

OXFORDSHIRE HEALTH & WELLBEING BOARD

OUTCOMES of the meeting held on Thursday, 9 July 2026 commencing at 1.00 pm and finishing at 3.50 pm

Present:

Board Members:

Councillor Sean Gaul (In the Chair)
Councillor Rebekah Fletcher
Michelle Brennan
Councillor Kate Gregory
Ansaf Azhar
Karen Fuller
District Councillor Georgina Heritage
Barbara Shaw

**Other Members in
Attendance:**

District Councillor Rachel Crouch
District Councillor Bethia Thomas
District Councillor Rob Pattenden
Grant Macdonald

**officers in
Attendance:**

- Chris Wright (Thames Valley ICB Associate Director for Oxfordshire Place)
- Bhavna Taank (Head of Joint Commissioning-Live Well).
- Derek Gravett-Smith (Strategic Commissioner – Live Well).
- Dee Nic-Sitric (CEO, Autism Champions).
- Kate Holburn (Deputy Director of Public Health, Oxfordshire County Council).
- Jessica Allen (Institute of Health Equity)
- Richard Smith (Head of Housing, Cherwell District Council).
- Grace Hinde (Oxfordshire Countywide Homelessness Partnership Manager).

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
203 Welcome by Chair (Agenda No. 1)	
In view of the fact Cllr Tim Bearder, the Chair, had sent apologies and the absence of a vice-Chair, the Board AGREED to appoint Cllr Sean Gaul as temporary Chair for the meeting. Upon being elected Chair, Cllr Sean Gaul made the following statements to the Board: ➤ The HWB did not currently have a vice-chair. Oxford University Hospitals NHS Foundation Trust (OUH) had just recruited a new Chair who was in the process of being on-boarded at the Trust. They would ultimately become the new vice-chair of the HWB by the next meeting in September 2026. ➤ The All-Age Autism Strategy had now come to this meeting for full and final sign off. The delays were partly to allow the strategy to be discussed at the Oxfordshire Joint Health Overview Scrutiny Committee (HOSC) prior to its formal sign off by the HWB. ➤ There was a Neighbourhood Health Plan item at this meeting, although this would again be for the HWB to note the ongoing work to develop the plan, as opposed to signing off a final version of the plan. The Board NOTED the Chair's introduction.	
204 Apologies for Absence and Temporary Appointments (Agenda No. 2)	
Apologies were received from Cllr Lisa Smith, with Cllr Rob Pattenden substituting. Apologies were also received from Lisa Lyons. Apologies were received by Cllr Tim Bearder.	
205 Declarations of Interest - see guidance note below	

(Agenda No. 3)	
None were made.	
206 Petitions and Public Address (Agenda No. 4)	
There were no registered speakers.	
207 Note of Decisions of Last Meeting (Agenda No. 5)	
The minutes/Note of Decisions of the meeting held on 14 May 2026 were APPROVED as an accurate record.	
208 All-Age Autism Strategy (Agenda No. 6)	
Karen Fuller (Director of Adult Social Care); Bhavna Taank (Head of Joint Commissioning – Live Well); Derek Gravett-Smith (Strategic Commissioner – Live Well); and Dee Nic-Sitric (Chief Executive of Autism Champions) presented the All-Age Autism Strategy. The Head of Joint Commissioning – Live Well explained that the strategy had been developed through a substantial programme of engagement and co-production involving autistic people, their families, carers, community organisations, education providers, health services, social care services and wider stakeholders. Autism touched many aspects of an individual’s life and that the strategy had therefore deliberately adopted a whole-system approach rather than focusing solely on health and care services. The intention was to ensure that all organisations across Oxfordshire understood their role in improving outcomes for autistic people and creating environments in which they could thrive. The Board heard that autistic people continued to experience poorer outcomes than the wider population across a range of measures. The strategy recognised challenges relating to access to appropriate support, barriers to education and employment, difficulties in obtaining suitable housing, inequalities in physical and mental health outcomes, and inconsistent experiences when accessing public services. Members were advised that whilst significant work had been undertaken across Oxfordshire in recent years, feedback from autistic people had demonstrated that many of these challenges remained prevalent and required a	

coordinated, long-term response.

