OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 12 March 2026 commencing at 1.00 pm and finishing at 4.05 pm

Present:

Board Members:

Councillor Liz Leffman (Chair)

Professor Sir Jonathan Montgomery (Vice-Chair)

Councillor Sean Gaul
Michelle Brennan
Councillor Kate Gregory
Ansaf Azhar
Caroline Green
District Councillor Georgina Heritage
Barbara Shaw
Karen Fuller
Lisa Lyons
City Councillor Chewe Edgar Munkonge

Officers:

Isabel Rockingham (Head of Joint Commissioning-Age Well).
Rob MacDougall (Director of Community Safety and Chief Fire Officer).
Serena Abel (Public Health Principal).
Kate Austin (Public Health Principal).
Fiona Ruck (Health Improvement Practitioner).
Tom Gubbins (Wellbeing Manager, Cherwell District Council).
Dr Jessica Allen (Deputy Director at Institute of Health Equity).
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.)

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	ACTION
171 Welcome by Chair (Agenda No. 1)	
The Chair opened the meeting and welcomed Members, officers and partner representatives attending both in person and remotely. The All-Age Autism Strategy had again been postponed until the July Health and Wellbeing Board (HWB) meeting, and this was to allow the strategy to be discussed at the Joint Health Overview Scrutiny Committee (JHOSC) prior to its formal sign off by the HWB. The Chair also explained that the Neighbourhood Health Plan item was to be held at this meeting, although this would again be for the HWB to note the ongoing work to develop the plan, as opposed to signing off a final version of the plan. Reference was also made to a motion from Council which asked the HWB to request the JHOSC to undertake scrutiny of children's and adults mental health services. There was a very brief report in the agenda which outlined this request to the HWB. It was highlighted that the understanding was that HOSC had engaged in scrutiny of children's mental health services in its November 2025 meeting, and that it would conduct a deep dive into adults mental health services in its April meeting. The JHOSC would then report its findings on children's and adults mental health services directly to Council in its annual report. The Board **NOTED** the Chair's Introduction.	
172 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Grant Macdonald, and Rob Bale was substituting for Grant. Apologies had also been received from Cllr Helen Pighills and Cllr Rob Pattenden. Apologies were received from Matthew Tait, and Chris Wright was substituting for Matthew.	

173 Declarations of Interest - see guidance note below (Agenda No. 3)	
No declarations of interest were made.	
174 Petitions and Public Address (Agenda No. 4)	
There were no requests to speak from members of the public. Cllr Jane Hanna wished to make a statement in relation to the mental health motion, and she was invited to speak at item 6 on the mental health motion as opposed to at this point.	
175 Note of Decisions/Minutes of Last Meeting (Agenda No. 5)	
The Board **APPROVED** the minutes of the meeting on 4 December 2025 as an accurate record.	
176 Update on Mental Health Motion (Agenda No. 6)	
Councillor Jane Hanna, Chair of the JHOSC, presented an update on recent scrutiny work relating to children's mental health and SEND services. Councillor Hanna explained that the Committee had undertaken an in-depth examination of SEND provision and children's mental health, prompted by sustained increases in demand and complexity across the system. She described how scrutiny had focused not only on service performance but on how partners were working together, and whether the system as a whole was structured to respond effectively to children and families. She reported that evidence presented to the JHOSC demonstrated a more unified and deliberate focus by partners on SEND children than had previously been evident. This had been particularly important given that SEND pressures were a significant driver of escalating demand across education, health and social care. The Committee had welcomed this increased alignment but remained concerned about the scale of unmet need. Councillor Hanna referred to the 2025 Ofsted inspection, which had concluded that effective action had been taken since 2023. However, she stressed that Ofsted's findings should not be interpreted as indicating that the system was "fixed". The	

