notable contributions are outlined below:

Oxfordshire County Council (Adult Social Care): The Council's adult safeguarding team made significant operational improvements this year, addressing issues that align with OSAB's priorities on effective practice. By late 2024, this had led to faster turnaround on safeguarding enquiries and improved consistency.

Result: By the February 2025 PIQA meeting, the Council reported that its safeguarding team was "in a strong position" – motivated staff, recent specialist training completed, and adherence to statutory timescales now being achieved. If a referring partner wasn't getting feedback, they were encouraged to contact the manager directly – demonstrating a new openness to resolving issues quickly. These actions by the Council fulfil strategic aims around **strengthening safeguarding processes** and **Making Safeguarding Personal**, as evidenced by the rise in outcomes achieved and positive staff feedback.

Oxfordshire Fire and Rescue Service: The Fire & Rescue Service contributed to OSAB's strategy mainly through prevention and outreach.

The Partnerships & Safeguarding Manager at Fire & Rescue actively participated in the Engagement and PIQA subgroups. Firefighters continued to incorporate adult safeguarding checks into their **Safe and Well visits** in people's homes – if crews encountered an at-risk adult (for instance, someone showing signs of self-neglect or confusion) during fire safety checks, they made safeguarding referrals as needed.

This year, Fire & Rescue's safeguarding lead worked with the Board to ensure their referral pathways were aligned with the new SAC Framework (so that fire personnel use the updated guidance on levels of risk). They also helped address issues around **hoarding**, which is both a fire hazard and a safeguarding concern.

Fire officers are often first to spot hoarding; hence Fire & Rescue co-founded a new **Hoarding Support Group** with council and health colleagues in Cherwell district to coordinate support for individuals who hoard. This on-the-ground action directly implements the Board's strategic aim of early intervention and partnership working for complex cases.

NHS Health Partners: Health organisations on the Board (the Buckinghamshire/Oxfordshire/Berkshire West Integrated Care Board, Oxford University Hospitals NHS Trust, Oxford Health NHS Trust, South Central Ambulance Service, etc.) contributed through both system-wide initiatives and internal improvements. For instance:

Healthcare Safeguarding Leads Collaboration: The designated safeguarding leads from the hospital trust – Oxford University Hospitals, (OUH) and community/mental health trust (Oxford Health) worked together on difficult issues such as improving the “conversion rate” of safeguarding concerns into Section 42 enquiries. An action was agreed for the OUH lead, Oxford Health lead, and Council manager to meet outside OSAB meetings to develop a plan to improve appropriate referral conversions. This indicates health partners actively engaging in quality improvement in line with the Board’s performance priorities.

Training and Awareness: Oxford Health ran Mental Capacity Act (MCA) training and focused on professional curiosity in safeguarding – a theme flagged by the Board. OUH ensured its staff received updates on referral pathways (like when to involve social care versus police, in line with *Right Care, Right Person* guidance discussed at OSAB). The Integrated Care Board’s Adult Safeguarding lead presented data and insight to the PIQA subgroup and championed issues like reducing DoLS (Deprivation of Liberty Safeguards) backlogs, which relates to one of the Board’s strategic priorities around law compliance and risk management. Health partners also strengthened **information-sharing**: one achievement was the circulation of a new information-sharing agreement to clarify what can be shared between agencies for safeguarding.

Service Improvements: Specific improvements were reported, such as the **South Central Ambulance Service (SCAS)** revising its safeguarding referral form to be more effective in triaging the type of concern.

Healthwatch Oxfordshire: As the consumer champion for health and care, Healthwatch ensured the **voice of service users** remained in focus. In OSAB meetings, the Healthwatch representative reminded the Board to consider the experience of adults going through safeguarding processes. This aligned with the Board’s strategic aim to hear from those with lived experience. Healthwatch’s push for plain language also influenced the Board to commit to a **Plain English Annual Report summary**, making the Board’s work more transparent to the public.

Thames Valley Police: The police, as a core OSAB member, took forward multiple initiatives supporting the Board's strategy of prevention and protection of adults:

TVP established a new **Harm Reduction Unit (HRU)** focusing on cases involving vulnerable adults who may be involved in or victims of crime and anti-social behaviour. In late 2024, this unit became fully operational, with dedicated officers and new processes to better link police intelligence with partner agencies. For example, the HRU launched "Custody 25", a project embedding part-time link workers and navigators in police custody suites (in locations including Abingdon and Banbury). These workers help identify detained individuals with possible care/support needs or neurodiversity (like ADHD) and connect them to services – even providing on-the-spot aids like distraction packs in custody to calm those with vulnerabilities. This directly advances OSAB's objective of safeguarding adults in all settings, by intervening early during criminal justice contact.

The police also improved **information-sharing and transparency** with OSAB. A Detective Chief Inspector now regularly updates the Board on police safeguarding referrals. Additionally, the force addressed backlogs in processing domestic abuse disclosures (Clare's Law requests).

On a strategic level, the Police representative (who chaired the Procedures subgroup) championed cross-cutting improvements like the new accolades procedure (to recognise good practice) and ensuring **alignment with the Children's Partnership**. The Independent Scrutineer highlighted the need for better links between the Adult Safeguarding Board and Children Safeguarding Partnership post some structural changes, and police along with other members agreed to explore joint approaches where appropriate. This reflects a forward-looking stance to implement the Board's plan in a holistic way.

District and City Councils: The district councils (Cherwell, South Oxfordshire, Vale of White Horse & West Oxfordshire) and Oxford City all sit on OSAB and made important contributions, particularly in housing and community safety – key factors in adult safeguarding:

- **Housing and Homelessness:** With the rise in safeguarding concerns related to homelessness (as highlighted by OSAB's Homelessness Reviews), the districts stepped up coordination. For example, Oxford City Council's Community Safety Manager raised the profile of safeguarding within community safety partnerships, ensuring that vulnerable adults (like rough sleepers) are discussed at both housing forums and OSAB.
- **Local Initiatives:** Cherwell District led on the aforementioned hoarding pilot project, bringing together mental health, environmental health, and housing staff to engage a person with extreme hoarding behaviour (the success of which was shared as a case study at the Board). Their efforts resulted in a grant to help in hoarding cases and development of a multi-agency hoarding protocol. Such ground-level initiatives by council members directly implement OSAB's objective to prevent harm by multi-agency collaboration.

- District council officers also ensured training for their staff (like housing officers) on identifying and reporting safeguarding issues was up to date. They outlined actions such as improved safeguarding referral processes in housing departments and joint visits with police for complex anti-social behaviour cases where adults at risk were involved.

Voluntary Sector Partners: Age UK Oxfordshire and other voluntary partners like Connection Support and My Life My Choice played critical roles:

- They acted as a **bridge to the community**, bringing issues from people we support to OSAB's attention (e.g. My Life My Choice highlighted difficulties people with learning disabilities face in safeguarding processes, and Connection Support flagged systemic issues encountered in supporting a client which led to a SAR referral).
- Voluntary partners also delivered parts of the strategy by **outreach and empowerment**. For example, Age UK held community awareness sessions about financial abuse prevention and provided feedback to the Board on older persons' safeguarding needs. Connection Support, which works with people facing housing crises, improved its internal protocols as noted and shared that learning through OSAB to encourage other providers to do the same.
- These organisations often piloted innovative support approaches: one member (**Elmore Community Services**) reported to the Engagement subgroup on a new community-based approach to engage isolated individuals early to help reduce loneliness, aligning with OSAB's prevention objective.

The synergy of these efforts is evident – for instance, while the Council improved internal safeguarding response times, the NHS trained staff on recognising abuse, the Police intervened earlier with at-risk individuals, and community partners offered advocacy and feedback loops. All these contribute to the common strategic goal: **better safeguarding outcomes through effective partnership**.

Notably, joint working between agencies increased. A good example is how partner agencies responded to **self-neglect**: The sharp rise in self-neglect cases (often involving elements of hoarding or substance misuse) prompted a unified response. Social care, healthcare, mental health, fire service, and housing all coordinated under OSAB's guidance – updating the Self-Neglect and Hoarding Policy together, sharing, and ensuring frontline teams across organisations knew what support to offer. This collaborative approach by all members exemplifies implementing the Board's strategy in unison.

3

Findings of Safeguarding Adults Reviews (SARs) and Subsequent Actions

During 2024–25, OSAB conducted or continued several Safeguarding Adults Reviews and Homelessness Mortality Reviews. These in-depth reviews examine cases where an adult tragically died or was seriously harmed, and multi-agency lessons can be learned. The key findings and the actions taken as a result are summarised below. All published reports can be accessed on the OSAB website, and a learning compendium is being developed to bring together all the learning from all reviews (from this and past years) to form a single reference document for professionals.

Learning Themes: Across the SARs/HMRs considered this year, some common themes emerged:

Quality of Frontline Practice: SARs reinforced the importance of professional curiosity and not taking things at face value. For instance, in one case, it was noted that having a system flag for individuals who are referred multiple times might have prompted professionals to dig deeper into recurring issues. Learning from this, the Board has requested the Local Authority to explore enhancements to case management systems to better highlight repeat concerns.

Working with “difficult to engage” individuals: Several reviews involved adults who either declined services, had chaotic lifestyles, or mental capacity fluctuating due to substance misuse. Reviews found that traditional approaches sometimes weren’t effective. Consequently, OSAB partners are adopting more flexible engagement strategies – for example, using outreach navigators (as the police Harm Reduction Unit does) or multi-agency case conferences, and ensuring that if one agency can’t engage someone, another (with a trusted relationship) takes the lead. In the BD case, positive feedback on the persistence of outreach teams was highlighted, encouraging all agencies to persist creatively with clients needing additional support to engage.

Information Sharing and Coordination: Gaps in communication were a finding in at least one SAR – e.g. occasions when important information wasn't passed between agencies promptly, or key agencies (like ambulance services or certain care providers) not being fully involved in planning. The Board has quickly addressed this by updating protocols. By March 2024, an agreement on inter-agency information sharing was drafted and circulating for sign-off. Also, OSAB emphasised the expectation that all relevant agencies attend safeguarding meetings or otherwise contribute; if not, it should be escalated to ensure continuity of care.

Timeliness of Interventions: Delays in services being put in place or assessments being conducted were identified as a factor in worse outcomes. While some systemic issues like waiting lists are challenging, the OSAB used its influence to push for faster responses where this is possible. For example, Oxford Health reviewed how they manage their waiting list for complex needs and consider if interim support can be given while waiting.



Hoarding and Self-Neglect: A specific insight came from cases of severe self-neglect/hoarding. A SAR highlighted that such cases benefit from a **multi-disciplinary approach** and strong legal literacy on the part of organisations so they are aware of the full range of legal powers that can be used to protect the person. Oxfordshire's SARs echoed national findings that self-neglect cases need a skilled, relationship-based approach. In response OSAB updated the Self-Neglect and Hoarding Policy (reviewed in January 2025) incorporated SAR lessons – for example, OSAB created clearer guidance on assessing mental capacity over time for people who self-neglect due to addiction and mapped out all available support services so practitioners know what to try next if initial offers are refused. The Board also decided to split Self-Neglect and Hoarding into distinct sections/policies, acknowledging that while related, each can occur independently and may require tailored strategies. As noted earlier, a hoarding task group was set up and a partnership grant is being used to directly help individuals (one outcome of a case review where housing and mental health sectors realised more practical help was needed).

Mental Capacity and Consent: Some SAR cases involved questions about mental capacity and the balance between respecting an adult's choices and protecting them. Reviews found instances where assessments of capacity were done, but perhaps needed revisiting as circumstances changed. For example, when early stage dementia or other circumstance where fluctuating capacity was a factor, capacity should be assessed more than once. **Subsequent actions:** OSAB disseminated a reminder of the 2021 Alcohol Change UK guidance on assessing capacity in people with alcohol dependence to front-line teams. The Board's Learning & Development subgroup (in discussions about its future) identified that **cross-training** with the Children's Board on issues like executive capacity and self-determination could be useful, given similar challenges in adult self-neglect and youth contexts. This will feed into future training plans.

Agency-Specific Improvements: Each SAR produces recommendations for specific agencies. All OSAB member organisations have taken these seriously:

- For example, **Probation Service** involvement in a case led to a reflection on record-keeping; Probation committed to refresher training for officers on documenting and flagging safeguarding concerns.
- In one review, the **Police** recognised that on some occasions officers did not submit safeguarding alerts to the county's MASH when attending incidents. As a result, the Police representative agreed to meet with the Detective Inspector in charge of domestic abuse to ensure officers are reminded and supervised in making those referrals every single time. That action was recorded and is being tracked by the SAR subgroup.

Publication and Dissemination: OSAB decided this year to **extend the availability of SAR reports** on its website. Previously, published reports were taken down after 18 months per an old policy. The Board reversed this, agreeing to keep past SAR reports online for up to 7 years so that lessons remain accessible to practitioners and the public over a longer period. This came from a question raised by a Board member and demonstrates OSAB's commitment to openness and ongoing learning. Additionally, an **"easy-read" or summary version of SAR reports** is considered when appropriate, to share findings with family members and people accessing our services in a sensitive, understandable way.



