OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 21 September 2023 commencing at 10.00 am and finishing at 4.00 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair
	District Councillor Elizabeth Poskitt (Deputy Chair) Councillor Nigel Champken-Woods Councillor Imade Edosomwan Councillor Jenny Hannaby Councillor Damian Haywood Councillor Nick Leverton Councillor Dan Levy City Councillor Sandy Douglas District Councillor Katharine Keats-Rohan district Councillor Diana Lugova
	District Councillor Lesley Mclean (virtual)
Co-opted Members:	Siama Ahmed
Other Members in Attendance:	
Officers:	Stephen Chandler (Executive director–People, Transformation and Performance) Anne Coyle (Interim Corporate Director for Children's Services) Victoria Baran (Deputy Director for Adult Social Care) Daniel Leveson (BOB ICB Place Director, Oxfordshire) Rachel Corser (Chief Nursing Officer, BOB ICB) David Munday (Consultant in Public Health) Derys Pragnell (Consultant in Public Health) Lily O' Connor (Programme Director- Urgent and Emergency Care for Oxfordshire) Ben Riley (Executive Managing Director- Primary, Community and Dental Care at Oxford Health NHS Foundation Trust) Lisa Glynn (Director of Clinical Services Oxford University Hospitals Foundation Trust) Sara Randall (Oxford University Hospitals NHS Foundation Trust)

26/23 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Apologies had been received from Cllr Paul Barrow, with Cllr Diana Lugova substituting.

Apologies had also been received from Barbara Shaw.

27/23 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

Cllr Damian Haywood declared that he had a contract of work with the NHS.

The Chair declared that she had a contract of work with SUDEP Action.

Cllr Jenny Hannaby declared that she was Chair of the Wantage Town Council Health Committee.

28/23 MINUTES
(Agenda No. 3)

The minutes of the committee's meetings on 8 June and 30 June were assessed for their accuracy.

Cllr Katharine Keats-Rohan cited a correction as to the nature of her declaration of interest.

The Chair cited a correction to page 17 in relation to the extraordinary meeting held on 30 June, suggesting an amendment to include the point relating to whether notice will be provided on if the power to refer matters was to be removed by the Secretary Of State.

The Committee **AGREED** the minutes subject to the proposed corrections.

29/23 LOCAL AREA PARTNERSHIP SEND REPORT
(Agenda No. 5)

The following were invited to respond to the Committee's questions concerning the recently published Local Area Partnership SEND Report; Liz Leffman (Leader of the Council), Liz Brighouse (Deputy Leader and Cabinet Member for Children, Education and Young People's Services), Anne Coyle (Interim Director of Children's Services),

Stephen Chandler (Executive director – People, Transformation and Performance), Rachel Corser (Chief Nursing Officer- BOB ICB), Daniel Leveson (Place Director Oxfordshire – BOB ICB), and Victoria Baran (Deputy Director, Adult Social Care).

The Chair explained that this report came against the backdrop of the Cabinet having considered the Education Commission report on Tuesday the same week; and that HOSC were looking at this particular SEND report that had highlighted significant concerns and systemic failures in SEND provision for Children. The Chair confirmed that the Committee had also had sight of a statement that was released on the BOB Integrated Care Board's website, which included statements from many representatives of the senior leadership of the Local Area Partnership who were also present during this meeting.

The Committee emphasised that whilst the report highlighted challenges in the Local Area Partnership, it also highlighted some positive aspects of the partnership that were indeed working well.

The Chair also reiterated that in terms of the format of scrutiny for this SEND report, this Committee would scrutinise this report's findings with as much a focus as possible on the health and wellbeing of children, and that the People and Overview Scrutiny Committee would scrutinise this report separately at a future date. It was emphasised that both scrutiny committees had a remit over certain aspects of SEND issues, and that it must be ensured that this discussion was centred around the implications on the Health of Children.

The Committee **AGREED** it would hold off from issuing any recommendations until the People and Overview Scrutiny Committee had had an opportunity to scrutinise the OFSTED report. Upon both committees having scrutinised the report, the Chairs, Vice-Chairs, and officers of both committees would meet and agree on a separate list of recommendations from each committee that did not conflict with each other.

The Chair invited the registered speakers to address the Committee.

1. *Statement by Terez Moore:*

Terez Moore began by stating that the battle for their children has been hard and lengthy with no end of distress. Nothing she had ever experienced when fighting for her children had been centred on them and their needs. The County Council and health system could improve on trying to put children first. Terez gives an example of behavioural incidents and experiences of her child at school that she felt were not appropriately addressed or dealt with; with the head teacher refusing to accept her child's diagnoses. She then expressed the traumatic nature of her child's experiences with suicidal thoughts and stated that she felt there was a lack of support for her child and that their voices were not being heard strongly enough. The school refused to apply for an EHCP assessment for her child, forcing her to seek a parental one. Terez explains that she experienced lengthy delays in receiving support, and felt that the system did not focus on her son's needs as an individual. Terez also stated that the Ombudsman found that her son was failed by Oxfordshire Country Council. Her son had to move far from home to receive the education that he required because his placement was denied by Oxfordshire Country Council. She had to attend an

education tribunal for her son and also experienced delays with this being arranged, which resulted in her son's condition worsening. She was then given an emergency tribunal date. OCC informed the Judge that they did not have an appropriate setting for her son. Terez explains the trauma and financial strain this experience has caused on herself and her family. Terez explains that she and her husband have had to cover enormous costs for her child's legal fees. She has been waiting for an ASD (Autism Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) assessment for her second child since January 2021, who is currently diagnosed with chronic motor tick due to stress. Terez applied for a new EHCP but emphasized that an educational psychologist had written a report without having met her child in person or physically seeing them. Terez stressed and felt that the process for receiving support for SEND was not as child-centred as it should have been. Terez concluded by urging for a better system for SEND provision that also takes the mental health of children into account.