Committee's view was that progress had been made in the right direction, but that the pace of improvement remained constrained by structural and systemic barriers. She outlined the key challenges identified during scrutiny. These included limitations in time and workforce capacity across all partners, the cumulative impact of organisational change, and the complexity introduced by the formation of the Thames Valley Integrated Care Board, which covered a much larger geography than Oxfordshire alone. Councillor Hanna explained that partners were subject to different national policy requirements, performance regimes and delivery timelines, which were not always aligned and made joint working more difficult. A recurring theme during scrutiny had been the lack of clarity about local flexibility at place level. Councillor Hanna explained that partners were often uncertain about where discretion existed and how far they could adapt national requirements to meet local need. The Committee had concluded that greater clarity and confidence around local decision-making was essential if improvement was to accelerate. She reported that the Cabinet Member for Children had attended the scrutiny session and had spoken candidly about the long-term sustainability challenge facing children's services. Funding pressures, reductions in preventative services, and increasing statutory demand were affecting all partners, not just the local authority. Councillor Hanna reminded the Board that the JHOSC had repeatedly highlighted, since 2023, the need for a stronger focus on securing sustainable, long-term funding for children's services rather than relying on short-term mitigation. Councillor Hanna also highlighted the prominence of children's and young people's voice during scrutiny. The Committee had discussed how feedback from children and families was often fragmented across the system and had explored ways in which those voices could be brought together more coherently. This had led to discussion about the role of Healthwatch and other local voice mechanisms, and how they could be strengthened. She concluded by emphasising that the update provided to the Board was necessarily a summary, and that a much more detailed scrutiny report would follow. She stressed that the Committee's work was intended to support system improvement rather than laying blame. In discussion, Members of the Board reflected on the scale and depth of the JHOSC's scrutiny work. The Board acknowledged that health scrutiny of this nature was time-intensive and often underestimated, and commended the Committee for its evidence-based and constructive approach.	

The Chair thanked Councillor Hanna for the update and noted the strong alignment between the JHOSC's findings and the Board's own responsibilities for strategic leadership, integration and prevention. The Board **RESOLVED** to: 1. **AGREE** to request the Health Overview and Scrutiny Committee to investigate mental health services and follow up.	
177 Oxfordshire Neighbourhood Health Plan (Agenda No. 7)	
Michelle Brennan (Oxfordshire GP representative) introduced the draft Oxfordshire Neighbourhood Health and Care Plan. She set out the national policy context, explaining that although NHS England guidance had been delayed, systems were still expected to progress neighbourhood-based models of care. Michelle Brennan explained that Oxfordshire had identified 15 proposed neighbourhoods, largely aligned with existing Primary Care Network footprints. She emphasised that these geographies were intended as a starting point, not a final model, and would be tested and refined over a 12-month period. She outlined the proposed priorities for Oxfordshire: proactive care for people with frailty and complex needs; improved management of multiple long-term conditions; and better integrated support for children and young people aligned with Family Hubs. She also described how population health management data and neighbourhood-level data packs would support local prioritisation. The Board then explored the tension between neighbourhoods as organisational units for service delivery and neighbourhoods as places recognised by residents. Concerns were raised about rural geography, transport links, and whether proposed neighbourhoods reflected how people actually moved through their communities. It was emphasised that neighbourhoods should not create new barriers or restrict access to services. Others highlighted the need for clarity about accountability and governance, questioning who would be responsible for decisions and outcomes at neighbourhood level. There was discussion about the relationship between	

neighbourhood health and prevention, with Members stressing that the model should not become overly clinical or hospital-focused. Contributions highlighted the importance of community assets, housing, loneliness, mental health and transport as integral to neighbourhood health. The Chair summarised that while there was broad support for the direction of travel, the discussion had highlighted the need for further refinement, engagement and clarity as national guidance emerged. The Board **RESOLVED** to: 1. Consider and support the following to progress with implementation of Oxfordshire's neighbourhood health and care approach for 26/27: a) The Objectives and guiding design principles. b) The Neighbourhood geographies (working drafts for 26/27). c) The Priorities. d) The Foundations. e) The Population health management approach.	
178 Health & Wellbeing Strategy Update - Building Blocks priority 4-5 - Age well (Agenda No. 8)	
Karen Fuller (Director of Adult Social Care and Izzy Rockingham (Head of Joint Commissioning-Age Well) presented the Health and Wellbeing Strategy Update on priorities 5-6. Karen Fuller introduced the item, explaining that the paper provided a comprehensive update on progress against Priorities 5 and 6 of the Health and Wellbeing Strategy, which focused on maintaining independence for older people and strengthening social relationships. She noted that the report also proposed amendments to the shared outcomes and metrics used to track delivery, reflecting changes in the wider policy and data landscape. Karen Fuller emphasised that the report illustrated the value of system-wide working under the "Oxfordshire Way", particularly where health, social care, voluntary sector and district partners had aligned their activity. She highlighted that the agenda item linked closely with earlier discussion on neighbourhood health and care, and that the Age Well work was expected to increasingly align with neighbourhood-based models over time.	