*In summary, the SARs and other reviews undertaken in 2024–25 yielded critical lessons, which OSAB has acted upon diligently. Many of the “further actions” mentioned in this section – improving flagging of repeat concerns, faster multi-agency escalation, better communication of changes to frontline staff – have already been set in motion via the Board’s action plans. The Board recognises that the real measure of success is seeing practice change on the ground as a result of these reviews. To that end, OSAB held a series of Frontline Practitioners Learning Events (the Learning from Reviews Workshops referenced earlier) during the year (noted by the Independent Scrutineer as being well-received) where case studies and SAR findings were discussed with operational staff. This kind of direct dissemination is being built into the Board’s routine. The Independent Scrutineer will continue to monitor how well these SAR lessons are being implemented and will report to OSAB on any gaps. Overall, the SAR process is a cornerstone of OSAB’s strategic plan implementation – ensuring the Board not only responds to incidents but **turns them into opportunities to prevent future harm.***



4

Changes Over the Last 10 Years

*Over the past decade, the landscape of adult safeguarding in Oxfordshire (and nationally) has evolved significantly. **Overall, the trajectory has been one of improvement and expansion in safeguarding but is accompanied by new challenges.** Key changes include:*

Stronger Statutory Framework: Ten years ago, Safeguarding Adults Boards were just becoming a statutory requirement (with the Care Act 2014). Since then, OSAB has matured into a well-established body with clear roles. The introduction of an Independent Chair and now an Independent Scrutineer, and defined subgroups, has professionalised safeguarding governance. This has led to more consistent multi-agency collaboration than a decade ago, when arrangements were more ad-hoc

Increase in Awareness and Reporting: Public and professional awareness of adult safeguarding has grown greatly. In 2015, many cases of abuse or neglect likely went unreported due to stigma or lack of knowledge. Now, mandatory training in organisations and public campaigns mean people recognise and report concerns more readily. The data reflects this: safeguarding concern rates have risen (to 676 in March 2025), but this is considered a positive in terms of visibility – “It’s better to light a candle than curse the darkness.” People know help is available, which is a success of years of engagement work.

Better Outcomes for Individuals: The approach to safeguarding has shifted to be far more person-centred. The push for Making Safeguarding Personal (MSP) in the last decade is paying off – as noted earlier, 90% of individuals or their advocates are now being asked about and achieving the outcomes *they* want from the process. Ten years ago, the focus might have been more on process than outcomes; now the conversation with the adult is central. There are many examples where individuals have been empowered – e.g., an adult at risk being supported to make choices about their living situation rather than agencies deciding for them. This cultural change is a huge positive shift.


Increase in Awareness and Reporting: Public and professional awareness of adult safeguarding has grown greatly. In 2015, many cases of abuse or neglect likely went unreported due to stigma or lack of knowledge. Now, mandatory training in organisations and public campaigns mean people recognise and report concerns more readily. The data reflects this: safeguarding concern rates have risen (to 676 in March 2025), but this is considered a positive in terms of visibility – “It’s better to light a candle than curse the darkness.” People know help is available, which is a success of years of engagement work.

Multi-Agency Working & Information Sharing: A decade back, different agencies often worked in silos due to data protection fears or lack of forums to meet. Today, there is far more *real-time* collaboration – the Multi-Agency Safeguarding Hub (MASH) has been embedded, joint training occurs, and there’s a far clearer **protocol between OSAB, the Community Safety Partnership, and the Health & Wellbeing Board** mapping each other’s roles (established in 2014 and built upon). The result is less duplication and fewer cases “falling through the cracks” between agencies than in the past.

Addressing New Topics: Over 10 years, OSAB has broadened its scope to address emerging issues. For example, financial scamming of elders, online abuse, modern slavery and exploitation, and domestic abuse in adults with care needs are now firmly on the Board’s agenda – topics that would have been less discussed a decade ago. The Board’s involvement in homelessness mortality reviews is another example of how safeguarding practice has extended into non-traditional areas to protect very vulnerable groups.

Future Considerations

Higher Demand and Complexity: As highlighted, the volume of safeguarding concerns has increased substantially over the decade. While partly due to better reporting, it also reflects real rising need – aging population with complex health issues, mental health and addiction issues becoming more apparent. The individuals services work with now often have multiple intersecting issues; for example, an older person with dementia *and* an unpaid carer who is struggling, possibly leading to neglect. Managing these layered complexities can stretch services.



Resource and Workforce Pressures: Over the last 10 years, austerity measures and budget constraints in public services have undoubtedly impacted safeguarding. Local authority budgets for adult social care have been tight, NHS services are under strain, and voluntary sectors have had funding uncertainties. Turnover of experienced staff is an issue, and the recruitment and retention of care staff and social workers remain a challenge into 2025. OSAB partners have done admirably to “do more with less,” but the strain shows, for example, in waiting times in some services.

New Types of Risk: Some negative trends emerged in society that affect safeguarding. For instance, **self-neglect** was not even formally recognised in policy until about 2014; now it constitutes a large proportion of cases and is very challenging to resolve. Similarly, the growth of **county lines drug trafficking** over the past 10 years has drawn vulnerable adults into exploitation, requiring safeguarding responses in scenarios that previously would have been seen purely as criminal or social issues. Technology, too, has introduced risks like online scams or abuse via social media that weren't on the radar before. The safeguarding system has had to catch up to these, sometimes after harm has occurred.

Pandemic Impact: As reported in the Local Government Association's COVID-19 Adult Safeguarding Insight Project work, it is worth noting the COVID-19 pandemic had lasting negative effects on adult safeguarding. Isolation increased, some services became remote, and hidden harm likely grew. Locally, the OSAB's data in the years since shows elevated concerns around self-neglect and mental health, arguably aggravated by the pandemic's social aftermath. This event stands out as a significant setback for adults with needs for care and support, and it will require ongoing action to mitigate its effects (for example, rebuilding social support networks).

Expectations and Accountability: There is greater scrutiny on safeguarding now (which is positive), but it means agencies face higher expectations with limited means. For example, every SAR brings a spotlight. In the last decade, media and regulatory attention on adult safeguarding failings (such as high-profile neglect cases nationwide) have increased pressure. OSAB has to maintain public confidence that adults are safe, which is an ever-demanding task as complexities grow.

In reflecting on these changes, OSAB has shown it can adapt – the Board today is more proactive, data-informed, and collaborative than it was 10 years ago. However, challenges such as sustaining the workforce, preventing burnout, and innovating within tight budgets are ongoing.

5

Looking to the Future

While OSAB made solid progress this year, the Board is candid about areas needing further development. The Scrutiny Committee's interest in future actions is timely, as OSAB itself has identified and begun to address several key improvements for the coming period:

Improve Frontline Awareness of Lessons and Resources: A recurring point in Board discussions was ensuring that all the good work on policies, procedures, and SAR findings actually reaches front-line practitioners in an impactful way. There remains some uncertainty at the frontline about new initiatives – for instance, a **Learning-from-Practice** survey suggested some staff weren't sure how lessons from subgroups are shared with them. OSAB should continue to strengthen communication channels: more briefings, newsletters, or short videos could reinforce new policies (like the SAC Framework) and learning points from reviews. Frontline staff feedback mechanisms (such as regular practitioner forums or feedback forms after using new guidance) can help the Board gauge what's working or needs clarification. Essentially, *closing the loop* on learning is a top priority going forward.

Establish a Formal Risk Register: The Independent Scrutineer recommended OSAB develop a **Risk Register** to log and monitor risks to the Board's objectives. This would include, for example, risks like "High volume of referrals exceeding capacity" or "Lack of SAR authors" or "Changes in partner funding affecting safeguarding resources". By having a risk register, the Board can proactively manage these – assigning owners to each risk and mitigation plans (like recruiting more specialist staff or seeking funding for certain initiatives). This tool will improve OSAB's strategic oversight and resilience.



Deepen Partnership with Wider Safeguarding Strategic Partnerships:

Changes in the children's safeguarding arena were noted, specifically restructuring of the Oxfordshire Safeguarding Children's Partnership (previously Oxfordshire Safeguarding Children's Board). This was done after an extensive review of the statutory requirements laid out in guidance for local children's safeguarding partnerships. Given many issues like transition from children's services to adult services, domestic abuse in families, or contextual safeguarding (like exploitation) span both groups, the OSAB would benefit from closer ties. A further action is to formalise regular information exchange or even joint projects with the Oxfordshire Safeguarding Children Board. One idea is a **joint annual conference on a cross-cutting theme**. Reviving this discussion now the OSCP has been restructured would be valuable, as it reinforces holistic family safeguarding approaches. In addition, we will be working to strengthen working relationships with strategic safeguarding partnerships, e.g., the Safer Oxfordshire Partnership, the Domestic Abuse Strategy Board, the Health & Wellbeing Board, and the Community Safety Partnerships.

Focus on Prevention and Early Intervention: The data indicates more people are being safeguarded, which is good, but prevention could stem the tide. OSAB should build on its Engagement subgroup work to launch **public awareness campaigns** especially targeted at prevention of scams, financial abuse, and self-neglect. For example, a county-wide campaign on self-neglect (signposting how people can seek help early, perhaps via GPs or community groups) could be beneficial given the spike in cases. Also, continue expanding initiatives like the hoarding support network – and evaluate if similar networks are needed for other issues (like for care providers to share learning on frequent falls or pressure ulcer safeguarding referrals, etc.). The more the Board can help agencies problem-solve early, the better outcomes for individuals.



Final Thoughts

Over the past year (2024–25), OSAB and its partners have worked diligently to meet their main objective: safeguarding Oxfordshire’s vulnerable adults by implementing a **robust strategic plan**. They achieved a lot—from **policy reform** and **enhanced training** to **direct action from reviews**. This directly benefited adults in our county (e.g. quicker help, more person-centred support). Each member agency played its part, demonstrating the strength of a **multi-agency approach**. The Board has also been candid in **self-reflection**, identifying what needs to improve.

Going forward, the recommendations and further actions highlighted in this report – better frontline communication, establishing a risk register, addressing resource gaps, and reinforcing prevention – should form the focus of OSAB’s work in the next year. Cabinet can take confidence in OSAB’s positive trajectory and provide support by monitoring these developments and helping unblock any barriers. With continued commitment, learning, and partnership, Oxfordshire’s Safeguarding Adults Board will be well-equipped to handle both present demands and future challenges, ensuring adults at risk are supported and protected effectively.



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Divisions Affected - All

Health and Wellbeing Board – 4th December 2024

Oxfordshire Safeguarding Children Board (OSCB) Annual Report 2024-25

Report by Business Manager

RECOMMENDATION

1. **Health and Wellbeing Board is RECOMMENDED** to note the annual report of the Oxfordshire Safeguarding Children Board senior safeguarding partners and to consider the key messages.

Executive Summary

2. This paper highlights findings from the Board's annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Oxfordshire.

Background

3. Local multi-agency safeguarding arrangements are the collective responsibility of chief officers in the County Council, the Integrated Care Board and Thames Valley Police.
4. These three senior safeguarding partners agree ways to co-ordinate their safeguarding services for children; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. They work with relevant partners through the Oxfordshire Safeguarding Children Board, under the leadership of an Independent Chair. The arrangement is referred to as the "Oxfordshire Safeguarding Children Board (OSCB)".
5. The report can be accessed in full on the [OSCB website](#).

Key Issues

6. The OSCB Annual Report sets out the safeguarding challenges in Oxfordshire. The report shows the need to improve practice with respect to the themes of: (1) Neglect (2) Child exploitation and (3) Keeping children safe in education.
7. There are key messages for system leaders to bring a collective focus to:

Tackling Neglect of children in the family home by supporting those families who are not yet meeting all the needs of their children.

Minimising risks to children outside the home to ensure we have a system wide approach to keeping children safe from exploitation

Ensure that we keep children safe in schools and settings by making sure local arrangements are properly understood and better used to keep children in full time education

8. In the last year there were no Child Safeguarding Practice Reviews commissioned and one Rapid Review was completed. A thematic review on intrafamilial sexual abuse was published. Practical learning from these reviews informed the OSCB training programme for local workers and volunteers. It also informed learning summaries, workshops and an OSCB Safeguarding conference.
9. The strategic messages for system leaders from these reviews, are:
10. The Performance Audit and Quality Assurance Annual report sets out what is understood about the effectiveness of safeguarding practice. The report has evidence of high standards of partnership working and acknowledges the complex challenges and pressures faced by workers over the pandemic. It summarises the common themes for learning and improvement to support vulnerable children. It concludes that:
 - The impact of trauma and cumulative harm
 - Family engagement and consistent support
 - Information sharing across the partnership
 - Children with complex mental health/ emotional needs
 - Parental mental health and parenting capacity
 - Children not in school
11. **Our current priorities for system change are right – we just need more traction on making change happen.** This means helping practitioners learn how to identify early and deal with neglect; bringing together educational leaders to work on issues regarding exclusions and alternative provision to keep children safe in education; ensuring earlier and timely access to mental health and well-being services.
12. **We need to work better as one system.** We all need to think about how we work together based on what we have learnt. For example, reminding practitioners to use multi-agency chronologies, share information.

