To: Members of the Oxfordshire Health & Wellbeing Board

Notice of a Meeting of the Oxfordshire Health & Wellbeing Board

Thursday, 12 March 2026 at 1.00 pm
Room 2&3 - County Hall, New Road, Oxford OX1 1ND

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

Martin Reeves
Chief Executive   March 2026

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

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

Board Members:

Ansaf Azhar	Director of Public Health & Communities, Oxfordshire 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 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

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: 14 May 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 <u>petition</u> must be submitted no later than 9am ten working days before the meeting.

Requests to <u>speak</u> must be submitted no later than 9am three working days before the meeting. (Monday 9th March)

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 9 - 22)

To approve the Note of Decisions/Minutes of the meeting held on 4 December 2025 and to receive information arising from them.

6.   Update on Mental Health Motion (Pages 23 - 24)

The purpose of this item is to address the Mental Health Motion passed by Oxfordshire County Council at its meeting on 9 December 2025. Oxfordshire County Council passed a motion requesting that the Health & Wellbeing Board (HWB) invite the Health Overview & Scrutiny Committee (JHOSC) to investigate and report on how mental health services provided by Oxford Health NHS Foundation Trust and wider system partners are addressing the rising prevalence and impact of poor mental health among adults and children in Oxfordshire.

The wording of the motion agreed was as follows:

"This Council being deeply concerned by the impact of poor mental health on adults

and children in the County asks the Health and Wellbeing Board to request the Health Overview and Scrutiny Committee to investigate and report back to them and to the County Council on how Mental Health services provided by Oxford Health and other organisations are tackling this issue.

Such an investigation of issues needs to include addressing accessibility to services including:

- *Prevention*
- *Assessment*
- *Therapeutic support*
- *Medication*
- *Emergency intervention such as "sectioning"*
- *Inpatient beds*

How these issues impact on other public services such Community Safety, Public Health, Housing, Schools, Fire and Rescue and the Police also needs to be assessed and understood. Most of all poor mental health impacts on individuals, families, and communities around the County and this must be addressed.

Council requests that the outcome of the investigation be sent to the appropriate Secretaries of State."

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

1. **AGREE** to request the Health Overview and Scrutiny Committee to investigate mental health services and follow up as outlined in the wording of the motion.

7. Oxfordshire Neighbourhood Health Plan

PLEASE NOTE: The Report and Recommendations to the Board for this item are to follow; and will be published as an addenda after consideration and agreement by the Primary and Community Care Board and Place-Based Partnership endorsement on 6th March 2026.

8. Health & Wellbeing Strategy Update - Building Blocks priority 4-5 - Age well (Pages 25 - 42)

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

9.   **Safer Oxfordshire Partnership Annual Report, including Domestic Abuse Strategic Board Annual Report** (Pages 43 - 70)

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

1. **NOTE** the activities and outcomes of the Safer Oxfordshire & Oxfordshire Domestic Abuse Strategic Board, reflected in Annex 1 & 2.

10.   **Director of Public Health Annual Report** (Pages 71 - 110)

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

11.   **Community Insight Profile toolkit** (Pages 111 - 116)

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

12.   **Marmot Update** (Pages 117 - 126)

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

    ▪ IHE Maternity, Babies, Children and Young People deep dive
    ▪ Rural Inequalities review
    ▪ IHE Fair Employment deep dive

recycled paper

13.   Healthwatch Oxfordshire Update (Pages 127 - 134)

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

14.   Update on the future of an independent patient voice for Oxfordshire - working group report (Pages 135 - 140)

The purpose of this item is to receive an update on the establishment and activities of the Health and Wellbeing Board Working Group on an Independent Patient Voice.

The Health and Wellbeing Board is **RECOMMENDED** 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, using the available Healthwatch grant underspend prior to April 2026.

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.

15.   Reports from Partnership Boards (Pages 141 - 144)

To receive updates from Partnership Boards.
- Place-Based Partnership (Written Update).
- Health Improvement Board (Verbal Update).
- Children's Trust Board (Verbal Update).

16.   Forward Work Plan (Pages 145 - 146)

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 Thursday, 4 December 2025 commencing at 2.00 pm and finishing at 5.00 pm

Present:

Board Members: Councillor Liz Leffman (Chair)

Professor Sir Jonathan Montgomery (Vice-Chair)

Councillor Sean Gaul
Michelle Brennan
Ansaf Azhar
Karen Fuller
Caroline Green
District Councillor Georgina Heritage
Lisa Lyons
District Councillor Rob Pattenden
Matthew Tait
Grant MacDonald
City Councillor Chewe Edgar Munkonge

Other Members in Attendance: Councillor Bethia Thomas (substitute)

By Invitation/officers:

Richard Smith - Head of Housing, Cherwell District Council.
Grace Hinde - Oxfordshire Countywide Homelessness Partnership Manager.
Kate Eveleigh- Public Health Principal.
Fiona Ruck – Health Improvement Practitioner, Oxfordshire County Council.
Kelly White – Community Health Development Officer (CHDO) for Bicester West, Cherwell District Council.
Jayne Chidgey-Clark- Chair, Oxfordshire Safeguarding Adults Board.
Carol Douch- Assistant Director Safeguarding Quality Assurance and Partnership.
Laura Gajdus- Business Manager, Oxfordshire Safeguarding Children Partnership.

Agenda Item

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: omid.nouri@oxfordshire.gov.uk AND committees.democraticservices@oxfordshire.gov.uk)

	ACTION
156 Welcome by Chair (Agenda No. 1)	
The Chair opened the meeting and welcomed all attendees. The Chair reminded attendees that homelessness updates received from the Prevention of Homelessness Director's Group would be held every 6 months to better align meaningful reports to the Board. The All-Age Autism Strategy was not ready in time for this meeting, and it was decided to postpone this to the next Health and Wellbeing Board (HWB) meeting in March 2026. National timescales around developing a Neighbourhood Health Plan had changed, and therefore contrary to what was originally anticipated, the purpose of the Neighbourhood Health Plan item for this meeting was not to agree a full finalised version of the plan but to **NOTE** the changing national timescales and to **SUPPORT** the ongoing work to develop the plan. It was also suggested that the timings of future HWB public meetings should be from 13:00-16:00 as opposed to 14:00-17:00. The Board **NOTED** the Chair's introduction and update, and **AGREED** to move the timings of future HWB meetings to 13:00-16:00.	
157 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received Cllr Kate Gregory, Barbara Shaw, and Cllr Helen Pighills, with Cllr Bethia Thomas substituting for Cllr Pighills.	

158 Declarations of Interest - see guidance note below (Agenda No. 3)	
There were none.	
159 Petitions and Public Address (Agenda No. 4)	
There was one application to address the meeting by Cllr Jane Hanna (Chair of the Oxfordshire Joint Health Overview Scrutiny Committee [JHOSC]), on Item 9 on Oxfordshire Neighbourhood Health Plan. Cllr Hanna reiterated the recommendations that the JHOSC agreed to issue to Oxfordshire system partners around the development of the Neighbourhood Health Plan including: 1. For clear governance arrangements to be developed for the Oxfordshire Neighbourhood Health Plan, including defined roles for the Health and Wellbeing Board, Place-Based Partnership, and Primary and Community Care Board. It is recommended that there is openness and transparency, as well as regular reporting to the JHOSC on the plan's development and delivery milestones. 2. To ensure that the Neighbourhood Health Plan aligns with other strategic initiatives (such as the Better Care Fund, the Health & Wellbeing Strategy, and the Oxfordshire Way), and to avoid duplication and fragmentation. 3. To prioritise investment in digital infrastructure, interoperability, and usability to enable data sharing and Population Health Management at neighbourhood level. It is recommended that system partners report on progress in implementing Population Health Management tools and Health Evaluation Units. 4. To ensure that the local patient voice and local voluntary sector input is at the heart of the development and delivery of the neighbourhood health plan for Oxfordshire. It is recommended that the role of the local member and Parish/Town Councils is also integral to this. 5. To ensure the collective gathering of data by all key system partners as part of shaping and delivering the neighbourhood health plan. The Board **NOTED** Cllr Hanna's statement.	

160 Note of Decisions/Minutes of Last Meeting (Agenda No. 5)	
The note of decisions/minutes of the meetings held on 08 September 2025 and 25 September 2025 were **APPROVED** as a correct record.	
161 Marmot Place Update (Verbal Update) (Agenda No. 6)	
Kate Holburn (Deputy Director of Public Health) presented the Marmot Place update. The presentation began with a summary of the partnership with the Institute of Health Equity, which had been ongoing for two years. The focus was on three of the eight Marmot principles: Best Start in Life, Fair Employment, and Healthy Standard of Living. For the Best Start in Life, the Institute of Health Equity had led a deep dive into the progress of children and young people up to age 25 in Oxfordshire, identifying inequalities and gaps, particularly for children eligible for free school meals. Further stakeholder engagement was also planned. The Fair Employment principle was to be the subject of the next deep dive. In the interim, the Board was informed about the Get Oxfordshire Working plan, which focused on improving access to good quality employment, especially for those facing barriers. Public Health and the Thrive in the Workplace initiative were supporting small and medium enterprises to employ people from disadvantaged backgrounds, providing training and policy support. Work was also underway on social value in contracts, aiming to maximise community benefit. For Healthy Standard of Living, the Board heard about the housing health needs assessment and the cost of living and low-income family tracker, which district councils were using to help families access entitled benefits, supporting financial stability and linking to other benefits such as pension credits. The Board was also updated on enablers, including a primary care inequalities template being trialed in one GP practice, designed to help GPs refer patients to appropriate local services, including housing and benefits support. This was being evaluated for potential wider rollout and integration with the neighbourhood health agenda.	

The Board was reminded of Oxfordshire's strengths, particularly the links between academic institutions and anchor organisations. A research strategy had been launched, involving universities in policy work and appointing chief scientific advisors to support Marmot workstreams. The Community Research Network had also been established for over a year.

Rural inequalities were highlighted as a particular issue for Oxfordshire. The Board was shown how, when looking at indices of multiple deprivation, rural areas appeared less deprived overall, but more granular analysis revealed small pockets of deprivation, sometimes in otherwise affluent areas. A dashboard had been developed to identify these areas, and a contract was in place for an organisation to engage with local communities and parish councils to understand residents' experiences.

Looking ahead, the Board was informed of plans to build a social movement around health equity, including developing a community of practice, mapping existing work, and launching a dedicated Health Equity website.

The Board was also informed of upcoming stakeholder engagement events, including a system-wide webinar, a Healthwatch event, and a newsletter to build the Oxfordshire Health Equity network.

Jonathan Montgomery sought clarification on whether the social value contracting tool was available to organisations beyond the County Council and asked about the primary care inequalities template's inclusion of community assets. The response confirmed that social value in contracts was a legal requirement and not limited to the County Council, with other organisations encouraged to adopt similar practices. The primary care inequalities template was tailored to local knowledge, including voluntary sector services, and would differ between areas.

City Councillor Chewe Edgar Munkonge asked about coordination of fair employment work across local authorities and partners. The response explained that the Thrive at Work service was designed to support organisations in engaging people facing employment barriers and was linked to the Inclusive Economies Partnership. The Board's role was to bring together the various streams of work.

District Councillor Rob Pattenden raised concerns about rural inequalities, particularly barriers to housing and services, and asked for more detail. The response noted that barriers included housing stock shortages and poor quality, with further detail to be provided in the housing health needs assessment later in the

meeting.

Cllr Bethia Thomas expressed gratitude for the focus on rural inequalities and asked who would be consulted in the community engagement. The response indicated that parish councils, district council contacts, and voluntary sector organisations would be involved, with the list of contacts to be expanded based on local knowledge. Cllr Bethia Thomas suggested involving division members to ensure all relevant groups were included.

Ansaf Azhar emphasised the national significance of tackling rural inequalities and the ambition to develop a blueprint for addressing them. He noted that while some areas had seen relative improvements in deprivation, particularly in Oxford and Cherwell, education indicators had worsened, and some areas in the south and west had become more deprived,especially regarding access to housing and services. He stressed the need for continued focus and evaluation.

Caroline Green reiterated the importance of sustained, long-term work and suggested further evaluation to understand which interventions had led to improvements, to inform future Marmot work.

The Chair concluded that the issues discussed were complex and would require long-term commitment, particularly regarding housing.

The Board RESVOLED to:

1. **NOTE** the Marmot Place Update.

162   Prevention of Homelessness Director's Group Update
(Agenda No. 7)

Caroline Green (Chief Executive, Oxford City Council); Grace Hinde (Oxfordshire Countywide Homelessness Partnership Manager) and Richard Smith (Head of Housing, Cherwell District Council) presented the Prevention of Homelessness Director's Group (PHDG) update.

Caroline Green described the challenging and complex picture of homelessness and temporary accommodation in Oxfordshire and nationally. While rough sleeping numbers were relatively stable, there were high levels of people presenting with homelessness and increasing demand for temporary accommodation, especially for single people with complex needs.

The Board was informed that the countywide homelessness and

rough sleeping strategy was in its final year. Due to impending local government reorganisation and ongoing challenges, the Board had **AGREED** to renew and extend the strategy for two years, focusing on key priorities rather than developing a new strategy. This included preparatory work such as developing a countywide homelessness database.

Progress had been made in working with registered providers, with a new forum established to increase supply and address challenges in accommodating people with complex needs.

The Board were provided further details on the homelessness picture, noting that rough sleeping was down compared to the previous year, with the city having the highest numbers but also the lowest rates of people returning to rough sleeping. Single households were a particular pressure, with more people presenting as homeless immediately rather than through prevention routes. Temporary accommodation numbers were rising across all areas.

Cllr Sean Gaul asked whether the focus on local government reorganisation risked distracting from progress on homelessness. It was responded that a dedicated resource was in place to drive work forward, and the partnership was committed to maintaining focus, with preparatory work for reorganisation aligning with existing action plans.

Cllr Sean Gaul also asked about the duration of funding for Grace's role, which was confirmed to be secured until the new council arrangements in 2028. He requested to see the action plan, which was confirmed as available. He inquired about the timing and amount of homelessness grant funding, which was still awaited, with notification expected in December.

City Councillor Chewe Edgar Munkonge asked about support for people and families without recourse to public funds. It was explained that voluntary sector providers played a key role, and for families, support was provided under Section 17 of the Children's Act by children's services.

The Chair asked whether the group felt supported by politicians and whether more could be done. Caroline Green responded that there was strong political consensus and support, but officers welcomed challenging questions to ensure continued commitment. The Chair emphasised that responsibility for addressing homelessness and housing issues was shared by all partners, not just politicians.

Caroline Green confirmed that the next update would include progress on the action plan and the results of the strategy

renewal work.

The Board RESOLVED to:

1. **NOTE** the Prevention of Homelessness Director's Group Update.

2. **AGREE** to receive a further update on the Group's work in 6 months time.

163 Health and Wellbeing Strategy Update- Building Blocks of Health (Housing- Housing Health Needs Assessment & Metric Review) (Agenda No. 8)	

Kate Eveleigh (Public Health Principal) and Richard Smith (Head of Housing, Cherwell District Council) presented the update on the Healthy Homes priority. They explained that healthy housing was a fundamental building block of health, with poor conditions linked to a range of health outcomes. The strategy aimed to ensure everyone had access to quality, affordable, and energy-efficient homes.

The Public Health Principal explained that the Healthy Homes priority had four ambitions: increasing healthy, safe and secure homes; increasing affordable homes; increasing suitable homes for specific groups; and reducing homelessness. While homelessness was already well measured, the focus was on developing better metrics for the first three ambitions.

A working group had developed practical metrics and methods for tracking progress, but initial metrics were found to be unviable. A housing health needs assessment was commissioned, which informed recommendations for improved governance, data sharing, and policy. Challenges remained with inconsistent and operational data, but new requirements such as reporting on damp and mould hazards were expected to improve data quality.

The Board was presented with proposed metrics for each ambition, including energy efficiency ratings, affordable rent as a percentage of income, disabled facilities grants, and numbers in temporary accommodation. Targets and thresholds were suggested to monitor trends.

The Public Health Principal recommended a program of deep dives to allow the Board to focus on specific issues, such as the role of home improvement agencies and environmental health in the private rented sector. She also proposed reviewing the

working group's membership to ensure appropriate partners were involved.

District Councillor Georgina Heritage asked about the significance of the Renters Rights Act for improving healthy homes. The Head of Housing for Cherwell District Council responded that it was a highly anticipated piece of legislation, expected to improve data and regulatory powers, but its impact would be gradual.

Caroline Green asked about definitions of affordable housing and the purpose of defining this at an Oxfordshire level. It was explained that while planning policy defined affordable housing, there was confusion for residents, and a local definition could help clarify matters.

The Board RESOLVED to:

1. **AGREE** to approve the proposed approach for the monitoring and delivery of the Healthy Homes priority of the Health and Wellbeing Strategy; including the metrics, deep dives, and review of the working group's membership.

2. **AGREE** that a further update report would be brought in six months, aligned with the aforementioned homelessness update.

164 Oxfordshire Neighbourhood Health Plan (Agenda No. 9)	

Michelle Brennan presented the Oxfordshire Neighbourhood Health and Care Plan update. The planning timeline for implementing Neighbourhood Health and Care Plans had been extended, with a transitional strategic plan required by April 2026 and a five-year plan from April 2027.

Key components included improving access to general practice, fixing the primary-secondary care interface,developing integrated neighbourhood teams for people with complex needs, and creating a universal single point of access. The plan aimed to shift more outpatient care into the community and use population health management data to drive improvements, with digital and data sharing being vital.

Michelle Brennan clarified that new contracts would be introduced for integrated health organisations, multi-neighbourhood providers, and single neighbourhood providers, with general practice contracts to be aligned with the neighbourhood program.

District Councillor Georgina Heritage raised concerns about the large planning unit covering South Oxfordshire and Vale of White Horse, seeking reassurance that smaller neighbourhoods would be considered. Michelle Brennan confirmed that the planning unit was not a neighbourhood and that smaller units such as Didcot and Abingdon would likely be neighbourhoods.	

Ansaf Azhar emphasised the importance of building on existing good practice, such as social prescribing and community health development officers, and suggested mobilising these roles within neighbourhood health centres. He also highlighted the role of pharmacies and the need to integrate social care.

Grant Macdonald (Chief Executive of Oxford Health NHS Foundation Trust) commended the clarity of the presentation and urged the Board to keep questioning the purpose and outcomes of the neighbourhood model, focusing on delivering care close to home.

Veronica Barry (Executive Director, Healthwatch Oxfordshire) noted that patient groups wanted to understand what neighbourhood meant for them and how they would be involved. Michelle Brennan agreed that engagement would be key as geographies were established.

The Board RESOLVED to:

1. **NOTE** how Oxfordshire is organising itself to progress Neighbourhood Health and Care.

2. **AGREE** and **SUPPORT** the 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.

165 Community Insight Profile: Bicester West (Agenda No. 10)	

Fiona Ruck (Health Improvement Practitioner) and Kelly White (Community Health Development Officer [CHDO] for Bicester West, Cherwell District Council) presented the Community Insight Profile for Bicester West report.
 The Community Insight Profile (CIP) for Bicester West was developed through a steering group and consultation with residents and organisations, combining local intelligence with data to inform practical recommendations on public health patterns within the area.

Key issues identified in the locality included cost of living pressures, food poverty, housing concerns (overcrowding and

poor conditions), and social isolation, particularly among older adults. The report highlighted valued community assets but noted accessibility challenges.

Recommendations included regular community support sessions, strengthening community connectors, investing in pavements and green spaces, and bolstering mental health and befriending services. The local grant fund had received strong engagement, with 13 applications in three months.

The CHDO described the importance of strong partnerships and local intelligence, and the Health Improvement Practitioner summarised key learning from the program, including the asset-based approach, cross-sector partnerships, and the need for nuanced, area-specific solutions. The legacy included community health development officers, ongoing grant funding, and a toolkit for other areas.

District Councillor Rob Pattenden praised the impact of the community profiles, noting their value in providing local insight and supporting targeted interventions.

Ansaf Azhar highlighted the importance of combining data, community insights, and asset mapping, and suggested expanding community profiles to all areas.

The Board RESOLVED to:

1. **AGREE** to 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 program including the work of the Community Health Development Officers.

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

166   Oxfordshire Safeguarding Adults Board Annual Report (2024-25)
(Agenda No. 11)

Jayne Chidgey-Clark (Chair, Oxfordshire Safeguarding Adults Partnership) presented the 2024-2025 annual report of the Oxfordshire Safeguarding Adults Board, which highlighted strong multi-agency collaboration and national recognition for the Board's approach to homeless mortality reviews. The report focused on achievements, challenges, and future priorities, including rising demand and complexity, workforce shortages, and financial constraints.

Key priorities included improving frontline awareness, establishing a formal risk register, strengthening partnerships, and focusing on prevention. The Partnership's Chair also described efforts to embed learning from safeguarding adult reviews and homeless mortality reviews through frontline roadshows.

The Board expressed appreciation for the work of the Safeguarding Board.

The Board RESOLVED to:

1. **NOTE** the Oxfordshire Safeguarding Adults Board annual report 2024-2025.

167   Oxfordshire Safeguarding Children's Board Annual Report (2024-2025)
(Agenda No. 12)

Laura Gadjus (Business Manager, Oxfordshire Safeguarding Children's Partnership) presented the annual report, explaining that the year had seen a transition from a safeguarding board to a strategic partnership, in line with national guidance. The report covered compliance with Working Together 2023, a comprehensive health check, and three priorities: neglect, exploitation and harm outside the home, and multi-agency arrangements.