2. *Statement by Kimberly Morgan:*

Kimberly Morgan stated that she was a disabled single mother to her disabled seven-year-old son. Her son had been out of formal education since April 2022 and had been diagnosed with Autism, ADHD, profound school-based anxiety, a vomiting disorder and three separate language disorders. Her son was found to have a significant fine motor delay, and experienced a rapid decline in his mental health and was experiencing suicidal thoughts. His school was later found by SENDIST to have ignored his disabilities as he had no diagnosis at the time. Kimberly highlighted that her son's mental health deteriorated as a result and that he was yet to receive any treatment from CAMHS over a year and a half later. Kimberly stated that there was currently no support being offered for her son despite the challenges he was facing. Kimberly added that although her son's motor skill deficits were clearly identified by the NHS, they were not receiving any services and that being a disabled single mother unable to pay privately for therapy did not help either. Kimblery also expressed that she felt that Oxfordshire County Council had not been fulfilling their legal duties under Section 19 and Section 42, and that the County Council needed to acknowledge that her son's needs could not be met in a mainstream school.

3. *Statement by Claire (spokesperson of Oxfordshire SEND Parent Action)*

Claire stated that she was an autistic mother of an eight year old autistic child, who was now educated at home due to school trauma; and that she represents OxSEND Parent Action (a group of over 90 parents and carers whose children have been impacted by some of the challenges highlighted in the Ofsted/CQC report). Claire expressed that affected parents felt that no service seemed to be taking responsibility and that children and young people appeared to be bounced between services. She asked where, in this multi-agency partnership, did the key responsibility lie, and asked for clarity on who the Senior Responsible Owner for the quality and delivery of SEND service provision was, as well as who carried responsibility for the risks of the systemic failures highlighted by the SEND report.

Claire proceeded to highlight three areas relating to Health in the findings of the SEND report:

1. She felt that Health and Social Care were often missing or lacking in EHCPs, and that they often may not be consulted at all.
2. Waiting times were too lengthy.
3. That Multi-agency work between services were often non-existent (particularly for children with mental health difficulties).

Claire also emphasised some key points relating to how affected parents also felt including the following:

1. Mental Health Services for children in Oxfordshire were not as widely available as they could be, and parents feel that they are managing their child's mental health crisis with little support.
2. CAMHS interventions were not as autism friendly as they could be, and that waiting lists for CAMHS services were too lengthy.
3. The practice of CAMHS referrals from schools was creating unnecessary barriers and delays. Schools appeared to not perceive it as their responsibility. Claire also emphasised that Health services should try to accept referrals directly from parents.

Claire moved on to state that her family had been pushed to breaking point, and that had they not have been able to gain access to a private autism diagnosis and some private mental health support, she would not know where they would be now. She also outlined that CAMHS discharged him despite the fact that he still couldn't access school.

Claire called for a fundamental rethink of how SEND services were delivered, and emphasised that Health, Education, and Social Care had to take increased responsibility and accountability if any improvements were to be made.

Claire concluded by proposing some key recommendations which were:

1. All communication and actions must be transparent, of sufficient quality, and timely in nature .
2. Co-production with parents was pivotal.
3. Work on Improving staff skills and retention was required.
4. Ensuring that OCC services had stability, good governance and effective scrutiny, and that there should be work on building a culture and practice of learning and reflection at all levels.

The Chair thanked the public speakers for their statements and participation, and proceeded to a question and answer session between the Committee and the invitees.

The Committee initiated with an overarching question around what the immediate response of the Partnership would be, as well as how the Partnership would produce a response and an action plan in a timely way in light of the SEND report's findings. The Committee also asked specifically about the timescale in relation to the action

plan, as well as what would be demonstrated in the action plan; including the role of co-production. The Executive director for People, Transformation and Performance responded by highlighting that the CQC and Ofsted have asked the Partnership to produce a priority action plan within thirty working days since the publication of the report. Oxfordshire was the seventh County in the County to undergo this particular framework of inspection. Ofsted and the CQC were very explicit around the importance of ensuring the draft report was not shared widely, but that they did share this with the stakeholders such as the Oxfordshire Parent Carer Forum. Since the publication of the report, the Local Area Partnership had agreed a series of workshops to produce the priority action plan; and that these workshops would include all of the key stakeholders that they would be expected to include, initiating with the Parent and Carer Forum, which was independent from the local authority.

The Committee asked about the voices of families in the role of action planning, and reflected on the personal experiences of some of the Committee members who were present about the challenges they have been facing with close loved ones who experienced SEND. There was a sense of relief at the report's publication, that the systemic failings have been aired publicly. The Committee enquired about how it would be ensured that people's voices are heard, and how they would receive regular communication regarding the status of their application for help and for SEND services. The Executive director for People, Transformation and Performance responded that part of the action plan and the response was to ensure that families and their voices were strongly taken into account, and that all members of the Partnership would work towards this. It was highlighted that only time, evidence and stories would eventually convince the Committee as well as the wider public that the Partnership was taking family voices into account.

The Committee cited how the SEND report talked about leadership and how this was key; and proceeded to ask what the role of leadership would be, what this would look like, and how effective it would be. The BOB ICB Chief Nursing Officer first thanked the public speakers for their stories and felt incredibly moved by this, and proceeded to apologise on behalf of the ICB as to the failings that have been identified in the recent SEND report. She highlighted the importance of good and coordinated leadership to ensure that the NHS had the operational oversite of delivering the requirements of the action plan. The Chief Nursing Officer also referred to the close relationship between the ICB and OCC in working closely to drive improvements forward, and expressed a commitment to working with parents as part of this improvement journey. Cllr Leffman also responded that elected representatives had a responsibility to residents of the County to make sure that not only are they heard, but that they receive the services that they require. The leader highlighted that whilst there were nationwide challenges with SEND provision, that did not take away responsibility of the County Council to ensure that residents were treated as human beings and in the appropriate way. The Leader also expressed apology that affected families have had difficult times, and at how people have had difficulty in receiving clear communication, and that good leadership was key, particularly through ensuring good coordination with NHS partners also. The Leader acknowledged that there was a lot that needed to change, and assured the Committee that the leadership would change the way they work; despite the challenges related to limited funding. Cllr Leffman concluded in her response that parents did have to be adequately listened to throughout this process as well as throughout their journey for seeking support for SEND.