The Head of Joint Commissioning-Age Well then presented the detailed content of the report. She explained that Priority 5 centred on maintaining independence and had three core shared outcomes. The first was ensuring that older people remained safe, well and independent in their own homes for longer. She described how the system was supporting more people at home, including increases in care hours delivered through adult social care and greater use of extra care housing. She stressed that this was not solely a social care issue, but depended heavily on community-based support and voluntary sector involvement. She highlighted the role of voluntary sector partners in improving health and wellbeing and reducing reliance on statutory services. She drew attention to the Move Together programme, noting that while it targeted people with long-term conditions, 45% of participants were over 65, meaning that a majority were being reached earlier in life. This was described as a positive shift towards prevention, reducing frailty before it became entrenched. In relation to hospital activity, the Head of Joint Commissioning-Age Well reported that Oxfordshire remained on target for emergency admissions relating to long-term conditions. However, she acknowledged that falls-related admissions remained above target. She explained that a system-wide falls action group had been established and was developing a coordinated response involving health, social care and voluntary partners. The second shared outcome related to supporting people who had lost a degree of independence. The Head of Joint Commissioning-Age Well described consistently strong reablement outcomes, with around 80% of people achieving independence or reduced care needs following reablement. She explained how this aligned with the Home First approach and a continued commitment to treating care home admission as a last resort. Oxfordshire's performance in this area compared favourably with other local authorities nationally. The Head of Joint Commissioning-Age Well also highlighted an area of concern: dementia diagnosis rates. She explained that Oxfordshire remained below target, and outlined work underway through a BOB Integrated Care Board-wide group and local clinical groups within Oxford Health NHS Foundation Trust to address this. The third shared outcome focused on empowering older people to make decisions about their own health and wellbeing. There was an increasing use of Live Well Oxfordshire as a directory of community support, and it was highlighted that the impact of the specialist advice service, which had supported nearly 3,000 people in its first year, had secured significant financial benefits for residents.	

Turning to Priority 6, the Head of Joint Commissioning-Age Well explained that social isolation remained a major challenge. She noted that while Oxfordshire performed better than the England average, over a third of older people still reported not having as much social contact as they would like. She described work to strengthen community connections through community capacity grants, partnerships with organisations such as Age UK, and local area coordination. There were also particular challenges faced by older people in rural areas, including isolation, transport barriers and digital exclusion. It was explained that this work was closely linked to the Marmot programme and that public health colleagues were supporting further analysis and targeted responses. The Board expressed surprise that discharge to usual place of residence was no longer a required national metric, noting its importance in supporting independence. It was explained that while the national requirement had been removed, local measurement could still be retained. The Board also sought clarification on falls prevention, questioning whether the issue was a lack of provision or a lack of awareness and coordination. It was responded that there was a breadth of existing services, but that navigation and awareness were challenges. It was explained that a public-facing and professional awareness campaign had been launched, alongside practical measures such as a dedicated advice line for care homes. Further discussion explored the role of environment in falls prevention, including pavements, housing and public spaces. The importance of avoiding over-medicalisation and instead addressing wider determinants through neighbourhood planning and highways collaboration was also emphasised. The Board also discussed satisfaction metrics, noting that Oxfordshire was slightly below the national average. It was explained that there were limitations of national surveys and how local feedback mechanisms, including Healthwatch intelligence and provider engagement, were being used to gain a more nuanced understanding. The Board **RESOLVED** to: 1. **NOTE** the progress on the delivery of priorities 5 & 6 for Age Well within the Health and Wellbeing Strategy. 2. **NOTE** and **AGREE** the proposed amendments to the Health and Wellbeing Board Shared Outcome metrics.	