The Strategic Commissioner – Live Well outlined the principal themes emerging from the consultation and co-production process. Autistic people and their families had consistently highlighted the need for services to become more accessible, flexible and responsive. Stakeholders had also stressed the importance of increasing understanding of autism across society, improving transitions between services, strengthening support during adulthood, and ensuring that autistic people were meaningfully involved in decisions which affected them. The strategy sought to establish a clear framework for addressing these issues over the next five years whilst retaining sufficient flexibility to respond to emerging challenges and opportunities.

The Chief Executive of Autism Champions provided an expert-by-experience perspective on the strategy, describing the significance of the co-production process and welcomed the extent to which autistic people had been involved in shaping the final document. Autistic people often faced challenges not because of their autism itself, but because systems and environments had not been designed with sufficient understanding of neurodiversity. Many autistic people encountered unnecessary barriers when accessing healthcare, education, housing and employment, and that these barriers could have profound consequences for wellbeing, independence and quality of life.

Board members discussed education and learning, noting the importance of ensuring that autistic children and young people received appropriate support as early as possible. It was recognised that positive experiences during childhood could significantly influence long-term outcomes in adulthood.

Discussion took place regarding the importance of early identification, transitions between educational settings, and ensuring that educational environments were appropriately equipped to support neurodiverse learners. Members emphasised the value of partnership working between schools, health services and local authorities in improving outcomes for autistic children and young people.

The Board also explored issues relating to employment. Members recognised that many autistic people possessed significant skills and talents which were not always utilised effectively due to barriers within recruitment practices and workplace environments. Discussion centred upon the importance of employer awareness, reasonable adjustments and creating inclusive workplaces that enabled autistic people to participate fully in employment.

The Director of Adult Social Care welcomed the strategy and

highlighted the importance of maintaining strong connections between autism services, adult social care services and wider community support. There was a need for continued partnership working to ensure that autistic adults were supported to remain independent, connected to their communities and able to access the services they required at the right time. Members further discussed the importance of increasing public understanding of autism. It was acknowledged that whilst awareness had improved in recent years, many autistic people continued to report experiences of misunderstanding, stigma and exclusion. Questions were raised regarding implementation, governance and accountability arrangements. In response, officers explained that delivery of the strategy would be overseen through existing partnership structures, including the Oxfordshire Autism Partnership Board. Members were advised that the accompanying action plan would provide greater detail regarding specific actions, timescales and responsibilities, and that continued involvement of autistic people and carers would remain central to the implementation process. The Board RESOLVED to: 1. ENDORSE the Oxfordshire All-Age Autism Strategy 2026-2031, approve its publication and implementation, and agree the contents and principles set out in the strategy. (found in Annex 1 of the report for this item) 2. NOTE that Local Government Reorganisation (LGR) may affect delivery of the Oxfordshire All-Age Autism Strategy 2026-2031 by changing system-wide governance, leadership and funding arrangements. While this may cause delays, it also provides an opportunity to strengthen partnership working and improve service alignment.	
209 Marmot Update (Agenda No. 7)	
Kate Holburn (Deputy Director of Public Health) and Jessica Allen (Deputy Director- Institute of Health Equity) presented the Marmot update. Members were reminded that Oxfordshire had formally adopted the Marmot Place approach as a framework for addressing health inequalities and improving population wellbeing through action on the wider determinants of health. The Deputy Director explained that the Marmot approach recognised that health outcomes were influenced by a broad range of social, economic and environmental factors, including housing,	

education, employment, income, transport, community resilience and access to services. Accordingly, the programme required a coordinated, whole-system response involving organisations across the public, voluntary and community sectors.

The Deputy Director of Public Health explained that significant progress had been made since Oxfordshire adopted the Marmot Place framework. Work had focused on embedding Marmot principles across existing programmes and partnerships, whilst also strengthening the evidence base relating to health inequalities within the county. Although Oxfordshire was often perceived as a relatively affluent county, county-wide averages masked significant inequalities experienced by particular communities and neighbourhoods. A central ambition of the programme was therefore to improve understanding of these inequalities and ensure that policy and service delivery were informed by a more comprehensive appreciation of residents' lived experiences.

Members were informed that extensive engagement activity had been undertaken with communities across Oxfordshire. Over 700 residents had participated in engagement exercises designed to capture lived experience and improve understanding of the issues that mattered most to local communities. This engagement had included both urban and rural communities and had sought to reach residents who were often underrepresented in traditional consultation processes. The findings had highlighted a range of recurring themes, including concerns regarding access to services, cost-of-living pressures, housing quality, transport connectivity, social isolation and employment opportunities.