The partnership had held summits and frontline practitioner events to ensure learning from reviews reached practice. Plans were in place to strengthen the voice of young people and families.

The Board RESOLVED to:	
1. **NOTE** the Oxfordshire Safeguarding Children's Board Annual Report 2024-2025.	
168 Report from Healthwatch Oxfordshire (Agenda No. 13)	
Veronica Barry (Executive Director, Healthwatch Oxfordshire) presented the Healthwatch report, summarising recent work including a substantial report on use of the NHS app, a report on trans and non-binary people's experiences of GPs, and ongoing community research with seldom heard groups. Healthwatch had launched a survey on end of life care and was working with partners on priorities for the coming year. The Executive Director referred to Healthwatch's role in community engagement and signposting, and described interim visits to hospitals and webinars on cancer and neighbourhood health. The Committee Officer (Omid Nouri) suggested the Board delegate a subgroup to explore and discuss what the future of an independent patient voice might look like in Oxfordshire, in line with national changes. Ansaf Azhar supported the idea of mapping what should/could be retained and protected, with the subgroup to report back to the wider Board. **The Board RESOLVED to:** 1. **NOTE** the Healthwatch Oxfordshire update report. 2. **AGREE** to establish a subgroup to consider the future of an independent patient voice arrangement. 3. **AGREE** to review end of life care as a future agenda item.	
169 Reports from Partnership Boards (Agenda No. 14)	
Matthew Tait provided a brief overview of the ongoing changes to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) and the journey to a Thames Valley ICB. He also presented the Place-Based Partnership report and offered the Board to provide any clarification on any points raised in the written update from the Partnership. District Councillor Georgina Heritage provided a verbal update on	

the Health Improvement Board; summarising recent discussions on active travel, healthy place shaping, cost of living, Healthwatch, and performance indicators. The Board had considered challenges in delivering active travel, the importance of behaviour change, and the need for volunteers. The cost-of-living program was shifting from crisis support to resilience building. The Tobacco Control Alliance strategy aimed to reduce smoking rates further.

Cllr Sean Gaul provided a verbal update on the Children's Trust Board; which was focusing on the ambitious target for good level of development among five-year-olds and the need to close the gap for children eligible for free school meals. He suggested identifying a lead person to coordinate action across partners.

The Board RESOLVED to:

1. **NOTE** the partnership board reports.

170   Forward Work Programme
(Agenda No. 15)

Kate Holburn (Deputy Director of Public Health) provided a brief update on the Forward Work Programme.

The Board RESOLVED to:

1. **AGREE** the forward work programme.

2. **AGREE** that the Board will now have five as opposed to four meetings per year, which would accommodate the increased number of items required as part of its work.

.... in the Chair

Date of signing ....

Oxfordshire Health and Wellbeing Board
12 March 2026

Response to Oxfordshire County Councill Motion on Mental Health

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATION

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

   a) **AGREE** to request the Health Overview and Scrutiny Committee to investigate mental health services and follow up as outlined in the wording of the motion detailed in paragraph 3

Executive Summary

2. At its meeting on 9 December 2025, Oxfordshire County Council passed a motion requesting that the Health & Wellbeing Board (HWB) invite the Health Overview & Scrutiny Committee (JHOSC) to investigate and report on how mental health services provided by Oxford Health NHS Foundation Trust and wider system partners are addressing the rising prevalence and impact of poor mental health among adults and children in Oxfordshire.

3. The wording of the motion agreed was as follows:

   "This Council being deeply concerned by the impact of poor mental health on adults and children in the County asks the Health and Wellbeing Board to request the Health Overview and Scrutiny Committee to investigate and report back to them and to the County Council on how Mental Health services provided by Oxford Health and other organisations are tackling this issue.

   Such an investigation of issues needs to include addressing accessibility to services including:

   - *Prevention*
   - *Assessment*
   - *Therapeutic support*
   - *Medication*
   - *Emergency intervention such as "sectioning"*
   - *Inpatient beds*

   How these issues impact on other public services such Community Safety, Public Health, Housing, Schools, Fire and Rescue and the Police also needs

to be assessed and understood. Most of all poor mental health impacts on individuals, families, and communities around the County and this must be addressed.

Council requests that the outcome of the investigation be sent to the appropriate Secretaries of State."

4. This report recommends that the Health and Wellbeing Board agrees to the Council's request.

Financial Implications

5. There are no direct financial implications arising from this report.

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

Legal Implications

6. Under Part 6.1B paragraph11 of Oxfordshire County Council's Constitution, the Health Overview and Scrutiny Committee 'may hold enquiries and investigations'.

7. Responsibility for establishing these enquiries and investigations is, under Part 6.1B paragraph 6 'as they may determine'. A request from the Health and Wellbeing Board does not automatically mean such a request will be granted.

   Comments checked by: Comments checked by: Craig Cochrane, Principal Solicitor, Child Care Team, Email: craig.cochrane@oxfordshire.gov.uk.

Anita Bradley
Director of Law and Governance and Monitoring Officer.

Report Author/ Contact Officer: Dr Omid Nouri (Health Scrutiny Officer)

March 2026.

Divisions Affected – All

HEALTH AND WELLBEING BOARD

12 March 2026

HEALTH AND WELLBEING STRATEGY UPDATE – Priorities 5 and 6 AGE WELL

Report by Karen Fuller

RECOMMENDATION

1.   **The Health and Wellbeing Board is RECOMMENDED to note the progress on the delivery of priorities 5 & 6 for Age Well within the Health and Wellbeing Strategy.**

2.   **The Board is recommended to note and agree the proposed amendments to the Health and Wellbeing Board Shared Outcome metrics.**

Background

3.   The Health and Wellbeing Strategy sets out our vision to improve the health and wellbeing of people of Oxfordshire between 2024-2030.

4.   The Strategy has been built around a 'life course approach to wellbeing' and includes priorities for Start Well, Live Well, and Age Well. The strategy also includes cross cutting priorities around the 'Building Blocks of Health', which cover factors that impact everyone's health, such as housing and education.

5.   Oversight of progress against the Outcomes Framework was agreed by the Board in March 2024 to be through a rotating update on four thematic areas of the strategy. Delivery against the agreed priorities is the responsibility of all organisations across health and social care, and progress is reported regularly to the Health and Wellbeing Board.

6.   This report is the second annual report of the progress against the priorities identified for Age Well:

- **Priority 5: Maintain Independence**
  We will support more older residents to remain independent and healthy for longer. We will ensure they are always treated with dignity and are fully valued.

- **Priority 6: Strong social relationships**
  Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially among rural areas.

7. The paper gives an overview of performance against the Shared Outcome metrics, highlighting areas of success and areas for improvement. A summary of performance against the metrics is detailed in the Annex 1 – Age Well Performance Report.

8. The paper also proposes some amendments to some of these metrics due to:

   - Some metrics being based on data that is no longer gathered nationally or locally
   - Annual changes to nationally determined metrics, such as the Better Care Fund (BCF)
   - Contextual changes since the metrics were developed in 2024, such as the development of the Marmot Programme, NHS planning – including Medium Term & Neighbourhood plans, and changes resulting from Local Government Reorganisation.

9. We will work with HWBB partners to update the measures to ensure we can monitor progress against the HWBB outcomes. We will identify metrics which are meaningful and reflective of our system ambitions for supporting older people in Oxfordshire. This will align with a broader review of the shared outcomes led by Public Health.

Older People in Oxfordshire

10. The 2021 Census data indicated that there are 137,067 people aged 65 and over in Oxfordshire (18.3% of the population broadly in line with England). Better Care Fund (BCF) growth projections for 25/6 suggest that this number could now be 139,999.

11. Between the 2001 and 2021 Censuses, Oxfordshire saw its population aged 65 and above increase by over 50%. Vale of White Horse experienced the highest growth, followed by West Oxfordshire, while Oxford City had the smallest increase.

	2001 Census	2021 Census	% change
Cherwell	17,726	28,026	58%
Oxford City	16,149	18,973	17%
South Oxfordshire	19,578	30,549	56%
Vale of White Horse	16,333	27,463	68%
West Oxfordshire	15,308	24,759	62%
Total	85,094	129,770	52%

12. Oxfordshire is the most rural county in the South East region. Rural districts have a much higher proportion of older people: 20% of the population of South

Oxfordshire, 20% of Vale of White Horse and West Oxfordshire, 17% of Cherwell, and 12% of the population of Oxford City are people aged 65 and over.

13. Public Health England data shows that healthy life expectancy at 65 is 14 years for women and 12.6 years for men in Oxfordshire. This is higher than South East and England averages. However, health inequalities remain a challenge in Oxfordshire. We have partnered with the UCL Institute of Health Equity to become a Marmot Place, meaning we have committed to tackling health inequalities and improving health fairness in Oxfordshire by working with local partners across the system. These partners include local authorities, communities, public services, businesses, and voluntary sector organisations.

Update on Age Well Priority 5: Maintaining Independence

Priority 5.1. More older residents to remain well, safe and independent in their home for longer

14. The shared (system) outcomes underpinning this priority are as follows:

Shared outcome 5.1 – Ensuring more older residents remain well, safe and independent in their home for longer.

15. This involves supporting people in their own homes and within their communities and thus reducing the need for care in more acute or more restrictive settings. This aligns closely with the Council's 'Oxfordshire Way' vision, and the NHS Long Term planed shift to Neighbourhood health and care.

16. In 2025/26,

- The number of people 65+ who are supported by social care at home has increased by 3.97% - c. 100 people - over the last 12 months
- We also offer additional ways for people to retain independence in their communities but with onsite wraparound support through our 21 Extra Care Housing schemes. Care hours delivered in these schemes increased by 6.9% in 25/6, linked in part to the opening of a new scheme – Fern Meadows - in Faringdon.
- The 24/5 ASCOF data shows that the rate of permanent admissions to care homes was below the England average. Our performance against the BCF metrics also remains on target.
- We have remained on target for admissions due to long term conditions and achieved our planned zero growth target for non-elective admissions for people aged over 65.
- Falls-related admissions are above the target we set in the BCF plan but reduced by 11% in Q3.

17. Key factors underpinning this performance include preventative services to increase strength and prevent falls, and through ensuring our urgent care

pathways and services are tailored towards supporting the person's needs in the community rather than through an emergency ambulance conveyance and/or admission to hospital.

18. **Physical activity**

    There is an important connection between physical activity, specific resilience that enables older people to remain safe and independent in their own home and overall wellbeing. Data on physical activity among older people (collected by Sport England until 2023/24) showed that the proportion of inactive older people had decreased by 6% points in the year to 28% and remained just below the England average at the final data return

19. Our main partnership to support older people to remain physically active is with **Active Oxfordshire** that delivers the Move Together initiative, a county-wide programme designed to help people, especially those with long-term health conditions, disabilities, or who are inactive, become more physically active and improve their wellbeing. In 2024/25, 45% of people referred to Move Together were aged 65 or over. 64% of participants increased the amount if activity they were doing, 91% built physical activity into their daily routine and nearly 70% of participants who were completely inactive at initial assessment increased their physical activity levels and sustained it for at least 9 months.[1]

20. In addition to this, **Community Capacity Grants** fund a wide range of grassroots organisations providing physical and social activity initiatives for older people, such as community exercise classes, mental health and activity programmes, and local walking groups. The Connected Communities Fund End of Year Report 2024-2025 shows that in its third year, the Fund continues to help older people and adults with additional needs feel connected and supported in their communities. In 2024-25, 73 funded groups delivered over 2,000 sessions, supporting more than 1,500 individuals and recording 45,000 attendances across the year. Examples of activities delivered include coffee mornings, creative workshops and culturally inclusive exercise sessions, all of which enable Oxfordshire residents to connect with local opportunities close to their homes.

21. **Emergency hospital admissions due to falls for people 65+**

22. Falls are one of the leading causes of injury for older adults and falls-related admissions were a key metric for the BCF in 25/6. This is monitored monthly, whereas the national hip fractures metric in 5.13 is only available annually.

23. Some falls can be prevented through simple steps such as strength and balance exercises, home safety checks, and regular health reviews. The Oxfordshire Falls working group, attended by partners across the health and social care system, has developed a falls action plan to reduce the risk of admissions due to falls. Feedback from colleagues was that there was a lack of knowledge and understanding about what is on offer in Oxfordshire to

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[1] Please see Move Together 2024-25 Report for more details and evidence of impact

prevent falls. From this, a **Falls Awareness Campaign** launched in December 2025, with the aim of raising public and health and care professionals' awareness on local support services, including

- Age UK Oxfordshire's exercise and information programme, [Stay Strong and Steady](#)
- Oxford Health NHS Foundation Trust's [Falls Prevention Service](#) - offers a one-off multifactorial assessment to create a personalised risk management plan for reducing falls
- Support with adaptations to homes provided by City and District Home Improvement Agencies to help older, disabled, and vulnerable residents live safely and independently in their own homes.
- Dedicated helpline has been set up with Single Point of Access (SPA) to support care homes in assisting with falls and avoiding a hospital admission where appropriate.

24. **The Stay Strong and Steady Programme** and the **Community Exercise Programme** as part of Age UK Oxfordshire's physical activity and falls prevention contract funded by Public Health and ICB and jointly managed by the Age Well team. **Stay Strong and Steady Programme** offers exercise and education in the community for older people who have either experienced a fall or are considered at risk, aiming to lower the likelihood of future falls. Between April and September 2025, 213 people were referred, and 151 attended a total of 154 sessions held throughout the county. Participants have noted improvements in strength, mobility, and confidence in their balance. The **Community Exercise Programme** provides 52 weekly classes across Oxfordshire, as well as sessions via Zoom. 10,076 people attended the classes, 80% of them were over the age of 75, and 24% were over 85.

25. **Satisfaction of people who use services with the care and support they receive**

The data on overall satisfaction of people who use services with their care and support is collected annually as part of Adult Social Care Outcomes Framework (ASCOF). We have yet to receive the 25/6 data but, in 2024-25, our performance fell slightly short of the national average of 62.7%, which 59% of older people were very or extremely satisfied with their care. We are working closely with our care market to gain local feedback and seek opportunities to improve.

26. **Proposed metric changes for Shared Outcome 5.1**

Metric	Proposal	Rationale
5.10 – Proportion of older people who are inactive	To be reviewed with Public Health	National data no longer collected – opportunities to report locally
5.11 – Emergency hospital admissions due to falls in people 65+	Keep – but note no longer measured in BCF 26/7 (monitored	BCF 25/6 metric

	locally as part of Urgent and Emergency Care Dataset)	
5.12 – Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions)	Keep – but note no longer measured in BCF 26/7 (as above)	BCF 25/6 metric
New – Emergency admissions to hospital for people 65+	Add	BCF metric 25/6 & 26/7

Shared outcome 5.2 – Enable older people who have lost a degree of independence to regain independence or support their health and wellbeing in their chosen setting.

27. In instances where a loss of independence in the community or after hospital admission, Oxfordshire continues to adopt a 'home first' approach. In this model we support people to regain their independence in their own home or leave hospital as soon as they medically ready for discharge by providing them with the necessary support in their own homes.

28. Home First is focussed on reablement which helps people retain or regain independence in their own home and/or on discharge from hospital. In 2025/26 there has been an increase in community reablement, meaning we can proactively identify and support people and ideally prevent admissions to hospital settings. Approximately 80% of people experience independence or a reduction in long term care needs immediately following a period of reablement. To reflect the national shift in focus from acute to intermediate care, the BCF 26/7 will also adopt an amended ASCOF measure relating to longer term success of reablement in ensuring people remain at home, rather than in another setting, after 12 weeks. In 2023-24, we achieved 86.3% - better than the England average – against the similar ASCOF measure. Data issues mean we do not have a more recent figure, but this will be addressed as part of reporting for BCF in 26/7.

29. Our performance against national BCF metrics for people who are discharged from hospital to their normal place of residence has been historically below local BCF targets and the England average. This metric has been removed from BCF reporting for 26/7, likely following feedback from systems that the metric does not account for longer term outcomes following discharge – unlike the metric relating to reablement outcomes after 12 weeks in paragraph 28. We are actively working with partners to reduce the length of stay for people medically optimised for discharge across all discharge pathways to ensure they can return home as soon as possible. We also work with voluntary sector partners, such as Age UK Oxfordshire, on services such as **Urgent Community Links,** which offers non-medical support to enable a faster discharge. Other services include a smaller discharge support service with

Age UK Oxfordshire for the Abingdon and Wallingford Community Hospitals, providing support both in the hospitals and in the community following discharge.

30. **Dementia diagnosis**

We remain slightly below target on diagnosing older people with dementia (63% - equating to 6202 people in total - against our target of 65.6% in 2025). A system-wide discussion has started to help us understand the services and variances across the Thames Valley Integrated Care Board (ICB) footprint. There is a detailed action plan to improve the diagnosis rate which includes projects to improve coding and to improve and standardise hospital pathway; dementia advisors being embedded into the system; Dementia Oxfordshire contract; developing support to informal carers; providing appropriate care in care homes and whilst in hospital and providing appropriate support to people with complex dementia. A contract has also been developed to support discharges from hospital for people living with complex Dementia.

31. Following a successful tender, Age UK Oxfordshire has again been awarded the contract for the **Dementia Support Service** which is due to start imminently. This service supports people with dementia and their carers in the community, providing support and education. Since 2021, the service has experienced an increase in demand, around 9.5% each year. Approximately 75% of people living with dementia in the community are being supported by the service (excluding people in care homes). The service supports people with mild cognitive impairment and their carers to ensure we can support more vulnerable people in Oxfordshire. Referrals for this element from Memory Clinics are consistent and the new contract will see more engagement with GPs to raise the profile of this support offer.

32. **The Council and the ICB (via NHS Continuing Healthcare) continue to manage permanent Care Home admissions for people aged 65 and over**

Care home placements are only used for people who can no longer safely remain in their own home, and primarily for those with nursing and/or specialist needs, such as dementia.

- We have been reducing permanent care home admissions for older people in recent years. Progress against the BCF metric for care home admissions in 25/6 has been on target at 609 admissions at Q3 against a full year target of 722. We also remain one of the higher performing Local Authorities nationally for this metric, ranking 37 out of 151 Local Authorities.

- There remains a significant issue of people choosing to admit themselves to care homes when there may be opportunities to continue to live in their own homes. Following evidence that several self-funders self-admit to care homes due to having limited information and support, we have undertaken a project to further support this cohort to make informed decisions about their care. We have developed communications, guides and created Google search adverts linking to useful resources. Between September and November these adverts were seen over 22,000 times.

- We also offer support in alternative settings, such as Extra Care Housing. As mentioned in paragraph 16, we have seen an increase in care hours delivered through these schemes over 25/6 and we have opened a new scheme – Fern Meadows – in Faringdon to reflect our ambition to further support people in their communities.

Proposed changes to Shared Outcome 5.2

Metric	Proposal	Rationale
5.10 – Percentage of people discharged from acute hospital to their normal place of residence	To be reviewed	Note no longer measured in BCF 26/7 – opportunities to focus on longer term outcome metrics

Shared outcome 5.3. More older people empowered to take part in decision making about their own health and wellbeing

33. There are a range of services and support available to help people have control over their lives and have access to information and advice they may need. Some of these services focus on providing information, advice and signposting, and some are more specialist, such as direct payments or specialist advice services.

34. Oxfordshire County Council has a specialist **Direct Payment** Advice team which supports current and potential direct payment users, representatives and colleagues across the county to work through what type of direct payment people would prefer and can assist with employed/self-employed personal assistants and signpost to other third-party suitable options. In 2024-25, 16.2% of older people using social care received a direct payment in Oxfordshire, which is 2.6% higher than England average.

35. Another way of empowering people to make decisions about their own health and wellbeing is to provide them with information about support available. Our online directory, **Live Well Oxfordshir**e aims to enable people to live safe, healthy and independent lives and be a part of their communities through a comprehensive directory. Currently over 2,600 groups, health, care and community services and activities are listed in the directory alongside a range of information pages. There is also a 'What's on Calendar' function for people to easily see when activities and events are happening in their local area.

36. From September 2024 to August 2025, visits to the Live Well Oxfordshire online directory rose by over 21,000 compared to the previous year. There are plans to introduce 'Care Finder', which will assist people to find care solutions using the online directory through answering a series of questions and filtering results accordingly. This will help people search and source their own care in their own time.

37. We know that many Oxfordshire residents experience financial difficulties relating to benefits and not everyone is claiming what they are entitled to. To help with this, we commissioned Age UK Oxfordshire to deliver the **Specialist Advice service**. The service started on 1 November 2024 and in its first year reached 2,914 people. The new online Oxfordshire Advice Navigator portal was used over 4,100 times. As a result, the service has secured £3,738,548 worth of reduced debt and increased benefits. The service has a particular focus on people living in the most deprived areas of Oxfordshire who are most likely to experience inequalities, and people with protected characteristics.

38. The service includes preventative training for people in communities before they reach a crisis point, including sessions on money management, budgeting and awareness raising for sources of support. 84 people benefited from this in year one and we are working to increase this in year two.

Update on Age Well Priority 6: Strong social relationships

Shared outcome 6.1. More connected communities and closer links between health, social care, and community-centred interventions, ensuring no age exclusions

39. Social contact is fundamental to health and wellbeing. People who feel connected to their communities and able to access support are less likely to require formal services. In 2024–25, 38.5% of older people receiving social care said they had as much social contact as they would like, which is below the England average of 43.1%.