179 Safer Oxfordshire Partnership Annual Report, including Domestic Abuse Strategic Board Annual Report (Agenda No. 9)	
Rob MacDougall (Director of Community Safety and Chair of the Safer Oxfordshire Partnership) presented the Community Safety Partnership (CSP) Agreement. The Director of Community Safety began by setting out the statutory basis of Community Safety Partnerships under the Crime and Disorder Act 1998. He explained that CSPs were responsible for reducing crime, tackling anti-social behaviour, addressing re-offending, substance misuse and exploitation, and protecting vulnerable people. He emphasised that these objectives were inseparable from health and wellbeing outcomes. It was described how CSP priorities were developed using local intelligence, Police and Crime Commissioner priorities, and county-wide strategic intelligence assessments. These assessments identified the most significant risks and harms at district and county level. It was explained that while local CSPs responded to local contexts, the Safer Oxfordshire Partnership provided a county-wide strategic framework to ensure alignment, avoid duplication and support escalation where required. The practical work of the Partnership was also outlined, including coordinated prevention activity on serious violence, modern slavery, domestic abuse, exploitation and anti-social behaviour. It was explained how governance arrangements ensured accountability across agencies and supported joint responses to safeguarding and public health concerns. The Director of Community Safety placed particular emphasis on the intersection between community safety and health, explaining that many CSP priorities addressed the wider determinants of health. Domestic abuse, substance misuse, unsafe environments and repeat victimisation were all drivers of health inequality and high demand on health and care services. It was explained that effective community safety interventions could reduce pressure on emergency departments, mental health services, ambulance services and social care by preventing crises and repeat harm. The Director of Community Safety also highlighted the role of CSPs in convening partners beyond the traditional health system, including housing, policing, safeguarding, fire and rescue, youth services and the voluntary sector. He stressed that this breadth of partnership was critical to addressing complex, cross-cutting issues. In discussion, Board Members reflected on the strong alignment	

between CSP priorities and the Health and Wellbeing Strategy. Members noted the importance of prevention-focused approaches and welcomed the emphasis on reducing inequalities. There was recognition that community safety work often prevented demand that would otherwise fall on health and social care services. Ansaf Azhar introduced the Domestic Abuse Partnership Strategic Board Annual Report for 2024–25. He explained that the report formed part of the Partnership's accountability to both the Safer Oxfordshire Partnership and the Health and Wellbeing Board. Ansaf Azhar outlined the evolution of the Domestic Abuse Partnership since the implementation of the Domestic Abuse Act in 2021. He explained that Oxfordshire had developed a holistic domestic abuse strategy alongside a safe accommodation strategy, structured around a four-P framework: prevention, provision, pursuing perpetrators, and partnership. He emphasised that lived experience was embedded throughout governance, strategy and delivery. Serena Abel (Public Health Principal) was invited to expand on key areas of progress. She described the domestic abuse training needs assessment commissioned following a multi-agency conference in January 2025, which had focused on seldom-heard voices. Feedback from the conference had highlighted the need for more coherent and accessible training across the system. It was explained that while Oxfordshire had a strong overall training offer, it was fragmented. There was duplication in some areas, gaps in others, and inconsistency in access and quality. The needs assessment had involved surveys, interviews and workshops, and had identified opportunities to develop a central training directory, clearer graduated pathways for professionals, stronger quality assurance, greater involvement of people with lived experience, and more flexible training formats to meet the needs of frontline staff. There was also a description of the progress on reviewing pathways for children and young people affected by domestic abuse. This work had been driven by safeguarding learning, national inspection findings and local intelligence. A proposal for a full pathway review had been approved in December 2025, enabling additional officer capacity to begin structured engagement with children, young people, parents, carers and professionals. It was explained that the aim was to develop a pathway that was trauma-informed, grounded in lived experience, and practical for professionals to use. The Public Health Principal outlined how the wider domestic	

abuse needs assessment was feeding into a refresh of the overarching strategy and a review of governance arrangements, including the structure and focus of sub-groups. Questions were raised by the Board about how success could be measured without relying solely on reported incident numbers, and how the system dealt with perpetrators who did not engage with training or support. In response, Ansaf Azhar explained that increased reporting was often a positive indicator of improved awareness, trust and access to support. He stressed that cultural change took time and required a whole-system approach, including education, mental health support, substance misuse services and work with schools. The Public Health Principal added that the Strategic Board reviewed a quarterly multi-agency surveillance pack bringing together data from MARAC, high-risk services, safe accommodation, children's social care and health settings. While acknowledging data limitations, she explained that this provided a more nuanced and timely picture than annual reports alone. There was further discussion about the need to join up safeguarding, community safety and domestic abuse narratives more clearly, both internally and externally, to avoid fragmentation and duplication. The Board **RESOLVED** to: 1. **NOTE** the activities and outcomes of the Safer Oxfordshire & Oxfordshire Domestic Abuse Strategic Board, reflected in Annex 1 & 2.	
180 Director of Public Health Annual Report (Agenda No. 10)	
Ansaf Azhar (Director of Public Health), Fiona Ruck (Health Improvement Practitioner), and Kate Austin (Public Health Principal) introduced the Director of Public Health Annual Report. Ansaf Azhar explained that it marked five years since his first report, which had shone a spotlight on inequality in Oxfordshire. He described this year's report as both reflective and forward-looking. Ansaf Azhar explained that the most recent Index of Multiple Deprivation data, published at the end of 2025, showed that Oxfordshire had become relatively less deprived overall compared with 2019, and that several of the previously most deprived wards had improved. He was careful not to attribute	