One of the most significant findings from the engagement programme had been the variation in experiences across different parts of Oxfordshire. Whilst some challenges were common across the county, it was apparent that communities experienced these issues in different ways depending upon local circumstances. Rural communities frequently highlighted concerns relating to transport, access to services and social isolation, whilst urban communities often raised issues associated with housing affordability, deprivation and the pressures associated with rapidly growing populations. The Marmot Place programme therefore sought to ensure that action was tailored to local circumstances rather than relying upon a single county-wide approach.

The Board heard that considerable work had also taken place to align the Marmot Place programme with other major strategic initiatives across the county. The Deputy Director of Public Health explained that Marmot principles were increasingly influencing the development of the Health and Wellbeing Strategy, the Better

Care Fund, neighbourhood health planning work and broader partnership activity. Particular emphasis was being placed on prevention, early intervention and reducing inequalities, ensuring that these themes became embedded within the design and delivery of services. Barbara Shaw welcomed the emphasis on lived experience and emphasised the importance of ensuring that engagement became an ongoing feature of the programme, and that communities remained actively involved in shaping priorities and influencing action. The Board RESOLVED to: 1. NOTE the progress made in embedding the Marmot approach, using the 8 Marmot principles as a framework for understanding inequalities, and strengthening system-wide action on health inequalities in Oxfordshire. 2. NOTE the next phase of delivery, focused on converting insight and deep-dive recommendations into agreed actions, clear ownership and measurable outcomes. 3. AGREE that Marmot related equity measures should be embedded within the refreshed Health and Wellbeing Strategy outcomes framework to strengthen oversight and accountability.	
210 Neighbourhood Health Plan Update (verbal) (Agenda No. 8)	
Michelle Brennan (Oxfordshire GP representative) presented the Oxfordshire Neighbourhood Health Plan update. Neighbourhood health formed a central component of the wider transformation taking place across the health and care system. The overarching ambition was to move from a predominantly reactive model focused on responding to ill health towards a more preventative, proactive and community-oriented approach that addressed the needs of local populations at a neighbourhood level. The Board heard that significant progress had been made in defining neighbourhood footprints across Oxfordshire and in identifying the local partnerships that would support neighbourhood working. Members were advised that these footprints had been developed through collaboration between local authorities, primary care, NHS providers, voluntary and community organisations and other partners. The intention was to establish neighbourhoods which reflected local communities and population needs whilst remaining of a scale that would support meaningful collaboration and service integration.	

The Thames Valley Integrated Care Board's (ICB) Associate Director of Oxfordshire Place outlined the broader national context within which the work was being undertaken. Neighbourhood health had become an increasingly significant feature of national health policy, with growing recognition that many of the challenges facing health and care systems could not be addressed solely through acute hospital services. Greater emphasis was now being placed upon prevention, population health management, integration and community resilience.

Members were informed that recent engagement with national programme representatives had provided positive feedback regarding Oxfordshire's progress in developing neighbourhood arrangements. Particular recognition had been given to the work undertaken to define neighbourhood geographies and to connect neighbourhood development with other major programmes focused on prevention, reducing inequalities and addressing the wider determinants of health. It was acknowledged, however, that significant work remained to translate strategic ambitions into operational delivery.

Ansaf Azhar highlighted the strong relationship between neighbourhood health and Oxfordshire's wider Marmot Place ambitions. Neighbourhoods offered an important mechanism through which partners could better understand local populations and address inequalities in a more targeted way. By bringing together intelligence, community insight and local relationships, neighbourhood approaches could support more effective identification of need and enable services to intervene earlier before problems became more complex and costly.

The discussion focused on the development of Integrated Neighbourhood Teams, which were described as a key delivery mechanism within the emerging model. These teams would bring together professionals from across health, social care, primary care, community services, mental health services and the voluntary and community sector to work collaboratively around the needs of local populations. The objective would be to reduce fragmentation between services, improve coordination of support and facilitate earlier intervention.

