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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.

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1. Introduction

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

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

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.

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

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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.

[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.

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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. Development of the Community Insight Profiles Programme

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

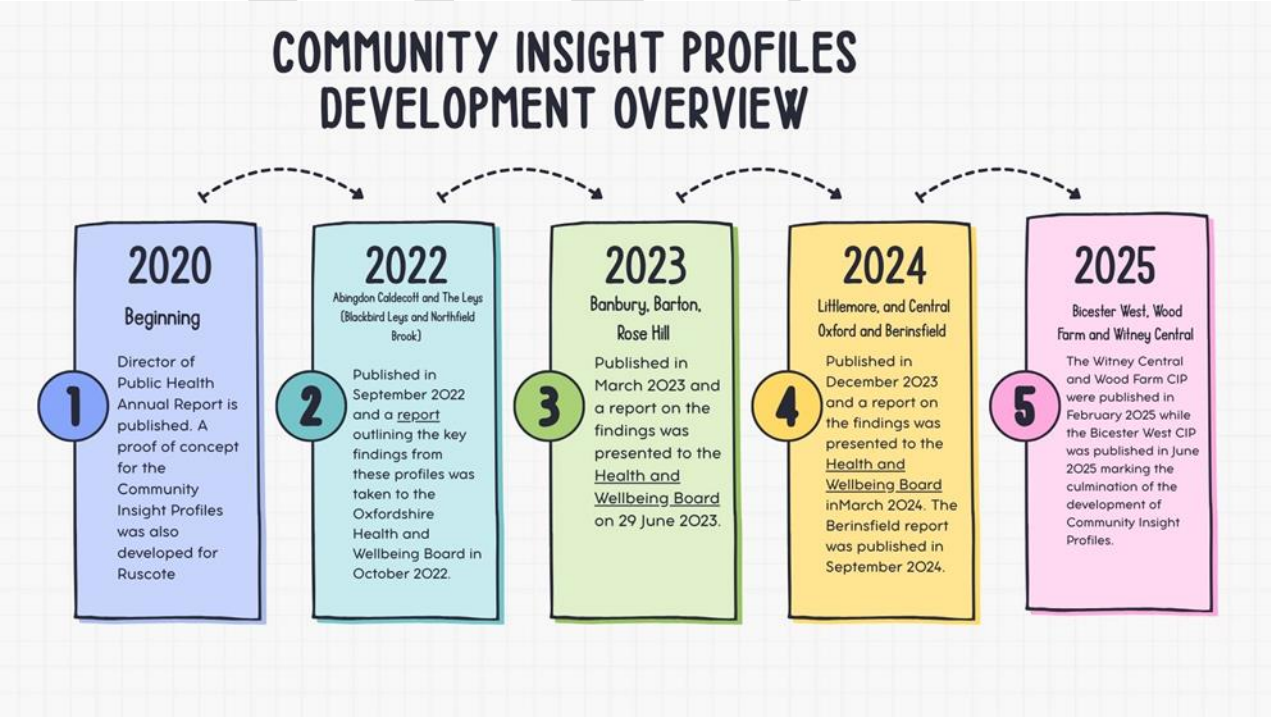

Figure 1 Overview of the timeline of development of the Community Insight Profiles

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

[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

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.