Unpaid carers

40. In addition to convening our all age unpaid carers strategy, we commission **Carers Oxfordshire** to support unpaid carers, offering assessments, advice, training, peer support and short breaks. We are working with the service to further improve carers' social contact.. Unverified data relating to the latest ASCOF unpaid carers survey suggests that people are reporting an improved experience, but with continuing issues regarding access to social contact. We will review this data when it is confirmed together with comparator data from the rest of England to help identify learning opportunities.

Community assets

41. Community assets and informal support play a vital role in keeping people safe and well. Since 2022, the **Community Capacity Grants** programme has supported grassroots voluntary organisations to fill gaps in local provision, increase volunteering and collaboration, develop innovative approaches (including tackling digital exclusion), and reach people who struggle to access traditional services. Grants are delivered through Oxfordshire Community

Foundation (£5,000–£20,000) and OCVA/Community First Oxford (up to £5,000). To date, £1m has been awarded to 179 projects, delivering over 2,500 sessions and reaching more than 23,000 people.

42. We also commission **Age UK Oxfordshire's Community Links Service**, where Community Connectors help people access local support and remain independent. Between January 2023 and October 2025, 46% of people referred no longer required Adult Social Care intervention.

43. **Local Area Coordination (LAC)** offers flexible, preventative support without referrals or thresholds, helping people use their strengths and connect locally. Since 2024, LACs have supported over 200 residents, with 121 receiving longer-term support. Outcomes include improved mental health, stronger social connections and reduced reliance on statutory services, contributing to lower loneliness and isolation. We have also bid to undertake an evaluation exercise in partnership with NIHR to establish the impact of the model in Oxfordshire.

44. **Social prescribing** provides a non-medical route into community support alongside clinical care. In 2022–23, over 7,700 people aged 50+ were referred, with reported improvements in health, wellbeing and quality of life.

45. **Proposed metric changes for Shared Outcome 6.1**

Metric	Proposal	Rationale
6.11 - Number of social care users accessing community-based support for health and care needs in the year	Keep – methodology to be reviewed	The national methodology for calculating this measure has been changed
6.12 – Volunteering rates	To be reviewed with Public Health	National data no longer collected – opportunities to report locally
6.13 – People supported by social prescribing	To be reviewed	National data not available – opportunities to report locally

Priority 6.2: Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas

46. Oxfordshire is the most rural county in the South East. We do not find significant differences in social care satisfaction between urban and rural areas of Oxfordshire. However, people in rural areas report more likely to be lonely and less able to get out of their house. Supporting our rural

communities via the range of services and community assets covered above is key to understanding the opportunities and barriers these residents face. In addition, understanding rural inequalities in Oxfordshire beyond the 10 most deprived wards in the county is a key project as part of the Marmot Place Programme.

47. Oxfordshire County Council has identified **digital inclusion** as a priority to ensure everyone has the chance to access and use digital technology. It involves giving people the tools they need, like computers and the internet, and teaching them how to use them. This way, everyone can benefit from what's available online - like information, education, jobs, and staying in touch with others. More details are outlined at Digital inclusion | Oxfordshire County Council and Digital Infrastructure Programme.

48. In addition to other support available in our communities, we run Digital Cafés initiatives in Oxfordshire to support people to use digital tools. Full details of the Digital Café sessions available throughout the county can be found on our Live Well Oxfordshire website Digital Cafes - Oxfordshire.

49. **Proposed metric changes for Shared Outcome 6.2**

Metric	Proposal	Rationale
6.21 – Proportion of people who volunteer regularly or occasionally	To be reviewed	Source data likely from one-off surveys – regular indicators to be determined
6.22 Impact of rurality on access to services and satisfaction		
6.23 Proportion of older people using the internet		

Next Steps

50. There is a range of ongoing work to support older people in Oxfordshire and address the Age Well priorities of the Health and Wellbeing Strategy. We are currently reviewing the indicators included in the Outcomes Framework to ensure they reflect updated local and national priorities.

51. Some of the performance indicators focus on long-term wellbeing, which may be achieved through a specific programme, service or intervention or a combination of several system-wide initiatives. In these instances, it can be difficult to establish clear causal relationships between commissioned services and performance metrics. However, we are working to evaluate value for money and impact on all services.

52. The development of neighbourhood approaches will further enhance social care, health and voluntary sector working together to support people, and we see this as an opportunity to further align how we support older people in Oxfordshire and their carers.

53. Oxfordshire becoming a Marmot place is an opportunity to further understand the impact of rurality on our older population and how we can further improve how we support rural communities.

Corporate Policies and Priorities

54. Adult Social Care's priorities are shaped by our corporate vision and priorities, with particular focus on 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 ICB strategy.

Financial Implications

55. There are no financial implications that the Health and Wellbeing Board is asked to note in relation to this report. As detailed within this update, the pooled budget, BCF and other existing budgets are being utilised to deliver against the above priorities.

Comments checked by: Stephen Rowles, Strategic Finance Business Partner, stephen.rowles@oxfordshire.gov.uk

Legal Implications

56. This report provides key updates to the Health and Wellbeing Board in relation to the Council's statutory functions to improve the health and wellbeing of the Oxfordshire population. The Council's statutory functions derive from a variety of legislation including Part III of the National Assistance Act 1948, the National Health Service and Community Care Act 1990, the Care Act 2014 and the Health and Social Care Act 2012.

Comments checked by: Jayne Pringle, Principal Solicitor (Contracts), Jayne.Pringle@oxfordshire.gov.uk

Equality & Inclusion Implications

57. Equity in experiences and outcomes is a key priority for Adult Social Care arising from our statutory duties under Care Act 2014 and CQC Assurance Framework.

58. Equality and inclusion are key pillars of how we support older people in Oxfordshire and are supported by activities covered in this report.

Karen Fuller
Director of Adult Social Care
Oxfordshire County Council

Annexes: Annex 1: Performance Report 25/6

Contact Officer: Isabel Rockingham
                            Head of Joint Commissioning (Age Well)
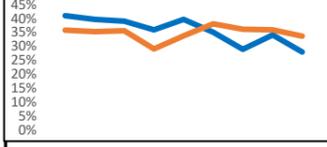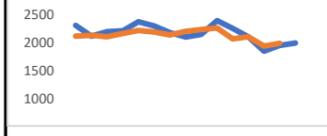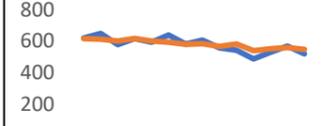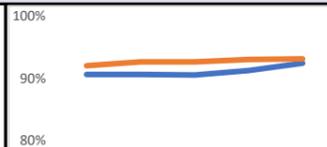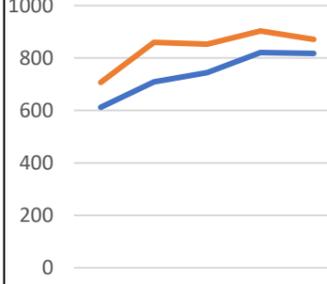   isabel.rockingham@oxfordshire.gov.uk
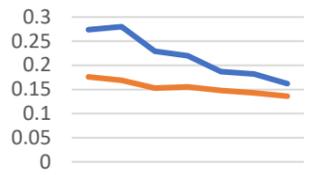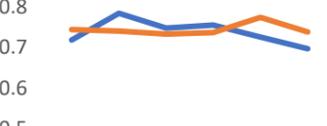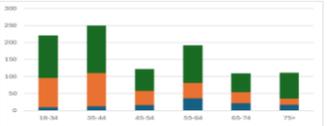

February 2026

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Age Well HWBB measures

Priority 5: Maintaining Independence

We will support more older residents to remain independent and healthy for longer. We will ensure they are always treated with dignity and are fully valued

	Indicator	Frequency	Target	Reporting period	Value	RAG	Commentary	Trend chart Oxon blue; Eng Orange	Source
	5.1 More older residents to remain well, safe and independent in their home for longer								
5.10	Proportion of older people who are inactive	Annual		2023/24	28.0%		**Data no longer collected by Sport England - metric to be reviewed as part of broader HWB outcomes review.** As of 23/24 the proportion of inactive older people (65+) decreased by 6% points in the year but remains just below the national average.		Sport England
5.11	Emergency hospital admissions due to falls in people 65+ *	Monthly	2480	Dec-25	3056		The latest available national data is for 23/24 with Oxon Performance better than national average. Admissions rose by 6% in 23/24 compared to 22/23. Latest BCF for 12 months to December 2025 shows 1,990 recorded admissions for falls in Oxon		BCF
5.12	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions) *	Monthly	5617	Apr - Dec 2025	4174		Projected full year value (5565) is below the BCF target, meaning we are out-perfoming the 25/6 plan.		BCF - Metric 8.18AA
5.12	Hip fractures in Over 65s	Annual		2023/24	519		In line with national position the number of people over 65 with a hip fracture is reducing. Number fell by 50 (9%) from 569 to 519 in last year and is currently 5% below the national rate		Fingertips
5.14	Overall satisfaction of people who use social care services with their care and support (65+ only)	Annual		2024/25	59.0%		59.0% very/extremely satisfied. Performance below the national average of 62.7%		ASCOF (1D)
	5.2 Enable older people who have lost a degree independence to regain independence or support their health and wellbeing in their chosen setting								
5.20	Percentage of people who are discharged from acute hospital to their normal place of residence *	-	95%	Apr - Dec 2025	92.4%		Historically below target. Target increased to 95%.		BCF - 8.3
5.21	% of people still at home 91 days after reablement	Annual		2024/25	86.3%		Performance has improved in the last 3 years (after falling in the previous 7 years). Figure now better than the national average. Most recent data is 2023/24. DHSC (Dept. Of Health & Social Care) unable to calculate for 2024/25 due to data issues. This will be available for 26/7 as part of BCF metric monitoring as it has become a core BCF metric		ASCOF
5.22	Estimated Dementia Diagnosis rate	Annual	65.6%	2025	63.3%		Slightly below target. 6202 diagnoses out of a target of 6457		Fingertips

	Indicator	Frequency	Target	Reporting period	Value	RAG	Commentary	Trend chart	
5.23	Permanent care home admissions for people aged 65+ *	Annual		2024/25	505		Performance is better than England average (592.5) Oxfordshire ranks 37 out of 151 Local Authorities.		ASCOF (2C)
5.3 More older people empowered to take part in decision making about their own health and wellbeing									
5.30	% of older people using social care who receive a direct payment	Annual		2024/25	16.2%		Performing is better than England average by 2.6%.		ASCOF (3D2A)
5.31	People in receipt of pension credit	-		Aug-25	8501		8501 pensioners are in receipt of pension credit - 5.9% of pensioners in Oxfordshire. This compares to 10.5% of pensioners in England.		Stat-Xplore. Population data
5.32	% of older people using social services who have control over their lives	Annual		2024/25	69.7%		Performance dropped in year (England average is 73.8%)		ASCOF (3A)

Age Well HWBB measures

Priority 6: Strong social relationships

Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially among rural

	Indicator	Frequency	Target	Reporting period	Value	RAG	Commentary	Trend chart	
6.1 More connected communities and closer links between health, social care, and community-centred interventions, ensuring no age exclusions									
6.10	% of adult social care service users who get as much social contact as they would like (over 65 only)	Annual		2024/25	38.5%		Performance dropped in year (England average is 43.1%)		ASCOF (5A1)
6.11	Number of social care users accessing community-based support for health and care needs in the year	Annual		Oct 24 - Sept 25	3777		Methodology for calculating this measure has changed, as the SALT return has been discontinued.		CLD Dashboard
6.12	Volunteering rates (65+)	Annual		Nov-24	19.8%		**Data no longer collected by Sport England - metric to be reviewed as part or broader HWB outcomes review.** Proportion of older people (65+) volunteering decreased by 5.6 % points in the year.		Sport England
6.13	People supported by social prescribing	Annual		Mar-23	7752		**No national data:** Locally 7752 people aged 50+ were referred to social prescribing in 22/23. This was up from 4505 in 21/22. Table shows people supported by age group (<20; 20-50 and 50+)		N/A - to be reviewed
6. 2 Better understanding of the unique strengths and challenges of living in Oxfordshire's rural areas									
6.21	Proportion of people who volunteer regularly or occasionally	Annual		Mar-24	13%		**No national data:** Older people more likely to regularly volunteer than younger people. 13% over 55s volunteering every week. Younger people more likely to volunteer occasionally. Chart shows frequency of volunteering by age group		N/A - to be reviewed

6.22	Impact of rurality on access to services and satisfaction	Annual		Mar-24			No significant difference in social care satisfaction by urban/rural areas. People in rural areas report more likely to be lonely and less able to get out of their house		N/A - to be reviewed
6.23	Proportion of older people using the internet	Annual		Mar-24	91%		91% of people 55+ use the internet compared with 96% of younger adults. The rate of use drops off with age with 1 in 4 people over 75 not using the internet		N/A - to be reviewed

* these indicators are reported as part of the better care fund

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HEALTH & WELLBEING BOARD

DATE 12th March 2026

Safer Oxfordshire Partnership

Report by Rob MacDougall - Appendix 1 & Serena Abel - Appendix 2

RECOMMENDATION

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

    NOTE the activities and outcomes of the Safer Oxfordshire & Oxfordshire Domestic Abuse Strategic Board, reflected in Annex 1 & 2
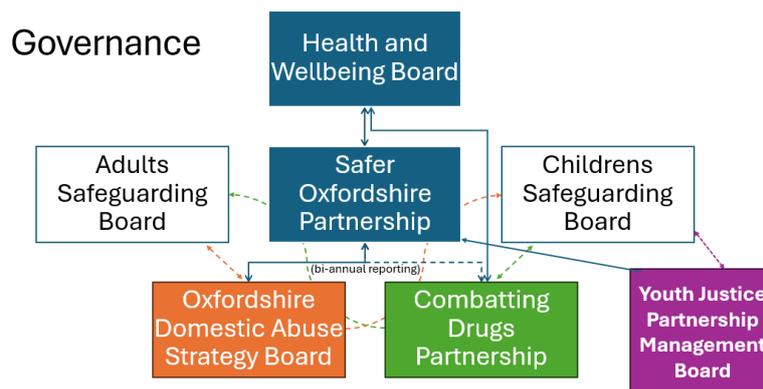
Executive Summary

2. The Safer Oxfordshire Partnership is reporting to the Health & Wellbeing board, and this is the first overview of the work of the partnership in Oxfordshire.

Safer Oxfordshire Partnership

3. The Safer Oxfordshire Partnership serves as the strategic framework for enhancing community safety and reducing crime and anti-social behaviour throughout Oxfordshire. By fostering collaboration among various stakeholders, the partnership effectively aligns resources and initiatives to address shared community safety priorities across the region.

4. Central to its mission, the partnership acts as a vital conduit between the office of the Police and Crime Commissioner and the district-led Community Safety Partnerships (CSPs) in each of Oxfordshire's four districts. This collaboration ensures a cohesive approach to tackling local and countywide safety issues.

5. The Safer Oxfordshire Partnership is structured around an officer-led coordination group that oversees the execution of strategic initiatives. Each district CSP is empowered to develop tailored strategic plans that reflect the unique needs and challenges of their respective communities. These district plans are integrated into broader countywide strategies, ensuring that local priorities align with overarching objectives.

6. Key components of the partnership include the Combatting Drugs Partnership, which provides biannual updates to the Safer Oxfordshire Partnership while also reporting directly to the Health & Well-Being Board. This dual reporting

structure allows for a comprehensive understanding of substance misuse issues within the context of broader health considerations.

7. Additionally, the Youth Justice Partnership Management Board and the Oxfordshire Domestic Abuse Strategic Board are integral to the Safer Oxfordshire Partnership. Both boards have established reporting protocols to ensure that their activities and initiatives are regularly communicated and integrated into the partnership's strategic discussions.

8. This structure facilitates a proactive and coordinated response to emerging challenges, ensuring that all partners are informed and engaged in promoting safer communities. The accompanying diagram illustrates the reporting relationships and communication channels among the various partnerships, highlighting the collaborative nature of the Safer Oxfordshire initiative.

9. By prioritizing strategic oversight and fostering collaborative efforts, the Safer Oxfordshire Partnership aims to create a safer environment for all residents of Oxfordshire, ultimately enhancing the quality of life and community well-being across the region.

Governance

- Health and Wellbeing Board
- Adults Safeguarding Board
- Safer Oxfordshire Partnership
- Childrens Safeguarding Board
- (bi-annual reporting)
- Oxfordshire Domestic Abuse Strategy Board
- Combatting Drugs Partnership
- Youth Justice Partnership Management Board

10. The Oxfordshire Domestic Abuse Strategic Board are responsible for providing strategic leadership for domestic abuse in Oxfordshire, overseeing the delivery of the Overarching Oxfordshire Domestic Abuse Strategy and Safe Accommodation Strategy. The Domestic Abuse Act was enacted in parliament in April 2021 and Part Four of the Act confers statutory duties on Tier One Local Authorities within England including the need for provision of accommodation-based support in its area for victim-survivors and their children.

11. Health and Wellbeing board are recommended to note the activity of the Oxfordshire Domestic Abuse Strategic Board as outlined in the 2024/25 annual report included in Annex 2.

Annexed Documents: Annex1 Safer Oxfordshire Partnership Annual Report
                          Annex 2 Domestic Abuse Annual Report

Exempt Information

12.   Not applicable

Corporate Policies and Priorities

13.   The activity of the Safer Oxfordshire Partnership supports the vision, values, objectives and strategic priorities in the County Council's corporate plan by tackling inequalities through ensuring that services are accessible to all and demonstrates our commitment to prioritising the health and wellbeing of our residents

Financial Implications

14.   This report covers the activities achieved in the last year under the SOP, all resources required to delivery these activities are funded through existing received grants and therefore does not present any financial implications.

Comments checked by:

Drew Hodgson
Strategic Finance Business Partner
Drew.hodgson@oxfordshire.gov.uk

Legal Implications

15.   The Domestic Abuse Act 2021, established key provisions for the protection and support of victims of domestic abuse, including requirements for 'relevant' local authorities to:

- prepare, publish and monitor the effectiveness of a strategy for the provision of accommodation-based support in its area,

- appoint a domestic abuse local partnership board to provide advice to the local authority about its strategy and the provision of other local authority support in its area, and

- provide an annual report to the Secretary of State on the performance its responsibilities under the Act.

16.   This report provides an update on the activities of the Local Partnership Board and the Safer Oxfordshire Partnership. There are no specific legal implications arising from this report

Comments checked by: Janice White, Principal Solicitor

Staff Implications

17.   There is no staffing implications specifically linked to this report.

Equality & Inclusion Implications

18.   There are no Equality and Inclusion implications specifically linked to this report.

Sustainability Implications

19.   There is no sustainability implications specifically linked to this report

Risk Management
20.   There is no risk management associated with this report

Consultations

21.   There are no consultations as this is retrospective review of activity in the Safer Oxfordshire Partnership.

Rob MacDougall - Chief Fire Officer and Dir Comm Safety

Annex 1:   Safer Oxfordshire Partnership Annual Report 2025-26
Annex 2:   Domestic Abuse Annual Report

Contact Officer:
Karen Crossan – Partnerships & Safeguarding Manager, Oxfordshire Fire & Rescue, karen.crossan@oxfordshire.gov.uk Appendix 1
Serena Abel – Interim Head of Public Health Programmes & Public Health Principal Domestic Abuse serena.abel@oxfordshire.gov.uk – Appendix 2

Safer Oxfordshire Partnership

Annual Report 2025/26

Safer Oxfordshire Partnership

CONTENTS

INTRODUCTION

Purpose of the Annual Report (Community Safety Agreement)

The legislation states that an annual community safety agreement is required in two tier county areas. Such an agreement provides a summary of our achievements over the past year and sets out our joint priorities for the year ahead. It also sets out our principles for working together and provides information about the partnership works.

Our Vision

Working together to reduce crime and create a safer Oxfordshire.

Background

The Safer Oxfordshire Partnership is a thematic group in Oxfordshire that brings together community safety partners to work together to deliver on joint priorities and emerging themes. The partnership is part of a strategic framework that community safety partners are expected to put in place to improve outcomes for local people.

Regulation eight of The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 sets out the community safety requirements which apply at a county-wide level. This requires that for each county area there shall be a county strategy group whose function shall be to prepare a community safety agreement and partnership plan for the county area on behalf of the responsible authorities in that county area.

In Oxfordshire, the Safer Oxfordshire Partnership fulfils this function which ensures the countywide statutory functions in relation to community safety in Oxfordshire are met through the coordination of action on community safety matters, directing resources to the highest priority areas and ensuring efficiency.

We will deliver this vision through the priorities identified in this plan that outlines our priorities for safeguarding vulnerable adults and children through supporting victims, tackling offending, and collaborating with the local community to keep themselves safe.

All our activity will include consideration of inclusivity and access to Oxfordshire services by minority and vulnerable groups. Oxfordshire is a low crime area, and we are committed to working together to ensure that crime levels remain low, and we continue to improve the safety of our local community.

WORKING IN PARTNERSHIP

Safer Oxfordshire Partnership

The Partnership provides a coordinated approach to responding to shared community safety priorities across the four-district & City level CSPs. Representation on the Safer Oxfordshire Partnership includes the county council (children's social care, fire and rescue, public health), the district/ city councils (who chair the four CSPs), as well as the police, probation service, community rehabilitation company, prison service, Integrated Care System, and the voluntary sector.