The discussion also considered the importance of ensuring that neighbourhood health arrangements reflected the diversity of Oxfordshire's communities. Members noted that urban and rural areas faced different challenges and that neighbourhood approaches would need sufficient flexibility to respond to differing local circumstances. Particular reference was made to the importance of maintaining strong links with community organisations and ensuring that neighbourhood arrangements

were informed by local knowledge and lived experience rather than solely by organisational priorities. It was also emphasised that children, young people and families should be fully integrated into neighbourhood arrangements. Neighbourhood working often focused on adult health and social care services, and there was a need for a whole-family approach that recognised the interconnected nature of children's services, education, public health and wider family support. Neighbourhood structures could provide important opportunities for earlier intervention and improved outcomes for children and young people if designed appropriately. The Board RESOLVED to: 1. NOTE the progress made in embedding the Marmot approach, using the 8 Marmot principles as a framework for understanding inequalities, and strengthening system-wide action on health inequalities in Oxfordshire. 2. NOTE the next phase of delivery, focused on converting insight and deep-dive recommendations into agreed actions, clear ownership and measurable outcomes. 3. AGREE that Marmot-related equity measures should be embedded within the refreshed Health and Wellbeing Strategy outcomes framework to strengthen oversight and accountability.	
211 Prevention of Homelessness Directors Group Update (Agenda No. 9)	
Richard Smith (Head of Housing, Cherwell District Council) and Grace Hinde (Oxfordshire Countywide Homelessness Partnership Manager) presented the Prevention of Homelessness Director's Group Update. The report provided a six-monthly update on the work of the Directors' Group and outlined progress in the development of a refreshed countywide Homelessness and Rough Sleeping Strategy. Members were advised that the Directors' Group continued to bring together representatives from Oxfordshire's local authorities and partner organisations to coordinate activity aimed at preventing homelessness, reducing rough sleeping and improving outcomes for individuals experiencing housing insecurity. It was explained that homelessness continued to present a significant challenge both nationally and locally. While the nature and causes of homelessness had become increasingly complex, partners across Oxfordshire remained committed to developing a	

more preventative and coordinated approach. The Directors' Group had therefore focused considerable effort on strengthening partnership working, improving strategic oversight and ensuring that services were aligned around prevention and early intervention wherever possible.

Members heard that a revised Oxfordshire Homelessness and Rough Sleeping Strategy had recently been developed and had been subject to a period of public consultation. The consultation had generated a positive response and had attracted input from local authorities, voluntary and community organisations, statutory partners, people with lived experience of homelessness and members of the public. Feedback had broadly endorsed the strategic direction proposed within the draft strategy and had highlighted the importance of maintaining a strong preventative focus. Respondents had consistently emphasised the need for earlier interventions, improved coordination between services, and greater support for people who were at risk of homelessness before reaching crisis point.

The Board was informed that the refreshed strategy had been developed against a backdrop of continued pressures within the housing system. Challenges relating to housing affordability, limited housing supply, increasing demand for temporary accommodation, rising living costs and wider economic pressures continued to affect residents across Oxfordshire. Members heard that these factors often interacted with wider social issues, including poor physical and mental health, family breakdown, substance misuse, domestic abuse and financial hardship. As a result, homelessness was increasingly recognised as both a housing issue and a broader public health concern requiring a whole-system response.

Discussion focused on the strong relationship between homelessness and health inequalities. People experiencing homelessness often experienced significantly poorer health outcomes than the wider population and faced considerable barriers in accessing healthcare and other support services. One of the key objectives of the strategy was therefore to strengthen links between housing, health and social care services to provide more integrated support for vulnerable individuals. Particular emphasis had been placed upon improving pathways for people with complex needs and ensuring that support was available before issues escalated to crisis point.

Members were informed that the Directors' Group had continued to work closely with registered housing providers, NHS partners, adult social care services, public health teams and voluntary sector organisations. The report highlighted a range of collaborative initiatives aimed at preventing homelessness,

supporting people to sustain tenancies and reducing repeat presentations to homelessness services. The Board heard that partnership working had become increasingly important given the complexity of need presented by many individuals experiencing homelessness.

Members welcomed the preventative approach being adopted and reflected on the importance of addressing the wider determinants of homelessness. Several members noted that housing instability was often closely linked to health inequalities, poverty, social exclusion and adverse childhood experiences. It was considered essential that future work continued to recognise these wider factors rather than viewing homelessness solely through the lens of accommodation provision.

Discussion also explored the experiences of people moving through temporary accommodation and support pathways. Members heard that while considerable effort was being made to support individuals into stable accommodation, demand pressures continued to present operational challenges. The Board recognised the importance of ensuring that support services remained person-centred and that individuals were assisted not only in securing accommodation but also in maintaining longer-term stability and independence.

