

## BOARD MEETING

<b>Title</b>	Place & Communities Update: Spotlight on Neighbourhood Health		
<b>Paper Date:</b>	29/08/2025	<b>Board Meeting Date:</b>	09/09/2025
<b>Purpose:</b>	Discussion	<b>Agenda Item:</b>	10
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### Executive Summary

2025 has introduced significant changes for NHS (particularly ICBs) and local government organisations. Through further developing partnerships, there is a unique opportunity for leaders from the health and care sectors to come together, accelerate integration and find new ways to use collective resources to improve outcomes for residents and value for local systems. Systems have been tasked with delivering the 3 shifts, developing neighbourhood working, reducing health inequalities and increasing investment in prevention.

Health and social care organisations operate in complex systems with a great deal of change and uncertainty. Partnerships can help meet some of our future challenges, especially as the ICB reduces its capacity and re-focusses on strategic commissioning covering a larger geography.

Oxfordshire is in a strong position to advance neighbourhood health and care. Many concepts outlined in recent national guidance and policies have been trialled and delivered throughout Oxfordshire, but Oxfordshire is keen to further progress to deliver better access, outcomes and experience for residents.

### Action Required

The board are asked to:

- Note the opportunities relating to neighbourhood health and care alongside local health and care organisations.
- Support new ways of working and approaches in Oxfordshire to further develop neighbourhood health and care.

<b>Conflicts of Interest:</b>	No conflict identified
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<b>Date/Name of Committee/ Meeting, Where Last Reviewed:</b>	N/A
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# Place, Neighbourhoods and Working with Communities



Daniel Leveson  
Director for Places and Communities, BOB ICB

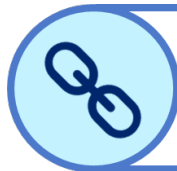
Dr Michelle Brennan  
Chair Oxfordshire GP Leadership Group

# Working in Partnerships

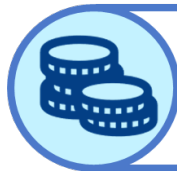
Partnerships offer a unique opportunity for leaders from health and care sector to come together, accelerate integration and find new ways to use our collective resources and improve outcomes for the residents we serve and value for our system.

We will make choices and prioritise actions and interventions to deliver the 3 shifts, develop neighbourhood working, reduce health inequalities and increase our investment in prevention. There are ample examples of success, not least in improving urgent and emergency care and working with priority communities to reduce inequalities and increase upstream prevention

We work in a complex system with a great deal of change and uncertainty. Partnerships can help meet some of our future challenges, especially as the ICB reduces its capacity and re-focusses on strategic commissioning covering a larger geography.



Join-up services for priority people/populations



Deliver new models of better value care



Increase prevention and reduce inequalities

Partnerships can:

- Become accountable boards for programmes and populations e.g. UEC, Neighbourhoods.
- Build on existing joint working arrangements, s75 agreements, pooled budgets and integrated commissioning to increase delegation.
- Transfer, fund and host people in joint roles with skills essential for our success.

# Hospital to community

The plan's aim is to end **hospital by default care** by 2035, with hospitals focussing on specialist and emergency care. Most healthcare will be delivered **locally, proactively and joined-up**, through a revitalised neighbourhood service designed around people's needs, with prevention and integration at its core. The most significant changes proposed are:

Change	Description
Investment	Greater investment in <b>community and primary care</b> , aiming to reverse the current 'hospital-centric model' by reducing the share of funding allocated to hospitals.
Neighbourhood Health Centres (NHCs)	<b>Establish NHCs</b> in every community, starting where healthy life expectancy is lowest. They will provide a range of services closer to people's homes, extended hours and staffed by Mutli-disciplinary teams.
Transfer	Many <b>outpatient and chronic-care services</b> from hospitals to community-based centres, making outpatient care outside hospitals the norm by 2035.
Service model	Services will be delivered: <ul style="list-style-type: none"><li>- In the patient's home.</li><li>- Digitally by default (using technology such as the NHS App)</li><li>- In local NHCs when needed</li><li>- In hospitals only when necessary</li></ul>
Workforce	<b>New models</b> including redeployment from hospitals to community, expanding GP and community staff, using population health data to tailor local care teams.
Outcomes-focus	Shift to <b>population-based, outcomes-driven funding models</b> that incentivise prevention and cross-sector collaboration at neighbourhood level.
Integration	Closer working with <b>local government and voluntary sector</b> , with aligned planning cycles and pooled budgets to tackle wider determinants of health

# Neighbourhood Working

## People tell us:

- They want more co-ordinated and joined up care
- They want us to focus on prevention and personalised support
- They want a more holistic approach to support provided

## Data tells us:

- The population is ageing, people spend more years in ill health and live with more long-term conditions
- Some communities face health inequalities which are unfair and cause avoidable differences in health outcomes.