Strategic Policies and Priorities

13. The report outlines the Safeguarding Children Board's priorities, the learning from Child Safeguarding Practice Reviews, the outcomes of quality assurance

work and the summarised findings with respect to the unexpected child deaths in Oxfordshire. The report supports the vision, values, objectives and strategic priorities in the Council's Strategic Plan (see [Strategic Plan 2022-2025](#)).

Financial Implications

14. There are no financial implications arising directly from this report. There is no requirement for the council to commit any further financial resources towards the Board beyond what is currently committed. Checked by: Jane Billington, Strategic Finance Business Partner, jane.billington@oxfordshire.gov.uk

Legal Implications

15. It is clear in the report that the changes to the statutory guidance Working Together 2023 have been identified and form part of next year's activity. There are therefore no legal implications in adopting this as the annual report for OSCB.

Checked by: Craig Cochrane, Head of Law & Legal Business Partner, Craig.Cochrane@oxfordshire.gov.uk

Staff Implications

16. There are no additional staff resources being requested by way of this report for the work outlined in the Annual Report.

Equality & Inclusion Implications

17. There are no additional equality & inclusion implications.

Sustainability Implications

18. The Board have moved much of its work to a virtual environment, reducing travel congestion, and no longer prints any materials for Board meetings or training sessions, instead making these available electronically. It has also reduced printing & design costs by making more things, such as this annual report, plain text on the OSCB website.

Risk Management

19. The Board is made up of the partners who attend the meetings, supported by a small team in the Board Business Unit. If organisations do not continue to provide the level of engagement with the work of the Board it is likely it would fail to meet its duties laid out in statute and its accompanying guidance. As the Local Authority is one of the safeguarding partners to work together under the Children Act 2004 (as amended by the Children and Social Work Act, 2017), and Working Together 2018, to ensure the Board is established and running well, this would represent a reputational risk. It is also likely any such failings

would be highlighted under the Ofsted framework and in any resulting published report.

Annexes:

Annex 1: OSCB Annual Report

Contact Officer: Laura Gajdus. Business Manager - OSCB



OSCP

Oxfordshire
Safeguarding
Children Partnership



Annual Report 2024/2025

Foreword by the Senior Safeguarding Partners

We are pleased to present the Oxfordshire Safeguarding Children Partnership (OSCP) Yearly Report for the period from 1st April 2024 to 31st March 2025. We want to thank our front-line practitioners and managers for their dedication to championing positive outcomes and well-being for children in Oxfordshire. Their daily commitment, dedication, and care are what keep children safe.

Over the past year, we have taken the time to review and refresh our safeguarding arrangements. This work will continue into 2025-26, with further information to be published on our website in accordance with the requirements of Working Together 2023. During this period of review, several subgroups have met in person to advance the development of the groups, and we wanted to thank those colleagues for their time in coming together. This Yearly Report for 2024/2025 sets out the work, progress, and complex issues the Oxfordshire Safeguarding Children Partnership is proactively addressing, in line with the requirements of the statutory guidance Working Together to Safeguard Children (2023).

This year has also seen changes in the Chair's role within the partnership. In January 2025, Lisa Lyons, Director of Children Services, Education and Families (DCS), assumed the role of Chair, with Ian Sutherland transitioning from Chair to the Independent Scrutineer role. We would like to take this opportunity to thank Ian for his contributions in supporting the partnership to strengthen our safeguarding arrangements and look forward to leveraging his expertise in Scrutiny in the coming year.

This year marked the formal publication and the beginning of the implementation of Oxfordshire's updated Multi-Agency Safeguarding Arrangements (MASA) framework. Our priorities—neglect, exploitation/ harm outside the home, and safety in education—remain unchanged to ensure embedding and long-term impact. This report outlines our progress, areas of challenge, key data trends, learning from reviews, and our forward-looking priorities.

Work has continued throughout the year on our safeguarding priorities, and this report highlights the developments that have taken place and the opportunities for further work in the coming year.

The report highlights how local safeguarding arrangements have evolved in response to national reforms, with particular emphasis on the implementation of the revised Multi-Agency Safeguarding Arrangements (MASA). These changes mark a significant shift towards more transparent, child-centred, and system-wide approaches to safeguarding children and young people in Oxfordshire.

This annual report was approved by The Executive Group on 2nd July 2025. In line with statutory requirements and best practice, this annual report will be shared with:

- Child Safeguarding Practice Review Panel
- The What Works Centre for Children's Social Care
- The Police and Crime Commissioner
- The Health and Wellbeing Board
- Oxfordshire Safeguarding Adults Board



Martin Reeves,
Chief Executive of
Oxfordshire County Council



Dr Nick Broughton,
Interim Chief Executive,
Integrated Care Board
Buckingham, Oxfordshire
and Berkshire West



Jason Hogg,
Chief Constable,
Thames Valley Police

Independent Scrutineer Statement

I wanted to start by saying that the multi-agency arrangements for safeguarding children in Oxfordshire remain robust and have been strengthened through its effective implementation of the revised Working Together guidance. There is evidence of a strong commitment to safeguarding children at senior levels across all agencies. The statutory partners and other agencies demonstrate both the ability and willingness to collaboratively address complex safeguarding issues with determination and shared purpose to improve the lives of our children and families.

I was appointed as the Independent Chair/Scrutineer in February 2024 under the previous arrangements of the Oxfordshire Safeguarding Children Board (OSCB). Since January 2025, I have transitioned into the role of Independent Scrutineer for the Oxfordshire Safeguarding Children Partnership (OSCP). The focus of the Scrutineer in 2024-25 was to assist, support, and advise the OSCB on its review of structures, considering local needs and the requirements of new Government guidance.

The Scrutineer fulfils a leadership role within the partnership and works alongside the Designated Safeguarding Partners (DSPs) and Local Safeguarding Partners (LSPs). The Independent Scrutineer plays a key role in ensuring that the partnership continues to drive for continuous improvement in the delivery of services to improve outcomes for children, young people, and families. Essentially, the Scrutineer operates as a 'critical friend' by offering challenge and support, based on an understanding and analysis of the quantitative and qualitative data available to partners, and by accessing the lived experience of children, young people, and professionals to test and validate how well our system is working for them. The functions of the Independent Scrutineer are outlined in section 89 of "Working Together to Safeguard Children 2023."

The Independent Scrutineer plan in Oxfordshire has been set out and agreed upon by the Executive Group for 2025-26 based on national guidance. The scrutiny plan will focus on developing a comprehensive appraisal of the performance of the partnership in the following areas:

- Leadership and Governance
- Learning from Reviews – local and national
- Performance Analysis and Quality Assurance
- Learning and Development of Practice
- Participation and Engagement

The priorities include:

- Neglect
- Child Exploitation/Harm outside the home
- MASA Operational Effectiveness
- Children in Detained Settings
- Voice of Children and Young People

I have supported and challenged the discussions of the Child Safeguarding Practice sub-group about cases where children have suffered serious harm due to child abuse or neglect. I participated in high-quality analytical discussions about these cases, where managers from different agencies came together to discuss openly how to overcome challenges. The partnership in Oxfordshire faces similar key practice challenges to those experienced by other local safeguarding partnerships, such as balancing the commitment to empowering parents and carers while ensuring children's safety.

It is very positive that the OSCP has set itself some highly challenging questions to answer about seeking to resolve a range of safeguarding issues that can be intractable across the country. It is encouraging that agencies in Oxfordshire can build on their strengths to focus on these questions while continuing to ensure that the current systems are working effectively. The leaders in the partnership have used the self-assessment to identify key areas for improvement, particularly the collection and analysis of the data relating to the safety and well-being of children in a more integrated, and planned action is being progressed to address this important partnership function.

Independent Scrutineer Statement

There is also clear leadership and priority given to safeguarding in each of the statutory agencies (local authority, NHS, and police), as well as in schools and the voluntary and community sector groups working in Oxfordshire. The senior leaders of the statutory agencies meet every two months and often more frequently, demonstrating both an ability to work well together and to challenge one another and resolve disagreements with or without the need for the Independent Scrutineer's involvement. Whilst the senior leaders are clearly engaged there is still scope to strengthen communication, as these strategic relationships develop further.

There are and will continue to be challenges in a large county with some areas made up of people living in poverty. Furthermore, Oxfordshire is also host to regional and national services such as paediatric services at local hospitals and other specialised facilities.

In summary, the multi-agency arrangements for safeguarding children in Oxfordshire are strong, and this strength will enhance the ability to meet future challenges in terms of safeguarding children. The introduction of the dedicated role of independent scrutiny, replacing the independent chair function, will further strengthen the OSCP's resilience in the future.



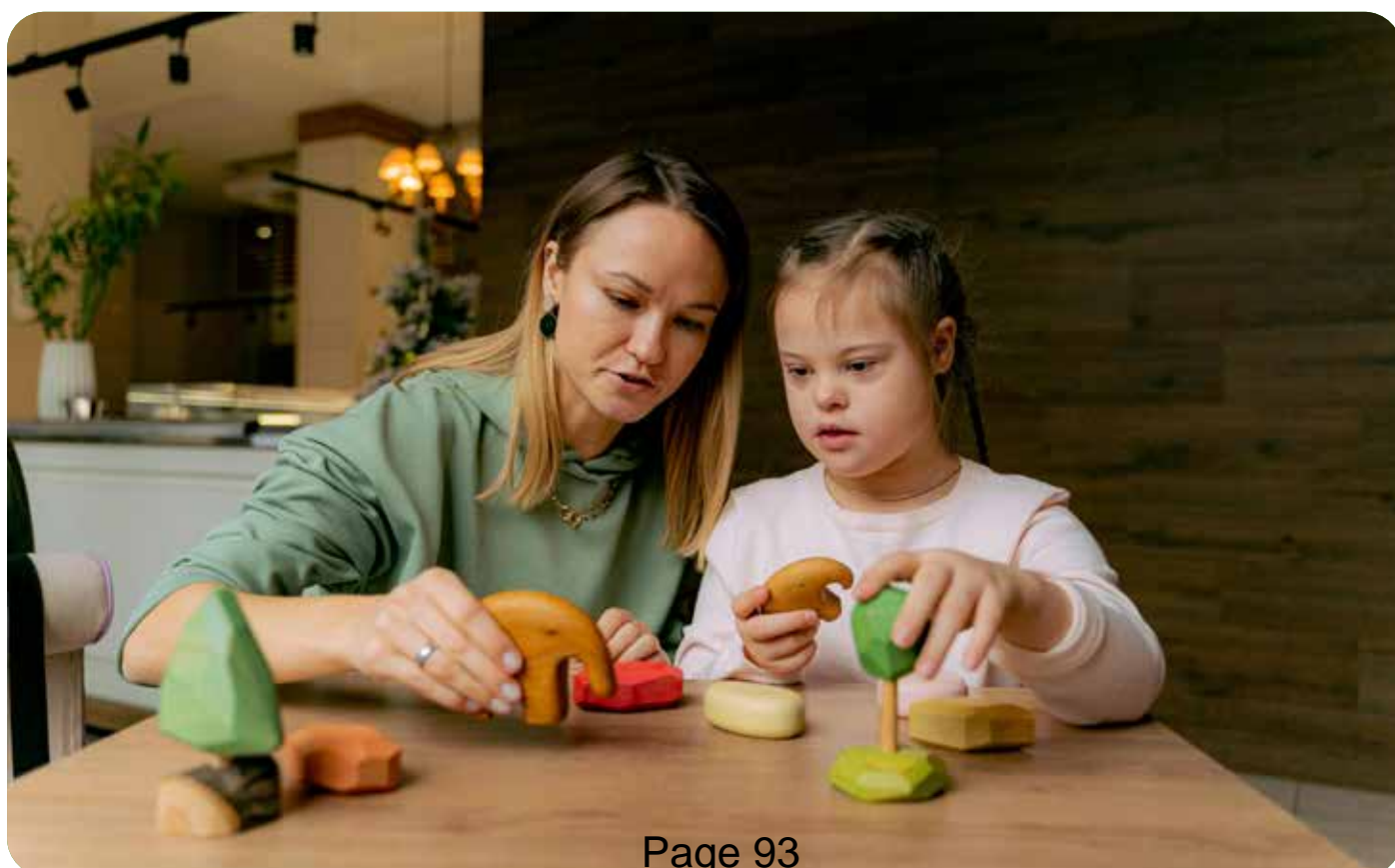
Ian Sutherland

Ian Sutherland
Independent Scrutineer



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About Oxfordshire Safeguarding Children's Partnership

Oxfordshire is renowned for its picturesque villages, centuries-old structures and numerous heritage sites. The county is home to approximately 150,000 children and young people under the age of 18. According to the 2021 Census, the largest ethnic group in Oxfordshire is White: English, Welsh, Scottish, Northern Irish, or British (76.8%), while 23.2% of residents come from non-white British backgrounds.

This year, safeguarding systems in Oxfordshire have continued to strengthen through the rigorous review of the arrangements throughout this year. In December 2023, the revised Working Together to Safeguard Children statutory guidance outlined updated legislative safeguarding requirements for individuals, organisations, and agencies. It established a framework for the three local safeguarding partners—the local authority, Integrated Care Board, and local police force—to collaborate in safeguarding and promoting the welfare of local children, including identifying and responding to their needs.