Members welcomed the inclusion of lived experience within the development of the refreshed strategy and noted the value of understanding the perspectives of people who had experienced homelessness. It was acknowledged that lived experience insight had helped shape priorities within the strategy and had informed a better understanding of the barriers faced by individuals seeking support. The Board agreed that maintaining this perspective would remain important during implementation of the strategy.

The discussion also considered how success would be measured over the lifetime of the strategy. Members commented on the importance of capturing outcomes rather than simply recording activity levels. Whilst recognising the complexity of the issue, members expressed a desire to understand more clearly how strategic interventions were contributing to reductions in homelessness, improvements in housing stability and better outcomes for affected individuals. It was suggested that future updates should explore opportunities to present longer-term outcome measures alongside operational performance information.

The Board **RESOLVED** to:

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

Update.	
212 Report from Healthwatch Oxfordshire (Agenda No. 10)	
Barbara Shaw (Chair of Healthwatch Oxfordshire) presented the Healthwatch Oxfordshire update. Members were advised that the report provided an overview of recent engagement activity undertaken by Healthwatch Oxfordshire and highlighted findings from a number of pieces of work completed since the Board had last received an update. A significant amount of community engagement work had been undertaken in recent months. Healthwatch Oxfordshire had been working closely with partners on engagement activities relating to health inequalities and community experiences across Oxfordshire. Particular reference was made to recent work undertaken with residents living in rural communities, which had been delivered in partnership with Community First Oxfordshire as part of the county's broader Marmot Place programme. Members heard that Healthwatch had engaged with 851 residents across fourteen rural settlements, providing valuable insight into the experiences of people living in those communities and helping to strengthen understanding of the challenges affecting access to services and wider wellbeing. The Board was advised that more detailed findings from this work would be presented to a future meeting. The Board then received an update on a newly published Healthwatch Oxfordshire report examining people's experiences of palliative care and end-of-life care across Oxfordshire. The report had been published during the week of the meeting and represented one of the organisation's most recent pieces of engagement work. The findings offered important insights into public attitudes, experiences and concerns surrounding palliative and end-of-life care and highlighted a number of themes which Healthwatch considered relevant to both service providers and system leaders. Members heard that individuals overwhelmingly expressed a preference to spend their final days at home or within a hospice setting rather than in hospital or residential care. The reasons cited by participants included the comfort of familiar surroundings, the opportunity to remain close to family and loved ones, and perceptions that home or hospice settings would provide greater dignity and personal control during the final stages of life. The report also identified a degree of uncertainty amongst some respondents regarding the services available to support people	

approaching the end of life, including hospice-at-home and hospital-to-home services. This suggested that further work might be required to improve public awareness of the options available. The Board was informed that participants consistently highlighted the importance of receiving the right care and support at the right time. Themes emerging from engagement included the importance of symptom management, receiving clear information, maintaining dignity and respect, feeling safe and supported, and remaining connected to family members and friends. Emotional support and companionship were frequently described as being just as important as clinical or medical interventions. Participants had emphasised the value of compassionate care and the importance of professionals communicating openly and sensitively with patients and their families during what could be a particularly difficult period.

The update also highlighted concerns expressed by some communities regarding cultural sensitivity and the extent to which services consistently met diverse cultural and faith requirements. Members heard that some respondents, including individuals from Muslim communities, had raised concerns regarding whether their wishes and cultural needs would be fully understood and respected during end-of-life care. The Board noted the importance of ensuring that services were sufficiently flexible and culturally competent to meet the needs of Oxfordshire's diverse population.

The discussion then focused on advance care planning and awareness of the RESPECT process. A significant proportion of participants had not made any plans regarding end-of-life care. Reasons cited included not wanting to think about the subject, uncertainty regarding when or how such conversations should begin, and a lack of awareness about the options available. Members heard that only a minority of respondents had heard of the RESPECT process and very few had completed a RESPECT plan. Concern was expressed that awareness remained relatively low despite the implementation of RESPECT arrangements across Oxfordshire. Healthwatch's findings suggested that greater public information and earlier conversations about end-of-life planning could help ensure that individuals' wishes were understood and documented before a medical crisis occurred.

