Notice of Meeting Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 10 March 2022 at 10.00 am

Council Chamber - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link.

In line with current Government advice, those attending the meeting are asked to consider wearing a face-covering.

Membership

Chairman - Councillor Jane Hanna OBE
Deputy Chairman - City Councillor Jabu Nala-Hartley

Councillors:	Nigel Champken-Woods	Damian Haywood	Dr Nathan Ley
	Imade Edosomwan	Nick Leverton	Freddie van Mierlo
District Councillors:	Paul Barrow	Sandy Dallimore	
	Jill Bull	David Turner	
Co-optees:	Jean Bradlow	Dr Alan Cohen	Barbara Shaw

Notes: ***Date of next meeting:*** *10 May 2022*

For more information about this Committee please contact:

Chair	-	Councillor Jane Hanna OBE Email: jane.hanna@oxfordshire.gov.uk
Scrutiny Officer	-	*Helen Mitchell* *Email: helen.mitchell@oxfordshire.gov.uk*
Committee Officer	-	*Colm Ó Caomhánaigh, Tel 07393 001096* *Email: colm.ocaomhanaigh@oxfordshire.gov.uk*

Stephen Chandler
Interim Chief Executive

March 2022

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer no later than 9 am on the working day before the date of the meeting.**

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 26)

To approve the minutes of the meeting held on 25 November 2022 (**JHO3a**) and to receive information arising from them.

For ease of reference when considering the Matters Arising from the minutes, a list of actions is attached at the end of the minutes (**JHO3b**).

4. Speaking to or Petitioning the Committee

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection. In line with current Government advice, those attending the meeting in person are asked to consider wearing a face-covering.

Normally requests to speak at this public meeting are required by 9 am on the day preceding the published date of the meeting. However, during the current situation and to facilitate 'hybrid' meetings we are asking that requests to speak are submitted by no later than 9am four working days before the meeting i.e. 9 am on Friday 4 March 2022. Requests to speak should be sent to colm.ocaomhanaigh@oxfordshire.gov.uk .

If you are speaking 'virtually', you may submit a written statement of your presentation to ensure that if the technology fails, then your views can still be taken into account. A written copy of your statement can be provided no later than 9 am 2 working days before the meeting. Written submissions should be no longer than 1 A4 sheet.

5. Emotional Wellbeing of Children & CAMHS (Pages 27 - 72)

10:10

A presentation and reports on Emotional Wellbeing of Children and CAMHS (Child and Adolescent Mental Health Service).

The Committee is RECOMMENDED to endorse the new strategic partnership approach to support children and young people's emotional wellbeing and mental health in Oxfordshire.

6. Access and Waiting Times (Pages 73 - 92)

11.30

Updates on Elective Recovery Plans and BOB ICS Workforce and People Strategy

7. Integrated Care System / Integrated Care Board (Pages 93 - 96)

12:35

An update on the development of BOB ICS / ICB.

8. Community Services Strategy (Pages 97 - 104)

12:55

An update on the development of the Oxfordshire Community Services Strategy.

LUNCH 13:05

9. Covid Update (Pages 105 - 124)

13:35

Reports:

- the Cumulative COVID-19 Impact in Oxfordshire 2020 & 2021
- the Oxfordshire COVID-19 Vaccination Programme

10. Chair's Report (Pages 125 - 136)

14:05

The Committee is RECOMMENDED to

a) Note the report;
b) Agree the actions within.

11. Healthwatch Report (Pages 137 - 144)

14:20

A report on the views gathered on health care in Oxfordshire by Healthwatch.

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or email democracy@oxfordshire.gov.uk for a hard copy of the document.

This page is intentionally left blank

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 25 November 2021 commencing at 10.00 am and finishing at 3.20 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair
	City Councillor Jabu Nala-Hartley (Deputy Chair) Councillor Nigel Champken-Woods Councillor Imade Edosomwan Councillor Damian Haywood Councillor Nick Leverton District Councillor Paul Barrow District Councillor Jill Bull Councillor Stefan Gawrysiak (In place of District Councillor David Turner) Councillor Andy Graham (In place of Councillor Freddie van Mierlo)
Co-opted Members:	Jean Bradlow Dr Alan Cohen Barbara Shaw

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.

51/21 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from Councillor Freddie van Mierlo (substituted by Councillor Andy Graham), District Councillor David Turner substituted by District Councillor Stefan Gawrysiak), District Councillor John Donaldson and Councillor Nathan Ley.

52/21 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The following non-pecuniary declarations of interest were noted:

- Councillor Damian Haywood is an employee of Oxfordshire University Hospitals (OUH) NHS Foundation Trust and a volunteer on the vaccination programme.
- Councillor Jane Hanna is CEO of SUDEP Action.
- Dr Alan Cohen is a Trustee of Oxfordshire Mind.

- Jean Bradlow works for OUH on their Covid testing system.

53/21 MINUTES
(Agenda No. 3)

The minutes of the meeting held on 23 September 2021 were approved with the following amendment:

On item 44/21, on page 3, third bullet point:

Replace

"The outcome from the Executive meeting should be available to the Committee by the following week."

With
"Asked about a timeline for services that have not re-opened, there was a plan that was going to the OUH Executive the following week and it should be possible to give a timeline following that. A report on that will be submitted to the Committee within a week of the Executive meeting."

With regard to the amended minute, the Chair noted that a report on the Executive meeting had not been received. However, OUH were attending to discuss this matter at item 9 on the agenda.

On item 48/21, it was agreed that health partners should be invited to the next scrutiny training.

Action:
Invite health partners to next scrutiny training.

54/21 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

The following requests to speak were agreed:

Item 6: OCCG Update - Joan Stewart

Item 7: Community Services Strategy - Julie Mabberley

55/21 SYSTEM-WIDE UPDATE: COVID RECOVERY
(Agenda No. 5)

The Committee had received a report on the Oxfordshire COVID-19 Vaccination Programme, Primary Care and NHS System Recovery Planning in Oxfordshire.

Ansaf Azhar, Corporate Director for Public Health, gave a presentation on the latest Covid figures, published in Addenda 2 on the eve of the meeting. The latest figures on new cases were showing an increase, mainly among younger age groups not yet vaccinated.

It was expected that the rates will fluctuate but remain high overall going into winter. The booster campaign had stabilised rates among over 60s. The data on 16-17 years olds and 12-15 year olds demonstrated how their rates dropped when the vaccine roll-out reached those age groups.

Ansaf Azhar emphasised the importance of maintaining all of the precautions against transmission such as wearing face-coverings, maintaining distances and ensuring ventilation.

Members asked questions and Ansaf Azhar and Jo Cogswell, Director of Transformation, Oxfordshire Clinical Commissioning Group, responded as follows:

- It was not possible to invoke the Government's Plan B locally. The recent increase in case rates had not impacted greatly on hospital admissions. There was pressure on A&E services which could be alleviated by encouraging people to make greater use of the 111 service.
- Extra government funding for the winter will be used to increase the number of face-to-face appointments available and improve telephone answering rates. This can be done through increased shifts by part-time staff or possibly purchasing remote consultations. Also, it was expected that some general practices will reduce their commitment to the vaccine programme for the next age groups.
- Members can assure the public that the boosters were effective. Case rates were rising in all age groups except over 60s who have had the booster.
- Vaccination rates among the BAME (Black, Asian and Minority Ethnic) communities was better in Oxfordshire than the South East Region average but there was still work to be done to improve them.
- Research was continuing to assess if the vaccine should be made available to under 10s. A second dose will be made available to 16-17 year olds 12 weeks after their first.
- OCCG was working with providers to ensure that as many staff as possible get vaccinated in time to meet the Government deadlines and to assess what impact there might be if staff are lost as a result of refusal to be vaccinated.
- Many healthcare staff were in younger age groups and so will not be eligible for boosters yet.
- It was known that immunity from infection wears off faster than from the vaccine which is why those who have had Covid are still encouraged to get the vaccine.

Councillor Jabu Nala-Hartley stated that some of those reluctant to get the vaccine were not in 'hard-to-reach' groups. They were distrustful of the system and needed to be reassured about the booster in particular. Ansaf Azhar responded that the likelihood was that repeated boosters may prove to be required - similar to the annual flu vaccine.

RESOLVED: that the Committee

a) works with health partners in relation to hard-to-reach groups to develop frequently asked questions, supported by the Council's communications team.

b) will develop at their virtual work planning meeting a template for reporting to HOSC to focus on Covid recovery and include data on vaccination uptake, testing, impact on hospital admissions, ambulance services, care homes, workforce and recovery funding.

Actions

- Jo Cogswell to report to the next meeting on the allocation of Winter Access Funds.
- Ansaf Azhar to provide the data on communities with relatively low uptake of vaccine.
- Jo Cogswell to provide figures on the vaccine uptake among care staff.
- Chair to invite NHS England Improvement to a future meeting as they commission the vaccination programme.

56/21 OXFORDSHIRE CLINICAL COMMISSIONING GROUP UPDATE

(Agenda No. 6)

The Committee had before it a report updating on the development of BOB-ICS (Bucks, Oxon, Berkshire West - Integrated Care System) and primary care.

Joan Stewart, Oxfordshire Keep Our NHS Public, was unable to be heard by the Committee due to technical difficulties so her statement was read out. She stated that the Committee needed to ask crucial questions about how BOB-ICS will fix the problems funding and staffing health and social care.

Joan Stewart urged the Committee to require the CCG to produce comprehensive and detailed reports on all developments, plans and 'shadow' structures and arrangements across the BOB ICS and to produce an engagement and communication strategy that will detail how patients, carers and the public will be meaningfully engaged and involved in the setting up and development of BOB ICS structures and processes.

The Chair noted that the report did not include a governance chart, framework or describe the relationship with this Committee. She asked if there was anything in writing that the Committee should see such as a memorandum of understanding or shared outcomes or values.

Diane Hedges, Deputy Chief Executive, OCCG, responded that they were required to move in line with national legislation as it developed. National guidance was arriving in significant volumes which was being prescriptive about elements, and we needed to follow this. In the meantime, the CCGs continued to meet and make decisions in public. There was an early draft constitution which it should be possible to share within a few weeks.

Yvonne Rees, Chief Executive, Oxfordshire County Council, added that they were at the beginning of the process and a structure chart was being worked on. She proposed to hold a briefing for Members of the Committee before Christmas.

Members raised further questions which Diane Hedges and Yvonne Rees responded to as follows:

- The needs of residents will always take primacy. While there will be a need to move quickly, the process will take a year to 18 months. There were opportunities in this to do things better for residents and the Committee will be involved every step of the way.
- Oxfordshire had made great progress in the last couple of years in the ability of all the partners to work together. The ICS will want to delegate to the place where it will have most impact. There were many meetings taking place planning services, improving service delivery and sharing waiting lists within Oxfordshire and across the ICS. The good progress will be incorporated and built upon.
- The current discussions across the ICS were about learning from each other, agreeing common metrics, sharing information and collaborating rather than competing.
- The OCCG has been responding to the problems with some services still closed to referrals by commissioning services from neighbouring counties or the independent sector as well as working with Oxford University Hospitals (OUH) to get those services reopened.
- The closure of maternity services in two locations was being reviewed regularly by OUH. There were problems nationally with infection control and staff having to isolate.

Members also criticised an OCCG online survey about online consultations. There had been no questions on age, gender or IT capability that would enable analysis on health inequalities. Also, it was not possible to specify if a particular GP service was not providing any of the online services. Diane Hedges agreed to take those points back.

Actions:

- Yvonne Rees to arrange a briefing for Members on BOB-ICS before Christmas if possible.
- Training on BOB-ICS to be organised for January.
- The Committee to have a dialogue with OCCG on the contents of the report to the next Committee meeting in February.

57/21 MEMBER REPORTS - ADMISSION TO CARE HOMES DURING THE COVID PANDEMIC; INFECTION CONTROL

(Agenda No. 8)

It was agreed to take Item 8 Member Reports before Item 7 Community Services Strategy.

Covid-19 infection prevention and control in care homes

The Committee considered a report from District Councillor Paul Barrow which made three recommendations for future actions by the County Council.

Stephen Chandler, Corporate Director for Adults and Housing Services, thanked Councillor Barrow for his work on the report and accepted the recommendations.

Councillor Barrow asked that the Committee receive feedback from the care homes at the next meeting. Stephen Chandler responded that a Care Home Cell had been

formed at the onset of the pandemic and this included representatives from the care homes sector. He would be happy to provide an update at the next meeting.

RESOLVED that:

a) Oxfordshire County Council (OCC), through its adult services, should hold regular discussions with OACP, OCHA on how locally we can maximise the advice from online sources beginning with the Bushproof and Department of Health documents.

b) OCC carries out a regular review of current infection control procedures in care homes and the support provided.

c) OCC should ensure that its winter plan contains the recommended training and infection control support as identified by recommendation 1 and 2.

Admission to Care Homes During the Covid Pandemic - the First Thirty Days and Beyond

The Committee considered the report about the discharge of people from acute hospital to care homes in Oxfordshire during the early days of the COVID-19 pandemic, and a response to that information by the County Council's Director of Public Health and Director of Adult and Housing Services.

Dr Alan Cohen noted that the report had been largely finished in January. There were four recommendations which had been partly implemented in the meantime.

Barbara Shaw asked if it was possible to get information again on Delayed Transfers of Care (DTOC) even if there is not yet a standard national way of measuring. One positive from the pandemic was that the numbers were greatly reduced. However, when the John Radcliffe Hospital went to Opel 4 level of pressure, DTOCs were given as a reason.

Barbara Shaw also asked what was being done to standardise the level of infection control across the various care home organisations.

Stephen Chandler thanked both Committee Members for their work on the report. A response was included in the agenda pack as Annex B. There was now a call every day between OCC, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals (OUH) and Oxford Health to discuss the patients ready for discharge. Around one third of those could be from outside the county due to the specialist nature of many services at OUH. He was happy to meet with the two Members to discuss what data they would like to receive. It was agreed that the Chair would join that meeting and that it can include looking at reablement and any impact of the change of contract.

The Chair asked what changes in social care could help with the patient flow. Stephen Chandler responded that there were 1200 people awaiting a social care assessment. There was a need nationally to secure long term funding for services

and part of that was providing appropriate recognition of the social care workforce including in terms of pay. The Chair added that the Committee was fully supportive of that.

Dr Cohen thanked Stephen Chandler and Ansaf Azhar, Corporate Director for Public Health, for their input on the report. He welcomed the fact that recommendation 3 had already been implemented and the officers' support for a review of the system's response to the pandemic. He asked what form the review would take.

Officers responded that, while the government had announced that there would be a review, there was little information on what form that would take. It was difficult to know what would be the right time for one.

The Chair made a recommendation that a report on learning from the pandemic be brought to this Committee in the first instance. The Committee will identify the information needed from the various partners at an informal virtual meeting. This was agreed.

RESOLVED:

1) That Senior Officers provide further information on the reporting of people who have experienced a delayed discharge from acute hospitals, and how some of the successes in reducing that number can be maintained into the future.

2) That Senior Officers provide further information as to the consequences of implementing national guidance associated with the discharge of patients to care homes in the early stages of the pandemic.

3) That Senior Officers provide further information on the emerging pattern of community and home-based care, and how this can be linked to current developments in the County.

4) That Senior Officers are able to re-affirm a commitment to a review of the response of the system partners to the pandemic, in so far as this would provide a plan of what would be included and a reasonable time scale, given the unpredictability of the current situation.

Actions:

- Stephen Chandler agreed to provide an update on engagement with Care Homes at the next meeting

- Stephen Chandler agreed to meet with Barbara Shaw, Alan Cohen and the Chair to discuss discharges to care in response to detail asked for and to discuss what other data the Committee might want to see in future.

- Ansaf Azhar to report to the next meeting on a local learning exercise with health partners and Committee members with the Committee's virtual meeting to decide what information is needed.

58/21 COMMUNITY SERVICES STRATEGY

(Agenda No. 7)

The Committee received a report updating on the community services strategy work including engagement and feedback on the draft principles, progress on the key focus areas of the strategy and the approach to option development.

Before considering the report the Committee heard from a speaker:

Julie Mabberley asked a number of questions around the proposed strategy including concerns at the temporary closure of maternity services at Wantage Community Hospital and when this would amount to a 'substantial change' requiring public consultation.

Julie Mabberley also asked if it was being considered to re-open the minor injuries unit that closed in 2002. She described difficulties that patients had with results of procedures not being passed on to GPs – both for procedures received outside the county and in Oxford hospitals. She expressed doubts around the ability to adequately staff increased demand for care in the home when a large number of extra care facilities were operating or planned around Wantage requiring a lot of staff.

Dr Ben Reilly, Executive Managing Director for Community, Primary and Dental Care, Oxford Health NHS Foundation Trust (OH), and Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, responded to Members questions as follows:

- The use of community hospital was a core part of the strategy. A census had been carried out to give a snapshot of how the beds were being used. An NHS benchmarking exercise was also being carried out across the BOB (Bucks, Oxon, Berkshire West) area.
- The intention was to use the data to create a model which would outline which patients needed in-patient care in the community and which would benefit more from other approaches. At the next Committee meeting they intended to set out in more detail how the public and service-users would be involved in creating the model.
- There was a need to be clearer about the definition of what is in the community strategy and then see how community beds fit into that.
- The plan was to share the information from the workshops held recently early in the New Year. The evidence behind decisions made will be available.
- Oxford University Hospitals (OUH) and OH were working together on the workforce challenges recognising the shift from acute care to more care in the home. A Community Day held recently in Abingdon Community Hospital had been quite successful and more of those were planned in other areas.
- Some of the projects being piloted in Wantage Community Hospital may be rolled out to other community hospitals. There was a lot of interest in expanding outpatient services.
- People have a choice of whether to die at home or not but sometimes there was a need for specialist palliative care input or more care at home. There was a need for a more consistent cross-county approach as part of the strategy being developed.
- End-of-life (EOL) care in South Oxfordshire will have a multidisciplinary team who will also be supporting people at home, in specialist beds in Wallingford and advising other community hospitals.

- EOL care can be provided in care homes but this was less appropriate for specialist palliative care where specialist skills may be needed to be provided in these enhanced community hospital or hospice beds. Officers will consider whether EOL care needs can be assessed as part of the JSNA (Joint Strategic Needs Assessment).
- There were systems in place for patient and family feedback at a service level but EOL care can often span a number of services so it may be more difficult to identify.
- There was a strong clinical component to decisions on where workforce was deployed when there were shortages and this was discussed with the commissioners.
- BOB-ICS should make planning better particularly around examples like Thame Community Hospital which is in Oxfordshire but part of Buckinghamshire Healthcare NHS Trust.

Karen Fuller, Deputy Director for Adult Social Care, added that while families often want to be part of the care provided, it was never assumed that this was the case. Oxfordshire Carers was set up in April this year to provide carers with independent advice.

With regard to the temporary closure of maternity services at Wantage and Chipping Norton due to staff shortages, Sara Randall, Chief Operating Officer, OUH, reported that there were weekly assessments on whether the units could reopen. Risk assessments were carried out for those due to birth. They were using all the resources available including hospital and community midwives to ensure as much capacity as possible.

The Chair offered the Committee's support in shaping the engagement element of the community services strategy and how HOSC will fit into that.

Action:
Dr Ben Riley and OCCG to meet the Chair before the next Committee meeting to discuss patient engagement elements of the Strategy.

59/21 WAITING LISTS AND ACCESS TO SERVICES

(Agenda No. 9)

The Committee considered the update on elective recovery plans with a further update on the services closed to referrals to be given verbally at the meeting.

Sara Randall, Chief Operating Officer, Oxford University Hospitals, responded to Members questions as follows:

- Services for Ear, Nose and Throat (ENT) and cataracts will reopen to referrals from 1 December 2021. OUH were working with colleagues across the BOB area (Bucks, Oxon and Berkshire West) to maximise capacity and minimise waiting times for our patients and manage demand.
- The most clinically urgent cases and those on the longest waits will be prioritised. They were maximising capacity at out-patients, theatres, diagnostic services and community clinics. They were also working with the independent sector.

- The OUH are looking at plans on how to support patients who may have difficulty accessing services.
- There was a particular problem with hysteroscopies related to workforce constraints and they were looking for other ways to support the service.
- They were looking to free capacity by safely diverting cases from A&E to minor injury units and getting people out of hospital as soon as they were able to. There was a particular issue with 'repatriating' patients from outside BOB which has been escalated to NHS England.
- There were no longer any clinical services closed to referrals though there was the reduced capacity in maternity services.
- The September performance figures for Breast Symptomatic were much improved. The number of referrals was volatile depending on national campaigns running at the time and it had taken time for the one-stop-shop approach to settle in.

The Chair also noted a letter from GPs in Oxford expressing concern at the refusal of a pharmacy licence application in central Oxford at a time when many were not getting their medication in a timely manner. Diane Hedges, Deputy Chief Executive, Oxfordshire Clinical Commissioning Group, agreed to to provide the relevant contact details for it to be explored further.

Actions:

- Sara Randall to bring back plans on using services across BOB and how patients will be supported accessing these.
- Sara Randall to bring information to the next Committee on the numbers of P2 lapses for gynaecology and plans to improve the service and the total number of P2s
- OUH Chief People Officer to report on workforce capacity and planning at next Committee meeting
- Diane Hedges to provide contact information on the decision making of central Oxford pharmacies.

60/21 HEALTHWATCH REPORT

(Agenda No. 10)

The Committee received a report on the views gathered on health care in Oxfordshire by Healthwatch. Rosalind Pearce, Executive Director, commented on other issues that had arisen at this Committee meeting:

- The five Healthwatches in the BOB (Bucks, Oxon, Berkshire West) area were meeting with BOB the following day. They still knew little about the governance of the Integrated Care Partnership for Oxfordshire.
- In the two reports on care homes under Covid there was only one paragraph on the experience of residents. Healthwatch had produced their own report based on interviews with residents.
- They were engaged in the community strategy consultation and were impressed with the commitment of the professionals to focus on the needs of patients.

- Their survey of patients who have availed of alternative services across BOB in order to be seen sooner has shown some positive response but the travel issues remained a serious concern.
- There was a pharmaceutical needs analysis consultation in progress and she encouraged everyone to take a look and consider responding to that.

Rosalind Pearce also referred to the problem with six GP surgeries having closed their lists to new patients or not allowing inter-surgery transfers which was having an impact on people moving into the area. She hoped that the Committee would look into that.

Members raised a number of issues and Rosalind Pearce responded as follows:

- Healthwatch was working in partnership with Community First Oxfordshire with online and paper surveys of the experience of health and social care services for those living in rural areas. She will make sure that the Community Services Review receives information from that survey in time for inclusion.
- The Care Quality Commission (CQC) was engaged in a deep dive on access to dentistry which was a national problem. The plan was for commissioning to be moved from NHS to the Integrated Care System which may then be easier to influence locally.

The Chair noted that while the Committee had decided to prioritise a 'deep dive' on GPs, the fact that the Committee was about to receive more staff resource should ensure that other deep dives can be progressed sooner.

61/21 CHAIR'S REPORT
(Agenda No. 11)

The Chair provided the Committee with;
- BOB JHOSC update
- Health & Care Bill update
- Committee briefing and communication
- Committee support and development

Councillor Nick Leverton asked if the letter from the Council Leader and the Chair to the Oxfordshire MPs on the Health and Care Bill included the recommendations from this report. The Chair responded that it did not. The letter focussed on the risks to health and social care as a result of current workforce issues.

The Chair suggested an additional recommendation in relation to the audiology contract – added to recommendation 5 (i).

The following recommendations were agreed:

1. An agenda item for the next virtual meeting to review the new approach with view to building on the progress that has been made and to strengthen the implementation of the existing Constitution and Standing Orders and existing protocols (e.g. set up of working groups) of the JHOSC; and provide a steer to the

Chair in relation to any related agenda item on Audit and Governance and/or the Cabinet.

2. A virtual meeting be held within four weeks of the JHOSC to prepare scrutiny for the next meeting; to build on the introduction of new agenda items by a steer on the list of information the committee would like; to consider design of JHOSC Dashboard for the Waiting lists and access to services agenda item to liaise with partners in the preparation of papers for this committee.

3. The committee may wish to consider the letter from the CEO of BOB in relation to items on the agenda which relate to this (public engagement on the community strategy) and as a case study in planning for the development of a revised JHOSC external protocol with system partners.

4. That HOSC recommend to Council that the process for the appointment to the BOB JHOSC is in accordance with the process for County Council appointments to all committees informed by the advice of the JHOSC regarding the importance of membership from this committee.

5.

i. The committee notes that the CCG did not respond to requests from the committee and that the CCG took the view that because it was not a service explicitly contracted in the GP contract it was a national matter. The committee notes the Health Watch report that the public experiences a loss of service regardless of whether it is explicitly in the GP contract or was provided by the GP. The Committee requests Oxfordshire Clinical Commissioning Group to provide a report on the decision-making around the audiology contract.

ii. The committee seeks advice/confirmation from the Centre for Scrutiny that contracts regarding the whole or part of the ICS area that impact Oxfordshire residents and that where a service was provided but not explicitly commissioned it can still be scrutinised by the JHOSC.

iii. The Committee advises the CCG and ICS that if they invite a member of JHOSC to a private meeting with stakeholders this must be done through the committee as representation of the committee in between meetings needs to be agreed by officers and the Chair.

62/21 WORK PROGRAMME 2021-22
(Agenda No. 12)

The Committee considered the proposed work programme that was developed at a virtual meeting of the Committee.

Councillor Andy Graham welcomed the inclusion on Addenda page 32 of the issue of GP surgeries and developers. He was concerned that there was a move to have bigger more centralised health centres that would not serve rural communities well.

The Chair added that the NHS was required to produce plans for a zero-carbon strategy by January 2022 and requiring people to travel longer distances to services would be contrary to that strategy.

Members made the following comments:

- Palliative care had come up a number of times in recent meetings. While it could be part of Community Services, it seemed to be a big enough issue on its own to be moved up the work programme.
- There needs to be a review of whether video GP appointments which have come to the fore during the pandemic a really an effective aid.

The Chair noted that there would be increased officer resource available to the Committee going forward and the work programme would need to be re-examined in light of that as there might be an opportunity to bring 'deep-dives' forward.

RESOLVED to approve the work programme for the 2021/22 municipal year detailed in Appendix A.

..... in the Chair

Date of signing .....

This page is intentionally left blank

Item	Action	Lead	Progress update
Minutes of 23 September	Regarding OUH Executive papers on timetable for reopening of services: minute to be revised to read: "Asked about a timeline for services that have not re-opened, there was a plan that was going to the OUH Executive the following week and it should be possible to give a timeline following that. A report on that will be submitted to the Committee with a week of the Executive meeting."	Colm Ó Caomhánaigh, OCC	Agreed to replace existing draft minute with the revised line as shown. Action completed
Minutes of 23 September	Health partners to be invited to the next OCC scrutiny training	Jodie Townsend / Helen Mitchell OCC	To be actioned in the new municipal year. In progress
COVID	Jo Cogswell to report to the next meeting on the allocation of Winter Access Funds.	Jo Cogswell, Oxfordshire CCG	A comprehensive item will be considered at the Committee's meeting on 10 May 2022. In progress

Item	Action	Lead	Progress update
COVID	OCC Director of Public Health to provide members with data on communities with relatively low uptake of vaccine	Jo Cogswell / Diane Hedges, OCCG	Members should recognise that small data sets bring risks to protecting patient identities, however, this publicly available data set shows a map of vaccinations across the UK Interactive map of vaccinations | Coronavirus in the UK (data.gov.uk) Improving take up of the vaccine has been covered within the papers provided for HOSC on 10 March. Action completed
COVID	Jo Cogswell offered to provide members with figures on vaccine uptake among care staff	Jo Cogswell, Oxfordshire CCG	Covered in HOSC Papers, 10 March. Action completed

COVID	Recommended that HOSC works with health partners in relation to hard-to-reach groups to develop frequently answered questions, supported by OCC Comms.	Susanna Wintersgill, OCC and Sarah Adair, OCCG	Members should be assured that communications colleagues across the Oxfordshire system work closely together on a shared communications approach with regard to COVID. An outbreak control communications group has been in place for the past 18 months, which comprises representatives from across Oxfordshire's health partners, local authorities, the two universities and the Thames Valley Police, and which is chaired by OCC. The group has worked collectively to coordinate and promote key messages, run joint campaigns, and engage hard-to-reach groups through targeted local channels. A similar approach has informed our vaccine engagement activity, with a cross-system group, led by OCCG, working together to identify and engage hard-to-reach groups and communities. We continually review the tools and approaches to engage all our communities. OCC has a new

Item	Action	Lead	Progress update
			consultation and engagement strategy in place, with a commitment to proactively reach out to and engage Oxfordshire's diverse communities. Action completed

Item	Action	Lead	Progress update
COVID	Recommended that HOSC planning (at their virtual meeting) will develop a template for reporting to HOSC, which will include a section on what contribution is being made to COVID recovery.	Helen Mitchell, OCC	Delayed due to onboarding new staff member – to be considered over Spring 2022. In progress
COVID	Chair agreed to invite NHS England future meetings as they commission the COVID vaccination programme	Helen Mitchell, OCC	NHSE welcomed the invitation to Committee but due to a range of issues were unable to field the most appropriate person. Questions for NHSE will be fully answered by correspondence. Action completed
BOB ICS	OCC Chief Executive Yvonne Rees committed to arranging a briefing for members on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), before Christmas if possible.	Yvonne Rees, OCC	Members' briefing was held on 13 December 2021 Action completed
BOB ICS	Training on BOB ICS to be organised for January.	Helen Mitchell, OCC	Training to be scheduled early in the new municipal year. In progress.