SOP's broad membership ensures strong links between other strategic partnerships, such as the Oxfordshire Safeguarding Children Partnership, the Oxfordshire Safeguarding Adults Board, the Health, Oxfordshire Domestic Abuse Strategic Board, Wellbeing Board and Combatting Drugs Partnership.
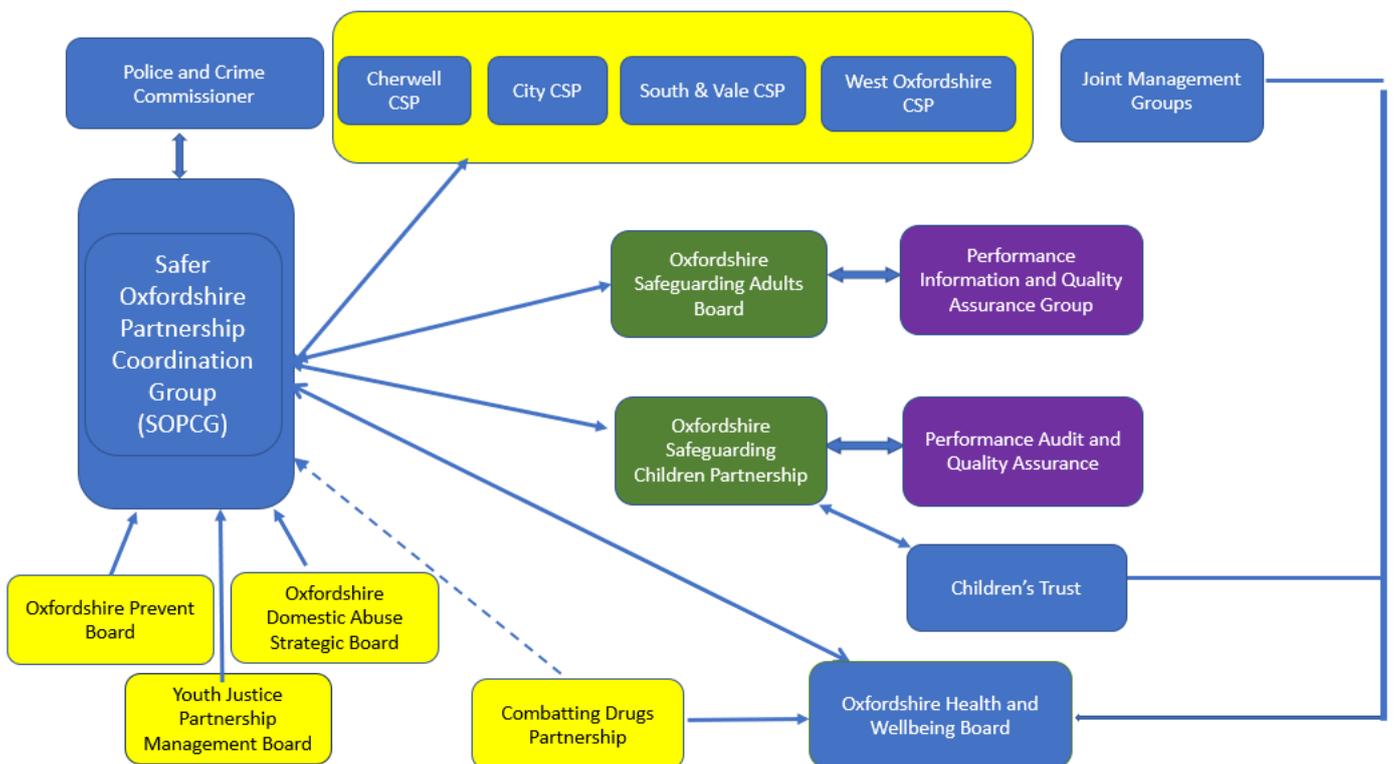
Principles of Working Together

A working protocol has been agreed across the multi-agency Boards/ Partnerships that are working to improve the health and wellbeing of Oxfordshire's residents and safeguard children, young people and adults with care and support needs who are vulnerable to abuse and neglect.

Underpinning this protocol are the principles of thinking partnership working; understanding our own responsibilities and those of other partnerships; working together on themes of common interest; sharing information about risk; providing mutual challenge and support; sharing good practice and resources; and working with openness and honesty.

The protocol sets out how the different Boards and partnerships will interface with each other, including reporting; regular liaison and consultation; and escalating safeguarding concerns.

How the Priorities are Agreed

Each year the partnership produces a Strategic Needs Assessment (SNA) for Oxfordshire. The assessment is a snapshot of crime and community safety. It describes future threats and opportunities and helps us to understand crime and disorder issues. The assessment uses data from Thames Valley Police, the Home Office, and the Office for National Statistics. The SNA, together with the strategic objectives of the Police and Crime Commissioner (PCC), and the priorities of the district/ city Community Safety Partnership (CSP) Plans, provide the evidence base to agree our countywide priorities.

We also now have included a Violent Crime Strategic Needs Assessment as prescribed by the Serious Violent Duty Act - https://www.gov.uk/government/publications/serious-violence-duty

Strategic Needs Assessment – Summary

There were 42,884 valid crime occurrences 2024. Of these 40% were acquisitive crime, 31% were violent crimes (A third of which were violence with injury)

There has been a 12% decrease from 2023 with occurrences at their lowest level since the pandemic. This is mostly due to a decrease in Violence Without Injury. This was the result of reclassifying some harassment occurrences.

Reported acquisitive crime has increased from 2023; while other categories declined reported shoplifting increased by 26%. This could partly be attributed to the result of the work of the retail crime strategy working with TVP to increase confidence amongst retailers to report shoplifting occurrences. Robbery also increased by 34%.

Serious violence has increased slightly from 2023. It declined every year from 2018 to 2023 but 2024 saw an increase of twelve occurrences (4%).

Only Oxford experienced an increase in crime from 2023 to 2024, this was from increases in Acquisitive and Drug occurrences. The former is the result of increased reported shoplifting, the latter due to police operations.

There has been a 93% increase in drug supply occurrences since 2023, more than double 2022. A single police operation involving multiple arrests will be at least partly responsible.

The peak age-group for criminal damage, sexual offences, violence without injury, and violence with injury is 13-15 years old, for Anti-social behaviour it is 11-14 years old. This is reduced from the 2018-2023 peaks and is concerning. The reason for this change is unknown.

Although data is limited there is some indication of ethnic minorities being slightly overrepresented in crime figures (both as suspects and victims), but the problem does not appear to be hugely substantial.

The full SNA document can be found here: [Oxfordshire Data Hub – Crime & Community Safety – Community Safety](#)

Our Priorities in 2025/26

Fighting modern slavery and serious violence

- The partnership remains committed to tackling child criminal exploitation and safeguarding children from harm outside the home using contextual safeguarding approaches. The Violence & Vulnerability Strategy, Youth Justice & Exploitaition Annual Plan and OSCB CE sub-group action plan outlines how, as a partnership, we are continuously striving to develop and improve our practice to safeguard children in Oxfordshire

- The vision is "For everyone in Oxfordshire to live a safe and happy life free from slavery and exploitation in all its forms" and the strategic priorities are to: Improve awareness, understanding, identification and reporting of modern slavery across all relevant organisations and with the public in Oxfordshire; Facilitate a positive protection and support system for victims which prevents repeat victimisation; Prevent the victimisation of those vulnerable to exploitation; and Hold perpetrators to account, promote appropriate prosecutions and develop effective disruption activities.

- The Oxfordshire Violence & Vulnerability strategy sets out how the Safer Oxfordshire Partnership will address public space youth violence including knife crime and serious violence associated with drug-related exploitation of vulnerable adults and children in the county; focussing on the people who are posing the greatest threat, harm, and risk to our communities. We fully recognise that sexual violence, domestic abuse and violence against women and girls is cross-cutting and no less serious in terms of risk and harm, for clarity and accountability these areas are delineated into distinct strategies and plans, each with their own measures and impact indicators.

Protect vulnerable people through reducing the risk of abuse.

- At the time of writing, 189 people have signed up for the current DA Champions network mailing list and have access to the online DA Champions Hub. They receive quarterly newsletters, a suite of resources and support directly through this platform to support them in their roles. 116 Delegates completed the 2-day training programme in 2024/25, bringing the total number of accredited Champions to in the network to 134 since the contract began in 2023.

- In addition to this, 4 half day network meetings have been held to encourage networking and professional development opportunities. The total number of people attending the Oxfordshire Domestic Abuse Champions Network training (including 2-day training, webinar and Network Meetings) is 250. The goal is to expand and diversify the network, allowing Champions to meet at Network meetings and stay connected through the online hub, which offers resources and a platform for discussion and support

Reduce the harm caused by alcohol and drug use.

- The key priorities of the Oxfordshire Combating Drugs Partnership (CDP) for 2024/25, aligned to the National Drug Strategy from Harm to Hope[1], continue to include the following:
  - To increase the number of children and young people and adults supported into structured treatment for alcohol and/or drug use per annum
  - To improve pathways and continuity of care for people coming out of prison with an ongoing drug or alcohol treatment need
  - To reduce drug related deaths through an enhanced partnership approach and widening the provision of naloxone – a medicine that reverses an opiate overdose.

- Additional grant funding, provided to public health to support delivery of the ambitions set within the Harm to Hope drug strategy, continues to provide additional capacity within the community adult alcohol and drug treatment service (provided by Turning Point) to engage people engaged in the criminal justice system and support them into treatment as well as to support the court process and provide support as they leave prison. This funding is continuing into 2025-26 but is not confirmed beyond March 2026.

- The Refresh Café is an initiative that provides support for drug and alcohol users with a history of offending, to enable them to access employment-based interventions and real work experience, reduce re-offending, increase employment opportunities, sustain recovery and prevent relapse. A priority for 2024/2025 is maintaining the key output targets for the Refresh Café including: (i) at least thirty offenders completing its accredited volunteering programme; (ii) at least twenty offenders moved into further training; (iii) at least fifteen offenders moved into paid employment; (iv) at least thirty offenders becoming drug / alcohol free. The project aimed to support 40 offenders volunteering at Refresh over the year.

- Continued development of the Alcohol Partnership in Oxfordshire by the Public Health team which comprises, but is not limited to, Community Safety leads, local authority licensing leads, Hospital Trust, SCAS, Thames Valley Police, Probation Commissioned drug and alcohol services, local Universities and housing and employment services. to ensure a focus on reducing the harms causes by alcohol across the Oxfordshire system and night-time economy.

Reduce the level of re/offending, especially young people.

- Improving victim and witness satisfaction - putting people at the centre of the CJS.
- Supporting the principle of facilitating the required Criminal Justice processes necessary to make Restorative Justice a timely, safe, and efficient intervention to reduce re-offending and the risk of repeat victimisation.

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[1] From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK

- Reducing Reoffending - reducing crime, harm and risk by focusing on evidence-based, partnership approaches including Integrated Offender Management, Focussed Deterrence and prevention and diversion work to prevent children from entering the youth justice system in the first place
- Improving access to health provision for offenders and reducing health inequalities.
- Supporting children within the youth justice system in line with the YJB Child First principles, to treat children as children, include children in decision-making and planning, support them to build pro-social identities and make positive contributions to their communities, and to ensure all work reduces criminogenic stigma from contact with the criminal justice system
- Early indentification of children most vulnerable to furtue offending, exploitation and serious violence by implementing evidence based interventions such as year 6-7 transitions and relationship violence prevention programmes in schools and communtites.
- Use a holistic, placed based approaches to address and prevent risks to young people and communities such as anti-social behaviour, violence and offending

Some of Our Achievements in 2024/25

Public Health – Refresh Cafe

The Refresh Café, part of the Oxfordshire Reducing Reoffending and Recovery Project, has continued to deliver impactful support to individuals in recovery and those involved in the criminal justice system. In 2024/25, the programme exceeded its annual targets, with 36 offenders completing the accredited volunteering programme, 34 progressing into further training, and 19 securing paid employment. A total of 605 online training modules were completed, covering essential topics such as food hygiene, mental health awareness, and drug and alcohol training. The café also facilitated over 4,300 hours of volunteer-led activities, including mutual aid sessions, women's recovery networks, and community engagement events across Oxfordshire. These initiatives have provided structured, meaningful opportunities that foster self-esteem, skill development, and social reintegration.

The project's holistic approach includes court-based recruitment, in-reach sessions at probation and prison facilities, and tailored support such as transport assistance and digital access to training. Notably, the Women's Recovery Network and the Freedom Programme have created safe, supportive spaces for women at various stages of recovery. The café's collaboration with local agencies, including the judiciary, probation services, and health providers, has been instrumental in reducing relapse and reoffending rates. With continued funding secured for 2025/26, the Refresh Café remains a cornerstone of Oxfordshire's strategy to support recovery and rehabilitation through community-based, peer-led interventions.

Public Health – VAWG Coordinator

The Violence Against Women and Girls (VAWG) Coordinator has played a vital role in advancing Oxfordshire's strategic response to gender-based violence. Working closely with Thames Valley Police and local partners, the coordinator ensures the effective implementation and alignment of VAWG and domestic abuse strategies across the county.

The role provides expert input at Community Safety Partnership (CSP) meetings, supporting districts in developing funding bids for VAWG initiatives, and manages the delivery of targeted training to professionals and the public. The coordinator also oversees the monitoring and Domestic Abuse Training and Champions contracts, ensuring high-quality service delivery. As the Public Health lead for the Pursuing subgroup of the Domestic Abuse Strategic Board, the postholder contributes to efforts aimed at holding perpetrators accountable and promoting early intervention through a systems approach.

Additionally, they represent Oxfordshire County Council and CSPs at regional and national forums, sharing best practices and strengthening the county's system-wide response to VAWG.

South & Vale – Chelsea's Story & Crashing Productions

Funding has been used for "Chelsea's Story" and "Crashing" educational theatre performances, delivered within secondary schools to raise awareness of Child Sexual Exploitation. The performances covered what makes a healthy relationship, safe internet use/sexting, consent, avoiding victim blaming and where to go for help and advice.

622 feedback surveys were received from students to help measure their knowledge and awareness of the subject. A sample of student feedback on the performances is featured below:

- *I thought the performance was good and changed my view on CSE. I knew quite a lot about it previously but knowing vs seeing makes it really moving and makes you really realise what these people are going through.*
- *I think the play is very helpful to understand child exploitations and how to avoid it*
- *The performance was excellent, gave the students a good feel about what people experience during sexually abuse and exploitation. I am now aware of when to report something. Thank you!*
- *I thought the performance was very powerful and it was a very well told story. I liked that it was broken up by the "drama lesson" to share different perspectives on Chelsea's story. The actors were very good, and the message was very clear and impactful.*

Funding also has enabled Didcot Train and The Abingdon Bridge to engage with disadvantaged young people in positive activities, whilst empowering and providing young people with opportunities and tools to make the right decisions, rather than becoming involved in criminal activity and being disengaged with the local community.

West Oxfordshire Community Safety Partnership -Exploitation Workshops

The West Oxfordshire Community Safety Partnership delivered exploitation awareness assemblies in three educational settings—Carterton Community College, Henry Box School, and Abingdon and Witney College—through the outreach team from New Angle. These sessions, led by individuals with lived experience of gangs and exploitation, aimed to debunk myths and raise awareness among young people about the risks of drug-related exploitation and debt bondage. Despite the powerful and well-received delivery, the project faced significant challenges in securing broader school engagement, which limited its reach and prevented the delivery of planned parent and professional workshops.

Although the scale of delivery was smaller than anticipated, the sessions had a meaningful impact on participating students, who left with a greater understanding of exploitation risks and were signposted to support services like Cranstoun's Here4YOUth. Feedback highlighted the value of using facilitators with lived experience, but the project underscored the need for more embedded, sustained engagement with schools to ensure long-term impact. As the project has now concluded, there are no plans to seek further funding, though the delivery model and provider are recommended for future initiatives.

Deployable Cameras

The West Oxfordshire Community Safety Partnership's deployable cameras project aimed to enhance public safety and reduce acquisitive crime in Chipping Norton and Woodstock by installing CCTV in key hotspots. Despite facing delays due to unforeseen challenges—including the long-term absence of a key staff member, unexpected structural testing requirements, and prolonged wait times for SSE power supply quotations—the project progressed significantly. By April 2025, equipment was ready, structural testing completed, and community engagement concluded. Although the cameras were not yet operational due to pending power connections, the infrastructure was in place, and Thames Valley Police teams were actively engaged in the areas. The project is expected to be completed by the end of June 2025, with ongoing costs to be covered by TVP and WODC. The team highlighted the need for a clearer infrastructure process in Oxfordshire to avoid similar delays in future initiatives.

Cherwell Community Safety Partnership – CODE & SCIB Projects
CODE
Purpose of the project is to provide education to youths around the operation of county lines/criminal gangs and the associated child exploitation in Bicester.
A production performed by Justice in motion took place in Bicester town centre in May half term 2024 and within The Bicester school and The Cooper school.

Achievements
- 1 assembly and 2 skills workshops delivered at Cooper School. 2 days of delivery took place at The Bicester School in Mar 2025.
- Feedback gathered from students showed improvement to knowledge surrounding topics covered via the project before the topics were discussed.
- Since April 2024 the programme has been adapted for year 6 students. This has proven successful and will continue to look to deliver to this age group.

Safeguarding children in Banbury
Local schools are delivering a revised statutory PSHE and RSE curriculums as they do not sufficiently address contextual safeguarding issues that children are facing within the local environment, SCIB works to plan a sequential curriculum that addresses this gap.
Achievements
- All Banbury Primary schools have opportunity to engage with SCIB. SCIB leads have presented at Banbury Heads meeting to further promote engagement with SCIB. There are varied methods of delivery across schools, those schools regularly engaging with SCIB have delivered curriculum.

- Theatre workshops – x1 set of workshops have been delivered second is planned for May 2025.
- Delivered theatre/curriculum workshops to 15 primary schools in Banbury around positive relationships
- 15 schools have received curriculum input in the Banbury area (either through curriculum delivery or theatre group workshops around positive relationships and peer pressure).

Oxford City Community Safety Partnership - Host and manage the Oxfordshire Anti-Slavery Coordinator

• Development of data recording has enabled threat, risk, harm, and trends to be identified in Oxfordshire. Key risks currently identified are labour and financial exploitation within the care sector and private landlords exploiting vulnerable people who they rent out properties to and potentially using them to work in their businesses including criminal activity. Resources have been developed particularly for care workers and working in partnership with the Quality Improvement Team at Oxfordshire County Council we have visited several care providers in Oxfordshire and plan to continue visiting all the providers to speak to staff and work with managers to ensure good practice.

• Development of Guidance and Pathways document for frontline services in Oxfordshire has raised more awareness of what modern slavery is, the typologies, the indicators and how to respond. This coupled with useful resources including an indicators checklist and questions to ask potential victims has ensured that practitioners are able to identify more victims and are more confident in dealing with cases which is encouraging for victims and empowers them to speak to agencies. We continue to share this document with agencies who have not had sight of this document and regularly present at team meetings about the role of the Anti-Slavery Coordinator, the pathways and what modern slavery looks like in Oxfordshire. Continue to also present at county meetings giving updates and sharing data.

Oxford City Community Safety Partnership – Host and Manage Community Safety Problem-Solving Officer

The postholder is accredited to Crime Reduction Practitioner Level 5. They conduct crime reduction surveys and coordinate project to prevent and reduce crime and anti-social behaviour. Achievements in 2023-24 include:
- 13 EVA's completed in the last 6 months to help address hotspot location. TVP and ASB Teams have sought advise on how to reduce opportunity for crime and support community Safety.
- 10 CCTV deployments in the last 6 month to aid with the detection and prevention of time. Further info provided later in report. Advised partners on Data Protection Legislation on specific site in relation to CCTV. Carried out Data Protection Impact Assessment
- Oversee and arrange delivery of recommendation from EVA's including target hardening, increase surveillance, improved management and maintenance of site, increased guardianship and activity.
- Coordinate the Safe Places Scheme for Oxford. Continue to invite venues to join the scheme to provide a safe place during the nighttime economy. Posters created to raise awareness of the scheme. Shared with Universities to promote to student.

- Continue to coordination and manage the Oxford City Angels. OCA are a voluntary service with a primary function to support the safety & security of women in public space during a night out. OCA continue to work closely with Street Pastors, Door Staff, Venues, TVP including Op Vigilant and CCTV control room. Currently 14 Volunteers, Approaching 2 years in service. Over 150 interventions recorded.
- Advised on a City Centre Lighting Strategy to support the public feel safe when out in the NTW

Youth Justice Service

- Our highly effective Joint-Decision Making Panel continues to play a key role in diverting children from the criminal justice system where appropriate and proportionate, and we have increased the use of Outcome 22 (No Further Action) where we can evidence work is already being done with a child to help address their behaviour and meet their needs. We have had 23 Outcome 22 decisions approved since June 2024. Positively, Thames Valley Police have agreed to a 12-month pilot for use of deferred cautions (the 'Youth Diversion Programme or YDP') with approval of Youth Diversion Programmes for 18 children since March 2025. In total, this means that 41 children have been diverted from becoming First Time Entrants who otherwise might have received a formal caution.

