

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 4 December 2025 commencing at 2.00 pm and finishing at 5.00 pm

Present:

Board Members:

Councillor Liz Leffman (Chair)

Professor Sir Jonathan Montgomery (Vice-Chair)

Councillor Sean Gaul

Michelle Brennan

Ansaf Azhar

Karen Fuller

Caroline Green

District Councillor Georgina Heritage

Lisa Lyons

District Councillor Rob Pattenden

Matthew Tait

Grant MacDonald

City Councillor Chewe Edgar Munkonge

**Other Members in
Attendance:**

Councillor Bethia Thomas (substitute)

By Invitation/officers:

Richard Smith - Head of Housing, Cherwell District
Council.

Grace Hinde - Oxfordshire Countywide Homelessness
Partnership Manager.

Kate Eveleigh- Public Health Principal.

Fiona Ruck – Health Improvement Practitioner,
Oxfordshire County Council.

Kelly White – Community Health Development Officer
(CHDO) for Bicester West, Cherwell District Council.

Jayne Chidgey-Clark- Chair, Oxfordshire Safeguarding
Adults Board.

Carol Douch- Assistant Director Safeguarding Quality
Assurance and Partnership.

Laura Gajdus- Business Manager, Oxfordshire
Safeguarding Children Partnership.

Agenda Item

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

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

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

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

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

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

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

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

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

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

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

<p>meeting.</p> <p>Cllr Bethia Thomas expressed gratitude for the focus on rural inequalities and asked who would be consulted in the community engagement. The response indicated that parish councils, district council contacts, and voluntary sector organisations would be involved, with the list of contacts to be expanded based on local knowledge. Cllr Bethia Thomas suggested involving division members to ensure all relevant groups were included.</p> <p>Ansaf Azhar emphasised the national significance of tackling rural inequalities and the ambition to develop a blueprint for addressing them. He noted that while some areas had seen relative improvements in deprivation, particularly in Oxford and Cherwell, education indicators had worsened, and some areas in the south and west had become more deprived, especially regarding access to housing and services. He stressed the need for continued focus and evaluation.</p> <p>Caroline Green reiterated the importance of sustained, long-term work and suggested further evaluation to understand which interventions had led to improvements, to inform future Marmot work.</p> <p>The Chair concluded that the issues discussed were complex and would require long-term commitment, particularly regarding housing.</p> <p>The Board RESVOLED to:</p> <ol style="list-style-type: none"> 1. NOTE the Marmot Place Update. 	
<p>162 Prevention of Homelessness Director’s Group Update (Agenda No. 7)</p>	
<p>Caroline Green (Chief Executive, Oxford City Council); Grace Hinde (Oxfordshire Countywide Homelessness Partnership Manager) and Richard Smith (Head of Housing, Cherwell District Council) presented the Prevention of Homelessness Director’s Group (PHDG) update.</p> <p>Caroline Green described the challenging and complex picture of homelessness and temporary accommodation in Oxfordshire and nationally. While rough sleeping numbers were relatively stable, there were high levels of people presenting with homelessness and increasing demand for temporary accommodation, especially for single people with complex needs.</p> <p>The Board was informed that the countywide homelessness and</p>	