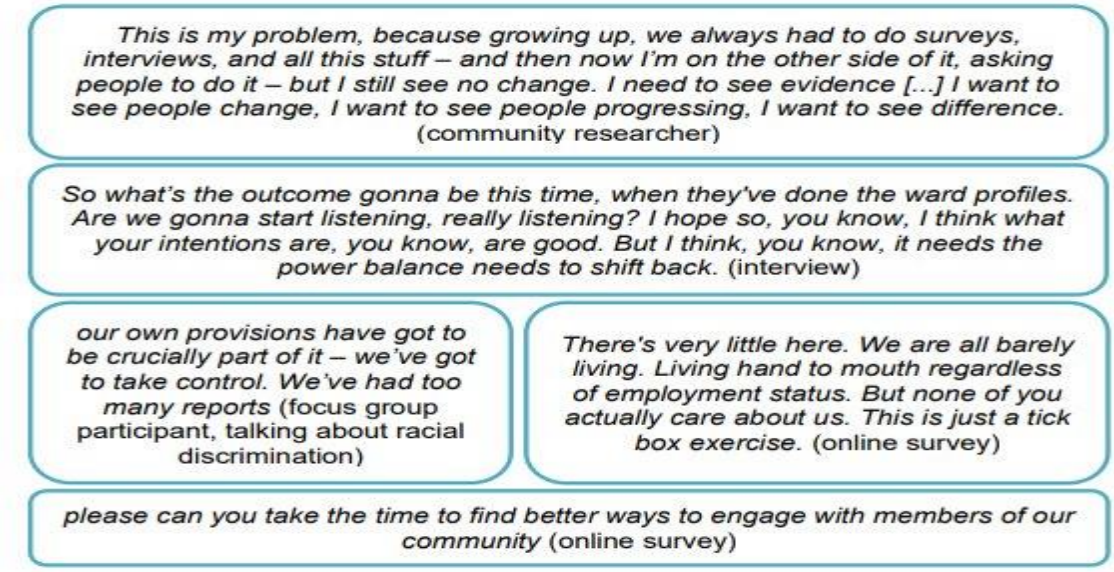

Figure 2 Selection of quotes from community engagement carried out early in the Community Insight Profiles programme highlighting respondents views on community consultation

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

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

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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.

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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.

[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

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

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

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.

Weblink/PDF
Oxford Hub impact report giving further detail about the PGM programme

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.

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

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

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

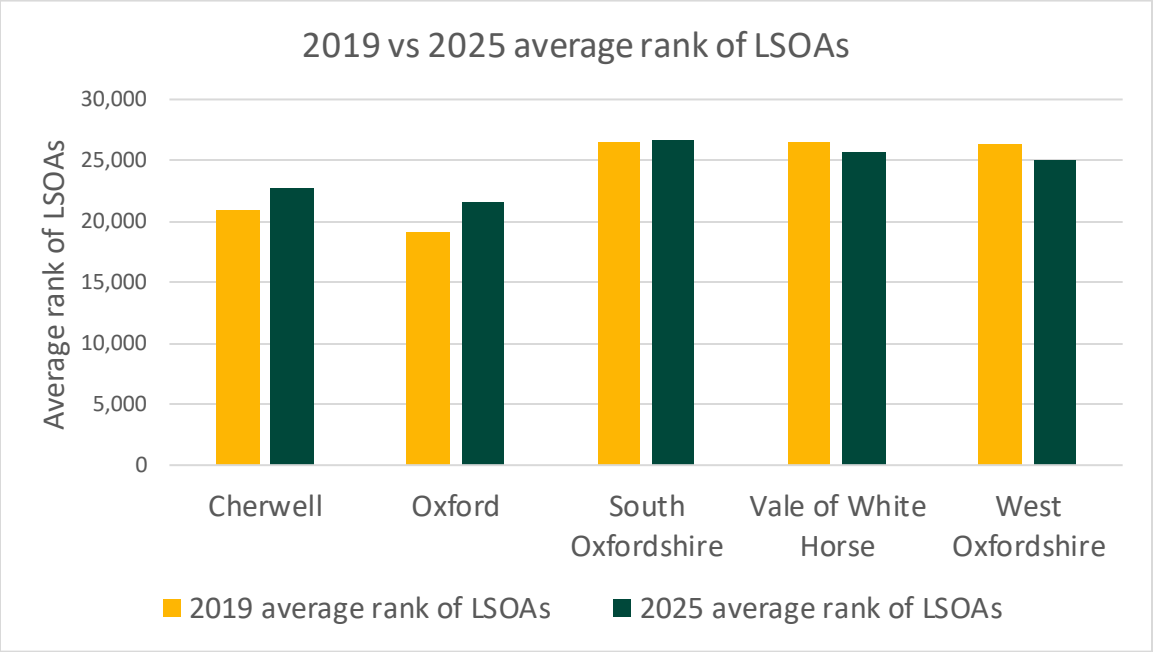
7.1.1 What the IMD is

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.