In preparation for the new guidance and in response to its publication, the Lead Safeguarding Partners (LSPs) and Delegated Safeguarding Partners (DSPs) in Oxfordshire dedicated this year to ensuring that the safeguarding arrangements in the county are as robust as possible. A three-year strategic plan (2024-2027) was developed to ensure readiness for the updated guidance. This plan was updated in January 2024 following the publication of the guidance and was further enhanced by a development plan overseen by the LSPs. This plan will ensure the implementation of the new Working Together to Safeguard Children guidance and enable the partnership to monitor progress.

The new arrangements are published on our website and can be found [here](#), in line with the requirements of Working Together 2023, and the current arrangements are described in this report.



OSCP Executive

The [Working Together to Safeguard Children 2023](#) statutory guidance sets out the multi-agency responsibilities for delivering effective help, support, and protection to children and their families. This guidance is applicable to all organisations and professionals working directly with children and families. As part of the government's Children's Social Care: [Stable Homes, Built on Love strategy](#), a series of reforms have been introduced to transform the children's social care system. Additionally, the [Children's Wellbeing and Schools Bill](#) represents a significant step towards achieving the government's Opportunity Mission—aimed at breaking the link between a young person's background and their future outcomes. The revised Working Together to Safeguard Children guidance, published in December 2023, marks the initial phase of these reforms, with a strong emphasis on:

- Strengthening multi-agency collaboration across the entire system of help, support, and protection for children and their families.
- Promoting a child-centred approach within a whole family focus.
- Ensuring strong, effective, and consistent child protection practices.

The guidance also emphasises the role and accountability of the Lead Safeguarding Partners (LSPs) for the effectiveness and outcomes of Multi-Agency Safeguarding Arrangements (MASA) in their local areas. The government has directed safeguarding partners in every local area to comply with a number of area's which are laid out in the

Implementing the Requirements of Working Together 2023 - Local Response

The implementation of the Working Together 2023 requirements in Oxfordshire was coordinated through the leadership structure of the MASA Executive Group in partnership with the Chair/Scrutineer of the Oxfordshire Safeguarding Children Board (OSCB). The revised statutory guidance was introduced to the group agenda, initiating early discussions in compliance with the requirements in January 2024. A detailed action plan was developed, outlining the activities undertaken in preparation for publishing revised multi-agency arrangements in December 2024. This plan included a series of workshops, development events, and meetings. Partners worked with national facilitators to understand how best to review and strengthen multi-agency working across the entire system of help, support, and protection for children and their families at a local level, using a 'Health Check' self-assessment tool to identify necessary reforms to comply with the statutory guidance.

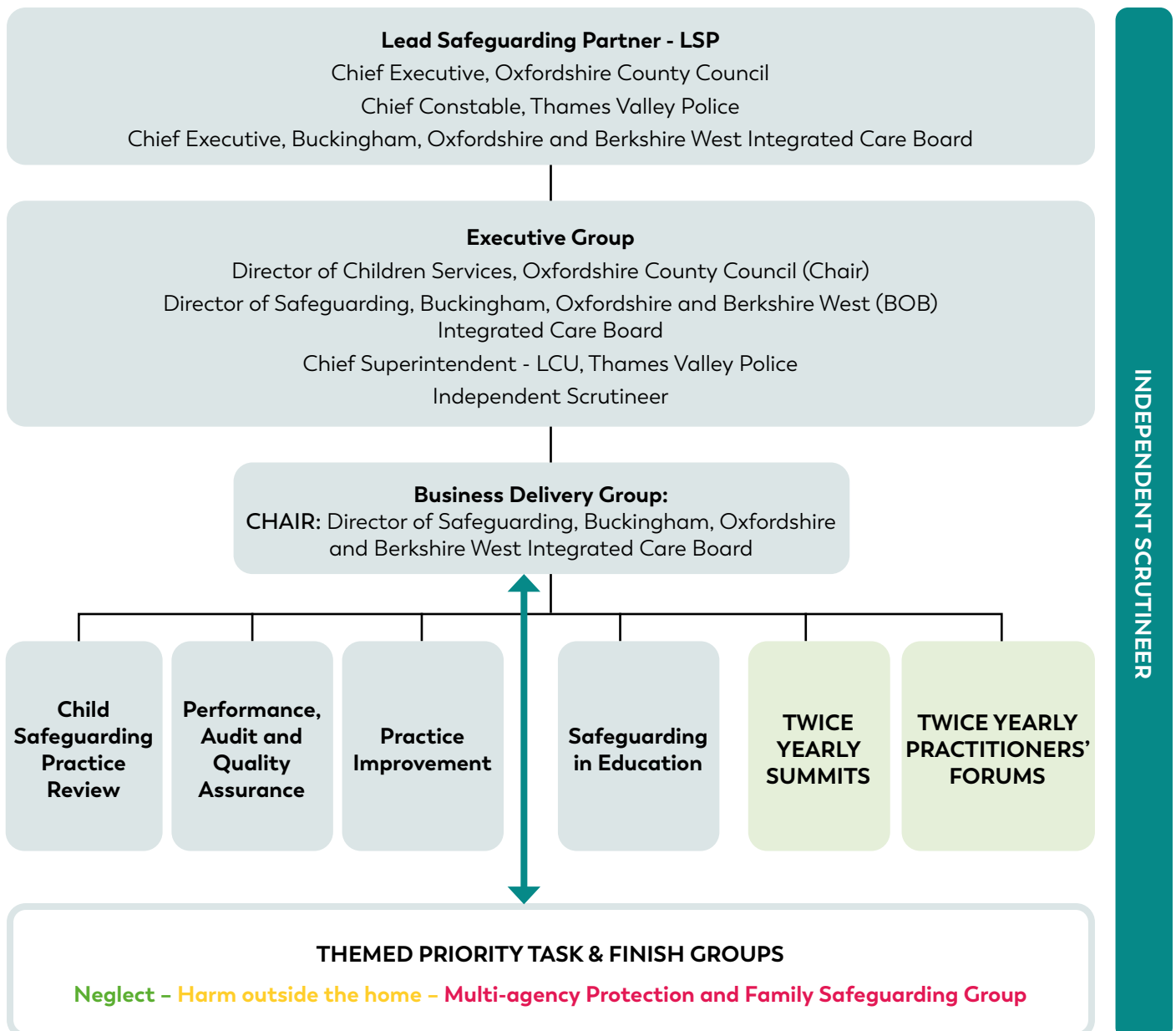
The significant changes made ahead of publishing new safeguarding arrangements governing Oxfordshire's borders includes:

- Naming Lead Safeguarding Partners (LSPs).
- Naming Delegate Safeguarding Partners (DSPs) with a scheme of delegation setting out the responsibilities for delivering multi-agency safeguarding functions and processes.
- Appointing an Independent Scrutineer to have full oversight of the arrangements to review and reform the MASA in response to the Working Together 2023 requirements.
- Rebranding from the Oxfordshire Safeguarding Children Board (OSCB) to the Oxfordshire Safeguarding Children Partnership (OSCP).
- Restructuring the position and direction of groups retained from the former OSCB deemed necessary to support the delivery of the MASA across the county.
- The Oxfordshire Safeguarding Children Partnership published the MASA for the local area on 11th December 2024, establishing the framework endorsed and committed to by the LSPs.

OSCP Executive

The structure diagram below was agreed upon and came into effect from 1st January 2025 following the publication of the new arrangement document in December 2024.

OSCP Structure: 1st January 2025



OSCP Priority areas – What has been achieved this year?

The priority groups below is the work completed in the previous arrangements of the board.

Child Exploitation

The Child Exploitation (CE) Sub Group has been actively working on several key areas to enhance the safety and well-being of children in Oxfordshire. Below is a summary of the significant initiatives and observations discussed during this reporting year.

Multi-Agency Exploitation Procedures

Work is ongoing through the Business Unit to update the multi-agency exploitation procedures available to practitioners in Oxfordshire. This update will include local guidance relating to various forms of child exploitation, such as:

- Child Sexual Exploitation
- Children from Abroad, including Victims of Modern Slavery
- Child Criminal Exploitation
- Gang Activity, Youth Violence, and Criminal Exploitation

Harm Outside the Home

The group is reviewing Oxfordshire's response to child exploitation and harm outside the home by examining national good practices. Children Services are developing a new process for addressing harm outside the home. The existing Multi-Agency Risk Assessment and Management Process (MARAMP) is also being reviewed for potential improvements. Partners, including Community Safety Partnerships (CSP), Health, Police, and schools, will be consulted for their involvement in these processes.

School Attendance and Criminal Exploitation

Observations from the Missing and Exploitation panel have identified a clear link between school attendance and children at risk of criminal exploitation. The Institute of Public Policy estimated that 63% of the prison population had been excluded during their time at school. The group is mapping schools where children have been excluded or are on reduced timetables with data around child exploitation to identify areas of concern and where to deploy resources.

National Referral Mechanism (NRM) Pilot and Modern Slavery

The NRM pilot has identified several children from Africa, coming via Libya into the UK, who report being victims of modern slavery in Libya. The exploitation includes drug trafficking, domestic servitude, and slavery. Further work will be undertaken with this group to address their needs and provide support.

These initiatives reflect the CE Sub Group's commitment to safeguarding children and addressing the complex issues surrounding child exploitation in Oxfordshire. The collaborative efforts of various partners and stakeholders are crucial in ensuring the effectiveness of these strategies.

OSCP Priority areas – What has been achieved this year?

Neglect

Neglect Subgroup Key Areas

The Neglect Subgroup has continued to be well-attended by all agencies, with regular submissions of service and agency action plans and progress reports. Recognising the importance of regular sessions for leaders in neglect to exchange information and support partnership activities, the subgroup will remain active for another year into 2025 to consolidate the aims of the strategy.

Graded Care Profile 2 (GCP2) Health Visitor Training and Joint Working with Children Social Care

The subgroup has been working on GCP2 health visitor training and joint working with Children's Social Care (CSC). Additionally, a reviewed tool for screening, which mirrors GCP2, will replace the THRIVE tool, as it was not being utilised by the partnership and was considered too lengthy. The new tool is expected to be endorsed in 2025.

Impact and Outcomes

The subgroup has seen several positive impacts and outcomes:

The number of Strength and Needs Assessments (S&NA) for neglect in 0-5 year olds has continued to improve, increasing from 42 per quarter in 2022/23 to 74 in 2023/24.

- A higher proportion of children starting a Child in Need plan for neglect have previously had an S&NA completed, with about half in Q3 and Q4.
- The number of children starting a Child Protection (CP) plan for neglect is decreasing, both as a raw number and as a percentage of all new CP plans.

These initiatives and outcomes reflect the Neglect Subgroup's commitment to improving practice and supporting children affected by neglect through collaborative efforts and strategic planning

Safeguarding in Education (SiE)

At the July 2024 meeting, the Safeguarding in Education group received several important updates and information on various initiatives and progress. Here is a summary of the key areas discussed:

Operation Encompass

Thames Valley Police (TVP) shared an update regarding concerns previously raised about information sharing through [Operation Encompass](#). This initiative is designed to mitigate the long-term effects of domestic abuse by enabling early intervention and support. When police attend incidents involving domestic violence or abuse where children are present—either directly or indirectly—they notify the designated safeguarding lead at the child's school before the start of the next school day. This ensures the child receives timely and appropriate support. In addition, school staff are offered training to help them recognise and support children affected by domestic abuse. Operation Encompass is active across all police forces in the UK and is available to every school. Where capacity allows, it also extends to registered nurseries, pre-schools, and childminders.

Alternative Provision (AP)

An update was provided on the numbers of children attending alternative provision and the emerging needs and opportunities for targeted support. The largest group of children accessing AP are those requiring behaviour support. The number of approved AP providers is increasing, and there is a focus on supporting further school-based AP. An AP strategy has been developed, and SiE will continue to champion and support the implementation.

Impact and Outcomes

- Operation Encompass: the group is assured that robust and effective plans are in place to address the identified issues with Operation Encompass and will continue to monitor progress against the implementation of these improvements.
- Alternative Provision: the group is assured that there is greater clarity on the numbers of children accessing AP and will continue to monitor the implementation of the AP strategy.

These updates reflect the ongoing efforts and commitment of the group to improve safeguarding practices and support the well-being of children in education.

OSCP Priority areas – What has been achieved this year?

Implementing the MASA

The Oxfordshire Safeguarding Children Partnership (OSCP) has an active implementation plan detailing the activities to be undertaken following the publication of the Multi-Agency Safeguarding Arrangements (MASA) and during the transitional stages. This plan includes clarifying and refining the agreed structures and groups to deliver the strategic direction, vision, and culture of the local safeguarding arrangements, as well as the strategic priorities required to deliver effective MASA.

The implementation plan provides a brief account of the progress made to date, showing attention in all areas within scope, albeit with some variation in the pace of change. Key details include:

Review of Subgroups: Chairs and groups have reviewed the direction outlined in the MASA, prompting a reconsideration of roles and expectations. They have agreed on Terms of Reference (TORs) and developed workplans to translate these TORs into a structured plan. This plan will guide their efforts and measure success, ensuring everything stays on track. Additionally, the structure and functions of the groups will inform each other's work, leading to increased collaboration and triangulation of key elements. For example, learnings from Child Safeguarding Practice Reviews will impact training, procedures, and auditing work for the partnership.