## Our current model of care is unsustainable:

- We are seeing increasing demand and for a finite resource.
- Our workforce model is not resilient and cannot meet demand increases.
- We need to be more productive and reduce waste and duplication to deliver what the people want and expect.

**Better co-ordinated care, in communities, is a key principle of our strategies (10YP, ICS, Health and Wellbeing).  
Neighbourhood working and Neighbourhood Teams will be the key delivery vehicle for these strategies.**

**Integrated neighbourhood teams** are professionals from health, Local Authorities, VCSFE that work alongside members of the community. They work in a particular place to provide coordinated and preventative care and address the needs of a particular part of the community identified.

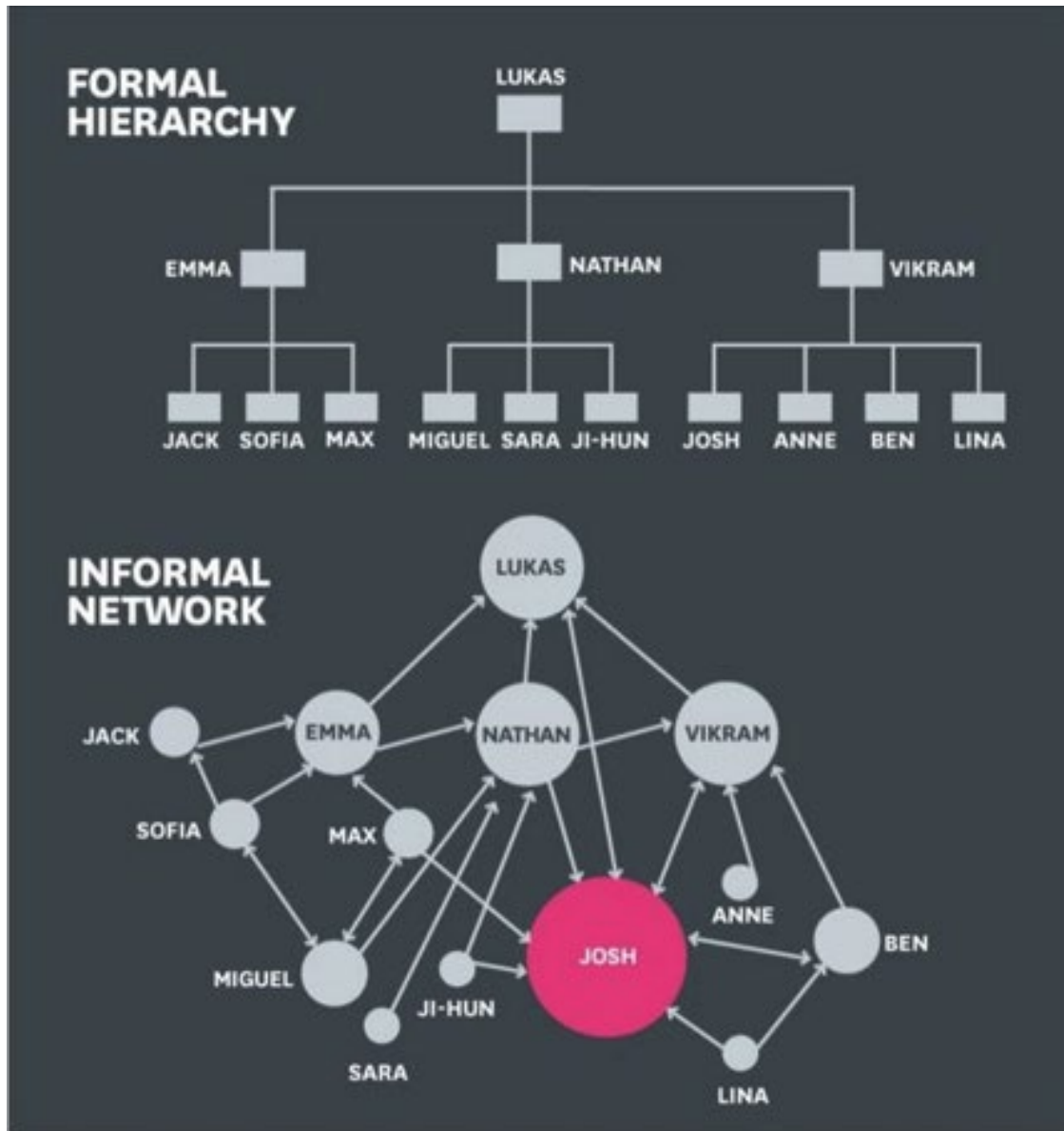
**Neighbourhood working** is a central part of the NHS 10 Year Plan. The plan aims to establish a neighbourhood health centre in every community as a place from which multidisciplinary teams will operate.