Item	Action	Lead	Progress update
BOB ICS	The Committee to have a dialogue with OCCG on the contents of the report to the next Committee meeting in February.	Helen Mitchell, OCC	Cllr Hanna and Diane Hedges had a conversation on 3 February in preparation for this meeting ICS/ICB Update on agenda for 10 March meeting. Action completed
Admission to care homes	Stephen Chandler (OCC Director of Adult Social Care) agreed to provide an update on engagement with Care Homes at the next meeting	Stephen Chandler, OCC	To be covered verbally under access and waiting times item, 10 March. In progress
Admission to care homes	Stephen Chandler offered to meet with HOSC co-opted members Barbara Shaw and Alan Cohen, and the Chair, to discuss discharges to care in response to detail asked for and to steer OCC on other data HOSC might receive in future	Stephen Chandler, OCC	In progress
Admission to care homes	OCC Director of Public Health to update the next meeting on a local learning exercise with health partners and HOSC members	Ansaf Azhar, OCC	To be covered verbally under access and waiting times item, 10 March. In progress

Admission to care homes	That Senior officers provide further information on the reporting of people who are medically optimised for discharge from acute hospitals, and how some of the successes in reducing that number can be maintained into the future.	Ansaf Azhar and Stephen Chandler, OCC	The medically optimised list is reported daily and shared amongst system partners, enabling all stakeholders to view the number of medically optimised across pathways 1-3 from both acute and community hospitals and short stay hub beds. Intensive work is underway to mobilise a new reablement home first offer focussed on local patches and multidisciplinary working, to maximise wellbeing and independence following discharge. This service continues to grow and will be a significant contributor to ensuring that people are able to return home promptly. A "Perfect Day" in partnership with SCAS, Oxford Health, acute partners, primary care, social care and the third sector demonstrated the significant opportunity to support people at home and prevent admission. There is widespread recognition that to truly reduce the numbers of people awaiting care in

Item	Action	Lead	Progress update
			hospital, a robust community response is needed including the full spectrum of available resource including the voluntary sector who are now working developmentally alongside urgent community response. The system is working collaboratively to build this community response. Action completed.

Item	Action	Lead	Progress update
Admission to care homes	That Senior Officers provide further information as to the consequences of implementing national guidance associated with the discharge of patients to care homes in the early stages of the pandemic.	Stephen Chandler, OCC	We robustly followed all guidance at each stage of the pandemic in relation to admission to care homes from acute hospital. Action completed
Admission to care homes	That Senior Officers provide further information on the emerging pattern of community and home-based care, and how this can be linked to current developments in the County.	Stephen Chandler, OCC	To be addressed as part of the forthcoming Community Services Strategy. In progress.
Community Services Strategy	Ben Riley (Oxford Health) agreed to meet the HOSC Chair before the next HOSC meeting to discuss patient engagement elements of the Strategy	Helen Mitchell, OCC to arrange	Meeting took place on 11 February 2022. Action completed

Item	Action	Lead	Progress update
Hospital waiting lists	Sara Randall (Oxford University Hospitals) agreed to bring plans to HOSC on using services across the BOB ICS and how patients will be supported to access these.	Sara Randall, OUH	A BOB ICS-wide Elective Access Policy has been produced which aligns how patients can access elective services across the acute providers within the ICS. This Policy is currently going through Trust Boards for sign-off in February and March. The development of Standard Operating Procedures will then be undertaken which will provide greater detail on how patients can be offered, and / or choose, alternative providers within (and outside) of the ICS and the support that will be in place. In addition, a work programme is in the final stages of development to progress areas of focus within the Health Inequalities priorities contained with the NHS Planning Guidance for 2022/23. Action completed

Item	Action	Lead	Progress update
Hospital waiting lists	It was agreed that OUH would bring material to the next HOSC meeting on the numbers of P2 lapses for gynaecology and plans to improve this service, and on the total number of P2s for all services	Sara Randall, OUH	Covered in HOSC Papers, 10 March. Action completed
Hospital waiting lists	Sara Randall (OUH) agreed to speak about workforce capacity and planning at next HOSC meeting, with the Head of Personnel in attendance	Sara Randall, OUH	Covered in HOSC papers, 10 March Action completed
Hospital waiting lists	Diane Hedges (Oxfordshire CCG), in response to discussion of a letter from Oxford GPs about a central Oxford pharmacy being closed, agreed to provide contact information on the decision making of central Oxford pharmacies.	Diane Hedges, Oxfordshire CCG	Covered in Chair's update with paper appended. Action completed
Chair's report	Oxfordshire Clinical Commissioning Group to provide a report on the decision-making around the audiology contract.	Diane Hedges, Oxfordshire CCG	Covered in Chair's update with paper appended. Action completed
Chair's report	The committee seeks advice/confirmation from the Centre for Scrutiny that contracts regarding the whole or part of the ICS area that impact Oxfordshire residents and that where a service was provided but not explicitly commissioned it can still be scrutinised by the JHOSC.	Helen Mitchell, CCG	Members will be assured that the bedrock of it's health scrutiny powers relate to the 'review and scrutiny of any matter relating to the planning, provision and operation of the health service **in its area**. Action completed.

Item	Action	Lead	Progress update
Chair's report	The Committee advises the CCG and ICS that if they invite a member of JHOSC to a private meeting with stakeholders this must be done through the committee as representation of the committee in between meetings needs to be agreed by officers and the Chair.	Diane Hedges, CCG	This information has been noted by the CCG. Action completed
Work Programme	Palliative care had come up a number of times in recent meetings. While it could be part of Community Services, it seemed to be a big enough issue on its own to be moved up the work programme.	Helen Mitchell, OCC	The Chairs report for HOSC on 10 March features a discussion on work programming. Action completed
Work Programme	There needs to be a review of whether video GP appointments which have come to the fore during the pandemic a really an effective aid.	Helen Mitchell, OCC	The Chairs report for HOSC on 10 March features a discussion on work programming. Action completed

Emotional Wellbeing of Children & CAMHS:

Tehmeena Ajmal, Interim Executive Managing Director for Mental Health, Learning Disability and Autism, OHFT

Caroline Kelly, Lead Commissioner, OCC / OCCG

NHS Oxfordshire Clinical Commissioning Group

NHS Oxford Health NHS Foundation Trust

OXFORDSHIRE COUNTY COUNCIL

Rationale for the EMH&WB strategy

- We are now working strategically across the whole mental health landscape across Oxfordshire, with **all providers** of services, including our CAMHS service.
- We are now **engaging and working** with the **VCS sector** in a **more co-ordinated approach** with wider system partners across Health, Education and Social Care.
- Statutory services such as CAMHS has seen a significant **increase in demand following the COVID lockdowns** where the pandemic has had a **significant impact on children and young people's mental health** and we need to do more to support demand into this service -*There has been a 77% rise in the number of children needing treatment for severe mental health issues since 2019.*
- We are working with Strategic partners to **address the gaps** in provision and **work better as a system** to capitalise on **innovative** practices including the use of **digital interfaces** to meet children's needs in Oxfordshire across the whole provider landscape.

OXFORDSHIRE COUNTY COUNCIL

Plan and progress

October 2021 – January 2022

Needs analysis
COMPLETE

- Demand info, key pressures, mapping provision and spend on services – mapped against tiers of need
- Identifying issues / gaps, service effectiveness, legislative demands, best practice – innovation
- High level opportunities and recommendations scoped

January 2022 – April 2022

Planning
IN PROGRESS

- Long list of opportunity areas including new funding initiatives
- Engaging and consulting with CYP and families, local groups and organisations
- Options appraisal shortlisting opportunities
- Identifying and agreeing resource to deliver

May onwards 2022/23

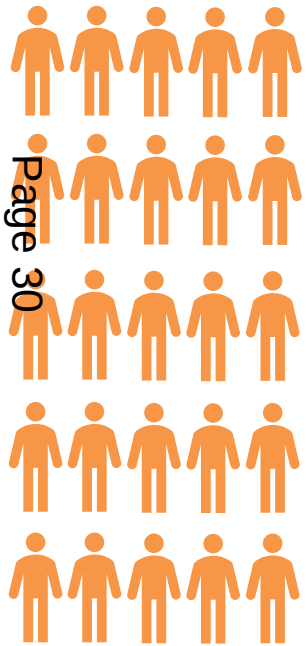
Delivery

- Sub area delivery plans – capturing cross cutting opportunities
- Implementation of new provision: applying for bids, grant rounds, tendering, implementing new systems
- The "so what'' how has this made a difference, monitoring progress

OXFORDSHIRE COUNTY COUNCIL

Estimated prevalence of children who require mental health support in Oxfordshire, 2020[2]

Child Population 5-16 years old



101,221

Probable mental disorder

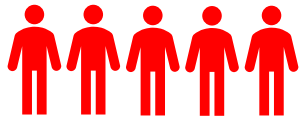
16,159

16%

Young person population 17-22 years old

55,346

Probable mental disorder



11,069

20%

[2] National data applied to Oxfordshire population. Nationally, rates of probable mental disorders have increased since 2017. In 2020, **one in six** (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from **one in nine** (10.8%) in 2017. The increase was evident in both boys and girls Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital

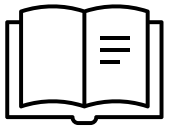
OXFORDSHIRE COUNTY COUNCIL

Children and young people (CYP) emotional wellbeing and mental health – need highlights

Key highlights:

- In 2019/20, Oxfordshire had a **higher proportion of hospital admissions as a result of self-harm** in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000)

- In 2020, Oxfordshire had a **higher proportion of school age pupils with social emotional and mental health needs** (3.11%) compared to the England average (2.7%)



- In the four year period, 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall and by:
    i. +83% for people aged 0-9
    ii. +58% for people aged 10-19
    iii.+36% for people aged 20-24
    iv+22% for people aged 25 and over

OXFORDSHIRE COUNTY COUNCIL

Children and young people (CYP) emotional wellbeing and mental health – needs

OXFORDSHIRE COUNTY COUNCIL

Children and young people (CYP) emotional wellbeing and mental health – needs

Loneliness:

Around 1 in 5 students often feel lonely.

Bullying:

1 in 12 year 9 students said that they have been bullied in the past year.

Social Media:

A third of students are spending over 4 hours on social networking sites.

Money:

Around 1 in 5 of all secondary students are worried about having enough money to pay for food or living costs

Sleep:

Over a third of year 12 students often feel too worried to sleep.

Exercise:

More than half of respondants are excercising more now than before the first lockdown.

The data provided on this poster was compiled from the 2021 OxWell survey that 180 schools and over 30,000 students participated in.

OXFORDSHIRE COUNTY COUNCIL

Children and young people (CYP) emotional wellbeing and mental health – **local organisations and services mapping**

Key **themes** from mapping exercise:

- There is a **rich array of services and projects** to support children and young people's emotional wellbeing and mental health in the county, provided by a **strong voluntary and community sector and statutory health service provider.**

- Despite this, the overall offer is **not coordinated** meaning there is an **inequity** of services and projects **geographically** and accessing support can be hindered by what is available in the local area.

- Referral routes to the VCS sector are **confusing and inconsistent** and CYP, their families and professionals are not always aware of services or how to access them, which has resulted in a high rate of referrals that do not meet CAMHS thresholds being referred (**38%**).

- Waiting lists for some non-clinical and non-statutory services **increased** as demand has increased for all mental health interventions across the county, mirroring what is happening in statutory services since the pandemic.

- There is a gap in a coordinated **early primary prevention offer** of mental ill health that would promote good mental wellbeing and **support those at risk of developing poor mental health in the future**.

OXFORDSHIRE COUNTY COUNCIL

Children and young people (CYP) emotional wellbeing and mental health – local organisations and services mapping

- In total, **55 services** were identified and included. Of these, **20** responded to a survey and accounted for **47 different services** or projects with an estimated annual cost of **£16.4m** from a combination of funding streams
- The spend and number of projects in '**getting advice**' is one of the lowest areas of spend –demonstrating **a low level early intervention and prevention** interventions across Oxfordshire which is requiring further investment
- CAMHS provide services across all 4 levels of the iThrive model including the Single Point of Access

	Number of organisations	Number of projects or services	Annual aggregated budget (£)
Getting Advice	8	8	1,267,252*
Getting Help	15	15	3,031,976*
Getting More Help	1	6	10,264,492*
Getting Risk Support	1	1	846,213*
TOTAL	**13****	**30**	**15,409,933***

*N.B. not all organisations were able to provide annual capacity, or budget information for each service or project.

OXFORDSHIRE COUNTY COUNCIL

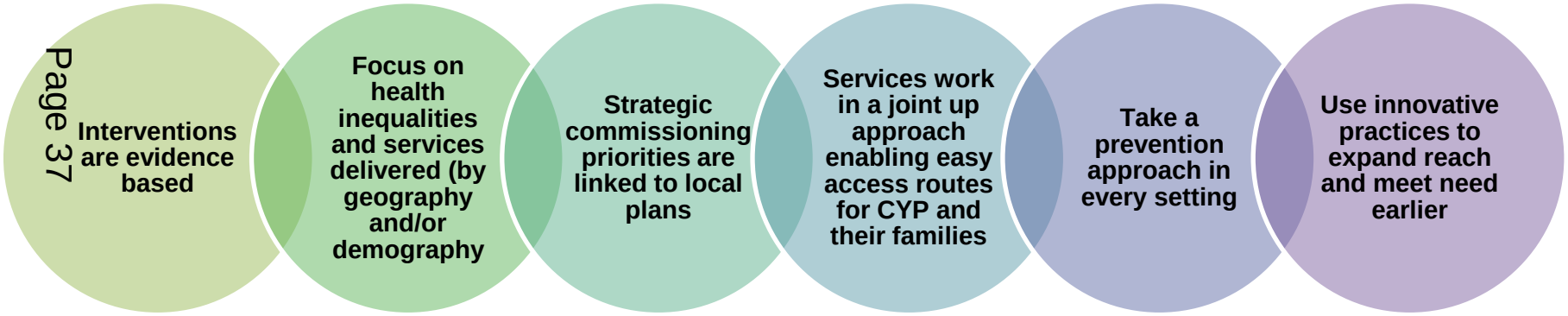
Gaps, challenges and opportunities across the Mental Health sector

- Creating **Single point of access** that includes **emotional wellbeing and mild-moderate support** – potential to link non-clinical and clinical pathways
- Establishing Universal **digital** offer that all Oxon CYP can access
- **Increasing information** about what services and support are available
- Increased support to improve **CYP and family resilience**
- Additional **training for universal staff** – including schools, foster carers, early years workers to better support CYP with their mental health
- Eating disorder **prevention required**
- **Pre NDC-diagnoses support** for those waiting for a diagnosis

Target groups who require more support:

- autism/ADHD,
- CYP with disabilities,
- CYP LGBTQI+,
- low income families,
- CYP with ACES,
- CYP and families from ethnic minority backgrounds,
- young carers

Strategic themes that have emerged so far are:



OXFORDSHIRE COUNTY COUNCIL

Next steps

Long list of opportunity areas

- Consult with children and young people and their families on the long list of opportunities created to address gaps, inequalities and meet needs in the future – by mid March

Short list opportunities

- Short list the opportunities against key objectives of the strategy and a range of metrics with a panel of key stakeholders – by end of March

Business cases

- Create business cases for short list opportunities to secure funding and agree steps to implement by end of April

Implement & Review progress

- Implement agreed outputs of the strategy from May
- Review effectiveness of the outputs of the new strategy via the CAMHS Local Transformation Plan and Oxfordshire Mental Health and Well-being Board

OXFORDSHIRE COUNTY COUNCIL

What we offer across Oxfordshire CAMHS

CAMHS uses the National Thrive model

This includes:

- A Single Point of Access team where the majority of all referrals are triaged by qualifie mental health clinicians.
- Advice and sign-posting to community resources
- Direct access to Community & School In-reacl as well as new MHSTs in schools
- Specialist assessments & Treatment in the Getting Help, Getting More Help and other pathways, including;
- Neuro Developmental Conditions (NDC) service that is NICE compliant
- Specialist CAMHS teams. Such as FASS, IPPS, Horizon, L&D, CAHBS, FCAMHS, Outreach & DBT
- Services for Young people with a LD as well as the Autism & LD Liaison (Keyworker) service for young people at risk of admission or placement breakdown
- Child & Adolescent Eating Disorder Team
- New Clinical Interface & Transitions Manager
- CAMHS Crisis service and Home Treatment and 24/7 Mental Health Helpline accessed via
- All offered as a blended approach of digital, face to face & in schools.

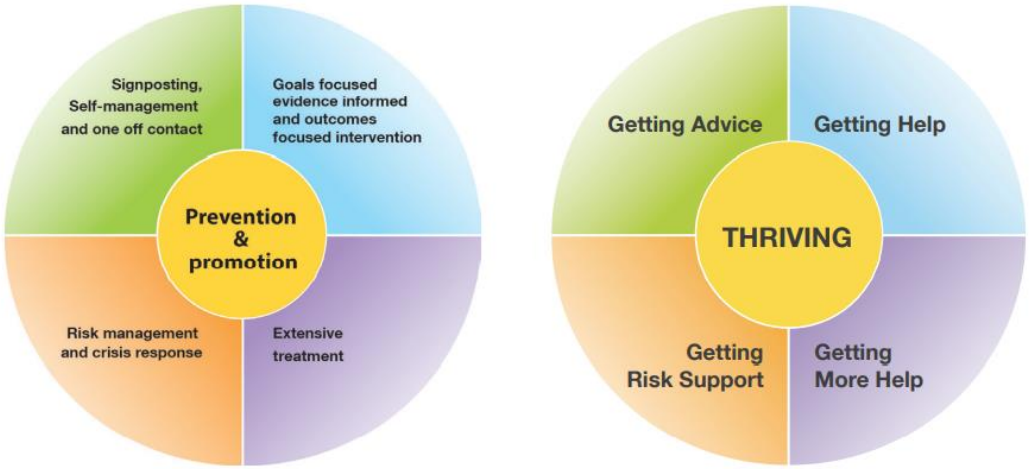


Figure 2:
THRIVE framework

Digital investments in CAMHs. Two areas of significant innovation:

Capacity to offer digital appointments for assessment and therapy (by teams) has increased overall appointments offered by 15,000 and 45% of work now delivered in this way.

Using and creating new digital tools. For example the development of OVAAT tool in the neuro-development tools is enabling local digital NDC assessments or the trialling of SLEEPIO as a new self help digital app.

NHS
Oxford Health
NHS Foundation Trust

OXFORDSHIRE COUNTY COUNCIL

Headline Metrics – whole service

Demand into the Single Point of Access

- Number of referrals. Mainly a stable average of 5382 referrals a year, over a 4-year trend. Above average per 100,000 from the NHS Trust benchmarking data.
- The 4-year average of cases that are accepted to assessment and intervention in one of the service offers is at 53%. From Trust to Trust NHS benchmarking Oxfordshire are above the per 100,000 rate for accepting referrals, but below the national % acceptance rate.
- *These two metrics identifies a key issue that we need to solve as a system – either to decrease CAMHs referrals by better communication of provision around CAMHs (and likely increase the pre CAMHs offer) OR*
- *Embrace SPA being the system wide front door and set up a partnership broader response once they present at SPA*

Accepted Referrals from SPA to Core offer in CAMHs Majority referrals go into our Getting Help (GH)/ Getting more Help service offer – remained stable at a 4- year average of

- However, over the same 4 years very clear increase in Eating Disorder referrals by 139% with first of 4 years at 88 referrals
- Neuro-development Condition (NDC) team has a disguised demand pressure within it. In addition to the referrals from SPA to the team there is a significant number of CYP that are referred internally from the other CAMHs teams for a Autism & ADHD assessment and treatment. (for example, in our current year, referrals from SPA are 310 and internally there is another 484 to manage).

Headline Metrics – whole service

Waiting times (data here is a Jan 22 snapshot in time)

- We measure waiting time from referral to starting the service assessment as either an Urgent or Routine response (based on the risk presentation of the case)

- In Getting Help and Getting More help service offers the median waiting time for urgent cases is 8 days and for routine cases is 14.4 weeks. As an example there are 375 ‘routine’ CYP waiting in Getting More Help and 740 ‘routine’ CYP waiting in the Getting Help service.
- In Eating Disorder service, the median waiting time for urgent cases is 10 days and for routine cases is 13.7 weeks. For example 50 CYP routine cases are waiting but an appointment date booked.
- In the NDC team, they only offer routine response, and the median time is 45.3 weeks. There are 1844 CYP waiting to start with the NDC team.
- To note there is no waiting time for our Mental Health Support Teams or the specialist support teams e.g. FASS, Liaison and Diversion.
- **From NHS Trust to Trust benchmarking Oxfordshire has around 1900 CYP per 100,000 (0-17) waiting for the 1st routine appointment as compared to the national median of 400.**

Tackling waiting times - 2 strategies/ approaches

a) Providing help whilst CYP are waiting

- ED – offer a 6 week parent support group and worker calls to support. Exploring option of package of support whilst waiting from a local voluntary sector organisation. Families can always access a physical health clinic if needed.
- GMH – duty system offered to all families (average calls 210 a month) and parent support group offered immediately to join. Implementing a regular text support system for CYP.
- Crisis support in place for any CYP, including access and use of NHS 111
- NDC – duty system offered to all families (average calls 200 a month) website and support resource information offered at point of referral. Exploring option of package of support whilst waiting from a local voluntary sector organisation.

b) Reduce waiting times

- Partnering with online assessment and intervention offer that provides the same as our GH GMH services but at distance and via Teams
- Using innovative self help tools e.g. SLEEPIO, that can meet needs whilst waiting.
- Continue to push on recruitment to be fully staffed (see next slide for more)
- Ongoing review of waits to move into other service offers. Trialling approach of social prescribers inside GH and GMH service

Staffing position headlines

Overall Vacancy rate for the service is **24%** or 57.4 full time equivalent (fte) roles not filled within the 236.8 fte budgeted.

Certain roles are harder to fill than others. For example, currently we only have 3 medical psychiatrists permanently in role, others are filled with locums

Certain teams are higher vacancy rate than the overall service – for example, our Crisis response team rate is 40% and our MHSTs have 0% rate.

Activity that is seeking to address the vacancy rate(s) in CAMHs

- Being Creative with post to match the market availability.
- Offering development posts e.g. start as a Band 5 for a Band 6 role.
- Greater skill mix within teams
- Using digital providers to boost our workforce

- Using Social Media campaigns to recruit.
- Seeking to recruit from overseas
- Reviewing the Trust package
- At our the ICS level, initiating how to 'train' within our area to retain within our Mental Health Trust.

Children and Young People's Experience & Feedback

Mainly when CYP access and receive treatment and support they tell us they have a positive experience.

Evidence:
Between Jan 21 - Feb 22, **109** reviews gave us an average of **4.67** from the star rating feedback and **91.74%** people saying they had a positive experience.

Improvements needed in the wider system
- More understanding of mental health needs / ASD within education
- More options for young people whose needs cannot be met within mainstream education
- Better communication between health and social care services for young people with complex needs

Key service specific areas for improvement from CYP and families experience:
- Waiting Times for assessment, treatment and diagnosis are too long and the cause of distress.
- More help, support & guidance in managing day to day challenges
- More Crisis support
- More information about what CAMHS can / cannot do
- More time for building relationships and trust making it easier to engage with treatment

NHS Oxford Health NHS Foundation Trust

OXFORDSHIRE COUNTY COUNCIL

Change & Transformation Potential

As we drive towards an improved system side responses to mental health needs our transformation must be partnership based and focused on the best possible care and outcomes for Oxfordshire's Children & Young People. Our focus be to tie areas of change to opportunities for transformation

Area of change	Opportunities for transformation
• More MHSTs	Integration with Community/ in-reach and the single point of access
• Digital opportunities	Self help offer, using a common tool Consolidation of alternative interventions from a digital provider Digital support Whilst waiting offer
• Working with complex presentations	TV bid implementation Integration opportunities with social care Key worker and PEACE pathway models
• Meeting the ED challenge	Service offer widening Working with Acute and Inpatient
• Strengthening our CAMHs offer	Recruitment and retention Routine Outcome measures
• Creating a seamless system offer	Working on the EWB offer to align with our system approach to accessing help

NHS Oxford Health NHS Foundation Trust

OXFORDSHIRE COUNTY COUNCIL

This page is intentionally left blank

Oxfordshire Child and Adolescent Mental Health Service (CAMHs)

Members' briefing for Oxfordshire HOSC

Feb 2022

Introduction

This paper is providing the background information and data as a member briefing supporting the presentation from Oxford Health Foundation Trust (OHFT).

Strategic and national context

OHFT's vision is 'outstanding care delivered by an outstanding team' delivered through a focus on four strategic objectives (listed below) all of which align to the delivery and transformation of Mental Health described in the NHS 10 year Long Term Plan (NHS Long Term Plan).

1. Deliver the best possible care and health outcomes
2. Be a great place to work
3. Make the best use of our resources and protect the environment
4. Be a leader in healthcare research and education

The NHS Long Term plan, building on the 5-year forward view for Mental health, prioritized spend and ambition for meeting a growing mental health need in England. Nationally the plans headline commitments included an additional 345,000 children and young people (CYP) will access support by NHS funded Mental Health services, including the new Mental Health Support Teams (MHSTs), 95% of CYP with Eating Disorders (ED) will meet referral to treatment waiting standards and full coverage of 24/7 mental health crisis provision for CYP.

The Coronavirus pandemic has had a significant impact on the mental health of the population as well as the services that care for and support them. Despite this, service delivery has continued throughout the pandemic and the transformation of mental health services as per the NHS Long Term Plan (LTP) is still very much relevant and underway.

What is the offer?

Oxfordshire CAMHS works within the Thrive framework. This is a person centered and needs led approach and focuses on five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

The aim of the framework is that no young person gets stuck within a 'tier' and can access the help they require from any part of the system.

Oxfordshire CAMHS teams begin at the Single Point of Access (SPA). All referrals go via the SPA from professionals, schools and Voluntary agencies as well as Self-Referral. The SPA collects the right information to be able to triage the needs of the young person and decides whether they need a service from CAMHS and if so which pathway. That includes a lower level of help from the offer Community In-reach Team (CiR), Mental Health in Schools (MHST) and to the School In-reach teams. The SPA also assesses risk and urgency of need which can result in the CYP being seen quicker.

If the SPA decides that a CAMHS assessment is not required, they will communicate with the family offering alternative options of help outside of Oxford Health and ensure that the solution is communicated back to the professional if they initiated the referral.

Once the young person is assessed by the appropriate clinical team an offer is made of the relevant treatment that would help. The teams offer evidence-based interventions, for example Cognitive Behavioural Therapy (CBT) or family therapy as well as risk support if the CYP has complex needs, for example crisis or key worker support.

Oxfordshire CAMHS offers a Crisis Resolution and Home Treatment Team who support young people to stay well at home instead of becoming a mental health inpatient e.g. at Highfield. The team will also support young people if they did need admission to leave their stay early in favour of home treatment.

We partner with Local voluntary agencies to deliver elements of our offer. Primarily we work with Response, leading a partnership of smaller organization to deliver one to one support that helps with positive engagement and goal setting.

Digital Working

Throughout our response to COVID-19 the Trust rapidly introduced digital consultations via Microsoft teams. This enabled service provision to continue through COVID-19 restrictions.

The CAMHS teams have embraced the digital working and it has had good feedback from young people and especially parents who valued the not having to travel aspect to the offer.

The teams have increased their productivity throughout the pandemic and last year carried out 15,000 more appointments than pre pandemic.

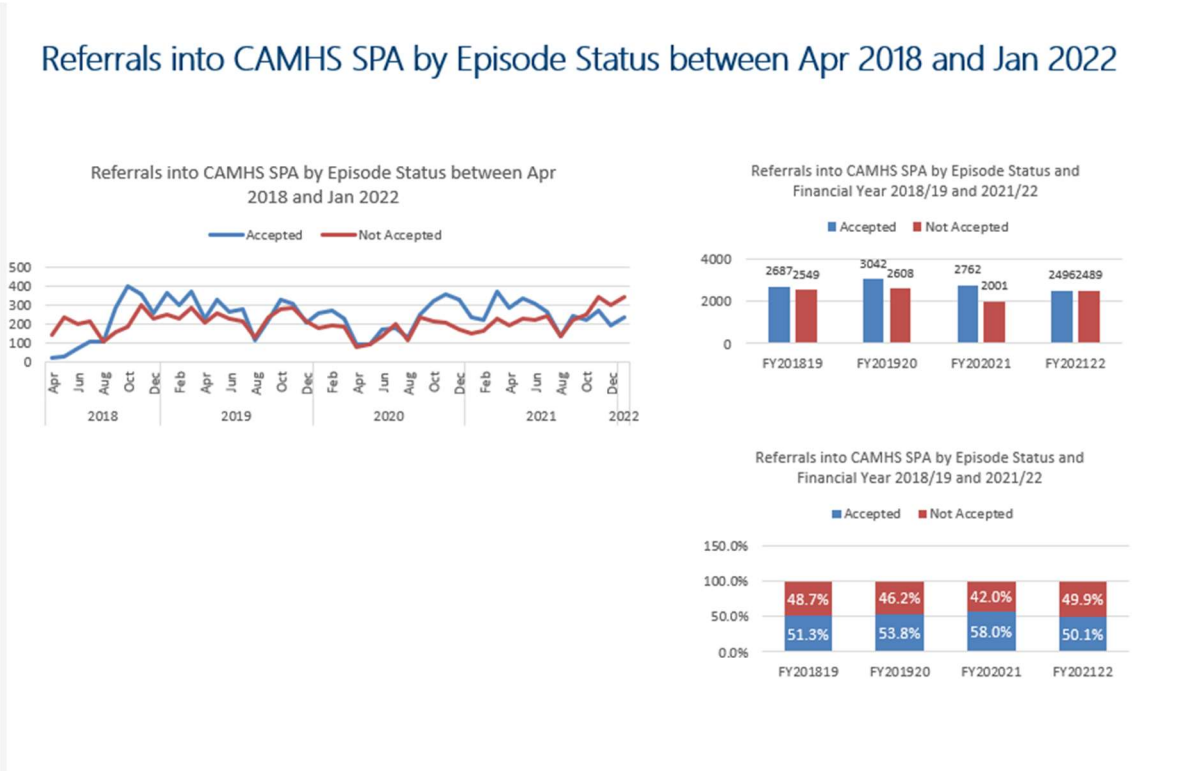
During the pandemic one of the biggest issues for the Neuro Developmental Conditions (NDC) team was that they could not carry out one of the parts of the assessment for Autism whilst the young person was wearing a mask. This became a real issue, so the team decided to develop a digital tool to enable them to use the tool digitally. This tool is called the Observational Virtual Autism Assessment Tool (OVAAT). It is being recognized by NHSE and investment was given to us to evaluate it.