- Oxfordshire continues to be a successful NRM devolved decision-making pilot site, which commenced in March 2023. Panels are held fortnightly and ensure a timely response to identification of child victims of modern slavery in Oxfordshire. The Panel consist of representatives from Children's Social Care, YJES, Health, Police and Oxfordshire's Anti Modern Slavery Coordinator. Feedback from the Single Competent Authority (SCA) has been positive and we continue to train new Panel members. We have been contacted by other regions interested in the pilot and have presented our impact and outcome data to the Thames Valley Local Criminal Justice Board (LCJB), the LCJB Children's sub-group and obtained approval from the SCA to share Oxfordshire outcomes in a Judiciary publication. The service will be presenting on our pilot at the national Association of YOT Managers (AYM) member's day in June 2025.

- Oxfordshire YJS has implemented the 12-month OPCC 'Act Now' project, which is a rapid response to children arrested for knife and weapon offences. Since we went live in January 2025, we have supported 36 children. As of June 2025, we will have two practitioners in role providing an on-call service to Abingdon and Police custody suites with an attendance time of 90 minutes, and ongoing direct intervention with these children to address the underlying needs behind their behaviour. This includes work around protective behaviours and personal safety, emotional regulation, peer influence and situational awareness as well as active bystander work. The service is also using the OPCC 'Stay True to You' resources to support children and parents affected by knife crime and safety concerns in their communities.

- Oxfordshire Youth Justice Service is currently supporting around 100 victims of crime through our Restorative Justice work. This includes an offer for victims to engage with a restorative intervention and share their experiences, needs and wishes. We are successful in the number of face-to-face restorative meetings we facilitate but equally support children and those harmed through their behaviour through indirect mediation, letter writing and practical acts of reparation

Appendix 1 - Police and Crime Commissioner Strategic Objectives

The role of the Police and Crime Commissioner (PCC) includes working with the Safer Oxfordshire Partnership to achieve the shared objectives of tackling crime, the causes of crime, and supporting victims and offenders. The PCC has ring-fenced a portion of his budget for community safety activity and gives this funding to the Safer Oxfordshire Partnership for allocation to various projects and partnerships to reduce crime and anti-social behaviour across the county.

The Safer Oxfordshire Partnership coordinates bi-annual reporting to the Commissioner to account for this funding and ensures that it supports delivery of the PCCs strategic objectives, which are outlined below.

Police and Crime Commissioner Strategic objectives 2024-29

Protecting Communities
Recruiting more police officers, supporting neighbourhood policing and focussing on driving down the crimes that matter most to the public.

Protecting People
In order to protect people from the most serious offences, we will seek to prevent crime in the first place; relentlessly pursuing criminals who pose a threat to others and supporting victims to guide them through the Criminal Justice System and rebuild their lives.

Protecting Property
Although crimes, such as burglary, are at historically low levels and have fallen since before the pandemic, the impact is significant, and public confidence is undermined if the police are not seen to tackle these issues.

Link for: Police and Crime Plan - Thames Valley PCC

Appendix 2 - Resourcing

Investigating and enforcing crime is not the only, nor the best approach to making communities safer. The police cannot cut crime on their own. Effective partnership working is essential. The PCC collaborates with other local leaders to improve outcomes for communities and make sure that local resources are used efficiently and effectively. There are 12 Community Safety Partnerships (CSPs) that bring together key partners at local council levels, and they form a bedrock of delivery on crime reduction and prevention.

CSPs consist of five 'responsible authorities' – police, local authority, fire and rescue authority, probation provider and Integrated Care Boards (ICB) and are under a duty to assess local community safety issues and draw up a partnership plan setting out their priorities.

For 2025/26 The OPCC has allocated £804,385 to Oxfordshire for strategic partners to bid into the OPCC for projects and posts to deliver against their plans.

Appendix 3 - Safer Oxfordshire Partnership Membership

Members include representatives of organisations with a statutory responsibility for community safety, and groups key to shaping and delivering the community safety agenda.

The SOP will consist of the representatives of the following organisations at a minimum -r

- OCC Director of Community Safety and Chief Fire Officer (Chair)
- District and City Community Safety Partnership Managers.
- Chief Superintendent for Oxfordshire
- A representative from the Integrated Care System (formally CCG)
- A representative of Youth Justice and Exploitation Service
- A representative from the Probation Services
- A representative from Public Health
- Appropriate people to provide a voluntary sector perspective.
- A representative from Children's Social Services with oversight of Children Safeguarding.
- A representative Adult Social Care with oversight of Adult Safeguarding.
- A representative from Police and Crime Commissioners Office
- A representative from County Council education team
- Partnerships & Safeguarding Manager OFRS (Business Manager for SOP)

Appendix 4 - City and District Community Safety Partnership Plans and Priorities

Each district level Community Safety Partnership (CSP) is responsible for publishing its own community safety plan. Each plan outlines how the CSP will engage with local communities to reduce crime and the fear of crime and their priorities for the year ahead. Links to the district community safety pages are below:

Cherwell Community Safety Partnership – https://www.cherwell.gov.uk/info/120/community-safety/166/cherwell-safer-communities-partnership-cscp

Oxford Community Safety Partnership – https://www.oxford.gov.uk/info/20101/community_safety/1107/oxford_safer_communities_partnership

South and Vale Community Safety Partnership - https://www.southoxon.gov.uk/south-oxfordshire-district-council/community-help-and-safety/south-and-vale-community-safety-partnership/

West Oxfordshire Community Safety Partnership - https://www.westoxon.gov.uk/communities-and-leisure/community-safety/community-safety-partnership/

Report to Safer Oxfordshire Partnership September 2025

Domestic Abuse Strategic Board Annual Report 2024-2025

The Domestic Abuse Strategic Board is a statutory system wide partnership group responsible for providing strategic leadership for Domestic Abuse in Oxfordshire to deliver duties as set out in the Domestic Abuse Act 2021.

Oxfordshire's Overarching Domestic Abuse Strategy 2022-2025 is now reaching conclusion, and a needs assessment is underway to inform the 2026-2031 strategy.

The Domestic Abuse Safe Accommodation Strategy was refreshed and published in Spring 2025. It outlines Oxfordshire's commitment to fulfilling statutory duties set out in the Domestic Abuse Act 2021, building on the achievements of the 2021–2025 strategy.

This report presents a comprehensive overview of the Domestic Abuse Strategic Board's activities and progress in Oxfordshire for 2024-2025, highlighting key subgroup achievements and providing updates on timelines for the current needs assessment.

Board Structure and chairing arrangements

How the board operates to deliver the strategy
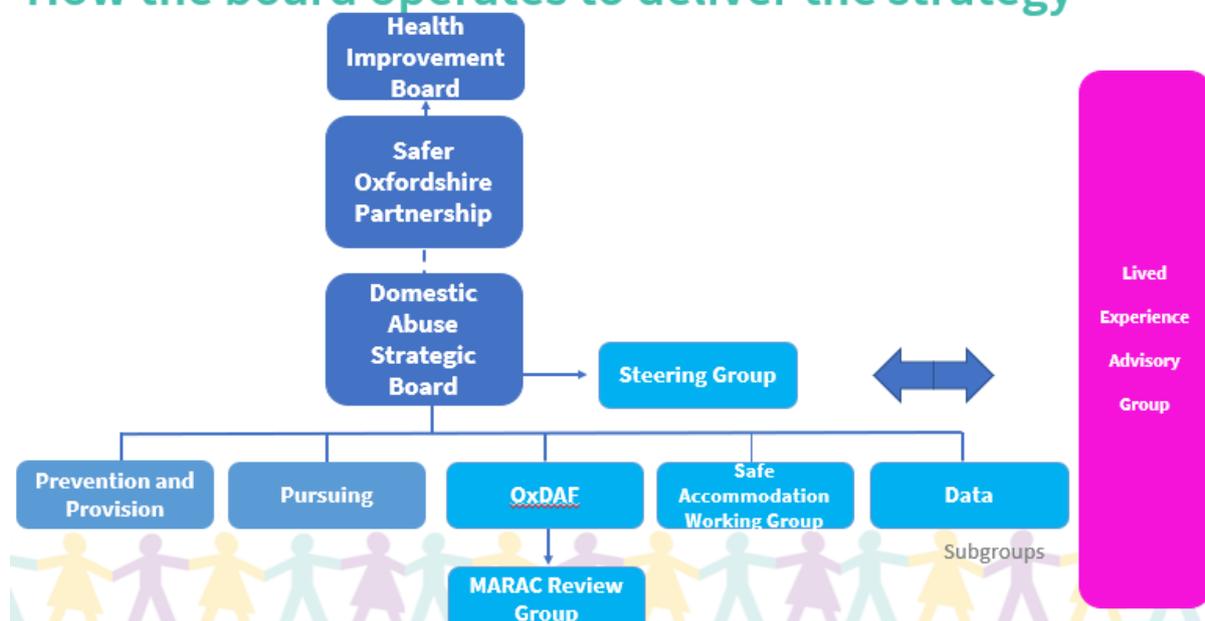
The board is chaired by Ansaf Azhar Director of Public Health and delivers action plans through various subgroups which are chaired by partners across the system.

Key successes in 2024/2025

- Seldom Heard Voices in Domestic Abuse Conference in January 2025, attended by over 130 delegates. The conference was centred on ensuring the voice of Lived Experience was amplified accessible through various sessions during the day.
- A key outcome of the conference was to commission a Domestic Abuse training needs assessment which is currently underway. Recommendations will be reviewed by the ODASB in December, to inform future commissioning opportunities and enhance the systems training offer.
- The LGBTQIA+ working group developed a report focussing on domestic abuse and the LGBTQIA+ community- a local review of Oxfordshire. Recommendations from the report have been included in the Training Needs Assessment.
- A Children and Young People deepdive was undertaken by the data subgroup of the ODASB. The exercise has resulted in a piece of partnership working with ODASB and Oxfordshire Safeguarding Children Partnership (OSCP). There is a joint piece of work ongoing to review pathways for Children and Young People affected by domestic abuse, with a focus on engaging them in the process.
- The prevention and provision subgroup supported the police review of the Operation Encompass programme and encouraged school sign-up to alerts and training provided by the Education Safeguarding team to enhance effectiveness of the initiative.

The Lived Experience Advisory Group

A key success of the board is the valued contribution of the Lived Experience Advisory Group (LEAG).

The LEAG played a fundamental role in the success of the ODASB through:

- Sharing their lived experience and providing powerful messages to the conference audience, resulting in a training needs assessment
- Supporting the commissioning of the health needs assessment
- Key partners in the redevelopment of the safer accommodation strategy, including co-design of sessions
- Supporting key partners including the ODASB BOB ICB & Family Solutions Plus
- LEAG members present and contributing at all strategic and operational groups
- Contributed to an evaluation of the groups impact and role within the Board and subgroups, identifying best practise and areas for improvement to be taken forward

Children and Young People Consultations

- The LEAG and SAFE! hosted four consultation sessions with Children and Young People to ensure that their voices are heard at a strategic level
- This included consultation with children impacted by Domestic Abuse at home, families experiencing Child and Adolescent on Parent Violence and Abuse, and young people who had experienced IPV/peer on peer abuse.
- A Voice of the child presentation was given at DA strategic board and Children's Services Managers meeting to share findings.

Subgroup Updates

Safe Accommodation Working Group Activity – Chair Kerry Tydeman West Oxfordshire District Council

In spring this year, the ODASB published a refreshed [Domestic Abuse Safe Accommodation Strategy for 2025 – 2028](#) . It builds on work undertaken by the Safe Accommodation Working Group which has:-

- created a smoother and more efficient housing pathway for victims-survivors moving on from safe accommodation by building effective partnerships within the Oxfordshire system, including people with lived experience.
- identified and addressed areas of need for accommodation through mapping the provision of available accommodation across Oxfordshire.

Key priorities for the next three years include expanding access to diverse safe accommodation options, addressing gaps in provision, and embedding lived experience into decision-making.

Prevention and Provision Subgroup Activity – Chair Chloe Purcell SAFE!

LGBTQIA+
The LGBTQIA+ working group developed a report focussing on domestic abuse and the LGBTQIA+ community- a local review of Oxfordshire. The report and draft recommendations were presented at the ODASB and the domestic abuse annual conference earlier this year and recommendations were adopted by the working group to address barriers and challenges faced by this community in accessing support. The report along with findings from the baseline services survey to explore service providers' training needs has been included in the ongoing Training Needs Assessment and Health Needs Assessment.

Children and Young People
Following the CYP deep dive presentation at the strategic board by the data subgroup, there was a recommendation to review the CYP pathways of support. The P&P group presented a draft pathway review proposal to the ODASB. This was the catalyst for partnership working between ODASB, OSCP and Children's Services to create a proposal for governance arrangements to move this piece of work forward

Operation Encompass

The prevention and provision group discussed Op Encompass over several meetings and ensured that we had appropriate representation in the group, including police MASH colleagues, and Education Safeguarding team. Work was supported to feed into the police review of the system and encourage school sign-up to alerts, and to training provided by Education Safeguarding team. This also led to presentations at the Education Safeguarding Team conference.

Relationship Health Sex Education – schools survey

The prevention and provision group contributed new questions to the 2025 school safeguarding survey in relation to domestic abuse and RSE provision in schools. The survey went live on 14th July and results will be available by 28th November. This will help highlight any gaps in relation to domestic abuse and RSE provision in schools.

BAMER project report

Sundial centre presented findings from the 'BAMER' project review. The project was funded through the home office transformation fund and covered Thames Valley. It aimed to support people from ethnic minority communities in overcoming barriers to accessing services. Some of the outcomes of the project included:
Significant community reach and support in empowering women through advocacy and improved access to services for women from ethnic minority communities during the project.

Website

A survey aimed at professionals and members of the public regarding the content of the Domestic Abuse web pages housed on the Oxfordshire County Council Website was undertaken in spring 2025. The analysis and options appraisal to update the current web offer is underway. Further updates will be bought to a future ODASB.

Pursuing Subgroup Activity – Chair Rachel Carter Thames Valley Police

Family Courts

The pursuing group has identified the lack of support for victim/survivor experiencing in the Family as a gap. The LEAG are undertaking a scoping exercise to benchmark other areas looking at what support is in place in Family Court with a view to understanding what is working well.

Clare's Law

Clares Law disclosures now sit with to the Harm Reduction Unit. Thames Valley Police have reported improvement of the timeliness of meeting timescales.

Links between the pursuing group and the Harm Reduction Unit in TVP, have been forged, helping the group to understand it remit and share widely with partners.

Multi Agency Risk Assessment

The Medium Risk MARAC pathway has now been successfully embedded as business as usual following a comprehensive pilot and review process. The pathway was originally introduced to address the volume of inappropriate referrals into the main MARAC, and its reinstatement reflects strong engagement from Dedicated MARAC Officers and system partners. The MARAC Steering Group is preparing to sign off formal guidance to support stakeholders in making appropriate referrals and reducing misdirected cases. Approval to adopt the pathway as Business as Usual was sought through the MARAC Annual Report, which was presented to the Strategic Board, with members given the opportunity to comment through discussion. Thames Valley Police facilitated a series of workshops to ensure the pathway was locally responsive and refined accordingly.

Oxfordshire Domestic Abuse Forum (OxDAF) - Chair Catherine Spring Branch Trust

The Oxfordshire Domestic Partnership OxDAP has now transitioned into the Oxfordshire Domestic Abuse Forum (OxDAF). The forum is an inclusive space for any stakeholder with an interest in domestic abuse to explore emerging themes, challenges, and opportunities for collaboration—with a clear escalation route into the Strategic Board where needed. The group is chaired by external partners, currently Catherine Spring from The Branch, who brings a wealth of knowledge and expertise to the role. A small splinter working group has also formed to develop a partnership approach to communications, with progress being reported into OxDAF to ensure alignment and shared ownership across the system.

Data Subgroup – Chair Clare Dines Oxfordshire County Council

The work of the ODASB is informed by a quarterly data surveillance intelligence tool produced by the data subgroup and public health intelligence team. The data pack highlight areas of concern that may require deeper analysis and a mechanism to align data with strategic priorities, especially across subgroups like health, police, and social care.

The pack includes:

- District-level breakdowns of DA indicators.
- Police-recorded domestic abuse data.
- Social care and health service interactions.
- National crime survey comparisons.
- Commentary from previous board meetings and data groups

Development and Refinement

The data group keep the data tool under review and have improvements in the pipeline to enhance the usability of the data on offer.

ODASB Conference – Seldom Heard Voices in Domestic Abuse

The Oxfordshire Domestic Abuse conference was held at Unipart House in January 2025, theme Seldom Heard Voices in Domestic Abuse. The conference was attended by almost 130 delegates from agencies, organisations and charities across Oxfordshire.

There were a range of speakers including from Oxfordshire's LEAG and the Domestic Abuse Commissioners office who explored topics related to:

- Children and young people
- Intersection of domestic abuse, rurality and old age
- Lived experiences of victims of domestic abuse and
- Domestic abuse in the LGBTQIA+ community

Further to reviewing themes identified at the conference the ODASB identified that it would be useful to undertake a training needs assessment in the county to analyse the training offer with a view to making recommendations to improve the current offer. This is underway and will be bought to the ODASB winter 2025.

Domestic Abuse Needs Assessment

The needs assessment for domestic abuse is under development ensuring close collaboration with LEAG colleagues and system wide partners.

Various stakeholder workshops have been planned for autumn, including a dedicated professional's workshop and survey, and dedicated engagement with the LEAG to gather qualitative insights, as well as a strong focus on the data.

Once complete in Spring 2026, the end product will be a comprehensive report, accompanied by an easy to read digest that can be a public facing document. The needs assessment will inform a new strategy led by the OCC Public Health team in partnership with the ODSAB, rather than an external commissioner so we can really tailor it to meet our collective needs with tangible actions to take forward.

Commissioned training and champions network

- Between September 2024 and September 2025, a total of 142 individuals became accredited ASC Domestic Abuse Champions, including 18 from the military community at RAF Brize Norton.
- Changes to SociaLed's training module structure have increased attendance and enabled the scheduling of webinars led by professional speakers

DRIVE – perpetrator programme

Since January 2024 there have been 342 cases heard at the Domestic Abuse Perpetrator Panel. This resulted in 165 high-harm perpetrators allocated into the local DRIVE service provision, with 193 associated victim/survivors and 332 associated children. This is despite service referrals being paused from December 2024 – March 2025 whilst confirmation of 25/26 funding was communicated by the Home Office. Oxfordshire County Council continue to fund elements of the programme and wider work being undertaken by the OPCC and TVP, including a dedicated Drive Profile Researcher, a Power Bi Dashboard for MARAC and a Power Bi Dashboard to support effective management of DA perpetrators currently on bail.

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OXFORDSHIRE HEALTH AND WELLBEING BOARD
12 MARCH 2026

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2025/26

Report by Ansaf Azhar, Director of Public Health and Communities

RECOMMENDATION

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

    1.1   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.

    1.2   Support the interactive format of the Director of Public Health Annual Report 2025/26 and note the insights that can be used for informing future service delivery plans.

Executive Summary

2. The Director of Public Health Annual Report 2025/26 offers a comprehensive and accessible review of Oxfordshire's progress in addressing health inequalities since the 2019/20 report, *Some Are More Equal Than Others.* That marked a pivotal moment in Oxfordshire's efforts to address health inequalities, by identifying ten priority wards across the County where joint action was essential to improve health and wellbeing for those facing the greatest disadvantages. Drawing on hyper-local information from the Community Insight Profiles, the work of Community Health Development Officers, and collaborative efforts across districts and the voluntary and community sector as well as wider health partners, the 2025/26 report provides a clear account of insights gained, impacts achieved and recommendations for next steps.

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

Exempt Information

4. This report contains no exempt or confidential information.

The Director of Public Health Annual Report 2025/26

Context and Purpose

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

6. The high-level recommendations from the 2025/26 report call for sustained, long-term commitment from all partners to address health inequalities and their underlying causes in Oxfordshire. This includes implementing the Marmot recommendations, securing ongoing financial investment, involving communities in shaping action, making use of opportunities arising from Local Government Re-organisation (LGR) to strengthen and align efforts, and sharing learning across the system.

Report Format for 2025-26

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

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

The benefits of an interactive report format

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

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

9.2. **Up-to-Date Information:** Sections of an interactive web-based report can be updated when needed with the latest data, case studies, and outcomes. This

ensures that users always have access to the most current information and can track progress over time.

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

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

Corporate Policies and Priorities

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

Financial Implications

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

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

Legal Implications

12. The director of public health for a local authority must prepare an independent annual report on the health of the people in the local authority's area, and the local authority must publish that report. (National Health Service Act 2006, as amended). The content and structure of that report may, however, be decided locally.

    Comments by: Janice White, Principal Solicitor (ASC, SEND and Education)

Staff Implications

13. This section does not apply.

Equality & Inclusion Implications

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

Sustainability Implications

15.   No direct sustainability implications have been identified.

Risk Management

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

Consultations

17.   This section does not apply.

NAME   Ansaf Azhar, Director of Public Health and Communities, Oxfordshire County Council

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

Background papers: None

Contact Officers: Kate Austin, Public Health Principal, Oxfordshire County Council.