Review of Strategic Priority Groups: The OSCP has mainly retained the same priorities (Neglect and Child Exploitation) from the former arrangements of OSCB, these were framed across the whole system of help, support, and multi-agency protection. The third strategic priority is the introduction of a whole systems approach to family safeguarding.

1. CHILD NEGLECT

- Enabling partners to work together to act early to protect those at risk of abuse or neglect
- Exploring the right help is given to children at the right time along specific themes (i.e. Neglect, Domestic Abuse, Children with Disabilities.)

2. CHILD EXPLOITATION & CONTEXTUAL SAFEGUARDING

- Ensuring Targeted multi agency support, intervention and effective multi-agency practice to protect those at risk of harm outside the home, and exploitation, in all its forms
- Improving our Contextual Safeguarding approach to Exploitation.

3. MULTI-AGENCY PROTECTION:

- Understanding the partnership approach to risks across processes
- Examining the application and impact of the threshold to support, including the reviewing of multi-agency meetings

Summit and Practitioners Events: The formation of these events is currently being put into place. The Business Delivery Group (BDG) and the Practice Improvement subgroup are in the early stages of considering their roles, expectations, TORs, and work activities. The arrangements for these events will be reflected in their planning.

Strategic Safeguarding Boards Protocol: One of the key activity from the 2024 review of the safeguarding board arrangements was a strengthened focus and clearer understanding of the safeguarding activities being carried out across various boards and partnerships. These bodies share responsibilities and accountabilities for safeguarding within the county. As a result, the recommendation to establish Oxfordshire's Joint Statutory, Strategic Partnership & Boards was implemented. Group members have been identified, and the first meeting—initiated by the OSCP Business Manager—was held on 10 March 2025. The intention is for the chairing of strategic partnership groups to rotate, with a highlight report from each meeting shared with the Business Unit (for onward sharing at the Business Delivery Group), following the agreed meeting frequency.

Business Unit: The necessity and dependency on strong business support to coordinate all requirements to demonstrate effective safeguarding arrangements is a priority for the business unit. Work is currently underway to align the OSCP business team to the new arrangements, aiming to have the right positions to better coordinate and assist the partnership in evidencing effective safeguarding arrangements.

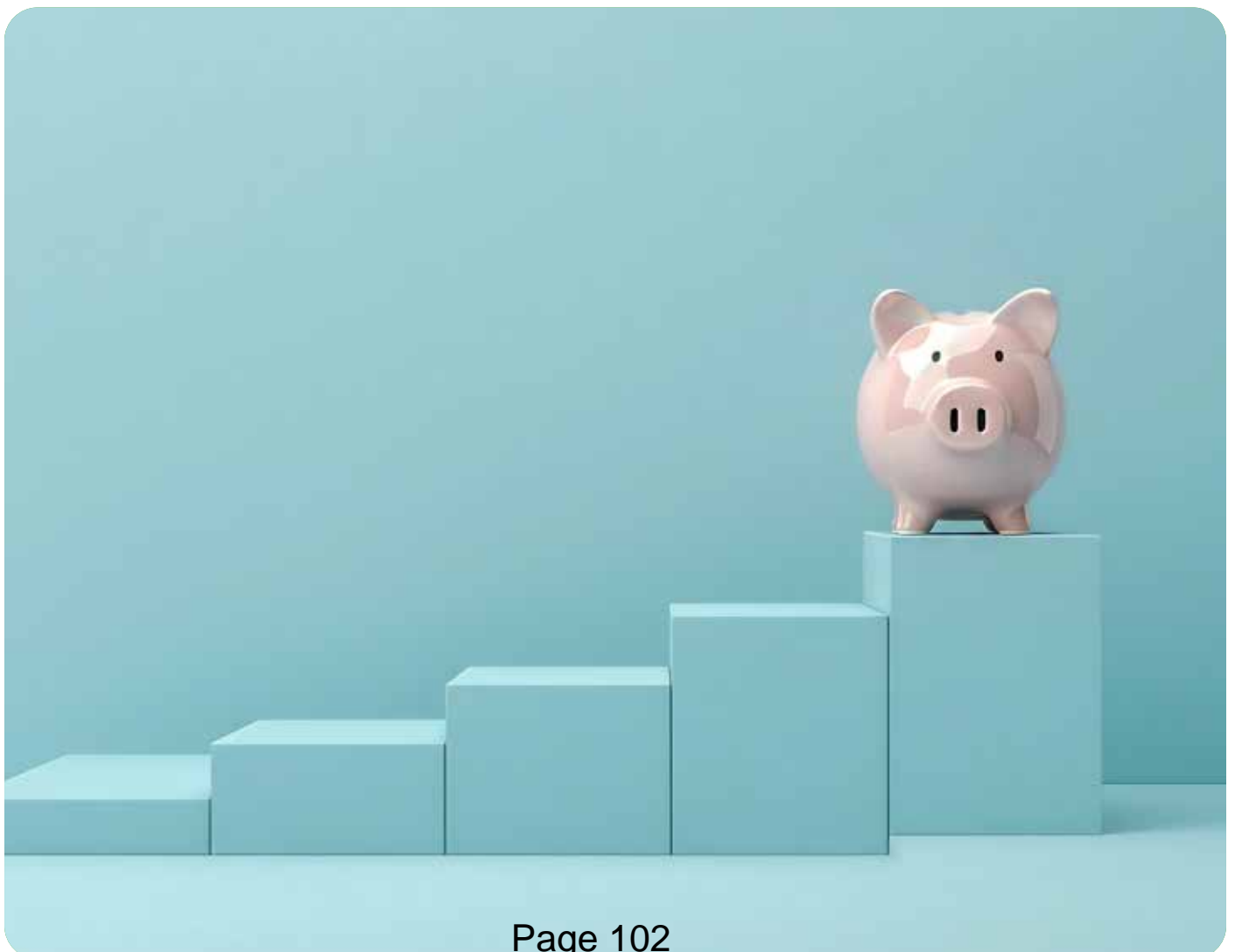


Funding arrangements

The Working Together 2023 guidance states that the Local Safeguarding Children Partnership (LSCP) should agree on the level of funding required to deliver multi-agency safeguarding arrangements. This includes consideration of business and analytical support, independent scrutiny, infrastructure, and core functions such as local children safeguarding practice reviews, multi-agency training, and learning events. It is the responsibility of the Lead Safeguarding Partners (LSPs) to ensure that adequate funding is allocated and spent in line with agreed priorities.

Funding contributions from the statutory safeguarding partners should be equitable and agreed upon by the LSPs. The funding for these arrangements should be reviewed on an ongoing basis to ensure that they can meet the financial needs of the arrangements. The funding partners have continued their commitment to supporting the multi-agency safeguarding arrangements.

Most of the budget is allocated to staffing the business unit, with professional services, including the undertaking of Child Safeguarding Practice Reviews (CSPRs) which require an independent commissioned author, being the next largest area of expenditure. This year has seen an underspend, primarily due to vacancies in staffing within the business unit. The underspend will be allocated to a reserve budget, which the partnership will utilise in the coming year to address identified gaps in response to learning from reviews, OSCP priorities, and the findings of any relevant inspections.



What do we know – Data

Performance, Audit, and Quality Assurance (PAQA) Subgroup

The Performance, Audit, and Quality Assurance (PAQA) subgroup is responsible for monitoring, overseeing, and scrutinising data. For the coming year, the audit plan will be responsive to data analysis, with a workplan that includes broader data analysis from across the partnership. The local authority performance team has been providing a rich source of data for this subgroup to consider and analyse. This openness reflects the local authority's commitment to identifying challenges and seeking opportunities. Plans are in place to review the data dashboard in line with the OSCP priorities and to include data from wider partners. Data has always come from health and police but has always been collated by the local authority.

Child Protection Systems

Child protection data is routinely examined by children's services, with findings shared and analysed as required across the partnership via subgroups. As of April 2024, the number of children subject to a child protection plan is 17% below that of our statistical neighbours and is decreasing—6% lower than this time last year and 30% lower than two years ago (196 fewer children). This reduction aligns with the reinvigoration of the Family Safeguarding Approach. Fewer children are starting a plan, 17% less than our statistical neighbours, and children are on a plan for slightly less time than elsewhere. At the end of December 2024, 19% of children had been on a plan for more than a year compared with 20% elsewhere. The timeliness of Initial Child Protection Conferences (ICPCs) is in line with similar authorities, and in the last two months, all ICPCs were on time. All children who were on a plan at the end of the quarter had been reviewed on time.

A July 2024 analysis of children on a child protection plan shows that children from a mixed ethnic background are over-represented compared to the current reception to Year 11 school population (10.3% compared to 7.5%). Children from an Asian background are under-represented (7.0% compared to 12.1%), while children from a black ethnic background on a child protection plan are slightly above the school population (10.2% compared to 9.2%).

Children We Care For

167 children became children we care for between April and December 2024. 28 of the 167 are unaccompanied asylum-seeking children (UASC) (17%). At the end of January 2025 785 children (including 87 UASC) were cared for. Consistent with authorities across England, Oxfordshire is seeing growth in the child-in-care population. The proportion of our care leavers in education, employment, and training is in the top quartile nationally, with 95.6% of 16–17-year-olds in education, employment, or training. The rates of permanent exclusion and suspension are significantly lower than national averages and compared to statistical neighbours. The Partnership also has plans to bring children who are placed outside of Oxfordshire closer to home in the forth coming year.

What do we know – Data

Support for Children and Families

Early Help in Oxfordshire: The refreshed Early Help & Prevention strategy is dedication to championing positive outcomes and well-being for children across the partnership to address unmet needs at the earliest stage. We aim to see the impact of this strategy with evidence of an increase in Strength & Needs forms as a result of this shared endeavour.

Multi Agency Safeguarding Hub (MASH) contacts have steadily increased year on year. To address this, efforts are underway to encourage partner agencies to enhance their quality assurance processes for referrals before they are submitted to MASH, thereby reducing referrals where thresholds are not met and other avenues of support are available. It is also recognised that many referrers include MASH as part of their pathways and may feel unable to provide support themselves or are not commissioned to offer specific support. One of the priorities for the upcoming year will be revising the threshold of need document. This revision aims to align the partnership's efforts in supporting and identifying children and their families more effectively and based on identified needs achieving a timely response. In 2023/24 **29,770** contacts were received, (82 per day). This led to **5203 referrals** (331 per 10,000 children). 21% of our referrals were families that had been re-referred within 12 months. In the six months to March 2025 this has reduced to 15%.

In 2023/24, MASH completed 95% of red enquiries and 66% of non-red enquiries within the required timescales, against targets of 90% and 75% respectively. To improve performance, revised duty and allocation arrangements were introduced, supported by a new Operating Protocol. As a result, between July 2024 and January 2025, 97% of red enquiries and 73% of non-red enquiries were completed within timescales.

The MASH Steering Group and operational group has been working hard to collectively monitor and review multi-agency activities.

We have conducted multi-agency audits to enhance the understanding of MASH thresholds and outcomes across the partnership. The key themes identified include:

- Checks and Decisions: Additional checks are necessary to support evidence-based decision-making.
- Police Checks: Revisiting police checks to improve decision-making when new intelligence arises between enquiries.
- Referral Quality: Emphasising the importance of communicating with referrers to improve the quality and accuracy of referrals.
- Timeliness: Making timely decisions can lead to better outcomes, while delays may risk reducing engagement or exacerbating concerns.
- Partner Agencies: to ensure the quality of referrals

These efforts are aimed at ensuring a more effective and cohesive approach to safeguarding within our community.

*red enquiry - information indicates child has suffered or at risk of suffering significant harm and immediate action may be required to safeguard the child; to be completed within 24 hours of receipt of contact.

Children's Health

We continue to see a reduction in A&E attendances for self-harm among Oxfordshire children, with a 9% reduction in the last 12 months (57 fewer children aged 10-19) attending A&E for self-harm and a 24% reduction in hospital admissions (32 fewer children aged 15-19). However, we are seeing an increase in both A&E attendances and hospital admissions for drug-related issues.

Safe at School

119,713 pupils attending 362 schools in June 2024. 84.3% attending state funded school (primary, secondary, special). 15.3% attend independent schools – more than double the national average (6.5%).

The provisional absence rates for terms 1-2 were 6.4%, in line with the national rate of 6.2% and an improvement on the same time last year (6.9%). A total of 1,915 pupils (2.3%) were severely absent, missing 50% of their school sessions, and 13,852 pupils (17.0%) were persistently absent, missing 10% of their sessions. This figure improved from 19% for the corresponding terms last year.



Findings from Child Safeguarding Practice Reviews

Serious Incident Notifications and Reviews

During this reporting year, two serious incident notifications were submitted to the National Panel, resulting in Rapid Reviews. One of these reviews did not lead to a Child Safeguarding Practice Review (CSPR) and this was agreed with National Panel on the basis that all key learning had been identified as part of the Rapid Review process.