The Chair then highlighted the important role of the Committee, as well as other committees within the Council, to ensure that challenges with SEND provision were not overlooked, and that partners, including the Committee, worked together to drive for improvements to SEND services.

The Committee then emphasised the imperative for the NHS to work closely with schools, and that schools should not be required to shoulder additional or excessive responsibilities, particularly around providing healthcare support for children experiencing SEND. The Committee thanked Cllr Leffman for being forthcoming about the challenges with SEND provision, and urged for taking on board the feelings that affected parents had expressed.

The Committee referred to how the report stated that Children's and Young People's needs were not consistently identified accurately or assessed in a timely and effective way right from the start; and asked about what was being done to ensure swift diagnoses of SEND for Children who may be suspected of exhibiting this. The Executive director for People, Transformation and Performance responded that waiting for something may not be straightforward; people may be waiting for CAMHS appointments, EHCPs, occupational therapy treatments, speech and language therapy treatments and so forth. Only four percent of EHCPs at the beginning of the year were being met by the 20 week deadline. Council had approved an additional half a million pounds, and there has been an improvement to forty three percent and that by August there was a further improvement to sixty-six percent. Therefore, the Partnership had not been waiting for the report's findings on waiting times, but had already pre-emptively been working on making improvements to waiting times. The BOB ICB Chief Nursing Officer reiterated that lengthy waiting times were not acceptable, and that this was indeed a national challenge, but that there were issues being worked through with local healthcare providers, particularly with Oxford Health who had been recovering from the recent cyber attack they were subjected to; all of which had helped with accessing necessary data on affected children/patients. The Partnership is also committed to providing additional support to families whilst they were waiting for services. The BOB ICB Place Director also cited that coordination and personalisation of care around the families was critical.

It was enquired as to whether person-centredness would be a part of the commissioning and procurement processes. Cllr Brighouse responded that the Partnership had known that this report's findings on waiting times was imminently being published; and that knowing what the issues were was a relief in that all partners could work together to address the challenges in SEND provision. Some PCNs (Primary Care Networks) across the County had now commissioned services through their social prescribing budget to provide support to children presenting to GP surgeries with anxiety and autism; this means that whilst they are awaiting an autistic assessment, they are receiving help and support through a social prescribing budget. Therefore, it was emphasised that money did also exist in the social prescribing budget that could help with providing support in the context of waiting times for assessment.

The Committee emphasised that it was crucial for data around EHCPs to be transparent and adequate in its availability, and that it was not only important to ensure the timeliness of EHCPs, but that they were also accurate in their quality.

The Committee urged that parents needed to be able to see all that is offered, and that there may be a reluctance to push for support as they may not be aware of what was on offer or the benefits of what may be on offer in terms of SEND services.

The Committee emphasised whether lessons would be learned from other Counties and systems that had good SEND provision that we could learn from. The Executive director for People, Transformation and Performance affirmed that there would be lessons learned by the Partnership and these lessons would be taken on board; and that there were discussions with the Parent Carer Forum also to identify how to address the concerns raised by the SEND inspection.

The Committee referred to how the report stated that within schools, staff were not always well supported to understand and meet the different needs of children and young people with SEND. The Committee therefore enquired the following; whether there were particular reasons as to why or how staff were not being sufficiently supported in this regard; what the statutory obligations were on training and whether these obligations had been met; and importantly, what could be done to increase support for school staff to enable early identification and intervention to avoid any potential negative outcomes on the mental and physical health of affected children. The Executive director for People, Transformation and Performance replied that it was incredibly important that staff received adequate training, and that the local authority had a school improvement team, and it was being assessed as to whether resources were adequate for training provision and whether work was being focused in the appropriate areas. The role and accountabilities of the local authority had been less explicit since the advent and increased independence of academies. The academy structure had also required the local authority to step back. However, the Executive director for People, Transformation and Performance still insisted that this did not imply that the local authority had no role at all in this context; and that the practice of role modelling by the leadership of the Partnership for front line staff was also crucial. The BOB ICB Chief Nursing Officer added that the key challenges were centred around some of the specialist roles that existed in the health and therapy sector, again not unique to Oxfordshire; but that opportunities did exist about thinking differently regarding what potential roles currently existed, and where the system could work collaboratively to work to redesign the career pathways. Staff would also not feel satisfied to be working for a service where they felt they were not helping Children and Young Persons, and it would be incredibly demotivating for staff to feel that they were not working for a system that made a difference to people's lives for the better.

The Chair concluded the item by pertaining to the complementary aspects of the SEND report regarding the services that were working well; and how when people did access services, they felt the support they received was organised, enthusiastic, and professional; but that there needed to be adequate focus on the shortcomings to work on turning things around for Children and young people with SEND.

30/23 REPORT ON OXFORDSHIRE HEALTHY WEIGHT

(Agenda No. 8)

The following were invited to respond to the Committee's questions in relation to the Oxfordshire Healthy Weight Report; David Munday (Consultant in Public Health), Dery's Pragnell (Consultant in Public Health), and Cllr Michael OConnor (then Cabinet Member for Public Health and Inequalities).

The Committee stated that this item's purpose was to examine the work undertaken to help promote Healthy Weight within the county, and that it would also be looking at the Whole Systems Approach to tackling excess weight. It was also emphasised that the timing of this item was crucial given that excess weight affected many residents and families, and that it was crucial for there to be plans in place to support residents well as their families in this regard.

The Committee noted how pregnant women faced an increased risk of excess weight, and enquired about the support that was available for women both during and after pregnancy (including with breastfeeding) to help avoid this. The point was also raised regarding whether there was sufficient awareness of, as well as support for women diagnosed with gestational diabetes to help them manage this condition, particularly through early diabetes testing. The Committee also emphasised and asked about the importance of guiding children on chewing their food adequately and on eating more healthily, as well as spacing out the intervals between food consumption into specific meal and snack periods.