                            Fiona Ruck, Health Improvement Practitioner, Oxfordshire County Council

March 2026

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

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

Technical notes:

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

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

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

Contents

Table of figures

1. <u>Introduction</u>

1.1 What shapes our health and wellbeing?

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

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

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

Website/PDF
Marmot health equity resources

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

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

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

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

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

5

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

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

1.3 The Community Insight Profile Programme

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

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

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

The approach brings together three elements:

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

6

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

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

1.4 Committed and sustained approaches to address inequalities

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

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

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

1.5 Working Together for Impact: A Partnership Approach

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

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

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

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

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

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

1.6 A foundation for action

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

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

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

1.7 Progress/updates from 2024/25 report

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

2. <u>Development of the Community Insight Profiles Programme</u>

2.1 Why the Community Insight Profiles programme was developed

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

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

2.2 The Community Insight Profiles programme timeline
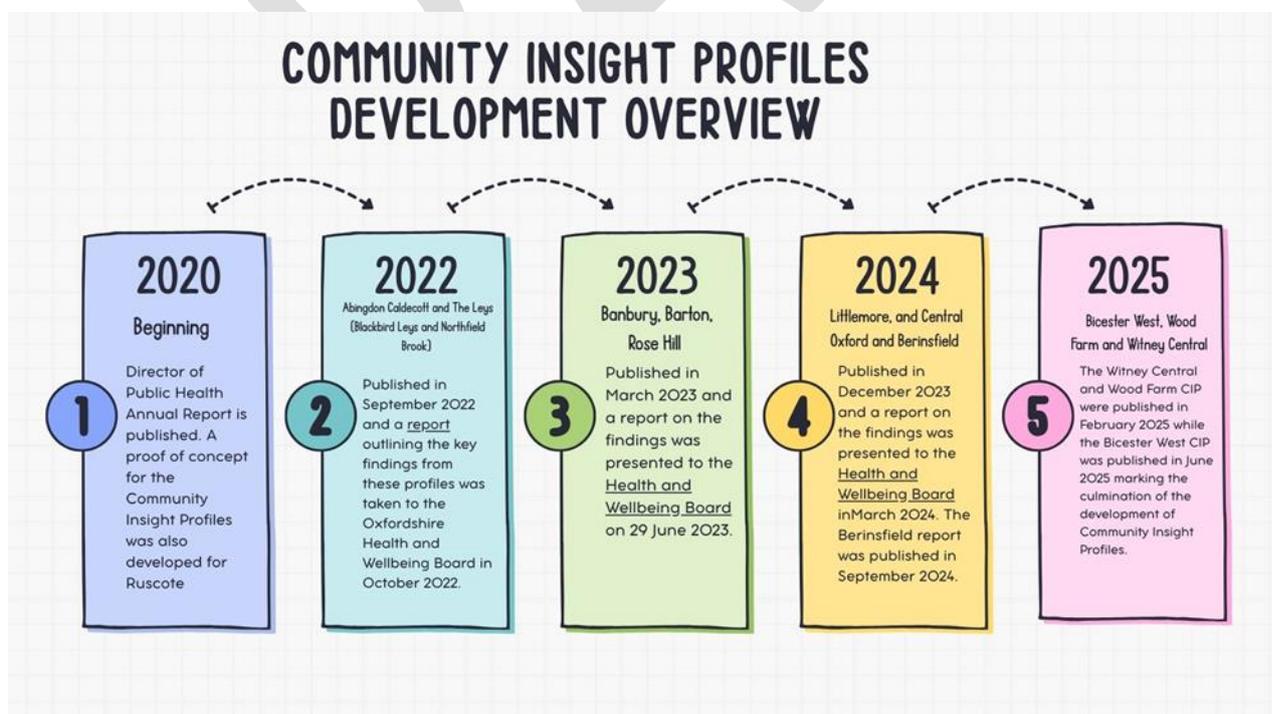
Figure 1 Overview of the timeline of development of the Community Insight Profiles

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

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

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

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

2.3 Creation of the profiles

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

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

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

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

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

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

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

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

This is my problem, because growing up, we always had to do surveys, interviews, and all this stuff – and then now I'm on the other side of it, asking people to do it – but I still see no change. I need to see evidence [...] I want to see people change, I want to see people progressing, I want to see difference. (community researcher)

So what's the outcome gonna be this time, when they've done the ward profiles. Are we gonna start listening, really listening? I hope so, you know, I think what your intentions are, you know, are good. But I think, you know, it needs the power balance needs to shift back. (interview)

our own provisions have got to be crucially part of it – we've got to take control. We've had too many reports (focus group participant, talking about racial discrimination)

There's very little here. We are all barely living. Living hand to mouth regardless of employment status. But none of you actually care about us. This is just a tick box exercise. (online survey)

please can you take the time to find better ways to engage with members of our community (online survey)

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

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

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

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

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

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

2.5 Celebrating the outcomes achieved

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

3. The Local Voice from our Communities

3.1 Community led priorities

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

3.2 Insight into action: Community Priorities and What Happened Next

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

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

Weblink/PDF
Community Health Development Officer Newsletters

Interactive format for table below

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

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

> **Videos**
> - Community First Oxfordshire – describing case studies and personal stories from local communities, highlighting community-led priorities and lived experience. The process of gaining community involvement and that it is as important as outputs. Importance of listening to communities (and what they consider their own priorities) and translating that into actions
>
> - A primary care representative discussing how insight and data has supported primary care to offer targeted support to local at-risk residents

3.3 Supporting local service delivery

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

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

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

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

Case Study form Cherwell District Council

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

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

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

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

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

4. Implementation of Community Insight Profile recommendations

4.1 Local ownership of actions

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

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

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

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

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

4.2 Plans rooted in local experience

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

4.3 The role of Community Health Development Officers

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

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

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

Video

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

Video

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

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5 Grant funding to support local initiatives

5.1 Local grant schemes

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

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

Infographic

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

5.2 Testing innovative grant making approaches

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

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5.2.1 Participatory grant making in the Leys

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

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

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

Videos

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

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

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Impact Beyond Funding

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

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

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

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

5.2.2 A 'grants–plus' approach in Abingdon Caldecott

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

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

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

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

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

5.3   Impact of the grant schemes

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

Video
Partners highlighting the collaborative work around grant funding.

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

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

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

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6 Influencing wider partners

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

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

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

6.2 PHIF - Strategic Role in Reducing Inequalities

PHIF acts as a catalyst for system-wide change. It aligns local action with national priorities and a Marmot approach embedding a health equity lens into planning and delivery. This includes:
- **Community-led approaches**: which builds social capital and resilience in communities.

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

Video

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

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

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

6.4   The Well Together Programme

Infographics and links to Well Together resources

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

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

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

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

6.5   Wider partner influence CASE STUDY: Libraries

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

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

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

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

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

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

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

7 Emerging Impact, evaluation and recognition of systemwide action

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

7.1 Oxfordshire's IMD 2025: Encouraging Signs of Progress

7.1.1 What the IMD is

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

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

7.1.2 Comparing 2025 with 2019 and why care is needed

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

2019 vs 2025 average rank of LSOAs

	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
2019 average rank of LSOAs	~21,000	~19,000	~26,500	~26,500	~26,300
2025 average rank of LSOAs	~22,700	~21,500	~26,600	~25,700	~25,000

Y-axis: Average rank of LSOAs (0 to 30,000)
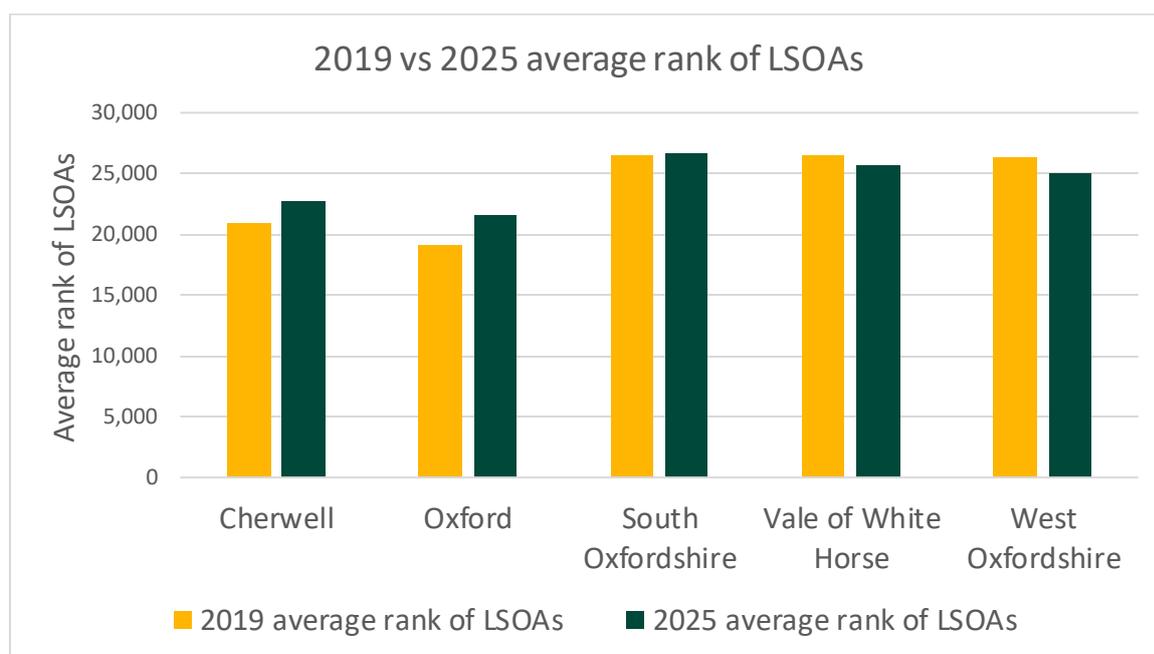
7.1.3 What the latest data shows

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

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

Across the county, the picture is mixed but broadly positive. Oxford and Cherwell show signs of improvement in their average levels of deprivation compared with 2019, while other districts have worsened, underlining the need for continued targeted focus.
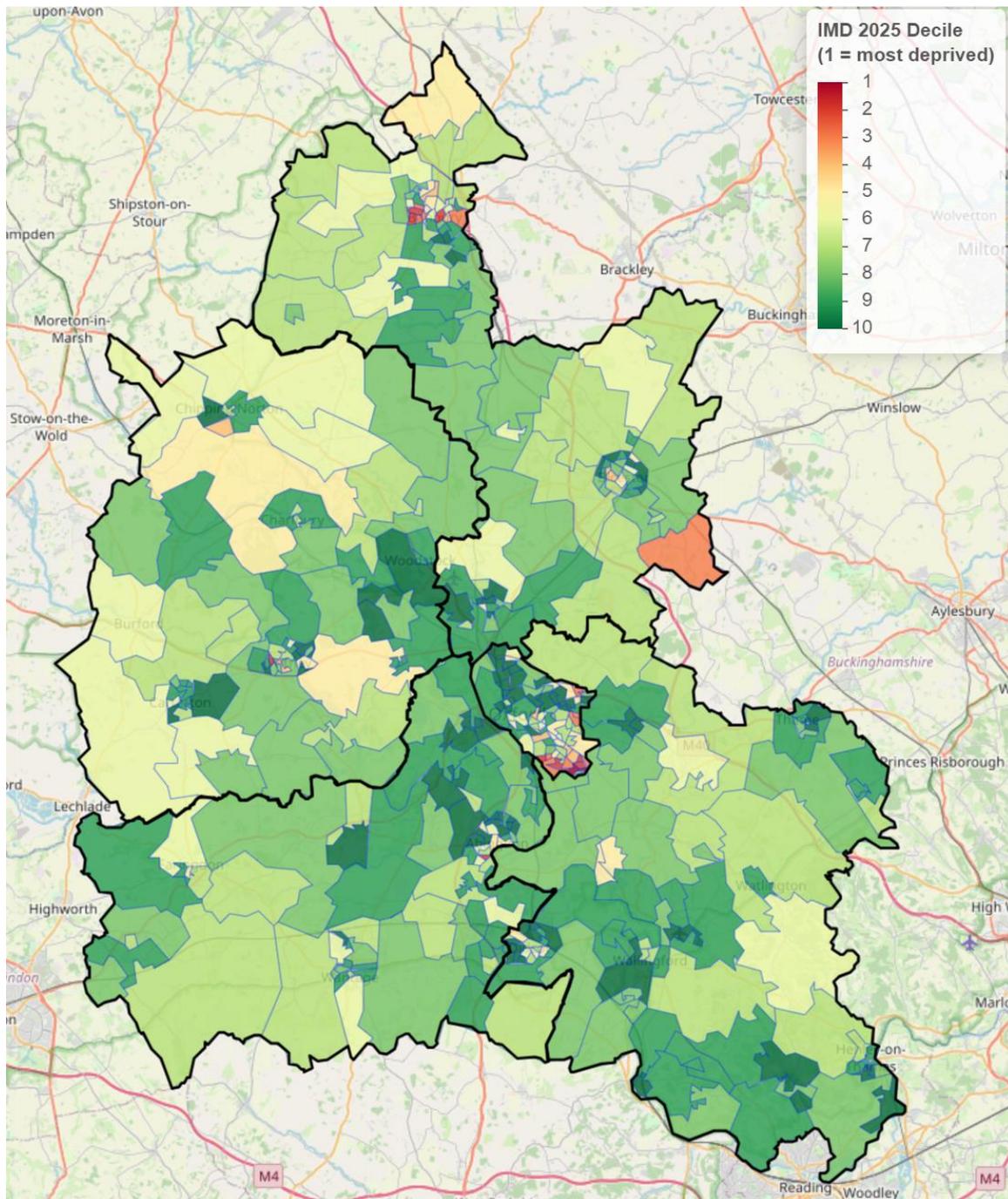
Figure 3 Map showing IMD 2025 Decile ranking for areas across the County

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

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

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

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

Link to fuller IMD 2025 Analysis for further information.

Link to rural inequalities data

7.2 Evaluation of the CHDO and Well Together Programmes

Video
Importance of academic evaluation for community-based projects

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

The evaluation, led by the University of Oxford as part of the Oxfordshire Health Humanities Project, has been structured in two phases:
- **Phase 1 (January–December 2024):** focussing on understanding how the programmes were implemented.

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

7.2.1 Key Findings from Phase 1 of the evaluation

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

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

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

7.2.3 Emerging Themes and Challenges

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

7.2.4 Policy Implications

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

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

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

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

Weblinks/PDFs

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

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7.3 Recognition of the Whole System Approach to Physical Activity

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

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

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

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

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

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

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

8 Strategic alignment and future planning

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

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

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

8.1 Oxfordshire as a Marmot Place

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

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

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

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

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

8.2 Best Start in Life deep dive

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

Video case studies

8.3 Supporting the NHS 10-Year Plan

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

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

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

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

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

8.4 Neighbourhood Health and the Future of Local Delivery

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

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

Case Study

Neighbourhood health perspectives – Dr Michelle Brennan

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

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9 Recommendations and next steps

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

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

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

Video

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

9.2 Commitment to Implementing the Marmot Recommendations

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

9.3 Sustained Financial Commitment

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

9.4   Community Involvement

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

9.5 Opportunities through Local Government Re-organisation (LGR)

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

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

Weblinks
Link to LGR website and resources

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

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

Video
Ansaf - Closing remarks from the Director of Public Health, outlining strategic actions and the importance of continued investment.
Continuing the legacy of CIPs by going beyond the 14 wards and enabling communities to develop their own profiles using the dashboard and toolkit.
Continued investment into programmes

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OXFORDSHIRE HEALTH AND WELLBEING BOARD

12 March 2026

Community Insight Profiles Development Framework (CIPs Toolkit)

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   Note the Community Insight Profile Development Framework (CIPs Toolkit) as a core legacy product of the Public Health led Community Insight Profiles (CIP) programme.

1.2   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.

1.3   Support dissemination and use of the CIPs Toolkit across partners and communities to enable locally led CIPs and action plans.

Executive Summary

2.   This paper:
        a) Presents the completed version of the Community Insight Profile (CIP) Development Framework (referred to as the CIPs Toolkit). The draft version was presented to the Health and Wellbeing Board in March 2025.

        b) The CIPs Toolkit sets out a step-by-step, asset-based, community-led approach to enable local areas to create their own Community Insight Profiles and to turn the insight gathered into local action plans targeted at reducing health inequalities. It builds directly on five years of CIP delivery and learning.

        c) The CIPs Toolkit and the interactive dashboard (presented to the Health and Wellbeing Board in March 2025) are the legacy products that extend the reach of the programme beyond the original 14 areas, providing guidance to enable other organisations county-wide to develop their own profiles.

        d) The approach aligns with the Marmot Place priorities and the Health and Wellbeing Board's prevention agenda by embedding equity, participation and proportionate focus on communities most likely to face poorer

outcomes. It also aligns with the recommendations outlined in the Director of Public Health Annual Report 2025/26 to enable other areas to develop their own profiles.

Background

3.   Since 2021, Oxfordshire County Council Public Health, has worked with District and City councils, the VCSE (Voluntary, Community and Social Enterprise) sector and health partners to deliver 14 Community Insight Profiles across Oxfordshire. Each profile combines community voice, local asset mapping and population data. The findings are translated into locally owned recommendations and actions. Community Health Development Officers (CHDOs) then facilitate the delivery of these actions, including targeted grants in each of the areas. Publication of the 14 Community Insight Profiles concluded in June 2025.

4.   The CIPs Toolkit captures the learning gathered from almost 5 years of this programme of work in an accessible format for local authorities, VCSE organisations, and community organisations, setting out how to design, co-produce and deliver a local Community Insight Profile and then how to take recommendations forward.

Purpose of the Toolkit

5.   The primary objective of the CIPs Toolkit is to support organisations and communities across the county to develop their own Community Insight Profiles. This will enable local areas to build a clear understanding of their needs and assets and turn evidence into practical actions that reflect community priorities.

6.   This CIPs Toolkit forms the legacy of the Public Health-led Community Insight Profiles programme and ensures that locally driven work continues beyond the initial fourteen areas selected for profiles. Alongside the interactive data dashboard, it provides a long-term resource that supports place-based planning and helps partners make evidence informed decisions.

7.   The work to refine and develop the CIPs Toolkit will be ongoing in collaboration with partners and communities. Feedback from users and insights from lived experience will inform future updates, ensuring that the resource remains relevant, accessible and responsive to the needs of those who use it.

Who will the CIPs Toolkit benefit

8.   The Toolkit is designed to support any statutory bodies, community organisations and resident groups who want to understand the strengths and priorities of a local area. It provides a structured way to explore what matters most to communities and to use this evidence to lead meaningful, locally driven change.

9. The resource will support partners to develop plans that reflect real community assets and needs and are grounded in reliable and accessible data as well as the views and priorities of the community.

Examples of ways that the toolkit can be used include:

10. By Parish, town and district or city councils, as well as county-level services to generate robust insight led information that they need to shape effective local plans.

11. Primary Care Networks and wider NHS partners can benefit from using the Toolkit to strengthen prevention and neighbourhood-focused working. The profiles and supporting resources can help health partners understand where needs are greatest and how to align their work with local priorities. Examples of how this are evident with the existing published reports.

12. Schools, early years and family services, libraries, leisure providers, active travel partners and voluntary and community sector networks can also use the Toolkit to support their work on the wider building blocks of health. It offers a resource that can enable collaboration and help organisations work together more effectively to create an evidence base to improve local wellbeing as well as supporting information to go into funding bids for local activities.

How the CIPs Toolkit builds on five years of learning

13. By using an asset-based community development approach, the Community Insight Profiles focus on the strengths and resources that already exist locally. Engagement questions were framed to help communities identify the key enablers of health in their area, as well as challenges, and then to prioritise what mattered most. By building on what was already working well, solutions were shaped through local action plans that are relevant, sustainable and firmly grounded in local experience.

14. Co-production and partnership working were central to the Community Insight Profile programme. Local steering groups and embedded roles, such as Community Health Development Officers (CHDO), helped to strengthen trust, extend reach and increase delivery capacity.

15. The programme consistently shows how combining community voice with reliable data leads to meaningful action. This approach has strengthened the targeting of support, informed local grant allocation and shaped the development of services, for example, some of the funded initiatives focused on food skills, social connection, youth provision and the local environment.

16. Throughout the development of the CIPs emerging themes from community engagement were shared back with communities which helped maintain momentum and accountability. The findings were published in clear formats such as posters as a way to communicate more effectively with the community. Sharing the results with the local steering groups reinforced transparency of the process and encouraged continued involvement.

17. Finally, the programme highlighted the importance of legacy tools and sustaining the activity that has gained momentum through the development of Community Insight Profiles. The interactive Community Insight Profiles dashboard and this Toolkit ensure that the work continues beyond the original fourteen geographies and provides a foundation for wider Marmot Place delivery. These resources support partners to continue using local insight to drive place-based planning and community-led change.

Strategic Alignment

18. The Framework supports delivery of the Marmot Place priorities by enabling partners to act on the wider building blocks of health. Community-led activity emerging from the first fourteen CIPs has already contributed to, for example, improved food skills, social connection, youth provision and local environmental improvements. These examples demonstrate how the approach translates insight into practical action at neighbourhood level.

19. The Framework strengthens delivery of the Oxfordshire Health and Wellbeing Strategy by providing a shared and consistent method for gathering community insight. This supports targeted prevention work, informs local investment decisions and reinforces partnership working with the voluntary and community sector. The Programme has already demonstrated how combining community voice with reliable data leads to well-directed action and supports the county's wider prevention agenda.

20. The approach aligns with neighbourhood health priorities and supports ambitions within the NHS Long Term Plan. Using the framework to gather community insight can enable neighbourhood teams and Primary Care Networks to access granular insight on local needs and strengths, helping them shape interventions with communities and design more responsive, preventative services. The Toolkit offers a practical model for collecting community-led insight that supports personalised care, partnership working and the reduction of health inequalities.

Financial implications

21. There are no direct funding implications from this paper. The Toolkit draws on work funded through 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

22. There are no specific legal implications arising from this report. The use of the Toolkit helps to inform decision making regarding the targeting of resources to address inequalities.