causality directly to individual interventions, but argued that sustained, partnership-led effort had made a meaningful difference. Ansaf Azhar described the Community Insight Profile approach as foundational to this progress. By combining data, lived experience and asset mapping, partners had been able to develop solutions tailored to specific communities rather than applying generic interventions. He highlighted the role of community health development officers in mobilising community assets and bridging statutory and voluntary sectors. Ansaf Azhar described how this work had led to the formation of the Prevention and Health Inequality Forum, which initially operated without dedicated funding but brought partners together around a shared commitment. Subsequent pooled funding had enabled over £1.5 million of investment in tackling inequality, including physical activity programmes and voluntary sector support, some of which had gained national recognition. He stressed, however, that the report was not an invitation to relax. He warned that financial pressures, NHS reform and local government reorganisation risked undermining progress if prevention and inequality work were deprioritised. He argued that inequalities remained significant, particularly in rural areas, and that now was the moment to scale up rather than retreat. Ansaf Azhar then introduced the new format of the report, explaining that it had moved away from a traditional written document to an interactive, web-based format designed to be accessible, engaging and updatable. The Public Health Principal and Health Improvement Practitioner then demonstrated the website, explaining how it allowed users to explore content non-linearly, engage with videos and case studies, and access up-to-date data. They described how the format enabled new content to be added over time and made the report more usable for partners and communities. Discussion focused on accessibility and digital exclusion. Members asked how the report would reach people without internet access. It was explained that the report would be taken out into communities through local area partnerships and that work was underway with communications teams and community organisations to ensure accessibility. Members also discussed the importance of long-term funding stability for prevention programmes, with examples such as Move Together highlighting the challenge of annual funding cycles. Ansaf responded by emphasising the need for a system-wide, value-based approach to investment and a shift towards upstream funding.	

The Board **RESOLVED** to: 1. **NOTE** and consider the 2025/26 Director of Public Health Annual Report and specifically note the progress made to address health inequalities in Oxfordshire following the publication of the Director of Public Health Annual Report in 2019/2020, which marked a pivotal moment in Oxfordshire. 2. **SUPPORT** the interactive format of the Director of Public Health Annual Report 2025/26 and note the insights that can be used for informing future service delivery plans.	
181 Community Insight Profile toolkit (Agenda No. 11)	
Ansaf Azhar (Director of Public Health), Fiona Ruck (Health Improvement Practitioner), and Kate Austin (Public Health Principal) presented the Community Insight Profile Development Framework, explaining that it captured learning from several years of place-based work and translated it into a practical, step-by-step toolkit. It was explained that the framework supported partners to identify appropriate geographies, engage meaningfully with communities, map assets, and turn insight into action. It was stressed that the toolkit was not just about data collection, but about building trust, shared understanding and collaborative decision-making. Tom Gubbins (Wellbeing Manager, Cherwell District Council) described Cherwell District Council's experience of using community insight profiles and piloting the toolkit. He explained how the approach had shifted organisational culture, sharpened focus, and led directly to over 50 projects in Banbury and Bicester, reaching around 11,000 attendances. He gave examples of how insight profiles had influenced wider place-shaping decisions, including investment in sports facilities and wayfinding schemes. He also described the pilot in Heyford Park, where over 300 residents and organisations had contributed to an insight profile that was already shaping priorities around inclusion, youth provision, skills and transport. Members discussed the importance of rolling the toolkit out beyond early adopters and ensuring that it was used by non-health partners. Ansaf Azhar stressed that the toolkit would only be effective if it informed real decision-making across the system.	