It was responded to the Committee that a needs assessment was carried out that was published earlier this year, which also looked at everything that could be done in terms of best practice, what was currently happening, as well as the latest guidance around early years, pregnancy, breastfeeding, weaning, and fussy eating, and that these were focused areas of work that were currently being looked at; with considerations being made as to what actions were required in these areas so as to contribute to healthy weight overall. It was also stated that licences were put to support people working in early years settings. The Consultants in Public Health emphasised that if support for healthy eating started early, particularly in terms of promoting a healthy balanced diet, then individuals who received this support would be more likely to perpetuate these eating habits later on in their lives in the long run. There was also work being undertaken with early years settings, including a survey which was conducted to understand what might support people in early years settings; both to help with food in these settings as well as to help parents. It was also emphasised to the Committee that there was a Whole Systems Approach to promoting healthy weight, and that it was pivotal for healthy weight to be maintained during pregnancy, as this could also have a positive effect on the weight of the child in question later on. Therefore, the essence of the Whole Systems Approach was to cover the entire life course.

It was also highlighted to the Committee that unhealthy weight could often manifest within more disadvantaged communities, including some ethnic minority groups, within the County, and that the Whole Systems Approach aimed to address this proclivity also. The existing data on children and excess weight was stronger and more readily available as opposed to the data on adults, and through utilising this

data one could observe that some areas manifest with more excess weight than others; with deprivation also being a key determinant of excess weight amongst Children. Nonetheless, it was also stressed that the wider environment was also a factor in eliciting unhealthy weight, as opposed to deprivation per se. For instance, there may be areas with a greater presence of fast-food outlets, which could create easily available unhealthy dietary options for families and children who resided in such areas.

The point was also made to the Committee that prevention was a crucial element of the Whole Systems Approach to healthy weight, and that particular services had been established for some ethnic groups as well as for men, whilst further considerations were being made for establishing more services for Women during pregnancy. It was highlighted to the Committee that it was the wider environmental factors that required further attention and work to help reduce unhealthy weight; and it was cited that many other areas beyond Oxfordshire had developed work on the wider environmental factors which had an impact on an individual's weight.

The Committee was also informed about the role of advertising of unhealthy products, which remained prevalent within Oxfordshire and which other areas beyond the County had sought to tackle. Residents that reside in areas with higher levels of deprivation were more likely to face exposure to such forms of unhealthy advertising, which could again relate to the presence of particular food outlets within these areas.

The Committee then enquired about what specific measures would be adopted so as to tackle some of the wider environmental challenges highlighted above, particularly in relation to the presence of fast-food outlets, the licensing for these, and the prevalence of unhealthy food advertising. It was responded that this was not an easy task, and that planning and licensing were a significant factor in the aforementioned environmental proclivities, and that both of these factors predominantly laid in the District Council level. A meeting was convened which involved key representatives from the District Council level, where the evidence base beyond the Needs Assessment was examined. Areas where problems laid had been flagged up, and discussions had been held with relevant officers around potential changes to wordings in local plans and licensing; and further conversations were being held regarding advertising. Lessons were also being learned from how policies were being utilised elsewhere, whether such policies had proven effective, or whether they have had a detrimental impact on businesses.

The Committee reiterated the imperative of engaging with District Councils to further address the aforementioned challenges around fast-food outlets, advertising, and the planning and licensing policies and practices around these. The Committee was then reassured that the health improvement board (a sub-board of Oxfordshire's Health and Wellbeing board) also worked on promoting healthy weight within the County, with the benefit being that representation of the District Councils also existed on this board.

The Committee proposed that they could also play a positive role in contributing toward addressing challenges around planning, licensing, and unhealthy weight. It was also cited that this was the only committee within the County Council that had

District Council representation. The Public Health Consultants welcomed the Committee's support on this.

The Committee then cited the promotion of walking and/or cycling, which were already being promoted by the Council for environmental factors; and queried the degree to which such initiatives also tied into the work around promoting healthy weight. The Public Health Consultants agreed with the Committee on this, and emphasised the significant health benefits of active forms of travel. The Committee was informed that work was already underway in this regard, particularly in the context of the Health Improvement Board also. It was also highlighted that the Health and Wellbeing Strategy was a context where this case could be made, and that plans were in place to further work on increasing active forms of travel given its proven benefits on weight and overall health and wellbeing.

The Committee then pertained to the cost-of-living crisis, and how this made it harder for residents on lower incomes to afford to purchase foods that may contribute to a healthy balanced diet. It was queried how this would be taken into account when tackling unhealthy weight, and about the support that residents could expect to receive to help achieve a healthy balanced diet in the context of a cost-of-living crisis. The importance of supporting food banks to distribute more healthy foods was also highlighted.

It was responded that there was often a misconception that heathier foods were more costly and less affordable when compared to unhealthier foods, which may not always be entirely true. The key issue related to accessibility to healthier foods, as some areas may not contain a plethora of shops which sell healthier food products. However, the Committee was also informed that piloting work was underway to attempt to make healthy foods within local community stores cheaper than unhealthier foods. In relation to support for foodbanks, there was a piece of work under a separate "Food Strategy", and the Council was influencing what was being done to help ensure that healthier foods were provided through foodbanks. The Public Health Consultants appreciated the Committee's concerns around the cost and accessibility of healthy foods, but highlighted the complexities behind the root causes of, as well as the solutions to these challenges.

The Executive Director of Healthwatch Oxfordshire reiterated the importance of access to healthier foods, as well as access to healthy food that was also culturally appropriate for certain communities, which was also an area that required more work on. It was also emphasised that there was always a danger of shifting the blame onto individuals, and that this needed to be avoided at all costs.

The Committee queried the extent to which the Covid-19 pandemic had been responsible for increased rates of excess weight within Oxfordshire, and if there was a trend of recovery from this? It was clarified that the Covid-19 Pandemic had resulted in an increase in excess weight throughout the Country, but that the data for the period of 2022/2023 had not yet been made available to help determine whether the trend for rising levels of excess weight had continued up until most recently, although the expectation was that Covid-19 related excess weight patterns should be levelling off.

The Committee also raised a point regarding the lack of information and emphasis in the report on men, and the significant focus on Women and Children relative to men. The Committee was reassured that the Whole Systems Approach aimed to promote healthy weight overall, and that there was no deliberate move to ignore the role or indeed the importance of men.

