

Oxfordshire Neighbourhood Health and Care

November 2025

Introduction

1. The national and local priority in health and care over the next 5-10 years is to bring support closer to where people live, work, and connect. It will create a proactive, community-led system that focuses on what matters most to local people, staying well, staying independent, and staying connected. This will be enabled by **three key shifts**: from hospital to community, from sickness to prevention, and from analogue to digital. Neighbourhood Health and Care embodies these shifts.
2. This approach will strengthen relationships between communities, the statutory sector and the voluntary, community, faith and social enterprise (VCFSE) sector. By **working together** and recognising the expertise that already exist within neighbourhoods, we can provide the right combination of health and care services, practical support, and social connection. This approach is aligned to the delivery of the *Oxfordshire Way*.
3. At this stage the guidance is only partly released but the overall direction is understood. Neighbourhood Health and Care Plans will need to be approved by the Oxfordshire Health & Wellbeing Board in [date] subject to the final guidance. This report updates HOSC on the development and engagement work to date, and sets out next steps.
4. HOSC is asked to note the report and highlight any key issues to be considered in the planning process.

Planning and oversight requirements

5. NHS England and the Department of Health and Social Care (DHSC) have developed a variety of **guidance and framework documents** relevant to Neighbourhood Health and Care which set out national expectations and the opportunity. These include:
 - [10 Year Health Plan for England: fit for the future](#), July 2025.
 - [Medium Term Planning Framework](#), October 2025.
 - [Strategic Commissioning Framework](#), November 2025.
 - Draft Model Neighbourhood Framework, awaiting publication.
 - National Framework for Neighbourhood Health Plans, awaiting publication.
 - Model System Archetypes, awaiting publication (commissioning and provision, including types of contracts).
 - Model Neighbourhood Health Centres Archetypes, awaiting publication (for existing estate and potential new).
 - Revised Better Care Fund [BCF] guidance 2026/27, awaiting publication. NHS England has been clear that the BCF should be aligned to Neighbourhood Health and Care delivery, and it may be that this will set out how investment should support both programmes.
6. The **Oxfordshire Neighbourhood Health and Care Plan** will be overseen and approved by the Oxfordshire Health and Wellbeing Board (HWB) ahead

of April 2026, this will also be followed by an operational plan by quarter 2. 2026/27 is recognised as being a transition year for Neighbourhood Health and Care, with the requirement to produce a more comprehensive plan for the next five years, commencing from April 2027 alongside anticipated legislative changes enabling HWBs to become formally accountable for Neighbourhood Health and Care plans. This would be aligned to the timeline for Local Government Reorganisation.

7. Oxfordshire has established governance and oversight arrangements to support with the design, development and delivery of Neighbourhood Health and Care. Although the HWB will approve and monitor delivery of plans, the Oxfordshire Place Based Partnership (PBP) will be responsible for leading the delivery of Neighbourhood Health and Care via the **Primary and Community Care Board** which has been established to deliver this.
8. **Figure 1** sets out how the Oxfordshire Neighbourhood Health and Care programme has been designed. It seeks to align statutory and organisational governance with a range of existing programme Boards to support the design and delivery of Neighbourhood Health and Care. These alignments of boards and workstreams are intended to be broad and inclusive and will be reviewed on a regular basis to ensure key stakeholders are involved as the programme develops.