[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.



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.

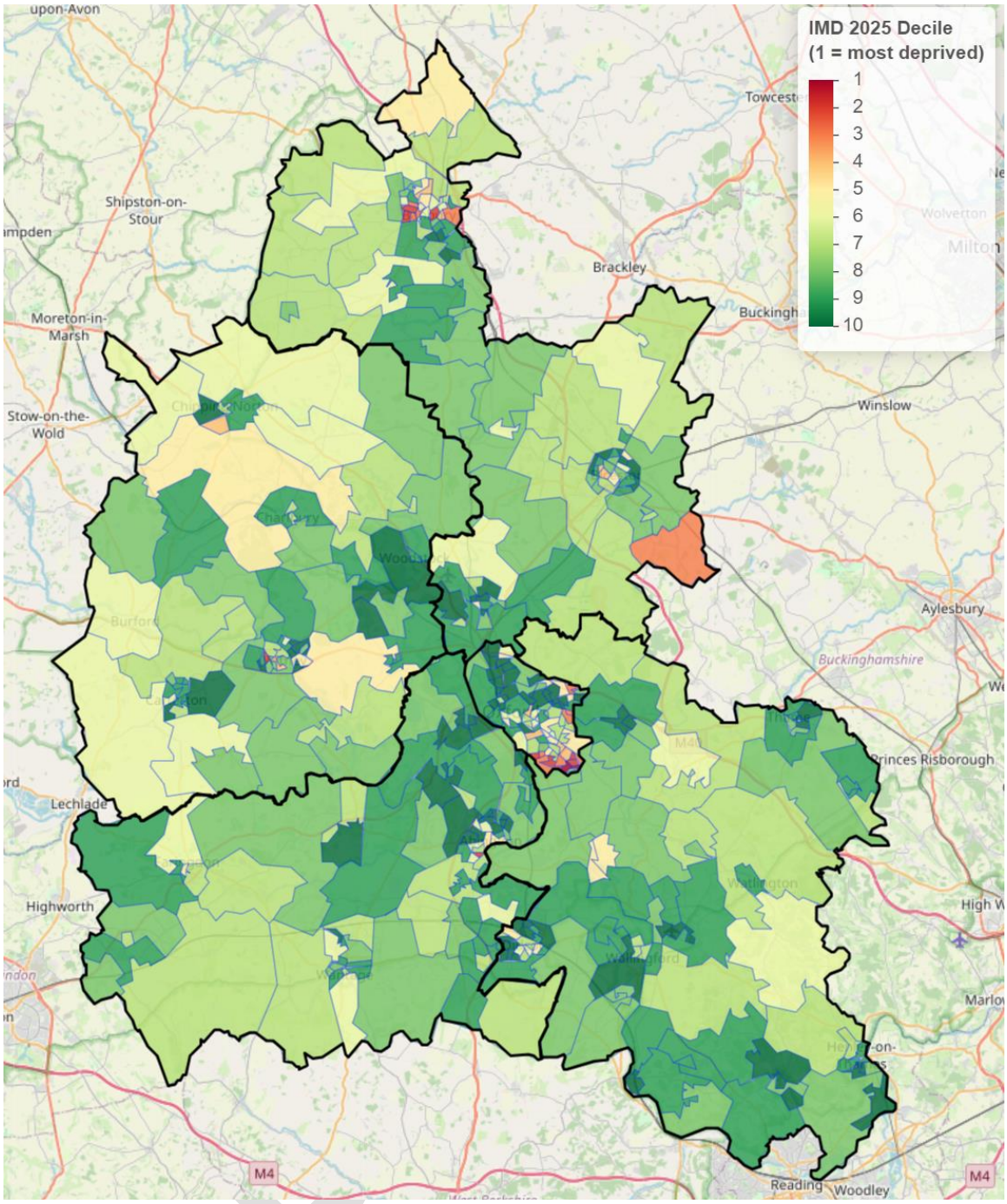


Figure 3 Map showing IMD 2025 Decile ranking for areas across the County

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

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

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.

- **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

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.

[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.

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

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.

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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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