**A multidisciplinary team** is a group of professionals, usually led by a clinician, although could be someone else. It could be purely health staff.

However, you can also have a **broader neighbourhood team** drawn from a wider group of people including health and social care and education, housing, safety, VCS, local MIND/Age UK, faith groups, residents, pharmacists, dentists, opticians. It might not even stop there – the local barber, hairdresser or supermarket may also be involved. That's your biggest neighbourhood – it's the one people live in.



# What I've Learnt



*“Here comes Edward Bear now, down the stairs behind Christopher Robin. **Bump! Bump! Bump!** on the back of his head. It is, as far as he knows, the only way of coming down stairs. He is sure that **there must be a better way, if only he could stop bumping for a moment to think of it**”*

*A. A. Milne, Winnie-the Pooh, Chapter 1*

An over-obsession with organisational form, contracts or buildings will be an obstacle to progress. We need to focus on relationships – trusting each other, getting on with it, taking risks, working beyond our organisational boundaries and statutory responsibilities, going to the edge of what is possible and backing leaders.

# Progress in Oxfordshire

- Oxfordshire PBP identified Neighbourhood health and care as a priority.
- Neighbourhood health and care progressed via multi agency steering group, with the inaugural Community and Primary Care Board meeting in September. It will co-ordinate and lead Neighbourhood developments, reporting to PBP with wider connectivity across Place and BOB to formulate plans to achieve the [aims set out for the next 5 – 10 years](#).
- Engaged in BOB ICB enabling programme, to ensure alignment across footprint.
- Geographical boundaries not yet confirmed, but exploration underway.
- Building on foundations of several mature and embedded INTs focussing on various population cohorts, developed through a population health management approach.
- Commitment to prevention and health inequalities, underpinned by a strong approach to community development, encompassing Well Together, Community Health Development Officers and Health and Wellbeing Worker pilots.
- Good examples of integration across the county from both a commissioning and provider perspective, across multiple sectors e.g. NHS, Local Government, VCFSE, Independent.

Held 3 stakeholder workshops, facilitated by Professor of Energy Systems (expert in system transformation) from University of Oxford, these have helped to:

- Establish Oxfordshire vision (below) for neighbourhood health and care.
- Identify and address key challenges to overcome.
- Explore neighbourhood principles and opportunities relating to a real-world pathway (heat failure).

**“Oxfordshire Neighbourhood Health and Care System is committed to delivering a model of care that is simple to navigate, accessible to all, and rooted in prevention.**

**Long-term sustainability is driven by integrated and collaborative working across providers, ensuring coordinated and efficient use of resources. This approach is underpinned by a continued focus on high-quality care, defined by patient safety, experience, and outcomes, and supported by a compassionate culturally attuned workforce.**

**Strong and evolving partnerships with communities remain central to fostering trust, relevance, and shared accountability for health and wellbeing.”**



# Opportunities to accelerate

Oxfordshire PBP recently developed two applications to be part of national and regional learning and delivery programmes.

- i) **The National Neighbourhood Health Implementation Programme (NNHIP).** This will focus on Oxford City, Bicester and Banbury, including nine out of the ten priority wards in Oxfordshire. With a view to building on high functioning INTs and further developing at scale primary care provision.
- ii) **The South East Neighbourhood Health Accelerator Programme (SE-NHAcc).** This will focus on Eynsham, Witney and the North Oxfordshire Rural Alliance, whereby there is a prominent population of frail people aged 65+ with some of the highest emergency admission and emergency department attendance rates.

The outcome of each application is expected in early September. Regardless of whether Oxfordshire is successful on either application, neighbourhood health and care will progress throughout the county, alongside the development of the Marmot County. The intense and short-term application process has teased out several learning opportunities and galvanised thinking throughout.