The Committee enquired how the work in the context of the Health and Wellbeing Strategy related to the Whole Systems Approach to healthy weight, and whether the Health and Wellbeing Strategy played any significant role as a wider system strategy, including whether there was any potential learning that could come out of this. The Committee also queried the extent to which language was central and crucial to the work on healthy weight, as well as how the newly developed language and principles around promoting healthy weight would be actualised and potentially even accepted by residents within the County. It was reiterated to the Committee that the needs assessment had highlighted the importance of the role of the wider environment, and that the health and wellbeing strategy did feed into the work on healthy weight. The feedback received from residents as part of the wider work on the Health and Wellbeing Strategy had indicated that residents would prefer for there to be an avoidance of negative stigmatisations/use of language around weight, and this had been taken on board in shaping the work on promoting healthy weight. It was also stated that the key to promoting healthy weight in the long-run within the County stemmed from pivotal principles including Prevention; promoting a healthy weight environment; having good system leadership, as well as providing adequate support to residents.

The Committee **AGREED** to make the following Recommendation:

1. To orchestrate a meeting with HOSC, to include senior Planning/Licensing officers, Chairs of Planning Committees of the District Councils, the lead officer responsible for advertising/sponsorship policy, as well as the relevant Cabinet Membesrs, to discuss the planning and licensing around the presence of fast-food outlets in certain areas around the County and the advertising of HFSS products.

31/23 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

Cllr Bethia Thomas submitted the following statement regarding the lack of NHS Dentistry services in the Faringdon area, with reference to the process through which NHS dentistry services were ceased by dental practices.

"I am here after the recent announcement that Faringdon's dental practice in my division, has closed its doors to all NHS patients. The closure came as a shock to many as it came with very little warning – the statement that recently appeared on their website reads: "Regrettably, our NHS services will end on 30 September 2023. We have explored all available options to carry on providing NHS services, but unfortunately these have been exhausted, and we now have no alternative but to hand back our contract and stop providing NHS services as of 30th September 2023."

Obviously this has caused great concern to my residents as it is the only practice in Faringdon serving the town and many of the outlying villages in the Western Vale. Many people wrote to us with their concern, and we had to explain that while we have no direct control in this matter, we would do our best to address the situation and find out if anything could be done to restore services locally.

And this is where I have to make a confession, as I realised how little I knew about the nature of NHS Dental provision and who is responsible for it. Initially I wrote to our MP David Johnston as I automatically assumed it is due to national policy and out of local control – incidentally he did get back to us and said he would meet with the practice, though I am still unclear what this action would achieve. Once this approach had been exhausted, I committed to asking a question of the Cabinet Member for Public Health at last week's full council meeting in county hall. It is clear from his answer that nationally, dental services are in crisis. Over 90% of dental practices are not accepting new patients. The British Dental Association estimated in August last year that after a decade of 'savage' cuts, an additional £880 million a year would be needed to restore funding to 2010 levels. This is, of course, shocking, and while I think that it would take a radical change in direction in government funding to redress this situation, and more than a single MP of any colour could do, it did at least vindicate my decision to write to our local member. So, what can be done locally? The county recognises the importance of oral health to our overall wellbeing and is doing what it can to improve provision through its informal influence.

I know that this committee has already looked at this matter in April, summarising the problems with dentistry services in Oxfordshire. It noted that numerous practices are terminating their NHS contracts and explained the arrangements that are supposed to be put in place to try to find local practices to cover this loss temporarily and to find permanent replacements. But replacements are not always available. This may reflect long-term underfunding and structural problems nationally, but as yet, I have not heard any plans on what is being done to seek a replacement service in the Western Vale, and we are left feeling as though we will be living in what has been termed a 'dental desert', a problem more and more common in isolated rural areas.

So, I am here today to ask what we can do locally to help solve this problem. The County Council's Public Health team will shortly be publishing its Oxfordshire Oral Health Needs Assessment that will put a spotlight on the importance of preventive measures within its scope, addressing inequalities, improving oral health care in care homes, and assisting Children and Young people at higher risk of poor oral health, including children in care and care leavers. While this initiative is positive and welcomed it does not address mainstream dentistry and the effects of NHS closures on communities such as mine.

The county does not have a direct role in commissioning or providing dental services in Oxfordshire, with this responsibility sitting with the Integrated Care Board BOB in partnership with NHS England, so I am here now to ask what the ICB's approach is locally. What if anything can be done to prevent further closures of NHS services, and what can be done to make sure that if communities such as mine are left without provision a replacement can be found.

As we all recognise oral health and access to dentistry is so important to our general health and wellbeing and communities like those across the Western Vale should not be left without these services creating the next dental desert."

32/23 CHAIR'S UPDATE

(Agenda No. 6)

The Chair referred back to the theme of NHS dentistry access as emphasised in Cllr Bethia Thomas's aforementioned statement, specifying that this was a significant area of focus for the Committee. The Chair also proceeded to highlight the following points:

1. The Committee had been hearing more about the difficulties that residents were experiencing with NHS dentistry access.
2. The Committee had looked into dentistry provision in Oxfordshire as a formal scrutiny item earlier this year, and committed to following this up with an additional update.
3. As per an Action from the Committee's dentistry item held in April 2023, the Chair would hold a meeting with the relevant Cabinet Member to discuss the challenges around NHS dentistry in more depth, and to provide feedback from the Committee's understandings and works around the area of dentistry provision.
4. The Committee should continue to pursue a recommendation it previously made to NHS England and the ICB regarding the prospect of utilising underspends in Oxfordshire creatively so as to help provide improvements to dentistry services.

The BOB ICB Place Director for Oxfordshire highlighted that an innovative approach to utilising funding differently had recently been launched, which was to possibly manifest into the new flexible commissioning model adopted by the ICB.

The Chair emphasised that where Dentistry deserts did exist, it would be useful to consider investments of any potential underspends into these areas to ensure continuity of access to NHS dentistry services for local residents.

The Chair also referred to an issue highlighted by Healthwatch Oxfordshire, which related to websites for NHS dentistry services needing to be updated.