Despite the pandemic and impact on staff absence, CAMHS has sustained increased rates of access for the young people of Oxfordshire supported by adoption of digital working across the organisation.

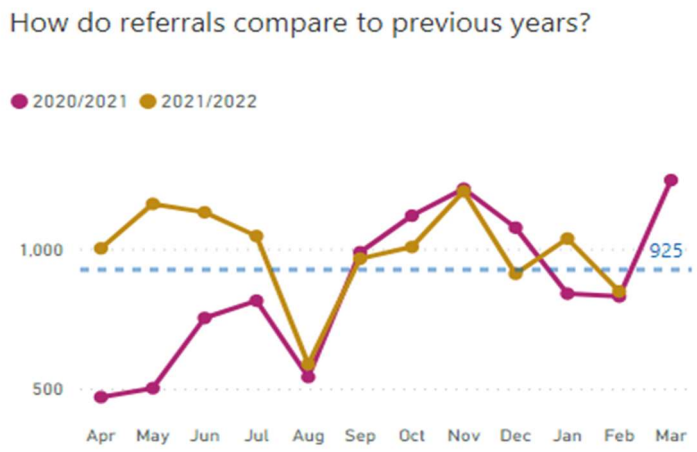
	Number of appointments offered	% increase of appointments offered compared with 2018/19	% face-to-face	% of digital
2018/19	44,027		66.5%	<4%
2019/20	47,642	8.2%	60%	<4%
2020/21	62,309	41.5%	7.5%	46%
2021/22	56,992 (Conservatively Predicting 62,184)	41.2%	20%	43%

Referrals and waiting times/ Key Metrics

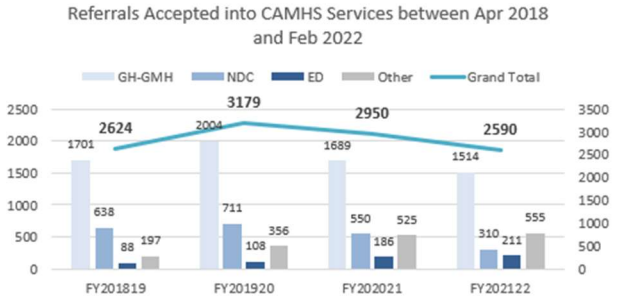
The below table shows the growth in referrals to Oxfordshire CAMHS over the last 4 years, there are seasonal dips each year which is common in CYP MH services. During 2020 the decrease in referrals is an impact of Covid and children not being in schools and less seen. Regular escalation meetings were setup with the Local Authority to ensure that concerns about young people were shared amongst partner-agencies. For the later part of 2020 the referrals started to increase again to pre Covid 19/20 monthly referral rates.



In the next diagram, focusing on 2020/21 and 2021/22, you can see that there has been a return to high levels of referrals.

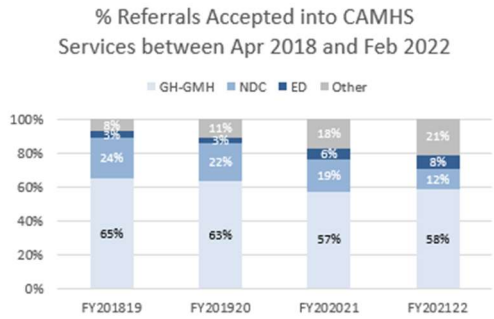


Referrals Accepted into CAMHS Services between Apr 2018 and Feb 2022



Since 2017 all referrals come in via the Single Point of Access and are triaged for appropriateness, the table here is of those referrals accepted into Oxfordshire CAMH services.

This shows which clinical pathways the referrals were allocated to, including GH/GMH, NDC and ED.



ED: Increase in Demand and Acuity

Referral Rates

- 63% rise in referrals during 20-21
- This equates to an additional 80 referrals over the past 11 months
- Team caseload overall has increased by 55%

Intensity/Complexity Impact

- 41% increase in CYP ED referrals to CRHTT
- 94% increase in CYP ED presentations to paediatrics (marker of +++ acuity)
- 77% increase in paediatric admissions for CYP with ED
- 112% increase in paediatric bed days, partly due to lack of specialist beds

Our Staff

Our teams are highly skilled and experienced people that provide excellent services. We have multi-disciplinary teams, that include a wide range of clinical expertise. We pride ourselves on being a good place to work but both locally and nationally CAMHs Services often struggle to recruit – this is clearly represented in our vacancy rates.

The table below outlines the whole-time equivalence % rates per service area in Oxfordshire CAMHs. The overall rate for the service is currently at 24%, the data pulled together on 24.2.22. There is significant variance between teams and what this table does not show but there is a significant variance between the roles in each of these teams. For example, currently we only have 3 medical psychiatrists permanently in role, others are filled with locums.

Service	Number of Vacancies (WTE)	Number of posts in team (WTE)	Vacancy Rate (WTE %)
Crisis Home Treatment Team	6	15	40.0%
Eating Disorder Team	6.4	24.5	26.1%
Neuro-Development Condition	5.87	31	18.9%
North Getting Help/ Getting more Help	13.42	37.3	36.0%
South Getting Help/ Getting more Help	12.1	44.1	27.4%
Learning Disability service	0.4	7.2	5.6%
Specialist service	1.3	18.23	7.1%
Single Point of Access	10	27	37.0%
Mental Health Support Team	0	19.2	0.0%
Outreach Service for Children and Adolescence	2	13.29	15.0%
Totals	**57.49**	**236.82**	**24.3%**

The Trust is working hard to increase the recruit activity including improving its us of social media, seeking to recruit people from overseas as well as reviewing the incentive packages to attract more people to work with Oxford Health. Within CAMHs we are being creative with our roles, testing mew ways of building a team offer with the range of people that are available from our local job market, e.g., social prescribers into the single point of access team. We are creating development posts that employ people are a lower band but with the budget head room to invest in their training and support to enable them to reach that higher banded role that we are struggling to recruit. For example, recruiting people on Band 5 starting grade as a mental health practitioner and working with them to get to the band 6 practitioner that we want.

Children and Young People's feedback.

Gathering the views and feedback from young people and carers is important to us. Our lead for Patient Experience and Involvement, works with Oxfordshire CAMHS to implement the wider trust strategy for patient involvement and involves clinical staff in meaningful opportunities to not just gather this feedback but to also respond to it.

This is gathered through several ways including informal feedback directly to staff as well as the "I Want Great Care" service and Patient Participation Groups. We have also been working with the UnLoc Team to develop a Youth Board for Oxfordshire and have co-created the 2022 Oxfordshire Parent Carer Forum's annual survey.

The Trust has a Patient Advice and liaison Service and process in place for investigating and responding to complaints, which includes development of action plans should improvements be required which are widely shared across the teams for learning.

Challenges for CYP and CAMHS including the impact of the pandemic

In addition to the known impact of COVID on the mental health of our communities there continues there is impact on NHS staff morale and sickness rates. Our Challenge is to ensure that we remain a compassionate and excellent place to work by continuing to provide supportive team environment, good supervision, and strong leadership to our staff.

In addition to the acknowledged rise in general mental health concerns in CYP there has been an increase in a range and nature of complex presentations, particularly CYP with Autism and Eating Disorders due to COVID measures. This is represented in the numbers needing inpatient beds, the CYP on acute hospital wards and the numbers our Crisis teams are working with. CYP and their families are under significant stress and our teams working to provide a more intensive offer to help. The challenge is in the volume applying pressure on our operational capacity, as we are not as able to maximise patient flow through our services, they are open longer and require more appropriate intensity of support.

The demand verses capacity problem that is seen at its sharpest in Single Point of Access, Neurodevelopment and ED pathways as evidenced in the service metric section of this

report. It is clear this is resulting in significant waiting times that Oxford health is prioritising to resolve. However, the challenge is the combination of two underpinning elements, the challenge of staff recruitment for example eating disorder or crisis service, as well the funding available for specific pathways limiting our capacity to meet demand, the NDC pathways being our clearest example.

The need for greater system collaboration working remains a key challenge. The importance of strengthening our joint governance, commissioning and decision making must improve our information sharing, joint planning and funding, coordination of offers, & professional and organisational relationships. The opportunity is for leaders to sponsor accelerating both our Oxfordshire and the wider ICS maturity

CAMHs Developments to date

Mental Health Support Team:
We are in the process of expanding with the latest phase of the Mental Health Support Teams, which is being allocated in September 2022 to cover South Oxfordshire.

Eating Disorder (ED) Service
The team are creating an addition element to their offer providing more intensive support at home, focusing on meal support and support for the whole family.

PEACE pathway
Oxfordshire is part of this exciting work across the Thames Valley that is piloting a new approach to working with CYP who have both eating disorders and Autism. They are trialing new treatments as well as providing training to existing ED and Neuro-Development Condition teams on both topics

Single Point of Access (SPA):
A review of processes is being undertaken to support the increase in demand as we have needed to reallocate resources at several points over the past year to ensure timely response to SPA requests. Staff have been working incredibly hard to keep the service performing well and were highly commended with a Trust Exceptional People Award.
We are allocating transformation funding to implement Sleepio, a digital Cognitive Behavioural Therapy (CBT) programme into our SPA. This is a guided self-help programme for young people improve sleep as well as low mood.

Specialist CAMHS:
Success in being awarded the Vanguard 'Thames Valley Children with Complex Needs' funding. It has been agreed that Oxfordshire will be the first year pilot site for year one.

Keyworker (Learning Disability & Autism Community Liaison Service):
NHS England have given Oxfordshire an accolade as an Exemplar Site and have been invited to contribute to the development of the National training of Keyworker Services. We have

also embedded the first CAMHS Social Prescribers in this service and have been able to support Young People to not require Tier 4 inpatient services unnecessarily.

Autism Champions and Response Partnership working:
Recognising the pressures in our GH and GMH services, we have been creative with non-reoccurring underspend from vacancies and have agreed to commission two services to support CAMHS. Response is providing two Social Prescribers for the North and South Core CAMHS services and Autism Champions will be providing some specialist Autism interventions which will help the recovery of young people with ASD that also present to mainstream CAMHS services.

Long Term Plan – transformation potential ahead

Our Trust wide transformation is about focusing our resource on delivering our key vision and Trust wide strategy (Oxford Health NHS Trust Strategy Summary 2021-2026), which in turn supports the delivery of the both the NHS Long Term plan as well as the Oxfordshire Local Transformation Plan (CAMHS LTP Refresh 2020-22.pdf (oxfordshireccg.nhs.uk)).

As we seek to deliver the best possible care and outcomes for Oxfordshire's Children & Young People the transformation potential that the Trust is leading on include a range of opportunities.

Delivery of new Mental Health Support Teams across the county, adding to the existing 4 teams already operational. These teams are fast becoming a key vehicle for identifying with schools and key community partners the need early to respond either with school led of OH led intervention to help that pupil recover and thrive at school and at home. As well as bringing newly trained staff to the service offer, the

MHSTs as they grow (within 2 more years covering 50%+ of the county) provides us the opportunity to seek to integrate our existing In Reach services and the work of our Single Point of Access into a joined-up response. The transformation potential is to collaborate with council and voluntary sector services to provide a high-quality consultation, training and decision-making offer to families and schools about meeting the widest of needs of CYP as early as possible.

Consolidating and strengthening the digital offer within CAMHs is a rich transformational opportunity. Within our Integrated Care System (ICS) a recent piece of audit work has been completed with the Academic Health Science Network as a partner. The audit has reviewed 20+ digital provider offers, and the results have already supported strategic thinking and likely commissioning opportunities to meet some of our challenges. Three specific approaches that present themselves are;

- Firstly, invest in or build a clear self-help platform offer that provides a range of tools such as peer to peer support, educational information about mental health conditions with advice about coping and managing, webinars and electronic only clinical apps to support recovery.

- Secondly, adding to the self-help platform a further set of 'support whilst waiting' interventions, adding to tools already being used, e.g. SLEEPIO or Kooth.com. These tools are often self-directed by the young person and the family but supported by a clinician or team in the background and seek to speed up recovery or prevent escalation of need.
- Thirdly, consolidate alternative assessment and therapeutic intervention offer from a national digital provider that can regularly take a proportion of cases from getting help and getting more help teams.

With an 139% increase in eating disorder (ED) referrals over the last 4 years, the increase in urgent and inpatient presentations of ED cases has presented Oxford Health along with majority of other Southeast regional providers is a significant challenge. To meet this challenge Oxford Health will continue to trial new ways to meet this challenge, such as.

- Rolling out a hospital at home offer that seeks to support families manage complex eating disorder needs in the community
- Increase intensive meal support at home from community ED teams.
- Increase liaison and training into Acute hospitals to support young people on wards to help whilst an inpatient and accelerate discharge.

A key system wide opportunity is to transformation the multi-agency collaboration when working with complex young people's presentations, within the youth justice system, in the child protection & care system or in mental health crisis. Transformation is required to coordinate professionals and services underpinned by a shared trauma informed approach between professionals; engagement with the young people and their families; families empowered to navigate the system. Oxford Health will lead a Southeast vanguard programme that will pilot new and innovative ways of working, based on our already successful forensics offer across the Thames Valley. This exciting transformation opportunity will provide a focus for high appetite across the sectors to enhance collaborative working to improve outcomes for this vulnerable group of young people and their families.

Our Transformation programme will continue to evolve not least with the specific work of the Emotional Wellbeing and Mental Health strategy for Oxfordshire. There will be opportunity to meet the ambition of a seamless system wide offer together with the Local Authority, Schools and Colleges, other NHS trusts and the voluntary and community sector.

This page is intentionally left blank

Divisions Affected -

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 10 MARCH 2022

CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH – STRATEGIC APPROACH

Report by Kevin Gordon, Director of Children's Services

RECOMMENDATION

1. **The Oxfordshire Joint Health Overview and Scrutiny Committee is RECOMMENDED to**

Endorse the new strategic partnership approach to support children and young people's emotional wellbeing and mental health in Oxfordshire.

Executive Summary

2. This report summarises the work completed to date on the development of a shared strategic approach to children and young people's emotional wellbeing and mental health in Oxfordshire, as requested by the Oxfordshire Joint Health Overview and Scrutiny Committee.

3. Following a workshop that reviewed Oxfordshire's current Health and Wellbeing Strategy that took place in September 2021, a focus on the mental health and wellbeing of children and parents was selected as a priority area under the Start Well programme.[1] Alongside this, there was recognition that the 16-24 age group has been particularly adversely impacted by the pandemic and specific interventions might be needed from across the system to address their needs.

4. Oxfordshire's Joint Commissioning Executive (JCE) selected Children and Young People's (CYP) emotional mental health and wellbeing as a strategic priority in the first year work plan following the COVID-19 pandemic, via Oxfordshire's Health, Education, and Social Care (HESC) partnership. The reasons for this were in response to new funding opportunities, an increased prevalence rate due to impact of pandemic, that the work is cross-cutting across all tiers and requires a whole-system solution.

[1] Health and Wellbeing Strategy review paper, Oxfordshire Health and Wellbeing Board (October 2021)

5. Oxfordshire children and young people needs related to emotional wellbeing and mental health is around average when compared to England. Oxfordshire has comparatively strong protective factors that support emotional wellbeing and mental health, such as school readiness and educational attainment, although there are some stark inequalities in the County that this strategic work will seek to address.[2]

6. There are indications that COVID-19 has adversely impacted on the wellbeing and mental health of children and young people in Oxfordshire. This has been witnessed in statutory and non-statutory services where referral rates have increased alongside an increase in acuity when presenting to services (i.e., children and young people are more ill and there has been a 77% rise in the number of children needing treatment for severe mental health issues since 2019 nationally). Local surveys tell us that school age children reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.[3]

7. We are advocating a prevention approach across the local system so that children, young people, and families can access the support they need when they need it, which will prevent children and young people from becoming more ill and reduce their need to access specialist services. As outlined in the Oxfordshire Prevention Framework (2019-24).

8. Children and young people's outcomes and needs will be at the centre of this work. In light of this, we will apply principles from the THRIVE framework. The i-THRIVE framework – developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families and adopted by Oxfordshire Child and Adolescent Mental Health Services (CAMHS) – is a set of principles built on child and young person need.

9. We have worked with children and young people and will continue to do so to define what constitutes as good emotional wellbeing and mental health, and what they believe helps support them. We are advocating a definition of children and young people from 0 to up to 25 years old to include the key transition point into adulthood. The approach will consider the full continuum of emotional wellbeing and mental wealth, from continuing to support children and young people who are thriving to meet needs in a timely way for those that require specialist mental health support.

10. We are advocating a system-wide partnership approach, to include a wide stakeholder group including children and young people and their families, as well as the full spectrum of people and organisations involved in providing care and support, including the local authority, health, and voluntary and community sector organisations.

11. The scope of this work is to include interventions and services that directly support children and young people's emotional wellbeing and mental health,

[2] Children and Young People's Mental Health and Wellbeing area profile - OHID
[3] OxWell school mental health summary report 2020

or targeted services aimed at those who are most at risk at developing poor wellbeing and mental health. Outside of scope are the wider determinants of health. The wider determinants of health – where we live, learn, work, and play – are fundamental to wellbeing and mental health, and this is covered by Oxfordshire's Healthy Place Shaping programme, among other cross-cutting programmes of work.

12. The new strategic approach will seek to address issues relating to increased prevalence and acuity in Oxfordshire over the last few years and following the impact of COVID-19 on wellbeing and mental health (see annex 1).

13. We are currently in the planning phase of the development of the strategy (see figure 2 below).

14. So far, we have a conducted a needs assessment, a service mapping and engagement exercise to identify gaps, and have started engagement with key stakeholders as described in point 9. A workshop event with over 20 participants from different organisations took place in January 2022. Further engagement is planned with children and young people and families to take place in March 2022.

15. A longlist of opportunity areas has been developed using insight from the needs assessment, service mapping, and engagement to date. The opportunities on the list will be assessed by children, young people and families, and by an expert reference panel made up of a wide stakeholder group.

16. This report has been prepared in partnership with the local Health Education and Social Care (HESC) structure (Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group), OCC Public Health, and Oxford Health NHS Foundation Trust. A similar report was provided to the Oxfordshire Health and Wellbeing Board in December 2021.[4]

Strategic Context

National strategies

17. NHS Long Term Plan aims to expand mental health services for children and young people, reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them (this includes the NHS-funded school-based Mental Health Support Teams).

18. Future in Mind (2015) highlighted the need to build resilience, promote good mental health, and promote prevention, and to provide early identification and co-ordinated support.

[4] Children and Young People Emotional Wellbeing and Mental Health - Strategic Approach, report to the Oxfordshire Health and Wellbeing Board (16 December 2021)

19. The Five Year Forward View for Mental Health (2016) set out an ambition for transforming mental health services to achieve greater parity of esteem between mental and physical health for children, young people, adults and older people.

20. In 2017 The Department for Health and Social Care (DHSC) and the Department for Education (DfE) jointly published 'Transforming children and young people's mental health provision':
    - designated mental health leads in all schools,
    - new mental health support teams prioritised in working with children experiencing mild to moderate mental health problems
    - trialling reduced waiting times for specialist mental health services.

Local Strategies

21. Much of this work dovetails with and complements key priorities and deliverables within the recently updated CAMHS Local Transformation Plan (LTP) Refresh 2020-22.

22. There are several other key local strategies and plans that support children and young people's emotional wellbeing and mental health:

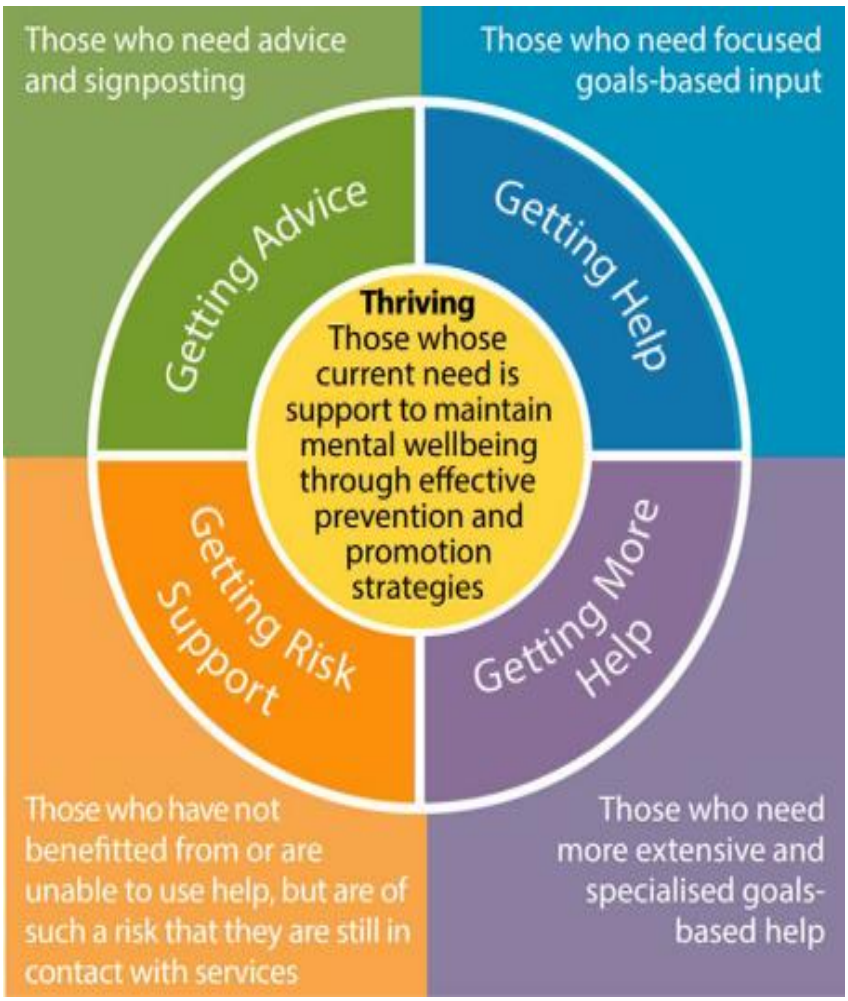
    - Joint Health and Wellbeing Strategy 2018-23
    - Prevention Framework 2019-24
    - Suicide and Self-Harm Prevention Strategy 2020-24
    - Mental Health Prevention Framework 2020-23
    - Children and Young People's Plan 2018-23

23. There are also a number of local strategies and partnerships across the county that impact on the wider determinants of emotional wellbeing and mental health.

i-THRIVE framework

24. The i-THRIVE framework – developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families (see figure 1). The framework has been adopted by local CAMHS and is a set of principles built on child and young person need. It can also be used to present information about the range and diversity of services and interventions already in place in Oxfordshire, and how they link together. Using the THRIVE framework in this way will allow us to clearly analyse and identify gaps in need and inform recommendations on what the local offer should be.

Figure 1: *The i-THRIVE framework*



25. The framework is a set of principles built on child and young person need, described as the following:

- **Thriving:** Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They are considered to be in the Thriving group. Universal promotion and prevention interventions support this group such as School Based Health Nursing Services and some VCS services.
- **Getting advice:** This group includes both those with mild or temporary difficulties and those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing. The best interventions here are within the community with

the possible addition of self-support, such as the Five Ways to Wellbeing.

- **Getting help:** This grouping comprises those children, young people and families who would benefit from focused, evidence-based help and support, with clear aims, and criteria for assessing whether these aims have been achieved. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility directly with a specified individual or group.
- **Getting more help:** This is not conceptually different from Getting Help. It is a separate needs-based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality. Young people and families in here benefit from extensive intervention. It might include children and young people with a range of overlapping needs, such as the coexistence of major trauma, autistic spectrum disorder (ASD), or broken attachments.
- **Getting risk support**: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders or ongoing issues that have not yet responded to interventions. Children and young people in this grouping are likely to have contact with multiple-agency inputs such as social services or youth justice. [5]

26. One of the fundamental principles is that children and young people are at the centre of the decision making around their own mental wellbeing and mental health and may be accessing more than one intervention or service at any given time.

Prevention

27. Applying a prevention approach across the whole CYP emotional wellbeing and mental health system will be the cornerstone of this work. The prevention principals adopted by the Health and Wellbeing Board in the Oxfordshire Prevention Framework (2019-24) will be applied in order to:

- prevent illness – preventing illness and keeping people physically and mentally well (primary prevention)
- reduce the need for treatment – reducing impact of an illness by early detection (secondary prevention)
- and delay the need for care – soften the impact of an ongoing illness and keep people independent for longer (tertiary prevention).

28. Taking a prevention approach will require investing strategically across the system – primary, secondary and tertiary prevention – so that children and

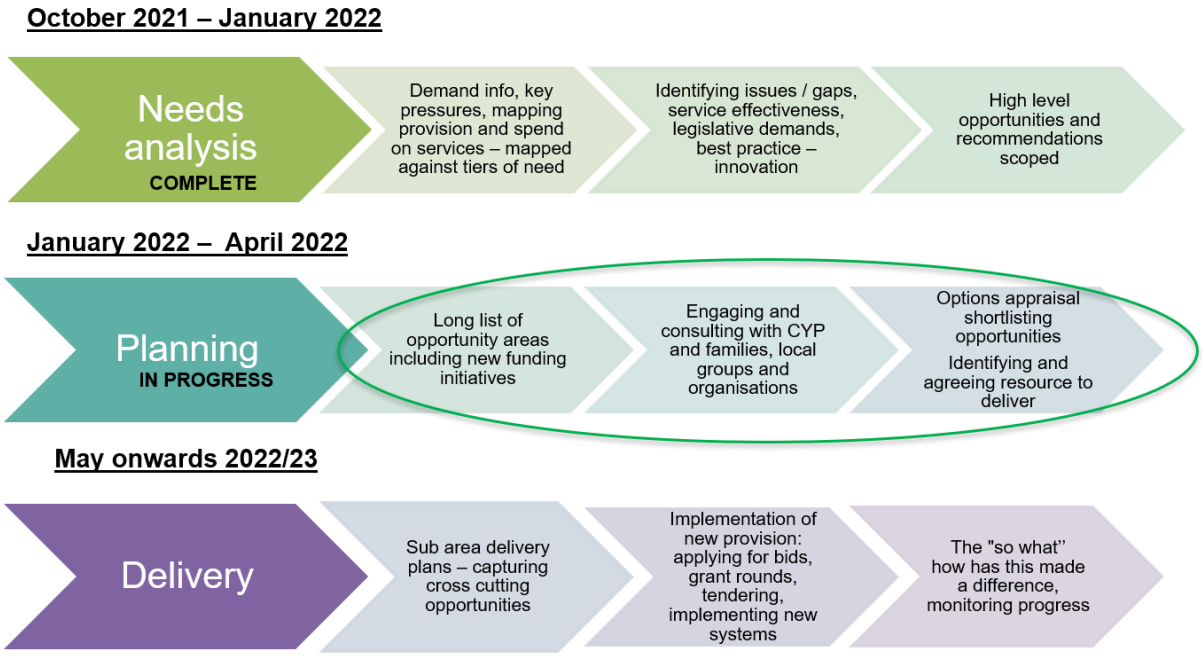
[5] THRIVE framework for system change

young people can access a range of services to meet a range of needs from a range of settings and locations.

Progress to date

29. We are currently in the planning phase of the development of the strategy (see figure 2 below).

Figure 2: CYP emotional wellbeing and mental health strategy – key milestone project plan



30. So far, we have a conducted a needs assessment, a service mapping and engagement exercise to identify gaps, and have started engagement with key stakeholders as described above (point 10). A workshop event with over 20 participants from different organisations took place in January 2022. Further engagement is planned with children and young people and families to take place in March 2022.

31. Through the mapping process, workshop event, and the needs analysis, the following strategic themes were identified intended to inform future work in this area:

32. There is a rich array of services and projects to support children and young people's emotional wellbeing and mental health in the county, provided by a strong voluntary and community sector and statutory health service provider.

33. Despite this, the overall offer is not coordinated meaning there is an inequity of services and projects geographically and accessing support can be hindered by what is available in the local area. It is important therefore that services

work in a joint up approach enabling easy access routes for CYP and their families.

34. Referral routes to the VCS sector are confusing and inconsistent and CYP, their families and professionals are not always aware of services or how to access them, which has resulted in a high rate of referrals that do not meet CAMHS thresholds being referred (38%). Exploring a universal digital offer and an enhanced Single Point of Access (SPA) that brings clinical and non-clinical pathways together were suggested as potential solutions.

35. Additionally, innovative practices to expand reach and meet need earlier should include a balance of in-person interventions and emerging digital provision, and we should fully explore how technology could be used as an adjunct to support wellbeing outcomes and current services to a wide reach of children and young people across Oxfordshire.

36. Waiting times for some non-clinical and non-statutory services have increased as demand has increased for all mental health interventions across the county, mirroring what is happening in statutory services.

37. There is a gap in a coordinated early primary prevention offer of mental ill health that would promote good mental wellbeing and support those at risk of developing poor mental health in the future, including a gap specifically in eating disorder prevention and pre-diagnosis support for those in the neurodevelopment disorder condition pathway. It will therefore be important to take a prevention approach to support earlier intervention at every stage to give children and young people the help and resources they need to manage their emotional wellbeing and mental health.

38. Focus on promoting good mental health for all while targeting support to those who need it most to tackle health inequalities. Suggested specific target groups could include:

    - CYP with autism/ADHD,
    - CYP with disabilities,
    - CYP who identify as LGBTQI+,
    - CYP from low-income families,
    - CYP with adverse childhood experiences (ACEs)[6],
    - CYP and families from ethnic minority backgrounds,
    - young carers.

[6] Practitioner Toolkit | Family Information Directory (oxfordshire.gov.uk)

39. A longlist of opportunity areas has been developed using insight from the needs assessment, service mapping, and engagement to date. The opportunities on the list will be assessed by children, young people, and families, and by an expert reference panel made up of a wide stakeholder group.

40. A summary of the key prevalence and needs data are detailed in annex 1.

Next steps

41. Consult with children and young people and families on the longlist of opportunities areas identified to support the themes highlighted above, in March 2022.

42. Shortlist the opportunities against key objectives of the strategy and a range of metrics with a panel of key stakeholders by the end of March 2022.