At present, one CSPR remains active, with the Partnership currently finalising arrangements with the national panel. Eight key recommendations, along with priority areas for partnership-wide reflection and learning, are actively being advanced across the partnership.

Learning summaries have been produced to ensure key findings and lessons arising from the rapid reviews conducted by the partnership. These summaries are available on the OSCP website to facilitate the dissemination of learning and ensure accessibility for all partners.

Common Themes with National Reviews

- Children with complex mental health/emotional needs
- Limited access to universal mental and physical support for children not in school (electively home educated)
- Assessing risks and providing support for the whole family
- Recognising and responding to the vulnerabilities of babies and adolescents
- Understanding the roles of fathers/male carers and extended family members
- Best practices identified and implemented

Key Actions from the Partnership

Throughout the year, safeguarding partners have demonstrated a commitment to improving multi-agency arrangements and safeguarding practices. One of the most frequently reported actions is the implementation of recommendations from local and national child safeguarding practice reviews. Safeguarding partners respond to review findings by:

- **Updating Policies, Procedures, and Guidance Documents:** The procedures subgroup met six times between April 1st, 2024, and March 31st, 2025. The group reviewed and approved twenty-one updates to TRIX chapters, including updates to procedures linked to key themes from reviews and priority areas such as online safety, information sharing, assessments, and child criminal exploitation, including Domestic Abuse. You can register for updates [[here](#)].
- **Collaborative Policy Development:** The group worked with the Adults Board to develop a joint Transitional Safeguarding Policy for Oxfordshire. In response to learning from reviews, members of the group developed Pre-Birth Guidance to improve practice in relation to pre-birth assessments, revised Bruising Guidance for Mobile Children, and updated the Resolving Professional Concerns and Disagreement Policy.
- **Improving Accessibility of Procedures and Guidance:** Following feedback regarding the accessibility of procedures, protocols, and local guidance, and a change to the TRIX manual template, the business unit developed a new Safeguarding Procedures, Guidance, and Resources webpage. The new page includes a link to the TRIX manual and an A-Z of all local guidance and protocols previously held in the TRIX resource library and across other webpages.

Multi-agency Training and Annual Conference

Organisations must ensure that all staff and volunteers receive appropriate safeguarding training. Agencies in Oxfordshire are expected to meet the standards set out in the Local Safeguarding Children Partnership Safeguarding Introductory Training, Minimum Content Requirements. The Lead Safeguarding Partners are responsible for providing multi-agency safeguarding professional development and training through a blended approach, including online self-directed learning, taught online sessions, and other opportunities available via the OSCP webpage.

The Business Unit supports the Practice Improvement subgroup to develop and promote safeguarding learning opportunities, particularly in areas of joint responsibility like domestic abuse. The OSCP 'Practice Improvement Framework' uses an outcomes-based accountability methodology to measure:

- **How much did we do?**
- **How well did we do it?**
- **What difference did it make to outcomes for children and young people?**

Training Delivery and Impact

Courses are delivered by volunteer trainers from the OSCP 'Training Pool,' consisting of over 80 practitioners in Oxfordshire. In the past year, the following courses were offered and attended:

| Course Type | Number of Courses | Offered Places | Attended |
|-----------------|-------------------|----------------|-------------|
| Core courses | 103 | 2700 | 2481 |
| EY core courses | 51 | 1260 | 1103 |
| Themed courses | 123 | 3121 | 1844 |
| Total | 277 | 7081 | 5428 |
| Conference | 1 | 152 | 117 |
| eLearning | - | - | 11,586 |

Impact on Practice

Participants reported increased confidence in incorporating safeguarding knowledge into their practice. For instance, the Child Exploitation course showed a learning gain from 3.87 to 4.57.

This comprehensive approach ensures that safeguarding training is effective, impactful, and continuously improving to meet the needs of children and young people.

Multi-agency Training and Annual Conference

Post course Feedback:

“ ‘TVP COMMUNITY PARTNERSHIP INTELLIGENCE - brilliant initiative for contextual safeguarding!’ ”

“ ‘... this has been very helpful, and my toolbox has expanded’ ”

“ ‘Genograms are a useful tool I hadn’t come across before’ ”

“ ‘I want to look at rolling out area experts as we grow our student and staff body, and start training people up early to own their areas’ ”

“ ‘Safeguarding on agenda needs to be more robust - not just pupil updates but bringing information to the meeting about latest updates, quizzes, on the spot questioning etc.’ ”

Figure 5.

The figure below provides a breakdown of agencies across the partnership attending multi-agency training.

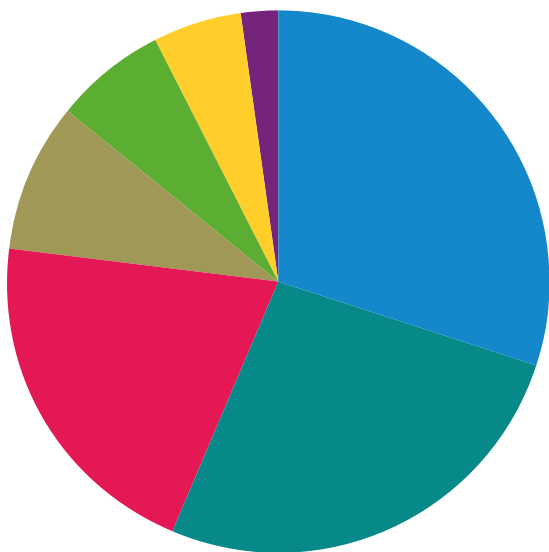
Overall multi-agency training across the year has evaluated positively as outlined in Figure four, increasing knowledge and confidence, which is consistent with previous years. In the coming year the Practice Improvement subgroup will consider how the impact on practice and outcomes of multiagency learning and development opportunities, which includes training, can be further evidenced.

| Category | Count |
|---------------------------------------|------------|
| Police | 32 |
| District Councils | 133 |
| Childminders | 227 |
| Nurseries | 1041 |
| Early Years Other | 99 |
| Foster Carers | 21 |
| Children Social Care | 381 |
| GPs | 42 |
| Health | 194 |
| Oxfordshire County Council Other | 192 |
| Private, Community + Voluntary Sector | 430 |
| Housing | 48 |
| Adult Social Care | 42 |
| Schools | 2065 |
| Page 108 | 598 |

OSCB Annual Conference 2024

The OSCB Annual Conference took place on Wednesday, 10th July 2024, at Unipart, focusing on Child Sexual Abuse (CSA). The event was highly anticipated and fully booked within two weeks of going live on the OSCB booking system. A total of 136 delegates and 7 speakers attended in person, with an additional 2 speakers presenting online. Members of the training pool and some board members assisted with facilitating tables and helping the OSCB business unit with setup and sign-in on the day.

Delegate Attendance and Sector Representation



| Sector | Delegate Numbers |
|--------------------------------|------------------|
| Education | 41 |
| Children's Social Care | 36 |
| Health | 28 |
| Voluntary and Community Sector | 12 |
| Other | 9 |
| Thames Valley Police | 7 |
| District Councils | 3 |
| Housing | 0 |

Keynote and Speaker Highlights

The conference featured a mix of local and national speakers, with a keynote presentation by Jane Wiffin from the Centre of Expertise on Child Sexual Abuse. Additionally, survivors May Baxter-Thornton, and Elysia and Katie from the REIGN Collective C.I.C., shared their personal experiences of working with professionals to help improve practices when working with CSA survivors.

Delegate Feedback and Evaluation

Out of those who attended, 109 delegates completed an evaluation form. The majority rated the conference as excellent or good. Delegates were asked to rate their understanding of CSA at the start of the day and again in the post-event evaluation:

| Rating | Pre-event | Post-event |
|------------|-----------|------------|
| Excellent | 14 | 61 |
| Good | 63 | 46 |
| Adequate | 31 | 1 |
| Inadequate | 1 | 0 |

The OSCB Annual Conference 2024 was a resounding success, providing valuable insights and learning opportunities for all attendees.

The feedback from the day was overwhelmingly positive:

“First time attending OSCB conference, learnt a lot. The survivors were fantastic, so powerful.”

“Excellent speakers, a good balance of experience, guidance and impact.”

Voice of Children, Families, and Communities

In Oxfordshire, one of the four key outcomes within the [Children and Young People's Plan](#) is to ensure that the views of a diverse range of children and young people shape the strategic plans of the council and its partnerships. During its review of arrangements this year, the partnership has committed to strengthen the voice of children and families. Our ambition is to develop a comprehensive voice and influence strategy that empowers children to participate actively, feel empowered, and engage meaningfully to achieve better outcomes and resilience.

The strategy aims to operate at individual, family, service, and strategic levels, helping to identify the best ways to support and engage children and young people at all levels. The partnership is committed to embedding the voice and influence of children and young people within the culture, discussions, decisions, and actions of the council. Hearing and responding to their voices are paramount to the work of the safeguarding partnership in Oxfordshire.

The Oxfordshire Safeguarding Children Partnership (OSCP) is dedicated to fostering a culture where the voices of young people are heard and responded to across all its work. The Partnership recognises that more work is needed to hear the voices of children and young people who have experienced the safeguarding system through Early Help, Child in Need, and Child Protection. The Executive group has agreed to fund some recourse within the business unit to advance these efforts. Additionally, there is acknowledgment of the significant work being done within the third sector and educational establishments, which is valuable insights from these efforts are being increasingly recognised and integrated.



Priorities for 2025-2026

In conclusion as you have read the Oxfordshire Safeguarding Children Partnership (OSCP) has undergone a year of meaningful transition and development. The formal publication of revised multi-agency safeguarding arrangements (MASA) in December 2024 marks a significant step forward in our commitment to strengthening how we safeguard children, support families, and work together as a partnership. While navigating structural and capacity shifts with resilience, the partnership has demonstrated resilience, cohesion, and purpose. However, this report also identifies several challenges that will require continued attention. These include the pace of change in subgroup alignment, the impact of rising mental health needs, gaps in education engagement, and the need to embed consistent family and child participation across all aspects of partnership activity.

Oxfordshire Safeguarding Children Partnership Strategic Plan 2024-2027

This Strategic Business Plan outlines the strategic Priorities for Oxfordshire Safeguarding Children Partnership – (OSCP) spanning the period 2024-27.

It is intentionally brief to focus on the long-term strategic priorities of the new leadership and governance structure outlined in the published MASA

The Strategic Plan sets out our shared vision and actions that will help keep children, young people and families in Oxfordshire safe and protected from abuse and neglect.

This Strategic Plan sets out our strategic priority areas of focus for 2024-2027 and will be reviewed annually

Our Responsibility

To support and enable local agencies to work together in a system where:

- Excellent practice is the norm
- Partners work collaboratively to achieve the same end goals
- Partner agencies hold one another to account effectively
- There is early identification of 'new' safeguarding issues
- Learning is promoted and embedded
- Information is shared effectively; and
- The public can feel confident that children are protected from harm

Our Core Functions

As a safeguarding children partnership, there will always be a range of business-as-usual issues and actions that we must pay particular attention to if children are to remain safe and their welfare is to be promoted. These represent on-going safeguarding activities that must be continuously coordinated and evaluated if the OSCP is to fulfil its statutory responsibilities under the Children Act 1989, the Children Act 2004, the Children and Social Work Act 2017 and statutory guidance Working Together 2023.

The OSCP will continue to give conspicuous oversight of progressive and continuing improvement activities as well as on the core business functions for multi-agency safeguarding practice.

Our Learning Journey ...

We will use information gathered through our assurance activities to:

- Celebrate and share good safeguarding practices
- Inform changes in Policy, Procedures and Practice Guidance
- Drive continuous improvement in safeguarding practice
- Promote learning from reviews work Create multi-agency training opportunities

Themed Priorities

1. CHILD NEGLECT - i.e.

- Enabling partners to work together to act early to protect those at risk of abuse or neglect
- Exploring the right help is given to children at the right time along specific themes (i.e. Neglect, Domestic Abuse, Children with Disabilities).

2. CHILD EXPLOITATION & CONTEXTUAL SAFEGUARDING i.e.

- Ensuring Targeted multi agency support, intervention and effective multi-agency practice to protect those at risk of harm outside the home, and exploitation, in all its forms
- Improving our Contextual Safeguarding approach to Exploitation.

3. MULTI-AGENCY PROTECTION: i.e.

- Understanding the partnership approach to risks across s17 & s47 processes
- Examining the application and impact of the threshold to support, including
- The reviewing of multi-agency meetings for the purposes of s17 and s47 processes.



How do we deliver:

The OSCP will continuously monitor to gain assurance of the effectiveness of the local multi-agency working to help, support and protect the welfare of children in Oxfordshire.

Evidence of the difference being made will be sought in the following ways:

- **SELF-EVALUATIONS**

Section 11 self-assessments and Section 175/157 audit - to understand how well partners understand their respective roles and responsibilities towards safeguarding children, young people, and families

- **MULTI-AGENCY AUDITS**

Linked to OSCP functions, priorities, or areas of focus arising from local and national child safeguarding practice reviews, to assess the compliance of case files and quality of safeguarding outcomes for children, young people, and families.