The Chair also enquired as to whether there was any process that allowed for the ICB to know with sufficient notice in advance that a dental practice would reduce NHS services, as doing so may enable the ICB to adopt measures to reduce the prospect of more NHS dentistry deserts emerging throughout the County. It was **AGREED** with the Committee that the BOB ICB Place Director will provide some further information on this to the Committee.

The Chair then pertained to the co-production exercise that was occurring within the Wantage and Grove area in relation to the closure of the community beds at Wantage Community Hospital. The Chair reiterated that the Committee would receive a formal update on this in its meeting in November 2023, and referred to how this was an ongoing co-production journey, with the Committee's Wantage Community

Hospital Working Group having received monthly check-ins from the ICB and Oxford Health around the nature and effectiveness of the co-production exercise.

The Chair stated that the ICB and Oxford Health requested an extra two weeks for the public engagement exercise, and the community's representatives were pleased with this. The Chair also expressed that her and the Scrutiny Officer were happy for the additional two weeks to be added to the engagement exercise as it was felt that the quality of the co-production, which should be the most crucial outcome, was not to be undermined.

33/23 HEALTHWATCH OXFORDSHIRE UPDATE REPORT

(Agenda No. 7)

Veronica Barry (Executive Director HWO) was invited to summarise the report.

The Executive Director of HWO made the following points:

1. HWO had contributed to the work invested into updating the Health and Wellbeing Strategy for Oxfordshire.
2. HWO had heard about residents struggling to find a dental practice that was willing to take on NHS patients.
3. It was still not clear how patients could access the supplementary service, but the pathways for this remained unclear. Further clarity on this would be highly useful so as to help HWO in signposting patients.

The Committee reiterated the importance of greater transparency and information sharing and urged the ICB's Place Director to try to follow this up within the NHS. The ICB Place Director lauded HWO's work and contributions toward the Health and Wellbeing Strategy as well as the recent work around the Primary Care Strategy.

34/23 OXFORDSHIRE HEALTH AND WELLBEING STRATEGY UPDATE

(Agenda No. 9)

The following were invited to respond to the Committee's questions in relation to the Health and Wellbeing Strategy Update; Cllr Liz Leffman (Leader of the Council and Chair of Health & Wellbeing Board), David Munday (Consultant in Public Health), Cllr O Connor (Cabinet Member for Public Health and Inequalities), Daniel Leveson (BOB ICB Place Director for Oxfordshire), and Veronica Barry (Executive Director, Healthwatch Oxfordshire).

The Committee outlined that this item was looking at the work undertaken by key actors and partners within the Oxfordshire system to update the strategy, and understood that the report received was not the official strategy document, but provided an outline of the work being put into updating the strategy.

The Committee urged to have site of a draft of the strategy document prior to its ratification at the health and wellbeing board in December this year; so as to allow for an opportunity to provide feedback on the draft.

The Leader explained that the strategy was a product of a joint production of many system partners; including the ICB, the County Council, the District Councils, and Healthwatch Oxfordshire. In essence, this was a system strategy and not an OCC strategy. The strategy was not looking at the nature of clinical services, but focused on the building blocs of health, and how this played out at the place level. The strategy was about focusing on a few key priorities as opposed to everything and anything related to health. The strategy also aimed to provide equity across the board.

The lead OCC Public Health Consultant working on the strategy also explained the following points:

1. A lot had changed since the publication of the last Health and Wellbeing Strategy.

2. The occurrence of the Covid-19 pandemic had a significant impact on public health overall.

3. The cost-of-living crisis had also emerged since the previous version of the strategy, with significant implications on health and wellbeing.

4. The way the strategy was formulated was that it was an objective plan, built out of the Joint Strategic Needs Assessment (JSNA).

5. The Strategy also drew in the voices and experiences of residents and how they felt about the priorities around Health and Wellbeing.

6. The Integrated Care System's strategy also informed the wider Health and Wellbeing Strategy for Oxfordshire.

It was also emphasised to the Committee that data had been drawn into the strategy, which indicated the following:

1. There was an ageing population in Oxfordshire.

2. There had been an increase in people living with long-term conditions.

3. There were more challenges with children being able to learn age 5.

4. There were unequal impacts relating to Healthy Weight

5. Challenges around loneliness had also increased.

In regards to the public engagement exercises, the Committee was also informed that with Healthwatch Oxfordshire's lead, 1100 residents were consulted with questions around what helped their health and wellbeing, what hindered their health and wellbeing, and what was important to them. It was also emphasised that the residents spoken to were those who may often be hard to reach or hear.

It was also highlighted to the Committee that the Strategy also aimed to work on promoting healthy weight and physical activity, as well as on improving mental health overall, as the focus of the strategy was more holistic in nature so as to allow for considerations of mental ill health as opposed to physical ill health only. The strategy was built around key principles including Prevention, tackling inequalities in Health, and Collaboration and Partnership. The strategy would also take a life course approach, as there are a number of factors within the life course that could either be supportive of or detrimental to health.

The Committee was assured that subsequent to the Strategy's ratification by the Health and Wellbeing Board in December, a delivery plan would be established which would determine the nature of the strategy's deliverability.

The Cabinet Member for Public Health and Inequalities added the following points:

1. That the report emphasised the wider determinants and building blocks of health, and that residents should increasingly recognise the importance of these blocks.

2. That there were challenges around inequalities, and that the strategy revolved around tackling such inequalities that could raise susceptibility to ill health.

3. That interlocking between partners in the Oxfordshire system was pivotal to the strategy's effectiveness and deliverability. Partners should perceive each other as cohesive elements of a system as opposed to operating as separate entities as much as possible.

The Committee queried the role of inclusivity in the strategy's development, and the fact that what the report described as the building blocks of health may be undermined by individuals not having efficient access to healthcare services and support. For instance, individuals with epilepsy who struggled to receive swift access to healthcare may struggle to work on the wider building blocks of their health. The ICB Place Director explained that it was important to focus on things that the ICB and its partners can do together in partnership. The Place Director highlighted the following:

1. The ICS strategy described the avenues of access to healthcare support and the ICB was committed to pursuing this.

2. The Joint Forward Plan outlines how the NHS would, in the next five years, work on reducing waiting times.

3. The work around the Primary Care Strategy would also help to improve access to primary care services for residents, which could help improve their overall health and wellbeing.