The Board heard that participants had spoken positively about many aspects of palliative and end-of-life care. Respondents frequently praised compassionate professionals, responsive services, effective communication and the involvement of families in decision-making. However, the report also identified challenges relating to continuity of care and coordination between organisations. Some individuals reported difficulties when moving between health and social care services, while others described

inconsistencies in support arrangements and communication. Concerns had been raised, particularly in relation to people with dementia and those relying heavily upon social care services, regarding continuity and consistency of care. Members noted that the findings reflected broader themes that had emerged elsewhere within the health and care system, including the importance of integrated service delivery and person-centred care. The discussion recognised the significance of effective communication between professionals, providers and families, particularly where multiple organisations were involved in supporting individuals nearing the end of life. The Board RESOLVED to: NOTE the Healthwatch Oxfordshire update.	
213 Reports from Partnership Boards (Agenda No. 11)	
<u>Place-Based Partnership:</u> Chris Wright (Associate Director of Oxfordshire Place, Thames Valley ICB) provided the Place-Based Partnership update. Members were advised that a significant amount of work continued to be focused on the implications of NHS organisational changes following the establishment of the new Thames Valley Integrated Care Board arrangements. Partners were continuing to work together to ensure that Oxfordshire maintained a strong focus on place-based delivery, population health improvement and local partnership working within the context of the wider Thames Valley footprint. Considerable attention was being given to ensuring that Oxfordshire's established partnership arrangements remained effective as governance arrangements evolved. Work was underway to clarify responsibilities between system, place and neighbourhood levels and to ensure that local priorities continued to inform strategic decision-making. Members were informed that maintaining strong local leadership and local accountability would remain important as organisational arrangements developed. The update highlighted the continuing importance of partnership working between the NHS, local government, voluntary and community sector organisations and wider system partners in delivering improved outcomes for residents.	

Health Improvement Board:

District Cllr Georgina Heritage presented the Health Improvement Board (HIB) update. Members were informed that the HIB had continued to oversee a range of workstreams relating to prevention and population health improvement. Particular emphasis had been placed upon tackling health inequalities, promoting healthier lifestyles and strengthening preventative approaches across the county.

The Board heard that recent discussions within the Health Improvement Board had included consideration of gambling-related harms and opportunities to strengthen awareness and preventative interventions. Gambling harm was increasingly being recognised as a public health issue, given its potential impact on mental health, financial wellbeing and family circumstances. The Health Improvement Board had therefore considered how partners could work collectively to improve awareness and ensure that appropriate support pathways were available to individuals experiencing gambling-related difficulties.

Children's Trust Board:

Cllr Sean Gaul presented the Children's Trust Board update. Members were advised that the Children's Trust Board had continued to oversee implementation of a number of strategic priorities relating to children, young people and families. The update highlighted continuing work to improve outcomes for children across Oxfordshire, with particular emphasis on reducing inequalities and supporting children to have the best possible start in life.

Significant work was underway in relation to the Best Start in Life agenda. This included activity focused on improving early years outcomes, school readiness, family support and reducing disparities experienced by children from disadvantaged backgrounds. One area of continuing concern related to differences in school readiness outcomes between children eligible for free school meals and their peers, and work continued across partnership organisations to narrow these gaps and improve outcomes.

The Children's Trust Board continued to work closely with education providers, health services, local authority services and voluntary sector partners to strengthen integrated support for children and families. It was noted that many of the issues being considered by the Children's Trust Board aligned closely with the Health and Wellbeing Board's strategic priorities, particularly those relating to prevention, reducing inequalities and supporting healthy life chances from the earliest stages of life. Members

welcomed the ongoing emphasis being placed upon early intervention and recognised the long-term benefits that could be achieved through improving outcomes during childhood. The Board RESOLVED to: 1. NOTE the Partnership Board Updates.	
214 Forward Work Plan (Agenda No. 12)	
The Chair emphasised that agenda items should be shaped by the collective interests and priorities of the Board. The Chair therefore encouraged members to view the Forward Work Programme as the mechanism through which the Board could identify the issues it wished to consider in greater depth at future meetings. The Chair explained that the Forward Work Programme should be reflective of what Board members wanted to explore and scrutinise as part of the Board's wider responsibility for improving health and wellbeing outcomes across Oxfordshire. The Board RESOLVED to: 1. AGREE the forward work plan. 2. DELEGATE to the Committee Officer and Deputy Director of Public Health (in consultation with the Chair) to make any amendments to the work plan as may be required.	

..... in the Chair

Date of signing