- **CONVERSATION, SURVEYS and PRACTITIONERS FORUMS**

To consult with the workforce to gain knowledge to assess thoughts, opinions and insight to safeguarding practice from professionals working directly with children, young people, and families.

- **SERVICE USER ENGAGEMENT:**

Proactive approaches to engage directly with children, young people, and families to understand their experience of safeguarding practice.

- **DATA, INTELLIGENCE & ANALYSIS:**

To identify patterns and trends and measure safeguarding performance.

- **SCRUTINY ACTIVITIES:**

Forensic delve in to specific programmed areas across the safeguarding arrangements, including, leadership, compliance, practice performance, learning and improvement.

Priorities for 2025-2026

As we move into 2025/2026, OSCP is clear on its direction. The partnership will:

- Consolidate and embed the new MASA arrangements.
- Strengthen the voice of children and families within planning, scrutiny, and delivery.
- Improve our data infrastructure to inform targeted safeguarding interventions.
- Focus on high-impact issues—neglect, exploitation, and education—as ongoing priorities.
- Build a culture of learning and challenge that supports continuous improvement.

It was agreed that the priorities for 2025-26 should be:

- Child Neglect.
- Child Exploitation/Harm outside the home.
- Multi-agency protection & Family Safeguarding Approach.

These priorities will allow the partnership to continue the work established in 2024-25 and proactively respond to emerging themes and opportunities for growth. The Executive will seek assurance regarding the response of the current safeguarding system to these areas and identify opportunities to develop practice and improve the outcomes for children in Oxfordshire. The outcomes related to these priorities and the impact of any development work will be outlined in the 2025-26 annual report.

Future focus

To ensure continuous improvement in safeguarding practice and to ensure momentum is maintained, the partnership have already committed to some areas of identified work for 2025-26:

- Undertaking a revision of the S11 Self-Assessment.
- Fully embedding the new arrangements set out and agreed in December 2024.
- Development of a robust and responsive audit and review programme.
- Further develop systems to demonstrate impact and levels of assurance.
- Develop the voice and influence of children, young people, parents, carers and families, in particular those with experience of the safeguarding system.
- Embed Education as part of the Executive and strengthening their voice at strategic level.
- Further strengthen the voice of the third sector at all levels.
- Revise the Neglect Strategy and further develop the tools that support best practice.
- Revise the Harm Outside the Home/Child Exploitation Strategy for the partnership
- Embedding the twice-yearly summits and front-line practitioner forums to enhance the linkage with and voice of front-line staff.
- Undertake a training needs analysis for the partnership to ensure it is aligned with the Priorities of the partnership.
- Continue to develop the Strategic partnership protocol to all relevant Boards and Partnerships.
- Establish a chairs and deputy chairs meeting to ensure joint working across subgroups.





OSCP

Oxfordshire
Safeguarding
Children Partnership

oscp@oxfordshire.gov.uk

www.oscp.org.uk

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Healthwatch Oxfordshire Report to Health and Wellbeing Board – December 2025

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Since the last Health and Wellbeing Board (HWBB) meeting in September:

Healthwatch Oxfordshire Board

We held a **public open forum** meeting with Healthwatch Oxfordshire Board and team for members of the public to attend to hear about our activity and ask questions – online on 19 November.

Healthwatch Oxfordshire reports to external bodies

Since the last Health and Wellbeing Board (HWBB) September meeting we attended:

- Health Improvement Board (lay ambassador)
- HWBB workshop on Neighbourhood Health
- Oxfordshire Joint Health Overview Scrutiny Board (Nov 2025)
- Oxfordshire Safeguarding Adults Board and Oxfordshire Children's Trust Board.

Any reports to external bodies we attend can be found online at: <https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/>. We attend Oxfordshire Place Based Partnership monthly (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board – BOB ICB) among additional BOB ICB committees, including the Quality Committee.

We have been engaged in workshops by health and care system to scope and develop towards **Neighbourhood Health**, including at HWBB, BOB ICB level, and Oxfordshire, and Oxfordshire Marmot Place meetings.

Hearing from residents - Healthwatch Oxfordshire research and insight reports

Our research reports focus on making sure the voice of people who use services is directly linked to recommendation of improvement or change. Hearing from people on the topics is carried out using a variety of methods, including online, face to face, and targeted work, linking to community groups, and on the streets. All our reports and written responses to our

recommendations from commissioners and providers can be seen here: <https://healthwatchoxfordshire.co.uk/reports> All reports are available in summary and Easy Read.

- Current survey to hear from the public about **End of life care** here: <https://healthwatchoxfordshire.co.uk/have-your-say/complete-a-survey/> Planning in close liaison with Oxfordshire Palliative Care Network.
- We will be reaching out to the public and other stakeholders shortly to feed into our planning priorities and to help inform our areas of focus for the coming year 2026-7

Since September, we have published the following **reports**:

- **Trans and Non Binary people's experiences of GPs** (hearing from 45 people)
- **Digital care and the NHS App** (hearing from 823 people)

See report summaries below.

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

Trans and non-binary people's experiences of GP services in Oxfordshire

Trans, non-binary and gender diverse (trans+) people are more likely to experience poor physical and mental health, and to face barriers in getting the health and care they need.

As part of a national study, Healthwatch England commissioned Healthwatch Oxfordshire to listen to local trans+ people in the county about their experiences of using GP services. We heard from 45 trans+ people via an online survey, in-person outreach and in-depth phone conversations.

What did we hear?

We heard that there are examples of good practice across Oxfordshire, where trans+ people are treated with respect and dignity, and able to access the care they need – but that this is inconsistent.

Some of the trans+ people we spoke to do not feel confident using their GP practice. People told us about barriers and challenges including:

- Long waits for NHS Gender Dysphoria Clinics (GDCs) and a lack of support while waiting
- A 'postcode lottery' of access to gender-affirming hormone therapy
- GPs not having the understanding of, or confidence in, trans healthcare to provide the support people need
- A lack of clarity and transparency in terms of what trans+ people can expect from GP practices and how to access care and support
- Not being respected, or being misgendered, by practice staff
- Problems with changing personal details (such as name, title and gender marker), including people losing their previous NHS records, being misgendered at the practice or in communications, and losing access to preventative screening.

"My GP seems okay with my identity but was not comfortable with continuing my testosterone prescription without specialist involvement even though I have been discharged by the NHS GDC back into the care of the GP."

"GP did not feel qualified to do anything and relied on me to get informed."

"My GP changed my gender marker without my consent or asking me if that was what I wanted at the time. I hadn't started transitioning medically and I would have preferred to wait as I was going through health issues and this just made things more difficult to explain to NHS specialists outside of transition related care."

We heard about the positive difference it makes when:

- GP practice staff are compassionate, respectful and willing to learn
- GPs support people to access and navigate gender-affirming care, for example through referrals, bridging prescriptions, shared care or blood tests
- Administrative changes are made quickly and effectively.

"My GP is empathetic and has been proactive in learning about things that are less familiar and chasing up possible avenues for me to receive some specific procedures."

"We appreciate all the hard work to be inclusive, accepting, patient and understanding. Every doctor has checked my name and pronouns."

What happens next?

We have sent our report to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, which commissions GP services in Oxfordshire. They have committed to commissioning training for GP practice staff on understanding and competency in trans healthcare, providing guidance for GPs on prescribing gender-affirming hormone therapy, and setting up an LGBT+ page on their engagement platform, Your Voices.

Talk to us!

You can share feedback about your GP practice and other health and care services at:

- healthwatchoxfordshire.co.uk/services
- hello@healthwatchoxfordshire.co.uk
- **01865 520520**

Local support

Here are details of some local support organisations:

- Local events and organisations for trans+ people in Oxford oxfordtransrights.org/trans-in-oxford
- Abingdon Queer Action [@abingdonqueeraction](https://www.instagram.com/abingdonqueeraction) on Instagram and [@abingdonqueer](https://www.facebook.com/abingdonqueer) on Facebook
- Topaz – social group for LGBT+ young people www.topazoxford.org.uk
- Silver Pride – Age UK events for older LGBTQ+ people in Didcot and Banbury. Contact community@ageukoxfordshire.org.uk or **01235 849434**
- My Life My Choice LGBT self-advocacy group – for LGBT people with a learning disability mylifemychoice.org.uk/lgbt-group

Thanks to everyone who shared their views with us!

You can read our full report by scanning the QR or at healthwatchoxfordshire.co.uk/report/trans-experiences



Digital health care and the NHS App – voices from Oxfordshire

What did we do?

NHS England is undergoing major reform, including the expansion of digital health tools and services such as the NHS App. Although there is evidence of the benefits of using digital technology for health care, many people still face barriers using it.

We ran two surveys (one online and one face-to-face) to capture the views and experiences of people from a variety of backgrounds across Oxfordshire. In total we heard from 823 people.

What did we hear?

- Almost everyone said that they had heard of the NHS App, and most people had used it at least once.
- The commonest reasons for using the App were to:
 - Order repeat prescriptions (76%)
 - View personal health records and GP notes (70%)
 - Book and manage health appointments (43%)
- 58% of people agreed that the NHS App helps them manage their health and care.
- People value the ease of use, convenience, efficiency and access to information on the App.

"Seeing detailed test results gives me the full information that the GP is able to see."

"All the information and services that I need are at hand 24/7. Paperless prescriptions is great and I'm able to check when they are ready."

"I'm on lots of medication and ordering repeats is very easy for me."

Those who told us they had poor access to technology (signal, cost or equipment) or low confidence or skills in using digital methods, and those wanting to maintain choice around use of digital health care, found it difficult to use the NHS App or chose not to use it.

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Registered charity no. 1172554

- A quarter of the people we reached face-to-face across the county told us they had not used the NHS App.
- There is geographical variation – not all GP practices offer access to the full range of digital services on the App.
- Many people said they felt that digital technology is too impersonal and overlooks the essential 'human contact' aspect of health care.
- Some people feel 'forced' into using the App and are worried that digitalisation might affect their access and choice in health care.

"I would rather not have my health managed by an app. I would prefer to see a GP."

"I feel people who cannot use digital tools will be excluded from the health system in the future. I do not know how to use a computer and don't know how apps work."

What do we think should be improved?

Based on what you told us, we have made a series of recommendations for improvements, around:

- Increasing tailored support and accessibility for patients to use the NHS App
- Clarity about choice and data safety
- Involving patients in testing future NHS app development
- Addressing barriers in Oxfordshire, including rural digital access and cost



You can read our recommendations in full in our report – see the link below.

What happens next?

We have sent our report and recommendations to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and other health leaders in Oxfordshire.

We will continue to share what you told us about using the NHS App with health and care decision-makers in Oxfordshire.

Thanks to everyone who shared their views with us!

You can read our report in full by scanning the QR code or at www.healthwatchoxfordshire.co.uk/nhs-app



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Community research:

We continue to bring our expertise in supporting **community and participatory research**, and working with communities to explore issues and voice issues of importance to them. We have been working with Sunrise Multicultural Centre, looking at barriers to cancer care, working with a member of the Chinese Community to hear from this group, and with OX4 Food Crew to hear from families in temporary accommodation.

We are leading an additional funded piece of work (funded by and in support of next steps in Oxfordshire Community Research Network) to develop a practical **‘how to’ resource for community members to take part in community research**. The development of this resource is through a series of participatory workshops (Sept-Dec) with local grassroots groups, including with Oxford Community Action, AFIUK, Transition Lighthouse, Sudanese and Nepali community among others, building on the insights and learning from community members skills and knowledge. It has relevance and potential to wider community development, resident voice and asset based capacity building approaches, including Neighbourhood Health and Marmot Place, and wider health inequalities work in Oxfordshire and BOB ICB.

Enter and View visits and reports:

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

Since the last meeting we have published the following Enter and View report:

- Well Pharmacy, Marston (Oct 2025).

Other activity summary:

- Our **Q2 Jul-Sep (2025-6)** activity summary is now available (**see below**).
- See here: <https://healthwatchoxfordshire.co.uk/impact/> with examples of how our work has had an impact.
- Recordings and slides, and joining details for our **public webinars** can be seen here <https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/> Since the last meeting we held a webinar on **Cancer care in Oxfordshire** with speakers from Maggie's and Thames Valley Cancer Alliance.
- **Our next webinar will be Tuesday January 20th 2026 1-2 p.m. on the topic of Neighbourhood Health. All welcome.**
- **We publish bi-weekly news bulletins** to bring up to date health and care information to the public (to read previous issues and to sign up to receive a copy see <https://healthwatchoxfordshire.co.uk/news-and-events/newsbriefing/>), as well as active social media platforms, website and sharing communications via local news and community networks.
- We published our response to Parliament call for evidence on reproductive health conditions in girls and young women (Sept 2025). All correspondence can be seen here: <https://healthwatchoxfordshire.co.uk/news-and-events/correspondence/>
- We carry out active listening, engagement and **ongoing outreach** to community groups, at events and on the street and other settings across the county, and gain insights into experiences and views on health and care along with via phone and our online feedback centre. We have a rolling programme of hospital visits to speak to the public. See below (Q2 summary) for some of the places we have been in July to September.
- We have been actively working with **Patient Participation Groups** (PPGs) across the county, attended PPG meetings and sending news updates, including meetings for example South Oxfordshire Patient's Association, White Horse Medical and Newbury Practice AGMs.