Comments checked by:

Janice White, Principal solicitor, ASC, SEND and Education.

Equality & inclusion implications

23. The Community Insight Profiles programme and Toolkit directly support equity by enabling hyper-local profiles to be created in areas most likely to experience poorer health, and by prioritising the resident voice, including seldom-heard groups, within an Asset Based Community Development (ABCD) approach and inclusive engagement practices.

Sustainability implications

24. There are no specific environmental impacts from adoption of the Toolkit. Place-based actions that emerge (e.g., access to green space, active travel) may deliver co-benefits for climate and health, these would need to be considered at a project level.

Ansaf Azhar
Director of Public Health and Community Safety
Oxfordshire County Council

Annex 1: Community Insight Profile Development Framework

Community Insight Profile Development Framework
Oxfordshire Data Hub – Health and Social Care – Community Insight Profiles

Contact Officers: Contact Officers:
                          Kate Holburn
                          Deputy Director of Public Health
                          Oxfordshire County Council
                          kate.holburn@oxfordshire.gov.uk

                          Kate Austin,
                          Public Health Principal
                          Oxfordshire County Council
                          kate.austin@oxfordshire.gov.uk

                          Fiona Ruck
                          Health Improvement Practitioner
                          Oxfordshire County Council
                          fiona.ruck@oxfordshire.gov.uk

                          March 2026

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Health and Wellbeing Board
12 March 2026

Embedding Marmot Approach in Oxfordshire

Report by Ansaf Azhar

RECOMMENDATION

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

   a)   **Note** the progress made through the Marmot programme and the partnership with the Institute for Health Equity.

   b)   **Note** the need to embed accountability further to the publication of the following reports to address inequities:

   - IHE Maternity, Babies, Children and Young People deep dive
   - Rural Inequalities review
   - IHE Fair Employment deep dive

2.   Executive Summary

2.1.1   This report provides an update to the HWB on Oxfordshire's adoption of the Marmot approach as a systemwide framework to address health inequalities. It summarises progress made through the county's partnership with the Institute for Health Equity (IHE), highlights emerging insights from the draft Maternity, Babies, Children and Young People IHE report, and outlines how Marmot principles are being embedded across the system.

2.1.2   The draft findings of the IHE report present a critical juncture: while Oxfordshire remains comparatively affluent overall, the evidence reveals significant and widening disparities, particularly within rural communities and among children and young people. Collective ambition now needs to translate into visible, measurable change.

2.1.3   The report sets out the governance structure supporting this work, links to system transformation such as Neighbourhood Health and Local Government Reorganisation and proposes next steps to ensure strategic alignment and long-term impact of the Marmot Place programme of work.

3.   Progress embedding Marmot approach in Oxfordshire

3.1.1 Oxfordshire has committed to taking a whole system approach to address the social determinants of health and reduce avoidable health inequalities. This requires coordinated action across sectors including health, local government, education, housing, economic development, and the Voluntary Community Faith Sector (VCFS).

3.1.2 To help deliver this, the county has partnered with the Institute for Health Equity (IHE). IHE has provided national expertise, analytical insights, and system leadership support that has:

- Enriched our understanding of inequality patterns within Oxfordshire
- Enabled comparisons with national and regional trends
- Strengthened the evidence base for collaborative prevention work
- Supported system partners to develop shared language and priorities

3.1.3 Two significant projects to understand drivers of health inequality that have developed in first year are

   a) the Rural Inequalities project
   b) the Maternity, Babies, Children and Young People (CYP) IHE deep dive report

3.1.4 This is in addition to many workstreams supporting the three priority Marmot principles which Oxfordshire adopted to progress this work: best start in life, fair employment for all, good standard of living. Details are included in appendices.

3.1.5 Governance arrangements for this work include:

- **Marmot Steering Group** – Monitor and evaluate project progress and outcomes. Share good practice and identify new opportunities to embed health equity. Provide a forum for IHE to support and advise wider stakeholders
- **Marmot Advisory Group** – Chaired by Professor Sir Micheal Marmot, of the Institute of Health Equity, with senior executive representation from across the system, membership of the advisory group is defined below. The group drives commitment to overarching health equity ambitions and outcomes, which cross organisational boundaries. It provides expert advice and guidance to the steering group.

- Membership of the Steering Group and Advisory Group include representatives from key stakeholder organisations, including Oxfordshire County Council, Districts and City Councils, Voluntary Community Faith Sector, Health Commissioners, providers, Community Leaders, Academia and Local Partnerships

- **Health and Wellbeing Board** – The HWB has strategic accountability for the Marmot work, aligned to the health and wellbeing strategy which specifically identifies "Tackling Health Inequalities" as one of the core

principles. It provides overarching governance for boards covering specific priorities, hence brings together an overarching view of the progress and impact of this work.

3.1.5 Social Movement

Galvanising partners, strengthening capacity through training and amplifying the health equity message is a key part of the cultural shift required to embed health equity locally. By harnessing the power of local networks, the aim for this year is to spark a social movement that empowers everyone working across the system and drives lasting, system-wide change. This will include for example, health equity training to support impact assessments. This was demonstrated recently when 250 partners from a wide range of organisations across the Oxfordshire system attended a webinar to find out more about Oxfordshire as a Marmot Place. Local examples of embedding health equity inspired delegates and links across the system were forged, helping organisations to embed the Marmot approach in their polices and service design.

3.1.6 Development of Indicators

The Marmot Place Steering Group have started discussions on development of a framework of indicators to help monitor impact of the Marmot work. These will be identified from specific workstreams, such as the IHE deep dive reports, These will be included in Health and Wellbeing Strategy indicators, monitoring the impact of the Health and Wellbeing strategy   This work is in early stages and will be reported on in future HWB.

3.1.7 Director of Public Health Annual Report - Marmot links

The DPHAR 2025/26 gives an accessible overview of Oxfordshire's progress in tackling health inequalities 5 years on from the report in 2019/20[1] and highlights insights, impacts, and a call to action to continue with this work. It is presented as an interactive website to improve accessibility, engagement, and personalised exploration through different types of content such as videos, infographics and an animation.

4.   Strategic Context

4.1.1 This work is being developed during a period of significant system transformation. Marmot principles offer a unifying ambition under the "Marmot Principles" framework that can support alignment across programmes such as Neighbourhood Health and Local Government Reorganisation. Embedding a Marmot lens across these programmes ensures that system change addresses underlying drivers of poor health, rather than symptoms alone. This work will provide shared evidence base and support long term strategic coherence.

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[1] mycouncil.oxfordshire.gov.uk/documents/s51913/CC_MAR3120R01_-DPH Annual Report.pdf

5.   IHE Maternity, Babies , Children and Young People (CYP) Deep Dive

5.1.1 The IHE draft report represents an important moment of reflection for the Oxfordshire system. The report and recommendations are currently being finalised in consultation with leaders from organisations across Oxfordshire, who have expressed support for the need to adopt recommendations to drive positive change.

5.1.2   Recognition of Unequal Outcomes

The draft data highlights clear inequalities in:

- Life expectancy and healthy life expectancy
- School readiness, educational outcomes, and CYP emotional wellbeing
- Long-term conditions and multimorbidity
- Access to services, particularly in rural areas
- Housing affordability, fuel poverty, and transport disadvantage

6. Commitment to action

6.1.1 Partners have noted the need to acknowledge the realities of local health inequalities leading to the different in outcomes for young people. The next steps will be to find a common commitment to ambitious but achievable recommendations.

6.1.2 The Health and Wellbeing Board provides governance for Oxfordshire's progress as a Marmot county, therefore it key to ensuring commitment and progress to actions.

7.   Stated Ambition to tackle health inequalities

7.1.1 IHE have proposed that Oxfordshire could consider having an overarching ambition for health equity in the county.

As analysis emerges from the various reports this will inform future plans in this regard.

Corporate Policies and Priorities

The Marmot work aligns with the Oxfordshire Health and Wellbeing strategy and indicators.

[In addition to any relevant plans and policies specific to the service area concerned, the report should explain how any proposals in the report support the Vision, Values,

Objectives and Strategic Priorities in the County Council's Corporate Plan (see Corporate Plan), identifying the outcomes that are intended for the benefit of service users and the wider community.]

Financial Implications

The approved core costs of the Marmot Place support from Institute of Health Equity have been detailed below for information, and are covered by the Oxfordshire County Council Public Health Wider Determinants budget:

Payments to University College London, Institute of Health Equity.

Financial year	Payment amount
2024/25	£90,275
2025/26	£51,300
Total	£141,575

Costs of services and interventions which increase focus on health equity will be covered by existing funding sources, in line with Oxfordshire's commitment to the Marmot approach.

Comments checked by:

Emma Percival Finance Business Partner (Finance)
emma.percival@oxfordshire.gov.uk

Legal Implications

The use of Council funds for grants and contracts needs to comply with the Council's Contract Procedure Rules (where applicable), as well as any applicable legislation such as procurement and/or subsidy control legislation. Any agreements between the Council and its partners will also need legal support with respect to negotiation, drafting and completion.

When using public health grants, local authorities must consider reducing inequalities in health between people in their area.

Comments checked by:

Busola Akande, Solicitor (Legal)
Busola.Akande@oxfordshire.gov.uk

Staff Implications

The Marmot workstream is led by the Public Health team in OCC, within existing resources.

Equality & Inclusion Implications

The purpose of this report is to demonstrate how health inequalities are being addressed.

Sustainability Implications

There are no sustainability implications in this report

Risk Management

This report is not presenting new risks which are not already assessed.

Consultations

There is no consultation required for this report

Ansaf Azhar – Director of Public Health

Annex: **Annex 1 – Summary of Ongoing Projects and Progress**

                          Annex 2 – System Wide Working and Road Map

Background papers: Nil

[Other Documents:]   Nil

Contact Officer: Kate Holburn, Deputy Director of Public Health
                          Angela McRury, Senior Policy Officer

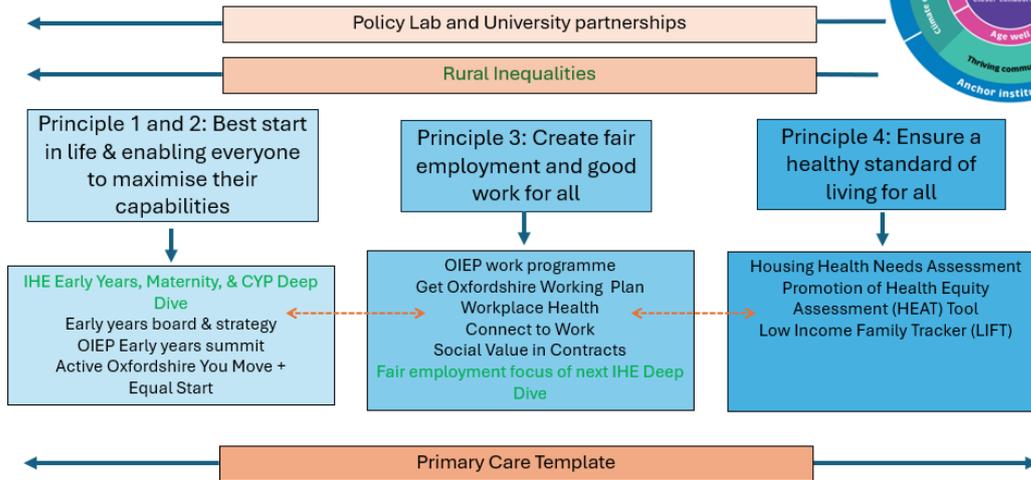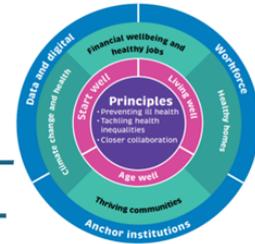March 2026

Annex 1 – Summary of Ongoing Projects and Progress

Project / Area	Progress Summary
IHE Maternity, Babies, Children and Young People Report	IHE are consulting with system leaders to refine the report recommendations and move toward a set of ambitions but available recommendations that will be adopted by organisations across the Oxfordshire to address the health inequalities identified in the report.
Fair Employment	A scoping session for next IHE deep dive on Fair Employment has taken place. Planning of a further roundtable bringing together a range of stakeholders from education and business fields is underway to help shape the report.
Primary Care	The health inequalities template pilot is ongoing within an Oxford practice. Social prescribers report that the health inequalities template, which guides users through conversations about the social determinants of health, is helping enable useful conversations around the social determinants of health with patients. The evaluation of the pilot is on hold due to leave, but there is opportunity for the template to roll out across the wider primary care network in the new financial year. The practice is also taking learnings from Marmot Place Leeds, who developed the template.
Rural Inequalities	Community- level insight gathering is underway across 14 selected rural areas in Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire. Engagement will run for six months and includes focus groups and surveys to understand access challenges, service gaps, and resident priorities. The findings will inform the development of a report setting out a series of recommendations. These will be co- developed with the Institute of Health Equity (IHE) and the Rural Inequalities working group, which includes representation from the District Councils. The resulting outputs will support future action and inform the development of future commissioning plans Healthwatch and Community First Oxford have been contracted for the community

	engagement work and themes are already emerging from the survey responses, including access to healthcare, employment, and transport amongst others. A final report is expected by the end of June 2026.
Embedding Research	The Local Policy Lab have appointed three Chief Scientific Advisers (CSAs), one aligned to each **of the three key selected** Marmot principles. The CSAs are integrated into the **Marmot** Advisory Group and Steering Group, forging links on areas of potential research opportunities. The CSAs will work in close collaboration with local policy makers, practitioners and communities over the next three years to affect direct impact on the ground.
Inclusion Health	The Oxfordshire Marmot Place agenda is driving work to better understand and support the health needs of inclusion health groups, who face some of the starkest health inequalities, by partnering with the Institute of Health Equity to map the drivers of these inequalities, identify gaps, and build a shared prevention focused approach across the system. An exploratory workshop in early February brought partners together to map existing activity and deepen understanding of the wider determinants of health.
Healthy Standard of Living	**Cost of Living / Low Income Family Tracker (LIFT)** LIFT is being used to improve benefits uptake, focusing on target groups. Steering Group are working with districts and cost of living team to explore opportunities to expand LIFT **Housing health needs assessment** Core needs identified: - Suitable homes to support Best Start in life - Care closer to home for older people - Data sharing – the full picture - Embedding recommendations in the system

Annex 2 - Marmot System Wide Working Diagram and Road Map

System-Wide Action

INSTITUTE of HEALTH EQUITY

Policy Lab and University partnerships

Rural Inequalities

Principle 1 and 2: Best start in life & enabling everyone to maximise their capabilities	Principle 3: Create fair employment and good work for all	Principle 4: Ensure a healthy standard of living for all
IHE Early Years, Maternity, & CYP Deep Dive Early years board & strategy OIEP Early years summit Active Oxfordshire You Move + Equal Start	OIEP work programme Get Oxfordshire Working Plan Workplace Health Connect to Work Social Value in Contracts Fair employment focus of next IHE Deep Dive	Housing Health Needs Assessment Promotion of Health Equity Assessment (HEAT) Tool Low Income Family Tracker (LIFT)

Primary Care Template

IHE: Institute of Health Equity
OIEP: Oxfordshire Inclusive Economy Partnership

Understanding Health Inequalities and Driving System Wide Action

OXFORDSHIRE, A Marmot Place

01 Give every child the best start in life.	02 Enable all children, young people, and adults to maximise their capabilities and have control over their lives.	03 Create fair employment and good work for all.	04 Ensure a healthy standard of living for all.	05 Create and develop healthy and sustainable places and communities.	06 Strengthen the role and impact of ill health prevention.	07 Tackle racism, discrimination and their outcomes.	08 Pursue environmental sustainability and health equity together.

DRIVE UNDERSTANDING · EMBED RESEARCH · ENSURE GOVERNANCE · ALIGN STRATEGIC AGENDAS · PARTNERSHIP

Social Movement
Capacity building / Heath Equity Training
Comms & Events
Health Equity Network
Create bank of examples

Galvanise Partners
IHE Deep dive recommendations
Foster systemwide ownership

Engage Residents & VCS
Understand Rural Inequalities
Storytelling
Targeted community facing events

BUILD HEALTH EQUITY INTO OXFORDSHIRE'S FUTURE

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Healthwatch Oxfordshire Report to Health and Wellbeing Board – March 2026

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Agenda Item 13

Since the last Health and Wellbeing Board (HWBB) meeting in December 2025

Healthwatch Oxfordshire reports to external bodies

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

- Health Improvement Board (lay ambassador)
- HWBB working group - presentation on future of independent voice (Jan 2026)
- Oxfordshire Joint Health Overview Scrutiny Board (Jan 2026)
- Oxfordshire Safeguarding Adults Board and Oxfordshire Children's Trust Board
- Oxfordshire Military and Civilian Partnership.

Any reports to external bodies we attend can be found online at https://healthwatchoxfordshire.co.uk/reports-to-committees 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 attend Primary and Community Board and **Neighbourhood Health working groups**, and Oxfordshire Health Inequalities Forum 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 **Living in a rural area, with particular focus on fourteen rural communities, as part of additional engagement commissioned by Oxfordshire County Council focus on health inequalities as part of Oxfordshire Marmot place. The survey is open until March 31st** at https://healthwatchoxfordshire.co.uk/have-your-say/complete-a-survey/ We are working in partnership with Community First Oxfordshire to reach across the county, with targeted focus on 14 communities. We will be running additional outreach and focus groups in each area. A final report will be produced in Quarter 2.

- We presented on our rural engagement focus to the webinar on Oxfordshire as a Marmot place, convened by OCC with over 200 attendees.
- We closed our survey on end of life care and will be producing a report on what people have told us in April.
- We supported Oxfordshire Men's Health Partnership #30 Chats by face-to-face street outreach to speak to men in Faringdon about their health and care (See report 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.

HEARING FROM MEN IN FARINGDON

healthwatch Oxfordshire

In November 2025, we held short, meaningful conversations with men in support of the Oxfordshire Men's Health Partnership's annual 30 Chats in 30 Days Initiative.

Men's health is a growing area of focus for health and care services, recognising that men have a shorter life expectancy than women, and are more likely to die prematurely from coronary heart disease or by suicide. Men, especially those of working age, are less likely than women to seek help with their physical and mental health, and are often 'seldom heard' by services.

This year, we visited Faringdon, where we had conversations on the street with 30 men, including local residents, those who work in Faringdon or were visiting to use local services. We asked:

- What helps them to be healthy and well and what makes this hard
- What their experiences of using health and care services is like
- What would make a difference to support men to be healthy

"It's really important that men talk more about mental health and wellbeing"

What men told us

What helps you stay healthy and well?

✓ Keeping active and spending time outdoors – including gardening or walks in the countryside with a dog or a walking group

✓ Trying to eat well – with support from initiatives like Slimming World

✓ Spending time with family and friends and trying to reduce 'screen time'

✓ Helpful and kind health and care professionals, and effective services

Circular walks around Faringdon

Faringdon's a nice place to live and there are nice areas around.

I do a lot of keep fit and do this with other people - sometimes I help to signpost people who haven't got computers to activities they would like to do but don't know about. I find the information for them.

The NHS have done me a lot of favours lately - I'd had joint pain for several months, but an injection put me back on the straight. I'm glad it worked because they don't work for everyone. My lovely boss said, "You need to sort it out," and signed me off for a few weeks. Then the GP practice did all the health checks on me - they sorted me out, blood pressure and cholesterol.

www.healthwatchoxfordshire.co.uk | 01865 520520 | www.facebook.com/HealthwatchOxfordshire

Registered charity no. 1172554

What makes it hard to stay healthy and well?

✗ Work and family pressures

✗ Struggles with digital technology

✗ Cost of living – such as rent, exercise classes and healthy food

✗ Decline of local amenities and services, reducing opportunities to socialise and access to health and care services such as podiatry

✗ Lack of transport to bigger towns and cities, including to attend healthcare appointments

✗ Difficulty making a GP appointment

✗ Long waits at local pharmacies

✗ A lack of NHS dentists in the area

✗ Stigma and stereotypes around seeking help

A lot of people in Faringdon are struggling, you can judge by the size of the food bank (at council office), and Faringdon larder as well...

Men have a large element of stiff upper lip, and you don't want to show weakness...

It is very difficult to see the doctors at White Horse Medical Practice. They should have more appointments.

Getting to the JR is a nightmare, it's two buses and takes about two hours... not great if you are not feeling well.

There were 15 pubs, but now only three that work really, you don't have to drink to use them, but it's a good place to meet friends and positive for mental health.

I have to have a significant thing wrong with me before I go, as I think am I wasting the doctor's time?

What would support you to stay healthy and well?

✓ An environmental and gardening space for people of all ages

✓ Keep fit sessions in community spaces

✓ More activities for young people

✓ Better information about help, support and activities – including for those who are not online

✓ PSA tests or better screening for cancer in men

They do need to make more people aware of what is out there... the social prescriber goes to the community café every six weeks, but you often only hear about things if you are proactive...

Before COVID I used to play walking football, but when COVID came it all stopped and hasn't ever got going again. Would be good if there were more activities like that for people to do. People tell you to go to the gym myself, I might go if there if there was someone there to talk me through what I could do and how to things without hurting myself.

My advice is to try and connect with others and if not try and set something up yourself...

Perhaps the council could organise some sessions in a village hall for keep fit, nothing involving heavy weights just some circuits or similar – would be an opportunity to get out and to meet people. Would have to be at a minimal cost or even free to be able to afford it.