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

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

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

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

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

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

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

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

<p>renewal work.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE the Prevention of Homelessness Director's Group Update. 2. AGREE to receive a further update on the Group's work in 6 months time. 	
<p>163 Health and Wellbeing Strategy Update- Building Blocks of Health (Housing- Housing Health Needs Assessment & Metric Review) (Agenda No. 8)</p>	
<p>Kate Eveleigh (Public Health Principal) and Richard Smith (Head of Housing, Cherwell District Council) presented the update on the Healthy Homes priority. They explained that healthy housing was a fundamental building block of health, with poor conditions linked to a range of health outcomes. The strategy aimed to ensure everyone had access to quality, affordable, and energy-efficient homes.</p> <p>The Public Health Principal explained that the Healthy Homes priority had four ambitions: increasing healthy, safe and secure homes; increasing affordable homes; increasing suitable homes for specific groups; and reducing homelessness. While homelessness was already well measured, the focus was on developing better metrics for the first three ambitions.</p> <p>A working group had developed practical metrics and methods for tracking progress, but initial metrics were found to be unviable. A housing health needs assessment was commissioned, which informed recommendations for improved governance, data sharing, and policy. Challenges remained with inconsistent and operational data, but new requirements such as reporting on damp and mould hazards were expected to improve data quality.</p> <p>The Board was presented with proposed metrics for each ambition, including energy efficiency ratings, affordable rent as a percentage of income, disabled facilities grants, and numbers in temporary accommodation. Targets and thresholds were suggested to monitor trends.</p> <p>The Public Health Principal recommended a program of deep dives to allow the Board to focus on specific issues, such as the role of home improvement agencies and environmental health in the private rented sector. She also proposed reviewing the</p>	

<p>working group's membership to ensure appropriate partners were involved.</p> <p>District Councillor Georgina Heritage asked about the significance of the Renters Rights Act for improving healthy homes. The Head of Housing for Cherwell District Council responded that it was a highly anticipated piece of legislation, expected to improve data and regulatory powers, but its impact would be gradual.</p> <p>Caroline Green asked about definitions of affordable housing and the purpose of defining this at an Oxfordshire level. It was explained that while planning policy defined affordable housing, there was confusion for residents, and a local definition could help clarify matters.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. AGREE to approve the proposed approach for the monitoring and delivery of the Healthy Homes priority of the Health and Wellbeing Strategy; including the metrics, deep dives, and review of the working group's membership. 2. AGREE that a further update report would be brought in six months, aligned with the aforementioned homelessness update. 	
<p>164 Oxfordshire Neighbourhood Health Plan (Agenda No. 9)</p>	
<p>Michelle Brennan presented the Oxfordshire Neighbourhood Health and Care Plan update. The planning timeline for implementing Neighbourhood Health and Care Plans had been extended, with a transitional strategic plan required by April 2026 and a five-year plan from April 2027.</p> <p>Key components included improving access to general practice, fixing the primary-secondary care interface, developing integrated neighbourhood teams for people with complex needs, and creating a universal single point of access. The plan aimed to shift more outpatient care into the community and use population health management data to drive improvements, with digital and data sharing being vital.</p> <p>Michelle Brennan clarified that new contracts would be introduced for integrated health organisations, multi-neighbourhood providers, and single neighbourhood providers, with general practice contracts to be aligned with the neighbourhood program.</p>	

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

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

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

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

The Board RESOLVED to:

1. **NOTE** how Oxfordshire is organising itself to progress Neighbourhood Health and Care.
2. **AGREE** and **SUPPORT** the ongoing work to develop a Neighbourhood Health and Care plan in line with changes around national timescales and associated anticipated future responsibilities of Health and Wellbeing Boards.

165 Community Insight Profile: Bicester West

(Agenda No. 10)

Fiona Ruck (Health Improvement Practitioner) and Kelly White (Community Health Development Officer [CHDO] for Bicester West, Cherwell District Council) presented the Community Insight Profile for Bicester West report.

The Community Insight Profile (CIP) for Bicester West was developed through a steering group and consultation with residents and organisations, combining local intelligence with data to inform practical recommendations on public health patterns within the area.

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

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

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

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

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

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

The Board RESOLVED to:

1. **AGREE** to use the findings and rich insight contained within the Community Insight Profile for Bicester West and their relevance to the Marmot Place programme of work to inform service delivery plans of partner organisations on the Board.
2. **SUPPORT** the legacy of the program including the work of the Community Health Development Officers.
3. **NOTE** the culmination of the Public Health led program of work to develop Community Insight Profiles for priority areas across the County.