43. Create business cases for shortlist opportunities to identify funding and agree steps to implement over April 2022, including potential for joint work at the new Buckinghamshire, Oxfordshire, Berkshire West (BOB) Integrated Care System (ICS) level in 2022/23, whilst ensuring the best outcomes for Oxfordshire Children and Young People.

44. Implement agreed outputs of the Children and Young People's Emotional Wellbeing and Mental Health Strategy over 2022/23 and beyond. Outputs to be delivered via the Oxfordshire CYP Mental health and Wellbeing Project Board (formerly the CAMHS Assurance Board), with links to the CAMHS Local Transformation Plan.

45. Launch the strategy in May and start the delivery aspect of the Strategy.

Conclusion

46. Good progress has been made in the development of a shared strategic approach to children and young people's emotional wellbeing and mental health in Oxfordshire. Partnership work among key stakeholders has been vital in getting the fullest range of views and expertise to support the development of an effective strategy to get the best wellbeing and mental health outcomes for children and young people in Oxfordshire.

47. There is more work to do on this important agenda which will require investment into the VCS sector and digital solutions to enable system changes to work more effectively across services and continued engagement from across CYP and their families and partners, if we are going to achieve the transformational change that we want for children and young people's emotional wellbeing and mental health in Oxfordshire.

Corporate Policies and Priorities

48. The work described in the paper aims to support key corporate priorities, including:

Thriving People

- We strive to give every child a good start in life and protect everyone from abuse and neglect.
- Support families that need extra help to thrive.

Thriving Communities

- Focus on reduction the health gap between different communities.
- Encourage community-run services and self-help initiatives.

Thriving Economy

- Involve people in designing better services
- Work closely with our public, private and voluntary sector partners
- Giving communities more say in local services

Financial Implications

49. There are no financial implications to content of the report at this stage. A full funding review will be conducted as part of the shortlisting of opportunity areas as outlined in the 'next steps' section of the report.

Legal Implications

50. There are no legal implications to the content of the report at this stage however legal colleagues will be engaged with should OCC require the need to work with the market to ensure compliance with the Contract Procurement Regulations.

Staff Implications

51. There are no new or additional staff implications to the content of the report.

Equality & Inclusion Implications

52. One of the primary aims of the content of the report is to reduce health inequalities and a number of priority groups have been identified. Views and input from the main beneficiaries of the content of the report – children, young people and families – are being sought as the next key step in the development of the work.

Sustainability Implications

53. There are no sustainability implications to the content of the report.

Risk Management

54. A full risk management process will be conducted as part of the shortlisting of opportunity areas as outlined in the 'next steps' section of the report

KEVIN GORDON
Corporate Director of Children's Services

Annex: Annex 1: Prevalence, needs and access

Background papers: Nil

Contact Officer:

Caroline Kelly, **L**ead Commissioner – Start Well, Oxfordshire Health, Education and Social Care (HESC), Caroline.kelly@oxfordshire.gov.uk, 07526986062

Jack Gooding, Senior Public Health Principal
Public Health, Oxfordshire County Council
Jack.gooding@oxfordshire.gov.uk
07393 001041

28 February 2022

Annex 1: Prevalence, needs and access

Prevalence

1. Applying the 2020 national prevalence rates of children and young people who have a probable mental disorder – 16% of 5-16 year olds and 20% of 17-22 year olds – to the mid 2020 estimated Oxfordshire population there are 16,159 children aged 5-16 years old and 11,069 children and young people aged 17-22 years old with a probable mental disorder in Oxfordshire.[7]

2. Emotional disorders and anxiety orders are the two most probable mental disorders in children and young people across ages 5-19 in Oxfordshire (see table 2 below).[8]

Table 2: *Count of top five probable mental disorders in Oxfordshire, across age ranges*

	5-10 years	11-16 years	17-19 years	All
Emotional disorders	2,124	4,435	3,711	10,163
Anxiety disorders	2,022	3,922	3,250	9,104
Behavioural disorders	2,579	3,087	197	5,848
Depressive disorders	156	1,347	1,198	2,649
Hyperactivity disorders	2,124	4,435	3,711	2,069

Needs

[7] National data applied to Oxfordshire mid 2020 population. Nationally, rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital

The Strengths and Difficulties Questionnaire (SDQ)21 was used to identify children who may have had problems with aspects of their mental health to such an extent that it impacted on their daily lives. These include difficulties with their emotions, behaviour, relationships, hyperactivity, or concentration. Responses from parents, children and young people were used to estimate the likelihood that a child or young person might have a mental disorder, this was classified as either 'unlikely', 'possible' or 'probable'

[8] National data 2017 survey applied to Oxfordshire mid 2020 population, Mental health of children and young people 2017 - key facts. Given that overall probable prevalence has increased in 2020 it is likely that all disorders have increased.

3. In 2020, Oxfordshire had a higher proportion of school age pupils with social emotional and mental health needs (3.11%) compared to the England average (2.7%).[9]

4. In 2020, a social, emotional and mental health need was the third highest need identified for EHCP and SEN support. Those requiring social, emotional, and mental health support is above average compared to England and has increased by 31% since 2016.[10]

5. From local intelligence, in the calendar years 2014 to November 2021, there have been twelve unexpected deaths of young people aged 13 to 18 years. It is important to note that not all of these deaths were recorded as suicide by the coroner.

6. The OxWell School survey 2021 collected data from over 30,000 children and young people aged between 8 and 18 years across Oxfordshire, Berkshire, Liverpool and Buckinghamshire. The survey asks questions on general wellbeing, highlights risk groups and populations of concern.

7. OxWell School survey 2021 key highlights:

    - **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)** score – similarly to previous surveys, self-reported wellbeing gets worse with age with 49% and 44% of those in years 12 and 13 (16-18 year olds) reporting low wellbeing compared to 20% in year 5 (9-10 year olds).
    - **Revised Children's Anxiety and Depression Scale (RCADS)** – a clinical measure for depressions and anxiety – is closer across age groups (years 8-13), with a range of those with a more serious outcome from 18% in year 8 to 26% in year 13.
    - As with WEMWBS, **loneliness** scores generally get worse with age. From year 5, where 13% often feel lonely, to year 12 and 13, where 24% and 20% often feel lonely, respectively. Over half feel lonely sometimes or often across all age groups.
    - **Self-image** – ~75% of females across all ages were worried/extremely worried about appearance and ~50%+ of males across all ages were worried/extremely worried about appearance.
    - Of the respondents from year 8–13 (ages 12-18) 6.7% reported as having **self-harmed** within a month of the survey, further analysis of the data needs to be completed to before conclusions can be made on intention and ongoing risk.
    - **Exercise** – students across most age ranges are doing more exercise compared to before the first lockdown
    - **Social media/gaming** – 48% are playing computer games for four hours a day / 37% on social media for four hours a day
    - **Sleep** – range across ages 22% - 37% that are too worried to sleep often – for year 12s (16-17 year olds) 37% are too worried to sleep often

[9] Children and Young People's Mental Health and Wellbeing – PHE Fingertips
[10] Special Educational Needs statistics January 2020 (published 2 July 2020)

- **Bullying** – decreases with age 9% in year 5 to less than ~5% in year 12[11]

Access

8. In the four year period, 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall and by:
    i. +83% for people aged 0-9
    ii. +58% for people aged 10-19
    iii. +36% for people aged 20-24
    iv. +22% for people aged 25 and over.[12]

9. The median number of days of all children and young people waiting for CAMHS appointments peaked in August 2019 at 169 and had dropped to 36 by December 2020.[13]

10. The **median** wait for a ASD diagnoses via the NDC pathway is **593 days** and the **mean wait is 615 days –** *although system improvements is expected to reduce that figure*

11. The rate of those with a probable mental disorder see point 22) accessing CAMHS in 2020/21 was 60.3% compared to a national target of 35%. This equates to 9,700 CYP and demonstrates the continued increased demand to Oxfordshire CAMHS.[14]

12. In 2019/20, Oxfordshire had a higher proportion of hospital admissions as a result of self-harm in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000).[15]

Impact of COVID-19 on needs and access

13. National research indicates that there has not been an escalation in suicide figures during the pandemic. A subset of local areas (population coverage ~9million) has not shown a significant rise in average number of suicides when comparing pre- and post- lockdown periods.[16]

14. Early indications from local data show that self-harm presentations to A&E across age ranges has fluctuated over the pandemic. Overall presentations reduced in the

[11] OxWell School Survey 2021 – preliminary summary report – University of Oxfordshire
[12] Joint Strategic Needs Assessment | Oxfordshire Insight
[13] As above.
[14] CAMHS Transformation Plan 2021/22 (draft)
[15] Children and Young People's Mental Health and Wellbeing – PHE Fingertips
[16] Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives (publishing.service.gov.uk)

first lockdown period (April – July 2020), and returned to pre-pandemic levels out of lockdowns.[17] We will continue to monitor this data as it becomes available.

15. However, risk factors for self-harm and suicide that have or have likely been adversely impacted by COVID-19 include unemployment, self-reported wellbeing, domestic abuse, depression, anxiety, social isolation, and loneliness.

16. The 2020 OxWell survey conducted across the South-East during the first lockdown, showed that for respondents in years 9-13, the highest proportion reported that their general happiness and sleep had worsened, and that they were lonelier during lockdown.[18]

17. Across Oxfordshire, the number of unemployment claimants rose significantly at the start of the pandemic. The highest proportion of unemployment claimants in Oxfordshire between December 2019 and December 2020, was in 16-24 year olds, rising from 945 to 3020.[19]

18. There is anecdotal evidence from engaging with health and voluntary sector partners that the pandemic impacted on service delivery and saw an increase in demand for some services. For example, there has been a 72% rise in eating disorder referrals from 2019/20 to 2020/21 (yearly increase from 172 in 2019/20 to 295 in 2020/21).[24]

19. In 2020/21 the number of pupils requiring support (SEN/EHCP) where the primary need was social, emotional or mental health increased by around 6% compared to the previous year (from 3,027 to 3,206).[25]

20. The performance report from the November 2021 Oxfordshire Health Improvement Board contained a number of indicators across the life-course focusing on mental wellbeing – available here: Item 8 18 November 2021 Health Improvement Board meeting - Performance Report.

21. A Wellbeing Needs Assessment for Oxfordshire was recently completed and published here: https://insight.oxfordshire.gov.uk/cms/mental-wellbeing-needs-assessment-oxfordshire-temporary.

[17] In the absence of recent 2020/2021 Public Health Outcomes Framework data on self-harm rates (latest available is 2019/20) we have consulted with the Oxford Monitoring System for Self-harm, Department of Psychiatry (University of Oxford)[17] which suggests that there has not been a significant increase in self harm presentations to A&E in the John Radcliffe Hospital, Oxford.

[18] OxWell school mental health summary report 2020

[19] Workbook: Oxfordshire Unemployment Dashboard (tableau.com) (data from nomis web – official labour market statistics)

This page is intentionally left blank

Oxford University Hospitals
NHS Foundation Trust

Update on Elective Recovery Plans

HOSC – March 2022

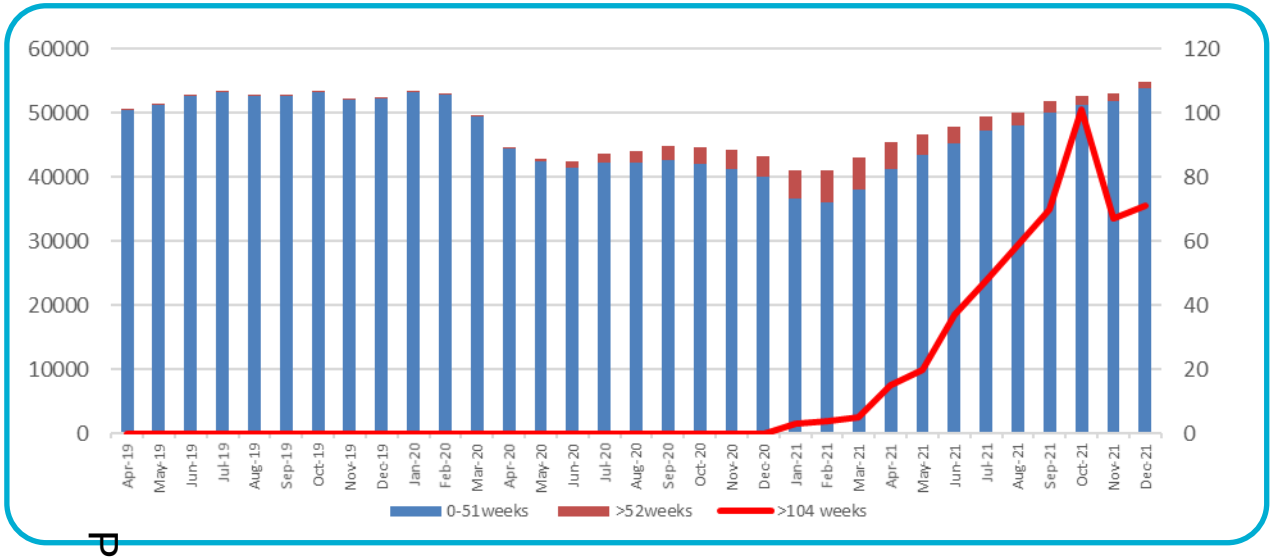
Sara Randall
Chief Operating Officer

Agenda Item 6

Contents

Elective Care: The total list size continues to increase and the number of 52 week waiting patients continues to decrease in December 2021

Oxford University Hospitals NHS Foundation Trust



December 2021 submitted >104 week by specialty:

Specialty	Pathways >104wk
Plastic Surgery	15
Ear Nose and Throat	12
Spinal Surgery Service	10
Paediatric Spinal Surgery	7
Maxillo Facial Surgery	5
Neurosurgical Service	4
Vascular Surgery	4
Paediatric Plastic Surgery	3
Ophthalmology	2
Paediatric ENT	2
Urology	2
Paediatric Neurosurgery	1
Trauma and Orthopaedics	1
Orthodontics	1
Paediatric Oral and Maxillofacial Surgery Service	1
Paediatric Ophthalmology	1
Grand Total	**71**

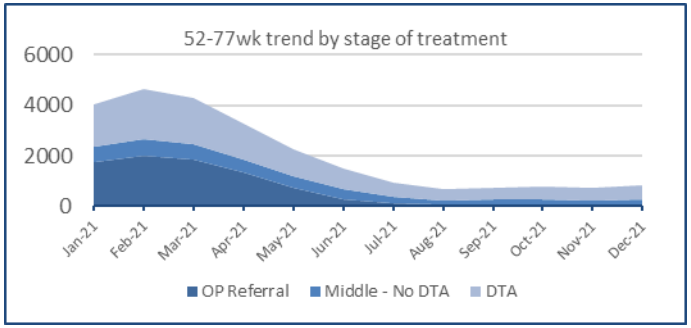
Month 9 Performance:
Trust performance against the overall **18-week incomplete RTT standard** was **74.94%.** The **total** RTT Incomplete **waiting list size for December** was **54,925** and therefore represents a continued **increased list size** (increase of 1,932 pathways) when compared to the previous month's submission.

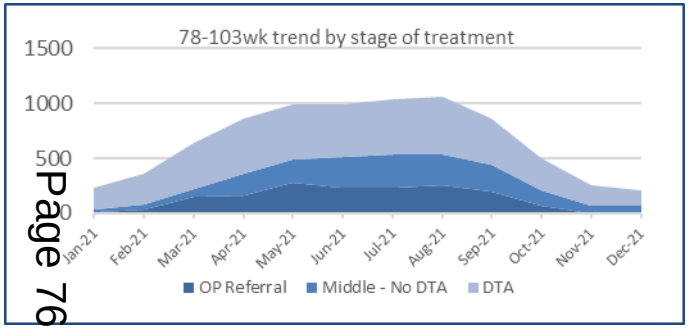
52 week wait position: There are **1,100** patients waiting over 52 weeks for first definitive treatment at the end of December 2021, this represents an **increase** of 36 patients when compared to previous months reported position. The deterioration is as a result of reduced capacity in December and bed availability. Despite the observed deterioration, the Trust met the second half of the year (H2) planned trajectory for December 2021. **71** patients were submitted as having waited **over 104 weeks** at the end of December. This represents an increase when compared with 67 reported in month 8 (November 2021). The services reporting >104week breaches are detailed in the table (top right).

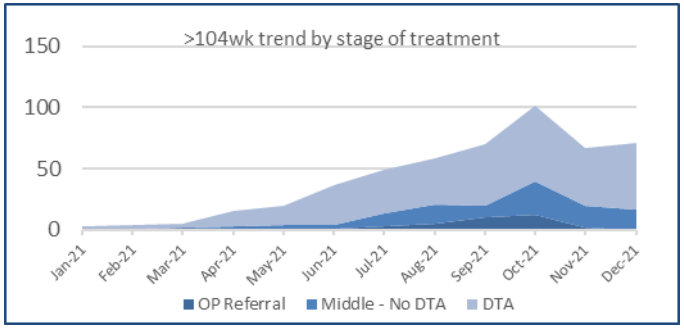
Areas of focus for elective care include:

- Delivery of specialty plans for the second half of the financial year
- Monitor impact of elective care recovery schemes
- Maintain focus on patients with extended waiting times - >104 weeks, >78 weeks, >52 weeks
- Forecast planning on patients who are at risk of breaching 104 weeks by end of March 2022
- Monitoring referral patterns and impact of services with recently reopened routine referrals.
- Engagement with ICS Task & Finish Groups for challenged specialties
- Expedite projects within the Outpatient Improvement Programme
- Validation strategy to support stabilisation of waiting list size planned to start in January 2022
- Continued escalation of technical issues affecting Incomplete RTT data
- Mutual aid support requested through Quarter 4 for challenged specialties

Referral to Treatment (RTT) long waits - Current >52 weeks; >78 weeks and >104wks:







"OP Referral" = patient is still awaiting FIRST outpatient attendance

"Middle = Patient has attended first new appointment but does not currently have a decision to admit

"DTA" – Patient has a Decision to admit (DTA) and is on the surgical waiting list

>52 week wait position month 9:
There were **1,100** patients waiting over 52 weeks for first definitive treatment at the end of December 2021; this represents a slight increase of 36 patients when compared to previous months performance position.

52-77wks:
The number of patients waiting between **52-77 weeks has increased** this month when compared to the previous month. The top 4 areas by breach volume in this cohort are Orthopaedics, Plastics, Spinal and Urology.

78-103weeks:
This wait time cohort saw a continued **reduction** in December from 252 in November 2021 to 214 in Dec 2021.
72% of the patients in this wait time cohort are now at **Decision to Admit** (**DTA) stage**. The top 4 areas by breach volume in this cohort are Spinal *(including paediatrics),* Plastics (*including paediatrics)* Maxfax *(including paediatrics),* ENT *(including paediatrics).*

>104weeks:

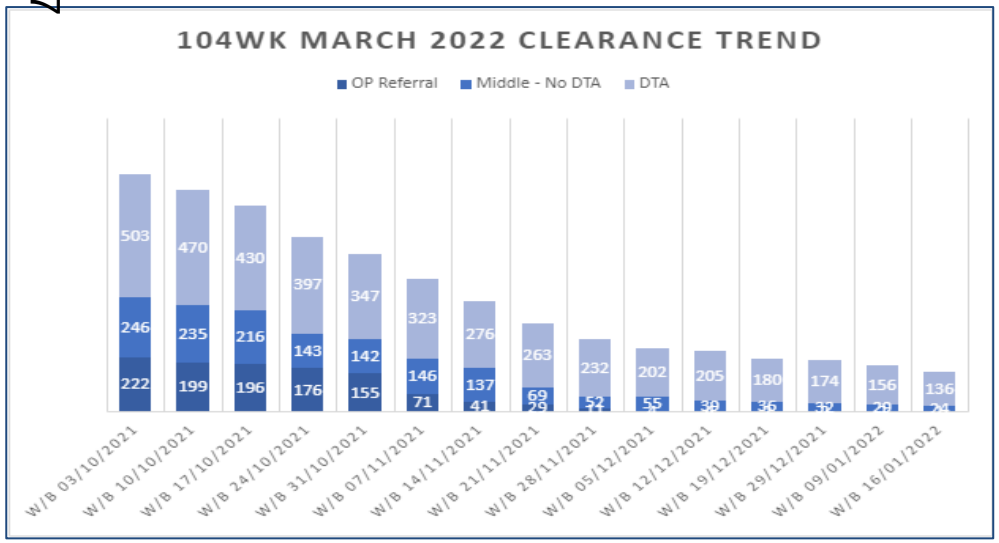
71 patients were submitted as having waited **over 104 weeks** at the end of December 2021; this represents an increase in the volume in this waiting time cohort. The majority of these patients have a DTA and are awaiting surgery. The challenges to treating this cohort in December were:

- Theatre capacity across a range of surgical specialties
- Critical care bed capacity, including PICU
- Workforce – Covid-19 isolation/sickness creating short notice challenge
- Urgent and emergency care pressures
- P2 clearance - high volume P2 patients impacting on Plastics, Vascular and Spinal long wait clearance drive

RTT Incompletes: 104 week clearance required to March 2022:

Oxford University Hospitals NHS Foundation Trust

Snapshot date	OP Referral	Middle - No DTA	DTA	Grand Total
w/b 03/10/2021	222	246	503	971
w/b 10/10/2021	199	235	470	904
w/b 17/10/2021	196	216	430	842
w/b 24/10/2021	176	143	397	716
w/b 31/10/2021	155	142	347	644
w/b 07/11/2021	71	146	323	540
w/b 14/11/2021	41	137	276	454
w/b 21/11/2021	29	69	263	361
w/b 28/11/2021	11	52	232	295
w/b 05/12/2021	4	55	202	261
w/b 12/12/2021	4	39	205	248
w/b 19/12/2021	2	36	180	218
w/b 29/12/2021	2	32	174	208
w/b 09/01/2022	2	29	156	187
w/b 16/01/2022	**1**	**24**	**136**	**161**
15 weeks difference	-221	-222	-367	-810



Reductions and focus:

- Weekly PTL meetings with services are focussing on securing a date for all patients by end of January 2022
- The 104 week March 2022 clearance trend has continued to show week on week reductions, however the rate of reduction has slowed in recent weeks.

Challenges to 104week clearance:

- **Common** themes to **all specialties** -Critical Care bed capacity, including PICU capacity. Theatre capacity across a range of surgical specialties. Workforce - Covid isolation / sickness creating short notice challenge. Urgent & Emergency Care pressures.
- **Spinal** - High risk specialty for >104 clearance by March. Additional all day theatre sessions required over and above current theatre timetable. ACDF activity transferred to the NOC from 17/01/22. Exploring whether additional lists could be undertaken at the JR. Mutual aid request has been submitted for additional support.
- **Paediatric Spine** - High risk specialty for >104 clearance by March. Additional all day theatre sessions required over and above current theatre timetable. Activity continues to be undertaken at the Portland. Additional weekend sessions planned - dependent upon paediatric anaesthetic support.
- **Plastics Craniofacial** - High priority specialty for volume of lapsed P2's - discussions underway internally and through mutual aid support.
- **Plastic Surgery -** Plans are being developed to increase capacity and provisional dates have been proposed. Discussions underway with the independent sector in regards to additional capacity in March. One consultant returning from sick leave will mitigate 50% of the potential breach cases.

Elective RTT Performance against H2 plans:

Oxford University Hospitals NHS Foundation Trust

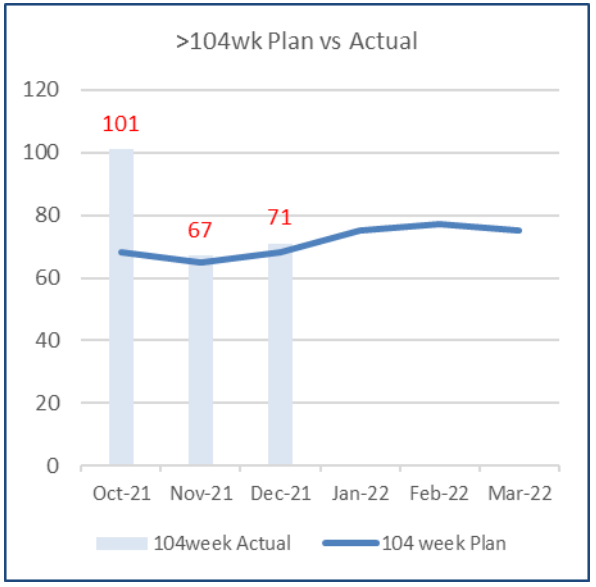
On 30/09/2021, NHSEI published *"2021/22 priorities and operational planning guidance: October 2021 to March 2022"* which sets out the expectations for Providers and Systems to update their operational plans for 2021/22.

In relation to RTT, the guidance outlines the **aim to return to / or exceed pre-pandemic levels of activity across the second half of the year** in order to reduce long waits and prevent further ageing of the waiting lists. The ambition is for systems to:

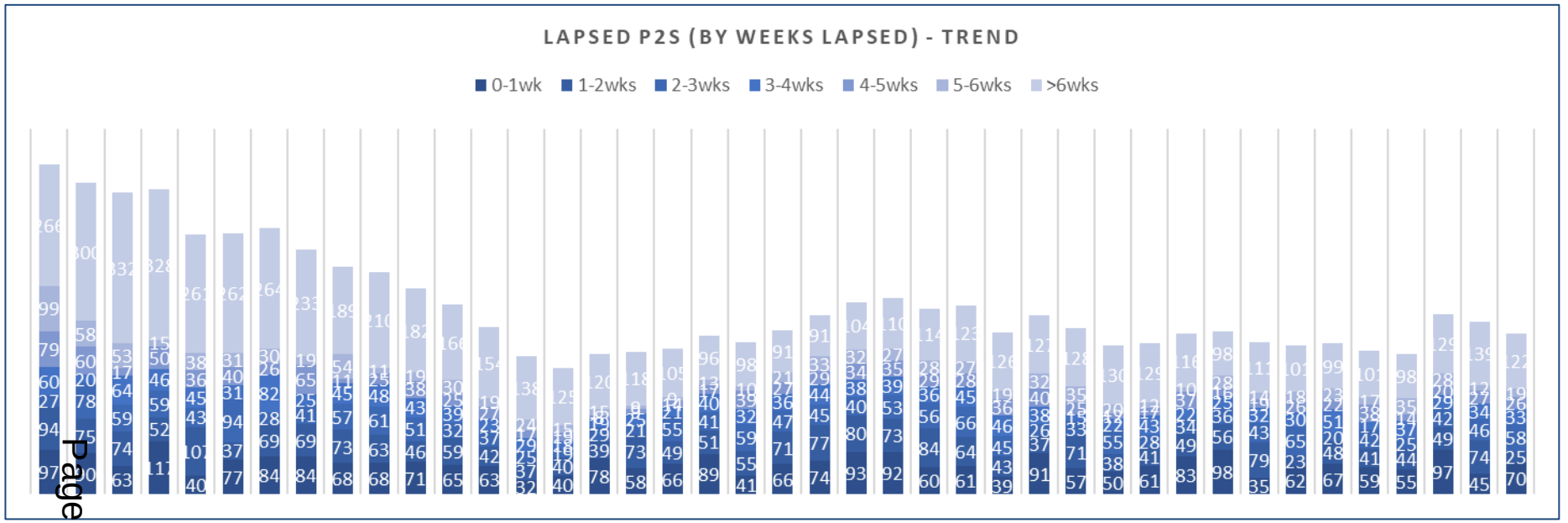
- **Eliminate waits of over 104 weeks** by March 2022 except where patients choose to wait longer
- **Hold or where possible reduce** the number of patients waiting **over 52 weeks**
- **Stabilise waiting lists** around the level seen at the end of **September 2021**

December 2021 Performance against plan:

- **>104 weeks –** In December, the Trust did not meet trajectory plan with an actual of **71** against a plan of 68
- **>52 weeks –** In December, the Trust continued to meet plan with an actual of **1,100** against a plan of 1,580
- **Total RTT Incomplete waiting list size** – The Trust did not meet trajectory plan with an actual of **54,925** against a plan of 52,720



Priority 2 (P2) current wait profile *(from P2 documentation date):*



- There are **825** patients **stratified as Royal College of Surgeons (RCS) category "P2"** on the Inpatient/Daycase waiting list as at 16/01/2022
- **42.8%** (353) of patients categorised as P2 have waited in **excess of the 4 week timeframe** since last being prioritised (lapsed)
- Lapsed P2 data is shared and discussed with Divisions on a weekly basis via the PTL and Assurance meeting process, with particular focus on those lapsing by the greatest amount of time (>6weeks), and securing a plan.
- As of 16/01/2022, there were **21 patients categorised as a P2** whose total **RTT pathway exceeded 52 weeks,** of which;
  - 4 Spinal patients have been escalated for date/review
  - 4 Paediatric Plastics patients have been escalated for date/review
  - 2 Craniofacial patients have been escalated for procedure date
  - 2 Neurosurgery patients awaiting TIC Injection – escalated for procedure date
  - 2 Urology patients awaiting a date for procedure
  - 5 patients scheduled for Jan
  - 1 patient scheduled for March
  - 1 patient choice to delay

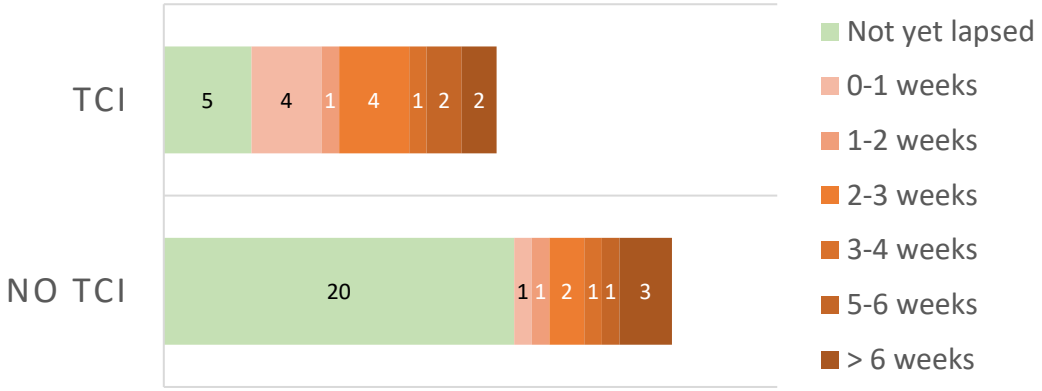
Information on 52 week breaches and lapsed P2 trend information has been shared with Patient Safety team for Harm review processing and discussion