Emerging Governance - 2026

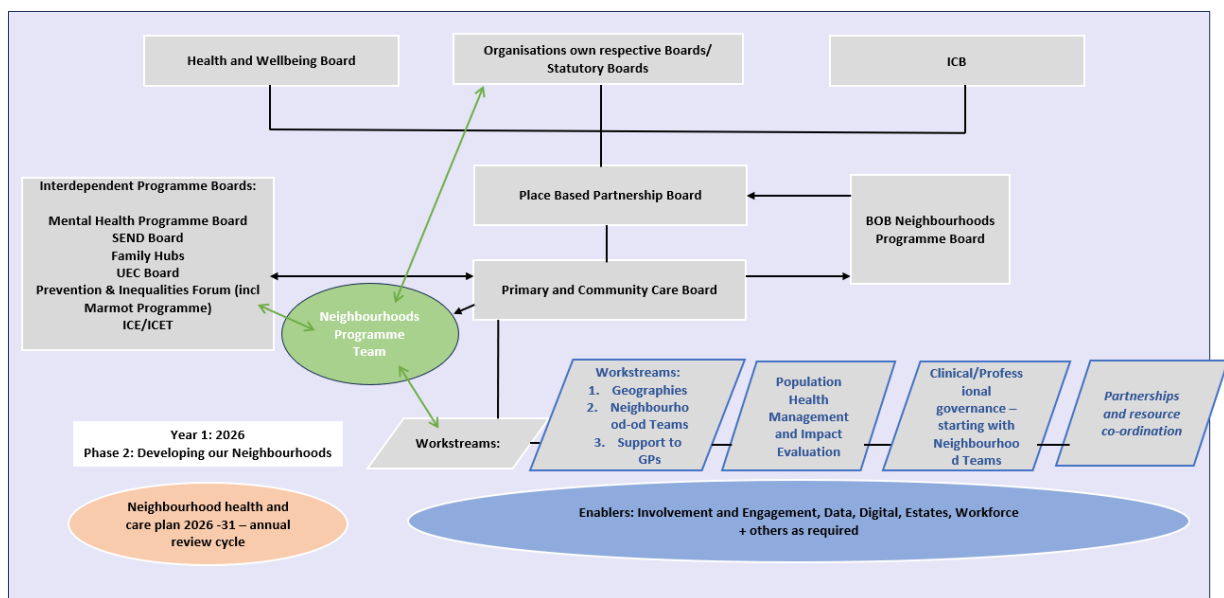


Figure 1. Emerging Governance for Oxfordshire Neighbourhood Health and Care.

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

Examples of neighbourhood working in Oxfordshire - learnings

10. Although Neighbourhood Health and Care is a relatively new term, Oxfordshire has a track record of delivering multiple components of this. Plans are being developed to extend this throughout Oxfordshire, to enable more equitable outcomes for some of the most vulnerable and complex residents.
11. Oxfordshire has four mature **Integrated Neighbourhood Teams** (INTs) that support some of the most frail residents within their footprints. These teams came about through population health management (PHM) approaches to firstly identify key population cohorts, and then to organise resources that better coordinate and deliver care. Initial findings are positive and suggest that those under the care of INTs have avoided and/or reduced inpatient care. There are also two specialty INTs that focus on children and young people (CYP) and high intensity users (HIU).
12. Two Primary Care Networks are currently running weekly **multi-disciplinary team** (MDT) meetings with gerontology support focusing on frailty, this means residents can receive care and support closer to their home, often in a more timely manner.
13. There are several organisations that deliver **at scale primary care** services in Oxfordshire, these include home visiting services, out of hours support and urgent care centres (UCC). This puts Oxfordshire in a good position to consider how multi neighbourhood providers could bring further benefit to Oxfordshire residents.
14. Outside of formal health-led services there are a number of locality-based initiatives that might be aligned to future Neighbourhood Health and Care, such as Community Health Development approaches in the most deprived areas, Local Area Coordination and “patch-based” locality working in social care or the VCSFE.
15. The redevelopment of Wantage Community Hospital, co-produced with the local community and health and care partners, to co-locate a wider range of services aligned to local population needs highlights an example of adapting an existing asset through a range of funding sources to improve community-based care.

Progress to date

16. Throughout the summer, a series of workshops took place to socialise the concept of Neighbourhood Health and Care. Attendees represented multiple sectors, organisations and perspectives, these included health and social care, local government, academia, the care sector, patient participation groups (PPG), Healthwatch Oxfordshire and the wider VCFSE sector.
17. The workshops culminated in an **agreed vision (Figure 2)** for Oxfordshire, a list of consolidated challenges and critical thinking in terms of an improvement methodology applied to real world scenarios.

- ❖ Oxfordshire Neighbourhood Health and Care is committed to delivering a model of care that is
 - simple** to navigate
 - accessible** to all
 - rooted in **prevention**
- ❖ Long-term **sustainability** is driven by **integrated and collaborative** working across providers, ensuring coordinated and efficient use of resources. This approach is underpinned by a continued focus on **high-quality care**, defined by **patient safety, experience, and outcomes**, and supported by a **compassionate** culturally **attuned** workforce.
- ❖ Strong and evolving **partnerships** with **communities** remain central to developing neighborhoods. Fostering **trust, relevance**, and shared **accountability** for health and wellbeing.

Figure 2. Oxfordshire Neighbourhood Health and Care Vision

18. Much subsequent correspondence from NHS England and DHSC regarding Neighbourhood Health and Care has focussed on how it will galvanise health and social care services. Whilst this is undoubtedly of great importance, stakeholders throughout Oxfordshire have been keen to highlight the relevance and significance of the **wider determinants of health** and building on the existing strong partnership work across social care and health and wellbeing. This fits well with the Oxfordshire **Marmot County** work that is underway, as well as the Oxfordshire Health and Wellbeing Strategy, and the delivery of the Oxfordshire Way.
19. The Oxfordshire Neighbourhood health and Care plan will be designed and delivered across the broad range of factors that impact the health and wellbeing of residents, summarised in **Figure 3**.