The Executive Director for HWO emphasised the importance of easy access to healthcare services, particularly for those with complex or long-term conditions who

feel that they would be reassured if they have good access to healthcare which could act as a safety net.

The Committee referred to how the report stated that one of the building blocks of health was housing. The Committee queried the extent to which housing was being taken into account when updating the strategy, and whether there had been work with other partners or actors within the county (including District Councils) to help inform a stronger understanding of the role of housing, or to explore avenues of support for residents whose health and wellbeing were undermined by poor experiences in housing. It was explained to the Committee that housing was a pivotal aspect of health, which the strategy certainly understood. For instance, cold homes and homes with damp are bad for individuals' health. There was work being undertaken in the context of a countywide "better housing better health" service, and more work is currently underway with District Councils to help improve housing and housing conditions for residents.

The Committee enquired as to how the nature and deliverability of the strategy would be communicated as explicitly and plainly as possible for the public to hear and understand. It was responded to the Committee that it was crucial for the strategy to be as clearly understandable as possible to the public. The strategy should not only include statistics and data but also personal and qualitative stories and input. A consultation exercise would also take place in a public consultation period whilst the strategy is being developed prior to its official ratification.

The Committee enquired about the input from disadvantaged groups, and asked whether input from such groups had been adequately incorporated into the strategy's development. It was explained to the Committee that over 30 different groups had been contacted in an attempt to facilitate the focus groups that were highlighted in the report, and there would be more opportunities for input as part of the consultation period prior to the strategy's official ratification.

The Committee moved on to enquire about the relationship between the Health and Wellbeing Strategy and the wider economic strategy of the County Council, particularly given the strong relationship between economic factors on the one hand, and overall health and wellbeing on the other. The Leader responded that financial considerations were crucial, and that if residents were struggling with employment or cost of living, this could impact their mental health and wellbeing. However, the Leader reiterated that the purpose of the health and wellbeing strategy was not to produce an enormous document to cover each and every aspect of life, but to focus on specific priorities/factors that could be measured, and how these measures compared with outcomes in other areas/places.

The Committee pertained to how the report outlined that the strategy would build on and affirm existing partnership-wide climate action commitments. The Committee queried how this contribution to climate action commitments could be achieved, and whether there was a process underway for determining any potential resources that may be required for this contribution. The ICB Place Director referred to how the ICS had a green plan, and how every NHS organisation must statutorily submit a green plan. The procurement and supply chain was the largest contribution of carbon in healthcare, and this chain urgently needed to be reviewed so as to reduce this.

The committee concluded the item, and **AGREED** to issuing the following **recommendation**:

"To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criteria for monitoring the deliverability of the strategy; and to explore the prospect of enabling input/feedback from disadvantaged groups as part of this process."

35/23 WINTER PLANNING

(Agenda No. 10)

The Chair welcomed the following invitees; Dan Leveson (BOB ICB – Place Director, Oxfordshire), Lily O' Connor (BOB ICB Programme Director Urgent and Emergency Care for Oxfordshire), Dr Ben Riley (Executive Managing Director- Primary, Community and Dental Care at OH), Lisa Glynn (Director of Clinical Services OUHFT), and Victoria Baran (Deputy Director of Adult Social Care) to present a report and answer questions on readiness to respond to the increased demands on the health and social care systems over the winter period. .

The ICB Programme Director for Urgent and Emergency Care (Lily O' Connor) summarised the following points to the committee:

1. There had been immense work with all Primary Care partners to develop a more integrated approach with additional resources added to help them manage frail or complex individuals in their own homes.

2. There was an OPEL (Operational Pressures Escalation Levels) framework and process that is utilised to assess whether existing demand is being met, with scorings from 1 to 4. The ICB was working with SCAS, Oxford Health, Oxford University Hospitals and the local patient transport service as part of this OPEL framework process.

The following points were also provided by the Executive Managing Director-Primary, Community and Dental Care at Oxford Health (Ben Reily):

1. There was a need to simplify the complexity for people to understand the services available to them.

2. Prevention was a key principle, to preclude surges of demand, both within the winter as well as in other seasonal periods.

3. Community services were being pulled together to ensure that there was one single team to call when patients require help, who could then arrange the appropriate response and prevent patients being passed around; this work was a key element of the projects around the single point of access.

4. There needed to be clarity regarding the right place to go when needing to be seen by a professional. People were finding it difficult to access care, walking into different services such as a minor injuries unit or Accident and Emergency, only to be informed that they have to go elsewhere for help after having waiting for several hours.

5. It was important that there were staffing resilience measures, and it might be necessary to think about how to pool and organise staffing on a wider scale to avoid abrupt closures of services caused by staff absences.

In referring to the development of a support structure to integrate local community services, the shape and nature of the resultant services was queried, particularly how they would operate at a community level.

The point was made that it was important for transparency that HOSC and the public knew which areas tended to be rated OPEL 3 or 4 and were thus under greatest pressure. More information on where the greatest risks lay within the system was requested.

The ICB Programme Director for Urgent and Emergency Care explained that SCAS were declaring OPEL 4, and could declare this during the evenings and during the night hours; this required good communication with the acute services (John Radcliff and Horton Hospitals) to help ensure timely ambulance handovers. Considerations would also be made as to whether any other additional resources were required by Emergency Departments to free up ambulance crews and reduce ambulance OPEL levels. Within community services, district nursing was under continuous pressure, and in some areas of district nursing there were some vacancies arising on a daily basis. Even in some areas that are fully staffed, there existed the possibility that demand could outstrip capacity owing to the needs of local populations.

The ICB Programme Director for Urgent and Emergency Care also specified that in relation to the acutes, an OPEL could mean any of the following:

1. The number of people in an emergency department waiting to be seen.

2. The number of intensive care beds available.

Consequently, risks across the system varied, but SCAS did consistently tend, to experience risks that escalate in the evening and night hours. Work was underway to determine how people who could be treated at home might receive care at home without having to be admitted into hospital.