Top 10 specialties of Lapsed P2s by volume of patients currently lapsed (as at 16/01/2022) and To Come In (TCI) status:

Specialty	No TCI	TCI	Grand Total
Urology	48	28	76
Orthopaedics	14	25	39
Spinal Surgery (Including Paed)	33	4	37
Gynaecology	21	5	26
Vascular Surgery	20	1	21
Plastic Surgery Craniofacial	15	5	20
Plastic Surgery (Including Paed)	12	6	18
Maxillo Facial Surgery	9	6	15
Breast Surgery	0	12	12
Colorectal Surgery	3	7	10

Gynaecology: Lapsed P2s and waiting list profile

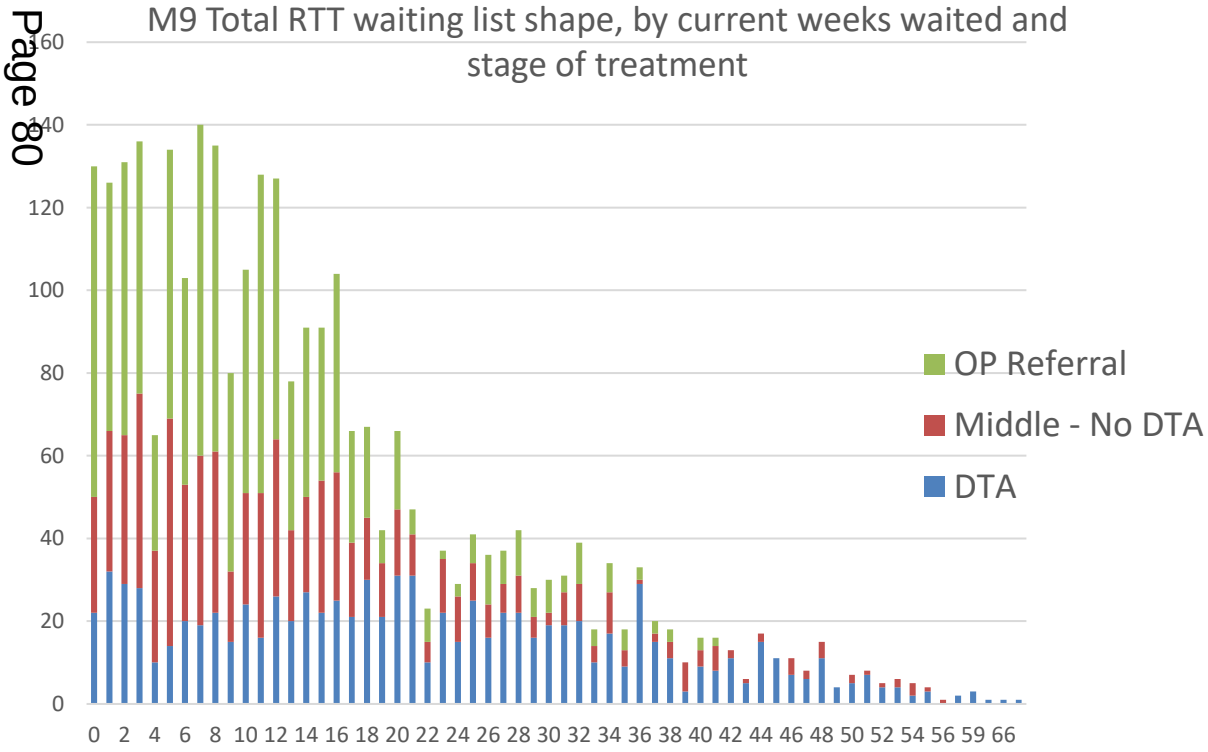
P2s as at 20/02/2022 (summarised how many weeks lapsed):



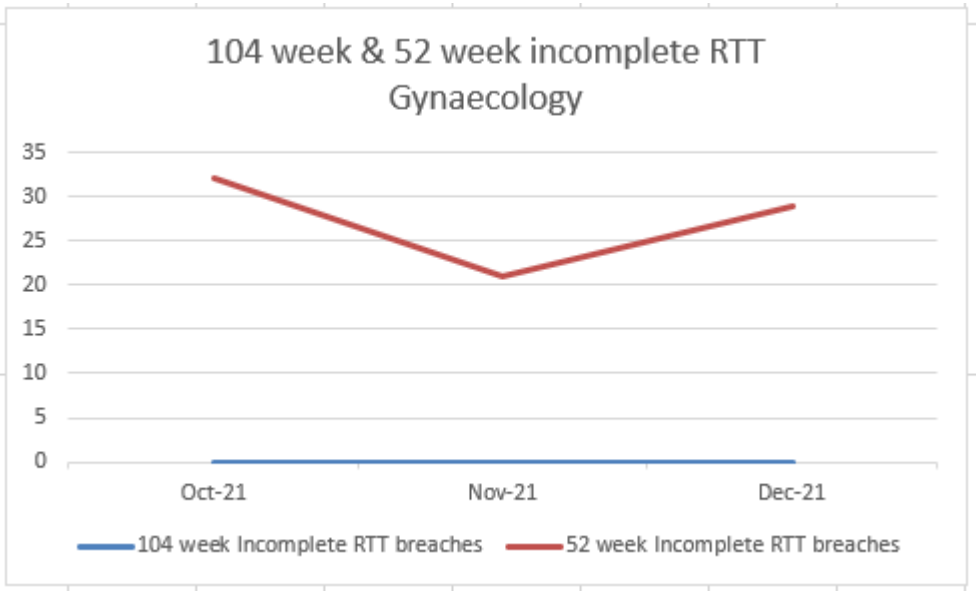
Of the P2 priority patients:

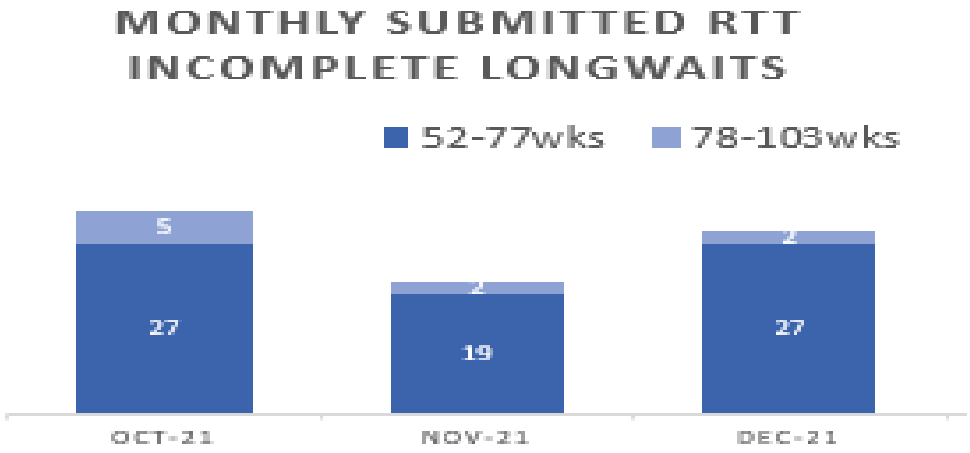
- 19 have a TCI
- 29 are awaiting TCI

Referrals have remained high with additional capacity provided through M10-M12. Review of capacity underway for 2022/23.



Gynaecology: Referral to Treatment (RTT) Extended Waiting Times





- 52 week waits are forecast to be zero by end of February 2022.
- Supported by continued weekend lists and increased diagnostics to address extended waiting times.

Cancer Waiting Time Standards

1 out of 9 Standards achieved in November 2021

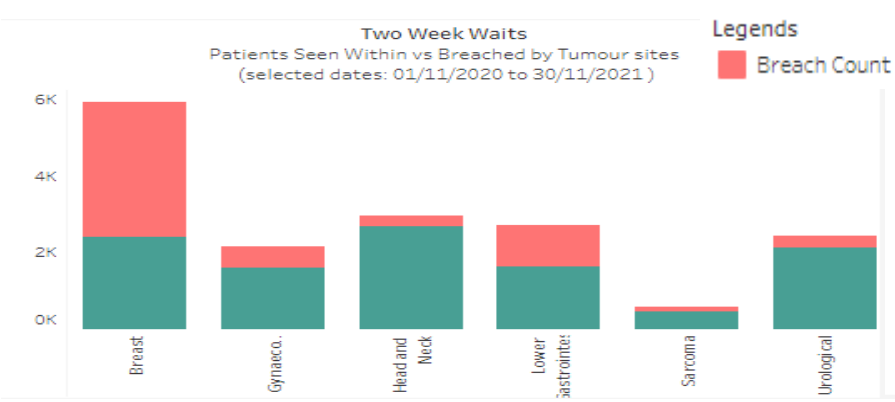
		Nov-21				Oct-21			
Standard	**Target**	**Total**	**Within**	**Breach**	**Performance**	**Total**	**Within**	**Breach**	**Performance**
2WW	93%	2,197	1,674	523	**76.2%**	1,957	1,621	336	**82.8%**
2WW Breast symptomatic	93%	234	118	116	**50.4%**	196	168	28	**85.7%**
31 day 1st	96%	417	377	40	**90.4%**	437	409	28	**93.6%**
31 day sub chemo	98%	194	189	5	**97.4%**	183	180	3	**98.4%**
31 day sub RT	94%	267	211	56	**79.0%**	229	184	45	**80.3%**
31 day sub surgery	94%	105	81	24	**77.1%**	107	87	20	**81.3%**
62 day screening	90%	25	20	5	**80.0%**	34	31	3	**91.2%**
62 day GP to 1st treatment	85%	228.5	168.5	60	**73.7%**	220	155	65	**70.5%**
28 Day FDS Two Week Wait	75%	2,080	1,663	417	**80.0%**	1,944	1,586	358	**81.6%**

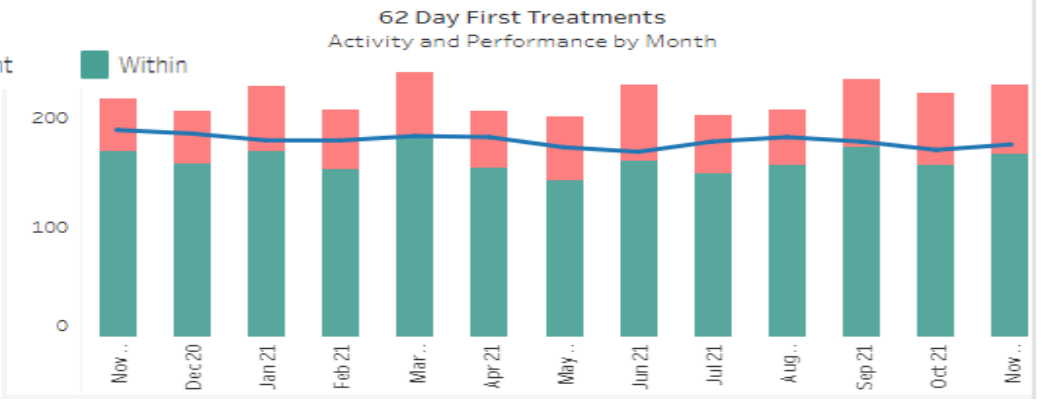
Nov 2021 Performance: Reporting an additional month in arrears, the Trust achieved 1 out of 9 CWT standards in Month 8.

2ww from GP referral: Referrals were 20% above last year November 2020 and despite this, there were 7% less breaches in comparison. In particular, Gynaecology saw a 65% increase, Head & Neck a 22% increase and Skin a 21% increase in referrals compared to November 2020.
The performance standard was not achieved, reporting **76.2%** against 93% threshold with 523 patients breaching. Breast accounted for 143 breaches (27%) followed by Gynaecology with 119 breaches (23%), Urology with 97 breaches (19%) and then Lower GI with 96 breaches (18%).

2ww Breast Symptomatic: Referrals were also 20% higher than in the same month last year and despite this, there were 38% less breaches. However, the standard was not met with performance of **50.4%** against a **93%** threshold**.** As indicated last month, performance is expected to be challenging due to Mammographer capacity affecting the overall service to deliver the capacity required.

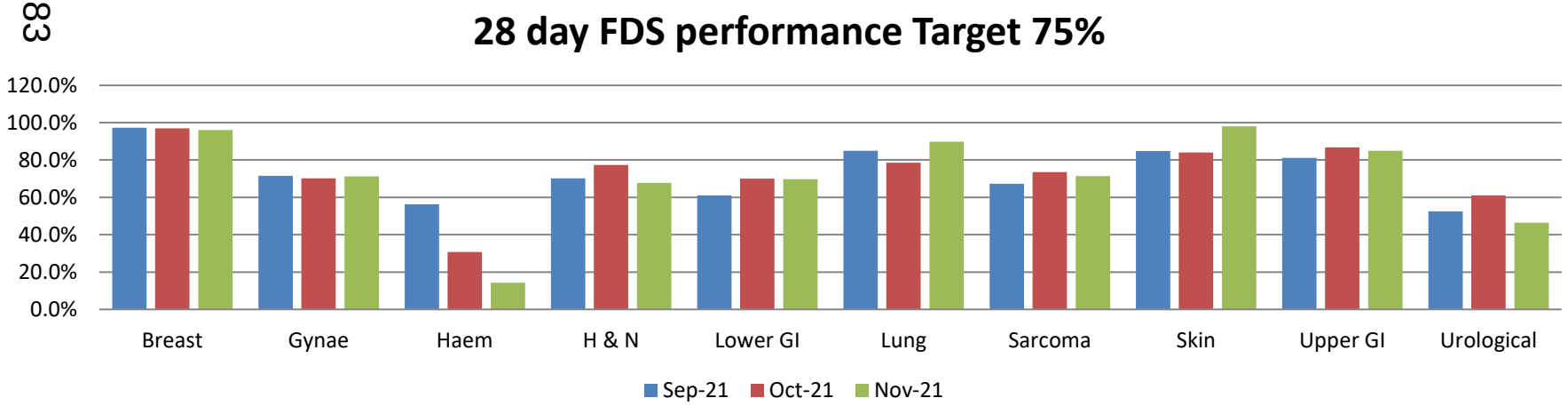
A deep dive into cancer referral rates will be undertaken to understand the drivers for the increase in referrals across a number of tumour sites.





28 Day Faster Diagnosis Standard – September 2021 to November 2021

	Sep-21				Oct-21				Nov-21			
Tumour Site	Total	Within	Breach	%	Total	Within	Breach	%	Total	Within	Breach	%
Breast	517	503	14.0	97.3%	513	497	16.0	96.9%	494	474	20.0	96.0%
Gynae	201	144	57.0	71.6%	184	129	55.0	70.1%	251	179	72.0	71.3%
Haem	16	9	7.0	56.3%	13	4	9.0	30.8%	14	2	12.0	14.3%
H & N	242	170	72.0	70.2%	198	153	45.0	77.3%	260	176	84.0	67.7%
Lower GI	223	136	87.0	61.0%	217	152	65.0	70.0%	238	166	72.0	69.7%
Lung	**53**	45	8.0	84.9%	56	44	12.0	78.6%	59	53	6.0	89.8%
Sarcoma	55	37	18.0	67.3%	34	25	9.0	73.5%	63	45	18.0	71.4%
Skin	448	380	68.0	84.8%	457	384	73.0	84.0%	398	390	8.0	98.0%
Upper GI	95	77	18.0	81.1%	106	92	14.0	86.8%	86	73	13.0	84.9%
Urological	162	85	77.0	52.5%	144	88	56.0	61.1%	200	93	107.0	46.5%
Total	**2028**	**1599**	**429.0**	**78.8%**	**1944**	**1586**	**358.0**	**81.6%**	**2080**	**1663**	**417.0**	**80.0%**

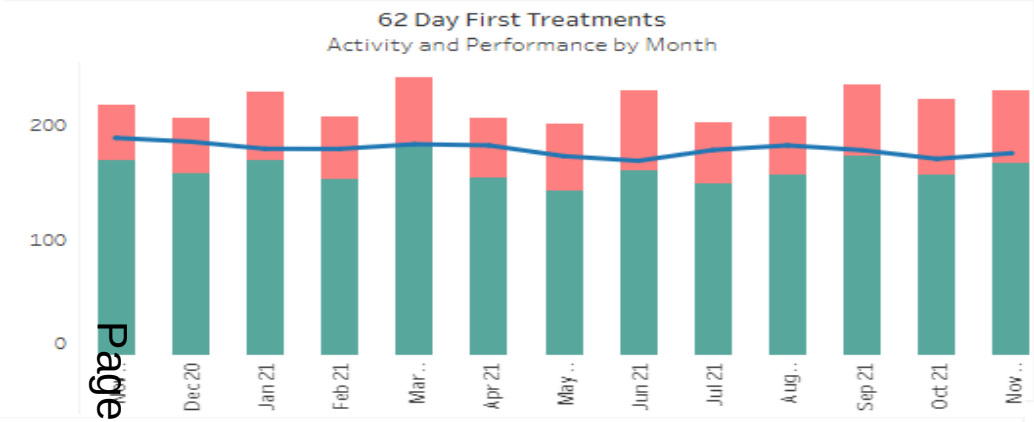


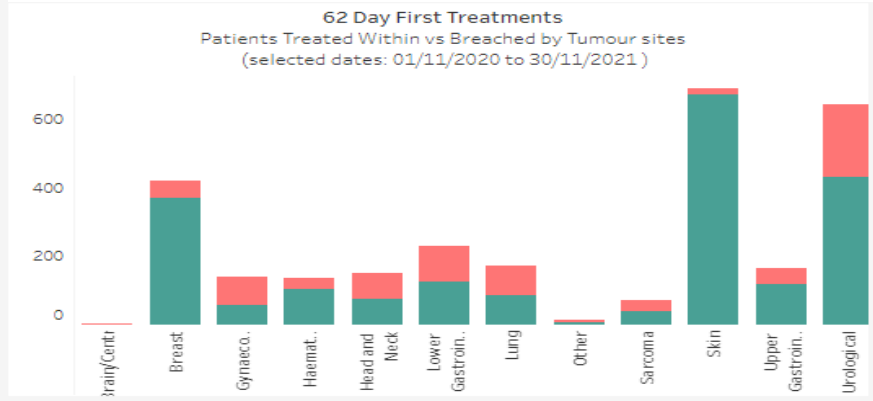
Most significant breach numbers/ reasons:

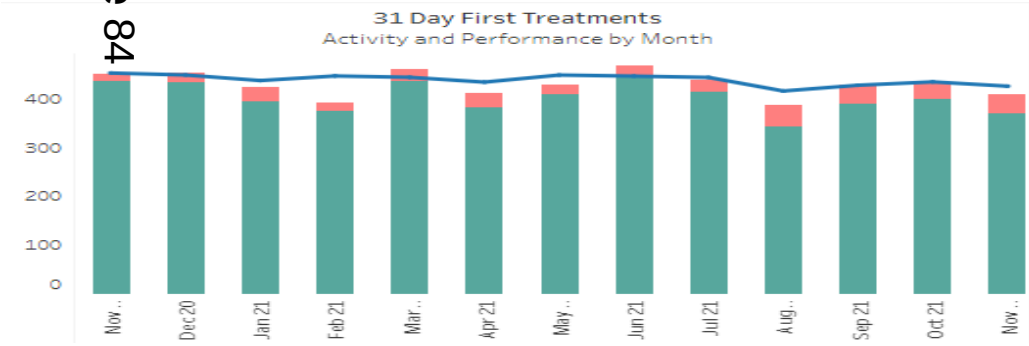
Lower GI (72) – Delay in Faecal Immunochemical Tests (FIT)**,** Biopsy capacity; **H&N (84) –** Diagnostic & Administrative booking capacity; **Urology (107) -** Diagnostic & Administrative booking capacity.

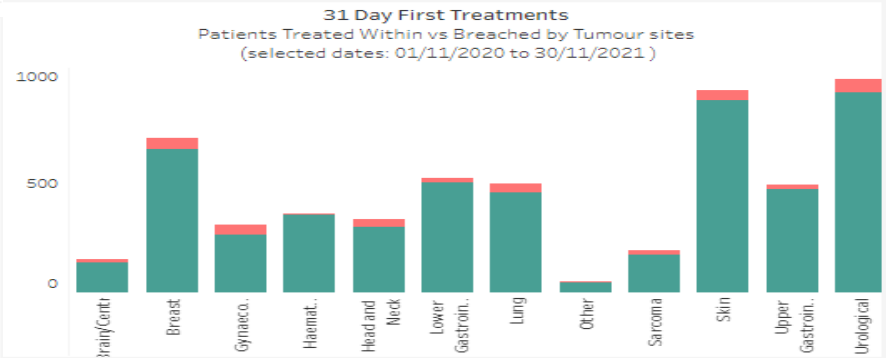
Cancer Waiting Time Standards – November 2021

62 Day from GP referral: The number of completed pathways were 228.5 with 60 breaches resulting in a performance of **73.7%**. The main breaches were in **Urology** (15), **Lower GI** (11.5) and **H&N** (7.5). The key breach reasons can be found on the next slide.







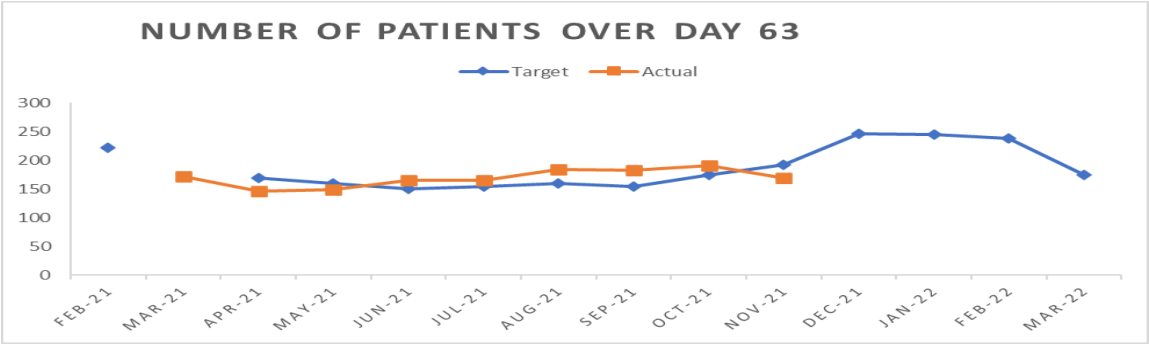


Patients waiting over 104 days for diagnosis and treatment:
Patients over 104 days (as at 18/11/21) who were untreated = 50 patients, of which 24 were confirmed as having cancer, and 26 patients were suspected of having cancer - (Urology 16, LGI 6, Gynaecology 2, Lung 7, Skin 6, Sarcoma 4, H&N 6, Neuroendocrine 1, UGI 2). The primary reasons for the delays: slow diagnostic pathways, patients delaying diagnostics and late referrals from other trusts (some examples in the table below).

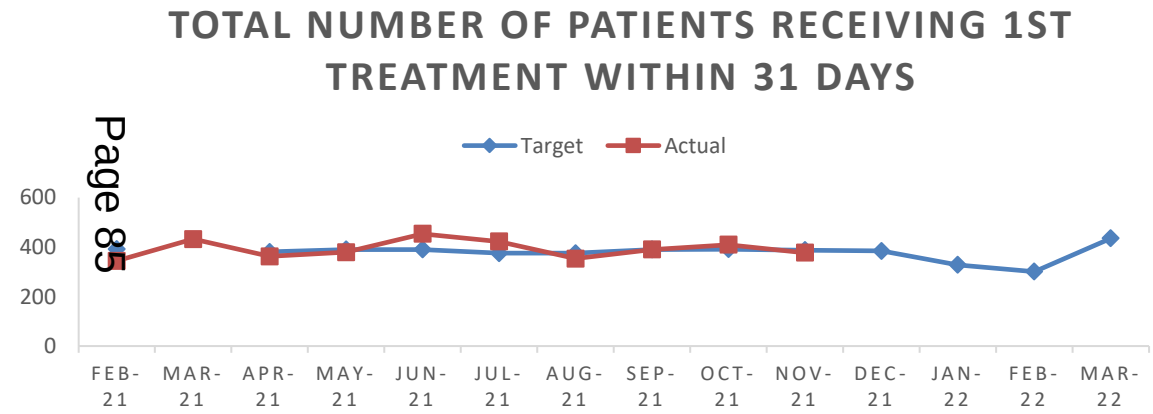
Day Referred	186	181	137	126	113	110	105	97	95	95	81	74	69	69	66	64	63	63
Day in Pathway	238	196	175	205	141	121	141	210	169	116	113	78	150	80	86	73	87	71
Tumour Group	Urology	Lung	Urology	Other	H&N	Sarcoma	H&N	H&N	Skin	Urology	Urology	LGI	Gynae	UGI	Urology	Lung	Urology	Urology
Referring Trust	MKUH	Bucks	MKUH	MKUH	Bucks	Bucks	Bucks	Bucks	GWH	MKUH	Bucks	Bucks	GWH	GWH	MKUH	MKUH	MKUH	Bucks

62 Day incomplete pathways >62 days	Count	**Nov 170**	**Oct 191**
62 Day incomplete pathways >104 days	Count	**Nov 50**	**Oct 35**

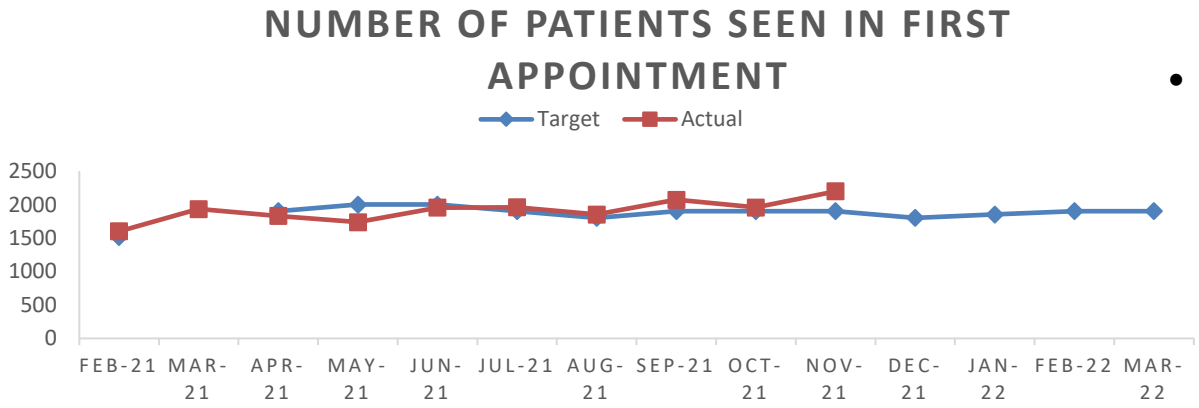
Cancer Recovery Plans – Actual vs Trajectory



- The month end position of **170** patients was below the forecasted trajectory of **192** patients waiting 63 days or more in November 2021



- The trust's position of **377** patients was below the forecasted trajectory of **387** patients receiving first definitive treatment within 31 days in November 2021



- The trust's actual position of **2197** patients was above the forecasted trajectory of **1900** patients seen at a first outpatient appointment in November 2021

Oxford University Hospitals
NHS Foundation Trust

Update on Midwifery Led Units

Midwifery Led Units (MLU)

- Since 8pm **26 August 2021** , the Wantage and Chipping Norton MLUs have been closed to low-risk births due to staffing constraints. Other locations and home births have remained open for the most part, although they have been impacted at times also
- Patients/families in north Oxfordshire still have access to the Horton MLU, while in the south they have the Wallingford unit. There is also the Spires at the John Radcliffe Hospital in Oxford
- As of 17 February 2022, it will be 25 weeks of temporary closure for the Wantage and Chipping Norton MLUs
- We understand the disruption this has and continues to cause some families who will have to go to alternative sites; the Trust are working as hard as possible to restore full services
- Staffing constraints continue, however, the aim is to put a plan in place to re-open these units in **March 2022**

This page is intentionally left blank

BOB ICS Workforce and People Strategy
People Board December Update

1. Introduction

I. Our Workforce and People Strategy has five multi-year and long-term programmes of work. The programmes are aligned to the 21/22 Planning Guidance and HEE South East Delivery Plan, and designed to strengthen workforce planning, recruitment, productivity, retention, and culture and leadership. This report provides an update.

2. Workforce and people strategy programmes and projects

I. We presented an update to the ICS Senior Leadership Group (SLG) in October where our work continues to be well supported. We also presented to the NHS England and NHS Improvement People Plan Delivery Board ("Delivery Board") in November and received overwhelmingly positive feedback on our strategy[1].

II. The 2021/22 priorities and operational planning guidance are well integrated into our strategy. However, as the Delivery Board maintains "an overview of the delivery of the People Plan actions from the 21/22 Planning Guidance" we included an update against several planning priorities:

- Using HEE funding (£360k) we will recruit an ICS clinical placement expansion team for 22/23 to support the recovery of the education and training pipeline
- Buckinghamshire Healthcare Trust coordinated Medical Support Worker (MSW) recruitment for our NHS Trusts. We have recruited 45+ MSW in Q3.
- 1,219 international nurses have been recruited in BOB via funding to "support achievement of the 50K increase in nursing workforce."
- We have maintained a focus on remote working and technologies, including virtual induction, new learning systems, and VR and simulation training
- Our NHS Trusts offer flexibility to our staff, including carrying over, taking and/or buying back unused leave. Approaches vary to suit Trusts, teams, and staff groups. All staff are encouraged to take time off to recover

2.1 Workforce planning and change

I. Workforce planning and change was developed to understand and plan the response to our system workforce and COVID pressures, including vaccination workforce plans, and system-wide analysis of medical and non-medical workforce (e.g., supply, gaps, turnover, placements, etc.).

II. Our workforce analyst has supported our AHP regional head, regional chief, and faculty lead to complete a detailed analysis of the AHP workforce. The report examines the AHP professions, current BOB AHP workforce, supply and demand, and risks and issues. The analysis is being used to help deliver the ICS AHP workforce plan.

[1] The Board was established "to achieve the aims of the NHS People Plan… and in turn the right workforce to support the Long Term Plan and recovery". It is chaired by Anne Eden, Regional Director South East, and Em Wilkinson Brice, NHS Deputy Chief People Officer.