<p>166 Oxfordshire Safeguarding Adults Board Annual Report (2024-25) (Agenda No. 11)</p>	
<p>Jayne Chidgey-Clark (Chair, Oxfordshire Safeguarding Adults Partnership) presented the 2024-2025 annual report of the Oxfordshire Safeguarding Adults Board, which highlighted strong multi-agency collaboration and national recognition for the Board’s approach to homeless mortality reviews. The report focused on achievements, challenges, and future priorities, including rising demand and complexity, workforce shortages, and financial constraints.</p> <p>Key priorities included improving frontline awareness, establishing a formal risk register, strengthening partnerships, and focusing on prevention. The Partnership’s Chair also described efforts to embed learning from safeguarding adult reviews and homeless mortality reviews through frontline roadshows.</p> <p>The Board expressed appreciation for the work of the Safeguarding Board.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE the Oxfordshire Safeguarding Adults Board annual report 2024-2025. 	
<p>167 Oxfordshire Safeguarding Children’s Board Annual Report (2024-2025) (Agenda No. 12)</p>	
<p>Laura Gadjus (Business Manager, Oxfordshire Safeguarding Children’s Partnership) presented the annual report, explaining that the year had seen a transition from a safeguarding board to a strategic partnership, in line with national guidance. The report covered compliance with Working Together 2023, a comprehensive health check, and three priorities: neglect, exploitation and harm outside the home, and multi-agency arrangements.</p> <p>The partnership had held summits and frontline practitioner events to ensure learning from reviews reached practice. Plans were in place to strengthen the voice of young people and families.</p>	

<p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> NOTE the Oxfordshire Safeguarding Children’s Board Annual Report 2024-2025. 	
<p>168 Report from Healthwatch Oxfordshire (Agenda No. 13)</p>	
<p>Veronica Barry (Executive Director, Healthwatch Oxfordshire) presented the Healthwatch report, summarising recent work including a substantial report on use of the NHS app, a report on trans and non-binary people’s experiences of GPs, and ongoing community research with seldom heard groups. Healthwatch had launched a survey on end of life care and was working with partners on priorities for the coming year.</p> <p>The Executive Director referred to Healthwatch’s role in community engagement and signposting, and described interim visits to hospitals and webinars on cancer and neighbourhood health.</p> <p>The Committee Officer (Omid Nouri) suggested the Board delegate a subgroup to explore and discuss what the future of an independent patient voice might look like in Oxfordshire, in line with national changes. Ansaf Azhar supported the idea of mapping what should/could be retained and protected, with the subgroup to report back to the wider Board.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> NOTE the Healthwatch Oxfordshire update report. AGREE to establish a subgroup to consider the future of an independent patient voice arrangement. AGREE to review end of life care as a future agenda item. 	
<p>169 Reports from Partnership Boards (Agenda No. 14)</p>	
<p>Matthew Tait provided a brief overview of the ongoing changes to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) and the journey to a Thames Valley ICB. He also presented the Place-Based Partnership report and offered the Board to provide any clarification on any points raised in the written update from the Partnership.</p> <p>District Councillor Georgina Heritage provided a verbal update on</p>	

<p>the Health Improvement Board; summarising recent discussions on active travel, healthy place shaping, cost of living, Healthwatch, and performance indicators. The Board had considered challenges in delivering active travel, the importance of behaviour change, and the need for volunteers. The cost-of-living program was shifting from crisis support to resilience building. The Tobacco Control Alliance strategy aimed to reduce smoking rates further.</p> <p>Cllr Sean Gaul provided a verbal update on the Children’s Trust Board; which was focusing on the ambitious target for good level of development among five-year-olds and the need to close the gap for children eligible for free school meals. He suggested identifying a lead person to coordinate action across partners.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. NOTE the partnership board reports. 	
<p>170 Forward Work Programme (Agenda No. 15)</p>	
<p>Kate Holburn (Deputy Director of Public Health) provided a brief update on the Forward Work Programme.</p> <p>The Board RESOLVED to:</p> <ol style="list-style-type: none"> 1. AGREE the forward work programme. 2. AGREE that the Board will now have five as opposed to four meetings per year, which would accommodate the increased number of items required as part of its work. 	

..... in the Chair

Date of signing