July to September 2025

Activity and achievements

Hearing from you

- **71** people contacted us for help or information about local health and social care services. The top three services we heard about were GP services, outpatient services and musculoskeletal (MSK) services.
- We received **134** reviews of **57** health and care services via our Feedback Centre. We received **19** responses to reviews from service providers.



Our Enter and View work

We made **3** Enter and View visits – to the Outpatients Blue Area at the John Radcliffe Hospital, the Children's Ward at the Horton General Hospital and the Breast Imaging Centre at the Churchill Hospital. We heard from **21** patients and **35** members of staff during these visits. All our Enter and View reports, which set out our recommendations, together with a response from the service provider about the changes they will make, can be read at www.healthwatchoxfordshire.co.uk/reports



Out and about

We continued our programme of general and targeted outreach visits to speak to people about their experiences of using health and social care services. We attended five Play Days across the county, the Leys Afrobeats Festival and Abingdon Health Fest, as well as visiting community centres, ladders and libraries. Between July and September we spoke to **506** people as a result of our visits. Over the summer, we focused our outreach on gathering insights into how people use the NHS App. Thank you to Charlbury Patient Participation Group (pictured top right) for joining us on a visit to the town to talk to people about this.

In September we attended the Nuffield Orthopaedic Centre as part of our regular programme of hospital visits, hearing from **45** people. We reported back what we heard to Oxford University Hospitals NHS Foundation Trust so they can use this feedback to make improvements.



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July to September 2025

Activity and achievements

NEW REPORT ON WOMEN'S HEALTH SERVICES

We published our report setting out what we'd heard from **684** women and people who use local **women's health services**. The report captures views and experiences on accessing and using women's health services, health services generally, and getting breast or cervical screening.

Impact so far:

- The report is being used to inform the development of a women's health strategy for Buckinghamshire, Oxfordshire and Berkshire West.
- Oxford University Hospitals NHS Foundation Trust has committed to reduce waiting times for specialist women's health clinics, improve patient information about screening and procedures, and training staff in cultural competency and trauma-informed care.

Read this report at www.healthwatchoxfordshire.co.uk/reports

"Healthwatch reports are a key part of our insights that inform strategy and planning. We are currently drafting our women's health strategy for this year and key aspects of this report are included in our priority setting."

Heidi Beddall, Deputy
Chief Nursing Officer at
NHS BOB ICB



COMMUNITY RESEARCH IN ACTION

We started work on a new project working with members from grassroots community groups to collaboratively develop a toolkit for community researchers in Oxfordshire. Funded by Oxfordshire Community Research Network, the resource will set out the steps to support groups to be able to carry out research themselves.

We also supported:

- OX4 Food Crew to focus on experience of families living in temporary accommodation and access to healthy food.
- A Well Together group to explore more about black women's experiences of maternity services.
- A member of the Chinese Community to undertake interviews reaching voices of this community in Oxfordshire.

We also:

- ✓ Held a webinar about the new 10 Year Health Plan for England, attended by more than **60** people.
- ✓ Received more than **800** responses to our survey asking for people's views on using the NHS App.
- ✓ Attended six Patient Participation Group meetings to help support PPGs and share good practice.



Read more about the impact of our work at www.healthwatchoxfordshire.co.uk/impact

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BOB ICB and Oxfordshire Place-base Partnership (PBP): Health and Wellbeing Board Update December 2025

BOB ICB Board Meetings Thames Valley Commissioning Intentions Winter Vaccinations Programme Oxfordshire PBP Update

1.0 BOB ICB Board Meetings

From 1 October 2025 the NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and the NHS Frimley Integrated Care Board will be meeting together under a Collaboration Agreement as a Joint Committee. NHS Thames Valley Integrated Care Board will form on 1 April 2026.

The first meeting of the Joint Committee NHS takes place Tuesday, 18 November, 2025. Details of the meeting and Board papers will be published on the [BOB ICB website](#)

2.0 Thames Valley Commissioning Intentions 2026 - 2030

The BOB and Frimley ICB cluster is developing NHS Thames Valley to better meet the needs of communities across Berkshire, Buckinghamshire, and Oxfordshire.

To make sure the new Thames Valley ICB delivers the best healthcare service possible when it is established in April 2026, we have published [our commissioning intentions](#) which describe the priorities and over the next three to five years.

For NHS Thames Valley ICB these intentions set out:

- What health services we want to focus on
- How we aim to improve care for local people
- Where we plan to invest resources to make the biggest difference

These plans are informed by a robust evidence base, including population health data, performance metrics, financial analysis, and insight from our communities. Over the past few years, we have gathered feedback from more than 3,800 survey responses and engaged over 2,000 people through 50+ focus groups and workshops, representing a wide range of ages, backgrounds, and communities.

Key themes consistently raised include:

- Access to services: Challenges remain in accessing timely care across primary, urgent, and planned services.
- Preventative health: There is strong support for shifting from reactive treatment to proactive prevention.
- Integrated services: People want services that address the wider determinants of health, including housing, transport, and social care.
- Digitally enabled care: While digital tools are valued, there is a clear call for better integration across GP, hospital, and pharmacy systems.

We are committed to ensuring that the voice of our population continues to shape our commissioning plans. Over the coming year, we will:

- Build on existing insight from our engagement activities
- Incorporate intelligence from Healthwatch, community organisations, and the voluntary sector
- Use patient experience data from service providers to inform priorities
- Actively seek new feedback to refine and co-develop future plans

In the new year we will be launching a series of opportunities for residents and stakeholders to contribute to the development of our commissioning plans. In the meantime, stakeholders, patients and the wider public can comment on these commissioning intentions via our [Your Voice in BOB engagement platform](#).

3.0 BOB Winter Vaccinations Campaign

BOB ICB continues to deliver strong vaccination performance in the 2025/26 Winter programme.

As of 22 October 2025, Covid-19 booster jab uptake in our eligible population reached 49.37 percent, placing BOB second highest in the Southeast region and ahead of both regional and national averages. Seasonal flu vaccine uptake in frontline healthcare workers also remains above national levels across multiple provider Trusts.

This reflects the dedication of our workforce and effective system-wide coordination to protect our communities this winter.

There is comprehensive information about vaccination eligibility and access on the [Staywell BOB website](#) and regular messages are posted via ICB social media channels and shared across health and care partners.

4.0 Oxfordshire Place-based Partnership (PBP)

Oxfordshire PBP has now been meeting on a monthly basis for three years. In the November meeting, members noted the valuable input and leadership from Stephen Chandler as Chair throughout this period. Stephen's retirement has provided a timely and logical opportunity for the PBP to review its' Terms of Reference and chairing arrangements.

The Health, Education and Social Care (HESC) Joint Commissioning team is working alongside partners to mobilise planning arrangements for 2026/27 and beyond. Although much government policy and NHS planning guidance outlines a move to developing multiyear plans, focus remains on managing annual budgets, performance and workforce requirements. Guidance relating to the Better Care Fund (BCF) is expected to be released in the coming weeks. Oxfordshire will be reviewing existing projects that are delivered within the BCF to determine effectiveness against the key metrics, alongside wider health and social care factors.

4.1 Children and Young People

The Oxfordshire Local Area Partnership (LAP) SEND Strategic Improvement and Assurance Board continues to meet monthly, reflections from Stever Crocker, the independent chair can be found [here](#).

Ofsted and the Care Quality Commission (CQC) recently (29th September – 1st October) conducted a monitoring visit in Oxfordshire to determine whether effective action has been taken in the five areas of priority action identified in the inspection report from September 2023. The monitoring visit concluded that the LAP has taken “effective action” to make improvements in services and support for SEND children and young people in all five areas, more detailed findings are enclosed in [this letter](#).

The monitoring visit recognised strengthened governance, improved communication and enhanced opportunities for children, young people and their families to contribute to service planning and evaluation. This outcome is welcomed by the LAP, but it is recognised that there is work we still must do. The inspectors’ report is a significant milestone, providing valuable feedback and recommendations to ensure going forward, across the partnership, we continue to drive improvements together.

4.2 Neighbourhood Health and Care

Oxfordshire’s structures and mechanisms to support the delivery of Neighbourhood Health and Care are continuing to mature. The Community and Primary Care Board has now met three times and is supporting the development of the Oxfordshire Neighbourhood Health and Care plan. NHS England and the Department of Health and Social Care are in the process of publishing several documents to confirm expectations and requirements. It is anticipated that Health and Wellbeing Boards will sign off plans by April 2026.

Several engagements events have taken place throughout Oxfordshire, these have provided an opportunity to further engage on the concept of Neighbourhood Health and Care and to take onboard a wide range of viewpoints to help shape the development of our plan. These have included:

- Health and Wellbeing Board workshop (24th October)
- Stakeholder reference group (30th October and 6th November)
- Voluntary, Community, Faith and Social Enterprise (VCFSE) focussed session (10th November)

Over one hundred people have been involved to date, feedback has been collated, and this will inform development and delivery of the plan. Further engagement events and mechanisms will take place. Oxfordshire has trusted and credible community partners and networks in place, these will be used to ensure a wide range of diverse communities have opportunities to engage and share views.

Four planning units have been established in the county (North, West, City and South), alongside a named coordinator (from existing resources committed until April 26). The planning units will be used to identify and bring together key organisations and individuals, build on any existing asset and capacity mapping that has been undertaken (e.g. community profiles) and further progress population health management approaches to risk stratify and segment populations. This approach will also support with identifying our neighbourhood and multi neighbourhood footprints.

4.3 Wantage Community Hospital

The ground floor refurbishments to the Wantage Community Hospital commenced in October following OHFT successfully securing Community Infrastructure Levy funding through the Vale of White Horse District Council. The works include creating additional clinic rooms, the installation of a joint reception and waiting room, a digital suite, improved staff wellbeing spaces, and a “Changing Places” Toilet.

The hospital's refurbishment has been split into five phases to allow for the site to remain live, and for as many clinics as possible to continue running. Where needed, services may be moved temporarily off site or to an alternative location to mitigate the impact of noise on clinics. Teams from all service providers have been engaged with on working to find the best solutions for their patients and staff. With phase one underway, the project is expected to complete in Spring 2026.

Alongside the range of existing community and mental health services operating from the site currently, several additional services are due to be provided from Wantage for the first time post-refurbishment, including Sexual Health, Respiratory, Red Cell and Children and Adolescent Mental Health services. This is very much in line with emerging guidance relating to Neighbourhood Health Centres.

The project group will continue to work closely with Wantage Town Council's Health Committee around building further on the very positive engagement with the local community to date throughout the hospital's refurbishment. This approach forms a key part of our on-going commitment to co-production.

4.4 Prevention and Health Inequalities

The [All Well Together](#) event took place on Friday 5th November. This was a celebration of the programme that has worked with Oxfordshire's ten priority wards to invest in community-led health and wellbeing projects to address health inequalities experienced by residents. The event brought together community leaders to find out more about the impact that activities have had on communities.

Active Oxfordshire, a key organisation in Oxfordshire's whole system approach to physical activity, participates in annual data collection exercises with "The Active Partnerships Network" to submit information about goals, relationships, and challenges in their work on 'integrating physical activity into health and care'. Active Oxfordshire was also selected to be part of a more detailed story collection, specifically on the strengths of systems working. Colleagues from Active Oxfordshire, BOB ICB, Public Health and District Councils contributed to articulating the journey. These have now been published in the form of a [Journey Map](#) and four detailed stories.

BOB ICB and Public Health in OCC are jointly developing an Oxfordshire Health Impact Evaluation Unit. A key ambition of this unit will be to develop a methodology to evaluate projects and services in real time. This will provide the required information and intelligence to better understand the effectiveness of each intervention in place, so that it can be changed, scaled or stopped accordingly. A shortlist of interventions to evaluate has been agreed, this will help develop the methodology and provide helpful insights for commissioner and provider organisations.

To further support the delivery of Neighbourhood Health and Care, a project has been launched to improve Oxfordshire's approach to Population Health Management. Mapping and interviews are underway to determine existing analytical capability, capacity and systems, this builds on previous exercises undertaken by colleagues in Public Health. Population Health Management training sessions have been made available to people working in health and social care across Oxfordshire. "Introduction to Population Health Management" sessions are running for the remainder of the calendar year. More in depth sessions will be delivered throughout January to March, applying methodology to Oxfordshire datasets.

Chris Wright
BOB ICB, Assistant Director of Place – Oxfordshire

Health and Wellbeing Board Forward Work Plan:

12th March 2026 Meeting:

1. All-Age Autism Strategy.
2. Combating Drugs.
3. Safer Oxfordshire Partnership.
4. Domestic Abuse New Needs Assessment.
5. Director of Public Health Annual Report.
6. Health and Wellbeing Strategy Update- building blocks 4-5.
7. Homeless Directors Reports.
8. Joint Strategic Needs Assessment.

14th May 2026 Meeting:

1. Community Research- Well Together.
2. Joint Strategic Needs Assessment.
3. Health and Wellbeing Strategy Update- Live Well.
4. Better Care Fund.

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