The Board **RESOLVED** to: 1. **NOTE** the Community Insight Profile Development Framework (CIPs Toolkit) as a core legacy product of the Public Health led Community Insight Profiles (CIP) programme. 2. **NOTE** the alignment of the Toolkit with the Board's prevention and inequalities priorities, the Marmot Place work and the Director of Public Health Annual Report (DPHAR) 2025/26. 3. **SUPPORT** dissemination and use of the CIPs Toolkit across partners and communities to enable locally led CIPs and action plans.	
182 Marmot Update (Agenda No. 12)	
Kate Holburn (Deputy Director of Public Health) introduced the Marmot programme update, outlining progress in working with the Institute of Health Equity. She explained that Oxfordshire had initially focused on a subset of the Marmot principles, including best start in life and fair employment, while also exploring rural inequalities. Dr Jessica Allen (Institute of Health Equity) then presented detailed analysis from the Institute of Health Equity. She highlighted stark inequalities in early years development, particularly for children eligible for free school meals in affluent and rural areas. She explained that growing up poor in a wealthy area appeared to be associated with worse outcomes, potentially linked to stigma, service access and social isolation. She also presented data on educational attainment, economic inactivity and employment outcomes for young people, highlighting significant variation across Oxfordshire and persistent disadvantage for children eligible for free school meals. Discussion focused on how this evidence was informing family hub development, transport planning and early years support. Members stressed the importance of granular data and community engagement, and asked about learning from other rural areas. It was explained that similar patterns were emerging in other rural counties and that while the numbers affected were smaller than in urban areas, this made the problem potentially more tractable if addressed systematically.	

The Board **RESOLVED** to: 1. **NOTE** the progress made through the Marmot programme and the partnership with the Institute for Health Equity. 2. **NOTE** the need to embed accountability further to the publication of the following reports to address inequities (the IHE Maternity, Babies, Children and Young People deep dive; the Rural Inequalities review; and the IHE Fair Employment deep dive).	
183 Healthwatch Oxfordshire Update (Agenda No. 13)	
Barbara Shaw (Chair, Healthwatch Oxfordshire) provided an update on Healthwatch Oxfordshire's recent activity. She described work undertaken with Community First Oxfordshire to gather insight from rural communities, particularly those that were seldom heard. Barbara Shaw also highlighted the completion of a "How To" community research toolkit, designed to enable grassroots groups to undertake their own research and feed insight into the system. The Board acknowledged the importance of Healthwatch intelligence in complementing formal data sources. The Board **RESOLVED** to: 1. **NOTE** the Healthwatch Oxfordshire Report on patient views and experiences of Oxfordshire health and care services.	
184 Update on the future of an independent patient voice for Oxfordshire - working group report (Agenda No. 14)	
Omid Nouri (Health Scrutiny Officer) presented the working group report, and explained that the purpose of this item was to receive an update on the establishment and activities of the Health and Wellbeing Board Working Group on an Independent Patient Voice. The Health Scrutiny Officer outlined the rationale for the working group's establishment as well as the activities it had engaged in	

thus far in exploring what a future independent patient voice function could look like subsequent to the passing of government legislation to abolish Healthwatch. The Health Scrutiny Officer also explained that the working group should convene another meeting in April 2026 to discuss both the material the would be utilised as part of a public engagement exercise to shape a future independent patient voice, as well as to discuss the prospect of launching a mapping exercise to determine which patient voice mechanisms already exist within the system and how to avoid duplication with this work. The Board **RESOLVED** to: 1. **AGREE** to formally establish a working group on an independent patient voice. 2. **AGREE** that the working group will explore and evaluate models for a future independent patient voice function in Oxfordshire following the imminent abolition of Healthwatch by government legislation. 3. **AGREE** to the proposed membership of the working group outlined in this report below. 4. **DELEGATE** to the working group the power to oversee the commissioning of a public engagement exercise to explore the future of an independent patient voice. 5. **AGREE** to receive an update from the working group on a likely future independent voice function subsequent to the passing of government legislation to formally abolish Healthwatch.	
185 Reports from Partnership Boards (Agenda No. 15)	
District Cllr Georgina Heritage provided an update from the Health Improvement Board, highlighting recent discussions on healthy weight, physical activity and food strategy delivery. She described both successes and challenges, including reliance on short-term funding and volunteer capacity. Cllr Sean Gaul then presented an update from the Children's Trust Board, seeking agreement for the Board to take the lead on overseeing the Best Start in Life plan and associated outcomes, including reducing inequalities in early years development for children eligible for free school meals. Members expressed	

support for this approach and discussed how reporting and oversight would be integrated with the Health and Wellbeing Board's agenda. It was acknowledged that Matthew Tait was not present to introduce the Place-Based Partnership Report, but that a written report was submitted by the Partnership and was in the agenda. The Board **RESOLVED** to: 1. **NOTE** the Partnership Board updates.	
186 Forward Work Plan (Agenda No. 16)	
The Board **AGREED** the forward work plan.	

..... in the Chair

Date of signing .....