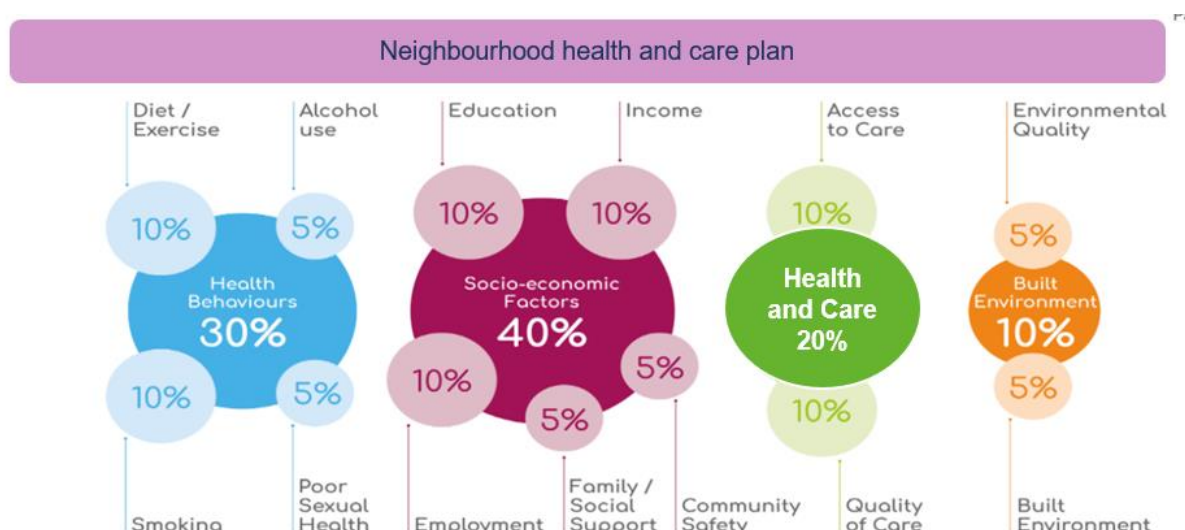


Figure 3. Wider determinants of health and wellbeing

20. HWB members recently participated in a workshop to consider how Neighbourhood Health and Care may impact delivery of the **Health and Wellbeing Strategy**, across the life course (Start Well, Live Well, Age Well).

Alongside wider stakeholder engagement, a set of **design principles** for Neighbourhood Health and Care have been developed (Figure 4) and socialised with wider stakeholders. These complement the principles which underpin the Health and Wellbeing Strategy; preventing ill health, tackling health inequalities, closer collaboration



Figure 4. Neighbourhood Health and Care design principles

21. To simplify messaging around Neighbourhood Health and Care, the following ambitions set out **what is expected to be different** for residents:
 - More people and families supported to live independently in their homes and local communities.
 - Narrowing health inequalities for the most underserved communities and disadvantaged population groups.
 - Strong alliances between the VCFSE sector, local government and health and care services enabled through engagement and involvement between people, families and staff.
 - Data alongside local insights and experiences from people, families and staff directly informs decision making.
 - Resources are aligned to achieve equity of outcomes amongst neighbourhoods and residents.
 - Oxfordshire recognised as a model for how a rural-oriented and historical city county with world-class research, development and innovation delivers neighbourhood-based health and care.
22. The graphic in Figure 5 helps depict what a Neighbourhood structure could look like for residents. Input has been sought from a wide variety of stakeholders and it is anticipated that this will be updated as collective thinking progresses throughout Oxfordshire. Please note, terminology is variable and everchanging, the production of a glossary of terms and definitions is underway.