If any provider within the system were to fall under the category of OPEL 4, there would be regular meetings at frequent intervals of approximately every two hours in an attempt to identify what the causes of the OPEL 4 were, and to devise and implement mitigations across the entire system to bring any relevant provider down from OPEL 4 as swiftly as possible.

Every effort was made to ensure that the system did not wait until demand rose, but took measures as far in advance as possible whenever it was anticipated that demand would increase. This logic would also apply to junior doctor strikes.

It was asked how urgent treatment centres could be optimised so as to cope with a potential increase in demand. It was explained to the Committee that there is an Urgent Centre on the Horton site, which worked very well with the out-of-hours service from Oxford Health. Another Centre located on the John Radcliff site is run by Oxford City Primary Care. When respiratory issues or Strep A incidences occurred, these Urgent Centres supported Primary Care; they had seen children, adults, and all-age patients when Primary Care struggled to meet the demand. Had these patients not been seen by Urgent Centres, they would more than likely had ended up attending Emergency Departments. Hence, such Centres could flex very rapidly and bring in extra resource (including additional locum GPs) to address increased demand. Out of hours services tended to experience increased demand related to respiratory illnesses, particularly in the winter months. Reference was also being made to the cyber attack which led to an IT outage for a significant period of time, including to the Electronic Patient Record System; one of the benefits was that there was an opportunity to redesign data systems in a manner that allowed data to be used to proactively predict what staffing levels were required to match demand. The ambulance service also made use of this form of data prediction. Immense work was taking place with the Community Information Network, and that there are also fantastic winter communications being made; including the use of 'buddy systems' for moments where a resident may feel particularly unwell.

A further query concerned whether there was sufficient resource for mass Flu and Covid vaccination campaigns. It was explained that there is an increased confidence in how the vaccines could be delivered effectively, and that this was becoming business as usual. The structures were in place, and the system was responding to calls for vaccination campaigns. However, in counterbalance, it was also noted that there remains the tendency for 'vaccine fatigue'. In spite of this, it was highlighted that despite variations in the uptake of vaccines, there was still positive progress that was being made, particularly around engagement with the public over vaccines.

In respect to vaccines, Healthwatch had received some phone calls regarding residents over 80 not being able to receive Covid vaccines, or not being able to travel to where they were being informed to go to.

It was queried as to how the system would be reaching out to BAME communities, and the purposes that this outreach will be utilised for. It was explained to the Committee that this was a comms programme, where a lot of work had been undertaken with different communities and religious groups regarding how to access healthcare services. There were also other projects looking at deprived areas in Oxfordshire, thinking about how to get messages to them, but also how to have medical assessments organised for hard-to-reach groups. Considerations as to what could be done to increase and improve communication with hard-to-reach groups about service availabilities as well as how to live healthy lifestyles were also being looked at.

The Committee emphasised the importance of communications campaigns to convince certain population groups and communities about the safety as well as the significance of taking vaccines, including for Covid-19.

The Committee then explored that given that emergency departments may not be the most ideal destination/location for those suffering a mental health crisis, what alternative options would be provided for such patients. The Committee also enquired as to how the potential existence of safe havens would be communicated to patients or ambulance staff. It was responded to the Committee that there is immense confidence in the NHS 111 and 999 service for mental health, and that there was a well-integrated service for mental health. Although it is not always safe havens that are the appropriate solution for mental health crises. The most important aspect was having a good crisis-response across Oxfordshire so as not to have exclusive reliance on safe havens, as it might be more appropriate to support patients experiencing a crisis in their own home. Furthermore, mobile units were also being explored for mental health patients, so that people could be seen at home without having to resort to attending Emergency Departments.

Further questions were raised over how the mental health of staff would be supported throughout the ensuing winter months, particularly given that pressures and demand often increase during such periods. The Committee was advised that measures were being put in place so as to support the wellbeing of staff, and that Oxford University Hospitals, have a 'People Plan', which is a plan to support staff overall. There were also wellbeing leads, as well as psychological-support services being offered to staff. Cameras were also being utilised to prevent or monitor abuse towards staff.

It was queried how the system would balance the need for efficient and swift discharging on the one hand, with adequate care and support for patients on the other. The Chair also asked how it would be ensured that there is a consistency in the criteria utilised for assessing when and how patients should be discharged. It was explained that the process over discharge was often multi-disciplinary, and that patients actually tended to want to be discharged as swiftly as possible. Therefore, the discharge to assess process ensured that once patients were medically optimised in a manner that would enable them to return home, the transfer of care hub would look at all relevant information to ensure that being at home would be the most appropriate measure to take. Reablement support was also being maximised to allow people to receive support at home. Patients should not be held unnecessarily in hospital beds, as this is not conducive to patient recovery or to the mental spirit and wellbeing of patients who do not have to remain stuck in hospital settings. However, when patients are clearly not ready to be sent home due to not being medically optimised, then every effort would be made so as not to hasten their discharge. Step Down beds could also be used where relevant in Care Homes.

Finally, it was queried whether there were any ensuing plans to close any additional community hospital beds in other areas around the County, and the Committee asked to be kept updated of this if there were any such plans, now or in the future. The Committee was assured that no such plans existed at present.

The Chair concluded the item and thanked the invitees for their attendance and overall contribution to this item on Winter Planning.

The Committee **AGREED** to finalise a list of recommendations outside the meeting, and to subsequently submit these.

It was also **AGREED** that should pressures increase on the system significantly during the ensuing Winter months, that HOSC would receive an informal briefing on this; particularly if pressures were to increase beyond what was expected by the system.

36/23 CO-OPTEE REPORT
(Agenda No. 11)

The Chair asked the Committee to **NOTE** the resignation of Jean Bradlow as a member of the Committee, and thanked Jean for her contributions to the Committee's work.

The Committee **NOTED** the above.

37/23 FORWARD WORK PLAN
(Agenda No. 12)

The Committee **NOTED** the Forward Work Plan.

38/23 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 13)

The Committee **NOTED** the Actions and Recommendations Tracker.

..... in the Chair

Date of signing .....

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