





OXFORDSHIRE HEALTH & WELLBEING BOARD

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

Present	
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Board Members: Councillor Liz Leffman (Chair)

Michelle Brennan

Councillor Kate Gregory

Ansaf Azhar Lisa Lyons Barbara Shaw

Other Members in Attendance:

Councillor Rob Pattenden (virtual) Councillor Chewe Munkonge (virtual) Councillor Helen Pighills (virtual) Councillor Georgina Heritage (virtual)

Caroline Green (virtual) Grant MacDonald (virtual)

Professor Sir Jonathan Montgomery (Vice Chair -

virtual)

Other Persons in

Attendance:

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

Committee), Professor Malcolm McCulloch.

Officers: Jack Ahier (Senior Democratic Services Officer), Kate

Holburn (Deputy Director of Public Health)

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

lf Democratic (Email: vou have query please contact Services committees.democraticservices@oxfordshire.gov.uk)

	ACTION
137 Welcome by Chair	
(Agenda No. 1)	

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

- Thematic analysis of feedback from system partners showed that people felt systems were fragmented and siloed, with confusion of where people need to go.
- The left shift ambition of moving towards preventative care was vitally important to avoid hospital-centric care.
- It was likely that neighbourhood health areas in Oxfordshire would be in a range from 50,000 to 100,000 people.
- The John Hopkins segmentation showed 473,978 people were in the lower need group, 147,710 people were in the moderate need group and 18,75 were in the higher need group.
- The Acute Sector being involved is important for this model to work.
- Rapid mapping of services was underway and it was emphasised that Oxfordshire have a high level of services already aligned to the community.
- The need for a high-performance system framework with five key functions was shown: operations, coordination, resource allocation, future scanning, and identity/governance was emphasised.
- Better shared data platforms would allow for better coordination, citing international examples of integrated patient systems.
- It was emphasised that a shift was needed to receive best value across the system, rather than in individual organisations.
- It was important to scan for future trends, such as AI or ageing populations, and to adapt resourcing allocations and governance structures accordingly.
- The move from analogue to digital would be an enabler for this work.
- The governance structures would come in the form of a Primary and Community Board, reporting into the Place Based Partnership and the Health & Wellbeing Board.
- The importance of having shared data sets.

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Ansaf Azhar, Director of Public Health and Communities, stressed the need to focus on the other leftward shift (treatment to prevention) alongside moving care away from hospitals, as well as ensuring that neighbourhood health centres were not purely clinical and to embed social care elements.

The Chair asked how a single point of entry into the system would be managed and whether it would be conducted nationally, locally or at an integrated care system level. The NHS app was referenced as one example, but it was noted as very complex. Coordination would have to take place across organisations. Dan Leveson, Director of Places and Communities (BOB ICB) commented on the need of the Health & Wellbeing Strategy to reflect the current journey of health and social care in Oxfordshire.

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

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

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

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

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

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

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

Barbara Shaw, Chair of Healthwatch Oxfordshire, stated the importance of having patient voice involved in co-designing these systems and their patient journey.

Cllr Jane Hanna reiterated the importance of town and parish councils, and local elected representatives at all levels in this process.

The Chair thanked everyone for attending and the Board noted the early plans and timetable of delivery for Neighbourhood Health services in Oxfordshire.

RESOLVED: The Board noted the early plans and timetable of delivery for Neighbourhood Health services in Oxfordshire.

	 in the Chair
Date of signing	