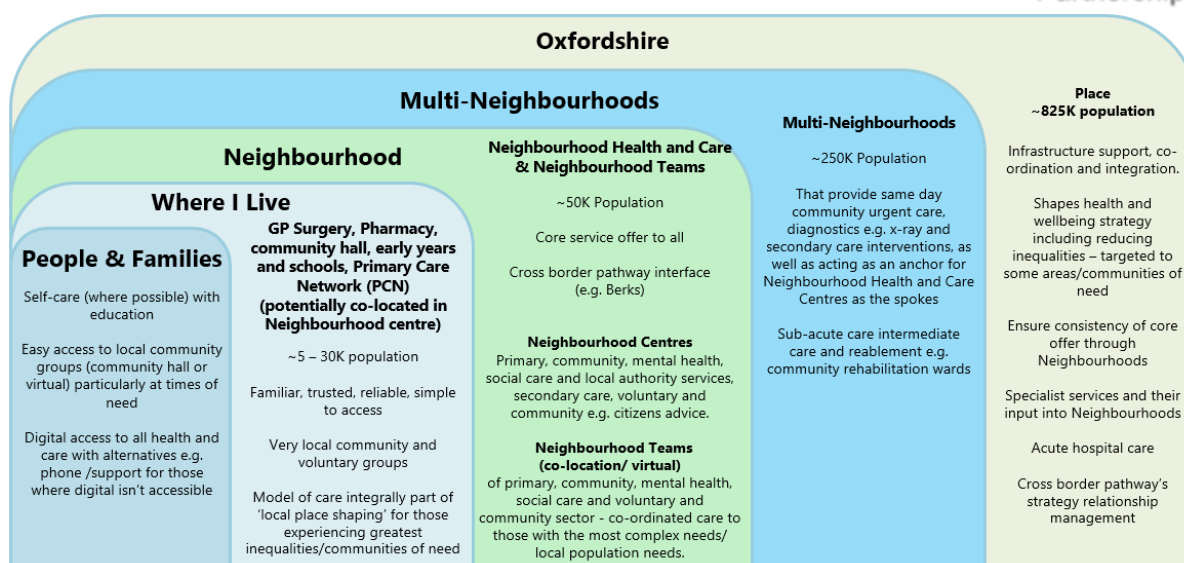


Figure 5. Draft Neighbourhood structure

Population Health Management (PHM) Approach

23. Oxfordshire is making efforts to improve the approach its population health management (PHM) and evaluation capability. This is aligned to multiple agendas and strategies and particularly relevant to Neighbourhood health and care.
24. Public Health (amongst other organisations and functions) in Oxfordshire has both capability and capacity with regards to PHM. It has been identified by leaders as being the most logical place to drive forward PHM, through a health and social care lens. Alongside ongoing developments associated with PHM, Oxfordshire is also developing a Health Impact Evaluation Unit, this will help identify which initiatives and interventions are having the greatest impact, in real time.
25. The [Health Economics Unit](#) has been commissioned in partnership by Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB and Oxfordshire County Council (OCC) to complete a short-term piece of work to support improvements in this area. The aim of this engagement is to increase and optimise PHM and evaluation capability, capacity and culture throughout Oxfordshire, it will involve:
 - Mapping of PHM capacity and capability (including human and digital resources).
 - Delivery of training modules, tailored to relevant staff groups.
 - Development of PHM data packs through place, locality and PCN populations.
 - Applied learning to real world scenario to identify key population / cohorts and potential interventions.

Next Steps

26. To further progress planning and delivery requirements for Neighbourhood Health and Care, Oxfordshire has been divided into four planning units (North, West, City and South) to complete some time limited work. This will allow more in depth and meaningful stakeholder engagement with professionals and residents alike.
27. Each planning unit has been allocated a coordinator who has been tasked with the following between now (November) and April 2026.
 - Identify named liaisons from local sectors to map local connections and relationships.
 - Bring together and build upon existing community asset and capability mapping for cluster geography.
 - Identify local strengths, gaps and challenges to help inform development of Neighbourhood Health and Care plan.
 - Develop plan to agree neighbourhood geographies that are yet to be determined, alongside any further issues to overcome.
 - Identify local priorities or approaches or relevance to neighbourhoods e.g. care pathways, population cohorts.
28. The above tasks are subject to changes as per the forthcoming “National Framework for Neighbourhood Health Plans”. It is anticipated that these steps will support Oxfordshire to develop its’ Neighbourhood Health and Care Plan ahead of April 2026. This will also enable organisations and stakeholders to develop and strengthen relationships with local partners.
29. Further stakeholder engagement will take place throughout coming months, and indeed throughout the life of this programme. As a starting point, a reference group has now been established, alongside a dedicated forum for VCFSE engagement in Oxfordshire. This will be utilised alongside existing community networks and trusted relationships that have further developed in recent years, such as those obtained through the Well Together Programme, Community Health Development Officers and Local Area Coordinators.
30. The plan will be drafted in conjunction with other NHS and Local Authority plans and associated processes, for example the Better Care Fund Plan. Oxfordshire’s long standing joint commissioning arrangements and track record of system working, mean that there are established approaches, principles and forums to not only develop a plan for Neighbourhood Health and Care, but also to deliver it.

Report drafted by Chris Wright, Associate Director of Place – Oxfordshire, BOB ICB,
on behalf of **Oxfordshire Neighbourhood Health and Care Programme Team**:

Victoria Bara, Deputy Director Adult Social Care, OCC

Ian Bottomley, Deputy Director Joint Commissioning, BOB ICB / OCC

Dr Michelle Brennan, Chair Oxfordshire GP Leadership Group

Sue Butt, Transformation Director, OHFT

Olivia Clymer, Director of Strategy, OUH

Julie Dandridge, Associate Director Primary Care, BOB ICB

Peter Gibson, Interim Communications Consultant, OHFT

Kate Holburn, Deputy Director Public Health, OCC

Lily O'Connor, Oxfordshire UEC Programme Director, BOB ICB