III. Our NHS Trusts continue to use our ICS workforce planning tool, toolkit, and methodology. For 21/22 and 22/23 we will be completing a series of "deep dives", including in cancer, ENT, and urgent and emergency care. We have also started to support an in-depth examination of the CAMHS workforce.
IV. In response to our high living costs we have prepared a briefing document to commission research on the issue. We need to establish conclusions about the impact of not having a high-cost area supplement (HCAS), a recommend rate, and potential the impact on local authorities and adult social services. This will be a 22/23 priority.

2.2 Recruitment and resourcing

I. Recruitment and resourcing was developed because of the importance of recruitment, opportunities for Robotic Process Automation (RPA) and efficiencies, and supply and growth.
II. Following further engagement we will develop recruitment and attraction strategies for community and social care (e.g., care homes, and residential homes) where recruitment is especially problematic. During Q4 we will focus on three elements: creating "a story" about our ICS and its benefits; targeting students at school, college, and university; and collaborating with our career pathway and EDI projects.
III. Our work on international recruitment (IR) will now be delivered through: (I) a dedicated project lead for community and mental health; and (II) a senior project manager with the capacity and capability to build a delivery plan on behalf of our Directors of Nursing. This role will support IR as well as return to practice, pre-registration nurse attrition, and other retention initiatives[2].
IV. Our Trusts have identified challenges around various transactional processes and opportunities for improving: time to hire, shortlisting, transferring information (e.g. into NHS jobs, ESR, and TRAC), employee "onboarding and offboarding", and requests for validation. During Q4 we will benchmark these areas to assess our RPA readiness.
V. The first draft of our ICS apprenticeship strategy – Apprenticeships and Widening Access and Participation – will be completed by January 2022. We've collaborated to identify a range of important deliverables under four workstreams: partnerships and infrastructure; growing and embedding apprenticeships, skills for life, and widening participating and early careers.

2.3 Productivity

I. The temporary staff work was developed (to be cross system) because of variations in the management of temporary staff; temporary staffing strategies and performance at a Trust level around rates, processes, and policies. It has five strategic ambitions: agency assurance, standardised processes, commercial and digital, system-led monitoring and controls, and harmonising reward.
II. During the last 12 weeks we have established the programme team, created a single data set for both ICSs (e.g., on temporary staffing usage and spend), held an executive

[2] NHS England and NHS Improvement have awarded BOB £75k to employ a senior project manager.

workshop to agree key priorities, and delivered an operational focus group to identify further gaps and pressures. The next stages of the work will focus on the development of harmonised reward options and a high-level financial appraisal.

III. NHS Professionals have been working with colleagues in social care to help develop a temporary staffing solution – nursing supply remains a challenge for several reason (e.g., attractiveness of social care, agency quantity and quality, and staff movement restrictions). NHSP, based on success in other systems, believe they can provide a solution for RNs and CSWs. A final proposal and model will be ready for Q4.

2.4 Retention

I. The retention programme was developed because of the importance of retaining our workforce and finding solutions to support our people in the early and later stages of their careers. We also know the pandemic has intensified the need to invest in our physical and mental health and wellbeing.

II. Since November 2020 we have bid for and received more than £1.5m for ICS health and wellbeing initiatives. We continue to deliver system-wide toolkits, training, networks, and support (e.g., 74 people trained in Restorative Just Culture; 27 practitioners and 14 managers trained in TRiM; and 80 trained in MHFA).

III. Oxford Health and Oxford University Hospitals have collaborated on a nursing (intensive care unit) career development framework and pathways. The framework, which sets out roles and progression and skills and qualifications, will become an interactive online resource during 22/23 that will also be a platform for other projects.

IV. Our education and training leads identified risks arounds meeting training needs for scientists, psychologists, and pharmacists that we have now supported with our 21/22 workforce development funding – please see section 3.

V. Our NHS Trusts all have policies in place to support flexible, hybrid, and/or agile working. Following a review of the policies we have agreed to explore three areas in Q4: setting a strong ambition for flexibility, using the staff survey to assess flexible working, and benchmarking where we are and where we want to get to as an ICS.

2.5 Culture and leadership

I. We developed this programme because our WRES and WDES, vacancy, turnover, and absence challenges mean diversity and inclusion, leadership, and talent management are essential in our ICS.4 We established three projects.

II. Our ICS EDI strategy has been co-designed with the BOB ICS Inclusion Group (comprising EDI and Wellbeing Leads and Staff Network representatives) and our HRDs/CPOs. It will be launched immanently. Within the six workstreams we have developed a bespoke inclusive recruitment checklist – using the insights and experiences of system partners – and begun work on supporting career progression.

III. Our Chief Operating Officers have commissioned a project to help recruit, retain and develop our senior operations managers. We have since undertaken a survey with 22 operational managers, including discussions with directors of operations, and

identified perceived skills gaps and areas where more experience is required. Options for the final programme design will be presented to the COOs in December.

IV. Work on our ICS graduate management trainee scheme (GMTS) continues. To support the delivery model, we will work with colleagues in social care to design "a health and social care programme across organisations and patient pathways that, through multiple projects, would result in less fragmentation in patient services and enable more coordinated care." This will in turn help us design the placements.

3. Workforce Development (WD) Funding 21/22

I. Our 21/22 WD funding has been allocated against the areas in the table below[3].

Title	Description	Amount
Programme and project team	Includes costs towards Programme Director, Project Manager, Analyst, project manager and AHP Workforce Director.	£249,161
Education and training	Education and training for pharmacists, psychologists, and healthcare science across six NHS Trusts	£466,014
Healthcare Science ICS lead	Role to support clinical leadership across the ICS. Strategic leadership and delivery of HCS professions ICS workforce programme • Leading a HCS professions faculty as the delivery vehicle of the BOB ICS programme • Providing expertise and strategy, ensuring HCS workforce is part of ICS people Strategy	£93,830
Medicine optimisation programme	Integration programme to enable the 3 Medicines Optimisation CCG teams to form a cohesive, high functioning way of working. Based on discussions around merging the three teams, there would be clear benefit in receiving development outside of core and specialist clinical training.	£33,660
Equality, diversity, and inclusion	Disability conference (e-learning)	£3,000
Workforce planning and modelling	"Deep dives" in critical service areas to support recovery and future planning, including ENT, cancer, and urgent and emergency care.	£151,200
South Central Ambulance Service	Advanced Practice (1 x Head of Advanced Clinical Practice; 3 x Advanced Clinical Practitioners) and CPD – non clinical workforce.	£157,399
Primary Care	Various initiatives as approved by the primary care Workforce Implementation Group (WIG).	£157,399

[3]. Allocations considered "Workforce Development Investment priority theme areas" as well as advice from national colleagues (e.g., Director of Regional Pharmacy Training, Head of School – Pharmacy (South), Pharmacy Dean – HEE South, Regional Chief Healthcare Scientist – East of England, Mental Health Programme Lead (South East), Transformation Lead (Workforce & Education) South East.

NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 10 March 2022

Title of Paper: Integrated Care System/Integrated Care Board Update

Purpose: The following paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on the work in hand to (subject to legislation)

Integrated Care System/Integrated Care Board Update

1. Introduction

The current priority for the Integrated Care System (ICS) development programme is ensuring a safe and effective transfer of functions from the CCGs to the new Integrated Care Board (ICB), as well as continuing to deliver our present health and care services. Whilst this naturally means there is a focus on the development of governance, supporting our staff and the transactional elements of setting a new organisation it is important to remember that the purpose of these changes are to make it easier for health and care organisations to come together to plan and deliver joined up services – integrated care – and to improve the health and wellbeing of people who live and work in their area.

The four main aims for the ICS are
• improve outcomes in population health
• tackle inequalities in health outcomes, experience, and patient access
• enhance productivity and value for money
• help the NHS support broader social and economic development

Importantly for our residents this does not change the way care is delivered and accessed on 1 July 2022. Patients and service users will continue to access these services in the same way as at present, typically, in the first instance, through their GP.

2. Current position

2.1 Parliamentary process

As members are aware the Health and Care Bill is still going through the parliamentary process. This is supplemented by guidance from NHS England/Improvement (NHSE/I) based on the draft legislation so is still subject to change and updates.

A new target date of 1 July 2022 (previously 1 April) has been set for the ICS statutory arrangements, including the establishment of ICBs. CCGs and their associated statutory duties will now remain in place until July, with the first quarter of 2022/23 serving as an extended preparatory period.

2.1 Recruitment update

Members will be aware that Javed Khan was appointed as Chair Designate of BOB ICB in October. In January he began attending introductory meetings with partners across the system.

The Non-Executive Director post advertisements closed last month, and prospective candidates have undergone interviews. We are working though the final stages of the selection process and will share the outcomes of this in due course.

The consultation process, for the current CCG Executives, for the ICB closed in January. Feedback received concerned role outlines and descriptions, reporting arrangements, the allocation of responsibility to address health inequalities and where commissioning should sit in the new ICB. The following mandatory roles, Chief Medical Officer, Chief Nursing Officer and Chief Financial Officer, are now out to advert with interviews scheduled to take place in late March. Work has also commenced to fill the Executive Structure on an interim basis, whilst recruitment campaigns to substantively fill the roles are conducted.

Sonya Wallbank commenced as Director of People and Organisational Development designate for the ICB in December. Last month Amanda Lyons joined BOB as the Interim Director of Strategy and Partnerships for the ICB. Her key areas of focus will be developing our 18-month plan and putting our five-year strategy into place, which will include work on provider collaborative assurance.

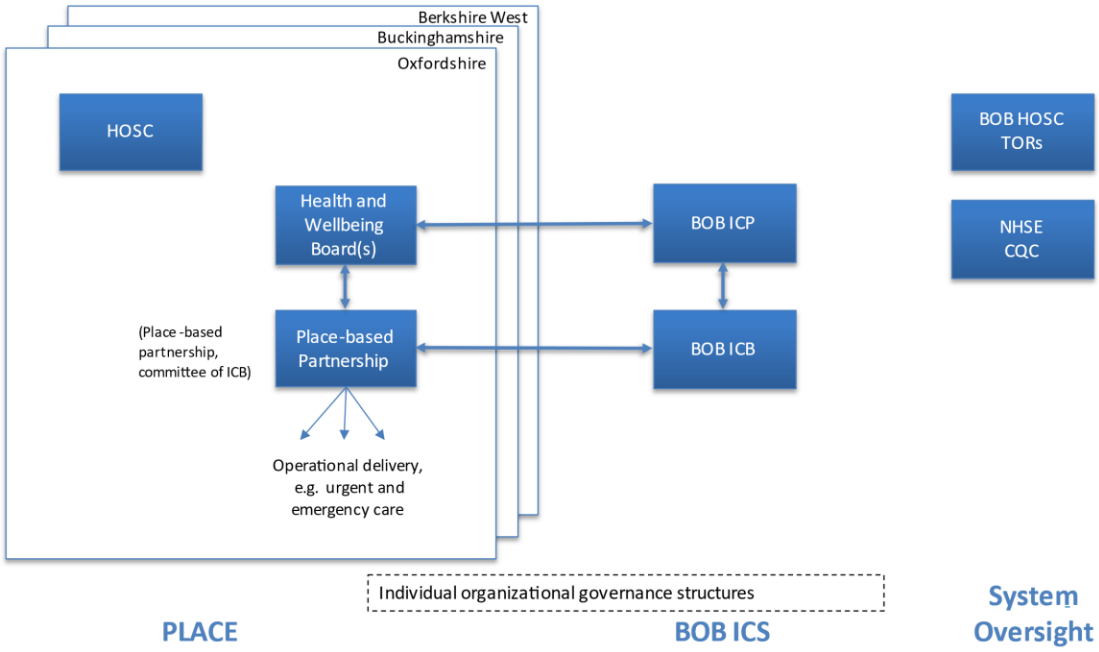
2.3 Availability of information on ICS development

BOB ICS has created a public-facing engagement website. It also contains a range of information relating to the evolving ICS, including key papers and submissions in a single, easy-access digital library. The website can be found at BOBICS (engagementhq.com). The update papers on ICS Development that have been taken to the CCG Governing Bodies are all available on this site.

3. Draft Integrated Care Board Constitution

As part of our work to establish the Integrated Care System, we have started drafting the constitution for the Integrated Care Board (ICB), based on the model constitution provided by NHS England which stipulates the mandatory requirements and which bits are for local determination. The ICB constitution is an important document that sets out what the ICB will do and how it will work. A first draft of the constitution prepared following engagement with our system partners was shared with the HOSC Chair, we also made this available on our new engagement website (as outlined in 2.3 above). We have recently made some additions to the first draft and also transferred it to the most recent NHSE/I template; this version is available here - BOB ICB Draft Constitution | BOBICS (engagementhq.com)

It is important to note that there are many mandatory requirements to the constitution and that this is only a part of our overall suite of governance documents. In line with guidance the first constitution will meet minimum mandatory requirements and any additional information developed will be incorporated into the governance handbook. For example, the description of the role and functions at “Place” in line with the outline below will be included in the governance handbook. The development of Place is occurring in discussion with our local authority and NHS partners.



It is the CCGs working with the ICB Chair and Chief Executive designates who are responsible for the development and submission of the ICB constitution. NHSE/I agree the constitution, and this is then enacted through the establishment order. Throughout the development process the CCGS are engaging with partners (for example discussions with Local Authority chief executive and leaders, presentations to all Health and Wellbeing Boards, discussion with NHS Trusts/Foundation Trusts and primary care leaders) about the core governance structures and how this could operate. We have also made the draft constitution publicly available to ensure wide input to the final document.

We are waiting for a revised timeline to be published by NHSE/I but have been told that the next draft of the constitution has to be submitted to NHSE/I on 14 April 2022.

The final constitution will be publicly available alongside all the supporting governance documents.

Oxfordshire Community Services Strategy: Update Report for JHOSC

February 2022

Executive Summary

This paper provides a brief update on the Oxfordshire Community Services Strategy and proposes a way of working with members of JHOSC, the public and other key stakeholders to ensure engagement is as effective as possible. It briefly looks back over the past few months, sets out a framework for discussion to strengthen our conversations and provides an overview of what we are looking to achieve to give us a shared understanding of the programme and desired outcomes.

The impact of omicron and winter pressures

As we've seen in the press, this winter has been extremely difficult across the health and care sector and Oxfordshire has been no exception. Between December and February, rates of staff sickness were up to 3 times higher than usual, due in large part to the omicron surge. In response, the health system declared a Level 4 (highest level) incident, triggering 'command and control' emergency procedures. This meant that staff across health and social care, who had been working on the Community Services Strategy, were understandably recalled to support patients and front line services. As a result, we haven't had the essential clinical and operational input we needed to make as much progress as originally planned.

Having said that, as agreed at the last JHOSC, by 10th March we will be able to share the outputs of the clinical and professional workshops held in the run-up to the winter surge, which have led to the development of updated care pathways that help us more clearly identify the characteristics of patients who are most likely to benefit from inpatient care in a community setting – and the alternative options for providing care in the home that often better for many other patients. This information will be available on our website: www.oxfordhealth.nhs.uk/about-us/overview/our-strategy/community-services-strategy/

During November and early December, we also progressed work in the preventive care part of the strategy, led by Pippa Corner at OCC, incorporating important strategic developments around bolstering independence and wellbeing, social prescribing, Communities of Practice and The Oxfordshire Way. Just before Christmas, the strategy leads joined a workshop hosted by the Oxfordshire Voluntary & Care Sector (VCS) coalition and have held subsequent discussions with VCS Chief Executives; although this work necessarily paused during the winter peak, it has been picked up again in the past few weeks.

As the omicron winter surge subsides, the Community Services Strategy is being given renewed focus and additional dedicated resources. We've started by appointing new Programme Director. Helen Shute, a senior director with experience of the Oxfordshire system, joined the team on 14th February. Helen is prioritising meeting with stakeholders and working intensively on the processes and structures we need to progress this work with a refreshed timeline for the programme.

What's going to be different in the next stage of work?

The appointment of an experienced director for the programme is key to making the Community Services strategy, and the critical public engagement work around this, a reality for the residents of Oxfordshire during 2022. The next priorities are to:

- Clearly and consistently lay out what the Strategy intends to do, in a way that is meaningful to the public and facilitates engagement across the breadth of health, social care and voluntary sectors

- Secure dedicated resources for the programme to make sure we have the people with the expertise we need, when we need them
- Put in place the right structures and decision-making processes – discussions have already started on this with the system Chief Executives (NHS and local authority)
- Review the evidence base and ensure the strategy is drawing on this fully – including the information from the public engagement work in previous years
- Consider how best we can engage with the largest possible number of Oxfordshire residents as an ongoing priority, throughout the process
- Change our relationship with key stakeholders, including JHOSC
- With all of the above critical pieces of information, lay out a realistic timeline for delivery

Building our relationship with JHOSC and other local representatives

In order to work effectively together, we need to make sure we have a deeper shared understanding of what Community Services are and what we're trying to achieve through the strategy. A seminar on the strategy has previously been proposed and we intend to set this up as a priority now that covid restrictions are lifting, to provide an opportunity for interested committee members to learn more about the services and provide input into the process.

We are also exploring options to host stakeholder events at one or more Community Hospital venues.

In her new role as Programme Director, Helen would like to get to know members of the committee and other representatives over the coming weeks and would welcome your feedback after the session. She is particularly interested in understanding what needs to be done to build trust we will deliver on the strategy.

We would also welcome a discussion with members about how we communicate and work together, in particular:

- Our commitments to you:
    - We will provide succinct, proactive reporting, on-time
    - We will be honest when things aren't going how we expected
    - We will ask for your help when we need it
    - We will be clear on the input we need from you and the dependencies
- How best to work with you
- How you can help us to progress the Community Services Strategy

The Strategic Direction in a nutshell

In her first two weeks, Helen has supported the team to more clearly lay out the work underway so that all stakeholders have a shared understanding of what we are looking to achieve and how we are going to get there. In summary, there are three key strands to the Community Services Strategy, delivering:

- The Right Care
- At the Right Time
- In the Right Places

In order to deliver the **right care**, we will design Community Services using a robust evidence base. We will draw on best practice, patient feedback, the results of our public engagement and clinical and operational expertise. We will map our resources (everything from our buildings and budgets through to voluntary and

community networks and assets) to inform the plans for developing our preventative and care-based community services. We will create a robust workforce plan that deals with local challenges and not only looks after our people now, but also seeks to attract people into healthcare training so we have a pipeline of expert staff for the future as Oxfordshire's population grows and ages.

Making sure the people of Oxfordshire have the right care at the **right time** means we need to think about when people need care. This will help us to identify the services we need to keep people living more healthily and independently at home for longer. Our Community Services will be both reactive and proactive, providing care and support:

- In advance (preventative care, before people become unwell)
- At the time of a health crisis
- While they are recovering from illness
- And in some cases, when long term care is needed

It is vitally important that the right care at the right time is delivered in the **right places** and this is the final pillar of the Community Services strategy. Community Services are delivered:

- In people's homes
- In their local communities
- And in in-patient services

We will make sure we are using our resources in the best way possible, to deliver services in the right setting for patients, as close as possible to where they live. Based on the clinical evidence, buildings, funding and workforce available, alongside what we know about our local communities (including what they tell us) we will propose new ways of delivering our Community Services in Oxfordshire.

We anticipate the results of our work will enable more people in Oxfordshire to access essential Community Services closer to where they live. We will work to minimise the amount of unnecessary in-patient care people need because we will be delivering more care in ways that lead to better long-term health outcomes, focusing our budget on preventative care and developing the resilience and robustness of care outside of hospitals. Where community in-patient care is the right care to meet the needs of patients, we will develop proposals for how and where it is best to locate and resource that care.

Strategy Principles

At last November's JHOSC, we presented the results of the public engagement work on the principles that will underpin the community services strategy. We shared how these principles had been updated in response to the feedback received from a wide range of stakeholders and set out that the next stage of work would be to develop these into specific options for further public engagement. We are pleased to report that the principles were formally adopted at the December Health and Wellbeing Board.

When we're talking about what we're doing and the principles that sit behind it, however, it's difficult for people to remember and work with 11 separate principles. We need them to be understood, remembered and acted upon and, with this in mind, we have distilled them to four overarching strategic priorities to steer the service change and engagement programme (mapping to the 11 principles is in Appendix 1).

These priorities are:

- **Locally accessed and driven.** We need to design our services with our population needs and contexts in mind, to ensure they are effective at delivering health outcomes and reducing inequalities. We will consistently balance value and accessibility with the resources available, delivering as many services as we can close to home in the most equitable way, while managing the local budget in the most responsible way for Oxfordshire. We will employ new technology where it

makes sense to do so to enable people to stay well at home for longer. We will create new community-based networks and structures that support local engagement and decision-making. Local won't always mean everything can be on your doorstep but we will work with local communities to design an approach that works well for them, in a way that meets people's needs.

- **Flexible and equitable by design.** To be fit for the future, we need to ensure that the foundations we lay now for our services enable both continuous improvement and a safe but flexible, agile response to changing circumstances, following evidence-based guidelines, whether that is in the short or medium term. This includes ensuring tailoring services to provide equitable access base d on each local community's assets, opportunities and requirements, not a 'one size fits all' approach to service delivery. Services must be able to respond in a timely manner to changes in individual patients' needs, changes in their local population and new approaches to prevention and treatment as soon as these become best practice.

- **Seamless from start to finish.** The engagement work to date has identified fragmentation of care as a major cause of dissatisfaction among patients, carers and staff. From the earliest pathway design through to every step of the patient or carer's journey, care should be joined up and coordinated. This means we need to work on every aspect of our approach, from the local, environmental and community inputs alongside the financial at the outset of a design programme, through the way we work seamlessly as system partners to how we communicate both with patients and each other, the joins in the system should be invisible to the people we care for.

- **Delivered by an expert team.** High quality Community Services require caring, well-motivated, functional, multi-professional teams. We will only deliver on our priorities if we have a strong, motivated, well-resourced and stable workforce with sufficient time and skill to dedicate to patient care. We will work hard to make Oxfordshire a great place to work as a health or care professional (or volunteer), offering training, development, progression and wellbeing support and a culture people want to be a part of to attract both qualified healthcare professionals and those making their career and training choices now. A robust plan for delivering the required workforce is critical if the strategy is to be credible to its key stakeholders.

Updating the timeline for public engagement

Community services cover a broad range of care and there are many people and organisations working to improve them – we have identified over 40 different projects, service teams and groups working on plans to modernise community care; the new Programme Team will work with them to make sure they are working seamlessly together to deliver the agreed principles, pulling together the different workstreams and ensuring we have meaningful public involvement and engagement as the work progresses.

Due to the delays experienced over winter and because of the widened scope of work identified from last year's public engagement on the principles, we have been reviewing and updating the delivery timelines for the programme, to ensure adequate time is built in for full and comprehensive public engagement.

Public engagement will be an ongoing process, but for planning purposes, we anticipate that engagement activities will be concentrated into two phases (avoiding school holidays where possible):

- Phase 1 - April-July 2022 (working around local elections as required)
- Phase 2 - September-December 2022

Our questions for HOSC

1) What do you need from us to make our relationship as productive as possible as we all work to deliver the best outcomes for Oxfordshire?
2) How best can we work with the committee? For example, would you support us organising a dedicated workshop and/or visit to a community site for JHOSC members to learn more about the services and meet front-line staff?
3) How can you help us to progress the Community Services Strategy over the coming months?

Appendix One: Mapping the 11 Principles to four strategic priorities

This shows how the principles agreed in the engagement work so far have been used to shape four strategic priorities for engagement in the next phase of the programme.

Many of the principles are necessarily duplicated across each of the priorities. This exercise could equally have sought to map the principles into the three strategic pillars in the main body of this paper. What is key is that these principles are being used as the foundation of the programme – as we develop and appraise options, we will return to the full list however the priorities provide us with a more accessible language and simpler focus, around which we can speak about and manage the programme.

- **Flexible and equitable by design.** In order to be fit for the future, we need to ensure that the foundations we lay now for our services enable both continuous improvement and a safe but flexible, agile response to changing circumstances, following evidence based guidelines, whether that is in the short or medium term. This includes ensuring tailoring services to provide equitable access based on each local community's assets, opportunities and requirements, not a 'one size fits all' approach to service delivery. Services must be able to respond in a timely manner to changes in individual patients' needs, changes in their local population and new approaches to prevention and treatment as soon as these become best practice. This maps to these agreed principles:
    - Enable people to stay well for longer in their own homes
    - Use digital approaches to improve health and independence
    - Base service design on best practice, clinical evidence and user experience
    - Deliver the locally and nationally agreed priorities for our health and care system
    - Contribute to sustainability and the environment
    - Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources

- **Seamless from start to finish.** The engagement work to date has identified fragmentation of care as a major cause of dissatisfaction among patients, carers and staff. From the earliest pathway design through to every step of the patient or carer's journey, care should be joined up and coordinated. This means we need to work on every aspect of our approach, from the local, environmental and community inputs alongside the financial at the outset of a design programme, through the way we work seamlessly as system partners to how we communicate both with patients and each other, the joins in the system should be invisible to the people we care for. This maps to these agreed principles:
    - Provide a better experience for people who are seeking or receiving care in their community
    - Ensure our use of beds in the community maximises improvements in people's long term health
    - Base service design on best practice, clinical evidence and user experience
    - Deliver the locally and nationally agreed priorities for our health and care system

- **Locally accessed and driven.** We need to design our services with our population needs and contexts in mind, to ensure they are effective at delivering health outcomes and reducing inequalities. We will consistently balance value and accessibility with the resources available, delivering as many services as we can close to home in the most equitable way, while managing the local budget in the most responsible way for Oxfordshire. The most local care is the care delivered at home - we will employ new technology where it makes sense to do so and to enable people to stay well at home for longer. We will create new community-based networks and structures that support local engagement and decision-making. Local won't always mean everything on your doorstep but we will work with local communities to design the best approach for them, in a way that meets people's needs.

This maps to these agreed principles:

- Ensure opportunities to improve health and wellbeing are consistent and equitable across the county
- Provide a better experience for people who are seeking or receiving care in their community
- Organise services so staff operate in teams with appropriate skills in buildings that enable them to work more effectively
- Enable people to stay well for longer in their own homes
- Use digital approaches to improve health and independence
- Contribute to sustainability and the environment
- Maximise the positive impact on health and wellbeing for our population, within the limitations of our resources

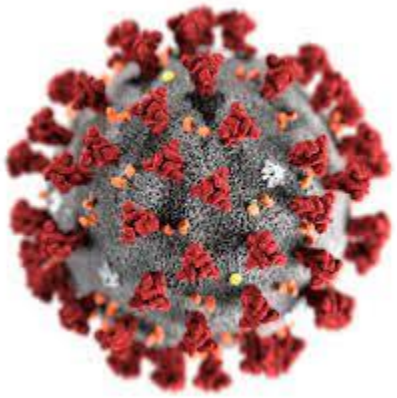
- **Delivered by an expert team.** High quality Community Services require caring, well-motivated, functional, multi-professional teams. We will only deliver on our priorities if we have a strong, motivated, well-resourced and stable workforce with sufficient time and skill to dedicate to patient care. We will work hard to make Oxfordshire a great place to work as a health or care professional (or volunteer), offering training, development, progression and wellbeing support and a culture people want to be a part of to attract both qualified healthcare professionals and those making their career and training choices now. A robust plan for delivering the required workforce is critical if the strategy is to be credible to its key stakeholders. This maps to these agreed principles:
    - Organise services so staff operate in teams with appropriate skills in buildings that enable them to work more effectively
    - Be a great place to work for the health and social care workforce

  In relation to this priority, we have heard the concerns raised by residents and JHOSC members about the risk of workforce shortages undermining the ability to deliver these ambitions and are developing a plan to address this, in order to ensure the care delivered to people at home and in other community settings is reliable, consistent and robust.