We will share what we heard with key health service providers, commissioners and decision-makers in Oxfordshire.

Many thanks to the men in Faringdon who shared their experiences with us

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Registered charity no. 1172554

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.

In December we completed work on an additional funded project (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 took place 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. The final 'how to guide' is being designed currently and will be complete in March, and we hope to identify next steps to supporting hands on training using the guide in the coming year.

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. See https://healthwatchoxfordshire.co.uk/enter-and-view-reports

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

➢ Wintle Ward, Warneford (Jan 2026)
➢ Oxford Breast Imaging Centre, Churchill (Dec 2025)
➢ Children's Ward – Horton Hospital (Dec 2025)
➢ Blue Outpatients – John Radcliffe (Dec 2025)

Other activity summary

➢ Our **Q3 Oct-Dec (2025-6)** activity summary is now available **(see below)**
➢ See here: https://healthwatchoxfordshire.co.uk/our-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/our-webinars Since the last meeting we held a webinar on **Neighbourhood Health** with speakers Ansaf Azhar (Director of Public Health) and Dr Michelle Brennan (GP Leadership).
➢ **Our next webinar will be Tuesday 17th March 2026 1-2 p.m. on the topic of Putting Marmot Principles into Practice in Oxfordshire. 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/our-newsletter), as well as active social media platforms, website and sharing communications via local news and community networks.
➢ 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 (Q3 summary) for some of the places we have been in Oct-Dec.
➢ We continue actively working with **Patient Participation Groups** (PPGs) across the county, attended PPG meetings and sending news updates, and supporting involvement in development of Neighbourhood Health.

![healthwatch Oxfordshire]

October to December 2025
Activity and achievements

The impact of our research

We published our report setting out what we'd heard from 45 trans and non-binary people about using GP services in the county.

IMPACT SO FAR:

- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) is looking into providing training for GP staff on understanding and competency in trans healthcare, and setting up an LGBT+ page on their engagement platform, Your Voices.
- Primary Care Support England have updated their guidance on how to change your NHS gender marker on patient records.

We also published a report capturing what 823 people told us about using the NHS App.

IMPACT SO FAR:

- BOB ICB is developing a new page on their website to give people up-to-date, plain-language information about the app.
- Oxfordshire County Council is implementing a Digital Inclusion Strategy, including GigaHubs to provide fast broadband in rural areas, and a 'Digital Helpers' programme in libraries.

Find out more at **www.healthwatchoxfordshire.co.uk/reports-hub** and **www.healthwatchoxfordshire.co.uk/our-impact**

New community research how-to guide

We ran a series of four workshops, funded by the Oxfordshire Community Research Network, bringing together people from grassroots groups across the county to co-create a practical 'how-to' guide for community researchers. The guide is now being designed and will be published by the end of March.

We also:

✓ Launched a new survey asking people for their views on end of life care.

✓ Held a webinar highlighting local cancer care and support - you can watch this at **www.healthwatchoxfordshire.co.uk/our-webinars**

✓ Attended six Patient Participation Group meetings to help support PPGs and share good practice.

✓ Launched a new website with updated content, design and structure.

Read more about our work at **www.healthwatchoxfordshire.co.uk**

![healthwatch Oxfordshire]

October to December 2025
Activity and achievements

Hearing from you

- **62** people contacted us for help or information about local health and social care services. The top two services we heard about were GP services and hospital services.
- We received **135** reviews of **63** health and care services via our Feedback Centre. We received **31** responses to reviews from service providers.

Our Enter and View visits

We made **2** Enter and View visits - to the Wintle Ward at the Warneford Hospital and St Leonards Ward at Wallingford Community Hospital. In total we heard from **34** patients and 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/enter-and-view-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 visited a range of places, from libraries to community larders, as well as attending bigger events such as Oxford Older People's Day. We also spent a morning having conversations about health and care with men in Faringdon. Over these three months we spoke to **389** people in total.

We also visited Townlands Memorial Hospital in Henley-on-Thames, Chipping Norton War Memorial Community Hospital and Witney Community Hospital as part of our regular programme of hospital visits, hearing from **118** people. We reported back what we heard to Oxford Health NHS Foundation Trust, which runs these three hospitals, so they can use this feedback to make improvements.

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01865 520520
Office F20, Elmfield House, New Yatt Road, Witney, OX28 1GT
hello@healthwatchoxfordshire.co.uk
www.healthwatchoxfordshire.co.uk

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Oxfordshire Health and Wellbeing Board
12 March 2026

Update on the establishment of a Working Group on an Independent Patient Voice.

Report by Director of Law and Governance and Monitoring Officer

RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED** 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, using the available Healthwatch grant underspend prior to April 2026.
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.

Executive Summary

1. This report invites the Oxfordshire Health & Wellbeing Board (HWB) to formally agree to the establishment of a working group of the Board to explore options for maintaining an independent patient voice function in Oxfordshire following the decision nationally to abolish Healthwatch. Board members have met once informally on 23 January 2026 to explore this issue. This paper provides the Board with the full strategic context, national developments, local democratic mandates, stakeholder discussions, and the emerging principles and programme of work that has ensued.

Context

2. In July 2025, national proposals outlined in the *Dash Report* signalled the government's intention to abolish Healthwatch nationally and locally, alongside the abolition of the Councils of Governors of acute Trusts, which currently provide formal avenues for staff and patient representation across NHS Foundation Trusts.

3. Subsequent correspondence shared with local system partners and the Oxfordshire Joint Health Overview Scrutiny Committee (JHOSC) confirmed this position. The Department of Health and Social Care (DHSC), via local Oxfordshire MPs, reiterated that Healthwatch will not continue as a statutory entity and that any local response or decisions must align with national legislation.

4. These changes represent the most significant restructuring of statutory patient voice architecture in more than a decade, prompting the need for local system partners to consider how to preserve core principles of an independent patient voice despite changes mandated nationally.

5. On 9 September 2025, Oxfordshire County Council unanimously passed a cross-party motion calling on the Leader and Cabinet to:

   "Urgently consider how the Council working with NHS partners can safeguard and develop the Healthwatch function and engage and meaningfully consult with all local stakeholders to ensure the local delivery of national reforms at neighbourhood level best meet patient and community need."

6. The motion was subsequently discussed by Cabinet on 18 November 2025, where Cabinet:

   ➢ Acknowledged and noted the motion and the impending abolition of Healthwatch.

   ➢ Endorsed the importance of the Healthwatch function, including the contribution of 38 patient-experience reports under the executive leadership of Dr Veronica Barry.

   ➢ Supported system-wide work to safeguard the independent patient voice, while noting that any redesign must remain within emerging national legislation.

7. Cabinet did not take an executive decision itself, and instead referred this matter to system partners — including the HWB — to progress work that would protect independence in whatever new model emerges.

8. At the 4 December 2025 HWB meeting, the Board agreed to establish a working group to explore future arrangements for an independent patient voice, and agreed that this Working Group should report back to the wider Board. The purpose of this report is to formalise the agreement to establish this working group through outlining the rationale, membership, and scope of its activities.

Formation and Purpose of the HWB Working Group

9. The purpose of the independent patient voice working group is to:

    ➢ Map the statutory functions currently performed by Healthwatch.
    ➢ Identify which core principles must be preserved.
    ➢ Explore feasible future models suitable for Oxfordshire.
    ➢ Oversee a public engagement process to test these principles with residents.

10. Membership of this working group will be drawn from key system partners including the County Council, Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, the Buckinghamshire Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB), and primary care representation.

11. The working group membership would include the following individuals:

    ➢ Councillor Liz Leffman (in her capacity as Chair of the HWB and Leader of Oxfordshire County Council).
    ➢ Professor Sir Jonathan Montgomery (in his capacity as Vice-Chair of the HWB and Chair of Oxford University Hospitals NHS Foundation Trust).
    ➢ Ansaf Azhar (in his capacity as Director of Public Health).
    ➢ Karen Fuller (in her capacity as Director for Adult Social Care).
    ➢ Grant Macdonald (in his capacity as Chief Executive of Oxford Health NHS Foundation Trust).
    ➢ Michelle Brennan (in her capacity as a representative of Oxfordshire's General Practitioners)
    ➢ Matthew Tait and Dan Leveson (as representatives of the BOB ICB).

Why an Independent Patient Voice remains essential

12. Oxfordshire has benefited for over a decade from a patient voice function that has operated independently of commissioners and providers, maintained trusted relationships across communities, brought forward seldom-heard voices, and produced high-quality evidence that has directly shaped system decisions and service improvement.

13. Healthwatch Oxfordshire has often gathered, represented, and amplified the views of patients in ways that rely on independence, credibility, and local presence.

14. Academic research also highlights the significance of the autonomy of patient voices and their input. One study published in the *European Heart Journal* highlights that patient input must be grounded in lived experience to be effective, and that patient voices introduce critical perspectives often absent from institutional decision-making. These insights "weave a golden thread of patient experience" through system processes and expose gaps invisible to clinicians or policymakers[1]. Additionally, a 2025 *British Medical Journal* article on the NHS

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[1] [essential role of patients in advocacy and policy | European Heart Journal | Oxford Academic](#)

10-year health plan for England emphasises "patient choice, voice and feedback at the heart of how we define and measure quality." The study warns that the closure of local bodies championing public engagement risks weakening the impact of patient voices, noting that in almost every serious case of failure, patients and families had raised concerns long before problems reached public attention[2]. Furthermore, in a 2018 research project entitled *Public Engagement in Health,* Healthwatch England summarises academic evidence showing that public engagement improves health outcomes, service design, and accountability. The study concluded that independent patient voice mechanisms are crucial for effective engagement[3].

15. National legislation will remove Healthwatch as a statutory entity. Centralising patient voice within provider or commissioner structures could risk: diluting independence, reducing candour in feedback from the public, weakening influence in multi-agency forums, losing neighbourhood-level insight, and eroding trust - particularly among communities that already feel marginalised. Failing to use the agency (available to local system partners) to explore an alternative patient voice function means that the unique strengths of Healthwatch—its independence, local engagement, and ability to reach seldom-heard voices—could be lost.

16. The working group will therefore view the retention of an independent patient voice function not just as a local business need, but also as a function essential for ensuring residents continue to be heard as health and care systems evolve.

Activity to date:

17. Prior to the publication of this report, in order to keep up with rapid developments taking place nationally around the impending abolition of Healthwatch, the proposed working group membership convened on 23 January 2026. This meeting also invited Veronica Barry (Executive Director of Healthwatch Oxfordshire) and Barbara Shaw (Chair of Healthwatch Oxfordshire). The purpose of the meeting was to identify what the business need might be for each system partner organisation from a future independent patient voice function, and to determine what a future local patient voice function might look like once legislation is passed which abolishes Healthwatch. Whilst no ultimate local solutions for a patient voice function can be determined until legislation is passed, there is significant value in exploring and outlining the viable options beforehand.

Key Principles for a Future Independent Patient Voice Function

18. During the 23 January working group meeting, participants explicitly listed and discussed core design principles that should shape any future independent patient voice function in Oxfordshire. It was agreed that the following principles should   underpin   this   function:

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[2] BMJ, 2025; 390:r1949
[3] Healthwatch England Literature Review

- *Brand* – Recognition that retaining a trusted, recognisable brand (even if not "Healthwatch" in future) should be considered as a principle.

- *Trust and relationships* – The service must preserve the trust built with communities, patients, and system partners.

- *Independence* – Independence was repeatedly emphasised as the core requirement, including the ability to set focus areas and issue recommendations freely.

- *Consolidation of functions and avoiding duplication* – The new model must map and avoid duplication between system partners, voluntary sector organisations, engagement teams, and patient involvement mechanisms.

- *Capacity-building in communities* – Strengthening community capability and supporting long-term community engagement was framed as essential.

19. Whilst the above constitute the core principles agreed, there were four additional/supplementary principles that the working group highlighted as being crucial components of the core principles. These include: preserving the "bridge" function between the public and the system; maintaining a local focus and voice; triangulation of patient experience, staff insight and quality data; and ensuring value for money and sustainability in a financially constrained environment.

Engagement Exercise to determine a future independent patient voice:

20. A small amount of budget from existing service budgets for consultation and engagement can be made available for commissioning an engagement exercise that could inform the design principles and future model of an independent patient voice in Oxfordshire. Given the impending legislative changes and the local impetus to establish a model that retains independence, local credibility, and reach into seldom-heard communities, the group concluded that commissioning structured, professionally supported ~~public~~ engagement work, capable of producing high-quality qualitative insights would be of great value. The informal working group concluded that the following avenues could be beneficial for public engagements:

- *Commissioning an external provider* with expertise in public deliberation, insight gathering, or qualitative community research.
- *The Community Research Network (CRN),* which has established methods for working with communities experiencing health inequalities. There may also be an opportunity for Local Policy Labs to support any research, subject to application cycles.

Financial Implications

21. There are no direct financial implications arising from this report. Any funds that are used to commission the engagement exercise to help determine a future Independent Patient Voice function would be sourced from existing service budgets for consultation and engagement.

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

Legal Implications

22. Pursuant to Part 5.1B of Oxfordshire County Council's constitution:

   "The Board may also appoint advisory groups, working groups or informal 'task and finish groups' to make recommendations to it on any of its functions."

   "The rules on political proportionality do not apply to the Health & Wellbeing Board nor to any sub-committees set up by it."

   Comments checked by: Craig Cochrane, Principal Solicitor, Child Care Team, Email: craig.cochrane@oxfordshire.gov.uk.

Anita Bradley
Director of Law and Governance and Monitoring Officer.

Report Authors/ Contact Officers: Dr Omid Nouri (Health Scrutiny Officer)
Kate Holburn (Deputy Director of Public Health)

March 2026.

BOB ICB and Oxfordshire Place-base Partnership (PBP): Health and Wellbeing Board Update March 2026

Thames Valley ICB operating model and staff consultation
Planning 2026/27
Thames Valley Innovation Fund
Dr Nick Broughton
Oxfordshire Place Based Partnership

1.0 Thames Valley ICB operating model and staff consultation

BOB and Frimley ICB chief officers are working to develop an operating model for the new Thames Valley ICB from 1 April 2026. This will include new areas of focus, ways of working and potential alternative hosting arrangements for some services or teams. This will be shared with staff as part of the formal consultation - due to launch on 24 February - in line with the ICBs' statutory duties and the restructuring process.
The ICB is keen to hear the thoughts of valued stakeholders on how Thames Valley ICB might best support their work and keep them engaged to deliver better, more joined-up services to the communities they serve.
The ICB will invite stakeholder feedback on the operating model in the coming weeks. This will include a survey and the opportunity to join a workshop.
In the meantime, colleagues from BOB and Frimley ICBs are working together to ensure the safe closedown of the individual organisations and the set-up of Thames Valley ICB, ready for launch on 1 April.

2.0 Planning 2026/2027

The ICB Cluster (BOB and Frimley) has submitted is final plan for 2026/27 to NHS England, which includes a 3-year finance plan (4 years for capital), a 3-year workforce plan (primary care and non-NHS mental health workforce) and a 3-year activity plan.
Also submitted was a 5-year narrative plan, based on the recently published Thames Valley Commissioning Intentions. The document sets out strategic objectives to deliver improved value, build neighbourhood health and prioritise prevention, and the approaches to measure and manage this work.
Following the plan submission, we will work with providers across Thames Valley to finalise contracts in the period up to April 2026, alongside preparing for the formal establishment of Thames Valley ICB.
We expect to hear from NHS England regarding acceptance of by the end of March at the latest.

3.0 Thames Valley Innovation Fund (TVIF)

The fund was launched in December with a total value of £53 million to support delivery of ICB commissioning intentions. The response has been strong, with 195 expressions of interest from across the Thames Valley. Notably, more than 8 out of 10 were joint submissions involving more than one organisation. Collectively, the bids request more than £139 million for 2026/27, which significantly exceeds the available funding.
The ICB expects to communicate next steps to all submissions shortly.

4.0 Dr Nick Broughton

BOB and Frimley ICB Chief Executive, Dr Nick Broughton has been successful in securing an additional leadership role with NHS England. Alongside his ICB Chief Executive post,

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Nick will be National Priority Programme Director for Mental Health, Learning Disabilities and Neurodevelopmental Conditions.

As the national lead, Nick will be responsible for shaping and driving the mental health, learning disabilities and neurodevelopmental conditions agenda across the country. His work will include leading national programmes, supporting policy development, and strengthening partnerships with regions and systems to improve outcomes and access to these services nationally.

While Nick is carrying out his national responsibilities, he will be supported by his Chief Officer team in leading the ICB cluster and the new Thames Valley ICB from April.

5.0 Oxfordshire Place Based Partnership (PBP)

Oxfordshire PBP has recently reviewed Terms of Reference (ToR) and membership in preparation for the formation of the Thames Valley ICB and associated operating model.

Oxfordshire PBP recently engaged with the TVIF to coordinate and develop several expressions of interest (EOI) focussed around reducing health inequalities, accelerating neighbourhood working and better supporting neurodivergent CYP in Oxfordshire. This included an EOI covering several projects and services that are currently funded through the previously delegated BOB ICB Prevention and Health Inequalities budget have been put forward for consideration under the TVIF.

Efforts were concentrated on those that would most benefit from partnership approaches and ways of working. There was also consensus to focus attention on establishing strong fundamentals, particularly with 2026/27 being described as a transitional year for Neighbourhood Health and Care and the Better Care Fund (BCF). BCF guidance has since been released, colleagues in the Joint Commissioning team are new developing a detailed timeline that will enable plan approval and submission in May.

5.1 Prevention and Health Inequalities

BOB ICB and Public Health in OCC are jointly developing an Oxfordshire Health Impact Evaluation Unit. A key ambition of this unit is to develop a methodology to evaluate projects and services in real time. Work is underway to agree a specification for an initial evaluation of the Community Health and Wellbeing Worker (CHWW) model deployed across several hyperlocal areas in OX3 and OX4. This will not only provide helpful insight and learnings from the model, with the potential to scale, but will also be a good test of the evaluation approach and methodologies.

To further support the delivery of Neighbourhood Health and Care, a project has been launched to improve Oxfordshire's approach to Population Health Management (PHM). The Health Economics Unit has now completed a capacity and capability mapping exercise throughout Oxfordshire. A draft report summarises findings and recommendations, this will be considered by the Oxfordshire Health Evaluation and Population Health Management Steering Group in late February. It is likely that the Steering Group will also support and oversee delivery of subsequent recommendations.

Furthermore, modular training sessions have been delivered to health and social care staff across the BOB footprint, these sessions covered an introduction to PHM, Segmentation, Risk Stratification, Impactibility and Evaluation and Health Economics. Further training resources including recordings of the sessions and associated slides will be shared with partner organisations. Alongside this, a subgroup of clinical, operational and analytical colleagues is now meeting on a weekly basis to develop population insight packs with a view to supporting Neighbourhood Health and Care.

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5.2 Urgent and Emergency Care (UEC)

Planning for UEC developments in 2026/27 is now underway, there is a necessary and helpful level of alignment with Neighbourhood Health and Care, as well as UEC and BCF funding streams. Oxfordshire will continue to embrace and make benefit of integrated and inclusive planning processes.

Over the festive and New Year period, activity levels remained high but there was a strong level of system resilience. System partners were keen to reinforce the importance of call before conveyance, the impact on a small number of people can be significant on both an individual and system basis. Equal efforts from partners across ambulance, hospital, community and primary, social and voluntary sectors were recognised, this supported a challenging but well managed period. It is anticipated that there will be continued high pressure periods in the coming weeks, including but not limited to half term and Easter holidays.

5.3 Neighbourhood Health and Care

NHS England and the Department of Health and Social Care are yet to publish the highly anticipated planning guidance and supporting archetypes and new form contracts to set out expectations, roles and responsibilities. It is still anticipated that Health and Wellbeing Boards will bey to signing off plans and it may be that timelines coincide with BCF planning guidance (May).

Oxfordshire's four planning units continue to identify and bring together key organisations and individuals to further raise awareness or Neighbourhood Health and Care, develop relationships and collectively explore relevant opportunities and challenges. A first draft of Neighbourhood footprints has now been established; this was originally developed through a primary care lens but is now being reviewed by multiple stakeholder groups to further refine and ensure that footprints will be fit for purpose and promote greater collaboration.

5.4 Children and Young People

The Oxfordshire SEND Improvement and Assurance Board (SIAB) continues to meet monthly to plan, deliver and oversee improvements for this priority population. A recently refreshed transformation programme is being finalised, building on much of the improvement work that has been undertaken over recent years. Oxfordshire Parent Carers Forum (OxPCF) is taking a lead on planning the SEND Together 2026 event, this is often a highlight of the year for the local area partnership. It provides an opportunity for hundreds of parent careers and Oxfordshire local area partnership members to learn, reflect and engage on a wide range of topics.

Chris Wright
BOB ICB, Associate Director of Place – Oxfordshire
February 2026

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Health and Wellbeing Board Forward Work Plan:

14th May 2026 meeting:

1. Community Research- Well Together.
2. Joint Strategic Needs Assessment.
3. Health and Wellbeing Strategy Update- Start Well.
4. Better Care Fund.
5. Combating Drugs Partnership.
6. Health and Wellbeing Strategy Indicator Review.
7. Marmot Update.
8. Neighbourhood Health Plan Update.

9th July 2026:

1. All-Age Autism Strategy.
2. Marmot Update.
3. End of Life Care.
4. Neighbourhood Health Plan Update.

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