Authors: Helen Shute and Dr Ben Riley
24th February 2022

This page is intentionally left blank

Cumulative COVID-19 Impact in Oxfordshire 2020 and 2021

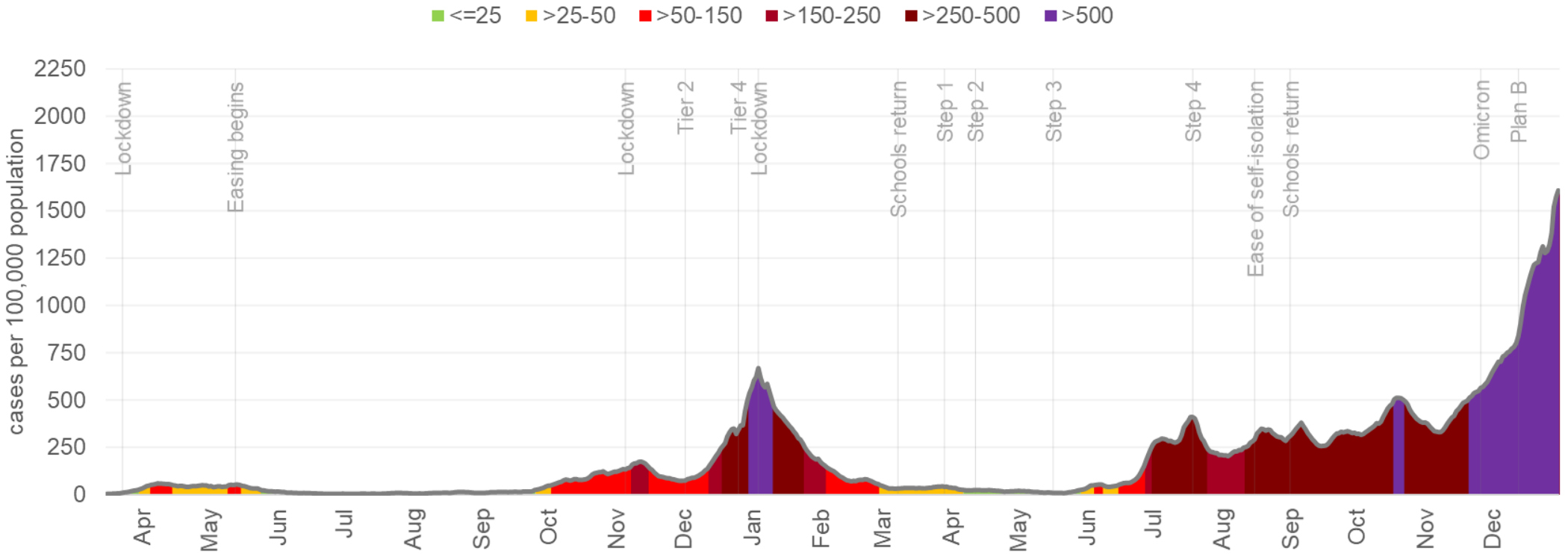


David Munday
Deputy Director of Public Health
Oxfordshire County Council

OXFORDSHIRE COUNTY COUNCIL

Cases over time

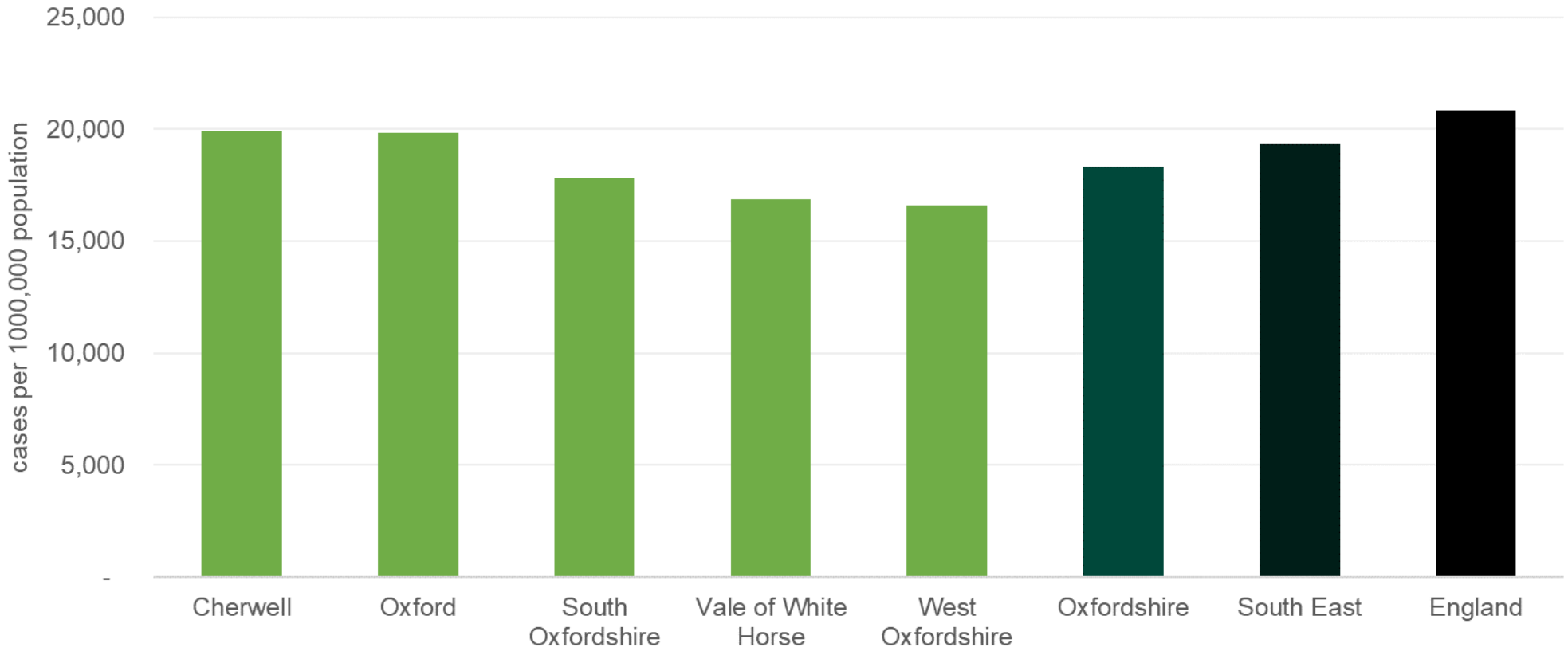
Weekly rate of confirmed cases per 100,000 population, Oxfordshire



OXFORDSHIRE COUNTY COUNCIL

Source: coronavirus.data.gov.uk

Total Cases in Oxfordshire



OXFORDSHIRE COUNTY COUNCIL

Source: coronavirus.data.gov.uk

Cases by age band

Age band	Count	Rate per 100,000 population
0-4	2,985	7,612
05-9	8,522	19,757
10-14	13,642	32,285
15-19	12,192	29,954
20-24	12,477	25,082
25-29	11,175	24,647
30-34	10,186	24,593
35-39	9,562	21,267
40-44	10,102	23,771
45-49	9,244	20,574
50-54	8,276	17,323
55-59	6,405	13,847
60-64	4,181	10,872
65-69	2,656	8,012
70-74	1,950	5,692
75-79	1,341	5,232
80-84	1,080	5,827
85+	1,858	9,979
Grand Total	**127,834**	**18,344**

OXFORDSHIRE COUNTY COUNCIL

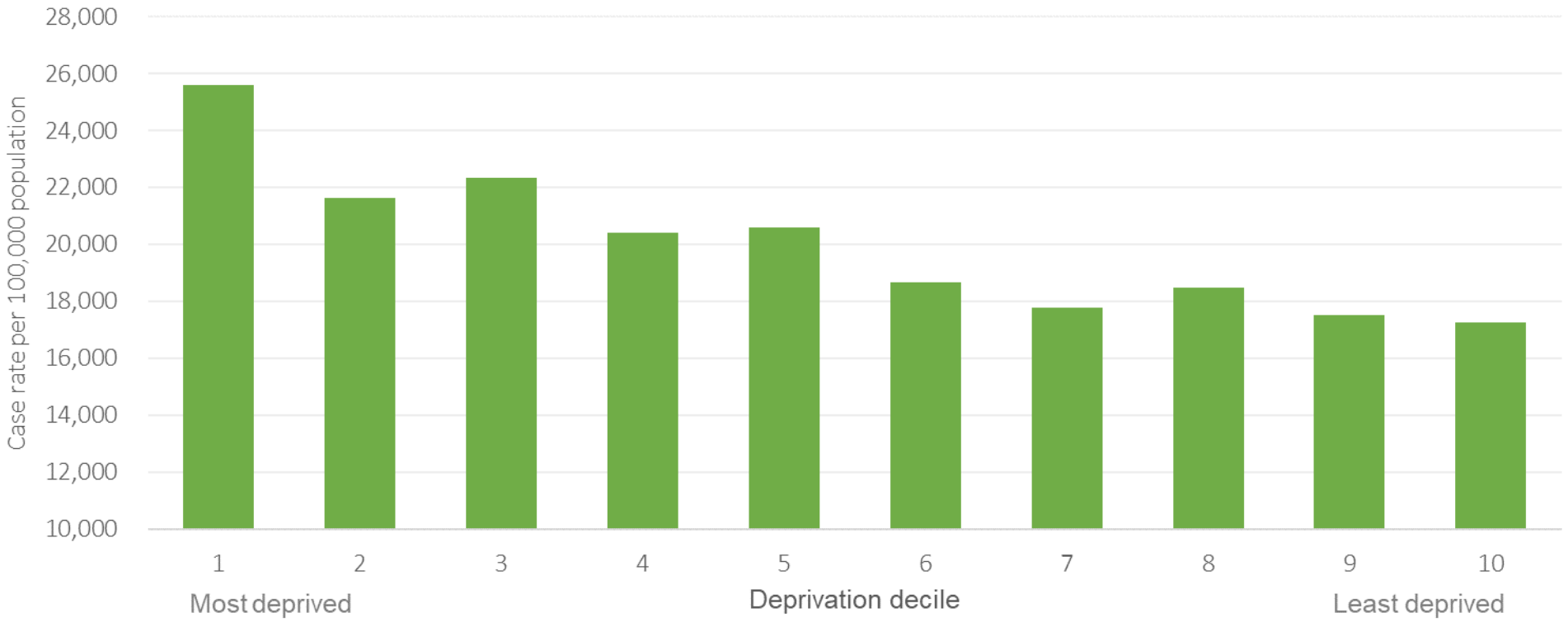
Source: Covid-19 Situational Awareness Explorer. All cases up to 31.12.2021, accessed 09.02.2022

Cases by gender

Age band	Count	Rate per 100,000 population
Female	65,066	18,627
Male	61,250	17,622
Unknown	1,518	-
Total	**127,834**	**18,344**

Source: Covid-19 Situational Awareness Explorer. All cases up to 31.12.2021, accessed 09.02.2022

Cases by IMD deprivation decile



Excluding 237 cases

Source: Covid-19 Situational Awareness Explorer. All cases up to 31.12.2021, accessed 09.02.2022

Cases by ethnicity

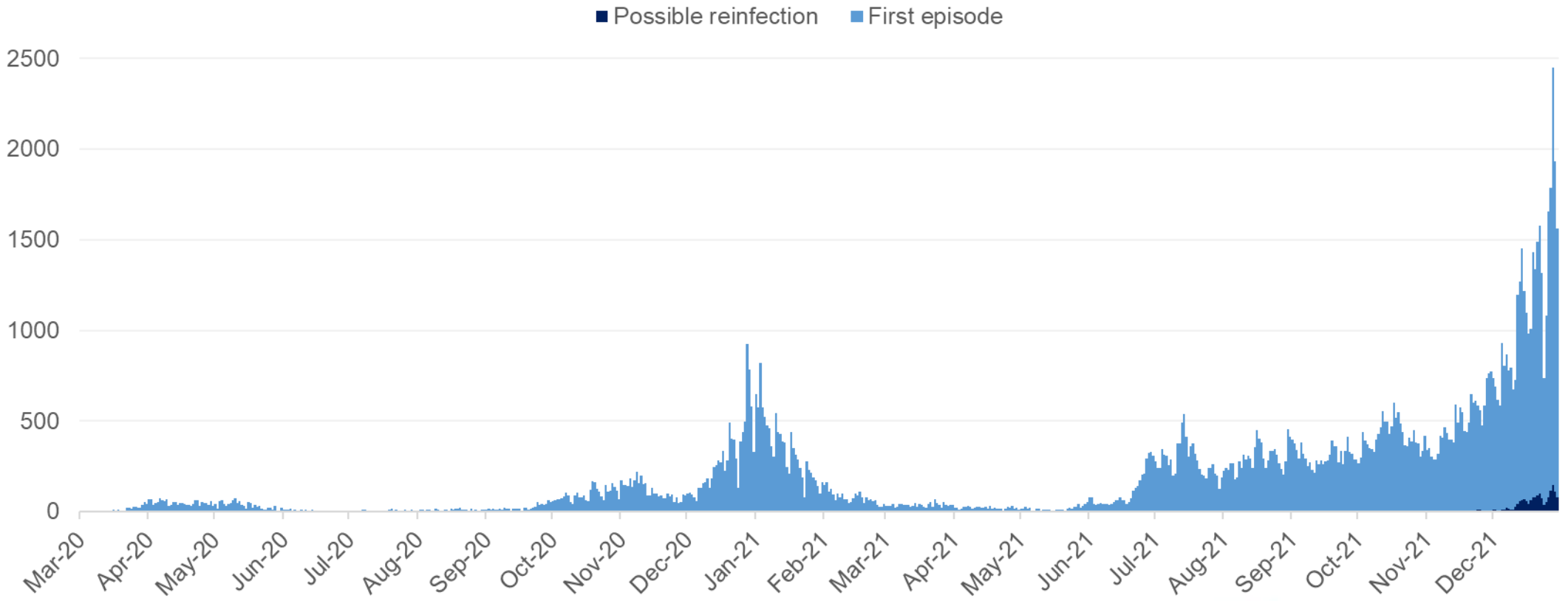
Ethnic Group	Count	Rate per 100,000 population
White	84,855	14,300
Mixed/multiple ethnic group	2,382	18,000
Black / African / Caribbean / Black British	1,863	16,308
Pakistani	1,411	17,984
Any other Asian background	1,345	17,786
Indian	1,343	16,499
Chinese	414	7,369
Bangladeshi	330	13,248
Total	**94,978**	**14,527**

Excluding 32,865 cases without ethnicity information, and 1,035 cases in any other ethnic group

OXFORDSHIRE COUNTY COUNCIL

Source: Covid-19 Situational Awareness Explorer. All cases up to 31.12.2021, accessed 09.02.2022

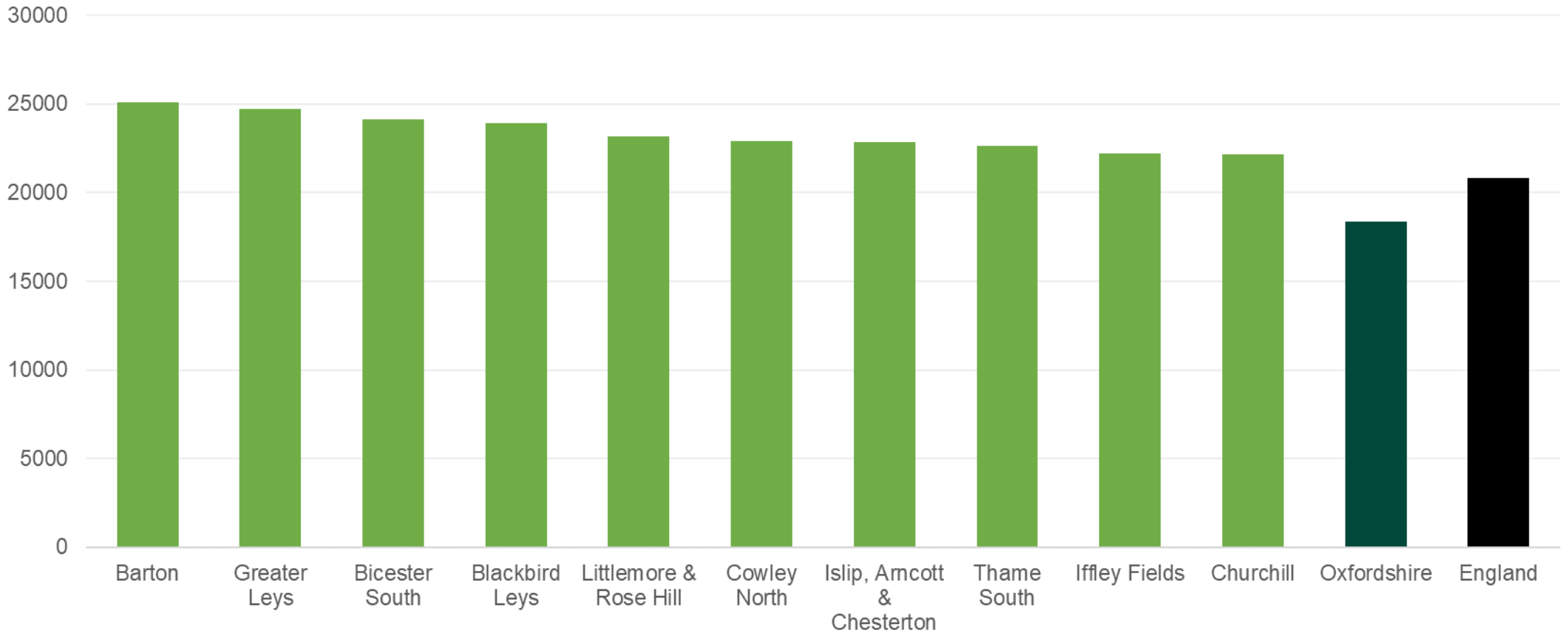
Covid reinfections over time



OXFORDSHIRE COUNTY COUNCIL

Source: Covid-19 Situational Awareness Explorer. All cases up to 31.12.2021, accessed 09.02.2022

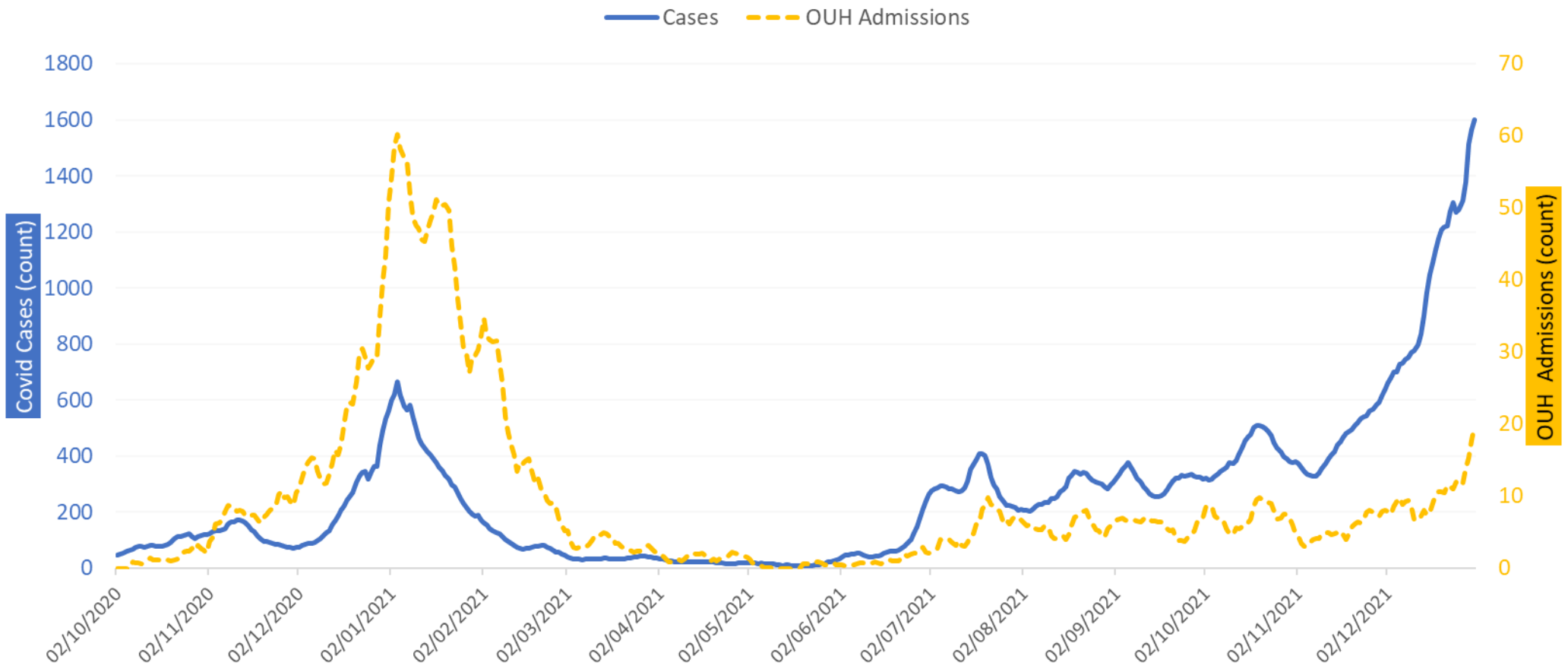
Top 10 MSOAs by case rate



OXFORDSHIRE COUNTY COUNCIL

Source: Covid-19 Situational Awareness Explorer. All cases up to 31.12.2021, accessed 09.02.2022

Covid cases and patients admitted to hospital



OXFORDSHIRE COUNTY COUNCIL

Note: Covid cases and admissions are 7 day moving averages.

Source: GOV.UK Coronavirus (COVID-19) in the UK

Covid hospital admissions as a percentage of covid cases

OXFORDSHIRE COUNTY COUNCIL

Note: % calculated from covid cases and hospital admissions in the previous 7 days.

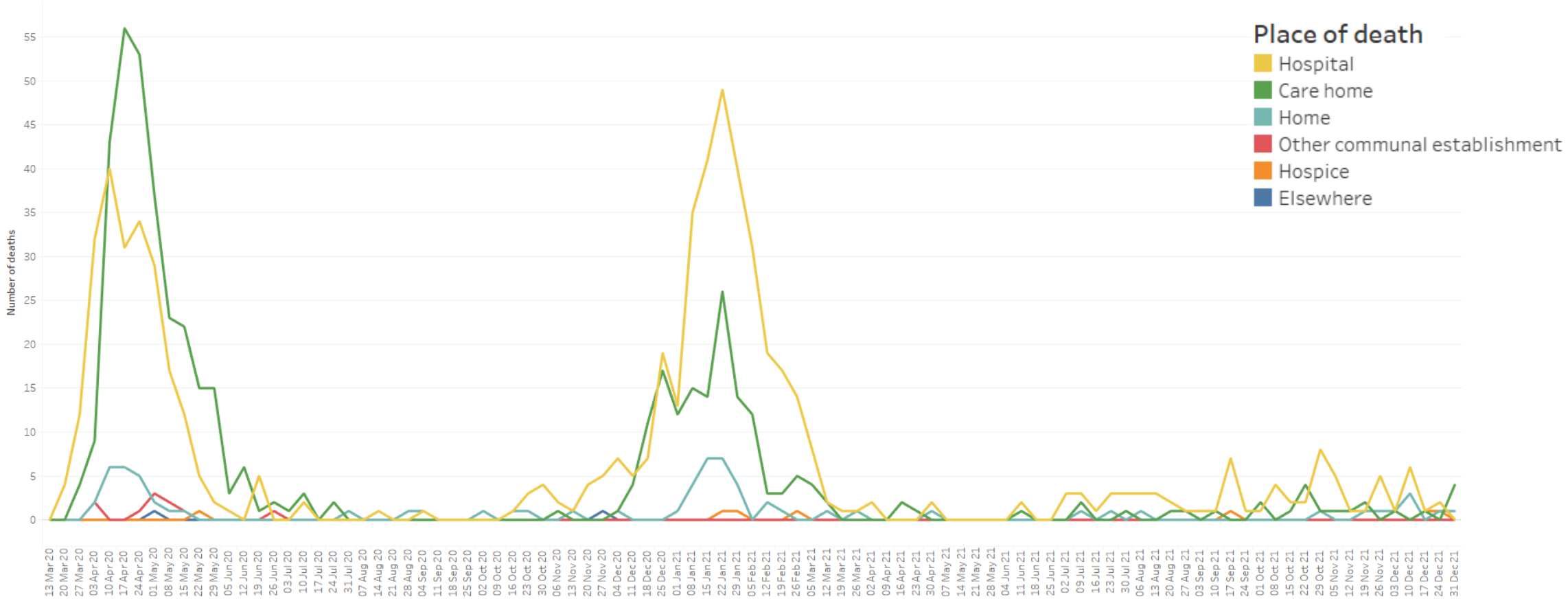
Source: GOV.UK Coronavirus (COVID-19) in the UK

Covid deaths total

Area name	Number of deaths	Rate per 100,000 population
Oxfordshire	1,196	170.7
South East Region	23,296	248.6
England	150, 565	262.0

Source: Covid-19 Situational Awareness Explorer. Accessed 09.02.2022. Deaths occurring up to 31.12.2021

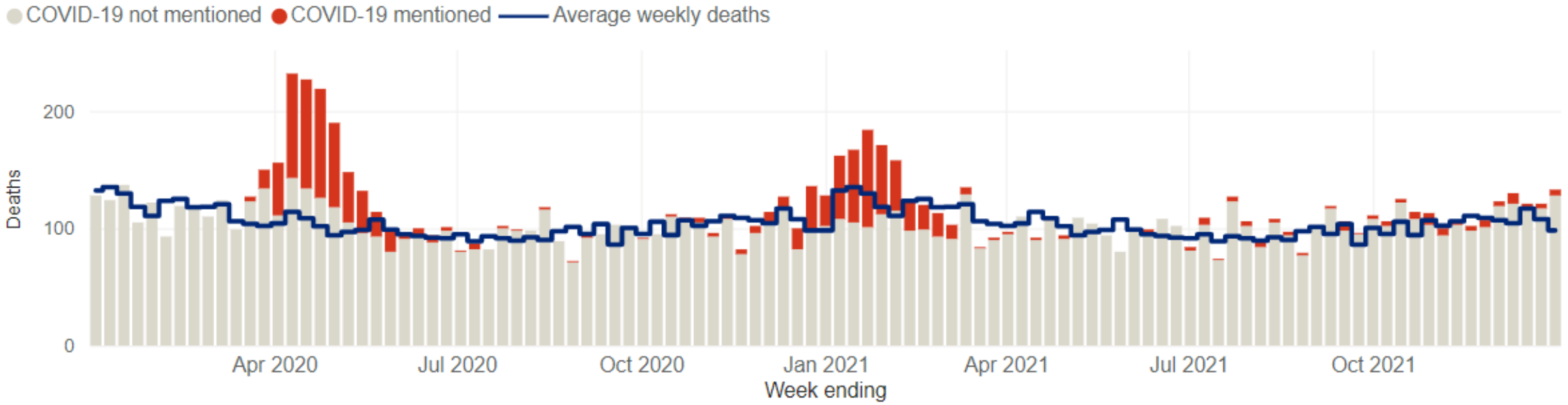
Covid deaths by setting



Source: Office for National Statistics, deaths occurring up to 31.12.2021 and registered up to 21.01.2022

Excess deaths

All deaths in 2020-21 by week, with proportion where COVID-19 is mentioned and weekly average occurrence 2015 to 2019; Oxfordshire



Source: Covid-19 Situational Awareness Explorer. Accessed 27.01.2022. Deaths occurring up to 31.12.2021

Next steps to understand impacts more fully

Direct impacts	Changes to non-COVID mortality, re-infection, Long COVID
In-direct Health	Prevalence of obesity, physical inactivity, at risk alcohol intake, mental well-being
Wider Impacts	Educational, isolation/ loneliness, employment changes, wider economic impact

OXFORDSHIRE COUNTY COUNCIL

This page is intentionally left blank

Oxfordshire Health and Care System COVID-19 Update for Oxfordshire Health Overview and Scrutiny Committee meeting on 10 March 2022

1. Introduction

This paper gives an update on the Oxfordshire COVID-19 Vaccination Programme. Information about waiting lists and access to services is available in a separate paper on this agenda.

2. Oxfordshire COVID-19 Vaccination Programme

The COVID-19 pandemic has spanned two years now and has led to profound and far-reaching changes to the way we all work and, as patients, to the way we access healthcare.

Since the first vaccine was delivered in Oxfordshire on 8 December 2020 at the Churchill Hospital, more than 1,605,000 vaccinations have been administered to residents of Oxfordshire.

Overall, we have one of the highest vaccine coverage rates in the country and the success of the 14-month campaign should be celebrated.

Continued thanks go to everyone who has worked so hard to deliver this life saving vaccine. Despite, the falling numbers of infections, cases remain, so the messages continue to be:

- Getting vaccinated and boosted remains the best thing you can do to protect yourself and your families against getting seriously ill from COVID-19.
- If you're unvaccinated it is never too late to come forward for a vaccine – all vaccination sites will welcome you.

2.1. COVID-19 booster vaccinations

Since the rapid expansion of the COVID booster vaccination programme on 13 December 2021, nearly 446,000 booster jabs have been delivered across Oxfordshire by our 20 GP-led local vaccination sites, the mass vaccination centre at the Kassam Stadium, hospital hubs and our community pharmacies.

This equates to a near 81 per cent take up of the booster offer by all those people who are eligible. A record breaking 75,500+ booster jabs were administered across the county in the first week of rapid expansion of the programme, with more than 41,000 vaccines delivered during the pre-Christmas weekend (including Friday).

2.2. Targeted outreach

Anyone aged 16 and over who has not already had their first or second COVID-19 vaccination can still get vaccinated at a walk-in clinic or by booking through the NHS booking service (or call 119 free of charge, anytime between 7am and 11pm seven days a week). More information here.

The latest data on uptake of vaccinations in Oxfordshire is available here.

Despite the wide availability of vaccination opportunities and high vaccination rates across Oxfordshire, there remains nearly 120,000 eligible people across the county who have not been vaccinated

The Buckinghamshire, Oxfordshire & Berkshire West Vaccination Programme has developed an outreach and engagement plan 'No one left behind' to support access to the COVID-19 vaccine across the three counties and ensure vaccine equity across our communities.

The key objective of the outreach and engagement plan is to ensure the vaccine is targeted and uptake is maximised in those unvaccinated within our communities.

Oxford GPs have held outreach vaccine clinics in homeless shelters in the city and work is on-going with Turning Point in Banbury to ascertain the need for clinics in the town for homeless or rough sleepers.

The NHS and local authority colleagues have been working with the Margaret Clitherow Trust to make vaccines easily accessible to the Gypsy, Roma and Travelling communities in Oxfordshire and there has been good uptake of 1st and 2nd vaccinations on registered sites.

Work is also underway to establish an Oxfordshire based (OUH) maternity Champion to engage with women attending outpatient appointments and scanning during their pregnancy to discuss and/or provide them with the COVID-19 vaccination.

The NHS in partnership with Cherwell District Council to ensure access to the vaccine for asylum seekers and the migrant community (from different countries) to increase vaccine confidence and provide access to vaccination in nearby GP practice.

The NHS is also working with large employers in the county to support clinics and increase uptake of the booster vaccine.

Pop-up vaccine clinics have also been held on both the Oxford University and Oxford Brookes University campus' to enable access to resident students and those visiting from abroad who have yet to take up the offer of a vaccine.

2.3. Third primary dose and booster dose for the immunosuppressed

People who are immunosuppressed may have a reduced ability to fight infections and other diseases, including COVID-19. As such people in this group are eligible for a third primary dose of the COVID-19 vaccine and then fourth dose – a booster. Third doses were available from October 2021 and fourth doses have been available from January 2022.

The third primary dose and fourth doses for those immunosuppressed are available via mass vaccination site at the Kassam Stadium in Oxfordshire.

2.4. Vaccinations for 12-15 year olds

Oxford Health has continued its work to safeguard against COVID-19 by giving second dose vaccinations, and boosters where applicable, to children aged 12 – 15 in schools and mass vaccination centres including the Kassam Stadium in Oxford.

The offer of vaccinations in schools ran until half-term and will continue to be offered in mass vaccination centres throughout the coming months. Pupils have been invited through their school and parents asked to complete a health questionnaire for their child if they wish for them to have their vaccination at school. Parents could choose an out-of-school offer by booking an appointment via the National Booking Service or attending as a walk in.

Since COVID-19 vaccinations were made available to this group Oxford Health has administered 24,050 first doses and 13,446 second doses.

Oxfordshire parents can find out more about the 12-15 programme on a special Oxford Health website page here, providing information about consents as well as a range of useful FAQs.

2.5. 5-11 children at risk and close contacts of immunosuppressed

The NHS is offering vaccinations to at-risk 5 – 11-year-olds and those aged 5-11 who are close contacts of an immunosuppressed person. Oxford Health's Kassam Stadium site is one of a number giving the jabs. A dedicated phone number is available for parents to book their children in for a vaccination. Appointments can be made at vaccination centres by calling a specified number, lines are open from 8am - 8pm daily, including weekends. Calls are answered by a qualified nurse. Vaccination centres have specialist Paediatric areas and specially trained nurses offering appointments at the following times Monday to Friday 2pm-8pm, Saturday and Sunday 8am-8pm.

Following the Government's announcement that all children aged 5 to 11 will be offered the COVID-19 vaccination, NHS partners across Oxfordshire are now planning the best way to deliver the vaccine to this age group. Please note that in line with Government timelines this service may not be available until April 2022. Further information will be available in due course.

2.6. Vaccination as a condition of deployment (VCOD) for healthcare workers

On 31 January 2022, Secretary of State for Health and Social Care announced to the House of Commons that it was no longer proportionate for NHS staff to be required to have a full course of vaccinations against COVID-19. The Government announced that there would be a consultation on the matter and a vote in the House of Commons with the intention to revoke the amendments made to the 2014 Regulations. As a result the 'VCOD for healthcare workers: Phase 1 – Planning and preparation' and Phase 2: VCOD Implementation guidance previously published by NHS England and NHS Improvement is currently paused, pending outcome of the Parliamentary consultation process.

However, as of 3 February 2022, 92.3% (13,280) of 14,386 staff working at Oxford University Hospitals NHS Foundation Trust (OUH) have received both their first and second doses of the COVID-19 vaccine. A total of 82.3% (11,930) are confirmed to have received their COVID-19 booster vaccination.

The OUH has worked hard to engage with staff about the benefits of getting vaccinated, encouraging people to get jabbed via the OUH vaccine hub on the Churchill Hospital site, at local walk-in clinics or via the national NHS booking system.

To promote vaccination and combat mis/disinformation, the OUH held a Q&A session with Executives and vaccination experts, including Professor Sir Andrew Pollard, for staff to ask questions or raise concerns they had. Social media videos/posts and items in the Staff Bulletin and intranet pages have also been key in driving the number of vaccinations for OUH staff.

Although the OUH vaccine hub recently closed, The Trust will still encourage staff to get their COVID-19 vaccinations.

Oxford Health NHS Foundation Trust (Oxford Health) has reported that as of 23 February 2022, just over 91% of 7,330 staff working with Oxford Health have received both primary doses of a COVID-19 vaccine and 70% have been triple jabbed.

The organisation is committed to continuing the promotion of the benefits of vaccination to all staff members. Information on how to take up an evergreen offer of a jab at Oxford Health's vaccination centres in Oxford, Reading and Aylesbury is promoted each week in the staff Bulletin e-magazine, intranet, via posters, social media and payslip messaging.

At Oxford Health there is a robust recording procedure in place to evidence vaccination take up. Every manager in the organisation has been holding one-to-one conversations with the small number of unvaccinated colleagues so that there is assurance that they can be supported in making a decision, with access to clinicians who can provide evidence-based facts, dispelling concerns, anxiety, misconceptions and rumour.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
10 MARCH 2022

CHAIR'S REPORT

REPORT BY CLLR JANE HANNA, COMMITTEE CHAIR

RECOMMENDATION

The Committee is RECOMMENDED to

a) Note the report;
b) Agree the actions within.

Cancellation of 3 February (& Cancellation of 7 April) and Creation of 10 March and 10th May Meeting

The Committee is aware our meeting on 3 Feb was cancelled following me receiving reports of unprecedented pressures on NHS and OCC colleagues since the Omicron, having received a request for cancellation and after consultation with the Vice-Chair. We have our meetings scheduled for 10 March, 10 May, and June.

Scrutiny between meetings on the system response: Omicron

Partner organisations were invited to share details of these unprecedented pressures in their papers to the committee in relevant items but were already briefed on 22nd January following an information request I made on 13th December about emergency planning in Oxfordshire due to NHS partners working under a Level 4 direction. This meant that NHS partners are not able to support provision of information on emergency planning decisions; risk assessment including workforce resilience. Communications were under an NHS England National Command and Control response to support the NHS.

We were informed that national decisions to prioritise vaccination over routine work required the pausing of all non-priority work and redeployment of staff (clinical and non-clinical) into the vaccine programme. There were a series of national directives which included requirements for expedited numbers of people discharged from hospitals and some changes to reporting of performance measures.

In response to a request for an update on the workforce issue highlighted in previous meetings including November HOSC in particular funding for social care to be enabled to support reducing NHS pressures the committee was informed that Oxfordshire County Council was in discussion with central government regarding additional Local Authority funding.

In response to an inquiry about outbreaks at schools we were informed that school attendance in Oxfordshire had been above the national average for all groups through

the pandemic. Weekly meetings were held with head teachers with the meeting on 14th December attended by 185 heads. The Department of Education provided CO2 monitors (one for every two classrooms) and has a national procurement programme for air particle filtration with guidance on how to use and how to purchase an air cleaning kit. Opening windows and doors remained the key mitigation during this phase of the pandemic. A question relating to the planning of builds to consider ventilation for public health (similar in the 1960's for TB) was to be taken up by Oxfordshire County Council with the next meeting with the Department of Education. Guidance and policies to schools remained a national decision. The role of the Council has been to feedback daily on the pressures and challenges in schools in managing the pandemic.

I corresponded with and met twice with the Director of Public Health and once with the Director of Public Health and the Director of Oxfordshire County Council Communications. Whilst through the pandemic national decisions and messaging have guided all communications with stakeholders and the public, we discussed local communications in Oxfordshire going forward.

Members will be aware that the Director of Public Health launched a public health campaign – Be Considerate; Be Aware; Be Cautious. Information is on the website and the Director of Public Health has promoted this campaign so far with a strong video on social media.

I have been contacted by many residents including young people on transplant waiting lists and with cancer and other conditions as well as those with long COVID who are relying on this campaign influencing public behaviour and mitigating risks in the absence of any national support to those who are asked not to spread the virus in multiple community settings. They remain very concerned that numbers of people in hospital with COVID remains high (75 people – 22nd February 2022) especially when they have not been able to view data on hospital admissions and deaths in relation to people who have been vaccinated.

Action: Members are invited to consider how best this campaign can be supported by the committee as all restrictions are lifted.

Meeting with system partners - 13th December Briefing

Members of the Committee met for a briefing on the ICS and requested a copy of the draft constitution. We were assured this would be placed in the public domain. I subsequently requested that there can be clarity on which parts of the constitution are nationally mandated and which are open to requests for amendment. I have highlighted areas for example concerning access to meetings for the public (virtual participation) and clarification of public interest reasons for meetings held in private.

Action: I encourage members to read the constitution and consider any recommendations from HOSC.

Officer Support

We welcomed Helen Mitchell as the interim Health Scrutiny Officer from 11 Jan. Whilst this was later than I hoped for, the recruitment of a dedicated health scrutiny officer is significant progress for the reasons outlined in my November report and achieved

before the administration's first budget. I met with Anita Bradley who has confirmed plans for the recruitment of a permanent scrutiny officer for JHOSC. From w/c 21 February has also shared her time across the People Scrutiny Committee because of needs across the democratic scrutiny function.

SCAS

South Central Ambulance Service NHS Foundation Trust NewApproachFocused Report (CommunityHealth Provider Oct 2017)_INS2-11990124241 (cqc.org.uk)

I was advised by the Interim CEO of Oxfordshire County Council of a recent, targeted inspection into Safeguarding at South Central Ambulance Service NHS FT. Members will know that the Trust covers a large geographical area (Bucks, Berks, Hampshire, and Oxfordshire) and has its corporate HQ in Bicester. I followed this up with a conversation with the CQC inspector who shared with me that they had issued the Trust with a 'letter of intent' to make improvements. The response from SCAS is appended to this report at **Appendix 1.**

Action - I encourage Members to review the report and the response.

Healthwatch

I met with Rosalind Pearce on 3 February to have an informal catch up on health issues. We discussed the Health and Care Bill and its implications for Oxfordshire, the promotion of a short video on the experiences of Black women in maternity care and the pressures on accessing NHS dentistry.

Those issues are incorporated into the agenda today and to place dentistry into the Committee's long list for work programme items for next municipal year.

Oxfordshire CCG

I met with Diane Hedges in respect of preparing for this Committee, with specific reference to the paper on ICS/ICB, access and waiting times and CAMHS/emotional health and wellbeing of young people and engagement on the ICS draft constitution.

CEO of Oxfordshire MIND

I met with Dan Hedges in preparation for the Committee with specific reference to the mental health service offer and the role of the VCS in mental health service delivery.

Chair of the Local Medical Committee

Introductory meeting with Dr Nijjer and opportunity to share perspective on the access and waiting times item at the March meeting.

Visit to Wantage Hospital - 4 May 2022

Members will have received an email on 22 February asking for their availability to undertake a site visit and Q&A with colleagues at Oxford Health NHS FT. Members of

the Committee should get in touch with Helen to confirm their attendance and to expect information on the visit's objectives and any infection control measures in advance.

Members must note that this visit will take place in the pre-election period and will comply with the spirit of relevant guidance in that regard.

Co-opted Members

It's been brought to my attention that the terms of some of our existing co-opted members require renewal (in the case of Mrs Shaw) and in the case of Dr Cohen, who will come to the end of his term in August, we need to move to external advertisement. Given the length of today's agenda I have deferred a substantive item on this until the next meeting and will have conversations with co-opted members in due course.

Update on BOB HOSC

It is understood that all relevant authorities across the BOB area are at different stages in respect of appointing to the Joint Committee – Oxfordshire is yet to appoint but the planning assumption is that this will be undertaken at the Council's AGM.

To remind Members, the Terms of Reference clearly state that the Committee should be used during the substantial development /substantial variation stage of any changes proposed at **system** level.

Changes at place and neighbourhood level will be, and continue to be, scrutinised at Oxfordshire level.

I have discussed a variety of risks with Helen including the risk of lack of readiness of a BOB HOSC and also the lack of clarity on the 80/20 split between place and system that was first briefed to the JHOSC in 2020/2021. Helen will be leading on an early draft of guidance on this with BOB NHS and LA scrutiny partners (of which Oxfordshire is a partner). We have also discussed that it is essential that changes that significantly impact Oxfordshire residents are scrutinised by JHOSC especially if there are barriers in operationalising BOB HOSC to be ready for scrutiny in a timely way.

I am confident that Committee Members will support this approach wholeheartedly.

The backdrop is that our local NHS is in a challenged position - CCGs are being dissolved and staff moves are taking place, the relevant Act is yet to be commenced, we may see a shift to the O&S regulations in respect of service change and a programme of change at system level is yet to be established (if it is needed at all). To that end, I am working on the planning assumption that this Committee will not need to meet until the new municipal year. Helen Mitchell has emailed Dr James Kent, the BOB ICS CEO Designate for further information that will either confirm that assumption or dispel it and require us to appoint at Council in April.

I would like to however place on record that I think it essential that within the first few weeks of the new municipal year, the appointed members to that Committee should meet to receive some initial health landscape training and to understand the plans for any system change over the course of the year to inform proper planning and the provision and coordination of officer support.

Pharmacy Provision in Oxford City

The Committee discussed this at our last meeting and I asked Helen Mitchell to follow up with contacts provided by the CCG following the action from the last meeting. A letter from Oxfordshire CCG is enclosed at **Appendix 2** to add explanation and Helen met with NHS England and Improvement Pharmacy colleagues on 23 February to understand additional detail. In summary, I understand that an unfortunate collection of issues has come together to create a situation in which a pharmacy has closed and no immediate plans appeared to be in place to resolve this. I have received assurances that the Pharmaceutical Needs Assessment (PNA) will be considered at Health and Wellbeing Board in March (this has been delayed for a year owing to Covid) and that it is to be recommended that 'improvement and better access' to pharmacy services in Oxford City is needed. Once published, this will trigger the formal application process for persons to offer pharmacy services in line with the need expressed in the PNA. I trust that closes the matter for the Committee and we look forward to seeing proper provision in Oxford City.

Audiology Update

The Committee discussed this, also known as the Ear Wax Service, at its last meeting. A paper is enclosed by way of background at **Appendix 3**. We have received the update enclosed which shares the decision making around the audiology contract which shows that a clinically improved and clearly commissioned service has now been arrived at and has been in operation since December 2021. The Chair understands that there was a meeting with stakeholders and that there is an intention for a review meeting during 2022.

Horton HOSC

I was advised that officers have worked to schedule a meeting date that would work in principal for the two, non-Oxfordshire County Councils (West Northants and Warwickshire CC) who are required to secure a quorum (as this prevented a meeting going ahead in October) but that a date that was available in March which the County Council could support is not an available date for OUH.

Future Agendas and Work Programme

To remind Members, we had an extensive process which informed selected topics for the Work programming agenda item in November.

I have discussed with Helen Mitchell and for our next meeting in May, the draft agenda will feature: -

- Waiting lists and access to services (with a specific focus on primary care);
- Women's Health and Maternity Services;
- Covid recovery, inc. lessons learned
- Updates on the development of the ICS and a legislative/policy update and impact assessment on the Health and Care Bill and any other relevant reports.

In line with the paper submitted on Community Strategy, and subject to the Committee's discussions on 10 March, I wish to propose that the Committee receive an update on Community Strategy at its June meeting, in line with engagement phase

1. Members will note the tour of Wantage Hospital will be of significant value to our collective understanding of the emerging Community Strategy.

Regarding the full year schedule of meetings, I would suggest an online virtual meeting before the May meeting so we can consider scheduling of other priorities including palliative care and dentistry for scrutiny during 2022/2023. I would wish for NHS colleagues to provide feedback before our virtual meeting to see whether there are opportunities to time any particular reviews or suggest other topics that the Committee may wish to consider so to add value.

Action:

The committee agree the May agenda;

The Committee recognises the phasing of engagement for the Community Strategy;

The Committee meet virtually before the next meeting to consider proposals in May for the full work programme for 2022/23.

South Central Ambulance Service
NHS Foundation Trust

Executive Office
Unit 7 and 8, Talisman Business Centre
Talisman Road
Bicester
Oxfordshire
OX26 6HR

25 February 2022

Cllr. Jane Hanna
Chair, Oxfordshire Joint Health Scrutiny Committee
Sent via email: Helen.Mitchell@Oxfordshire.gov.uk

Dear Cllr. Hanna

Re: CQC safeguarding inspection of South Central Ambulance Service NHS Foundation Trust

Thank you for your letter dated 21 February 2022 in relation to the above.

The Trust, and its Board of Directors, was obviously very disappointed to receive the report from the Care Quality Commission (CQC), but fully accepting of their findings and recommendations, and committed to taking the action required to further strengthen our safeguarding arrangements.

We had identified a number of aspects that required attention prior to the CQC inspection and were taking action accordingly. Although the CQC concluded that front-line and operations staff were safeguarding and protecting patients effectively, and that appropriate safeguarding referrals were being made, they were right to recognise that further action was required in terms of safeguarding strategy, leadership and governance.

We took swift and decisive action on receiving the outcomes of the CQC inspection, including securing additional safeguarding subject matter expertise to help support our response and improvement work.

I am happy to report that the CQC has confirmed that it is satisfied with the robustness of our response to their report, including the action plan that the Board of Directors has approved and submitted. We will continue to engage fully with the CQC as part of the process of them monitoring delivery of the action plan and the necessary improvements to our safeguarding arrangements.

You will be aware that the CQC report was published and is in the public domain and, as part of our accountability arrangements, we held a session with our Council of Governors (comprising elected Public and Staff Governors) to discuss the report and our response.

We will report on progress implementing our action plan through Board and Council of Governors meetings in public, ensuring appropriate openness and transparency.

If you would like to discuss any aspects of my letter in further detail please do not hesitate to contact either myself or Steve Garside, our Director of Corporate Governance and Company Secretary.

Yours sincerely

Will Hancock
Chief Executive

c.c. Lena Samuels, Chair
Steve Garside, Director of Corporate Governance and Company Secretary

NHS
Oxfordshire
Clinical Commissioning Group

16th February 2022

Oxfordshire Pharmaceutical Needs Assessment 2022

Representatives from Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, NHS England & Investment and Thames Valley Local Pharmaceutical Committee met on 14th February 2022 to discuss the final draft of the Oxfordshire Pharmaceutical Needs Assessment document. This was with the aim of resolving any outstanding issues and agreeing the final text with a view to publication on 31st March 2022.

One point of discussion was the provision of pharmaceutical services within the Oxford City locality and, indeed, what that area looks like. This was discussed extensively and the outcome was that there is an accepted and agreed need for further pharmacy provision within the Oxford City location at the present time. There will be a little bit of work carried out to define exactly what this area looks like, geographically, and there will also be mention made within the document of what that provision will need to look like in terms of core opening hours and the hours which will need to be covered during the evenings and weekends.

We would anticipate that following the publication of the document it is likely a number of applications will be made which will result in the identified needs being met subject to meeting the normal conditions for market entry which are currently overseen by NHSE & I.

Ross Burton
Medicines Optimisation Pharmacist
Oxfordshire Clinical Commissioning Group

This page is intentionally left blank

NHS
Oxfordshire
Clinical Commissioning Group

Update to Oxfordshire Joint Health Overview and Scrutiny Committee
15 February 2022

Members were keen to understand the decision making around the audiology contract for a new adult hearing service for age related hearing loss in Oxfordshire. This service includes ear wax removal for those who require it for a hearing assessment, provided they have undertaken two weeks self-management of ear wax in line with the primary care guidance.

Background

The contract for audiology services in Oxfordshire was due to expire in September 2021. Given Oxfordshire Clinical Commissioning Group's (OCCG) understanding of the pressures for some of our community to access ear wax clearance the CCG has made some additional provision for this within that the procurement of a new adult health services for age related hearing loss in the county.

This is not a significant change in service as there never has been a commissioned service for this however there is increasing demand and a known mixed model of delivery for the ear wax clearance. Reference to the NHS website reconfirms that there is a mixed picture of provision nationally; the national advice is available here. This mixed picture affects patients within Oxfordshire as much as other patients across the country.

General practice must provide a range of NHS healthcare services to their population, as set out in the General Medical Services (GMS) Contract. In the past some of primary care provided ear wax removal by syringing, despite this not being included as part of GMS. However, provision varied greatly between areas. Guidance about the safety of syringing coupled with increasing pressures on primary care in recent years (even before COVID), meant that ear wax provision became unsustainable, and the majority of practices have ceased providing the service.

In recognition of the pressures this change in service offer made and in support and independence for our older population, OCCG commissioned the current service from third party providers in line with NICE guidance (as set out in our Thames Valley Priorities Committee Commissioning Policy Statement 305). All advice is that in the majority of cases ear wax does not need to be removed, based on research evidence. We needed to also ensure that patients are maximising their own self-care, avoiding interventions that could be harmful and address the long waiting times in secondary care. Oxford University Hospitals NHS Foundation Trust has been closed to referral for Ear, Nose and throat and some clinical time was being diverted to care that was better managed elsewhere according to national and international best practice and reflected in NICE Guidance.

OCCG appreciate the distress caused by a build-up of ear wax, especially among older patients. In acknowledgement of this, and where ear wax may be an issue, the revised OCCG protocol of age-related hearing loss now includes earwax removal for hearing assessment, via the safer method of microsuction, provided patients have undertaken two weeks' self-management in line with our self-care guidance as agreed with the ENT specialists.

Inclusion of this service and OCCG's approach was discussed with Healthwatch Oxfordshire following their report into ear wax removal.

In the small number of cases where this fails to provide relief and, after assessment by the GP, patients may still be referred to the audiology service for specialist advice under the NHS.

Procurement process and decision making

In relation to the procurement for the audiology services research and market engagement was undertaken and Buckinghamshire and Oxfordshire CCGs undertook the process for a revised age-related hearing loss service. This was required as the existing service and contract had been in place and required re-procuring. To support access and patient choice, commissioners continued to use an "Any Qualified Provider" (AQP) model that enables as many suitable providers to be available to patients as possible and as long as they demonstrate ability to deliver this NHS service.

Buckinghamshire CCG are the lead commissioner for this service with OCCG acting as an associate; the procurement and contract award therefore had to go through the governance processes at each CCG. The request for information by HOSC is for details on the decision making at OCCG and so details are provided below for OCCG only; the approval of procurement and awarding of contracts have been through the equivalent governance process within Buckinghamshire CCG.

The OCCG Executive Committee approved the audiology procurement at the Executive Committee dated 3 November 2020; further papers went to Executive Committee in March 2021 regarding the extension of the bidding window following feedback from providers which the CCG deemed reasonable considering the pressure that COVID had put on the system. This pushed back the new service start date from 1 September 2021 to 1 October 2021. We then received a further request and agreed to push the bidding window back further moving the service start date to 1 November.

Following the completion of the procurement exercise, a Contract Award Recommendation (CARR) Paper went to the Oxfordshire Executive Committee on 27 July 2021. OCCG approved the CARR. The CARR detailed a start date for the new service of 1 November 2021 however, there were then further delays in Bucks CCG sign off of the CARR pushing the start date back by a further month.

Healthwatch Oxfordshire

Report to the Oxfordshire Joint Overview Scrutiny Committee

March 2022

Contents

Update on Healthwatch Oxfordshire

1 Healthwatch Reports

Full and summary sheets of all reports, plus responses from commissioners and providers available on: https://healthwatchoxfordshire.co.uk/reports
Two reports have been published since the November 2021 HOSC meeting. These and forthcoming reports will be published and reported to the HOSC.

Report	Subject	Published month
GP website review	Review of 67 GP websites for accessibility, information and clarity. Follow up on initial survey April 2021.	Dec 2021
Engaging seldom heard voices - hearing from Albanian and Arabic speaking communities	Undertaken for CQC. Focus on **Albanian and Arabic** speaking communities via interviews and focus group. Views on using health services and speaking up. *Summaries available in English, Albanian and Arabic.*	Feb 2022 Full report: https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/02/Where-shall-we-go-Albanian-and-Arabic-speaking-communities-views-on-speaking-up-about-NHS-services.pdf Summary: https://healthwatchoxfordshire.co.uk/wp-content/uploads/2022/02/Hearing-from-Albanian-and-Arabic-speaking-communities-summary-1.pdf
Patient experiences of contacting a GP	695 survey responses on GP access (see below).	March 2022
Using remote blood pressure monitoring	Undertaken with Healthwatch England and national partners	March 2022 Oxfordshire findings
Using interpreting services: views of service users and health professionals	Views on interpreting services for accessing health and care	March 2022 followed by a round table discussion with key stakeholders

Report	Subject	Published month
Listening to Chipping Norton and surrounds	Outreach to Chipping Norton area	March 2022
Rural isolation and access to services	Joint survey and report with Oxfordshire Community Foundation (OCF). 528 respondents.	April 2022
Enter and View Reports	Visits resumed: Chipping Norton; vaccine hub, First Aid Unit, and Out of Hours. Eynsham; Lloyds Pharmacy, Eynsham Health Centre	Ongoing reports available as undertaken
Views on maternity services from Black and multi-ethnic women	Film and research with *community researcher* Omotunde Coker	Film showing and round table discussion with women and maternity services on 12 March 2022
Sudanese community – views on healthy lifestyles	Research report with *community researcher* Nagla Ahmed	March 2022

2 Healthwatch Oxfordshire Progress 2021-22

In early 2021 Healthwatch Oxfordshire invested in targeting resources at social media and online. This continues to pay dividends in both raising the profile of Healthwatch and enable people to take part in our online surveys.

For the period of 1 November 2021 to 15 Feb 2022 we have:

- Reached 20,546 people via our posts on Facebook and had 15,748 Twitter impressions.
- Published 159 Feedback Centre reviews
- Had 15,316 visits to our website
- Had articles about our work published in the Oxford Mail, Witney Gazette and Banbury Guardian, and several community and parish magazines, town council websites. Executive Director has also given 4 radio and television interviews (two each to Radio Oxford and BBC South Today) about the impact of COVID-19 on local health services.

3 Key services we are hearing about

Access to GPs

We continue to hear via requests for information and our Feedback Centre from patients about access to GP services. Based on our survey and report *Patient Experience of contacting a GP*: Findings included:

- People welcome the 'call back' function, but it is not suitable for more urgent issues, for people who are unable to pick up phone calls throughout the day, or if it results in the person being put back into a long queue.
- Online tools and apps provide additional access to certain services but can be time-consuming or difficult to complete, and sometimes give unhelpful or inappropriate advice.
- Demand for services at GP surgeries is high. Despite best efforts of staff, patients can find it difficult and frustrating to obtain appropriate consultations and advice.
- One in three people called their GP practice wishing to book a non-urgent appointment. Many were unsuccessful.
- People with without access or unable to use a telephone or digital communication are likely to find it difficult to contact a GP practice or use online tools.

Recommendations were made to Oxfordshire Clinical Commissioning Group (OCCG) as follows:
To note the findings of the report ¬
To support GP surgeries to improve technical and human resource capacity to respond to changing demands and improve patient experience.
These include:

- Communications infrastructure (e.g. telephone systems, comprehensive online tools)
- Sufficient and supported care navigators and reception staff o Additional resources where necessary to meet demand at peak hours (e.g. between 8am and 11am)
- Flexible and extended hours for patients to contact surgery staff

N.B. At the time of writing this report was still in draft form and awaiting feedback from system partners. Final report to be published early March and may reflect changes as a result.

Access to NHS Dentistry

ongoing communication from the public struggling to find NHS dental treatment, Oxfordshire wide. We continue to raise this with NHS South East Commissioner. Recent funding of £50m has been made available to support additional hours to March 31st in NHS S.E. area. However, to date only one NHS dental practice in Oxfordshire has taken this up, according to NHS SE Commissioner, so it remains to be seen if there will be an impact on local provision.

"I had an emergency yesterday, I went to the GP and they told me to book an emergency appointment with a dentist right away. I have called at least 6 dentists and all of them said they can't see me if I am not registered with them which I find insane since it was an emergency".

"I broke a tooth on Saturday, and have discovered since that the practice I was registered with has dropped me, and they don't accept NHS patients any longer. I called every dental practice on the NHS website, and discovered that they are either no longer in business, or they don't accept NHS patients anymore. Talking to 111 confirmed this – they could find one local practice, and I had already contacted them, only to learn that they too don't offer NHS services anymore. That pretty much means that there are no NHS dentists at all in Oxford, leaving the 150k people inside the ring road without affordable dental care."

"I have been trying for 2 years to find an NHS dentist for me my wife and children, I really need some help to get seen… The whole system is broken. I can't afford £65 per person for a checkup so what am I meant to do? I am at high risk of infection due to my medication."

CAMHS (Child and Adolescent Mental Health Services)

Healthwatch Oxfordshire has not heard much from the public about CAMHS over the past year. However, more recently with reaching out over OCC SEND consultation, we have had some feedback about waiting times for assessment and support: .

"*I am living with this. He needs help and I am asking for it, it's like banging my head against a wall. As a parent I get blamed*".

"Offering an appointment for a new client with a 4.5 year wait is no service at all. There will be children who will be adults by the time they get to the front of this queue. Absolutely shocking. So much for prioritising mental health"

"Multiple contacts with the Camhs service for autism assessment. No matter what the difficulty you only get to speak to an admin and told if not imminent physical risk to the child or someone else and no help will be forthcoming. The waiting list has been lengthening since pre-pandemic and although there is a facility for online remote consulting this is not being made available".

4 Wider Healthwatch Oxfordshire Activity

Work with community researchers

Two community researchers working with Healthwatch Oxfordshire have been focusing on Black Women's experiences of maternity, and views on healthy lifestyles among Oxfordshire's Sudanese Community. Community Participative Action Research (CPAR) training support initiative under Health Education England (HEE) and Public Health England South-East. Showcasing regional CPAR activity will be online in May 2022.

Patient Participation Groups (PPG) and Primary Care Networks (PCN)

Ongoing work with Patient Participation Groups, including regular newsletter, webinars and work linking to Primary Care Networks (PCN). Webinars held:

- 28 November (topic: growth, buildings and waiting lists) with speaker Julie Dandridge, Deputy Director and Head of Primary Care and Medicines Management for Oxfordshire Clinical Commissioning Group and
- 28th January (topic: PPG updates and questions) convened by Rosalind Pearce Executive Director Healthwatch Oxfordshire.

Total attendees at these events was 39 chairs and members of PPGs

Oxfordshire Wellbeing Network (OWN)

Healthwatch Oxfordshire ambassadors to the Children's Trust held a feedback session on Oxfordshire County Council's SEND consultation (special educational needs and disabilities) on 17 February, attended by 14. What we heard helped inform an organizational comment on the SEND consultation to OCC.

Oxfordshire Community Services Strategy review

Healthwatch Oxfordshire attend the Community Beds Strategy Group of this review with an agreed remit to ensure that patient views are sought and wider communication on progress happens.

5 Ongoing work and future planning

December 2021 Oxfordshire County Council confirmed an extension of HWO grant-in-aid agreement (one year 2022-23).
In the light of this, forward planning is now able to take place for the year ahead and currently plan includes focus on:

- Revisit care homes and social care theme
- Oxford University Hospitals NHS Foundation Trust medicines helpline
- Continued Enter and View visits
- Continued representation of what we hear to Children's Trust, Health Improvement Board, Health and Wellbeing Board, and Health Overview Scrutiny Committee.

Further work will be planned and guided by Healthwatch Oxfordshire goals and strategy 2022-23 available here: https://healthwatchoxfordshire.co.uk/about-us/our-priorities/

Goal	**Detail**
Increase the voice of the "seldom heard" communities.	Continue working using community research and working with seldom heard groups to identify key issues
Increase the influence of Healthwatch Oxfordshire - in the design, delivery and review of Health and Social Care services.	• Ensure the voice of patients and public are heard by the health and social care system. • Play a leading role in making system engagement effective

This page is intentionally left blank